

# pulse

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Richmond



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# Engaging in improvement

Welcome to issue nine of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.



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Editor: Jeremy Kennett

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**A**S AN ORGANISATION, WE TALK A lot about the value of quality improvement. Whether it is through practice visits, educational workshops or phone consultations, much of our contact with our health community is about helping them improve the quality of their practice.

This could be anything from assisting a general practice in improving how they collect and use data, to guiding them through the accreditation process, to showing pharmacists how to incorporate SafeScript into their systems. In all cases, the goal is to help practitioners and the health system deliver better, safer care.

But quality improvement is not a one-way street. Just as we help you improve the quality of your practice, we are constantly improving the way we work to support you. It was in this spirit that we undertook a comprehensive review of our primary health care engagement and support model in 2018.

I'd like to personally thank all the practitioners, support staff and other stakeholders who shared their time and perspectives to help us improve. It has helped us develop a new model that we are confident will enable us

***“But quality improvement is not a one-way street. Just as we help you improve the quality of your practice, we are constantly improving the way we work to support you.”***

to provide the targeted and impactful engagement and support you want and need.

We go into the results of the review and our responses in more detail from page four, but one of the key recommendations that has already been implemented is a new staffing structure at NWMPHN, with the creation of the Primary Health Care Improvement team. The new team will be your key point of contact with NWMPHN, working to help general practice and other primary health providers deliver the best possible outcomes for their patients.

## In this issue

Of course, improvement is about more than data and direct general practice support. Elsewhere in this issue we explore how we are partnering with other organisations and government to support primary health care. The Strengthening Care for Children study is a promising pilot project bringing specialist paediatric knowledge into primary care, and the Victorian Government SafeScript program is connecting general practice and pharmacists to enable the safer supply of high risk medicines.

We'll be supporting more innovative projects like this as the year progresses, as well as monitoring our new improvement model to ensure it is meeting the needs of your practice and our local health system. Quality improvement isn't a process that ever really stops, and we are excited by the possibilities ahead.

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**Out and about**

**Left:** Dr Alastair Clark from Westcare Medical Centre.

**Front cover:** Dr Ed Skinner from Yarra Medical.

*Photos: Ian Currie.*

# A new way to engage and improve

Jeremy Kennett

In 2018 more than 350 primary care providers let us know how they wanted us to support them, with quality improvement, advocacy and more. We've used that extensive consultation to create a new primary health care improvement strategy, which we are now implementing across our region.

**J**ANELLE DEVEREUX, EXECUTIVE Director of Health Systems Integration at North Western Melbourne Primary Health Network, said the new strategy will mean better engagement and support for providers across our region.

"We're renewing our focus on supporting general practice with a new quality improvement program and more personalised support, and we're also working to engage the broader primary health care sector through local learning networks," Ms Devereux said.

"We've already started putting a new organisational structure in place to support the strategy, with a refreshed team ready to help our providers deliver better care everyday."

## A new general practice quality improvement program

Each practice in our catchment will have the opportunity to create a **Practice Improvement Plan**. This plan will identify specific priorities, tools and objectives that your general practice wants to achieve over 12 months and how NWPHN will work with you.

A dedicated NWPHN **Quality Improvement Program Officer** will work with you to tailor your plan to suit your needs and objectives, and to support your growth.

The new model has three streams of engagement. Your level of engagement will depend on your needs and those of your patient population.

**1.** The **Practice Improvement** stream is focused on developing systems for quality improvement and is targeted towards non-accredited practices and those who do not yet use clinical audit tool data.

**2.** The **Continuous Quality Improvement** stream is focused on data driven improvement, aimed at

accredited practices that use clinical audit tools and want to implement quality improvement at their own pace.

**3.** Aimed at accredited practices that share de-identified clinical audit tool data, the **Intensive Quality Improvement** stream supports practices to undertake a time-limited facilitated quality improvement project to further improve patient, clinical and whole of practice outcomes.

This new approach to working with general practice will start in early July 2019. Visits will be booked with all practices to discuss how this will work for you.

## New networks and advisory groups

**Regional networks** will provide an opportunity for primary health care providers including pharmacists, allied health, aged care nurses and general practice to learn together through continuing professional development and facilitated networking.

These groups will share challenges, promote innovation, and help identify what is important to our communities. They will also provide a place to connect people who have the same



NWMPHN staff are engaging with health providers across our region.

Photo: Julie Sucksmith



goals, from different roles and organisations, to help each other.

Networks will include:

- › A general practice advisory group and an interdisciplinary primary care advisory group, both focused on supporting planning, program design, implementation and priority setting for NWMPHN.
- › Profession-specific and interdisciplinary networks bringing together health professionals in our region for education, information sharing, networking and input into NWMPHN planning, activities and reform.

These networks will support existing groups including our Clinical Council and Community Advisory Council, and the input we receive from our Clinical Advisors. Opportunities to be part of these groups and networks will be promoted through our regular email newsletters – sign up at [nwmpnhn.org.au/news-events/subscribe](http://nwmpnhn.org.au/news-events/subscribe)

## You spoke, we listened

**1. We heard that you want greater clarity on the role of NWMPHN and what support we provide.**

We are improving the way we communicate with you, based on your preferences. We are also redesigning our website and other communications channels to keep you informed of what you want to know about, including how we can support you.

We are updating the way we support you through our new general practice quality improvement program and our new networks and advisory groups, with a clear focus on providing practical tools and information on topics and reforms that are important to you.

**2. We heard that you want to know how you can be involved with NWMPHN.**

Our new networks and advisory groups will allow more providers to be involved in our planning and priorities, as well as having input on our projects, education and training, and communications and resources.

**3. We heard that you want a specific contact at NWMPHN who actions enquiries and knows your practice.**

As part of the new engagement strategy each general practice will be allocated a specific contact at NWMPHN. This person will be your Quality Improvement Program Officer who will get to know your practice and build a relationship with your team. They will help to engage the whole practice team in improvement and reform activities.

Your PHN contact will help you develop a plan for how we will work with your practice over a period of 12 months. This will include when

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# The view from the practice



**We spoke to two practices about how NWMPHN have supported them on their quality improvement journey, after they were each involved in our recent health care homes readiness project. The project provided information and advice on becoming a patient-centred medical home, including helping practices improve the quality of their processes and systems in a range of areas including data quality, team-based care and workplace culture.**

## **YARRA MEDICAL - ABBOTTSFORD AND RICHMOND**

**GP Principal Dr Ed Skinner**

"We got involved around the time I was setting up our second clinic in Abbotsford. It was perfect timing to get all our systems and processes set up, and just get the clinic running really well for the staff, patients and the whole team from scratch.

A lot of it is all about the data quality, because if you don't have the data then you can't do audits, you can't do proper recalls, you don't have the full picture as to how the patient's going. It's also harder to screen for patients where perhaps small changes to medications and scheduling tests and recalls could make a big change to their chronic medical conditions.

It was a massive project doing data cleansing. We went back through almost every patient file and rechecked to make sure we'd recorded allergies, alcohol, smoking, all the past medical history and the like. We were quite lucky because we had quite a comprehensive new patient form, but we found as we went back a lot of the GPs hadn't put a lot of that data in, so we actually went back and put all that data into the system.

Now every new patient that rocks up to the clinic, we capture that data on their new patient form and then it all gets keyed correctly into the system. So moving forward now we know we are going to have really good and really clean data, which has been a huge benefit for us.

Without the training in PENCAT we would have really struggled to do all that data cleansing.

Every month or two we do some targeted recalls, so we might target patients with diabetes, with asthma, with kidney disease, which we can capture easily now and recall them. It's great for patients' long-term health, it's great for prevention and the patients really appreciate that we are going a step further and doing more preventative health with them.

At the end of the day we are all about preventative health, that's the main role for a GP.

It was quite a challenging process and we did hit some roadblocks, but the outcome after all that hard work is that we have two clinics that are

running really well and have a really good team. It makes life so much easier and it reflects in the care for patients. The staff are happy, the GPs are happy and everyone is working together for the same outcome."

## **WESTCARE MEDICAL CENTRE — MELTON**

**GP Principal Dr Alastair Stark, Practice Manager Tracy Clarke and Nurse Coordinator Juliet Fieldew**

**Tracy Clarke:** I think a focus on quality improvement has been part of our practice philosophy for a long time. When the expression of interest came out from the PHN for the health care homes project I registered for it, because I felt that it was in line with what we were doing here at the practice and also that it would help with engagement with our PHN.

We attended the workshops and then came away and instituted some quality improvement procedures here at the practice.

**Juliet Fieldew:** The most recent one was about safe storage of schedule 4 sample medications. It wasn't around data or chronic disease management or anything like that, which is what our usual focus has been, but it was a gap that we'd identified that we needed to improve on.

**Dr Alastair Stark:** We've been looking at clinical data for years and years so our records are pretty good. We take great care over maintaining accurate summaries, so we're already there. It's maybe another reason why we joined the readiness project, because we think we're actually ready for any changes that might come.



Continuous quality improvement is business as usual for Westcare Medical's Tracy Clarke, Juliet Fieldew and Dr Alastair Stark.  
Photo: Ian Currie

**Tracy Clarke:** From our practice perspective it's difficult for us to participate in workshops or developments that challenge us as a practice now because there is such a variance of where practices are at.



Dr Ed Skinner said NWMPHN's support was crucial when establishing his second practice.  
Photo: Ian Currie

So, there was a hope that we would link in with peers that were also at our level with our processes and our chronic disease management and we could actually learn and support each other through that.

When we initially strengthened our focus on quality improvement we were in high demand, we had a patient demographic with high needs and our way of doing things wasn't meeting that demand in the most appropriate way. And we would have burnt out if we had continued along those lines.

**Dr Alastair Stark:** That was frustrating the doctors. The younger doctors were not sticking around after their registrar training, because it wasn't the best clinical environment for them to work in.

**Tracy Clarke:** We've developed a whole of team approach to patient care. So there are key clerical staff who are also involved in managing the lists for our chronic disease clinics, who are contacting people, cold-calling people, informing GPs when people aren't keen to participate, so we've really linked in to skills that the whole team have for the betterment of the patient outcomes.

**Dr Alastair Stark:** We've got patients now that are phoning up and asking 'when is my next nurse appointment?' They're not saying 'when is my next doctor's appointment?', they're asking 'why they can't get in to see the nurse, because I need my diabetes cycle completed'. That shows how far we've come, the patients actually really want this system.

**Juliet Fieldew:** Five years ago, if we'd had a proposal where a nurse would be taking a lot of the day-to-day care for the patient off the GP, that probably wouldn't have flown. But now because we've developed that trust and we are providing a quality service, the GPs feel a lot more confident that the nurse could pick up and report any issues, so we are much better positioned than we were back then.

**Dr Alastair Stark:** That change takes a long time and some GPs will go into it quicker than others. It can be years of work convincing the GPs that this is the way to achieve the best outcomes, this is what patients want and this is a business model that will make it worth it for you as well.

I wouldn't have it any other way. I was onboard early, but I think everyone would say that now. I don't think there's anyone that doesn't use this system, it's just the way it is here at this medical centre.

## You spoke, we listened

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and how we engage with you for face-to-face visits and areas your practice will focus on for improvements. They will also help with PENCAT, MBS items and quality improvement methodology. Your contact will coordinate everything that the PHN does with your practice.

**4. We heard that you would like assistance from the PHN to implement health reforms and get ready for changes with toolkits, plus information for your patients.**

We're developing new communications for primary care that will provide information on health reforms, what these mean for your work and how NWMPHN can support you.

We will continue to develop toolkits, like our Quality Improvement Guide and Tools, to support you with reform changes and provide planned onsite help for those that would like it.

**5. We heard that you want us to advocate to government on your behalf.**

We are establishing a mechanism to gather your feedback on health reform and other important issues that we can then use to advocate to government on your behalf. We will be transparent about when our Board or Councils are advocating to government on behalf of our region.

**6. We heard that you want to be able to access PHN events close to your home, work or online.**

We are investing in a webinar platform to allow you to access education and training online at a time that suits you. We are also running more events across our region to allow you to access these closer to work or home.

# New era for My Health Record

## **MORE THAN 90 PERCENT OF**

Australians now have a My Health Record (MyHR), with millions of new records being created following the end of the opt-out period.

An online record that stores a person's medical information and history all in one place, MyHR is set to be an integral component to Australia's health system. Health professionals will be able to access health information about new and existing patients wherever they present, helping ensure people can receive more coordinated care.

Lisa, a nurse working in general practice in Williamstown, has found the system to be very useful and something all health professionals should consider promoting.

"At my clinic, we had a target of asking every patient if they had a My Health Record or if they wanted one," Lisa said. "If you pitch it the right way, patients are really receptive to it."

"I always make sure I tell my patients how beneficial the records are if they are going to go interstate or don't have access to their own doctors. Any new health professionals they therefore have to see will still have access to all the information they need."

MyHRs are also proving to be very beneficial for immunisation and vaccine records, with GPs no longer having to rely on blood tests to conclude which patients are immunised against which diseases.

Over the past few months, the MyHR team at North Western Melbourne Primary Health Network has been working tirelessly to promote the new records and provide assistance to practices, health professionals and the general community.

The team attended a total of 227 community events discussing the benefits of the records and answering any questions people have had. More than 12,000 community members were engaged through these events and a further 148,804 people were



Photo:Shutterstock

## **By the numbers**

- › 7 of the 9 public hospitals in our region are registered to MyHR and are uploading discharge summaries, with the remaining two set to being using the system this year.
- › Approximately 85 per cent of general practices in our catchment are registered and uploading health summaries, prescription records and viewing.
- › Approximately 65 per cent of pharmacies in our catchment registered and uploading dispense records and viewing

system across our region (see 'By the numbers', left).

With the opt out period now over, every Medicare card/DVA card holder in Australia who didn't choose to opt out of the system now has a MyHR. This means that currently 90.1 per cent of the population have a record, with 9.9 per cent of community members choosing to opt out of the system. People can still opt in or out of the system at any time, with records able to be permanently deleted upon request.

*Read more about NWMPHN's involvement in My HR at [nwmpnhn.org.au/priority-area-topic/my-health-record/](http://nwmpnhn.org.au/priority-area-topic/my-health-record/)*

reached online through other promotions and social media.

This is in addition to around 1000 visits to health providers, to help them learn how to best use the system to support existing and new patients and their day-to-day operations.

All this hard work is paying off, with strong active use of the MyHR





# Towards better mental health care

New mental health services are coming to our region. Photo: Leigh Henningham

**THE PAST THREE MONTHS HAS SEEN SOME** much needed new mental health services become available for people living in Melbourne's north and west.

A key focus of the new services and tenders has been meeting unmet needs for people with complex mental health.

- › A \$3.4m tender opened in January to provide psychosocial support to people with complex needs who aren't eligible for support under the National Disability Insurance Scheme.
- › A mental health nurse led service for people with severe mental illness who are supported in primary care (Intensive Support Service) has expanded to include Melton, Moorabool and Hobson's Bay. This means credentialed mental health nurses are able to support clinical care of people with complex mental health needs across our entire region.

Improving mental health and wellbeing in older adults has been another target area, including both older adults in the community and those in residential aged care facilities. Support for people experiencing loneliness and social isolation, and antenatal and post-natal

services for parents are also being commissioned in the coming months.

What all these seemingly disparate mental health and wellbeing services share is a commitment to patient-centred care, as part of a stepped care approach to mental health. Stepped care recognises there are a spectrum of needs and that therefore there also needs to be a spectrum of services available.

North Western Melbourne Primary Health Network (NWMPHN) CEO Adjunct Associate Professor Christopher Carter said it's about shaping service responses to the needs of the individual rather than individuals adapting to meet the needs of the system.

But providing a diverse range of targeted services is only part of the solution. Matching people to the right type of care relies on referrers, such as GPs, playing an active role in identifying the right type and intensity of care for their patients.

"Often the default approach when a person presents in primary care with mental health concerns has been to refer them to a psychologist for counselling," A/Prof Carter said.

"While psychologists do excellent work for many people, there is no one size fits all approach that works when it comes to mental health. People may need a range of different supports at a higher or lower intensity and crucially, these needs often change over time."

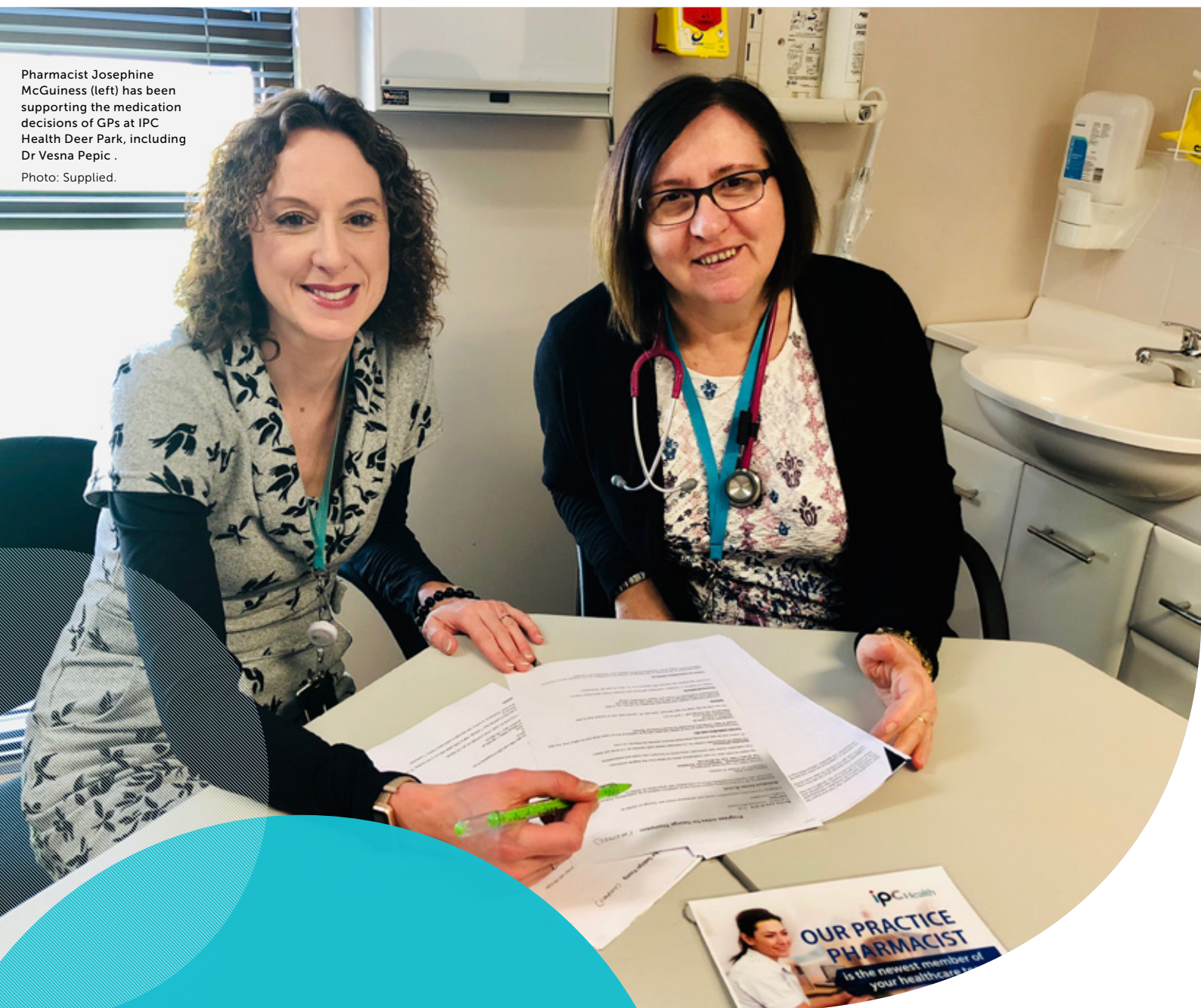
These changing needs also require mental health clinicians to help people transition through to different types and intensity of care, rather than always receiving the same service and level of care.

"What we are trying to do through stepped care is allow people to access the most appropriate support when they need it, and for that support to be flexible enough to change as their needs change."

NWMPHN is making stepped care simple through our System of Care approach, which groups together all our mental health and related services in one place, allowing for services to be navigated by type and intensity of service as well as location.

*For more information, visit our System of Care webpage at [nwmpnhn.org.au/system-of-care](http://nwmpnhn.org.au/system-of-care)*

Pharmacist Josephine McGuinness (left) has been supporting the medication decisions of GPs at IPC Health Deer Park, including Dr Vesna Pepic .  
Photo: Supplied.



# The right prescription for primary health

*Ruby Selwood-Thomas*

There are more than 30,000 pharmacists in Australia, accounting for around five per cent of all registered health practitioners in the country. Many of these pharmacists work in community pharmacies dispensing medications. However, pharmacists' scope of practice extends beyond dispensing.



**A**S MEDICINES EXPERTS, pharmacists ensure that medications are suitable for their patient's needs and consider existing or prior conditions. Pharmacists work face-to-face with patients, advising them of the side effects of medications and answering any questions they may have. Better use of pharmacists' skills has the potential to improve health outcomes in primary care.

North Western Melbourne Primary Health Network (NWMPHN) supports an integrated and collaborative primary health system, with pharmacists playing a key part alongside general practice and other health professionals.

NWMPHN is working to increase GP and pharmacist collaboration by supporting the rollout of the Victorian Government SafeScript program, as well as implementing a pilot to place non-dispensing pharmacists in GP clinics.

Working collaboratively with the Pharmaceutical Society of Australia, NWMPHN set up non-dispensing pharmacists in four general practices in our region to support doctors, clinical staff and patients through their knowledge of best practice medication management.

Josephine McGuinness, a pharmacist placed at IPC Health in Deer Park through the Pharmacists in General Practice program, found the experience extremely positive.

"The program is a really valuable support to the general practitioners, nurses and other allied health professionals here in the clinic. In particular, the management of complex and older patients," Ms McGuinness said.

"In my role here, I've helped a lot with opioid de-prescribing and complex patients and social situations as well where the GP doesn't have the time to provide that support during a regular consult.

"I've had a large number of referrals for opioid dependence as it is a real problem in this demographic. Through this, I have been able to supply a second voice to support what the GP has been trying to do with patients regarding prescribing their medication."

IPC Health GP Dr Platon Vafiadis said that everything about the program was very beneficial and he would love for it to be funded permanently.

"The program has provided benefits not only for the doctors and clinical staff here, but also the patients," Dr Vafiadis said. "Particularly patients who want to transition off medication but have been using them for long periods of time.

"Everything Josephine did was very useful and the pharmacists have now become an ally in regards to providing additional motivation to patients. The only issue is that I don't believe many practices would be able to fund a pharmacist themselves, so it is a matter of looking at models to achieve that."

Pharmacists participating in the pilot program have been kept busy, with 234 medication reconciliations, 106 de-prescribing activities and 153 medication adherence assessments conducted between June and November 2018 alone.

Ms McGuinness said that in many cases these activities end up having a direct, positive impact on patient health.

"I had a diabetic patient referred to me for a medication review and during that process we discovered that he hadn't been taking his warfarin medication," she said.

"I worked with a specialist involved and we got him back on track. Originally there were a number of concerns that he wouldn't be able to manage his medication but because of the support we have been able to provide, we've built up a rapport with the patient and today he was looking and feeling much better."

The pilot program has fit in well with the introduction of SafeScript, a clinical tool that provides general practitioners and pharmacists access to a patient's prescription history in order to assess high risk medicines and enable safer clinical decisions.

"I believe SafeScript will be a very good service for health professionals," Dr Vafiadis said.

"Years ago, there was a National Doctor Shopping hotline where you were able to call and provide the patient details and medications they were on. SafeScript sounds like a very

similar system which is great because the old hotline was extremely useful."

SafeScript is now available state-wide and will be mandatory for health professionals from April 2020. NWMPHN has been running training sessions on the introduction of SafeScript for both GPs and pharmacists, with 122 attending so far. More sessions will be held in April and May this year.

***"The program has provided benefits not only for the doctors and clinical staff here, but also the patients."***

**Dr Platon Vafiadis, GP**

The computer software program will allow prescription records for some high-risk medicines to be transmitted in real-time to a centralised database which can then be accessed by doctors and pharmacists during a consultation.

SafeScript will facilitate the early identification, treatment and support for patients who are developing signs of dependence. It will also help to further integrate pharmacists into the health system, through encouraging pharmacists and general practitioners to collaborate and work towards better outcomes for their shared patients.

This sort of mutually beneficial integration will give our health system the flexibility and capacity it needs to adapt to the rapidly growing health challenges of the future, helping to ensure we continue to provide better care for everyone in our community.

# Young at heart of care

Jeremy Kennett

## As GPs spend more and more time with older patients, how can we make sure children are still able to receive the best quality paediatric care at their local general practice?

**I**F YOU'RE EVER LOOKING FOR tangible evidence of Australia's ageing population and the challenges it poses, just walk into your local general practice. Knock on the door of any of the GPs' rooms and there's a good chance – 27.8 per cent to be precise – that you'll find them consulting with a patient over the age of 65. This is despite the fact that while the proportion of older Australians is rising all the time, they still only make up around 15 per cent of our population<sup>1</sup>.

Older patients tend to have more problems managed, more medications prescribed, more tests ordered and take up more practitioner time per visit than other patients. These ratios are only likely to increase as both the over 65 population and the rates of chronic diseases like diabetes keep rising.

The preponderance of older patients has led to some concern that GPs aren't spending enough time with other groups, particularly young people, to maintain their knowledge and experience of their particular needs<sup>2</sup>. While a recent study from the Family Medicine Research Centre at the University of Sydney ultimately concluded that "in terms of their healthcare, the kids are alright", it also showed that children under 15 only make up a little over 10 per cent of the average GP workload<sup>3</sup>.

Many parents are also choosing to have their children treated in hospital as a first option, either through the emergency department or by specialists, especially in the after hours period. Taken all together, it means GP are seeing children less often than in the past<sup>4</sup>.

The Strengthening Care for Children project is aimed at helping GPs maintain and improve their paediatric skills, as well as make the general practice an attractive destination for more than just routine paediatric medical care. This in turn can help children get the right care, at the right time, closer to home.

Initiated as a research study at five general practices in Melbourne's north and west in 2018, the project provides an experienced Royal Children's Hospital paediatrician to work in the practice on a weekly basis for patient co-consultations, supplemented by a monthly, in-practice case conference, and email and phone support for health professionals with the paediatrician.

GPs and paediatricians co-consulted with 595 children during the project period, with 92 per cent of GPs involved reporting increased professional knowledge in child health issues.

One of the practices involved was Complete Family Care in Newport, where Dr Akaash Goyal described the project as "a revelation".

"The value that the pilot provides me at a professional level is immeasurable," Dr Goyal said.

"Seeing a colleague, a paediatrician, consult on that same child and having the privilege of sitting in on that consultation, really broadens your point of view on how to approach a consultation.

"There's the educational component, but there's also how the paediatrician relates to the child, relates to the family, teases out bits of the history



Adeline Zimmerman says her daughter Fleur has benefited from the joint consultation approach.

Photo: Ian Currie

that we might not be doing. That's where the real power of the program comes in.

"Because it assists in instilling a degree of confidence in us, in terms of what we're doing right, but also what we could be doing differently."

Patients are also seeing the benefits, with 15 per cent more families being 'completely confident' their GP could provide general care for their child after being involved in the project. Adeline Zimmerman, a working mother from Gisborne, said having access to the project has helped with dealing with several health issues for her daughter Fleur.

"I think that's a great thing because the GP is a professional, it's great, but having a paediatrician, he is the expert at working with babies, so having them work together has worked for me but it's worked for the GP as well because they are learning," Ms Zimmerman said.

"For example, when Fleur had her first bottle it turned out she was allergic to cow milk protein. We went to a GP and he said 'well, soy milk is fine you can give her soy milk'.



"After two weeks when we saw the paediatrician they said we shouldn't give any soy milk to a baby under six months. So it's a learning process for both myself and the GP as well. It's great for me and for Fleur too."

Royal Children's Hospital Paediatrician Dr Gehan Roberts said the main aim of the study has always been to help GPs improve their confidence and knowledge in treating children, rather than taking paediatric care out of the general practice setting.

"What we've been really thinking for a long time about is how do you work with existing systems of care so that most of the necessary work happens out in the community and ideally at that first point of contact, which is the family doctor," Dr Roberts said.

"The other thing we've been trying to do is use those opportunities to disseminate evidence-based guidelines, such as the Primary Health Network's HealthPathways and the Children's Hospital Clinical Guidelines.

"So whenever possible, we say to the GP 'here's the guidelines, here's what

we're using at the hospital, why don't you do steps 1, 2 and 3 and see the patient again and refer back to us if things aren't shifting'."

Best practice paediatric guidelines are now more accessible than ever for general practices right across Victoria, thanks to the ongoing expansion of the Statewide Paediatric HealthPathways Project.

Sixteen new pathways were released in October last year, covering the unwell child, neurology, ear, nose and throat (ENT), and allergy conditions. These added to pathways released at the start of 2018, which focused on respiratory and gastrointestinal conditions.

The pathways are designed for use during GP consultations and help GPs to provide best practice care for young patients presenting with these conditions. They have been written by GP clinical editors through collaboration with local GPs, hospital-based specialists, nurses, allied health professionals and other experts.

GPs across the state can gain access to the HealthPathways through their local Primary Health Networks.

So while it's likely GPs will continue to spend more time with older patients and less with children as our population ages, the opportunities to maintain and improve their skills in paediatric care are continuing to grow.

Paediatric care will always be a critical part of general practice, as ensuring children have a healthy start to life is not only important to them now but also the adults they will become. Whether paediatric care is through a co-consult, over the phone, or through an online clinical pathway, support for GPs will always be there too, giving them the resources they need to provide better care everyday.

<sup>1</sup> <http://sydney.edu.au/medicine/fmrc/publications/BEACH-feature-2015.pdf>

<sup>2</sup> <https://www.racgp.org.au/afp/2012/july/the-paediatric-clinical-experiences-of-general-practice-registrars/>

<sup>3</sup> <https://www.racgp.org.au/afp/2015/december/%E2%80%98the-kids-are-alright%E2%80%99-%E2%80%93-changes-in-gp-consultations-with-children-2000%E2%80%9315/>

<sup>4</sup> <https://www.racgp.org.au/afp/2012/july/the-paediatric-clinical-experiences-of-general-practice-registrars/>

# Out & about



## After hours pop-ups

NWMPHN's After Hours Care campaign took to the streets with a series of pop-up stalls at community events throughout our region. The awareness campaign is promoting after hours medical services to give people more options and reduce pressure on emergency departments.

The campaign includes wide-scale promotion of the healthdirect app, which helps people find After Hours care options in their area. The pop-up stalls have been a hit, with large numbers of community members stopping to have a chat. We encourage providers to register and add their service details to the National Health Services Directory so they will appear on the healthdirect app.

## Tactile tools workshop



Along with RMIT, Better Health Plan for the West (BHP4W) ran a workshop in February focusing on the first 1000 days of a child's life and how health professionals can best support healthy pregnancies. BHP4W, a group of organisations including NWMPHN, is working to increase the rates of babies with healthy birth weight and maximising outcomes for babies with low birth weight.

Leah Heiss (right) shared tips on giving children a healthy first 1000 days. Photo: Supplied

## Maternal Child Health conference

The statewide Maternal Child Health conference in late February brought together hundreds of stakeholders to network and discuss child health in our region. The NWMPHN stall was a great success, exhausting all resources and hand outs by midday and being called the best booth in the conference by many of the over 200 attendees who stopped for a chat.



Chloe and Chelsea from Tiny Hearts helped us spread the good word about childhood vaccination at the conference. Photo: Julie Sucksmith.

## SafeScript training



SafeScript kicked off with training sessions led by Dr Paul Grinzi and Mr Angelo Pricolo, who have a special interest in addiction medicine, in March. SafeScript is a clinical tool that provides access to a patient's prescription history for high-risk medicines and enables safer clinical decisions, plus treatment and referral options. So far 122 GPs and pharmacists have attended, with more sessions planned for April and May.

Recent SafeScript training brought the crowd to their feet. Photo: Joe Manners.

# BABY'S TUMMY HAS GONE ALL



AFTER HOURS CARE  
*is always there*

From a sick tummy in the night to a scary fever in the early hours, professional medical treatment is available 24/7. To find your nearest available after hours medical services visit:

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