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An Australian Government Initiative

GP CONNECT

Welcome to the May/June 2016 edition of GP Connect

INSIDE:

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WAPHA
WA Primary Health Alliance

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Keeping GPs informed in the changing primary health landscape

The Health Care Home (also referred to as the Patient Centred Medical Home) is a key pillar in the Australian Government's transformation of the way primary health care is provided to Australians with chronic and complex health conditions (including mental ill-health).

WA Primary Health Alliance (WAPHA) and the WA Primary Health Networks (PHNs) welcomed the recent release of the Primary Health Care Advisory Group's (PHCAG) Better Outcomes for People with Chronic and Complex Health Conditions report.

Professor Geoff Riley, Chair of the WA Country PHN's Clinical Commissioning Committee, served as a member of the Group.

WAPHA acknowledges Prof. Riley's contribution in providing the Australian Government with a comprehensive set of options to reform the primary health care system.

A key outcome of the PHCAG's discussions was the identification of the Health Care Home as having real potential to improve the care of people with chronic and complex health conditions in general practice.

Delivering on this potential is contingent on the 'Home' being adequately supported by new funding models and other relevant structural reforms in the broader Australian healthcare system.

In the early stages of the development of Health Care Homes in Australian general practices, discrete, but complementary, trials will be undertaken by both the Commonwealth and Primary Health Networks to assist and support general practice in transitioning to a new model of care for people with chronic and complex health conditions.

The WA PHNs are developing a trial program to be rolled out during 2016 in selected general practices in metropolitan and country WA.

The Health Care Home model that will be trialled in WA will continue to evolve through a consultative process with general practice, including GP-led Innovation Hubs and an investigative process that is currently underway in selected practices. The WA PHNs will ensure that adequate funding and support is attributed to participating practices.

The Health Care Home is considered by many GPs to be at the very heart of what general practice is all about – continuity of high-quality personalised care which is accessible, comprehensive, co-ordinated and integrated.

The WA PHNs have a key role in supporting GPs and their practice staff in this ongoing development of a strong general practice led primary care system.

We recognise, and welcome, the unique opportunities for system change and improved health outcomes for the WA community.

Learne Durrington,
CEO WA Primary Health Alliance

FEDERAL BUDGET 2016-17

The trial of the Health Care Home was a feature of the recent Federal Budget.

The 2016-17 Federal Budget, handed down on Tuesday May 3, focused on the following key areas for primary care;

- Trial of Health Care Homes
- Medicare Benefits Schedule – support for rural and remote registrars
- Rural General Practice Grants Program
- Patient depressions online support
- Simplification of the Practice Incentives Program

Trial of Health Care Homes

The first stage of the rollout of the Health Care Home model, developed by the Primary Health Care Advisory Group (PHCAG), will be available to eligible patients in up to seven Primary Health Network (PHN) regions who voluntarily enrol with a participating medical practice known as their Health Care Home.

Health Care Home will provide continuity of care, coordinated services and a team-based approach to care according to the needs and wishes of the patient.

Health care practitioners will benefit from a payment system that allows them the flexibility to deliver health care in the most effective way for individual patients. Payments will be made quarterly rather than on a fee per service basis.

The trial will cost $21.3 million from 2015–16 to 2018–19.

It is important to note that the WA PHN trials of Health Care Home (referred to on the front page story) are discrete from, but complimentary to, the Australian Government trials.

Medicare Benefits Schedule – support for rural and remote registrars

GP registrars training to be GPs in rural and remote areas will be given the same access to GP-related Medicare benefits for the services they provide while training.

This will streamline administrative and regulatory arrangements for medical practitioners training to be specialist GPs and will remove disincentives for medical practitioners to train in regional, rural and remote areas under the Australian College of Rural and Remote Medicine (ACRRM) Independent Pathway, a user-funded training pathway help doctors to upskill.

Registrars will no longer have to negotiate additional administrative requirements with multiple agencies to access A1 Medicare benefits while training.

Rural General Practice Grants Program

The Rural General Practice Grants Program (RGPGP) will better support rural general practices to teach and train the next generation of health workers for country Australia.

It redesigns the Rural and Regional Teaching Infrastructure Grants (RRTIG) Program to create a more streamlined RGPGP after poor take-up of the RRTIG Program.

The program will be funded through existing resources and grants of up to $300,000 will be provided to successful applicants and applicants will continue to be required to match the Commonwealth funding contribution.

The program will expand the types of entities that can apply for grants, and broaden the types of health practitioners that can use additional infrastructure provided through grants.

A requirement for new building work to be physically attached to existing premises will be relaxed.

Patient depression online support

Pregnant women and new mothers suffering from, or at risk of, perinatal depression will be better supported through the development of a new online perinatal depression support tool and smart phone application to help women with early intervention and to reduce crisis situations.

The tool will aim to support new mothers who lack support networks and for those in rural and remote areas and will provide information along with self-paced and tailored practical advice, tips, methods and ways to receive further support.

The Government will invest $800,000 to build the support tool in 2015-16 and 2016-17.

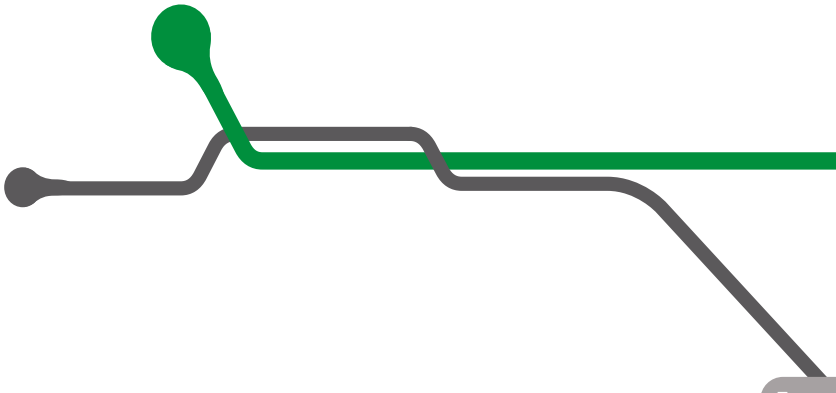
Simplification of the Practice Incentives Program

The Practice Incentives Program will be streamlined and simplified, with general practice to have input in the design and implementation of the new incentive payment arrangements.

Streamlining administration arrangements will aim to reduce the regulatory burden on general practice, and achieve savings to the health system.

Aboriginal and Torres Strait Islander primary health care has demonstrated the effectiveness of incentive payments, and will inform the redesign over the coming year. Redesigning the incentives will focus on quality improvement across the range of GP incentives, and will draw on best practice examples and feedback from across the sector. This ongoing measure will save $21.2 million from 2015–16 to 2019–20.

For more information about Budget measures relating to primary health care visit the Federal Department of Health website at health.gov.au



HOSPITAL LIAISON

King Edward Memorial Hospital

Ultrasounds in pregnancy: some handy hints

The ultrasound report is abnormal – what to do?

If an ultrasound report is abnormal, this can be a worrying time for the woman and her GP and it is important to follow the correct process to avoid unnecessary anxiety and expectations from patients.

In many cases, a tertiary assessment is not required.

If the patient is booked to have shared care at KEMH, ring KEMH and ask to speak to the senior obstetric registrar for advice regarding further management on (08) 9340 2222.

If the patient has been booked at another hospital, contact the staff at the booking hospital to discuss the result.

The first step may be an assessment at the booking hospital and if further assessment is required, the booking hospital staff member will refer the woman on to KEMH.

If a fetal anomaly is present, a referral for assessment, further investigation and management should be faxed to the Maternal Fetal Medicine Service on (08) 9340 1060.

Patients are requested not to attend the Emergency Centre if a new diagnosis has been made.

It is not appropriate for the GP to give the woman a copy of the ultrasound report and advise her to present to the Maternal Fetal Assessment Unit (MFAU) at KEMH, unless this has been pre-arranged through discussion with the Senior Obstetric Registrar at KEMH.

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victoria.westoby@health.wa.gov.au
Available: Monday and Tuesday
(08) 9340 1561

Fiona Stanley and Fremantle Hospitals Group

Gastro procedures

As many referrers have discovered, there is a mandated dedicated referral form for open access gastro procedures (gastroscopy and/or colonoscopy).

This form allows accurate and timely triaging of patients and safer procedures. There is a single process of referral as detailed on both fsh.health.wa.gov.au and fhhs.health.wa.gov.au websites where a link to the form is also available (under the health professionals tab).

This form includes information about relevant past history and current symptoms/indications, weight and BMI, medications (especially anticoagulation/antiplatelet agents), allergies and co-morbidities.

This information is required by the hospital at the time of referral. Patients are contacted to confirm any changes to management and current health status close to the time of the procedure.

Procedure specific information forms are provided to patients by the hospital with their bookings.

When discussing referral with your patients, you might be interested to know that there are useful health information fact sheets available on the GESA website (gesa.org.au), including gastroscopy, colonoscopy and bowel preparation information.

Including radiology results in referrals

Referrals for patients who have had radiology procedures in the community (orthopaedic or respiratory) are expedited by the inclusion of reports detailing the name of the radiology service and date of procedure.

This allows the images to be imported into the hospital imaging system for clinician access during triage and clinic visits.

Most private radiology services are set up to allow image sharing.

Should these be unavailable, there may be the need to repeat imaging with possible increased radiation exposure, patient inconvenience and waste of resources through duplication.

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Available: Monday and Thursday

Royal Perth Hospital

Breast and colorectal cancer oncology service at RPH

A new oncology service has opened at Royal Perth Hospital for breast and colorectal cancer patients.

The new service will provide specialist medical oncology care, including outpatient clinics by visiting medical oncology consultants from Fiona Stanley Hospital and by the Oncology Nurse Practitioner, and chemotherapy.

Inpatient beds will be located on Ward 10C with patients admitted under General Medicine.

For more information on the service, please email Oncology Nurse Practitioner Jennifer Doyle via Jenny.Doyle@health.wa.gov.au or call (08) 9224 1165 on Tuesday, Wednesday or Thursday.

If GPs need advice about patients under the care of the service outside the service opening times, please contact the FSH Medical Oncology Service (Registrar during working hours or on-call consultant after hours).

RPH Rapid Access Chest Pain Clinic update

Thanks to those GPs who have already referred to the RPH Rapid Access Chest Pain Clinic.

The service for patients who would normally be referred to RPH with new onset (<3/12) chest pain, suggestive of angina and who are not having an acute coronary syndrome (ACS) offers:

1. Rapid access (<1 week) to expert clinical assessment.
2. Rapid individually tailored investigation; including exercise stress test, CT coronary angiography, myocardial perfusion imaging, stress echo or conventional coronary angiography as appropriate.
3. An individualised management plan, developed in consultation with a consultant cardiologist

Preliminary analysis of the first 100 patients seen shows the new service is achieving its aim of ensuring patients with chest pain are being assessed more promptly and efficiently in clinic than previously.

There are now more materials available on the RPH website rph.wa.gov.au and search Rapid Access Chest Pain Clinic.

New materials include:

- GP Referral Flowchart – includes how to refer, inclusion and exclusion criteria
- The Rapid Access Chest Pain Clinic Patient Information Guide for patients referred to the clinic – GPs may find it useful to print this for patients they refer and fill in the time and date of the appointment given.

Dr Jacquie Garton-Smith
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Available: Monday and Thursday

Princess Margaret Hospital

Discharge summaries

Since the introduction of the new Electronic Discharge Summary, Notifications and Clinical Summaries (NaCS), in February, PMH has not been sending a hard copy of the summary if the practice is receiving them electronically. If the person completing the summary sees electronic copy or fax indicated as the option for delivery to the GP on NaCS, only 2 copies are printed. One for the file and one for the patient/parent.

If a GP is unable to receive a fax or electronic copy, then a paper copy is still being sent.

We are trying hard to get the summaries done at time of discharge.

Dr Maree Creighton
Hospital Liaison GP, PMH
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Available: Tuesday 9am-12pm and Wednesday 12pm-5pm
(08) 9340 7994

Aged and community care referral options

Not all elderly patients requiring some additional support at home will require an Aged Care Assessment Team (ACAT) referral.

Some may just need some additional equipment or services at home that would help them maintain independence, such as rails or meals.

The appropriate referral pathway for this patient would be through either Home and Community Care Program or Community Aids and Equipment Program.

The MyAgedCare website (myagedcare.gov.au) or telephone line (1800 200 422) can provide a wealth of information for the patient or carer.

Home and Community Care Program (HACC)

A service for individuals or family members seeking assistance with the more introductory services such as:

- assistance with house cleaning, gardening, shopping, meal preparation
- assistance to support independence with personal care
- transportation to medical appointments
- nursing care such as wound care, insulin injections, and assistance with management of diabetes, continence and pressure care – provided by a registered or enrolled nurse.

Under the State-funded HACC program should initially be directed to the Regional Assessment Service (RAS) for review.

Individuals and family members can contact the RAS directly on 1300 785 415.

General Practitioners and other health referrers can refer people directly to RAS by calling 1300 85 415 or via fax on (08) 9443 5622.

Available for all people over the age of 18. There are some fees (means tested) associated with these services.

Community Aids and Equipment Program (CAEP) service

The CAEP program is able to supply small pieces of equipment to assist an aged person with a disability maintaining their independence at home. In order to access this program the patient must hold a Pensioner Concession Card, or Health Care Card, Commonwealth (not state) Seniors Health Care Card, Carer Payment or able to demonstrate financial hardship to the CAEP Clinical sub-committee.

If eligible the GP/practice nurse can download and complete the referral form on the Disability Services Commission website (disability.wa.gov.au).

Search for CAEP for the form and a list to find your local provider by postcode.
Fax form to the relevant provider.

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clare.matthews@health.wa.gov.au
Available: Mondays and Wednesday afternoons
(08) 9346 8001

Central Referral Service

Routine referrals

All routine public hospital outpatient referrals should be sent to the Central Referral Service, who will allocate the referral to a hospital.

Immediate referrals

Immediate referrals (those where the patient needs to be seen within seven days) may be referred directly to a hospital (after speaking with the relevant Registrar to check they will accept the referral).

State-wide services

Some hospitals provide a 'state-wide' service, and all immediate referrals for state wide services should be directed to that hospital.

See table below for a list of specialist state wide services by hospital.

Fiona Stanley Hospital

- Advanced Lung Disease Unit
- Advanced Heart Failure and Cardiac Transplant Unit
- Burns Adult Unit
- Hyperbaric Medicine
- Rehabilitation Technology Unit
- Acquired Brain Injury Unit
- State Rehabilitation Service:
  - Amputee
  - Miscellaneous
  - Neurology
  - Spinal
  - Trauma & Multi-diagnostic

Joondalup Health Service

- State Bariatric Surgery Service

Princess Margaret Hospital

- Paediatric Subspecialties:
- Burns Unit
- Cardiology
- Cardiothoracic Unit
- Craniofacial Unit
- Eating Disorder Program
- Medical Oncology
- Neurology
- Neurosurgery
- Endocrine/Diabetes
- Gastroenterology Tertiary Service
- Oral & Maxillofacial Tertiary
- Paediatric Surgery Tertiary
- Gynaecology
- Haematology
- Infectious Diseases Tertiary
- Orthopaedics
- Ophthalmology
- Plastics & Reconstructive Surgery
- Respiratory
- Sleep Clinic

King Edward Memorial Hospital

- Antenatal & Obstetrics State Wide Tertiary level Service
- Genetic Services W.A.
- Gynae – Oncology
- Reproductive Medicine

Royal Perth Hospital

- Neuro- Genetics
- Scoliosis
- State trauma (including spinal trauma

Sir Charles Gairdner Hospital

- Anaesthetic Allergy Referral Service
- Muscular Skeletal Tumour Service
- Renal & Hepatology Transplant Unit

Dr David Oldham
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Available: Monday – Thursday
(08) 9346 3333 (Switchboard)

HEALTHPATHWAYS **WA**

HealthPathways WA

New pathways

The HealthPathways team have recently published the following pathways: Driver Assessment – Diabetes, Diabetes Cycle of Care, National Diabetes Services Scheme (NDSS), My Health Record and Hepatitis B and C.

The Hepatitis C pathway has been developed to address the new guidelines that have been released. As there are still many processes being developed in relation to the new guidelines, such as the request information and how GPs will prescribe the medication in consultation with a specialist, this pathway will be constantly updated over the next month.

Pathway consultation

Some pathways undergo public consultation prior to publication – participating in the HealthPathways consultation is your opportunity to provide feedback on a pathway to the Clinical Editing team at WAPHA. Consultation occurs monthly and is run in conjunction with WA Health.

To receive notification of upcoming consultations, please email pathways@health.wa.gov.au or to view current open consultations see waproject.healthpathways.org.au/Pathways/Consultation

Clinical Stream Working Groups

HealthPathways are recruiting for GPs to participate in the following working groups:

- ADHD – 3 June
- Autism – 9 or 16 June (confirm by contacting the HealthPathways team)

Working Group participants will discuss current issues specific to the Clinical Stream and potential solutions. They will also assist GP Clinical Editors in pathway development.

In addition, any general concerns that GPs currently have such as long waiting times, issues regarding referral forms, etc. that may be of relevance to these Working Groups can be submitted to WAPHA to assist Working Group facilitation.

Please email healthpathways@wapha.org.au if you wish to participate in the above Working Groups or to contribute to the Working Group discussion.

Country Connect

The HealthPathways Clinical Leads, Dr Sue Jackson and Georgia Bolden, recently undertook a series of clinical engagement activities in WA regional centres, spanning Port Hedland to Esperance. The purpose of this work was to identify healthcare issues specific to country regions – this information will be used to inform future Pathway development, in addition to informing WAPHA's commissioning of services.

The visiting specialist schedules for the Pilbara, Midwest, Goldfields, Wheatbelt and Great Southern have recently been published on HealthPathways. Also available are all WACHS hospital emergency department details – look for the Emergency Referrals pathway.

The My Health Record pathway has now gone live.

ABORIGINAL **HEALTH**

Assessment and referral of older Aboriginal patients

Dementia and age-related frailty are very significant health issues in the Aboriginal population and they often occur at an earlier age. Rates of dementia are reported to be 3-5 times higher than in the general Australian population and a recent study in remote communities identified 65 per cent of people aged over 45 years as being frail.

In recognition of this need:

- Annual health assessments of 'older Aboriginal people' (MBS item 715) are recommended from 55 years of age – with assessments to include an evaluation of cognition, mood, falls risk, continence, nutrition and activities of daily life.
- Aboriginal people are eligible for ACAT assessments (and associated services) from 50 years of age.
- Aboriginal patients with a chronic disease can be referred for a total of 10 allied health services (5 under a GPMP/TCA and 5 under a 715).

There are a number of tools and resources to assist clinicians in assessing the health of older Aboriginal patients. These tools were originally developed for patients living in the Kimberley but have since been validated in urban communities. The most widely used tools are the

- KICA-cog (for cognitive function),
- KICA-screen (short version)
- KICA-dep (for depression).

These tools (and other resources) are available on the Western Australian Centre for Health and Aging website wacha.org.au (go to KICA and then Indigenous health).

DIGITAL **HEALTH**

New ePIP has commenced

The new requirements for the ePIP came into effect on 1 May 2016. Practices will now have until 31 July 2016 to upload their minimum requirement of shared health summaries to My Health Record for this quarter.

Any practice that does not wish to participate in the ePIP, or may not meet the upload requirement by the deadline, will need to withdraw from the program.

The incentive payments will be made to all practices enrolled in the ePIP automatically at the end of each quarter.

Please be advised however that the program will be audited and practices who do not achieve their minimum upload requirement may be asked by the Department of Human Services to refund any payments received.

A practice's upload requirement is 0.5 per cent of the Standard Whole Patient Equivalent (SWPE) from the previous PIP quarter; less than one upload per day per GP.

A shared health summary can also take as little as 20 seconds to upload thanks to usability changes to the My Health Record system.

Shared health summaries can be uploaded by any staff member who is registered with AHPRA or with a Health Practitioner Identifier. Practitioners interested in seeing how this works can visit myhealthrecord.gov.au to access the online training environment.

WAPHA strongly recommends practices keep track of their shared health summary uploads to ensure targets are met.

Some clinical systems have tools available to help this including the clinical audit tool CAT4 by PenCS. Medical Director has also recently released a tracking tool in their latest software update. Other applications may follow suit, check with your software vendor to see if any tools are available for your practice.

CLINICAL UPDATE

Australian Childhood Immunisation Coverage

Australian Childhood Immunisation Coverage recently released the rolling annualised coverage rates for the June 2015, September 2015, December 2015 and March 2016, assessment quarters. Although WA has made improvements there is still some way to go to achieve 95% coverage, the WHO target to eradicate measles in the Western Pacific region.

National rankings

All Immunisations

At 12<15 months WA had the lowest rate: 92.39% (Highest: ACT 93.88%)

At 24<27 months WA had the second lowest rate: 88.73% (Lowest: NT: 88.51%; Highest: ACT 91.97%)

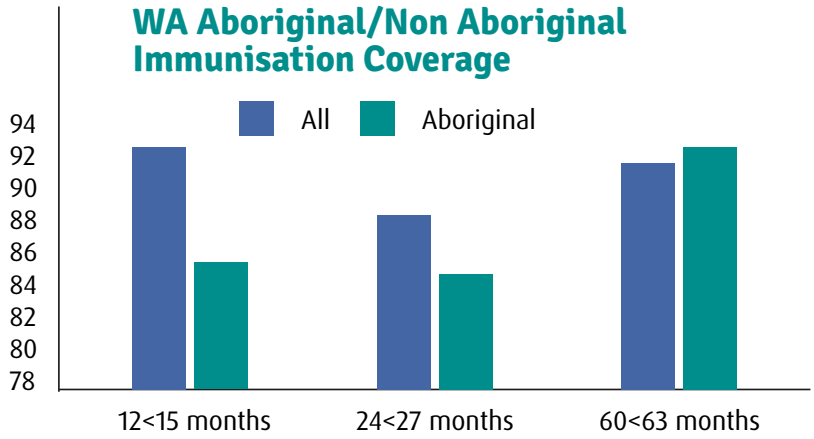
At 60<63 months WA had the lowest rate: 91.22% (Highest: TAS: 93.72%)

Aboriginal Coverage

At 12<15 months WA had the lowest rate: 83.57% (Highest ACT: 93.57%)

At 24<27 months WA had the second lowest rate: 83.76% (Lowest: ACT 83.45%; Highest: NSW 89.37%)

At 60<63 months WA had the lowest rate: 92.43% (Highest: NSW 95.7%)



The drop in the 24<27 month age group reflects a lack of timeliness and may be compounded by the incorrect recording of the 18 month dose of MMRV as a first dose rather than a second dose. Improvements can be gained from recalling this age group and ensuring correct recording of the vaccines given.

Aboriginal childhood immunisation rates lag behind non-Aboriginal children in the early years but have caught up and surpassed their counterparts at 60<63 months. The impact of low immunisation rates on the health of young Aboriginal children is a concern. Aboriginal Children have a 2 fold incidence of pertussis, a 3.4 times incidence of influenza and a 9.5 fold increase in incidence of invasive pneumococcal disease compared to non-Aboriginal Children. (Source: Western Australia Notifiable Infectious Diseases Database).

There remains considerable work to be done to improve the timeliness of coverage for Aboriginal children. Recall and follow up as well as opportunistic immunisation may help improve low rates.

Motor Neurone Disease

Could this be Motor Neurone Disease?

Motor Neurone Disease (MND), a progressive and ultimately fatal neurodegenerative disease, is often clinically difficult to diagnose.

There is no single investigation specific to MND and no sensitive disease-specific biomarker. Diagnosis is based on symptoms, clinical findings and the results of electrodiagnostic, neuroimaging and laboratory studies.[1]

Rapid and accurate diagnosis is crucial in ensuring the needs of people living with MND are met from the earliest possible stage.

Now GPs have access to a new diagnostic tool highlighting MND 'red flags'.

Painless, progressive weakness – Could this be motor neurone disease? aims to assist GPs in recognising MND, expediting accurate diagnosis by a neurologist.

Adapted with permission from MND Association of England, Wales & Northern Ireland, the Australian version of – Could this be motor neurone disease? – outlines MND signs and symptoms including bulbar and limb features, respiratory and cognitive features, and supporting factors that point towards a diagnosis of MND.GPs can download the red flags diagnostic tool from the MNDcare website mndcare.net.au

Reference: 1. Andersen PM, et al. Eur J Neurol 2012;19:360-375.

Seasonal influenza vaccines in general practice

WA Health is urging GPs to recommend influenza immunisation to all their patients, especially those most at risk from serious complications from flu, including pregnant women and young children.

Patients who have influenza vaccination recommended by their health provider are three times more likely to get immunised than those who don't.

As their provider you are the most trusted source of health advice and we urge to protect your patients and the community through influenza immunisation.

Each year, seasonal influenza causes serious morbidity and mortality during annual epidemics. The World Health Organization estimates that nearly five million cases of severe illness and 500,000 deaths occur worldwide each year [1].

Monitoring by WA health has revealed a slight improvement in seasonal influenza vaccine coverage. (Figure 1).

Despite the availability of free vaccine, these data indicate influenza vaccine uptake is poor in some at-risk groups, most notably children <5 years of age. In 2015, the hospital admission rate for laboratory-confirmed influenza in children <5 years was 6.1 per 100,000 children. This was comparable to the admission rate among adults 60-69 years of age.

While 51.7 per cent of adults aged 65 and older were immunised against influenza in 2015, less than 9% of children under the age of five years were immunised. We need to do more to provide influenza vaccines to young children six months of age to four years in order to protect them from influenza illness and hospitalisation.

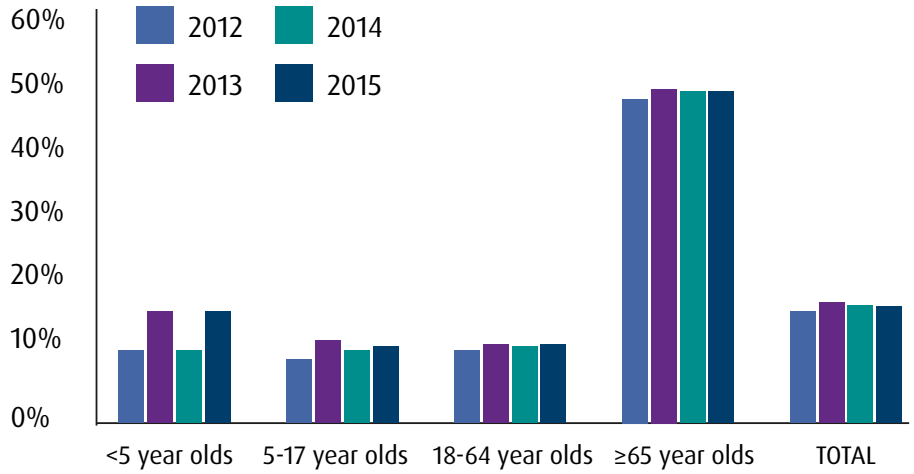


Figure 1. Percent of general practice patients immunised against seasonal influenza between 2012 and 2015.

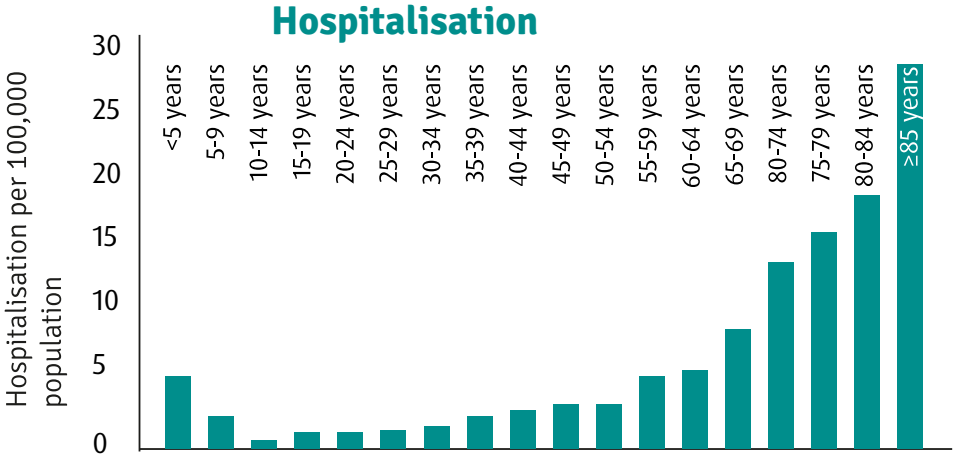
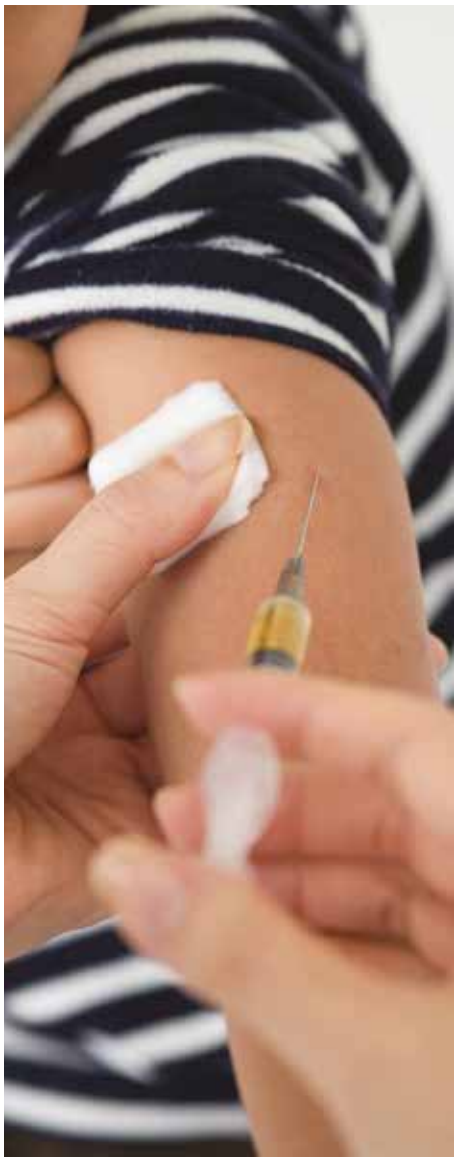


Figure 2. The incidence rate of admission to hospital for laboratory-confirmed influenza in 2015, by five year age groups.



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1. World Health Organization. Influenza (seasonal). Available at: who.int/mediacentre/factsheets/fs211/en/. Accessed 21 November 2015.
2. Western Australia Department of Health. Flu (influenza) vaccine. Available at: healthywa.wa.gov.au/Articles/F_I/flu-Influenza-vaccine. Accessed 18 April 2015.

Telethon Kids Institute Research needs GPs

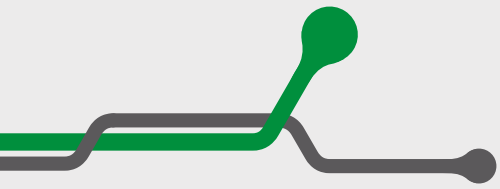
It is not often that researchers want to study GPs but that is exactly what Researcher Dr Roslyn Giglia is doing.

Dr Giglia is interested in the thoughts and experiences of GPs when talking to antenatal and postnatal women about alcohol.

This can sometimes be a difficult conversation to tackle in every day practice and Dr Giglia is seeking the valuable input of both metropolitan and rural GPs who interact with pregnant and breastfeeding women.

The feedback gained from this research will help provide support to Australian GPs working in this space.

If you are interested to participate or would like to know more about this research then please contact Dr Giglia via roslyn.giglia@telethonkids.org.au or phone (08) 9489 7726.



STAtins in Reducing Events in the Elderly

STAtins in Reducing Events in the Elderly (STAREE) is a double-blind, randomised, placebo-controlled primary prevention trial designed to assess whether daily active treatment of 40 mg atorvastatin will prolong overall survival and delay the need for permanent residential care in healthy participants aged 70 years and above.

Why be a GP Co-Investigator in the STAREE study?

- STAREE will examine the net effects (risks and benefits) of statin therapy in elderly individuals free of established vascular disease and diabetes
- The majority of work required for the study is conducted by the STAREE research staff and the trial is designed to minimise the paperwork for general practices
- An administrative reimbursement of $100 per randomised patient will be made to your practice
- In conjunction with STAREE, a CPD program for participation in research will be offered over the course of the next triennium
- The trial is co-ordinated by Monash University and has ethics.

If you have any questions or require further information phone 1800 770 664, email staree@monash.edu or visit www.staree.org.au

Improvement needed for general practice privacy policy

A recent assessment of GP practices by the Office of the Australian Information Commissioner suggests that many practices could use more practical support to improve or establish privacy policies.

To access the report, please visit oaic.gov.au/privacy-law/assessments/ and scroll down to find general practice.

RACGP resources to assist practices meet privacy requirements can be found under 'your practice' on the RACGP website at racgp.org.au.

Therapeutic Goods Administration

Updating medicine ingredient names

From April 2016, the TGA has updated some medicine ingredient names used in Australia to align with names used internationally.

The list shows the medicine ingredient names that will be changing and is split into;

- Active ingredients, including adrenaline and noradrenaline, changes that will require dual labelling, hydration changes, and other significant and minor changes
- Excipient ingredients.

For more information visit tga.gov.au for a list of affected drugs.

Australian Government

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