

# The Elms



Family Medical Centre

## Quarterly Newsletter

*Keeping you in touch with developments at our Medical Centre*

[www.theelms.com.au](http://www.theelms.com.au)



### Spring 2017

Every three years, general practice clinics can voluntarily undergo a quality assurance process called accreditation. The purpose of accreditation is to demonstrate that a clinic fulfils the benchmark standard set by the Royal Australian College of General Practitioners for quality of care, safety, and continuing improvement. Recently, The Elms successfully passed accreditation again. We are very proud of being a fully accredited practice since 1999. A special thank you for patients who completed feedback surveys and to all our staff for doing such a great job!

### Doctor news

With the departure of Dr Leon Toh on completion of his specialist qualification in general practice, we welcome Dr Syed Hussain as our latest registrar in general practice. Syed is a graduate of Monash University and has previously completed an outer rural GP placement in Horsham. He will be at The Elms for the next six months, under the mentorship of Drs Rob Hosking and Woody Wu.

### Nurse news

We are saddened to announce the sudden resignation of Judy Higgs, our clinic nurse. Unfortunately, Judy's mother has had failing health and Judy has made the move to New South Wales to look after her. During her time with us, Judy has given countless immunisations, performed thousands of wound dressings, attended emergencies, and assisted in many hundreds of operations. We thank Judy for her ten-plus years of loyal and committed service at The Elms and wish her and her family the very best for the future.

Stepping into the role of principal practice nurse is Catherine Dickson, who has previously worked part-time at The Elms. She has rather large shoes to fill but fortunately Catherine has been collaborating closely with Judy since 2015 and we believe that she will capably carry the torch forward. In order to maintain the availability of nursing care, our longest serving nurse, Vicki Hosking, has also increased her hours. We thank both Catherine and Vicki for taking on the extra responsibility and increased work load.

### Allied health services

In addition to visiting medical and surgical specialists, The Elms also has a number of co-located allied health services. For the convenience of patients, we have the services of psychologists, podiatrists, physiotherapist, dietitian, women's ultrasound and diagnostic pathology. Please speak with your doctor or our receptionists for information about how to access these providers.

### Free catch up immunisations for under 20-year olds

Young people aged under 20 years can now have free catch up immunisations as part of the National Immunisation Program. Due to various reasons, the usual childhood immunisations may have been missed and this can have an impact in relation to future travel, employment and training. Catch up immunisations covered by this program include tetanus, diphtheria, polio, whooping cough, meningitis, chicken pox, measles, mumps, rubella, hepatitis B and human papilloma virus. Please speak with your doctor about eligibility for this program.

## **Influenza outbreak**

The 2017 influenza season has hit with a vengeance and we are finding that confirmed cases typically involve patients who have not had a ‘flu injection. Not surprisingly, many of these cases are children, teenagers and young adults. Historically these age groups have been under-represented in receiving influenza immunisation. Perhaps we can all consider this next year when the next round of influenza immunisation starts again in autumn.

## **Pre-summer skin checks**

Even though we are just coming into Spring and the dullness of Winter is still frozen in our minds, the sun of Summer is not far away! This would be an ideal time to see your doctor for a complete skin check, especially on areas you can’t see for yourself. Australia has a very high rate of sun-related skin disease and an annual skin check is an effective way to detect these changes early. Your doctor can examine your skin, and with the aid of a specialised magnifying instrument (dermatoscope), can decide whether a spot is in need of further intervention. These interventions include freezing with liquid nitrogen, biopsy or surgical removal, all of which can be provided by your doctor. We also have the facility to take and record digital photographs in your patient record, for future reference and comparison.

## **My Health Record**

The Australian Government is committed to establishing a nationwide electronic record for every person that will allow important medical information to be shared between health providers. The contents are accessible securely by the individual at any time, and shared with health care workers with patient consent. The ultimate goal is to improve coordination of patient information between health practitioners, resulting in better care, increased safety, and reduced duplication of tests and data. Presently, the creation of a personal My Health Record is optional, but from mid-2018, all Australians will have such a record registered automatically (unless they specifically choose not to). Please speak with your doctor if you want further information or are keen to register.

## **Codeine to become prescription only**

From 1<sup>st</sup> February 2018, all codeine-containing medications will become prescription only. This is in recognition of the fact that codeine is a drug with addiction potential and that having it available over the counter has allowed unmonitored use to occur in vulnerable people. Patients who take codeine-containing medications regularly are encouraged to speak with their doctor about their analgesic needs prior to February next year. This will enable pain management to be reviewed and suitable alternatives considered.

## **Management of chronic pain**

Chronic pain is pain persisting beyond 3 months. Chronic does not refer to intensity/severity. This corresponds to the time normal tissue healing should have been completed. However, some conditions do not heal, such as degenerative or progressive diseases, for example osteoarthritis. By its very nature, chronic pain may continue indefinitely. Hence the focus needs to shift from being pain-centred to function-centred. Focussing only on abolishing chronic pain will often lead to failure of treatment, escalation of medications/investigations, risk of addiction, and reinforcing the sense of helplessness.

Given that pain is so subjective, a more constructive measure of success is functional improvement, which can be objectively measured. If an intervention (analgesia, physical therapy, surgery, etc) does not lead to improved function (with less of an emphasis on “pain level”), then it should be abandoned. A frequent pitfall is to fruitlessly search for a “cause” through exhaustive and repeated investigations, multiple referrals, and the fear of missing something. Often normal variations or irrelevant findings will just add confusion and distress without offering any benefit.

**“We are proud to be an Accredited General Practice”**

