

House Call

Newsletter of the Community Consultative Committee of the IDGP

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The Illawarra Division of General Practice (IDGP) is an organisation which supports and represents General Practitioners. It was developed to provide opportunities for GPs to work with their local colleagues, consumers and other health or community services. It aims to achieve wider health improvements in the community.

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The Importance of Communication

Our biography in this issue highlights the importance of communication - how we see or interpret things is not necessarily the way others do. Speaking "text book English" doesn't automatically mean you can communicate effectively in Australia to the degree a migrant may expect. This can come as a great shock and be a deflating experience. When we perceive someone thinks or sees things a certain way and then find out they don't think like that at all, we are often taken aback. In a recent local survey, when a third of those surveyed stated they were not

satisfied with a current procedure, this was a great shock to the service providers. Wollongong University recently interviewed current and past members of the Community Consultative Committee (CCC) in order to identify areas for improvement. This Evaluation Report has provided the opportunity to identify how we can better communicate with the community and provide feedback to the IDGP, amongst other things. Communicating effectively with your GP is important, not only in relation to specific ailments but also in relation to more general

matters. It has recently come to the attention of the CCC that some patients have been indirectly approached by third parties about certain health issues because they "fell" into a certain category on a database. This has caused people some concern, particularly when they were not in this target group at all. Should you wish certain information about your health not to be placed on a database and to be accessed by other parties, inform your GP. In these days of technology it is often harder to get off a database than on it.

Brianna Smith
Editor

What's News from the CCC?

Dr Edmund Bateman of Primary Health Care spoke to the Community Consultative Committee about corporatisation at its September meeting.

A key item for discussion at the November meeting will be issues raised in the Evaluation Report of the Committee by the University of Wollongong's Centre for Health Services Development and Institute of Social Change and Critical Inquiry. The report is based on ten interviews with consumer and GP

representatives. A copy of the 18-page report can be obtained from Joanna Munro, phone 4226 7052.

Margaret Chadwick, one of our inaugural members, has resigned from the Committee due to an increase in home responsibilities. We are sorry to see Margaret go and appreciate the three years that Margaret devoted to raising issues pertaining to older people and people with disabilities through the Community Committee. We welcome

Mary Rose Liverani, a Mt Ousley resident who has an interest in journalism, women's issues and human rights.

The Committee is planning to hold a community forum entitled "Investing in Your Family's Health" on 20 February 2002.



IDGP Community
Committee

Introducing Mylam Huynh



Consumer Representative
Mylam Huynh

I grew up in a war torn country. From a very young age, the sound of gunfire and bombing had become a part of life and routine worries. Most nights, I went to bed listening to the endless bombing, drifting to sleep worrying for the innocent lives out there and feeling the pain of mother earth. After South Vietnam was taken by the North in 1975. I went through years of turmoil and darkness. Eventually I fled Vietnam and regained my long sought freedom after a life-risking journey, but I was also separated from my beloved family.

I came to Australia when I was 22. Boarding the Qantas Boeing 747 from Malaysia to Sydney was one of the unforgettable moments of my life! I was excited for a complete new life ahead but became anxious when I could not understand completely what the air hostess said about the emergency procedures. For I had studied English extensively in Vietnam. I thought I should be able to understand what people

said as soon as I set foot in Australia. In fact, it was not quite like that. Everything takes some time to adjust. A few months after I settled in the Migrant Hostel. I was offered interpreting work. And more and more, I interpreted for different organisations. Over the years, I have become a qualified interpreter in Vietnamese, Mandarin, and Cantonese. I have been working as a health care interpreter since 1985. When my little daughter was four years old. I thought it was time for me to pick up my long interrupted university study. So I undertook a Health Science course at the University of Wollongong and completed my degree in 1997.

I have lived in Wollongong since arriving in Australia. Through my work, I have come in contact with many Vietnamese speaking and Chinese speaking people from different countries and backgrounds. And I have worked with a broad range of health care professionals. My role is to

facilitate communication, to bridge the language barrier between them.

I have a good understanding of the difficulties and problems that migrants from non-English speaking backgrounds have. I have seen and learnt the importance of communication in our everyday life. Although language is essential in communication, for people who have a common language, communication break down is still a common problem! A way to a better understanding between doctors and patients is to have better communication between them. The viewpoint from the receivers of health services is just as important as from the health providers. This is what the Community Consultative Committee of the IDGP aims for. Consumer participation is a way to more effective and consumer friendly health services. I am one of the community representatives in the Committee. We welcome your input.



New Youth Representative



Consumer Representative
Christina Bjork

Hi everyone. My name is Christina Bjork, I am 20 years old. I am the new Youth Representative for the IDGP.

I have a lot to do with CanTeen, an organisation for young people living with cancer between the ages of 12 and 24, and Camp Quality.

After completing my year 12 certificate in 1999 I went to Wollongong TAFE to complete my first year of the Welfare Diploma. I hope to achieve many goals by establishing good relationships between youth and the GPs of the Illawarra. Having a voice and speaking on behalf of

the rest of the youth is a fantastic opportunity to express and ask questions, so we can start to meet all of our needs. I hope to meet or catch up with you, some where along the line.

On 3 November, a seminar entitled 'Partners In Health' was held at the Wollongong University by the Illawarra Area Health Service. This was a chance for various consumer groups around the Illawarra area to come together, with a few different health professionals and have a chance to hear from their specific backgrounds. One of the most important issues that grabbed my attention was about the quality of health care. As the quality of health has been hard to define in the past, they have come up with six important characteristics:

Safety – The environment where health care is provided should be of a high standard. Harm caused by the health care providers themselves should also be avoided, (for example specialists, GPs, therapists, health workers, nurses).

Effectiveness – Making sure that all treatments patients receive serve the purpose. Individuals should be able to see a benefit out of having this treatment.

Appropriateness – Being able to use/provide treatments that will provide the best outcome. The treatment they provide should be the right thing to do, at the right time to serve its purpose.

Consumer participation – Is about:

- Consumers giving feedback/ideas/opinions about improving health care
- Consumers sharing their experiences/ or the impact of health services on them
- Consumers and health care providers coming together to solve problems
- Consumers being involved in all levels of health care including planning, monitoring

and evaluation.

Efficiency – To minimise the cost of services but still be able to provide resources of high standard to the consumer. There will never be sufficient resources to meet the community's wants and needs so its about providing the best they can for consumers

Access – Area health services should provide access to various health services regardless of education, age, sex, income etc.

This was just one of many subjects that were talked about. I think it is a positive step to see consumers and health care providers working together on such important issues, which effects everyone in some way or other.

By Christina Bjork



Home Medicines Review and Medication Cards

Recent Government funding has now made it possible for you to have a complete review of your medications in your home, by a pharmacist.

The pharmacist must have undergone a process of accreditation to be able to do this.

People who see more than one GP or specialist, are elderly, who have multiple medications or illnesses or who have been recently discharged from hospital are all

potentially at risk of suffering an unwanted effect from medications. If you are confused about your medications or care for a relative or friend who you believe would benefit from such a service, contact your GP who can arrange it, if appropriate.

Medication Cards

Medication cards are most useful for people who are on a combination of medicines and need to see a number of different doctors.

Medication record cards help people manage their medications by listing all their medications with information and instructions. The different names of medications can be confusing, one popular tablet to treat blood pressure is known by nine different names.

A medication card can help a patient remember what medicines they need to take and help doctors, pharmacists, nurses and dentists to know exactly what medications a patient

is taking.

Medication record cards are provided to the doctors of the Illawarra free of charge from the Illawarra Division of General Practice. The card is available in English, Italian, Vietnamese, Spanish, Portuguese, Croatian, Macedonian, Greek, Polish, Arabic, Serbian, Turkish and Chinese. A card is also available from the Aboriginal Medical Service. A pocket sized medication card is available free from the on 1800 020 613.



Health Tips - Physical Activity

Why is physical activity good for you

People who are active say that they feel better, have a more active mind as well as a more active body.

Activity is good for you as it gives you more energy, helps you sleep, relax and is fun. Being physically active also helps to reduce stress and anxiety.

Research has shown that it also helps to control weight, lower blood pressure, lower cholesterol, control blood sugar levels, prevent bone loss and control arthritis.

You do not need to get out the lycra and go to the gym as activity that is low to moderate intensity can do you a lot of good. These activities include walking, swimming, mowing the lawn, golf, bowls and dancing.

Ten minutes can be beneficial especially if these add up to thirty minutes in one day.

So go and get active.

Dr Robert Bird

The New Privacy Act will come into effect on 21 December 2001. The final version of the guidelines can be accessed at <http://www.privacy.gov.au/news/pab.html>.

Illawarra Division of General Practice Community Committee

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We're on the
Web!
www.idgp.org.au

What's Happening at the Division?

Commencing in 2000, the University of Wollongong and the Illawarra Division of General Practice were awarded a three-year Strategic Partnerships with Industry Research & Training (SPIRT) Grant, to work together on a computer record system or Smart_ID System for GPs.

As one part of the scheme, the IDGP is about to trial a Smart Device (USB key or smart key) with a group of diabetes patients.

The project is based on a special patient code and secure patient records stored at a central computer (the IDGP server). As diabetes patients should see their GP regularly they were chosen as a suitable group for this study. This research is in keeping with the

Health Insurance Commission's plans. The Health eSignature Authority issues electronic signatures (recorded in a suitable manner, such as a smartcard or USB key) upon request by GP's. The IDGP is assisting GP's to register for such eSignatures.

The Project Team is mainly interested in seeing how patients and GPs stand to benefit from the use of smart_IDs in consultations. The proposed procedure is straight forward. First, the GP inserts their smart key into their PC, they are identified by the central computer (the IDGP server); (ii) the patient then inserts their key, and they too are identified by the central computer, and access is permitted to this particular patient's medical

record (only), for as long as their smart_key is inserted.

Earlier surveys of both patients and GPs in the Illawarra have revealed that both groups are in a good position to use smart_ID devices, and can see that the system can be secure. Patients stand to benefit from the improved communication between their health providers. The SPIRT Project Team looks forward to participating with both diabetes GPs and their patients in this field trial.

By Professor John Fulcher

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The Next Edition of "House Call" is April 2002. Information for inclusion should be received by 1 March 2002.



IDGP Community Committee