

What can the Nepean Division of General Practice do for you?

Provide Services for you and your patients

- ✓ Provides a **Mental Health Nurse** to see your patients (at their home or at your practice)
- ✓ Runs or facilitates subsidised **Healthy Lifestyle Interventions** that you can refer patients to so they can better manage their health: E.g.
 - Individual Dietitian consultations & supermarket tours
 - Group exercise and nutrition programs for people with diabetes
 - Lifestyle Modification Programs for people in their 40's who are at high risk of developing Diabetes (other ages welcome but a fee is charged)
- ✓ Provides a nurse who will conduct **home health assessments** on your behalf for your patients over 75ys of age
- ✓ **Subsidises costs** for people on a health care card who need to see a psychologist
- ✓ Fits **24hr blood pressure monitoring** device on patients & provides results back to GP
- ✓ Employs two **Aboriginal community outreach** workers who encourage Aboriginal people to find a GP, have regular health checks and seek health care treatment.
- ✓ Conduct a **Youth Health Medical Clinic** that can support you with complex youth health issues by way of advice or referral to the clinic.
- ✓ Coordinate & manage the **GP After Hours Clinic** staffed by local Doctors on a roster

Support your practice

- ✓ Support & advice with **immunisation & cold chain**
- ✓ Personal updates on **unbiased medical information**
- ✓ Assistance for Practices on **Accreditation** & accessing government **incentive payments** (PIPs & SIPs)
- ✓ **Advice and templates on Medicare Items** including GP Management Plans & health checks
- ✓ Provision of information on **ATSI health initiatives**
- ✓ Assistance with collecting & managing patient health information, setting up registers and recall systems and interpreting the information as part of **chronic disease management**
- ✓ Support managing patients who are constantly presenting to hospital due to chronic conditions, via the **GP liaison Nurse**
- ✓ Link you with the **Antenatal Shared Care Program**
- ✓ **Support Practice Nurses** to deliver patient services and GPs to recruit Practice Nurses

Phone 4721 1150 for more information or www.nepeandgp.org.au

Develop eHealth initiatives

- ✓ Rolling out **secure messaging** so information can be sent securely between you & others i.e. specialists, After Hours Clinic
- ✓ Setting up a system to **electronically transfer hospital discharge information** from the hospital to the GP
- ✓ Supporting Practice uptake of other eHealth initiatives
- ✓ Providing cost competitive **IT advice**

Advocacy & info sharing

- ✓ Gather GPs views & opinions & **advocate** for these (i.e. the future of diabetes in General Practice)
- ✓ **Disseminate relevant information** to General Practice via visits, fax outs, newsletters & other resources
- ✓ Opportunity to share your skills through a **Board, GP advisor or external committee member** role

Build links with others

- ✓ Facilitate **day and evening CPD events** (cat 1 and 2) for professional development and networking opportunities with colleagues
- ✓ **Regular communication with the hospital** at many levels e.g. diabetes working groups, cardiovascular working groups, eHealth, Joint Executive Meetings
- ✓ **Joint initiatives with other organisations** to improve patient health eg community organisations, Penrith Business Alliance, Council