



WEST KENTISH GENERAL PRACTICE

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Patient Information

West Kentish General Practice is a General Practice offering a broad range of general health services including preventative health and chronic disease management to residents of Aged Care Facilities

West Kentish GP Service is a practice specifically to support Residential Aged Care Facilities.

We care about older people, and believe they need access to medical care that considers their particular needs.

Practice Hours

Monday – Friday: 9.00am to 5.00pm, with non-urgent telephone coverage from 9.00am to 5.00pm
After Hours: Aged Care Facility is able to contact if required Dr Wallace provides 24/7 after hours support
Emergency: Aged Care Facility will contact Dr Wallace in an emergency

Appointments

Appointments can be made through the Facility Nursing Staff. Preventive care and Chronic Disease appointments are scheduled by Dr Wallace's administration.

Please make a separate appointment with the Aged Care Facility nursing team or contact Dr Wallace's administration team Mobile 0437 034 714 or admin@wkgp.com.au for family members appointments.

Non Urgent Contact - Dr Wallace

For non-urgent matters, you can contact us in the following ways:

- Speak with the nursing staff at your Aged Care Facility, who can assist you.
- Call Administration Support on 0437 034 714 and leave a message. Dr Wallace will return your call when available, usually later in the day after consultations.

Schedule for visiting Aged Care Facilities

Monday	Rubicon Grove Aged Care, Shearwater 9am – 2pm
Tuesday	Meercroft Nursing Home, Devonport 9am – 2pm
Wednesday	Karingal Nursing Home, Devonport 9am – 2pm
Thursday	Tandara Lodge 9am – 12pm Melaleuca Nursing Home 1pm – 3pm
Friday	Strathdevon Nursing Home 9am – 1pm

Frequently asked Questions

Do you charge gap fees?

All our general medical care is bulk billed to Medicare without gap fees.

Other non-medical work such as completing legal and government forms is not covered by Medicare and so there is a private fee. This is generally billed by the time it takes to complete the form, including reviewing medical records and other things, in increments of 30 minutes. The forms will not be released until the fee is paid.

Are you available outside office hours?

Yes, we provide 24-hour phone cover and can often (but not always) do emergency visits.

Do you use any other Telehealth GP services to provide out-of-hours cover?

Following changes introduced by Medicare during the Covid-19 Pandemic, we are currently able to offer telephone and/or video consultations to residents who meet the following criteria:

- the resident has had a face-to-face appointment with the consulting doctor in the previous twelve months.

We do not routinely use any Telehealth GP service as we believe it is very important your care is provided by a doctor who knows you. We do reserve the right to use a carefully vetted service if, for example, your doctor is unwell for several days and cannot provide care.

New Residents

West Kentish General Practice is pleased to accept Residents who are newly admitted to the Aged Care Facility. We are also able to organise the transfer of your records from your previous practice.

Respite Patients

West Kentish General Practice welcomes Respite Patients who are accessing Respite Care.

Translating and Interpreting Services

Translators and interpreters, including for patients with speech or hearing difficulties, can be arranged. Please advise Nursing Staff at your Facility should you require these services.

Recall System

Our practice is committed to preventative care. The doctors will include you on our database for reminders for chronic disease care plans, immunisations, medication reviews and other preventative health care issues. appropriate appointment arrangements. If you do not wish to be part of this system, please let the administration team know.

Reminders

Your appointment is confirmed when booked into our system. If you have access to a mobile phone and would like to receive SMS reminders of your next appointment, please advise our administration team. We do not have any control over telecommunication providers regarding undelivered or delayed messages.

Expectations

From you to your doctor

You will be able to make all your own medical decisions unless you are too unwell or confused to do so, in which case we will follow your advanced care directive and the wishes of those closest to you.

You can request copies of your annual medical assessment and pharmacist medication reviews if you wish.

You can change doctor at any time if you are unhappy with the service provided.

There is a system in place for complaints or other issues. You can access this through our website or ask the doctor or RACF staff.

From your doctor to you

If you want to be seen by the doctor on their routine visit, you must let the nurses know the reason so that enough time can be allocated and the doctor can review your notes in advance if needed.

The service is not a hospital-style service; there is not a 'ward round' seeing everyone every week. People are seen according to need, the same as needing to attend a GP surgery.

Meetings with family/next of kin can be arranged - please let the nursing staff know. The doctor may not be able to specify a precise time but should be able to be there within a window of 30-60 minutes.

All general medical services are bulk billed. Things not directly related to your medical care (Letters for lawyers, capacity assessments etc) will be billed privately and paid for before the paperwork is released.

While we want to work with you to provide the best care, your doctor is not obliged to refer you for investigations or treatment that will not prolong or improve your quality-of-life life.



What we provide

Regular visits for general medical care

Prescribing of all routine medications.

Organisation of blood and other laboratory tests

Referral to specialists if required.

Palliative care

What we do not provide

Skin diagnoses, biopsies and other procedures including cryotherapy.

Dental care

Eye care (apart from basic assessment)

Ear syringing

Driving Medicals

Driving ability with increasing age is not simply passing an eye test and having your blood pressure checked. You should think about it not as being 'fit' to drive, but as being safe to drive.

We do not pass people in aged care as fit to drive based only on a medical assessment, as it does not measure important areas of driving safety.

If your driving licence is still current, we recommend that you book a driving lesson with an accredited instructor for a frank assessment of your driving ability. If the instructor feels you are able to drive safely, you can book a driving assessment with the driver licensing authority.

If your driving licence is not current, the doctor will assess your situation. If they feel you may be able to continue to drive, you will have to organise a formal driving assessment as above. If the doctor assesses you as not safe to drive, they will notify the driver licensing authority and you will have to surrender your licence.

If you continue to drive after the doctor has stated you are not fit to do so, the police will be informed.

Things the doctor considers:

How many medical conditions do you have that could directly impact your driving? Well controlled diabetes may be OK, but diabetes plus breathlessness may not.

Do you sleep a lot during the day? This significantly increases your risk of falling asleep at the wheel. If you are up and active most of the day, joining activities and going for walks longer than just to the dining room, you may have an acceptable level of fitness. If you cannot manage this you are unlikely to be fit to drive.

Do you need a walker, oxygen cylinder etc in order to get to your car? The driving assessment includes you being able to put your walker in the car unassisted and get it out again. If you need oxygen to get to the car, even if you don't need it while driving, you must be able to put your oxygen equipment in the car as well and strap it down according to road safety rules, without assistance.

Memory issues – even mild forms of memory loss make driving unsafe. You might see a child up ahead and then get distracted by another motorist and forget they are there, or forget you have just seen a motorcyclist in your side mirror.

You need to have a good range of movement in your knees and ankles. Significant ankle and leg swelling, or severe arthritis, can make this a problem.

Storing your Medical Information

At the practice

As with any general practice, your information is stored securely, and clinical information is sent as encrypted documents. We communicate with the aged care facilities via an unencrypted email system.

The National eHealth record.

This is a system that stores your GP records so if you go to hospital, they can get accurate information about what has happened in your recent GP care. You need to give permission for your records to be sent to the system. It is useful for doctors in the emergency department, particularly at weekends and overnight when the GP surgeries are closed, to get access to this information. For those who have not given permission, some forms will be distributed in the next few weeks. It is fine if you refuse this, it is simply to give everyone the opportunity to decide.

My Medicare

This is the new system that came online in October 2023, and that you can sign up to. There are some benefits for you and also a small increase in funding to your GP for some types of care. It also allows you to see your Medicare billings in one place, and in the future I will send out some information on the number codes you will see, what they mean and what GP service you have received for each code.

How we work with an extended support team

1. Recurrent urine infections, catheters etc
 - We partner with Dr Louise Parry, Infectious diseases specialist at the NWRH to manage infections according to Australian standards, to limit overuse of medication and reduce antibiotic resistant infections
 - We are setting up a pathway in the NW for transition from a 'normal' catheter to a suprapubic catheter for those in whom this is a better way to manage.
2. Intravenous medication
 - We partner with the Community Rapid Response Service for advanced medication options such as intravenous antibiotics and iron infusions
3. Dementia management
 - Dr Vishnu Sharma, geriatrician, offers telehealth and occasional visiting clinics for the diagnosis and management of dementia. He is assisted by Denise Chaston, a specialist dementia nurse who works across the NW.
4. Wound care, lymphoedema etc
 - For issues that are outside the scope of practice of the aged care nurses we work with specialist wound care nurses in the community and lymphoedema specialist nurses at the hospital.
5. Emergency assessment
 - If the doctor cannot come in an emergency, or there are other things required such as blood tests or wound care, we partner the Community Rapid Response Service to deliver an extended level of care.

Medications in Aged Care

The majority of the aged care facilities use an online medical chart which automatically sends prescriptions to a local pharmacy. The medications come back packaged by time of administration to enable safe dispensing to residents.

We often get enquiries about 'cheaper' medications from warehouse pharmacies. These require separate prescribing, are not packaged for safety and do not get automatically sent to the facility. If you wish to have prescriptions sent outside the usual system then there will be a GP prescription charge of \$25 for each script, and you will need to negotiate with the facility if this causes issues on-site with administration.

Falls and head injuries in Aged Care

It is impossible to completely prevent falls in aged care. Keeping active is the most important contributor to day-to-day health and so mobility is encouraged, with the safe use of walking aids. Despite this, people will still occasionally fall due to things such as loss of balance or weakness due to ageing, forgetting safety advice and general slips and trips.

When someone falls there is a standard assessment the staff do, and if they are concerned that X-rays may be required, they contact the GP for advice on whether the person should go immediately or if it is overnight, can be transported the next day (the MCH emergency department doesn't do X-rays overnight for non-life threatening injuries).

If someone has a head injury, there is often concern about a brain bleed. The most important question at this point is whether, if a bleed has happened, the person would be fit enough to be flown to Hobart for surgery and be likely to make a good recovery. In the case of most aged care residents the answer to that question is no, they would not.

So rather than automatically calling an ambulance for a trip to emergency and a scan that won't change the outcome for the person, nowadays we prefer to wait and observe them at the facility. We will often withhold or cease blood thinning medication at this stage. If they deteriorate, we will look at the advance care directive and discuss with the next of kin about what should happen. If it is clear that things have gone badly wrong, we can at short notice provide all comfort care and observation at the facility.

Palliative and End of Life Care

Our approach to care in general is that you have the right to accept or decline active treatment for your medical conditions. This includes not only hospital transfers and investigations, but simple things like antibiotics. We will frequently pause to ask whether the treatments on offer are something you want, or discuss the pathways that the various choices can lead to.

If you do not want a symptom investigated or an illness treated, we will do our best to make sure that discomfort and distress are treated promptly and well.

We will review your Advance Care Directive and make sure it is kept relevant to your current medical issues and wishes.

We will care for you at the RACF to the end of your life.

Voluntary Assisted Dying (VAD)

You do not need a GP referral for VAD - you can simply phone the VAD team to start the discussion. We recommend that you discuss eligibility first. The two main criteria are:

1. Being able to understand the decision and clearly state your wishes
2. Your doctor (and the VAD team) is satisfied that you are likely to die within six months.

We are happy to work with the VAD team and provide any information they require for your application.

What Your Doctor Does

General care

The doctor visits regularly and will see you for any medical issues.

Medications

The doctor prescribes your medications and keeps an eye on how well they are working for you by regularly reviewing the list and making sure it is right for you.

Annual Comprehensive Medical Assessment (CMA)

This is done with the nursing staff, and includes a review of all aspects of your situation and care. It includes a physical examination and may include a screen for depression and dementia. You can have a copy of this if you wish. Residents under NDIS have a similar assessment called a CHAPS.

Annual Medication Review (RMMR)

This is done between your doctor and a visiting pharmacist. The pharmacist advises from their knowledge of medications in general, and then your doctor reviews the advice and tailors it to you as an individual. You can have a copy of this if you wish.

Multidisciplinary Meetings

These are for when your care needs to be coordinated between your doctor, the care facility, and someone from another area of healthcare, for example a cancer care coordinator or the palliative care team. These can include you and/or a family member, but generally because of time pressures getting everyone together, your doctor will organise it and report back to you afterwards.

Family Meetings

These can occur on request - sometimes the doctor is concerned about changes in your health and wants to talk them through when you have someone to support you. If you have dementia or any other illness that prevents you being able to participate, your doctor will meet with the family you have chosen to speak on your behalf, and have the discussion with them. Annual Plan

It is complex caring for people who often have a lot of medical problems and are on many medications. For this reason we will be moving towards a yearly routine for blood tests and other things.

Transfer of Medical Records

Should you wish to transfer your Medical File from West Kentish General Practice to another practice, there will be no fee payable to cover the costs involved. A signed consent form will be required from your new practice.

Occupational Violence/Harassment/Unreasonable Behaviour Policy

All our staff, facility staff and visitors have the right to a safe and comfortable environment. Any form of harassment, bullying, intimidation or violence will not be tolerated.

Privacy and Confidentiality

The provision of quality health care relies on a doctor and patient relationship of trust and confidentiality.

Your medical records are confidential. Our policy is to always maintain security of your personal health information. In the interest of providing quality health care, we have developed a privacy policy that complies with the Commonwealth Government legislation and recognises the rights of our patients to privacy.

Copies of our Privacy Policy are available on our website <http://www.westkentishgp.com>, or email our admin team admin@wkgp.com on request.

Further information regarding the legislation is available from the Federal Privacy Commissioner on 1300 363 992 or visit www.privacy.gov.au

Communication Policy including Electronic

Please ensure we always have your up-to-date contact details by completing our New Resident Form. There are some risks associated with electronic communication in that the information could be intercepted or read by someone other than the intended recipient. Our practice does not send any communications to other healthcare providers via email unless it is in an encrypted format via secure email. Any email communication from patients containing personal health information is discouraged unless provided via a secure encrypted email.

Patient Feedback

West Kentish General Practice is serious about the quality of our services and our continuing improvement. Feedback is welcome in any form.

Please feel free to talk to your doctor, nurse, or our administration staff. You may prefer to use our email or phone contact.

Please address any complaints to the practice; there is a form that can be downloaded from our website, or staff at the facility can print one out for you.

Forms completed by hand can be scanned and emailed to admin@westkentishgp.com

We aim to get an initial reply to you within two weeks. After that, it depends on the specific issue. It may take longer if the doctor is away for any reason, but you will be informed if this is the case and given an alternative timeframe.

We take your concerns, suggestions and complaints seriously. We believe that problems are best dealt with within the practice, however if you wish to take your matter further and lodge a formal complaint, you can contact:

Health Complaints Commissioner Tasmania

Phone: 1800 001 170

Mail: GPO Box 960, Hobart Tas 7001

Web: www.healthcomplaints.tas.gov.au