

Service Coordination Practitioners Network MINUTES 20 November 2017

DATE: Monday 20 November 2017, 9.30 to 11.30 am

LOCATION: Horticultural Centre, Forest Hill

CHAIR: Russell Banks, Annecto

Attendance:

Name	Organisation	Name	Organisation	Name	Organisation
Julius Ting (speaker)	Access Health	Karen Conte	EMR Pall Care Consort	Jean Field	PJC Aged Persons Mental Health
Russell Banks (Chair)	Annecto	Ayesha Fathers	EMR Alliance	Mark Reardon	Salvo Care Eastern
Caroline Kennedy	Baptcare	Samina Alam	Inner East PCP	Shafinaz Mohammadi	Southern Cross Care
Debra Coddington	Carrington Health	Sharon Porteous (Minutes)	Inner East PCP	Glenda Plavin	Uniting Age Well
Lawrence Lee	Carrington Health	Melissa Quinn	MECWACARE	Jenny Linossier	Uniting Age Well
Tanja Frjlink (speaker)	Carrington Health	Geraldine Jeremiah	Migrant Information Centre	Rae Harrison	Villa Maria Catholic Homes
Heather Whitney	Central East ACAS	Fiona White	Own Body	Lisa Wragg (speaker)	Victorian Continence Resource Centre
Pauline Hamilton	Central East ACAS	Donna Hall	PJC Aged Persons Mental Health		

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ITEM	DESCRIPTION:	ACTION:
1. Welcome & Introductions	Russell Banks from Annecto chaired the meeting. Welcome to all and guest speakers.	
2. Minutes of previous meeting	Minutes were accepted with no changes.	
3. Presentation	<p>Lisa Wragg - Victorian Continence Resource Centre</p> <p>Lisa is the Executive Officer with the Victorian Branch of the Continence Foundation. Funded by DHHS.</p> <p>See http://continencevictoria.org.au/</p> <p>1 800 33 00 66 - National Continence Helpline</p> <ul style="list-style-type: none"> • Remit to do health promotion around continence, encourage people accessing assistance before problems are beyond good treatment. Work with 5 to 65 plus year olds. • Run clinic since NDIS commenced to provide continence assessments for NDIS participants. • Vic Branch doesn't have CHSP packages but do attend aged care environments such as day care, retirement villages, seniors groups to provide free education and information. • Continence assessments - aim to see how much can be done to improve bladder and bowel problems, not to simply "pad people up". <p>Eg. Someone been in hospital and being transitioned to home with question about incontinence; may have catheter which impacts on ability to be able to manage at home. This would be a good time to call the helpline to provide support.</p> <p>Eg. Elderly often have constipation which can lead to urinary incontinence. May need to review bowel management; good time to contact helpline for referral.</p>	

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National Continence Foundation website has resources such as fact sheets in different languages; also information verbally in other languages for low literate people in own language. See <https://www.continence.org.au/pages/vic-continence-resource-centre.html>

Vic office also does physio for re-programming pelvic floor. Provides affordable programs for people to understand their pelvic floor and how to do the exercises. Pelvic floor groups will be relocating. Run in Kew with 10 people. Can run at service sites but need at least 10 people.

Work a lot with children who have bed wetting issues; behaviours that are challenging to acquiring toileting skills; resources also available.

RESOURCES for seniors - especially hydration in summer - <http://continencevictoria.org.au/resources/seniors/>

Also do the enquiry pathway for Independence Australia

QUESTIONS

How best to deal with Nocturia (up at night often for toilet)

- New promising medication being trialled (nocdurna) which will be available soon and reduces frequency. Works on same principle as for children who bed wet at night. Note that the person can't drink after they take the medication.
- Causes are usually multifactorial - sleep apnoea; ageing process loses ability to concentrate urine overnight; cardiac issues with oedema that is mobilised to bladder over night; in bed for a long time if go to bed early; not putting much urine out during the day; can be difficult to manage because of these many factors.
- Traditional responses such as spacing fluids and stopping drinking at 4pm don't work
- Recommend a proper assessment to check for other issues eg diabetes insipidus
- Physiotherapy could be useful to manage wakefulness due to pain and reassurance to settle again rather than getting up

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	<p>Launched last week - go against the flow.org.au - aimed at teenage girls with urinary Continence related issues; funded; prevention approach; will be evaluated; hoping to extend to teenage boys as well. Issues with cross fit and affects on pelvic floor.</p> <p>Lisa is happy for you to email her with other questions:</p>	
<p>4. Presentation</p>	<p>Julius Ting & Tanja Frijlink - Medication Recovery & Support Service</p> <p>See Presentation & service brochures attached with minutes.</p> <p>Medication Support and Recovery Service is a new service in the drug and alcohol sector in the eastern and northern areas.</p> <p>Website – http://www.msrs.org.au</p> <p>Service set up to respond to misuse of prescription and over the counter medications with PHN funding.</p> <p>Set up because of 2 significant changes:</p> <ul style="list-style-type: none"> • Codeine via script only from Feb 2018 • Safe Script - GP decision making tool for particular drugs which will be recorded on a data base if they have been dispensed for a patient. Aimed to better manage doctor shopping. <p>1 in 20 people reported misuse of medications in AIHW survey 2017 in Australia - top 2 were opioids and benzos. 3/4 people report misuse of opioids and over the counter medications</p> <p>Victoria - 477 deaths related to pharmaceutical drugs in 2016</p> <p>Their service</p> <ul style="list-style-type: none"> • Help people who may be dependent on over the counter and prescription medications • Free service, anyone can access • People often don't identify as having a drug or alcohol problem • Via community health services in region as "soft entry" 	

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- Simple referral via website - don't need medicare card; chronic disease plan; or mental health plan
- Work with the client's goals
- Holistic approach with variety of support options including counselling, nurse, groups, referrals to other supports, peer support (people with lived experience)

The service is located across the region in Community Health Services - Access Health, Link, Carrington, Inspiro, HealthAbility

Referral - website or 1 800 931 101

Referrers will be informed about outcome of referral

Prefer to make GP aware of referral (when consent provided)

No outreach service but maybe in the future. But, will look at case by case and consider this for unique situations.

Aged care facilities clients are eligible if they can come to their centre.

More education required around use of prescribed medications eg rebound withdrawal impacts; older people trust what their GPs say.

Note that pharmacists take out of date or unused medications and dispose of them safely.

Medcheck provide a home medication review if required see: <http://www.medcheck.com.au/>

Key points to note:

- **MSRS currently do not have a waitlist and therefore will be responsive to all referrals**
- **If clients are already on a waitlist for a service, eg pain clinic, MSRS can see the client in the interim**
- **MSRS are now also able to provide informal discussions with community support groups. This is being led by our Peer workers.**

If any clinic/agency would like to know more information or would like Julius to come out to their teams, he is more than happy to do so.

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5. IEPCP Update

Sharon distributed information about the work IEPCP has done in the past 3 years in Service Coordination, see attached document *Service Coordination and the IEPCP Consultation*. Would like to consult with the group about their needs in the future. Survey about Information Update also distributed at the meeting.

Broke into small groups to discuss:

1. What are your needs with regard to networking, training and provision of information?
2. What other avenues are available in the EMR to provide this support to you?

Discussion Points

- Commented that practitioners are increasingly time poor.
- Suggested less meetings with more information at each Eg 2 larger forums per year.
- Most people agreed they are learning new information at the meetings.
- Information Updates about what's on and what's not are useful. Can flick through and read what's relevant.
- Networking is good for new practitioners.
- Training at the network meetings is of interest.
- Need to use external training providers which is difficult for smaller organisations.
- EMR Alliance is valuable but has a lot of information and is too big to ask questions.
- Suggested training topics - MAC, RAS.
- Previous information about MAC provided at Network was well received.
- Network provides opportunity and time to talk to each other which is important.
- Monash and Manningham networks both finished.
- Not duplication because covering different areas.
- Different staff attend different networks.
- Discussed difficulties with workforce and finding right support workers with appropriate skills that match to clients.

Other questions to ask could be:

- Why are the networks folding? What has changed? What are we talking about now?

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	<ul style="list-style-type: none"> • If we're not meeting can we still get the information and continue to talk to each other? <p><u>EMR Alliance</u></p> <p>Ayesha Fathers commented that the Alliance is more about disseminating information and collecting regional systemic issues about reforms; occasionally do small group work and problem solving.</p> <p>This network is smaller which allows more opportunity for networking and discussing the issues and finding out more about the individual services.</p> <p>The Information Updates have more of a health focus while the Alliance updates are more about aged care reforms and informing the sector.</p> <p>The Alliance is only available currently for CHSP funded agencies while the SCPN also supports non-CHSP funded agencies. This is being reviewed by the Alliance.</p> <p>SCPN has different membership with focus on practitioners while Alliance tends to have managers.</p>	
<p>8. Next Meeting</p>	<p>To be advised – most likely in February</p>	

Minutes recorded by: Sharon Porteous, Inner East PCIP: sharon.porteous@iepcp.org.au or (03) 8843 2254