

READING FOOD LABELS

All food labels must give a name for the food which is either prescribed by the code eg. Infant formula or is a name or description that describes the true nature of the food eg. Cheese spread. Ingredients are always listed from greatest to smallest by how much they weigh (including any added water) at the time they are added to the product. Eg apples 26% might be the percentage of apples in the labeled apple pie, but if it is labeled apple flavoured you may not find any apples in the pie at all!!!

The Nutrition Information Panel compares key nutrient contents eg. Salt—sodium, sugar, carbohydrate and fat. If you want to compare 2 similar products it's best to check if they have the same serving sizes first. If not, then compare the nutrient content eg grams of fat using the quantity per 100g column. If 20g fat is listed in the 100g column this means the product is 20% fat and is a high fat food.

Manufacturers should not make specific claims such as "low in fat", "high in fibre" or "reduced sugar" unless they meet these criteria:

1. Low fat foods = 3g of fat or less per 100g
2. Reduced fat foods = 25% less fat than the regular product and at least 3g or less fat per 100g
3. Low salt foods = 120mg of sodium or less per 100g

NT Healthy Living—call 89528000 run free supermarket tours at Coles to tour a supermarket with a dietician to show the pit falls in trying to buy "healthy" food. They run on a Tuesday morning 9.30—11am bookings required. Low fat may mean high in sugar and inadvertently you are buying the wrong product. Consider a tour if concerned.

NO MORE SATURDAY MORNING CLINICS

Until further notice ASFMC will not be open on a Saturday morning for our walk in clinics. We apologise for any inconvenience to our remote based patients but due to the fact that it will always be Dr Mitchell until we can recruit a permanent extra GP, the lack of quality time with her 3 year old son Joshua has led to this decision. Locums charge per day regardless of number of patients seen and we just cannot physically afford their service on the weekend as it will not cover our operating costs. If this decision is reversed we will advertise appropriately.

WORKERS COMPENSATION CLAIMS

Another ASFMC Management decision is to stop taking on new workers compensation cases. Again this is due to limited capacity, but also due to extra administration time in writing medico-legal reports, chasing unpaid invoices and a number of long standing individual claims, that are impacting on our ability to offer other routine appointments. It is not a personal decision against any existing workers compensation patients but as of 1st July 2014, if your claim is still ongoing ASFMC will not be providing future medical care. All insurance companies of our existing patients have been informed of this decision so may in fact direct you to another clinic for future appointments.

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Entry via Kekwick Ave

For more information about our medical centre visit

www.alicefamilymedical.com.au



ALICE SPRINGS
FAMILY MEDICAL

NEWSLETTER

EDITION 29
APRIL 2014

DOCTORS

Dr Deb Mitchell

And locums

PRACTICE NURSE

Susie Leister RN

ADMINISTRATIVE TEAM

Practice Manager—Susie Leister
Receptionists—Charlotte & Lynlee

PRACTICE HOURS

Monday to Friday 8:15am—5:30pm
Sat, Sun & Public Holiday's - closed



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WHAT'S NEW?

ASFMC Management wish you and your family a relaxing break over the Easter long weekend. We will be closed the entire time as per usual so our family can also have some time together.

Our clinic has gone from 3 GPs back to just Dr Mitchell so understandably our capacity has dropped by 2/3. This means that our on-the-day availability is back to being very minimal, with appointments only kept for a few urgent, acutely unwell patients compared to at times having more than 20 free appointments.

We will continue to uphold the policy of not booking more than 2 weeks in advance to ensure we do not book out months in advance for Dr Mitchell. A gentle reminder that with one GP and still >4000 active patients there is going to be a supply issue. Please ensure you take responsibility for chronic medications, so that when you fill your last prescription at the chemist that is the perfect time to book your appt for repeat scripts.

We have had to rely on supplied locums earlier in the year that were below standard but have since found some other locums who have joined us. Dr Joanne Molloy who worked here for 3 weeks in March is returning for 5 weeks in May and June which will make Dr Mitchell more available for the more specialised skin clinics, as well as running more diabetes clinics with Susie our practice nurse.

FLU CLINICS

ASFMC ran 2 funded flu clinics in March that were invitation only to pensioners, and those eligible for the funded fluvax. Unfortunately due to our limited capacity we just cannot afford to run the same number of flu clinics as we have in the past.

Influenza has peaked already interstate, with increasing numbers of notifications already in SA, QLD, and NSW. Already in Alice Springs we have just started seeing acutely unwell patients; do not forget to immunise.

Either discuss it at your next routine GP visit or if you are wanting to proceed and only require the vaccination please inform our receptionist and we can create a "fit in" appointment and proceed.

TRAVEL VACCINATIONS

A polite reminder to patients to book their travel consults with enough time to actually get the best available advice and protection. It is quite amazing how many patients will plan a very expensive overseas trip, sometimes involving very complicated itineraries, yet see us 2 days before flying out of the country. Most vaccinations require at least 3 weeks to seroconvert and thus protect you so we would strongly advocate appointments at least 6 weeks prior.

PAPER RECYCLING

ASFMC management is trying hard to reduce our carbon foot print, as we seem to go through so much paper for a computerised practice. We have been recycling cardboard, paper (which is shredded if it contains patient details) and printer cartridges.

ROSS RIVER INFECTION

In the last few weeks we have had increasing numbers of patients who have tested positive to Ross River Virus. We had an unseasonably outbreak back in 2010 when we had a lot of rain and potentially the same may happen again this year as more rain is forecast for June and July. The best way to avoid mosquito borne disease is don't get bitten in the first place—avoid outdoor exposure around dusk and dawn, use mosquito proof accommodation and camping facilities at night, use DEET or picradin in combination with protective clothing, empty any containers that collect or store water around the household and empty gutters.

The disease is caused by viruses that are transmitted to humans through the bite of mossies—humans are not contagious. Human infection with the virus may result in the clinical condition known as polyarthritis. The effects range from a symptomless condition, through a transient rash and mild illness with fever to polyarthritis affecting chiefly the fingers, knees ankles and wrists. The disease is not fatal and symptoms become evident from 3—21 days after infection. Specific therapies do not exist to treat the disease, rather treat the symptoms, and it is usually rest, anti-inflammatory for pain and fevers. If you do not rest appropriately 2—5 % of patients who get this illness can have symptoms that persist for greater than 6—12 months.