

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

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MESSAGE FROM THE CEO

Learne Durrington



Recent news headlines highlighted that health has been consuming \$1 in every \$2 of new State spending since 2013-14. Western Australia cannot sustain this massive level of spending growth.

It is the collective responsibility of all of us working in primary, secondary and tertiary health care to deliver better health value for our local populations in a fiscally constrained environment.

WA Health Minister, Roger Cook, has announced the Sustainable Health Review in a bid to formulate his Government's 10 year plan for health in WA. The intent is to deliver healthcare in a way that is smarter, better and places the patient at the centre of everything that we do. WA Primary Health Alliance (WAPHA) is committed to working with all stakeholders, however they are funded, to realise this vision for integrated, high quality healthcare that can best support the needs of Western Australians into the future.

WAPHA recently facilitated a round table gathering of GPs, public and private hospital executives, emergency physicians, practice managers and nurses, consumer representatives and WA Health executives to canvass opinion about the ways we might address avoidable ED presentations in WA by better management of people in primary care. Led by Dr Norman Swan, the conversation converged on our mutual obligations to enable health system literacy and integration of care. Each participant recognised that improving patient pathways

and transition through primary, secondary and tertiary care requires innovative approaches based on partnership and collaboration. WAPHA accepts that we have a legitimate place in informing and delivering this change in WA and we occupy a privileged space across the health system.

The success of the Sustainable Health Review depends on our mutual understanding of how an individual experiences health care – access to care, its efficiency, effectiveness and quality – as well as the degree of connectedness patients experience when navigating the health system. This understanding, and our shared vision to deliver better and equitable health outcomes for the people we serve, will motivate us to work in genuine and strong partnership.

I sincerely believe that clinicians, consumers, health administrators, allied professionals and policy makers are all inherently invested in the delivery of integrated and coordinated health care for Western Australians. In prioritising the Review, our State Government has created a unique opportunity for all of us to refocus and realign our approaches, experience and skills to enable the delivery of patient-centred, integrated, high quality and financially sustainable healthcare across the State. It certainly won't be easy, but WAPHA welcomes the opportunity to be part of creating a clear plan for the future of the WA health system.

Learne Durrington
CEO, WA Primary Health Alliance



WAPHA
WA Primary Health Alliance

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MENTAL HEALTH

Integrated Primary Mental Health Care update

In May's edition of GP Connect we provided the background to reforms that are occurring in primary mental health care.

To learn more about our approach to integrated primary mental health care visit www.wapha.org.au/primary-health-networks/mental-health/

What follows is an update of commissioning activity and what will be happening in the next phase.

Mental Health Portal for Perth metro

The Practitioner Online Referral Treatment Service (PORTS) is for patients with mild to moderate anxiety, depression and problematic substance use and includes expert assessments, telephone and online treatments, consultations with GPs, a strong evaluation framework, and commitment to timely service for both patients and GPs. PORTS is also fully integrated with ORS Psychology to enable face to face brief psychological interventions for a full suite of treatment delivery options. Both PORTS and ORS Psychology employ credentialed mental health professionals to deliver care and treatment.

To be eligible patients should

- be at least 16 years of age
- have symptoms of mild to moderate anxiety, depression or problematic substance use that would benefit from a short term intervention
- hold a valid health care or concession card

This service is free of charge.

Further to a trial period in May and June PORTS is being rolled out across the Perth metro, practice by practice. For more information please visit www.ports.org.au

Mental Health Portal for Country WA

In Country WA, WAPHA is working to help more people with a mental illness access the right level of care at the right time in their local community via a single point of access – the Mental Health Portal.

Mental Health Portals are the points of contact to help people who are financially disadvantaged, or those living in places where no other services are available, to access primary mental health care services. This will provide a better range of support options at different levels of intensity.

Stepped care services may include brief therapy by phone or in person, online therapy options, group support or connection to community services. Care management may also be available for people with more serious or complex mental health conditions. Stepped care is designed to ensure vulnerable people can more easily access mental health support at the right level, at the right time, wherever they live in WA.

The services are free of charge.

Each Mental Health Portal is run by a contracted organisation funded by WAPHA. These are:

GPs interested in registering for access to PORTS can email steppedcare@wapha.org.au or telephone 08 6278 7913 to request a visit.

In addition, WAPHA has commissioned services to support GPs with Mental Health Care Management. The MH Connex program is designed to help GPs connect those patients with severe mental illness and other complex issues to the right mental health care at the right time. Once referred to the program, a regular care manager will keep the patient informed, motivated and committed to their mental health treatment plan.

Region	Mental health portal service provider
Goldfields	Centrecare
Great Southern	Amity Health
Wheatbelt	Amity Health
South West	GP Down South
Midwest	360 Health + Community
Pilbara	Mission Australia
Kimberley	Boab Health with Nindilingarri Cultural Health Services providing Community Support Services in the Fitzroy Valley

Over the coming months GPs will receive more information from their local Mental Health Portal regarding accessing the services.

GPs interested in receiving more information about Country WA Mental Health Portals can email steppedcare@wapha.org.au or telephone 08 6278 7913.

Depending on the patient's needs, MH Connex will deliver brief intervention care to reduce the risk of relapse and support their path to recovery. This service is designed to help patients get the support they need, while connecting them to other services that can support their long-term management and recovery.

MH Connex is currently being piloted, and further to an evaluation period, will be rolled out to areas of high unmet need within the Perth metro area.

GPs interested in receiving more information about MH Connex can email steppedcare@wapha.org.au or telephone 08 6278 7913 to request a visit from WAPHA.

IMMUNISATION UPDATE

2017 influenza vaccination safety demonstrated

CDCD Vaccine Update 180 has released the following data from the AusVaxSafety program showing that the 2017 influenza vaccine is safe, with no significant, unexpected or unusual reactions experienced. Please use this data to inform your discussions with your patients about vaccination safety.

For more information, click here: http://health2.campayn.com/stakmails/web_version/a0850bf6f4c2a0a13c8740953f88dd1e35909d2d97663b97aa1030ea274a8313/Stakmail/133403/42838744

Change to Rotavirus Vaccine Brand in WA from 1 July

Rotarix will be replacing RotaTeq as the rotavirus vaccine brand used in WA. Providers should complete the course with the same vaccine brand for children who commenced rotavirus vaccination prior to July 1.

Zostavax Reminder

There have been several instances of second doses of Zostavax being given to patients in error. Immunisation service providers are reminded of the importance of confirming vaccination history with the patient, in AIR and in practice software. The Zostavax® vaccine has been offered as part of the National Shingles Vaccination program since November 2016.

See here for the following reminder in CDCD vaccine update 175: http://health2.campayn.com/stakmails/web_version/88f31391233a9d04b6d44770e8a331b3c664cb8a1938dede0fcde6aab6c2d0c/Stakmail/130453/42597403

Influenza Vaccination During Pregnancy

Vaccination remains the best protection pregnant women and their newborn babies have against influenza.

Despite influenza vaccination being available free to pregnant women on the National Immunisation Program, vaccination rates remain low with only 1 in 3 pregnant women receiving the influenza vaccine. Influenza infection during pregnancy can lead to premature delivery and even death in newborns and very young babies. Pregnant women can have the vaccine at any time during pregnancy and they benefit from it all through the year.

Health professional:

- Flu vaccination and pregnancy – Free flu shots for pregnant women <https://youtube.com/IhUoMPPGgZA>

Pregnant women:

- Flu vaccination and pregnancy – What pregnant women need to know https://www.youtube.com/watch?v=7m0M_rFlhFY
- Flu vaccination and pregnancy – Vaccinate against flu. Protect your baby too <https://www.youtube.com/watch?v=9nWb6daxfEY>

For further information visit the Immunise Australia website Pregnant Women page.

Meningococcal B vaccine (Bexsero) supply update

The following press release provided by GSK announced Bexsero (Meningococcal B) vaccines are now available in Australia for supply to wholesalers, pharmacies and GP surgeries.

<http://au.gsk.com/en-au/media/press-releases/2017/gsk-confirms-that-bexsero-meningococcal-b-vaccine-will-be-available-for-purchase-in-australia-next-week/>

Overdue Vaccinations

WAPHA continues to focus on providing practice support for managing your number of overdue childhood vaccinations with AIR training and requesting AIR reports. Please contact your PHL if you would like some further assistance on this area.

Pharmacists now recording influenza immunisations on AIR

The Pharmacist SASA was updated on 31 May. The most notable changes in the document include;

1. All adverse events occurring following immunisation must be notified to the Western Australian Vaccine Safety Surveillance (WAVSS) system and the patient's nominated General Practitioner; and
2. Details of each instance of patient immunisation are to be entered into the Australian Immunisation Register (AIR).

The pharmacies (not individual pharmacists) should apply to have access to the AIR and they have been alerted to this change. They need to complete an IM004 form on the Department of Human Services website, which can be found here: <https://www.humanservices.gov.au/health-professionals/forms/im004>

HOSPITAL LIAISON



Kind Edward Memorial Hospital

Referring women with a disability

- KEMH is committed to providing comprehensive and inclusive care to all women
- This may be more difficult if the referral letter does not include information about a woman's disability (e.g. patient in a wheelchair and no hoist available)
- A disability or impairment may affect the woman's ability to understand what is being discussed during a consultation or may impact on the examination or investigations done.
- GPs are requested to include as much information as possible about a woman's disability in their referral letter.
- The following information is useful to include in the patient's referral letter:
 - **Type of disability:**
 - Mobility limitations
 - Other impairment: visual, hearing, mental health, neurological, intellectual/cognitive
 - **Is the woman able to live independently or does she require assistance with ADLs?**
 - How much help is required? Does the woman have a carer?
 - **Is there a Power of Attorney or Guardianship in place?**
- This will affect the planning of management and organisation of surgery
- If a family member holds one of these roles, they should attend the appointment with the woman
- KEMH has a "Patient Health Questionnaire" for the patient to complete which includes questions regarding disability. It is currently being sent to all gynaecology patients prior to their outpatient appointment. It will be introduced soon for antenatal patients. Sometimes patients may not disclose their disability or may under-estimate the amount of assistance they require, in which case information from GPs is crucial.

For further information regarding disability-related issues, please contact:

Marika Spaseska, Senior Project Officer, Disability Project
E: marika.spaseska@health.wa.gov.au

Jennifer Campbell, NMHS Area Allied Health Director
E: Jennifer.Campbell@health.wa.gov.au T: 08 6457 1695

Dr Vicki Westoby
Hospital Liaison GP, King Edward Memorial Hospital
victoria.westoby@health.wa.gov.au
or P: (08) 6458 1561

Fiona Stanley, Royal Perth & Sir Charles Gairdner Hospitals

New criteria for ENT outpatient clinic referrals

From 1 July 2017, ENT referrals to FSH, RPH and SCGH for adult rhinosinusitis, tonsillitis, tinnitus, vertigo, otitis externa, hearing loss and removal of ear wax will be assessed using referral criteria, and only referrals requiring specialist-level care will be accepted.

As you will be aware, routine ENT outpatient clinic appointment waiting times have been extremely long at all adult tertiary hospitals and the introduction of referral criteria is necessary to allow the best use of specialist ENT services and avoid unnecessary waiting for outpatient appointments.

Please ensure that you are familiar with the referral criteria and check your referrals contain the relevant information. Information about ENT service inclusion criteria and referral content requirements is available on <http://ww2.health.wa.gov.au/ENT> and on the hospital websites.

Further information regarding primary care management of ENT conditions is available on the HealthPathways WA website: <https://wa.healthpathways.org.au/>

Username: connected
Password: healthcare



ABORIGINAL HEALTH

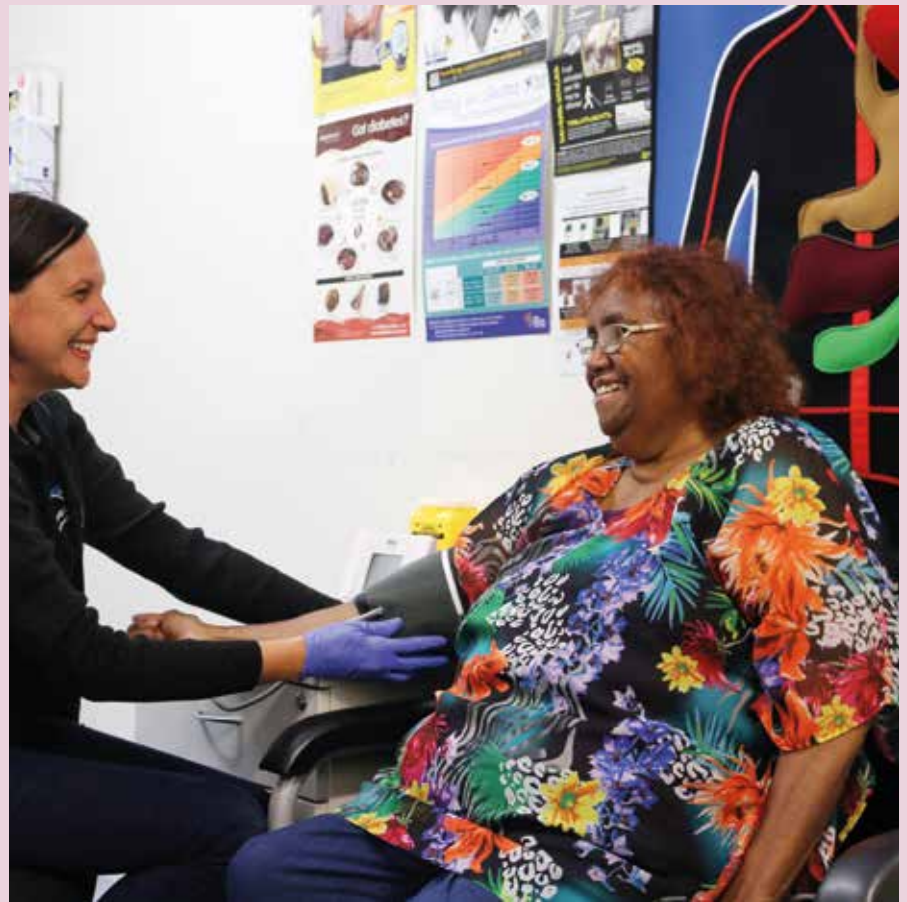
HealthPathways are currently working on responding to the new criteria and will have all the ENT pathways adapted to WA as soon as possible.

Routine ENT outpatient referrals should continue to be sent to the Central Referral Service (CRS). For patients who require urgent ENT review within the following week (e.g. symptoms or signs suggesting malignancy), please contact the ENT Registrar via the relevant hospital's switchboard. If you think there are extenuating circumstances where a routine referral should be accepted, but does not meet the referral criteria, please contact the ENT Registrar as above to discuss the case.

Dr Monica Lacey
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Dr Jacquie Garton-Smith
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Palliative care for Aboriginal and Torres Strait Islander peoples: online resources

Ensuring that Aboriginal and Torres Strait Islander patients feel culturally safe and receive culturally responsive care is a key responsibility of every health care provider.

Guided by an expert advisory group comprised of Aboriginal and Torres Strait Islander people representing various organisations within the health sector across Australia, CareSearch has created online resources that will help build a path of cultural capability and understanding for supporting care with Aboriginal and Torres Strait Islander people.

The Aboriginal and Torres Strait Islander Care pages include information for providing culturally

appropriate care for all health care providers, the Aboriginal health workforce, and the wider health workforce; share information with Aboriginal and Torres Strait Islander patients, their families and communities; and provide information on finding relevant research and evidence.

There is a strong emphasis on the person's care journey and how members of the health care workforce join their journey along the way.

You can access the Aboriginal and Torres Strait Islander Care pages at www.caresearch.com.au

Acknowledgements: Aboriginal and Torres Strait Islander Reference Group, PEPA & PCC4U (The Collaborative), Leigh Harris, Igneous Studios

Statin Intolerance? New therapies are on the way

Dyslipidaemia is one of the main drivers of atherosclerotic plaque development and cardiovascular events. LDL cholesterol reduction in secondary prevention is mandated, and recommended for select primary prevention patients (1). Statins are the mainstay of therapy with consistent benefit seen both in secondary and primary prevention (2, 3).

The thorn in the Statin story is widespread intolerance, both perceived and real. This results in lower doses being prescribed or complete intolerance. Common side effects include myalgia, with a 5-20% discontinuation rate (4). Rhabdomyolysis is uncommon occurring in 1:160000 patients. Memory loss, a common complaint, has not been demonstrated consistently in trial data (5). There is a small (1:600) risk of diabetes in patients with pre-existing IGT.

Novel therapies are either recently approved (PBS criteria for PCSK9-I limited to heterozygous familial dyslipidaemia) or are undergoing investigation. These agents in particular may be of benefit to statin intolerant patients.

siRNA inhibitors of PCSK9 are a promising therapy but without phase 3 trial data yet (6). Bempedoic acid works on the same pathway as statins but is confined to the liver avoiding the muscle and other potential side effects (7).

Patients with statin intolerance can participate in a phase 3 trial of Bempedoic acid currently running in Perth. If you have patients with statin intolerance they may be eligible to participate. Contact Clinitrials/Mount Clinical Trials on 08 9481 8373 or email info@mountclinicaltrials.com.au

With new and emerging therapies dyslipidaemia treatment is likely to change dramatically in the next few years, all of which will be of benefit to patients.

1. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults. J Am Coll Cardiol. 2014 Jul 1; 63(25 Pt B):2889-934.
2. Rosuvastatin to Prevent Vascular Events in Men and Women with Elevated C-Reactive Protein. N Engl J Med 2008; 359:2195-2207.
3. The effects of lowering LDL cholesterol with statin therapy in people at low risk of vascular disease: meta-analysis of individual data from 27 randomised trials. Lancet, 380(9841), 581-590.
4. Does statin therapy initiation increase the risk for myopathy? An observational study of 32,225 diabetic and nondiabetic patients, ClinTher2007;29:1761-70
5. Pravastatin in elderly individuals at risk of vascular disease (PROSPER): a randomised controlled trial. Lancet. 2002 Nov 23;360(9346):1623-30.
6. A Highly Durable RNAi Therapeutic Inhibitor of PCSK9. N Engl J Med. 2017 Jan 5;376(1):41-51.
7. Evaluating bempedoic acid for the treatment of hyperlipidaemia. Expert Opin Investig Drugs. 2017 Feb;26(2):251-259.

Get the facts on mental health

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) produce a range of guidelines, information and advice for clinicians, patients and families.

New clinical practice guidelines

RANZCP has recently published a series of clinical practice guidelines covering:

- Mood disorders
- Schizophrenia
- Deliberate self-harm
- Eating disorders

The guidelines are all available as interactive PDFs making them easy to navigate and giving mental health professionals quick access to the full list of clinical recommendations.

Fact sheets, information and advice

Your Health in Mind is a new mental health information site and psychiatrist directory for consumers and carers.

Patients and their families can find:

- easy-to-read fact sheets about mental illnesses, treatments and the health system
- videos to help explain what it's like to visit a psychiatrist or a psychiatric hospital
- the RANZCP's 'Find a Psychiatrist' directory of psychiatrists working in private practice in Australia
- answers to frequently asked questions
- links to recommended services and support organisations.

Take a look at yourhealthinmind.org or follow Your Health in Mind on Facebook.

DonateLife Week 2017

(Sunday 30 July – Sunday 6 August)

Help save more lives through organ and tissue donation.

The majority of Australians (81%) believe registering their donation decision is important, yet only 34% of Australians are on the Australian Organ Donor Register (AODR).

Registration counts. Nine in ten times families agree to donation proceeding when their loved one is a registered donor. It provides comfort to a family, knowing with confidence their loved one's wishes about becoming an organ and tissue donor.

Make your decision count. Join the Australian Organ Donor Register today at www.donatelife.gov.au

You can participate in DonateLife Week 2017 by:

- Hosting a registration drive event – encouraging your patients to register their donation decision and discuss their wishes with family and loved ones.
- Encouraging your staff to use the DonateLife Week online resources www.donatelife.gov.au/donatelife-week-resources

- Placing DonateLife Week online banners on your intranets and/or websites with a direct link to the DonateLife website, which will include options for online registration.
- Displaying DonateLife posters and AODR registration forms in your practice.

If you would like DonateLife to provide additional campaign materials, please contact Jenny Duggan on (08) 9222 8556, jennifer.duggan@health.wa.gov.au

The HealthPathways Organ and Tissue Donation Pathway has recently been reviewed and provides links and information on DonateLife.

This pathway can be accessed at: <https://wa.healthpathways.org.au/54517.htm>

Username: connected
Password: healthcare

The painHEALTH website offers practical, evidence-based 'whole person' pain management strategies for people with conditions such as osteoarthritis, lower back and neck pain and rheumatoid arthritis.

painHEALTH is a collaborative project between the WA health system, Curtin University and the University of Western Australia.

Visit the painHEALTH website <https://painhealth.csse.uwa.edu.au> for more information and go to www.nationalpainweek.org.au to find out more about National Pain Week 2017.

WA Cervical Screening 'Business As Usual' Until 1 December 2017

The Commonwealth Government is coordinating a renewal of policies and operations surrounding the National Cervical Screening Program (NCSP). On 23 February 2017, the Commonwealth Chief Medical Officer, Professor Brendan Murphy, announced a delay in the implementation of the renewed NCSP.

The implementation date has been revised from 1 May 2017 to 1 December 2017. The National Health and Medical Research Council's 2005 Screening to Prevent Cervical Cancer: Guidelines for the Management of asymptomatic women with screen-detected abnormalities remain in effect until 30 November 2017.

It is vital that you continue to encourage women who have ever been sexually active, aged between 18-69 years, to screen or attend follow-up when due. This includes continuing to send recall and reminder letters to women in your practice according to current protocols. The WA Cervical Screening Registry will continue to send reminder letters to women and providers where applicable. Regular screening is still the best way to prevent cervical cancer.

Effective 1 May 2017, please note the following related changes to the Medicare Benefits Schedule (MBS):

Interactive website helping to ease the pain – find out more during pain health week – 24-30 July 2017

Consumer support for WA's innovative painHEALTH website is showing no signs of slowing down, with the site recently recording its seven millionth hit.

Launched in 2013 as Australia's first website dedicated to musculoskeletal pain, the painHEALTH website has recorded more than 7.1 million hits – around 400 visitors, from more than 150 countries access the site each day.

WA Chief Medical Officer Professor Gary Geelhoed said much of the website's

success was due to its consumer-friendly focus, which had been taken even further through recent upgrades.

"The painHEALTH website now includes an improved interface for use on smart devices, and a function which allows content relevant to the user to be 'pulled forward' as they interact with the system," he said.

"We have also added new personal stories narrated by patients themselves, as well as a self-check quiz for all musculoskeletal pain – which consumers can print off and take to their health professional.

"These new items complement existing information, which has been prepared by leading clinicians and researchers from around Australia."

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- The current MBS Pathology item number for the Pap smear cytology will remain until 30 November 2017, however the fee will increase to \$28.00 (up from \$19.45).
- A new liquid-based cytology (LBC) MBS pathology item number will be added, at a Medicare fee of \$36.00. The LBC MBS item will only be available until 30 November 2017.
- Women will only be able to claim one MBS pathology item number rebate for cervical screening; either a conventional Pap smear or a LBC test. Women who choose to have both tests will incur an unnecessary out-of-pocket cost.
- Both tests are equally effective in detecting cervical abnormalities.

Please liaise with your pathology provider about the scope of cervical screening technologies they offer and for advice about preparing conventional slides or LBC samples. Until 1 December 2017, turnaround times for cervical screening test results may be longer than usual.

Where to find more information

From 1 December 2017, the Medicare items for cervical screening will change, when the renewed NCSP is implemented. More information about these changes will be available closer to 1 December 2017.

In the interim, please refer to the following resources, which are updated regularly:

- <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/overview-of-the-renewal>
- <http://ww2.health.wa.gov.au/Renewal>

You can also sign up to receive regular e-newsletters on the progress of the Renewal by emailing your details to:

CervicalRenewal@health.gov.au, or
cervicalscreening@health.wa.gov.au

DIGITAL HEALTH

My Community Directory

A free shared online directory that connects local health, social and community services

My Community Directory is a valuable tool to help you to map services in your neighbourhood, with features like Google maps that support patients to find and travel to services. Directory information includes opening hours, disability friendly building access and instant HealthEngine bookings to linked services, plus the option to translate pages into a choice of about 40 different languages. My Community Directory is free to use and free for you as service providers to list and manage your own practice listing.

WA Primary Health Alliance (WAPHA) has partnered with My

Community Directory to provide more WA service listings as part of our work to improve access to the right care in the right place at the right time. You can support this initiative by visiting mycommunitydirectory.com.au and checking for your service listing, adding or updating it and promoting the availability of the Directory within your neighbourhood and referral networks.

More information on My Community Directory is available from the Community Engagement team at WAPHA, please contact Jane Harwood on jane.harwood@wapha.org.au



PRIMARY CARE IN FOCUS

RANZCP Mental Health Clinical Practice Guidelines

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) produce a range of guidelines, information and advice for clinicians, patients and families. RANZCP has recently published a series of new clinical practice guidelines covering: mood disorders; schizophrenia; deliberate self-harm; eating disorders. The guidelines are all available as interactive PDFs making them easy to navigate and giving mental health professionals quick access to the full list of clinical recommendations.

For more information, visit <https://www.ranzcp.org/Publications/Guidelines-and-resources-for-practice.aspx>

Health Care Homes update

Health Care Homes services will have a phased start this year. Twenty practices will begin Health Care Home services on 1 October 2017. These will be announced soon. The other 180 practices will begin on 1 December 2017.

Precedence Health Care, in partnership with CSIRO, has won the tender to develop and implement the risk stratification tool, which will be used by all 200 Health Care Homes. The Department of Health is confident that Precedence Health Care's proposal will result in an intuitive and secure risk stratification tool for providers, building on Precedence Health Care's established cdmNet platform for chronic disease management.

For more information, view the latest Health Care Homes e-newsletter <http://createsend.com/t/r-6D47C96945B96E582540EF23F30FEDED>



Closing the Gap Co-Payment Measure

The Department of Human Services has revised its education guide for 'Closing the Gap – PBS Co-Payment Measure' to include more helpful information about the scheme.

The CTG PBS Co-payment Measure improves access to PBS medicines for eligible Aboriginal and Torres Strait Islanders living with, or at risk of, chronic disease. Closing the Gap prescriptions attract a lower or nil patient co-payment for PBS medicines. The updated guide Closing the Gap (CTG) – PBS Co-payment Measure – supporting Indigenous health has more information to help prescribers meet the scheme's requirements.

For more information, visit <https://www.humanservices.gov.au/health-professionals/enablers/education-guide-closing-gap-pbs-co-payment-measure-supporting-indigenous-health>

Recall – Valpam 5 (diazepam) 5mg Tablets

GPs are advised that Arrow Pharmaceuticals, in consultation with the Therapeutic Goods Administration (TGA), is recalling all batches of Valpam 5, 5mg tablets supplied in blister packs of 50 tablets, due to medicine tampering. This recall comes two weeks after Roche recalled packs of 5mg Valium tablets after they were found to contain other drugs such as paracetamol codeine tablets and Apotex-Pantoprazole 40mg tablets.

www.tga.gov.au/alert/valpam-5-diazepam-5-mg-tablets-50-tablet-blister-packs

The HealthPathways WA team at WAPHA includes five Clinical Editors (CEs). The CEs work in conjunction with clinical stream working groups and/or Subject Matter Experts (SMEs) to write the pathways. Each CE is responsible for several clinical streams.

Dr Danielle Rebbettes:

Clinical Streams and Pathways: *Child health and Gastroenterology*

Tell us about yourself

I am a WA local. I attended medical school at the University of Notre Dame then completed my internship and residency at Sir Charles Gairdner Hospital. Prior to starting my General Practitioner training, I completed a Diploma in Child Health while working at Princess Margaret Hospital. I am a reasonably new Fellow; I gained my FRACGP in 2014.

What made you want to work on the HealthPathways project?

I'm really inspired by the potential of HealthPathways to provide quick access and up-to-date service information for all GPs. Searching for the correct services can often be tedious and time consuming. HealthPathways assists with this as all services are in one location and often include criteria and service cost. The Diabetes Education Request

page <https://wa.healthpathways.org.au/23168.htm> is a good pathway to view to give you an idea of the potential HealthPathways has.

What's your top tip for navigating the HealthPathways site?

I have two. Firstly, use the search function. When you're in a consult, time is of the essence and the search function can be much faster than navigating the menu structure. Secondly, remember that Referral and Service information is called "Request" in the HealthPathways world. For example, the "Paediatric Requests" page is where you look for information on how to refer to paediatric services.

Tell us something fun

I'm on maternity leave from clinical work at the moment. I just had my first baby: he's pretty fun!

New live pathways – We have now reached 283 localised live pathways

Several localised pathways have gone live recently:

B12 Deficiency
Gynaecology Advice
Enuresis Continence Services
Family Therapy Requests
Parenting Community Support
Child Sexual Abuse Therapeutic Services
Non-acute Gynaecology Assessment (seen within 30 to 365 days)
Urology Advice
Acute Urology Assessment (seen within 30 to 365 days)
Non-acute Urology Assessment (seen within 30 to 365 days)
Fitness to Fly – General Medical
Acute Child Mental Health Assessment

For more information or login details email: healthpathways@wapha.org.au



PERTH CHILDREN'S HOSPITAL



Linking-up hospitals

The link bridge that connects Perth Children's Hospital (PCH) to G Block at Sir Charles Gairdner Hospital (SCGH) is now complete.

The bridge extends across Hospital Avenue, joining SCGH and PCH at Level 2. It will provide the opportunity for synergies between PCH and SCGH and in the first instance, be used primarily for adult patient transfers from the QEII helipad on top of PCH.



PCH link bridge: Over 140 tonnes of structural steel was used to construct the bridge over Hospital Avenue

Water quality update

As you may already be aware, practical completion of the PCH building was recently achieved and handed over to the Department of Health. This allows access to the facility to carry out remaining commissioning activities.

All remnant contractual and building issues, including any defects and the ongoing issue of elevated lead levels in the water, are being managed by the Department of Treasury.

Treasury has released two significant reports outlining water quality in the PCH building. These include the ChemCentre Internal Report: an assessment of lead leaching from brass following orthophosphate treatment and the Jacobs' Synopsis of

Potable Water System Report. Both of these can viewed online at:

www.perthchildrenshospitalproject.health.wa.gov.au/BuildingTheHospital.aspx

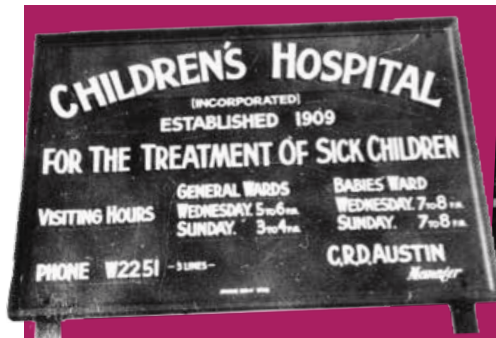
Water testing continues on site and results are improving. An opening schedule will be determined only after the Chief Health Officer is satisfied that the water is safe to drink.

Call out to former PMH staff to join the Alumni

The recently formed Children's Hospital Alumni Association WA (CHAAWA) is now recruiting members.

The Alumni will serve to honour members of staff and volunteers who have contributed to the 108 year legacy of caring for the sick and injured children and families of Western Australia.

All past and present staff and volunteers who have worked for PMH for longer than one year, are invited to join the alumni. For more information about CHAAWA or to register your interest in becoming a member, please email pmhnche@health.wa.gov.au.



EDUCATION EVENTS

Western Trauma Course

This multidisciplinary course covers the essential components of early trauma management including; mechanism of injury and initial assessment, head injury, pain management, paediatric trauma, chest injury, abdominal injury, rural trauma scenario, inter-hospital transfer, and incorporates hands on skill stations on; the management of adult and paediatric airways, chest trauma, paediatric trauma, shock and burns.

It is conducted over one day and incorporates lectures, interactive tutorials, graphic demonstrations and practical "hands-on" skill stations. Participants are given a pre-course manual three weeks prior to the course and at the completion of the course they conduct a written evaluation of the course content and delivery and are provided with a certificate which verifies their attendance.

Date: 12 August 2017

Time: 7:30am – 5:30pm

Venue: Kalgoorlie Regional Hospital

Website: http://ww2.health.wa.gov.au/Articles/U_Z/Western-Trauma-Course-WTC

For further details contact:

watteu@health.wa.gov.au
08 6457 3699

RACGP/ACRRM accredited (see website for more details).

APNA EVENT

Perth 8 & 9 September

Cliftons – Parmelia House, 191 St Georges Terrace, Perth WA 6000

Details

- 2 day workshop
- For nurses new to general practice
- 8:45am to 5pm both days (8:30am registration)
- APNA member: \$320; Non-member: \$420
- 12 hours of APNA endorsed CPD
- Locations Australia-wide
- Register now

What will I learn?

The Foundations series of workshops will provide an understanding of roles, responsibilities and skills necessary for nurses working in the primary health/general practice environment. Guided by experienced nurse educators, topics include:

- Primary health care and the Australian healthcare system
- Clinical assessment
- Care and triage
- Chronic disease management
- Immunisation
- Wound management
- Health promotion and preventative care
- Information management and ehealth
- Quality and safety
- Infection control and prevention
- Professional practice and professional development

Australian New Zealand Society of Occupational Medicine – Annual Scientific Meeting 2017, Fremantle, WA (20 – 23 August 2017)

(includes optional pre-conference visit to Rottnest Island, 19 – 20 August 2017)

The Australian and New Zealand Society of Occupational Medicine (ANZSOM) is pleased to announce the 2017 Annual Scientific Meeting held at Esplanade Hotel Fremantle, Western Australia. Conducted over three days and providing a diverse range of topics and learning formats, the conference is a key educational and networking event for health professionals working in the field of occupational medicine and workplace health. This year's meeting recognises

the diverse nature of the occupational health community and focuses on bringing health professionals and other interested parties together for an exciting learning and networking experience. Also featured is a pre-conference visit to Rottnest Island, a range of practical site visits, and plenty of activities for accompanying guests.

Visit: <http://anzsom.org.au/annual-scientific-meeting/asm-2017> for more information.



Australian Government

WAPHA disclaimer

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