

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

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MESSAGE FROM THE CEO

Learne Durrington



In Western Australia, the Primary Health Networks are ideally placed to lead a regional approach to mental health across the State, in partnership with relevant services and based on the needs of our communities. High prevalence mental health conditions such as anxiety and depression are amongst the most common reasons for contact with the health care system. People with comorbid issues, including problematic alcohol and drug use, as well as severe and persistent mental health conditions are frequently in contact with GPs.

WA Primary Health Alliance is therefore focused on ensuring that GPs are equipped to recognise and respond to these conditions, independent of the reason for presentation. We recently hosted a breakfast for GPs to deliver an update on our approach to integrated primary mental health care, to discuss what changes are required to improve primary mental health care locally and to explore new approaches and concepts with GP colleagues. The breakfast was well attended and expressions of interest were received by those present to join WAPHA's Mental Health and AOD GP Advisory Panel.

Advisory Panel members will provide ongoing clinical insight into program development and system redesign. The input of GPs will support clinical engagement across the three WA PHNs and ensure that general practice is represented in WAPHA's strategic decision making processes relating to primary mental health care. Engagement with members of the Advisory Panel will not be tokenistic,

or simply tick the consultation box. Rather, it will be purposeful and aligned to specific activities intended to integrate services and develop collaborative models of care.

The initiatives that make up WAPHA's approach to integrated primary mental health care recognise the importance of ongoing positive interaction with front line general practice. GPs in local communities across the State are the first port of call for people experiencing mental health issues and are key in the identification, treatment and management of conditions. WAPHA understands that GPs are best placed to recognise the close association of physical and mental disease and their clinical skill is imperative to the delivery of whole person care.

WAPHA's commissioned mental health services acknowledge the unique relationship GPs have with their patients that is based on trust and confidence. We know that the general practice setting is a safe place for people to acknowledge their feelings of depression and anxiety and their issues with problematic substance abuse. Our approach is to structure an integrated model that includes expert assessments, telephone and online treatments, consultations with GPs and a strong evaluation framework. The evaluation and ongoing development of these services will be facilitated by our strong engagement with GPs – both individually and collectively – and through the work of our GP Advisory Panel and the application of the Alliance Against Depression (see page 2) principles.

Learne Durrington
CEO, WA Primary Health Alliance



WAPHA
WA Primary Health Alliance

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 /waphaphns

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The Alliance Against Depression: A community-based approach targeting depression and preventing suicide

Good mental health is fundamental to the wellbeing of individuals, families and communities. Primary care plays an important role in contributing to improved patient outcomes. A robust and integrated primary care sector can provide the foundation for more effective and efficient mental health care for our community.

As part of WAPHA's approach to building a robust primary care system, WAPHA has launched The Alliance Against Depression, a community-based intervention targeting the improvement of care and optimisation of treatment for patients suffering depression to prevent suicide.

There are different types of depressive disorders with symptoms ranging from relatively minor (yet still disabling) through to severe. Many people at times can experience loss, heartache, and sadness which is momentary and not permanently debilitating. It is when these feelings of intense hopelessness last for many days and impair regular functioning that a person can develop depression.

The close link between suicidal behaviour and depression is well documented. Research from the American Association of Sociology suggests the risk of suicide is as high as 15 per cent amongst patients with severe and recurrent depressive disorders. A renewed focus on preventative actions to improve the care and treatment for people dealing with depression is required. This holistic approach can result in a reduction of suicide at a whole of population level.

Identification and intervention for people with early signs of depression and anxiety is an important element of a comprehensive primary care system. WAPHA acknowledges early intervention is fundamental to the

mental wellbeing of individuals, families and communities; ensuring people receive the right level of care when and where they need require it.

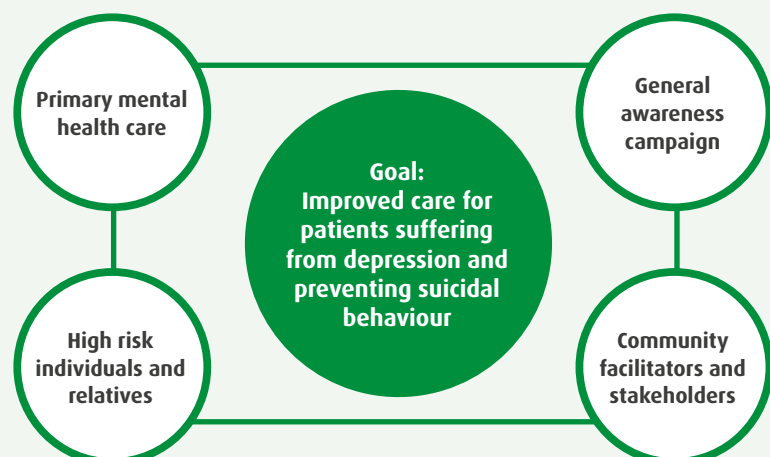
The European Alliance Against Depression, of which WAPHA is the Australian National Chapter, is based on experiences from the model region "Nuremberg Alliance against Depression" showed a reduction in suicidal acts (-24% in two years). This was achieved by implementing this specific four-level approach; primary mental health care, high risk individuals and relatives, community facilitators and stakeholders, and a general awareness campaign.

This framework provides WAPHA the opportunity to work in partnership with communities to achieve integration and co-ordination towards the prevention of suicide and treatment of depression. The strength of The Alliance focuses on the collective intervention between patient, clinician and the broader community.

Community plays a central role in implementing The Alliance framework. Many recent multi-level programmes have failed to link the 'strategy' being implemented to the needs and requirements of the community. Often the focus of these strategies is only on one or two priority areas and fails to adequately address the whole system.

WAPHA will implement the four-level approach as part of the Australian Government's priority to strengthen mental health care across the nation. The underlying principles of The Alliance will continue to shape WAPHA's commissioning processes leading towards a robust and responsive patient centred primary health care system.

To find out more, visit www.wapha.org.au/alliance-against-depression



IMMUNISATION UPDATE

Immunisation and cervical cancer screening update

The Immunise Australia Program has launched their "Get the facts – Immunisation Saves Lives" campaign. Visit the following link for excellent clinic resources and patient information.

<https://campaigns.health.gov.au/immunisationfacts>

Contact your WAPHA Primary Health Liaison for your practice's latest overdue immunisation information.

Zostavax Vaccine: Pre-vaccination checklist now available

The Australian Medical Association (AMA) has assisted in the development of the Zostavax pre-vaccination checklist with the GP Roundtable, Australian Technical Advisory Group on Immunisation (ATAGI) and the Therapeutic Goods Administration (TGA). It is advised that GPs use this checklist to assist in decision making when administering this live attenuated vaccine to eligible patients.

The checklist can be incorporated into practice software and is available here:

[https://ama.com.au/sites/default/files/documents/Pre-vaccination Checklist for Zostavax Administration – FINAL.DOCX](https://ama.com.au/sites/default/files/documents/Pre-vaccination%20Checklist%20for%20Zostavax%20Administration%20-%20FINAL.DOCX)

NCIRS fact sheets

Zoster Vaccine – Frequently Asked Questions

http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/zoster-vaccine-FAQ.pdf

Zoster Vaccine for Australian Adults: information for immunisation providers

http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/zoster-vaccine-fact-sheet.pdf



Statewide Men ACWY vaccine now available

All general practices in WA can order meningococcal ACWY vaccine for administration to persons aged 15 to 19 years as part of the WA Statewide Meningococcal ACWY Vaccination Program.

Under this program, all persons aged 15-19 years are eligible for a single dose of Meningococcal ACWY vaccine through to 31 December 2017.

Before the end of the year, we urge GPs to offer Meningococcal ACWY vaccination to any age-eligible patients who have not already been vaccinated through school or university immunisation clinics.

As per their recent communication, RACGP WA supports the principle that eligible patients who attend only for the Meningococcal ACWY vaccination to be bulk-billed.

How to order meningococcal ACWY Vaccine – Nimenrix®:

1. Go to the usual vaccine ordering website <https://wa.tollhealthcare.com>
2. Click on the tab marked 'School, Catch-up and Refugee vaccines'.
3. Select 'Men ACWY – Nimenrix 0.5 mL – catch up for 15 to 19 years'.

Important: Use a 23 gauge needle when reconstituting the Nimenrix® meningococcal ACWY vaccine as larger needles may shear the vial stopper.

DIGITAL HEALTH



Healthdirect uploading to My Health Record

Healthdirect Australia has recently announced that callers to the Healthdirect after hours GP helpline can now elect to have an event summary of their call uploaded to their My Health Record.

For GPs, this is a big step forward in bridging the information gap between a patient's regular care provider and the after-hours support service, when previously clinical information may not have been available.

GPs will see an event summary from 'Healthdirect after hours GP helpline' listed in a patient's My Health Record document list, if the patient has elected for this to occur.

The summary will be prepared by a GP attending the call and contain details including the time and date of the call, presenting problem, assessment and outcome of the call as well as any referred services.

Healthdirect will also send summaries directly to the GP by fax or secure

message, if details are available on the National Health Service Directory, and to the patient via email or SMS, if they choose.

Approximately one third of callers to Healthdirect nominate a GP to send a summary of the call to.

Healthdirect also plans to include viewing access to My Health Record for their clinical staff and potential uploads from the nurse-based, after-hours support line in the future.

The event summary uploads from Healthdirect will add to the 400,000 plus clinical documents already available in My Health Record for WA patients including more than 10,000 event summaries, 33,000 discharge

summaries and 75,000 shared health summaries.

The most common document type currently available is prescription records, uploaded by GPs as medications are prescribed, with over 270,000 records being uploaded since February 2016. In addition, there are also more than 500 million Medicare records available nationally.

Currently 17% of Western Australians have a My Health Record and by the end of 2018 every Australian will have one, unless they actively choose not to.

If your practice would like to use My Health Record, contact your Primary Health Liaison or WAPHA directly on 08 6272 4900.

ABORIGINAL HEALTH

Have your say on cancer care for Aboriginal and Torres Strait Islander people

Optimising care for Aboriginal and Torres Strait Islander people with cancer is the aim of a national public consultation program which started in September.

Minister for Indigenous Health, Ken Wyatt AM, said the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP) was focused on improving cancer outcomes.

The OCP is an initiative of Cancer Australia working with the Victorian Department of Health and Human Services, in collaboration with Cancer Council Victoria.

The OCP was developed with the support of the Optimal Cancer Pathway Project Steering Committee, Cancer Australia's National Aboriginal and Torres Strait Islander Leadership Group on Cancer Control and an Expert Working Group comprising Aboriginal and Torres Strait Islander health experts, clinicians and consumers.

The Minister encouraged Aboriginal and Torres Strait Islander peak

health bodies, community and consumer organisations, associations and health professionals to provide input into the draft OCP.

The national public consultation will close on 27 October 2017.

The OCP and Reviewer Guidelines are available on Cancer Council Victoria website <http://www.cancervic.org.au>



Top tips for navigating HealthPathways

There are over 550 pathways on the HealthPathways platform, more than 300 of which have already been localised for WA. We know that time pressure is huge in general practice, so WAPHA has compiled some tips for navigating the HealthPathways platform to help GPs find what they need, when they need it.

- **Accessing the site**

There is an easier and faster way to access the HealthPathways site. You can save the link in your browser (with the password so it will keep you logged in), or download a HealthPathways icon to your desktop. Those using Medical Director can add a shortcut to HealthPathways within Medical Director itself. Easy to follow instructions on all of the above can be found here: <https://wa.healthpathways.org.au/187631.htm>

- **Searching**

When using the search function, you'll notice a "Close Search" button at the top of the menu sidebar after

you've entered your search term and pressed enter. Once you've found the page you want, click this button and it will display the menu structure so you know where the page is listed, making it easier to navigate to next time.

- **Use the homepage**

The homepage is full of useful information. Here you'll find a list of the latest pathways that have been localised, important news updates affecting GPs, links to education and CPD events, and links to medication alerts/shortages. You'll also find a list of the most frequently accessed Pathways.

Visiting medical practitioners

Several non-tertiary metropolitan hospitals have private specialists with regular public procedural lists. Information on which hospitals have these Visiting Medical Practitioners (VMPs), and how GPs can refer to them directly, is now available on HealthPathways.

In some cases, a referral to a VMP can result in care closer to home, with a shorter wait time for an initial appointment and procedure.

VMPs conduct the initial consultation in their private rooms, which may result in a cost to the patient, but surgery required can be undertaken in a non-tertiary public hospital (where clinically appropriate) at no cost to the patient. The relevant specialist's rooms can be contacted to provide details of co-payment.

Information on available VMPs has been incorporated onto the non-acute request pages for the following specialties: Cardiology, ENT, Gastroenterology, Gynaecology, Paediatrics, Respiratory and Urology.

To access HealthPathways please contact your WAPHA Primary Health Liaison or email the HealthPathways team at healthpathways@wapha.org.au

As more specialty request pages are localised, VMP information will be incorporated onto those pages. Where VMPs are available at a hospital, a full list of their VMPs is also published on the hospital's website.

PRIMARY CARE IN FOCUS

Government response to recommendations of the Medicare Benefits Scheme Review Taskforce

The Federal Government has recently accepted a number of recommendations from the Medicare Benefits Scheme (MBS) Review Taskforce to improve patient care, help modernise the MBS, and see the MBS improve its focus on clinical best practice.

Changes to the MBS include:

- Improving patient access to post-operative care by removing aftercare restrictions on claiming MBS benefits for routine GP items
- Increasing the MBS fees paid to GPs for certain procedures to align with fees paid to specialists for the same procedures
- Clarifying rules around co-claiming and consultation items when performing procedures
- Better mental health screening and support for pregnant women
- A reduction in unnecessary testing, freeing up resources to help more people receive necessary colonoscopies.

These changes will begin on 1 November 2017, with the exception of changes to colonoscopy which will begin on 1 March 2018.

For more information, visit <http://www.health.gov.au/internet/main/publishing.nsf/Content/MBSR-government-response-1>

RACGP position statement: online prescription, referral and medical certificate services

The position statement about online prescription, referral and medical certificate services was developed in response to the increasing prevalence of online services that do not provide continuous, comprehensive general practice care for patients. It expands on the recently developed on-demand telehealth services position statement, noting the RACGP's support for general practices which have an existing relationship with a patient to provide online services.

To view the position statement, visit <https://www.racgp.org.au/download/Documents/Policies/Health%20systems/RACGP-Position-Statement-Online-prescription-referral-and-medical-certificate-services.PDF>

RACGP position statement: point-of-care testing

The RACGP's position statement on evidence-based point-of-care testing in general practice advises this facility should be accessible via general practice through Medicare and unnecessary regulatory barriers to its adoption in general practice should be removed.

To view the position statement, visit <https://www.racgp.org.au/download/Documents/Policies/Clinical/point-of-care-testing.pdf>

Australian Technical Advisory Group on immunisation advice on the use of hepatitis B vaccines during supply shortages

- There is currently a shortage of the adult formulation of hepatitis B vaccines Engerix-B® (GlaxoSmithKline) and H-B-Vax-II® (Seqirus) in Australia. The shortage has impacted on private market supply.
- Supply for the National Immunisation Program (NIP) has not been affected at this time, so the adult formulation of hepatitis B vaccines as part of the NIP expansion measure should continue as scheduled for all eligible individuals.
- The substitute options that ATAGI recommends for adult hepatitis B vaccination in the event of unavailability of Engerix-B® or H-B-Vax-II® are as follows:
 - a. Concurrent administration of two doses of the paediatric formulation of a hepatitis B vaccine (0.5mL per dose) – the doses can be administered at adjacent sites (≥2.5cm apart) on the same arm or separately with one dose in each arm; OR
 - b. Administration of an adult dose of the combined hepatitis A and hepatitis B vaccine (Twinrix® (GlaxoSmithKline)) – there may be further dose requirements of hepatitis A-containing vaccine if protection against hepatitis A is also desired.

PERTH CHILDREN'S HOSPITAL

The original vaccination schedule should be maintained. While using the same brand product is preferable, use of the alternative brand product to complete the vaccination course is acceptable

For more information, visit <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/news-20172808>

Medicines with codeine: online resources for GPs

From February 2018, all medicines containing codeine will require a prescription, following the Therapeutic Goods Administration (TGA) decision.

For patients who regularly use over-the-counter medicines with codeine for pain management, information is available to help GPs discuss the different options. Alternative pain relief through self-management, non-medicine therapies or different prescription medicines can be effective. Scriptwise has developed a Prescriber Toolkit that contains useful information for GPs.

To view the Prescriber Toolkit, visit <http://www.scriptwise.org.au/codeine/prescriber-toolkit/>

Hands-free communications for clinicians across PCH

Cutting-edge technology will allow PCH clinicians to use a small, hands-free badge, smartphone or health computer to call or text a group or specific role across the hospital without knowing names.

The Vocera Communication Suite is a unified, voice-activated communications solution that will be used for voice calls and messaging at PCH.

Vocera will allow clinicians to instantly connect with the right person or group inside or outside the hospital without the need to go through the switchboard. This will allow faster response times and help improve outcomes for patients.

In addition to calling someone by using their name on the Vocera badge, clinicians will be able to call a group or a specific role within the hospital. For example, a simple "call security" instruction will route a call to the on-duty security personnel.

PCH's Clinical Commissioning Governance Group is currently implementing Vocera groups and associated call flows, so that all devices will be configured in preparation for final move day.

Website water updates

You can now visit the Perth Children's Hospital (PCH) Project website for regular updates and FAQs on the hospital's water quality.

Look for the 'Water quality' link on the home page.

The website includes up to date information on the remediation process and schedule and scope of works.



Sir Charles Gairdner Hospital

Discharge Summaries

Chronic Lymphocytic Leukaemia (CLL) is the most common type of adult leukaemia with an annual incidence of 4-5/100,000, equating to about 100 new cases per year in Western Australia. As patients with CLL may live for many years, the prevalence is higher and therefore quite frequently encountered in medical practice. The majority of patients are diagnosed after the finding of lymphocytosis on a blood count, usually performed for other reasons, while others can present with symptoms related to bone marrow failure or lymphadenopathy and splenomegaly.

There is now a much better understanding of the pathophysiology of the malignant CLL cell and this has led to new, targeted therapies which represent a paradigm shift in management (see below). Firstly, the CLL cell shows constitutive activation of the B-cell receptor signalling pathway which leads to cellular proliferation. Secondly, CLL cells have markedly increased levels of BCL-2 which is a potent suppressor of

programmed cell death via apoptosis. So, in simple terms, the CLL cells grow too quickly and don't die when they should, resulting in their accumulation in blood, bone marrow and lymph nodes.

Implications for the GP – all patients newly diagnosed with CLL should be referred to a haematologist. Patients with stable CLL who are otherwise well usually require six monthly FBP and annual haematologist review. Indications for earlier haematology review and initiation of treatment include bone marrow failure (Hb <100g/L, neutrophils <1.0, platelets <100) and massive or progressive lymphadenopathy/splenomegaly.

There is no defined lymphocyte count that automatically triggers treatment and even patients with counts in excess of 100,000 may not require immediate treatment. Currently, frontline treatment is with chemo-immunotherapy – fludarabine and cyclophosphamide for the younger patient and chlorambucil for the older patient, combined with the anti-CD20 monoclonal antibody

rituximab. This results in remission for most patients and disease control for 4-7 years on average.

For relapsed CLL, several new drugs specifically target the perturbed pathways within the CLL cell. Inhibitors of signalling molecules within the over-active B-cell receptor pathway include ibrutinib, which binds to Bruton's tyrosine kinase, and idelalisib, which binds to PI3-kinase. Venetoclax is a potent inhibitor of BCL-2. These drugs are highly active and induce responses even in heavily pre-treated patients. As our experience with these new classes of targeted drugs increases and they move toward frontline therapy, it is conceivable that the future will hold "chemotherapy free" treatment for many patients with CLL.

Written by the Haematology Department, SCGH.

Dr David Oldham
Hospital Liaison GP SCGH
David.Oldham@health.wa.gov.au

Osborne Park Hospital

Varicose vein surgery

Osborne Park Hospital (OPH) is pleased to once again offer varicose vein surgery once more. Please request OPH on referral to CRS.

Inclusion criteria

Varicose veins can only be treated in the public sector if they are causing significant symptoms or there have been complications which include:

- Ankle oedema of venous origin
- Ulceration healed or open

- Superficial thrombo-phlebitis
- Varicose vein related haemorrhage or skin changes consistent with chronic venous insufficiency and/or impending ulceration

Please attach a venous insufficiency ultrasound report to the referral.

New sports injury clinic

OPH offers prompt orthopaedic clinic appointments for patients with acute sporting injuries, backed up by onsite physiotherapy treatment and surgery,

if required. The clinic is able to arrange all radiology required.

Examples

- Knee injuries (ACL/PCL tears, meniscal tears, ligament tears)
- Shoulder injuries

Inclusions

- Patients should live in the North Metropolitan catchment area

Exclusions

- High anaesthetic risk patients should be referred to SCGH via CRS
- Non Medicare eligible patients

How to refer

If patient needs to be seen urgently in less than 7 days please telephone SCGH orthopaedics.

Otherwise please send referral to CRS with a reference to OPH Sports Injury Clinic.

Princess Margaret Hospital

Surveys on Hospital – GP Communication

Thank you to all the GPs who responded to the Online Survey on Discharge Summaries, which has now closed. PMH will be publishing the results after they have been presented to the hospital executive.

The survey on Outpatient Letter Communication is still in progress, with the last of the survey forms having recently been sent out. Thanks to everyone who has responded so promptly (40 so far) and the excellent suggestions on how to improve the communication. PMH looks forward to receiving more responses.

Dr Maree Creighton
Hospital Liaison GP, PMH
maree.creighton@health.wa.gov.au
Available: Tuesday 9am-12pm and
Wednesday 12pm-5pm
(08) 9340 7994

Royal Perth Hospital

GP education update event a success

A recent GP Education Update event at Royal Perth Hospital was attended by 60 GPs. The day long series of presentations and workshops was part of an East Metropolitan Health

Service and Royal Perth Hospital (RPH) collaborative partnership with WA Primary Health Alliance's Health Pathways WA.

RPH Executive Director Dr Aresh Anwar said, "GPs play an important role in assessing and managing patients, including patients who need to be referred to a hospital."

"The latest assessment and management of a range of common conditions were covered," said Dr Aresh. "Topics included ear nose and throat, diabetes, acute stroke management and current management for heart failure."



RPH Executive Director Dr Aresh Anwar

Senior clinicians delivered a number of presentations with GPs participating in a range of practical sessions.

Feedback was highly positive, in particular, the usefulness and relevance of topics and the opportunity to upskill in new techniques was appreciated. GPs also welcomed the chance to meet with a range of RPH staff and clinicians.

EMHS is looking forward to hosting further events and welcomes suggestions from GPs. Please email these to EMHSGPed@health.wa.gov.au

Do you refer overseas visitors/ students who are ineligible for Medicare to hospital?

When referring Medicare-ineligible overseas visitors/students to RPH (and also Bentley, Armadale and

Kalamunda Hospitals), please discuss potential costs with your patient **prior to referral**. Please advise your overseas visitors/students that they need to present a passport, insurance details (if applicable) and a valid credit card when they attend the hospital.

In Australia, overseas visitors/students not eligible for Medicare and without an Australian passport are required to pay for their care. This includes all outpatient consult and ED visits (currently \$275 each) plus pathology, radiology, outpatient pharmaceuticals and if admitted, inpatient professional fees, prostheses and accommodation.

The Australian Government has Reciprocal Health care Agreements which entitle patients to limited subsidised health services for medically essential treatments while visiting Australia with the governments of the UK, New Zealand, Republic of Ireland, Sweden, The Netherlands, Finland, Belgium, Norway, Slovenia, Malta* and Italy*. (*Malta and Italy covered for a period of 6 months from the date of arrival in Australia).

Advising your Medicare-ineligible patients of the fees which may apply if they present to a public hospital may avoid unnecessary distress.

Patients may be covered by their health insurance. Those without insurance will have the opportunity to discuss fees with an overseas liaison officer and can call 0404 894 083 to discuss before their appointment.

Further information on overseas patient fees can be found on the RPH website: <http://www.rph.wa.gov.au/For-patients-and-visitors/Overseas-patients>

Dr Jacquie Garton-Smith
Hospital Liaison GP, Royal Perth Hospital
Jacquie.Garton-Smith@health.wa.gov.au
Available: Monday and Thursday

King Edward Memorial Hospital

Gynae-oncology Services at KEMH

Gynae-oncology patients need to have specific investigations before their referral can be triaged and an outpatient appointment is made.

GPs are requested to order these investigations and if these tests are not completed, the KEMH Clinical Referral Co-ordinator will contact a patient's GP to follow this up.

What initial information is required to triage a referral to the Gynae-oncology Outpatient clinic?

Site	Pre-requisite tests
Ovarian cancer (diagnosis known)	Histopathology/cytology CT chest/abdomen/pelvis or CT abdomen/pelvis and chest X-ray CA125 CEA
Pelvic mass/ovarian mass/cyst (no diagnosis)	Histopathology/cytology CT chest/abdomen/pelvis or CT abdomen/pelvis and chest X-ray CA125 CEA
Cervical cancer (diagnosis known)	Histopathology/cytology CT chest/abdomen/pelvis or CT abdomen/pelvis and chest X-ray if invasive component identified
Vulval cancer (diagnosis known)	Histopathology CT chest/abdomen/pelvis or CT abdomen/pelvis and chest X-ray if invasive component identified
Uterine cancer	Histopathology CT chest/abdomen/pelvis or CT abdomen/pelvis and chest X-ray
Gestational Trophoblastic disease/Molar pregnancy	Histopathology Ultrasound BHCG

Who to contact

For clinical advice, GPs are encouraged to phone KEMH and ask for the Gynae-Oncology Registrar, Fellow or on-call Consultant.

Phone (08) 6458 2222 and ask for them to be paged.

How to refer

Referrals and test results should be faxed to KEMH Outpatient Clinic: Fax (09) 6458 1031.

For more info about prerequisite tests for KEMH clinics and services

KEMH has a Specialist Outpatient Department Referral Directory which includes prerequisite tests required for referrals, as required at the time of publication in June 2015.

http://www.kemh.health.wa.gov.au/brochures/health_professionals/wnhs0559.pdf

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

Fiona Stanley & Fremantle Hospital Group

Updating the Fiona Stanley Hospital website

Fiona Stanley Hospital (FSH) is in the process of gathering the information required to update the Contact List for General Practitioners and Service Directory sections of the FSH website as some of the information is now out of date. FSH would welcome your input as to what additional information

would be helpful under the "For Health Professionals" page. Included will be more general information such as how to request medical records, radiology, cardiology procedure and pathology reports, and how to update your practice details.

Please contact Monica.Lacey@health.wa.gov.au with any feedback or suggestions.

Dr Monica Lacey
Hospital Liaison GP, FS & FHG
monica.lacey@health.wa.gov.au
Available: Monday and Thursday

CLINICAL UPDATE

Public forums open for Sustainable Health Review

GPs who wish to shape the future of WA's health system are invited to attend public forums as part of the Sustainable Health Review to be held throughout the State in October.

The Sustainable Health Review examines the way health services are delivered to Western Australians to ensure that future generations will receive high-quality, patient-centred and sustainable health care.

The public forums are the next step in an extensive engagement program being undertaken to ensure all Western Australians can contribute to the review.

The forums will be held in Perth, Broome, Bunbury, Albany, Northam, Port Hedland, Geraldton and Kalgoorlie.

Public submissions are also open.

For more details on how to register to attend a public forum or to make a public submission, visit <http://www.health.wa.gov.au/sustainablehealthreview>

Sustainable Health Review public forums

Event	Date & time
Port Hedland Public Forum	1-4pm, Tuesday 10 October
Northam Public Forum	1-4pm, Wednesday 11 October
Geraldton Public Forum	1-4pm, Thursday 12 October
Kalgoorlie Public Forum	1-4pm, Monday 16 October
Broome Public Forum	1-4pm, Thursday 19 October
Bunbury Public Forum	1-4pm, Friday 20 October
Joondalup Public Forum	Tuesday 24 October
Mandurah Public Forum	Wednesday 25 October

The Albany forum was already held at the time of publication

Cancer Council WA's new Find Cancer Early GP Education Project

In Australia, over 75% of cancers first present in general practice as a result of symptoms. GPs play a key role in the early detection of cancer.

GPs can experience challenges in early diagnosis as most GPs may only see between five to 10 new cases of cancer among thousands of consultations per year. Additionally, cancers in general practice often present with subtle non-specific symptoms and most symptoms of cancer can also have more common benign causes.

To assist GPs, Cancer Council Western Australia has launched the Find Cancer Early GP Education Project with a new resource guide for GPs on colorectal, lung, prostate and breast cancer. The 'Find Cancer Early: A Guide for General Practitioners' resource provides evidence-based approaches to assess cancer symptoms to aid decision-making around further investigation or referral. The guide is accompanied by a short video explaining how to use the guide in clinical practice and a WA Cancer Referral Directory.

Cancer Council is also presenting the Find Cancer Early Webinar Series throughout the month of October. The series of four webinars host specialists presenting on; symptoms that best predict the four common cancers; implications for general practice when diagnosing patients with suspected cancer, and recommended referral pathways. For GPs practicing regionally, Cancer Council, in collaboration with the WAPHA, is also hosting regional interactive webinar events in each health region for local GPs to network and learn together.

For more information and to download the resources, or to register for the webinars, visit www.cancerwa.asn.au/gp/fce

Cervical screening update

WA Cervical Cancer Prevention Program have communicated the following updates relating to the renewal of the National Cervical Screening Program.

Online training now available

A new online training program is now available to help health professionals increase their knowledge about the upcoming changes to the National Cervical Screening Program, due to commence from 1 December 2017.

Developed by the Department of Health and NPS MedicineWise, the six interactive Cervical Screening Online Training Modules cover:

- Cervical cancer
- Changes to the National Cervical Screening Program
- Communicating the importance of screening
- Screening in practice
- Understanding the screening pathway
- Communicating test results and patient management

The modules are accredited for Continuing Professional Development (CPD) points and can be accessed at [NPS MedicineWise](#).

For further information on the Renewal of the National Cervical Screening Program in WA visit the [WACCPP's Renewal webpage](#).

Upcoming webinars

GPs and primary health care providers seeking an update on the Renewal of the National Cervical Screening Program can access the following live streaming programs from New South Wales and Queensland.

- [Cancer Screening and Prevention Forum](#), Cancer Institute NSW (Saturday 23 September 2017)
- [Moving Ahead: The National Cervical Screening Program Renewal](#), Queensland Health (Saturday 28 October 2017)

Regional workshops

An introduction to the new Cervical Screening Flipchart Resource, including the results of a state wide pilot test. An update on the implementation of the renewed National Cervical Screening Program and an overview of cervical screening in WA.

The next workshops are scheduled for:

- 9 October (Roebourne)
- 10 October (Karratha)
- 11 October (South Hedland)

Video conferencing will also be available for most workshops. For more information and/or a registration form please contact Kay Walley, Aboriginal Health Promotion Officer, on 08 9323 6704 or cervicalscreening@health.wa.gov.au

Improving the health and wellbeing of LGBTI people

WA Primary Health Alliance (WAPHA) is committed to improving the health and mental health of LGBTI (lesbian, gay, bisexual, transgender, intersex) people.

The evidence overwhelmingly confirms that the social exclusion, discrimination, stigma and marginalisation experienced by LGBTI people increases the risk of adverse impact on their health and mental health and creates barriers to accessing health and social care services.

WAPHA's three core principles are to:

- Commission services that improve inclusion and healthcare access for our LGBTI communities;
- Value and celebrate diversity within our community and affirm the right to equality, fairness and decency for LGBTI Western Australians; and
- Ensure our workforce reflects the diversity within the communities it serves to provide better insight into policy and program development and the achievement of improved service outcomes for the community.

WAPHA is supporting its staff, commissioned service providers and others such as GPs and allied health professionals to promote better understanding and responsiveness to the needs of the LGBTI community and remove the barriers they face in accessing health care.

Resources for health professionals
Helpful fact sheets on dealing with LGBTI patients are available to download <http://www.wapha.org.au/news-and-events/resources-2/lgbti-resources/>



Australian Government

WAPHA disclaimer

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