

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

INSIDE:

- General Practice
- HealthPathways WA
- Immunisation Update
- Primary Care in Focus
- Hospital Liaison
- Clinical Update

If you wish to receive this
newsletter electronically,
please 'subscribe' by signing
up via our website at
www.wapha.org.au

Message from the CEO

Learne Durrington

In May, I wrote about our Comprehensive Primary Care (CPC) program, which is aimed at building capacity and capability within primary care to support the Commonwealth led reforms to ensure the sustainability of general practices.

WAPHA has engaged more than 50 metropolitan and country general practices in the CPC program which operate in areas with a high prevalence of chronic and complex conditions.

I am pleased to provide you with an update from one of your colleagues, Dr Stephen Bingham, about how the program has developed. Dr Bingham, practice principal of Modern Medical Clinics in Mandurah, spoke about why his practice became involved in the CPC program and its achievements to date.

"In the general practice landscape, there is anecdotally an oversupply of GPs in Mandurah and the wider Perth region," Dr Bingham said.

"As a practice principal, I have a responsibility to ensure we continually improve our service offering to patients to maintain a competitive in the marketplace.

"When the opportunity to be involved with WAPHA through the CPC program was offered, it made me think about how I could grow the business and prepare for the potential changes in Federal Government funding models as required."

Through the CPC program, partnership practices receive dedicated support to help them achieve the Quadruple Aim of health care i.e. improved patient experience of care, improved health

outcomes, sustainable cost and improved provider satisfaction

Being involved in the CPC program since January, Dr Bingham said there had been a range of initiatives which have improved the operations of his business.

"We were able to make improvements specifically around data," Dr Bingham said.

"We now have more accountability about the use of the data, including the reports we analyse. This enables us to make better clinical decisions, which means a higher level of care is provided to our patients.

"The data also allows us to target specific diseases and chronic conditions in line with the region's demographics, with the aim of helping people manage their health and reduce the number of people presenting at hospitals."

Practices involved in the CPC program receive other support including improving practice efficiencies, leadership and business governance and accountability and reporting.

Dr Bingham's feedback recognises the practice support model that we embarked on more than 12 months ago is translating into meaningful and positive outcomes within general practice.

We know that no one practice is the same and WAPHA is committed to ensuring the support we offer to general practice is tailored to meet their needs and aspirations.

Learne Durrington
CEO, WA Primary Health Alliance



WAPHA
WA Primary Health Alliance

Contact us

gpconnect@wapha.org.au

6272 4900

www.wapha.org.au

 /waphaphns

 @wapha_phns

GENERAL PRACTICE



Practice Assist includes face-to-face visits from staff to assist with practice enquiries.

Free state-wide service to support general practice

Rural Health West and WA Primary Health Alliance (WAPHA) have partnered to deliver a new state-wide general practice support service, Practice Assist.

The service, free of charge for WA general practices, builds on the existing practice support functions offered by both organisations.

Practice Assist offers the same high quality support as before but with a new level of choice of online, telephone and face-to-face services, all available from a single source.

Rural Health West and WAPHA came together over their shared aim to provide general practices with up-to-date, easy-to-access, effective practice and business support.

By joining forces to develop Practice Assist, general practices can conveniently access in one place the

support they need to help them operate effectively and efficiently, and provide quality care.

Practices can access the latest information and updates on the Medicare Benefits Schedule, Practice Incentives Program, General Practice Accreditation and other support via the Practice Assist Help Desk via 1800 2 277 478 (toll free) or email support@practiceassist.com.au

Practices can continue to receive face-to-face support through Primary Health Liaison officers by contacting the Help Desk.

Support provided by Practice Assist includes;

- Medicare Benefits Schedule
- Practice Incentives Program
- Chronic disease care planning
- Practice manager networking opportunities
- Digital health including the My Health Record and telehealth
- Fact sheets and training on new initiatives
- Continuing professional development of non-clinical staff
- Government incentives
- Using practice data for continuous quality improvement

For more information about Practice Assist visit www.practiceassist.com.au

Diabetes Telehealth Endocrinology Service

Diabetes Telehealth Endocrinology Clinics

Endocrinologist Dr Gerry Fegan will conduct telehealth appointments from Diabetes WA's Subiaco office. The clinic will operate on the fourth Wednesday of each month.

Patients will connect from a WA country Health Service facility, GP surgery or their home via Scopia or Skype.

Diabetes WA will provide full administrative support and help with setting up video conferencing capabilities at your practice, with no additional equipment required.

Referral to the service

To view the Endocrinology services Non-acute Diabetes Assessment HealthPathway visit <https://wa.healthpathways.org.au/70269.htm>

Medical practitioners can also refer directly into the Diabetes Telehealth Endocrinology Service by sending a referral form addressed to Dr Fegan at Diabetes WA via:

Post: Diabetes Telehealth Endocrinology Service,
PO Box 1699, Subiaco WA, 6904

Fax: Attention Diabetes Telehealth Endocrinology Service:
08 9221 1183

Email: telehealth@diabeteswa.com.au

Diabetes WA will contact your practice to confirm receipt of the referral and request any further documentation. All referrals will be triaged by telehealth diabetes educators.

If the patient has not been seen by a local diabetes educator, it is preferred that they be reviewed by a telehealth diabetes educator prior to their appointment. Please advise on the referral form if this service is required so that an appointment can be arranged.

All patients will be bulk-billed with no out-of-pocket expenses.

MBS item numbers are available for medical practitioners, nurse practitioners, practice nurses and Aboriginal health workers to claim for clinical support provided to their patients during video consultations with specialists. Clinical attendance at the video consult with the patient is welcomed by our telehealth service.

For more information, please contact:

- Telehealth project manager Gill Denny on 08 9436 6279 or Gill.Denny@diabeteswa.com.au
- Telehealth support officer Anthea Mayer on 08 9436 6241 or Anthea.Mayer@diabeteswa.com.au



AFWA's regional and remote health services coordinator, Rael Rivers, demonstrates the device technique.

Asthma and COPD telehealth services

The Asthma Foundation of WA (AFWA) is committed to closing the gap in regional respiratory healthcare services.

In collaboration with WA Primary Health Alliance (WAPHA) and WA Country Health Service, AFWA is now providing telehealth services to rural and remote residents and healthcare professionals across WA.

Once a month, the Asthma Foundation offers a one hour professional development education session to rural healthcare professionals. Education is delivered by respiratory experts and provides up to date information on asthma and chronic obstructive pulmonary disease (COPD) diagnosis, treatment and management.

Registrations are available online via the Asthma Foundation website at www.asthmaaustralia.org.au/wa/education-and-training/asthma-telehealth

AFWA also provides one-on-one COPD support and education consultations to patients in country WA, via video-conferencing.

During these telehealth consultations, an experienced respiratory health worker located at the Asthma Foundation's office in Perth, will assist patients to manage their condition.

Patients will be educated on the pathophysiology of their condition, device technique, management of symptoms and triggers, and receive information about medications and asthma first aid. Patients can be referred to this service through Health Navigator, Best Practice, the Client Information Sharing System (CISS) or through the Asthma Foundation website.

For more information on all asthma and COPD telehealth services contact Telehealth@asthmawa.org.au or the AFWA Regional and Remote Health Services Coordinator, Rael Rivers on (08) 9289 3620. View the HealthPathway at <https://wa.healthpathways.org.au/419084.htm>

Cervical screening update

Cervical cancer is one of the most preventable of all cancers.

Nearly all cases of cervical cancer are caused by persistent infection with high-risk types of human papillomavirus (HPV). There are about a dozen high-risk HPV types identified of which two (HPV 16 and 18) have been found to cause 70-80 per cent of invasive cervical cancer.

The Centre for Disease Control and Prevention (CDC) estimates that more than 80 per cent of sexually active women will be infected with at least one type of HPV at some point in their lives and around one half of these infections are with high-risk HPV types.

Most women infected with HPV (including 16 and 18) will not go on to develop cervical cancer, even if they have cervical abnormalities. It usually takes 10-15 years from HPV acquisition for abnormal cervical cells to grow and become cancerous. During this time the immune system may be able to clear the virus, allowing abnormal cells to return to normal (regression).

Since the introduction of the National Cervical Screening Program (NCSP) there have been significant reductions in the incidence of cervical cancer and mortality. A further reduction is expected with the implementation of the renewed National Cervical Screening Program (NCSP) scheduled for 1 December 2017, where the two-yearly pap smear test will be replaced with a five-yearly cervical screening test – a primary HPV DNA test with partial genotyping and reflex liquid base cytology (LBC) on all HPV positive tests.

In Australia four out of five cases of cervical cancer are in women who have never screened or do not screen regularly. Inviting under-screened or never-screened women to screen is key to reducing cases of cervical cancer. In the renewed NCSP there



WA Primary Health Alliance clinician liaison officer Danelle Robertson discusses the cervical screening pathway.

will be an option for self-collection in a select group and the sample taken on the premises of the healthcare provider. Groups of women known to be at risk for under-screening or never screening include:

- Aboriginal and Torres Strait Islander women
- Women from culturally and linguistically diverse backgrounds, including women who have experienced female genital cutting
- Women with disabilities
- Women who identify as lesbian, bisexual or are same-sex attracted, and people who identify as transgender and have a cervix
- Women who have experienced sexual abuse and/or assault

Until 30 November 2017 all sexually active women aged 18 to 69 years are to continue to participate in the current two-yearly Pap test program. Medicare will fund either a conventional Pap smear slide, or a liquid-based cytology (LBC) sample (either ThinPrep or SurePath). HPV testing is not available on the Medicare Benefits Schedule (MBS) for screening, except for women undergoing 'test of cure'. Women who undertake HPV testing outside of the 'test of cure' will incur an out-of-pocket cost.

Cervical screening HealthPathway launch

HealthPathways have worked closely with WA Cervical Cancer Prevention Program staff and members of the Standing Committee for the Renewal Implementation Project to ensure the WA Cervical Screening pathway will be clinically up-to-date at the time of changeover. The pathway will include information and recommendations about the cervical screening test, the management of women with special circumstances, women who are transitioning to the new program, self-collection criteria and will have links to resources and information sheets for both healthcare professionals and patients.

To view the HealthPathway:

URL: wa.healthpathways.org.au (search for cervical screening)

Username: Connected

Password: HealthCare

To register visit: <http://waproject.healthpathways.org.au/Events.aspx>

IMMUNISATION UPDATE

Cervical screening update and HealthPathway launch CPD event

WAPHA, Cancer Council WA and WA Cervical Cancer Prevention Program invite you to attend this event featuring presentations from Professor Ian Hammond and Dr Linda Kohler on the new guidelines.

Learning outcomes:

1. Summarise the benefits of the renewed National Cervical Screening Program
2. Recall the new guidelines for cervical screening
3. Implement the use of the HealthPathways cervical cancer screening pathway in your clinical practice

Date: Tuesday 14 November 2017

Time: 7am to 8.30am

Venue: WA Primary Health Alliance
2-5, 7 Tanunda Drive,
Rivervale WA 6103
VC is available for country GPs

Catering: Breakfast is provided

Registration: Metro GPs –
<https://waproject.healthpathways.org.au/Events/CervicalScreeningUpdateCPDNov2017.aspx>

Country GPs – please contact your local WAPHA team.

This activity has 2 Category 2 QI & CPD points and 1 PDP point attached.

This pathway will be live for educational purposes only until the renewed National Cervical Screening Program (NCSP) scheduled for 1 December 2017.

Cancer Council WA are also hosting a GP education event on Cervical and Bowel Cancer Screening changes on 28 November 2017.

To register visit: cancerwa.asn.au/professionals/gp/

Vaccine reminders

Vaccines for two-month olds

Since July 2014, the National Immunisation Program recommends providing the two-month vaccines as early as six weeks of age. The WA Immunisation schedule aligns with that recommendation.

Due to the high morbidity and occasional mortality associated with pertussis in the first few months of life, the first dose can be given as early as six weeks of age. Giving a first dose then rather than at two months of age, is estimated to prevent an additional eight per cent of infant pertussis cases (see references below). The next scheduled doses should still be given at four months and six months of age.

Should I vaccinate a child who is slightly unwell?

Please be reminded that it is safe to administer vaccines in the case of a mild illness without fever ($T < 38.5^{\circ}\text{C}$).

There are only two absolute contraindications applicable to all vaccines:

- Anaphylaxis following a previous dose of the relevant vaccine
- Anaphylaxis following any component of the relevant vaccine.

For more information on false contraindications to vaccination, visit www.immunise.health.gov.au

To view the Immunisation HealthPathway visit <https://wa.healthpathways.org.au/index.htm?45076.htm>



References:

1. Foxwell AR, McIntyre P, Quinn H, Roper K, Clements MS. Severe pertussis in infants: estimated impact of first vaccine dose at 6 versus 8 weeks in Australia. *Paediatric Infectious Disease Journal* 2011;30:161-3.
2. Shinall MC, Jr., Peters TR, Zhu Y, Chen Q, Poehling KA. Potential impact of acceleration of the pertussis vaccine primary series for infants. *Paediatrics* 2008;122:1021-6

PRIMARY CARE IN FOCUS

Health of the Nation 2017 Report

The Royal Australian College of General Practitioner's benchmark annual report General Practice: Health of the Nation 2017 has identified Medicare rebates, mental health, obesity and aged care as the leading health policy issues needing immediate government action to maintain high-quality health care.

The report focuses on a range of key areas including:

- Patient access to general practice
- The role of the general practitioner and
- The general practice workforce.

The report draws on specifically commissioned research involving more than 1300 RACGP Fellows from all parts of Australia, as well as information from the Medicine in Australia: Balancing Employment and Life (MABEL) survey and a range of government publications, to provide a unique overview of the general practice sector.

To find out more, visit www.racgp.org.au/download/Documents/News/Health-of-the-Nation-2017-report.pdf

Quarterly Incentive news update

The Department of Human Services provides a quarterly update on the Practice Incentives Program (PIP) and Practice Nurse Incentive Program (PNIP) which GPs may find useful. The Incentive News Update (INU) contains information about the ongoing eligibility for PIP Incentives and has a tailored page for GPs.

The most recent issue of the INU contains information on the following:

- The new Quality Improvement Incentive
- Using the correct MBS item number when claiming for diabetes under the PIP Diabetes Incentive
- Using HPOS to register your patients for the PIP Indigenous Health Incentive and PBS Co-payment Measure
- Managing your participation in the PIP eHealth Incentive
- Checking your eligibility for PNIP payments
- Using HPOS to update PNIP health professional hours and
- A list of updated PIP forms.

To view the latest update, visit www.humanservices.gov.au/organisations/health-professionals/news/incentives-news-update-august-2017-now-out

New 2017 AMA fees list online

The latest Australian Medical Association (AMA) fees list has launched in its new online format which includes the indexed AMA fees from 1 November 2017.

The new website will replace the book and CD-ROM formats making it faster and more user friendly than ever before. Financial AMA members will also be able to download PDF and CSV files, plus access a range of new, useful features including:

- Interactive dashboard to find, search and save AMA fees
- Search function that links directly to AMA and MBS item descriptions
- Personalised user dashboard with option to store favourites
- Fee calculator tools including a new Anaesthesia calculator
- Ability to print parts of, or full PDFs of the Fees List
- Online tutorials and help tools
- Mobile and tablet compatible and
- Online payment gateway for non-members

For more information on the new fees list, visit www.ama.com.au



GPs are invited to participate in short interviews or small group sessions in Perth to discuss the provision of end of life care/palliative care in general practice.

Evaluation of community-based end of life care in Australia

The Faculty of Medicine at the University of Western Australia is undertaking interviews/sessions as part of the study Evaluation of community-based end of life care in Australia.

GPs are invited to participate in short interviews or small group sessions in Perth to discuss the provision of end of life care/palliative care in general practice.

The focus of the project is on any issues experienced by GPs in providing care for patients in their last 12 months of life.

These interviews/small group sessions will be conducted within your practice at a convenient time (such as lunch time or after work) or any other specified location that you prefer.

The duration of the meetings is usually around 25 to 35 minutes and will be conducted in the period from 1 November through to 31 January.

If you would like to take part or are interested in finding out more about the study, contact Professor Angus Cook via angus.cook@uwa.edu.au or phone 08 6488 7805.

Telehealth Strategic Plan survey

The South Metropolitan Health Service (SMHS) is creating a three-year Telehealth Strategic Plan and would like to better understand the needs of GPs.

SMHS would like your input into how telehealth can be used to improve the delivery of health care for you and your patients and get a better understanding of key barriers and key enablers to build a way forward.

To complete the 10-minute survey visit www.surveymonkey.com/r/XCNVBT9

New stroke guidelines for GPs

The Stroke Foundation has released the Clinical Guidelines for Stroke Management 2017. In accordance with the National Health and Medical Research Council Standards, these guidelines provide best practice recommendations to assist decision-making for GPs in the management of stroke in adults.

To view the Guidelines, visit <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>

HOSPITAL LIAISON



Sir Charles Gairdner Hospital

General Medicine Outpatients is able to see patients within seven days, if required.

This includes patients with;

- Suspected malignancy needing investigation (lymphadenopathy, or lesions seen in liver or lungs on CT scan)
- Deteriorating heart failure
- Fever of unknown origin (post travel)
- Unspecified chest pain with normal ECG and troponin
- Shortness of breath that needs investigation
- Severe resistant hypertension

If you have a patient who you think should be seen within seven days, phone 6457 3333 and ask to speak with the General Medicine consultant (GMU consultant not the MAU consultant). The consultant will advise you on management and organise early review if indicated. Please note this service is restricted to patients living in the SCGH catchment area.

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

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

Osborne Park Hospital

Parkinson's Aged Care Service at OPH

Osborne Park Hospital's (OPH) Parkinson's Aged Care Service delivered in the north metropolitan area offers a comprehensive multidisciplinary approach to diagnosing and managing Parkinson's disease in the elderly. This includes advanced therapies such as apomorphine infusion and duodopa therapy education.

The service aims to optimise the lives of people with Parkinson's disease using assessments, therapy and exercise programs, and the provision of appropriate aids and education. Counselling support is also available. The clinic is able to facilitate the Aged Care Assessment Team (ACAT) process for approval to access home care packages, respite and permanent residential care.

The team is led by physicians who specialise in Parkinson's disease and associated conditions. The team comprises doctors, nurses, physiotherapists, occupational therapists, speech pathologists, social workers, clinical psychologists and therapy assistants. The service provides medical and nursing clinics, home visits, phone support, group and individual sessions.

King Edward Memorial Hospital

Cervical screening renewal

From 1 December 2017, the two-yearly pap smear test will be replaced by a five-yearly cervical screening test (human papillomavirus (HPV) test). Reflex liquid-based cytology (LBC) will be performed on any sample with a positive oncogenic HPV test result. Women will still require a vaginal speculum examination to have a liquid-based cytology sample taken from their cervix, similar to taking a conventional pap smear.

Fast facts;

- The commencement age for cervical screening will change from 18 to 25 years.
- Women aged 25 years or over who have not yet started cervical screening will receive an invitation to have the new cervical screening test.
- Women already participating in the program will be invited to screen within three months of the date when

they would have been due for their two-yearly pap smear test.

- Women will be eligible to cease screening after a negative HPV test between 70 to 74 years of age.
- Symptomatic women (pain/bleeding) should have cervical screening at any age.
- Self-collection of a HPV test will be available for women >30 years old who are overdue for screening by two years or more (under-screened) or have never been screened.
- The number of screening tests reduces from 26 to nine to ten over a woman's lifetime.
- Anticipated 30 percent reduction in the incidence and mortality from cervical cancer.

For more information about the renewal of the National Cancer Screening Program, an accredited online training program is available at www.nps.org.au

HOSPITAL



Patients have the option to:

- (a) remain under the medical management of their neurologist/specialist and receive treatment and support from the Parkinson's Allied Health team at OPH or
- (b) transfer medical care to the medical team at OPH after discussing their wishes with their treating doctor.

The Clinical Head of Service reviews all new referrals and deems it either accepted or declined.

The patient's GP will continue to be a vital part of their medical team. A medical referral is always required and can be sent to:

OPH Parkinson Clinic/Service
Osborne Park Hospital
Osborne Place, Stirling, WA 6021

Or email OPH.ParkinsonService@health.wa.gov.au (it is not appropriate to send any clinical information via unsecured email).

The service is available Monday to Friday.

Inclusion criteria:

- Living within the north metropolitan catchment area
- Any age will be considered
- Established or suspected Parkinson's disease.

Exclusion criteria:

Extraordinary cases can be discussed with the Clinical Head of Service.

OPH endoscopy services

OPH offers an endoscopy service to patients living in the north metropolitan catchment area.

Operating under the Ambulatory Services Initiative (ASI) model, OPH offers endoscopy for category 1 patients within the ideal 30 days and for category 2 patients within the ideal 90 days.

A mandatory referral form is available in electronic formats for most GP medical software systems. This can be sent electronically to CRS for the initial triage. Following incidents of forms being filled out incorrectly, GPs are encouraged to complete the correct state-wide form to ensure a smoother and quicker triage for your patient.

It is imperative that the ASI section of the referral form is completed to enable your patient to access this service. One or more specialist names need

to be ticked. If the ASI section is not indicated, OPH is unable to perform the endoscopy in a timely fashion and the patient will likely be placed on the Sir Charles Gairdner Hospital waiting list.

For endoscopy referrals, please ensure that:

- All patient details are completed,
- The clinical indications conform to current guidelines, and
- The ASI section of the referral is completed.

Dr Clare Matthews
Hospital Liaison GP,
Osborne Park Hospital
clare.matthews@health.wa.gov.au

Royal Perth Hospital

Orthopaedic referral options in the EMHS

Within the East Metropolitan Health Service, orthopaedic services are offered at Royal Perth, Bentley, Armadale and SJG Midland Public hospitals.

Waiting times for routine orthopaedic outpatient clinic appointments are very long. GPs are encouraged to advise patients of this prior to referral and offer them other options, if possible.

A referral to a Visiting Medical Practitioner (VMP) provided orthopaedic service may reduce the wait time for your patient.

Services at Armadale and St John of God Midland Public hospitals are primarily provided by VMPs. Specialists conduct the initial consultation in their private rooms and

hence require a named referral to be sent directly to the specialist. A list of the specialists can be found on the Armadale and St John of God Midland hospital websites.

The initial consultation may result in a cost to the patient, but where surgery is required, it 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 co-payment details.

Please ensure all orthopaedic referrals are comprehensive and include relevant investigation results to facilitate accurate triage.

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

CLINICAL UPDATE

Short-term restorative care for older people

Older Western Australians who need intensive support to help them remain living in their own home can now access a Short-Term Restorative Care program.

The program aims to improve a person's ability to care for themselves, preventing a loss of independence, social isolation, and premature entry to high level community services or residential aged care. The services are delivered in the individual's home and include, but are not limited to occupational therapy, physiotherapy, nursing, social work, speech pathology, dietician, podiatry and direct care.

To access the service, an individual will need to be referred to the Aged Care Assessment Team (ACAT) for an assessment. People considered eligible include those who:

- Are slowing down mentally, or physically, or both
- Need help with everyday tasks
- Want to stay independent, and out of long-term residential care

The program is not available to people who are receiving a home care package (however HACC & DVA Veterans Assist or Direct Care Clients are eligible), are a resident of a nursing home or have been in hospital within the last three months with a condition-related to their current need for Short-Term Restorative Care.

Individuals are allowed two periods of Short-Term Restorative Care in one year.

This service is funded by the Commonwealth Government but individuals are asked to make a contribution of approximately five per cent of the daily costs which equals \$10.10 a day. This is based on 17.5 per cent of the daily aged pension, however the cost can be negotiated in cases of financial hardship.



Help available for GPs to support drug seeking patients

WA Primary Health Alliance has recently been alerted to drug seeking behaviour in the Perth South PHN region.

People experience problems with all types of drugs including over the counter and prescription medications for pain relief. GPs are often a point of contact for individuals and their families who may need help and support with drug use.

Key facts

- There is strong evidence in Australia of increasing harms from use of prescription drugs of dependence including deaths from overdose.
- People who misuse medications may commonly seek prescriptions for opioids, benzodiazepines, antipsychotics (quetiapine and olanzapine) and stimulants (dexamphetamine and methylphenidate).
- Dependency on prescription drugs can occur at any age, within any cultural group and across any level of education.
- Patients with problematic use and dependencies may not necessarily display obvious drug-seeking behaviours.
- New regulations for the sale, supply and manufacture of medicines came into effect in WA on 30 January 2017 and reference the Schedule 8 Medicines Prescribing Code. Further info www.health.wa.gov.au/S8
- Changes to WA's pharmaceutical monitoring system are underway. Improvements will include introduction of real time monitoring and reporting and a clinician portal to enhance transparency of medication history and assist in rapid identification of at-risk individuals.



Rescheduling of codeine products

From 1 February 2018, medicines that contain codeine will no longer be available without prescription. This decision was made by the Therapeutic Goods Administration (TGA), based on evidence that codeine is a commonly used medicine of abuse.

Low-dose codeine (less than 30 mg) is currently available in pharmacies over the counter, for consumers to self-administer. Low-dose codeine formulations include cough and cold preparations, and analgesic preparations combined with other pain relief medicines such as aspirin, paracetamol or ibuprofen.

These medicines are not intended to treat long-term conditions; however, that this is how they are often used. Codeine is an opioid drug closely related to morphine and like morphine, long-term use can lead to dependence. The development of codeine dependence can lead to severe adverse health outcomes, including liver damage and death.

In addition, some individuals, particularly children, can experience serious adverse reactions when given codeine, including breathing difficulty and death.

In 2015, an Australian study found codeine-related mortality more than doubled over the ten-year period from 2000 to 2009.

Given these issues, the TGA has decided the risks associated with codeine use are too high without oversight from a doctor.

The change has been introduced through amendments to The Standard for the Uniform Scheduling of Medicines and Poisons (the Poisons Standard), deleting codeine entries from Schedule 2 (Pharmacy Medicines) and Schedule 3 (Pharmacist Only Medicines), leaving only the codeine entries in Schedule 4 (Prescription Only Medicine) and Schedule 8 (Controlled Drug). The changes are enacted into law through local state and territory scheduling legislation which will come into effect early next year.

For further information please visit www.nps.org.au

WA Child Ear Health Strategy 2017-2021 released

Most children will, by the time they reach school age, have had at least one episode of acute otitis media (AOM). While the vast majority of cases of AOM will resolve spontaneously, there are high-risk population groups who are vulnerable to recurrent and persistent otitis media. Aboriginal and Torres Strait Islander children, in remote areas of Australia, have one of the highest prevalence of chronic suppurative otitis media (CSOM) in the world. The long-term effects of conductive hearing loss on language, literacy, cognitive and social development in children with chronic ear disease should not be underestimated.

The WA Child Ear Health Strategy responds with the aim of addressing key issues and gaps in the state's ear health sector. While not excluding other children vulnerable to persistent and chronic ear conditions, the strategy recognises the importance of a primary focus on Aboriginal children aged zero to ten years and the appropriate programs and services designed to respond to Aboriginal community needs. Aboriginal children can experience their first onset within weeks of birth.

The 2017-2021 strategy has seven strategic priorities considered critical to address the needs and gaps. Working groups have also been put in place to address each of the below priorities:

1. Enhanced Prevention
2. Standardised Surveillance
3. Consistent Treatment
4. Workforce Development
5. Program Evaluation
6. Coordination and Partnerships
7. Comprehensive Evidence

S8 Prescriber Information Service (08) 9222 4424 (Drugs of Dependence Branch Department of Health)

It is illegal to prescribe S8 medications to a registered drug user. Prior to prescribing an S8 or controlled medicine to a patient who is not previously known to the GP or practice, it is recommended that practitioners:

- Record the patient's identity and where possible verify against an official source of photo identification (e.g. driver's licence).
- Contact the S8 Prescriber Information Service on (08) 9222 4424 for a prescription history and regulatory advice.

Note: This information is provided under the authority of the Medicines and Poisons Act 2014. Information will only be provided to an authorised health professional and only relating to a patient under the care of that practitioner. Any information provided may not be used for any other purpose than for assisting with the management of the patient.

What GPs can do to support patients

- Let the patient know that you are willing to help them with any health problems.
- Establish strong therapeutic boundaries that will help clarify

treatment goals and minimise challenging behaviours.

- Consider use of a Treatment Agreement.
- Promote the Alcohol and Drug Support Line (08) 9442 5000 or Country 1800 198 024.
- Have a practice policy on prescribing drugs of dependence and display a notice for patients to see. Further information www.racgp.org.au
- Undertake GP training to manage drug and alcohol issues in primary care.
- Promote local alcohol and other drug services in waiting rooms and on notice boards. Find local services www.greenbook.org.au
- Register with the Prescription Shopping Information Service: 1800 631 181

Need clinical help?

Alcohol and Drug Support Line:
(08) 9442 5000 or Country
1800 198 024

After hours Clinical Advisory Service:
(08) 9442 5042

Find Cancer Early for general practitioners

Cancer Council WA has launched Find Cancer Early: A Guide for General Practitioners. This tool is designed to assist WA GPs in the early diagnosis of patients with colorectal, lung, prostate and breast cancer.

The guide utilises an evidence-based approach to recognise cancer symptoms earlier. The guide incorporates risk assessment tools (positive predictive value tables) developed from the CAPER studies by Professor William Hamilton and colleagues at Cancer Research UK.

The guide accompanies a short video for GPs explaining how to incorporate the guide into clinical practice, and a WA Cancer Referral Directory. The Directory provides regional and metropolitan referral contacts of cancer specialists, multidisciplinary assessment clinics and services.

To access the guide and referral directory via the Find Cancer Early: GP Education page visit www.cancerwa.asn.au/gp/fce

Practice Assist is a new easy-to-use support service available free of charge to all general practices in WA. Our goal is to enhance your practice's viability and sustainability, freeing you up to do what you do best – care for your patients.

Access online, telephone and face-to-face support, comprehensive resources, professional development, webinars and more.



Practice Assist
Strengthening general practice in WA

T 1800 2 ASSIST | 1800 2 277 478
E support@practiceassist.com.au
W www.practiceassist.com.au



Australian Government

Disclaimer

While the Australian Government Department of Health has contributed to the funding of this newsletter, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.