

# GP CONNECT

Keeping GPs informed  
in the changing primary  
health landscape.

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## Message from the CEO

The growing number of overweight and obese people in Australia is well documented with current figures revealing that 63 per cent of Australians are overweight or obese. This figure is expected to rise to 80 per cent by 2025. Acknowledging the critical role primary care plays in prevention, it is evident that GPs are well positioned to engage patients in interventions that address weight problems and obesity.

Research from the University of Melbourne has identified barriers GPs encounter in having discussions with their patients. Barriers include a lack of confidence, lack of time, lack of resources and a fear of damaging their doctor-patient relationship. The research acknowledged that the skills required to address the issue, in a way that communicates the health risks of being overweight without judgement and without inciting negative responses, are not easy to acquire or universally taught.

GPs know that managing overweight and obese people is not a one-dimensional subject. Often it relates to several factors occurring in a patient's life, which can be difficult to manage in a standard appointment. This gets to the heart of general practice where many conditions are not considered as solitary and isolated, but in a more all-embracing and complex context.

One GP interviewed by the University of Melbourne summed up the challenge, saying: *"I don't have anything in my toolbox in terms of knowing what's actually going to help. We have tools for ischemic heart disease, hypertension and depression. Now, we need a tool to use to give extra support to overweight and obese patients."*

As with so many health issues, GPs are the front line when it comes to managing patients who are overweight and obese. WAPHA, and other organisations providing support and education for GPs, have a fundamental role in enabling GPs to use their skills as expert generalists to manage this public health issue. We need to fulfil this role as best we can to improve access to person centred primary care for Western Australians with weight management issues.

GPs who have ongoing relationships with their patients are best placed to manage overweight and obese patients in a holistic, person centred manner. GPs can understand the whole person and recognise the barriers and motivators for individual patients to change their behaviour.

WAPHA is adopting the learnings from our PHN colleagues who are developing new models of care for general practice which will enable people to reach a healthy weight and reduce their risk of chronic disease. These models take a multifaceted approach, recognising that the causes of unhealthy weight may relate to a range of physiological, social, genetic, environmental and psychological factors.

WAPHA will collaborate with general practice to develop a model of care that suits the WA context and recognises local differences. We encourage GPs, practice nurses and others involved in multidisciplinary care teams to share their ideas about how we can best consider a targeted, community-based response.

**Learne Durrington**  
CEO, WA Primary Health Alliance



**WAPHA**  
WA Primary Health Alliance

## Contact us

[gpconnect@wapha.org.au](mailto:gpconnect@wapha.org.au)

6272 4900

[www.wapha.org.au](http://www.wapha.org.au)

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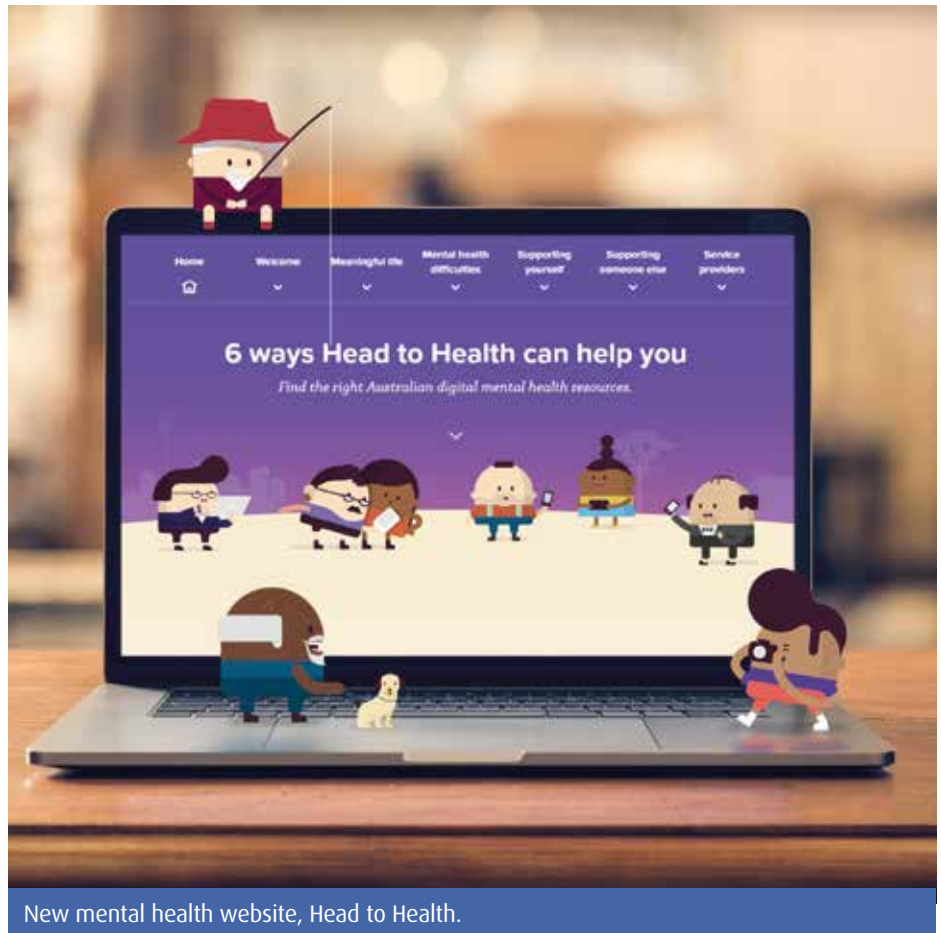
## Head to Health: Australia's new digital mental health gateway

A new website that links Australians to online and phone mental health services, information and resources is now live. Head to Health connects people to trusted online and phone mental health services appropriate for their individual needs.

Services and resources listed on Head to Health are delivered by Australia's trusted mental health service providers, including WA Primary Health Alliance (WAPHA). They include free or low-cost apps, online support communities, online courses, and phone services that are private and secure.

Head to Health can help people to take control of their mental health, at a time and place convenient to them, complementing or replacing face-to-face services. This supports people seeking help – either for themselves or someone they care about.

Head to Health was developed in collaboration with the community, the mental health sector and the



Department of Health. WAPHA is one of the Head to Health service provider partners. Visit <https://headtohealth.gov.au/> for more information.

## My Health Record privacy resources



The Office of the Australian Information Commissioner (OAIC) have published new resources to assist healthcare providers understand their privacy obligations under the My Health Record system.

As the independent regulator for the privacy aspects of the My Health Record system, the OAIC is working with the health sector as it prepares for the system to become opt-out by the end of 2018.

The resources available are a guide to mandatory data breach notification in the My Health Record system and points out ways you can protect patient privacy when using the My Health Record system. You will learn how to handle personal information in the My Health Record system and

become familiar with the My Health Record data breach response plan.

There are videos available to address topics such as privacy, handling sensitive information and data breach requirements in the My Health Record system.

Further information can be found via [www.oaic.gov.au/media-and-speeches](http://www.oaic.gov.au/media-and-speeches).

# IMMUNISATION UPDATE

## Resettlement Health Passport

Child and Adolescent Mental Health Service (CAMHS) are piloting a quality improvement initiative, the Resettlement Health Passport, which aims to provide a clear path of care and prevent service duplication for families newly arrived and resettling in Australia. GPs may see patients who present with Resettlement Health Passports at their practice.

Families who consent to participate in the pilot will be given a Resettlement Health Passport upon arrival and are asked to bring this with them to appointments. Each aspect of care is marked by a different colour and service providers are invited to note their contact details and role in the appropriate section. This will support families in communicating who is involved in their care.

Patients may ask you to write your name and contact number inside their passport which will show that their family is linked to their local GP. Please do not list any confidential information in this document and be sure to gain the family's consent prior to contacting other professionals involved.

For more information please contact [Tessa.scholefield@health.wa.gov.au](mailto:Tessa.scholefield@health.wa.gov.au).



The Resettlement Health Passport.

## Update on shingles vaccine Zostavax

The Advisory Committee on Immunisation Practices (ACIP) recommends a single dose of the live-attenuated zoster vaccine (Zostavax) for adults age 60 years and older.

As of the 1 November 2016, Zostavax has been added to the WA immunisation schedule. Patients aged 70 years are now eligible to receive the shingles vaccine free of charge, as an ongoing program. The implementation of new vaccination programs under the NIP is a major task that takes approximately 12-18 months from receipt of Government funding approval. Until 31 October 2021, patients aged 71 to 79 years are also eligible to receive the free vaccine as a catch up program.

Zostavax is approved by the US Food and Drug Administration for persons age 50-59 years who wish to protect themselves against shingles, however the exact duration of vaccine efficacy is not known and therefore is not routinely recommended. According to the ACIP, there is insufficient evidence for long-term protection provided by the vaccine and individuals vaccinated before age 60 may not be protected by the time they reach the age where the incidence of zoster is highest.

Revaccination with Zostavax is currently not recommended for people who have received a shingles vaccination and there is no recommendation for a booster dose of the shingles vaccine. Studies are ongoing to assess the duration of protection from one dose of zoster vaccine and the possible need for booster doses.

The vaccine can be given to patients who have no history of ever having had chickenpox and is also recommended to assist in preventing future occurrences for patients >60 years old who have previously suffered with shingles.

It is important to note that the vaccine should not be administered during the time of an acute attack of shingles. Additional contraindications to the vaccine include patients with a history of anaphylactic reaction to gelatin, neomycin or any other component of the vaccine, during pregnancy and immunocompromised patients.

To assist GPs and other immunisation providers a Zostavax screening checklist is now available and can be accessed via the HealthPathways [Herpes Zoster \(Shingles\)](https://wa.healthpathways.org.au/115261.htm) pathway <https://wa.healthpathways.org.au/115261.htm> and [Immunisation - Adults](https://wa.healthpathways.org.au/44304.htm) pathway <https://wa.healthpathways.org.au/44304.htm>. The checklist also includes a guide to safe doses of immunosuppressive therapy for Zostavax administration including biologics and most modifying anti-rheumatic drugs (DMARDs).

If there is any doubt to the person suitability it is imperative to seek further advice before administering the vaccine.



# CLINICAL UPDATE

## New NHMRC guidelines for bowel screening

The National Health and Medical Research Council (NHMRC) have released the 2017 Clinical Practice Guidelines for the prevention, early detection and management of colorectal cancer.

The revised guidelines have been developed after a rigorous analysis of scientific evidence, considering screening test accuracy, risks and benefits of screening, cost-effectiveness and screening age.

The program will mail eligible people aged 50 to 74 bowel screening kits to complete at home. From 2019 all eligible people aged 50 to 74 years will be invited to screen every two years. Eligibility for receiving the National Bowel Cancer screening kit can be checked through the online eligibility calculator, to be accessed via [www.cancerscreening.gov.au/eligibility](http://www.cancerscreening.gov.au/eligibility).

The guidelines recognise the critical role of GPs and primary health care practices in supporting this life-saving program. Encouragement by GPs and practice staff substantially boosts participation in screening, and can increase the program's effectiveness and cost-effectiveness. For more information visit [www.cancerscreening.gov.au/bowel](http://www.cancerscreening.gov.au/bowel) or call the program info line on 1800 118 868.

**NATIONAL  
BOWEL CANCER  
SCREENING PROGRAM**

### National pilot for Aboriginal and Torres Strait Islander people

In 2018, a national pilot will begin to test an alternative way for Aboriginal and Torres Strait Islander people to access the National Bowel Cancer Screening Program (NBCSP). Consultations conducted in 2016 showed that many of the barriers to screening through the NBCSP may be reduced if screening kits were distributed through local primary health care centres, rather than mailed directly to individuals, and supported this being explored further.

The pilot will allow 50 primary health care centres to distribute kits to eligible patients over a 12-month period. Recruitment of health centres for the National Pilot will begin in early 2018.

For further information visit [www.indigenusbowelsscreen.com.au](http://www.indigenusbowelsscreen.com.au)

## Clinical trial, STATins in Reducing Events in the Elderly

GPs are invited to participate in a new clinical trial, STATins in Reducing Events in the Elderly (STAREE).

STAREE is a double-blind, randomised, placebo-controlled primary prevention trial designed to assess whether daily active treatment of 40mg atorvastatin will improve overall survival and delay the need for permanent residential care in healthy participants aged 70 years and over.

More than 100 General Practices in Perth have enrolled 400 study participants in the trial to date. Curtin University, in conjunction with Monash University, invite GPs and their patients to join the study.

STAREE will evaluate the benefits and risks of statin therapy in participants aged 70 years and over, who are free of cardiovascular disease and diabetes. The study is funded by the National Health and Medical Research Council (NHMRC) and has no pharmaceutical company endorsement.

The majority of the work is conducted by STAREE research staff and the study processes have been designed to keep paperwork and contact time for GPs and their staff to a minimum.

An administrative reimbursement of \$100 per randomised patient will be paid to your practice. CPD points can be claimed for GP participation in this research during the current triennium.

This trial has ethics approval from University Institutes and the Royal Australian College of General Practitioners. For additional information visit [www.staree.org.au](http://www.staree.org.au). For enquiries or to become a GP co-investigator, call 1800 770 664 or email [staree@monash.edu](mailto:staree@monash.edu).



## Good news for asylum seekers

Asylum seekers living in WA can apply for a Safe Haven Enterprise Visa (SHEV).

People who arrived in Australia without valid travel documents can apply for this visa which will enable them to live in Australia for five years. During this time, they must work or study in a regional area for at least three and half years. People on SHEVs are eligible for Medicare services and trauma counselling services.

It is estimated that over 1,000 individuals have applied for SHEVs in WA. Successful applicants must work or study outside the Perth metropolitan area. SHEV approved regions in WA include Lancelin, Kalamunda, Giddegannup, Armadale, Byford, Mundijong, Jarrahdale, Pinjarra, Mandurah as well as the South West, Great Southern, Midwest, Pilbara and the Kimberley.

SHEV recipients may present to their local GP requesting a health assessment or catch-up vaccination. They may have had a health check when they first entered Australia several years ago and may have some health records with them. We recommend that all members of the family have their immunisations reviewed and be provided with a catch-up vaccination. Since July 2017, all refugees and humanitarian entrants can have free catch up vaccines under the National Immunisation Program (NIP).

The NIP will fund diphtheria, tetanus and pertussis, polio, MMR, hepatitis B and varicella catch-up vaccines for this cohort. GPs and practice nurses are encouraged to assess the immunisation status of patients

from refugee backgrounds, enter information into the Australian Immunisation Register (AIR) if it has not been recorded, and provide catch-up vaccines if needed.

We also recommend that all people under 35 years of age be considered for Latent Tuberculosis Infection (LTBI) screening. SHEV recipients, who can easily travel to Perth, can have their LTBI screening and catch-up vaccines at the Humanitarian Entrant Health Service. You can make a referral by contacting David Lam on (08) 9222 8500 or emailing [migranthealth@health.wa.gov.au](mailto:migranthealth@health.wa.gov.au). We can also advise you about LTBI screening for patients who live in regional or rural areas.

Contact the Humanitarian Entrant at 1/311 Wellington St, Perth WA or phone (08) 9222 8500.

## Implementing the renewed National Cervical Screening Program

The implementation of the renewed national Cervical Screening Program (NCSP), commenced on 1 December 2017.

Significant changes have occurred, with a shift to a primary oncogenic HPV test with partial genotyping, a change in the test interval and screening age ranges, and an option for self-collection. A range of resources are available to support these changes in your practice.

Resources for the renewed NCSP for healthcare providers and women are available to order and download from [www.cancerscreening.gov.au/cervical/resources](http://www.cancerscreening.gov.au/cervical/resources)

NPS Medicine Wise online training is available to assist healthcare providers to understand the new test and clinical pathways. This training is recognised as continuing

professional development hours with RACGP, ACRRM, ACN, ACM and APNA. Visit <https://learn.nps.org.au/>

Cancer Council Australia developed the clinical management recommendations for the renewed NCSP: *Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding* (2016 Guidelines). These are available from <http://wiki.cancer.org.au/australia/Guidelines:CervicalCancer/Screening>

The new WA Cervical Screening HealthPathway can be accessed at [wa.healthpathways.org.au](http://wa.healthpathways.org.au) (search for cervical screening). For log in

details to HealthPathways, email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au).

Online information from the WA Cervical Cancer Prevention Program can be accessed at [www.health.wa.gov.au/renewal](http://www.health.wa.gov.au/renewal) (health professionals) or [healthywa.wa.gov.au/cervicalscreening](http://healthywa.wa.gov.au/cervicalscreening) (consumers).

For online tools and resources to promote the renewed NCSP in your practice visit [www.health.wa.gov.au/renewalresources](http://www.health.wa.gov.au/renewalresources)

For more information contact the WA Cervical Cancer Prevention Program on 9323 6788 or at [cervicalscreening@health.wa.gov.au](mailto:cervicalscreening@health.wa.gov.au)

## Self-collected cervical screening samples should not be offered until further notice

The National Cervical Screening Program has released an important revision to one of the components on the renewed National Cervical Screening Program launched on 1 December 2017.

The self-collection option has been included in the program to encourage women who are aged 30 years or over and have never had a screening test, or who are overdue for testing by at least two years and in either case have declined a healthcare provider-collected sample, to participate in cervical screening.

However, self-collection can only be implemented when the laboratory and platform testing processes and equipment attain the various accreditation requirements. This process is still underway. Laboratories are not yet accredited to perform the test and therefore the test is not claimable against the MBS.

Healthcare providers who conduct cervical screening tests are advised not to offer self-collection to eligible women until further notice. All other aspects of the renewed National Cervical Screening Program will continue as scheduled from 1 December 2017.

Further information on the Renewal of the National Cervical Screening Program is available at [www.cancerscreening.gov.au/cervical](http://www.cancerscreening.gov.au/cervical)

# PERTH CHILDREN'S HOSPITAL

## Launch of Children's Hospital Alumni Western Australia

Past and present PMH staff with centuries of combined service celebrated the official launch of the Children's Hospital Alumni Western Australia (CHAWA) at Perth Children's Hospital (PCH) in November.

Anne Bourke, President of CHAWA said she hoped the event is the first of many that reflect upon and celebrate the contribution, achievements and milestones of Princess Margaret Hospital's (PMH) past and present staff and volunteers throughout its wonderful history.

"Princess Margaret Hospital is a much-loved institution held dear in the hearts of the many Western Australians who have been associated with the hospital over its 108 year history," she said.

"The Children's Hospital Alumni will help ensure that the proud traditions of PMH will be carried on in the new Perth Children's Hospital, which will be one of the best paediatric hospitals in the world."

The launch gave many attendees their first look at PCH.

If you are a past or present staff member or volunteer of PMH and would like to become a CHAWA member, go to their website at [www.chawa.org.au](http://www.chawa.org.au) or email [info@chawa.org.au](mailto:info@chawa.org.au).

## ACEM visit

Delegates from the Australasian College of Emergency Medicine (ACEM) visited PCH last week as part of the ACEM WA Faculty Scientific Meeting 2017.

This year's meeting, On the move: critical illness, retrieval and new knowledge, was based around the transfer of WA's tertiary paediatric services from PMH to PCH and focused on paediatric issues relevant to all emergency medicine practitioners.

PMH emergency director Dr Meredith Borland, a group of lead trainers and senior PMH ED nursing and medical staff led 25 delegates on a tour of PCH's ED. Dr Borland said the meeting provided the perfect opportunity to showcase PCH's state-of-the-art ED.

"As well as sharing our amazing new department, the meeting encouraged all participants to share knowledge, new initiatives and changes to workflows that may be beneficial in other areas," Dr Borland said.



### PrEPIT-WA study to protect against HIV

WA Health, in partnership with The Kirby Institute, University of New South Wales Sydney and the WA AIDS Council have announced a two-year trial for up to 2,000 people to access Pre-Exposure Prophylaxis, or PrEP.

People at risk of acquiring HIV, including gay men, can now access a drug in WA that is more than 95 per cent effective at preventing the transmission of the virus, after a trial was opened for enrolment.

PrEP is a combination of two anti-retroviral agents. These are traditionally taken by HIV positive people to limit the amount of the HIV virus in the blood stream, but anti-retrovirals also have proven to be effective at preventing transmission when taken by HIV negative people in at-risk groups. A single pill taken once a day can reduce the likelihood of acquiring HIV by more than 95 per cent.

The trial, known as PrEPIT-WA, is coordinated by The Kirby Institute and will be delivered through four clinics in the metropolitan region. These include



two private clinics, M Clinic (West Perth) and GP on Beaufort (Mt Lawley), and two public clinics, South Terrace Clinic (Fremantle), with plans for Royal Perth Hospital Sexual Health Clinic (East Perth) to join the trial before the end of the year. Contact information for these clinics can be found on the HealthPathways WA 'Specialist Sexual Health Clinics' pathway.

People living in regional parts of WA will be able to participate through telehealth arrangements with Royal Perth Hospital Sexual Health Clinic.

People that believe they are at high-risk of HIV and are interested in participating in PrEPIT-WA can find more information at the study website [www.PrEPIT-WAstudy.org.au](http://www.PrEPIT-WAstudy.org.au), and can complete the expression of interest form at <http://www.waaid.com/item/543-prep-access-update.html> for enrolment details.

For more information contact Justin Manuel, clinic manager, on 9328 9720 or [jmanuel@waaid.com](mailto:jmanuel@waaid.com)

### On a light hearted note our Health pathways clinical lead would like to share with you her Twelve Pathways of Christmas:

Planning Christmas can often cause some [Anxiety](#), working out when is the last moment I can post to overseas relatives, will I get my homemade Christmas cards done in time, will the family like the presents I have bought them. Often followed by how will I manage my sweet tooth over the Christmas period when everyone around me is offering delicious morsels of food.

Like many of you the Christmas festivities seriously challenge my resolve to manage my [Diabetes](#) and [Alcohol](#) intake. I don't even dare to think about my lack of [Physical Activity](#) and risk of [Obesity](#) and [Cardiovascular Risk](#) factors – it's probably lucky I don't need the [Smoking Cessation](#) and [Drugs of Abuse Screening](#) pathway.

On a more serious note there is always the down side of Christmas, with an increase in [Depression](#), [Domestic and Family Violence](#). And who do you call for help on Christmas day when one of the younger members of the family has done something you could have never envisaged with their Christmas presents? Well, we have a pathway for that too! See our pathways on [After Hours Care](#) and [Emergency Referrals](#).

From the Health Pathways WA team, I would like to wish you a happy and safe Christmas – we look forward to catching up with you in the new year.

Dr Sue Jackson, Lead GP clinical editor  
HealthPathways WA

### Medicare item numbers for psychologist consults via telehealth

As of 1 November 2017, people living in Monash Modified Model (MMM) regions four to seven can claim a Medicare rebate for a telehealth consultation with psychologists and other health professionals as part of their Mental Health Plan. The MMM is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. More information about the MMM is available

at <http://www.health.gov.au/internet/main/publishing.nsf/content/modified-monash-model>.

Under new arrangements, up to seven of the 10 sessions currently available under the Medicare rebatable mental health plans will be available via telehealth. The new arrangement also specifies that one of the first four sessions must be conducted in a face-to-face setting.

The initiative is the first to be rolled out following the announcement of the Regional Australia Ministerial Taskforce, chaired by the Prime Minister.

Psychologists and Psychiatrists providing telehealth consultations can be accessed via the National Health Service Directory on the HealthPathways WA website. To access HealthPathways please contact your WAPHA Primary Health Liaison or email the HealthPathways team at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

# PRIMARY CARE IN FOCUS

## Standards for General Practices (5th Edition)

The Royal Australian College of GPs has launched the fifth edition of its Standards for General Practices (the Standards) in a move to keep pace with the changing medical environment and support patient safety in contemporary general practice. The fifth edition of the Standards are far more patient-centred and outcome-focused. For more information, visit [www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)/](http://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/)

## NDIS materials for health professionals

The National Disability Insurance Agency has released details of a new National Disability Insurance Scheme (NDIS) pathway designed to significantly improve the experience people and organisations have with the ground-breaking Scheme. The pathway refers to the experience that participants and providers have from their first interaction to their ongoing engagement with the NDIS. The new participant pathway is focused on face-to-face engagement for the development of all NDIS plans. This improvement has already resulted in a substantial increase in the number of plans being developed in person.

The new pathway will now be progressively piloted and tested over the coming months before being rolled out nationally. For more information, visit <https://www.ndis.gov.au/pathway-experience.html>

## MBS item changes that impact general practice

The Department of Health has announced changes to a few MBS items, some of which will affect general practice. Most of these changes will have come into effect on 1 November 2017, arising from MBS Review Taskforce recommendations. The changes affect MBS items relating to gastroenterology and obstetric services, as well as the current administrative block that prevents patients from claiming MBS rebates for consultations with their GP during the aftercare period. Of interest is the increase to the MBS rebate for some procedural services that have different fees for GPs and non-GP specialists. After this change, some procedural services provided by GPs will attract the same rebate as when provided by non-GP specialists. For more information, visit [www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheets](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheets)

## Investigation of breast symptoms

Cancer Australia's new Investigation of a New Breast Symptom: A Guide for GPs has been developed to maximise the effectiveness of investigation of women who present to their GP with a new breast symptom. For more information, visit <https://canceraustralia.gov.au>.

## Mental health in the perinatal period

A new guideline from the Centre of Perinatal Excellence (COPE) was recently launched on best practice in mental health care in the perinatal period. The intention of the guideline is to increase the rate of screening for depressive and anxiety disorders and to reduce the severity of disorders through early identification. The guideline supports GPs in discussing emotional health and wellbeing with women, including care pathways for those that may require further assessment. It is intended to cover all women in the perinatal period. It includes guidance on depression and anxiety, as well as more severe mental health illnesses including schizophrenia, bipolar disorder, postpartum psychosis and borderline personality disorder.

To access the guide, visit <http://cope.org.au/about/review-of-new-perinatal-mental-health-guidelines/>

## 10 minimum standards for communication

The Australian Medical Association has released a new guide, which sets out 10 minimum standards that should apply for communication between health services and GPs and other treating doctors to ensure the best possible health outcomes for patients.

For more information, visit <https://ama.com.au/article/10-minimum-standards-communication>



# ABORIGINAL HEALTH



The Integrated Team Care program aims to support general practice in the care of Aboriginal and Torres Strait Islander people.

## Support for Aboriginal people with complex chronic condition care needs

The Integrated Team Care (ITC) program is a national program providing dedicated care coordination teams to support general practice in the care of Aboriginal and Torres Strait Islander people with a chronic condition and complex care needs according to their GP Management Plan (GPMP, MBS721).

Consider the ITC program for patients who:

- Require more intensive care coordination than is currently able to be provided by general practice or Aboriginal health service staff
- Need support to better understand and self-manage their condition
- Are unable to manage a mix of multidisciplinary appointments
- Are at risk of potentially preventable hospitalisation
- Need help to access services or medical equipment that would not otherwise be accessible or available in a clinically acceptable timeframe

ITC support may include:

- Education of chronic conditions, treatment compliance, and medication
- Help to arrange necessary appointments and transport
- Sourcing other agencies to support patient needs
- Help with cost of medical equipment and in some cases cost of specialist and allied health appointments
- Feedback to the patient's GP about patient self-management of their condition, and treatment and services received.

Priority will be given to patients with complex chronic care needs who require multidisciplinary coordinated care in order to manage their chronic disease.

Registration in the ITC program and the support provided will be reviewed as a client's needs and ability to self-manage changes.

For more information, referral forms to local ITC providers and a list of medical equipment that a patient may be able to access through the ITC Program, visit HealthPathways at <https://wa.healthpathways.org.au>. Login details are; username: connected, password: healthcare

# HOSPITAL LIAISON



## Fiona Stanley and Fremantle Hospitals

### Allied health referrals

Fiona Stanley Hospital (FSH) allied health services are limited to current or recent inpatients and outpatients under the care of a FSH Specialist. Direct GP referral is not available for these services.

Fremantle Hospital Allied Health Services are available to Fremantle Hospital (FH) inpatients and eligible outpatients who are referred by a health professional and reside in the FSH/FH catchment area.

Details are available on the FH website and HealthPathways. Referrals should be directed to the FH Central Receiving office via fax number 9431 2009.

### Cardiology procedure requests

FSH does not have the capacity to accept direct GP referrals solely made for cardiology procedures. Where either the results of investigations performed in the community or the patient's clinical condition prompt a cardiology outpatient referral,

this will be triaged accordingly. Urgent advice can be sought from the on-call cardiology registrar on 6152 7617. Routine referrals are sent via Central Referral Service (CRS). More information is available on HealthPathways <https://wa.healthpathways.org.au>.

**Dr Monica Lacey**  
Hospital Liaison GP, FS & FHG  
[monica.lacey@health.wa.gov.au](mailto:monica.lacey@health.wa.gov.au)  
Available: Monday and Thursday

## King Edward Memorial Hospital

### Genetic Services WA

Genetic Services WA (GSWA) is a state-wide service providing clinical genetic services across three divisions, which are general paediatrics, familial cancer and obstetrics, and general genetics. The GSWA website has recently been updated, making the referral guidelines and helpful information much easier to access.

For more information, visit [www.kemh.health.wa.gov.au/services/genetics/index.htm](http://www.kemh.health.wa.gov.au/services/genetics/index.htm)

You can click through to the pages about general paediatrics, familial cancer and obstetrics and general genetics to access more information about the three divisions.

### Family cancer program

There is a new referral form for the family cancer program. It has been designed to assist referrers in making referrals more streamlined and comprehensive. The form includes a patient information sheet which should be provided to the patient at

the time of referral, informing them about the service and appointment process. It is strongly recommended that referrers familiarise themselves with the new referral form and patient information sheet.

Prior to offering an appointment, GSWA will sometimes send the patient a family history questionnaire to complete if additional information is required. Where possible, please encourage patients to contact GSWA should they need any assistance in completing this questionnaire.

The referral form, patient information sheet and family history questionnaire can be accessed via [www.kemh.health.wa.gov.au/services/genetics/brochures](http://www.kemh.health.wa.gov.au/services/genetics/brochures)

For more information, please contact a genetic counsellor via (08) 6458 1603.

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

## Sir Charles Gairdner Hospital

### General Medicine outpatient referrals

At Sir Charles Gairdner Hospital (SCGH), General Medicine outpatients can see patients within seven days, if required.

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.

### Farewell Dr David Oldham

Dr David Oldham, has resigned and will be finishing as Liaison GP at SCGH on 31 December 2017. WAPHA and SCGH are currently in the process of recruiting a replacement.

**Dr David Oldham**  
Hospital Liaison GP SCGH  
[David.Oldham@health.wa.gov.au](mailto:David.Oldham@health.wa.gov.au)



## Princess Margaret Hospital

### Healthy Weight Service (formerly CLASP)

Childhood obesity is the most common chronic disease of childhood with 21 to 25 per cent of Australian children being overweight or obese (Olds et al, Int J of Obesity 2010). Early identification and treatment is essential to prevent the progression of obesity and its associated complications.

The Healthy Weight Service (HWS) at Princess Margaret Hospital (PMH) is run by the Department of Diabetes and Endocrinology and includes medical therapy together with various age-specific family-based lifestyle change programmes led by a multi-disciplinary

team of experienced allied health professionals.

The HWS group programmes include interactive parent education sessions and a physical activity component, as well as an additional cognitive behaviour therapy (CBT) programme for adolescents. Individual programmes of care are offered to those families with more specific needs.

Referrals must be from a medical practitioner. This tertiary service targets children and adolescents (0-15 years) with severe complicated obesity and/or impaired glucose tolerance.

Referrals must meet one of the following categories and include

relevant measurements and evidence of obesity related comorbidities:

- BMI z-score  $\geq 2.5$
- BMI z-score  $\geq 2.2$  AND 2 co-morbidities
- Pre-diabetes

Please use the following link for BMI z-score calculation <https://zscore.research.chop.edu/index.php>

For more information about HWS, please contact the Department of Endocrinology and Diabetes at PMH on 9340 8090/9340 7546.

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

## Royal Perth Hospital

### Review of existing ENT referrals to Royal Perth Hospital

Royal Perth Hospital (RPH) is reviewing all Ear Nose Throat (ENT) referrals made prior to the introduction of the referral criteria for adult tertiary ENT outpatient services in July 2017 and are still awaiting a first appointment. This will help manage the backlog of referrals and reduce waiting times for those who need an ENT outpatient appointment.

In early 2018, RPH will write to patients and referrers identified as either not meeting the new criteria or lacking sufficient information to determine that the criteria are met. Patients still requiring an appointment will be asked to see their GP to be reassessed and if eligible for referral, an updated referral providing

additional information, investigations and test results according to the ENT referral criteria will need to be sent to Central Referral Service (CRS). Where an updated referral is received by the due date and meets the ENT referral criteria, the patient will maintain their place on the waitlist. It is likely the appointment may occur sooner than it otherwise would have, due to removal of unnecessary referrals from the system.

No further action will be required for those patients who no longer require an appointment.

The Perth metropolitan tertiary hospital inclusion criteria and referral content requirements for common ENT

conditions can be found on the CRS website <http://ww2.health.wa.gov.au/ENT>.

ENT presentations from the EMHS/RPH GP education update are available on <http://www.rph.wa.gov.au/For-health-professionals/GPs/GP-Events> and further information to assist GP management of ENT conditions is being added to HealthPathways WA.

**Dr Jacquie Garton-Smith**  
Hospital Liaison GP, Royal Perth Hospital  
[Jacquie.Garton-Smith@health.wa.gov.au](mailto:Jacquie.Garton-Smith@health.wa.gov.au)  
Available: Monday and Thursday



# EDUCATION EVENTS

## Program of Experience in the Palliative Approach (PEPA) for GPs

The tailored workshops will be facilitated by clinicians with extensive palliative care experience, including a medical practitioner. They will provide opportunities for participant interaction with the content.

Key topics will include principles of a palliative approach, communication and advance care planning, symptom assessment and management and terminal phase care.

### Workshop 1

**Date:** Thursday 14 December

**Time:** 6 – 8pm (registration from 5.30pm)

**Venue:** Cockburn Integrated Health, 11 Wentworth Parade, Success

### Workshop 2

**Date:** Tuesday 19 December

**Time:** 6 – 8pm (registration from 5.30pm)

**Venue:** Bendat Parent & Community Centre, 36 Dodd Street, Wembley

### Contact and registration

You can register for free via <http://www.wapha.org.au/events/>

For more information, contact Shirley Teshome via 6272 4932 or [shirley.teshome@wapha.org.au](mailto:shirley.teshome@wapha.org.au)

## GP Urology Masterclass

Interactive education day where you will review essential principles, receive state of the art updates, be part of specialist Q&A and experience a live DaVinci robot demo. For this day 40 GP accreditation points will apply (Full Category 1).

**Date:** Saturday  
17 February 2018

**Time:** 8.30am  
registrations open  
9am – 4.30pm conference program  
4.30pm – 5.30pm  
post-conference drinks

**Venue:** UWA Club Crawley

**RSVP:** [angela@perthurologyclinic.com.au](mailto:angela@perthurologyclinic.com.au)  
or 1800 487 656

## Save the Date: Speed date with your WAPHA-funded service providers in Mandurah

General practitioners, practice managers and nurse managers are invited to attend an interactive evening to meet WAPHA's commissioned service providers in Mandurah. Meet the providers face to face and learn what they can offer your patients.

**Date:** Wednesday 14 March 2018

**Time:** (5:30pm arrival)  
6:00pm – 8:30pm

**Venue:** Mandurah Quay Resort  
40 Marina Quay Drive,  
Erskine

**RSVP:** 7 March 2018

### Contact and registration

For more information and to RSVP: Bethany Goodall – [bethany.goodall@wapha.org.au](mailto:bethany.goodall@wapha.org.au)  
or 0459 883 533.



Australian Government

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