



WAPHA
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH,
COUNTRY WA

An Australian Government Initiative

GP CONNECT

February 2018

Keeping GPs informed
in the changing primary
health landscape.

INSIDE:

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Message from the CEO

A couple of reports from late 2017 are worth noting as we enter a new year that heralds ongoing change for primary health care.

The Productivity Commission's *Shifting the Dial* report and the Australian Hospitals and Healthcare Association's (AHHA) *Blueprint for a Post 2020 Health Agreement* made for interesting pre-Christmas reading – particularly in the context of concurrent State and Commonwealth reforms. The current reforms centre on sustainable health systems and integrating the actions of, and information from, the different parts of the health and community sector to provide care suited to the personal circumstances of the patient – 'integrated patient-centred care'.

Shifting the Dial is the first in a series of reports commissioned by the Federal Treasurer to provide context for a five-year productivity blueprint. The report concludes that the next major gains in productivity will come not from making us all work harder, but from rearranging the delivery of health and education in particular. Productivity gains over coming decades could be achieved by a realignment of health spend rather than new investment.

In the comprehensive sections dedicated to health, *Shifting the Dial* emphasises the need to move from activity based funding (including fee for service in general practice), ensuring that medical practitioners are paid for results not activity – for results (for value not volume). The pervading theme of the report is that data is key in driving quality

and accountability across a range of sectors. For consumers this will enable more informed choice between health service providers and systems.

The report's focus on health professionals is not confined to doctors. It recommends a diminution in pharmacist qualifications and training and testing a new model of community pharmacy in rural and regional Australia. Unsurprisingly, these recommendations have met the ire of the Pharmacy Guild. The Guild has completely rejected the Productivity Commission's recommendations in relation to community pharmacy. Technical innovation (e.g. e-scripts and mechanical dispensing of drugs) puts pharmacy in line of sight for changes that move it from a retail sales environment to one that capitalises on their clinical skills. The implications for general practice are obvious. The Commission advocates for a more collaborative role for pharmacists that would see them working alongside other primary healthcare professionals, increasing pharmacists role in the multi-disciplinary management of complex and chronic conditions: "New pharmacy could translate into a genuine role in chronic disease management, suited to the capabilities of its professional membership".

(Continued on pg.2)

Contact us

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 /waphaphns

 @wapha_phns

IMMUNISATION UPDATE

Some commentators consider *Shifting the Dial* to have a prominent role in future economic modelling for the health sector. It is seen as a landmark shift in the thinking of Australia's economic advisers whereby the health system – state-run public hospitals in one box, the majority of doctors in another and pharmacy in a third – needs to be better integrated so as to make it more centred on the needs of patients rather than the providers and suppliers of health care. The Commission considers this greater coordination should happen at the local level.

Within a different context (the COAG negotiations for the new public hospital funding agreements), but drawing on similar themes, the AHHA's *Blueprint for a Post 2020 Health Agreement*, maps out how to transform our healthcare system into a fit for purpose 21st century system that will meet the needs and expectations of Australians. The AHHA promotes its paper as "a solid blueprint with a range of short, medium and long-term recommendations on how to reorientate our healthcare system to focus on patient outcomes and value rather than throughput and vested interests".

The Blueprint outlines four steps with recommendations on governance arrangements, data and reporting that drives intelligent system design, health workforce reform and sustainable funding. Both reports highlight the need for innovation, strong leadership, culture change and the sacrifice of some sacred cows. These are clearly interesting times, and I'd highly recommend that stakeholders in primary care read and reflect on the recommendations of both reports.

Learne Durrington
CEO WA Primary Health Alliance

Practices utilising 10A overdue reports from the Australian Immunisation Register to recall overdue children

WAPHA primary health liaison officers have been working in partnership with general practice to recall overdue children in a joint effort to improve immunisation coverage in Western Australia.

The data shows a significant increase in the number of monthly 10A overdue reports being requested in Perth South and usage of the 10A reports in Perth North continues to grow. The 10A overdue report allows a practice to generate a list of overdue children linked to the providers at their practice.

Historically, WA has lower immunisation coverage for childhood immunisations than other areas of Australia. The aspirational national target for immunisation coverage is now 95 per cent. The June quarterly data released from the AIR reports coverage in the 24-<27 month cohort in Perth North and Perth South is less than 90 per cent. Children do catch up by 60-<63 months to 91 per cent, however the timeliness of vaccination should be a priority in the 24-<27-month age group who may be vulnerable to vaccine preventable diseases during this delay.

Vaccine preventable diseases still occur in Australia despite ready access to safe and effective vaccines. This leads to increased use of GP services, time away from school and work, hospitalisation, disability and premature death.

If your practice would like support with setting up your 10A overdue report or AIR access support, please contact your WAPHA primary health liaison or our Practice Assist Helpdesk on 1800 2 ASSIST (1800 2 277 478).

New research addressing the impact of vaccination service delivery needs your help

In an attempt to identify factors which may impact the vaccination coverage rates of Aboriginal and Torres Strait Islander (ATSI) children aged zero to five years living in the Perth Metropolitan Area, Rebecca Carman is undertaking vital research in this area as part of her Master of Public Health Degree (Research).

Ms Carman has had extensive experience working within healthcare settings in WA and overseas, including recently working for the State Department of Health in an immunisation-related project role. She is also an active member of the Immunisation Alliance WA.

The study will explore and interpret the impact that service delivery has on ATSI childhood immunisation rates. The study involves surveying key provider groups that currently administer vaccinations to ATSI children as well as in-depth interviews with personnel that hold leadership roles among the various provider groups. The study has full ethics approval from Edith Cowan University and SCGH (low risk pathway for the WA Department of Health). The National Aboriginal Community Controlled Health Organisation (NACCHO) have also lent their full support to Rebecca's study.

If you have recently received an email from Ms Carman, please consider encouraging all general practitioners and practice nurses within your practice to participate in this valuable study via the survey link she has provided. The survey should take no more than 10 minutes to complete.

If you are working in a GP Practice in the Perth metropolitan area and have not yet responded to the survey, the live survey link can be found [here](#).

MENTAL HEALTH UPDATE



Introducing MH Connex

MH Connex is a community mental health program commissioned by WA Primary Health Alliance. The program supports GPs to provide timely, integrated and coordinated care for people 18 years and over who are living with severe and complex mental health illness.

To access the service patients must reside in the Perth metropolitan area. The services are provided via telephone or face to face, by experienced and highly skilled community mental health nurses with a knowledge of primary health care. The telephone-based care is provided by Medibank Health Solutions and the face-to-face care management program is provided by Richmond Wellbeing. Both services are based in Perth and have established networks and relationships with local community-based mental health services.

A GP who identifies eligible patients can refer them to either service by way of a referral form available

from wapha.org.au/mhconnex. The referral is emailed or faxed to the respective service. The mental health nurse works with the GP to provide a review of the patients' needs, based upon a mental health treatment plan. Nurses provide time-limited intensive assessment and treatment and psychological options and introduce the person to support services relevant to their specific needs. They also engage additional services that may benefit their overall recovery. Support services include AOD services, financial counselling/assistance, accommodation support, vocational/occupational services, social and recreational support, culturally appropriate services, online mental

health services and disability support via the NDIS.

The ongoing treatment plan is regularly reviewed with the patient, GP and the nurse. Where appropriate this also includes the family or support network.

The MH Connex program is a free service and can be accessed in addition to the MBS Better Access program.

GPs wishing to refer to the MH Connex services can:

- Fax or Call the Telehealth service on 1800 532 012
- Fax or Email to refer to the face to face service on 08 9258 3090 or mh.connex@rw.org.au

ABORIGINAL HEALTH



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

The Integrated Team Care (ITC) program provides dedicated care coordination to support general practice who care for Aboriginal and Torres Strait Islander people with a chronic condition and complex care needs according to their GP Management Plan (GPMP, MBS721).

The ITC program is 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

To view the ITC service providers in your region, visit: www.wapha.org.au/commissioning/wapha-funded-programs/indigenous-health/

Integrated Team Care pathway updated:

The updated ITC pathway on the HealthPathways WA website, will directly support and enable GPs to consider and determine optimal health care planning needs for Aboriginal and Torres Strait Islander people.

To view the updated pathway visit: <https://wa.healthpathways.org.au/index.htm>

Aboriginal Health support for general practice

Where a general practice has indicated an interest in Aboriginal Health, WAPHA's Aboriginal Health Team are able to attend in partnership with the primary health

liaison to support discussions across a range of Aboriginal specific areas that include but not limited too;

- Indigenous Health Incentives
- PIP Program
- Optimising Aboriginal MBS specific item numbers
- Promotion of Aboriginal Health programs

To request a visit from WAPHA's Aboriginal Health Team contact 08 6272 4900 or email aboriginalhealth@wapha.org.au

HealthPathways WA Update

HealthPathways WA is a free to access website, run by WA Primary Health Alliance (WAPHA). It covers all three Primary Health Networks in WA; Perth North, Perth South and Country.

The site is comprised of condition specific pathways that assist with the assessment, management and referral of patients. Pathways are written by general practitioners, in consultation with specialists and other health professionals from across the state.

Total pathways published

In January 2018, HealthPathways WA reached 352 pathways. The most recently published pathways for 2018 are:

- Huntington's Disease
- Low FODMAP Diet
- Legionnaires' Disease
- Physical Activity – Adults

HealthPathways Clinical Streams published in 2017

The HealthPathways WA team were hard at work in 2017 localising 132 new pathways. The clinical streams that were completed within the year included:

- Child and Youth Mental Health
- Allergy and Anaphylaxis
- ENT
- Sleep
- Oral Health
- Pain Management
- Haematology
- Falls
- Drug and Alcohol

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



New Acute Rheumatic Fever pathway

The Acute Rheumatic Fever (ARF) pathway has now gone live.

Currently 3 per cent to 5 per cent of untreated or incorrectly treated group A streptococcus (GAS) sore throats will develop into Rheumatic Fever. Early and accurate diagnosis, together with the correct acute management of ARF is critical in preventing long term health problems.

In regional WA, the necessity of localising this pathway has previously been identified. This is due to the high turnover of GPs, who may not be familiar with or have clinical experience in rural and remote settings. This pathway was developed with extensive collaboration from the Kimberley region and there are links within the pathway that refer to the Kimberley protocols.

The pathway details current best practice in terms of assessment of children presenting with suspected ARF and diagnostic criteria for high risk patients. The management section includes details on both clinical management and reporting requirements in metro and country areas. Patients who present with ARF will require follow up and secondary prophylaxis which are detailed in the pathway.

To access the pathway visit <https://wa.healthpathways.org.au/>

**Dr Sue Jackson, Lead GP clinical editor
HealthPathways WA**

TGA – Codeine up-scheduling workshop presentations available

The TGA held a series of workshops on the up-scheduling of codeine in November 2017 and have made the presentations available [online](#).

Topics include:

- Taming the Big Bad Wolf of Codeine Abuse
- Managing Codeine Dependence
- Codeine: The Facts
- Changes to Codeine Product Access

For further information about changes to medicines containing codeine and to access a range of resources for the community, visit www.tga.gov.au/codeine-info-hub

Launch of WA Paediatric Meningococcal Vaccination Program

WA Health has commenced the WA Paediatric Meningococcal Vaccination Program. Effective immediately under this program, children aged 12 months to less than 5 years will have access to free Meningococcal ACWY vaccine. Children under 5 years of age are at a higher risk of invasive meningococcal disease due to the emergence of a virulent serogroup W strain and to a lesser extent, serotype Y.

The WA Immunisation schedule has been updated and can be accessed via: www2.health.wa.gov.au/Articles/F_I/Immunisation-schedule-and-catch-up-immunisations

WA Meningococcal ACWY Vaccination Guidance table can be accessed via: www2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Immunisation/PDF/WA-MenACWY-vaccine-availability-and-age-guidance.pdf

Important information on the Meningococcal ACWY paediatric and adult vaccination programs can be accessed on the WA Health site via: www2.health.wa.gov.au/Articles/I_M/Meningococcal-ACWY-Statewide-vaccination-program

TGA – Guidance for the use of medicinal cannabis in Australia

The Commonwealth Department of Health, in conjunction with state and territory governments, has helped coordinate the development new clinical guidance documents for prescribers of medicinal cannabis products for treating chemotherapy-induced nausea and vomiting, epilepsy, multiple sclerosis, chronic non-cancer pain and palliative care, as well as an overview document.

The guidance documents are based on the work of a team from the Universities of New South Wales, Sydney and Queensland, under the co-ordination of the National Drug and Alcohol Research Centre, who reviewed the clinical evidence for the use of medicinal cannabis that had been published in refereed medical journals since 1980. The documents have been endorsed by the Australian Advisory Council on the Medicinal Use of Cannabis.

For more information, visit www.tga.gov.au/access-medicinal-cannabis-products

Cervical screening not funded by Medicare for women under 25

GPs are advised that cervical screening is not recommended in the renewed program for women aged under 25. It is important to note that Medicare does not fund routine HPV screening tests in women under 25 and therefore testing of these samples will come at a cost to the patient.

Screening starting from age 25 is designed to reduce the investigation and treatment of common cervical abnormalities that would usually resolve by themselves. It can take 10 to 15 years for cervical cancer to develop from persistent HPV. Women at any age who have signs or symptoms suggestive of cervical cancer (such as abnormal vaginal bleeding) should have a HPV and LBC co-test and be referred for the appropriate investigation to exclude genital tract malignancy.

The [2016 Guidelines](#) from the Cancer Council Australia provide advice on how to manage women under 25 years who are currently under clinical management for a cervical abnormality. For women who experienced sexual activity at a young age (<14 years) and who had not received the HPV vaccine before sexual debut, or those that have been victims of sexual abuse, a single HPV test between 20 and 24 years of age could be considered on an individual basis.

To view the *Pathology Test Guide for Cervical and Vaginal Testing*, visit [cancerscreening.gov.au/internet/screening/publishing.nsf/Content/0631DDF840C79937CA2581C4001DC99B/\\$File/CAN181%20-%20Pathology%20Test%20Guide%20for%20Cervical%20and%20Vaginal%20Testing%20V2.pdf](http://cancerscreening.gov.au/internet/screening/publishing.nsf/Content/0631DDF840C79937CA2581C4001DC99B/$File/CAN181%20-%20Pathology%20Test%20Guide%20for%20Cervical%20and%20Vaginal%20Testing%20V2.pdf)

CLINICAL UPDATE

Infant peanut allergy trial

Recruitment has commenced at Princess Margaret and Fiona Stanley Hospitals for the PIPPA Project, a trial of a new service supporting families to introduce peanut to infants before 12 months of age in accordance with recently updated infant feeding guidelines.

Participants will be invited to attend a PIPPA Clinic to feed their baby peanut butter for the first time with the support of nurses and doctors. Families will be contacted when their child reaches 12 months of age to complete a brief telephone questionnaire.

Infants may be eligible to take part if they are less than 12 months of age, have never eaten peanut before, and have one or more risk factors for peanut allergy including eczema, allergy to a food other than peanut, one first degree relative with a food allergy, or two or more first-degree relatives with any allergic disease (eczema, asthma, hay fever or food allergy).

Interested families can email the PIPPA team at PIPPA@health.wa.gov.au or phone 0402 525 979. Interested practices can also call if they would like more information about this project or leaflets to distribute.

New National Bowel Cancer Screening Program Test Kit

A new immunochemical faecal occult blood test (iFOBT) kit, and associated pathology services were introduced into the National Bowel Cancer Screening Program (the Program) from 2 January 2018.

The Program is a free, population based screening program that aims to help detect bowel cancer early and reduce the number of Australians who die each year from the disease. Eligible people are invited by mail to complete a test kit at home and send it to the Program's pathology laboratory for analysis. The test can detect tiny amounts of blood in faeces which may be a sign of cancer or polyps.

The new kit (an Eiken kit – OC Auto-sampling Bottle 3 – using the Pledia analyser) and associated pathology service was selected by the Department of Health through an open market tender process. The new kit is included on the Australian Register of Therapeutic Goods and is already used widely in Australia and overseas. The new pathology provider is Sonic Healthcare Limited (Sonic). The current test kit is no longer available to the Program from January 2018 as it will cease to be produced. Kits received in 2017 will still be tested by Dorevitch.

Sonic commenced services from 2 January 2018. Consequently, there will be no disruption of services for people to be invited through the Program. The new kit sample collection method is very similar to that of the previous kit.

Instructions for patients are available via www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/how-to-collect-your-samples. This instruction brochure will be provided to invitees with the kit, along with an information booklet which can be accessed via www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/bw-cons-info-booklet

Demonstration kits will be available in early 2018. Please email NBCSP@health.gov.au if you would like to place an order.

**NATIONAL
BOWELCANCER**
SCREENING PROGRAM



King Edward Memorial Hospital

Iron Transfusions – who and where?

There has been a recent increase in the number of women contacting KEMH requesting an urgent iron infusion following a visit with their GP.

- In many cases the women who contact KEMH are pregnant and have iron deficiency (without accompanying anaemia). They may be booked to deliver at KEMH or elsewhere.
- In accordance with the National Blood Authority Patient Blood Management Guidelines: Module 5 – Obstetrics and Maternity (2015)
 - In pregnancy, anaemia is defined as a Hb <110g/L (RANZCOG, WHO, PBM)
 - The administration of iron to pregnant women with iron deficiency anaemia is recommended; IV iron is recommended when rapid restoration of Hb and iron stores is required.
 - In maternity patients with iron deficiency anaemia, GPs should prescribe a therapeutic dose of elemental iron (100 – 200 mg daily), and monitor the response. If the response to oral iron is inadequate, IV iron should be used.
- In maternity patients with iron deficiency without anaemia, GPs may consider a low dose of elemental iron (e.g. 60 – 80 mg daily) which may be better tolerated.
- NB: Ferric Carboxymaltose (brand name Ferinject) is a B3 drug (Limited use in pregnancy, animal studies demonstrate increased rate fetal damage the significance of which is uncertain in humans), thus a full consideration of the risks versus the benefits is required.
- Further Information for GPs and patients
 - Patients cannot self-refer to public hospitals for iron infusions.
 - Each public hospital has their own specific guidelines for the administration of IV iron (dependent upon their particular speciality). Hospitals have to work within their guidelines which may not align with the requests of the GP/patient/partner.
 - Requests for IV iron must be directed to the public hospital providing care for the individual patient. During pregnancy, the GP must contact the booking hospital.
- Public hospitals are under increasing demand to administer IV iron to their own patients; and as such do not provide a 'walk in' service for IV iron which is offered in some private clinics or GP surgeries. It is important that a robust process is in place to ensure the cause for iron deficiency anaemia is fully investigated which may include consultation with Haematologists and Gastroenterologists. It is important not to make simple assumptions that anaemia is due to menorrhagia and miss an underlying problem by masking symptoms with repeated iron infusions.
- For more Information: Debbie Pinchon, Clinical Nurse Consultant, Haematology, KEMH Phone (08) 6458 2733 Email: deborah.pinchon@health.wa.gov.au

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

See also [HealthPathways](#) "Iron Deficiency Anaemia", or "IV Iron Clinics" for a list of GP clinics offering iron infusion.



Princess Margaret Hospital

2017 GP Survey on outpatient communication

Princess Margaret Hospital (PMH) would like to thank the 97 GPs who completed the outpatient survey. The GPs were chosen if they had received a letter from PMH outpatients in April 2017. PMH was able to compare two components of the survey – timeliness and content with previous responses to a survey in 2011. Pleasingly, since PMH has adopted an electronic transcription service there has been a marked improvement in timeliness (64 per cent satisfied and very satisfied in 2017 compared to 23 per cent in 2011). Even the content score showed an improvement (93 per cent satisfied and very satisfied in 2017 compared to 56 per cent in 2011).

Feedback relating to the diagnosis and patients' progress since last seen was positive with 93 per cent and 80 per cent respectively satisfied and very satisfied. Also, follow up plans and GP management rated 79 per cent satisfied and very satisfied.

Listing of Medications is an area in need of improvement as there was only 65 per cent satisfied and very satisfied with this.

Listing of test results also could be improved with 71 per cent satisfied and very satisfied.

Overall, there were many useful suggestions on how to improve the letters from outpatients.

Recommendations for improving outpatient letters

1. Format should be standardised to include headings of
 - Diagnosis or active problems
 - Past history
 - Medications including dose
 - Progress since last seen
 - Relevant test results
 - Management plan/actions requested of GP
2. The letter should state the date of the consult
3. Abbreviations should be avoided
4. Fracture clinic and orthopaedics should improve their communication with GPs
5. Emergency Department (ED) to consider using a system for communicating with GPs when a child attends ED, but is not admitted, and to develop a protocol for providing GPs with guidelines for management of common fractures in children.

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 Bentley Group

Bentley Hospital GP shared antenatal care

Bentley Hospital is pleased to offer GPs the opportunity to share antenatal care for low risk patients. While shared care will mostly be of interest to those patients living within the Bentley catchment, the team are happy to accept low risk antenates who live out of catchment for GP shared care, including country antenates who may have family in the Bentley area, and would like to deliver there.

For further information, please visit www.bhs.health.wa.gov.au/For-health-professionals/Bentley-Antenatal-Shared-Care or contact the Midwifery Unit Manager via email: Zena.Robinson@health.wa.gov.au or telephone: 9416 3627.

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

Fiona Stanley and Fremantle Hospitals

Rapid Access Neck Lump Clinic at FSH

In order to reduce the time to diagnosis and management, and improve the outcome of all head and neck cancers, Fiona Stanley Hospital has set up a one stop Rapid Access Neck Lump Clinic running fortnightly from Wednesday 14 February 2018. Patients who are 16 years and older with one or more of the following symptoms will be offered an appointment within 2 weeks of referral where possible:

- Any neck lump persisting more than 3 weeks
- Any unexplained persistent swelling of the parotid or submandibular gland
- Thyroid swelling in association with any of:

- A solitary nodule increasing in size
- A history of neck irradiation
- A family history of an endocrine tumour
- Unexplained hoarseness or voice changes
- Cervical lymphadenopathy

Clinical assessment (including nasal endoscopy if required) and ultrasound/ fine needle aspiration (FNA) of the lump will be performed. Patients will be asked to stay at the hospital until pathology results are available for discussion and receive same day imaging with CT/MRI if indicated.

Referral instructions and a patient information sheet are available on the FSH website and via Health Pathways.

Patients with suspected/confirmed head or neck cancer not presenting as a lump should be discussed as an urgent/immediate referral with the on-call ENT registrar or consultant, via the FSH Helpdesk (6152 2222)

The Fiona Stanley Hospital general practitioner contact list has been updated

GPs seeking to contact FSH departments and specialties will find updated contact information available as a PDF via <http://fsh.health.wa.gov.au/For-health-professionals/GPs>

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

Obstetric units of King Edward Memorial Hospital, Osborne Park Hospital and Fiona Stanley Hospital

Problems of late and incomplete antenatal referrals

There has been a recent concerning trend for GPs to refer antenatal patients late in their pregnancy (after 18 weeks). In order for any of the antenatal clinics to triage a patient and arrange a booking appointment the referral needs to arrive prior to 18 weeks (preferably by 12-13 weeks). Delaying the referral will lead to reduced opportunity for the patient to engage with the hospital antenatal clinic, and the possibility of missing the opportunity for medical intervention if needed.

The GP is responsible for antenatal care up until the first booking visit at the hospital, which occurs at 20-22 weeks for some hospitals (however KEMH is moving towards 14 week booking visits).

Urgent Referrals

If the GP has clinical concerns about any aspect of the care of the pregnant lady in the first 20 weeks, they may

speak to the Gynaecology/Obstetric registrar on call at the referral hospital.

KEMH Telephone: (08) 6458 8222: Ask to speak to the Gynaecology Registrar
if <20 weeks gestation

Ask to speak to the Obstetrics Registrar

if >20 weeks gestation

FSH Telephone: 6152 4052 (Acute gynaecology clinic) 8am-1pm M-F
6152 8811 (On call registrar for urgent but non-life-threatening referrals) or via Helpdesk 6152 2222

Osborne Park Hospital (OPH) telephone: 9366 8000 request registrar or consultant on call.

Incomplete referrals continue to be a very big problem. In a recent audit of GP referrals to OPH, 32 per cent were inadequate for triage requiring the GP to be contacted to provide additional information. This will cause the patient more delays.

When sending in the antenatal clinic referral it is requested that the GP

attach the required routine antenatal blood test results and any scan results.

Required Information:

1. EDD/LMP
2. Gravity and parity
3. BMI or weight and height
4. Booking blood pressure
5. Past O&G history and any relevant medical/surgical history
6. FBC
7. Blood group + antibodies
8. Rubella serology
9. HIV/ HepB /HepC/ syphilis
10. MSU
11. Chlamydia/ Gonorrhoea SOLVS or FVU
12. Dating scan, first trimester screen/scan, NIPT.
13. GPs intention to share care

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

PERTH CHILDREN'S HOSPITAL

Perth Children's Hospital staged opening begins in May

With the timeline for water remediation now clearly understood, safe opening options for Perth Children's Hospital (PCH) have been assessed.

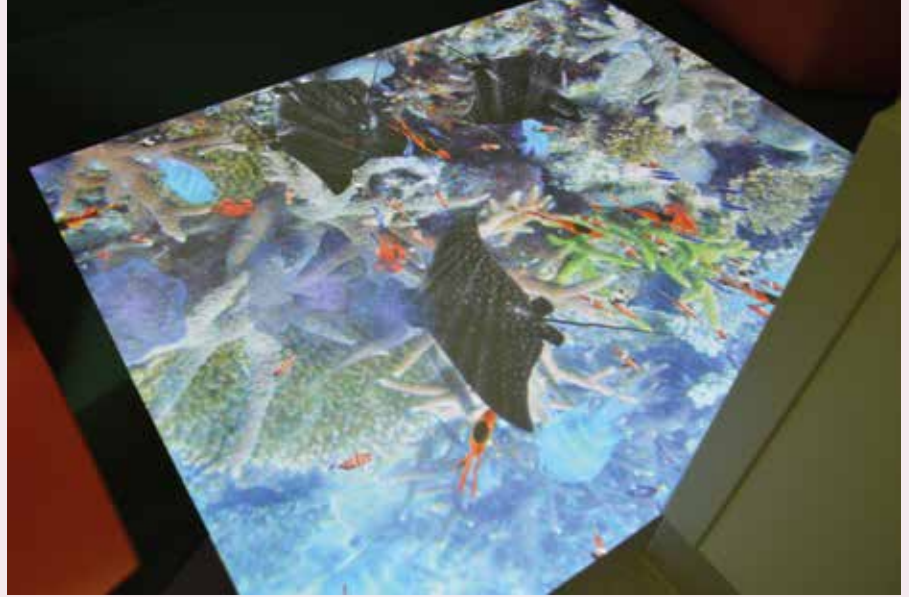
As previously announced, PCH will have a staged opening with indicative dates of May 2018 for selected outpatients and June 2018 for the final transfer of all patients, which will also mark the closure of Princess Margaret Hospital.

The timeframe for opening allows for the manufacture and replacement of parts for water remediation, additional water testing by the Chief Health Officer and a safe commissioning period for the hospital.

Water quality update



You can now visit the PCH Project website at www.perthchildrenshospitalproject.health.wa.gov.au for regular updates and FAQs on the hospital's water quality. Look for the 'Water quality' link on the homepage.



Projection system creates motion magic in ED

PCH has added a new digital tool to its arsenal of cutting edge technology – an interactive floor projector that promotes physical motion, communication and creativity through play.

With the recent installation of the projection system in two ED internal waiting areas – Fast Track and Pod C – the hospital joins a growing number of healthcare institutions around the world that are harnessing the potential of IT and digital media.

The constantly changing display will also keep children engaged in play and distraction over longer periods

in our main waiting rooms. It also significantly reduces infection control concerns and trip hazards from shared toys.

The projection system complements PCH's broader play and wait strategy, which includes interactive artworks such as the digital wall, play and wait animals in addition to other passive and active play spaces.

EDUCATION EVENTS

RACGP Western Australia's Open Day

Meet the key people at RACGP WA, find out about becoming an examiner or medical educator, learn about membership benefits, hear about the rural practice support available to you, discover RACGP specific interest groups and workshops.

Date: Sunday 18 March 2018

Time: Open Day
1:00pm – 4:00pm
Sundowner
4:00pm – 6:00pm

Venue: College House, 34 Harrogate Street West Leederville

Contact and registration

RSVP: surveymonkey.com/r/7GK6C69

For further information email wa.events@racgp.org.au or 0459 883 533.

Speed date your WAPHA service providers

GPs are invited to attend an interactive evening to learn about the newly commissioned WAPHA services in the Mandurah region. There will be opportunities to meet service providers to discuss what they can offer your patients. Canapés and drinks provided.

Date: Wednesday 14 March 2018

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

Venue: Mandurah Quay Resort
40 Marina Quay Drive,
Erskine 6210

RSVP: 7 March 2018

Contact and registration

For more information and to RSVP: bethany.goodall@wapha.org.au or 0459 883 533

Are you a GP in Rockingham?

Rockingham General Hospital and WAPHA invite you to attend a RACGP workshop that focuses on supporting frail older people as they transition between hospital services and primary care. The workshop aims to involve GPs who refer older persons to RGH who could potentially benefit from the newly introduced Aged Care Transition and Liaison Service (ACTaLN).

Date: Thursday 22 February 2018

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

Venue: Main Lecture Theatre,
Education Centre, Rockingham
General Hospital, Elanora Dr,
Cooloongup WA 6168

RSVP: 19 February 2018

Contact and registration

For more information and to RSVP: bethany.goodall@wapha.org.au or 0459 883 533

A light supper and refreshments will be provided.

GP Education Event

A collaborative and interactive learning event, generating information exchange and shared experience between GPs and Fiona Stanley Hospital (FSH) specialists.

Presented by South Metropolitan Health Service (SMHS) and FSH in partnership with WA Primary Health Alliance and HealthPathways WA.

Date: Saturday 10 March 2018

Time: Registration from 8.00am
Presentations from
8.30am – 3.30pm

Venue: Fiona Stanley Hospital,
Education Building,
11 Robin Warren Dr,
Murdoch 6150

RSVP: 2 March 2018

Contact and registration

Registrations are essential. Register online here waproject.healthpathways.org.au/Events/Events/FSHGPUpdateCPDMarch2018.aspx

This activity has 40 Category 1 QI&CPD points attached.

Morning tea and lunch will be provided.



Australian Government

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