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WA Primary Health Alliance

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An Australian Government Initiative

# GP CONNECT

June 2018

Keeping GPs informed  
in the changing primary  
health landscape.

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## Medical support for TGA's up-scheduling of codeine containing products

Addiction medicine and pain specialists have welcomed the up-scheduling of products containing codeine, with the changes to the Therapeutic Goods Administration (TGA) bringing Australia in line with other countries that have long banned over-the-counter sales of medicines containing codeine.

Current local and international guidelines do not support the routine use of opiates for the management of persistent non-cancer pain. There is growing concern in Australia regarding a potential opioid misuse epidemic, as seen in the US. PainAustralia general practice data shows a 15-fold increase in opiate dispensing between 1992 and 2012.

Although codeine is perceived as a low potency drug, it is metabolised to morphine at varying rates. This makes it unpredictable and addictive to some users, even if administered in small amounts and for short periods of time. Beyond the risk of dependence, long term or high dose use of codeine combination products also places patients at risk of adverse effects such as hepatotoxicity from paracetamol, and cardiovascular, gastrointestinal and renal effects from ibuprofen.

It is due to these increased risks of adverse effects, that a recent National Health and Medical Research Council (NHMRC) review did not support the use of opiates or compound analgesics in acute or chronic musculoskeletal pain.

If considering codeine prescription despite these concerns, GPs should ensure that patients are specifically informed about the potential risks and side-effects, including the risk of dependence.

Most patients will be requesting codeine for chronic pain. GPs should take this opportunity to discuss and review a patient's pain management, and to explore alternative analgesia and non-pharmacological options. A recent poll conducted by PainAustralia found that once participants understood the addictive nature of codeine products and the reason behind the TGA's decision, a majority were supportive of the change.

HealthPathways WA have published several pathways to assist healthcare providers to implement an evidence-based biopsychosocial approach to the management of chronic pain:

- [Codeine Use and Deprescribing](#)
- [Medications in Chronic Pain](#)
- [Low Back Pain in Adults](#)
- [Herpes Zoster \(Shingles\)](#)
- [Schedule 8 Medicines](#)
- [Drug Dependence](#)

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# MESSAGE FROM THE CEO

## Federal budget puts primary health workforce in focus

The future of Australia's primary health workforce is a hot topic, particularly following the recent Federal Budget announcement of a number of health workforce measures, including a package to strengthen and fund health services and outcomes across regional and rural Australia.

The *Stronger Rural Health Strategy* aims to build workforce capacity by increasing the number of doctors and nurses by 3000 respectively over the next 10 years, by expanding training programs for GPs, by strengthening the role of primary care nurses and by introducing more allied health professionals. It also provides for a pipeline of rural GPs to complete the important rural generalist pathway.

Workforce supply is affected by a range of factors including lifestyle choices, locational issues and career pathways. In WA, we have 79 GPs per 100,000 population compared to the national average of 96, which is compounded by a maldistribution across regional, rural and remote areas, and also in many outer metropolitan areas. This impacts upon access and appears to be correlated to the health status of the relevant location.

Running alongside developments such as the rural generalist pathway is the determined move towards a multidisciplinary team model of care.

We know that patients – particularly, but not exclusively, those with chronic conditions – benefit from increased access to a range of primary healthcare providers, such as practice nurses and allied health professionals. We also know that some of the payment models and out of pocket expenses have impacted upon strong, deliberate team-based care.

This model for the future requires effective, practical and – most importantly – sustainable solutions to address the lack of access to

primary healthcare faced by too many Western Australians. It also requires high functioning, multidisciplinary healthcare teams, which in turn require a vision for workforce planning, starting at the university level.

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The next part of the puzzle is the need for improved integration and understanding between the primary care and hospital sectors...

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We need to harness the potential of new roles such as care navigators, and extend existing roles, such as embedding non-dispensing pharmacists in general practice. WA Primary Health Alliance is developing both roles in the primary healthcare setting, the former in our chronic disease and Aboriginal health programs and the latter in our Comprehensive Primary Care program which is being well received by practices and patients alike.

Fostering conversations among health professionals to gain agreement on collaborative ways of working and clearly defined roles and responsibilities will create an environment of trust and shared best practice. Again, our work across general practice and, increasingly with allied health disciplines, will be critical in this regard.

The next part of the puzzle is the need for improved integration and understanding between the primary care and hospital sectors, including overcoming the traditional boundaries and promoting collegial ways of working and information sharing.

WA's Sustainable Health Review Interim Report posited an

'Inconvenient Truth' that there is a perception of quality care equalling hospital care. This fails to recognise that optimal care can be delivered by skilled, experienced health professionals in the community and that many conditions are better treated within the context of a true multidisciplinary team approach. Ideally, we want people to understand that a best of both worlds approach is possible and encourage them to get the right care in the right place at the right time.

As much as we support strong multidisciplinary primary healthcare, which treats patients in the community and keeps them out of hospital, we acknowledge the expertise of specialist clinicians and actively encourage their input in general practice, for example through in reach and case conferencing, which can be enhanced by digital technology such as telehealth.

On the flipside, GPs can provide a wealth of information and knowledge to their specialist colleagues as part of the hospital referral and discharge processes. This information exchange is a vital two-way educative process for doctors working in both care settings.

There is no doubt that a sustainable primary healthcare workforce requires collaboration, improvisation and a shared vision. At WA Primary Health Alliance, we have a pivotal role to play in stewarding this system change, and we are working tirelessly across the sector to deliver better health, together.

I invite you to watch the first of my regular series of video messages, Better Health, Together, on the topic of the Sustainable Health Review [here](#).

**Leanne Durrington**  
CEO WA Primary Health Alliance

# IMMUNISATION & SCREENING UPDATE

## Cervical screening update

The 2016 National Cervical Screening Guidelines advise that routine cervical screening is not recommended for patients under the age of 25.

Cervical testing in under 25s is not covered by Medicare, unless patients are symptomatic and/or undergoing treatment. Asymptomatic patients under 25 years of age will be charged for pathology testing.

The recommendation to commence routine cervical screening at 25 years of age is evidence based. Cervical cancer in people under 25 years of age is rare and, after more than 20 years of screening in Australia, the incidence of cervical cancer in this age group has not reduced. Commencing screening before age 25 can lead to unnecessary treatment for common cervical abnormalities that usually resolve over time in young people. It usually takes 10 to 15 years for a persistent human papillomavirus (HPV) infection to develop into cervical cancer.

Primary healthcare professionals are well placed to educate patients about the changes to the National Cervical Screening Guidelines and should see this as an opportunity to offer contraception advice, consider sexually transmissible infection (STI) screening, if appropriate, and ensure HPV vaccination.

The renewed screening program allows for self-collection of vaginal samples as an option to encourage women over 30 years of age who are under screened or never screened to participate. Before offering self-collection, healthcare providers are encouraged to:

- **Check with their pathology laboratory about the availability of self-collection testing.** Currently Victorian Cytology Services (VCS) are the only accredited laboratory. VCS have agreed to provide services to all other pathology laboratories until others become accredited.

- **Confirm self-collection eligibility criteria:**

- aged ≥ 30 years
- declined a clinician collected sample
- be asymptomatic
- not be pregnant, and
- either: have never been screened, or be overdue for cervical screening by more than two years (four years since last Pap smear during transition, or seven years since last cervical screening test).

[Self-collection resources](#) for healthcare providers (including a factsheet, instruction guide and quick reference guide) are available.

A patient focused social media campaign "[screen from 25 & more accurate less often](#)" is also underway to raise awareness about the commencement age for routine cervical screening.

### Resources and education materials

Healthcare providers can order and/or download [publications and resources](#) free of charge from the [National Cervical Screening Program website](#).

[Participant resources](#) have been translated into 24 languages and have also been developed specifically for Aboriginal and Torres Strait Islander people in English and translated into [six indigenous languages](#) – Alyawarra, Arrernte, Luritja, Pitjantjatjara, Torres Strait Creole and Warlpiri.

HealthPathways WA Cervical Screening pathway:

- URL: [https://wa.healthpathways.org.au/20461.htm?zoom\\_highlight=cervical+cancer](https://wa.healthpathways.org.au/20461.htm?zoom_highlight=cervical+cancer)
- For HealthPathways login details email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

**Dr Linda Kohler**, HealthPathways WA GP clinical editor at WA Primary Health Alliance

### Continued from Page 1

These pathways have been developed in collaboration with local addiction medicine and pain specialists.

Included in the pathways are useful patient resources and information on referral of complex cases and availability of shared care options. HealthPathways WA are committed to supporting GPs with other chronic pain pathways such as Neuropathic Pain, Peripheral Neuropathy and Headaches in Adults currently in development.

Further information regarding the up-scheduling of codeine, including a link to the Codeine Information Hub, is available on the HealthPathways [Codeine Use and Deprescribing Pathway](#). A list of approved up-scheduled codeine-containing products is available on the [TGA website](#).

To access HealthPathways please contact your WA Primary Health Alliance primary health liaison or email the HealthPathways team at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

**Dr Linda Kohler**, HealthPathways WA GP clinical editor at WA Primary Health Alliance

# HOSPITAL LIAISON



## Fiona Stanley Hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital

### New criteria for neurology outpatient referrals published on HealthPathways WA

Routine neurology outpatient waiting times have been extremely long at all adult tertiary hospitals and the introduction of referral criteria is necessary to allow the best use of specialist neurology services and avoid unnecessary waiting for outpatient appointments. The new criteria also apply to secondary hospitals that provide outpatient neurology clinics.

The inclusion criteria and referral content requirements are available on the HealthPathways WA website <https://wa.healthpathways.org.au/> on the Neurology Request pages. Please note the referral criteria and check that your referrals contain the relevant information.

HealthPathways WA will have the following neurology pathways adapted to WA by 1 July 2018:

- Headaches in adults
- Bell's Palsy in adults
- Parkinson's
- Motor Neuron Disease
- Peripheral Neuropathy
- Epilepsy in adults
- First Seizures in adults

Routine neurology outpatient referrals should continue to be sent to the Central Referral Service (CRS). For patients who require urgent

neurology review within the following week please contact the neurology registrar via the relevant hospital's switchboard. If you think there are extenuating circumstances where a routine referral should be accepted, but does not meet the referral criteria, then contact the neurology registrar as above to discuss the case.

Dr Monica Lacey, Hospital Liaison GP,  
Fiona Stanley Hospital

Dr Jacquie Garton-Smith, Hospital  
Liaison GP, Royal Perth Hospital

Dr Lucy Gilkes, Hospital Liaison GP,  
Sir Charles Gairdner Hospital

## Royal Perth Bentley Group

### Royal Perth Hospital GP notify technical issue

GP Notify has been unable to send Royal Perth Hospital (RPH) admission, discharge or death notifications from 5 May 2018 due to technical issues. Work is underway to resolve the issue as soon as possible.

Please ensure all the GPs in your practice are aware that GP Notify is not currently sending. Other forms of communications, such as discharge summaries, are not affected.

A system reset will need to be performed, which means that to receive GP Notifications in future, GPs will need to reregister. When you receive your GP Notify Confirmation form, please return it as soon as possible to ensure notifications restart.

RPH apologises for any inconvenience.

### Bentley Hospital Maternity Services continuation and GP update breakfast

Minister for Health and Mental Health Roger Cook recently announced that [Bentley Hospital's Maternity Service will continue to remain operational for at least another five years.](#)

East Metropolitan Health Service will be holding a GP Update Breakfast: Maternity Services at Bentley Hospital on Thursday 28 June 2018. Registrations are essential. Please register on <https://gpupdatebentleymaternity.eventbrite.com.au> or for more information please email [EMHSGPed@health.wa.gov.au](mailto:EMHSGPed@health.wa.gov.au)

Bentley Hospital now offers GPs the opportunity to share antenatal care for low risk patients. 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](http://www.bhs.health.wa.gov.au/For-health-professionals/Bentley-Antenatal-Shared-Care).

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)

Generally available: Mondays and  
Thursdays





## East Metropolitan Health Service

### Winter strategy update

In the coming months, East Metropolitan Health Service (EMHS) will be trialling a number of key strategies aimed at building community resilience and strengthening linkages with GPs and other primary health and community support services.

Key initiatives include:

- Armadale Health Service (AHS)
  - AHS will trial providing influenza vaccinations for unvaccinated patients 65 years or older presenting to the emergency department, receiving inpatient or mental healthcare as well as unvaccinated dialysis patients of any age. Sub-optimal influenza vaccination rates can have a huge impact on hospital services. While GPs are at the forefront of providing vaccination, this trial provides an opportunity to offer vaccination to eligible patients who present to AHS who may not otherwise present to be vaccinated. Vaccinations will be recorded in Australian Immunisation Register (AIR) and details included in patient discharge summaries.
  - Armadale Community Mental Health is trialling a strategy to improve community team management of mental health conditions, focusing on improving collaboration and links with GP liaison services and support to carers.

- Royal Perth Hospital (RPH)
  - A new Aboriginal Acute Care Coordination Program aims to improve the client health journey of Aboriginal people living within the metropolitan area. The program focuses on advocacy, health education, linking with relevant Primary Health Network programs, follow up GP appointments and support to attend outpatient appointments.
  - An Acute Medical Ambulatory Centre (AMAC) to provide rapid access for acute medical consultations is being trialled. This consultation telephone service is for pilot GPs to facilitate direct and timely access to acute medical specialists to plan investigations and treatment for patients who may otherwise have been referred to RPH emergency department. For more information on the trial please ask your practice manager to contact Ann Blunden at EMHS via [ann.blunden@health.wa.gov.au](mailto:ann.blunden@health.wa.gov.au)

More information for GPs is available on [www.ahs.health.wa.gov.au/For-health-professionals/GPs](http://www.ahs.health.wa.gov.au/For-health-professionals/GPs) and [www.rph.wa.gov.au/For-health-professionals/GPs](http://www.rph.wa.gov.au/For-health-professionals/GPs) or by contacting [EMHS.ClinicalServicesPlan@health.wa.gov.au](mailto:EMHS.ClinicalServicesPlan@health.wa.gov.au)

**Dr Stuart Burton, Director of General Practice, Armadale Health Service**

**Dr Marianne Wood, Liaison GP (Aboriginal Health), Royal Perth Hospital**

**Dr Jacquie Garton-Smith, Hospital Liaison GP, Royal Perth Hospital**

## Fiona Stanley and Fremantle Hospitals

### New paediatric respiratory clinic

Fiona Stanley Hospital (FSH) is offering a new Medicare Benefits Schedule (MBS), billed paediatric respiratory clinic from 1 July 2018. A named referral sent via CRS is required for this clinic and patients must be Medicare eligible.

This service will provide comprehensive specialist assessment and management for children 0-16 years and basic lung function testing in children 4 years and older.

Inclusions:

- Asthma or other chronic respiratory conditions
- Chronic cough, wheezing or breathlessness (including exercise induced symptoms), stridor or tachypnoea
- Recurrent respiratory tract infections
- Chest wall problems

Exclusions:

- non-respiratory conditions including paediatric sleep problems

Information regarding the referral process and a link to the patient information sheet are available on the [FSH website](http://FSH website).

Parents/guardians should be informed that there is no cost to them for the appointment as the hospital bills Medicare and all Medicare revenue goes to the hospital to assist in the provision of services.

**Dr Monica Lacey**

**Hospital Liaison GP, Fiona Stanley & Fremantle Hospital Group**

[Monica.Lacey@health.wa.gov.au](mailto:Monica.Lacey@health.wa.gov.au)

Available: Monday and Thursday

## New healthy skin guideline

Australia's first healthy skin guideline is now available from the Telethon Kids Institute to promote and support protection against the precursors of chronic diseases, particularly among Aboriginal and Torres Strait Islander people at greater risk of infectious skin conditions.

Research shows hospitalisation rates for skin infections in Aboriginal children are 15 times higher than those of non-Aboriginal children, with nearly half of all children living in remote communities having a skin infection at any one time.

Led by Dr Asha Bowen, paediatric specialist and head of skin health at the Wesfarmers Centre of Vaccines and Infections Diseases at the Telethon Kids Institute, the guideline is the result of three years of collaboration with leading skin researchers and clinicians.

It is designed to help GPs and other health providers to easily recognise, diagnose, and treat skin infections using online resources such as photographs, learning tools and an interactive questionnaire. The guideline also provides plenty of information on how to stop the spread of germs and keep skin strong and healthy.

To download a copy of the first edition of the *National Healthy Skin Guideline: For the Prevention, Treatment and Public Health Control of Impetigo, Scabies, Crusted Scabies and Tinea for Indigenous Populations and Communities in Australia*, visit <https://infectiousdiseases.telethonkids.org.au/siteassets/media-images-wesfarmers-centre/national-healthy-skin-guideline-1st-ed.-2018.pdf>



## Mosquito-borne disease reminder for northern WA

WA Health is reminding residents and travellers in the north of Western Australia to take precautions to avoid mosquito bites. The warning follows evidence of ongoing activity of Murray Valley encephalitis (MVE) virus in the Kimberley region, and the first evidence of MVE virus in the Pilbara region for 2018.

WA Health advises activity of MVE virus has continued in the Kimberley since the first detections this season in February. However, the virus has now been detected in the Pilbara region as well.

People do not need to alter their plans to visit the Kimberley or Pilbara regions but there are no specific cures or vaccines for MVE so it is important that people take care to prevent being bitten by mosquitoes.

Initial symptoms of MVE include fever, drowsiness, headache, stiff neck, nausea and dizziness. People experiencing these symptoms are advised to seek medical advice quickly.

In severe cases, people may experience fits, lapse into a coma, and may be left with permanent brain damage or die.

In young children, fever might be the only early sign, so parents have been advised to see their GP if concerned, particularly if their child experiences drowsiness, floppiness, irritability, poor feeding, or general distress.

As part of a recent community awareness campaign, WA Health is providing a variety of Fight the Bite resources to general practices including brochures, posters and digital content. To request resources for your practice or be kept up to date on mosquito-borne disease in WA, contact Dr Abbey Potter at [medical.entomology@health.wa.gov.au](mailto:medical.entomology@health.wa.gov.au)

Patients can also be directed to the new Healthy WA website which contains expanded information on mosquito-borne diseases and repellent application for both adults and children. Visit <http://healthywa.wa.gov.au/fightthebite>

# DIGITAL HEALTH

## Telehealth helping GPs improve care for regional patients

Regional GP Dr Damien Zilm says the expansion of telehealth has been a fantastic development for remote patients.

Speaking ahead of Telehealth Awareness Week, Dr Zilm said country patients now receive higher quality and more patient-centred care because they had better access to clinicians.

Dr Zilm, who is both a provider and a user of telehealth, works between Leonora and Laverton in the remote Goldfields, and also at the Northam Hospital emergency department and the Emergency Telehealth Service (ETS).

In his role as a GP, Dr Zilm said telehealth enables him to give more integrated care to remote patients who are seeing a specialist.

"Telehealth helps people to stay in their own community, helps them stay connected to their own GP, and allows the GP to incorporate the specialist's care plan into their own management, so all of us are on the same page," he said.

Dr Zilm said he felt telehealth led to better clinical outcomes and had a significant impact on the general wellbeing of patients.

"A Laverton patient without a car who has to see a specialist in Perth would have to catch the Thursday bus out of town, and would not be able to return for a week," he said.



Dr Damien Zilm is promoting telehealth to both GPs and patients ahead of Telehealth Awareness Week.

Emergency patients were also able to avoid stressful and costly flights to Perth and leave the RFDS free to treat other patients.

"For example, as a remote area GP I have been able to use the ETS to augment the care of very unwell patients and in other situations I have been able to use telehealth for tele-mental health reviews to help manage my patients and avoid the need for them to be transferred," Dr Zilm said.

Dr Zilm said that the vast majority of clinicians and patients who had used telehealth were immediate converts, however there were some minor issues.

"Local GPs connecting with specialists is about time management – communication at both clinics is key when you are trying to match appointment times," he said.

"Clinicians who are on the same page and who want the best outcome for their patients can make it happen."

*Dr Damien Zilm is a GP working in Laverton, Leonora and Northam, and is the GP lead for the state-wide Emergency Telehealth Service and Inpatient Telehealth Services. He is also a Board director with WA Primary Health Alliance and is chair of Western Australian General Practice Education and Training.*

## Telehealth Awareness Week

Telehealth Awareness Week will run from Monday 25 June – Friday 29 June.

The week has been organised by the WA Country Health Service to highlight the health services by telehealth that are available to country patients to reduce the time, cost and stress of travelling to appointments.

Telehealth also enables family and carers to be involved in appointments and care coordination and allows country health consumers to have consultations using video technology.

It is available for more than 30 specialties including emergency care, oncology, palliative care, mental health, stroke emergency care and rehabilitation, surgical follow-up and education for chronic conditions such as diabetes and asthma.

Clinicians can find out more about telehealth by calling 1300 367 166 or visiting [www.wacountry.health.wa.gov.au/telehealth](http://www.wacountry.health.wa.gov.au/telehealth)



## Total pathways published

HealthPathways WA recently reached 392 live pathways. Recently published pathways include:

- *Neurosurgery Advice*
- *Acute Neurosurgery Assessment (seen within 7 days)*
- *Non-acute Neurosurgery Assessment (seen within 30 days to 1 year)*
- *Acute Neurology Assessment (seen within 7 days)*
- *Neurology Advice*
- *Alcohol Intervention*
- *Codeine Use and Deprescribing*
- *Community Alcohol and Drug Support Services*
- *Adult Audiology*
- *Red Eye in Adults*
- *Cataracts*
- *Herpes Zoster Ophthalmicus*
- *Acute Ophthalmology Assessment (seen within 7 days)*
- *Non-acute Ophthalmology Assessment (seen within 30 days to 1 year)*
- *Dry Eyes/Keratoconjunctivitis Sicca*
- *Acute Angle-closure Glaucoma*
- *Open Angle Glaucoma*
- *Ophthalmology Advice*
- *Trachoma*
- *Refractive Error*
- *Healthcare for Homeless People*
- *Medical Assessment of Children in Care*
- *Metatarsus Adductus*
- *Down Syndrome*
- *Parkinson's Specialist Nursing Services*

## Winter strategy

The Influenza Infection and Control pathway will be live soon.

Here is a snapshot preview about General Practice preparedness for the upcoming influenza season:

The screenshot shows a document titled 'Influenza Infection and Control' with the following content:

1. Recall appropriate patients for vaccination.
2. Recommend vaccination for all clinic staff.
3. Encourage vaccination in aged care residential facilities.

**Vaccination at aged care residential facilities**

- Influenza at aged care residential facilities and hospitals can spread very rapidly and involve staff, relatives, and residents with high morbidity and mortality, as well as a huge problem looking after everybody.
- Staff can become overwhelmed.
- While respecting a person's right to decline influenza vaccination as part of their Advance Care Planning is important, a high rate of immunisation is helpful.

4. Post signs at entrances and in strategic places (e.g., waiting room, consultation room), with instructions to patients and others with symptoms of a respiratory infection to:
  - cover their mouths or noses when coughing or sneezing.
  - use and dispose of tissues.
  - perform hand hygiene after contact with infected patients.
5. Ask all patients to use an alcohol-based hand rub when they enter the surgery, for their own protection as much as for the protection of general practice staff.
6. Provide disposable masks for patients with respiratory illnesses, and have tissues and no-touch (e.g., foot pedal) rubbish bins in the waiting room.
7. Consider "streaming" patients who present with flu-like symptoms to the practice. These plans will need to be adapted for each practice to suit needs, depending on size of practice, nature of the building, the population of the practice, and staff preferences. Suggestions include:
  - identifying separate waiting areas.
  - different clinic times for flu or non-flu patients.
8. Consider procedures for regular and appropriate cleaning of the practice, as influenza virus can remain on hard surfaces for 48 hours.

Other pathways important for the winter season have already been localised, including: [Influenza Immunisation](#), [COPD](#), [Asthma in Adults](#), [Asthma in Children](#), [Croup](#), [Cough in Children](#), [Community Acquired Pneumonia](#), [Chronic Cough](#), and [Bronchiectasis](#).

Now is also a good time to remind your patients of your

out of hours care arrangements. If required, HealthPathways has localised the [After Hours Care](#) pathway.

WA Primary Health Alliance have also updated the National Health Services Directory with current surgery opening hours, visit [www.nhsd.com.au](http://www.nhsd.com.au) to learn more.

## HealthPathways WA has a new homepage

The HealthPathways WA homepage has been updated to a more user-friendly interface with easy-to-use icons. The page also now features an up-to-date relevant local "Health News" section, and lists upcoming CPD events. As always, the HealthPathways WA team welcomes your feedback, which can be given via the feedback button in the top right-hand corner of the page. If you do not have a

HealthPathways logon and would like one, please contact the team via [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)





## International HealthPathways user engagement survey

Over the past year, the HealthPathways Evaluation Advisory Group, an expert research group from across Australia and New Zealand, has been developing a HealthPathways International User Engagement Survey.

The online survey aims to identify:

- How clinicians feel about the HealthPathways concept;
- Clinician experiences of being end-users of HealthPathways;
- Perceptions of barriers and/or facilitators of using HealthPathways;
- How clinicians have found the experience of being involved in a HealthPathways workgroup; and
- Any changes for HealthPathways in the future.

The survey is now available and will be open until August 2018.

The study is the first national investigation into the uptake of HealthPathways and could be vital in determining future policy development and implementation strategies.

The survey is open to GPs, nurse practitioners, hospital clinicians, allied health professionals, practice and hospital Managers. Please follow the link below to have your say. You will be asked to complete an online survey, which will take approximately 10 minutes of your time. The information collected throughout this process will be kept confidential. By clicking on the survey link below, you consent to taking part in this survey and are willing to answer the questions. <https://is.gd/HealthPathwaysSurvey>

### Research queries

Curtin University Human Research Ethics Committee (HREC) has approved this study (HREC number SPH-09-2014-05). Should you wish to discuss the study with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or you wish to make a confidential complaint, you may contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email [hrec@curtin.edu.au](mailto:hrec@curtin.edu.au)

## CLINICAL UPDATE



## The National Disability Insurance Scheme (NDIS) is rolling out across WA

The NDIS gives choice and control over the supports and services people with disability receive to actively participate in the community, achieve goals and live the life they want.

The commonwealth and state governments have announced the NDIS will be delivered by the National Disability Insurance Agency (NDIA) and will be rolled out in WA from 1 July 2018.

The NDIS will be fully rolled out on a geographical basis across WA by 2020. The NDIA will work closely with the WA Government to ensure people transition to the nationally-delivered scheme as smoothly as possible.

People already taking part in the WA NDIS will transfer to the nationally-delivered NDIS in a phased approach from April to December 2018. People transferring from the WA NDIS will be contacted by the WA Government to advise them of the next steps they need to take.

The north-east metro and inner Wheatbelt area commenced transfer to the NDIA from 1 April 2018. Any in-progress WA NDIS plans in those areas will be finalised. From 6 March 2018 the sole pathway for new access and eligibility requests for the NDIS for people living in

the Bayswater, Bassendean, Swan, Kalamunda, Mundaring, Chittering, Toodyay, Northam and York local government areas is through the NDIA.

In other areas where the transfer has not yet commenced, new access and eligibility referrals will be received up until the time the area commences transfer to the NDIS, however this position is subject to change and will be communicated closer to the time the process is scheduled to commence.

Information regarding new applicants and the eligibility criteria can be found on the HealthPathways site <https://wa.healthpathways.org.au/117469.htm>.

The NDIA may be contacted directly by visiting the office at 75-80 Railway Parade, Midland (entry from Marion Street), phoning the office on 08 9235 7200, calling their national access line on 1800 800 110 or visiting the NDIS website at [www.ndis.gov.au](http://www.ndis.gov.au).

# ABORIGINAL HEALTH

## Building a relationship with Aboriginal patients

NAIDOC Week is an annual celebration of the history, culture and achievements of Aboriginal people.

NAIDOC Week runs from 8 – 15 July and is a great opportunity for Aboriginal and non-Aboriginal people to attend the range of activities occurring locally, as well as an opportunity for GPs and their practices to strengthen their relationship with Aboriginal patients.

Indigenous Health Project Officers (IHPO), available through the Integrated Team Care (ITC) program, are available to support practices and GPs to do this. Locations for these programs can be obtained through the Integrated Team Care pathway on HealthPathways <https://wa.healthpathways.org.au/65938.htm>.

In the lead-up to NAIDOC Week Carmel Kickett, IHPO for Moorditj Koort – one of 12 organisations in WA delivering the ITC Program – spoke about her experience as an Aboriginal Yorga (woman) supporting health professionals through Cultural Awareness Training (CAT) as well as through meeting with practices and GPs.

### Q: What are some practical tips for practices wanting to make Aboriginal patients feel more welcome?

**A:** A good way for a practice to feel more culturally inviting is to have Aboriginal artwork and posters on their walls, as well as culturally appropriate brochures and pamphlets. In the lead-up to NAIDOC we see some practices decorate their reception with Aboriginal colours (black, red and yellow). We've also provided Aboriginal and Torres Strait Islander flags to practices who've completed our CAT.



WA Primary Health Alliance Aboriginal health coordinator Rodney Carpio and Moorditj Koort Indigenous Health Project Officer Carmel Kickett

### Q: Are there any key points to be aware of in supporting Aboriginal patients?

**A:** Staff should participate in CAT, but some of the important points are:

- Don't be frightened to ask the standard question on identification of patients as Aboriginal. Practices and GPs should ask this routinely of all patients. Aboriginal people may be eligible to access a service, such as ITC, but can't be referred if their GP doesn't know that they are Aboriginal.
  - We often hear the question 'is it taboo to look an Aboriginal person in the eyes?' Our response is 'Be led by your patient. You'll know in the first couple of seconds of talking to a person, as they'll not make eye contact, or will have their head down.'
  - It's important to ask if an Aboriginal person would prefer a male or female doctor or nurse.
  - Patients don't need to have a health check (MBS715) in order to register for the PBS co-payment, they simply need to be at risk of a chronic condition and otherwise unlikely to adhere to their medication regimen without assistance.
- Any GP registered for PIP Indigenous Health Incentive can annotate 'CTG scripts' for a patient that has ever been registered with any practice for the PBS co-payment (they don't need to be registered annually).
- GPs should start a consult with a short non-clinical yarn to break the ice and build rapport – for example ask, 'Where is your family from?', 'Do you have a big family, or a small family?'
  - GPs should avoid using medical jargon. Ask a patient if they understand, but also test their understanding by asking patients to explain what they've understood. This is important, especially when prescribing new medication – why are they taking it, and what will happen if they don't take it? I've been to some people's houses and ask, "Why are you taking these?" and they'll say, "I don't know, the doctor just said take it".
  - GPs should refer Aboriginal patients on multiple medications for Home Medications Review by pharmacy.

For more information on local IHPO support and the ITC Program; or Aboriginal health initiatives available see [HealthPathways](https://wa.healthpathways.org.au) for HealthPathways login details email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au).

## Cultural Safety Training (CST) Module 6 – Mental Health, Alcohol and Other Drugs

This three-hour module, delivered by the Aboriginal Health Council of Western Australia (AHCWA), has been designed to assist GPs in adopting a comprehensive primary healthcare approach to the care of Aboriginal people with mental health needs, or who may be misusing alcohol and/or other drugs.

Some of the topics covered in the module include:

- historical impacts and intergenerational trauma;
- practical tips for raising social and emotional wellbeing and alcohol and other drug issues;
- culturally appropriate assessment tools; and
- support available, including referral pathways.

AHCWA's Cultural Safety Training is recognised through the Royal Australian College of General Practitioners. Participants must complete Module 1 of AHCWA's CST package before enrolling in Module 6. GPs who have not completed Module 1 (4 CPD Points) in the past are able to complete an abridged one-hour online version (0 CPD points) prior to attending Module 6. Completion of Module 6 will award participants with 4 CPD points. Completion of both Module 1 (non-abridged) plus Module 6 will award participants with 40 CPD points.



### Cultural Safety Training – dates and locations

Course dates are as follows (session times 8:30am – 12:30pm)

Date	Location	Venue
12 June	Kalgoorlie	Bega Garnbirringu Health Centre, 16-18 MacDonald St
14 June	Esperance	BOICO, 4-6/56 The Esplanade
19 June	Bunbury	The Hudson Road Family Centre, 95 Hudson Road, Withers
21 June	Albany	The Juniper Beryl Grant Community Centre, 31 Townsend St, Lockyer
25, 26, 29 June	Perth	AHCWA, 450 Beaufort Street, Highgate
3 July	Medina	Moorditj Koort, 150 Gilmore Avenue
5 July	Northam	Bridgeley Centre, Mortlock Room, 91-93 Wellington St
17 July	Carnarvon	CMSAC, 14-16 Rushton St
19 July	Geraldton	GRAMS, Rifle Range Road, Rangeway
24 July	Port Hedland	WMHSAC, Unit 1/17 Hamilton St
26 July	Karratha/Newman	Karratha Healthcare Centre, 66 Welcome Rd
30 July	Broome	KAMS, 12 Napier Terrace
31 July	Kununurra	OVAHS, 1125 Ironwood Drive

For further information, or to register, call AHCWA: 08 9227 1631; or email [Deborah.cain@ahcwa.org](mailto:Deborah.cain@ahcwa.org)





# EDUCATION EVENTS

## Western trauma course

This multidisciplinary course covers the essential components of early trauma management including; mechanism of injury and initial assessment, head injury, pain management, paediatric trauma, chest injury, abdominal injury, rural trauma scenario, inter-hospital transfer, and incorporates hands on skill stations on; the management of adult and paediatric airways, chest trauma, paediatric trauma, shock and burns. It is conducted over one day and incorporates lectures, interactive tutorials, graphic demonstrations and practical 'hands-on' skill stations. Participants are given a pre-course manual three weeks prior to the course. At the completion of the course participants conduct a written evaluation of the content and delivery and are provided with a certificate which verifies their attendance.

**Date:** 28 July 2018

**Time:** 7.30am – 5.30pm

**Venue:** Northam

### Contact and registration

For further details and to register please visit [http://ww2.health.wa.gov.au/Articles/U\\_Z/Western-Trauma-Course-WTC](http://ww2.health.wa.gov.au/Articles/U_Z/Western-Trauma-Course-WTC) or contact [watteu@health.wa.gov.au](mailto:watteu@health.wa.gov.au), 08 6457 3699.

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

## Unleash the Power of Your Data, GP Breakfast Forum

WAPHA invites general practitioners to join our Chair Dr Richard Choong and General Manager State-Wide Commissioning & Clinician Engagement, Bernadette Kenny for a breakfast discussion on how sharing your practice data can benefit your patients and your practice.

**Date:** Tuesday 24 July 2018

**Time:** Breakfast from 7am  
Panel Discussion  
7.30am – 8.30am

**Venue:** Matilda Bay Restaurant  
and Function Centre, 3  
Hackett Dr, Crawley WA 6009

**Cost:** This is a free event.

### Contact and registration

Register via [www.wapha.org.au/events/data-in-general-practice-gp-breakfast-forum/](http://www.wapha.org.au/events/data-in-general-practice-gp-breakfast-forum/)

Registrations are essential.

RSVP by Friday 20 June 2018

Breakfast will be provided.

## Armadale Health Service GP Education Event: Mental Health

Presented by East Metropolitan Health Service and Armadale Kalamunda Group in partnership with WA Primary Health Alliance.

**Date:** Saturday 23 June 2018

**Time:** Registration from 8am  
Presentations from  
8.30am – 3.30pm

**Venue:** Armadale Health Service,  
3056 Albany Hwy,  
Mount Nasura WA 6112

### Contact and registration

Register via <https://waproject.healthpathways.org.au/Events.aspx>

Registrations are essential. RSVP by Friday 15 June 2018.

40 Category 1 QI&CPD points have been applied for through RACGP.

Morning tea and lunch will be provided.

## Save the Date – Sir Charles Gairdner Hospital GP Education Event

Presented by North Metropolitan Health Service and Sir Charles Gairdner Hospital in partnership with WA Primary Health Alliance.

**Date:** Saturday 21 July 2018

**Time:** Registration from 8am  
Presentations from  
8.30am – 3.30pm

**Venue:** Sir Charles Gairdner  
Hospital, Hospital Ave,  
Nedlands WA 6009

### Contact and registration

Register via <https://waproject.healthpathways.org.au/Events.aspx>

Registrations are essential. RSVP by Friday 13 July 2018.

40 Category 1 QI&CPD points have been applied for through RACGP.

Morning tea and lunch will be provided.

### Disclaimer

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