

GP CONNECT

Keeping GPs informed in the changing primary health landscape.

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MESSAGE FROM THE CEO

Learne Durrington



One of the more exciting and relevant pieces of research I have read recently is an Australian study published in the Lancet Public Health Journal that estimated the benefits and cost-effectiveness of Australia's National Bowel Cancer Screening program between 2015-2040.

It highlighted that more than 80,000 Australian lives would be saved by 2040 if participation in the program increased by 20 per cent.

Currently, only about 40 per cent of those who are eligible for bowel screening participate. At that level, an estimated 59,000 deaths will be prevented by 2040. Modelling in the Australian study showed an additional 24,800 deaths could be averted if participation rose to 60 per cent. This means if just 20 per cent more Australians participated, 83,800 lives could be saved between now and 2040. This is such an achievable target and one that WAPHA and WA GPs can jointly contribute to through focused effort and commitment.

The primary aim of bowel screening is to detect cancer at an early stage to improve survival. The study's authors say the national program has the potential to be one of Australia's greatest public health success stories. It's simple but it relies on people who receive the test in the mail having the test. The study posits that participating in the screening is the best decision a person can make to prevent dying from bowel cancer.

Increasing the percentage of the target population screened for bowel cancer is a priority area for WAPHA and we are committed to working closely with GPs to increase screening rates.

General practice is key in encouraging and guiding participation in the program that we know saves lives, but can only work with your support. GPs play an important role in ensuring participants progress through the screening pathway. GPs are the health professionals patients trust to deliver clinically appropriate advice, services, treatment and care. Recent Cancer Council NSW data shows 92 per cent of patients say they would be more likely to participate in bowel cancer screening if their doctor recommended it.

We know that of the people who receive the kit only 40 per cent complete the test. However, of those that do the test the first time, 75 per cent subsequently complete the biennial test. It seems the issue for people is it may seem 'icky' and many of you will appreciate how difficult it is for some patients. However, increasing participation at point of initial receipt of a kit is part of the answer.

WAPHA will soon embark on a targeted state-wide bowel cancer screening project in close collaboration with GPs. Working together, we can aim for a 20 per cent increase in screening program participation and save Western Australian lives.

Learne Durrington
CEO, WA Primary Health Alliance



WAPHA
WA Primary Health Alliance

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PRIMARY CARE IN FOCUS

Rotarix® to replace RotaTeq® from 1 July 2017

From 1 July 2017, the oral rotavirus vaccine Rotarix® (2-dose schedule) will replace RotaTeq® (3-dose schedule) across Australia including Western Australia. Children commencing their childhood schedule after 1 July 2017 should receive the Rotarix® brand under the National Immunisation Program (NIP).

For more information, visit http://ww2.health.wa.gov.au/Articles/F_I/Immunisation-provider-information-and-resources

Medicines safety update – TGA

The Therapeutic Goods Administration's latest Medicines Safety Update.

- Intravenous solution bags are designed for single use only
- Improved labelling for allergens
- MedSearch app offers quick and easy access to product information and consumer medicine information

For more information, visit www.tga.gov.au/sites/default/files/medicines-safety-update-volume-8-number-3-june-2017.pdf

Access to medicinal cannabis products: steps to using access schemes

The following resource summarises the requirements for an Australian registered medical practitioner to access medicinal cannabis products.

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

Adding more medicines to the PBS to help more patients

The Australian Government continues to make medicines available and more affordable for Australians with new listings worth \$142 million being added to the Pharmaceutical Benefits Scheme from 1 July 2017.

For more information, visit www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2017-hunt065.htm

Additional help with medications through community pharmacies

The Australian Government is supporting the expansion of community pharmacy programs to help more patients around Australia better understand and manage their medications and avoid ill-health. Under the *Increasing Patient Access to Medication Management Services* measure in the Sixth Community Pharmacy Agreement, the Turnbull Government is providing \$600 million to continue and expand a number of pharmacy programs. The 'MedsChecks' and 'Diabetes MedsChecks' services provide an in-pharmacy review of eligible patients' medications, focusing on education and self-management. This service is provided free of charge to patients.

For more information, visit <http://6cpa.com.au/medication-management-programs/medscheck-diabetes-medscheck/>

Improvements to My Aged Care

From 3 July 2017, My Aged Care has made changes to better support clients, including clients with diverse needs and improve access to information for health professionals.

These improvements will support clients through their My Aged Care journey, ensuring they are able to receive the assessments and aged care services they need. The changes will also improve health professionals' access to information to support them to provide continuity of care for their patients.

Key changes:

- A clearer approach to who can speak on a client's behalf and in which circumstances
- A new form to appoint a representative
- More flexibility for clients on who they can choose to appoint as their regular representative
- Improved access to information for health professionals to enable them to continue to work with My Aged Care assessors.

These changes are a result of consultation with the sector on issues that were presenting barriers to good client outcomes.

For more information, visit <https://agedcare.health.gov.au/programs/my-aged-care/health-professionals-overview-of-changes-to-improve-access-to-patient-information>

Lung Foundation's COPD Winter Campaign

Lung Foundation Australia's 'Have the CHAT' campaign encourages people with Chronic Obstructive Pulmonary Disease (COPD) to stay well and out of hospital. The Lung Foundation Australia has developed a suite of evidence-based resources to support health professionals in timely identification and management of COPD exacerbations.

To find out more, visit <http://lungfoundation.com.au/have-the-chat/for-health-professionals/>

National Immunisation Program expanded to teens and refugees

The Department of Health has extended eligibility for free catch-up immunisations to all 10-19-year-olds and refugees of all ages in an expansion of the National Immunisation Program (NIP) that commenced at the beginning of July. The policy covers measles, mumps, meningococcal, polio, whooping cough, chickenpox and HPV. The expanded NIP will stand to benefit almost half a million children and teenagers. It will also offer approximately 11,000 refugees and humanitarian entrants free vaccines.

For more information, visit www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2017-hunt066.htm

Meningococcal statewide immunisation program

This program is in response to a concerning increase in the number of meningococcal W cases in WA and other states and territories.

The incidence of the W strain has been rising in WA since 2013 but increased from four in 2015 to 14 in 2016. This compares with just three cases of meningococcal W in WA during the four-year period to 2014. Research shows vaccinating 15-19 year olds is the most effective way to prevent the spread of meningococcal disease.

The WA Department of Health is funding meningococcal ACWY vaccine to adolescents aged 15-19 years in 2017 and to year 10 students in 2018 and 2019 through the school based immunisation program. Vaccines will be administered in schools to students in years 10, 11 and 12 in term 3. Vaccinations will also be available at community health clinics to capture 18-19 year olds and other age-eligible persons not attending high school. The Central Immunisation Clinic (phone 9321 1312) can provide the location of the various community health clinics. From term 4, depending on vaccine availability, GPs will be able to order vaccines and will be advised through Vaccine Updates when vaccines are available to order.

Patients may attend your practice requesting advice on reducing their risk for meningococcal disease. Meningococcal ACWY Vaccine (4vMenCV) which can be given from 2 months of age and Meningococcal B Vaccine (MenBV) which can be given from 6 weeks of age and are both available through private prescription. Meningococcal C vaccine (MenCCV) is recommended and funded under the National Immunisation Program (NIP) from 12 months of age.

The National Centre for Immunisation Research and Surveillance (NCIRS) has produced a useful resource for providers, *Meningococcal vaccine for Australians: Information for providers*. It provides up-to-date epidemiology of meningococcal disease in Australia, and recommended immunisation schedules. This should be used as your primary resource as the Australian Immunisation Handbook, both the hard copy and online versions, are not up to date on this particular issue. This resource can be found at www.ncirs.edu.au/provider-resources/ncirs-fact-sheets. Further information can also be found at ww2.health.wa.gov.au/Articles/J_M/Meningococcal-ACWY-Statewide-vaccination-program or by contacting your regional population health unit or the Metropolitan Communicable Disease Control team on 9222 8588.



HOSPITAL LIAISON



King Edward Memorial Hospital

Do you enjoy providing antenatal shared care?

King Edward Memorial Hospital (KEMH) values the role of GPs in providing shared antenatal care to low risk women.

The Shared Care GP Directory was first created in 2009 as a resource for women who wanted to have shared antenatal care and to assist KEMH staff members to direct women to a GP with an interest in shared care (if the woman did not have a GP or their own GP did not provide shared care).

Previous versions of the directory have also included whether the GP spoke a language(s) other than English and whether the GP had a special interest and experience in specific areas including: mental health, youth health, and alcohol and other drugs.

This has enabled clinical staff members working in some of our specialised clinics to help connect women with a GP with a special

interest in their individual needs to improve their access to support and medical care during and after their pregnancy.

The directory is being updated again and GPs are invited to be included in the directory.

Inclusion is voluntary and is not an endorsement of the GP's clinical ability. GPs will need to consent to have their contact details available online.

If you would like to be included in the Shared Care GP Directory please contact Wendy Rutherford on 6458 1393 or email: Wendy.Rutherford@health.wa.gov.au

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

Princess Margaret Hospital

Survey on Outpatient Communication with GPs

Princess Margaret Hospital (PMH) is seeking GP feedback on its communication from outpatients. PMH have been using an electronic dictating system for letters from outpatients and believe this has improved the timeliness of their communication. PMH are also interested in improving the format of letters so outpatient's can provide concise and essential information

for GPs. Feedback will assist staff to compose letters that will be more concise and relevant to GPs.

PMH will be sending survey forms to GPs who were sent a letter from outpatients during April 2017. It will be faxed to the practice and contain the patient name and DOB plus the GP's name. PMH would appreciate your assistance by faxing back the survey.

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

Fiona Stanley & Fremantle Hospital Group

Alcohol risk screening in the Emergency Department

From September, the Fiona Stanley Hospital Emergency Department will implement a trial pathway for alcohol intake risk screening, targeting patients seen in the Emergency Short Stay Unit (ESSU). Those assessed as moderate or high risk using the AUDIT-C tool will receive a brief intervention and their nominated GP will be notified of the results. Those at high risk will also be seen by the Inpatient Alcohol Team for follow up and possible referral for treatment.

There is a research component to the project evaluating the feasibility of the pathway and patient impact. Opportunities for GP upskilling and education about managing this patient group in the community will be made available through WA Primary Health Alliance, National Drug Research Institute and Edith Cowan University, and supported by relevant and localised HealthPathways.

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



COMPREHENSIVE PRIMARY CARE

Royal Perth Hospital

RPH GP Update

The East Metropolitan Health Service, in partnership with WAPHA & HealthPathways WA, invites GPs to the RPH GP Update on Saturday, 2 September 2017 (new date) from 8.15 (for 8.30am) to 3.30pm. A 40 Cat 1 RACGP QI&CPD point application is underway.

GPs play an important role in assessing and managing patients, including those who then need to be referred to a hospital. This workshop aims to update GPs who refer to RPH on the latest assessment and management of a range of common conditions, particularly focusing on those conditions where there has been a recent change in recommended evidence-based management, and new pathways for referral, using case studies and practical sessions. Topics include management of common/complex ENT conditions, diabetes and common acute medical conditions.

Registration essential via <https://gpupdaterph.eventbrite.com.au> or please email EMHSGPed@health.wa.gov.au for further information.

Dr Jacquie Garton-Smith, Hospital Liaison GP, Royal Perth Hospital
Hospital Liaison GP, FS & FHG
Jacquie.Garton-Smith@health.wa.gov.au

Available: Monday and Thursday



Staff from Canning Vale Medical Centre.

Canning Vale Medical Centre finalist in RACGP award

WA Primary Health Alliance (WAPHA) congratulates Canning Vale Medical Centre which is a finalist in the 2017 Royal Australian College of General Practitioners (RACGP) General Practice of the Year Award.

The annual award recognises general practices that have demonstrated exceptional commitment to improving the health and wellbeing of their community.

Vice President of the RACGP Dr Edwin Kruys said this year's four finalists stood out from other nominees because of their outstanding support of patients through the establishment of welcoming, safe and innovative environments.

"The 2017 RACGP General Practice of the Year finalists each offer patients the highest possible quality of care by ensuring excellence in all aspects of general practice," Dr Kruys said.

"They provide exemplary service and quality of care and are leaders when it comes to health promotion initiatives."

Dr Kruys said the finalists were also selected for their determination to improve the education of doctors and other medical staff, particularly through extensive training of GPs and GP registrars within the practice.

WAPHA chief executive officer Leanne Durrington said it was fantastic that Canning Vale Medical Centre is recognised as an award finalist.

Ms Durrington said WAPHA was proud to be working with the general practice through its Comprehensive Primary Care initiative.

"Working collaboratively with practices like Canning Vale Medical Centre means we are able to support practices in delivering high quality care for their patients," Ms Durrington said.

GP ENGAGEMENT

Midwest GP event

WA Primary Health Alliance (WAPHA) recently hosted a night for the general practice community to engage with WAPHA's newly commissioned service providers located in the Midwest and Murchison regions.

Attendees participated in a fast-paced networking evening, moving around the room at timed intervals to engage with each of the nine service providers. Each station provided an overview of the service, referral pathways, and an opportunity for participants to ask questions.

A similar event for health professionals will be held in Carnarvon to provide an overview of the current services being funded by WAPHA in the Gascoyne region.

For further information on services or the Gascoyne event, please contact the Midwest team on 1300 855 702.



South West Primary Health forum

On Wednesday 21 June WAPHA hosted a dinner forum at Capel Golf Course for general practitioners, practice managers, practice nurses to provide an update on primary health initiatives in the South West. The forum included information about WAPHA's Comprehensive Primary Care (CPC) strategy and the Commonwealth's Health Care Home (HCH) Stage 1 Implementation.

The event was opened by Dr Stephen Arthur, chair of the South West Regional Clinical Commissioning Committee, and senior medical officer at South West Aboriginal Medical Services.

Attendees were updated on initiatives funded by WAPHA in the South West, including mental health, chronic disease and alcohol and drug primary health programs. Dr Stephen Cohen, GP and member of the South West Regional Clinical Commissioning Committee spoke about the role of a mental health nurse, funded by WAPHA, at Duchess Medical Practice in Busselton.

Information was also provided relating to the Commonwealth's Health Care Homes initiative and other recent budget announcements of significance to general practice.

To improve the efficacy of discharge summaries from hospitals to GPs, participants were invited by WA Country Health Service representatives to complete a short paper based questionnaire on what GPs need in a discharge summary and how it can best be communicated to practices.



CLINICAL UPDATE

WA Adult Gastrointestinal Endoscopy Services project completion

The WA Adult Gastrointestinal Endoscopy Services (WAGES) project has been completed as of 30 June 2017. This project was coordinated by the WA Department of Health to improve access to metropolitan public colonoscopy and gastroscopy services, and address increasing demand for these services.

The following major initiatives were successfully implemented:

- Administrative audit of the endoscopy waitlist.
- Additional activity to address current demand.
- Standardised referral form for direct access gastrointestinal endoscopy requests.
- Standardised referral pathway for metropolitan referrals via the Central Referral Service.
- Development of an Endoscopy Requests HealthPathway (led by WA Primary Health Alliance).
- Referral guidelines to facilitate appropriate referral and triage practice.
- Mandatory policy to provide direction on urgency categorisation and access criteria.

There has already been a significant reduction in waiting times for colonoscopies and gastroscopies and ongoing work is occurring across the WA health system to continue to improve patient access to these procedures. General Practitioners can assist by:

- ensuring that patients referred to these services meet the referral criteria available via the Endoscopy Requests HealthPathway, or the Central Referral Service webpage (below);
- using a standardised referral template;
- ensuring mandatory fields have been completed before sending referrals to the Central Referral Service; and
- considering nominating one or more participating Ambulatory Surgery Initiative (ASI) consultants via the referral form. Note this is optional and suitable for non-complex patients only – those not meeting the criteria for ASI will be allocated to the most appropriate public hospital based on catchment and clinical requirements.

For further support relating to referral processes please refer to: ww2.health.wa.gov.au/Articles/A_E/Colonoscopy-and-gastroscopy-requests, view the relevant HealthPathway at <https://wa.healthpathways.org.au/317809.htm>, or contact the Central Referral Service: 1300 551 142 or centralreferralservice@health.wa.gov.au

National Bowel Screening Cancer Program – GP learning module

Are you confident about your role in the National Bowel Cancer Screening Program? An easy online learning module developed by Cancer Council WA and RACGP can provide you with the answers.

After logging in at <http://gplearning.racgp.org.au>, simply type 'bowel' into the search criteria.

After completing the module, you will be able to:

1. list bowel cancer risk factors
2. describe the symptoms associated with bowel cancer
3. identify who is eligible for the NBCSP
4. identify those who should be screened for bowel cancer
5. recognise the duty of care associated with NBCSP participants

Members will also receive 2 RACGP QI&CPD points for completing the module.

Waiting room videos promoting bowel screening

Cancer Council WA have 15 second and 30 second videos available for practices to display in their waiting rooms. The videos are from the [Stick it to Number 2 campaign](#).

If your practice is interested in this video for your waiting room please contact Shannon Wagner swagner@cancerwa.asn.au

Important changes to the WA Quitline Service

From 1 July 2016 the Western Australian Quitline Service has been delivered by Cancer Council South Australia, resulting in some important changes to the contact details. While the telephone number 13 7848 remains unchanged, the following changes have occurred:

Our fax number has changed:
08 8291 4280

Our email address has changed:
quitline@cancersa.org.au

Online referral is also available:
Go to www.quitlinesa.org.au

Opening hours:
Monday – Friday: 7.00am – 8.00pm
Saturday: 12.30pm – 3.30pm
Sunday: Closed

Opening and closing times will be one hour earlier during daylight savings time.

Please note that from 1 July 2017 referrals to the WA Quitline Service that are sent in error to the previous fax number will no longer be forwarded to the current service provider. To ensure that patients receive the service to which they are referred, it is recommended that practices take a couple of minutes to update their records.

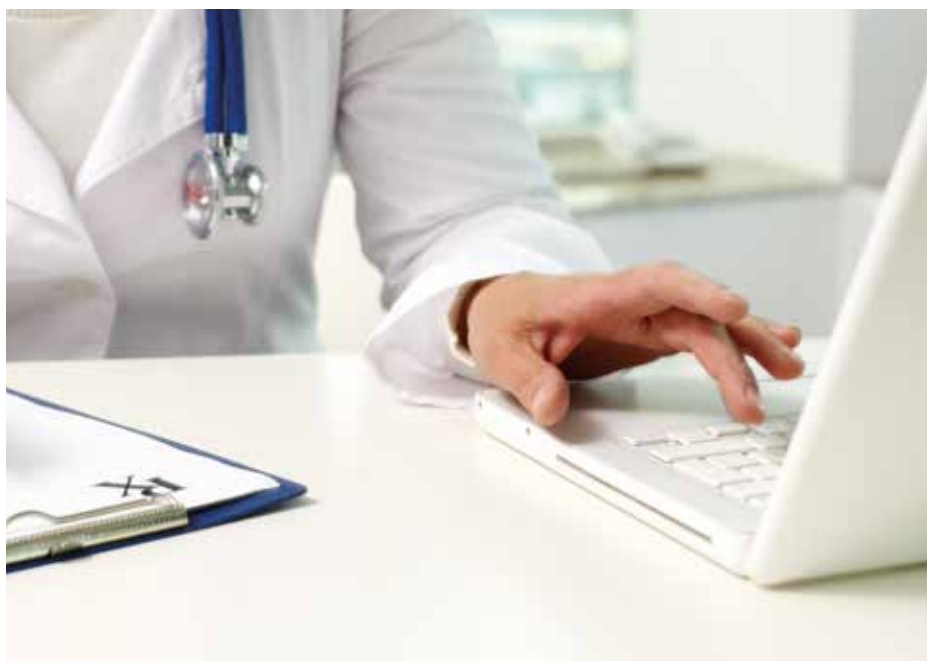
WA Cervical Screening 'business as usual' until 1 December 2017

The West Australian newspaper recently reported some women are ignoring reminder letters for cervical screening. This may be due to confusion about whether they should wait for the new test to become available at the end of the year, and / or a perception the new test is somehow better or simpler.

Regular screening is still the best way to prevent cervical cancer and delaying a pap smear puts women at risk.

It is therefore vital that GPs continue to encourage women who have ever been sexually active, aged between 18 – 69 years, to have a cervical screen or attend for follow-up when due. They should not delay until the new test becomes available. This includes continuing to send recall and reminder letters to women in your practice according to current protocols.

The WA Cervical Screening Registry will continue to send reminder letters to women and providers where applicable.



My Health Record here to stay

In May, the Commonwealth Government committed over \$354 million to the expansion of the My Health Record system, including changing the registration method to opt-out for all Australians in 2018.

Uptake of My Health Record by consumers to date has been slow, however two opt-out trials conducted in Far North Queensland and Nepean Blue Mountains last year showed overwhelming public support for the system with less than 2 per cent choosing to opt out.

The switch to opt-out, as well as the expansion funding commitment, proves once and for all that the My Health Record system is in fact here to stay.

To help general practices and other health providers to become enabled to use the My Health Record system, WA Primary Health Alliance and the Australian Digital Health Agency are co-hosting a two-day roadshow across the Perth metropolitan area in August.

The roadshow will include two breakfast forums, specifically tailored for GPs, to be hosted at Fiona Stanley Hospital on Wednesday 16 August and Royal Perth Hospital on Thursday 17 August.

Speaking at both events will be Dr Steve Hambleton and Dr Monica Trujillo from the Australian Digital Health Agency as well as local clinicians Dr Hannah Seymour and Dr Marianne Wood.

These two forums will also be made available for regional and remote GPs to attend via video link from their local Country WA PHN office.

Interactive workshops will also be conducted in Perth's North and South later in the day, with a dedicated webinar session also to be available for those unable to attend the live events.

Further details of each session and registrations can be found at the WAPHA website www.wapha.org.au/health-professionals/digitalhealth/myhealth-record/2017-my-health-record-roadshow/

Digital health check-up for country WA

Improved access to health care may be on the horizon for people living in regional, rural and remote areas of WA, thanks to a new research project to identify and remove barriers to the adoption of digital health technology in general practice.

The Country WA Digital Readiness project will compare the size, location and connectivity of general practices in country WA, to work out if geography could be hindering the uptake of digital health technologies, such as telehealth.

WA Primary Health Alliance (WAPHA) and Rural Health West have engaged the Australia and New Zealand Cooperative Research Centre for Spatial Information (CRCSI) to carry out the research that will look at how digital health can be widely implemented in areas where access to health care has traditionally been challenging.

WAPHA chief executive officer Learne Durrington said the benefits of using digital health can help overcome the large distances between services in WA, but geography may be hindering development in this area.

“WA is unique – no other state in Australia has the land mass and vast distances we have, and it’s a real challenge for GPs.

“We also know technologies such as telehealth can greatly improve access to services for those living in country areas.

“This project will identify the challenges and any special needs these general practices have and how we can help them adopt technology to benefit their patients.”

Rural Health West chief executive officer Tim Shackleton said country general practices may be inadvertently disadvantaged by their remoteness in adopting digital health.

“Rural Health West is pleased to be working on this initiative which will advance our understanding of the support country GPs need to benefit from digital health technologies,” Mr Shackleton said.

“Research shows that digital health services can actively improve rural, remote and Indigenous health outcomes.

“Rural Health West is committed to strengthening rural communities through better access to quality health care.”

The CRCSI partners with federal and state government agencies and companies to help address issues of national importance in relation to spatial information, including the fields of health, defence, agriculture and climate change, urban planning, mining, transport and utilities.

The Country WA Digital Readiness project has been made possible through funding provided by the Australian Government under the Primary Health Networks (PHN) Program.

New medicines view for My Health Record

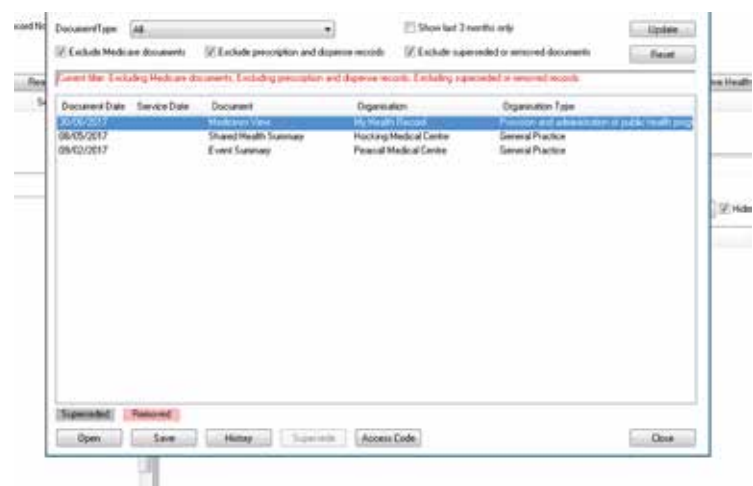
My Health Record has been updated to include a new, dynamic document that compiles a patient’s allergy and medicine information into one easy to view list.

The new medicines view collates information uploaded from shared health summaries, discharge summaries, prescription and dispense reports and the patient’s own notes to provide a comprehensive list of all current medications, and recent changes.

The view is particularly useful for GPs to review changes to a patient’s medications following a hospital stay, and clearly labels where each piece of information

originated from. It even lists if a medication or allergy status has changed, making it easier to see what has changed, with contact details available of the uploading clinician to follow up if needed.

The new medicines view is now available as the very first document in every patient’s My Health Record. If you are not able to see the Medicine View document, contact your clinical software vendor for support.



After-hours care

After-hours care can be both challenging and rewarding.

Many GPs are now working outside of normal operating hours and the HealthPathways team have identified after-hours care as an area of priority. We have recently reviewed the 'After Hours Care' pathway and hope that it will help you in your work.

For GPs working in after-hours care, it might interest you to know that there is a public emergency dental service operating on the weekends. We have compiled information on after-hours pharmacies, as well as after-hours pathology and radiology for important diagnostic investigations which can avoid a referral to an emergency department. We have also collected a list of advice lines for GPs, as well as handouts to provide to patients who may need specific support in areas such as mental health, drug and alcohol or domestic violence.

For GPs whose practice does not provide an after-hours service, we have compiled a list of options for after-hours care which you can consider providing to your patients.

All the above services can be accessed on the one page within the HealthPathways website named 'After Hours Care' <https://wa.healthpathways.org.au/39244.htm>

Login details:

Username: connected

Password: healthcare

Please send any feedback you may have or any suggestions for other services to include by clicking the 'send feedback' button at the bottom of the pathway

Update from Office of the Chief Dental Officer

Evidence about the connection between oral health and systemic diseases has increased in the last 10 years.

This evidence particularly addresses the interactions between gum disease and chronic, non-communicable diseases (diabetes, coronary heart disease, arteriosclerosis and dementia).

Given this, collaboration between GPs and dentists is crucial to provide therapeutic and preventive patient care.

With patients often presenting to the GP with oral health problems including pain, infection and abscess, it is important for GPs to remember that a prescription for antibiotics is not sufficient and referral to an oral health professional is also required.

Patients (children and adults) can visit their private dentist or use the HealthPathways link to locate one <https://wa.healthpathways.org.au/25709.htm>. Public dentists can also be found within the above HealthPathways Dental pathways link. However, eligibility criteria does apply. Please visit the HealthPathways website for further details.

The Commonwealth's Child Dental Benefit Schedule (CDBS) provides Family Tax Benefit to children

aged 2-17 years, \$1000 of general dental care over 2 years. This can be used in either the public or private dental system. Further information about the CDBS is available on the Department of Human Services website www.humanservices.gov.au/customer/services/medicare/child-dental-benefits-schedule

Within WA, the State Government funds free general dental care for school aged children aged 5-16 years.

The State Government also funds subsidised general dental care for eligible adults (those with a Health Care or Pensioner Concession card). Eligible adults are required to make co-payments towards their dental bill (50 per cent for Health Care and 25 per cent for Pensioner Concession cardholders).

For further information please visit the HealthPathways Dental pathways <https://wa.healthpathways.org.au/25709.htm>



PERTH CHILDREN'S HOSPITAL



Professor Peter Leedman (blue jacket) and Kathy Devern (in yellow) from the Harry Perkins Institute join Angela Fonceca (centre) from CCRF and other staff at the welcome morning tea.

Going with the workflow

Princess Margaret Hospital PICU and Theatre staff forged ahead with second and final tests of Paediatric Critical Care (PCC) internal departmental workflows at Perth Children's Hospital recently.

Staff tested two scenarios: an emergency admission with care delivery in PCC and transfer to an inpatient unit, and a planned admission from NICU via Theatre for cardiac surgery, with deterioration and transfer to the Cardiac Catheterisation Lab.

As well as exploring how to improve the patient experience, the scenarios gave the clerical, Patient Support Services and clinical staff involved an opportunity to use Vocera badges and smartphones as well as other new forms of ICT planned for PCC as part of their routine workflows.



PICU and Theatre staff during the scenario tests at PCH.

Child health researchers on the move

The Children's Clinical Research Facility (CCRF) has become the first team to relocate from PMH to a new base – accompanied by hundreds of items of delicate equipment.

CCRF staff are settling into the state-of-the-art Harry Perkins Institute of Medical Research at the QEII Medical Centre, ahead of their eventual transition to nearby PCH.

In line with the partnership focus of both teams, the 52 transferring child health researchers have dispersed across the 10-storey Perkins North building while the Telethon Kids Institute research laboratories at PCH are finalised.

Staff from the Harry Perkins Institute of Medical Research and CCRF attended a meet and greet morning tea ahead of the move.

"We're excited about the great opportunities for collaboration and

long-term partnerships that come from being in the same building and on the same campus," said Professor Peter Leedman, director of the Harry Perkins Institute.

The busy moving day involved complex logistics as priceless samples, potentially hazardous chemicals and sensitive equipment were carefully relocated from the former CCRF base at PMH, where a handful of team members will remain to continue some clinical trials.

Most CCRF staff now have new phone numbers. The Harry Perkins Institute switchboard can be contacted on 6151 0700.

Potable water quality

There is a comprehensive assessment of the potable water issue by the Chief Health Officer occurring currently, with a report for the Minister for Health due next month.

This will advise the way forward regarding its management and will assist in determining the timeframe around the hospital move. In the meantime hospital commissioning activities continue.

EDUCATION EVENTS

New training program offers GPs support to manage patients with alcohol and drug problems

The Treating Alcohol and Drugs in Primary Care (TADPole) education project offers a series of education activities covering general and specific alcohol and drug topics and skill-based techniques.

An Active Learning Module (RACGP Category 1 QI & CPD activity) consisting of three types of education activities will be delivered in select metropolitan and regional areas of WA. General practitioners and other health care providers can attend one or more activities (GPs receive RACGP QI & CPD points).

Educational event series

Activity 1: Managing alcohol and other drug issues encountered in general practice

A two-hour interactive face-to-face session presented by general practitioners who have experience in treating alcohol and drugs in primary care.

Activity 2: Design your own education session from a set of drug and alcohol topics

A two-hour interactive activity where health care providers choose between a number of alcohol and drug/mental health topics (approximately four topics over a two-hour event). Short video lectures and information sheets on the topics (10-15 minutes each) developed by alcohol and drug/mental health specialists.

After each lecture, local facilitators will lead participants in a Q&A discussion regarding the topic and local services available. A "Phone a friend" option

will be made available via a Perth based specialist who is on hand to answer any clinical questions. Once available, health providers will be able to view the online alcohol and drug material in their own time.

Activity 3: Skills development

This two-hour interactive activity on skill-based topics such as Motivational Interviewing and Dealing with Challenging Behaviours presented via webinars and a face-to-face seminar.

Upcoming events:

- 20 September 2017 in Bentley
- 18 October 2017 in Bunbury

Further events coming soon. For more information please email SIRCH@ecu.edu.au or visit the website ecu.edu.au/tadpole

This activity has been made possible through funding provided by the Australian Government under the PHN Program.

Making sense of pain – a workshop for health professionals

Date: 21-22 September 2017

Time: 8.30am-4.30pm

Venue: Wylie Arthritis Centre,
17 Lemnos Street
Shenton Park WA 6008

Cost: \$220.00

'Making Sense of Pain' is an interdisciplinary workshop supported by Arthritis and Osteoporosis WA and the WA Department of Health, designed specifically for WA health professionals. This practical course includes input from Pain Champions and explores the concepts of intersubjectivity, 'third space' engagement and ways to reframe the experience of pain.

Please visit the Making Sense of Pain event page to register and for further information about the program.

www.arthritiswa.org.au/events/details/id/247/

GP case study workshop

Presented by the Australian Diabetes Society

Date: 28 August, 2017

Time: 6:30pm

Venue: The University Club of WA,
Perth

Free Event – Dinner included

Learn more about medication use in type 2 diabetes, including insulin initiation and intensification.

Discuss applying the type 2 diabetes treatment algorithm in primary care. It is anticipated that this activity will carry Category 2 QI&CPD points accreditation with the RACGP.

To register click [HERE](#) or visit the website at www.diabetessociety.com.au

Please direct any queries to Linda at linda@diabetessociety.com.au or phone: 02 9256 5462



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