

GP CONNECT

Welcome to the
April 2016 edition
of GP Connect

INSIDE:

- Hospital Liaison
- HealthPathways WA
- Clinical Update
- Education Events

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

Keeping GPs informed in the changing primary health landscape

General Practice is central to the Australian Government's new primary health care policy direction.

WA Primary Health Alliance (WAPHA) and its three Primary Health Networks (PHNs) – Perth North, Perth South and Country WA - are committed to supporting GPs through this changing environment by providing up-to-date information and resources that are useful to GPs.

Recent Commonwealth announcements such as the Healthier Medicare package, and the associated Health Care Home model of care for patients with chronic and complex disease, have a significant impact on general practice.

Your GP Connect newsletter will keep you up-to-date on these developments as well as providing information on areas including:

- Digital health
- Immunisation
- Use of data tools for quality improvement
- HealthPathways WA
- MBS
- Practice accreditation
- CPD

In upcoming editions of GP Connect, comprehensive information will be available on the Health Care Home trials that the Primary Health Networks will be undertaking in General Practices throughout Western Australia, the WA opt-in trials for My Health Record and new models of care for mental health within general practice.

Each PHN will conduct workshops and provide resources for GPs to facilitate a better understanding of how these models and initiatives will impact on primary health care in a practical sense.

GP Connect provides an important link to current activity within WA's public hospitals that impacts directly on general practice and, ultimately, your patients. Our Hospital Liaison GPs are important connectors between the public sector and general practice.

GP Connect's regular hospital liaison updates are a valuable source of information for you and your practice staff.

Your input into the content of GP Connect is valued. Comments on the information provided and suggestions for new content are very welcome and can be submitted to info@wapha.org.au.



Learne Durrington,
CEO WA Primary Health Alliance



WAPHA
WA Primary Health Alliance

Contact us

info@wapha.org.au

(08) 6272 4913

www.wapha.org.au

HOSPITAL LIAISON

Osborne Park Hospital

Gynaecology Clinic delays

Over the past year the waiting time in the OPH gynaecology clinic for patients requiring minor procedures has increased dramatically.

It has been noted that the DNA rate for those on the waiting list is unsustainably high – causing the clinics to become less efficient, treating fewer patients per clinic. For those patients who were referred more than 12/12 ago OPH has started contacting the referring GP to check that the procedure is still required. Your assistance in responding to these requests is most appreciated.

A number of patients on this waiting list have been referred for Mirena or Implanon insertion or removal. There are a number of alternative options for this service such as:

- Community GPs who perform these procedures in their practices
- Sexual and Reproductive Health WA 70 Roe St Perth. (08) 9227 6177
- Ishar Multicultural Women's Health Centre, 21 Sudbury Rd, Mirrabooka. (08) 9345 5335

- Women's Health Family Services – 227 Newcastle St, Northbridge. (08) 6330 5400
- Women's Health and Family Services (service to commence shortly), Suite 6 Joondalup Lotteries House 70 Davidson Tce, Joondalup. (08) 9300 1566

With regards to colposcopy, if a patient has private insurance there are many options for community low cost colposcopy with gynaecology providers.

OPH is working on a variety of strategies to improve waiting times for your patients. OPH is grateful for any assistance you can provide.

Dr Clare Matthews, Hospital Liaison GP, Osborne Park Hospital
Clare.Matthews@health.wa.gov.au
Available: Mondays and Wednesday afternoons
(08) 9346 8001

Fiona Stanley and Fremantle Hospitals

Sending referrals directly to Fremantle and Fiona Stanley Hospitals

Although most routine outpatient referrals are sent to the Central Referral Service, there are referrals which need to be directed to the individual sites.

At Fremantle Hospital, urgent medical/surgical referrals (after discussion with the relevant consultant or registrar) and some allied health clinic referrals (detailed in the service directory of the hospital website) should be faxed to the FH Central Receiving Clinic (08) 9431 2009.

At Fiona Stanley Hospital please direct urgent referrals to FSH.Referrals@health.wa.gov.au or fax to the FSH Referral Service on (08) 6152 9762.

Information about services with special referral requirements including obstetric, mental health and gastro procedures can be found on the hospital websites: fsh.health.wa.gov.au and fhhs.health.wa.gov.au

Apart from these exceptions, individual outpatient clinic and departmental clerical staff are unable to enter referrals onto the system which allows e-referrals to be directed to the teams for actioning. Sending referrals to them creates delays.



Sleep studies at FSH

The FSH Pulmonary Physiology and Sleep Service offers a comprehensive sleep laboratory, inpatient and outpatient consultations.

FSH provides a full sleep service for all sleep conditions (eg sleep apnoea, restless legs, parasomnia, insomnia), including provision for the morbidly obese, and also has taken on a larger role with motor neurone disease, traumatic neurology and muscular dystrophy patients with the State Rehabilitation Service onsite

Consultations, sleep studies and trials of treatment are performed without cost to the patient. Once the trial is completed, either an application for public funding of CPAP (for which a deposit of \$150 and purchase of the mask by the patient at a cost of \$200 – \$400 are required) or a prescription for self-funding (with or without support from a health insurer) is made.

Initial waiting periods for these services were up to 12 months although these are rapidly reducing. Urgent referrals may be expedited by a call to the Sleep Centre (phone (08) 615 2046/fax (08) 6152 4519) and discussion with one of the 3 sleep physicians. Patients may be seen within a few days if very urgent, or within several weeks if an early appointment is indicated.

**Dr Monica Lacey Hospital Liaison
GP, Fiona Stanley Fremantle
Hospital Group**
monica.lacey@health.wa.gov.au

King Edward Memorial Hospital

Influenza vaccine in pregnancy

If you've seen one flu season, you've seen one flu season. It is impossible to predict the nature or severity of the 2016 influenza season so it is essential that GPs encourage all pregnant patients to have their influenza vaccine.

Influenza vaccine is safe in any stage of pregnancy and women who attend KEMH Antenatal Clinic will be able to have their influenza vaccine at their clinic appointment, once the vaccination period commences. Women are also able to receive pertussis immunisation between 28-32 weeks gestation.

When should influenza vaccine be given?

Pregnant women should have the vaccine once it is available, regardless of which trimester they are in. If there is a delay in the QIV becoming available, pregnant women should not have the TIV, unless the delay is prolonged and goes into the influenza season.

Why should GPs recommend influenza vaccine in pregnancy?

Influenza vaccine is strongly recommended for pregnant women as it will reduce the risk of complications from influenza in both the pregnant woman and the fetus during the pregnancy and also protects the infant against influenza in the first 6 months of life. Research has confirmed that women are more likely to have the influenza vaccine if it is recommended by their GP or other health provider.

If you have any questions or need clinical advice, please contact the on-call Clinical Microbiologist or the on-call Obstetric Registrar via the KEMH switchboard (24 hours) on (08) 9340 2222.

More info available on the WAPHA website.

**Dr Vicki Westoby, Hospital Liaison
GP, KEMH**
Victoria.westoby@health.wa.gov.au
**Available: Mondays and
Wednesdays (08) 9340 1561**

Royal Perth Hospital

Gastroenterology Clinic outpatient appointment waiting times

The waiting times for routine Gastroenterology outpatient appointments at RPH are extremely long. Please advise your patients of this prior to referral and offer them other options if possible. If you do refer, please ensure the referral is comprehensive and all initial investigations are included.

- Routine referrals for Gastroenterology clinics and procedures are made through the Central Referral Service (CRS).
- For referrals of patients who reside in the RPH catchment requiring URGENT outpatient or procedure appointments (eg imaging suspicious of malignancy), please contact the Gastroenterology Registrar-on-call through the RPH switchboard on (08) 9224 2244. Urgent referrals can then be faxed to (08) 9224 1329.

Hepatitis C

RPH is developing processes to facilitate gastroenterology approval for GPs to prescribe new treatments for patients with uncomplicated Hepatitis C, particularly those without any evidence of cirrhosis, renal impairment or significant comorbidities and who have not had prior Hep C treatment. Further information will be provided in the near future.

Education session

A Hepatitis C GP education session is being planned for **Saturday 21st May 2016, 9am - 1pm** in the **Bruce Hunt Lecture Theatre at RPH**.

For GPs to obtain more information on this event, please email Nick. Kontorinis@health.wa.gov.au. If the event is fully booked, priority will be given to GPs in the RPH metro catchment and rural areas.

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

Central Referral Services

Excluded procedures

A range of procedures, primarily of a 'cosmetic' nature cannot be undertaken at public hospitals unless there are good medical reasons to do so. Operational Directive 0472/13 Excluded Procedures (November 2013) provides further information.

If a GP thinks an operation is clinically indicated then they should write a letter to 'The Director of Medical Services' and attach this to the referral that they send to the Central Referral Service (CRS). CRS will then direct the referral to a hospital where the Director of Medical Service will decide whether or not the hospital accepts the referral. Note there is long waiting list for most procedures.

Dr David Oldham, Hospital Liaison GP, SCGH

David.Oldham@health.wa.gov.au

Available: Monday - Thursday
(08) 9346 3333 (Switchboard)

ALERT:

Endoscopy/Colonoscopy & anticoagulants/antiplatelet agents

Due to patients arriving for their procedures still taking anticoagulants/antiplatelets, the RPH Gastroenterology Service has recently had to either cancel a number of procedures or undertake the scope but rebook the patient for a second procedure. GPs are asked to help in the following ways:

- Please highlight in the referral if your patient is taking any anticoagulants and/or antiplatelet agents, which ones and why.
- If a patient on the waiting list is started on anticoagulants and/or antiplatelet agents after referral, please advise the Gastroenterology Department.
- Each patient needs to be considered individually. Generally patients on warfarin are seen first in clinic to assess risks in stopping and need for clexane. Aspirin is normally continued (unless on dual anti-platelet therapy and can't cease clopidogrel then may stop the aspirin - seek specialist advice).

For GP queries re anticoagulation/antiplatelet treatment for patients referred to RPH for gastroenterology procedures, please contact the Gastroenterology Department on (08) 9224 3133.

New Pathways

We are pleased to announce that an additional 4 new pathways have been localised. These include:

- Deliberate self-harm
- Caregiver raises concerns of child or young person sexual abuse
- Disclosure of sexual abuse by child or young person
- Health professional has concerns about child or young person sexual abuse

If you do not have access to HealthPathways please contact: HealthPathways@wapha.org.au

Upcoming working groups:

- Chest pain – 26 May 6pm - 8pm
- FASD – 13 May



- Autism – 20 May
- ADHD – 3 June

If you would like to attend any of the above working groups, please contact the HealthPathways team on: HealthPathways@wapha.org.au

Education Event

HealthPathways WA in collaboration with Princess Margaret Hospital will be hosting its first CPD event:

Title: Wonky Legs and Eating Disorders

Date: 25 May

Time: 6pm – 8pm

Venue: Princess Margaret Hospital

Invitations will be sent out shortly. To register your interest, please contact the HealthPathways team on: HealthPathways@wapha.org.au



HealthPathways WA

CLINICAL UPDATE

ePIP Changes – Are You Ready?

The My Health Record system was relaunched on 4 March 2016 and included changes to the ePIP. The program will now be known as the Digital Health Incentive PIP and will require a minimum upload of Shared Health Summaries per practice per quarter.

A letter from the Dept. of Human Services was recently sent to all practices registered with the old ePIP which outlined the next steps practices need to take to ensure they will meet the new requirements should they wish to continue receiving incentive payments.

WAPHA recommend those practices wishing to continue receiving the Digital PIP Incentive are aware that they may need to renew their NASH/PKI certificates. The process to update these certificates is easy but it may take 6-8 weeks to receive the new certificates.

A new NASH Organisation Certificate Tracker has been launched by NEHTA to assist practices identify the current status of their NASH certificate. Visit www.nehta.gov.au/news-and-events to find out more.

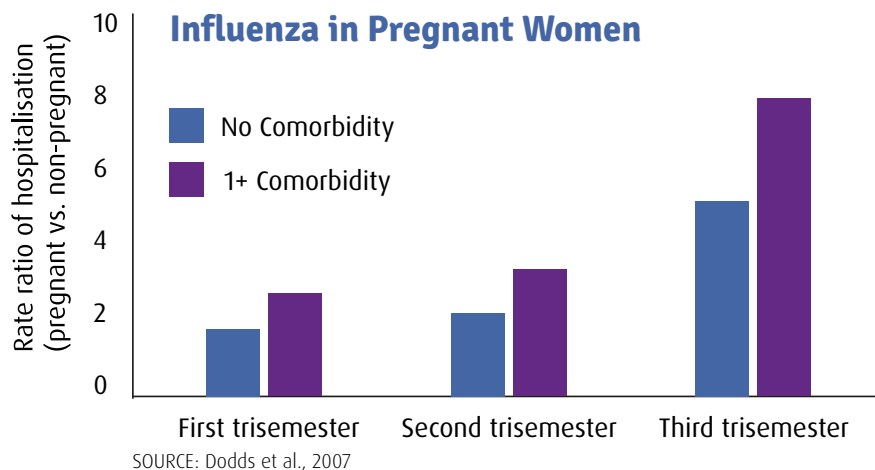
Practices should also ensure that their Responsible Officer Information is up to date as these people will be the authorised contact points for NEHTA to make changes to a practice's My Health Record registration.

Whilst the new PIP program commences in May, practices will have until the end of the quarter (31 July 2016) to meet the upload requirement. Further information and training opportunities for My Health Record are available on the website and practice staff should contact their WAPHA Network Support Officer should they experience any difficulties.

Influenza vaccination and pregnancy

Why is influenza vaccine important for pregnant women?

- Higher risk of serious complications
 - Pneumonia and cardiopulmonary events
 - All trimesters, but particularly later in pregnancy
- Depressed cell-mediated immunity
 - Less able to clear influenza infection
- Reduced tidal volume and increased cardiac output
 - Less able to handle cardiopulmonary stress of respiratory infections



During the Influenza A/H1N1 Pandemic it was found that pregnant women had 5x risk of severe/fatal

illness than non-pregnant and were at increased risk of spontaneous abortion and stillbirth.¹

Antenatal influenza vaccination benefits/evidence

Potential benefits:

- Protects mother from serious infection
- Transfer of maternal antibody protects infant from serious infection

Evidence:

- 90-100% of vaccinated pregnant women and their newborns have protective level of antibody
- Reduces febrile respiratory illness by 30% in mothers
- Reduces influenza by 63% in infants

Recommendations:

- 2011: RANZCOG recommended during any trimester
- 2012: WHO SAGE lists pregnant women as highest priority group

In WA the numbers of women receiving influenza vaccination are improving. 67% of vaccinations are being given by general practice.

Why do women get immunised?

Reason	TIV	dTpa
To protect the baby	97.6%	99.0%
Friends/Family/media recommended	53.1%	74.5%
Worried about disease	54.3%	62.5%
Midwife recommended	50.6%	55.2%
GP recommended	61.5%	58.3%
OB recommended	51.6%	53.4%
Normally get flu vaccine	44.9%	---
Have chronic medical condition	6.3%	---

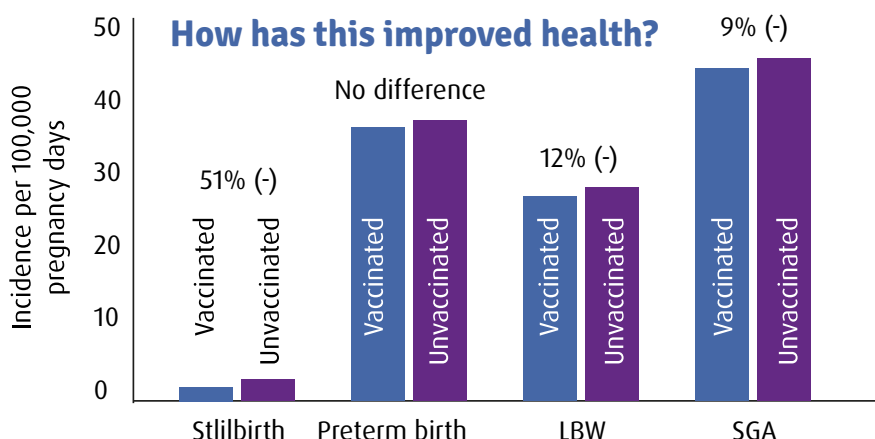
Why do women not get immunised?

Reason	TIV	dTpa
Wasn't recommended	35.0%	45.0%
Worried about side effects (to self)	38.3%	12.4%
Worried harm baby	33.5%	23.1%
Don't normally get	34.3%	---
Advised against	6.8%	6.6%
OB recommended	51.6%	53.4%

How has vaccination improved health?

65% reduction in admissions per 10,000 women

25% reduction in admissions per 1,000 infants



Summary

- Pregnant women are high priority group for seasonal influenza vaccination.
- Uptake of influenza vaccine has significantly improved since 2012 – but could still be better!
- Benefits of vaccination during pregnancy have been demonstrated in WA in terms of maternal and perinatal health.

¹ Håberg, Siri E et al. "Risk of Fetal Death after Pandemic Influenza Infection or Vaccination during Pregnancy." The New England journal of medicine 368.4 (2013): 333-340. PMC. Web. 12 Apr. 2016.



University of Notre Dame – Migraine Study

Researchers at University of Notre Dame are conducting a study into the effects of a combination of antioxidant vitamin therapy on migraine. They need the help of migraine patients to see if a combination of N-acetylcysteine 600mg, Vitamin E 250 IU and Vitamin C 500mg (NEC), taken twice a day for 12 weeks, will reduce migraine attacks.

Participants need to meet the following criteria:

- Be aged between 18-65 years
- Have experienced migraine attacks for at least the past 12 months, with onset before 50 years of age
- Suffer migraine episodes two-to-eight times per month (with less than six 'other' headache types per month)
- Be able to distinguish between migraine and 'other' headache types

- Take less than 2 migraine prevention drugs
- Have the ability to fill out a headache diary and self-administer trial drugs twice daily

If you have any questions about this project, know a patient that meets these criteria and is interested in participating, please feel free to contact: Mr Eamon McDonnell or Professor Eric Visser at: ndvitmigraine@gmail.com

Climate change and health in Australia

Medical advocacy organisation Doctors for the Environment Australia's (DEA) fact sheet, Climate Change & Health In Australia, states sicknesses such as vector-borne diseases, foodborne and waterborne illnesses, heat-related disorders, respiratory and allergic disorders such as asthma, as well as mental health problems will all likely increase due to climate change.

DEA's publication is in response to several international reports that have been released in recent months describing the alarming rate of change in global temperature. The World Meteorological

Organisation reported that 2015 'shattered' temperature records and that this record-breaking trend has continued in 2016 with February setting new records, while greenhouse gas concentrations crossed the symbolic and significant 400 parts per million threshold.

Further information on Doctor's for the Environment Australia visit: dea.org.au



EDUCATION EVENTS

ASHM chronic hepatitis C education

Curing hepatitis C in 2016 – evening workshop and webinar

This update will provide GPs with the knowledge to engage their patients in care, perform investigations, assess for advanced liver disease and prescribe new hepatitis C treatments in consultation with a specialist.

Date: Thursday, 26 May 2016

Venue: Grace Vaughan House-
Department of Health, 227 Stubbs
Terrace, Shenton Park WA 6008

Time: 6:30pm – 9pm (Webinar
broadcast from 7pm to 9pm)

(This update will also be run as a
webinar. To join in via webinar, please
see registration details below.)

Register at: [www.ashm.org.au/
courses](http://www.ashm.org.au/courses) if attending in person, or
[http://omnovia.redbackconferencing.
com.au/landers/page/a18192](http://omnovia.redbackconferencing.com.au/landers/page/a18192) if
attending via webinar

Registrations Close: Tuesday,
24 May 2016

For further details contact:
Paola Rosales, T (02) 8204 0740,
E paola.rosales@ashm.org.au

CPD POINTS:

RACGP – 40 Category 1 CPD Points

Curing hepatitis C with new treatments – a practical workshop for GPs and other medical practitioners

This course will cover the prescribing
and patient restrictions for

approved medicines listed on the
Pharmaceutical Benefits Scheme
(PBS) from 1 March 2016.

Date: Saturday, 28 May 2016

Venue: Grace Vaughan House -
Department of Health, 227 Stubbs
Terrace, Shenton Park WA 6008

Time: 12pm – 4.30pm

Register at: www.ashm.org.au/courses

Registrations close: Tuesday,
24 May 2016

For further details contact:
Paola Rosales, T (02) 8204 0740,
E paola.rosales@ashm.org.au

CPD POINTS:

RACGP – 4 Category 2 CPD Points

Cervical cancer screening education for GPs

As the first point of contact for health
issues for many Australian women,
general practitioners (GPs) play a key
role in ensuring the success of the
National Cervical Screening Program
(NCSP). Since the introduction of
the NCSP in 1991, the incidence and
mortality of cervical cancer have halved.

Despite this significant impact, in 2012–
2013 more than 2.7 million women did
not comply with the recommended
two-yearly screening interval.

As part of the GP Education Project,
Cancer Council WA has developed a
'Plan Do Study Act' (PDSA) activity
to support GPs in identifying and
encouraging eligible patients to
participate in cervical screening.

This activity is now available at [www.
cancerwa.asn.au/professionals/gp/](http://www.cancerwa.asn.au/professionals/gp/)

CPD POINTS:

RACGP QI&CPD program for the 2014–
16 triennium 40 Category 1 points

ACRRM PDP for the 2014-16
triennium 30 PRPD points

GP immunisation update 2016

Three-part Active Learning Module
Interactive Presentations with Case
Studies

Session One: 4 May 2016

- Whats happening around
immunisation
- Revised national schedule
- Boosting vaccine coverage and
importance of ACIR
- Maternal vaccination
(followed by Case Studies)

SPEAKERS: Paul Effler CDCD; Sharon
Nowrojee NMPHU

Session Two: 18 May 2016

- Influenza – targeting protection and
vaccine effectiveness
- Vaccination for special groups
 - Pneumococcal
 - Shingles
 - Asplenia (followed by Case Studies)

SPEAKERS: Chris Blyth and Peter
Richmond; PMH and Telethon Kids
Institute (Vaccine Research)

Session Three: 1 June 2016

- Vaccine cold chain
- School vaccination programme and
impact of HPV programme
- Travel vaccines
(followed by Case Studies)

SPEAKERS: Jane Gardiner SMPHU;
Donna Mak CDCD and David
Rutherford, Travel Health Fremantle

Venue: Grace Vaughan House,
227 Stubbs Tce, Shenton Park, 6008
(Free parking)

Time: 7pm – 9pm

Rural and remote: Video
conferencing available via Scopia.

Booking and info: [jenni.pringle@
health.wa.gov.au](mailto:jenni.pringle@health.wa.gov.au) T (08) 9222 8500
Fax (08) 9222 8501

RSVP date: 27 April 2016

CPD POINTS:

RACGP – 40 Category 1 CPD Points



Australian Government

WAPHA disclaimer

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