

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

INSIDE:

- Mental Health Update
- Commissioning Update
- Aboriginal Health
- Primary Care in Focus
- Hospital Liaison
- Digital Health
- Clinical Update
- HealthPathways WA
- Education Events

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

MESSAGE FROM THE CEO

Learne Durrington



Closing the Gap – The Significance of General Practice

Last week, Prime Minister Turnbull released the ninth report card on Indigenous disadvantage in Australia. Whilst the latest Closing the Gap report shows some positive signs for health, including reduced rates of smoking and infant mortality and improvements in reducing mortality from chronic diseases, the mortality rates from cancer are rising and the gap is widening. The target to halve the gap in mortality rates between Indigenous and Non-Indigenous children by 2018 is not on track, nor is the intent to close the overall gap in life expectancy by 2031.

In order to meet the target over the period 2006 to 2031, Indigenous life expectancy would need to increase by 16 years and 21 years for females and males respectively, with average annual life expectancy gains for Indigenous Australians of between 0.6 and 0.8 years required.

Primary Health Networks, general practice and other primary health care services have an essential role in the health and wellbeing of Indigenous Australians. Bridging the health quality gaps and increasing access to primary health care, particularly for people living in regional, rural and remote locations is central to our work in the prevention and management of chronic disease.

The important role of general practice in the provision of healthcare for Aboriginal people is well known. Many Aboriginal Western Australians consider general practitioners as their usual source of healthcare. However, persistent barriers result in relatively low access to primary care, with subsequent inadequate prevention and management of chronic disease. Access is a key determinant of Indigenous health outcomes and Indigenous primary care requires ongoing resourcing and capacity and capability development.

WAPHA supports both Aboriginal community controlled and mainstream health services to improve coordination of care for patients, particularly those at risk of poor health outcomes. Indigenous health is one of the six priority areas identified for our targeted activities and we work collaboratively with Indigenous stakeholders in considering the health needs of their region. The PHNs' Integrated Team Care (ITC) activity is designed to improve health outcomes for Aboriginal people with chronic health conditions through better access to coordinated, culturally appropriate and multidisciplinary mainstream primary care (including general practice). An Australian Government initiative, ITC is intended to contribute to closing the gap in Indigenous life expectancy. There is no doubt that a consultative and collaborative approach by invested

(continued on page 2)



WAPHA
WA Primary Health Alliance

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(continued from page 1)

organisations with shared values is essential to the success of ITC.

It is imperative that PHNs understand the health-care needs of our communities, identify service gaps and focus on patients at risk of poor health outcomes. Indigenous Western Australians are among the priority disadvantaged and vulnerable patient groups we are focusing on in our 2016 – 2018 commissioning activities. Central to our commissioning of Indigenous specific primary care services is a genuine commitment to working in respectful partnership with Aboriginal health services and communities.

Our PHN Needs Assessments have clearly shown that Aboriginal people across the State have the poorest rates of access to appropriate primary health care and this is borne out by their over-representation in the rates of potentially preventable hospitalisations. To achieve sustainable system wide change, we recognise the importance of collaborative, regionally specific approaches that are cognisant of cross cultural needs, address the social determinants of health and build capacity within the primary health workforce.

WAPHA understands that in Aboriginal culture, the notion of health is viewed holistically.

WAPHA is committed to facilitating the active and joint involvement of PHNs, Aboriginal people and general practice in service planning, design, delivery and evaluation. Trust, integrity and candid communication are fundamental to these relationships. Only within this paradigm can we achieve the overall sectoral change that develops the integrated approaches required to realise better health outcomes for Aboriginal people and embed these in the system.

Alcohol & Other Drugs and Mental Health

WA Primary Health Alliance (WAPHA) held a service provider workshop last month to explore the concepts of integrated care, place-based systems, co-design and commissioning.

The workshop was held for service providers and broader stakeholders interested in the current Alcohol & Other Drugs and Mental Health Expressions of Interest being offered by WAPHA.

Over 70 participants from across the service sector joined the conversations which were designed to challenge assumptions and take a collective approach to inform the current and future commissioning approaches.

Feedback from participants on the day was positive, with many feeling WAPHA had a vital role in facilitating more networking opportunities and opening up conversations that can lead to real change for communities.

The event was supported by an engagement project in **Primary Health Exchange**, which opened questions in advance and gave easy access to a range of relevant documents.

To access a summary of the workshop feedback, presentations and the table conversations, visit Primary Health Exchange at phexchange.wapha.org.au



More support for people who have attempted suicide

The State Government is expanding the Active Life Enhancing Intervention (ALIVE) program, an intensive preventative service for people who have attempted suicide.

The \$644,000 expansion will help more people from one of the most at-risk groups in Western Australia manage their mental health.

ALIVE which is run by 360 Health and Community provides a comprehensive, safe and non-judgemental support program through which clients are provided with a free counselling service.

The additional funding will enable new services to begin in Armadale, Fremantle and Rockingham early this year and the Joondalup service to be expanded to five days a week.

Referrals to the ALIVE program are accepted from people self-referring, or from family members, GPs, hospitals and other health professionals.

The evaluation of the ALIVE service has demonstrated a successful reduction in levels of distress and suicidal thoughts among this vulnerable population group.

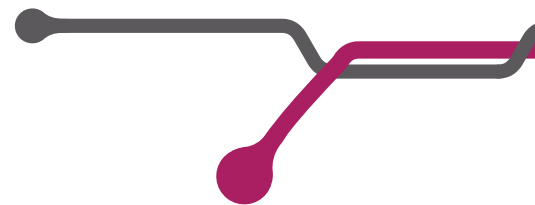
The project allows greater continuity of care, decreasing the likelihood of future hospitalisation and linking individuals with the most appropriate ongoing support. It also enables clients to learn techniques to successfully manage their mental health beyond the life of the intervention.

To make a referral, contact 9376 9238 and ask for the Clinical Triage Team

All suicide prevention services are also listed on the

[HealthPathways website at https://wa.healthpathways.org.au/236050.htm](https://wa.healthpathways.org.au/236050.htm)

COMMISSIONING UPDATE



Changes to Primary Health Services

WA Primary Health Alliance (WAPHA) is committed to increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

Through our Population Health Needs Assessment and working with our Primary Health Network (PHN) Clinical Commissioning Committees and Clinical Engagement Committees, we are targeting our funding to essential services for people who are vulnerable and disadvantaged and at risk of poor health outcomes.

This means that some services, operated by the former Medicare Locals, will not be funded after 31 March 2017.

Service providers have had a nine-month transition period to complete a cycle of care or identify more suitable options for clients.

For each program where a contract is ending, providers have undertaken research to identify

alternative options. Details of these options are available from the current service provider.

WAPHA staff are working with service providers to ensure clear communication to referring clinicians and consumers about alternative options.

New services are currently being planned and commissioned in your area and we will keep you informed about access to these services.

Should you require further information do not hesitate to contact WAPHA on (08) 6272 4900 or email info@wapha.org.au.

WAPHA is moving from a programmatic-based approach to supporting a Comprehensive

Primary Care model where General Practitioners lead, and are central to the care team/model.

In particular, we aim to meet the needs of patients and the community by commissioning services which wrap around general practice in key priority locations.

Comprehensive Primary Care will support general practice to build capacity to deliver and coordinate the care of people with chronic disease to enable people to stay well in the community, and reduce the rate of potentially preventable hospitalisations.

To find out more about Comprehensive Primary Care, visit www.wapha.org.au/primary-health-networks/cpc/

ABORIGINAL HEALTH

Heart Disease – resources for Aboriginal patients

Aboriginal and Torres Strait Islander people, when compared with other Australians, are:

- 1.3 times as likely to have cardiovascular disease
- three times more likely to have a major coronary event, such as a heart attack
- more than twice as likely to die in hospital from coronary heart disease
- 19 times as likely to die from acute rheumatic fever and chronic rheumatic heart Disease
- more likely to smoke, have high blood pressure, be obese, have diabetes and have end-stage renal disease

The Heart foundation has produced several good resources specifically for use with, and by, Aboriginal patients.

<https://heartfoundation.org.au/for-professionals/aboriginal-health>

<https://www.heartfoundation.org.au/your-heart/resources-for-aboriginal-health>

Free “heart attack action plan packs” for patients can be ordered from the Heart Foundation.

They include:

- A Warning Signs fact sheet
- Action Plan fridge magnet
- Three Action Plan wallet cards (to share with family or friends).

<https://www.heartfoundation.org.au/for-professionals/heart-attack-warning-signs-resources>

PRIMARY CARE IN FOCUS

Productivity Commission Report Highlights Work of General Practice

The recently released Productivity Commission Report on Government Services 2017 has highlighted the value of general practice to the Australian health care system, with GPs providing high quality and accessible services for patients.

The number of GP services has increased from around 5.9 services per head of population in 2011/12 to 6.4 services per head of population in 2015/16. This reflects the growing burden of complex and chronic disease as well improved access to GP services. GP workforce numbers have increased from 82.9 Full-Time Service Equivalent (FSE) per 100,000 population in 2011/12 to 96.8 FSE per 100,000 population in 2015/16.

For more information, visit <http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health>

Auditor General's Report – Improving Immunisation Rates of Children in WA

The report makes a number of recommendations to assist Health in improving the immunisation rates of children in WA.

To view the report, visit <https://audit.wa.gov.au/reports-and-publications/reports/improving-immunisation-rates-children-wa/>

Transition Care Program – Delivery of 75 New Places

The Liberal National Government strategy to significantly increase metropolitan hospital bed availability and efficiency ahead of the busy winter season is on track, following a new State-Commonwealth agreement on extra aged care Transition Care Program places.

For more information, visit <https://www.mediastatements.wa.gov.au/Pages/Barnett/2017/01/Strategy-on-track-to-free-up-Perth-hospital-beds.aspx>

Corporatisation of General Practice – Impact and Implications

Primary Health Care Research & Information Service (PHCRIS) Policy Issue Review, Corporatisation of General Practice – Impact and Implications has been released.

To view the report, visit <http://www.phcris.org.au/publications/policyreviews/issues/corporatisation.php>

Medicines and Poisons Act & Medicines and Poisons Regulations – Updated

New regulations for the sale, supply and manufacture of medicines and poisons came into effect on 30 January, reducing business compliance costs and promoting the safe dispensing of controlled drugs.

For more information, visit <https://www.mediastatements.wa.gov.au/Pages/Barnett/2017/01/New-WA-medicines-regulations-promote-safety.aspx>

Launch of the National Framework for Health Services for Aboriginal and Torres Strait Islander Children & Families

The National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families will help Aboriginal and Torres Strait Islander children to get a better start in life. It provides a guide for culturally appropriate maternal health care, pregnancy care and early childhood – setting children and families up for better health throughout their lives.

On 25 January, Minister for Indigenous Health and Aged Care, Ken Wyatt AM, MP launched the new Framework which is part of the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013-2023.

For more information, visit <http://www.coaghealthcouncil.gov.au/Portals/0/National%20Framework%20for%20Health%20Services%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Children%20and%20Families.pdf>

Governments Sign Bilateral Agreement on Local Delivery of NDIS in WA

The Commonwealth and West Australian governments have announced an agreement for a nationally consistent but state-run National Disability Insurance Scheme (NDIS) in Western Australia.

For more information, visit <http://christianporter.dss.gov.au/media-releases/ndis-wa-01022017>

Government Announces Improvements to Australian General Practice Training (AGPT) as Part of Health Workforce Reforms

Federal Assistant Health Minister Dr David Gillespie has announced the Government will invest \$220 million per annum on the AGPT and from 2017, for 2018 commencement, the selection of medical graduates for the program will be administered by the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine.

For more information, visit <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2017-gillespie003.htm>

AMA Position Statement – General Practice in Primary Health Care

This Position Statement examines the role of general practice in the delivery of primary health care services in Australia. The AMA has developed this Position Statement as a vision for general practice and primary care into the future. The Position Statement articulates the role of the Quadruple Aim in quality primary care.

For more information, visit https://ama.com.au/system/tdf/documents/General%20Practice%20in%20Primary%20Health%20Care%20PS%202016_Final_0.pdf?file=1&type=node&id=45466

RACGP: Local GP Advocacy Networks

In 2016, the College surveyed members on whether it should play a greater role in supporting GP advocacy and engagement at a local level. Most respondents were supportive, given a current lack of opportunities for GPs to connect and engage with other GPs at a local level. The RACGP is creating opportunities for GPs to engage with other local GPs and discuss areas of mutual interest or concern, in part through tools such as ShareGP.

The College wants to support the profession and ensure that the local GP voice is not lost within the changing healthcare sector. Engaging with colleagues provides the opportunity for professional growth through access to information and peers. This can result in increased professional satisfaction and a united professional voice.

RACGP is starting to pilot Local GP Advocacy Networks, with the first network being formed in the Hunter region (NSW). This network will connect GPs from across practices in the area through face-to-face and/or online meetings and allow them to share ideas and concerns with peers, as well as the RACGP. Similar networks will soon be piloted in various metropolitan and regional areas.

Changes to General Practice Accreditation

The Australian Commission on Safety and Quality in Health Care (ACSQHC), in collaboration with the RACGP, has developed the National General Practice Accreditation Scheme (the Scheme). The Scheme commenced 1 January 2017, and aims to:

- provide greater choice for practices seeking accreditation
- improve support programs for implementation of accreditation
- provide practices with access to national data on accreditation performance and enable benchmarking.

Under the Scheme, general practices seeking accreditation must be assessed by an approved accreditation agency. General practices due for accreditation before 30 June 2017 will maintain existing arrangements with their accreditation agency. From 1 July 2017, practices undergoing accreditation will need to ensure they use one of the approved accreditation agencies.

<https://www.safetyandquality.gov.au/our-work/general-practice-accreditation/#The-National-General-Practice-Accreditation-Scheme>

Spending on mental health services exceeds \$8.5 billion

Expenditure on mental health-related services in Australia continues to increase, according to new data released by the Australian Institute of Health and Welfare (AIHW).

The data shows that over \$8.5 billion was spent nationally on mental health services in 2014-15-\$911 million more than in 2010-11. The number of direct care staff employed in public sector community mental health services has seen the biggest change over the last two decades, rising from about 3,400 FTE in 1992-93 to 10,600 in 2014-15. This change reflects increased investment by state and territory governments in community based mental health care.

To view the updated information, visit <https://mhsa.aihw.gov.au/home/>

Cost of Older Australians with Diabetes to Hit \$2.9 Billion by 2030, New Research Shows

The indirect economic cost of rising numbers of ageing Australians with diabetes, measured in 'lost productive life years', is set to hit \$2.9 billion a year by 2030, up from \$2.1 billion in 2015. New research, published in the BMJ Open journal on Tuesday, used population growth and disease trend data to estimate the likely cost of the disease among people aged 45 to 64 years old by 2030.

For more information, visit <http://bmjopen.bmj.com/content/bmjopen/7/1/e013158.full.pdf>



HOSPITAL LIAISON

Direct Access Endoscopy referrals

1. All metropolitan public direct access endoscopy referrals are to be sent to Central Referral Service as of 20 January 2017
2. Existing referral forms, or practice letterhead can still be used (e.g. OPH has an electronic downloadable referral form http://www.oph.health.wa.gov.au/Clinicians/GP_Referral_Forms.html)
3. From about March 2017 a NEW downloadable referral form will be released – this will shortly thereafter become mandatory and will replace all other referral forms.
4. The patient weight is now mandatory. Patients with high weight and/ or BMI can be at significantly increased risk of morbidity and may require increased specialist care. Referrals without this information will be returned to the GP (an estimate may be acceptable)
5. ASI (Ambulatory Surgery Initiative) is an initiative that is in use at Osborne Park Hospital and Bentley Hospital. This allows patients to have their endoscopy partly funded under Medicare and partly funded by the State. The OPH ASI endoscopy unit runs an efficient, national award-winning service, frequently offering shorter waiting times for patients. In order to give your patients this opportunity, please complete the ASI part of the referral form. OPH and Bentley ASI cannot accept patients who have not had this section completed with a named Specialist. Please note that you may choose multiple specialists.
6. Incomplete referrals with inadequate demographic or clinical detail will be returned to the referrer from 20 January 2017.
7. When the endoscopy site assesses the referral, if the clinical indication does not fit with the recommended guidelines for endoscopy, the referral will be rejected and the GP and patient will be requested to meet again in 6-12 weeks to assess whether any clinical change has taken place that would make re-referral appropriate. <http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Central%20Referral%20Service/PDF/Summary-Referral-Guidelines.ashx>
8. The new endoscopy guidelines are also published on the HealthPathways website at <https://wa.healthpathways.org.au/317809.htm>

King Edward Memorial Hospital

Early Pregnancy Assessment Service

The dedicated Early Pregnancy Assessment Service (EPAS) provides a consultant-led service with availability of ultrasound. EPAS is located in the Emergency Centre at KEMH and works on an appointment system from 830 -1230 on Monday/Wednesday/Friday (excluding public holidays).

- EPAS is suitable for women with non-urgent problems in early pregnancy, including mild to moderate abdominal or pelvic pain or light bleeding.

- Gestation cut-off is 13 weeks.
- Women can have everything done in 1 visit:
 1. Medical assessment
 2. Blood tests
 3. Ultrasound (if indicated)
- EPAS is not suitable for women with severe abdominal or pelvic pain, heavy vaginal bleeding or haemodynamic instability. These women should be referred directly to the Emergency Centre.
- To refer a patient to EPAS: Phone (08) 6458 1431 (anytime) to make an

appointment for your patient. Please send a referral letter with the patient or Fax this to (08) 6458 1402.

- GPs are welcome to contact the Emergency Centre if they are unsure if a patient meets the criteria for EPAS or if they would like clinical advice. Phone: (08) 6458 1431

Dr Vicki Westoby
Hospital Liaison GP, KEMH
victoria.westoby@health.wa.gov.au
Available: Monday and Tuesday
(08) 9340 1561

Fiona Stanley and Fremantle Hospitals Group (FSFHG) Update

Calling for Expressions of Interest for GP Focus Group – FSH-ENT outpatient referrals

South Metropolitan Health Service (SMHS) is seeking interested GPs to become part of a focus group to discuss the development and implementation of changes to the management of outpatient waitlists. FSFHG recognises the importance of increasing engagement and involvement between its sites and primary care providers to enable more diverse and broadly representative views to be expressed.

The first area of focus will be on existing and future ENT referrals, particularly for conditions where the urgency category is routine (category 3), as referral volumes are high and waiting times significantly exceed guidelines (e.g. tonsillitis and rhino-sinusitis).

The ENT focus group plans to meet at FSH on Tuesday 14th March from 6.30pm to 8.00pm. Parking will be available at a subsidised rate and a light supper available from 6pm. Representatives from FSH, SMHS and WAPHA will be present. RSVP to Monica.Lacey@health.wa.gov.au

Geriatric Perioperative Service at Fremantle Hospital (subheading)

This service has been operating for nearly 2 years in order to optimise the medical care of older patients before and after surgery. This includes peri-operative assessment through to rehabilitation across a range of surgical specialties. Information for referrers and patients can be found on the Fremantle Hospital website (fhhs.health.wa.gov.au) in the Service Directory.

GPs are encouraged to refer any patients they feel would benefit from this service at the time of referral for

elective surgical procedures or early in the surgical waiting period. Patients may also be referred internally by the surgical or anaesthetic team when there are concerns about anaesthetic or surgical fitness with the aim of reducing risk and improving outcomes.

Paediatric services at Fiona Stanley Hospital (subheading)

Consultant Paediatricians with a wide range of interests including developmental and adolescent medicine provide both outpatient and inpatient services. Urgent advice and early patient review in the emergency department or early access clinics can be sought directly from the on-call consultant (61527674) Monday to Friday 8am-4pm, Sat and Sunday 9am-12pm.

The Paediatric Emergency Department (via a separate entrance and waiting room), provides a dedicated paediatric assessment area for the emergency management of children in the South Metropolitan area. It is providing care for more than 3 times the number previously seen at Fremantle Hospital.

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

Osborne Park Hospital

Audit of GP referral letters to OPH antenatal clinic 2016

Three years ago, the first audit of GP referrals to OPH antenatal clinic was performed, repeat audits were performed in Nov 2014 and Nov 2016. The same process has been utilised each time; by reviewing 100 consecutive GP referral letters to the antenatal clinic.

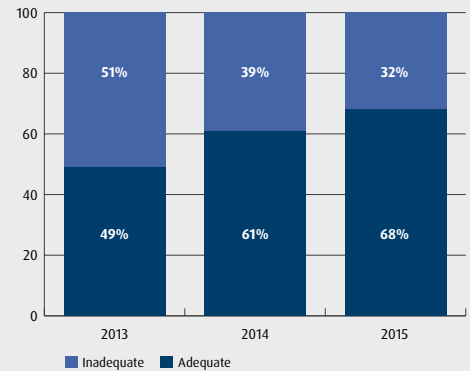
Letters were assessed by their content to be adequate or inadequate for triage.

It was noted that 94% of the referrals were electronically generated.

The frequency of referral letters being deemed 'adequate' had risen from 7% to 68%. This is to be commended, but

does mean that 32% of GP referral letters require a fax back to the GP surgery with a request for further information.

The commonest essential element missing from referral information was blood group and antibodies; this was omitted in 16% of referral letters.



The gestation at referral was also analysed the average gestation was >17 weeks. It was notable that 36% of patients were referred > 20 weeks. Referring women at later gestations can delay specialist input into possibly higher risk pregnancies.

Unfortunately, only 6 % of the GP referrals requested shared antenatal care. OPH maternity service is keen to share the care of appropriate obstetric patients with GPs.

As a result of this audit, OPH maternity will continue to fax back requests for further information to GPs when an inadequate referral is received and send feedback to practices with recurrent late referrals. Health professional education and developing links with GP practices appear to be having beneficial effects; as such we will continue to supply regular antenatal articles and the newsletter to GP practices. Collaboration with GPs is essential, as such if GPs have suggestions they wish to feedback please contact Dr Clare Matthews Osborne Park Hospital Liaison GP clare.matthews@health.wa.gov.au

Dr Clare Matthews
Hospital Liaison GP, Osborne Park Hospital
clare.matthews@health.wa.gov.au
Available: Monday and Wednesday afternoons

DIGITAL HEALTH

Data top of mind for digital future

The Australian Digital Health Agency have been busily connecting with stakeholders from all areas of health as part of its nationwide consultation for the future of healthcare in Australia.

This has included a flurry of recent webinars providing updates on the consultations to date as well as providing an insight into future developments for My Health Record and social policy development across government.

The recent technical update webinar for My Health Record focused on upcoming tweaks and features for Release 8, which is due to go live in June this year.

The main upgrades will include much more streamlined medications and pathology views, a highly topical discussion point for the system from its relaunch last year.

The new draft views, currently being tested, will enable clinicians and consumers to be able to see all their medications and results in one place. This would enable far easier searching and review than in the current system, where individual documents need to be reviewed in case medications or results are mentioned.

Release 8 will also include updated frameworks to enable app and software developers to better integrate their systems with My Health Record. This could potentially enable apps for wearable devices, secure messaging and other health portals to more easily allow patients to connect their records with their everyday lives, and enable them to make more informed decisions.

Enabling consumers was also a strong message for another Q&A webinar held

recently regarding social policy and digital health. Panel members including ADHA's Chief Medical Adviser, Clinical Professor Meredith Makeham, drew comparisons between consumers who were more engaged in their health as having more information available to them to make informed decisions.

ADHA's CEO Tim Kelsey also added that the emergence of digital devices also meant that health planning and promotion could be personalised on a level never seen, where personalised messages could be sent to an individual to help them achieve their health goals.

The most dominant topic of discussion however was the importance and impact that data will have on the future of healthcare.

It is a field that both panellists and participants alike agreed that much more work needs to be done to promote the benefits of using quality data whilst remaining vigilant to ensure that privacy and security is upheld always.

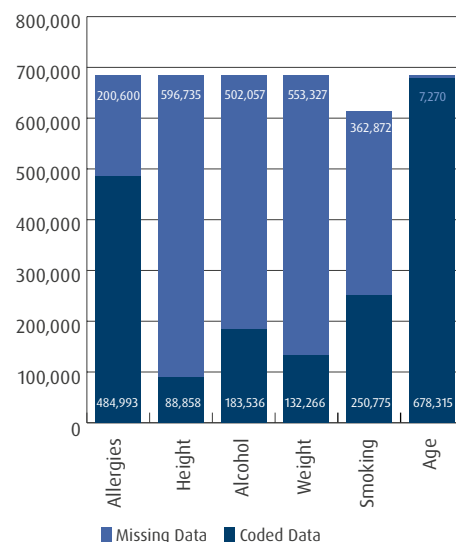
WAPHA is committed to assisting general practice in making the most from their practice data through their data extraction program, using the CATPlus tools CAT4, Topbar and PAT CAT.

The most recent practice extract from January 2017 provides a snapshot as to the current quality of data within general practice. The below graph shows the recording status of baseline measures as required for accreditation.

These measures are used by the CATPlus tools to identify patients in need of services, or may potentially have conditions that have not been identified.

This report, whilst one of many, shows there is much improvement to be gained, but it helps provide a clear guide as to what areas of data require focus. More aggregated reports will become available to practices soon.

Over the coming months WAPHA will be providing learning opportunities via workshop and webinar as to how your practice can improve its data quality, and get more from the data being



Missing Clinical/Accreditation Items

Target Pop (patients with one or more data item missing): 685,593

collected. All events will be posted to the WAPHA website, promoted on the @WAPHA_Digital twitter feed and communicated via your Primary Health Liaisons.

If there are any areas you would like to see as part of this training, or would like to know more about WAPHA's data extraction program, please contact our Digital Health Project Officer, Emma Costello on emma.costello@wapha.org.au or call 6272 4960.

Sunset for Practix Users

WAPHA has recently been made aware that CSC, the developers of PractiX, has chosen to withdraw support for the clinical information system as of January, 31st 2018.

Practices may continue to use the software if they wish however there will be no support or updates provided following this date. This includes updates for MIMS integration, security updates and support queries.

CSC have made arrangements with selected vendors for transfer options and practices wishing to undertake this should contact CSC.

If you or your practice have any concerns please contact your Primary Health Liaison or WAPHA's Digital Health Project Officer, Emma Costello on emma.costello@wapha.org.au or call 6272 4960.

CLINICAL UPDATE

WA Eating Disorders Outreach & Consultation Service (WAEDCOS)

In 2016 a new resource, the WA Eating Disorders Outreach & Consultation Service (WAEDCOS) was introduced. Funded by the Mental Health Commission and the North Metropolitan Health Service (Mental Health), WAEDCOS is a state-wide service, based currently at Sir Charles Gairdner Hospital, that aims to ensure youth and adults in WA with an eating disorder can access optimal best practice care. This is facilitated through up-skilling and inspiring health care professionals to deliver evidence-based high quality eating disorders care.

The WAEDCOS multi-disciplinary team comprises a nurse practitioner, consultant clinical psychologist, consultant liaison psychiatrist, senior dietitian, clinical nurse specialist (mental health) and peer support worker.

WAEDCOS provides consultation liaison, clinician mentoring and support to help clinicians to manage their patients. It also offers clinician training/education and resources to guide safe inpatient management of people with eating disorders.

Referrals are accepted from clinicians throughout WA caring for people with eating disorders.

Access to referral details are available through HealthPathways WA within the relevant eating disorders pathways – anorexia nervosa, binge eating disorder, bulimia nervosa and pica. Please contact the HealthPathways team on healthpathways@wapha.org.au for login details.

WAEDCOS services can be accessed using Telehealth technology.

Access to WAEDCOS details are available through HealthPathways WA within the relevant eating disorders pathways – anorexia nervosa, binge eating disorder, bulimia nervosa and pica. Please contact the HealthPathways WA team on healthpathways@wapha.org.au for login details.

Metropolitan Communicable Disease Control (MCDC) contact details

MCDC is a Perth metropolitan wide service covering the North Metropolitan, East Metropolitan and South Metropolitan Health Service regions. We provide disease control services for notifiable infectious disease and immunisation to health service providers in metropolitan Perth. We provide expert advice to assist service providers with their implementation

of immunisation programs including cold chain advice and catch up plans. We also provide advice and expertise on appropriate public health follow up of notifiable diseases and other communicable diseases of public health significance. MCDC is now part of the North Metropolitan Public Health Unit. Other services within the unit are the WA Tuberculosis Control Program, North Metropolitan Health Promotion and the Humanitarian Entrant Health Service.

Contact details for MCDC are: Metropolitan Communicable Disease Control (MCDC)

Anita Clayton Centre,
Suite 3 / 311 Wellington Street
Perth 6000

Phone: 9222 8588 **OR**
1300 MCDCWA (1300 62 32 92)

Fax (confidential): 9222 8599

Email: contactMCDC@health.wa.gov.au

Eating problems and GPs

General Practitioners are familiar with asking their patients about their smoking and drinking habits, but may not regularly check up on their eating habits. Since we know that early intervention and provision of information from GPs can help reduce a variety of problematic behaviours (including alcohol and drug abuse, psychosis), it makes sense for GPs to identify early problems in eating patterns and provide information that might reduce the person's behaviours.

The most problematic eating behaviours are:

- binge eating (eating large amounts of food, often in secret, with a loss of control)
- purging (self-induced vomiting, laxative abuse)
- fasting (going for more than 8 hours in the day without eating)

Asking patients directly about their eating habits, particularly any of the above behaviours, can help early identification and improvement in symptoms.

The Centre for Clinical Interventions (CCI) has a great website with a variety of handouts, which can be accessed on: http://www.cci.health.wa.gov.au/resources/infopax_doc.cfm?Mini_ID=44

To address problematic behaviours, the following handouts are particularly useful:

For vomiting: <http://www.cci.health.wa.gov.au/docs/ACF2695.pdf>

For laxative abuse: <http://www.cci.health.wa.gov.au/docs/ACF2699.pdf>

For binge eating and fasting: <http://www.cci.health.wa.gov.au/docs/ACF2765.pdf> (regular eating) and <http://www.cci.health.wa.gov.au/docs/ACF396.pdf> (vicious cycle of dieting)

What is HealthPathways?

HealthPathways WA is a web-based portal with information on referral and management pathways helping clinicians to navigate patients through the complex primary, community and acute health care system in Western Australia.

HealthPathways WA is designed to be used at the point of care by general practitioners and is a free resource for all users. WAPHA and WA Department of Health work in partnership to ensure that information on HealthPathways is up-to-date, specific and localised to the unique WA health landscape.

To access HealthPathways, contact your PHN Network Support Officer or email healthpathways@wapha.org.au to request log-in details. For more information about HealthPathways visit the HealthPathways Project Management website at <http://waproject.healthpathways.org.au/>

HealthPathways WA coordinator Yutika Donohue spoke with HealthPathways clinical editor Dr Sue Jackson about her involvement in the HealthPathways project and how the online portal can support GPs in referring patients.



Q. What is your background in General Practice Medicine?

A. I have had a broad and varied career in medicine, which prepared me well for my current role with HealthPathways WA. I started my career in the UK where I worked as a GP, Police Surgeon in the Specialist rape and abuse team and a skin cancer surgeon.

Then I moved to Australia where I spent 3 years in the mining town of Roxby Downs. Here I worked with the miners as well as the entire town, here my skills developed significantly as the result of needing to manage a wide variety of patients with all sorts of conditions.

12 years ago, I moved to WA where I started working at the Street Doctor and Cath Stone secure unit, where I still work now. I also still travel to remote areas of the country with the Earbus program.

Q. What are your special interests in medicine?

A. My special interests are: mental health, homelessness and drug and alcohol. I'm interested in these areas because I see the need for services/care and they are sweet people.

Q. What attracted you to the position of HealthPathways Clinical Editor?

A. I was looking for something different, that I had never done before. This job pays me to learn

and meet with Consultants who are passionate people with great ideas and insight.

I also recognised that HealthPathways is a good program that has been needed in WA for a long time and it was an exciting prospect to be able to be involved in making it 'work' in WA.

Q. What have you been working on during your time with HealthPathways?

A. I started many pathways from scratch when I started at HealthPathways in WA. We decided which pathways to do first based on a GP survey that HealthPathways conducted at the start of the project. Mental Health were the most commonly requested pathways, which is what I started work on first, followed by cardiology and respiratory. All these clinical streams are now live on HealthPathways WA.

Q. What has surprised you while working on the HealthPathways project?

A. I have been surprised by how much I enjoy the job, I am constantly learning from and interacting with wonderful colleagues in the WA Health system. I really like the special projects that develop from the process of writing pathways which can change how people operate in the health system. We have completed a great project with a team of eating disorder experts in WA and we are currently working on an autism project with clinicians in WA.

Q. What is your favourite part of the HealthPathways role?

A. The variety of the work, some days I'll be writing, others I will be talking to a specialist and another I will be presenting at a conference.

EDUCATION EVENTS

I have been really happy with the passion, support and generosity of the healthcare professionals that I have worked with on the project.

Q. How do you see HealthPathways changing the Health Care System in WA for the better?

A. *I see this project freeing up space in health services and more care occurring in primary settings. I also see HealthPathways putting GPs, Specialists and all healthcare professionals on the same page and helping us to work as one health team to improve the patient journey.*

Q. What would you like to say to your GP colleagues in WA about HealthPathways?

A. *For this project to succeed permanently it needs to be owned by the whole of WA, as its strength is that it requires all parts of the health care sector to work together. This is how we can work towards a more amazing health care system. Simple changes such as advice lines and making it easier for specialists to access patient results can make a big difference, particularly in the area of referrals.*

Get Involved

HealthPathways WA's strength lies in the wide variety of Healthcare Providers across WA that are involved in producing a pathway. There are many ways to do this, such as attending a CPD Education event, participating in a clinical working group or submitting feedback via the 'feedback button' on each page of HealthPathways WA. For more information on our events go to the WAPHA website.

HealthPathways WA CPD Events

These activities have 4 Category 2 QI&CPD points attached.

Hepatitis C: Community-based Treatment by Dr Sam Galhenage and Dr Simon Hazeldine

Date: Wednesday 15 March

Time: 6.30pm – 8.30pm

Venue: Fiona Stanley Hospital
(please enquire for country locations)

Learning Outcomes:

1. Acquire knowledge that will inform evidence-based management of chronic hepatitis C
2. Develop skills to enable appropriate staging of liver disease in patients with chronic hepatitis C
3. Discuss referral pathways for patients with chronic hepatitis C
4. Learn significant drug interactions that may occur with the new Hepatitis C treatment regimens
5. Discuss the benefit of HealthPathways for yourself and your patients

Endoscopy Referrals by Dr Hooi Ee and Dr Clare Matthews

Date: Thursday 23 March

Time: 6.00pm – 8.30pm

Venue: Osborne Park Hospital

Learning Outcomes:

1. Acquire knowledge that will inform evidence-based management of patients with gastroenterology issues
2. Develop skills to enable appropriate assessment and care of patients to reduce the risk of adverse outcomes
3. Discuss the new endoscopy referral pathways
4. Discuss the benefit of HealthPathways for yourself and your patients

Diabetes Pathways by Dr Mark Lee

Date: Wednesday 29 March

Time: 6.30pm – 8.30pm

Venue: St John of God
Midland Hospital

Learning Outcomes:

1. Acquire knowledge that will inform evidence-based management of type 2 diabetes
2. Develop skills to enable appropriate assessment and care of patients with type 2 diabetes to reduce the risk of adverse outcome
3. Discuss referral pathways for patients with type 1 and type 2 diabetes
4. Discuss the benefit of HealthPathways for yourself and your patients

For more information, or to register for the events (metro GPs) visit the HealthPathways project site or email healthpathways@wapha.org.au

2017 Public Health Update for GPs

The North Metropolitan Public Health Unit is pleased to announce the 2017 Public Health Update for GPs. Commencing Wednesday 30 March, the series will focus on the changing sexual health scene in WA and increasing rates of gonococcal infection, renewal of the National Cervical Screening Programme and introduction of the primary HPV test, a worrying change in the epidemiology and clinical features of meningococcal disease, why vigilance is required in the management of patients with fever and a rash and the diagnostic challenge of the unresolved cough.

Sessions are free and run from 7pm-9pm at Grace Vaughan House, 227 Stubbs Tce, Shenton Park, 6008 (Free parking with light supper from 6.30pm.) Videoconferencing via Scopio is available on request.

The series has been formulated as a Category 1 RACGP ALM. Attendance at three of the four sessions will qualify for 40CPD points.

Session 1: Wed 29 March 2017 – STIs, HPV and Renewal of the National Cervical Screening Programme

Session 2: Wed 26 April 2017: Meningococcal Disease – Changing epidemiology and public health response

Session 3: Wed 10 May 2017: Fever and a rash – Could it be Measles

Session 4: Wed 24 May 2017: Unresolved cough – Right diagnosis first time

For further information and application, please contact Natalie on 9222 8506 or e-mail pccadmin@health.wa.gov.au

Advanced Training in Suicide Prevention

The CBH Black Dog Mental Wellness Program workshops aim to improve mental understanding, enhance wellbeing and reduce the incidence and impact of mental health issues in grain growing regions of Western Australia.

Where: Karsten's, Level 1, Cloisters 863 Hay St Perth WA

When: Saturday 17 June 2017, 9am – 5pm

Cost: \$50, kindly supported by the CBH Group

Register: www.blackdog.org.au/gpcalender

Accreditation: 40 RACGP QI & CPD Category 1

Onco-geriatric general practitioner educational meeting

Date: 29 March 2017

Venue: Conference Room South Perth Hospital, 76 South Terrace, South Perth WA

Agenda:

6.30pm Arrival Food/Refreshments

7:00pm Advances in Biologics in Cancer
Dr Sankha Mitra
MS.DNB.FRCS.FRCR.MA.
Medical Education

8:00pm Dementia Management in Women
Dr Poh Kooi (PK) Loh
MBBS, FRCAP

8:50pm Question & Answer

RSVP: Monday 27 March 2017 to SPHWAGS@outlook.com

Are you interested in improving the primary care response for patients with alcohol and drug issues in WA?

WAPHA is seeking to develop a network of practitioners with an interest in improving skills, sharing knowledge, identifying gaps and informing strategies to enhance support for both patients and clinicians in addressing harm from alcohol and drug use in WA.

Despite primary health care services being well placed to deliver alcohol and drug interventions, WAPHA recognises that barriers still exist for practitioners in being able to effectively manage patients and support them to navigate the system. To register your interest in being involved in upcoming initiatives please email melanie.chatfield@wapha.org.au

St John of God GP CPD Education sessions

Annual Updates in GP Cardiology at St John of God Subiaco Hospital.

Date: Tuesday 21 March

Time: Refreshments & Registration 6.30pm – 7.00pm
Presentations 7.00pm – 9.00pm
Supper with the Cardiologists 9.00pm

Venue: St John of God Hospital – Subiaco
Level 3, Conference Centre, 25 McCourt Street, Subiaco

Parking: Please bring your parking ticket on arrival to registration and you will be issued a free exit pass.

This session is also available via Webinar, please RSVP for details.

RACGP CPD Points Attendance at this event earns four Category 2 points.

For more information contact:

Elise Holder, Doctor Marketing Coordinator

Phone: (08) 9382 6127 Email: elise.holder@sjog.org.au



Australian Government

WAPHA disclaimer

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