

GP CONNECT

Keeping GPs informed
in the changing primary
health landscape.

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WAPHA
WA Primary Health Alliance

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My previous column focused on WAPHA's Patient Centred Medical Home (PCMH) based model of care – Comprehensive Primary Care (CPC) <http://www.wapha.org.au/primary-health-networks/cpc/>. Since then, WAPHA has received expressions of interest from over 50 Practice Principals from metropolitan and country WA who want to work with WAPHA as partnership practices in the CPC program. CPC partnership practices will work closely with WAPHA towards transitioning to a PCMH based model of care to optimise their management of patients with complex, chronic and co-occurring conditions.

Consistent with the CPC model is WAPHA's framework for Integrated Primary Mental Health Care. We welcomed the recently released RACGP position statement on Mental Health Care in General Practice and its endorsement of PCMH based models of care as establishing the conditions for optimal mental health care. The College's position statement clearly articulates the value of GP led mental health care in improving outcomes for vulnerable patients. Recognising this, Integrated Primary Mental Health Care (<http://www.wapha.org.au/primary-health-networks/mental-health/>) prioritises the ongoing patient relationship with a general practice and the provision of continuous interconnected care.

Through general practice, patients receive comprehensive care that encompasses both mental and physical health needs. It is within a general practice setting that there is a convergence of care for both mind and body systems. Assessment and treatment of mental illness in general practice continues to be informed by a holistic whole-of-person approach – and this is entirely supported by the approach WAPHA is taking to Integrated Primary Mental Health Care.

WAPHA takes a stepped care approach to mental health care in general practice, based on customising interventions to meet individual needs. The underlying principles include the imposition of the least burden, in terms of personal inconvenience and cost, on the individual (and the system) to achieve a beneficial outcome, and the level of intensity

is adjusted in response to feedback. In other words, the individual receives no more, or less, care than is required.

Stepped care enables the development of partnerships between GPs and the patients they treat. Integral to success are the establishment and cultivation of appropriate links with community support services and professionals through both collaborative and shared models of care.

The design of an integrated systems approach for primary mental health care is underpinned by a focus on person centred care involving GPs and support services in partnership with the people they care for. GP led care is the norm – supporting primary care to respond to the whole person.

In accordance with WAPHA's approach to CPC, Integrated Primary Mental Health Care intends to build capacity, capability and confidence within general practice. The model is not about changing the way primary care works, rather it is about enhancing care, adding value to existing services and providing a structure to make it easier to put people at the centre. Adoption of the WAPHA model is intended to assist GPs to better manage existing patients, respond effectively to patient flow (including day to day variation in volume and complexity) and potentially reduce the need to refer to specialist treatment services.

Integrated Primary Mental Health Care has been developed in close consultation with GPs to reflect the agreed need to rebalance and improve the system of care for people with mental health and associated issues. This need has been highlighted in a series of reviews and frameworks. Improving person centred approaches, improving service navigation and integration continues to be emphasised – along with an enhanced role for primary care. We look forward to working collaboratively with GPs and their practice teams in the ongoing development and implementation of Integrated Primary Mental Health Care throughout WA.

Learnie Durrington
CEO, WA Primary Health Alliance

PIP Changes Consultation Draft

The Australian Government Department of Health has released its Consultation Paper – Redesigning the Practice Incentive Program (PIP).

In the 2016-17 Federal Budget, the Australian Government announced it would work towards changing the PIP through the measure entitled “Quality Improvement in General Practice – Simplification of the PIP”. The redesign of the PIP will introduce a new Quality Improvement Incentive which will give general practices increased flexibility to improve their detection and management of a range of chronic conditions, and to focus on issues specific to their practice population.

The Department is now seeking stakeholder views on how the PIP might foster quality improvement and innovation: consultations.health.gov.au

5th National Mental Health Plan – Consultation Draft

The Fifth Plan will seek to establish a national approach for collaborative government effort over the next five years, with a focus on achieving a better integrated service system for consumers and carers. The Fifth Plan will focus on achievable and measurable improvements across seven targeted priority areas:

- Integrated regional planning and service delivery;
- Coordinated treatment and supports for people with severe and complex mental illness;

- Suicide prevention;
- Aboriginal and Torres Strait Islander mental health and suicide prevention;
- Physical health of people living with mental health issues;
- Stigma and discrimination reduction; and
- Safety and quality in mental health care.

To view the plan visit <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>

Australian Financial Review Forums – Future of Health Care

The *Australian Financial Review* has run a series of articles on the Future of Health Care, based on a round table conducted earlier this month. The round table brought together leaders in the health field to discuss reform of the health system, in the face of rising costs, an ageing population, and greater expectations from patients.

To view the full report visit <http://www.afr.com/news/special-reports/future-of-healthcare>

Modernisation of Medicare Payments Decision

The Australian Government will replace the IT system that delivers health, aged care and veterans’ payments. Australia’s existing health and aged care payments system is 30-years-old

and is now obsolete. The new system will support the Australian Government continuing to own, operate and deliver Medicare, PBS, aged care and related veterans payments into the future.

A process has now commenced to identify solutions for this new payment system, which will be based on existing commercial technology. The Government will consult extensively with health and aged care providers, and sector stakeholders to inform the final design of the new system. This consultation will be finalised in January 2017. The project will be led by the Department of Health and supported by the Departments of Human Services and Veterans’ Affairs, and the Digital Transformation Office.

New Booklet Debunks Anti-Vaccination Myths

The Australian Academy of Science has released its revised and updated booklet, *The Science of Immunisation: Questions and Answers* – an important resource to inform all Australians about the facts, evidence, and benefits of immunisation. The booklet provides parents with the most authoritative, scientifically-backed, clear, and easy-to-understand facts and evidence about the safety and effectiveness of immunisation. This booklet will help educate the general public, public health services, schools, and the media about the benefits of immunisation.

To learn more visit <https://www.science.org.au/learning/general-audience/science-booklets/science-immunisation>

Fluoridation Update

A study of tooth decay in 11,000 West Australian children has reinforced the dental benefits of drinking fluoridated water. The research found children in areas without a fluoridated water supply in the South West were 1.5 times more likely to have decayed or missing teeth, compared to children in Perth where the water is fluoridated.

To learn more visit <http://ww2.health.wa.gov.au/Reports-and-publications/Dental-Health-Outcomes-of-Children-in-WA>

Cancer Australia Statement – Influencing Best Practice in Breast Cancer

The new Cancer Australia Statement, *Influencing Best Practice in Breast Cancer*, is a first of its kind about best practice in breast cancer care. The statement highlights the critical role GPs play in the management of breast cancer and is a great reminder of the absolute and essential role of the GP as the main coordinator of breast cancer care. The Cancer Australia Statement emphasises that access to a GP is more convenient for patients and reduces the need to attend subspecialist follow up in a hospital setting.

To learn more visit <https://thestatement.canceraustralia.gov.au/>

RACGP Position Statement – Mental Health Care in General Practice

The Royal Australian College of General Practitioners (RACGP) has launched a new *position statement on mental health care in general practice*.

The RACGP’s position statement champions the central role of general practice in delivering mental health services to the community, emphasising the need for integration with general practice across all areas of mental health.

To view the new statement visit <http://www.racgp.org.au/download/Documents/Policies/Clinical/Mental-health-care-in-general-practice.pdf>

RACGP Guide to Information Backup in General Practice

Backing up business-critical information is a requirement in order for a general practice to achieve accreditation. It is recommended that practices have a reliable information backup system to support timely access to business and clinical information. The RACGP’s *Guide to information backup in general practice* provides recommendations, practical advice and checklists, to support general practices achieve secure and reliable information backup and data recovery processes.

To view the guide visit <http://www.racgp.org.au/download/Documents/e-health/Guide-to-Information-Backup-in-General-Practice.pdf>



Fiona Stanley, Fremantle and Rockingham General Hospitals Update

Remote consultation initiation of Hepatitis C treatment commenced at FSH

GPs with patients in the South Metropolitan Health Service catchment are able to access specialist support for the treatment of Hepatitis C in the community through the new Hepatitis C Remote Consultation process.

Details of the work-up required to identify eligible patients, the request form and links to training and further information about community-based treatment are all available on the Fiona Stanley Hospital website fsh.health.wa.gov.au/for_health_professionals/

[GPs/Referrals/Gastroenterology referrals](#) and on the updated Health Pathway for Hepatitis C.

The work-up includes information on the patient's Hepatitis C genotype, viral load and a serum marker of liver fibrosis (either APRI or Hepascore) – all available through PathWest.

Patients who are not eligible for, or cannot access community-based treatment, will be accepted onto the wait list for hospital-based treatment.

The same pre-referral work-up and request form are required for these patients. As larger numbers of eligible patients are treated in the community, waiting times for other patients will reduce.

Referrals should be directed through the Central Referral Service.

Dr Monica Lacey
Hospital Liaison GP, FS & FHG
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Available: Monday and Thursday

King Edward Memorial Hospital

Preparing Women for Discharge at King Edward Memorial Hospital

A revised discharge policy is now in effect across King Edward Memorial Hospital (KEMH) applicable to all Gynaecological, Urogynaecological, Oncology, Obstetric, Neonatal and Mental Health admissions. This policy applies to both public and private admissions at the hospital.

Dr Peter Wynn Owen, Executive Director of the Women and Newborn Health Service, said that the Policy will enhance the patient journey and support improvements in patient flow.

"Whilst responsibility for enacting this Policy rests with KEMH clinical staff, we recognise the important role that GPs play in shaping women's expectations

about their admission and discharge from hospital," Dr Wynn Owen said.

The key messages in the policy for GPs to communicate and reinforce with women coming to KEMH for hospital admission include:

Good to Go – Plan for discharge

- Discharge planning should occur at every stage of the patient journey, including prior to their hospital admission.
- Women and their family/carer should be provided with an expected date and time of discharge to allow them adequate time to plan and prepare for home.
- For uncomplicated vaginal births, the discharge target is 4-6 hours if all goes according to plan.
- For caesarean sections, the discharge target is 24-72 hours.

This will ensure that women receive consistent and accurate discharge planning advice at all stages of their journey.

In addition, the Policy includes new targets for the completion of discharge summaries and more timely communication to GPs:

- 100 per cent of discharge summaries should be completed on the day of discharge or transfer to another health care facility.
- The discharge summary should be faxed/emailed to GPs within 24 hours of discharge. The medical officer must contact GPs by phone to give a verbal handover if the woman requires considerable follow up or for significant events such as death or major complication.

For further information on the revised discharge policy please contact the Service Improvement Unit at KEMH on (08) 6458 1715.

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Royal Perth Hospital

ENT outpatient clinic referrals

Routine Ear, Nose and Throat (ENT) outpatient clinic appointment waiting times are extremely long. Please advise your patients of this prior to referral and offer them other options if possible. If you do refer to ENT, please ensure the referral is comprehensive and all initial investigations are included to facilitate accurate triage.

Should your patient's condition deteriorate while they are on the waiting list for an ENT appointment, please send an updated referral to CRS clearly indicating the reason the patients require an earlier appointment to assist re-triage. For patients in the RPH catchment who require urgent ENT review within the following week (e.g. symptoms or signs suggesting malignancy), please contact the ENT registrar via RPH switchboard on 9224 2244.

Dr Jacquie Garton-Smith
Hospital Liaison GP, RPH
jacquie.garton-smith@health.wa.gov.au
Available: Monday and Thursday
(08) 9224 2281

Hepatitis C treatment and remote consultation

On 1 May 2016 a number of medicines for the treatment of hepatitis C were listed on the Pharmaceutical Benefits Scheme, with GPs eligible to prescribe "in consultation with" a gastroenterologist or infectious disease physician. Royal Perth Hospital's Liver Service has developed a model of remote consultation to support GP prescribers and, to date, almost 100 patients have commenced treatment under this system. This GP prescribing has enabled timely treatment of uncomplicated patients and allowed RPH

gastroenterologists to focus on complex cases in their usual out-patient clinics.

The steps involved in the remote consultation model (including exclusion criteria and required tests) can be found on the Health Pathways WA website <https://wa.healthpathways.org.au> Please note that RPH has a specific referral form (found on the RPH website and within Health Pathways) and prefers this to be faxed to the Liver Service on 9224 3388.

There are a number of educational opportunities for GPs wishing to prescribe the new hepatitis C treatments, including an on-line training program delivered through Edith Cowan University (<http://hepatitis.ecu.edu.au>) Australian Recommendations for the Management of HCV infection: A Consensus Statement 2016 is available on websites including that of the Gastroenterological Society of Australia.

Hepatitis WA (hepatitiswa.com.au) is also a useful resource and includes a list of experienced GP prescribers who are willing to see the patients of GP colleagues.

Please note, however, that RPH requires referrals to be faxed directly to them on 1300 365 056.

Marianne Wood
Liaison GP (Aboriginal Health)
Royal Perth Hospital
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Video Call

As revealed in last month's *GP Connect* RPH was approved as a pilot site for the implementation of 'Health Direct Video Call' in June 2016, a medium allowing RPH to interface directly to the patient's home, local GP practices and Aboriginal Medical services using everyday IT and computer systems. The new medium provides an exciting

opportunity to reform the delivery of outpatient consultations for both country and metro patients. Over the past 4 months RPH have established the system and commenced providing consultations in Diabetes, Gastroenterology, Plastic Surgery & Neurology. Cardiology, Respiratory and Pain Medicine have also been requested to come online.

Patients receive the usual appointment letter, a pamphlet explaining the required technology and a reminder SMS with the link. Patients connect to RPH 'video call' on the RPH internet page: www.rph.health.wa.gov.au/video Patients are greeted by clerical staff and then transferred to their clinician for the consultation.

Patients who may benefit from video call include those who:

- are computer literate and may already use 'Skype' or 'Facetime',
- travel a long distance to attend RPH,
- struggle to access RPH due to mobility restrictions,
- have carer commitments,
- have limited transport availability,
- wish to include their GP or Aboriginal Medical Service (AMS) health providers in the consultation with the RPH specialist

If you wish to refer a patient and believe they will benefit from a 'Video call' consultation, please refer to RPH via CRS and include a request for 'Video call'. It also helps us if the patient's email contact is included in the referral.

Any queries please contact RPH Telehealth on 9224 2417 or the RPH referral office on 6477 5197/5198.

Roslyn Jones
Outpatients Operation Manager
roslyn.jones@health.wa.gov.au
(08) 6477 5136 (RPH)

St John of God Midland Public Hospital

Full chemotherapy service provided at St John of God Midland Public Hospital

St John of God Midland Public Hospital provides a full range of chemotherapy services with more than 200 active patients, delivering about 1300 treatments since opening in December 2015.

The nursing team work alongside medical oncologist, Dr Martin Buck, haematologists, Dr Shane Gangatharan and Dr Tony Calogero and a visiting radiation oncologist, Dr Rohen White.

The majority of referrals are received from cancer clinicians at Sir Charles Gairdner Hospital and Fiona Stanley Hospital following state-wide tumour collaborative meetings for breast, gynaecological and lung cancer. A Midland colorectal cancer multidisciplinary team meeting is held every fortnight with discussion and collaboration for both neo-adjuvant and adjuvant treatment pathways.

Currently the hospital is able to review a high proportion of new medical oncology referrals within 14 days of referral and provide initial treatment within seven days of specialist review.

Known cancer and chemotherapy patients have access to a Cancer Clinical Nurse Consultant for toxicity assessment and support.

Referrals can be made through CRS or directly to the hospital via email MI.Referrals@sjog.org.au or fax (08) 9462 4085.

John McKenna
Clinical Nurse Consultant
(08) 9462 4000

Treatment for workplace injuries

A new injury management service based at St John of God Midland Private Hospital means rapid access to surgical treatment for work related injuries.

Focused on workplace injuries and private patients, this comprehensive service is backed up by all of the services at the new state of the art hospital campus. The team is led by a team of four highly experienced plastic surgeons, Mr Ravi Gurfinkel, Mr Sam Cunneen, Mr Andrew Crocker and Mr Wysun Wong, and supported by the hospital's nurses and allied health practitioners who are skilled in injury management and rehabilitation.

The service covers hand and limb injuries, lacerations, crush injuries and blunt trauma, re-plantation of detached fingers and soft tissue trauma.

The team is focussed on the best outcome for the patient by delivering the right treatment at the right time to allow as rapid a return to work as possible.

Call the UltraHand hotline
04498-ULTRA (0449 885 872)
24 hours a day, seven days a week.
For more information, visit
www.ultrahand.com.au

PERTH CHILDREN'S HOSPITAL

PCH welcomes Royal Australian College of Physicians

Dr David Thomas from the Royal Australasian College of Physicians (RACP) toured Perth Children's Hospital (PCH) during a visit to Perth last month.

Dr Thomas, an Adelaide paediatrician and Paediatrics and Child Health Co-Chair of the RACP Basic Training Working Group, was in town to meet with PMH staff as part of the RACP basic training curriculum renewal process.

Dr Thomas said PCH was "very impressive and will be a wonderful place to work in addition to providing excellent clinical service".

PMH Director of Physician Education Dr Divyesh Mehta joined Dr Thomas on the tour and agreed that the new hospital would be an exciting place to practice medicine.

"PCH is an impressive place and excellent from the perspective of attracting medical professionals to train and work with us," Dr Mehta said "I'm really looking forward to working there."



Dr David Thomas pictured with PMH's Dr Divyesh Mehta.

Installation of PCH external signage

The installation of external signage has begun at PCH in preparation for the commencement of services at the new hospital. The signage was manufactured locally and will be fixed to the façade of the building in multiple locations.



Outside the Emergency Department.



Outside the Main Entrance to Perth Children's Hospital.

Faster check-in process for PCH outpatient appointments

PCH is introducing new ways of reducing clinic queues and congestion for outpatient appointments.

Much like an airport self-check-in, parents will be able to use one of eight check in kiosks located around the hospital to indicate their arrival.

Parents will use the kiosks to scan their child's Medicare card or appointment letter to confirm patient details. When check-in is complete,

the kiosk will print a queuing ticket and direct families to either a clinic reception desk, waiting area or advise them that their appointment is delayed and to wait for an SMS containing further instructions.

The SMS feature allows families to move around the hospital while they wait for their appointment, allowing parents, patients and siblings to play in the Fun on Four recreation area or wait at one of a number of onsite retail food outlets.

Once patients arrive at the clinic waiting area (either immediately or later via SMS), they will be called via a display screen located behind the reception desk or in the waiting area.



One of eight self-check in kiosks.

Clinic C	
Recently called	Currently calling
A153 Reception C	C123 go to Room C23
C123 Room C21	
C141 Room C24	
C100 Reception C	
C189 Room C26	
C190 Room C26	

Display screen in waiting area.

Temporary Amendment of the Requirements for the Practice Incentives Program eHealth Incentive (ePIP)

The Department of Health recently announced a temporary extension in relation to the eligibility requirements for the Practice Incentives Program eHealth Incentive (ePIP).

Under this temporary amendment, all ePIP registered practices will be able to make up any shortfall in shared health summary uploads by achieving their full accumulated requirement for the three quarters by 31 January 2017, rather than three separate quarterly targets.

This temporary amendment has been granted to provide practices that made genuine attempts to meet the revised requirements and were prevented from doing so by circumstances beyond their

control, enough time to resolve their transitional issues and be eligible for their ePIP payment.

WA Primary Health Alliance, which operates Perth North, Perth South and Country WA Primary Health Networks, has been advocating directly with the Department of Health and the Australian Digital Health Agency on behalf of practices in WA in respect to mitigating circumstances that have compromised their ability to upload the required number of records.

Those general practices that opted out of the July quarter ePIP payments will also have the opportunity to catch up and meet their shared health summary targets so that they are able to receive the full

incentive. The ePIP quarters finish at the end of the following months, July, October, January and April. It is highly recommended that practices continually upload summaries throughout the quarter rather than waiting for the end of the extension period.

The department will commence recovery action for all ePIP incentive payments made to those practices that have not met their shared health targets by 31 January 2017.

Should you require any additional information in relation to the temporary amendment of the ePIP requirements, please email Nicole Jarvis from the Department of Health on nicole.jarvis@health.gov.au

Patient management for Australian Defence Force who were administered the antimalarial drug mefloquine

Update for general practices managing patients who served in the Australian Defence Force (ADF) and are concerned about their long term health after receiving the antimalarial drug mefloquine (trade name Lariam).

The Department of Veterans' Affairs (DVA) recommends that general practitioners review the Defence Joint Health Command's Clinical Guidelines for ensuring appropriate care to ADF members concerned about being prescribed mefloquine.

While there is no specific way to diagnose the long term effects of mefloquine and currently there is no specific treatment, these guidelines outline a common sense approach to

the management of individuals who are concerned their current problems may be caused by mefloquine usage.

More information regarding malaria prevention in the ADF, including the use of anti-malarial medication and clinical trials, is available by contacting Joint Health Command at ADF.Malaria@defence.gov.au or by visiting: www.defence.gov.au/Health/HealthPortal/Malaria/default.asp

If you are treating a patient who believes their health has been affected by use of mefloquine while in the ADF, please encourage them to lodge a claim with DVA by calling 133 254 (or 1800 555 254 for regional callers).

DVA recognises mefloquine (and other anti-malarials) as being associated with several health conditions under the Statement of Principles regime that applies to treatment and compensation claims. Post-traumatic stress disorder is not one of these conditions.

Veterans can access free mental health treatment for a range of conditions, including post-traumatic stress disorder, depression, anxiety, alcohol use disorder, and substance use disorder, without having to prove it is service related. If this is relevant to any of your patients, please encourage them to contact the DVA.

Acute management of anaphylaxis: Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan update 2016

Action plans for anaphylaxis need to be simple and clear thus making them easy to implement in a crisis. Australia and New Zealand, who both use the ASCIA Action Plan, are the only countries in the world that have only one action plan for anaphylaxis, which is utilised by all medical practitioners. Based on recent publications and coronial inquiry recommendations, the Australasian Society of Clinical Immunology and Allergy (ASCIA) has updated the ASCIA Action Plan for Anaphylaxis and ASCIA Guidelines for anaphylaxis management. The changes in these documents aim to emphasise areas of management that are critical for reducing fatal anaphylaxis.

The main changes to the ASCIA Action Plan include:

- The key messages have been simplified and highlighted in larger red font to encourage correct positioning of the patient and prompt administration of adrenaline.
- There is greater emphasis on the positioning of patient, and images

have been included to reinforce instructions and assist people with limited English.

- A change of wording to indicate that the adrenaline autoinjector should always be given first, followed by asthma reliever medications if someone with known asthma and allergy to food, insects or medication has sudden breathing difficulty, even if there are no skin symptoms.
- For tick allergy, reference to freeze-drying ticks before removal has been included. ASCIA encourages ticks to be freeze-dried and allowed to drop off to reduce the likelihood of a person having an anaphylaxis.

Patient outcomes can be improved by ensuring that acute management of anaphylaxis is consistent with ASCIA Action Plans. In an anaphylaxis emergency, ASCIA Action Plans provide a "how and when to give the adrenaline autoinjector" guide. It is essential that all patients prescribed an adrenaline autoinjector are provided with an

ASCIA Action Plan for Anaphylaxis that has been completed by a medical or nurse practitioner. Patients should also be taught how to administer the adrenaline autoinjector using a trainer device every time a device is prescribed.

Further information, including free online training, is available from the ASCIA website: www.allergy.org.au

National Allergy Strategy

An initiative of the Australasian Society of Clinical Immunology and Allergy Limited (ASCIA) and Allergy & Anaphylaxis Australia www.nationalallergystrategy.org.au

ASCIA is the peak professional body for clinical immunology and allergy in Australia and New Zealand.

Sandra Vale
National Allergy Strategy
Coordinator
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0407 081 336

The National Shingles Vaccination Program

The National Shingles Vaccination Program will commence from 1 November 2016.

Key messages of the program

- People eligible to receive the free shingles vaccine include:
 - people aged 70 years of age as an ongoing program.
 - people aged 71-79 years of age as a catch-up program until 31 October 2021.
- People who are not eligible to receive the vaccine as part of the program can purchase the vaccine on the private market.
- Providers should submit shingles vaccination data to the Australian Immunisation Register (AIR), which commenced in September 2016, expanding upon the Australian

Childhood Immunisation Register (ACIR) by capturing vaccines administered throughout a person's life.

Copies of materials and additional resources specifically for Aboriginal and Torres Strait Islander people and translated brochures for people from non-English speaking backgrounds will be available on the Immunise Australia website www.immunise.health.gov.au

How you can assist?

Vaccination providers will play a key role in informing patients about the program. To assist in promoting the program we ask that you encourage vaccination providers to:

- administer the vaccine to eligible people. Vaccination providers could consider a staged approach to recalling 70-79 year old patients as appropriate for their clinic.
- promote the vaccine to eligible people through displaying the program posters and brochures in their clinic.
- report adult and childhood vaccinations to the Australian Immunisation Register.

If you have any questions about the materials please contact Darius Everett, Director, Immunisation Programs, Department of Health via Darius.everett@health.gov.au or on (02) 6289 8725.

New video aims to increase awareness of ARF symptoms

A video to help clinical staff working in rural and remote parts of WA to recognise the symptoms of acute rheumatic fever and rheumatic heart disease has been developed by the WA Rheumatic Heart Disease Program.

Acute rheumatic fever (ARF) is an abnormal immune response to bacterial infection of the throat or skin and repeated episodes can cause long-term heart damage called rheumatic heart disease (RHD).

RHD program clinical nurse manager Janice Forrester said both conditions were rare in Australia and were preventable but often were indicators of social disadvantage.

"People with RHD are at risk of heart failure, stroke and other medical complications at an early age. It causes premature death and in

the Kimberley the average age of death from RHD is 41 years," Ms Forrester said.

"The group most at risk and affected by ARF are Aboriginal children aged 5-14 years living in rural and remote WA.

"This condition requires a clinical diagnosis and given that it is a rare disease in Australia not all staff working in regional and remote WA are familiar with diagnosing this disease.

"That is why this 'orientation' video is so important. It will help children like Rozella (pictured), who through the help of staff has changed her attitude towards receiving injections of long-acting penicillin every 28 days and now has a positive association with the injection. She refers to it as her 'lovely needle'."

The short video funded through the Western Australia Chronic Conditions Strategy includes expert commentary by Telethon Kids Institute Director Professor Jonathan Carapetis, a world leading researcher in Group A Strep (GAS) infections, ARF and RHD.

Ms Forrester said that since the WA RHD Register and Program commenced in 2009, more than 800 people had been identified with ARF or RHD.

The RHD video will be hosted on the Rheumatic Heart Disease Australia Learning Management System (LMS) at <http://www.rhdaustralia.org.au/resources/western-australia-rhd-orientation-film> so that health service providers working outside the WA Health are able to access the video.



New ARF video to help children like Rozella.

BreastScreen WA and breast density

BreastScreen WA is aware of increased public interest around the topic of breast density.

BreastScreen WA has for many years notified women and their GPs, of a dense breast result if the reading radiologists are concerned that the individual client's breast density has the potential to decrease the accuracy of the mammographic examination.

Please refer to BreastScreen WA's website for more information.

<http://www.breastscreen.health.wa.gov.au/Newsroom/BreastScreen-WA-and-breast-density>

If you have any questions email breastscreenwa@health.wa.gov.au

Hepatitis B testing and vaccination for Aboriginal patients

Although the prevalence of hepatitis B (HBV) infection has fallen since the introduction of universal childhood vaccination, Aboriginal people still account for 10% of people in Australia living with chronic HBV. It is estimated that almost half of the people living with chronic HBV are undiagnosed.

It recommended that all Aboriginal and Torres Strait Islander adults be tested once in adulthood for HBsAg, anti-HBc

and anti-HBs to establish whether they have chronic hepatitis B, are immune through past infection, or are susceptible to infection. This testing, together with assessment of vaccination status and risk factors, can be done as part of the annual health assessment (MBS item 715). Even if they appear to be healthy, people with chronic HBV should be monitored regularly (every 6-12 months) by their GP for signs and symptoms of liver disease.

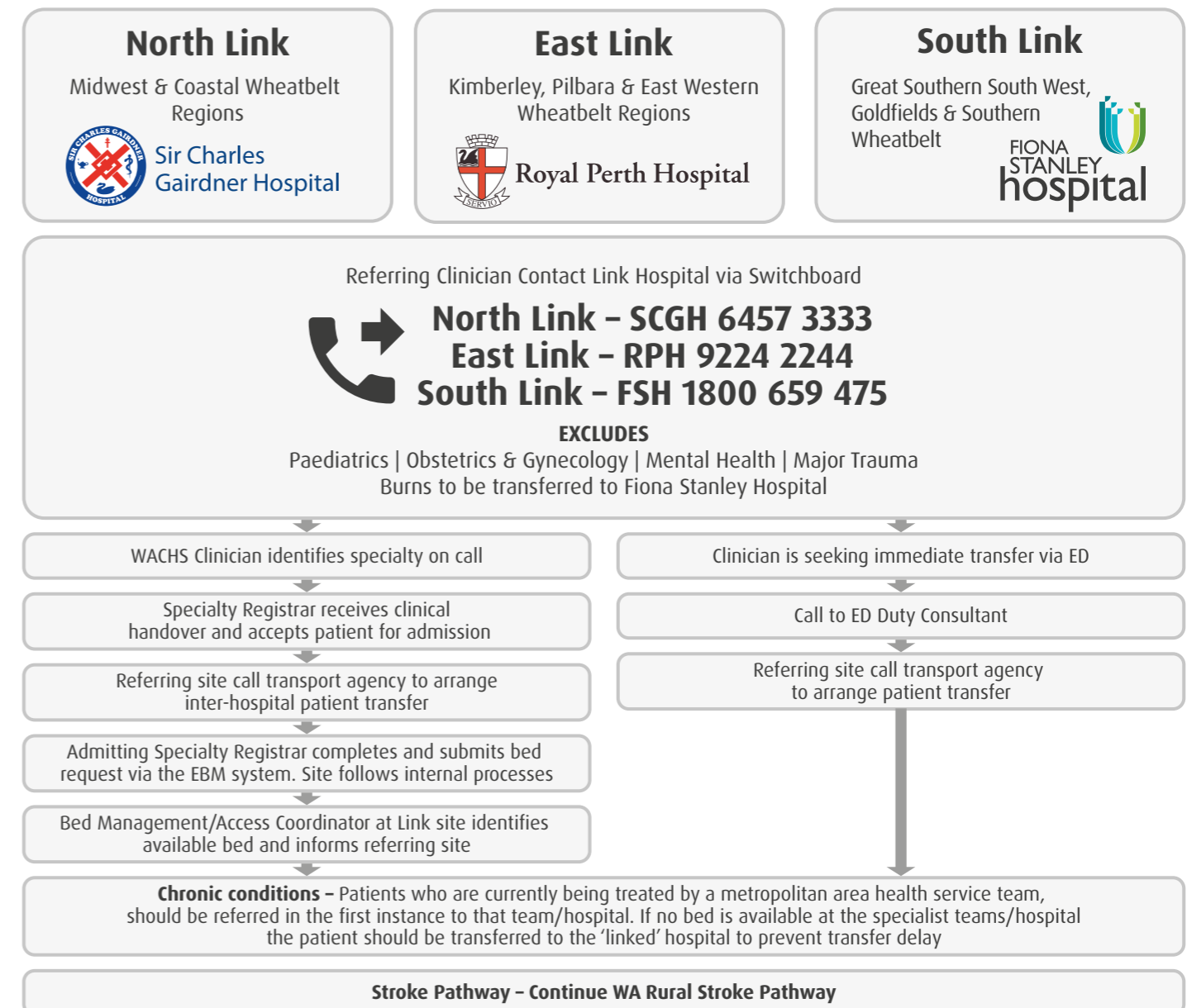
For more information see <http://hepatitis.ecu.edu.au/>

WA Health offers free hepatitis B vaccination for adults at risk of HBV acquisition through sexual transmission or injecting drug use - see <http://www.health.wa.gov.au/CircularsNew/attachments/700.pdf>

See HealthPathways WA, Hepatitis B: <https://wa.healthpathways.org.au/28204.htm>

Unplanned Adult Inter-Hospital Patient Transfers

For those services linking Aboriginal (and non-Aboriginal) patients to metro hospitals for unplanned admissions, please see below for recent changes, as of 3 October.



Working Groups

An ENT working group, focusing on Otitis Media will be held at WAPHA on Thursday 10th November 2016, 6:00pm – 8:00pm. All GPs are welcome to attend, including Rural and Remote practicing GPs. To register for the event, visit the events section of the HealthPathways WA project site: <http://waproject.healthpathways.org.au/Events.aspx>

GP16

Recently the National General Practice Conference GP16 was held at the Perth Convention and Exhibition Centre. At the conference one of the HealthPathways WA Clinical Editors, Dr Sue Jackson presented on the advantages of HealthPathways. Advantages include improving communication between primary and tertiary care, which can lead to decreased hospital waiting

times and remove the need to repeat clinical tests. HealthPathways teams from New South Wales and Victoria also attended the conference, this provided a great opportunity to work in collaboration with health professionals from across the country. By the end of this year HealthPathways will cover all of Australia, increasing the amount of shared knowledge available to HealthPathways clinical editors.

9

Respiratory pathways

2

Bariatric Surgery pathways

2

Diabetes in Pregnancy pathways

1

Eating Disorder pathways

1

Public Health pathways

181 live pathways

EDUCATION EVENTS

20th Australasian Menopause Society Congress

Pick up the latest on bones – how to assess fracture risk, what to use, what to avoid, when to start, when to stop, skin conditions of ageing, plastic surgery, useful tools for your practice. Discuss difficult cases, and learn all the latest from the literature and clinical trials. Key note speakers include Dr Mike McClung, Founding Director, Oregon Osteoporosis Centre and Prof Peter Ebeling AO, Medical Director, Osteoporosis Australia.

Date: Friday – Sunday, 18 – 20 November 2016

Venue: The Esplanade Hotel
46 – 54 Marine Terrace,
Fremantle WA 6160

Register at:
promaco.com.au/ams2016/index.php

For further details:

Vicki Doherty
T (03) 9428 8738
E ams@menopause.org.au

CPD Points: The Pre-Congress Menopause Essentials Update has been approved for 6 Cat 2 Points and the Congress will be approved for 26 Cat 2 Points.

Upcoming education sessions at St John of God Vascular Surgery Update

This workshop will provide an update in recent advances in cancer immunotherapy; its application in Australia; and the role of the GP in caring for patients undergoing this type of treatment.

Speaker: Dr Peter Bray

Date: Tuesday, 15 November 2016

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

Time: Refreshments and Registrations 6:30PM – 7:00PM
Presentations 7:00PM – 9:00PM

RSVP: SJOGHSubiaco@sjog.org.au or (08) 9382 6127

For further details:
elise.bertoncini@sjog.org.au

CPD Points: Attendance at this event earns four category 2 Points.



WAPHA disclaimer

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