



**WAPHA**  
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH,  
COUNTRY WA

An Australian Government Initiative

# GP CONNECT

March 2018

Keeping GPs informed  
in the changing primary  
health landscape.

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newsletter electronically,  
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website at [www.wapha.org.au](http://www.wapha.org.au)

## Zostavax® vaccine and pre-vaccination questionnaire now available

Since November 2016, a free  
shingles vaccine program  
has been funded under the  
Australian Government's National  
Immunisation Program (NIP) for  
70 year olds, with a time-limited  
catch-up program for people 71 to  
79 years old until October 2021.

At the start of the program,  
interest in the vaccine was  
unprecedented. Early shortages  
have been addressed and there is  
now ample stock available to meet  
ongoing demand.

Zostavax® is available nationally and  
the vaccine is readily accessible to  
immunisation providers.

To assist in promoting the program  
and ensuring people 70 to 79 years  
old are protected against shingles,  
providers are encouraged to:

- Follow up with patients or other  
eligible people 70 to 79 years  
old who would benefit from  
the vaccine and who may have  
missed out earlier.
- Promote the vaccine to eligible  
people 70 to 79 years old through  
displaying the program posters  
and brochures in clinics and  
care facilities.
- Report vaccinations to the  
Australian Immunisation  
Register (AIR).

Zostavax® supplies can be ordered  
through the same process currently  
used to order vaccines for the NIP  
through WA Health.

### Important clinical note

In 2017, there were cases reported of  
patients being vaccinated twice with  
Zostavax. Providers are reminded  
of the importance of checking  
the AIR prior to administration.  
Zostavax is a live attenuated  
vaccine for the prevention of herpes  
zoster and post herpetic neuralgia.  
It is contraindicated for use in  
significantly immunocompromised  
people. In January 2017, there  
was a death in Australia due to  
Zostavax administration in an  
immunocompromised person.

A [pre-vaccination checklist](#) has been  
developed by the Commonwealth  
Department of Health, (in consultation  
with members of the Therapeutic  
Goods Administration's Advisory  
Committee on Vaccines, members of  
the Australian Technical Advisory Group  
on Immunisation, and members of  
the GP Roundtable) for immunisation  
providers to consider before  
vaccinating a patient with Zostavax.

This checklist can be incorporated into  
general practice software to screen  
patients before administering the  
Zostavax vaccine. The use of drop  
down boxes for yes/no answers, and  
auto populate for name, date of birth,  
date of completion and provider details  
(in green) will make the process  
quicker to complete. An additional two  
pages have been included at the back  
of the checklist to help providers with  
their decision making.

More information on page 4.

## Contact us

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 /waphaphns

 @wapha\_phns

# MESSAGE FROM THE CEO

A colleague was recently recounting the final weeks of her father's life as he transitioned within the public hospital system from the ED to the orthopaedic ward of a busy metropolitan teaching hospital to palliative care in a hospital setting.

Eric's short (thankfully), impersonal and traumatic end of life journey left his family with immense guilt and regret that they had not been able to have more of a say in the care their beloved husband, dad and granddad had wanted and deserved. This is not an uncommon story and the community impact is significant.

Eric had advanced stage prostate cancer. After experiencing a fall, a subsequent hip replacement and a failed attempt at care in the home, Eric's last days of life were in a hospital palliative care ward. This was not where he wanted to die, and this was not what he or his family would have chosen for those precious final days. Eric's long-term, trusted GP practised just around the corner from the hospital into which Eric had been admitted for palliative care. However, the GP was unaware of the pathway of care and, sadly, wasn't involved in these last weeks of fragmented and complicated care that occurred within our acute system.

Eric didn't have an Advance Care Plan. He'd never gotten around to it. His GP had initiated the discussion about it, encouraged him and offered assistance to get it done. I'm sure this is a common experience amongst GPs. My colleague is confident that, if her father had had an Advance Care Plan, and if his GP had been a part of the planning and decision making about his last weeks of care, this final journey would have been consistent with his wishes.

The RACGP and AMA have advocated for the ongoing process of advance care planning to be a routine and consistent part of patient care across Australia. The role of GPs in encouraging their patients to complete their planning documents, and then ideally to upload them to their My Health Record, is paramount.

Our failure to deliver consistent, high quality end of life care across Australia isn't the fault of individual clinicians – rather a shortcoming of our health system. A Victorian doctor who authored a recent article in *Medical Observer* about her mother in law's end-of-life care experience has called on Federal and State governments, private health insurers, public and private hospitals and aged care providers to consider a new collaborative model with GPs to facilitate quality end-of-life care.

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...WAPHA advocated for greater recognition and support for the important role of general practice in delivering services in the community that would positively contribute to the quality of care for patients approaching end-of-life and their families.

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In our recent submission to inform the development of WA's End-of-Life and Specialist Palliative Care Strategy (2018-2028) WAPHA advocated for greater recognition and support for the important role of general practice in delivering services in the community that would positively contribute to the quality of care for patients approaching end-of-life and their families. We are hopeful that WA Health considers our recommendations to actively involve GPs in decision making around the care provided in palliative and end-of-life care settings to promote greater continuity of care, and thus, a better

experience of care for their patients and the people who love them.

WAPHA, through its Country WA Primary Health Network, was selected as a recipient of Commonwealth funding to pilot new initiatives under the *Greater Choice for At Home Palliative Care* budget measure announced by the Federal Health Minister Greg Hunt last year. The principal aim of the measure is to improve coordination and integration of end-of-life care across primary, secondary, tertiary and community health services to support at-home palliative care. We will be working closely with GPs in the selected region to develop new ways of improving access to safe palliative care at home and support end-of-life care systems and services in primary healthcare and community care.

WAPHA and Silver Chain have partnered in a pre-trial of Integrum Aged Care + to develop a world leading peri-end of-life and social care service. The small and localised pre-trial is intended to support older Western Australians with chronic health conditions to stay out of hospitals and nursing homes and live the remainder of their lives as they choose. The pre-trial is GP led and informed by extensive consultation with health professionals representing the primary, secondary, acute and aged care systems.

WAPHA will continue to promote the value of collaborative approaches to end-of-life care across WA's health system. We will focus on building capacity within primary care, integration across the system and incorporating the experiences and views of health professionals and community members in co-designing new and strengthened models of care.

**Leanne Durrington**  
CEO WA Primary Health Alliance

# IMMUNISATION UPDATE

## Medical exemptions for vaccination

On 16 August 2017 changes were made to the *Australian Immunisation Register and Other Legislation Amendment Bill 2017*. This means more practitioners will now be able to notify medical exemptions to immunisation to the Australian Immunisation Register (AIR).

Practitioners able to notify a medical exemption to vaccination to the AIR include:

- General Practitioners (as defined in the *Health Insurance Act 1973*)
- Paediatricians
- Public health physicians
- Infectious diseases physicians
- Clinical immunologists

Practitioners play a key role in supporting patients to fulfil their vaccination requirements. In the event an individual cannot be vaccinated for medical reasons, eligible practitioners are now able to notify the AIR that the individual has a medical exemption to vaccination.

### Notification to AIR

- Medical exemptions can be notified using the AIR site ([www.humanservices.gov.au/organisations/health-professionals/enablers/accessing-air-using-hpos](http://www.humanservices.gov.au/organisations/health-professionals/enablers/accessing-air-using-hpos)).

### Medical exemptions

- The medical basis for vaccination exemption is based on guidance in the Australian Immunisation Handbook 10th edition.
- Medical exemptions to vaccination can only be issued due to a medical contraindication or natural immunity.
- Medical contraindications to vaccinations are rare and limited to:

#### Permanent

- previous anaphylaxis to vaccine/vaccine component; or
- significant immunocompromise (live attenuated vaccines only).

#### Temporary

- acute major medical illness; or
  - significant immunocompromise of short duration (live attenuated vaccines only); or
  - the individual is pregnant (live attenuated vaccines only).
- Natural immunity to hepatitis B, measles, mumps, rubella and varicella must be confirmed via laboratory testing or physician based clinical diagnosis. Exemption to a combination vaccine on the bases of natural immunity is only valid if immunity is confirmed for all vaccine antigens.
  - Conscientious objection (vaccination objection on non-medical grounds) is no longer a valid exemption from the immunisation requirements for certain family payments.
  - For more information about the AIR, please go to [humanservices.gov.au/hpair](http://humanservices.gov.au/hpair) or call 1800 653 809 (call charges may apply).

### New HPV vaccine available through the school-based NIP

The Communicable Disease Control Directorate has communicated the following information in Vaccine Update 188 – Gardasil® 9 (2 dose) will replace Gardasil® (3 dose) HPV vaccine. From 2018, students in year 8 are eligible to receive the new HPV vaccine, Gardasil® 9. The 2 doses of Gardasil® 9 should be administered 6 to 12 months apart. All vaccinations administered to year 8 students should be recorded on the Australian Immunisation Register (AIR).

The school-based immunisation program (SBIP) database is no longer accepting vaccination encounters. Therefore, providers no longer need to complete the report of school program vaccines administered in general practice; all school-based vaccines administered will be recorded on the AIR instead.

### Ordering information

Immunisation providers can order the Gardasil®9 vaccine through the usual government vaccine ordering process at <https://wa.tollhealthcare.com>



# POLICY AND CLINICAL UPDATE

## More information on Zostavax vaccine

For further information, clinical advice and promotional materials for the National Shingles Vaccination Program are available for download online at the Department of Health's [immunisation website](#).

The Australian Immunisation Handbook (10th Edition) [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-24](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-24)

National Centre for Immunisation Research & Surveillance fact sheet [www.ncirs.edu.au/assets/providerresources/fact-sheets/zoster-vaccine-fact-sheet.pdf](http://www.ncirs.edu.au/assets/providerresources/fact-sheets/zoster-vaccine-fact-sheet.pdf)

## New guidelines for GPs treating mood disorders in primary care

GPs regularly treat patients presenting with mood disorders such as major depression, which can be complex and time-consuming to diagnose and manage. Two new guideline summaries on major depression and on bipolar disorder have been released by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and will likely be of interest to GPs.

### Depression

[www.mja.com.au/journal/2018/208/5/royal-australian-and-new-zealand-college-psychiatrists-clinical-practice](http://www.mja.com.au/journal/2018/208/5/royal-australian-and-new-zealand-college-psychiatrists-clinical-practice)

### Bipolar Disorder

[www.mja.com.au/journal/2018/208/6/royal-australian-and-new-zealand-college-psychiatrists-clinical-practice](http://www.mja.com.au/journal/2018/208/6/royal-australian-and-new-zealand-college-psychiatrists-clinical-practice)

## Resources for GPs to support patients following codeine up-scheduling

NPS MedicineWise has created fact sheets to assist with the transition to prescription-only codeine, focusing on how to support patients with codeine dependence in light of the up-scheduling of codeine.

The information on supporting patients provides a series of steps to follow when treating patients including: in preparation (before patients start presenting); during visit (initial assessment); and then, depending on the patient, different paths are outlined including: discuss treatment options; management; and prescribing authority. More details on each step can be found [here](#).

NPS MedicineWise has also produced information on taking the opportunity to optimise care now that codeine is prescription only. GPs with patients wanting to explore alternative pain management options may be interested in how to manage the transition away from codeine. Find out more [here](#).

The Therapeutic Goods Administration (TGA) has provided an extensive list of current up-scheduled codeine containing products that may also interest GPs. Access the TGA list [here](#).

## Notifiable Data Breaches Scheme

GPs should be aware of the Notifiable Data Breaches (NDB) scheme that has taken effect from 22 February this year under the Privacy Act.

The scheme requires entities (including health service providers) to notify individuals involved, and the Australian Information Commissioner, about any 'eligible data breaches'. A data breach is eligible if it is "likely to result in serious harm to any of the individuals to whom the information relates". "Serious harm" is not defined but should be considered holistically as including potential physical, psychological or emotional harm.

Examples of potentially eligible data breaches in general practice could include incidents such as emailing or sending patient information to an incorrect address or fax number, access by an unauthorised person to the patient medical record, or the unauthorised disclosure of medical information.

More information, including how to identify an eligible data breach and how to make a report, can be found at [www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme](http://www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme)

Advice may also be available from your medical indemnity provider.



# DIGITAL HEALTH



## My Health Record roll-out

WA Primary Health Alliance (WAPHA) is working with the Australian Digital Health Agency to roll-out My Health Record across Western Australia.

WAPHA has formed a My Health Record team to ensure general practices, community pharmacists, and other professionals across the state are provided with information and resources to assist implementation of the system into practice work-flow in order to provide patients with accurate information.

The team will soon commence working directly with healthcare providers. In the interim the Australian Digital Health Agency has developed a number of resources for healthcare providers to support their readiness for the My Health Record Expansion Program, including:

### My Health Record webinars

A series of webinars to support healthcare providers in becoming familiar with and confident in using the My Health Record system. Recorded copies of previous webinars are available to access via the webinar section of the [Agency's Training Resources page](#).

### My Health Record brochure

The 'My Health Record – all you need to know brochure' has recently been updated with relevant statistics.

If you require brochures, please email [health@nationalmailing.com.au](mailto:health@nationalmailing.com.au) or call (02) 6269 1080 – please ensure you include the name of the brochure you are requesting, your practice/organisation name, street address, contact name, phone number and the quantity of brochures required.

### Older Australians toolkit

A toolkit for older Australians is available following the Federal Minister for Aged Care Ken Wyatt's call for Australians, especially older Australians, to embrace the rollout of the My Health Record, for secure, safer, more convenient care.

The [Older Australian toolkit](#) includes:

- Fact sheet for older Australians with messaging for older Australians who travel a lot, take multiple medications, are in aged care or want to upload their wishes if they can no longer communicate through an Advance Care Plan.
- Fact sheet on Advance Care Planning.
- A 'post card' graphic and quote of Dot Price (70) from Albany W.A who is passionate about Advance Care Planning. This can be used in digital publications or even social media.

- A social media tile with the image of Tiger Corrigan (72) from Townsville QLD. Tiger has multiple chronic conditions and uses My Health Record to keep track of his medications.

### Guide to Patching: Protecting healthcare information by updating systems and software

Two resource guides have been created for both senior managers and information & communication technology (ICT) teams in small to large organisations within the health sector to provide advice about maintaining system and software applications.

These documents outline who is responsible for managing the risk of systems or software being inaccessible or compromised. Included are the actions that can be taken to proactively apply patches to core and interconnected systems and software applications, to keep the information they hold safe:

- Patching Guide for senior managers – [click here](#)
- Patching Guide for IT professionals – [click here](#)

# HOSPITAL LIAISON



## King Edward Memorial Hospital

### GP antenatal education

KEMH will be holding two O&G GP Updates in 2018 on Saturday 18 May and 13 October including lectures on antenatal shared care and gynaecology, interactive workshops and case discussions plus a lunchtime expo.

GPs may attend a full or half day with the option of receiving Category 1 (Women's Health) or Category 2 RACGP QI&CPD points.

Look out for the event flyer and/or email your expression of interest to [kemh.postgrad@wa.gov.au](mailto:kemh.postgrad@wa.gov.au)

Lecture topics include:

- Obstetrics/Antenatal Shared Care:
  - Introduction & KEMH Update (Antenatal Shared Care)
  - Shared Antenatal Care: principles and pitfalls
  - Antenatal Screening Tests for abnormalities (including FTS, NIPT and ultrasound)
  - Perinatal mental health problems and management
- Gynaecology:
  - KEMH update (Gynaecology)
  - Menorrhagia: assessment and management
  - Gynaecological cancers
  - Fertility: the role of the GP

- Interactive workshops (participants may attend 2 sessions (1-4) OR Implanon workshop):

1. Case studies (Obstetrics): medications in pregnancy, dermatological conditions in pregnancy
2. Case studies (Gynaecology): cervical screening in 2018, menopause
3. Case studies (neonates): common neonatal problems
4. Practical workshop: Mirena
5. Practical workshop: Implanon

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

## Princess Margaret Hospital

### Response to 2017 GP Survey on outpatient letters

The 2017 GP outpatient survey revealed that some GPs felt there was a lack of guidance around how to care for children diagnosed with fractures in ED who had not been referred to the fracture clinic.

Dr Meredith Borland, Director of Princess Margaret Hospital (PMH) Emergency Department, responded to the feedback by stating that, "there are many simple fractures such as some

Buckle fractures that don't need to go to the fracture clinic. To assist GPs, PMH is putting together information sheets and letters to help with the management of these presentations."

GP's may find it useful to consult the "PMH Emergency Guidelines" available on the [KidsHealthWA website](http://KidsHealthWA.website). There are guidelines for the treatment of all fractures in children which also include information on the CAM boot (which can be found under the ankle fractures heading).

### Communication update from PMH outpatients to GPs

GPs requested a more structured format for outpatient communications, with headings to include;

- Diagnosis or active problems
- Past history
- Medications including dose
- Progress since last seen
- Relevant test results
- Management plan/actions requested of GP

Princess Margaret Hospital are currently considering ways to implement the GP feedback into their outpatient communications.

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



## Royal Perth Bentley Group

### GP referrals to Bentley Hospital Diabetes Educators

The Diabetes Educators within the [Bentley Hospital Diabetic Clinic](#) can now accept direct referrals from GPs for patients residing in the Bentley Health Service catchment. GP referrals are invited for more complex diabetes education, such as insulin initiation and titration.

Please send Bentley Hospital Diabetic Education referrals to:

**Bentley Health Service Outpatient Referral Office,**  
D Block, Bentley Hospital  
PO Box 158,  
Bentley WA 6982

Email: [BHS.OutpatientReferrals@health.wa.gov.au](mailto:BHS.OutpatientReferrals@health.wa.gov.au)

Fax: 9416 3688

Referral Office phone: 9416 3213

Diabetic Clinic phone (if urgent review or further information required):  
9416 3750

Endocrinology Consultants from RPH also run a weekly Diabetes Clinic at Bentley Hospital. GP referrals to the Diabetic Clinic for review by an Endocrinologist need to be sent to the [Central Referral Service \(CRS\)](#), however GPs can request on the referral that a patient is seen at Bentley.

For details of routine diabetes education providers, please see HealthPathways WA [Diabetes Education](#).

**Dr Jacquie Garton-Smith**  
Hospital Liaison GP, Royal Perth Hospital  
[Jacquie.Garton-Smith@health.wa.gov.au](mailto:Jacquie.Garton-Smith@health.wa.gov.au)  
Available: Monday and Thursday

# HEALTHPATHWAYS WA

## HealthPathways WA update

### Genetic pathways

Genetics Services of Western Australia (GSWA) has undergone significant changes in the past few years, both in terms of the diseases that can now be tested for, and in its role in the investigation of rare and undiagnosed diseases.

In the case of rare diseases, patients often present to health professionals and/or hospitals multiple times prior to a correct diagnosis being made. In some cases, a diagnosis can take years. This places significant emotional and financial stress on patients and their families, as well as being sub-optimal clinically as in some cases early diagnosis and intervention could improve prognosis and/or quality of life. Reducing multiple presentations to hospital would also help ease the financial burden on health services.

HealthPathways WA, in collaboration with GSWA, have recently published a number of pathways on genetics which include: '[Huntington's Disease](#)', '[Marfan Syndrome](#)', '[Rare and Undiagnosed Diseases](#)' and '[Genetic Health Requests](#)'. These pathways assist in assessing a patient's genetic risk, investigating specific genetic conditions, and also provide ongoing management and referral guidance. The pathways also include further resources for both the patient and clinician.

To access HealthPathways please contact your WAPHA Primary Health Liaison or email the HealthPathways team at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

**Dr Sue Jackson, lead GP clinical editor HealthPathways WA**

## EDUCATION EVENTS

### Pharmacotherapies and detoxification – Mount Lawley

Learn how to describe the harms of alcohol and methamphetamine use. Discuss the treatments available for alcohol dependence and methamphetamine use, including detoxification and pharmacotherapy; describe the co-morbid issues related to alcohol and methamphetamines and mental health; outline the alcohol and other drug services available locally.

**Presenters:** Dr Stephen Proud (Psychiatrist, HealtheCare) and Dr Michael Christmass (Fellow in Addiction Medicine, Next Step Specialist Drug and Alcohol Services)

**Date:** Tuesday 1 May 2018

**Time:** 6:30pm dinner and registration. 7:00 – 9:00pm presentation

**Venue:** ECU Mount Lawley Campus Building 10, room 10.307/308

**RSVP:** 19 February 2018

### Contact and registration

**RSVP:** [bit.ly/2Dx82wX](https://bit.ly/2Dx82wX)

**Inquiries:** [SIRCH@ecu.au](mailto:SIRCH@ecu.au) or [www.ecu.edu.au/tadpole](http://www.ecu.edu.au/tadpole)

RACGP Category 2, 4 Points



# MENTAL HEALTH

## Early psychosis youth service announced for Perth south region

Ruah Community Services (Ruah) will be delivering an Early Psychosis Youth Service – Functional Recovery (EPYS) in the Perth South region for young people aged 12 to 25 years. The EPYS will provide personalised recovery support, recognising that young peoples' self-determination is a vital part of successful treatment and recovery.

Ruah will be working closely with other local service providers, including headspace centres, to complement existing youth mental health services and enable the delivery of seamless, coordinated care to those experiencing psychosis. The service is expected to be available from May this year.

The service will be based in Cockburn, but will be available for youth throughout the region via outreach.

The service will be developed using the Early Psychosis Prevention and Intervention Centre (EPPIC) standards and principles, relating to non-Government service delivery in a shared care environment with state mental health services.

For more information regarding the service, contact Emma Jarvis, Ruah Executive Manager of Operations 9485 3939 or [emma.jarvis@ruah.org.au](mailto:emma.jarvis@ruah.org.au).

## 360 Health + Community to lead headspace Mandurah

Preparations for the opening of Mandurah's new headspace youth mental health service are well underway, with the announcement today of 360 Health + Community as the service's lead agency.

360 Health + Community will now begin detailed preparations for the centre's opening which is expected to be in July this year.

Initially located in temporary premises on Anstruther Road,

**headspace** Mandurah will move to its permanent location within the new Peel Youth Medical Services Hub by the first quarter of 2019.

The **headspace** model is designed to make it as easy as possible for a young person and their family to access the help they need for problems affecting their wellbeing. This covers four core areas: mental health, physical health, work and study support, and alcohol.



Australian Government

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