



# GP CONNECT

April 2018

Keeping GPs informed  
in the changing primary  
health landscape.

## INSIDE:

- Message from the CEO
- Hospital Liaison
- HealthPathways WA
- Immunisation update
- Policy update
- Digital Health
- Perth Children's Hospital
- Clinical update
- Education Events

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## Practice Incentive Program Quality Improvement Incentive deferred

As announced in the 2017-18 Federal Budget measure Quality Improvement (QI) in General Practice, the design of the new QI Incentive will support general practice to better understand the quality of care being delivered, leading to better outcomes for patients.

The Practice Incentive Program (PIP) has been a key driver in quality care in the general practice sector and the PIP QI Incentive will continue to build on this important work. PIP is aimed at supporting general practice activities that encourage improvements in quality care, enhance capacity and improve access and health outcomes for patients.

However, in a statement released to Primary Health Networks (PHNs) in March, the Australian Government stated that there will be an additional 12 months till implementation to ensure any issues are identified and addressed and that general practices have adequate opportunity to prepare.

Through practice support teams, such as Practice Assist in Western Australia, PHNs are already working closely with many practices to implement quality improvement – this work will not be slowed due to the new implementation date.

The changed time frame will mean that the following five incentives which were to cease on 1 May 2018, will now continue through to 30 April 2019.

### The five incentives are:

- Asthma Incentive
- Quality Prescribing Incentive
- Cervical Screening Incentive
- Diabetes Incentive, and
- General Practitioner Aged Care Access Incentive.

### The six PIP incentives to continue unchanged are:

- eHealth Incentive
- After Hours Incentive
- Rural Loading Incentive
- Teaching Payment
- Indigenous Health Incentive
- Procedural General Practitioner Payment.

WAPHA is developing a program for quality improvement activities for general practice with details to be released as they become available.

For more information on the Practice Incentive Program visit the [Practice Assist website](#).



## Contact us

[gpconnect@wapha.org.au](mailto:gpconnect@wapha.org.au)

6272 4900

[www.wapha.org.au](http://www.wapha.org.au)

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 @wapha\_phns

# MESSAGE FROM THE CEO

## Primary care – the missing link?

Overflowing emergency departments, blow outs in outpatient appointment waiting times and hospital wards operating at or near capacity continue to make the headlines.

What this says is we can't expect the hospital sector alone to solve our health woes, nor can we expect emergency departments to cope with an ever-increasing number of attendances.

Often, what's missing from these stories of a health system under pressure is the primary care perspective. However, for the primary care sector to step up to the role it can and should play, we need to create the right conditions.

WA Primary Health Alliance's (WAPHA) whole of state model, as the operator of WA's three Primary Health Networks (PHNs) and our role as a leader of primary healthcare, positions us perfectly to drive sustainable system level reform across WA.

The current State Government's Sustainable Health Review is an opportunity to do just that, and WAPHA is privileged to play an integral part in informing the Review Panel and, ultimately, the final report. Our input is focused on how we can help to improve the critical interface between general practices and hospitals, specifically at admission and discharge, to make sure care is integrated for the benefit of patients and clinicians.

Such integration requires strong governance and the Review's recently released Interim Report picks up on the importance of partnerships, including at Commonwealth and State Government level.

WAPHA is therefore developing a proposal for a tripartite State/Commonwealth/PHN governance platform for shared planning, pooled funding, joint accountability and shared outcomes, which is inspired by the Grattan Institute's report, *Building Better Foundations for Primary Care*.

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It's my firm intention to keep primary healthcare at the top of the reform agenda to ensure all Western Australians have access to the very best of healthcare within available means, in particular, the most vulnerable among us who deserve no less.

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We believe the key shared priorities should include the reduction of potentially preventable hospitalisations, outpatient reform, common care pathways (building on our existing HealthPathways WA platform), collaboration with private health insurers, mental health, and alcohol and other drugs.

A few months from now, we will invite senior primary care leaders to attend a primary care roundtable to

develop recommendations on how to improve integration of care across the primary, secondary and aged care sectors to further inform the Sustainable Health Review's report.

Our work with general practitioners and other health professionals is already setting the groundwork for this change that will keep general practitioners at the heart of multidisciplinary primary healthcare teams. Our goal is to enable the treatment of more people with complex, chronic conditions, who might otherwise end up in hospital, in the community setting.

We are also working closely with WA Health by providing an informed GP perspective on potential improvements to the Central Referral System, and on how general practice can play a role in urgent care pathways and the minimum standards for urgent after-hours care in current general practice.

At a recent health leadership breakfast, it was wonderful to hear Minister for Health, Roger Cook acknowledge WAPHA's bold vision for and leadership of system change. Equally heartening, was his recognition of the general practitioner's pivotal role in the care of their patients and therefore the wider health system.

It's my firm intention to keep primary healthcare at the top of the reform agenda to ensure all Western Australians have access to the very best of healthcare within available means, in particular, the most vulnerable among us who deserve no less.

**Learne Durrington**  
CEO WA Primary Health Alliance

# HOSPITAL LIAISON



## Royal Perth Bentley Group

### Do you need to update your practice details?

To change your practice's preference for how to receive discharge summaries or to update any other details in the GP database (used by many sites), please email [NaCS.RPH@health.wa.gov.au](mailto:NaCS.RPH@health.wa.gov.au) or phone 9224 7066 with:

- Your practice's preferred method of discharge summary delivery – secure electronic, fax or mail (some sites send a hard copy in addition to electronic or fax).
- Your practice name, address, phone, fax and, for secure electronic transmission, your practice's EDI code (obtained from your secure messaging provider).
- A list of all current GPs at your practice including their provider numbers.

NB For problems receiving discharge summaries electronically, please contact your secure messaging provider's help desk in the first instance.

**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

## Fiona Stanley and Fremantle Hospitals

### GP education and save the date

A successful education day was held at Fiona Stanley Hospital (FSH) on Saturday 10 March. Presenters from the hospital and WA Health presented on a variety of topics to a group of engaged GPs and practice nurses. The day commenced with a focus on Aboriginal patient stories after a powerful welcome to country. Feedback from participants was very positive with 74-87 per cent reporting their learning outcomes were entirely met, and 97 per cent reporting the activity was entirely relevant.

Demonstrations of new and soon to be localised HealthPathways highlighted their value in providing best practice primary care guidance and referral information about hospital and community services. Of particular interest were the pathways for medicinal cannabis and low back pain. Primary care management of chronic kidney and inflammatory bowel disease and the long-term care of breast cancer patients (particularly those on anti-oestrogen and aromatase inhibitor treatments) were among the topics discussed which

could reduce hospitalisation and complications. The importance of early diagnosis and rapid access to multi-drug therapy treatment of head and neck cancers was highlighted and the Rapid Access One Stop Neck Lump clinic at FSH was introduced. FSH specialists emphasised their willingness to be contacted for advice and described the support available from the new head and neck cancer nurse at FSH and the IBD Fellow.

Another GP education day is planned at Fremantle Hospital on Saturday 9 June focusing on mental health, aged care and rehabilitation, and sexual health.

FSH would like to thank all the presenters for ensuring an informative and GP-centric learning experience.

GPs who were unable to attend but would like to receive copies of the presentations can contact [Monica.Lacey@health.wa.gov.au](mailto:Monica.Lacey@health.wa.gov.au)

**Dr Monica Lacey**  
Hospital Liaison GP, Fiona Stanley & Fremantle Hospital Group  
[Monica.Lacey@health.wa.gov.au](mailto:Monica.Lacey@health.wa.gov.au)  
Available: Monday and Thursday

## Published pathways

The most recently published pathways for 2018 are:

- [Endocrinology Advice](#)
- [Congenital Heart Disease – Genetics](#)
- [Cystic Fibrosis Screening](#)
- [Blood or Body Fluid Exposures \(Needlestick Injury\)](#)
- [Familial Cancer Syndromes](#)
- [Acute Endocrinology Assessment \(seen within 7 days\)](#)
- [Medicinal Cannabis](#)
- [Assessing Genetic Risk](#)
- [Non-acute Endocrinology Assessment \(seen within 30 days to 1 year\)](#)
- [Hypertension](#)
- [Hyperlipidaemia](#)
- [Developmental Concerns in Children](#)
- [Domestic and Family Violence](#)

To view one of our 366 published pathways visit [waproject.healthpathways.org.au](http://waproject.healthpathways.org.au)

## Developmental concerns in children

Approximately one in six children presenting to a GP in WA will have some developmental or behavioural concern. Early diagnosis and intervention is of benefit for these families and children. There is evidence that providing early support and services for infants and children with developmental delays significantly improves the child's long-term outcomes.

Identifying these children presents a challenge in general practice, especially considering the wide variety of still-normal development, and the time pressure of short consultations. Working in conjunction with local specialists and experts,

HealthPathways has recently published the [Developmental Concerns in Children](#) pathway. This pathway provides GPs with an easy-to-use framework for assessing and managing these children, including;

- Brief developmental milestone checklists for children 0-5 years
- Links to secondary screening tools
- Details of early intervention services, including the Early Childhood Early Intervention (ECEI) scheme funded under the NDIS.

## Medicinal cannabis

There has been a lot of coverage in the mainstream media about the recent legalisation of medicinal cannabis in Australia. Most of this coverage has failed to mention the very strict indications for which it may be prescribed, the limited preparations available, and the difficulties accessing those preparations. There is only one preparation currently registered by the TGA for use in WA, with the other preparations requiring permission to import under the special-access scheme. No medicinal cannabis preparations are available on the PBS, this is unlikely to change and they remain very expensive. Accessing even those preparations with TGA approval is difficult as there is limited stock in Australia. To help GPs manage this issue with interested patients, HealthPathways has published the [Medicinal Cannabis](#) pathway that covers these issues in more depth, and includes a link to a patient information sheet.

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 Danielle Rebbettes, GP clinical editor HealthPathways WA**

## HealthPathways CPD Events: Connecting local GPs with local specialists

HealthPathways is partnering with Metropolitan Health Services to host several GP CPD events. These events are free and bring attendees face to face with local specialists, to share knowledge and increase awareness of local services.

The first education day was held at Fiona Stanley Hospital on Saturday 10 March. GPs heard from multiple Fiona Stanley Hospital specialists and executives who were honest in conveying the challenges they faced and demonstrated willingness and commitment to work in collaboration with primary care to improve patient outcomes. They presented on a range of different topics and feedback from GPs attending the day was outstanding.

The following CPD events have been confirmed for 2018 – please save the date:

- 26 May at Rockingham Hospital
- 9 June at Fremantle Hospital
- 23 June at Armadale Health Service

Additional CPD events are planned at other metropolitan hospitals, however dates are yet to be confirmed. When confirmed, dates and details will be available on the HealthPathways home page. If there are topics you would like to see included in CPD events please email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

**Dr Irene Dolan, GP clinical editor HealthPathways WA**



## GPs needed for HealthPathways working group

Expressions of interest are now open for GPs to participate in a HealthPathways working group. These working groups provide an opportunity for GPs and specialists to collaborate on patient care management and referral pathways, discuss issues and contribute to potential service design.

Commitment to a HealthPathways working group consists of:

- Attending a two-hour meeting (generally held in the evening) in person or via videoconference if you are a rural GP, and
- One hour to review and provide feedback on the draft pathway subsequent to the meeting.

In recognition of a GPs contribution and time taken away from usual practice, remuneration will be offered at \$120 + GST per hour (\$360 + GST in total) for which an invoice template will be provided on receipt of the pathway review feedback. Attendees are also able to apply for category 2 CPD points through the RACGP.

HealthPathways is currently recruiting GPs for the following working groups scheduled for 2018. Dates will depend on availability of selected panel members:

- **Nephrology** – May 2018
- **Rheumatology** – May 2018
- **Pregnancy** – October 2018
- **Breastfeeding** – October 2018
- **Urology** – October 2018

GPs are encouraged to submit an expression of interest to [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au) along with a contact number, practice name, working group(s) you would like to participate in and a brief description of relevant experience. An invitation to participate in the working group will be sent to selected GPs.

## 2018 Commonwealth funded influenza vaccines for over 65 year olds

The Commonwealth Government will fund two new flu vaccines in 2018 to try to better protect the elderly:

- Sanofi's High Dose FluZone vaccine, which contains four times the amount of flu antigen than the standard dose, and
- Seqirus' (CSL) Fluvad vaccine, which contains the adjuvant MF59, a substance that improves the immune response

For further information see the Minister for Health, Greg Hunt's media release: [www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-hunt020.htm](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-hunt020.htm)

## Children are missing out on free meningococcal ACWY vaccine

Preliminary information obtained from the Australian Immunisation Register (AIR) indicates that providers may be missing key opportunities to protect children from serious meningococcal disease. AIR data suggests that many children attending for their routine immunisations scheduled at 18 months and three and a half to four years have not been given the MenACWY vaccine.

MenACWY vaccines are safe to administer at the same time as other scheduled childhood vaccines. Nimenrix® can be given as a single dose to children receiving their 12 or 18 month scheduled vaccination and Menveo® should be used as a single dose to protect children aged two years and older, including when they present for scheduled vaccinations on or after three and half years of age.

The number of meningococcal infections in WA doubled between

2016 and 2017, and last year children under five years of age had more than twice the number of meningococcal infections compared to any other age group.

Please ensure that you vaccinate all children aged 12 months up to five years, regardless of the reason they attend your clinic.

See the updated HealthPathways [Immunisation – Childhood](#) pathway for more information if required.

## New HPV patient resources

New HPV patient resources including a fact sheet, and student and parent video are now available. These were developed by Sharing Knowledge About Immunisation (SKAI) in partnership with the Department of Health and National Centre for Immunisation research and Surveillance. Visit the Department of Health Website: [https://beta.health.gov.au/resources?f%5B0%5D=field\\_audience%3A451](https://beta.health.gov.au/resources?f%5B0%5D=field_audience%3A451)

## Notification of adult influenza vaccinations to the AIR

In preparation for the influenza season, immunisation providers are reminded that all vaccinations, including adult vaccinations, should be reported to the Australian Immunisation Register (AIR).

Providers who use practice management software should check with their vendors whether their software is up to date, to ensure all adult vaccinations are transmitted to the register. Providers that use paper-based systems and the online AIR secure site to transfer encounters are reminded to transmit all adult vaccinations, including influenza to the register.

## New bowel cancer guidelines

GPs are advised of the publication of the new Cancer Council clinical practice guidelines for the prevention, early detection, and management of colorectal cancer. Bowel cancer is the second most common cancer diagnosed in both men and women and Australia has one of the highest rates in the world.

The guidelines summarise the evidence around the risks and benefits of low-dose regular aspirin in people aged 50-74 years to help reduce the risk of developing bowel cancer, and also provide practice points regarding the appropriateness of, and timeframes for, colonoscopy. The guidelines emphasise the crucial role general practice has in increasing patient uptake of the National Bowel Cancer Screening Program.

To access the Cancer Council guidelines, visit [https://wiki.cancer.org.au/australia/Guidelines:Colorectal\\_cancer/Summary\\_of\\_recommendations](https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer/Summary_of_recommendations)

## New after-hours arrangements from 1 March

GPs and GP registrars in metropolitan areas will continue to have access to current rebates for urgent after-hours services. Over the coming years, non-GP doctors will have their rebates adjusted downwards in progressive stages. Doctors in regional and rural areas will continue to receive the current rebates for urgent after-hours services, no matter their status.

For more information, visit [www.racgp.org.au/newsGP/Professional/Outlining-changes-to-urgent-after-hours-items](http://www.racgp.org.au/newsGP/Professional/Outlining-changes-to-urgent-after-hours-items)

## General Practice Rural Incentives Program – Flexible Payment System: are you eligible?

The General Practice Rural Incentives Program (GPRIP) Flexible Payment System (FPS) provides financial incentives to doctors providing eligible non-Medicare billed services in rural and remote locations.

Medical practitioners, may be eligible for incentives through GPRIP FPS if they are:

- Eligible AGPT or ACCRM Independent Pathway GP Registrars training in MM 1-2 locations
- Medical practitioner working for the State or Commonwealth providing primary care services in MM 6-7 locations\*
- Medical practitioner performing procedural services for private patients in a hospital setting in MM 6-7 locations
- Medical practitioner working for an Aboriginal Medical Service or Royal Flying Doctor Service in MM 3-7 locations
- GP Registrar whose Medicare Benefits Schedule billings do not sufficiently reflect the services they have provided in MM 3-7 locations

Incentives are tiered based on remoteness and increase the longer a medical practitioner works in rural and remote locations.

GPRIP FPS is funded by the Australian Government Department of Health and is administered in Western Australia by Rural Health West.

“GPRIP helps to feel you’re being compensated for the challenging nature of remote medicine. I’ve put my GPRIP payments towards buying a bike and taking an extended holiday...”

Doctor working in MM6 location

To find out more about eligibility, incentives and application information, visit the Rural Health West website at [www.ruralhealthwest.com.au/GPRIP](http://www.ruralhealthwest.com.au/GPRIP)

Location Modified Monash (MM)	Year 1	Year 2	Year 3	Year 4	Year 5
MM3	\$0	\$4,500	\$7,500	\$7,500	\$12,000
MM4	\$0	\$8,000	\$13,000	\$13,000	\$18,000
MM5	\$0	\$12,000	\$17,000	\$17,000	\$23,000
MM6	\$16,000	\$16,000	\$25,000	\$25,000	\$35,000
MM7	\$25,000	\$25,000	\$35,000	\$35,000	\$60,000

## ACCC renews GP fee setting authorisation

The Australian Competition and Consumer Commission has released its final decision to renew the AMA's existing authorisation that protects AMA member and non-member GPs from action under the Competition and Consumer Act (2010) for another 10 years. The specific conduct that has been authorised by the decision includes:

- Intra-practice price setting – this allows GPs in a practice to discuss the fees charged to patients, which provides patients with certainty about the costs they face when they visit their GP or general practice.
- Collective bargaining as a single practice for Visiting Medical Officer (VMO) services to public hospitals – this is particularly relevant in rural areas where GPs in a practice can negotiate collectively with their local hospital about the services they provide to the local hospital.
- Collective bargaining as a single practice with Primary Health Networks (PHNs).

For more information about the authorisation, visit [www.accc.gov.au/public-registers/authorisations-and-notifications-registers/authorisations-register/australian-medical-association-limited-revocation-and-substitution-a91599](http://www.accc.gov.au/public-registers/authorisations-and-notifications-registers/authorisations-register/australian-medical-association-limited-revocation-and-substitution-a91599)

## Updates to prescribing medicines in pregnancy database

The Therapeutic Goods Administration (TGA) has recently added a number of new entries to the Prescribing Medicines in Pregnancy Database.

The new entries include the following:

- baricitinib (pregnancy category D)
- bezlotoxumab (pregnancy category B2)
- cabozantinib [as (S)-malate] (pregnancy category D)
- dupilumab (pregnancy category B1)
- fosfomycin trometamol (pregnancy category B2)
- glecaprevir / pibrentasvir (pregnancy category B1)
- iron [as ferric derisomaltose] (parenteral) (pregnancy category B3)
- lixisenatide with insulin glargine (pregnancy category B3)

- meningococcal group B vaccine (pregnancy category B1)
- nusinersen (pregnancy category B1)
- patiomer (as sorbitex calcium) (pregnancy category B1)
- pegaspargase (pregnancy category D)
- ribociclib (pregnancy category D)

The Australian categorisation system and database for prescribing medicines in pregnancy have been developed by medical and scientific experts based on available evidence of risks associated with taking particular medicines while pregnant. This information is intended for health professionals, including GPs, prescribing medicines to pregnant women.

For more information, visit <https://www.tga.gov.au/prescribing-medicines-pregnancy-database>





# DIGITAL HEALTH



## My Health Record update

### Support for General Practice

Does your General Practice require training or support implementing My Health Record? WAPHA is working with the Australian Digital Health Agency (ADHA) to ensure providers and patients are ready for the expansion of My Health Record. General Practices can request training by contacting Practice Assist on 1800 2 ASSIST (1800 2277 478) or email [support@practiceassist.com.au](mailto:support@practiceassist.com.au)

### Pharmacies enrolled in My Health Record

A component of the My Health Record expansion program is to ensure all community pharmacies in WA are offered training to support them in participating. When a pharmacist starts using the My Health Record system, the medicine dispensed is uploaded into the patient's record. WAPHA is currently working with the Pharmacy Guild and the Pharmaceutical Society of Australia to offer seminars and training in community pharmacies to get as many pharmacies across the state using the system before the public campaign launches in the second half of this year.

### Provider online education for My Health Record

To learn more about how you can integrate My Health Record into your practice flow and work processes, the Australian Digital Health Agency continually offers educational webinars around different topics such as Diagnostics Reports, Pathology, Security, Privacy, Health Summaries. Dates for upcoming webinars can be found on the WAPHA website on the dedicated My Health Record page [www.wapha.org.au/health-professionals/digitalhealth/myhealth-record/](http://www.wapha.org.au/health-professionals/digitalhealth/myhealth-record/)

### Consumer opt-out campaign

In the second half of 2018 a three-month public awareness campaign will be run across a wide variety of channels across Australia. The public awareness campaign is coordinated by WAPHA in WA and by the Primary Health Networks in the other states, all in conjunction with the Australian Digital Health Agency. GP practices across WA will be supplied with information materials about My Health Record that they can provide to their patients. WAPHA will collaborate with peak bodies and service providers in Allied Health and other specialisations to also disseminate information and materials.

### Public diagnostic and pathology reports

WA Health is planning to commence uploading public diagnostic imaging reports into a patient's My Health Record from September this year. PathWest pathology reports will be available by December. The ADHA is working with a number of private sector imaging and pathology providers on making their reports available.

### Further information My Health Record

If you require support implementing My Health Record at your practice or have general queries, you can contact the My Health Record team in WA via [myhealthrecord@wapha.org.au](mailto:myhealthrecord@wapha.org.au). There is also a published HealthPathway "My Health Record". Another way to keep up to date around My Health Record is to follow WAPHA on LinkedIn via [www.linkedin.com/company/wapha](http://www.linkedin.com/company/wapha) or on Twitter by following WAPHA\_PHNs. My Health Record events and webinars are uploaded to our events calendar on [www.wapha.org.au](http://www.wapha.org.au) and all other information such as FAQ sheets for providers can be found on [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au)



# PERTH CHILDREN'S HOSPITAL



JMOs on Ward 2B

## Technology preview as new systems roll out

Clinicians are getting a head-start on using three new Perth Children's Hospital (PCH) systems, which are already up and running as part of the pre-start work leading up to the opening of PCH.

Recently rolled out at PMH are a new heart-lung machine for theatre, Dolphin Premium software (used by Dental staff) and the Patient Online Program (for the Renal Unit).

Introducing the new applications and devices at PMH will help with the transition to PCH by identifying any commissioning issues in advance. Pre-start also allows clinicians to get training and become familiar with new software and devices.

The **heart-lung machine** acts as these organs for the patient during open-heart surgery. The upgraded machine has more safety features and configuration options, and are a smaller size for clinicians to push.

**Dolphin Premium** provides a one-stop shop for aggregating orofacial images and x-rays. It offers improved monitoring of cranial, facial and dental development as well as 3D features to help plan surgery.

**Patient Online** programs the Sleep Safe peritoneal dialysis machine to ensure children who use the equipment at home receive the most effective treatment. By storing multiple programs per patient, it reduces the need to come to hospital for changes to be made.

## Junior medical officers get set for PCH ED

PCH will have plenty of doctors in the house on Mondays and Wednesdays throughout March and April as junior medical officers (JMOs) get acquainted with the emergency department.

Around 60 JMOs are expected to participate in the familiarisation training, as they prepare for their placements at PCH ED later in the year.

"The sessions are all going well," PMH ED Director Dr Meredith Borland said. "The junior staff seem excited and very engaged."

The PCH ED is 88 per cent bigger than the PMH ED and includes:

- 11 short-stay beds
- 23 acute care bays
- 3 resuscitation bays
- 8 consultation rooms
- 5 triage areas
- 2 treatment rooms
- A dental/eye/ENT treatment room
- Psychiatric emergency care spaces
- Undercover ambulance parking

## PCH drinking water gets the all clear

On Tuesday, 26 March the Minister for Health announced that the water at Perth Children's Hospital (PCH) had been signed off by the Chief Health Officer (CHO) as safe to drink.

This announcement follows the successful completion of a water remediation program – involving replacement of thermostatic mixing valves within the assembly boxes, in line with the CHO's recommendations – and a rigorous regime to test lead levels in the water.

Throughout this process, first priorities have remained patient safety and the ability to deliver the highest standards of clinical care.

Extensive water testing and sampling throughout the process culminated in the CHO second stage (final) testing.

A total of 304 water samples were taken at randomly selected locations across the hospital using the approved methodology. These samples were sent to ChemCentre for initial analysis. The 'pass mark' remains the same as that set by the CHO prior to baseline testing in June 2017.

Based on these results, and the analysis, the CHO is now confident that the water at PCH is safe to drink, and complies with the Australian Drinking Water Guidelines and we can now progress the final components of the opening timeline.

With the results of the successful water remediation strategy now confirmed, PCH remains on track to accept its first patients in May with the final move day from Princess Margaret Hospital planned for June.



## Cervical screening resources and Launch of cervical screening flipchart resource

The WA Cervical Cancer Prevention program (WACCPP) recently launched, on National Closing the Gap Day, a Cervical Screening Flip-chart resource aimed at Aboriginal women.

The flipchart is designed to support healthcare providers in WA to engage with Aboriginal women about the importance of regular cervical screening and has been developed in close consultation with the BreastScreen WA and WACCPP Aboriginal Women's Reference Group.

For more information please contact Kay Walley, Aboriginal Health Promotion Officer, on 6553 0716 or [kay.walley@health.wa.gov.au](mailto:kay.walley@health.wa.gov.au)

Other resources are also available that can help GPs to understand and communicate what the cervical screening changes mean for women and healthcare providers in WA.

### Resources

- HealthPathways updated [Cervical Screening](#) pathway
- Resources for healthcare providers and women can be downloaded or ordered from the [National Cervical Screening Program](#)

A range of tools and activities, including a social media kit, can be accessed [here](#).

### Videos for Patients

- [Cervical screening program change](#) (Cancer Council Australia)
- [Cervical screening under the age of 25](#) (Cancer Council Australia)
- [Cervical screening over the age of 25](#) (Cancer Council Australia)
- [Cervical screening program explainer](#) (Commonwealth)

## Seeking expressions of interest – Improving GP access for vulnerable populations

WAPHA has commissioned Ruah Community Services and Silver Chain Group to deliver a service with the intended outcome of improving the chronic disease management of marginalised population groups in the Perth metropolitan area.

Under this proposed model, a nurse practitioner works with clients of Ruah, Richmond Wellbeing and Silver Chain in partnership with a case worker where available. The nurse practitioner will undertake a comprehensive health assessment including investigation, screening, monitoring and evaluation of the client's chronic disease, as well as developing an individualised plan using the principles of self-management.

The service is looking to work with general practitioners to transition patients into seeing a regular general practitioner. This will develop an integrated and collaborative model of care that is individualised for the client.

If you are interested in being involved in this initiative, please contact Kher-Sing Tee, Regional Manager at WA Primary Health Alliance (WAPHA) on telephone (08) 6278 7902 or email [khersing.tee@wapha.com.org.au](mailto:khersing.tee@wapha.com.org.au) to discuss further.

## Tell us about your Obesity Management programs

Health Networks Branch is working in collaboration with the WA Primary Health Alliance and Health Consumers Council to improve obesity management services in WA. Our aim is to establish the most effective, efficient and quality system level pathways for people needing support to manage their weight in WA.

To do this, we would like to know about the programs you deliver or refer your patients to for their obesity management via the [Obesity Management Services Inventory](#).

The Inventory will help us to establish a benchmark of what programs currently exist in WA and how well we are servicing the need in our community.

The Inventory opens Tuesday 27 March and closes Friday 27 April.

For more information, contact Health Networks on 9222 0200 or email [healthpolicy@health.wa.gov.au](mailto:healthpolicy@health.wa.gov.au). If you would like more information on Health Networks and the work we do, visit the [Health Networks website](#).

## Are you a GP who provides health care at any time in the last 12 months of a patient's life?

Dr Cook from UWA is seeking the involvement of GPs in small group sessions in Perth to discuss the provision of end of life care in general practice. This refers to any care provided by GPs in the last 12 months of the patient's life.

These sessions are part of the study *Evaluation of community-based end of life care in Australia*, which is being run within the Faculty of Medicine at the University of Western Australia.

The focus of the project is on any issues or challenges experienced by GPs in providing care for patients in their last 12 months of life.

These small group sessions would be conducted within your practice at a convenient time (such as breakfast meetings, lunch-time or after work) or any other specified location that you prefer. The duration of the meetings is usually around 25-35 minutes.

This study will be undertaken in March, April and May of 2018.

All responses will be considered completely anonymous, and no feedback will ever be linked back to specific practices or GPs.

Reimbursement of \$85 will be provided to each GP for their attendance to acknowledge the time taken in being involved in this part of our project.

If you would like to join the project or are interested in finding out more about the study, please contact: [angus.cook@uwa.edu.au](mailto:angus.cook@uwa.edu.au) or phone 08 6488 7805 at UWA.

## Telethon Speech & Hearing: Talkabout program

Telethon Speech & Hearing offers a specialised language program for children who are experiencing a speech and language delay or disorder. The Talkabout program utilises best practice play-based methodology to assist in a child's speech and language development. There are therapy playgroups for 2 and 3-year-olds and their caregiver, and kindergarten and pre-primary classes for 4 and 5 year olds.

The Talkabout program provides the following benefits for families:

- Team of experts including audiologists, speech pathologists, occupational therapists and psychologists work directly with the children and liaise regularly with families
- No waitlist for entry
- Part-time classes mean children benefit from continued mainstream schooling while receiving the specialised language support they require
- Flexible entry and exit into the program
- Ongoing family support from a Family Liaison Officer
- Registered NDIS provider

The Talkabout program is located at the Wembley campus (36 Dodd Street, Wembley). Parents can enquire about their child's eligibility by contacting [speech@tsh.org.au](mailto:speech@tsh.org.au) or 9387 9888.

## Women's health webinar series

Cancer Council WA presents the annual Women's Health Webinar Series for GPs and practice nurses to hear specialists present on issues in women's health. The webinars are free to attend and you can tune in for one or all three sessions.

For more information and to register for the upcoming webinar, click on the link below. Registrations are essential; you will be provided with the webinar URL upon registration.

- [Breast Density | 26 April 2018](#)



Women's Health Day events are organised in collaboration with Cancer Council WA, BreastScreen WA, King Edward Memorial Hospital – Women & Newborn Health Service and Sexual Health Quarters, who share an interest in providing up-to-date information about women's health to general practice.

# EDUCATION EVENTS

## Exercise is medicine workshops

Presented by a local accredited exercise physiologist, the interactive two-hour workshop details the role of physical activity in the prevention and management of chronic disease by treating physical activity as a vital sign. The suite of resources made available to participants will support them in their assessment, management and referral of patients with or at risk of chronic disease.

**Date:** Wednesday 4 April

**Time:** 6pm – 8pm

**Venue:** Cockburn Youth Centre, Success

or

**Date:** Thursday 5 April

**Time:** 6pm – 8pm

**Venue:** Herb Graham Recreation Centre, Mirrabooka

**RACGP:** Allocated 4 Category 2 points (Activity 10931) in the RACGP QI&CPD Program for the 2017-2019 triennium

**APNA:** 2 CPD hours

**ACCRM:** 2 Core Points

### Contact and registration

You can register for free via [www.cognitofrms.com/WAPrimaryHealthAlliance/ExerciselsMedicineWorkshops](http://www.cognitofrms.com/WAPrimaryHealthAlliance/ExerciselsMedicineWorkshops)

## Improving outcomes for diagnosis and management of dementia in general practice

Dementia is an increasing problem in Australia. This Active Learning Module (ALM) provides you with the opportunity to gain insight into how you can be assisted with best practice identification and management of your patients. This ALM has been approved by the RACGP QI&CPD Program.

Category 1, 40 point ALM – RACGP Activity no. 94430

**Date:** Saturday 21 April 2018

**Time:** 8.30am (Registration) then 9am – 5pm program

**Venue:** Pan Pacific Perth, 207 Adelaide Terrace, Perth WA 6000

### Speakers:

Dr Allan Shell – Academic GP and Professor Leon Flicker AO, Specialist Geriatrician, Director – WA Centre for Health and Ageing

### Learning outcomes:

1. Use the current clinical guidelines for the diagnosis and management of dementia in general practice (NH&MRC 2016).
2. Distinguish between dementia and other diseases, including delirium.
3. Implement strategies for family and carers, in dealing with the impact of a patient living with dementia, utilising local community support and services available.
4. Implement a system in the practice using recommended screening tools for all patients, 75 years and over, with memory problems, cognitive impairment or depression.

### Contact and registration

Register Now via <https://register.eventarc.com/40237/improving-outcomes-for-a-timely-diagnosis-and-management-of-dementia-in-general-practice-perth-wa>

## Driving Change: Pregnancy, Parenting, Alcohol and other Drugs

On Wednesday, 13 June St John of God Raphael Services WA will host a one day conference for health providers working in Perinatal Infant Mental Health (PIMH), Alcohol and other Drugs (AoD) and early parenting.

The conference will explore research, programs and developments in the field of AoD use and impact during pregnancy and early parenting. It will provide health professionals working with families during these critical life stages the opportunity to learn from

each other and drive change in order to improve pregnancy and early parenting outcomes.

Registration for this free event will open in April.

For more information about the conference, abstract themes and terms and conditions please visit: <https://sjog.org.au/raphael>

HealthPathways have several published pathways on [Pregnancy and Post-Partum Mental Health](#)



### Disclaimer

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