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WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH,  
COUNTRY WA  
An Australian Government Initiative

# GP CONNECT

May 2018

Keeping GPs informed  
in the changing primary  
health landscape.

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## WA Influenza Immunisation Program launch

The 2018 Influenza Program vaccines are now available to order. The following important program information has recently been communicated to Immunisation service providers via the Communicable Disease Control Directorate (CDCD) and Australian Technical Advisory Group on Immunisation (ATAGI).

This year there are two new higher-immunogenicity trivalent vaccines (TIVs) that are only registered and government funded for use in adults 65 years and older, Fludax® and Fluzone® high dose. Please note patients with a latex allergy should not receive Fludax, see [TGA – Fludax Trivalent Influenza Vaccine](#).

They are preferentially recommended for use in this age group over quadrivalent influenza vaccines (QIVs) as they potentially offer greater protection, in particular from influenza A/H3N2 which affects the elderly more commonly and severely.

For those aged 6 months to <65 years of age, only QIVs are available as either government funded or private vaccines (standard dose TIVs are now unavailable in Australia). Age restrictions apply to all vaccine brands.

Recent evidence suggests that protection against influenza may decrease from 3 to 4 months after vaccination.

WA Health advises the optimal time to vaccinate against influenza in WA is from May to early June. This is to optimise protection when influenza transmission is expected to be highest between July to October, based on WA surveillance data.

Providers may also choose to vaccinate earlier.

Vaccination should be offered throughout the influenza season, as it is never too late to vaccinate while influenza is circulating.

### Available vaccines in WA 2018

#### Quadrivalent vaccines:

- FluQuadri Junior 0.25 mL (Sanofi Pasteur) registered for patients aged ≥6 months to <3 years
- FluQuadri 0.50 mL (Sanofi Pasteur) registered for patients aged ≥3 years
- Fluarix Tetra 0.50 mL (GSK), registered for patients aged ≥3 years
- Afluria Quad 0.50 mL (Seqirus) registered for patients aged ≥18 years.

#### Higher-immunogenicity trivalent vaccines:

- Fluzone High-dose 0.50mL (Sanofi Pasteur) registered for patients ≥65 years
- Fludax 0.50mL (Seqirus) registered for patients ≥ 65 years. Do not use if history of latex allergy.

Eligibility for government funded influenza vaccines in WA in 2018 is unchanged from 2017.

All influenza vaccines should be recorded in the Australian Immunisation Register.

Further information:

- [HealthPathways WA -2018 Influenza Immunisation pathway](#) For HealthPathways login details email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)
- 2018 WA Influenza Immunisation Program letter and vaccine ordering information from CDCD is available on the Influenza HealthPathway (Clinical Resources).
- [ATAGI advice on seasonal influenza vaccines in 2018](#)
- [Resources for vaccination providers](#)

## Contact us

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# MESSAGE FROM THE CEO

## Data the key to patient centred care

Some GPs recently noted that having access to robust population health data had indicated a different profile of certain chronic conditions in their catchment area than they had realised. In turn, this provided the opportunity to assess their practice profile against the local population data.

WA Primary Health Alliance (WAPHA) receives de-identified patient data from over 200 general practices each month, which we currently provide back to each Comprehensive Primary Care Practice in a format that assists them with accurately recording patient information and to understand their practice patient profile better.

We have seen a dramatic increase in data quality for these practices, and subsequently, they are able to better provide advice and support to their patients, confident in the knowledge the information they have is correct and up to date.

Valuable information about the practice population can be quickly extracted and analysed to support practice principals, managers and other staff to:

- Implement patient recall and reminder registers
- Identify patients not meeting clinical targets
- Ensure appropriate MBS billing for chronic disease management

From the general practice perspective, there are equally valuable benefits in using a data extraction and analysis tool, as it can support clinicians to better identify patient needs, improve patient care, and ensure accuracy of MBS billing.

We are able to provide practices who agree to share their de-identified data with WAPHA with licenses to the PenCS CATPlus suite of clinical audit tools at no cost.

We also provide monthly data reports and personalised support to help improve their data quality, billing accuracy and care delivery. Shortly, we will be providing quarterly reports to all practices who share data with us.

The secure data extracted by the software includes deidentified patient demographics, conditions, medications, cancer screening rates, pathology, care plan and SIP information, and MBS billings.

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I sincerely believe that working collaboratively to enable practices to better understand their patient population is critical to practice sustainability.

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Improving data quality can also have additional benefits including ensuring that programmed alerts in clinical software will work, and decreasing the time it takes to upload a Shared Health Summary to the My Health Record system.

If conditions and medications are not coded correctly, your clinical software may not be flagging potential adverse reactions, or prompting high risk patients for recalls.

The CAT Plus tools enable practices to identify where they can improve their data, and their delivery of care for their patients.

I appreciate that security and privacy are of absolute concern to general practice with regard to data sharing. To ensure security, privacy and compliance with national legislation, the WAPHA server is housed at Curtin University in a fully managed environment, secured in line with international standards. The WAPHA server is only accessible by authorised WAPHA staff and is bound by a stringent data governance process.

I sincerely believe that working collaboratively to enable practices to better understand their patient population is critical to practice sustainability. It will allow us all to make sure we use our limited resources as efficiently and effectively as possible and deliver the best possible treatment and health outcomes for current and future patients.

Our primary health liaison staff are able to talk to you about working together on how you and your patients can benefit from better use of your existing data. They will keep you up to date on our progress in this area, and are available to answer any questions you may have.

**Leanne Durrington**  
CEO WA Primary Health Alliance

To find out how the CAT Plus tools can help your practice improve your patient care and MBS billing accuracy, contact Practice Assist on 1800 2 ASSIST or email [support@practiceassist.com.au](mailto:support@practiceassist.com.au)

# IMMUNISATION UPDATE



## Measles alert for general practitioners and emergency departments

The following important information has been circulated by the Communicable Disease Control Directorate via vaccine orders.

### Key points

- There have been nine cases of measles confirmed in Perth residents since mid-March, including four adults, four infants and one teenager. Seven were infected while travelling overseas, including two infants while on international flights. Of the two WA-acquired cases, one was infected in a hospital emergency department, and one infant from the Kalamunda area has no identifiable source.
- Imported cases have been infected in Bali, Thailand, India and Malaysia.
- Susceptible people could have been exposed to infectious cases in several Perth hospital EDs, several GP clinics and in other locations around Perth, or on Malindo Air

flights from India to Perth via Kuala Lumpur on 29/30 March.

- Consider this information in patients with fever/rash illnesses over coming weeks.
- Immediately isolate suspected cases and adopt airborne precautions.
- Suspected and confirmed cases must be promptly notified to CDCD.
- GPs should recommend MMR vaccination to prospective overseas travellers, including to Bali, born since 1965 and who do not have clear documentation of previously receiving two doses of measles vaccine.

Each case of measles is a public health emergency, requiring identification of contacts for provision of advice and, where indicated, immunoprophylaxis. Those most

vulnerable to infection include infants too young to be vaccinated, pregnant women and people with compromised immunity. Over 70 per cent of travellers with measles are aged 20-50 years – usually because they are not vaccinated or may have had only one dose in childhood. Please promote vaccination in travellers, particularly those going to Southeast Asia, including Bali.

### Notification (urgent)

- Please notify all suspected or confirmed cases immediately to the Communicable Disease Control Directorate (ph 9388 4852 or A/H: 9328 0553) or to the [local Public Health Unit](#) in regional areas.

More information about immunisation in adults can be found in the [HealthPathways Immunisation – Adult Pathway](#).

# HOSPITAL LIAISON



## King Edward Memorial Hospital

### Gynae-oncology: Managing patient expectations

Women with a diagnosed gynaecological malignancy will be seen at the gynae-oncology outpatient clinic within 30 days of receipt of GP referral to King Edward Memorial Hospital (KEMH). This is in line with the Department of Health guidelines for patients with a Category 1 (urgent) condition.

- Women with a likely or known gynaecological malignancy are understandably distressed and would like to be seen by a specialist as soon as possible.

- If women understand the referral and triage process this can help with their anxiety and expectations about their care. This is where GPs can make a difference.
- GPs are requested to advise women that each gynae-oncology referral is reviewed by a KEMH gynae-oncology specialist and triaged as Category 1, 2 or 3. The majority of referrals to the gynae-oncology service will be Category 1. Women who have been triaged as Category 1 will be allocated an appointment to be seen within the outpatient clinic within 30 days of the date the referral is received at KEMH.
- Some women have reported that they have been advised by their GP that they will be seen within 1-2 weeks at KEMH and have been quite upset, angry or disappointed to find out that the wait may be considerably longer.
- The KEMH gynae-oncology service has revised their patient letter to include waiting times. A copy of this letter will be sent to all women who are referred to the service. The KEMH [Gynaecologic Cancer Service: Information for the public](#) page will also be updated.

## Fiona Stanley and Fremantle Hospitals

### Management of chronic pain at Fiona Stanley Hospital

The Fiona Stanley Hospital (FSH) pain clinic provides educational programmes (STEPS-Self Training and Educative Pain Sessions and PUMP-Pain and Understanding Management Programme) as well as multidisciplinary (psychology, physiotherapy, occupational therapy) and pain specialist assessment and management. After referrals are triaged and accepted, patients are sent a referral questionnaire to complete and return which provides a comprehensive pain history including the impact upon daily activities and current medication use. Unless barriers (e.g. social, cognitive/language, psychological or medical) preclude participation in the STEPS programme, patients will be offered a place in the next available

two-day course. Current waiting times once on the STEPS waitlist are approximately two months. Some patients will also be seen by a pain specialist or in a MDT clinic but the emphasis remains on self-management, not a “fix” for pain and it is important that the patient understands this at the point of referral.

Interventional procedures are occasionally offered but the majority of patients do not benefit from injections. Support for the prescription of opioids and benzodiazepines is rarely offered. Requests for supporting the prescription of medicinal cannabinoids and referrals for patients already under the care of another pain specialist will not be accepted.

Referrals including a brief pain history, current medications, past therapies and pain clinic involvement, imaging and specialist assessments, past medical and relevant social history should be sent to CRS.

Useful information for GPs managing pain can be found in the following HealthPathways: [Medications in Chronic Pain](#), [Chronic Pain Management Requests](#), and [Low Back Pain](#).

**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



## Immunisation HealthPathways – 2018 influenza pathway is live

HealthPathways WA has launched the 2018 Influenza pathway, which includes important program information from the Communicable Disease Control Directorate (CDCD) and Australian Technical Advisory Group on Immunisation (ATAGI) for the 2018 program.

HealthPathways WA has a suite of immunisation pathways available as a valuable clinical resource for GPs and nurses.

Our recently updated immunisation pathways include:

[Influenza Immunisation 2018](#)

[Childhood Immunisation](#)

[Adolescent Immunisation](#)

[Adult Immunisation](#)

[Vaccine storage and cold chain breaches](#)

Immunisation HealthPathways are localised by GP clinical editors with the support of subject matter experts from CDCD and Metropolitan Communicable Disease Control.

Email the HealthPathways inbox if you would like a username and password to this free online portal for health professionals: [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au)

## Published pathways

HealthPathways have now published 377 pathways. The most recently published pathways are:

[Alcohol Intervention](#)

[Ophthalmology Advice](#)

[Medical Assessment of Children in Care](#)

[Codeine Use and Deprescribing](#)

[Metatarsus Adductus](#)

## Gynae-oncology: What else can GPs do?

- An informative referral with the appropriate investigation results will help streamline the triage process.
- GPs who suspect a gynaecological malignancy are requested to order the appropriate investigations as outlined on page 13 of the [KEMH Specialist Outpatient Referral Directory](#).
- GPs are asked to send a copy of the investigation results with the referral or indicate that the investigations have been ordered and at what radiology or pathology provider so that the Gynaecologic Oncology Clinical Liaison Nurses can track down the results e.g. "CT chest/abdomen/pelvis or blood tests/tumour markers have been ordered at...".
- GPs requesting clinical advice (e.g. if patients have significant symptoms) can contact the gynae-oncology fellow or consultant through the KEMH switchboard – phone (08) 6458 2222.

For more Information, please contact one of the gynaecologic oncology clinical liaison nurses, phone (08) 6458 1005, 6458 2222 page 3350 or [OncologyLiaisonClinicalNurse.KEMH@health.wa.gov.au](mailto:OncologyLiaisonClinicalNurse.KEMH@health.wa.gov.au)

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## Drug-resistant gonorrhoea in WA

The Department of Health has advised two cases of multi-drug resistant gonorrhoea have been recently detected in Australia. One case in Western Australia and the other in Queensland. After being diagnosed in early 2018, it is now confirmed these two cases are resistant to ceftriaxone, azithromycin, ciprofloxacin, penicillin and tetracycline. Treatment of multi-drug resistant strains is complex and is likely to require IV treatment. Key advice from the Department includes:

- Whenever possible, take swabs for culture and antimicrobial resistance testing, particularly from those who may have acquired the disease in Southeast Asia.
- Take swabs from all potentially infected sites, (one or more of oropharyngeal, genital, anal).
- Treat gonorrhoea with both ceftriaxone 500mg IM AND azithromycin 1g orally.
- Perform a NAAT (PCR) Test-of-Cure two weeks after treatment.
- Seek expert advice for all treatment failures.
- Request travel history from all patients presenting with a sexually transmissible infection.
- Warn traveling patients of the added dangers of unprotected sex.

Gonorrhoea notifications continue to increase in all states and territories. In Australia, the highest number of

Gonorrhoea cases was reported in 2017 with over 28,000 cases notified. The infection rate of multi-drug resistant gonorrhoea is increasing in some countries, particularly in South-east Asia. Not all cases in Australia are tested for drug resistance, so it is possible that other cases remain undetected.

For more information on identification and treatment of multi-drug resistant gonorrhoea, visit [www.health.gov.au/internet/main/publishing.nsf/Content/1FE3A339DAA8A949CA25826D0082240C/\\$File/info-clinicians.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/1FE3A339DAA8A949CA25826D0082240C/$File/info-clinicians.pdf)

See also the HealthPathways [Gonorrhoea](#) pathway.

## New Genomic Medicine Guide for GPs

Advances in genetic technology and understanding is increasing patient demand for genetic and genomic investigation in general practice. This offers great potential for identifying disease risk and targeted treatment but it does require GPs to keep up-to-date with a rapidly evolving area of healthcare.

The RACGP has launched a new guide for GPs to support them in providing information on genetics and genomics to patients and their families and refer to specialist services as required.

Genomics in general practice includes short, practical summaries with key information needed to manage common genetic conditions

and issues of genetic testing in primary care. The resource has been developed as guide to support clinical decision-making and includes applicable guidelines where available.

Although the resource is primarily intended for use by GPs and other primary care staff, the RACGP has advised some information could be also be relevant to patients and consumers.

To download a copy of Genomics in General Practice, visit [www.racgp.org.au/your-practice/guidelines/genomics](http://www.racgp.org.au/your-practice/guidelines/genomics)

## New and expanded PBS listings for diabetes medications

A broader range of diabetes medicines are now available to patients through the Pharmaceutical Benefits Scheme (PBS). The new listings include a new form of insulin glargine and a new combination tablet. There has also been expansion of the PBS to cover some existing diabetes medicines. A full list of recent additions can be found on the PBS website [www.pbs.gov.au](http://www.pbs.gov.au) under the "Browse the PBS" menu then "New, amended and deleted".

# MENTAL HEALTH UPDATE

## Psychology service and referral form update

As part of WA Primary Health Alliance's Integrated Primary Mental Health Care initiative, the ORS psychology service has now been incorporated into a broader service offering called the Practitioner Online Referral and Treatment Service (PORTS). This provides a range of treatment options including online, telephone or face to face depending on patient's needs.

As of April 2018, ORS Psychology will no longer accept direct referrals. You will be required to use the PORTS referral form. The referral form is available as a template in Best Practice or can be downloaded from [HealthPathways](http://HealthPathways).

Representatives from PORTS are available to visit your practice to explain this service in more detail.

To request a visit, please email [steppedcare@wapha.org.au](mailto:steppedcare@wapha.org.au) or telephone (08) 6272 4900.

For further information please visit [www.wapha.org.au/ipmhc](http://www.wapha.org.au/ipmhc)

# ABORIGINAL HEALTH



## National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people

The National Aboriginal Community Controlled Health Organisation and The Royal Australian College of General Practitioners have jointly produced the third edition of the National Guide to a preventive health assessment for Aboriginal and Torres Strait Islander people (The National Guide).

The National Guide is a practical resource intended for all health professionals delivering primary healthcare to Aboriginal and/or Torres Strait Islander people. Its purpose is to provide health professionals with an accessible, user friendly guide to best practice in preventive healthcare for Aboriginal and Torres Strait Islander patients.

This edition:

- equips primary healthcare providers and their teams with a comprehensive and concise set of recommendations for Aboriginal and Torres Strait Islander patients, with additional information about tailoring advice depending on risk and need;
- advises on activities that can help prevent disease, detect early and unrecognised disease, and promote health in Aboriginal and Torres Strait Islander communities, while allowing for local and regional variations;

- encourages clinicians to consider the social determinants of health when providing preventative healthcare; and
- includes the following new topics and features:
  - Fetal alcohol spectrum disorder
  - Preventing child maltreatment – supporting families to optimise child safety and wellbeing
  - Family abuse and violence
  - Prevention of lung cancer
  - Young person lifecycle summary wall chart

For further information, to download the National Guide or other supporting documentation, please visit: <https://bit.ly/2jHxqmM>

Useful information about WA Aboriginal health initiatives and a service directory is available in the HealthPathways [Aboriginal Health Pathways](#).



## Shortage of private Menveo supply

The following update was recently communicated by the Communicable Disease Control Directorate (CDCD) to immunisation providers.

The Department of Health has been advised that the supplier of Menveo, GlaxoSmithKline, will not be able to provide any more Menveo brand MenACWY vaccine for private market purchase throughout Australia until at least the beginning of 2019. There is presently only a small amount of private stock of Menveo available in WA through local pharmaceutical distributors.

The state-funded MenACWY programs, which are for children aged 12 months to <5 years, and for year 10 students, are not affected by this vaccine shortage. The Department of Health has enough stock for these programs.

While there is a shortage of Menveo vaccine, WA Health is able to assist with children who have started but not completed a MenACWY vaccination course. In cases where vaccine cannot be obtained privately, WA Health can supply Menveo for children aged under 12 months to finish a vaccination course that has already been started.

Please see further information below:

- There is no State or Commonwealth government funded program in WA to provide MenACWY vaccination to children aged less than 12 months of age.



- The Menveo brand of MenACWY vaccine is the only brand registered in Australia for use in children less than 12 months of age.
- In WA, if infants aged less than 12 months have already commenced, but not completed, a course of privately funded vaccination with Menveo, parents should contact their immunisation provider to receive the next vaccination.
- While WA Health has stock, immunisation providers who wish to provide Menveo for children aged under 12 months to finish a vaccination course that has already been started will be able

to order Menveo vaccine through the WA Health online ordering website. An email is being sent to immunisation providers to explain the ordering process.

- WA Health does not have enough Menveo to supply to infants aged under 12 months who have not already started a course of vaccination. If Menveo cannot be obtained privately, these children will be able to receive a free government funded MenACWY vaccination when they turn 12 months of age.

Information about the State-funded meningococcal vaccination program can be found on the HealthPathways [Immunisation – Childhood](#) Pathway.





## Australian Diabetes Society alert

### Severe euglycaemic ketoacidosis with SGLT2 inhibitor use in the perioperative period

#### Background

Sodium-glucose co-transporter-2 inhibitors (SGLT2i) are oral medications that promote glucose excretion in the urine for the treatment of type 2 diabetes. SGLT2i may also be used off-label for the treatment of type 1 diabetes.

- There have been recent reports of patients with type 2 diabetes who are taking these medications developing severe acidosis requiring ICU/HDU admission during the peri-operative period.
- Cases of ketoacidosis with SGLT2i use in type 1 diabetes have also been reported in clinical trials.
- They carry a risk of severe diabetic ketoacidosis (DKA) with near normal or only mildly elevated blood glucose levels.
- The risk was increased if the patient had been fasting or had very restricted dietary intake, had undergone a surgical procedure, was dehydrated or had active infection.
- The ketosis was only detected by blood ketone testing.

Note: these agents may also reduce urinary ketone excretion so that urine ketone testing may be unreliable.

#### Features

DKA should be considered in patients taking SGLT2i who:

- develop abdominal pain, nausea, vomiting, fatigue or unexplained acidosis – a normal plasma glucose level does not exclude the diagnosis.
- have fingerprick ketone (or blood beta-hydroxybutyrate) levels  $>0.6$  mmol/L in the perioperative period or  $>1.5$  mmol/L at any other time
- have low pH on VBG or ABG, and low bicarbonate with a high anion gap, indicating metabolic acidosis.

Note: Severe ketosis may exist even where BGL is  $<16$  mmol/L.

SGLT2i agents include dapagliflozin (Forxiga), empagliflozin (Jardiance), or a combination with metformin (Xigduo, Jardiamet).

#### Recommendations for practice

- SGLT2i be ceased at least 3 days pre-operatively (2 days prior to surgery and the day of surgery) or in other physically stressful situations. This may require an increase in other glucose-lowering drugs during this time.
- Strongly consider postponing non-urgent surgery if SGLT2 inhibitors have not been ceased prior to surgery and either blood ketones are  $>0.6$  mmol/L, or HbA1c is  $>9.0$  per cent, as these are indicators of insulin insufficiency and a higher risk of DKA.
- Routinely check both blood glucose and blood ketone levels in the perioperative period if the patient is unwell, is fasting or has limited oral intake, and has been on an SGLT2i prior to surgery.
- If the blood ketone level is  $>0.6$  mmol/L in an unwell pre- or peri-operative patient or  $>1.5$  mmol/L in all other unwell inpatients who have been on an SGLT2i, the treating medical officer and, where relevant, anaesthetist, should be contacted to perform an URGENT VBG to measure the pH.
- It is strongly recommended that all patients with DKA are reviewed by an endocrinologist or physician on-call. If required contact your referral tertiary hospital for advice.
- SGLT2i should only be restarted post-operatively when the patient is eating and drinking and close to discharge (usually 3-5 days post-surgery).
- Patients who have day surgery/procedures should only recommence SGLT2i if on full oral intake. It may be prudent to consider delaying commencement of SGLT2i for a further 24 hours though consideration should also be given to the impact of withholding these agents (and metformin if on combined medication) on glycaemic control.
- Check blood glucose and blood ketone levels if the patient has been taking an SGLT2i (prior to or following surgery) and is unwell in the week following surgery.

## Emergency Response Planning Tool

The Emergency Response Planning Tool (ERPT) is a cloud-based tool which assists general practices to better prepare for, respond to, and recover from, the impacts of emergencies and pandemics.

The Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition) require practices to have a contingency plan for adverse and unexpected events such as natural disasters, pandemic diseases or the sudden, unexpected absence of clinical staff (refer to Criterion C3.3). The ERPT is one way that general practices can meet this Criterion C3.3.

The ERPT guides practices through a series of planning templates where critical information about the practice is entered and saved. The critical information entered in the ERPT is used to create an emergency response plan which is individually tailored to the practice, providing a roadmap to recovering from emergencies.

The ERPT is managed by Healthpoint ANZ and was developed in collaboration with the RACGP.

### How much does it cost?

WA Primary Health Alliance is offering a limited number of licenses at no cost to general practices for the first-year subscription of the ERPT. Licenses will be available on a first come, first served basis.

### How do I access the tool?

Register your practice by accessing the following link <https://erpt.racgp.org.au/> and complete the registration details.

For more information, please contact your Primary Health Liaison or Practice Assist on 1800 2 ASSIST (1800 2 277 478).



## Congratulations to Dr Alan Kerrigan

Congratulations to Dr Alan Kerrigan and his team at John Parry Medical Centre (JPMC) for being awarded the Procedural GP/District Medical Officer of the Year at the Rural Health West WA Country Doctors Awards.

The annual awards recognise and reward the extraordinary and long-term contributions of doctors working across rural, regional and remote Western Australia. Nine doctors were recognised with specialist awards for their exemplary medical contributions.

Dr Kerrigan is a country GP who also provides anaesthetic cover for obstetric and surgical patients, teaches and mentors medical students, and participates in the

management of the hospital. With his quiet and considered opinions, he has made a significant difference to the safety and quality of services provided by the hospital, and with his anaesthetic skills, he enables visiting surgeons to provide services that otherwise would be referred to the metro area. The Narrogin community is indebted to him and his professionalism. Congratulations.



# DIGITAL HEALTH



## My Health Record

The expansion of My Health Record is progressing rapidly. In April, the new My Health Record guidelines for Pharmacy were launched in Canberra and the pharmaceutical profession is embracing the new system.

Simultaneously the Australian Digital Health Agency is working with private pathology and diagnostic imaging providers to increase the availability of pathology and radiology reports within My Health Record. WA Health has ensured all public hospitals are automatically uploading discharge summaries and are working to make PathWest and diagnostic imaging reports available by the end of the year. They will also ensure hospital staff are aware and ready for the public expansion of My Health Record in the second half of 2018.

Uploading pharmacy, diagnostic imaging and pathology data will rapidly build clinical content in My Health Record which is key to building a technical infrastructure that allows for information sharing between health professionals to avoid medication misadventure and medical errors.

Training and support to implement My Health Record is available through WA Primary Health Alliance to all general practices and GPs. You 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)

### Staying in the loop

Follow the latest news via [www.linkedin.com/company/wapha](http://www.linkedin.com/company/wapha) or Twitter by following WAPHA\_PHNs.

My Health Record events and webinars can be found via [www.wapha.org.au/events](http://www.wapha.org.au/events) or via [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au)

Contact the My Health Record team in WA via [wapha.org.au](http://wapha.org.au) or see the My Health Record HealthPathway.

# PERTH CHILDREN'S HOSPITAL

## Opening dates announced

Premier Mark McGowan and Health Minister Roger Cook have announced Perth Children's Hospital's (PCH) staged opening timeline will start with the first outpatient clinics on Monday, 14 May followed two weeks later by the commencement of elective surgery on Monday, 28 May.

The final move day where all remaining patients will be transferred from Princess Margaret Hospital to PCH is scheduled to take place on Sunday, 10 June.

Patients from the Bentley Adolescent Unit are also due to arrive at PCH within a week of final move day.

The confirmation of PCH's opening schedule follows the announcement on 27 March that the hospital's potable water is safe to drink after meeting Australian Drinking Water Guidelines and being signed off by the Chief Health Officer.





# EDUCATION EVENTS

## Driving Change – pregnancy, parenting, alcohol and other drugs conference

Registration has opened for the inaugural St John of God Raphael Services pregnancy and parenting, alcohol and other drugs conference in June 2018.

St John of God Raphael Services WA is hosting this free one-day conference for health providers working in alcohol and other drugs (AoD) and perinatal infant mental health (PIMH) is sponsored by the WA Primary Health Alliance.

The conference is the first of its kind in WA to explore research, practices and developments in the field of AoD during pregnancy and parenting. It will provide health professionals working with families during these critical life stages the opportunity to learn from each other, work together and drive change in order to improve pregnancy and early parenting outcomes.

**Date:** Wednesday 13 June 2018

**Time:** Registrations 8.30am  
Conference 9.00am-4.30pm

**Venue:** The Auditorium,  
Bendat Parent and Community  
Centre, 36 Dodd Street,  
Wembley WA 6014

**Cost:** This is a free event.

View the program and read more about the speakers on the website <https://sjog.org.au/drivingchange>

## Rockingham General Hospital GP Education Event: Chronic Disease

Presented by Rockingham Peel Group and Rockingham General Hospital in partnership with WA Primary Health Alliance and HealthPathways WA

**Date:** Saturday 26 May 2018

**Time:** Registration 8.00am  
Presentations 8.30am-3.30pm

**Venue:** Rockingham General  
Hospital, Education Centre  
Lecture Theatre, Elanora Dr,  
Cooloongup WA 6168

Morning tea and lunch will  
be provided.

### Contact and registration

**Registration:** <https://waproject.healthpathways.org.au/Events.aspx>  
Registrations are essential. RSVP by Friday 18 May 2018.

40 Category 1 QI&CPD points have  
been applied for through RACGP.

## Fremantle Hospital GP Education Event: Mental Health and Older Adults' Health

Presented by South Metropolitan Health Service and Fremantle Hospital in partnership with WA Primary Health Alliance and HealthPathways WA

**Date:** Saturday 9 June 2018

**Time:** Registration 8.00am  
Presentations 8.30am-3.30pm

**Venue:** Fremantle Hospital, Alma St,  
Fremantle WA 6160

Morning tea and lunch will  
be provided.

### Contact and registration

**Registration:** <https://waproject.healthpathways.org.au/Events.aspx>  
Registrations are essential. RSVP by Monday 28 May 2018.

40 Category 1 QI&CPD points have  
been applied for through RACGP.

## Armadale Health Service GP Education Event: Mental Health

Presented by East Metropolitan Health Service and Armadale Kalamunda Group in partnership with WA Primary Health Alliance and HealthPathways WA

**Date:** Saturday 23 June 2018

**Time:** Registration 8.00am  
Presentations 8.30am-3.30pm

**Venue:** Armadale Health Service,  
3056 Albany Hwy, Mount  
Nasura WA 6112

Morning tea and lunch will  
be provided.

### Contact and registration

**Registration:** <https://waproject.healthpathways.org.au/Events.aspx>  
Registrations are essential. RSVP by Friday 15 June 2018.

40 Category 1 QI&CPD points have  
been applied for through RACGP.

### Disclaimer

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