

GP CONNECT

July 2018

Keeping GPs informed
in the changing primary
health landscape.

INSIDE:

- Message from the CEO
- Healthpathways WA
- Digital Health
- Hospital Liaison
- Policy Update
- Clinical Update
- Education Events

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

Supporting Aboriginal patients with mental health or alcohol and other drug (AoD) needs

NAIDOC Week is an annual celebration of the history, culture and achievements of Aboriginal people and provides an opportunity for GPs and their practices to strengthen their relationship with Aboriginal patients.

Ahead of NAIDOC Week 2018, celebrated from 8 – 15 July, WA Primary Health Alliance spoke with Aunty Rosalie Kickett, senior Aboriginal mental health practitioner at Richmond Wellbeing, about her experience supporting health providers to engage effectively with their Aboriginal patients.

Q: What do you hear is the biggest difficulty for GPs with Aboriginal patients who have mental health or AoD needs?

A: These type of needs can be overwhelming, both for the patient and their GP, and consult time limitations can make it difficult to provide the support needed. GPs could consider making a note in their clinical software to let reception staff know that the patient is likely to need a longer appointment.

There are services that practices can call on to help extend their capacity to support a patient. For example, MH Connex¹ can help by working with health providers to support the delivery of the mental health treatment plan. My role is to provide the cultural link between GP and patient. Our team also provides support to help address practical

problems by liaising with appropriate services. Our mob can be so stressed out by everything going on in their lives, and are often also experiencing grief and loss, or trauma, so managing their health might not be a priority. Getting help to manage non-health issues, such as housing problems, can remove some of the stress and allow them to better follow their mental health treatment plan.

Q: How can GPs build their relationship with Aboriginal patients so that they are comfortable talking about difficult issues?

A: Be a welcoming face. When GPs show a personal, as well as professional, interest in patients it improves their health. Sit down and have a yarn. Using relaxed body language and not jumping straight into clinical matters can make a difference. Patients will feel that their GP cares about them, share more openly, and be more likely to comply with their mental health care plan.

As Aboriginal people have such strong family connections, it's also important for GPs to build a relationship with the patient's significant family members.

Contact us

gpconnect@wapha.org.au

6272 4900

www.wapha.org.au

 /waphaphns

 @wapha_phns

¹ See Non-Acute Mental Health Assessment HealthPathway for more information.

Continued on Page 5

MESSAGE FROM THE CEO

Ongoing funding ensures primary care stays top of WA's health reform agenda

The Australian Department of Health recently confirmed that WA Primary Health Alliance has secured another three years of funding for our core operations across the primary care sector, including general practice support.

This means we can continue to work closely with general practitioners (GPs) and a range of stakeholders across the state's health sector and the community to help integrate the health system and keep more people well in the community and out of hospital.

Since our successful bid to the Australian Government in 2015 to operate all three newly established Primary Health Networks (PHNs) in Western Australia, we have been instrumental in the planning and commissioning of hundreds of primary healthcare services for Western Australians.

The ongoing funding will enable our organisation to build on a strong foundation of engaging with GPs, community and other key stakeholders to determine priority needs and design solutions to address system-wide health issues.

It means we can continue 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.

Our role in system change has been notable, through providing a primary care perspective in reforms such as the review of the Central Referral System, outpatient services, the development of Urgent Care Clinics and, currently, the Sustainable Health Review.

From the outset, WA Primary Health Alliance has been determined to work collaboratively with health agencies, clinicians, service providers and the community. This approach

has seen us develop and refine a system of comprehensive population health need assessments to deliver evidence-based solutions to community healthcare needs.

Another way in which we have demonstrated a collaborative approach has been in the co-design of innovative services, such as our work with Silver Chain on the Integrum Aged Care + trial to support senior Australians with complex care

needs and chronic health conditions to remain in their homes for as long as possible.

Our team, based in Perth and in seven regional offices, is looking forward to another three years of working with our stakeholders and communities to move towards our vision of improving health equity for Western Australians.

Learne Durrington
CEO WA Primary Health Alliance

Highlights and achievements

- Allocated \$180 million to commission primary healthcare services and projects;
- Designed a new Comprehensive Primary Care program to support and enhance general practice, with 120 practices enrolled in this program;
- Reshaped primary mental health services to allow state-wide parity of access;
- Funded 13 headspace centres, including the establishment of 2 new centres in the Pilbara and Mandurah, as well as a satellite of Bunbury headspace in Busselton;
- Planned the initial stages of implementation of WA's three Suicide Prevention Trial Sites, part of the Federal Government's national initiative;
- Became the Australian National Chapter of The Alliance Against Depression;
- Implemented a state-wide general practice support program, Practice Assist, in partnership with Rural Health West;
- Delivered a public education campaign, Choose Well, to encourage people to visit a GP rather than ED for non-emergencies;
- Supported GPs to plan optimal patient care through localising over 400 live health pathways;
- Contributed to the State Government's Sustainable Health Review;
- Provided numerous expert reports and policy submissions to Federal and State Government on key issues including the Aboriginal Youth Suicide Inquiry, Aged Care Workforce Strategy Taskforce and Australia's National Digital Health Strategy; and
- Tasked by the Australian Digital Health Agency to run a comprehensive state-wide stakeholder engagement campaign in the lead up to the My Health Record opt out period, including engagement with nearly every general practitioner and pharmacy in WA.

Published pathways milestone

WA Primary Health Alliance’s HealthPathways WA team recently published the 400th pathway. This is a significant milestone for the team, having now localised over two-thirds of all the HealthPathways content for WA.

WA is the largest geographical HealthPathways region in Australia, and the team has worked with WA Country Health Services to ensure there is service information and clinical content specific to the regional and remote parts of our state, as well as metropolitan Perth.

Noteworthy clinical streams that have now been published include [Adult Mental Health](#), [Child & Youth Mental Health](#), [Diabetes](#), [Cardiology](#), [Aboriginal Health](#), [Lifestyle and Preventive Care](#), [Pain Management](#), [Palliative Care](#), [Respiratory](#), and [Public Health](#), with numerous others well underway or nearing completion.

The HealthPathways WA team has grown and evolved significantly since

publishing the first 100 pathways in 2015. There are now five GPs working as HealthPathways clinical editors in WA, who localise and review the content in consultation with local specialists. The team also has several dedicated coordinators who map local services and ensure all information in the “Request” section of HealthPathways is accurate. HealthPathways coordinators engage extensively with stakeholders across the health system and work to identify the issues affecting primary care delivery, including gaps in services.

Similarly, uptake of HealthPathways by health professionals continues to increase, with over 18,000 pageviews and 4,000 sessions on the site in May.

This represents a 100 per cent increase the past 12 months.

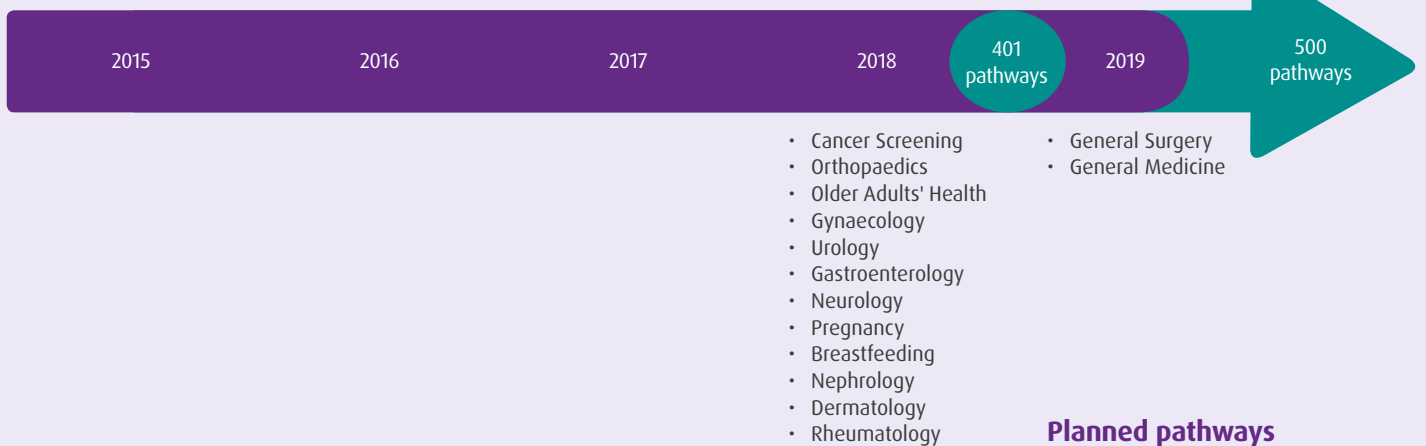
The HealthPathways WA team is dedicated to improving, supporting and participating in research aimed at evaluating the effectiveness of HealthPathways (such as the [International HealthPathways Survey](#)), as well as inviting continual feedback via the various mechanisms on the site.

To access HealthPathways WA please contact your WAPHA Primary Health Liaison, or email the HealthPathways WA team at healthpathways@wapha.org.au

Timeline of pathways published on HealthPathways WA

Live pathways

- Adult Mental Health
- Eating Disorders
- Child Health
- Sexual Health
- Lifestyle
- Immunisation
- Aboriginal Health
- Diabetes
- Immunology
- Child Sexual Abuse
- Hepatitis B & C
- Contraception
- Podiatry
- Cardiology
- Respiratory
- Palliative Care
- Child and Youth Mental Health
- Allergy and Anaphylaxis
- ENT
- Sleep
- Oral Health
- Pain Management
- Haematology
- Falls
- Drug and Alcohol
- Genetics
- Ophthalmology



My Health Record update: opt-out has arrived

The My Health Record expansion program has reached its pivotal stage, with the opt-out period starting on 16 July and closing on 15 October 2018.

In the first half of 2018, 39 per cent of pharmacies in WA have registered as My Health record providers. All public hospitals in WA have been uploading their discharge summaries into My Health Record automatically since late last year.

Training for general practices

While close to 100 per cent of general practices in WA are registered with My Health Record and there has been an increase of GPs uploading data, there is still progress to be made. If your practice requires training in the My Health Record software and how to implement it into your practice workflow, please contact WA Primary Health Alliance to arrange a practice visit via myhealthrecord@wapha.org.au

Consumer communication materials

As the opt-out period begins, GPs can expect more patients to ask questions about My Health Record.

All efforts are being made to ensure general practices are adequately resourced to provide patients with information about My Health Record, so they can make an informed choice, if they wish to opt-out. This includes a national mail out of consumer communication packs of posters and brochures. In addition, those

practices who subscribe to the Tonic Health Media network will have My Health Record videos playing in their waiting rooms.

If your practice does not receive pack by the second week of July, requires additional materials, or requires translated brochures for culturally and linguistic diverse communities, please contact myhealthrecord@wapha.org.au

Aboriginal consumer communication packs

These will be distributed to Aboriginal Community Controlled Health Organisations during the first two weeks of July.

Consumer communication campaign

The opt-out period will be supported by state-wide advertising across a variety of media channels and a community engagement campaign.

The My Health Record community engagement team is travelling state-wide to speak to the community about My Health Record at a variety of community events.

Unleash the power of your data: Breakfast event series

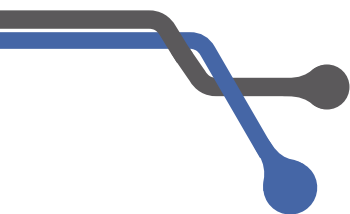
WA Primary Health Alliance (WAPHA) invites GPs to join our chair Dr Richard Choong and General Manager State-Wide Commissioning & Clinician Engagement, Bernadette Kenny, for a breakfast discussion on the power of practice data, and how it can be used to optimise business performance and drive quality improvements.

WAPHA will host three events over the next two months, the first event is this month at Matilda Bay Restaurant in Nedlands (full event details across on page 5).

Each event will include breakfast, short presentations on the importance of quality data to primary care and a panel discussion.

It will include a guest GP panellist to spark discussion and answer questions on how quality data extraction and analysis can support general practitioners to better understand the health and needs of patients, improve patient care by implementing patient recall and reminder registers, and identify patients who are at risk and require more targeted intervention and screening.

Each event will also cover best practices and benefits of improving data quality, and how quality data can help practices



to operate more efficiently, such as ensuring appropriate MBS billing for chronic disease management.

Dates and venue information for each event below:

Nedlands

Date: Tuesday 24 July

Date: 7.00am – 8.30am
(registration from 6.45am)

Venue: Roe Room, Matilda Bay
Restaurant
3 Hackett Drive, Crawley

[Register Now](#)

Hillarys

Date: Wednesday 22 August

Time: 7.00am – 8.30am
(registration from 6.45am)

Venue: Hillarys Yacht Club
65 Northside Drive, Hillarys

[Register Now](#)

Secret Harbour

Date: Wednesday 29 August

Time: 7.00am – 8.30am
(registration from 6.45am)

Venue: Secret Harbour Surf Life
Saving Club
Secret Harbour Boulevard,
Secret Harbour

[Register Now](#)

To find out more information or to register, visit www.wapha.org.au/events/data-in-general-practice-gp-breakfast-forum/

Continued from Page 1

Allow family to attend appointments as they're the ones that live with the patient and it's important for the family to have an understanding of the medication and treatment. Having family and patient on the same page empowers both. The family then effectively become part of the care team, and are also better able to recognise when the patient is becoming unwell and needs to see their doctor.

Q: Is there anything else GPs should be aware of?

A: A lot of Aboriginal people don't see mental health as a priority. They'll prioritise physical health over their mental health, and their family's needs over their own. Practices should take the time to provide education on the importance of taking mental health medication, explaining that it's like you're taking medication for diabetes, or blood pressure.

Further information

Working in Richmond Wellbeing's MH Connex program, Aunty Rosalie

has more than 25 years' experience working with Aboriginal community in the areas of health, mental health, AoD, and advocacy.

For further information about supporting Aboriginal patients through the MH Connex service contact Rosalie, 0447 416 987 or visit the [Non-Acute Mental Health Assessment HealthPathway](#). MH Connex is a free care management service delivered in the Perth metro area by registered nurses with significant mental health experience. The service can support early mental health interventions, and help to keep patients informed, motivated and committed to their mental health treatment plan.

For further information about other mental health and AoD services available in WA, including criteria, contact details and referral, see HealthPathways WA healthpathways@wapha.org.au To access HealthPathways WA please contact your WAPHA Primary Health Liaison, or email the HealthPathways WA team at healthpathways@wapha.org.au



Richmond Wellbeing senior Aboriginal mental health practitioner
Rosalie Kickett.



Sir Charles Gairdner Hospital

Changes to referral options for disability aids and equipment

The North Metropolitan Health Service would like to alert GPs to the following changes to referral options for disability aids and equipment from 1 July, due to aged care and disability reform.

For clients aged ≥ 65 years (or ≥ 50 years for Aboriginal and Torres Strait Islander people):

- For basic equipment and home installation needs (e.g. rails, shower chairs, walking aids), refer to the Commonwealth Home Support Program (CHSP)
 - Referral is via the My Aged Care website.
Phone: 1800 200 422.
Fax: 1800 728 174.
 - Referral form and information is available here: www.myagedcare.gov.au/for-health-professionals
- Older clients with more complex needs can continue to be referred to Community Aids and Equipment Program (CAEP) if they meet the eligibility criteria located here: www.disability.wa.gov.au/services-support-and-eligibility/services-supports-and-eligibility-new/services/services-provided-by-the-commission/equipment-and-technology/community-aids-and-equipment-program-caep/
- Please note, clients receiving a Commonwealth Home Care Package need to be referred to the package provider for all equipment and home installation/modification needs.

For clients under 65 years with a permanent disability:

- The National Disability Insurance Scheme (NDIS) is in partial roll-out across WA, with full roll-out expected by 2020. The NDIS is for clients under 65 years who have an accepted permanent disability. Care plans include supports and equipment.

For clients in areas where NDIS has rolled out, they (or their nominated carer/guardian) need to self-refer to NDIS rather than CAEP.

- Clients to contact NDIS on 1800 800 110 to request an Access Request Form.
- The scheduled roll-out for north metro local government areas is found here: www.ndis.gov.au/about-us/our-sites/WA/rollout.
 - The cities of Swan and Bayswater and the Town of Bassendean have already rolled out, with the cities of Joondalup and Wanneroo due to do so from October 2018, and central north metro local government areas (Cambridge, Claremont, Cottesloe, Mosman Park, Nedlands, Peppermint Grove, Perth, Stirling, Subiaco and Vincent) from July 2019.
- Until the NDIS is rolled out in the client's suburb, they remain eligible for CAEP if they meet the eligibility criteria located here:

www.disability.wa.gov.au/services-support-and-eligibility/services-supports-and-eligibility-new/services/services-provided-by-the-commission/equipment-and-technology/community-aids-and-equipment-program-caep/

More information on the NDIS can be found on HealthPathways [Disability and Sickness – Payments and Support](#)

Reopening of venous surgery outpatients

Sir Charles Gairdner and Osborne Park Health Care Group has recommenced the venous surgery service at Osborne Park Hospital (OPH). Patients will be assessed in an outpatient clinic and operated on using open or minimally invasive treatments as appropriate at OPH.

All referrals received are screened by a vascular surgeon as OPH has exclusion criteria.

Please send your referrals to CRS nominating "Vascular Surgery Dept SCGH" where the referrals will be allocated accordingly.

Dr Lucy Gilkes
Hospital Liaison GP, Sir Charles Gairdner Hospital
Lucy.Gilkes@health.wa.gov.au



Royal Perth Bentley Group

GP notify update – GPs need to re-register

GP Notify is now functional but a system reset was required, which means that to receive GP notifications in future, GPs will need to re-register.

There are two ways to do this:

1. GPs or practice staff can contact the GP Notify coordinator by phone on 9224 2810, fax 9224 2860 or email RPH.GPN.Coordinator@health.wa.gov.au to request re-registration for some or all of admission, discharge and/or death notifications. For more information: www.rph.wa.gov.au/For-health-professionals/GPs/Communication/GP-Notify/; or
2. Wait until you receive a GP notification in the mail – this will trigger the next time one of your patients is admitted, discharged or dies at Royal Perth Hospital (RPH) – then complete and return the attached GP Notify confirmation form. You may miss notifications in the period before your reregistration is received and processed.

Notifications between 5 May 2018 and the date your re-registration is processed will not be resent, however other forms of communication (e.g. discharge summaries) have continued as usual during this period.

RPH asks GPs to please accept their apologies for any inconvenience.

Dr Jacquie Garton-Smith
Hospital Liaison GP, Royal Perth Hospital
jacquie.garton-smith@health.wa.gov.au
Available: Monday and Thursday



Health Minister Roger Cook welcomes PCH's first patient 12 year-old Darius on Move Day.

Perth Children's Hospital

Perth Children's Hospital (PCH) is fully operational

The transfer of Bentley Adolescent Unit (BAU) patients to PCH on Wednesday 13 June marked the final stage of the PCH move schedule and the beginning of a new era in paediatric healthcare in Western Australia.

The transfer of 91 patients from Princess Margaret Hospital (PMH) to PCH on Sunday 10 June was the biggest medical move ever undertaken of young patients in Western Australia.

The BAU transfer involved transitioning 12 patients into their new home on ward 5A. With this final stage complete, Western Australian children and their families now have access to one of the world's most advanced paediatric hospitals.

PCH has provided GPs with some useful information contact information.

Contact Numbers for GPs

- Emergency Department:
 - Consultant phone: (08) 6456 0010
 - Fax: (08) 6456 2051
- To contact an on-call registrar, for advice or referral, phone the hospital switchboard on (08) 6456 2222
- A list of phone and fax numbers is accessible in the GP's section of the PCH website: <http://pch.health.wa.gov.au/For-health-professionals/GPs>

Urgent outpatient appointments

If you believe a patient requires an urgent outpatient appointment, please contact the on-call registrar, note their name on the patient referral letter, and then send the referral via:

- Fax: (08) 6456 0097
- Email: pch.referrals@health.wa.gov.au

If you need to follow up on a patient referral, contact the outpatient department on (08) 6456 3976.

Website

The PCH website (www.pch.health.wa.gov.au) has replaced the previous PMH website. Information on each ward and department is available in the service directory: <http://pch.health.wa.gov.au/Our-services/Service-Directory>

The new contact information and referral processes for PCH are also available on HealthPathways WA: <https://wa.healthpathways.org.au>

Dr Maree Creighton
Hospital Liaison GP, Perth Children's Hospital
maree.creighton@health.wa.gov.au
Available: Tuesday 9am-12pm and Wednesday 12pm-5pm

New vaccines hub in WA

The State Government has announced Western Australia is set to become the only international hub for the Human Vaccines Project, a globally respected and highly regarded research program which aims to decode the human immune system.

This project has the potential to develop a single vaccine capable of protecting all people against all strains of a particular disease. It aims to accelerate the development of vaccines and immunotherapies against a range of major infectious diseases and cancers.

The Telethon Kids Institute has accepted an invitation to be part of the prestigious project and is the only site dedicated to children. It will lead the paediatric component of this important global research when it moves into its new state-of-the-art home at the Perth Children's Hospital.

The Perth Children's Hospital Foundation has realised the significance of the research project and are co-funding the initiative with the Telethon Kids Institute.

The new research hub at Telethon Kids Institute will focus on next-generation paediatric vaccines to be given early in life and provide lifelong protection. It will work alongside other innovative research projects at the Institute aiming to wipe out infectious diseases globally.

Professor Tobi Kollmann is an international leader in paediatric infectious diseases. He will move to Perth from Canada to establish the WA hub of the Human Vaccines Project. Professor Kollmann will also join Perth Children's Hospital as a working doctor for two days a week, enabling WA children to benefit from his expertise.

The Human Vaccines Project is a global not-for-profit organisation with its headquarters in New York, and all other members currently based in North America. The new Perth hub is a major recognition of Western Australia's leading role in paediatric research, particularly in vaccines and immunology.

Changes to aged care referrals

From 1 July 2018, the Home and Community Care (HACC) program will transition to the Commonwealth Home Support Programme (CHSP). The national entry point for Commonwealth funded aged care services will be www.myagedcare.gov.au, making it easier for frail older people and their families to access services and information. GPs and other health professionals will need to use the My Aged Care website from 1 July to make referrals. There are a number of factsheets available online to help in the transition: <https://agedcare.health.gov.au/programs/commonwealth-home-support-programme/wa-hacc-transition> WAPHA will be updating our HealthPathways to reflect these changes over the coming weeks.

Australian refugee health practice guide

A new resource is available to support doctors, nurses and other primary healthcare providers to deliver comprehensive, evidence informed health care to people from refugee backgrounds, including people seeking asylum.

The online resource has been recently developed by Foundation House: The Victorian Foundation for Survivors of Torture Inc and covers key topics including:

- Approach to patient care
- Refugee health assessments
- Common health concerns – all ages; and
- Populations

The guide also includes a comprehensive list of WA referral agencies that can further support your patients from refugee and migrant backgrounds such as:

- Community health services
- Disability services
- Interpreter services
- Torture and trauma services
- Psychological support and counselling; and
- Regional/rural settlement services

To access the complete guide, visit <http://refugeehealthguide.org.au/>

There is also information on migrant and refugee health in WA on HealthPathways: [Migrants and Refugees](#).

AMA Guidelines for Issuing Medical Certificates

With cold and flu season now in full swing, now is as good a time for GPs to undertake a refresher on best practice in relation to issuing medical certificates to patients for time away from the workplace, school or other activities.

Medical certificates are legal documents and the issuing of inaccurate certificates can be subject to disciplinary action under the Health Practitioner Regulation National Law. GPs can also expose themselves to civil or criminal legal action.

The Australian Medical Association has published a *Guideline for Medical Practitioners on Certificates Certifying Illness* to clarify the responsibilities of medical practitioners, patients (e.g. employees), and relevant third parties (e.g. employers) regarding certificates certifying illness within the context of the doctor-patient relationship.

To download a copy of the guidelines, visit https://ama.com.au/sites/default/files/documents/Guidelines_for_Medical_Practitioners_on_Certificates_Certifying_Illness_2011_0.pdf

Helping those who help others: New resource for GP self-care

The Royal Australian College of General Practitioners (RACGP) has developed a new resource to support GPs with what can be a challenging and stressful (albeit rewarding and fulfilling) career.

The RACGP's [Self-care and Mental Health Resources for General Practitioners](#) is designed to provide details of resources and services that have been specifically developed for GPs and other healthcare professionals relating to self-care and mental health wellbeing.

The guide covers self-care strategies to support mental health and wellbeing along with information on where GPs can get help to look after their own health and access support with counselling and advice.

Some self-care strategies to support mental wellbeing outlined in the resource include:

- Not taking work home, where possible
- Being realistic with time and avoiding overcommitting
- Developing and maintaining healthy therapeutic boundaries
- Debriefing with colleagues regularly; and
- Establishing a relationship with an independent GP to assist you to manage your own health.

To download a copy, visit www.racgp.org.au/newsGP/Racgp/Helping-those-who-help-others-GP-self-care

There is also information on HealthPathways: [General Practitioners' Health](#), which includes contact details for the WA Doctor's Health Advisory Service.



GPs ideally placed to talk about alcohol use

The new *Alcohol. Think Again* campaign aims to build on the successful *What you can't see* campaign which has run since July 2014.

The campaign is a reminder to GPs to enquire into their patient's alcohol consumption. The primary message of the campaign to the public is that by reducing your drinking (number of drinking occasions and/or quantity at each drinking occasion) you will reduce your risks.

"Alcohol-related illness comes at great socio-economic cost to society and to the individual. Drinking alcohol at high or risky levels can often be normalised by the individual and is sometimes socially accepted. Without early identification, alcohol misuse and alcohol related harm can 'fly under the radar' for many years. Screening for alcohol misuse allows identification of potential harm and an opportunity for intervention and counselling. Alcohol screening and brief intervention has been shown in many settings to significantly reduce alcohol consumption on an individual level, translating to a reduction in health burden."

Dr Simon Hazeldine, Consultant Gastroenterologist, Hepatologist and General Physician.

GPs are in the ideal position to talk to their patients about alcohol use because:

- GPs are highly accessible and see the majority of people in the population several times every year;
- GPs develop long-term relationships with individuals in the context of their families and communities and people expect GPs to ask them about alcohol use; and
- Brief advice from GPs is highly effective in reducing alcohol use in the community, therefore potentially reducing morbidity from cancers, heart disease, mental illness and other chronic disease.

What are the barriers?

GPs are busy and people come into consultations with multiple issues. Raising alcohol use can seem like potentially opening a can of worms that will extend the consultation. GPs may also perceive that people might be defensive and not want to talk about their alcohol use.

What can GPs do to make it easy?

- **Link alcohol use to issues which the patient comes in with.** If a patient comes in for a blood pressure review, symptoms related to cardiovascular, gastrointestinal, mental, neurological or endocrine conditions, or have concerns about any cancers, alcohol use is very pertinent. It means that the GP can legitimately have reason to specifically ask about alcohol use. Linking the conditions with alcohol use, also provides the opportunity to ask the patient to reduce the alcohol use and return to review the condition, ensuring there is more time to deal with the alcohol use at a separate consultation.

- **Make alcohol use part of the normal history-taking** for new patients, perhaps making it part of a registration form which can reduce time in the consultation.
- **Ask "When was the last time you had a drink of alcohol?" and "What and how much did you drink then?"**. These two questions allow you to quickly explore the frequency and amount normally drunk, whether drinking was recent or if the amount consumed was more than four standard drinks. If alcohol use was a small amount and many months prior, it is worth asking another question to look for binge drinking such as "When was the last time you had four standard drinks or more?"
- **Ask "How do you feel about your alcohol consumption?"** Many people who are drinking more than they know they should are concerned and asking can help them to consider their alcohol use. GPs can add their concerns about the impact of alcohol use on various diseases and offer support by reviewing regularly. Often this is all that's required, having someone who is interested and paying attention to the problem.

Support and referral

GPs can seek the support of psychological services. Provide the patient with the number for the 24/7 Free Alcohol and Drug Support Line on (08) 9442 5000 (metro) or 1800 198 024 (country) or find other resources through

HealthPathways: [Alcohol and Drug Advice](#). HealthPathways also have an [Alcohol Intervention](#) pathway including the standardised validated AUDIT C questionnaire.

Professor Moira Sim (MBBS, FRACGP, FACHAM, PGDipAlcDrugAbStud, GAICD) is the Executive Dean of the School of Medical and Health Sciences at Edith Cowan University, where she leads a multidisciplinary health school. Professor Sim has a broad health and education background as a general practitioner with more than 30 years of practice in the community, a specialist addiction medicine physician and an academic with particular expertise in communication in healthcare and interprofessional learning.

Update of Green book released by RACGP

The RACGP has just released the third edition of the [Putting prevention into practice: guidelines for the implementation of prevention in the general practice setting](#) (the Green Book).

GPs, general practice teams, and other health professionals are encouraged to refer to the new edition Green book which now includes signposted information for easy reference, and links to helpful resources for further reading.

The Green Book continues to provide easy to follow and practical advice with successful real-life examples of implementing evidence-based preventive activities. The resource encourages and reflects a collaborative, whole-of-practice approach to prevention.



360 health + community exercise physiologist Travis King supports a patient in the Persistent Pain Program.

New service to support persistent pain sufferers

A new community-based service for people with persistent pain is now available for GPs to refer patients in Rockingham, Midland, Armadale and Wanneroo.

WA Primary Health Alliance has funded the Persistent Pain Program which aims to help persistent pain sufferers improve self-management of their pain.

The program will support patients through expert education, individual case-management, goal setting and improved use of community healthcare services.

The service was developed following workshops and consultations with a range of stakeholders including health professionals specialising in pain management, service providers, Primary Health Networks in other states and the Electronic

Persistent Pain Outcomes Collaborative (ePPOC).

The four locations where the program will be delivered were identified by Curtin University in the report 'Chronic pain – estimated prevalence and areas of unmet needs'.

GPs can refer eligible patients to the service from 1 July.

For referral information visit HealthPathways: [Interdisciplinary Persistent Pain Programs](#)

The Persistent Pain Program has been funded through to 30 June 2020 via the Australian Government's PHN program.

Persistent Pain Program

Region	Service provider
Armadale	Arche Health
Midland	Black Swan Health
Rockingham	360 health + community
Wanneroo	Black Swan Health

EDUCATION EVENTS

Western trauma course

This multidisciplinary course covers the essential components of early trauma management including; mechanism of injury and initial assessment, head injury, pain management, paediatric trauma, chest injury, abdominal injury, rural trauma scenario, inter-hospital transfer, and incorporates hands on skill stations on; the management of adult and paediatric airways, chest trauma, paediatric trauma, shock and burns. It is conducted over one day and incorporates lectures, interactive tutorials, graphic demonstrations and practical 'hands-on' skill stations. Participants are given a pre-course manual three weeks prior to the course. At the completion of the course participants conduct a written evaluation of the content and delivery and are provided with a certificate which verifies their attendance.

Date: 28 July 2018

Time: 7.30am – 5.30pm

Venue: Northam

Contact and registration

For further details and to register please visit http://ww2.health.wa.gov.au/Articles/U_Z/Western-Trauma-Course-WTC or contact watfeu@health.wa.gov.au, 08 6457 3699.

RACGP/ACRRM/ACEM accredited (see website for more details)

Chronic Disease

Presented by North Metropolitan Health Service and Sir Charles Gairdner Hospital in partnership with WA Primary Health Alliance and HealthPathways WA. This education session will focus on assessment, early detection and management in primary care with interactive case studies to promote connections between primary and specialist care. This activity has 40 *Category One* QI&CPD points.

Date: Saturday 21 July 2018

Time: 8.30am – 3.30pm
(8.00am – Registration)

Venue: Sir Charles Gairdner Hospital,
G Block, Level 8 Joske Seminar
Rooms, Hospital Avenue,
Nedlands 6009

Cost: Free

Morning tea and lunch will be provided.

Contact and registration

Register: RSVP by Friday 13 July 2018. Register via <https://waproject.healthpathways.org.au/Events.aspx>

Registrations are essential.

My Health Record in general practice

The RACGP are running a series of 'My Health Record in general practice' face-to-face workshops at the following locations in Western Australia.

Location: Perth

Date: Tuesday 7 August 2018

Time: 7.00pm – 9.00pm

Venue: RACGP WA Faculty office,
34 Harrogate Street,
West Leederville WA 6007

Location: Broome

Date: Wednesday 29 August 2018

Time: 7.00pm – 9.00pm

Venue: Mangrove Hotel,
47 Carnarvon Street,
Broome WA 6725

Morning tea and lunch will be provided.

In addition to the face-to-face workshops, the RACGP is delivering a number of two-part webinars. These webinars will address questions general practice may have regarding

the expansion of My Health Record. This will include how the expansion is likely to affect general practices and their patients.

These two-part webinars are accredited for 4 Category 2 RACGP QI&CPD points. Delivered by GPs, the webinars will be held over two, one-hour sessions. Participants are required to register for and attend both part one and part two to receive QI&CPD points. Webinars are free of charge for all participants.

Contact and registration

Register your participation by following the links below. Register for both part one and part two to receive QI&CPD points. www.racgp.org.au/your-practice/ehealth/myhealthrecord/webinars/

Disclaimer

While the Australian Government Department of Health has contributed to the funding of this newsletter, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.