



GP CONNECT

November 2018

Keeping GPs informed in the changing primary health landscape.

INSIDE:

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

World COPD Day puts focus on respiratory conditions

Ahead of World COPD Day on 21 November it is important to review the distinctions between two common respiratory conditions.

Asthma and COPD are distinct conditions, but are often confused, undiagnosed or misdiagnosed. They differ in prognosis, associated comorbidities, and importantly, in their treatments. It is important that the correct diagnosis is made, based on patient history, and confirmed by good quality spirometry.

COPD is an independent risk factor for cardiovascular disease and is associated with diabetes and osteoporosis. The management of these comorbidities is equally important for COPD patients. There are also important lifestyle factors which can directly impact on the management and prognosis of both COPD and asthma. These include; correct inhaler use, smoking cessation, diet and exercise recommendations. Pulmonary rehabilitation is especially important in COPD management. Vocal cord dysfunction, dysfunctional breathing and obesity can mimic or exacerbate asthma symptoms.

Rapid expansion of choices in inhalers have made therapies more confusing than ever. The key differences are:

1. Asthma:

- Inhaled corticosteroids (ICS) are the first line therapy for persistent asthma, in addition to short-acting beta-agonist (SABA) use. Early use of ICS in asthma improves symptoms, prevents exacerbations and slows decline in lung function.
- Single maintenance and reliever therapy using ICS/formoterol should only be used in asthmatics with appropriate education.

2. COPD:

- Long-acting bronchodilator monotherapy (long acting beta-agonists [LABAs] or long acting muscarinic antagonists [LAMAs]), followed by dual bronchodilator (combined LABA/LAMA) therapy are the first line treatments for COPD. LABA monotherapy is contraindicated in asthma due to an increased mortality rate.
- ICS should only be used as add-on therapy in patients with COPD who experience persistent symptoms and exacerbations despite dual bronchodilator therapy. Inappropriate use of ICS in COPD will expose patients to higher pneumonia and fracture risk.
- Inhalers within the same class of therapy are considered equivalent. Choice of inhaler should take into consideration ease of use of the device by the patient.

Correct diagnosis and early respiratory physician referral for patients with persistent symptoms, despite appropriate step-wise therapy, is important. Bronchoscopic or surgical interventions can benefit selected patients with COPD. Knowing the difference between asthma and COPD is the key to achieving optimal patient outcomes.

GPs interested in this topic may find the [Asthma in Adults](#) and [COPD HealthPathways](#) useful.

Contact us

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(08) 6272 4900

www.wapha.org.au

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 @wapha_phns

MESSAGE FROM THE CEO

Have your say on outpatient reform

A few months ago, we invited 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.

We are once again reaching out to the primary care sector to ensure that outpatient reform is informed by the GP perspective. This is one of several key priorities WA Primary Health Alliance is pursuing as part of a wider system reform agenda.

I am sure most of you, and indeed your patients, have a story to tell on your experience with our state's outpatient system. This is your chance to provide your constructive feedback and contribute to a wider response.

It's also an opportunity to shape the conversation around ensuring people are treated in a timely manner and in the most appropriate setting.

I am optimistic that WA Health's Outpatient Reform Program is an opportunity to make sure care is better integrated, to facilitate more appropriate access to specialist services, to improve information flows and to deliver a better outpatient experience for the patient.

Having your say in this important initiative will help identify priority areas and potential actions to be addressed and so I would urge you all to participate.

You will be contacted by WA Health via secure messaging or fax to complete the online survey.



Leanne Durrington
CEO WA Primary Health Alliance

POLICY UPDATE

New guidelines for the assessment and management of polycystic ovary syndrome

Monash University has recently released an international evidence-based guideline for the assessment and management of polycystic ovary syndrome (PCOS). The guideline provides clear information to assist clinical decision making and support optimal patient care.

The guidelines integrate the best available evidence with multidisciplinary expertise and consumer preferences to provide health professionals with transparent evidence-based guidance on timely diagnosis, accurate assessment and

optimal treatment of PCOS, to reduce variation in care, optimise prevention of complications and improve health outcomes.

The translation program which accompanies the guideline also includes an app for patients to answer their questions and know which ones to ask, and a tool developed for GPs to assist in the delivery of evidence-based care.

To access a copy of the guideline and supporting documentation, visit <https://www.monash.edu/medicine/sphpm/mchri/pcos/guideline>

Elder abuse resources

There are a range of elder abuse prevention and assistance services including the WA Elder Abuse Helpline delivered by Advocare and the Older People's Rights Service delivered by the Northern Suburbs Community Legal Centre.

To help raise awareness, a suite of elder abuse resources are available that are specifically designed to target older people experiencing elder abuse and empower them to act.

Practice resources are available [here](#).

For further information, contact Robyn Teede via robyn.teede@communities.wa.gov.au

HOSPITAL LIAISON



Sir Charles Gairdner Hospital

Improving patient hospital transitions

Sir Charles Gairdner Hospital and Perth Children's Hospital are working together to try to improve transitions between hospitals. Planning and Promoting Adolescent and Young Adult Services (PAPAYAS) is a joint project between the two hospitals aimed at improving transition between paediatric and adult services.

Transition is a recognised area of need as highlighted in the recently published WA Youth Health policy (available at <https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Youth-Policy/PDF/Youth-policy.pdf>). This project aims to highlight difficulties with the current processes and to work towards improvements and solutions through multidisciplinary collaboration. Involvement of general practitioners will be integral to the success of this policy and the PAPAYAS project. For further information please contact Stefanie.faraone@health.wa.gov.au

New contact details for Gairdner Bone Densitometry Services

Gairdner Bone Densitometry Services have disconnected their old phone and fax numbers. The new phone number for the service is 6457 3891 and fax number 6457 4109. If you need referral pads for the new numbers, please phone 6457 3891 or email scgh.bonedensity@health.wa.gov.au

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

Perth Children's Hospital

Useful information on the PCH website

Under the heading For health professionals there are Hospital Liaison GP and Health Facts. The health facts are useful parent information sheets and the Hospital Liaison GP section contains useful telephone numbers (including biochemistry, imaging, haematology, immunology and the poisons information centre). There is also information on outpatient referrals and links to child development service, child and adolescent mental health service, [HealthPathways](#) and how to obtain medical records. Visit pch.health.wa.gov.au

Dr Maree Creighton
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Osborne Park Hospital

Latest editions of newsletters now available

The latest edition of the Osborne Park Hospital (OPH) Shared Care GP newsletter has been distributed and is also available on the OPH website. The newsletter gives clinical peer reviewed articles about antenatal topics such as GP care of the antenatal patient prior to 20 weeks, alcohol and smoking in pregnancy and changes to MBS pregnancy item numbers <http://www.oph.health.wa.gov.au/Clinicians/pdf/Newsletters/OPH%20GP%20Shared%20Antenatal%20Care%20Newsletter%20October%202018.pdf>

The 2018 edition of the OPH newsletter is also available. The newsletter discusses the Parkinson's clinic at the hospital, an education event on 10 November for GPs – protecting brains and bones. There is also a clinical article about differentiating between rectocele and rectal prolapse, and an update on the cervical screening test pathway [here](#).

Dr Clare Matthews
Hospital Liaison GP,
Osborne Park Hospital
clare.matthews@health.wa.gov.au

Royal Perth Bentley Group

New process for first seizure appointments

The Royal Perth Hospital neurology department now mails patients referred to the First Seizure Clinic a letter inviting them to make an appointment. This gives patients more flexibility in booking a convenient appointment time and has reduced non-attendance rates which have traditionally been high for this clinic. Referrals for patients who do not respond to the invitation letter within a month (metro) or six weeks (country) are discharged and their referring doctor notified.

Further information on assessing and managing first seizures is available in the [First Seizure HealthPathway](#). Please contact HealthPathways via healthpathways@wapha.org.au for login details.

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

National Cancer Screening Program: Self collection for HPV testing

The rates of cervical cancer incidence and death in Australia are among the lowest in the world.¹ This is mainly attributed to the successful introduction, in 1991, of the National Cervical Screening Program (NCSP) and the introduction of the free national HPV vaccination program for young women in 2007 and later for boys in 2013. According to new research from Cancer Council NSW, Australia is on track to be the first country in the world to eliminate cervical cancer by 2035.² In December 2017 Australia implemented the renewed NCSP, a five-yearly primary HPV DNA test with partial genotyping and reflex liquid-based cytology (LBC) commencing at the age of 25. Screening is advised irrespective of HPV vaccination.

More than 80 per cent of women diagnosed with invasive cervical cancer have never been screened or have participated in the screening program but were more than six months overdue for a recommended cytology test at the time of their cancer diagnosis.³

Self collection of HPV test samples has been suggested as a strategy to overcome barriers to screening for some women. Providing HPV self-collection kits to never-screened and under-screened women has been shown to improve screening participation in international studies.⁴

Under the renewed NCSP, self collection for HPV testing under the supervision of a healthcare professional is available for women aged 30 to 74 years who:

- have never participated in the NCSP; or
- are overdue for cervical screening by two years or longer.

Self collection is not suitable for women who are (or suspect that they may be) pregnant, who are symptomatic, or for women who have been exposed to diethylstilbestrol (DES) in utero. Self collection must also only be offered to women who decline a clinician-collected sample as a self-collected vaginal sample can be used only for HPV testing (no reflex LBC testing). Therefore, it is not as reliable or efficient as a clinician-collected cervical sample.

Before offering self collection, healthcare professionals should:

- first ensure the patient is eligible
- provide the patient with a self-collection fact sheet
- provide instruction on how to take a self-collected vaginal sample
- ensure the test is sent to an accredited laboratory (currently self-collected HPV testing for all states and territories is only available at [VCS Pathology](#)).

Screening providers are also encouraged to counsel patients informing them that if:

- the test result is negative they should return in five years for routine cervical screening
- HPV 16 or 18 is detected, they will be referred for colposcopy, at which time a cervical sample will be obtained for LBC

- oncogenic HPV (not 16 or 18) is detected, then a clinician-collected cervical sample should be obtained and sent for LBC, as only HPV testing can be done on the vaginal self-collected sample
- the laboratory reports an unsatisfactory HPV result, then the sample should be repeated in 6 – 8 weeks' time.

As of the 29 June 2018, healthcare providers can contact the National Cervical Screening Register (NCSR) on 1800 627 701 to obtain a patient's full screening history, irrespective of which state or territory a patient is from, enabling providers to confirm eligibility if unsure.

In order to achieve cervical cancer elimination, it is vital that women are encouraged to continue to take part in the renewed NCSP and that girls and boys continue to participate in the national HPV immunisation program. Information and resources to assist both healthcare providers and their patients about the renewed NCSP are available on the HealthPathways [Cervical Screening](#) pathway.

Dr Linda Kohler

GP Clinical Editor, HealthPathways WA

1. Globocan. Section of Cancer Surveillance 2015. [homepage on the internet] International Agency for Research on Cancer (IARC); 2012 [cited 2015 Oct 23]
2 <https://www.news.com.au/lifestyle/health/health-problems/cancer-council-nsw-reveals-australia-is-on-track-to-stop-cervical-cancer/news-story/922968d1a7979a50513761eb41c10eef>
3 [Statistical Report 2013](http://www.vccr.org/site/VCCR/filesystem/documents/dataandresearch/StatisticalReports/VCS_StatisticsReport_2013_Web_SinglePages_Final.pdf). Carlton South: The Victorian Cervical Cytology Registry (VCCR); 2013 Available http://www.vccr.org/site/VCCR/filesystem/documents/dataandresearch/StatisticalReports/VCS_StatisticsReport_2013_Web_SinglePages_Final.pdf
4 Snijders PJ, Verhoef VM, Arbyn M, Ogilvie G, Minozzi S, Banzi R, et al. *High-risk HPV testing on self-sampled versus clinician-collected specimens: a review on the clinical accuracy and impact on population attendance in cervical cancer screening*. *Int J Cancer* 2013 May 15;132(10):2223-36 Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/22907569>.

Sexual health care of men who have sex with men (MSM)

Rates of syphilis and gonorrhoea are on the rise so below are five tips for sexual health screening and treatment.

1. How often should I screen MSM and what sites should I test?

Screening frequency depends on numbers of sexual partners. Some men will need screening every three months (especially if they're on PREP). Don't forget that throats and anuses can get chlamydia and gonorrhoea, and syphilis chancres can be in the mouth. (https://wa.healthpathways.org.au/90396.htm?zoom_highlight=sexual+health)

2. How do I get benzathine penicillin?

All syphilis infections require treatment with benzathine penicillin IMI due to its long half-life. Sometimes pharmacists are reluctant to procure benzathine penicillin as it is expensive and comes in larger quantities. Treatment is rarely an emergency so either request that the pharmacy orders it in or call your STI clinic (see below). There's enough syphilis currently that we are seeing plenty of 'atypical' presentations through multiple painless ulcers, cranial nerve palsies, acute hearing loss, visual loss. (https://wa.healthpathways.org.au/21690.htm?zoom_highlight=syphilis)

3. Can I offer free HAV/HBV vaccination for MSM?

Free vaccination is now available [through some organisations](#) for MSM for both hepatitis A (HAV) and hepatitis B. HAV is transmitted through oral-anal contact and should routinely be offered to men having sex with men.

4. What's PREP and what do I need to know?

PREP is the regular use of tenofovir/emtricitabine to prevent HIV acquisition and is almost 100 per cent effective. GPs can now prescribe PREP but need to be aware that it can affect renal function and cause bone thinning. Patients must have baseline STI and renal testing and three monthly ongoing STI screening including throat and rectal swabs. (<https://www.ashm.org.au/HIV/PrEP/>)

5. Where can I get help?

There are two tertiary clinics; South Terrace Clinic at Fremantle Hospital (9431 2149) and Royal Perth Hospital (9224 2178). Staff are happy to answer queries about results or treatment and accept referrals. (<https://wa.healthpathways.org.au/108275.htm>)

Patient information videos for sexual health

Patient information videos have been commissioned by the Sexual Health and Blood-borne Virus Program, with the project led by HepatitisWA and guidance provided from Aboriginal community members and health service providers.

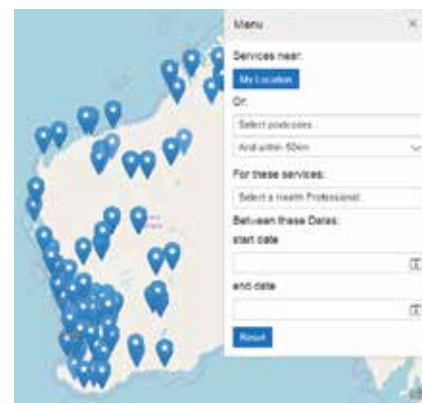
"What it means to have HIV" on [HealthyWA website](#)

"What it means to have HIV" on [Department of Health YouTube channel](#)

Want to know when a visiting specialist will be in your community?

With a few clicks of the mouse, you can find out when Rural Health West funded outreach specialists and allied health teams will be visiting your town.

Go to our [Outreach Health Services Map](#) to see the locations, visit dates and instructions on how to access outreach services and how to refer patients into a service.



Expression of Interest – improving GP access for vulnerable populations

WA Primary Health Alliance has commissioned Ruah Community Services and Silver Chain Group to deliver a service aimed at improving the chronic disease management of marginalised population groups.

A nurse practitioner will now work with clients of Ruah, Richmond Wellbeing, Silver Chain, St Pat's and 55 Central in partnership with their case worker where available. The nurse practitioner will undertake a comprehensive health assessment including investigation and screening, initiate interventions related to chronic and acute conditions, as well as developing an individualised plan using the principles of self-management.

The service is seeking to work with GPs to link the patient with a regular GP. This will develop an integrated and collaborative model of care that is individualised for the client.

If you are interested in being involved, please contact Katy Aish on Katy.Aish@silverchain.org.au or 0438 699 205 to discuss further.

Diabetes WA



education program

Diabetes WA is running Let's Prevent, a free health education program for adults at risk of developing heart disease, type 2 diabetes or stroke. It's being delivered in Bunbury, Busselton, Capel and Harvey with sessions available weekly.

This program can provide your patients with the information and support they need to make positive changes to their health behaviours, which will ultimately help them to delay or avoid a chronic condition.

Let's Prevent is a 12-month program combining group education, telephone counselling and online support.

Let's Prevent is part of the DESMOND suite of programs. It adopts the same principles and philosophy, recognising that there is no 'one size fits all' approach when it comes to managing health.

International trials of the program have shown that, when compared to standard care, Let's Prevent participants experience statistically significant improvements in:

- HbA1c
- LDL cholesterol
- psychosocial wellbeing
- sedentary time
- average daily step count.

Let's Prevent participants experience a 26 per cent reduction in their risk of developing type 2 diabetes.

For more information visit diabeteswa.com.au/lets-prevent or call 1300 001 880.

ABORIGINAL HEALTH

Travel service for Aboriginal patients

Country Health Connection provides a free culturally appropriate, transport, liaison and coordination service for Aboriginal people travelling to Perth, from rural and remote Western Australia (WA) to receive specialist medical treatment. Aboriginal patients and carers must be approved by the Patient Assisted Travel Scheme (PATS) and staying in approved accommodation under the PATS. The meet and greet component of the Country Health Connection transport services has been expanded to provide

transport in the after-hours period and on weekends until 30 June 2021. Transport services are now available between 6am to 10pm Monday to Friday and weekend service is available as required.

Contact Country Health Connection office hours for booking transport are between 8.30am to 4.30pm Monday to Friday. To make a booking phone (08) 9318 6880 or email CountryHealthConnection@health.wa.gov.au

My Health Record: uploading Advance Care Plans and pathology

Advance Care Plans provide the opportunity for patients to express their wishes for future medical treatment and care. It's important they document and share them, so that their doctor and family know their wishes should a time come where they are no longer able to make those decisions or aren't able to communicate them.

Details on preparing Advance Care Plans including the forms, can be found on [HealthPathways Advance Care Planning](#) pathway. Patients can share this information in their My Health Record where it will be available to healthcare providers at the time and place it is needed. Only patients and their nominated representatives can upload an Advance Care Plan to their My Health Record. GPs cannot currently do this for the patient.

You can also find more information on the My Health Record website <https://www.myhealthrecord.gov.au/for-you-your-family/howtos/add-advance-care-plan>

Pathology results in My Health Record

The Australian Digital Health Agency is working with public and private pathology providers to include pathology results generated by them into My Health Record.

PathWest will be one of the first WA-based organisations to contribute reports to My Health Record (scheduled to occur by the end of 2018). An up to date register of participating pathology and diagnostic imaging providers contributing to My Health Record is available [here](#).

It is important that consumers are aware of how this process works. Pathology reports will be available within My Health Record seven days after the test is reported. This allows the doctor to view the reports first and contact the patient to talk through the results and discuss any significant results. Patients can let the GP know if they do not want a specific result uploaded to their My Health Record. There is a tick box on top of the form to indicate this wish and the pathology lab will honour that request. GPs may wish to discuss this change in advance with their patients to minimise anxiety.

Diagnostic imaging and My Health Record

Perth Radiology Clinic is connected to My Health Record. The Australian Digital Health Agency is working with other providers to connect to My Health Record. Once they are connected, reports can be uploaded to the system, and patients will be able to access these after seven days. Imaging results will continue to come straight to the medical practice first for the treating GP to review.

If a patient can't find a pathology or diagnostic imaging report in their My Health Record, it may be because the pathology or diagnostic imaging service is not yet connected to the My Health Record system.

Face to face training for GPs and practice staff

The best way to learn more about using the many features in My Health Record is by attending a training session. A My Health Record trainer or Primary Health Liaison officer can visit your practice, at a time that suits you best, to provide an education session. Please email myhealthrecord@wapha.org.au to arrange a time with one of our trainers. You can also attend a My Health Record workshop via the RACGP.

Find out more

Further information for providers is available from the My Health Record website <https://www.myhealthrecord.gov.au/for-healthcare-professionals>

EDUCATION EVENTS

Kwinana and Rockingham GP networking event

A networking opportunity for general practices and local health services in the Kwinana and Rockingham community.

WA Primary Health Alliance invites you to our networking event to meet your local health services, including:

- Mental health and psychological services
- Pain management services
- Aboriginal health services
- Rockingham Hospital services
- Drug and alcohol services
- Chronic disease management services
- Local pharmacies
- Local allied health

Join us for drinks and canapés and learn about the local services available for your patients, what they provide and how you can access them.

Date: Tuesday,
20 November 2018

Time: 5.30pm arrival
6pm – 7.30pm

Venue: Hotel Clipper
20-30 Patterson Road
Rockingham

Registration:
http://bit.ly/WAPHA_Nov20 by
Tuesday, 13 November

2018 Ehlers-Danlos Society Learning Conference Australia

Syndromes associated with hypermobility were reclassified by international medical experts in 2017, many of whom are joining with Australian health professionals to provide clarity in diagnosis and management.

Learning outcomes:

1. Accurately recognise and manage the newly classified Hypermobility Spectrum Disorder (HSD) and hypermobile EDS (hEDS)
2. Recognise common multi systemic comorbidities of hEDS & HSD, and the rarer forms of EDS

Date: Tuesday, 11 December 2018

Time: 8.15am – 5.45pm (half day registration available)

Venue: Curtin Medical School,
Building 410
Kent Street, Bentley, Perth,
WA 6102

Registration options and full program available at <https://www.ehlers-danlos.com/2018-eds-australia/>

Enquiries to: Robyn Hickmott
robyn@riseleyphysio.com or
Dr Sue Morris s.morris@curtin.edu.au

TADPole: What GPs need to know about opiates and cannabis

- Improve your skills in managing opiate and cannabis use in general practice.
- Improve your understanding of the relationship between mental health and drug use.

QI&CPD

This activity has been approved by the RACGP program for 4 category 2 points in the 2017-2019 triennium

Date: Thursday,
22 November 2018

Time: Registration
from 6.30pm,
7 – 9pm

Venue: Bendat Parent and
Community Centre,
36 Dodd Street,
Wembley

Cost: Free with
dinner included

Registration:
[https://tadpole22112018.
eventbrite.com](https://tadpole22112018.eventbrite.com)

For more information:
email sirch@ecu.edu.au or visit
www.ecu.edu.au/tadpole

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