

# GP CONNECT

February 2019

Keeping GPs informed in the changing primary health landscape.

## INSIDE:

- Message from the CEO
- Hospital Liaison
- Clinical Update
- HealthPathways WA
- Immunisation & Screening Update
- Policy Update
- Education Events

If you wish to receive this newsletter electronically, please 'subscribe' via our website at [www.wapha.org.au](http://www.wapha.org.au)

## Nip Allergies in the Bub – introducing common food allergens and optimising eczema management to prevent food allergy

We currently have an incomplete understanding of why allergy, especially food allergy, has increased so rapidly in recent years, particularly in young children.

It appears to be a complex interplay between a western lifestyle, environment, delayed introduction of allergenic foods, and a genetic predisposition with no single trigger factor identified.

Food allergies disproportionately affect children and teenagers, impacting on their school performance, social life and general quality of life<sup>1</sup>. Food allergy not only impacts on the individual with food allergy, but also their families and carers.

There are many studies regarding allergy prevention being undertaken. However, to date there are no clear guidelines on how to prevent food allergy. Some of the risk factors emerging from epidemiological and controlled studies<sup>2-5</sup> include:

- Delayed introduction of common food allergens.
- Development of food allergy due to skin exposure to allergens.
- Filaggrin loss of function gene mutations.

### Introducing common food allergens

The Learning Early About Peanut (LEAP) study, showed that introducing peanut between 4-11 months of age can reduce peanut allergy in high risk infants by 80%<sup>6</sup>. Peanut allergy is most commonly life-long with the majority of peanut

allergic individuals needing to carry an adrenaline autoinjector (e.g. EpiPen) for life.

Following the publishing of the LEAP study, the Australasian Society of Clinical Immunology and Allergy (ASCI) updated their Guidelines for Infant Feeding and Allergy Prevention which make the following recommendations regarding infant feeding<sup>7</sup>:

- When ready, at around 6 months, but not before 4 months, start to introduce a variety of solid foods, starting with iron rich foods, while continuing breastfeeding.
- Infants should be given allergenic solid foods including smooth peanut butter, cooked egg, dairy and wheat products in the first year of life. This includes babies who have severe eczema, another food allergy, or a family member with food allergy, even though they may have a higher chance of developing food allergy. Infants should not be given a food they are already allergic to.
- Hydrolysed (partially and extensively) infant formula are not recommended for prevention of allergic disease.

For more information including advice to parents about introducing solid foods and resources see the '[Infant Feeding for Allergy Prevention](#)' HealthPathway.

Continue on page 4

## Contact us

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

(08) 6272 4900

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

 /waphaphns

 @wapha\_phns

# MESSAGE FROM THE CEO

## Mental health funding certainty will lead to better place-based care

Mental health often hits the headlines for the wrong reasons, so the recent announcement by the Federal Minister for Health of funding certainty for mental health services is most welcome.

The people most likely to benefit from this funding, expected to be in the order of \$170 million for WA over three years, are ordinary Western Australians, the one in five who, from time to time, may experience challenges with their mental health and who are likely to benefit from short to medium term support.

For most Australians, their entry point for mental health treatment is their general practitioner (GP), and a recent survey of 1,500 GPs found that their patients talk to them about mental health more than any other health issue.

Unsurprisingly, GPs provide the largest proportion of Medicare-subsidised mental health-specific services, with approximately 12.4% of general practice consultations in 2015-16 identified as mental health-related, focused mainly on depression (32.1%), anxiety (16.6%) and sleep disturbance (12.1%).

Despite the prevalence of mental health issues at the primary care level, access to services is not equitable, with Australians living in metropolitan areas most likely to receive Medicare-subsidised mental health services over those located in rural, regional and remote areas.

This can reflect the unbalanced distribution of GPs and mental health professionals, leading to a landscape of haves and have nots, where postcodes not need determine a consumer's service and referral options.

When you consider that mental illness is currently the third most burdensome

disease group in Australia, due to its impact on those living with illness and dying prematurely, behind only cancer and cardiovascular diseases, clearly, we need to look at alternative models of care to address this inequity.

WA Primary Health Alliance (WAPHA) have sought solutions to this problem by commissioning services that reach those in need where they live, including PORTS (the Practitioner Online Referral and Treatment Service for individuals with anxiety, depression, and drug and alcohol related issues) and MH Connex (coordinated community care management for people with complex and severe mental illness) in metropolitan Perth, and Mental Health Portals in country areas.

WAPHA takes an integrated approach to community-based mental health care, placing the GP at the centre of treatment to ameliorate the multimorbidity often found among patients in this setting, including a high prevalence of physical complaints and disorders. When left untreated, comorbidity of mental disorders and physical conditions leads to greater disability, distress and utilisation of health services, including hospitalisation and unnecessary emergency department presentations.

A promising model to tackle multimorbidity is the development of primary care hubs, which shift the necessary workforce, training and support for primary mental health care to general practice, including specialist in-reach and pathways into secondary care, when required.

Such a generalist model can overcome traditional treatment barriers by providing in situ services that are accessible to the local community. This encourages early detection and intervention with potential benefits including a need for only lower intensity treatment, faster recovery and better management of coexisting mental and physical conditions.

WAPHA is working closely with key partners, including state government and health service providers (HSPs), to explore these models and to improve the planning, funding and coordination of mental health services to reduce fragmentation that exists in the current system.

The development of joint regional mental health plans between WAPHA, the WA Mental Health Commission and the state's HSPs – the first priority area in the *Fifth National Mental Health and Suicide Prevention Plan* – will help to further identify service gaps, shared priorities across the health system, and opportunities to make better use of available resources between all tiers of government, ensuring Western Australians can access the right care, in the right place, at the right time.



**Leanne Durrington**  
CEO WA Primary Health Alliance

# HOSPITAL LIAISON



## Perth Children's Hospital

GPs have previously sent children to Princess Margaret Hospital for pathology collection. It is great that PathWest continues to provide this service at Perth Children's Hospital.

PathWest Testing Laboratory and Collection Centre is situated on the Ground Floor of Perth Children's Hospital, close to the pink lifts which can be accessed after entering the main entrance.

Centre hours are Monday to Friday, 8am to 5pm. They are very happy to attend to children and adults and waiting time is usually not too long.

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

## Sir Charles Gairdner Hospital

### What do you think about the quality of our discharge summaries?

Sir Charles Gairdner Hospital (SCGH) is working to improve its discharge summaries. SCGH would like to know what GPs think about the quality and timeliness of current summaries. This will help the hospital to plan how they can be improved. Please take a couple of minutes to complete this very brief, confidential survey. <https://www.surveymonkey.com/r/SCGHdischarge>

**Dr Lucy Gilkes**  
Hospital Liaison GP, Sir Charles  
Gairdner Hospital  
[lucy.gilkes@health.wa.gov.au](mailto:lucy.gilkes@health.wa.gov.au)

## Royal Perth Hospital

### Foot and ankle referral changes

Royal Perth Hospital (RPH) has developed referral requirements for the following foot and ankle conditions:

- Claw Toe/Hammer Toe
- Flat feet (Pes Planus)
- Hallux Rigidus/1st MTP Joint Arthritis
- Hallux Valgus/Bunions
- Metatarsalgia/Morton's Neuroma
- Charcot Neuroarthropathy (Neuropathic Arthropathy/Charcot Foot)
- Plantar Fasciitis
- Ankle/Hindfoot Arthritis

All referrals must include investigation reports and documentation of conservative management trialled to date.

The criteria for each condition can be found on the RPH [website](#).

Orthopaedic outpatient clinic appointment waiting times are long. Ensuring an appropriate trial of conservative management before referral will allow patients to receive evidence-based interventions close to home as soon as possible. This allows the best use of orthopaedic services and avoids unnecessary waiting for outpatient appointments.

RPH will shortly be undertaking an audit of existing referrals. If you receive a letter notifying you that a previously-sent referral does not meet the new criteria, the letter will outline how to proceed.

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

## South Metropolitan Health Service

### Follow South Metropolitan Health Service on Facebook

Following South Metropolitan Health Service (SMHS) on [Facebook](#) is a great way to keep up-to-date with happenings across the health service and its hospital network – Fiona Stanley Hospital, Fremantle Hospital, Murray District Hospital and Rockingham General Hospital.

Stay informed about the services offered at SMHS hospitals, including events for health professionals and the community, and patient and staff stories.

To find the page, search 'South Metropolitan Health Service' on Facebook and give the page a 'like'.

**Dr Monica Lacey**  
Hospital Liaison GP, FS & FHG  
[monica.lacey@health.wa.gov.au](mailto:monica.lacey@health.wa.gov.au)  
Available: Monday and Thursday

## Skin exposure to food allergens

Atopic dermatitis, or eczema, affects a large proportion of children with 20% of infants under two years of age being affected<sup>8</sup>. Therefore, the possible development of food allergy due to skin exposure to common food allergens is an important consideration for food allergy prevention.

The potential for the skin as a possible route of sensitisation is being recognised<sup>9</sup>. A UK study undertaken, identified that sensitisation through the skin could occur if peanut oils (e.g. via skin creams) were applied to the inflamed skin<sup>2</sup>. The development of peanut allergy was significantly higher in infants where skin creams containing peanut oil were applied<sup>2</sup>.

It has also been found that children in households where peanut is consumed, are more likely to develop peanut allergy through peanut dust exposure, if they have eczema<sup>10,11</sup>. Infants can also be exposed to peanut

via the skin through contact with foods<sup>2</sup>. This can occur directly (e.g. when eating peanut containing foods) or indirectly (through touch by siblings or other children)<sup>2</sup>.

A recent systematic review confirmed a strong and dose-dependent association between atopic dermatitis, food sensitisation and food allergy<sup>12</sup>. Atopic dermatitis precedes the development of food sensitisation and allergy, suggesting a causal relationship. It has been postulated that low dose cutaneous exposure to food allergen is sensitising and this is facilitated by atopic dermatitis (impaired skin barrier) whereas oral exposure could be tolerising but may occur too late to avoid allergy<sup>12</sup>.

Improving skin barrier through early moisturising can reduce the risk of eczema but further studies are needed determine if this will reduce food allergy. Recent studies regarding emollient use in young infants to prevent food sensitisation through the skin are encouraging<sup>13</sup>. One study has shown that infants who had developed food sensitisation at 12 months of age commenced eczema treatment later than those who did not develop food sensitisation<sup>14</sup>.

## National Allergy Strategy food allergy prevention project

Nip Allergies in the Bub developed by the National Allergy Strategy aims to help prevent food allergy. This website has been developed to provide practical food allergy prevention information for consumers including eczema videos and infographics, food and recipe ideas, and frequently asked questions about introducing the common food allergens and optimising eczema management. The website also contains a section specifically for health professionals including free online training.

Visit the [Nip Allergies in the Bub website](#) for further information.

GPs may also find the "[Eczema in Children](#)" and "[Food Allergy \(Non-anaphylaxis\)](#)" HealthPathways useful.

## About the authors

Sandra Vale is the National Allergy Strategy Coordinator and a public health nutritionist. Jemma Weidinger is a nurse practitioner with dermatology speciality. Dr Cory Lei is a GP and also works in the eczema clinic at Perth Children's Hospital. Associate Professor Richard Loh is the Head of Department of Dermatology, Immunology and Allergy at Perth Children's Hospital and Co-chair of the National Allergy Strategy.

## References

- 1.Noone SA. Food allergy: Impact on health-related quality of life. UpToDate. [www.uptodate.com/contents/food-allergy-impact-on-health-related-quality-of-life](http://www.uptodate.com/contents/food-allergy-impact-on-health-related-quality-of-life) Last accessed July 2015.
- 2.Lack G, Fox D, Northstone K, Golding J; Avon Longitudinal Study of Parents and Children Study Team. Factors associated with the development of peanut allergy in childhood. *N Engl J Med.* 2003; 13;348(11):977-85.
- 3.Karmaus W, Ewart SL et al, Filaggrin loss-of-function mutations are associated with food allergy in childhood and adolescence. *J Allergy Clin Immunol.* 2014; 134: 876-882.
- 4.Palmer DJ, Metcalfe J, Makrides M, Gold MS, Quinn P, West CE et al. Early regular egg exposure in infants with eczema: A randomized controlled trial. *J Allergy Clin Immunol.* 2013 132: 387-92.
- 5.Du Toit G, Roberts G, Sayre PH, Bahnson HT, Radulovic S, Santos AF et al. LEAP Study Team. Randomized trial of peanut consumption in infants at risk for peanut allergy. *N Engl J Med.* 2015; 372: 803-13.
- 6.Du Toit G et al. Randomized trial of peanut consumption in infants at risk for peanut allergy. *N Engl J Med.* 2015 Feb 26;372(9):803-13.
- 7.ASCIA. Guidelines for infant feeding and allergy prevention. 2016. <https://allergy.org.au/patients/allergy-prevention/ascia-guidelines-for-infant-feeding-and-allergy-prevention>
- 8.Page SS, Weston S, Loh R. Atopic dermatitis in children. *Aust Family Physician.* 2016; 45 (5): 296-296.
- 9.Isadi N, Luu M, Ong PY, Tam JS. The role of skin barrier in the pathogenesis of food allergy. *Children.* 2015; 2: 382-402.
- 10.Brough HA, Liu AH, Sicherer S, Makinson K, Douiri A, Brown SJ, Stephens AC, Irwin McLean WH, Turcanu V, Wood RA, Jones SM, Burks W, Dawson P, Stablein D, Sampson H, Lack G. Atopic dermatitis increases the effect of exposure to peanut antigen in dust on peanut sensitization and likely peanut allergy. *J Allergy Clin Immunol.* 2015 Jan;135(1):164-70. doi: 10.1016/j.jaci.2014.10.007. Epub 2014 Nov 18.
- 11.Brough HA, Simpson A, Makinson K, Hankinson J, Brown S, Douiri A, Belgrave DC, Penagos M, Stephens AC, McLean WH, Turcanu V, Nicolaou N, Custovic A, Lack G. Peanut allergy: effect of environmental peanut exposure in children with filaggrin loss-of-function mutations. *J Allergy Clin Immunol.* 2014 Oct;134(4):867-875.e1. doi: 10.1016/j.jaci.2014.08.011.
- 12.Tsakok T, Marrs T, Mohsin M, Baron S, du Toit G, Till S, Flohr C. Does atopic dermatitis cause food allergy? A systematic review. *J Allergy Clin Immunol.* 2016 Apr;137(4):1071-1078. doi: 10.1016/j.jaci.2015.10.049. Epub 2016 Feb 18.
- 13.Lowe AJ, Leung DYM, Tang MLK, Su JC, Allen KJ. The skin as a target for prevention of the atopic march. *Annals Allergy Asthma Immunol.* 2018; 120 (2): 145-151.
- 14.Lowe AJ, Su JC, Allen KJ. et al. A randomised trial of a barrier lipid replacement strategy for the prevention of atopic dermatitis and allergic sensitisation: the PEBBLES Pilot Study. *Br J Dermatol.* 2017.

## New sexual health campaign targets youth



A new sexual health campaign targeting young people aged 16 to 24 years aims to promote safe sex practices and testing for sexually transmitted infections (STIs).

Young people aged 16 to 24 are a key risk group for STIs. In the 12 months to 30 September 2018, they accounted for 51 percent of all chlamydia notifications in WA and 30 percent of gonorrhoea notifications.

The campaign includes posters, digital banners, online videos and cinema advertising.

Posters and other campaign resources can be found at [https://ww2.health.wa.gov.au/Articles/A\\_E/Campaign-sexual-health-STI](https://ww2.health.wa.gov.au/Articles/A_E/Campaign-sexual-health-STI)

## New resource for Hepatitis C

The Sexual Health and Blood borne Virus Program, in partnership with HepatitisWA, have released an informative video providing important information regarding diagnosis of hepatitis C and treatment. The video is suitable for people diagnosed with hepatitis C, and for health professionals working with people affected by hepatitis C.

HepatitisWA led the project with guidance provided from Aboriginal community members and health service providers.

The video 'How to treat Hepatitis C' is available to view on the [HepatitisWA website](#).

For more information about remote consultations see the '[Hepatitis C Remote Consultation](#)' page on HealthPathways.

## Central Referral Services information on HealthPathways

HealthPathways includes all the information GPs need to submit a referral to Central Referral Service (CRS).

Where referrals are appropriate to be submitted through CRS, this is indicated on HealthPathways request pages. This includes standard information on the appropriate referral form, the mandatory requirements for all referrals, and instructions on how to submit the referral through the GPs preferred mechanism.

Where additional criteria exist for particular outpatient specialties, e.g. [ENT](#) and [Neurology](#), the inclusion and exclusion criteria are included on the relevant specialty request pages. These pages also list mandatory condition-specific information; such as particular test results or aspects of patient history. Additionally, HealthPathways includes clinical pathways which align with this referral criteria, and can assist GPs with patient assessment and management prior to referral e.g. [Headaches in Adults](#) and [Tonsillitis and Sore Throat](#).

WA Primary Health Alliance works closely with WA Department of Health and Health Service Providers, to ensure accurate information is published on HealthPathways in relation to the CRS.

To access HealthPathways, please contact your WA Primary Health Alliance primary health liaison or email the HealthPathways team at [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au).

## IMMUNISATION & SCREENING UPDATE

### Updated immunisation resource information

The following resources are now available on the [Department of Health](#) website under related links.

#### [AusVaxSafety report 2016/17](#)

The first annual report summarises information from parents and carers who responded to an SMS about their child's health a few days after their routine scheduled vaccines.

#### [New National Centre for Immunisation Research and Surveillance \(NCIRS\) website](#)

The new website provides information for immunisation providers and the public including factsheets and FAQs related to vaccines.

#### [Australian Institute of Health and Welfare vaccine preventable fact sheets](#)

A series of fact sheets have been released which provide information about the 17 vaccine preventable diseases covered by the National Immunisation Program.



## Cancer Australia releases new lung cancer guides



Cancer Australia has recently released new national guides for health professionals and consumers that aim to drive better outcomes and care for all people affected by lung cancer.

*Delivering best practice lung cancer care for health professionals* contains evidence-based, best practice information, strategies, tools and resources to support clinicians in providing consistent, high quality care for people affected by lung cancer.

A separate resource has been developed to empower patients to actively participate in their own care. *Getting the best advice and care, a guide for those affected by lung cancer* provides information about what the principles will mean to them and what they can do to better engage with healthcare professionals and make informed evidence-based decisions.

Health professionals can view a copy of the guide at:

<https://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/delivering-best-practice-lung-cancer-care-guide-health-professionals>

Patients can be directed to the following link:

<https://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/getting-best-advice-and-care-guide-those-affected-lung-cancer>

## Updated AMA Guidelines for transfer of care arrangements

In an effort to reduce patient readmissions in the days and weeks following their treatment, the AMA has recently released its updated position statement on *General Practice/Hospitals Transfer of Care Arrangements – 2018*.

The document outlines the recommended steps required from both GPs and hospital doctors to ensure the best health outcomes when patients are admitted to and discharged from hospitals.

To view a copy of the position statement, visit <https://ama.com.au/position-statement/general-practicehospitals-transfer-care-arrangement-2018>

# EDUCATION EVENTS

## Save the date: Paediatrics GP education event

A collaborative event between Perth metropolitan hospitals' paediatric departments and WA Primary Health Alliance's HealthPathways WA team.

Education sessions include:

- ENT
- Diabetes in Children
- Panel Discussion – Transition and Shared Care for Chronic Conditions
- Childhood Obesity
- Paediatric Orthopaedics

**Date:** Saturday, 16 March 2019

**Time:** Registration from 8am  
Presentations from  
8.30am to 4pm

**Venue:** Perth Children's Hospital,  
15 Hospital Ave,  
Nedlands 6009

**Catering:** Morning tea and lunch is provided.

**CPD points:** 40 Category 1 QI and CPD points has been applied for through RACGP and 30 PRDP points has been applied for through ACRRM

**Registration:**

For more information and to register visit <https://waproject.healthpathways.org.au/Events.aspx>

**RSVP** by Friday 8 March 2019.  
Registrations are essential.

## From Bump to Baby: Perinatal Study Day

This full-day educational event aims to connect GPs with their local hospital and specialists and inform them about the hospital's perinatal services. It also aims to increase communication between hospital providers and GPs as well as enhance shared maternity care between the hospital and GPs.

Participants will hear from clinicians on latest antenatal and postnatal care as well as be provided with an update on antenatal guidelines. The event also will focus on the local community and how maternity services are tailored for the catchment area.

In addition, interactive workshops will be held on common neonatal issues, perinatal mental health issues, breastfeeding, Aboriginal maternity support services and antenatal and postnatal physiotherapy services.

**Date:** Saturday, 16 February 2019

**Time:** 7.45am - 4.30pm

**Venue:** Level 1, Conference Centre,  
St John of God Midland  
Public and Private Hospitals,  
1 Clayton Street, Midland.

**Parking:** A free parking ticket will be provided at the event

**For more information:** contact  
Jessica Pringle on (08) 9462 4033 or  
email [jessica.pringle@sjog.org.au](mailto:jessica.pringle@sjog.org.au)

## GP education event: Supporting Positive Pregnancy Outcomes

St John of God Raphael Services WA is hosting a free half-day education session for GPs to highlight the impact of alcohol and other drugs on the perinatal period (conception to four years). The event will provide general practitioners working with families during these critical life stages the opportunity to learn from experts including perinatal psychiatrists, researchers and specialist service providers to improve pregnancy and early parenting outcomes.

**Date:** Saturday, 9 March 2019

**Time:** 8.30am to 1pm  
(8am registration for an  
8.30am start)

**Venue:** [University of WA Club](#)  
– Banquet Hall South,  
Hackett Drive, Crawley

**Parking:** Please visit the [UWA Club parking page](#)

**CPD points:** This session entitles you to receive 6 QI and CPD points from RACGP

For more information and to register click [here](#) or email [raphael.services@sjog.org.au](mailto:raphael.services@sjog.org.au)

### 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.