



GP CONNECT

March 2019

Keeping GPs informed
in the changing primary
health landscape.

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Streamlining the detection of hereditary haemochromatosis

Professor John Olynyk

Hereditary haemochromatosis or HFE is an autosomal recessive disorder of iron overload and is one of the most common genetic disorders in populations of Northern European descent with a prevalence of 1 in 200 persons.

It is most often brought to the attention of clinicians through a positive family history for the disease, elevated iron studies or typical genetic test results.

New Australian research has demonstrated that the commonest blood test ordered in Australia (the Full Blood Count – FBC) may also reveal otherwise unsuspected hereditary haemochromatosis⁽¹⁾.

This recent Australian study demonstrates that elevated mean cell volume (MCV) and mean cell haemoglobin (MCH) values are present in treated, untreated and asymptomatic young adult hereditary haemochromatosis subjects. Subjects of Northern European ancestry with MCV > 94 fl or MCH > 32.2 pg are at 30-fold enriched prevalence

compared to the general population – the same order of magnitude of enrichment for discovery of the condition as seen within families of known hereditary haemochromatosis subjects. Up to 62 per cent of all hereditary haemochromatosis subjects in Australia are present above these cut-off values. Such individuals should be considered for further assessment of hereditary haemochromatosis.

For more information including assessing and managing patients with suspected or confirmed hereditary haemochromatosis see the '[Hereditary Haemochromatosis](#)' HealthPathway.

About the Author:

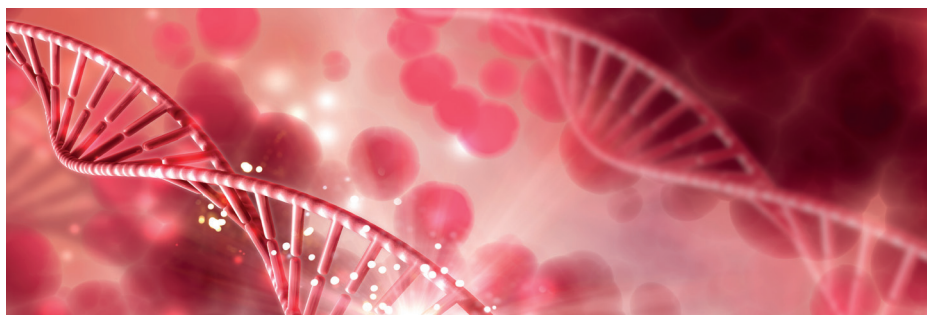
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1 Adris N, Hazeldine S, Bentley P, Trinder D, Chua ACG, Powell L, Ramm LE, Ramm G, Olynyk JK. Detection of HFE Haemochromatosis in the clinic and community using standard erythrocyte tests. *Blood Cells Mol Dis.* 2018;74:18-24.

MESSAGE FROM THE CEO

GPs on the front-line of Australia's fight against obesity

In my December 2017 CEO column, I wrote about WA Primary Health Alliance's early steps to define our role in responding to the State's escalating rates of adult and child overweight and obesity. We've made quite some progress since then and continue to work with State and Commonwealth partners to identify and agree our priorities in prevention, early intervention and management.

At the invitation of the Australian Government, we recently attended the National Obesity Summit to represent Australia's 31 Primary Health Networks (PHNs). Our involvement was crucial to ensure that primary care is integral in the development of multi-faceted and community wide approaches to addressing overweight and obesity.

Latest ABS figures tell us that 67 per cent of Australian adults and 25 per cent of children aged five to 17 are overweight or obese – and these rates are increasing rapidly. There's a lot of discussion at national and state level on obesity prevention, focussed on policy change in the form of sugar tax and advertising restrictions. Less of the discussion appears to be on early intervention and management – the space where GPs are front and centre of quality, evidence-based care.

Dr Georgia Rigas, Chair of the RACGP Obesity Management Special Interest Group, spoke at the Summit about the need for a primary care led response to addressing obesity as a chronic, progressive health condition. She stressed that advising someone with severe obesity to "eat less and exercise more" is an approach that's akin to telling someone with depression to "cheer up". We've come a long way in applying a scientific approach to recognising the complexity of depression, acknowledging that it's not

solely about will power and personal responsibility. We need to now reflect this in our response to obesity and weight management.

Dr Rigas, and other Summit speakers from academia and government, made the strong point that GPs are the front-line health professionals in Australia's fight against obesity. With this comes a requisite responsibility for the College, the PHNs and others to provide the support GPs need to help people struggling with overweight and obesity to achieve their goals to improve their health, function and quality of life.

In a recent study published in the MJA, research showed that, nationally, only 22 per cent of general practice patients had their BMI documented and 4.3 per cent had their waist circumference documented. It is well recognised that instigating a conversation about weight management in a general practice setting can be challenging, particularly when the presenting condition is not specifically a patient's weight. We know GPs are asking for a contemporary register of appropriate, quality assured and evidence-based weight management services and programs to refer patients into.

GPs with patients who have access to surgical interventions such as bariatric surgery (recognising the current four-year waitlist for eligible patients accessing public bariatric surgery in WA) report that providing good continuity of care depends on the GPs involvement in the pre and post-operative stages in the patient care journey. To enable general practice to respond effectively, there is a compelling case for collective action on the part of WA Primary Health Alliance and our WA partners to develop and provide the necessary resources, education and pathways.

WA Primary Health Alliance, with the WA Department of Health and Health Consumers Council of WA, is a partner in the State Obesity Collaborative which is tasked with developing WA's Healthy Weight Action Plan. With our leadership, the Action Plan has a clear focus on early intervention and management of overweight and obesity in primary care. We all agree on the importance of resourcing GPs and their practice teams with education and clinical pathways for evidence-based treatment options and best practice advice in the early intervention and management of overweight and obese patients.

We are now working with key stakeholders to develop a quality and accreditation system for weight management programs and services and a central repository which referrers and the general public can easily access to inform their choice of effective, evidence-based interventions. We're also focussing on developing resources, tools and education for GPs and their practice teams to leverage their unique position in talking to patients about weight management.

GPs have told us that a key first step in supporting their patients is to initiate the conversation based on well planned, very brief interventions that can increase the chances of a patient making a successful weight loss attempt. GPs don't have to be clinical experts in weight management to be able to incorporate this into their routine consultations with patients who are overweight or obese – and they don't need to spend a lot of time to make a difference.

Leanne Durrington
CEO WA Primary Health Alliance



HOSPITAL LIAISON



Fiona Stanley and Fremantle Hospitals

Mental health services for patients under 16 years not available at FSH

Please note that Fiona Stanley Hospital does not offer mental health assessment or treatment services for children under the age of 16 years. In order to reduce delays in treatment and avoid increasing the stress on patients and families, such referrals and requests for emergency assessment should be directed to Perth Children's Hospital.

For more information on mental health services, see the '[Mental Health Requests](#)' page on HealthPathways.

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Royal Perth Hospital

Outpatient Updates – EMHS Catchment Map and “Excluded Procedure” Referral Changes

Royal Perth Hospital (RPH) will shortly be undertaking an audit of existing referrals for selected conditions to clinics with long waiting times, including referrals for excluded procedures (see below). 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.

EMHS Metropolitan catchment map

Do you know the East Metropolitan Health Service catchment area so you can contact the correct hospital to urgently refer patients?

The East Metropolitan Health Service metropolitan catchment map and postcodes is now available on the RPH website.

Visit <https://rph.health.wa.gov.au/~media/Files/Hospitals/RPH/For%20health%20professionals/General%20Practitioners/emhs-catchment-map.pdf>.

The country areas that generally flow to the EMHS are the Kimberley, Pilbara and Wheatbelt.

For patients residing in the EMHS catchment who require urgent referral to RPH Outpatients, please call the RPH switchboard on 9224 2244 and ask to speak to the registrar or consultant of the specialty team required. Unless advised otherwise, please send urgent referrals accepted after discussion to RPH.OutpatientReferrals@health.wa.gov.au or fax 6477 5199 noting who you spoke to and any instructions that you are given or appointments made on your referral.

More information about Outpatient Referrals to RPH can be found on the RPH website under [For Health Professionals/GPs/Outpatients](#).

Excluded procedures Royal Perth Hospital outpatient referral criteria introduced

While the WA Health Excluded Procedures precludes procedures performed for cosmetic or other non-medical reasons, procedures which meet an identified clinical need to improve the health of the patient may be undertaken in public hospitals.

To avoid patients unnecessarily waiting for and attending appointments in cases where surgery cannot be offered at RPH, referral criteria have been established for abdominal lipectomy, breast reduction, blepharoplasty, male circumcision, rhinoplasty and varicose veins.

For criteria and further information, please see <https://rph.health.wa.gov.au/For-health-professionals/GPs/Outpatients/Excluded-Procedures-Outpatient-Referrals> or the relevant speciality page.

Referrals for these procedures still waiting for a first appointment to be allocated will also be reassessed. 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.

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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 few minutes to complete this very brief, confidential survey via the following link <https://www.surveymonkey.com/r/SCGHdischarge>. The survey closes 31 March.

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IMMUNISATION & SCREENING UPDATE



Human papillomavirus vaccine

Human papillomavirus (HPV) is a common, contagious virus that can cause cancers and diseases in both females and males. Without vaccination, 90 per cent of adults will have a HPV infection at some point in their life.

HPV vaccination is a safe and reliable way to protect young people from getting a range of HPV related cancers and diseases. The vaccine is provided free to children aged approximately 12 to 13 through school-based immunisation programs. Individuals who did not receive the vaccine at school are eligible for two free catch up doses up to 19 years of age.

The Department of Health has developed communication resources for providers and consumers to support uptake of the HPV vaccine. Find out more about HPV and the HPV vaccine provided through the National Immunisation Program <https://beta.health.gov.au/services/human-papillomavirus-hpv-immunisation-service>.

For more information on immunisation see the '[Immunisation – Childhood](#)' and '[Immunisation – Adolescent](#)' HealthPathways.

Childhood Immunisation Education Campaign 'Get the Facts'

Phase 3 of the Childhood Immunisation Education Campaign 'Get the Facts' has launched to encourage Australian parents and carers to get their children vaccinated. Phase 3 of the Campaign focuses on addressing the importance of vaccinating on time and the protection provided by vaccination, as well as continuing to address concerns around vaccine safety.

While national and state vaccination rates are high, nationally over 94.6 per cent for children at five years of age, there are still geographical areas with lower coverage and some children are receiving their vaccinations later than clinically recommended.

A range of communication resources has been developed and will be hosted on the Childhood Immunisation Education Campaign website resource page. The eight-week campaign will reach parents through search, social and online channels. To find out more visit <https://campaigns.health.gov.au/immunisationfacts>

Childhood immunisation coverage data by PHN

The childhood immunisation coverage rates, including data to 31 December 2018, have been published by the Australian Government, Department of Health. This collection provides links to the full set of childhood immunisation coverage data from 2015 onwards for Primary Health Networks (PHNs) and Statistical Areas Level 3 (SA3). This data can be accessed at the Department of Health website via <https://beta.health.gov.au/resources/publications/childhood-immunisation-coverage-data-phn-and-sa3>

New National Immunisation Strategy for Australia 2019–2024

The Australian Government Department of Health has released the [National Immunisation Strategy 2019–2024](#), which builds upon the success of the first National Immunisation Strategy 2013 – 2018. The strategy comprises eight priority areas to complement and strengthen the National Immunisation Program. Its aim is to outline the framework for the prevention of severe outcomes of disease by maximising immunisation coverage in people of all ages. It is consistent with Australian, state and territory government collective efforts and outlines Australia's key role in the Asia-Pacific region.

To read more visit <https://beta.health.gov.au/resources/publications/national-immunisation-strategy-for-australia-2019-to-2024>



Alcohol and drug service comes to GP practices

A local drug and alcohol treatment service is now providing a free in-reach service to a small number of general practices in the north metropolitan area.

North Metro Community Alcohol and Drug Service (NMCADS), a collaboration between Cyrenian House and Next Step, has partnered with WA Primary Health Alliance to provide a drug and alcohol service for patients who attend their GP.

NMCADS now operates three one-day in-reach services to GP clinics in the area, including Clarkson, Two Rocks and Wanneroo. The first site at Key Largo Medical Centre came online early in 2018, followed by Brookside Medical in September 2018 with Two Rocks Medical, the last site to be established, in late 2018.

“NMCADS sees this as an opportunity to increase service access for patients who otherwise would not access drug and alcohol services and to enhance patient outcomes via more cohesive case management practices with GPs” said Eric Nordberg, NMCADS Service Manager. “There is a lot of stigma attached to drug and alcohol use, and this is a barrier that many patients struggle to overcome.” It is hoped that the service will allow patients to reduce that stigma significantly by being able to access an alcohol and drug service via their GP. “Having us on site allows excellent communication and case consultation between the counsellors and GPs,” said Mr Nordberg.

Counsellors from NMCADS staff each clinic one day per week, providing appointments for up to six patients per day. Appointments can range from single brief intervention sessions, to longer term counselling appointments, depending on the needs of the patient.

In addition to the GP in-reach services, NMCADS is now also providing after-hours services on Saturdays from their Joondalup site, at 10 Clarke Crescent. The Saturday service has a primary focus on improving access for consumers and those who struggle to attend weekday appointments, due to other commitments. The service operates from 8.30 am to 4.30pm. To date this service has been well utilised with positive client feedback and treatment outcomes achieved.

There are also referral pathways to inpatient withdrawal services and residential services at Cyrenian House’s Rick Hammersley and Serenity Lodge Therapeutic Communities. In addition, addiction medicine specialists through Next Step Clinical Services and counselling services are accessible at both the NMCADS Joondalup and Warwick sites. Patients of the in-reach services also have access to the mental health-focused Partners in Recovery Program (PIR) and other mental health support.

For more information on the in-reach service or other alcohol and drug services offered by Cyrenian House, please contact Nicola Iannantuoni, Services Development Manager, on 9328 9200 or nicola.iannantuoni@cyrenianhouse.com.

Eligibility criteria

Anyone who lives in the following suburbs can access the service: Clarkson, Two Rocks or Wanneroo. It is not necessary to be a patient at the specific GP practices where the alcohol and drug services are based.

A referral form can be downloaded from HealthPathways at <http://www.cyrenianhouse.com/wp-content/uploads/2013/04/Fax-Referral-Form.pdf>

For more information on services see the ‘[Community Alcohol and Drug Support Services](#)’ HealthPathway.

GP survey on pregnancy and alcohol

The Women Want to Know (WWTK) project encourages health professionals to discuss alcohol and pregnancy to ensure that women receive the right advice. WWTK was developed by the Foundation for Alcohol Research and Education (FARE) in collaboration with leading health professional bodies across Australia and is supported by funding from the Australian Government Department of Health.

A short five to 10 minute survey on alcohol consumption during pregnancy is open again until 31 March. GPs are encouraged to complete the survey. Results will help us better understand the needs of GPs in responding to the issue.

Follow this link to complete the survey: https://qplus.az1.qualtrics.com/jfe/form/SV_6rmtj05U7pNfvZX

You can learn more about FARE via www.fare.org.au and WWTK at the Department of Health via www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/wwtk

POLICY UPDATE

How does the end-of-life law apply in your general practice?

GPs perform both clinical and legal roles for their patients, including completing Advance Care Directives with their patients, identifying substitute decision makers, and making decisions about emergency or hospital treatment. End of Life Directions for Aged Care (ELDAC) have toolkits to assist in dealing with palliative care or advance care planning in aged care.

Visit www.eldac.com.au for more information. Forms are available via the 'Advance Care Planning' HealthPathway.

Potentially preventable hospitalisations in Australia by small geographic areas

The Australian Institute of Health and Welfare (AIHW) report provides information on 22 conditions for which hospitalisation may have been prevented by timely and appropriate provision of primary or community-based health care by Primary Health Network (PHN) and Statistical Area Level 3 (SA3). These include chronic, acute and vaccine-preventable conditions. Rates for two age groups, for people aged under 65 years and 65 years and over, are also included. The full report can be accessed via <https://www.aihw.gov.au/reports/primary-health-care/potentially-preventable-hospitalisations/contents/overview>



ABORIGINAL HEALTH

Quality improvement in primary health care for Aboriginal and Torres Strait Islander people

Recently, the National Aboriginal Community Controlled Health Organisation (NACCHO) released the National Continuous Quality Improvement Framework for Primary Care for Aboriginal and Torres Strait Islander people 2018. The document is intended to be used across the whole of primary care.

The National Framework is designed to provide practical support for all primary healthcare organisations in their efforts to ensure that the health care they provide is high quality, safe, effective, responsive and culturally respectful.

It is relevant to Aboriginal health services and private general practices, NACCHO affiliates and Primary Health Networks, national and state/territory governments. It provides guidance for clinicians, board members, practice owners and health promotion, administrative and management staff.

For further information about CQI please contact cqi@naccho.org.au

The national framework can be downloaded at <https://www.naccho.org.au/wp-content/uploads/NACCHO-CQI-Framework-2019.pdf>

Depression looks different for everybody campaign and GP video lecture

'Depression looks different for everybody' is a new campaign raising awareness about depression, encouraging people to talk about their feelings and urging them to seek help,

Launching on 10 March, the campaign to raise awareness of depression features four individuals with lived experience whose stories have been captured on film and in a unique artwork, highlighting that 'Depression looks different for everybody'.

It will run in two Suicide Prevention Trial Sites – Peel, Rockingham and Kwinana, and the Mid-west – where the target group is young people aged 16 and 25 and males aged 25 to 54, respectively.

The Trials are overseen by WA Primary Health Alliance, as part of the Australian Government's National Suicide Prevention Trial.

As GPs play a key role in identifying and treating depression in primary care, WA Primary Health Alliance has developed a video lecture that qualifies as self-directed learning in a GP's professional development.

Presenters Dr Daniel Rock and Dr Geoff Riley draw on their extensive knowledge and experience to deliver a contemporary perspective on how to effectively identify and manage the depressed patient in primary care and why this is so important in the treatment of depression and prevention of suicide.

The video lecture is available at <https://phexchange.wapha.org.au/AAD/videos/5679>

For more information about the campaign and to watch the four personal stories, visit www.insidemymind.org.au

If you have any questions, or your practice wishes to order campaign materials, please email communications@wapha.org.au



My Health Record

Nine out of 10 Australians to have a My Health Record

On 20 February 2019, the Australian Digital Health Agency announced that nine out of 10 Australians will have a My Health Record following the conclusion of the opt-out period.

Based on the number of people eligible for Medicare as at 31 January 2019 (25,459,544), the participation rate is 90.1 per cent, with a national opt-out rate of 9.9 per cent.

While the opt out period ended on 31 January 2019, Australians are able to cancel and have their My Health Record permanently deleted from the system at any time in the future.

Similarly, individuals who may have opted out can create a record at any stage if they choose.

People can securely access their My Health Record via the myGov portal. If they do not have a myGov account, instructions on how to create one are available via <https://www.myhealthrecord.gov.au/for-you-your-family/before-you-registe>

What is a NASH PKI Certificate?

Healthcare providers and supporting organisations use the National Authentication Service for Health (NASH) to securely access and share health information. You're eligible for a NASH PKI certificate if your organisation is registered in the Healthcare Identifiers (HI) Service as: a healthcare provider organisation; a contracted service provider; a general supporting organisation that assists in the delivery of digital health. NASH PKI certificates aren't available for individual healthcare providers registered in the HI Service.

EDUCATION EVENTS

EMHS Mental Health GP Workshop

The East Metropolitan Health Service in partnership with WA Primary Health Alliance and Health Pathways WA, invites GPs to an Integrating Mental Health Care GP Workshop at Royal Perth Hospital.

Sessions planned include managing physical health of patients with mental health issues, alcohol and methamphetamine addiction, suicide prevention, managing patients with personality disorders, HealthPathways 'Navigating the Mental Health System', an opportunity to meet EMHS Mental Health Service staff and a facilitated integrated care for mental health patients – working together across the hospital, community and primary care – workshop.

Date: Saturday, 18 May 2019

Time: Registration from 8am, workshop 8.30am–12.30pm

Venue: Royal Perth Hospital

Registration:

Email EMHSGPed@health.wa.gov.au to express interest or for queries

Accreditation:

A Category 2 RACGP QI&CPD point application is underway

Anxiety – NPS MedicineWise Clinical Education

NPS MedicineWise are launching the topic Anxiety from March 2019.

This topic is available to be delivered in a practice visit or by video conference. The anxiety topic focuses on assessment of anxiety disorders and evidence-based approaches to management of the condition. Both psychological and pharmacological treatment options will be discussed. Anxiety is the most common mental health problem reported in Australia.

Cost: All sessions are free, funded by the Australian Government.

Registration: contact Nicole.Humphry@wapha.org.au or call 08 6272 4921

Accreditation: 2 (Category 2) points in the RACGP QI & CPD Program and 1 Core point in the ACRRM PD Program.

Eating Disorders in Primary Care

Eating disorders affect approximately nine per cent of Australians, have one of the highest mortality rates of any mental illness and require a multidisciplinary approach. When armed with the right information, screening and referral tools; GPs, psychologists, dietitians and primary healthcare professionals play an important role in early identification and supporting recovery.

Perth workshop

Date: Tuesday, 26 March 2019

Time: Registrations from 6pm, workshop 6:30pm–8:30pm

Venue: Perth Children's Hospital Level 5, 15 Hospital Avenue, Nedlands

Cost: Free – registrations essential

Registration:

<http://bit.ly/CPDPerthWAPHA>

Events page at www.nedc.com.au

Bunbury workshop

When: Wednesday, 27 March 2019

Time: Registrations from 6.30pm, workshop 7.00pm–9.00pm

Venue: Edith Cowan University, South West Campus 585 Robertson Drive, East Bunbury WA 6230, Building 6, Theatre 6.101

Cost: Free – registrations essential

Registration:

<http://bit.ly/CPDBunburyWAPHA>

Events page at www.nedc.com.au

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