



GP CONNECT

May 2019

Keeping GPs informed
in the changing primary
health landscape.

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New patient resources for urgent and non-urgent outpatient referrals to public hospitals

Patients do not routinely receive written information about what happens to their referral to a public hospital after it is sent by their GP. It can also be difficult for patients, carers and clinicians to find out who to contact within the hospital system to update their details, or to change or cancel an appointment.

Urgent and non-urgent referral information sheets have been developed by HealthPathways WA in collaboration with Hospital Liaison GPs, Central Referral Service (CRS), Outpatient Direct and Outpatient Departments in metropolitan Public Hospitals. Feedback during the development was provided by GPs and consumers.

Patient information sheet for non-urgent referrals to Perth metropolitan public hospitals via Central Referral Service

This information sheet details what communication to expect from CRS and what to do if this communication is not received. It advises patients that appointment information will be sent by letter about one month prior to their appointment. It also provides specific numbers for patients to call to update their legal or preferred name, title, contact details, gender and next of kin.

There is advice to patients about what to do if their condition changes or worsens prior to being seen in the outpatient clinic and what to do if they no longer need their appointment. It provides information on other referral options that the patient may wish to consider, if the wait is longer than expected.

Patient information sheet for urgent outpatient referrals

This information sheet does not include specific hospital information. It can be printed on a practice letterhead and completed by hand or electronically.

If an appointment has already been made, the information sheet has a space for the appointment and a section for the GP to complete to advise the patient what to do if their condition deteriorates.

If an appointment has not been made but an urgent referral has been sent, it provides a space for the GP to document their expectations of when the hospital will contact the patient and a timeframe during which they expect the patient to be seen. There space for the GP to write what the patient should do if they are not contacted or seen during the expected timeframe, or if their condition worsens.

How to access the information sheets, *continued page 5*

Contact us

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(08) 6272 4900

www.wapha.org.au

 /waphaphns

 @wapha_phns

Is your practice LGBTI inclusive?

Social exclusion, discrimination, stigma and marginalisation are some of the issues experienced by LGBTI people accessing health care. Not only do these factors increase the risk of adverse impact on their health and mental health, they also create barriers to accessing health and social care services.

As part of our efforts to improve health equity, WA Primary Health Alliance (WAPHA) is actively involved in advocating for and facilitating safe, inclusive, and culturally appropriate primary care services for LGBTI people.

To inform our work, we surveyed a group of LGBTI people about their healthcare experiences.

Overall, the responses indicated that LGBTI consumers want to be treated as 'substantively equal' to their heterosexual counterparts and that they seek health providers who are inclusive, non-judgemental and well-informed about issues related to LGBTI health.

They indicated a high degree of loyalty to their local general practice, with 88 per cent of respondents saying they always visit the same practice for their primary care, and 58 per cent saying they always try to see the same GP.

Not only does this confirm that GPs are well placed to influence the health and wellbeing of LGBTI people, it also confirms that many practices are already effectively engaging with and treating their LGBTI patients in safe and welcoming practices.

In closing, WAPHA urges everyone involved in the healthcare of LGBTI people to pause and think about how they can improve their understanding of the issues and respond sensitively and effectively. We have included below some ways that you can contribute to achieving that goal.

Three ways you can make your practice LGBTI friendly

Visual displays: A simple yet effective way to show that your practice is LGBTI inclusive is by displaying a welcoming sign or poster. Another option that we are implementing is to register for ACON's Welcome Here project, a national initiative that enables organisations to register as a safe place for LGBTI people. To find out more visit, <https://www.welcomehere.org.au/about>

Training in gender diversity and transgender health: In order to further support general practices, WAPHA is seeking to understand requirements and preferences for training in gender diversity and transgender health among primary care clinicians in WA and we encourage you to have your say in our brief survey available to complete via <https://phexchange.wapha.org.au/gender-diversity-training>

While this will allow us to develop a WA specific training module, if you need to access training sooner, we recommend North Western Melbourne PHN's Trans GP training available at <https://aelp.smartsparrow.com/v/open/f3xc2ipc>

Transgender Health and Diversity Health Pathway: Our HealthPathways WA team benefits from the expertise of clinical editor, Dr Irene Dolan, a GP with a passion for LGBTI health. She is seeking input from fellow GPs to inform a localised Transgender Health and Diversity Health Pathway.

You can register your interest in taking part in the working group here: <https://waproject.healthpathways.org.au/Events/TransgenderHealthandGenderDiversityWorkingGroupAug2019.aspx>

Feedback received about key factors for an LGBTI inclusive practice included:

- Frustration with heteronormative assumptions made by doctors including assumptions about gender, partner gender and sexual practices.
- The need for bulk-billed, conveniently-located services.
- The inclusion of transgender patients in regular health screenings e.g. pap smears for trans men and prostate checks for trans women.
- Offering LGBTI-specific mental health and suicide prevention services.
- Intake forms including options for those who are non-binary, intersex and/or transgender and allowing them to state their preferred pronouns.
- The importance of LGBTI awareness training for all medical practitioners.
- Issues related to HIV/AIDS e.g. better screening and full PBS coverage of PEP, PREP and anti-retroviral medication.
- The importance of a practitioner affirming their support for the LGBTI community, for example by advertising as LGBTI-friendly or by displaying a rainbow flag.

HOSPITAL LIAISON



Royal Perth Hospital

Royal Perth Hospital Emergency Department (ED) – My Health Record in ED pilot site

The RPH Emergency Department is one of four pilot sites nationally for the My Health Record in ED project being run by the Australian Commission into Safety and Quality in Health Care (ACSQHC) in partnership with the Australian Digital Health Agency.

The project commenced April 22 and will explore what ED clinicians need to support their use of the system and how My Health Record information can be applied to clinical decision making.

As ED Clinicians are expected to access the My Health Record more frequently, information uploaded by GPs to the

MHR for patients living in the RPH catchment is more likely to be viewed, including Event Summaries and Shared Health Summaries, especially on chronic and/or complex patients.

Dr Jacquie Garton-Smith
Hospital Liaison GP,
Royal Perth Hospital

jacquie.garton-smith@health.wa.gov.au

Available: Monday and Thursday

Patients for whom an outpatient referral is currently in place, but where the GP wishes to escalate the urgency of the referral can also be discussed with the on-call consultant (or the treating consultant if known) rather than sending additional written information or another referral.

PRAM – Paediatric Rapid Assessment and Management

Ph: 6152 7674 8am-4pm Mon-Fri and 8am-Midday Sat.

Fiona Stanley Hospitals

Paediatric Advice at FSH

A reminder the on call Paediatric consultant is available to GPs to discuss patients requiring rapid access for assessment or management but who may not need to present to the Emergency Department.

Dr Monica Lacey
Hospital Liaison GP,
Fiona Stanley and Fremantle
Hospital Group

monica.lacey@health.wa.gov.au

Available: Monday and Thursday

HEALTHPATHWAYS WA

New pathways

HealthPathways WA has reached **500** pathways.

The most recently published pathways include:

- [Angioedema](#)
- [Urticaria](#)
- [Medications for Osteoporosis](#)
- [Osteoporosis](#)
- [Zoledronic Acid Infusion](#)
- [Zoledronic Acid Infusion Request](#)



POLICY UPDATE

Survey – Barriers to managing mental health presentations

As the first contact for many people seeking mental health care, WA Primary Health Alliance would like to hear from GPs about the barriers encountered in managing mental health presentations.

Visit <https://phexchange.wapha.org.au/MHC-survey> to participate in the survey.

National Cancer Screening Register Update

From November 2019, the National Cancer Screening Register will begin supporting the [National Bowel Cancer Screening Program](#), creating one record per participant for the two programs. From 2020, the Register will also feature integration with practice management software and online participant and healthcare provider portals.

For further information, phone the Contact Centre on 1800 627 702.

The Viral Hepatitis Mapping Project – Report now available

The Viral Hepatitis Mapping Project: National Report 2017 is now available to download or order as a hard copy. Covering data from 2017, the report provides updated estimates broken down by geographic area, including:

- Chronic hepatitis B prevalence, immunisation coverage, monitoring and treatment uptake, including newly revised region-specific estimates of prevalence in Aboriginal and Torres Strait Islander Australians
- Chronic hepatitis C prevalence and treatment uptake, with adjustments to account for people in correctional facilities
- Liver cancer incidence in relation to chronic hepatitis B and C prevalence and other risk factors.



VIRAL HEPATITIS MAPPING PROJECT

Geographic diversity in chronic hepatitis B and C prevalence, management and treatment



NATIONAL REPORT 2017



The Viral Hepatitis Mapping Project is a joint initiative between the WHO Collaborating Centre for Viral Hepatitis – The Doherty Institute for Infection and Immunity and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, funded by the Australian Government Department of Health.

To download a copy, visit <https://ashm.org.au/products/product/Viral-Hepatitis-Mapping-Project-2017>

For more information see the '[Chronic Hepatitis B](#)' health pathway.

Navigating genomic testing in primary care: A new e-learning module

As genomic tests become more common, GPs may find they are engaging in more discussions around genomic information with patients. The Garvan Institute of Medical Research has recently worked with ThinkGP to develop a 1.5 hour interactive module.

This RACGP and ACCRRM accredited resource aims to better support their patients with understanding genomic testing and reporting.

To find out more, visit <https://thinkgp.com.au/education/navigating-genomic-testing-primary-care>

IMMUNISATION & SCREENING UPDATE

Australian Immunisation Handbook – Measles Update

There has recently been an increase in the number of reported cases of measles across Australia.

Information in the Australian Immunisation Handbook regarding measles vaccination has now been updated. Key updates from the Australian Technical Advisory Group on Immunisation (ATAGI) include:

- Recommendation of a measles containing vaccine for the following two groups:
 - children aged ≥ 12 months of age; and
 - adolescents and adults born during or since 1966 who have not received two doses of measles containing vaccines.

ATAGI also considers there is evidence to indicate that infants as young as six months of age can receive a measles containing vaccine ahead of travel to highly endemic areas and during outbreaks.

These changes can be accessed in the Australian Immunisation Handbook, available at <https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/measles>

For more information on immunisation see the '[Immunisation - Childhood](#)' and '[Immunisation - Adult](#)' health pathways.

WA Influenza Immunisation Program

The Government funded influenza vaccine is now available for order.

The [WA Immunisation schedule](#) has been updated with the 2019 influenza vaccine information.

Optimal protection against influenza occurs within three to four months following vaccination; providers should consider vaccinating in May and early June to ensure optimal protection during influenza season which typically spans July to October in WA.

For more information see the '[Influenza Immunisation](#)' health pathway or visit the [Department of Health](#) website.

Influenza and pertussis vaccination in pregnancy

The influenza and whooping cough vaccines are provided free to pregnant women through the National Immunisation Program.

The evidence around the timing of pertussis vaccination in pregnancy has recently been reviewed and the pertussis-containing vaccine is now recommended as a single dose between 20 and 32 weeks in each pregnancy, including pregnancies that are closely spaced to provide maximal protection to each infant. This advice is reflected in the Australian Immunisation Handbook – [Pertussis](#).

For more information please see the '[Pertussis Vaccine for Pregnant and Post-partum Women](#)' health pathway.

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Information sheet for non-urgent referrals to Perth Metropolitan public hospitals via Central Referral Service <https://wa.healthpathways.org.au/120587.htm>

Patient information sheet for urgent outpatient referrals <https://wa.healthpathways.org.au/36459.htm>

If you have any feedback about the patient information sheets, please send an email to healthpathways@wapha.org.au or click the 'send feedback' button on the HealthPathways WA website.

Dr Irene Dolan
GP Clinical Editor HealthPathways WA

Rapid Access Neck Lump Clinic at Fiona Stanley Hospital

The diagnosis of a head and neck malignancy can cause a devastating emotional, financial and functional impact upon patients' lives, their family and the wider support services. This disadvantaged socioeconomic group of cancer patients are disproportionately represented and an early diagnosis with definitive treatment can offer the greatest hope of cure.

An adult patient presenting with an unexplained neck lump will often initially consult a primary care physician and, although a diverse range of pathologies can be ultimately responsible, an attending current or recent non-smoker with elevated alcohol consumption should certainly magnify clinical concerns. The presence of co-existent elicited symptoms of a "sore throat", dysphagia, voice change or otalgia is worrying and a non-tender, hard lump should be referred urgently. Non-dental related persistent oral ulceration and non-intentioned weight loss needs thorough investigation. In the last decade, a younger patient group with fewer typical high risk behaviours has seen a marked increased incidence of oropharyngeal cancers that are thought secondary to particular strains of HPV infection. As non-smokers with fewer co-morbidities, this group is often more curable when managed well.

In Australia, the most common cause of malignant cervical lymph nodes are either from an aero-digestive squamous cell carcinoma or a cutaneous skin primary.

Occult tongue, tonsillar carcinomas or malignant scalp lesions may first present with enlarged cervical nodes.

Following a focused history and a preliminary examination, if a malignant process cannot be confidently excluded in primary care, the patient should be expedited onto a responsive, specialist tertiary assessment pathway if available.

In 2004, NICE guidelines for improving cancer outcomes recommended specialist neck lump clinics with same-day cytology for patients with a suspected malignancy. Here, a specialist surgical opinion is synchronously offered alongside all essential diagnostic tests including an FNA tissue biopsy. On site "live" cytology services is the gold standard. The time taken from presentation to multi-disciplinary team decisions on definitive treatment should be minimised.

The tertiary services at Fiona Stanley Hospital offer a Rapid Access Neck Lump Clinic; a one-stop clinic with ultrasound, FNA/core and computer tomography on the same day as the urgent outpatient ENT appointment. The nuclear medicine department has weekly reserved slots when necessary.

A specially designed form is utilised to expedite the patient journey, minimise anxiety and communicate quickly between all involved onsite specialists. Repeat patient trips to healthcare facilities are also minimised and unnecessary costly investigations are not performed.

There are no out of pocket costs to the patient and the findings are rapidly made available to allow definitive treatment planning at a weekly meeting with regional combined multi-disciplinary oncological, surgical and radiological teams.

Following a single clinic attendance, a specialist summary letter to the referrer will detail symptoms and findings. This includes the flexible nasendoscopy, ultrasound and FNA biopsy results. In most instances a definite benign or malignant diagnosis will be made and onward idealised guidance will be provided following discussion with the patient and their relatives. When a case is TNM staged against the AJCC manual and proven as malignant, it can be significantly expedited into the next MDT meeting alongside parallel provisions for surgical planning and operating theatre requirements.

For more information on assessment and management of adult patients with neck lumps including referral pathways and eligibility criteria for the Fiona Stanley Hospital Rapid Access Neck Lump Clinic please see the '[Neck Lumps in Adults](#)' health pathway.

Dr. Daren Gibson

FRANZCR

Consultant Head & Neck Radiologist
Department co-lead FSH

GP Urgent Care Network Pilot

Expressions of interest have now been received from 120 general practices across the metropolitan area for the GP Urgent Care Network pilot, due to go live mid-year. Assessment against the selection criteria is underway and the volume of applications received should ensure the critical mass necessary to establish the network.

The pilot has been developed from the WA Government's Urgent Care Clinic election commitment, in consultation with individual GPs from a range of general practice business models, the RACGP WA, AMA (WA), WA Primary Health Alliance and the WA Department of Health.

The selected model is a good outcome for WA GPs as it creates a 'level playing field' for practices to participate as it moves away from a stand-alone urgent care centre model.

The pilot will use existing capacity and capability in general practice and will also provide opportunities for promotion to the general public, upskilling in urgent care, and further development of practice relationships with emergency departments and diagnostic providers.

It will give greater choice to patients by allowing them to receive urgent care in the general practice setting, thus reducing "GP type" presentations at our emergency departments.

The pilot also incorporates behavioural change research being undertaken with Curtin University to understand how to influence patient behaviour to attend a GP Urgent Care Network practice rather than an emergency department.

Bookings for these urgent care appointments will be accessible via healthdirect Australia's enhanced National Health Services Directory platform, which is being developed specifically to support this project.

DIGITAL HEALTH



My Health Record

Better Connections: Your health, your say survey

The Australian Digital Health Agency has opened online consultation for all Australians, including frontline clinicians, to have their say on a more modern, digitally connected health system.

This online consultation is part of a nationwide series of discussions used to co-design the National Health Interoperability Roadmap, which will develop the standards and priorities required to achieve a more modern, digitally connected health system in Australia.

Click <https://conversation.digitalhealth.gov.au/have-your-say> to complete the survey, which is open until 14 June 2019.

My Health Record resources for general practice

The Australian Digital Health Agency has a variety of resources available for GPs at <https://www.myhealthrecord.gov.au/for-healthcare-professionals/general-practice>

WA Primary Health Alliance can arrange additional support including on-site training. Please contact your Primary Health Liaison or email myhealthrecord@wapha.org.au

EDUCATION EVENTS

Introduction to DBT Skills for Adolescents in General Practice

Mindfulness, validation and collaborative risk management

DBT is a psychotherapeutic treatment for people who experience difficulty managing their emotions. Presented by consultant psychiatrist Dr Pauline Cole and GP Dr Perter McCarrey, this education event will focus on two essential components of DBT, mindfulness and validation. Discussions will include the benefits of collaboration assessment, management of risk, and the establishment of safety plans that are respectful, empathetic, empowering and skills focused.

Date: Saturday 15 June 2019

Time: 9:00am – 4:45pm

Venue: WA Primary Health Alliance,
Level 2, 7 Tanunda Drive,
Rivervale

Accreditation:

40 Cat 1 and 16 Cat 2 **RACGP** points
have been applied for

Registration:

http://bit.ly/DBTSkills_June15 or
contact metro.phn@wapha.org.au

For more information:

[https://www.wapha.org.au/event/
an-introduction-to-dbt-skills-for-
adolescents-in-general-practice/](https://www.wapha.org.au/event/an-introduction-to-dbt-skills-for-adolescents-in-general-practice/)

Australasian Doctors' Health Conference 2019

The annual Australasian Doctors Health Conference (ADHC) is being held for the first time in Perth from 22 to 23 November 2019.

The theme is the important topic of *"Creating a Healthy Workplace"*. Of particular focus will be the impact of the work environment on a doctor's health, be they a solo private practitioner or working in a large tertiary hospital. Issues will include the effect of medical culture on work life balance, bullying and harassment, and physical and mental health problems.

The Conference will feature a mix of national and state keynote speakers, accompanied by a program featuring presentations and workshops. Key note speakers include Professor Fiona Wood, Professor Geoff Riley, Dr Nikki Stamp and Dr Geoff Toogood (Crazy Socs for Docs).

For details see [https://
ruralhealthwest.eventsair.
com/2019-adhc](https://ruralhealthwest.eventsair.com/2019-adhc)

Date: Friday 22 November –
Saturday 23 November

Venue: Esplanade Hotel,
Fremantle

Cost: \$900 (early bird),
\$750 (after 30 August) –
includes refreshments.

**Registration and more
information:**

[https://ruralhealthwest.eventsair.
com/2019-adhc](https://ruralhealthwest.eventsair.com/2019-adhc)

Antenatal Risk Questionnaire training

The Antenatal Risk Questionnaire is funded under the Medicare Benefits Scheme. This free workshop for GPs and obstetricians, led by Professor Marie-Paule Austin, will enable participants to support pregnant women and new parents in the perinatal period.

Date: Saturday 29 June 2019

Time: 9:00am – 11:30am

Venue: University Club of WA,
Entrance 1,
Hackett Dve, Crawley

**Registration and more
information:**

<https://sjog.org.au/ANRQtraining>

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