

GP CONNECT

April 2019

Keeping GPs informed
in the changing primary
health landscape.

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Management of burns

About the Authors (Burn Service WA):

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- Tania McWilliams, Clinical Nurse Consultant, Perth Children's Hospital
- Professor Fiona Wood, Director, Burn Service WA

WA covers 2.6 million sq kms with a population of 2.6 million people. There is one adult burns unit, located at Fiona Stanley Hospital and one paediatric unit at Perth Children's Hospital.

Together, they provide a state service utilising onsite appointments, telehealth and digital imaging to ensure all people who sustain a burn injury received timely and appropriate first aid and wound care.

Burns are common injuries that vary in severity from small superficial scalds to massive full-thickness flame burns with high morbidity and mortality. Management of smaller burns in the community is possible with the correct first aid, appropriate burns dressings and wound management.

Correct treatment will reduce the risk of infection or the burn converting to a deeper burn requiring specialist review or surgery. The following information is aimed at highlighting the importance of correct first aid, appropriate dressing selection and early referral, resulting in the best outcome for the patient.

What to do at point of injury

Every intervention from the point of injury impacts on the outcome for each patient. Whatever the cause of the

burn, early intervention with evidence-based treatment improves outcomes and reduces complications and mortality rates. The Australian New Zealand Burns Association recommends 20 minutes of cool running water within the first three hours of a burn injury, as this has shown to reduce time to healing and the need for surgery.

The first 48 hours

Burn wounds are dynamic and change for the first 48 hours post injury. For this reason, the practice of Burn Service WA is to review all burns within 48 to 72 hours of injury wherever possible. The use of antimicrobial dressings e.g. Acticoat™ for the first 48 hours post injury has been shown to reduce infection. Nanocrystalline Ag (Ag) dressing – Acticoat™ releases silver slowly within 30 minutes of application and is toxic to microorganisms on the wound bed. It is the protocol of Burn Service WA to dress all burn wounds, except the face, with this product for the first 48 hours. There is no requirement for prophylactic oral antibiotics.

- Apply Intrasite gel to the Acticoat™ and place it on the burn area. The Acticoat™ can also be moistened with sterile water.
- Apply a secondary dressing such as a hydrocolloid or foam, or sterile gauze moistened with sterile water.

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MESSAGE FROM THE CEO

Sustainable Health Review: A new era of cooperation and understanding between hospital and primary care

The Sustainable Health Review's final report recommendations are important for WA general practice. Released this week, several of the Report's key recommendations signal a new era of cooperation and understanding between our hospital and primary care sectors.

WA Primary Health Alliance's (WAPHA) central role in conveying the views of GPs, allied health professionals and primary care service providers has been reflected in a cohesive set of recommendations that, if implemented true to their intent, will result in better outcomes for patients and primary care clinicians, with reduced cost to the health system.

The voices of general practice were heard and respected throughout the Review's consultation process. WAPHA facilitated forums and face to face sessions for the Review's Panel and GP stakeholders and the outcomes of these are obvious in the relevant recommendations. Panel members, in particular the Chair, Robyn Kruk, recognised the need for transformational change and the pivotal role of general practice in transforming the State's health system.

At its start, the Review undertook to acknowledge and challenge the 'inconvenient truths' that have inhibited our progress towards

achieving the Quadruple Aim of a high performing health system in WA (improving the health of our population, enhancing the experience of care for individuals, reducing the per capital cost of healthcare and improving the work-life of clinicians and staff). These inconvenient truths included our health system's focus on treatment rather than keeping people healthy closer to home, that the best care occurs in the hospital setting, the fragmentation of the health system, the disconnect between general practice and hospitals, the maldistribution of primary care services across the state and the perverse funding structures that confound true integrated care.

WAPHA will take a lead role in the development of the 10-year State Health Plan.

The Review's key primary care recommendation will deliver a strategic partnership between WAPHA and WA Department of Health (WA DOH) that is intended to facilitate joint planning, priority setting and commissioning of integrated care. Taking the form of a whole of State Integrated Care Partnership Agreement, a key enabler to delivering the intended outcomes will be the improved communication, relationships and coordination between GPs and hospital specialists – increasing understanding and building trust.

WAPHA will take a lead role in the development of the 10-year State Health Plan based on the enduring strategies of the Sustainable Health Review. We'll continue to build on the robust consultation and collaboration with primary care stakeholders, particularly general practice. WAPHA will, in concert with WA DOH, deliver the bi-annual Primary Health Roundtable to ensure there is a regular Forum for GPs, allied health professionals and primary care service providers to continue the conversation that's been started.

A corollary of WAPHA's involvement in the Review has been our ongoing role in informing the state's outpatient reform program (including the review of the Central Referral System), state health strategies and election commitments on topics including obesity, LGBTI health, end of life care and voluntary assisted dying, Urgent Care Centres and Medihotels. We'll continue to represent general practice by consulting individually and via your advocates such as the RACGP and WAGPET – and we'll commit to leveraging WAPHA's unique position as a trusted partner across the health system.

Learnie Durrington
CEO WA Primary Health Alliance



HOSPITAL LIAISON



Royal Perth Hospital

RPH Acute Geriatrics GP Hotline

The Royal Perth Hospital Geriatricians are now offering a telephone hotline for GPs to call for triaging advice regarding patients aged ≥ 65 years/ Aboriginal patients ≥ 45 years who live or stay in the Royal Perth Hospital metropolitan or rural catchment area. To access consultant Geriatrics advice, Monday to Friday 8am – 5pm, GPs can telephone the RPH switchboard on 9224 2244 and ask to be put through to the RPH Acute Geriatrics GP Hotline. Out of business hours, the switchboard will continue to direct GP calls for urgent Geriatrics advice to the on-call Geriatrics registrar.

Dr Jacquie Garton-Smith

Hospital Liaison GP,
Royal Perth Hospital

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

Available: Monday and Thursday

South Metropolitan Health Service

GP referral to the Acute Medical Ambulatory Clinic (AMAC) at Fiona Stanley Hospital

From April 1 2019, a new GP referral process into AMAC will make it possible for suitable patients to come directly to the clinic for assessment and initial management, avoiding the need to first present to the Emergency Department.

This includes patients with:

- Anaemia (symptomatic or asymptomatic and Hb <90 and >60 , not anticoagulated and no evidence of GI or UG bleeding)
- Suspected DVT (not pulmonary embolism)
- Syncope (witnessed transient loss of consciousness with full recovery in a low risk patient with no history of head injury).

The AMAC Consultant will also be happy to discuss other non-urgent medical cases and give advice on disposition and management. Patients who are clinically unstable will continue to be assessed in the emergency department and specialty-specific queries and requests for urgent outpatient appointments should be directed to the appropriate consultant or registrar according to the Fiona Stanley Hospital GP contact list.

The AMAC Consultant can be contacted Monday to Friday, 8am to 4pm on 6152 1462. If the referral is accepted, the GP will be sent instructions to be given to the patient including a map showing the location of the clinic.

Dr Monica Lacey

Hospital Liaison GP,
Fiona Stanley and Fremantle
Hospital Group

monica.lacey@health.wa.gov.au

Available: Monday and Thursday

Osborne Park Hospital

OPH Allied Health outpatient information regarding paediatric referrals

As of 25 March 2019, the physiotherapy and dietetics departments at Osborne Park Hospital stopped receiving outpatient referrals for children/ adolescents under 16 years of age.

Options for GPs requiring outpatient physiotherapy and dietetics for this cohort of patients in North Metro catchment are:

- Private physiotherapy or dietitian referral
- Referral via CRS to Perth Children's Hospital to the appropriate specialty
- If the patient has a chronic disease, GP referral to a private physiotherapist or dietitian using a team care arrangement may be possible.

Dr Clare Matthews

Hospital Liaison GP,
Osborne Park Hospital

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Correction – March GP Connect

In last month's GP Connect, the first paragraph of the Royal Perth Hospital update was incomplete.

While it indicated that RPH will be shortly undertaking an audit of existing referrals, it should have added that the audit was for selected conditions to clinics with long waiting times. This includes referrals for excluded procedures. The link to the corrected article is available at <https://www.wapha.org.au/royal-perth-hospital/>

After the first 48 hours

After 48 hours the wound requires review. Burn Service WA does not routinely continue Ag dressings after 48 hours. This is due to in vitro evidence that Ag can inhibit keratinocytes and fibroblasts, potentially prolonging time to healing. Indications for continuing Ag dressings after 48 hours include if the patient has presented late or the wound appears infected.

Time to healing impacts on scar formation. Burns that take longer than 21 days to heal have a high rate of hypertrophic scarring. For this reason, early referral for discussion is recommended (i.e. within 48 to 72 hours) so that appropriate surgery, functional movement and scar management can be commenced.

Further information

Please note that while Fiona Stanley Hospital has a paediatric emergency department, there are no paediatric burns facilities onsite. All paediatric referrals should be directed to Perth Children's Hospital.

For more information regarding referrals to the Fiona Stanley Hospital – Adult Burn Service and the Perth Children's Hospital – Paediatric Burn Service, please see the '[Specialised Burns Management Requests](#)' page on HealthPathways.

If you would like further information on assessment and management please see the '[Burns Injuries](#)' HealthPathway.

For specialised burns advice phone:

Fiona Stanley Hospital – Adults Burn Service

- 6152 2222 and ask for the registrar on call for burns; or
- 6152 7611 (Monday to Friday 7:30am – 4pm) and speak to the clinical nurse consultant

Perth Children's Hospital – Paediatric Burn Service

- 6456 2222 and ask to speak to the registrar on call for burns; or
- 6456 3630 (Monday to Friday 7:00am – 3:30pm) and speak to the clinical nurse consultant

IMMUNISATION & SCREENING UPDATE

WHO launches new global influenza strategy

On 12 March 2019, the World Health Organisation released a *Global Influenza Strategy for 2019-2030* aimed at protecting people in all countries from the threat of influenza. The goal of the strategy is to prevent seasonal influenza, control the spread of influenza from animals to humans, and prepare for the next influenza pandemic.

For more information, visit <https://www.who.int/news-room/detail/11-03-2019-who-launches-new-global-influenza-strategy>

2019 Influenza vaccines – Statement from the Chief Medical Officer

The Chief Medical Officer has released a statement to the general public regarding the 2019 influenza vaccines.

The statement contains information about the vaccines being supplied under the National Immunisation Program (NIP), including four quadrivalent vaccines for people aged under 65 years and one enhanced trivalent vaccine for those aged 65 years and over.

Those eligible for a free influenza vaccine under the NIP include people 65 years and over, pregnant women, those who suffer chronic

conditions and all Aboriginal and Torres Strait Islander People from six months of age.

The full statement is available at <https://beta.health.gov.au/news-and-events/media-releases/2019-influenza-vaccines>

If you would like further information about immunisation, please see the '[Immunisation](#)' pages on HealthPathways.

Online patient resources for parents and carers

The Government-funded parenting website raisingchildren.net.au can be helpful for GPs who are looking for resources to help parents navigate the journey of raising a family.

It provides impartial and easy to understand information on child health, development and behaviour, and important topics for adults, such as work and childcare and self-care. There is also content for parents of children with disabilities and those from diverse cultural backgrounds.

Health professionals who work with parents can subscribe to updates at <https://raisingchildren.net.au/subscribe>

If you would like further information about development in children, please see the '[Developmental Concerns in Children](#)' HealthPathway.

Upcoming changes to accessing cervical screening histories

From 12 April 2019, the WA Cervical Cancer Prevention Program will no longer provide cervical screening histories for women living in WA.

After this date, cervical screening histories can be obtained by contacting the National Cancer Screening Register on 1800 627 701.

For GPs who would like more information please see the '[Cervical Screening](#)' HealthPathway.

DBTeen: Mental Wellbeing Skills Groups for Young People and Families

Lifeline WA is undertaking a pilot program to offer families access to community-based, dialectical behaviour therapy (DBT) in a primary care environment.

DBTeen offers skills training for 14 to 18 year olds who are demonstrating signs of emotional and behavioural dysregulation that impact negatively on their occupational and psychosocial functioning. The program comprises 12 weekly, 3-hour multifamily group skills sessions (with inter session phone coaching).

DBTeen will commence the week of April 29 in Ellenbrook, Wanneroo, Rockingham and Gosnells.

The program is offered at no cost. Participants will be required to engage in assessment and introduction activities prior to program commencement.

For more information or to refer a patient, please email DBTeen@lifelinewa.org.au

If you would like further information about community supports and services please see the '[Child and Adolescent Mental Health Requests](#)' page on HealthPathways.



Update on new pathways

HealthPathways WA recently reached **489** pathways and one of the notable pathways that contributed to this milestone was [Ehlers-Danlos Syndromes](#) (EDS).

The development of the [Ehlers-Danlos Syndromes](#) (EDS) pathway involved collaboration of HealthPathways communities across countries. The pathway was drafted by a team of experts in New Zealand, with coordination and review led by Senior Clinical Editor and Regional Group Clinical Advisor Dr Sue Jackson in Western Australia.

Additional pathways that have recently been published include:

- [Elder Abuse and Neglect](#)
- [Health and Frailty Assessment for Older Adults](#)
- [Corns Calluses](#)
- [Warts and Verrucas](#)
- [Neck Lumps in Adults](#)
- [Child with a Limp](#)
- [Slipped Upper Femoral Epiphysis \(SUFE\)](#)
- [Thyroid Investigations](#)
- [Hyperthyroidism](#)
- [Hypothyroidism](#)
- [Subclinical Hyperthyroidism](#)
- [Perthes Disease](#)
- [Antidepressants for Older Adults](#)
- [Depression in Older Adults](#)
- [Breast Symptoms](#)
- [Noonan's Syndrome](#)
- [Acute Older Adults' Mental Health Assessment \(seen within 7 days\)](#)
- [Non-acute Older Adult's Mental Health Assessment \(seen within 30 days to 1 year\)](#)
- [Older Adults' Mental Health Advice](#)
- [Immunisation Advice](#)
- [Specialist Immunisation Providers](#)

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

POLICY UPDATE

Quality Improvement Practice Incentive Program Delayed

The Australian Department of Health recently announced the Quality Improvement (QI) Practice Incentive Program (PIP) has been postponed to 1 August 2019.

The PIP payments for Asthma, Cervical Screening, Diabetes and Quality Prescribing which were due to cease from 30 April 2019 will continue through to 31 July 2019, and the PIP Incentives for After Hours, Aged Care Access, eHealth, Indigenous Health, Procedural General Practice, Rural Loading and Teaching will remain unchanged.

If your practice is interested in establishing a data-sharing agreement with WAPHA, further information is available from your WAPHA primary health liaison or at <https://www.wapha.org.au/health-professionals/general-practice-support/digital-health-enablers/data-extraction-and-analysis/>

Further updates for general practices will also be provided through Practice Connect when more information becomes available.

EDUCATION EVENTS

The Black Dog Institute – Perinatal in Practice

This workshop being delivered in Perth and Esperance aims to introduce health professionals to the current understanding of perinatal mood disorders and its management, using lecture, case studies and interactive exercises.

Topics covered include:

- Transition to Parenthood
- Understanding Attachment
- Screening & Diagnosis
- Postnatal Management
- Antenatal Management

Esperance

Date: Saturday 18 May 2019

Time: 9:00am – 5:00pm

Venue: Comfort Inn Bay of Isles,
32 The Esplanade,
Esperance

Perth

Date: Saturday 29 June 2019

Time: 9:00am – 5:00pm

Venue: Holiday Inn,
788 Hay Street,
Perth

Cost: \$50

CPD points:

40 Cat 1 RACGP QI&CPD points

Prerequisites:

Completion of predisposing activity

Registration:

For more information and to register, visit https://blackdoginstitute.secure.force.com/forms/bdi_EducationMasterCourseIndividual?mstr_CrsId=a1K12000000fqXvEAI

Save the Date: Chronic Disease GP Education Event

Presented by South Metropolitan Health Service and Fiona Stanley Fremantle Hospitals Group in partnership with WA Primary Health Alliance, HealthPathways WA.

Education sessions include:

- Fatty Liver
- Heart Failure
- COPD and Asthma
- Cardiac and Pulmonary Rehab
- Diabetes
- Sleep Apnoea
- Immunisation Recommendations for People with Chronic Disease
- Advanced Life Planning

Date: Saturday 4 May 2019

Time: Registration from 8:00am
Presentations from
8:30am – 3:30pm

Venue: Education Building,
Fiona Stanley Hospital,
11 Robin Warren Drive,
Murdoch

Catering:

Morning tea and lunch provided.

CPD points:

Application for 40 Category 1 RACGP QI&CPD points and 30 ACRRM PRDP points is underway.

Registration:

For more information and to register, visit <https://waproject.healthpathways.org.au/Events/FSHCPDMay2019.aspx>

RSVP:

By Friday 26 April 2019.
Registrations are essential.

Clinical Skills for Working with People with Personality Disorders CPD Event

An Introduction to Project Air Strategy By Prof Brin Grenyer and Dr Ely Marceau.

Date: Thursday 16 May 2019

Time: Registration from 6:00pm
Presentations from
6:30pm – 8:30pm

Venue: Education Building,
Fiona Stanley Hospital,
11 Robin Warren Drive,
Murdoch

Catering: Light refreshments
provided

CPD points:

This activity has 4 Category 2 QI&CPD points through RACGP.

Registration:

For more information and to register, <https://waproject.healthpathways.org.au/Events/BorderlinePersonalityDisorderCPDMay2019.aspx>

RSVP:

By Thursday 9 May 2019



East Metropolitan Health Service Mental Health GP Workshop

The East Metropolitan Health Service (EMHS), in partnership with WA Primary Health Alliance; HealthPathways WA, invites GPs to an Integrating Mental Health Care GP Workshop at Royal Perth Hospital.

Sessions planned include:

- What can we do to improve the physical health of patients with mental health conditions?
- Addictions – What works when dealing with alcohol and methamphetamine users?
- Suicide – What can we prevent and how?
- How can we best approach treatment of people with personality disorders?

- How can HealthPathways help GPs navigate the mental health System?
- How can we collaborate to better integrate care for mental health patients? (facilitated workshop)

There will also be an opportunity to meet EMHS Mental Health Service staff.

Date: Saturday 18 May 2019

Time: 8:00am – 12:30pm

Venue: Royal Perth Hospital,
197 Wellington Street,
Perth

Registration:
<https://EMHSGPupdatementalhealth.eventbrite.com.au>

CPD points:
8 Cat 2 RACGP QI&CPD points.

For more information:
Email EMHSGPed@health.wa.gov.au
with queries.

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