

GP Connect

Keeping GPs informed in the changing primary health landscape



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Non-accidental injury in children

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A 3-month-old baby boy attends your practice for routine immunisations. He is underweight and has three bruises to his left cheek and bruising to his right ear pinna. His mother says he must have rolled on a toy. How would you proceed?

Physical child abuse is common and is a significant cause of paediatric morbidity and mortality. According to the Australian Institute of Health and Welfare, 8.7 per 1000 children under 18 years were substantiated for maltreatment in 2019/2020, with 14 per cent of substantiations for physical abuse.

Physical abuse affects children of all ages and all socioeconomic groups, but infants are at increased risk of severe or fatal abuse due to their small size and vulnerability. Perpetrators of abuse are usually the child's parents or carers and rarely provide an honest account of causative events.

Doctors have a critical role in the identification of physical abuse, particularly in pre-verbal children, who cannot report what has happened to them. Physical abuse may result in soft tissue injuries (bruises, abrasions and lacerations), fractures, burns or brain injuries (abusive head trauma). Abuse may result in one injury or multiple injuries occurring over time.



Approximately 25 percent of children who are subject to abusive head trauma or other serious forms of physical abuse, have had prior presentations with minor injuries (sentinel injuries) that were not recognised as being suspicious. Detection of sentinel injuries in young children is extremely important, so that interventions can be put in place by the Department of Communities, to prevent further harm.

Children with unexplained or suspicious injuries should be referred to their local hospital or discussed with the Perth Children's Hospital (PCH) Child Protection Unit (08 6456 4300) or the Emergency Department (08 6456 2222). Young children will need hospital admission to ensure safety whilst a thorough child protection assessment is carried out. Investigations in hospital may include:

- Children with suspicious bruising - Full blood picture and coagulation screen to exclude a serious bleeding disorder
- Children under 2 years:
 - Ophthalmology review – to look for retinal haemorrhages
 - Skeletal survey – to look for new or healing fractures
 - Head imaging – to look for evidence of abusive head trauma

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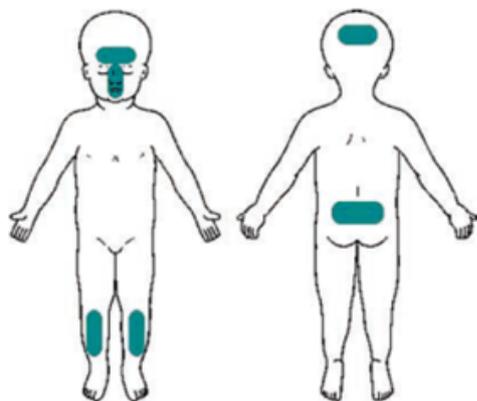


Figure 1 Accidental bruising patterns.

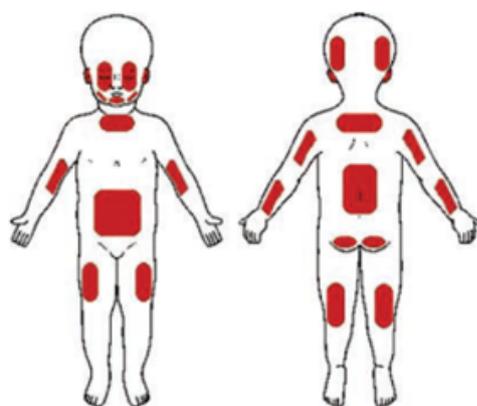


Figure 2 Abusive bruising patterns.

What are the red flags for non-accidental injury?

Examples of concerning features in the history:

- No history provided for the injury:
 - 8 week old with fractured femur. Father reports, 'I have no idea how it happened, he just woke up and wasn't moving his leg'
- A history that does not fit with the injury:
 - 3 month old with multiple bruises to his cheek and ear pinna. Mother reports, 'He must have rolled on a toy'
- A history that does not fit with the developmental stage of the child:
 - 3 week old with facial bruising and a humeral fracture. Step-father reports, 'I put him in the middle of the double bed, and he must have rolled off'.
- A significant delay in presentation:
 - 2 year old with 15 per cent partial thickness scald burns that occurred five days ago. Aunt reports, 'He has not been in pain at all'.

Concerning features on examination/investigation

- Bruising:
 - In babies or non-mobile children
 - Imprint bruising (imprint of an object or a hand) in children of any age

- Fractures:
 - In babies or non-mobile children
 - Rib or metaphyseal fractures
- Head injuries:
 - Subdural haematomas in infants
 - Extensive retinal haemorrhages
- Multiple injuries or injuries of different ages.

Bruising

Bruising is the most common way that non-accidental injury will present and differentiating accidental bruising from suspicious bruising is very important.

Which bruises suggest an accidental mechanism?

- Bruises in mobile children
- Bruises affecting:
 - Bony prominences (shins, knees, elbows and lower back)
 - T-zone of face (forehead, nose and chin)

Which bruises may suggest a non-accidental mechanism?

- Bruises in babies and non-mobile children
- Bruises to the soft parts of the body (cheeks, neck, ears, abdomen, buttocks, genitals)
- Clusters of bruises
- Imprint bruises

What actions to take if you suspect non-accidental injury

- Take a detailed injury history:
 - How did it happen?
 - Where did it happen?
 - Who witnessed the injury?
- Conduct a top to toe examination:
 - Don't forget the ears, oral frenula and buttocks
 - Document your findings
- Refer to your local hospital or consult with PCH CPU (6456 4300) or PCH ED (6456 2222). Explain to parents that the injury is concerning and needs to be looked into.
- Refer to the Department of Communities:
 - Central Intake Team - (daytime 1800 273 889)
 - Crisis Care - (after hours and weekends 9223 1111)
- Refer to the [WA Guidelines for Protecting Children 2020](#)

References:

- www.aihw.gov.au
- Bennett CE and Christian CW. Clinical evaluation and management of children with suspected physical abuse. *Pediatric Radiology* (2021) 51:853-860
- Henry MK and Wood JN. What's in a name? Sentinel injuries in abused infants. *Pediatric Radiology* (2021) 51:861-865
- Maguire S and Mann M. Systematic reviews of bruising in relation to child abuse – what have we learnt: an overview of review updates. *Evidence-based Child Health: a Cochrane review journal* (2013) 8:255-263
- <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Services-Planning-and-Programs/Mandatory-requirements/Child-Health/Guidelines-for-Protecting-Children-201>

Clinical Updates

Referral access criteria for public adult Urology outpatient services in WA

The Adult Urology Referral Access Criteria (RAC) was implemented on 1 November 2021 and applies to all referrals for public adult Urology outpatient services in WA. The RAC are available via the WA Department of Health [Referral Access Criteria webpage](#).

The RAC are standardised referral criteria that provide guidance around:

- What conditions will be seen in a public outpatient specialty (and what is excluded)
- What investigations are required to be included with referrals to ensure effective and appropriate triage
- Indicative triage categories to assist you in discussing potential wait times with your patient.

The Central Referral Service will ensure that all mandatory information as outlined in the RAC has been provided before allocating the referral to the appropriate hospital. Clinical triage will remain the responsibility of the receiving hospital.

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The RAC project is part of a series of wider Outpatient Reform initiatives being led by the Department of Health WA to improve access to services and streamline the outpatient journey for patients.

Providing the required information as outlined in the RAC will ensure your referral is processed in a timely, consistent manner, and that the patient's first appointment will be as meaningful as possible.

The Adult Urology RAC was the first RAC to be developed and implemented. The RACs for Neurology, ENT and Direct Access Gastro-intestinal Endoscopy will be published in May, followed by Ophthalmology and Plastic Surgery.

Further information, including a series of FAQs, is available on the [WA Department of Health Referral Access Criteria webpage](#) or for specific questions email the project team at DOHSpecialistRAC@health.wa.gov.au.

Opportunity to participate in Supervised Clinical Attachment at FSH Rapid Access Neck Lump Clinic

GPs are invited by The Cancer Council WA to express their interest in participating in a Head and Neck Cancer (HNC) supervised clinical attachment at Fiona Stanley Hospital.

Participation in the activity will provide an opportunity for GPs to further understand the HNC referral and diagnostic process at the Rapid Access Neck Lump Clinic, including the assessment of “red flag” symptoms, the use of appropriate medical imaging, and interpreting diagnostic tests. GPs will also observe and network with multiple sub-specialists who together make “live” decisions regarding recommended treatment for individual patients.

[Download a copy of the flyer](#) or express your interest [here](#) If you have any queries or would like more information, contact the General Practice Education team on 08 9388 4313 or GP@cancerwa.asn.au

New evidence-based online endometriosis resources

EndoZone is a comprehensive and unique web-based resource, which has been funded by the Australian Government to provide resources, and support, not only for those with the condition, but also the family and friends who support them, and the health practitioners who care for them.

Visit www.endozone.com.au There is also an “Endometriosis” HealthPathway.

Free mental health support hotline for expecting and new parents

[ForWhen](#) is a new navigation service to support parents in finding the right perinatal mental health service at the right time, for the right care and treatment.

It provides new and expecting parents – mums, dads, and guardians – with a caring, supportive mental health navigation service, to guide their perinatal journey, from the baby’s conception until their first birthday.

Your patients can call 1300 24 23 22 or visit forwhenhelpline.org.au, or if you identify that your perinatal clients need mental health support, you can access [ForWhen](#) on their behalf.

RACGP Foundation Grants Award 2022

An opportunity for GP researchers to develop an evidence base and discover new ideas and solutions to improve primary healthcare. Applications close 2 May 2022.

[Apply here](#)



Support with asking patients about their pregnancy plans

Do you want to help your patients avoid an unplanned pregnancy and conceive a healthy baby when the time is right for them?

The health of men and women at conception influences the health of their baby at birth and beyond. By asking your patients about their pregnancy plans, you can help them either:

- Book a well-timed preconception health assessment to discuss how they can improve their chance of a healthy baby; or
- [Discuss contraception options to avoid STIs and unplanned pregnancy.](#)

[Research](#) shows GPs want to be involved in shaping the health of the next generation and that most young Australians want to have at least one baby.

[A recent study](#) also found that most patients don’t mind being asked about their pregnancy plans. In fact, many said they would appreciate it.

[Your Fertility](#), a government funded program, can help you deliver this potentially life changing intervention quickly and efficiently.

- Watch the [short videos](#) for ways to ask the question: Do you want to try for a pregnancy in the next year?
- Read the [flow chart](#) for ways to respond to your patients’ plans.
- Sign up for [CPD accredited learning modules about preconception health.](#)
- Tell your patients about the My Fertility [website](#) for practical, evidence-based information to improve their chance of a healthy pregnancy and baby.



Launch of My Aged Care face-to-face service

The Australian Government Department of Health has launched a new My Aged Care face-to-face service, which will provide senior Australians with access to Aged Care Specialist Officers to provide in-person support to access and register for aged care services. Aged Care Specialist Officer appointments are currently available in two locations in WA, Fremantle and Busselton. Appointments to see an Aged Care Specialist Officer in participating sites can be made by calling Services Australia on 1800 227 475.

For more information, please visit the [Services Australia website](#)

Introducing The WELL Collaborative!

Do you work with people living with overweight or obesity?

The [Weight Education and Lifestyle Leadership \(WELL\) Collaborative](#) is collaboration between people working in the health and community sector, and people living in larger bodies who want to work together to change the way we talk and think about weight. The WELL Collaborative is led in partnership by Health Networks, WA Primary Health Alliance (WAPHA), and the Health Consumers' Council (HCC).

Our focus is to change the stigmatised ways in which our society often thinks and talks about weight, to improve the quality of health services available to people who want to change their lifestyle to live healthier, on their own negotiated terms. Our focus also aims to support health professionals to work with their clients in respectful, empowering and non-stigmatising ways.

We understand that every weight journey is unique and our health and community services should be supported to respond to this need; for the health of our whole community. Check out The WELL Collaborative website at thewellcollaborative.org.au to find training on how to have supportive conversations about weight, policy resources, stories from consumers, including insights about their weight journeys, and much more.

Release of the National Obesity Strategy

Australian, state and territory Governments have recently released the [National Obesity Strategy 2022-2032](#). The Strategy is primarily focused on prevention but is also about supporting the 14 million Australians who are currently living with overweight or obesity to live their healthiest lives. It outlines a framework for action for interested clinicians and creates a pathway towards achieving the vision.

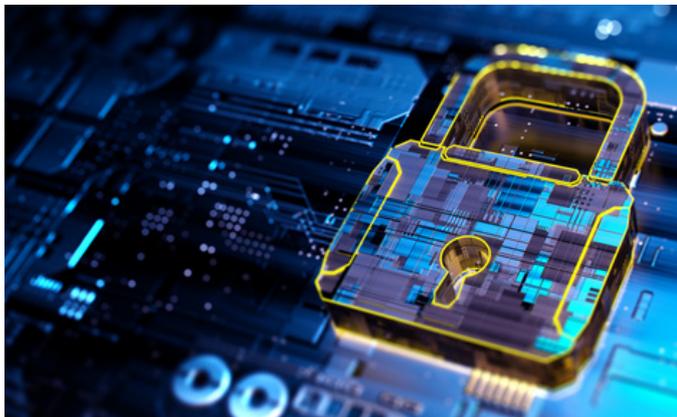
MedicineInsight from NPS MedicineWise

MedicineInsight is a data program that aims to support quality improvement in general practice, while also providing a national pool of deidentified data to support effective post-market surveillance of medicines.

MedicineInsight was established by NPS MedicineWise with funding from the Commonwealth and is free to general practices Australia wide.

The program draws de-identified, longitudinal data from consenting practices. Data is pooled and made available to participating practices in useful clinical summary reports. The reports give GPs insights into prescribing patterns at local, regional and national levels, supporting quality improvement in healthcare decisions and improved patient outcomes.

Find out more on the [NPS MedicineWise website](#) or call Nicole Humphrey on 08 6272 4921 or email nhumphrey@nps.org.au



Governance of primary health care data on Primary Health Insights

In an age where data can be used to great benefit, it is helpful for GPs and general practices to understand how patients' and practices' sensitive data is kept safe and their privacy protected.

Data shared by practices holding Data Sharing Agreements with WA Primary Health Alliance is stored on Primary Health Insights, the data storage and analytics platform built by 27 of the 31 PHNs that provides leading edge data security and has robust data governance embedded within its processes and structures.

Primary Health Insights is characterised by its individually secured 'lock boxes' for each PHN, where data is stored, analysed and reports generated using tools from within the platform. Similarly secured 'collaboration zones' are where PHNs can choose to share specific data sets to generate insights into focused areas of health care, all under strict data governance rules.

Further information about Primary Health Insights and how it works can be found [here](#).

Data Governance and Data Sharing Agreements

The National Data Governance Framework, developed and used by all 31 PHNs, provides structures, mechanisms and processes to deliver a high standard of data governance.

Key features of the Framework include comprehensive policy statements and processes focussing on data privacy and security.

Importantly, the Data Set Privacy Impact Assessment is mandated for every new data set uploaded to Primary Health Insights.

Based on Office of the Australian Information Commissioner guidelines, this toolset provides PHNs' data analysts with detailed instructions, tools and procedures around data sharing, managing risk of re-identification and management of data breach events.

Underlying the National Data Governance Framework are Data Sharing Agreements held between PHNs and general practices. These specify that the shared data is contains no information that may identify patients or practitioners and will only be used for permitted purposes.

The vision for Primary Health Insights is, within strict governance rules formalised in contractual agreements, to expand its reach and capitalise on the expertise, data and resources of related organisations. This could include research organisations and the like. The structure of the platform with its individually secured lock boxes and collaboration zones provides a discrete, secure environment for external organisations to participate.

Further details regarding the security and governance of primary care health data is available from the Primary Health Insights web site, see Security and Governance & Privacy. Questions may be directed to comms@phinsights.org.au or via the web site Contact page.



WA Health advice on eliminating Hepatitis C at a local level

[Research suggests](#) since direct-acting antiviral (DAA) treatments were listed on the PBS in 2016 they have provided a breakthrough in eliminating hepatitis C, curing 95% of individuals who complete treatment in a shorter time frame than previous treatments, with less side effects and taken orally.

GPs have been crucial to this success, with 60% of DAA treatment between March 2016 to December 2020 in WA prescribed by GPs.

[Advice from the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine](#) is that most people living with chronic HCV are asymptomatic, opportunistic identification of people at risk is vital. Resources and supports are available to GPs to assist identifying and treating hepatitis C patients include:

- HepatitisWA facilitates professional workforce support for clinicians. If you would like to speak to the hepatitis C GP Liaison Nurse at HepatitisWA, please call Kat on (08) 9227 9802 or email clinicnurse@hepatitiswa.com.au.
- [The Burnet Institute Practice Support Toolkit WA](#) provides information and resources promoting hepatitis C testing, treatment and patient support.
- The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) promote [hepatitis C resources for general practitioners](#) to assist in eliminating hepatitis C and also host [various training events](#).
- The '[Silverbook](#)' ([Guidelines for managing sexually transmitted infections and blood-borne viruses](#)).
- The '[Chronic Hepatitis C](#)' HealthPathway.

13YARN crisis support line

13YARN (13 92 76) is Australia's first national Aboriginal and Torres Strait Islander crisis support line; a collaboration between Gayaa Dhuwi (Proud Spirit) and Lifeline. The service is run by Aboriginal and Torres Strait Islander people and offers confidential, one-on-one yarning and support 24/7.

Further information is available [here](#), download resources for your practice [here](#)

GP Education & Training

Cancer Council WA Palliative and Supportive Care Education

PaSCE offer a variety of programs which are aimed at increasing knowledge and understanding of palliative care in all settings. They can also tailor education for your specific workplace if requested. Education programs are facilitated by Project Officers in collaboration with expert palliative care clinical providers and health professionals. Visit their online education calendar for a full list of education events or subscribe to education event updates [here](#)

Webinar on Japanese Encephalitis outbreak

Access this recorded webinar, held on 17 March, to hear from experts on the emerging Japanese encephalitis virus (JEV) outbreak in Australia. The webinar includes a presentation from Professor Tom Solomon, who has more than 30 years of experience working on Japanese encephalitis. The panel also had NCIRS Director Professor Kristine Macartney providing information on the currently available vaccines, their efficacy, and safety. View the webinar [here](#)

Alcohol & Other Drug Network - a Project ECHO Initiative

Recognising the critical role general practice plays in keeping people well in the community, WAPHA has committed to build the confidence and capability of primary care practitioners to support people experiencing alcohol and other drug issues. To support this work, we have launched WA's first Project ECHO® Network, on the topic of alcohol and other drugs (AOD), with the support of the RACGP WA and ECU's Treating Alcohol and Other Drugs in Primary Care (TADPole).

The forum will continue to meet every fourth Thursday of the month, through videoconferencing platform Zoom.

Visit the [Project Page](#) for more information or email isobel.storey@wapha.org.au