

GP Connect

Keeping GPs informed in the changing primary health landscape



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Concussion – it's not all sports related!

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Over the last few years, concussion has been increasingly topical in the lay press, with the focus on sports-related concussion and chronic traumatic encephalopathy (CTE) risk.

Despite this, only approximately 20% of concussion is sports-related. The majority of concussions result from a direct blow to the head, or transmitted force from the body, from falls, road traffic incidents and physical assault including intimate partner violence. Uncertainty relating to long term outcomes calls for optimisation of initial management of concussion injury with the aim of reducing the risk of symptom prolongation.

Concussion assessment can be difficult due to the constellation of symptoms with which patients can present, including cognitive, mood related, migrainoid, sleep related, vestibular-ocular and autonomic symptomatology, as well as the potential for evolving symptoms. It is recommended that anyone who has sustained a potential concussion seeks medical assessment for diagnostic confirmation in the company of a responsible adult.

Such assessment includes:

- Exclusion of red flags
- A history of the episode (ideally with history from an observer) and post-episode symptomatology

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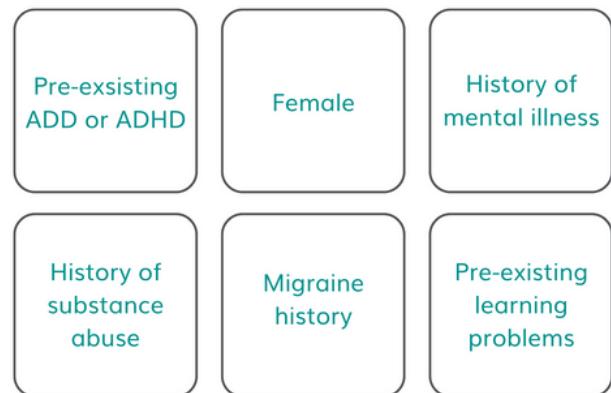


Fig 1.1 Confounding factors of concussion

- Identification of previous traumatic brain injuries including previous concussion and confounding factors which may suggest an increased risk of delayed recovery
- Pre-injury level of function.

Other injuries may occur alongside a concussion due to the nature of the injury and must also be identified to ensure a holistic approach to management.

Further assessment includes general examination including heart rate variability, lying and standing blood pressure, cervical spine assessment, assessment for focal neurology, brief vestibular-ocular motor screening and assessment of gait and balance. A [post-concussion symptom scale](#) is also useful to assist with longitudinal symptom monitoring and in identification of those who have symptoms that fail to resolve within the typical expected recovery periods of 14 days in adults and four weeks in children and adolescents.

Initial management includes discussing expectation of symptoms and outcome.

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Concussion – it's not all sports-related! (cont)

Symptom normalisation and reassurance to the patient or carer that the majority of people who sustain a concussion make an uneventful recovery is crucial part of management. A brief period of reduced physical and cognitive activity (24-48 hours), including minimisation of screen time, good sleep hygiene, alcohol avoidance and use of simple analgesia if required, should be followed with a graded and paced return to activities. This includes gentle challenging of sensitivities to noise, light and movement, and a stepwise return to cognitive and physical activities of daily living.

Involvement of school or workplace to plan a supported graduated return to learning or work program is recommended.

Regular GP support beyond initial assessment for symptom monitoring, advice relating to return to work/school, driving, sport and other activities of daily living is crucial to good outcomes.

The newly developed WA "[Mild Traumatic Brain Injury \(Concussion\)](#)" HealthPathway provides further information relating to assessment and management of this condition.

It is hoped that with consistency of management and optimisation of care in patients who have sustained a concussion both short term and long-term outcomes for such patients can be optimised.

WA Primary Health alliance invites Interested GPs to attend the upcoming [Concussion management in general practice webinar](#) Tuesday 6 September 2022.

Hospital Liaison GP Updates

Bentley Health Service (BHS) Antenatal Clinics phased reopening

As part of a phased approach, some antenatal care is recommencing at Bentley Health Service (BHS) under the care of the Armadale team. Please continue to send antenatal referrals for patients residing in the Bentley area to Armadale or KEMH as per existing arrangements* until further notice.

After referral to Armadale Antenatal Clinic, clinic staff will arrange for Bentley-area patients to have their antenatal care at Bentley where this is suitable.

The BHS birthing ward remains closed and BHS antenatal clinic patients will birth at Armadale Hospital. Please direct concerns arising between clinic appointments about patients receiving antenatal care at Bentley to the Armadale Maternity Service.

*Please send antenatal referrals to EMHS Obstetrics directly to the relevant hospital rather than to CRS.

For Bentley-area antenatal patient referrals:

- Refer maternity patients from the 6105-6106 catchment (Welshpool, Cloverdale, Kewdale and Perth Airport) , 6107 (Cannington, East Cannington, Queens Park and Wilson) and 6147 (Lynwood and Parkwood) to Armadale Health Service by fax to the AHS Antenatal Clinic (9391 2293) or email routine referrals to akg.referrals@health.wa.gov.au OR urgent or high risk referrals to ArmadaleANC.AHS@health.wa.gov.au. For further information, please see [Armadale Health Service - GPs](#) and/or [Armadale Health Service - Antenatal Care](#)

- Refer patients from all other Bentley Health Service postcodes/suburbs directly to KEMH. For further information, please see [King Edward Memorial Hospital - Antenatal referrals to KEMH](#)

Gynaecology referrals continue to be referred via the CRS.

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Dr Jacquie Garton-Smith

Hospital Liaison GP, Royal Perth Bentley Group
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SCGH Geriatric Outpatient Clinic Changes

As of Monday 23rd May 2022, SCGH geriatric outpatient clinics will be relocated to OPH, providing a single centre of excellence in the North Metropolitan Area Health Service for geriatric ambulatory care. For patients, this means increased access to staff, resources and therapies. SCGH and OPH medical staff are now combined to ensure patients will see the same exceptional team to provide ongoing care.

SCGH and OPH Consultants will remain available for referrals - please don't hesitate to contact the team for any patient concerns.

As part of this transition, referrals will need to be sent via the Central Referral Service (CRS). OPH will continue to receive faxed referrals in the short term (until 30 September).

Services available at OPH include:

- General geriatric
- Memory
- Falls
- Continence
- Parkinson's
- Stroke Rehab
- Frailty Rapid Access Clinic
- Fragile bone Clinic
- Geronto-rheumatology

For further information, please email Dr Kien Chan, Head of Department (Geriatric, Acute and Rehabilitation Medicine) at Kien.Chan@health.wa.gov.au

OPH Rehabilitation Aged care Intervention Liaison Service expands to SCGH

The multidisciplinary RAILS team provides a rapid response service for people over the age of 65 through home visits and phone consultations. RAILS has now been expanded from servicing OPH catchment to include the SCGH catchment area.

The RAILS team aims to initiate contact with clients within 48 hours.

The program prevents avoidable ED presentations and admissions by supporting older adults within their home through:

- Provision of services and equipment
- Urgent nursing and allied health support
- Comprehensive multi-disciplinary assessment/care
- Where necessary, arranging planned admissions to non-tertiary hospitals.

RAILS accepts referrals via HealthLink Connect: railsrrt or via fax 6457 8263 / 6457 8405

SCGH and OPH Frailty Rapid Access Clinic



The Frailty Rapid Access Clinics (FRAC) are multidisciplinary clinics that provide rapid access to geriatrician advice, assessment and treatment with the intent of minimising their interaction with the acute hospital sector unless clinically indicated. The clinics are integrated and provide care-coordination across the health service, in partnership with primary and community care providers.

The FRACs will accept referrals from the ED, inpatient wards and GPs to support the patients remaining out of hospital and the ED.

FRAC services the Sir Charles Gairdner Hospital and Osborne Park Hospital catchment area. Referrals can be made via the Central Referral System.

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Clinical Updates

Monkeypox Update

The Australian Government Department of Health and Aged Care Chief Medical Officer Professor Paul Kelly has declared Monkeypox a [communicable disease incident of national significance](#).

In Australia, there have been 44 cases of Monkeypox, with the first case reported in WA by a returned traveller last week.

The WA Department of Health is working with the Australian Government to secure limited supplies of vaccines for the prevention of Monkeypox for those who have confirmed high risk of exposure.

GPs are being urged to be on the alert for cases and the WA Department of Health has published [guidance on testing, use of PPE, management of contacts and reporting of Monkeypox](#). Cases must be reported urgently by telephone to the [Public Health Units](#) (Healthy WA) within a few hours of first suspicion of diagnosis.

The Australian Government Department of Health and Aged Care has also prepared [fact sheets and posters](#) to help health professionals and patients identify Monkeypox Guidance for patients is available via [HealthyWA](#). The Monkeypox [frequently asked questions](#) may be useful for patients most at risk of contracting Monkeypox.

HealthPathways Updates – Cervical Screening

From 1 July this year, the National Cervical Screening Program (NCSP) expanded screening test options, offering self-collection as a choice to all people participating in cervical screening.

Clinicians looking for further information may wish to access the newly updated '[Cervical Screening](#)' HealthPathway, which reflects the self-collection changes and contains further information on assessment, management, and referral pathways for patients in this cohort.

To gain access, you can request a login via the [HealthPathways WA Project Site](#) and complete the 'Request a login' form, or email the team at healthpathways@wapha.org.au.

Continue providing opportunistic influenza vaccinations as influenza cases remain high.

Free Jab June and July has now ended, and while vaccines administered from August onwards are not eligible for reimbursement, providers are encouraged to continue to administer government-funded vaccines to all West Australians including those who are not usually eligible to receive a free vaccination via the National Immunisation Program (NIP) or ongoing state-funded programs.

The Department of Health encourages participating GPs, community pharmacies and AMSs to continue providing the WA community with opportunistic influenza vaccinations as [influenza cases remain high](#). WA Health encourages practices to use their remaining government-funded influenza vaccine stocks and order more if required.

More information is available [here](#)

WA Advance Health Directive Launch

The End-of-Life Care Program within the WA Department of Health has launched the revised Advance Health Directive (AHD), the new accompanying AHD Guide and advance care planning (ACP) resources for consumers and health professionals.

These resources will support Western Australians to make choices about their future health and personal care that reflects their values, beliefs and preferences.

Further information is available [here](#)

The newly updated WA '[Advance Care Planning \(ACP\) HealthPathway](#)' reflects these changes and contains further information for clinicians supporting patients through the ACP process.

Improving awareness of Zostavax recommendations for immunocompromised people

Zostavax was introduced on the National Immunisation Program in November 2016 for people aged 70 years, with a catch-up program for adults aged 71–79 years funded until October 2023.

However, Zostavax is contraindicated in severely immunocompromised people due to the risk of serious disseminated infection. There have been three Zostavax-related deaths in immunocompromised people between 2017 and 2020 in Australia.

A non-live recombinant subunit zoster vaccine, Shingrix, is now available in the private market and provides an alternative, especially for immunocompromised patients.

The ATAGI Statement on the Clinical Use of Zoster vaccines in Older Adults in Australia contains information to help GPs:

- Determine whether Zostavax is appropriate, including a pre-vaccination screening questionnaire
- Identify those patients who require specialist review prior to vaccination.

The Australian Government Department of Health and Aged Care has published a number of Herpes zoster vaccine resources:

- [Zoster vaccine screening form for contraindications](#)
- [Zoster vaccines for Australian adults – Fact sheet](#)
- [Zoster vaccines for Australian adults – FAQs](#)
- [Australian Immunisation Handbook – Zoster \(herpes zoster\)](#)

Help shape the PCH Childhood Obesity Education Program

The Healthy Weight Service at Perth Children's Hospital is creating a Childhood Obesity educational program for WA Health Care Providers. Help them create an education and mentoring program that best meets your needs by [completing this short survey](#) and have the chance to win one of two \$200 Rebel sport vouchers.

Encouraging patients to participate in bowel screening



Bowel cancer is Australia's second biggest cancer killer, but if detected early, more than 90% of cases can be successfully treated.

The National Bowel Screening Program reports only 43.5% of all eligible people aged 50-74 complete the kits sent to them every two years. If the participation rate increased to 60%, 84,000 lives could be saved over the next 20 years.

[Research](#) undertaken in 2021 by the Centre for Behavioural Research in Cancer (CBRC) identified three types of people who are not participating in bowel screening: Refusers, Intenders and the FOBT Naïve.

Each face specific barriers to participation. GPs and primary care health professionals are critical in responding to these challenges. We know that once people choose to screen, 80% will screen again when next invited.

The Cancer Council has produced a [GP resource](#) which can be used to identify the best approach to support these reluctant or hesitant screeners in choosing to screen, thereby contributing to improving NBCSP participation rates.

Visit [bowelcancer.org.au/gp](#) for more useful resources or more information about the campaign.

Shaping weight management support in primary care



A new online resource hub has launched to support health professionals to play a more central role in helping people to manage their weight.

SHAPE (supporting holistic and person-centred weight education) is a centralised website of tools, resources, and education, designed to support a better understanding of the complexity of factors influencing body shape and size, and how to engage patients and guide them on their journey to long-term change.

Find out more [here](#)

DVA's new quick guides for GPs: DVA Basics and DVA claiming

DVA's new Quick Guides will make it easier for general practices to know what to do when presented with a veteran or their family member, and how to claim for different DVA programs.

The [DVA Basics Quick Guide](#) reminds you to ask your patient if they've served in the armed forces, which veteran cards to look out for and what they cover, as well as key DVA contacts for you and your veteran patient.

The [DVA Claiming Quick Guide](#) reminds you of the item numbers for different DVA programs and the associated tools and supports available for those programs.

Updated RACGP resource on environmental sustainability in general practice

Climate change is already adversely affecting Australians' health and quality of life through direct and indirect physical impacts and via flow-on social and economic changes. As highly trusted professionals, GPs are well placed to effectively communicate the health risks of climate change to their patients, the public and policymakers.

The RACGPs updated [Environmental sustainability in general practice](#) resource provides information on:

- Climate change and its impacts on human health
- The role of GPs and practice staff in addressing climate change and environmental sustainability
- Actions at an individual, practice and population level to minimise the carbon footprint.

The upcoming sixth edition of the RACGP Standards for general practices will also include a new section on environmental sustainability.

Download a copy [here](#)

New FASD resources

The Foundation for Alcohol Research and Education (FARE) has developed new information resources for health professionals, providing evidence-based information about alcohol consumption during pregnancy and while breastfeeding, and about Fetal Alcohol Spectrum Disorder (FASD).

The information resources are part of FARE's national campaign supporting alcohol-free pregnancy and breastfeeding. Endorsed and funded by the Australian Government Department of Health, [Every Moment Matters](#) aims to empower Australians by providing clear information about the benefits of alcohol-free pregnancy and breastfeeding.

Updated environmental sustainability in general practice resource from RACGP



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GP Education & Training

COVID-19 and influenza (flu) video series for healthcare providers

The Child and Adolescent Health Service (CAHS), in conjunction with Professor Chris Blyth (Infectious Disease Physician), have developed a series of short informational videos for healthcare providers, to facilitate discussions surrounding influenza and COVID-19. Talking COVID and Flu with Professor Chris Blyth covers a range of topics, including:

- [How bad is the flu this year?](#)
- [Is Omicron as transmissible as reported?](#)
- [How are the flu and COVID different?](#)
- [Getting your flu vaccination after having COVID](#)
- [Understanding immunity and cross infection](#)
- [Are public health and safety measures still necessary?](#)
- [What is long COVID and how do you prevent it](#)
- [Vaccine safety and side effects](#)

Broaden your horizons with the AGPT Program with the RACGP

Expressions of interest are open for the 2023 Australian General Practice Training (AGPT). By expressing interest, they will be supported through the application process by sharing valuable information.

With GPs at the frontline of primary healthcare during this recent pandemic, there are more opportunities than ever for a rewarding career in general practice – particularly those who choose to train in rural and remote Australia.

Express your interest by visiting the [RACGP website](#).

New eLearning modules supporting Aboriginal and Torres Strait Islander health services

To support Aboriginal and Torres Strait Islander health services, the Australian Digital Health Agency (ADHA) has added a three-part series of My Health Record eLearning modules to its extensive collection of free education resources.

The series covers the basics of My Health Record, including security, privacy and access, and shows how effective use of the system can improve the quality and safety of care for all clients in an Aboriginal and Torres Strait Islander health service.

Visit the Australian Digital Health Agency online learning portal [here](#)

ON DEMAND - WA Health Monkey pox update for clinicians

The WA Department of Health produced a Monkeypox update for clinicians on 13 July 2022 covering:

- Clinical presentation and management
- Infection prevention and management
- Specimen collection and testing

Watch the webinar recording [here](#)

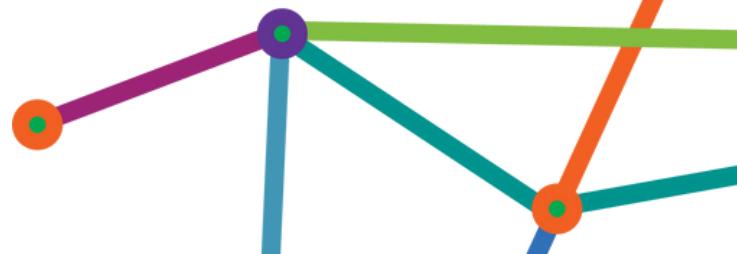
ON DEMAND - Preventing Paediatric Influenza & Improving Vaccination Rates

Infectious Diseases Specialist and Paediatrician Professor Robert Booy moderates a session on ways to improve vaccination rates in children, reduce hospitalisations and control disease transmission.

The webinar covers topics from vaccine safety and efficacy to harnessing communication skills when encouraging parents to opt in for vaccination.

Watch the webinar recording [here](#)

Concussion management in general practice



In primary healthcare, concussion can present in a number of different ways. Although widely considered as a sports injury, only 20% of concussion cases are sports related. The majority of concussions stem from a direct blow to the head, falls, road traffic incidents and physical assault cases including intimate partner violence. Primary care plays an important role in the initial management of concussion injuries and the prevention of adverse outcomes. This webinar will provide recent evidence based information on concussion management to reduce complications, long term effects and inappropriate referrals. Experts in the field will also share local referral pathways available in Western Australia and the latest resources on the topic.

Learning objectives:

1. Describe how to use HealthPathways and resources by the State Head Injury Unit in the management of a Mild Traumatic Brain Injury (Concussion)
2. List the appropriate referral pathways in the management of concussion
3. Explain the management of concussion to reduce the risk of symptom prolongation and complications.

Presenters:

- Dr Gill Cowen MBBS MA(Oxon) FRACGP MSportMed, Senior Lecturer (T&R) Curtin Medical School
- Dianne Mitchell, SHIU Case Coordinator
- Erika Lori, SHIU Senior Physiotherapist
- Dr Rachael Mumme, SHIU Clinical Neuropsychologist.

Date: Tuesday 6 September 2022

Time: 6pm

Venue: Online

More information and register [here](#)

2022 Adult Immunisation Forum

The Immunisation Coalition will be hosting the 6th Annual Adult Immunisation Forum as a free, virtual event help health professional, immunisation specialists, policy makers and anyone else working on the front line of public health to:

- Better understand the burden of vaccine preventable diseases in adults
- Build an awareness of the challenges and strategies for improved vaccination in adults
- Hear the latest developments in vaccine programs for adults
- To consider ways of improving knowledge about immunisation best practice.

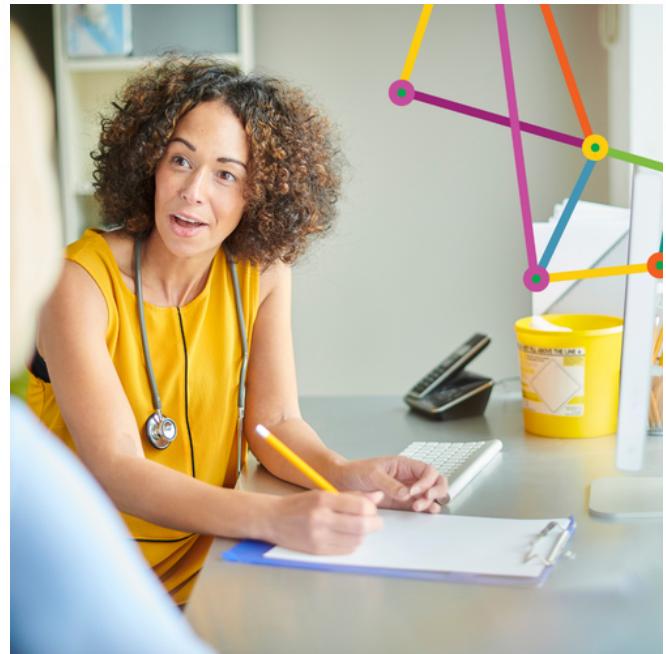
Date: Monday 22 August

Time: 6am - 4pm

Venue: Online

More information and register [here](#)

The Future of General Practice, Health Reforms and Improvement Frameworks



Practice principals, leaders and managers, don't miss this opportunity to hear from one of Australia's foremost GP leaders, Dr Wally Jamal, and international expert on health system transformation, Dr Kirsten Meisinger.

Topics covered in this highly informative and interactive session will include:

- The future of General Practice, health reforms, and improvement frameworks
- Change management and harnessing your team to deliver gold standard care
- Strengthening practice to systematically improve clinician engagement, clinical care, sustainability and patient experience
- Using data to make decisions around areas of focus - priorities for you and your patients – making room for health priorities
- How to know you are making a difference – interpreting data & systems to support.

Date: Saturday 10 September

Time: 9am -1pm (light lunch provided)

Venue: UWA Club

More information and register [here](#)

* Places to this event are limited to two places per practice.

CPD points are available.

Date: Thursday 1 September

Time: 10:30am - 12pm

Venue: Online

More information and register [here](#)