

GP Connect

Keeping GPs informed in the changing primary health landscape



14 July 2022

Could it be - Sarcoma?

GP Connect feature from Sock it to Sarcoma! Improving outcomes for our community

For many GPs, sarcoma may be low on the radar as a possible diagnosis, as they may only see one throughout their entire career. Sarcoma Awareness Month (throughout July) is a good opportunity to ask yourself the question – could it be sarcoma?

Often when a patient presents with vague symptoms of bone pain, unexplained restricted movement, or a lump somewhere around the body that has grown, it may well be nothing sinister and the patient can be safely reassured. BUT, it is also possible that an existing and developing sarcoma may be the cause.

What is sarcoma?

Sarcoma are a group of rare mesenchymal tumours found in the bone and soft or connective tissues. Named after the tissues from which they arise, sarcomas can be found in any age demographic and in any part of the body, including the abdomen, skin and reproductive organs.

Primary bone sarcomas (not to be confused with metastatic bone tumours) are more commonly found in young people, in the limbs or pelvis whilst soft tissue sarcomas are more often, but not exclusively, found in adults.

Although sarcoma is considered a rare cancer, in 2021, 2345 Australians received a sarcoma diagnosis.¹



Sock it to Sarcoma! Ambassador WA Paralympic equestrian and sarcoma survivor, Sharon Jarvis.

Sarcoma is the second most commonly diagnosed childhood tumour group. It is also predicted to cause the greatest number of cancer-related deaths in the 15-24 age group when 2021 statistics become available. Many sarcomas can be treated by surgery alone, but a patient may require a combination of surgery, chemotherapy and/or radiation.

Overall, two out of five people will not survive more than five years post-diagnosis but sarcomas diagnosed early and treated at a multi-disciplinary sarcoma specialist centre can have much better outcomes. In young people, delayed diagnosis becomes even more crucial because of the aggressive nature of the disease, seriously impacting not just the necessity for more radical treatment but also long-term survival outcomes.

Common symptoms of primary bone tumours include:

- Bone pain, particularly severe at night
- Restriction in joint movement
- Mass or swelling
- Limp

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Could it be - Sarcoma? (cont)

Symptoms of soft tissue tumours include:

- Lump, which may or may not be painful
- Lump increasing in size
- Lump deep to the fascia
- Abdominal pain

What to do?

Suspected bone sarcoma:

- Order an X-ray (within two weeks or, if a child, within 48 hours) and if the X-ray suggests bone sarcoma or if findings are uncertain and clinical concern remains, refer the patient urgently to WA State Sarcoma Service
- Radiographs may appear normal in patients with early bone sarcoma. However, to eliminate referred pain, a full limb X-ray is recommended.

Suspected soft tissue sarcoma:

- Order an urgent ultrasound (within two weeks or, if a child, within 48 hours) and if the scan suggests soft tissue sarcoma or if findings are uncertain and clinical concern remains, refer the patient urgently to WA State Sarcoma Service
- An MRI is more effective for investigating large deep lumps. MRI and biopsy (core needle) should only be performed under the direction of a sarcoma specialist.

GPs can contact the WA State Sarcoma Service for clinical advice on 0466 442 639.

Community support for people diagnosed with sarcoma is available at Sock it to Sarcoma! on 08 9427 1744.

References:
1. AIHW 2021

Do you know an extraordinary GP, GP in training, GP supervisor or general practice going above and beyond?

Nominate them [here](#) for the 2022 RACGP Awards

Clinical Updates

Updated Paediatric ENT Referral Access Criteria

Subsequent to the development of the Adult Urology and Adult Neurology and Adult ENT Referral Access Criteria (RAC), WA Health have now released Paediatric ENT RAC.

The RAC were developed following consultation with key stakeholders such as paediatric ENT specialists, GPs and Health Service Provider clinical planners. The RAC are standardised referral criteria that provide guidance around:

- Conditions that will be seen in a public outpatient specialty (and what is excluded)
- Investigations that 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 RAC are available via the [WA Department of Health Referral Access Criteria webpage](#).

Providing the required information (as outlined in the RAC) will ensure referrals are processed in a timely, consistent manner, and that the patient's first appointment will be as meaningful as possible.

Referrals that do not meet the ENT RACs will be returned to the referrer with advice to provide further supporting information or to review the patient as clinically appropriate and re-refer if the clinical situation changes.

Patients will not be provided with an appointment or placed on a waitlist until a completed referral that is consistent with the RAC is received.

All Paediatric ENT outpatient referrals to metropolitan public hospitals will continue to be submitted via the Central Referral Service (CRS). Referrals to regional (WACHS) sites are to be sent directly to the relevant site.

The CRS will ensure that all mandatory information as outlined in the RAC has been provided before allocating the referral to the appropriate hospital.

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A further three speciality RACs (ophthalmology, plastic surgery and respiratory) are also in development and will be published over the coming months.

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

Free Flu Vac Program extends through July



The WA Government's "Free Jab June" program has now been extended until 31 July 2022.

The registration for reimbursement for vaccinations administered by general practice has also been extended until 31 July 2022.

Payments to practices will be provided in two rounds:

1. Practices that registered before 30 June should have received an email from the Communicable Disease Control Directorate WA Department of Health with instructions on how to claim reimbursement for vaccinations provided during June. If your practice did not receive this email please contact influenza.reimbursement@health.wa.gov.au
2. Practices that registered for the program after 30 June will be sent an email in August with instructions on how to claim reimbursements for vaccinations provided during July.
3. Practices that have already registered for the program do not have to reregister for the month of July.

The [WA Department of Health website](#) has been updated to reflect these changes and provides more details on the grant criteria.

Practices should email vaccineorders@health.wa.gov.au to register.

Changes to the NDIS ACT

On 1 July, changes to the National Disability Insurance Scheme (NDIS) Act came into effect. The National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Act 2022 will enable the NDIA to make processes easier and better for NDIS participants.

Now when participants and their authorised representatives ask for a change to their NDIS plan, the Agency will be able to do this in some circumstances without having to replace the current plan with a new one. This will be called a plan variation.

These variations will help participants access new supports quickly without having to go through a full plan reassessment.

We will also start using the term 'plan reassessment' instead of 'plan review' to avoid confusion with an internal review of decisions at the request of a participant (known as a review of reviewable decisions).

Read more about plan variations and summary of changes at the [NDIS website](#)

WA Influenza Update

As COVID-19 cases begin to increase and WA CHO Andy Robertson warns of a third wave COVID-19, influenza cases also continue to rise.

To date, there have been 5121 cases of influenza recorded in WA, with 1378 cases recorded in the [week ending 3 July 2022](#)

In the same week, the number of influenza-like-illness presentations to emergency departments increased to a higher range than what is usually reported this time of year.

More than 31 per cent of West Australians have received an influenza vaccine.

Practices are encouraged to continue to offer influenza vaccines on an ad hoc basis – especially to vulnerable cohorts including children aged six months to five years old.

New Monkeypox Resources

In response to the recent outbreak of Monkeypox (MPX) in Australia, the Australian Government Department of Health and Aged Care have worked with national expert groups to develop MPX treatment and vaccine guidelines – all available on the [MPX Resources](#) page on the Department website.

These clinical guidelines also include infection prevention and control guidance for health workers, and case and contact management guidance for public health units.

The Department is working to develop further resources including specimen collection instructions and a toolkit for health professionals. GPs are encouraged to regularly check back on the [Australian Government Department of Health and Aged Care website](#)

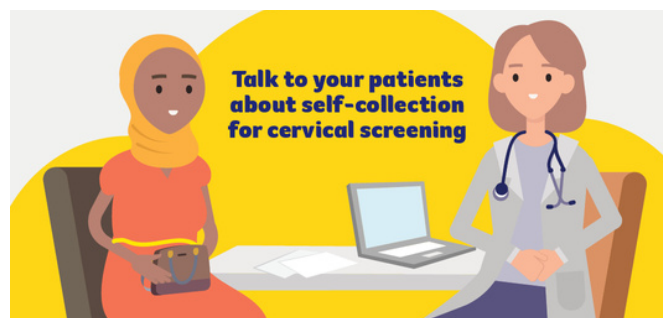
Veterans Access Payment can now be claimed with the Annual Veterans' Health Check

From 1 July 2022, the [Veterans' Access Payment \(VAP\)](#), payable based on Modified Monash Model classifications (MM1–MM7), can be claimed with the Annual Veterans' Health Check items MT701, MT703, MT705 and MT707.

This change represents an overall increase in the amount claimable for delivering an Annual Veterans' Health Check and aligns the fees with the equivalent Medicare Benefits Schedule (MBS) health assessment items for GPs.

If you are unsure which VAP incentive to claim, please visit the [Incentive payments for General Practitioners page](#). For more information on the Annual Veterans' Health Check, please visit the Veterans' [Health Check – Providers page](#).

Expansion of cervical screening self-collection from 1 July 2022



From 1 July this year, the National Cervical Screening Program (NCSP) will expand screening test options, offering self-collection as a choice to all people participating in cervical screening. Self-collection allows screening participants to have the ability to take their own vaginal sample for HPV testing; for many people removing a significant barrier to participation in screening.

This means that all NCSP participants aged 25–74 years will have the choice to screen either by a self-collected vaginal sample or a clinician collected sample from the cervix (accessed through a healthcare provider in both cases).

[Recent evidence](#) has shown that the sensitivity and specificity of HPV testing to detect CIN2+ in self-collected samples were similar to those for clinician-collected samples when using validated PCR-based HPV assays.

A self-collected sample is taken from the vagina (not the cervix). It can be tested for the presence of the human papillomavirus (HPV) but not cytology (cervical cell abnormalities). If HPV is detected on a self-collected sample, depending on the type of HPV, it is recommended a patient should have a speculum examination with a cervical sample collected for liquid-based cytology (LBC), or be referred directly for colposcopy. [Updated NCSP clinical guidelines](#) now provide the latest advice on the expanded eligibility to screen via self-collection, preparing health professionals for upcoming changes to the NCSP.

To support these changes, Cancer Council WA have launched the 'At Your Cervix self-collection' campaign (pictured) to assist health professionals in talking with patients about their cervical screening options and facilitating self-collection. For more information, [visit the campaign website](#).

GP Cancer Screening Education Packs - now on their way

The Australian Government Department of Health and Aged Care is seeking help from healthcare providers to increase participation in the national cancer screening programs. The Department has begun distributing GP cancer screening education packs to more than 8000 general practices across Australia that include:

- Three A3 posters, one for each national cancer screening program, with reminder messaging and information on how to book, including URLs. We are encouraging practices to hang these in waiting rooms and other high traffic areas to prompt conversations with HCPs about cancer screening.
- Demonstration samples of the bowel cancer screening home test kit and the cervical screening self-collection swab – these can be used to show patients how to do the tests.
- Information on how to use the cancer screening tests and where to find educational resources on cancer screening.
- Information on the upcoming Department of Health and Aged Care funded Cancer Council Australia bowel screening campaign.

Digital copies of the printed materials within the pack, can also be found on [the Department website](#).

NCIRS report: Communicating with people who are unvaccinated against COVID-19

The report prepared by National Centre for Immunisation Research and Surveillance (NCIRS) summarised perspectives on COVID-19 vaccines of unvaccinated adults living in Australia who were interviewed in late 2021.

Informed by these findings, the recommendations aim to improve communication between health authorities, providers, and unvaccinated individuals and their friends and families.

The report is available on the [NCIRS website](#).

Psychological assessment: Assessing a patient's capacity for work

[Comcare](#), the national work health and safety and workers' compensation authority, has released a [one-page resource](#) providing step-by-step assistance for assessing a patient's capacity for work, with a focus on psychological considerations.

The resource also helps GPs manage recovery pathways and outline expectations to their patients.

You can view the [recording of a recent webinar](#) Comcare held with the Mental Health Professionals' Network. An expert panel made up of a practising GP, a psychologist and a psychiatrist discussed how to assess functional capacity to work for psychological injuries.

They also discussed 'good work' and its benefits and provided advice on modifications to support continued work participation.

Connecting exercise prescription in primary care to Aboriginal culture

Exercise in many forms has been a part of Aboriginal and Torres Strait Islander cultures for thousands of years. Traditional Indigenous Games were played by both children and adults to ward off disease and enhance physical fitness and wellbeing. Today, through consultation with Elders the [Australian Sports Commission](#) has developed Traditional Indigenous Games resources that can support and inform exercise prescription.

Whilst referral to exercise based practitioners is an option, the benefits of embedding exercise prescription informed by Traditional Indigenous Games can strengthen connection to culture, family and community and this is central to the health and wellbeing of Aboriginal people.

Traditional Indigenous Games resources can be accessed [here](#)

PORTS is expanding to become MindSpot GP

The PORTS service has expanded to become MindSpot GP.

Under MindSpot GP, patients will have all the benefits of the PORTS treatment pathway but gain access to an increased range of services and treatment options. This includes access to support for an expanded number of conditions: anxiety, depression, OCD, PTSD, substance use, chronic pain and chronic health conditions.

No mental health treatment plan is required for patients to access services. There are five, simple ways to refer to MindSpot GP:

1. [Complete the online referral form](#)
2. [Find MindSpot GP Referral Templates](#) for Best Practice and Medical Director in your practice software
3. Refer directly from your practice software. Locate MindSpot GP (EDI: MINDSPOT) in your Healthlink Directory.
4. [Download the referral form](#) and fax to (02) 9475 024
5. [Refer via the secure MindSpot GP Online Portal](#)

After your patient enrolls in a course, you will be sent treatment summaries and updates on your patient's progress. If you refer via the online portal, you can also log-in to track their progress as they complete one of our internationally-recognised courses.

For more information about MindSpot GP email contact@mindspot.org.au, phone 1800 61 44 34 or visit the [MindSpotGP website](#)

RACGP's Rural Generalist Fellowship launched

RACGP's newly launched Rural Generalist Fellowship will replace the Fellowship in Advanced Rural General Practice and includes strengthened core emergency medicine training and additional rural skills training to better prepare candidates to work as a rural generalist in their communities.

Find out more about the Rural Generalist Fellowship on the [RACGP website](#)

GP Education & Training

Free to access NEDC Eating Disorder training for Mental Health Professionals

Two new resources are available from the National Eating Disorders Collaboration (NEDC) to support GPs with referral pathways and eating disorder professional development:

[Eating Disorder Core Skills: eLearning for Mental Health Professionals](#)

This free training has been developed specifically for mental health professionals and is evidence-based and nationally recognised. It builds on NEDC's Core Skills series, the first of which was accredited.

[Eating Disorder Core Skills: eLearning for GPs, ANZAED Credentialed Eating Disorder Clinicians Directory](#)

An interactive, national database to find a Australian and New Zealand mental health professional or dietitian with expertise in treating eating disorders.

NEDC is funded by the Australian Government Department of Health and Aged Care to work directly with PHNs.

Voluntary Assisted Dying eLearning now available

The WA Department of Health End of Life Care Program team have recently published the [Voluntary Assisted Dying: Essential information for health professionals](#) eLearning program.

Providing appropriate information on voluntary assisted dying is essential for health professionals to respectfully engage on the topic in a legally compliant and informed way.

The program will assist health professionals to understand their obligations with respect to patient conversations on voluntary assisted dying (VAD) and where to direct patients to further resources about voluntary assisted dying options.

New eLearning from Lung Foundation Australia

Lung Foundation Australia has launched two new accredited eLearning modules:

- Lung Health in First Nations Children: Improving Outcomes Through Culturally Secure Care (management of chronic wet cough, protracted bacterial bronchitis and bronchiectasis)
- Lung Health in First Nations Children: Asthma Diagnosis and Interpretation of Spirometry.

This training is free and accredited with RACGP and ACRRM with each module worth 2 CPD points.

The free training provides a supportive tool for health professionals in improving lung health outcomes.

Topics include:

- Fundamentals of providing culturally secure care to First Nations families
- Respiratory diseases prevalent in First Nations children and
- Appropriate ways of diagnosing and managing lung conditions.

You can access the modules [here](#)

Emerging Minds online learning suite - working with children who have experienced trauma

Emerging Minds has developed a suite of free, short (1-4 hours) online learning courses and resources to assist different practitioners to understand and support children and families who have experienced trauma.

[The impact of trauma on the child](#)

[Supporting children who have experienced trauma](#)

[Supporting children who disclose trauma](#)

These courses are supported by a suite of trauma-focused practice papers, podcasts, webinars, animations, practice demonstrations and more.

Find them all in the [Emerging Minds resource library](#)

Alcohol & Other Drug Network - a Project ECHO Initiative



Project ECHO is a robust evidence-based platform, that provides GPs clinical treatment and diagnosis recommendations in a peer-learning format. By the end of the program, participants will be able to:

- Identify learning techniques to improve GP capability in engaging and managing patients' who experience challenges with AOD issues.
- Identify areas of expertise needed to improve treatment of AOD addiction problems in general practice.
- Discuss strategies to improve the confidence and capability of GPs to engage and manage patients' experiencing AOD challenges.

Session 6: Understanding Aboriginal and Torres Strait Islander alcohol and drug use.

Working effectively with Aboriginal and Torres Strait Islander people:

- Cultural context of AOD use for Aboriginal people.
- Meeting the needs of the Aboriginal community in remote and rural WA.
- Approaches and interventions that work for Aboriginal people.

Date: 28 July 2022

Time: 6pm- 7.30pm

More information and register [here](#)