

GP Connect

Keeping GPs informed in the changing primary health landscape



16 June 2022

Optimising eczema in children

By Jemma Weidinger, Dr Roland Brand, A/Prof Richard Loh, Sandra Vale, Maria Said*

Atopic dermatitis, commonly referred to as eczema or atopic eczema, is a common chronic disease, and the leading cause of the global burden from skin disease¹. While not life-threatening, eczema can have a significant psychosocial impact on the affected child and their family and can adversely affect growth and development, school performance, mental health, social life and general quality of life.^{2,3} Eczema is also associated with increased risk of other atopic diseases such as food allergy, asthma and allergic rhinitis.^{1,4} Clinical experience in Australia indicates management of eczema may be more difficult in certain populations, including in children with darker skin.

Recent research shows the altered skin barrier in people with eczema has a key role in the development of food allergy⁵ and suggests sensitisation to food allergens may occur through this impaired skin barrier.⁶ Current research also suggests introduction of common food allergens in the first year of life, including to infants considered at high risk (infants with moderate to severe eczema), may reduce the risk of food allergy development.⁷ Therefore, an urgency also exists to effectively manage eczema to potentially reduce the risk of food allergy development.

Recent data from Perth Children's Hospital (PCH) showed the age of a child first attending their GP for eczema is six months (median) with a mean of 20.9 months. GPs are therefore able to make a significant difference.



[A paediatric eczema algorithm](#) was developed by PCH to support GPs and other clinicians in optimising timely eczema management for children along with an [eczema pre-referral guideline](#). Key points from these resources are summarised below:

Key points when prescribing topical corticosteroids (TCS) for children with eczema:

- Ensure the appropriate TCS is used depending on skin site and eczema severity (e.g. may need Methylprednisolone aceponate 0.1% fatty ointment for face and Mometasone 0.1% ointment for body).
- Apply liberal amounts of TCS to cover all affected areas (not just the worst areas) every day until the eczema completely clears and skin feels smooth. For most children, acute eczema should clear within one-two weeks and chronic eczema should clear within four-six weeks.
- Ensure the correct quantity of TCS is used for the specific surface area of eczema treated based on the fingertip unit measurement. For example, to cover total body surface area:
 - A two year old would require 7.5g (half a 15g tube) per application.
 - A child would require 15g (1 x 15g tube) per application.
 - An adult would require 30g (2 x 15gtubes) per application.

For links to resources, clinical updates and more, visit news.wapha.org.au

Optimising eczema in children (cont)

- It is therefore important to prescribe multiple 15g tubes on streamlined authority scripts as clinically appropriate.
- Apply liberal amounts of TCS to cover all affected areas (not just the worst areas) every day until the eczema completely clears and skin feels smooth. For most children, acute eczema should clear within one-two weeks and chronic eczema should clear within four-six weeks.
- Re-start TCS as soon as the eczema flares again.

Key points for managing eczema well:

- Short daily bath with dispersible bath oil or soap-free wash or shower with soap-free wash.
- Apply TCS liberally once to twice daily as clinically indicated to all areas of active eczema until the eczema completely clears and skin feels smooth.
- Moisturise head to toe every day to improve and maintain the skin barrier, regardless of whether active eczema is present.. Moisturising creams and ointments are preferred as they are more effective and longer lasting than lotions.
- Moisturisers and skin products containing food derived proteins such as nut oils or cow or goat milks, may play a role in the development of food allergies in babies and children with eczema, hence are not recommended.

Special considerations and second line treatment options for children with eczema:

- Persisting troublesome eczema despite optimal management with an appropriate moderate to potent TCS warrants dermatology specialist review. Consider immunology review if there is a history suspecting food allergy is contributing to eczema flares or a history of anaphylaxis.
- Second line treatment options including systemic immunosuppressant agents, narrowband UVB phototherapy or biologic agents may be considered where appropriate after dermatology specialist review. Clinical immunology/allergy specialists can also treat with biologic agents.

Resources for parents:

- [Nip Allergies in the Bub](#) website
- [250K for teens and young adults](#) (website for young people living with severe allergies)
- [ASCIA](#) (Australasian Society of Clinical Immunology and Allergy (ASCIA))
- [Allergy & Anaphylaxis Australia](#) website
 - Trained health educators answer 1300 728 000
 - People can be emailed an Eczema Starter Kit and placed on an eczema learning journey...
- [Operation Itch](#) eczema video, Fiona Stanley Hospital Clinical Immunology
- Eczema information sheet for Aboriginal families
 - [Eczema – Keeping our mob healthy](#)
 - [Eczema, Caring for – Keeping our mob healthy](#)

Resources for GPs:

- '[Eczema in Children](#)' HealthPathway
- [ASCIA Paediatric atopic dermatitis \(eczema\) e-training for health professionals](#)
- [ASCIA Stepwise Management Plan for Eczema](#)
- [GP education series, Rashes in infants and children that can be mistaken for atopic dermatitis, webinar](#) presented by Dr Roland Brand, Consultant Dermatologist, PCH
- [Rural Health West RACGP webinars](#) presented by Dr Roland Brand, PCH Consultant Dermatologist, PCH Immunologist, A/Prof Richard Loh and Senior Allergy Dietitian, Ingrid Roche.
 - Part 1: Atopic dermatitis in children.
 - Part 2 Common conditions mistaken for atopic dermatitis and second line treatments for eczema.

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- Clinical Associate Professor Richard Loh, Clinical Immunologist, Perth Children's Hospital.

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Hospital Liaison GP Updates

Royal Perth Hospital now welcomes electronic GP requests for health records

Unable to find the information you need about your patient's care at Royal Perth Hospital (RPH) in their My Health Record? General practices can now email requests to RPH Health Information Management Services on rph.infocentre@health.wa.gov.au

The request must include:

- Full patient name
- Date of birth
- Medical record number (if known)
- Information requirements
- Patient signature (not required if the requesting practice is listed on RPH systems as the patient's current GP) – please attach a scanned signed authority on practice letterhead if emailing
- If emailing, a comprehensive email signature which includes the practice address, phone number and website (if applicable) to validate the request
- Email address the information should be sent to, if not the requestor's email – this must be a practice email. Please note documents will only be able to access and download by the email address that the documents are emailed to. This cannot be forwarded to another staff member in the practice to download it on your behalf.

Royal Perth Hospital uses My File Transfer (MyFT) to electronically send previous medical records securely, which is preferred to fax. If you don't have an existing MyFT account, a Recipient User account will automatically be created the first time you receive a file via MyFT from WA Health and you will be prompted to create a MyFT password and activate your account. Once set up, you will be able to access and download files sent to you. For more information, please see the [MyFT WA Health User Guide](#).

RPH Health Information Management Services only deal with health record requests from other health professionals and services. Please DO NOT send referrals or other queries to them, as this may delay care. Please direct patients enquiring about their medical records to [Accessing Health Records](#).

Dr Jacquie Garton-Smith, Hospital Liaison GP
Royal Perth Hospital
Email: Jacquie.Garton-Smith@health.wa.gov.au
Mondays and Thursdays

YouthReach South is transferring to South Metropolitan Health Service

YouthReach South (YRS) is a specialist mental health service providing counselling, therapy and case management to young people aged 13-24 years in the south metropolitan area.

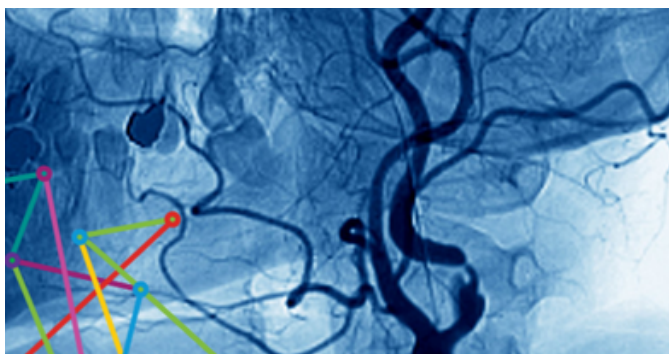
YRS is transferring from North Metropolitan Health Service to South Metropolitan Health Service on 1 July 2022. There will be no changes to YRS services, processes or acceptance criteria as a result of this transfer. The current integrated triage and entry processes that exist between YRS, YouthLink and Youth Axis will also continue.

Referrals and inquiries can be made by phone to 1300 362 569, Monday to Friday 8:30am to 4:30pm.

Dr Michelle Mcnamara
Hospital Liaison GP Rockingham General Hospital
Michelle.McNamara@health.wa.gov.au

Clinical Updates

Contrast agent shortage



The Therapeutic Goods Administration (TGA) is aware of a global shortage of iodinated contrast media (contrast) diagnostic agents.

The [TGA recommends](#) urgent conservation of stock until the shortage is resolved as current supply is very limited.

It may take several weeks for local stock levels to return to normal,

National Cervical Screening Program - Self-collection eligibility expansion

From 1 July 2022, the National Cervical Screening Program (NCSP) will expand screening test options, offering self-collection as a choice to all people participating in cervical screening.

These changes mean that healthcare providers may start to see an increase in the volume of requests from patients to use self-collection as an option for their Cervical Screening Test.

Further information for healthcare providers on these upcoming changes can be found in the latest NCSP Program Update [here](#)

Contact NCSPCommittees@health.gov.au with any questions, feedback or concerns.

WA Health Clinician Alert – Monkeypox

As of 30 May 2022, monkeypox virus infection is an urgently notifiable disease in Western Australia (WA). Key points:

- Medical and nurse practitioners, and pathologists, have a legal obligation to immediately report suspected or confirmed cases of monkeypox virus infection.
- Suspected and confirmed cases must be reported urgently by telephone to the relevant Public Health Unit or the on-call public health physician after hours.
- The Infectious and Related Diseases Notification Form is being updated to include monkeypox. In the meantime, notifications can be specified in the Clinical Comments section.

NOTIFY URGENTLY: Call your local public health unit and speak to the Public Health Physician.

Metro 9222 8588 or 1300 623292	Kimberley 9194 1630	South West 9781 2359
Goldfields 9080 8200	Midwest 9956 1985	Wheatbelt 9690 1720
Great Southern 9842 7500	Pilbara 9174 1660	After hours (on-call) 9328 0553

Download the full alert from Dr Paul Armstrong, Director, Communicable Disease Control Directorate [here](#)

Monkeypox webinar for primary care

The Australian Government Department of Health held a webinar on 23 May 2022 to provide key updates and answer participants' questions related to monkeypox. Speakers included:

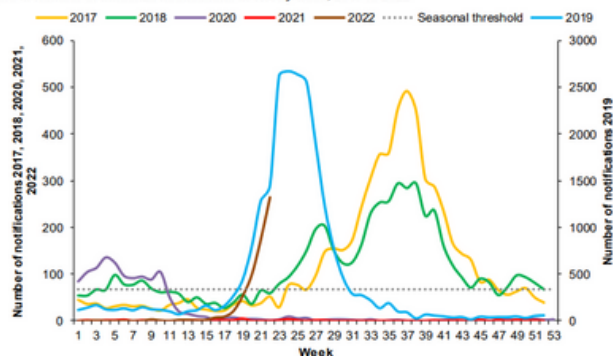
- Professor Michael Kidd AM, Deputy Chief Medical Officer, Department of Health
- Professor Deborah Williamson, Director, Victorian Infectious Diseases Reference Laboratory
- Dr James McMahon, Vice President, ASHM (Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine)

View a recording of the webinar [here](#)

2022 Influenza notifications

the latest data from [WA Health Virus Watch](#) (outlined in the table below) provides a salient reminder of the importance of influenza vaccination.

Figure 4. Number of influenza notifications in WA by week, 2017 to 2022



The number of influenza cases reported to the Department of Health WA increased to 264 in the first week of June, well above the seasonal threshold and rising at a similar rate to [WA's worst flu season](#) in 2019.

Whilst 2022 influenza vaccination doses are trending at 2021 levels, coverage remains lower than historical levels, particularly among some of our most vulnerable cohorts. Only 54.5 percent of people aged 65+ are vaccinated in 2022, compared to 61 percent in 2021.

New patient resource answering common questions about influenza vaccination & pregnancy

The Australian Government Department of Health has released a new video featuring Chief Nursing and Midwifery Officer, Professor Alison McMillan on why it's important to get your flu vaccine when you're pregnant, answering common questions from patients including:

- Is it safe for women to receive a flu vaccination at any stage of their pregnancy?
- What potential adverse reactions should pregnant women be aware of following the flu vaccination?

Download the video to share through your practice channels [here](#)



WA Government launches Free Jab June campaign

Free influenza vaccines are available for Western Australians during June, after the WA Government announced on 29 May 2022 the expansion of subsidised vaccinations as an extra incentive for people to protect themselves and those vulnerable against influenza.

State-run COVID-19 vaccination clinics offer influenza vaccinations for anyone aged 5 years and older on a 'walk in' basis. Alternatively, the WA Government is offering a reimbursement for influenza vaccinations administered by general practice, community pharmacies and other immunisation providers interested in participating.

Visit the [WA Health](#) website for more information on the program and how to register.

A recording of the WA Primary Health Alliance and the WA Department of Health Communicable Disease Control Directorate webinar can be watched [here](#)

Topics include:

- An outline of the program along with record keeping tips
- Influenza promotional resources, and
- Quality Improvement opportunities.

A copy of the presentation slides can be found [here](#)

Updated WA Immunisation Schedule

The WA Department of Health published an updated Immunisation Schedule 1 June. It is available for download [here](#)

Prioritising all Aboriginal people aged six months for their free influenza vaccines

Aboriginal people have a higher chance of serious illness and complications from influenza and COVID-19 infections, and practices are encouraged to reach out to patients who identify as Aboriginal regarding their influenza (for patients aged six months and over) and COVID-19 vaccinations (for patients aged five and over) under the National Immunisation Program.

Australia is currently experiencing a sharp spike in reported influenza cases and COVID-19 remains a concern. COVID-19 and influenza vaccines can be co-administered to eligible patients.

Statistics from previous years show that [Aboriginal influenza immunisation rates](#) sit between 20 to 30 per cent.

While immunisation against influenza is recommended for all Aboriginal people aged six months and over, it is particularly important for those who are at a greater risk of complications, including those with diabetes and COPD.

Influenza vaccination substantially reduces the risk of hospitalisation and death from influenza and pneumonia for people with type 2 diabetes and COPD ([AIHW 2018](#)).

Applications for ACCRM GP procedural training grant now open

Applications for the Australian College of Rural and Remote Medicine (ACRRM) General Practice Procedural Training Support Program (GPPTSP). Fellows of ACRRM and the RACGP who are practising in MMM 3-7 can apply for the opportunity to receive \$40,000 of Commonwealth funding to obtain new procedural skills in obstetrics or anaesthetics.

For full application guidelines and program eligibility, visit the [ACRRM](#) website. [Apply online](#) before 11.59pm Sunday 31 July 2022.

Applications for the Rural Generalist Pathway WA are now open

Rural generalists are an important part of our regional, rural and remote health workforce and application are now open to adaptable, perceptive medical practitioners who think outside the box and have the ability to work in a range of environments.

It is an open intake with applications open around the year, however potential trainees are being encouraged to submit their application by 22 June 2022 to ensure they get an opportunity to be assigned to a mentor and complete their initial career navigation session in 2022.

[Download the flyer](#) or find out more at the [Rural Generalist Pathway](#) website.

Why Should I Care About Rare Diseases? They're Rare!

Did you know the average full-time GP has 74 active rare disease patients and that an estimated 2 million Australians live with a rare disease?

Despite variation among different rare diseases, people living with a rare disease face common challenges. Including a lack of awareness and timely and accurate diagnosis.

GPs are the first point of contact in the health system and are best placed to coordinate comprehensive, family-centred care for chronic and complex patients and their families.

The Rare Disease Awareness Education Support and Training (RAReST) Project aims to develop helpful resources. Let us know how they can help via this [short anonymous survey](#).

You can [leave your details](#) to learn more, or contact Nada on n.mirkovic@unsw.edu.au

Supporting General Practice

to deliver the highest quality patient care.



WA Primary
Health Alliance
Better health, together

phn
HEALTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government initiative

\$6.1m

Dedicated funding to WA general practices for individual support, digital integration and enhanced practice support programs.



267

Low or no cost services funded targeting people who would otherwise be unable to access or afford treatment.



22,347

People at risk of poor health outcomes accessed one of our funded mental health, AOD or chronic conditions treatment services.
July - Dec 21



281,977

Services delivered to Aboriginal people with complex chronic conditions through our Integrated Team Care program.



7813

PPE orders processed.



14 GP-led Respiratory Clinics established with our support completing **71,904** appointments since mid-2020.



578 General practices partnered with us to better understand their patient data to improve health outcomes against the quadruple aim.



WA general practices onboarded to take part in the COVID-19 vaccine rollout.

PORTS

4547

General practice patient referrals to this free, GP only referral service for patients needing assessment and treatment of low to moderate mental health issues.



600,920

Individual items of PPE supplied to prepare general practice for COVID-19 community transmission.

December 21 - March 22



Practice Assist

Strengthening general practice in WA

66,335

Contacts with the Practice Assist service. This includes website visits, enquiries and support requests.

77%

Requests related to COVID-19 (practice support, PPE, logistics), with the remainder including data reports, practice management and education.



HealthPathways WA

Clinical decision support

438,386

HealthPathways page views.

19,306

Unique users of this online clinical support tool for GPs.

141

Health professional educational events held with **4717** participants.
July 21 - April 22

3.8m

Vaccines delivered in primary care* since the start of the vaccination program.



2802

Quality Improvement Measures reports generated against the 10 PIP QI measures to allow general practices to claim incentive payments.

2,349,752

My Health Record uploads in March 2022

421,305

Views of My Health Record in March 2022

82% increase

168% increase

compared to March 2021.

Valid at June 2022

Unless specified, the figures reported are annual measures. *Primary care includes pharmacy.

Supporting general practice by the numbers

WA Primary Health Alliance is committed to supporting general practice to deliver the highest quality patient care through a wide variety of initiatives including:

- Commissioning GP only referral services
- Onboarding practices to the COVID-19 vaccine rollout and supplying PPE,
- Providing a bespoke Practice Assist service
- Maintaining the HealthPathways WA online clinical support tool
- Helping practices to unlock their PIP QI payments.

Check out the above snapshot of our activities supporting general practice [here](https://www.wapha.org.au)

View more upcoming GP education events at [wapha.org.au/events](https://www.wapha.org.au/events)

See your GP, keep your health on track self-service campaign for general practice

WA Primary Health Alliance has developed a self-service campaign for general practices to inform, reassure, and encourage patients to keep their health on track. It is also intended to relieve some of the pressure GPs and practice staff are facing in a rapidly changing and challenging environment, where they are busier than ever.

See your GP – Keep your health on track provides practices with communication tools to remind patients of the importance of looking after their health, and to understand why their care may be delivered a little differently at the moment, yet still safely and effectively.

Find out more and how you can get involved [here](https://www.wapha.org.au)

GP Education & Training

The Heart of It - Chronic Heart Failure in General Practice

Primary Care plays a critical role in keeping people with heart failure well enough in the community to reduce their need for hospitalisation.

Join us to hear from experts in the field and learn about WA Primary Health Alliance's (WAPHA) commitment to the development of a Primary Care led project to support CHF patients living in The City of Armadale and the Midwest region.

Presenters

- Dr Lewis MacKinnon
- MBCHB FRACGP MRCGP (UK) – Director & Principal Doctor, Skye Medical Armadale
- Helen McLean
- Senior Healthcare Programs Officer, National Heart Foundation
- Kiera Collier
- Project Coordinator, Chronic Heart Failure, WA Primary Health Alliance (WAPHA)

Date: June 22 2022

Time: 6:30pm - 8pm

More information and register [here](#)

Age, frailty, loneliness and suicide

Facilitated by Dr Stephen Ginsborg (NSW based GP) and featuring an interdisciplinary panel of experts, join the Mental Health Professionals Network to discuss the challenges of the transition to older age where frailty, loneliness and suicidal thoughts in your patients can occur.

Date: 29 June 2022

Time: 5:15pm - 6.30pm

More information and register [here](#)

Common Surgical Problems in Children

Tips to aid, diagnosis and the appropriate management. Abdomen acute, Chronic pain. The surgical aspects of Constipation

The last of the three topics being presented by WA Primary Health Alliance on behalf of Perth Children's Hospital.

This webinar will provide updated and relevant information on how to identify and treat Abdomen acute, Chronic pain along with the surgical aspects of Constipation that present in children.

Date: 29 June 2022

Time: 6:30pm - 8.00pm

More information and register [here](#)

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 5: Let's keep alcohol use under control
Part 2: Preventing relapse - Overview of Pharmacotherapies and Treatment supports**

Date: 23 June 2022

Time: 6pm -7.30pm

More information and register [here](#)

**Session 6: Understanding Aboriginal and Torres Strait Islander alcohol and drug use.
Working effectively with Aboriginal and Torres Strait Islander people**

Date: 28 July 2022

Time: 6pm- 7.30pm

More information and register [here](#)