

# GP Connect

Keeping GPs informed in the changing primary health landscape



## Anaphylaxis Update – New devices and standards

By Sandra Vale, National Allergy Strategy Manager and Dr Katie Frith, Paediatric Clinical Immunology/Allergy Specialist

In 2020, the Australian Commission on Safety and Quality in Health Care released an [Acute Anaphylaxis Clinical Care Standard](#) which has provided a nationally standardised definition for anaphylaxis. The Standard also provides clear guidance on how to manage anaphylaxis and provide appropriate discharge information, regardless of whether the anaphylaxis occurred in a hospital or community setting.

The [Anaphylaxis HealthPathway](#) has also been updated to be consistent with the Acute Anaphylaxis Clinical Care Standard and to include updated information about adrenaline injectors.

The Standard contains six quality statements describing key components of care:

1. Prompt recognition of anaphylaxis.
2. Immediate injection of intramuscular adrenaline – intramuscular adrenaline administered before any other treatment.
3. Correct patient positioning – patient is laid flat or allowed to sit with legs extended if breathing is difficult and not allowed to stand or walk.
4. Access to a personal adrenaline injector in all healthcare settings.



10 March 2022

5. Observation time following anaphylaxis – clinical observation for at least four hours after the last dose of adrenaline or overnight as appropriate in line with the ASCIA guidelines.
6. Discharge management and documentation – allergen avoidance advice, ASCIA Action Plan, referral, prescription for an adrenaline injector (where risk of re-exposure exists).

The Standard and the [Anaphylaxis HealthPathway](#) aim to ensure that anaphylaxis is managed promptly and appropriately and that the patient receives an ASCIA Action Plan, appropriate referral and prescription for an adrenaline injector.

A re-designed Anapen adrenaline injector was approved by the TGA and PBS listed for use in Australia last year. Anapen is available in three doses – 150 micrograms, 300 micrograms and 500 micrograms. EpiPen continues to be available on the PBS in two doses 150 micrograms and 300 micrograms. The availability of a second adrenaline injector brand in Australia is important to help ensure a continued supply of life-saving adrenaline, particularly if one brand has stock shortages; to provide choice of brand and dose (particularly for people over 50kg who may prefer a 500 microgram dose device); and to encourage suppliers to provide devices with longer shelf lives. [Continued page 2](#)

Key points when prescribing an adrenaline injector:

- When writing the authority prescription, it is really important to tick 'no substitution'. This will ensure the patient receives the brand of device chosen during the consultation. EpiPen and Anapen are activated differently so it is important that the patient receives the device they are expecting, have been taught how to use and is consistent with the ASCIA Action Plan you have provided them.
- Teach the patient (and/or carer) how to use the device prescribed using trainer devices. Ask them to show you how to administer the prescribed device using the trainer. Encourage them to get a trainer device to have at home so that they can practice regularly.
- Provide the patient with an ASCIA Action Plan specific for the adrenaline injector brand prescribed. This is an emergency response plan that provides information on when and how to administer the adrenaline injector.

Both EpiPen and Anapen contain adrenaline and both devices are autoinjectors, which provide effective emergency treatment of anaphylaxis. They have different mechanisms for activation and a summary of their features is outlined [here](#).

Further information is available at:

- [Anaphylaxis resources section of the ASCIA website](#)
- [How to position a person having anaphylaxis](#)
- [How to safely remove ticks](#)
- [How to prevent tick bites](#)
- [How to give an Anapen](#)
- [How to give an EpiPen](#)

Source:

1. Adapted from Vale S, Smith J, Loh R. Safe use of adrenaline autoinjectors. Aust Prescr 2012;35:568. <https://doi.org/10.18773/austprescr.201>

## Hospital Liaison GP Updates

### Perth Children's Hospital – Launch of pre-referral guidelines

Departments across Perth Children's Hospital (PCH) have been working to produce a series of pre-referral guidelines to PCH for GPs and health professionals.

PCH accepts referrals from private consultants and general practitioners to the 50+ outpatient and inpatient services available for children and young people in Western Australia.

The new pre-referral guidelines aim to assist health professionals with when to refer and the process of referring to PCH, providing information on:

- The condition
- Pre-referral investigations
- Pre-referral management
- When and how to refer
- Links to Health Pathway WA guidelines
- Useful resources
- Contact details for information.

You can find these [guidelines](#) on the PCH website under the new section on [how to refer to PCH](#).

These guidelines join the [referral process for other CAHS services](#) including Community and Child Health, Mental Health and NETS WA available on the CAHS website.

This has been a work in progress by our PCH Outpatient Reform team. If you have a suggested guideline or feedback, [please complete our quick survey](#) or contact [PCH.OutpatientReform@health.wa.gov.au](mailto:PCH.OutpatientReform@health.wa.gov.au).

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Available: Tuesday 9am-12pm and Wednesday 12pm-5pm

## King Edward Memorial Hospital Liaison GP update

The Women and Newborn Health Service (WNHS) at King Edward Memorial Hospital (KEMH) wishes to reassure our GP colleagues that all outpatient services are continuing to triage referrals and review patients.

As per WA Department of Health directives, video-conferencing and telehealth technology is being utilised for many appointments. Face-to-face consultations are still being arranged as per clinical needs.

### Antenatal care

The routine antenatal schedule has been adjusted to accommodate telehealth and reduced face-to-face visits when clinically appropriate, and as a result some antenatal visits will also be conducted via videoconferencing telehealth.

For GPs who undertake a shared care model with KEMH, a reminder to scan and email the completed pages of the NWHPR after each visit to [KEMH.Referrals@health.wa.gov.au](mailto:KEMH.Referrals@health.wa.gov.au) with the subject line, 'Antenatal NWHPR [patient surname]'.

This will allow obstetric staff to see the completed pages when undertaking telehealth appointments with shared care patients.

Antenatal referrals are sent to the patient's local maternity service. WNHS KEMH continues to accept antenatal referrals for those in the catchment, those requiring specialty clinics and tertiary care. Antenatal referrals for WNHS KEMH can be emailed to [KEMH.Referrals@health.wa.gov.au](mailto:KEMH.Referrals@health.wa.gov.au) with the subject line, 'Antenatal NWHPR [patient surname]' or faxed to 08 6458 1031.

### Urgent review

The pathways for making contact when you have a clinical concern about a patient with an obstetric or gynaecological condition requiring urgent review remains the same. Contact the WNHS KEMH Switchboard 08 6458 2222 and ask for on call registrar or consultant as follows:

- Gynaecology: <20 weeks' gestation or gynaecology condition
- Obstetrics: >20 weeks' gestation



### Referral information

The public KEMH website has been updated, and we encourage GPs to look at the new information that is now available. Detailed information about clinics at WNHS KEMH, the required investigations before making referrals and how to send a referral can be found at:

- [Healthpathways WA](https://www.healthpathways.wa.gov.au)
- The newly updated WNHS public website [www.wnhs.health.wa.gov.au](http://www.wnhs.health.wa.gov.au) under the 'For Health Professionals' tab.

### Gynaecology

For patients requiring Gynaecology clinics, please continue to use WA Central Referral Service to send detailed referrals highlighting the issues of concern and include the required investigation results. If an urgent gynaecology review is needed, please contact the on call gynaecology registrar or consultant to discuss the medical issues of concern.

### Emergency

The WNHS KEMH Emergency Centre is a dedicated 24/7 facility to deal with all gynaecological emergencies or suspected gynaecological emergencies that require immediate attention. Please note the WNHS KEMH Emergency Centre medical staff have no facility to expedite outpatient appointments or scheduled surgery dates.

If there are significant clinical changes which do not represent a medical emergency please send a new referral via Central Referral Service highlighting the change in condition, attaching relevant results, or contact the relevant managing medical team for advice.

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## Clinical Updates

### 2022 Influenza Vaccination Program

The Australian Technical Advisory Group on Immunisation (ATAGI) has released early advice to support vaccination providers ahead of the 2022 influenza season in its [Statement on the administration of seasonal influenza vaccines in 2022](#).

It is expected that the lower exposure to influenza virus and lower levels of influenza vaccine coverage compared to previous years, combined with the WA border opening could lead to a possible resurgence of influenza in 2022.

#### Influenza and COVID-19 vaccination

ATAGI has advised that influenza vaccines can be co-administered (on the same day) with a COVID-19 vaccine.

Subject to the availability of influenza vaccines, co-administration with COVID-19 booster vaccines could be a prompt for influenza vaccination.

#### Timing of vaccination

The highest level of protection occurs in the first three to four months following vaccination. Annual vaccination should ideally occur before the onset of each influenza season. This is usually from June to September in most parts of Australia but may be atypical this year. Vaccinating from April provides protection before the peak season.

#### Eligibility for 2022 influenza vaccines through the National Immunisation Program (NIP)

Eligibility for influenza vaccines under the NIP remains unchanged for 2022 and includes:

- Children from 6 months to less than 5 years of age
- Adults aged 65 years and over
- Aboriginal and Torres Strait Islander people aged 6 months and over
- Pregnant women (during any stage of pregnancy)
- People aged 6 months and over with medical conditions which increase the risk of complications.

The WA State Program also provides influenza vaccinations to primary school children (aged from 5 years to students in Year 6).

See also the [Influenza Immunisation HealthPathway](#).

#### Register for the online WA Department of Health 2022 Influenza Update

The Communicable Disease Control Directorate (CDCD) Immunisation Program is providing a free, virtual update, Wednesday 23 March for all WA immunisation providers.

The session will cover a general overview of the influenza disease trends and vaccine. You will also learn about the WA Department of Health 2022 State-wide Community Influenza Vaccination Program, vaccine brands, vaccine ordering processes, and promotional activities.

[Register here](#)

### Consumer friendly COPD Action Plan and COPD Checklist for GPs

In response to feedback from patients, doctors and allied health workers delivering services for COPD patients in regional and metropolitan areas, Asthma WA and the WA Country Health Service have developed two new user-friendly resources for adult patients with COPD:

- [Things you can do to keep well – for adults with COPD](#)
- [COPD Home Action Plan – for adults with COPD \(editable\)](#)

Developed with input from a multidisciplinary team which included consumers, nurses, allied health professionals, the resources are aimed at levels of readability appropriate for the general population and are also appropriate for those with low health literacy.

For more information, visit the [Asthma WA website](#)

## GP Respiratory Clinics available to see your symptomatic patients face-to-face

As the WA health sector responds to the increase of COVID-19 infections in the community, GP Respiratory Clinics (GPRCs) are available to see your symptomatic or COVID positive patients (both adults and children) face-to-face and via telehealth.

This may be a good option if your practice cannot see them safely, reducing the risk of infection to staff and other patients. It also provides an option for COVID positive telehealth patients that you think may need a face-to-face examination that cannot be done at your practice.

GPRCs provide safe, GP led care for COVID-19, specifically:

- Assessment and testing for people with mild respiratory symptoms who might be COVID-positive
- Treatment for mild to moderate COVID-19 infection
- COVID-19 vaccinations for all eligible age groups (at participating clinics)

All services are provided with or without a Medicare card and a referral is not required.

GPRCs operate strictly by appointment, and patients are asked to attend the clinic only at the time of their booking so that social distancing can be maintained.

GPRCs form a network of 11 across WA, (and over 130 nationally), supported by WA Primary Health Alliance as part of the Federal Government's continued primary health response to COVID-19.

Your patients can find their local clinic and book an appointment via the [Australian Government Department of Health website](https://www.health.gov.au/australian-government-department-of-health)

## Clinical Advice on Drug and Alcohol available to GPs over the phone

The Drug and Alcohol Clinical Advisory Service (DACAS) is a specialist telephone consultancy service that provides clinical advice to health professionals on issues relating to patient management of alcohol or other drug (AOD) use.

The service is provided by experienced addiction medicine specialists and is available free of charge to all health professionals in Western Australia.

Given how challenging it can be for GPs to manage complex problems associated with AOD use in their communities without support from specialist addiction services, the DACAS team seeks to encourage, mentor and support GPs in regional and remote areas in the management of substance use disorders and to facilitate the development of clinical skills and confidence in managing AOD issues.

DACAS operates from 8.00 am to 8.00 pm Monday to Friday - 6553 0520.

[Download the flyer](#) for more information or visit the [Mental Health Commission website](#)

## How to access disease modifying treatments for COVID-19

The new NPS online information hub contains information on recently approved anti-virals and monoclonal antibody medicines that can be used to treat COVID-19.

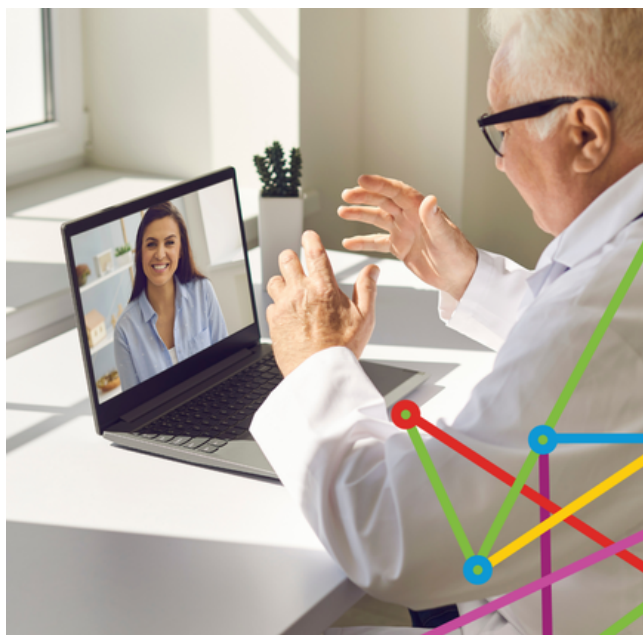
The hub provides new clinical information, resources and links to help keep health professionals and consumers up to date with the latest approvals, evidence and guidance.

Visit [www.nps.org.au/coronavirus/antiviral-treatments-for-covid-19](https://www.nps.org.au/coronavirus/antiviral-treatments-for-covid-19)

Also refer to the updated [COVID-19 Assessment and Management Healthpathway](#) for prescribing rules for WA.



## Drs4Drs Health Services



Doctors Health Advisory Service WA (DHASWA) provides a confidential, anonymous 24 hour/7 days a week advice line and referral system for doctors and medical students seeking assistance with health or personal problems.

DHASWA can be utilised by individuals, or by a concerned family member, friend, colleague or staff member. Calls are taken by a panel of experienced male and female GPs, with a psychiatrist advisor available. Callers will receive a response from a DHASWA Doctor within four hours of a call.

Calls are exempt from the mandatory reporting requirements of the Medical Board of Australia. Phone (08) 9321 3098, 24/7.

## NPS MedicineWise

NPS MedicineWise continue to offer convenient ways to access their free, evidence based clinical education with topics to support best practice care of your patients.

The next topic looks at [Mental health and young people: opportunities to empower and engage](#). This program is designed to help GPs assess people aged 16–24 years who present with psychological distress, and discuss medicines and non-medicine management options for depression and anxiety disorders. NPS MedicineWise educational visits are recognised by the RACGP & ACRRM CPD programs. Visit [www.nps.org.au](http://www.nps.org.au) for more information.

## Opportunity to support young people impacted by cancer

Canteen is seeking expressions of interest from GPs around the country who would like to join a library of preferred providers that Canteen members can be referred to.

Some of their members do have a regular GP, however a large proportion do not, and are looking to find a trusted doctor who has experience working with young people.

If you are interested in joining their preferred provider library or would like more information, complete [this form](#) or email [olivia.depomeroy@canteen.org.au](mailto:olivia.depomeroy@canteen.org.au)

Canteen is a national Australian not-for-profit that provides support to 8,000 adolescents and young adults aged 12-25 who are impacted by cancer each year and their parents.

## GP Education & Training

### Living with COVID-19 – Katrina Otto webinar recordings

WA Primary Health Alliance (WAPHA) recently presented three Living with COVID-19 webinars presented by [Train IT Medical](#) founder, Katrina Otto. Over a 30 year career Katrina has managed several medical practices and accredited day surgery facilities and is currently managing a COVID vaccination clinic in Sydney. Within these sessions, Katrina addressed topics that were highlighted by practices in the recent WAPHA practice survey and discussions with practice managers. See below for the individual session topics and the links to their recording.

#### [Setting up teams for success in challenging times](#)

- Supporting practices through change
- Strengthening your team to manage tough times
- Self-care & effective communication

#### [COVID Vaccination planning in a community spread environment](#)

- Identifying and contacting eligible patients
- Workflow planning and practice for workforce
- Vaccination aftercare

#### [Using digital health for business continuity](#)

- Telehealth – MBS Billing
- Embedding digital aids into practice
- Patient communication options

### Free CPD on responding to patients who experienced sexual violence

Monash University Department of Forensic Medicine is providing a three unit program to address the known gap in medical training on sexual violence. Developed by forensic clinicians and nurses, clinicians can complete up to three units (six hours over six weeks), depending on their existing knowledge and practice reach.

The training is available to GPs and practice nurses free of charge. Each unit will be delivered three times during 2022. For more information, email [svtraining@monash.edu](mailto:svtraining@monash.edu) or register [here](#)

### Small group education sessions on alcohol and drug issues in general practice

The Edith Cowan University (ECU) Treating Alcohol and Drugs in Primary Care (TADPole) program team provides educational resources to enhance the skills of GPs looking after patients with common alcohol and other drug problems, e.g. alcohol dependence, benzodiazepines and methamphetamine use.

The team is now offering GPs the opportunity of having a small group education session in your practice. This is free and qualifies for RACGP CPD points. The facilitator (an addiction specialist or a GP with a special interest in addiction) will give a short presentation about alcohol or other drug topics of interest followed by 30 minutes to talk through case studies or any concerns you have about your patients.

[Download the flyer](#) or email [SIRCH@ecu.edu.au](mailto:SIRCH@ecu.edu.au) for more information

### Domestic and Family Violence training now available for GPs in Western Australia

The Safer Families Centre, University of Melbourne is leading Pathways to Safety - The Readiness Program, a national domestic and family violence (DFV) training program for primary care.

At least one in 10 women attending general practice will have experienced DFV, and GPs are the highest professional group disclosed to by current survivors, even more than police.

The Program will help to streamline pathways and reinforce a team approach to identifying, responding and referring individuals and families experiencing DFV.

The program is also seeking GPs and primary care nurses from Western Australia to join the Safer Families team to be trained as facilitators to deliver a DFV practice-centred training program in primary care settings. Find out more and register your interest [here](#)



## Alcohol & Other Drug Network - a Project ECHO Initiative

Recognising the critical role general practice plays in keeping people well in the community, WA Primary Health Alliance (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, WAPHA has 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).

Following last months inaugural session, the Project ECHO learning model will continue to deliver a series of expert-led, online forums, designed to support primary health care to work effectively with people using drugs and alcohol.

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 [lsobel.storey@wapha.org.au](mailto:lsobel.storey@wapha.org.au)

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

### Session 2 - Starting a conversation with patients

Facilitator: Dr Simon Slota-Kan

Speaker: Dr Wendy Lawrence

- How to talk to a patient when they haven't disclosed alcohol and other drug concerns
- Using screening and brief intervention
- Introduction to motivational interviewing

**Date:** Thursday 24 March

**Time:** 6:00pm - 7:30pm

[Register for the Zoom event here](#)

### Session 3: - Who Can You Call? Services and supports for primary care practitioners

Facilitator: Dr Simon Slota-Kan

Speaker: Dr Richard O'Regan

- Overview of treatment and support services for patients
- Clinical support tools for primary care practitioners
- Knowing your local support options

**Date:** Thursday 28 April

**Time:** 6:00pm - 7:30pm

[Register for the Zoom event here](#)

### Sessions 4 to 6 - Participant Informed

Participants have the opportunity to direct topics for brief didactic and peer-led presentations.

Registration details coming soon.

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