

GP Connect

Keeping GPs informed in the changing primary health landscape



10 September 2020

Hepatitis C - The new world order

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Hepatitis C is very common. It is estimated that there are over 230,470 people living with chronic hepatitis C viral infection in Australia today. This is probably an underestimate as many individuals who have put themselves at risk have not been tested by their GP. There are plenty of opportunities to do this, including:

- As part of investigating causes for abnormal liver tests
- As part of antenatal screening
- In people seeking screening for a sexually transmitted infection
- In high risk patients, such as people that have, or are still injecting drugs or have a history of imprisonment.

Research has shown that if 100 people are infected with hepatitis C, about a quarter will clear the virus completely within two to six months of infection but will continue to have hepatitis C antibodies in their blood. It is necessary to determine if the disease is still active by doing a hepatitis C RNA test initially and after six months of infection.

Unlike the difficult to tolerate and often unsuccessful treatment of the past, new medications (available since 2016) means it is now very easy to treat hepatitis C in two to three months. These medicines are very effective, with a success rate of over 95 percent and with very few side effects.



Any GP can provide treatment and you don't need to consult a specialist.

In addition, the client with hepatitis C is eligible for a free hepatitis A and B vaccine if they are not immune.

Why should we treat Hepatitis C?

About two thirds of people who do not clear the virus will develop ongoing infection, are at risk of developing cirrhosis of the liver and can transmit the virus to others.

After an average of 15 years, between 40 and 60 in 75 people with chronic hepatitis C will experience some symptoms and develop some liver damage.

After 20 years, between five and ten people with liver damage will develop cirrhosis. Between two and five of these people will also experience liver failure or develop liver cancer.

Duration of infection is the most likely determinant of the risk of cirrhosis and liver cancer. Other factors which affect the progression of liver disease include:

- Age when first infected (people infected over the age of 40 years, experience faster disease progression)

Continued page 2

Hepatitis C - The new world order(cont)

- Male gender
- Alcohol use
- Co-infection with hepatitis B virus and/or HIV
- Obesity

So, it is important to recommend to your clients with hepatitis C that they restrict their alcohol intake, eat well, stay a good weight and have other co-infections such as HIV and hepatitis B treated. If it is straightforward infection, then the only follow up after treatment that is required is at three months after the treatment has finished to make sure the virus has gone for good.

Why is this important?

Hepatitis C is a serious and life-threatening disease. We now have excellent drugs that have been provided by the Australian government for a minimal cost that are easy to take for a short time with over 95 percent success. The Australian government is committed to eliminating HCV by 2030 and with the new drugs we have now this is completely possible if we can reach everyone with HCV and offer them treatment. At present in WA we are only managing to treat about 32 percent of people we know have hepatitis C and this is not good enough. We really need to make sure anyone at risk has been tested and then realise that the diseases can be completely and easily cured.

See also the updated "[Chronic Hepatitis C](#)" HealthPathway

GP Hospital Liaison Updates

Fiona Stanley and Fremantle Hospitals Mental Health Adult Home Treatment Team

A new mental health service will enable patients to receive hospital-level care in the comfort of their own home.

The Fiona Stanley Fremantle Hospitals Group (FSFHG) Mental Health Adult Home Treatment Team (HTT) will offer a recovery-oriented alternative to hospital admission for patients in the FSHFH catchment.

The service will allow greater flexibility to meet the patient's preferences and help them to:

- Maintain links in the community
- Maintain daily routines and relationships
- Prevent triggers and re-traumatisation associated with hospital environments.

Up to 12 'virtual inpatient' beds will be assigned for up to 14 days to mental health patients experiencing acute mental health deterioration who would usually require admission to hospital. This service also provides a step-down for patients transferring from an inpatient ward stay.

The HTT, operating from the Fremantle Hospital Mental Health Service, will support patients to clinically address factors which may have contributed to deterioration in their mental health. The multidisciplinary team, including clinical nurse specialists, clinical nurses, social workers, psychiatrists, pharmacists, registrar and occupational therapists, will perform up to four daily visits depending on the patient's needs.

Intensive mental health care including assessment, treatment and management, will be provided seven days a week, from 8.00am – 10.00pm. After 10pm patients requiring care can phone the MHERL or present to the emergency department.

Patients without a GP will be supported to find one and communication with the primary care provider will occur, at least, upon admission and discharge. Management of chronic and preventative physical health issues will remain with the patient's GP where possible. Physical health issues related to psychotropic medication prescribed during the HTT admission and other mental health treatments will be managed by the team and guidance for ongoing monitoring and management included in the discharge summary.

Referrals into the HTT will come from a variety of sources including the FSH ED, Community Treatment teams and the Assessment and Treatment Team (ATT). GPs with potentially suitable patients would refer through the [usual ATT referral process](#) or by discussion with a current patient's community Care Coordinator.

Dr Monica Lacey
Hospital Liaison GP, FS & FHG
monica.lacey@health.wa.gov.au
Available: Monday and Thursday

KEMH women and newborn health services

Gynaecology services

All gynaecology outpatient clinics and operating theatres are now back running as per usual. For most patients the first general gynaecology clinic appointment is conducted via telephone / telehealth, using interpreters as necessary.

Gynaecology referrals

All referrals for KEMH gynaecology clinics are sent to CRS, unless urgent and discussed with a Registrar or Consultant. All gynaecology referrals >25yrs of age must include a current cervical screening test (CST) result

Urgent gynaecology reviews

GPs can ring and discuss patient requiring urgent gynaecology review within the next 7 days with the Gynaecology Registrar, or Gynaecology consultant. Phone the on call Gynaecology Registrar (or Consultant if complex case) on (08) 6458 2222 or use the free GP Advice ONLY line on 1800 428 615.

Concerns about possible gynaecological cancer

GPs can discuss any patient with possible gynaecological cancer that they are considering referring to the Western Australian Gynaecologic Cancer Service with the Gynaecologic Oncology Fellow or on call Consultant on (08)6458 2222.

Concerns while patient awaits outpatient appointment

If new symptoms or clinical concerns develop in a patient awaiting a Gynaecology outpatient clinic appointment, send a NEW Referral to CRS outlining the new symptoms / clinical features of concern so that the appointment may be triaged appropriately based on the new information. Please include ALL relevant investigations / pathology results.

Obstetrics services

Thanks to the many GPs who responded to the request for GP Shared Antenatal care support of King Edward Memorial Hospital (KEMH) during COVID-19, an updated GP Shared Care Directory is now available in antenatal clinics, and will be soon available online. A "welcome pack" for GPs will be launched in early 2021.

Refer to the [KEMH GP Shared Care webpage](#) for further information and relevant guidelines/updates.

Please continue to send in antenatal referrals EARLY in the pregnancy so that referrals can be triaged appropriately. Women who choose to have Shared Antenatal Care will visit at KEMH at 14-18 weeks, and will attend KEMH from 36 weeks' gestation until delivery.

Obstetrics referrals

Patients requiring tertiary outpatient antenatal clinics (e.g. physician, Women and Newborn Drug and Alcohol, or Childbirth and Mental Illness clinics) who live outside the KEMH catchment area may also be referred to KEMH using the [antenatal referral form](#)

All antenatal clinics are running as usual. The "booking" visit is usually conducted over the phone at 14-18 weeks' gestation, unless reason is given on the referral for a face to face visit.

GPs concerned about antenatal patients who may require urgent review can ring KEMH on (08) 6458 2222 and speak with either the relevant registrar for the specialty clinic, the Registrar for the patient's nominated team, or:

- If patient < 20 weeks' gestation, ask for the on call Gynaecology Registrar;
- If patient is >20 week's gestation, ask for the on call Obstetric Registrar.

Diabetes service updates

Due to no community transmission of COVID-19 in WA, pre COVID-19 testing guidelines for GDM screening should be resumed. This entails a return to the [usual testing guidelines for Gestational Diabetes](#). See page 23 outlining the screening for GDM.

Should the situation change, changes to GDM screening will be communicated via WA GP Connect, the COVID-19 GP Update, as well as on the [KEMH GP Shared Care webpage](#).

Diabetes referrals

KEMH is the sole provider of care for ALL pregnant women in WA with pre-existing diabetes, from preconception to antenatal care. Services are offered either in person or via tele-health, and women are managed with involvement of the local maternity service provider and GP where possible.

Referrals can be made by phoning (08) 6458 2163 or faxing (08) 6458 1031.

KEMH women and newborn health services9cont)

Referrals should include information about pre-existing diabetes, risk factors for diabetes, results of oral glucose tolerance testing and blood glucose monitoring if performed, as well as pregnancy information.

Early Pregnancy Assessment Service

KEMH has a specialised service to review patients with problems in the first trimester of pregnancy, including pain and bleeding which may represent suspected miscarriage or ectopic pregnancy. EPAS is a Consultant led service, with ultrasound support. Patients need to be referred to the service and are given an appointment to attend. Booking an appointment is possible 24 hours a day via phone (08) 6458 1431

Further information about clinics

The Women and Newborn Health Services Specialist Outpatient Referral Directory is currently being reviewed and updated and contains information about KEMH clinics. GPs can refer directly to the following specialty gynaecology clinics at KEMH via CRS:

- **Colposcopy:** As per CST results or for investigation of abnormal vaginal bleeding.
- **Vulval clinic:** For investigation and management of vulval skin conditions, chronic itch, lichen sclerosis.
- **Hysteroscopy outpatient procedural clinic:** An outpatient service providing outpatient hysteroscopy in the clinic, patients have a telehealth consultation prior to the procedure.
- **Menopause clinics:** Including General Menopause, Menopause Symptoms after Cancer, Surgical Menopause service and Young Age at Menopause service.
- **Procedural clinic:** For contraception, insertion and removal of long acting reversible contraception devices, including complicated removals.

Further information about other specialty clinics can be found [here](#).

Royal Perth Bentley outpatient initiatives



(Top, L-R); Sophie McGough, Diabetes WA; Dr Seng-Khee Ghan; RPH and Dr Jacquie Garton Smith, RPH collaborating via video call

Royal Perth Hospital/Diabetes WA Collaboration

Royal Perth Hospital (RPH) is collaborating with Diabetes WA (DWA) to offer patients services from Diabetes WA whilst they await their RPH Diabetes Clinic appointment.

Patients and GPs will be advised by RPH if DWA has been asked to make contact. DWA will contact patients to provide information about diabetes self-management, groups and resources relevant to them. Patients who decide not to accept the support will not have their place on the waitlist for a RPH appointment affected. In addition, for patients who live in regional areas of WA, the possibility of Endocrinologist review via the DWA Telehealth service or a visiting specialist, and/or Credentialed Diabetes Educator Telehealth appointment(s) will also be explored.

Dr Seng Khee Gan, Endocrinology and Diabetes Head of Department said, "This new program aims to enrich the patient journey from the time of referral; and maximise value and input from tertiary services and Diabetes WA in a complementary fashion, with a focus on the patient and their clinical needs."

Patients can be referred directly to Diabetes WA for [diabetes education](#) or for [MyDESMOND](#) – online diabetes education. More information on diabetes services can be found on [HealthPathways WA Diabetes Requests](#). If needed, please [Request a login](#) or email healthpathways@wapha.org.au

Royal Perth Hospital outpatient letter faxing

From Monday 21 September 2020, letters from some RPH outpatient clinics will be automatically faxed to GPs. This will allow GPs to receive outpatient correspondence more quickly and is an interim measure while we work towards secure messaging of outpatient letters.

Where a fax appears to have been successfully transmitted, a hard copy of that outpatient letter will NOT be mailed. Letters from clinics that do not have this facility will continue to be mailed for now, as will letters from Bentley Health Service (unless manually faxed if urgent). Where we do not have your fax number or the fax is not able to be transmitted, the letter will be mailed by post.

Please be sure RPH has your correct fax number. If you currently receive faxed GP notifications or discharge summaries from Royal Perth Hospital, we have your correct fax number. If your contact details or list of doctors working at your practice require checking or alteration, please telephone 9224 3673, fax: 9224 2348 or email on RPH.GPN.Coordinator@health.wa.gov.au

Royal Perth Bentley Group – Discharge of Outpatients not booked or planned for further review

A routine audit has identified patients previously seen in Royal Perth or Bentley outpatients who do not have any further appointments booked or planned with that speciality but have not formally had their outpatient care discharged from our database.

Letters will be sent to the recorded GP of any patient who will be discharged under this audit.

Patients will receive a letter if their last outpatient appointment with that speciality was in the past two years.

If your patient requires further outpatient care that was not envisaged at the time of last outpatient review, please re-assess the patient and send an updated referral to the Central Referral Service.

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

Clinical updates

Update on the national breast implant recall

Following the [TGA review of breast implants and breast tissue expanders](#), the WA Department of Health is in the process of sending letters to all patients who have had implants in the last 15 years in a WA public hospital.

Patients are being advised to seek a review by their GP if they have concerns regarding their implant or symptoms.

Referral guidelines for patients requiring an outpatient appointment within the public health system have been developed and are available within the [WA Health Central Referral Service Guide](#)

Key Points:

- Patients with a seroma or other clinical signs and symptoms of breast implant associated anaplastic large cell lymphoma (BIA-ALCL) are required to have a bilateral diagnostic breast ultrasound scan prior to referral.
- Private patients should be referred to their implanting surgeon or private hospital for further advice if necessary.
- The current advice from the TGA is that the risk of developing BIA-ALCL is rare and therefore removal of breast implants is not recommended if the patient does not have symptoms of BIA ALCL.
- The TGA estimates that between one in 2,500 and one in 25,000 people with breast implants have been diagnosed with BIA-ALCL in Australia.

In the absence of clinical concerns:

- Referral for specialist review may not be warranted and the TGA recommends GPs advise patients with breast implants to perform breast self-examination regularly and return for review if concerns arise. It may be appropriate for you to arrange a follow-up review with the patient later.
- Ultrasound is not recommended for asymptomatic patients unless there are clinical concerns.

The TGA has published [fact sheets](#) for both health professionals and consumers.

Palliative Care WA Pilot Phone Support Service

Palliative Care WA has launched the pilot Palliative Care Information and Support Line. Funded by WA Health the service has been set up to support your patients with non-clinical information, resources about:

- Advance care planning
- Support services
- Palliative care
- Grief and loss

This WA service is available 9am to 4:30pm 7 days a week on 1800 573 299.

For more information visit palliativecarewa.asn.au or email info@palliativecarewa.asn.au to order [patient information brochures](#) for your practice.

Help the EMHS to improve communication with general practice

GPs play a vital role in caring for patients, connecting with public hospital services when required, and continuing care following discharge or outpatient review. The East Metropolitan Health Service (EMHS) wants to hear from you about your experience of communicating with our public hospitals, and what needs to be improved. Your feedback is essential to target action to the issues that matter to you most.

Feedback obtained through the will identify where hospitals have improved their communication with GPs and what requires further attention and help increase access to public hospital services.

GPs can find out more and provide their feedback through [Primary Health Exchange](#) by 5pm, Monday 21 September.

Support your patients to be Medicinewise during COVID-19

With the emergence of COVID-19, being medicinewise is more important than ever. NPS MedicineWise has information and resources to promote being medicinewise, as well as regularly updated evidence-based information on COVID-19 topics. Visit the NPS being [Medicinewise](#) hub.

CAMHS Emergency Telehealth Service (ETS)

The Child and Adolescent Mental Health Service (CAMHS) has launched a new service providing emergency support for children and young people experiencing a mental health crisis. This is achieved through specialist emergency mental health telehealth consultations and advice and assessments for children and young people in a timely manner via telehealth.

See the [poster](#) and [leaflet](#) for more information or visit [HealthPathways WA](#), if you do not have a logon for HealthPathways, email: healthpathways@wapha.org.au.

Choosing alternatives to ethinylestradiol/norethisterone contraceptives during the shortage

The TGA have published a [web statement](#) to assist health professionals with choosing an alternative medicine for their individual patients during the shortage of Brevinor and Norimin (ethinylestradiol/norethisterone) oral contraceptive pills.

Visit the [TGA medicine shortages page](#) for more information about shortages.

New GP Hotline for Veteran Mental Health

GPs and health professionals working with complex mental health patients are now be able to access a panel of highly experienced veteran and military mental health specialists, strengthening the ability of professionals to provide support to veterans in need, particularly in rural and remote areas

1800 VET777 (1800 838 777) provides GPs who are treating veterans with free advice by health experts clinically trained in veteran mental health issues on the unique and complex mental health issues that veterans can face.

New online calculators help predict melanoma risk and potentially deadly spread

Clinicians and their patients now have access to a series of online calculators which will assist in prevention, early detection and optimum treatment of melanoma.

Developed by researchers at Melanoma Institute Australia and based on published risk prediction models, the three web-based calculators are housed on a new [Melanoma Risk website](#).

They predict a person's risk of developing their first melanoma; their risk of developing a second or subsequent primary melanoma; and their risk of a primary melanoma having spread to nearby lymph nodes.

The online risk calculators are designed to inform discussions between clinicians and their patients and to help facilitate specialised treatment plans according to their patient's specific risk.

New edition Chronic Kidney Disease Management in Primary Care

Kidney Health Australia have released the 4th edition of their handbook Chronic Kidney Disease (CKD) Management in Primary Care. This handbook provides health services with guidance and clinical tips for detecting, managing, and referring patients with CKD.

[CKD Management in Primary Care](#) is produced by Kidney Health Australia's Primary care education advisory committee (PEAK) and has been endorsed by the Australian and New Zealand Society of Nephrology (ANZSN), the Royal Australian College of General Practitioners (RACGP) (accepted clinical resource), and the Australian Primary healthcare Nurses Association (APNA).

RU OK? Day – a reminder to look after your own mental health

Today is national R U OK? Day, with the theme "There's more to say after RU OK?".

As GPs, you play a key role in supporting your patients' mental health, but it can be easy to lose sight of your own wellbeing when you are busy caring for the community.

It is important that you look after your mental health as much as ever and as well as talking things through with someone you trust, there is also a range of resources and programs to support you and your practice teams:

- [WAPHA General Practice Wellness Program](#)
- [RACGP GP Support Program](#)
- [Health and Wellbeing support for rural generalists](#)
- [TEN: The Essential Network for Health Professionals](#)
- [Doctors Health Advisory Service](#)
- [Smiling Mind healthcare worker program and app](#)

Platinum C - Hepatitis C study

Safe, highly curative, short course, direct acting antiviral (DAA) therapies are now available to treat chronic hepatitis C. DAA therapy is freely available to all adults chronically infected with the hepatitis C virus (HCV) in Australia. However, since the introduction of funded DAA treatment, uptake has been suboptimal.

Researchers from University of Sydney and the Telethon Kids Institute with funding from WA Health are looking to engage GPs in a hepatitis C treatment registry study called PLATINUM C. The PLATINUM C Study aims to facilitate the prescribing of direct-acting antiviral (DAA) therapy and collect information on real-world outcomes of individuals treated for hepatitis C.

If your practice is interested in being part of the study, please email Jessica.ramsay@telethonkids.org.au for further information.

For further information on Chronic Hepatitis C, please also visit the "[Chronic Hep C](#)" HealthPathway.

Education Events



Emergency medicine and climate change, a perfect match?

How will emergency departments be impacted by our changing climate and what is the environmental impact of the health sector?

This WA Primary Health Alliance webinar presented by Dr Thomas Brough and Dr Mark Monaghan, will explore the links between emergency health and rising global temperatures, and discuss what we're doing as a health system to address these issues.

Dr Thomas Brough is an emergency physician and forester from Albany. He is the co-director of emergency medicine training at Albany Hospital, and a medical coordinator with the Rural Clinical School of WA.

Dr mark Monaghan is an Emergency Physician, the director of medical services for SW coastal and the ED clinical lead for WACHS.

Date: Tuesday 15 September

Time: 12:45pm - 1:45pm

Registration and more information :

<https://www.wapha.org.au/event/emergency-medicine-and-climate-change-a-perfect-match/>

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

Virtual Paediatrics Hospital GP Education Series - Rashes in infants and children that can be mistaken for Atopic Eczema and Acne

This WA Primary Health Alliance; HealthPathways WA GP education event is being delivered in partnership with and presented by Perth Children's Hospital. Education sessions will include:

- Welcome and introduction presented by Dr Maree Creighton, Hospital Liaison GP, Perth Children's Hospital.
- HealthPathways presented by Dr Sue Jackson, Lead Clinical Editor, HealthPathways WA.
- WA Eczema Project Update and National Allergy Strategy Resources presented by Associate Professor, Richard Loh and Jemma Weidinger, Eczema Nurse Practitioner, Perth Children's Hospital.
- Acne - Current Treatments and New Advances presented by Dr Jenny Tu, Consultant Dermatologist.
- Rashes in infants and children that can be mistaken for atopic eczema presented by Dr Roland Brand, Dermatologist, Perth Children's Hospital.

Date: Thursday 24 September

Time: 12:45pm - 1:45pm

Accreditation:

This activity has been approved for 4 CPD Activity (formerly Category 2 QI&CPD) points through RACGP and pending approval for 2 Educational Hours through ACRRM.

Registration and more information :

<https://www.wapha.org.au/wp-admin/post.php?post=6583&action=edit>

Help Shape the Future of Palliative Care in WA

Department of Health WA
15, 17, 21, 23 September

Webinar: Colonoscopy Clinical Care Standard

ACSQHC
Tuesday 22 September

Team Based Advance Care Planning and Palliative Care for General Practice

Cancer Council WA
Thursday 15 October