

# GP Connect

Keeping GPs informed in the changing primary health landscape



14 November 2019

## If we don't ask, we don't know – can intimate partner violence adversely affect the sexual health of Western Australian women?

By Sarah Smith, Acting Medical Director, Sexual Health Quarters

Family, domestic and sexual violence is a major health and welfare issue, occurring across all ages, socioeconomic and demographic groups, and mainly affecting women and children.

Intimate partner violence causes more illness, disability and deaths than any other risk factor for women aged 25 to 44 years, and is something that clinicians need more support in identifying signs of early on.

Over the past year, Sexual Health Quarters (SHQ) has developed and implemented an evidence-based, consumer and clinician reviewed, screening tool for Intimate Partner Violence (IPV) and Reproductive Coercion (RC).

This six question tool forms part of the usual intake paperwork that clients complete in a private waiting area (without family or support members) when attending the SHQ Clinic. In addition, all front-line staff received training in how to respond to disclosures of such violence, and we established pathways for emergency and urgent counselling services, and for referrals to family and domestic violence services.

Funded by the Australian Government through the Women's Leadership and Development Program, this initiative forms part of a research project that will see us collect de-identified data from those identifying as female over 15 months, and complete statistical analysis to determine whether an association exists between IPV/RC and negative sexual health outcomes, unintended pregnancy and sexually transmitted infections.



Results from the first 440 participants shows a prevalence of IPV/RC of 17 percent, meaning 1 in 6 women attending SHQ disclosed that they had been exposed to such violence. Of the 75 women who had experienced this, 16% stated this violence was happening in the current relationship, 17 percent accepted a same-day appointment with a counsellor, and 1.3 percent were worried for the safety of children in their care. These women had 1.5 times the risk of having a negative sexual health outcome, and 2.5 times the risk of having a current unintended pregnancy.

These preliminary results indicate there is a high prevalence of IPV/RC among female-identifying clients who attend clinical services at SHQ, and that there is a possible link between IPV/RC and negative sexual health outcomes. We look forward to sharing the final results with our GP colleagues at the end of this research project.

We have demonstrated that it is possible to introduce a paper-based screening tool for these issues in a clinical setting, with appropriate support from counselling services and knowledge of referral pathways. It shows the potential to identify and support women most in need, and to significantly improve their reproductive and sexual health outcomes.

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Interested GPs may also like to consider the DV-alert training options funded by the Department of Social Services. For more information, visit, <https://www.dvalert.org.au/>

### References:

1) Australian Institute of Health and Welfare 2018. Family, domestic and sexual violence in Australia 2018. Cat. No. FDV2. Canberra: AIHW <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/summary>

## GP Hospital Liason Updates

### Colonoscopy referrals to Osborne Park Hospital

From 1 November, there have been changes to Medicare item numbers for Colonoscopy, which will now affect the referrals of patients to the CRS, and then to Osborne Park Hospital (OPH).

Referrals that fail to meet the required criteria will no longer be accepted.

Referral criteria for Colonoscopy (more obvious):

- Positive faecal occult blood tests (FOBT)
- Symptoms of colon pathology
- Iron deficiency anaemia
- Radiological abnormality of the colon
- Management of inflammatory bowel disease
- Moderate and high risk colorectal cancer (CRC).

Colonoscopy is also available for:

- Previous polyps, adenomas (see previous colonoscopy recommendation)
- Previous CRC (once x every five years)
- Treatment of colonic bleeding (e.g. radiation, angio-ectasia, strictures, etc)
- High risk familial conditions (familial adenomatous polyposis) and syndromes (lynch, serrated polyposis etc).

Guidelines for assessing CRC risk based on family history can be found [here](#), with the appropriate screening guidelines by risk category [here](#).

The colonoscopy report will have a recommendation for the next colonoscopy. In some cases there is no need for a further colonoscopy, and the patients should be advised to start two yearly FOBT, five years after the colonoscopy.

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## Clinical Updates

### HealthPathways WA update on new eating disorder specific MBS item numbers

New MBS item numbers were introduced 1 November, to support evidence based-care for eligible patients living with an eating disorder. The eating disorder HealthPathways have been updated accordingly.

You will find links to summarised information from the National Eating Disorders Collaboration (NEDC) on eligibility criteria, entitlements, timing of reviews and item numbers that can be used by GPs. There is also a link to a downloadable eating disorder plan template and more detailed information on the changes from NEDC, the Butterfly Foundation and Australia & New Zealand Academy for Eating Disorders. This includes information on which psychological treatments are covered under the plan, telehealth provisions and what happens if someone already has an existing mental health treatment plan or GP management plan.

Please see the “[Eating Disorders](#)” HealthPathways for more information.

For GPs looking for specialised multidisciplinary eating disorders services or private clinicians experienced in the management of eating

disorders please see “[Eating Disorders Specialised Assessment](#)”. For eating disorder patient support programs see “[Community Eating Disorder Support](#)”.

If you have any feedback please use the button on the HealthPathways website or email [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au).

## New support for talking to parents about immunisation

The National Centre for Immunisation Research and Surveillance (NCIRS) has partnered with the University of Sydney to develop a new evidence-based communication package to support healthcare providers in communicating confidently and effectively with parents about immunisation.

Funded by the Australian Government, the Sharing Knowledge About Immunisation (SKAI) package includes:

- Accredited provider [eLearning module](#)
- Providers website (accessible upon completion eLearning module)
- [Parent and carers website](#)

The SKAI eLearning module has been designed to help providers adapt their clinical communication skills to meet the needs of all parents, whether they are ready to vaccinate, have questions, or intend to decline vaccination altogether. The SKAI website for parents and carers provides independently assessed information about vaccines included on the National Immunisation Program. It also answers common questions in an accessible and easily interpreted format.

For more information, visit <https://learn.nps.org.au>

## Workforce Incentive Program for rural and remote areas

The Workforce Incentive Program provides targeted financial incentives to support general practices to engage the services of nurses, Aboriginal and Torres Strait Islander health practitioners and health workers, and eligible allied health professionals in rural and remote areas.

From February 2020, general practices and doctors participating in the Practice Nurse Incentive Program and the General Practice Rural Incentives Program (GPRIP) will automatically transition to the WIP.

For further information, visit [www.health.gov.au/workforceincentiveprogram](http://www.health.gov.au/workforceincentiveprogram)

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

## Education Events



### GP Urgent Care Skills Update Workshop - Bunbury

A comprehensive, full day education event led by RACGP WA for GPs from practices participating in the GP Urgent Care Network Pilot. The workshop will cover clinical skills for some of the common urgent care presentations and overview of the GP Urgent Care Network service model while providing an opportunity for feedback and review.

Procedural and simulation equipment will be an integral part of the workshop and will be delivered by experienced GP educators alongside wound specialists, ENTs, ED and sports physicians.

**Date:** Saturday 30 November  
**Time:** 8:00 AM - 4:15PM  
**Venue:** Lighthouse Hotel,  
 2 Marlston Drive, Bunbury  
 WA 6230

**Accreditation:**  
 40 Cat 1 RACGP QI&CPD points.

**Registration and more information :**  
<https://www.wapha.org.au/event/gp-urgent-care-skills-update-workshop-bunbury/>

**TADPole: Treating Alcohol and Other Drugs in Primary Care**  
 WA Primary Health Alliance  
 Saturday 16 November

**Australasian Doctors' Health Conference Rural Health West**  
 Friday 22 - Saturday 23 November