GP Connect

Keeping GPs informed in the changing primary health landscape

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Atypical presentations of giant cell arteritis

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Giant cell arteritis (GCA) is widely recognised by GPs as a "serious disorder not to be missed." It is one of the few true rheumatologic emergencies. However, in day-to-day general practice, many patients present with symptoms that are readily explained by far more common conditions. The "common things are common" heuristic is usually helpful, but in GCA it can also lead to diagnostic anchoring and delayed recognition.

Beyond the classic presentation

The classic GCA presentation with new temporal headache, scalp tenderness, jaw claudication, and visual symptoms remains important. However, not all patients present this way. The onset of GCA can be insidious, with symptoms evolving over weeks or months.

Early features may be non-specific; fatigue, malaise, low-grade fever, or myalgia without overt cranial symptoms.

Atypical presentations are not unusual with around 18 per cent of biopsy confirmed cases presenting without classic features,[1] and these patients are more likely to experience diagnostic delay.

In practice, GCA may show up as:

- Persistent or evolving headache without classic temporal localisation.
- Facial, sinus, dental or ear pain.
- Constitutional symptoms without a clear source.
- Polymyalgia-type symptoms without cranial features.
- Repeated presentations with partial or transient response to treatment.
- Diplopia and ocular motor palsy.

Symptoms may unfold gradually, with patients re-presenting over weeks to months. This tempo can falsely reassure clinicians, particularly when symptoms seem to fit a more benign or common diagnosis.

Inflammatory markers - an important clue

While often regarded as tests with limited value, CRP and ESR remain some of the most useful clues for GCA that can be requested in general practice. Most patients with GCA, including those with atypical presentations, have elevated ESR and /or CRP.[1]

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Atypical presentations of giant cell arteritis (cont)

Markedly raised inflammatory markers in a patient over 50 years of age with persistent head, neck, or systemic symptoms should always prompt reconsideration of GCA even if the working diagnosis appears plausible.

While there is no specific threshold and GCA can occur at any CRP or ESR level, an ESR > 60 mm/hr without another obvious cause is considered significant.[2] CRP (standard-sensitivity) assay levels > 10 mg/L should raise suspicion, and a level > 25 mg/L is highly concerning.

Southend scoring tool

Clinicians may find the Southend GCA Probability Score (SGCAPS)[3] helpful in determining the likelihood that someone has GCA. The tool considers the patient's history, examination findings and CRP. No imaging is required to calculate the score.

While no tool is perfect, a SGCAPS ≥9 has a high degree of sensitivity (>95 per cent)[4-6] and should trigger an urgent discussion with your tertiary rheumatology service.

Common mimics and diagnostic traps

GCA may present similarly to common diagnoses including:

- Sinusitis or upper respiratory pathology.
- Tension-type, migraine or chronic headache.
- Dental or temporomandibular disorders.
- Polymyalgia rheumatica alone.

Consider revisiting GCA if:

- Symptoms persist or evolve despite appropriate management.
- There are repeated presentations without clear resolution.
- Inflammatory markers are disproportionately elevated.

Summary

GCA is not always an acutely dramatic presentation. It may evolve over time and mimic more common conditions. Maintaining a degree of diagnostic flexibility is essential to avoiding delayed diagnosis and preventing complications. The SGCAPS is a highly sensitive tool and may aid your assessment.

If concerned or unsure, contact your local tertiary hospital specialist rheumatology service for advice.

Each tertiary hospital service in WA has its own clinical pathway for prompt review of patients presenting with symptoms concerning for GCA. In the event that the service is not available, refer suspected cases urgently to the nearest emergency department for further evaluation.

References:

1. Sverdlichenko I et al. Atypical Signs and Symptoms of Giant Cell Arteritis: A Systematic Review. J Gen Intern Med 2024. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11861792/
2. Van der Geest KSM. Diagnostic Accuracy of Symptoms, Physical Signs, and Laboratory Tests for Giant Cell Arteritis. JAMA Internal Medicine 2020. Available from: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769372
3. Laskou et al. A probability score to aid the diagnosis of suspected giant cell arteritis. Clin and Experimental Rheumatol 2019. Available from: https://www.clinexprheumatol.org/abstract.asp?a=13113
4. Mathake et al. Performance of the Southend pre-test probability score (PTPS) for giant cell arteritis in a fast-track clinic in Western Australia. Rheumatol Adv Pract 2022. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9334783/
5. Melville et al. Validation of the Southend giant cell arteritis probability score in a Scottish single-centre fast-track pathway. Rheumatol Adv Pract 2021. Available from: https://pubmed.ncbi.nlm.nih.gov/35059557/
6. Okamura-Kho et al. Performance of the Southend Giant Cell Arteritis Probability Score in a Single-Centre New Zealand Fast-Track Pathway. Int J of Rheumatic Dis 2026. Available from: https://onlinelibrary.wiley.com/doi/10.1111/1756-185x.70562

Hospital Liaison GP updates

Older Adult Health Hub supporting GPs to care for older adults with complex care needs

The East Metropolitan Health Service (EMHS) Older Adult Health Hub is now accepting GP referrals for older adults with complex health needs living in EMHS catchment area.

Initially located at Bentley Health Service, the service will relocate to 95 Belgravia Street, Belmont in late August 2026.

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Older Adult Health Hub supporting GPs to care for older adults with complex care needs (cont)

What the Hub does

The Older Adult Health Hub provides short-term, multidisciplinary assessment and wrap-around support for older adults whose health needs have become more complex. Working alongside GPs, the Hub aims to stabilise health issues, improve function and wellbeing, and support patients to continue receiving their ongoing care from their usual GP.

The multidisciplinary team includes geriatricians, nurses, allied health clinicians, and care navigators who provide coordinated assessment and targeted interventions for frailty, falls, memory and cognitive concerns, continence, medication management, functional decline, advance care planning, and navigation of aged care and community services.

Following comprehensive assessment, patients return to their GP with an individualised management plan and recommendations to support their ongoing care. Care is provided for a defined period and may include clinic appointments, virtual reviews or outreach, depending on patient needs.

The Older Adult Health Hub offers GPs timely access to specialist expertise and coordinated short-term interventions, helping older adults remain independent, and continue living safely in the community.

Care is flexible and may be delivered through clinic appointments, virtual reviews or outreach, depending on what the patient needs.

For more information, visit the EMHS - Older Adult Health Hub Referrals page of the EMHS website, phone 1300 229 080 or email olderadulthubeast@health.wa.gov.au

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Clinical updates

Assignment of Medicare benefits for bulk billing changes from 1 July 2026

From 1 July 2026, the bulk billing assignment of Medicare benefits process includes updated requirements on how patient consent is obtained, recorded and stored across all health care settings where bulk billing is used. Read more in Practice Connect.

The Australian Government Department of Health, Disability and Ageing has also released updated frequently asked questions to support medical practice teams in understanding their obligations when claiming bulk-billed services under Medicare.

New law allows authorised nurses to prescribe PBS medicines

On 2 July 2026, the Australian Government passed legislation to allow authorised nurses to prescribe Pharmaceutical Benefits Scheme (PBS) medicines. The reform supports recommendations by the Scope of Practice Review, a major element of the Australian Government's comprehensive reforms to strengthen Medicare and the health system.

This reform will be available to registered nurses (RN) who have undertaken studies as required by the Nursing and Midwifery Board of Australia (NMBA). Changes to PBS administrative systems required to support it will be ready from 1 October 2026.

The new legislation follows the December 2024 approval by all state and federal health ministers of a new national registration standard for designated RN prescribers. The NMBA's registration standard commenced in WA on 30 September 2025.

Read the full announcement from The Hon Mark Butler MP Minister for Health and Ageing.

Watch the recording of the recent update and overview for general practice from the WA Department of Health in partnership with WA Primary Health Alliance (WAPHA). Featuring expert presentations from the WA Chief Nursing and Midwifery Office, the webinar explores the designated RN prescribing endorsement and regulatory requirements.

Mount Lawley Hospital transition - update for GPs

From 1 September 2026, St John of God Mount Lawley Hospital will transition into the WA public health system following the State Government's purchase of the hospital from St John of God Health Care.

The hospital will become Mount Lawley Hospital, part of East Metropolitan Health Service and the Royal Perth Bentley Mount Lawley Group. The transition will increase public hospital capacity while building on the established services and clinical expertise at the Mount Lawley site.

Mount Lawley Hospital will provide a range of public services, including general medical, rehabilitation and geriatric services, older adult mental health, outpatient clinics, day procedures, endoscopy, and surgery. Surgical and endoscopy services will commence following upgrades to theatre infrastructure, equipment installation and commissioning, with commencement dates to be confirmed.

What this means for GP referrals

GPs should continue to use established WA public hospital referral pathways, including the Central Referral Service and usual public outpatient referral mechanisms. Mount Lawley Hospital will not accept direct referrals. Patients already receiving public care will be contacted directly if there are any changes to their appointments or care arrangements.

Questions about the transition can be sent to emhs.mtltransitionprogram@health.wa.gov.au

Meningococcal Y case in WA

The WA Department of Health recently reported a fatal case of meningococcal serogroup Y disease in an adult, the first serogroup Y case recorded in the state this year. Two other cases of invasive meningococcal disease reported in WA earlier this year were serogroup B.

Meningococcal vaccines are available free under the National Immunisation Program (NIP) for eligible people. The WA Immunisation Schedule can be accessed here along with the NCIRS meningococcal frequently asked questions.

Mpox on the rise – awareness raising resources available

Mpox is on the rise again in WA with 2026 notifications (38 at time of publication) already exceeding the highest annual total on record. Most 2026 cases have been reported in the metropolitan area, with cases also confirmed in the Pilbara and South West.

Mpox infection can occur in anyone exposed to the virus and primary preventive vaccination is recommended for people most at risk of mpox exposure.

The WA Department of Health recommends testing for mpox, alongside other STIs, should be considered in any sexually active person presenting with compatible symptoms, particularly where one or more of the following apply:

- Known contact with a confirmed case.
- Sexual or intimate contact with a man who has sex with men.
- Recent casual or anonymous sexual contact, including through sex-on-premises venues or partners met via dating or hook-up apps.

Suspected or confirmed cases of mpox must be notified by telephone to the local public health unit or the on-call public health physician after hours on 1800 434 122.

Clinicians who are uncertain about testing or case management can contact:

- The Western Australian AIDS Council's M Clinic, which has substantial experience managing mpox presentations. Clinic details are available at mclinic.org.au.

Additional resources:

- Clinician alert - Mpox outbreak in WA
- WA Department of Health mpox quick guide for primary health care workers.
- ASHM two-page mpox decision-making tool
- WA Department of Health mpox guidance
- WA mpox campaign resources

Also see the Clinician Assist WA mpox (monkeypox) clinical pathway for further guidance.

WA Department of Health expands diphtheria outbreak vaccination program to all Aboriginal people and the Midwest

The WA Department of Health has expanded its diphtheria outbreak vaccination program to include the Midwest, and extended vaccine eligibility to all Aboriginal people across the state, as part of its ongoing response to the outbreak in regional WA.

For further information, read the 6 July 2026 Diphtheria alert for regional WA.

Expanded eligibility and new adult pneumococcal vaccine now available through the National Immunisation Program

From 1 July 2026, Australians eligible for pneumococcal vaccination can access a new 21-valent pneumococcal conjugate vaccine (21vPCV, Capvaxive). The vaccine provides protection against additional pneumococcal serotypes and simplifies the adult vaccination schedule.

Expanded eligibility

The changes include expanded access for several groups:

- Adults aged 65 years and over are now eligible for a free pneumococcal vaccine through the NIP, reduced from the previous eligibility age of 70 years.
- Aboriginal and Torres Strait Islander adults aged 25 years and over are now eligible, replacing the previous eligibility age of 50 years.
- Adults aged 18 years and over with specified medical risk conditions remain eligible, with additional conditions now included.

A single dose of the 21-valent pneumococcal conjugate vaccine is recommended for eligible adults. More information is available on the Immunisation Coalition website.

RSV hospitalisations – highest rate in four year

It is RSV season in WA, and RSV notifications and hospitalisations are higher compared to the previous four-year average. Almost half of the notifications have been among children aged less than five years of age.

Many newborns and infants still need protection from RSV

The WA Department of Health encourages immunisation providers to recommend Abrysvo to pregnant women from 28 weeks' gestation, and Beyfortus for eligible infants.

It is not too late to immunise infants ahead of peak RSV season. Beyfortus provides almost immediate protection against RSV infection and remains highly effective for at least five months.

More information about RSV immunisation is available on the WA Department of Health website.

New AIHW report examining growing rates of overweight and obesity in Australia

Overweight and obesity is impacting more Australians over the decades, and the underlying causes are varied and complex, according to a new AIHW report.

The AIHW's new overweight and obesity report looks at how many Australians are living with overweight or obesity, how rates differ between groups of people, and how these rates have changed over time. It also examines the impact on the health system, including costs, hospital admissions and deaths.

Around 2 in 3 (67 per cent or 13 million) adults and 1 in 4 (27 per cent or 1.4 million) children aged 2 to 17 were living with overweight or obesity in Australia in 2022–24.

GPs are uniquely positioned to help support families with long-term wellbeing and attainment of healthy lifestyles by having respectful, compassionate and non-judgemental conversations with families.

Read more in the GP Connect Clinical Feature, *Let's talk healthy lifestyles, not obesity, with kids*.

Medicare Mental Health update

Medicare Mental Health Check In providing free online mental health support

Medicare Mental Health Check In provides free, confidential and accessible online mental health support for people aged 16 years and over. The online service offers early support, before mental health challenges escalate, through evidence-based low-intensity cognitive behavioural therapy.

People can choose between working through the online tools on their own or with the support of a qualified mental health practitioner via telehealth. Guided support is delivered over several sessions. Each program takes around six weeks to complete.

Patients can call the Medicare Mental Health phone service on 1800 595 212 or request a callback, or visit a Medicare Mental Health Centre to be referred or connected to a more suitable service.

Medicare Mental Health eReferral now available

While no referral is needed for a person to access Medicare Mental Health, referrals are welcomed from GPs, primary health care professionals, local hospital and health service providers and non-government organisations.

GPs can refer directly into the Medicare Mental Health intake system using the HealthLink SmartForm within their clinical software.

Watch a demonstration video that guides you through the referral process in HealthLink or visit the WAPHA website for more information.

Download the new Medicare Mental Health service map

The Australian Government Department of Health, Disability and Ageing has released a new one pager outlining the range of free mental health and wellbeing services available to your patients through Medicare Mental Health.

Download a copy here along with a suite of promotional resources on the Medicare Mental Health website.

Revised Open Disclosure Framework now available

The Australian Commission on Safety and Quality in Health Care has revised the Australian Open Disclosure Framework, which now applies across all health care settings.

Originally released in 2014, the updated Framework sets out a nationally consistent approach to open disclosure, supporting clear, timely and compassionate communication with patients when things do not go to plan.

A new fact sheet for health care professionals provides practical guidance on when and how to conduct open disclosure.

Videos on open disclosure, featuring Medical Advisor Dr Holdenson Kimura and consumer advocate Natalie offer insights on the importance of open and honest conversations, and the principles of person-centred open disclosure.

New resources supporting the early detection of chronic kidney disease in primary care

Chronic kidney disease (CKD) affects one in seven Australian adults, yet 2.5 million people remain unaware they have signs of kidney disease. Because CKD is often asymptomatic until advanced stages, primary care is the critical point for early detection and intervention and routine, and risk-based testing is a great opportunity to slow disease progression, reduce complications, and prevent avoidable kidney failure.

Informed by the recommendations of the Kidney Code Red report, Kidney Health Australia has collated suggested reading, and developed activities, and resources to support primary care with practical, evidence-based tools that are relevant in day-to-day practice. Visit the Kidney Health Australia website.

Managing chronic kidney disease webinar series

WAPHA is partnering with Kidney Health Australia to deliver a series of webinars on managing chronic kidney disease in Primary Care. Watch the first two webinars on demand here.

National Child Health Poll reveals gaps in parents' knowledge about influenza vaccines

New findings from the latest National Child Health Poll show that more than one-third (37 per cent) of parents across Australia, who were surveyed from 23 April to 5 May 2026, did not know influenza vaccination is recommended for children from six months of age, and 43 per cent incorrectly believed that children can get influenza from the vaccine.

Children's fear of needles is also a barrier to vaccination, but 83 per cent of participants were unaware that a needle-free live attenuated influenza vaccine option is now available for children.

Refer to the National Centre for Immunisation Research and Surveillance comparison guide to help immunisation providers to answer parents' questions about the differences between injected and needle-free influenza vaccine.

More resources to support childhood immunisation conversations

- WA Department of Health - Vaccine Hesitancy
- Australian Government Department of Health, Disability and Ageing - One more way to keep them safe campaign
- Sharing Knowledge About Immunisation – Empowering immunisation conversations
- The Kids Research Institute Australia - RSV immunisation Guidance Tool
- Australian Government Department of Health, Disability and Ageing - Childhood immunisation resources for Aboriginal people

Australia's smoking rates declining

Smoking and vaping rates are declining or stable, according to the 2025 Australian Institute of Health and Welfare's (AIHW) long-running comprehensive study on smoking, vaping and drug use, the National Drug Strategy Household Survey.

Daily smoking rates among people aged over 18 years or more have fallen to a historic low of 5.8 per cent, representing 500,000 fewer daily smokers than three years ago.

And after years of rising vape use among Australians 14 and over, for the first time ever, the daily vaping rate has stabilised at 3.6 per cent in 2025. The proportion of current vape users has lowered to 6 per cent in 2025, compared to the 7 per cent reported in 2022-23.

But the survey also found the way Australians use nicotine is changing, with the number of people reporting using three or more different nicotine products increasing.

Read the initial release on tobacco and nicotine insights on the AIHW website.

WA Department of Health hepatitis B resources for health professionals

Hepatitis B is frequently asymptomatic, with a substantial proportion of people unaware of their infection. Untreated disease can lead to cirrhosis, liver cancer, and premature death.

Early detection through routine GP-led testing enables timely monitoring and antiviral treatment, which significantly reduces morbidity and mortality and prevents onward transmission.

To support clinicians to understand what resources are available to support their patients through treatment, the WA Department of Health has compiled a list of hepatitis B resources for health professionals and patients with links to external pages.

Hard copies of some information are also available through the WA Department of Health Quick Mail ordering system.

Dementia Australia launches LGBT+ Hub for health professionals, patients and carers

Dementia Australia has launched a new LGBT+ online hub in partnership with nationally recognised LGBT+ health organisation ACON and supported by the Victorian government.

The Hub is a dedicated online space for all LGBT+ people, their families, carers and communities who are impacted by dementia. It brings together information designed to support LGBT+ communities including resources and guides, community stories, advice on how to find affirming doctors and state-based LGBT+ services.

Visit the LGBT+ online hub here.

National campaign to boost awareness of perimenopause and menopause

A new campaign launched last month by the Australian Government aims to support women through perimenopause and menopause by raising awareness, reducing stigma and addressing misinformation. It also aims to support open, informed conversations between women and health professionals by providing the following resources:

- Dedicated webpage for health professionals including education and training.
- Poster for display in practices.
- Patient brochure including common symptoms and support options available.
- Symptom checklist that patients can bring to appointments to guide discussions.

For more information, visit the perimenopause and menopause website.

The Endometriosis and Pelvic Pain Clinics in WA, funded by the Australian Government Department of Health, Disability and Ageing and commissioned by WAPHA, offer coordinated, multidisciplinary care for endometriosis, persistent pelvic pain, perimenopause and menopause in primary care. This team-based approach enables personalised care plans, minimises fragmentation, and improves continuity between primary and specialist services. Read more on the WAPHA news hub.

GP ASK expands specialist services

Following the successful launch of the respiratory medicine service GP ASK is expanding its specialist offering to provide GPs access to cardiology advice, with general paediatrics available in August 2026.

The GP ASK platform allows registered GPs to submit an advice request and book a virtual case discussion with a specialist GP, with or without the patient present. GPs receive a clinical advice summary within five working days, potentially reducing patient travel and hospital visits.

Register now to start accessing these specialties for your patients. For more information including inclusions and exclusions see GP ASK FAQs, or contact the team at doh.gpask@health.wa.gov.au

WAPHA news

Update from Multidisciplinary Health Care Advisory Panel

The WAPHA Multidisciplinary Health Care Advisory Panel supports strengthened integration of multi-disciplinary and allied health into primary care, improving access and equity, and supporting the design and implementation of multidisciplinary models of care.

Read the communique from their recent meeting where they discussed the enablers and barriers to effective team-based care.

Palliative Care 2026 Needs Assessment now available

WAPHA has published an updated, evidence-based and sector-wide overview of palliative care access and needs across WA. Key findings include challenges such as limited after-hours access, gaps in care coordination, and inconsistent approaches to anticipatory care planning.

The needs assessment also provides recommendations that will guide WAPHA's future planning to support the sector to strengthen capability and models of care that meet the needs of people living with life-limiting illness.

Access the needs assessment in the quick links on the Palliative Care page of the WAPHA website.

GP education and training

Refugee Health in Primary Care webinar series

Caring for recently arrived refugees and humanitarian entrants can be a rewarding and complex part of general practice.

Many have experienced war, torture, repression, prolonged family separation, poverty, food insecurity, and limited access to health care and education, affecting their social, psychological and physical wellbeing.

WAPHA, in partnership with the WA Department of Health, is presenting a six-part webinar series for GPs on caring for refugee patients in primary care.

Delivered by expert presenters, from the Humanitarian Entrant Health Service including Senior Medical Advisor Dr Zoe Smythe and Dr Grace Vivian, the series covers global and local context, cultural and language considerations, trauma-informed care, comprehensive health assessments, and common conditions through case studies.

View parts one to four on demand and tune into the next webinar in October with Paediatrician Dr Tom Volkman. Registrations opening soon.

Understanding the Government's End-of-Life Pathway

5 August 2026 | Online| 6pm-7pm | 1 RAGP EA hour
Silverchain

Join Silverchain's panel of aged care experts to learn more about the End-of-Life Pathway, available under the Australian Government's Support at Home aged care program.

Using a range of case studies, our team will explain the End-of-Life Pathway, including eligibility requirements, services inclusions, and how the pathway complements existing generalist and specialist Palliative Care services.

Find out more and register here.

16th Australasian Viral Hepatitis Conference

12-14 August | Esplanade Hotel Fremantle by Rydges, Walyup (Fremantle), WA

The 16th Australasian Viral Hepatitis Conference comes to WA this year with the theme:'Every voice, everywhere. Turning ambition and experience into action' to improve viral hepatitis outcomes across Australasia.

This year's conference will feature keynote presentations and panels including:

- What's Next in Hepatitis B: New Therapies, Smarter Pathways, Better Access.
- Functional Cure and Real-World Readiness in Hepatitis B.
- Primary Care Pathways that Work: Equitable Hepatitis Care Across Regions.

For more information, visit the conference website.

WA Hepatitis B Advanced Management and Prescribing

Saturday 15 August | 9am-1pm AWST
Perth - In Person | 9.5 CPD Hours

Upon successful completion of this free training and the associated case assessment, eligible participants may apply to the relevant state departments of health for authority to prescribe s100 drugs for the management of hepatitis B in Australia.

ASHM is also pleased to offer a limited number of scholarships to support attendance to this event. Scholarships may cover travel and accommodation costs, flights, and taxi reimbursement.

This activity is funded by the WA Department of Health. To find out more, view the flyer.

New learning opportunities from the National Eating Disorders Collaboration

The National Eating Disorders Collaboration (NEDC) has released two new interactive, 1-hour eLearning courses to support GPs and other health professionals to build knowledge and skills to identify eating disorders and provide a safe and informed response, supporting people to access the care they need, earlier in their journey.

- Foundations in Eating Disorders: Identification
- Foundations in Eating Disorders: Initial Response

The training is accessible via the NEDC website for a $15 fee to NEDC Members (membership is free).

If the cost presents a barrier, or if you are part of an organisation seeking to upskill a group, email info@nedc.com.au to discuss options for a discount.