

GP Connect

Keeping GPs informed in the changing primary health landscape



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Long acting reversible contraception - At a glance

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Long acting reversible contraception (LARC), along with permanent sterilisation methods, are the most effective contraceptive methods by a large margin.

Patients are both more satisfied with them, and more likely to be using them by the end of a year, in comparison to the shorter acting methods. They contain low or no doses of hormones, and don't contain oestrogen, so don't come with the cardiovascular risks that combined pills and vaginal rings do.

For a number of years, we've had a range of LARC options to offer; the contraceptive implant, ImplanonNXT; Mirena hormonal IUD; and three varieties of copper IUD, Copper T Standard, Copper T Short, and Load.

There is a relatively new option to add to the choice of LARCs in Australia – the Kyleena. This device contains 19.5mg levonorgestrel which is a lower dose than the Mirena containing 52mg. So who might choose a Kyleena instead of one of the other options?

Kyleena results in less bleeding than natural cycles, but less hormones than the other hormonal IUD. In practice this seems to be a factor for people who'd much prefer a non-hormonal option, but don't want to risk an increase in menstrual bleeding that could occur with a copper IUD.

Quick comparison of LARCs available in Australia

	How long it is used for*	Efficacy	Impact on bleeding	On PBS?
Contraceptive implant	3 years	>99%	Irregular, generally less than natural cycles	✓
52mg levonorgestrel IUD	5 years	>99%	Significant reduction overall, amenorrhoea common; initial frequent spotting 3-6 months	✓
19.5mg levonorgestrel IUD	5 years	>99%	Moderate reduction overall, amenorrhoea for about 25%; initial frequent spotting 3-6 months	✓
Copper T Standard	10 years	>99%	Moderate chance of heavier or more painful bleeds than natural cycles	x
Copper T Short	5 years	>99%	Moderate chance of heavier or more painful bleeds than natural cycles	x
Load	5 years	>99%	Moderate chance of heavier or more painful bleeds than natural cycles	x

Other advantages include:

- Slightly smaller, and a little less pain with insertion (and a little easier for the inserter, too) compared to other IUDs
- For people without Medicare, a little less expensive than the other hormonal IUD. Like the other LARCs, it's highly effective and lasts for years.

Those for whom a Kyleena might not be suitable include:

- Those approaching menopause, and considering using their hormonal IUD as part of hormone therapy
- Those who want the lightest possible bleeds
- Obviously, anyone with a contraindication to an IUD (eg current pelvic infection, abnormally shaped uterine cavity, postpartum 48 hours to 4 weeks), or with a contraindication to using hormones (eg breast cancer, severe liver disease).

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Long Acting Reversible Contraception- At a glance (cont)

* Note that all IUDs EXCEPT Kyleena can be used for contraception until after menopause for women who are over 40 (in the case of copper IUDs) or 45 (for hormonal IUDs).

If you or your patients wish to ask specific questions about Kyleena or any other contraception options, please contact the SHQ Helpline: 9227 6178 or sexhelp@shq.org.au. There is also a recently updated "[Intrauterine Devices \(IUDs\)](#)" HealthPathway.

Hospital Liaison GP Updates

Changes to Public Maternity Care in Postcode 6167

As of 16 August 2021, all pregnant women from all suburbs within postcode 6167 should be referred to Rockingham General Hospital (RGH) for their maternity care (and no longer Fiona Stanley Hospital [FSH]).

Please note RGH has a different model of Maternity Care to FSH – outlined below. If after discussion with your pregnant patient, a decision is made not to share maternity care, you have the option to refer your patient to a GP Obstetrician or GP working with an endorsed midwife in the local area.

A list of these providers is available from RGH Midwifery Unit Manager– 9599 4249 or FSH Midwifery Manager 6152 1566.

Rockingham General Hospital Maternity Model of Care

RGH Obstetrics is an exclusively shared care model between the hospital and GP Obstetricians (GPO), GPs and GP/endorsed midwives. The appointment schedule is below:

- GP/Hospital shared care hospital appointment at 18-22 weeks (telephone appointment) and 36 weeks. All other appointments by GP.

- GP/endorsed midwife/hospital shared care – hospital appointment at 30 weeks. All other appointments by GP/EM
- GPO/endorsed midwife/hospital shared care – Hospital appointment at 30 weeks. All other appointments by GPO/EM.

The [referral form](#) can be found on the RGH Website.

GPs/GPOs may request an appointment with a specialist obstetrician on the same request form. It is preferred these requests are lodged at 14 weeks of pregnancy. Information regarding which patients require referral to a Specialist Obstetrician and clinical guidelines for the community can be found in the [Antenatal Shared Care Guidelines: Information for GP Obstetricians, GPs and Endorsed Midwives](#).

Rockingham General Hospital
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Hospital Liaison GP Rockingham Peel Group SMHS
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Clinical Updates

Maintaining routine immunisation services during COVID-19 pandemic

Immunisation is an essential health service during the COVID-19 pandemic and it is important to maintain routine immunisation services and facilitate on-time vaccination according to the current recommended schedules. The ATAGI document "[Guiding Principles for maintaining immunisation services during COVID-19 pandemic](#)" provides some useful advice around this.

New ATAGI advice on zoster vaccines in older adults

The Australian Technical Advisory Group on Immunisation (ATAGI) has released a new resource summarising the use of [zoster vaccines in older adults](#). There have been cases of serious adverse effects, and even death, after zoster vaccines were administered to patients with a contraindication. . The Australian Immunisation Handbook is being updated and this resource should be used for clinical guidance in the interim.

Changes to the Indigenous Health Incentive program



Chronic disease is responsible for 70 percent of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. The Practice Incentives Program – Indigenous Health Incentive (PIP IHI) seeks to address this gap through supporting general practice and Aboriginal Community Controlled Health Services to appropriately and effectively meet the health care needs of Aboriginal and Torres Strait Islander people with a chronic disease.

From 1 January 2023, the following will change:

- Eligibility will be expanded to include children under the age of 15
- GP Mental Health Care Plans will be added as eligible items for the purposes of outcomes payments
- The requirement to deliver a certain number of services in a calendar year will be replaced with a 12-month rolling window, starting from the date the first eligible service is delivered. This will give practices more time to deliver the services required to achieve outcomes payment.
- The program will start moving towards a back-ended payment structure. This means the majority of the payment will be provided after a threshold level of care has been provided. A transition period – where registration is gradually reduced, and the Tier 2 payment is gradually increased – will give practices time to adjust to this change.

Read the [fact sheet](#) or visit the Australian Government Department of Health [website](#) to find out more.

Medicine substitution now available to combat shortages

The Australian Government is implementing changes to allow community pharmacists to dispense a specified Pharmaceutical Benefits Scheme (PBS) listed substitute item without a new prescription from the prescriber in circumstances where the Therapeutic Goods Administration (TGA) has issued a Serious Scarcity Substitution Instrument (SSSI) in respect of that medicine. The changes will apply to certain PBS medicines, as determined from time to time by the Minister for Health.

The approved pharmacist must inform (in writing) the PBS prescriber who wrote the prescription for the prescribed benefit that supply of the substitute benefit has been made, within 72 hours after the supply.

Find out more about the permitted circumstances and list substituted medicines that are eligible for dispensing under the PBS on the [PBS website](#).

The TGA also has a [medicine shortage database](#) that includes both current and anticipated shortages.

Making telehealth easier with electronic prescriptions

Patients choosing telehealth GP appointments can be provided with easier access to their essential medicines through an electronic prescription in one of two ways:

1. Write prescriptions electronically if the patient's preferred pharmacy is eScript enabled. Read about setting up electronic prescribing, or contact your software provider directly. Electronic prescriptions can be sent straight to a patient's mobile phone or email.
2. Send an image (photo or scan) of a paper prescription (image-based prescribing, or IBP) directly to the patient's preferred pharmacy (until 30 September 2021).

Find more information in the '[Electronic Prescribing HealthPathway](#), [digitalhealth.gov.au](#) or contact the [WA Primary Health Alliance Digital Health Team](#)

Syphilis campaign materials



The Australian Government Department of Health has launched a nationwide syphilis campaign 'Don't fool around with syphilis'. The campaign will run nationally on a range of online channels including social media, online video, search and programmatic ads. Download fact sheets, posters and other general practice resources on the [Australian Government Department of Health website](https://www.health.gov.au)

In light of the [current WA outbreak](#), the Aboriginal Health Council of Western Australia have also developed a desktop screensaver for GPs and other health professionals to download to their computers as a reminder both to consider syphilis when diagnosing patients and to be aware of the correct testing protocols and referral pathways.

See also the [Syphilis](#) HealthPathway.

Support your patients with bowel screening

GPs can now order or encourage their patients to order a replacement bowel home test-kit via the National Cancer Screening Register (NCSR) website.

To request a kit you must provide basic demographic details including date of birth, postal address, and Medicare or department of veterans affairs number. This feature can be accessed on the 'contact us' page of the [NCSR website](#)

The WA Department of Health has also produced a flipchart as a tool to assist in providing information on bowel cancer, bowel cancer screening and having a colonoscopy. Download a copy [here](#) or order hard copies via WACPCN.bowelteam@health.wa.gov.au

Supporting your patients with dementia to stay Safe & Found

The Safe & Found program supports people living with dementia or a cognitive impairment who might be at risk of becoming lost or reported as missing, by ensuring Police have immediate access to critical information to assist when undertaking search operations.

Safe & Found WA is an initiative introduced by Western Australia Police Force and Australia Medic Alert Foundation.

More information is available to share with families and carers of your patients with dementia who may be concerned about people in their care going missing at www.safeandfound.org.au

The Program is provided for an ongoing annual fee.

Closure of Australian Immunisation Register (AIR) authentication files

Authentication file access to the Australian Immunisation Register (AIR) is being closed to all provider types on 30 September 2021. More information can be found [here](#).

All providers need to transition to Provider Digital Access (PRODA) to maintain access. With a [PRODA account](#), health professionals can access the AIR using [Health Professional Online Services \(HPOS\)](#).

For health professionals who access the AIR as a member of an organisation, you can also find out [how to register an organisation in PRODA](#) and [link HPOS to your organisation](#) so members can access the AIR.

Further information is available on the Services Australia website: [Register for a PRODA account](#) and [set up access to HPOS](#).

WA practices to benefit from new patient data storage and analytics platform

As previously communicated to general practices, those holding Data Sharing Agreements with WA Primary Health Alliance (WAPHA) are set to benefit from the new data storage and analytics platform, Primary Health Insights.

Developed by PHNs as a national collaborative initiative, the vision for Primary Health Insights is to use advanced analytics tools to produce greater insights from de-identified general practice data. General practices and PHNs will be more informed when making decisions about Australian primary health care delivery and improving patient health outcomes.

The first stage of realising this vision has been completed with de-identified patient data routinely extracted from general practice clinical information systems (CISs) is now being stored on this platform. Primary Health Insights provides a high level of data security and governance. Built using leading edge cloud storage technology, the platform is subject to rigorous and ongoing cyber security validation and the robust National Data Governance Framework.

Data stored on the platform is determined by the existing Data Sharing Agreement in place between a practice and WA Primary Health Alliance and could include data extracted for general practice PIP QI purposes.

De-identified patient data held on Primary Health Insights cannot be combined with other data sets to identify individuals. The obligations and responsibilities of general practices to obtain and manage patient consent for sharing de-identified health data remain unchanged.

WA Primary Health Alliance is the developer and operator of Primary Health Insights on behalf of the 27 participating PHNs. The Australian Medical Association, Royal Australian College of General Practitioners, Australian Institute of Health and Welfare, Rural Doctors Association of Australia, Australian College of Rural and Remote Medicine, Aboriginal Health Council of Western Australia, Consumers Health Forum of Australia and the Health Consumers' Council of WA have been briefed about this initiative and all expressed their support.

General practices will be kept informed regarding the ongoing enhancements of the platform as WAPHA progress its analytics capabilities.

Further information can be found at www.primaryhealthinsights.org.au.

Participate in the Pilot Study - Conversations about Weight

WA Primary Health Alliance (WAPHA) and Diabetes WA and are currently seeking GPs and practice nurses to participate in a Pilot Study - Conversations about Weight in September.

Conversations about Weight is an online education package that will give you the tools to have difficult conversations around weight management and help you to motivate your patients to engage in weight management activities.

The education package has six core modules, each module takes approximately one to two hours to complete and will contain a range of interactive material, such as:

- Provide opportunity for GPs and practice nurses to upskill in:
 - weight science
 - how to have sensitive conversations about weight
 - motivational interviewing; and
 - supporting patients through weight-loss.
- Pathways to a range of weight management services
- Support to participate in patient weight management as a quality improvement activity
- The importance of taking a comprehensive approach to weight management in particular the role of mental health professionals.

Conversations about Weight will commence in mid-September. Each eligible participant will have two weeks to complete the six modules. Participants of the pilot will be financially remunerated and eligible for professional development points.

To be involved in the pilot program or for more please contact Project Manager, Kelly Harris by email Kelly.Harris@diabeteswa.com.au or by telephone on 9436 6238.

GP Education

17th Women's Health Day 2021 for GPs and Practice Nurses

Developed and delivered in collaboration with Cancer Council WA, Sexual Health Quarters, BreastScreen WA, King Edward Memorial Hospital, and WA Primary Health Alliance. Presentations include:

- HealthPathways Live demo and what's new - Dr Richa Tayal GP & HealthPathways WA Clinical Editor
- Uterine cancer - Dr Raj Mohan Gynaecological Oncologist, King Edward Memorial Hospital
- What GPs and nurses need to know about familial breast cancer - Dr Sharron Townsend Consultant Geneticist, Genetic Services of WA, Perth Children's Hospital & King Edward Memorial Hospital
- The WA syphilis outbreak – implications for pregnant women by Dr Michelle Porter, Microbiologist & Infectious Disease Physician, PathWest Laboratory Services
- What to do about heavy menstrual bleeding - Dr David Owen, Gynaecologist-Obstetrician & Medical Director, Sexual Health Quarters
- National Cervical Cancer Screening program update - Stacey-Mae Partridge, Senior Program Officer, WA Cervical Cancer Prevention Program.

Date: Saturday 4 September

Time: 8:30am - 3:00pm

Registration and more information:

<https://www.wapha.org.au/event/17th-womens-health-day-2021-for-gps-and-practice-nurses/>

For more information, email GP@cancerwa.asn.au

This education is pending accreditation under the CPD Activity RACGP CPD Program .

ARMED 2021 Annual Review of Metabolism, Endocrinology and Diabetes



HealthPathways WA; WA Primary Health Alliance in partnership with South Metro Health Service; Fiona Stanley Hospital and Diabetes WA presents this hands on education event for GPs and practice nurses covering the following topics:

- Prevention of type 2 diabetes
- Workshop: Tailoring type 2 diabetes treatments
- Workshop: Diabetes remission
- Workshop: Issues for diabetes in pregnancy - pre and post
- Diabetes foot disease
- HealthPathways and primary care resources

Date: Saturday 30 October

Time: 7:30am - 2:30pm

Registration and more information:

<https://www.wapha.org.au/event/armed-2021-annual-review-of-metabolism-endocrinology-and-diabetes/>

For more information, email GP@cancerwa.asn.au

This activity has applied for 40 CPD Accredited Activity points through the RACGP and 5 hours of Educational hours through ACRRM.

*This event will be followed by the optional [RACGP Basic Life Support course \(formerly CPR for GPs\) course for GPs.](#)

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