

GP Connect

Keeping GPs informed in the changing primary health landscape



15 July 2021

Supporting general practice with the implementation of voluntary assisted dying

Chris Kane - WA Primary Health Alliance Manager Strategy and Engagement and member of the WA Health Voluntary Assisted Dying Implementation Leadership Team

Voluntary assisted dying is now a choice for eligible Western Australians and GPs are often at the forefront of supporting patients with end of life care.

The [Voluntary Assisted Dying Act 2019](#) (the Act) allows GPs and other medical practitioners who meet the eligibility requirements, and who have successfully completed the [approved training](#), to participate in the voluntary assisted dying process.

The Act also provides protection from criminal liability for eligible medical practitioners who assist patient access to voluntary assisted dying.

The WA Health Voluntary Assisted Dying Implementation Leadership Team has worked hard during the 18-month implementation period to ensure general practice and other related care sectors are well informed and prepared for implementation. This has involved guiding the development of each of the elements needed to deliver voluntary assisted dying in line with the Act, including:



- [Voluntary Assisted Dying Statewide Care Navigator Service](#)
- [Voluntary Assisted Dying Statewide Pharmacy Service](#)
- [WA Voluntary Assisted Dying Approved Training](#)
- [The Voluntary Assisted Dying Board](#)

As of 1 July, patients in WA who meet the following eligibility criteria are now able to begin the process to request legal access to medication that will cause their death:

- Aged 18 years or over
- Australian citizen or permanent resident
- Ordinarily resident in WA for at least 12 months
- Diagnosed with at least one disease, illness or medical condition that:
 - is advanced, progressive and will cause death
 - will, on the balance of probabilities, cause death within a period of six months (or 12 months for neurodegenerative)
 - is causing suffering that cannot be relieved in a manner that the patient considers tolerable

Continued page 2

Supporting general practice with the implementation of voluntary assisted dying in WA - continued

- has decision-making capacity in relation to voluntary assisted dying (as set out in the Act)
- is acting voluntarily and without coercion; and
- has an enduring request for access to voluntary assisted dying.

Under the Act, anyone involved in the care of a patient can respond to questions about voluntary assisted dying (if they are comfortable doing so), but only GPs and other medical practitioners can initiate a conversation about voluntary assisted dying to patient. However, they must also at the same time, discuss:

- Palliative care and treatment options
- The likely outcome of that care and treatment.

This differs to the Victorian legislation that prohibits a doctor raising voluntary assisted dying with a patient.

Talking about voluntary assisted dying does not begin the process and a formal request for access to voluntary assisted dying must be made (First Request). The First Request must be:

- Clear and unambiguous
- Made to a registered medical practitioner
- Made during a medical consultation
- Made either in person or, where this is not practicable, using audiovisual communication.

All GPs and other medical practitioners may receive a First Request from a patient but can only accept a First Request from a patient if they:

- Hold specialist registration, have practiced the medical profession for at least one year as the holder of specialist registration, and meet the requirements approved by the Director General of Health (as the CEO); or
- Hold general registration, have practiced the medical profession for at least 10 years as the holder of general registration, and meet the requirements approved by the CEO; or

- Are an overseas-trained specialist who holds limited registration or provisional registration and meets the requirements approved by the CEO.

Director General of Health requirements relate to recency and hours of practice, lack of AHPRA notifications and provision of two professional referees.

GPs and other medical practitioners may refuse to participate for any reason (e.g. holding a conscientious objection to voluntary assisted dying, being ineligible, unwilling or unable). However, **all medical practitioners who receive a First Request from a patient must:**

1. Give the patient the [Approved information for a person](#) making a First Request for voluntary assisted dying booklet
2. Decide if they are going to accept or refuse the First Request
3. Inform the patient of their decision
4. Complete and submit the First Request Form to the Voluntary Assisted Dying Board
5. Document key information in the patient's medical record

Participation in the voluntary assisted dying process must, at all times, comply with the Act. The [Western Australian Voluntary Assisted Dying Guidelines](#) have been developed by WA Health to support compliance with the Act by assisting health professionals to understand the Act and their roles and responsibilities in the voluntary assisted dying process.

A suite of further information is available for GPs and patients on the [WA Health website](#), and there is a "[Voluntary Assisted Dying](#)" HealthPathway.

WA Primary Health Alliance will continue to work with GPs and other professionals across the health industry and related care sectors, to make sure we all understand our obligations and responsibilities under the WA Voluntary Assisted Dying legislation.

**Check out the
Healthpathways WA
Palliative Care
GP education event
on p.6**

Aboriginal patients must be registered with NEW database to receive CTG PBS Co-payment



From 1 July 2021, prescribers must register eligible Aboriginal and Torres Strait Islander people for the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-Payment Program if they are not already registered.

Any PBS prescriber or AHPRA registered Aboriginal and Torres Strait Islander Health Practitioner registered with Medicare as a provider can register eligible Aboriginal and Torres Strait Islander people for the program via [Health Professional Online Services](#) (HPOS).

PBS prescribers will no longer be legally required to write or electronically print 'CTG' on eligible PBS prescriptions for registered Aboriginal and Torres Strait Islander people. However, annotation of a PBS script will help Community Pharmacies and Section 94 Approved Private Hospital pharmacists know that the patient is registered for the program, when dispensing the medicines.

Aboriginal and Torres Strait Islander people who are already registered for the Program as at 30 June 2021, do not need to be re-registered for the Program.

Visit the [Services Australia website](#) for more information on how to register patients for the CTG PBS Co-payment via HPOS.

The Australian Government Department of Health has also developed factsheets for [health professionals](#) or [Aboriginal patients](#).

GP and practice staff wellbeing support webinars

GPs and practice staff are dealing with unprecedented levels of stress compounded by the COVID-19 pandemic and associated challenges. To support GPs and practice staff, WAPHA has partnered with Access EAP to provide two on-demand webinars to assist with stress and burnout:

- [Self-Care to Prevent Burnout \(30 minutes\)](#).
- [Managing Stress & Building Resilience \(25 minutes\)](#).

For more information about services GPs can access for support, crisis, wellbeing and personal health issues visit the '[General Practitioners](#)' HealthPathway

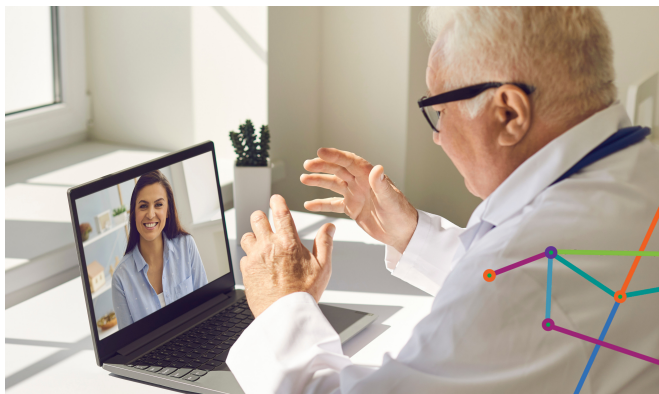
Both webinars can be accessed on-demand until 22 July.

New app to support patients to manage their WA health outpatient appointments

The Manage My Care app and web portal supports patients and carers to manage their WA Health outpatient appointments and referrals, Patients can be less reliant on receiving posted appointment letters, and can access routine information and update their personal details at a time convenient to them.

Manage My Care can be downloaded from the App Store, Google Play, or accessed by visiting the Healthy WA website. For more information and to view a list of currently available sites visit, healthywa.wa.gov.au/managemycare or contact managemycare@health.wa.gov.au

Extensions and changes to COVID-19 Temporary MBS items



Temporary COVID-19 MBS telehealth items that commenced on 13 March 2020 have now been extended to 31 December 2021. From 1 July 2021, the previous broad range of temporary telephone services have been replaced with a smaller number of MBS items. Video items are unchanged. New GP services include:

- 91890 – short telephone consultation item (< 6 minutes) for straightforward care, e.g. repeat prescriptions and diagnostic referrals.
- 91891 – longer telephone consultation item (> 6 minutes+) for more complex attendances.

Plus, four new time-based items for blood-borne viruses, sexual or reproductive health consultations (video and phone).

In most instances, the temporary MBS telehealth items are available for a range of consultations provided to a patient where there is an existing or established relationship of face-to-face service in the 12 months preceding the telehealth service with the same practitioner or at the same practice.

The existing relationship requirement **does not apply** for:

- Children under the age of 12 months
- People experiencing homelessness
- Patients living in a COVID-19 impacted area
- Patients receiving an urgent after-hours (unsociable hours) service
- Patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.

For more information and the full range of fact sheets, visit [MBS online](#), or the “[COVID-19 Telehealth](#)” HealthPathway.

National Cervical Screening Program communication and impact on testing

A pilot of new correspondence is being undertaken by the National Cervical Screening Program (NCSP) to improve participation by under screened women and promote self-collection.

This may result in a small increase in appointments booked for cervical screening and increased requests for self-collected HPV tests, from July to October 2021.

Access immunisation details in your practice software is through My Health Record

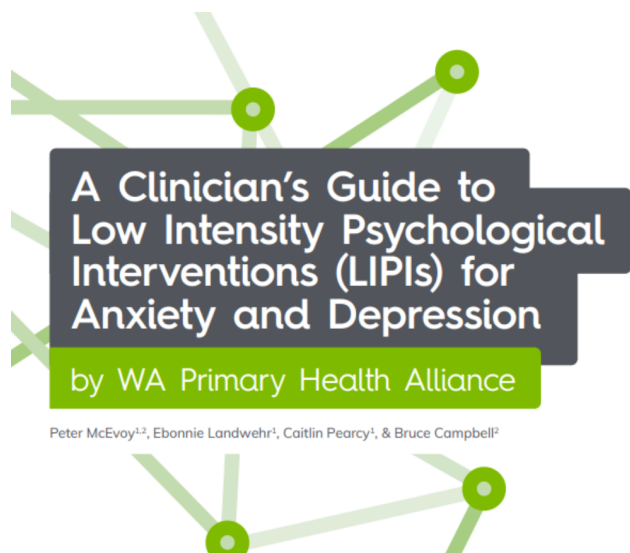
The My Health Record consolidated immunisation view is now accessible through [most clinical information systems](#), without the need for any software updates.

This can provide GPs with quick and easy access to a patients' immunisation details, including their COVID-19 vaccination status or their children's National Immunisation Program status, without having to go through time-consuming logins for separate systems.

It is also easier to view vaccine details, recorded medical contraindications and other important information from the Australian Immunisation Register. Step-by-step instructions is available in the [My Health Record clinical software summary sheets](#)

More information including how to access a consolidated immunisation information through the National Provider Portal, is available on the [My Health Record website](#).

If you have any questions about the new immunisation view, or other queries relating to My Health Record, contact the WA Primary Health Alliance [Digital Health Team](#).



LIPI manual launch

WA Primary Health Alliance has launched its Low Intensity Psychological Intervention (LIPI) manual developed in partnership with Curtin University and the Centre for Clinical Interventions.

The manual provides clinicians with evidence-based information to implement low intensity psychological interventions for adults with anxiety and depression.

Visit the WA Primary Health Alliance website to [download a copy of the LIPI manual](#) and find support for developing your own LIPIs.

You can also watch [virtual discussion](#) with some of the key contributors on the genesis of the manual and overview of the cognitive behavioural framework and its clinical applications.

Manual of Resources in Aboriginal and Torres Strait Islander Suicide Prevention

'The Manual is an online resource hub that will increase the availability of culturally responsive Indigenous suicide prevention resources - including tutorials, videos and podcasts as well as written and graphic materials - to improve outcomes for Aboriginal people and communities.

It addresses a full range of information needs, from building resilience and social and emotional wellbeing, to support for suicidal crisis and aftercare for GPs and patients. Download a copy [here](#)

Heart failure: an active role for GPs and patients

The latest NPS MedicineWise accredited CPD topic discusses early diagnosis and management of patients with heart failure. Managing heart failure can be complex. High rates of mortality and hospital readmission make this a challenging condition for patients and their GPs. But there are clear principles to support effective management in primary care.

This educational visit is part of a multifaceted program designed to:

- support GPs in the early diagnosis and classification of heart failure
- provide clinical guidance on initiation and ongoing management of medicines
- empower patients with effective self-management strategies to improve their quality of life.

Educational visits are available as:

- One-on-one: a 30-minute in-practice discussion for GPs, tailored to individual learning needs.
- Small group: a 1-hour group discussion for GPs, pharmacists and nurses.
- Virtual visits: via video call. Available to support practices who wish to continue educational activities without a face-to-face appointment.

All visits will comply with current state and territory regulations for social distancing. To book this topic, visit the [NPS MedicineWise website](#). Interested GPs may also wish to view the "[Heart Failure](#)" HealthPathway.

GP Care Coordination Payment expanded

From 1 July 2021, GPs providing care coordination for White Card Holders with accepted mental health conditions will now be able to claim the Coordinated Veterans Care (CVC) payments. The CVC Program has already proven effective for Gold Card holders in reducing unplanned hospitalisations and improving the quality of life for participants. For more information, visit the [Department of Veterans' Affairs website](#).

Updated guidelines for the management of anaphylaxis

The Australian Society of Clinical Immunology and Allergy has updated its [guidelines for the acute management of anaphylaxis](#). This includes information on the signs and symptoms of allergic reactions, immediate actions for anaphylaxis, anaphylaxis triggers, and adrenaline administration.

There is also an "[Anaphylaxis](#)" HealthPathway

NPS Resources to support prescribers around upcoming scheduling changes for nicotine vaping products

From 1 October 2021 a prescription will be required for Australians to legally access nicotine e-cigarettes and nicotine vaping products for any purpose, including importing from overseas online retailers.

Under the new arrangements, prescribers will be able to seek authorisation from the Therapeutic Goods Administration (TGA) to be Authorised Prescribers for a group of patients, or apply to the for Special Access Scheme approval for individual patients.

A new [article](#), a [flow chart](#) summarising the pathways for access and [two new podcast episodes](#) are now available from NPS MedicineWise. Developed in collaboration with the Australian Government Department of Health including the Therapeutic Goods Administration, these resources are available to help prescribers to prepare themselves and their practice for the scheduling change.

Read and download the new resources at the [NPS website](#) or email info@nps.org.au if you have any queries.

GP Education



Online - Spectrum of Palliative Care

An interactive journey from A to Z ...

Presented by WA Primary Health Alliance; HealthPathways WA and Joondalup Health Campus, this online palliative care education event will be facilitated by the new head of the Joondalup Health Campus palliative care team.

Palliative care topics will be covered in a series of presentations and interactive discussion forums including:

- The structure of palliative care in Perth and recent developments at JHC
- An overview of the management of common symptoms in the palliative care patient including pain, nausea and vomiting, dyspnoea and constipation
- Advanced care planning
- Tools of the trade - opiate conversions and beyond.

Date: Wednesday 21 July 2021

Time: 6:00pm - 8:00pm

Registration and more information:

<https://waproject.healthpathways.org.au/Events.aspx>

For more information, contact the HealthPathways WA team on Health.Pathways@wapha.org.au or 9400 977