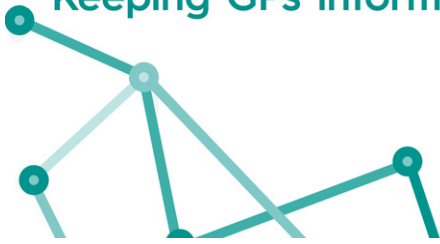


GP Connect

Keeping GPs informed in the changing primary health landscape



16 March 2023

Providing refugees with comprehensive health assessments in general practice

Dr Zoe Smythe, Senior Medical Advisor,
Humanitarian Entrant Health Service
FRACGP DCH DRCOG MPH&TM

Seeing patients who have recently arrived in Australia as refugees or humanitarian entrants is an interesting, challenging and professionally rewarding part of general practice. The number of new arrivals into Western Australia has rapidly increased to pre-COVID levels, with countries of origin including Afghanistan, Iran, Syria, Ukraine, Myanmar, Eritrea, Venezuela and Guatemala.

Many refugees have been exposed to war, torture, repression, prolonged family separation, extreme poverty and food insecurity whilst experiencing poor access to health care and education, impacting on social, psychological and physical wellbeing.

The Humanitarian Entrant Health Service (HEHS) has a clinical team of nurses, GPs and a nurse practitioner providing comprehensive, voluntary health screening for newly arrived humanitarian entrants. A key objective is linking clients with community GPs; discharge letters provide GPs with details of screening, treatments and referrals along with suggestions for further management and follow up.

Patients under 18 years of age are offered referral to the Child and Adolescent Health Service (CAHS) Refugee Health Service (RHS) after initial screening.



The RHS provides a holistic health care approach to all children and their families from refugee-like backgrounds who have resettled in the last five years. It is a multidisciplinary service consisting of paediatric health professionals (medical, nursing, social work, dietetics, dentistry, mental health, education and neurosciences in-reach) providing coordination and management of the medical, developmental, educational and psychosocial domains of care using a culturally sensitive and trauma-informed approach.

Refugees and humanitarian entrants are eligible for an [MBS Health Assessment](#) within 12 months of arrival in Australia or grant of an eligible visa. Of note, asylum seekers and those in community detention or on temporary bridging visas are not routinely seen by HEHS and opportunistic health assessment with a GP is invaluable. The HealthPathways WA '[Refugee Health Assessment Pathway](#)' has been recently reviewed and is a comprehensive resource to guide this. An assessment may require two or more visits. The use of professional interpreters, ideally in-person for long and complex consultations, is vital for safe and effective care.

Continued page 2

A trauma-informed approach recognises that previous traumas may impact on a refugee's experience of receiving health care, aiming to minimise the risk of re-traumatising individuals. An assessment of emotional wellbeing should be performed as part of a comprehensive health assessment, however it is generally not advisable to ask specifically about experience of torture and trauma at an initial consultation. GPs can refer patients to [Association for Services to Torture and Trauma Survivors \(ASeTTS\)](#), a specialised service providing holistic care, including counselling, for survivors of torture and trauma. Children and adolescents with psychological symptoms should be referred to CAHS RHS.

Vitamin D deficiency and nutritional deficiencies such as B12 and iron deficiency are common. Deficiencies can occur in the context of growth faltering in children, however older children and adults may have high BMIs alongside nutritional deficiencies, reflecting food insecurity limiting access to meat and other iron and protein-rich foods. Many refugees come from higher-risk ethnic groups and have limited opportunities to make healthy lifestyle choices resulting in higher rates of diabetes, hyperlipidaemia and hypertension. Refugees are also typically under-immunised and under-screened and may require catch-up vaccinations as well as CSTs, mammograms and bowel cancer screening. Significant visual, dental and audiological issues are common and undertreated; with most children and adolescents missing early intervention checks (birth, school and community).

Given a high burden of infectious diseases, screening for Hepatitis B and C, HIV, syphilis and other STIs should be offered where appropriate, as should testing for parasitic infections such as strongyloidiasis, schistosomiasis and malaria (depending on geographical risk).

Proactive identification and treatment of these conditions will reduce the risk of long-term complications. History and examination should also focus on potential exposures and symptoms and signs of pulmonary and non-pulmonary TB. QuantiFERON, though not subsidised by Medicare, is advised given high rates of latent TB infection. Any child or adult identified with malaria is treated as an emergency and contact should be made with the Perth Children's Hospital or tertiary adult hospital infectious diseases consultant on call.

Many female refugees have unaddressed gynaecological issues or a history of complications in pregnancy and childbirth. Many are keen to explore contraceptive options, whilst others may benefit from preconception counselling including haemoglobinopathy screening where appropriate. Female genital cutting/mutilation (FGC/M) is still prevalent in many countries of origin, with the HealthPathways [WA Female Genital Cutting / Mutilation \(FGC/M\) Pathway](#) available for clinical guidance. A high degree of sensitivity is also required when exploring potential experiences of domestic and family violence, and gender-based violence.

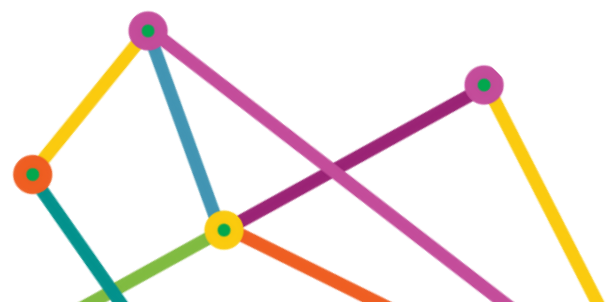
"A trauma-informed approach recognises that previous traumas may impact on a refugee's experience of receiving health care, aiming to minimise the risk of re-traumatising individuals. "

Beyond the provision of initial health screening, GPs have a vital role in ensuring that refugees have equitable access to health care that is responsive and culturally sensitive. This will contribute to successful re-settlement, enabling individuals and families to build fulfilling lives within their new communities.

For further support in managing refugee health issues:

- GPs can contact HEHS via email migranthealth@health.wa.gov.au or phone the Anita Clayton Centre on 9222 8500.
- Paediatric and adolescent enquiries can be directed to Perth Children's Hospital Refugee Health Service. Phone 0420 983 290 or email refugeehealth.pmh@health.wa.gov.au

The HealthPathways [WA Refugee Health Assessment Pathway](#) provides guidance and resources to assess and manage refugee health in your practice.



Hospital Liaison GP Updates

KEMH on call consultants to provide advice to GPs

The Women and Newborn Health Service (WNHS) at King Edward Memorial Hospital (KEMH) advise GPs that calls for advice regarding urgent referrals, gynaecological or obstetric issues during business hours (Monday to Friday) will be directed to the relevant On Call Consultant. After hours requests for advice will be directed to the On Call Registrar.

Ring the switchboard on (08) 6458 2222 and ask to speak with the On Call team, and your call will be directed to the Consultant first where possible:

- For obstetric related issues at >20 weeks' gestation, ask for the On Call Obstetrician
- For gynaecological issues and obstetric issues <20 weeks' gestation ask for the On Call Gynaecologist.
- For maternal fetal medicine concerns ask for the On Call Maternal Fetal Medicine Consultant or Fellow.
- See [KEMH Maternal Fetal Medicine Team at WNHS](#)
- For gynaecologic cancer concerns, ask for the On Call Gynaecologic Oncology Consultant or Fellow KEMH Western Australian Gynaecologic Cancer Service
- For early pregnancy assessment concerns, ask for the Early Pregnancy Assessment Service (EPAS) Clinical Nurse Midwife.

If your query is about a referral process to a clinic at King Edward Memorial Hospital, please refer to the appropriate page on the [KEMH website](#).

Abortion care information available online

Sexual and reproductive health issues are prevalent in Australian media, with the current Senate Committee Inquiry into the universal access to reproductive health care. WNHS KEMH would like to remind GPs there is information available on the [WNHS KEMH public website](#) for GPs addressing abortion care in Western Australia, including the booklet [Abortion Care: information and legal obligations for medical practitioners](#)

There is information about the service provided at WNHS KEMH for those who have complex needs, and how to make a referral. The WNHS KEMH website also includes comprehensive information for those seeking information about pregnancy choices, [KEMH Pregnancy choices \(including abortion\)](#), including consumer booklets and information about support services.

Information is also available for GPs on the [Healthpathways WA](#).

Dr Sarah Smith
Hospital Liaison GP
King Edward Memorial Hospital
Email: sarah.smith@health.wa.gov.au

Clinical Updates

MindSpot GP introduces teletherapy treatment

In 2022, MindSpot GP (formerly PORTS) launched a free teletherapy treatment option to support Australian adults troubled by symptoms of depression, anxiety or stress, or alcohol use problems. A mental health treatment plan is not required.

MindSpot Teletherapy is a clinically-validated, personalised service and ideal for those who prefer to talk directly with a therapist via phone. After completing a MindSpot assessment, a patient can access up to four sessions with a qualified MindSpot mental health professional.

Recent data indicates treatment outcomes are good for patients who complete at least three sessions.

Visit mindspot.org.au/mindspot-gp/ for referral options, email contact@mindspot.org.au or phone 1800 61 44 34.

[Check out the GP education events on page 9 or visit \[wapha.org.au/events\]\(https://wapha.org.au/events\)](#)

FSH Virtual Immunology Clinic now accepting referrals for patients in SMHS catchment



The Virtual Immunology Clinic – GP (VIC-GP) at Fiona Stanley Hospital bypasses the standard referral pathway and associated wait times and enables general practitioners to refer patients to an immunologist in real time via an online portal.

Via a secure telehealth consultation, an immunology specialist can discuss appropriate management advice with the patient and their GP in real time. This allows review and an ongoing management plan to be formulated by the consultant and GP in the presence of the patient and supports the GP to manage their patient's care.

Referring GPs must first register and sign in to the [SMHS Online Services Portal](#) before they can directly refer patients to VIC-GP.

More information is available [here](#)

Palliative care resources for health professionals working in primary care

CareSearch has now released printable reference guides to direct GPs to actionable, relevant, evidence-based CareSearch resources that assist in providing palliative care, including to specific populations. Visit the [CareSearch website](#) for more information and to download.

New Ophthalmology Referral Access Criteria mandatory from 24 April

Referral Access Criteria (RAC) are now available for public adult ophthalmology outpatient services in WA at

<https://health.wa.gov.au/adultOphthalmology>

Referrers are encouraged to commence using the RAC immediately.

WA Department of Health has advised, that from Monday 24 April 2023, referrals not meeting the (RAC), are missing mandatory information, will be returned to the referrer with advice and what information is required for successful submission. Patients will not be provided with an appointment or placed on a waitlist until a completed referral consistent with the RAC is received.

Patients who require immediate review (within 7 days) are not to be referred via CRS and should be discussed directly with the appropriate hospital.

All other adult ophthalmology outpatient service referrals from GPs to metropolitan public hospitals should continue to be submitted via CRS. Referrals from optometrists and referrals to WA Country Health Service should continue to be sent directly to the specific hospital site.

The CRS will ensure all mandatory information has been provided, as per the RAC, prior to the referral being allocated to the appropriate hospital. Clinical triage is then the responsibility of the receiving hospital.

Specialties with RAC implemented include:

- Urology
- Neurology
- ENT (Adult & Paediatric)
- Direct Access Gastrointestinal Endoscopy
- Ophthalmology (mandatory from 24 April 2023)

For queries please email

DOHSpecialistRAC@health.wa.gov.au

Bookmark the [WA Department of Health RAC](#) webpage

Herpes zoster vaccine recommendations for immunocompromised people

The WA Department of Health advises the Australian Immunisation Handbook has recently been updated to provide information on Shingrix, and to expand recommendations for immunocompromised adults.

There are two vaccines for the prevention of shingles: Zostavax, a live-attenuated vaccine, and Shingrix, a subunit (non-live) vaccine. Shingrix is the preferred vaccine due to higher efficacy but is currently only available as a private prescription. Zostavax is funded under the National Immunisation Program (NIP) at 70 years of age. The catch-up program for people aged 71-79 years has been extended for a further 2 years to 31 October 2023.

A single dose of Zostavax is an effective alternative to Shingrix in people who are immunocompetent. However, as Zostavax contains live attenuated varicella zoster virus it is not recommended in people who are immunocompromised or shortly expected to be immunocompromised. It is contraindicated in people who are considered severely immunocompromised. People aged ≥ 18 years who are immunocompromised or shortly expected to be immunocompromised are recommended to receive a 2-dose schedule of Shingrix.

Severe immunocompromise may be from either a primary or acquired medical condition, or medical treatment. Administering Zostavax to people who are severely immunocompromised can result in disseminated vaccine virus disease. Fatalities due to disseminated disease have followed administration of Zostavax to immunocompromised patients. Vaccine Administration Errors (VAEs) and serious adverse events have been reported in Western Australia.

The individual's immune status should be carefully assessed before administering Zostavax, to confirm that they are not immunocompromised. If the person's immune status is uncertain, do not administer Zostavax, and consult the person's specialist or an immunisation specialist before proceeding.

All Zostavax VAEs, regardless of whether or not they result in an adverse event, should be reported to the Western Australian Vaccine Safety Surveillance (WAVSS) system at www.safevac.org.au

The Purple Book and your Child Health Nurse



The Child and Adolescent Health Service (CAHS) appreciates health professionals encouraging families to make use of the free 'Purple Book' appointments at eight weeks, four months, 12 months, and two years of age.

This ensures child and community health services reach and engage with as many families as possible. Currently by the 12-month mark, attendance at child health appointments drops to around 50% and 30% at two years.

A key function of child and family community health services is to identify early developmental delays, or health issues (both physical and socioemotional), refer into support services and positively influence the developing caregiver and infant/child relationship. Early engagement enables caregivers to receive guidance about 'what to expect' in a child's behaviour, growth and development, as well as reducing the anxiety experienced by new parents and caregivers.

Community health nurses can also serve as a gateway to a range of other early childhood services such as the Child Development Service, parenting/carer education and support, primary health care, social support, and specialist health services.

Appointments can be made by phoning 1300 749 869 or through the [CAHS website](#)

Expanded influenza immunisation program from WA Health



Note: This information is not for wider distribution beyond general practice until formally announced by the WA Minister for Health.

To encourage increased uptake of influenza immunisation, WA Department of Health has confirmed an expanded influenza immunisation program will be offered in 2023.

The program will run for one month only and will likely commence 1 May 2023, but may be brought forward depending on the seasonal epidemiology.

Reimbursement payment:

In recognition of the cost involved in the purchase, storage, delivery and possible wastage of vaccines for practices, the program will include a reimbursement of \$15 per privately purchased dose administered to persons aged 12 – 64 years provided at no cost to the patient. General practices will need to provide evidence of:

- Purchase of 2023 influenza vaccines for their premises i.e. invoice(s)
- Vaccine administration to persons including Australian Immunisation Register provider number.

Grant payment:

To compensate for extra staffing and communications costs, a \$2,000 grant payment will also be available. General practices will need to provide evidence of:

- A minimum of 50 (metropolitan area) or 20 (regional areas) vaccinations having been provided during the prescribed month.

Additional activities undertaken to support and promote the program, for example:

- Dates and times of extra clinic hours
- Details of extra staffing requirements
- Description of extra promotional strategies employed e.g. email / SMS reminders, offering routine opportunistic vaccination, social media posts, phone calls.

Practices should continue to order stock as per their normal process throughout this initiative.

Further details will be communicated as soon as it becomes available.

2023 seasonal flu vaccine advice now available

Advice on seasonal influenza vaccination under the National Immunisation Program in 2023 is now available.

ATAGI has released [seasonal influenza vaccines advice](#), including eligibility for vaccination, timing of vaccination and vaccination in pregnancy.

They have also included a reminder that it is safe to administer the influenza vaccination with any COVID-19 vaccination.

The Australian Government Department of Health and Aged Care has released [Program advice for Vaccination Providers](#) outlining Federal eligibility, vaccination timing, NIP vaccines by age group and reporting influenza to the Australian Immunisation Register (AIR).

Resources including fact sheets, brochures and posters are now also available to download and print [here](#)

TGA medicine shortages

There are ongoing medication shortages in Australia, including of some commonly prescribed antibiotics. TGA advice is that prescribers should continue to follow best-practice prescribing guidelines and not switch to second-line antibiotics without strong clinical indications to do so.

There are Serious Scarcity Substitution Instrument (SSSIs) in place for both [amoxicillin](#) and [cefalexin](#) that allow pharmacists to supply alternative amoxicillin or cefalexin medicines (including different brands, strengths, or formulations) according to the established substitution protocol in the instrument.

Further information for prescribers and patients can be found on the [TGA Medicine Shortage Alerts page](#).

TGA advice on avoiding pregabalin in pregnancy

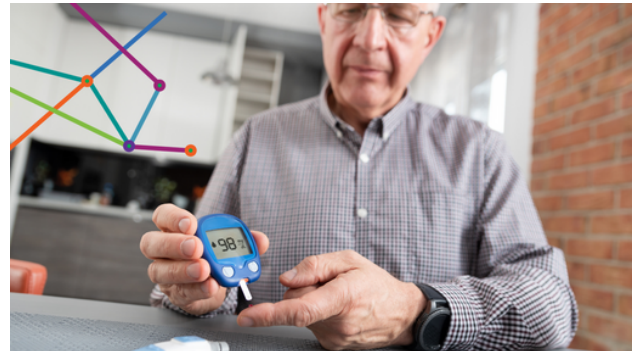
The TGA is advising prescribers to [avoid prescribing pregabalin in pregnancy if possible](#).

This advice is based on a recent study showing an increased risk of major congenital malformations among babies exposed to pregabalin in utero. The pregnancy category for pregabalin has been changed from B3 to D in Australia. The TGA advice is that women should use effective contraception if using pregabalin, and that it ought not be prescribed in pregnancy unless the benefits clearly outweigh the risks.

Local information about prescribing in pregnancy can be accessed through the KEMH Obstetric Medicines Information Service (details on the [Drug Information and Advice HealthPathway](#)).

Sign up to receive TGA Health Professional Updates [here](#).

TGA Statement: Limited Ozempic supplies to commence distribution in Australia



Limited supplies of Ozempic (semaglutide) have now commenced distribution in Australia, at some (but not all) community pharmacies. Initial supplies of Ozempic will not be enough to meet demand from all patients with current valid prescriptions for type 2 diabetes nor for those taking it off-label for other conditions.

The TGA advises prescribers to avoid initiating new patients until supply stabilises and should continue to prioritise supply of Ozempic for people with type 2 diabetes who are current or previous users and for whom other medicines are not suitable.

Where feasible, prescribers are encouraged to liaise with community pharmacies to obtain updates on stock availability to help inform their prescribing decisions.

Read the [full statement from the TGA](#) or visit the [Ozempic shortage webpage](#) on the TGA website.

The TGA is also aware of several scams targeting consumers seeking Ozempic during the current medicines shortage and is urging consumers to only obtain these products from an Australian pharmacy and when dispensed on a valid doctor's prescription. More information is available [here](#)

New exemption for GPs practicing at regional and remote headspace services

From 1 February 2023, GPs at eligible headspace services, who currently receive salaries or other payments from lead agencies, are exempt from subsection 19(2) of the Health Insurance Act 1973 and able to bill against 28 eligible MBS items.

Subsection 19(2) prohibits the payment of Medicare benefits where other government funding is provided for that service. This initiative has been designed to provide headspace services the opportunity to enhance GP remuneration using headspace grants or other funding streams to supplement eligible MBS billings.

Eligible headspace services are those located within Modified Monash (MM) regions MM2-MM7 (rural and remote). headspace services located in MM1 regions will be ineligible for this exemption.

If you have any questions about this exemption, please contact the Youth Mental Health Section at YMHInputs@health.gov.au.

Removal of requirement for GP endorsement for Patient Assisted Travel Scheme (PATS) applications.

The WA Country Health Service (WACHS) Patient Assisted Travel Scheme (PATS) Program has recently streamlined the application process and no longer requires a GP endorsement of PATS applications forms. It is hoped this will result in:

- Simpler, more streamlined process for patients accessing PATS.
- Fewer steps and stakeholders involved in the PATS application process.
- A single point of endorsement (WACHS) for PATS applications.

To streamline the patient journey, any request that falls outside of the current guidelines will be reviewed by WACHS.

The patient's GP may be contacted for additional information, as required to support the decision. The new process will be implemented throughout WACHS regions in the first half of 2023.

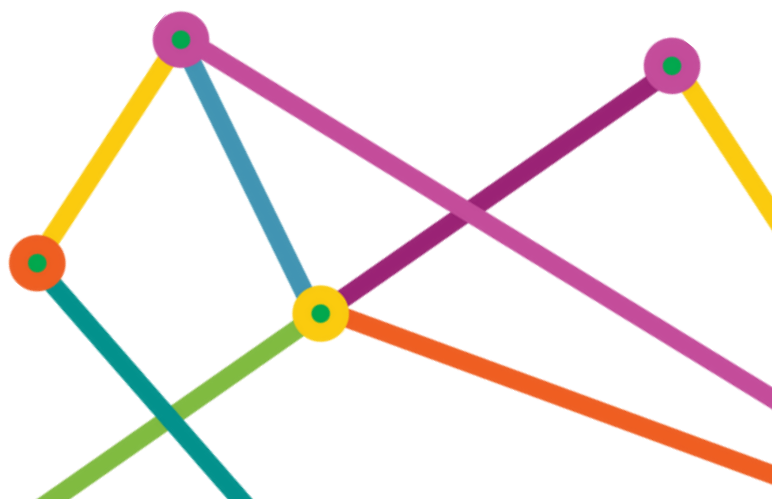
To obtain a date for when this process will be effective in your region please contact your local PATS office or contact Renee Whyatt, PATS Senior Project Officer on (08) 9781 2016 or email renee.whyatt@health.wa.gov.au.

For more information about PATS please visit the [PATS website](#).

New AJGP paper presents practical approach for engaging patients with AOD related issues

In the March Australian Journal of General Practice (AJGP), Alcohol and Other Drugs (AOD) GP medical education team Dr Shani Macaulay, Dr Paul Grinzi and Dr Simon Slota-Kan, published a clinical peer-reviewed article, '[Engaging patients who use alcohol and other drugs: A practical approach](#)'.

The paper builds on the RACGP's AOD GP Education Program, delivered between 2020–22 and funded by the Department of Health and Aged Care. A library of legacy resources are still available on the [RACGP website](#)



Diversion of NMHS Gastroenterology Elective Surgery Wait List cases to EMHS

To manage the increased demand for diagnostic endoscopy within the North Metropolitan Health Service (NMHS), an agreement has been made between East Metropolitan Health Service (EMHS) and NMHS for redirection of referrals for specific endoscopy procedures.

This will include all referrals for flexible sigmoidoscopy, diagnostic gastroscopy, diagnostic colonoscopy, and both diagnostic gastroscopy and colonoscopy to be redirected to either Kalamunda or Armadale Hospital. This will concern the following NMHS postcodes 6005, 6006, 6007, 6008, 6016, 6017, 6050, 6059, 6060, 6061, 6062, 6066, and 6090.

The diversion commenced 6 February 2023 and is currently scheduled to conclude on 30 June 2023. Referrals should continue to be sent via the Central Referral Service, using the Referring to [Direct Access Endoscopy Services referral form](#).

GP Education & Training

Free online education on helping to prevent suicide in seniors

If you work with older people and would like gatekeeper training in how to help prevent suicide, Anglicare have recently developed an online education package. Suicide Prevention for Seniors is funded by the Australian Government under the National Suicide Prevention Leadership and Support Program.

The three-hour online education package is free and suitable for aged care workers, retirement living staff, pharmacists, geriatricians, GP practice staff (clinical and non-clinical) and anyone who works closely with older people.

The program includes one hour of self-paced online gatekeeper training followed by a two-hour Zoom workshop to contextualise the training for seniors. Anglicare can take group or individual bookings for the training package through the [Anglicare website](#)

New eLearning - supporting alcohol-free pregnancy and safe breastfeeding

The Foundation for Alcohol Research and Education (FARE) has launched free training for health professionals, [Supporting alcohol-free pregnancy and safe breastfeeding](#). The course aims to give healthcare professionals the tools, information and confidence to discuss alcohol use in a non-judgemental way with patients who are planning a pregnancy, are already pregnant or are breastfeeding.

Accredited by the Royal Australian College of General Practitioners, the Australian College of Midwives, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Australian College of Rural and Remote Medicine.

To find out more, visit everymomentmatters.org.au



Understanding and engaging patients living with an eating disorder

Save Saturday 6 May 2023 for an interactive, educational workshop delivering a practical approach to assessing and managing patients with eating disorders including interventions that can be undertaken in the GP's office.

Includes presenters from the WA Eating Disorders Outreach and Consultation Service team, GPs with a special interest in the area, a dietitian and a psychologist.

More information and register your interest [here](#)



Gender Diverse and Non-Binary Health educational webinar series



“It was clear from the interest and the presentations that trans, gender diverse and non-binary health is indeed everyone’s business, and that foundational knowledge can go a very long way to creating welcoming clinical environments.”

Dr Irene Dolan

The HealthPathways trans, gender diverse and non-binary health education series kicked off earlier this month with thought provoking and engaging presentations.

Session 2

Date: Tuesday 21 March 2023

Time: 6.00pm - 8.00pm

Session 3

Date: Tuesday 4 April 2023

Time: 6.00pm - 8.00pm

This series is delivered in collaboration with the Child and Adolescent Health Service, East Metropolitan Health Service and Transfolk of WA. Find out more and register [here](#)

Dementia Care in General Practice

WA Primary Health Alliance invites GPs and practice/aged care nurses to this bespoke education opportunity with a leading dementia specialist as we explore a holistic approach to the care of patients with dementia in the community.

This education event will support GPs in providing care to patients with dementia by:

- Outlining best practice principles related to diagnosis and subsequent care
- Demonstrating the use of HealthPathways to guide assessment and management
- Identifying locally based self-referral services for patients and their carers

Speakers:

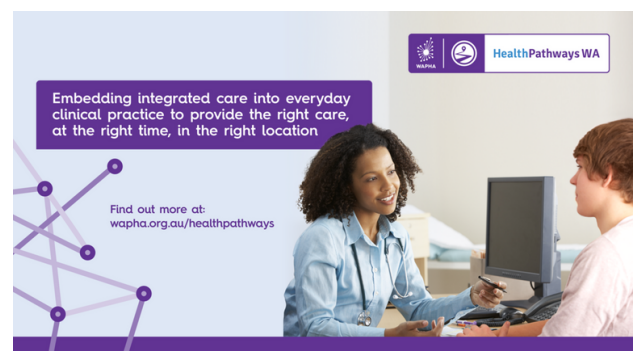
- Dr Sean Maher - Geriatrician and Deputy Chair & Honorary Medical Director, Alzheimer’s WA
- Dr Cory Lei - HealthPathways GP Clinical Editor, WA Primary Health Alliance
- Dr Caroline Vafeas - Senior Program Manager Aged Care, WA Primary Health Alliance

Date: Wednesday 29 March 2023

Time: 5.30pm - 7.30pm (networking and canapes 5:30pm - 6pm)

Venue: WA Primary Health Alliance, Level 2/1 Hood Street, Subiaco

Find out more and register [here](#)



Disclaimer

WA Primary Health Alliance’s publications and the material within them are intended for general information purposes only. Please [read our full disclaimer](#). While the Australian Government contributed funding for this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.