

GP Connect

Keeping GPs informed in the changing primary health landscape



5 May 2022

Progestogen only pills – what’s new?

By Dr Alison Creagh – MBBS, DipRANZCOG, MHPE; Medical Educator at Sexual Health Quarters

While highlighting long acting reversible contraceptives (LARCs), due to their significantly higher efficacy and low to no hormones, it may be easy to forget to include progestogen only pills (POP) when discussing contraceptive choices*.

The POPs available in Australia until recently had the major disadvantage of needing to be taken within three hours of the usual time, or they became much less effective. An alternative option with a 24-hour window is now available (see fig 1.1).

Like other available POPs, with the drospirenone POP:

- Efficacy is around 93 per cent with typical use, and 99.3 per cent perfect use
- Irregular bleeding is common
- Acne and other hormonal side effects are uncommon (1 per cent had acne with drospirenone POP)
- Contraindications include breast cancer, severe cirrhosis, and liver tumours
- Liver enzyme inducing medications will reduce efficacy.

Possible metabolic effects of the drospirenone POP were well investigated, and in summary were:

- no increased risk of VTE, hypertension, adverse lipid or glucose changes or weight gain
- physiological oestrogen levels were maintained, and it was therefore assumed to have no impact on bone mineral density.

Progestogen type & dose	Brands	How it works	How to take it	Missed pills - how long before efficacy wanes	Approx. cost/year, on PBS?
Drospirenone 4mg	Slinda	Ovulation inhibition	Active pill daily 24 days, then 4 inactive pills	24 hours	\$300 No PBS
Levonorgestrel 30mcg	Microlut	Thickens cervical mucus; may block ovulation	Active pill every day	3 hours	\$36 On PBS
Norethisterone 350mcg	Noriday, Locilan	Thickens cervical mucus; may block ovulation	Active pill every day	3 hours	\$37 On PBS

Fig 1.1: Summary of POPs available in Australia

It was found to be equally effective for overweight and obese women as for those of normal weight.

Direct comparisons with other POPs available in Australia are not available, so it is suggested to use a similar pragmatic approach to those for other contraceptive pills – if side effects are experienced with one formulation of POP, try another and see what happens.

For information on starting the drospirenone POP, see the clinician guidance section of SHQ and other national family planning organisations, eg. Visit the [SHQ website](#) and click on the link 'For Clinicians'.

*Note: Some journal articles referenced may be associated with pharmaceutical companies.

References:

1. Family Planning Alliance Australia. In: Efficacy of contraceptive methods. 2019 Family Planning Alliance Australia.
2. Palacios S, Colli E, Regidor PA. Bleeding profile of women using a drospirenone-only pill 4 mg over nine cycles in comparison with desogestrel 0.075 mg. PLoS One. 2020;15(6):e0231856-e0231856.
3. Regidor P-A, Colli E, Palacios S. Overall and bleeding-related discontinuation rates of a new oral contraceptive containing 4 mg drospirenone only in a 24/4 regimen and comparison to 0.075 mg desogestrel. Gynecol Endocrinol. 2021;37(12):1121-1127.
4. Palacios S, Regidor P-A, Colli E, Skouby SO, Apter D, Roemer T, et al. Oestrogen-free oral contraception with a 4 mg drospirenone-only pill: new data and a review of the literature. The European journal of contraception & reproductive health care. 2020;25(3):221-227.

Correction Notice

GP Connect April edition

WA Primary Health Alliance would like to advise the GP Connect April clinical feature, [Non-Accidental Injury in Children](#) contained the following editorial error and an incorrect reference that is not attributed to the author, Dr Alice Johnson:

- 'Physical child abuse is common and is an significant cause of paediatric morbidity and mortality' has been corrected to read, 'Physical child abuse is common and is a significant cause of paediatric morbidity and mortality.'
- WA Guidelines for Protecting Children 2015 has been replaced with the updated version provided by the author, [WA Guidelines for Protecting Children 2020](#)

We apologise to Dr Johnson for the error.

Hospital Liaison GP Updates

Visiting geriatrician outpatient service to SCGH and OPH patients living in residential care facilities

The Geriatrician Residential Outreach (GRO) service welcomes referrals from GPs and NPs who feel their RACF patients would benefit from a geriatrician review. Some common referral indicators are increasing falls, cognitive or behavioural changes, Parkinson's disease management and medication-related issues. Recent unplanned hospitalisation may be another flag. Family involvement in the visit is always encouraged as goals and direction of care is often part of the picture.

The team aims to see patients within two to four weeks of receiving a referral. Please note that due to current COVID requirements, the service is providing telehealth consultations only. In-person visits will resume when conditions allow.

Referrals can be sent to:

Geriatrician Residential Outreach (GRO)
Geriatrics, Acute and Rehabilitation Medicine (GARM)
SCGHOPH
Fax: (08) 6457 8313
Email: OPH.GROReferrals@health.wa.gov.au

The consultants for GRO services are Dr Chermaine Chua, Dr Brendan Foo and Dr Peter Sarkis. They can be contacted via SCGH/OPH switchboard, on 6457 8000, during office hours.

[Dr Cory Lei](#)
[Hospital Liaison GP Sir Charles Gairdner Osborne Park Health Care Group](#)
cory.lei@health.wa.gov.au

Royal Perth Bentley Group Geriatric Assessment Team Ambulatory Unit

The Royal Perth Hospital (RPH) Geriatric Assessment Team (GAT) now offers an ambulatory service with beds which welcome GP referrals. GPs can contact the RPH Acute Geriatrics GP Hotline (via the RPH switchboard on 9224 2244) between 8am-6pm on weekdays if concerned about a patient aged ≥ 65 years/Aboriginal patient ≥ 50 years who lives or is staying in the [RPBG catchment area](#) and would benefit from early assessment by a consultant geriatrician. Out of business hours, the switchboard will continue to direct GP calls for urgent geriatrics advice to the on-call geriatrics consultant.

The GAT also provides timely specialist geriatrics decision making and multidisciplinary care to older patients attending the RPH emergency department (ED) and may contact you if one of your patients presents to ED. The GAT consultant performs an early comprehensive geriatric assessment to promote safe discharge from hospital and reduce readmission to hospital. The GAT encourages direct referrals from GP's and other specialties to facilitate direct community reviews and admissions, bypassing the emergency department and can facilitate early referral to community-based services for ongoing assessment.

[Dr Jacquie Garton-Smith, Hospital Liaison GP](#)
[Royal Perth Hospital](#)
Email: Jacquie.Garton-Smith@health.wa.gov.au
Mondays and Thursdays



COVID-19 HealthPathways

Developed 2 and maintained 14 pathways to help clinicians easily navigate patients through the primary, community and acute healthcare system.

16

25,397 COVID-19 HealthPathway views

283

Commissioned services supported to prepare and continue to deliver effective care

355

Practices onboarded to deliver COVID-19 vaccines

1951

Webinar education session attendees

2696

COVID-19 enquiries managed by Practice Assist

Provided detailed clinical and technical advice to support primary care's collective achievement of more than

1 million

COVID-19 vaccinations administered

7813

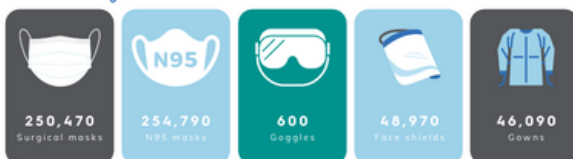
PPE orders processed

61,870

COVID-19 publication views

6801

COVID-19 web page views



Mobilising primary care to respond to COVID-19

Since December 2021, the WA Primary Health Alliance Living with COVID team has been working tirelessly to strengthen and mobilise primary care in preparation for COVID-19 community spread.

As living with COVID becomes the new normal, most people who test positive for the virus will experience mild to moderate symptoms that can be managed at home, or by their GP.

WA Primary Health Alliance CEO, Leanne Durrington said the role of general practice and other community-based health services in delivering COVID-19 treatment and keeping people out of hospital was therefore critical.

“Our team has focused on helping our commissioned service providers and general practices to put processes in place, so they can deliver COVID safe, high-quality care.”

This support includes supplying personal protective equipment, providing information and support via our Practice Assist service, helping as many people as possible get vaccinated, or access care if they test positive, with a focus on those most vulnerable to COVID-19.

Check out the adjacent 3 month activity snapshot and read more on the [WAPHA NewsHub](#)

Consumer research reveals most people experiencing disadvantage are still able to access a GP

To better understand how people who are most at risk of experiencing poor health outcomes access healthcare, WA Primary Health Alliance engaged the Behaviour Change Collaborative (BCC) in 2021 to research consumer views on access and barriers to primary care.

Although 31 per cent of respondents encountered barriers when visiting a GP, 92 per cent of health consumers experiencing disadvantage had visited a GP.

The benefit of having a regular GP to the quality of a patient's experience was clear. Respondents with a regular GP reported finding it significantly easier to visit their GP and were significantly more likely to have had a positive experience, even compared to those with a regular GP practice, but not a regular GP. BCC recommended promoting the benefits of having a regular GP, both to patients but also to general practices.

Read more about the findings and BCCs recommendations on the [WAPHA NewsHub](#)

Clinical Updates

New referral access criteria for public adult neurology and ENT outpatient services

The WA Department of Health has advised standardised referral criteria will apply to all referrals for public adult neurology and ENT outpatient services in WA from the following dates:

- Adult Neurology RAC – 2 May 2022
- Adult ENT RAC – 16 May 2022

Available via the WA Department of Health [Referral Access Criteria webpage](#), the Referral Access Criteria (RAC) is standardised referral criteria that provides guidance around:

- What conditions will be seen in a public outpatient specialty (and what is excluded)
- What investigations are required to be included with referrals to ensure effective and appropriate triage
- Indicative triage categories to assist you in discussing potential wait times with your patient.
- The Central Referral Service will ensure that all mandatory information as outlined in the RAC has been provided before allocating the referral to the appropriate hospital.

Providing the required information as outlined in the RAC will ensure referrals are processed in a timely, consistent manner, and that the patient's first appointment will be as meaningful as possible. The RAC Project is part of a series of wider outpatient reform initiatives being led by the WA Department of Health to improve access to services and streamline the outpatient journey for patients.

The Adult Urology RAC was the first RAC to be developed and implemented in November 2021. A further three speciality RACs (ophthalmology, plastic surgery and Respiratory) are also in development and will be published over the coming months.

Further information, including a series of FAQs, is available on the WA Department of Health [Referral Access Criteria webpage](#) or for specific questions email the project team at DOHSpecialistRAC@health.wa.gov.au.

WA Health advice to support elimination of hepatitis C at a local level

Most people living with chronic hepatitis C virus (HCV) are asymptomatic, so opportunistic identification of people at risk is vital. Once you have identified that your patient would benefit from being tested, to ensure complete and timely diagnosis of chronic HCV, reflex testing is recommended.

A good practice tip is to write on the pathology form: "If anti-HCV positive please perform HCV RNA and genotype."

Resources and supports available to GPs to assist identifying and treating hepatitis C patients include:

- HepatitisWA facilitates professional workforce support for clinicians. If you would like to speak to the hepatitis C GP Liaison Nurse at HepatitisWA, please call Kat on (08) 9227 9802 or email clinicnurse@hepatitiswa.com.au.
- [The Burnet Institute Practice Support Toolkit](#) WA provides information and resources promoting hepatitis C testing, treatment and patient support.
- The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) promote [hepatitis C resources for GPs](#) to assist in eliminating hepatitis C and also host [various training events](#).
- The ['Silverbook' \(Guidelines for managing sexually transmitted infections and blood-borne viruses\)](#).
- The ["Chronic Hepatitis C"](#) HealthPathway

Provide Heart Health Checks to at-risk patients and support Heart Week

One person in Australia suffers from a heart attack or stroke every four minutes. During [Heart Week](#) (2-8 May), you can raise awareness about the importance of heart health by encouraging your practice team to provide [Heart Health Checks](#) to at-risk patients.

Download The Heart Foundation's Heart Week Promotion Pack [here](#)

2022 Influenza immunisation season

With the easing of international and domestic public health measures arising from the COVID-19 global pandemic, a resurgence of influenza is expected in 2022, with the Australian community potentially more vulnerable to the virus this winter.

Annual influenza vaccination is recommended for all people aged six months and over (unless contraindicated). The National Immunisation Program (NIP) and WA Health funds influenza vaccines for people [most at risk](#)

The public are being encouraged to start to book their appointments from mid-April to ensure the best protection at the peak of the season which is usually between June and September.

The WA Department of Health would like to provide a vaccine ordering update to immunisation providers:

- Government-funded influenza vaccines are now available for ordering, subject to availability.
- You can order weekly during the influenza vaccination season. Please order only what you need for the week.
- It is advised that influenza vaccination clinics should be scheduled after your service has received enough vaccine doses.
- For information on the 2022 WA Influenza vaccination program, please visit Vaccine Update 291 - Government-funded Influenza Immunisation Program.
- For information on Vaccine Ordering, please visit Vaccine Update 295 – Government-funded Influenza Immunisation Program.
- General information about the 2022 influenza immunisation program can be found on the WA Health website.

If you have any queries, please contact vaccineorders@health.wa.gov.au.

If your practice would like to get involved in the WA Department of Health 2022 Influenza Prevention Campaign, visit the [WA Department of Health webpage](#) to download and share campaign materials encouraging people to have the influenza vaccine and stay up-to-date with their COVID-19 vaccine.

There is also an [“Influenza Immunisation”](#) HealthPathway.



Improving the uptake of childhood immunisations

As we continue to have a high number of COVID-19 cases in Western Australia, general practices are working to find a balance between treating COVID-positive patients and continuing business-as-usual activities within primary care, such as childhood immunisations.

To ensure babies and children have the best possible protection against vaccine-preventable diseases, access to free routine vaccinations are provided under the [National Immunisation Program \(NIP\)](#).

Immunisation providers can request a 10A report from the [Australian Immunisation Register \(AIR\)](#), which allows clinicians to identify patients who are recorded as being due/overdue for immunisations. The overdue records on AIR can then be reviewed against the patient records held by the practice to determine whether the patient is truly overdue or there is an error in recording or transmitting the vaccination encounter. At this point, the clinician may identify that a recall is required or whether a data error requires further follow up.

To request a 10A report, you will need to login to PRODA and access your HPOS account. For more information, refer to the [Services Australia website](#) for detailed steps on accessing this report.

If you would like further support with this important data-driven quality improvement (QI) activity, contact [Practice Assist](#) and one of WAPHA's Practice QI Coaches will be in touch as soon as possible.

For assistance with clinical decision making, refer to the [“Immunisation - Childhood”](#) HealthPathway.

Immunisation Myths Campaign

To help counteract some of the myths surrounding vaccines and reassure parents they are safe, WAPHA prepared a series of six easy to watch videos and social media posts as part of a campaign called [Immunisation Myths](#).

These short, colourful, one minute videos are aimed at debunking immunisation myths such as vaccines are unsafe, vaccines cause autism and too many vaccines overwhelm a baby's immune system. These videos can be watched, shared and posted to social media.

The PneumoSmart Vaccination Tool

The [Immunisation Coalition's PneumoSmart Vaccination Tool](#) has been created using the pneumococcal disease vaccination recommendations in the online Australian Immunisation Handbook. As pneumococcal disease vaccination recommendations change, the tool will be updated by clinical experts at the Immunisation Coalition.

Catch-up pneumococcal immunisations for children less than 5 years of age are complex. Appropriate catch-up vaccines should be offered as recommended:

- In the [Australian Immunisation Handbook](#)
- As per the [Immunisation Calculator](#)
- [Catch-up schedule](#) for 13vPCV for Aboriginal and Torres Strait Islander children living in New South Wales, Victoria, Tasmania or the ACT, and all children who do not have risk condition(s) for pneumococcal disease, aged less than 5 years
- [Catch-up schedule](#) for 13vPCV for Aboriginal and Torres Strait Islander children living in Northern Territory, South Australia or Western Australia only, and all children with risk condition(s) for pneumococcal disease, aged less than 5 years.

Access the PneumoSmart Vaccination Tool [here](#).

Resources to support Japanese encephalitis virus (JEV) outbreak in Australia.

Japanese encephalitis virus (JEV) has been detected in parts of southern and eastern Australia, in humans and in a number of piggeries, and has been declared a Communicable Disease Incident of National Significance.

The Australian Government's health and agriculture departments are working closely with their state and territory government counterparts to ensure a coordinated response.

A national working group of communicable disease, vaccine and arbovirus experts has been established to support the response.

The response includes mosquito surveillance and control measures and identification of those at direct risk, and the rollout of vaccines.

For more information about the spread of JEV in people and human health information please download the [Information Kit for Health Professionals](#) and visit the [Department of Health website](#).

Changes to MBS rules on diagnostic imaging

From 1 May 2022, only diagnostic imaging services performed on equipment within its effective life age or maximum extended life age will attract a Medicare rebate, irrespective of where the equipment is located.

The changes will ensure that patients have access to high quality diagnostic imaging services using up-to-date equipment. Under the principles of informed financial consent, providers should advise patients that no Medicare benefits are payable if the service will be rendered on out-of-date equipment.

[Read more](#)

National Palliative Care Week 2022

National Palliative Care Week is Australia's largest annual awareness-raising initiative, sparking important conversations about the benefits of quality palliative care and acknowledge and celebrate the commitment and dedication of all those working and volunteering in the palliative care sector.

From Sunday 22 – Saturday 28 May 2022, virtual and face-to-face events will be held across the country for clinicians and the community including:

- [Palliative Care Education and Training Collaborative's Palliative Approach Webinar](#)
- [Palliative Care Education and Training Collaborative's Palliative Approach Webinar – South West Perspective](#)
- [Palliative Care WA Breakfast \(Perth and Bunbury\)](#).

National Palliative Care Week is also a great time to check out [Palliative Care Australia's 2022-2027 Roadmap](#) meeting the growing demand for palliative care in Australia, expected to increase by 50 per cent between now and 2035, and double by 2050.

Your practice can also help PCA raise awareness via social media using the [campaign resources](#) and [events](#) form. Join the NPCW conversation using the hashtags #NPCW2022 and #palliativecare. Interested clinicians may also like to view the "[Palliative Care](#)" suite of HealthPathways.

Budget 2022-23 announcement on take home naloxone

The Australian Government is investing \$19.6 million over 4 years from 2022-23 to implement the Take Home Naloxone Program nationally. Naloxone will be available in all Australian states and territories from 1 July 2022 at no cost and without a prescription to anyone who may experience, or witness, an opioid overdose or adverse reaction.

Read the full statement from the Australian Government [here](#)

GP Education & Training

Digital health for specialists – a game changer, transforming how we share care

Join the Australian Digital Health Agency, WA Primary Health Alliance, and our special guest Dr Hemant Kulkarni (Renal physician, Wexford Nephrology and Royal Perth Hospital) and other speakers, to hear how digital health is transforming care.

Date: 9 May 2022

Time: 5pm-6pm

More information and register [here](#)

Alcohol & Other Drug Network - a Project ECHO Initiative

Recognising the critical role general practice plays in keeping people well in the community, WA Primary Health Alliance has committed to build the confidence and capability of primary care practitioners to support people experiencing alcohol and other drug issues.

To support this work, we have launched WA's first Project ECHO® Network, on the topic of alcohol and other drugs (AOD), with the support of the RACGP WA and ECU's Treating Alcohol and Other Drugs in Primary Care (TADPole).

Next session (more information coming soon):

Date: 26 May 2022

Time: 6pm - 7.30pm

More information and register [here](#)

Visit wapha.org.au/events for more GP education opportunities