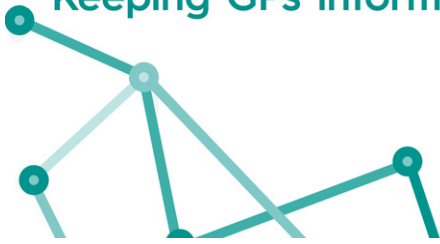


GP Connect

Keeping GPs informed in the changing primary health landscape



20 October 2022

Centre for Clinical Interventions - Guided self-help workbook for eating disorders

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Eating disorders are serious psychiatric illnesses that affect people of all ages, races, ethnicities, body shapes and weights, sexual orientations and socio-economic statuses. Anorexia nervosa has the highest mortality rate of any psychiatric illness, with increased risk of suicide and medical complications. Many people with eating disorders look healthy yet may be extremely ill.

We know that early detection and intervention are crucial when it comes to eating disorders. Unfortunately, there are long waiting lists for specialised treatment services. This is particularly challenging for GPs who hold primary care of patients while they wait for specialist treatment.

Cognitive behavioural therapy guided self-help (CBT-GSH) is a structured, evidence-based treatment which may be suitable as a first-line or complementary intervention for older teenagers and adults experiencing mild to moderate presentations including bulimia nervosa, binge eating disorder, and disordered eating.



In certain circumstances (e.g. precipitous weight loss at any size, medical instability at any size) it is most appropriate for patients to first seek assistance from a GP, psychologist, or mental health clinician, who may include CBT-GSH as part of a more extensive treatment plan. In cases of severe mental health conditions such as suicidal ideation, psychosis, and/or severe or persistent depression, CBT-GSH alone is unlikely to be a sufficient intervention.

The Centre for Clinical Interventions (CCI) has responded to the need for urgent, evidence-based treatments that are accessible to patients at the point of seeking help by developing a new cognitive behavioural therapy for eating disorders (CBT-ED) workbook, [Break Free from ED](#). The new self-help workbook provides clear, scientific, and up-to-date information about eating disorders and guides consumers through key components of CBT-ED.

The workbook is designed as an active, transdiagnostic guide to recovering from an eating disorder. Consumers may choose to work through it on their own or with support of a mental health clinician.

Continued page 2

Centre for Clinical Interventions - Guided self-help workbook for eating disorders (cont)

The modules in the workbook cover:

- Features of eating disorders and risks, and common maintaining factors
- Establishing weekly weighing
- Using self-monitoring to understand patterns of eating as well as other eating disorder thoughts and behaviours.
- Steps towards eating regularly, adequately, and including feared foods as part of recovery, as well as how to use behavioural experiments to test out fears
- Information and strategies for binge eating, purging, and driven exercise
- Body checking and body avoidance
- Examination of the role of negative core beliefs in keeping people vulnerable to eating disorders
- Developing a relapse prevention action plan.

Below are the top three tips from the CCI for GPs who are managing patients with eating disorders in Western Australia:

Step 1: Advice and consultation

GPs anywhere in Western Australia can access free advice on medical management of patients with eating disorders through the [WA Eating Disorders Outreach and Consultation Service \(WAEDOCS\)](#). 1300 620 208, 9am to 4pm, Monday to Friday.

Step 2: Upskilling on eating disorders

The National Eating Disorders Collaboration has just released free training specifically for GPs wishing to get upskilled on eating disorders. [Eating Disorder Core Skills: eLearning for GPs](#) is accredited by the RACGP as a CPD Accredited Activity (40 points), the General Practice Mental Health Standards Collaboration (GPMHSC) as Mental Health CPD and the Australian College of Rural and Remote Medicine (ACRRM) under the Professional Development Program.

Other useful NEDC resources include:

- The [Cognitive Behavioural Therapy Guided Self Help \(CBT-GSH\) Fact Sheet](#) provides further information for GPs to understand the role of CBT-GSH and how to take patients through the process, as well as indications and contraindications for treatment.

The newly released [Management of eating disorders for people with higher weight: clinical practice guideline](#). This guideline supports all health professionals in the management of this under-recognised, under-treated, and stigmatised population.

Step 3: Direct your patient to [CCI's Break Free from ED guided self-help workbook](#)

If you direct your patient to the free workbook they can get started immediately on recovery steps while they wait for specialist treatment. GPs can access the workbook through the [HealthPathways Eating Disorders pathway](#) under the tab "For patients".



Visit the [CCI website](#) for more information or scan the QR code.

Hospital Liaison GP Updates

Armadale Health Service - Healthcare To Community

In collaboration with Armadale Kalamunda Group and WA Primary Health Alliance, East Metropolitan Health Service is developing and piloting a Multimorbidity Management Framework which aims to improve the management of patients with complex chronic medical conditions when transitioning from hospital to primary care.

To truly develop patient centred care, the Healthcare To Community Team will be facilitating case conferencing from an outpatient setting which aims to improve the communication between Armadale Health Service and local general practice by providing a multidisciplinary clinical handover of the patient when transitioning from hospital to primary care.

“Our vision is to provide excellent care by promoting self-management and linkage to the community”

This service will be provided through The Healthcare To Community (HC2C) team that provides inpatient and outpatient care coordination.

Armadale Health Service - Healthcare To Community (cont)

The service is focused on delivering patient-centred, individualised care to support patients to manage their complex conditions.

The benefits to general practice include:

- Increased knowledge and skills to conduct case conferencing which includes MBS claimable items.
- Increased knowledge and skills to conduct case conferencing which includes MBS claimable items.
- Strategies to more efficiently manage patients with chronic conditions between hospital and primary care by leveraging community-based disease-specific services, e.g., Silver Chain COPD Program.
- Streamlined communication between Armadale Health Service, the patient and General Practice.

For more information on how your practice can be involved please contact: EMHS, Planning Innovation & Commissioning at

EMHS.PlanningInnovationCommissioning@health.wa.gov.au

Dr Sarah Wade
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Armadale Health Service
Email: Sarah.Wade@health.wa.gov.au

Clinical Updates

End to mandatory COVID isolation

The WA Department of Health reminds GPs that mandatory COVID isolation ended last Friday 14 October. Western Australians are still recommended to take steps to reduce the spread of COVID-19 and protect others.

People with COVID-19 are recommended to:

- Stay at home for at least 5 days until their symptoms clear
- Avoid large gatherings and crowded indoor places

- Don't visit people at high risk of severe illness, aged or disability care facilities or healthcare facilities, such as GP, physio and dentists for 7 days
- Wear a mask when indoors and on public transport
- Notify their employer and discuss when to return to work.

People should still register their positive RAT online.

People working in high-risk settings, such as hospitals or public healthcare services or facilities, cannot attend work until 7 days after testing positive for COVID-19.

Asymptomatic close contacts who work in high-risk settings can attend work with the agreement of their employer, provided they:

- Wear a face mask
- Return a negative RAT prior to each work shift and;
- Actively monitor for symptoms.

State-run COVID-19 vaccination clinics close

Participating GPs continue to play a key role in administering COVID-19 vaccinations, with all WA's State-run COVID vaccination clinics set to close by early November.

The State-run clinics at Claremont Showgrounds, Armadale, Maddington and Wanneroo have already closed while Joondalup (27 October), Midland (29 October), Mirrabooka (6 November) and Kwinana (6 November) clinics will close in a phased approach.

Health of the Nation 2022 report out now

The RACGP's General Practice: Health of the Nation report provides annual insights and draws on specifically commissioned research spanning six years to highlight point-in-time and longer-term trends in Australian general practice.

- This year's report focuses on the sustainability of general practice, highlighting concerning issues that have arisen after years of chronic underfunding.

[Read the report](#)



Updated Perth Children's Hospital Enuresis Pre-Referral Guidelines

Enuresis (nocturnal enuresis) or bedwetting is the most common type of urinary incontinence in children. It is multifaceted and can cause significant psychological effects on both the child and the family.

Monosymptomatic enuresis is treatable in the primary healthcare setting.

The General Paediatrics Department together with the Continence Service at PCH have updated the Enuresis Pre-referral guidelines (PRG) and can be found [here](#)

This PRG provides updated information on:

- Management of enuresis in conjunction with the [HealthPathways Enuresis in Children Pathway](#)
- A Bladder and Bowel Diary resource for use by families and GP's to track urine output and bowel function
- Available clinics dedicated to enuresis and their eligibility criteria

Check out the GP education events on page 8 or visit wapha.org.au/events

75+ Health Assessments and Advance Care Planning

Advance Care Planning (ACP) or Advance Health Directives (AHD) to Older People is recommended in the following circumstances:

- The person has one or more significant medical conditions.
- The person has a measurable change in their level of function/requires an increased level of support to perform their daily activities
- The person has increased hospital admissions in the past 12 months due to deterioration associated with their underlying condition(s)
- The person has been diagnosed with a new significant or terminal medical condition
- The person has been diagnosed with a progressive neurological condition and is at risk of losing their mental capacity in the next 12 months.
- The person is likely to transition into residential aged care in the coming 12 months
- When the answer is "No" to the "Surprise Question" – Would you be surprised if this person died within the next 12 months (www.goldstandardsframework.org.uk/cd-content/uploads/files/General%20Files/Prognostic%20Indicator%20Guidance%20October%202011.pdf)?
- The person indicates that they would like to talk about their future health care and medical treatment.

It is recommended that ACP conversations are integrated into routine health assessments for the older person which include the 75+ health assessment and the Indigenous Health Assessment.

WA Health have just released the new Advance Health Directive Form and updated ACP resources – these can be accessed [here](#)

Starting the conversation can be difficult and it might be helpful to use the four-step model for ACP developed by Palliative Care WA (PCWA) which can be accessed [here](#)

The [Advance Care HealthPathway](#) has a number of useful resources.

The importance of ACP conversations cannot be understated. Research has demonstrated that:

- ACP resulted in a significant reduction in the rate of hospitalisations for people in their last year of life and for those admitted to hospital, their length of stay was much reduced.
- ACP reduced the probability of an ICU admission in the last six months of life.

The role of GPs in supporting the uptake of ACP for older people will support them to make important choices about their future care and will better prepare their families for bereavement. See the [Health Professionals Guide to Advance Care Planning in Western Australia](#) and the [End of Life and Palliative Care Education and Training Framework](#) for more information.

Information on MBS billing items related to ACP activities can be found [here](#)

See pg.8 for upcoming education opportunities for GPs and general practice.

Monkeypox vaccine for people most at risk

WA Health has secured a limited amount of the JYNNEOS vaccine to protect against monkeypox. More supply is expected to arrive in WA this month, and in 2023.

The vaccine is available for people most at risk of getting monkeypox – see [HealthyWA](#) for the most up-to-date eligibility criteria.

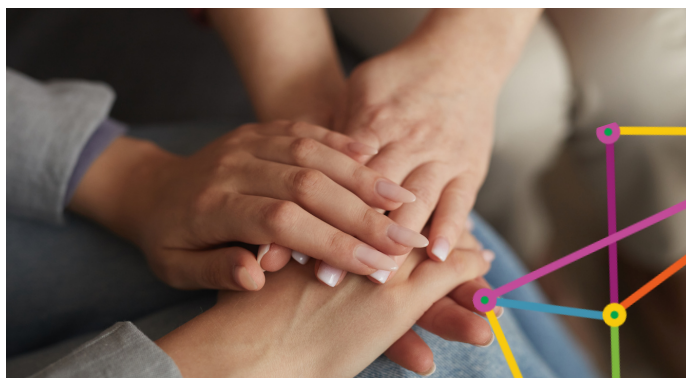
Widespread vaccination is not currently recommended due to the very low risk of infection for the general population.

As more vaccines become available in October 2022, the eligibility criteria will expand, allowing more people access to the vaccine.

People can register their interest to receive a monkeypox vaccine via [VaccinateWA](#). They will be contacted if they are eligible, or when they become eligible, to book in for their vaccine.

Alternatively, selected health clinics are also administering the vaccine - clinic names and contact details can be found on [HealthyWA](#).

Updated abortion booklets for doctors and their patients



The Women and Newborn Health Service has recently published three new booklets to support pregnant people to make their own choices about pregnancy options.

The new information on abortion includes information booklets for consumers and health professionals, including what the process entails in detail, complications during pregnancy, and support and counselling available for people seeking abortion.

1. [Abortion: An information booklet for consumers](#)
2. [Abortion: After 14 weeks when there is a fetal anomaly](#)
3. [Abortion care: information and legal obligations for medical practitioners](#)

The consumer booklets are also available on the KEMH website - [Pregnancy choices \(including abortion\)](#).

The booklet for medical practitioners provides further information on legal obligations for medical practitioners with the current law in Western Australia, as well as information about support services available at WNHS and in the community for people experiencing an unintended pregnancy.

It includes requirements of informed consent, guidelines for care of dependant minors, and people in vulnerable situations, for example those experiencing violence/sexual assault

For health professionals - [King Edward Memorial Hospital - WNHS pregnancy choices and abortion care service for WA Health professionals](#)

Shoulder injury related to vaccine administration (SIRVA)

Shoulder Injury Related to Vaccine Administration (SIRVA) is a rare complication of suspected incorrect vaccine administration into the shoulder. Damage to local structures within the shoulder joint can occur, including to ligaments and tendons, as well as a local inflammatory response to the vaccine components.

This results in shoulder pain and limited range of movement of the affected limb. Diagnoses include bursitis, tendinitis and rotator cuff tears. Bursitis is the most commonly reported diagnosis on ultrasound. Symptoms are usually immediate and can last for days, months or as long as years.

More information on SIVA can be found in the [Immunisation Handbook](#) and on the [Melbourne Vaccine Education Centre website](#).

New report: Youth depression in Australia

Each year, at the beginning of Mental Health Month, the Black Dog Institute publishes a research report on a key topic to stimulate discussion about how we can better prevent and manage mental health issues in our society.

This year's report, [Turning the tide on depression: A vision that starts with Australia's youth](#), focuses on depression in children, adolescents, and young adults.

Black Dog has used the latest research data to document how rates of depression and self-harm have risen amongst Australia's adolescents and young adults over the last decade and some of the worrying changes in symptoms amongst Australian children since the COVID-19 pandemic.

They have also explored the challenges of poor social and emotional wellbeing for young First Nations peoples.

New day hospice in Kalamunda Hospital

The East Metropolitan Health Service has recently opened a new public day hospice for palliative care patients in the catchment.

Offering a 12-week social and therapeutic programme of care, the day hospice can help to address symptom control and support your patients physical, emotional and spiritual needs.

It can also provide an environment where patients can relax and meet others living at home with a life-limiting illness. See the [patient brochure](#) for more information or download a copy of the [GP referral form](#). Send completed referrals to akg.referrals@health.wa.gov.au

Supporting patients with cervical screening self-collection

Anyone eligible for a Cervical Screening Test (CST) under the National Cervical Screening Program (NCSP), i.e., women and people with a cervix aged 25-74 years who have ever had any sexual contact, can now choose to screen either through self-collection of a vaginal sample (unless a co-test is indicated), or clinician-collection of a sample from the cervix using a speculum.

A CST using a self-collected vaginal sample is as accurate as a clinician-collected sample taken from the cervix during a speculum examination. In some cases, including where patients require a co-test (HPV and LBC), self-collection is not appropriate. The program has seen a promising level of self-collection uptake amongst eligible patients since it was made available to all women and people with a cervix eligible for cervical screening. To help maintain the continued uptake, please see below some key resources to support GPs in offering self-collection:

- The NSCP has produced a [quick reference guide](#) to self-collected vaginal samples for healthcare providers.
- The HealthPathways [Cervical Screening Pathway](#) contains information to support clinicians in the assessment, management, and referral of patients presenting for cervical screening.

Primary Health Networks welcome new partner to Primary Health Insights Platform



Primary Health Networks (PHNs) have welcomed the Australian Institute of Health and Welfare (AIHW) as a participant in Primary Health Insights, the platform developed for the secure storage and analysis of de-identified general practice and other health data by PHNs.

The AIHW is an independent statutory Australian Government agency. It produces authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to improved health and wellbeing for all Australians.

Primary Health Insights provides the AIHW with a ready-built, secure platform for the management of the National Primary Health Care Data Collection (PHCDC), a new long-required resource to be developed to support population health monitoring, research, policy and planning.

Like PHNs, the AIHW will have its own individually secure lockbox for data storage. It will not have access to PHNs' data, including data shared by general practices, whether that data is stored in Primary Health Insights or otherwise.

Any data sharing between PHNs and the AIHW may only occur in line with agreements that define which data sets are to be shared and for what purposes, and which in turn comply with the Data Sharing Agreements held by PHNs with the general practices in their area.

Importantly, data shared by PHNs with the AIHW cannot be used, or allowed to be used, for any performance benchmarking or financial audit undertaken by a Commonwealth or State government agency or any other funding body.

Benefits to PHNs and general practice

The AIHW's participation in the platform will provide benefits through their provision of additional resources that will be used for:

- platform enhancements that further its development and evolution including ISO 27001 accreditation
- building Primary Health Insights analytics capacity for PHNs' use and general practices' benefit
- enabling process improvements that enhance data quality and comparability
- increasing PHNs' efficiency including the submission of general practice PIP QI data, and
- providing a safe and secure enclosed environment where the AIHW and PHNs, under specific agreements, can safely share data.

The AIHW has become a 'non-member partner' in Primary Health Insights which provides access to platform services and participation in the governance committees that oversee the platform and how data is used on it. Ownership and control of Primary Health Insights remains 100% with the PHNs.

Participation provides the AIHW with the opportunity to investigate, trial, assess and contribute to the functionality and potential scope of the platform as the host infrastructure for the PHCDC. This supports the AIHW's role in leading primary health care data development, further details of which are available on their website.

The AIHW's expertise spans statistical analyses and data science, data development and management, data standards, social science, data linkage, epidemiology, people-centred data and more. As key stakeholders in primary care planning, continuity of care and local level service delivery, PHNs look forward to this collaboration with the AIHW and the benefits it can bring to the delivery of primary health care.



GP Education & Training

Alcohol and Other Drug Network – Session 9

Have you ever had to tackle managing opioid prescriptions and chronic pain in patients? Do you have questions about prescribing opioids or alternatives, to manage patients' chronic pain?

At the ninth and final session for 2022, AOD experts Dr Simon Slota-Kan and Dr Rupert Backhouse will provide their advice on any questions or queries you may have. Dr Slota-Kan will interview Dr Backhouse, to discuss tips, tricks, and relevant resources in managing opioid prescription for chronic pain.

Unlike other learning platforms, the AOD Network is an opportunity to collaborate with experts in the field about managing real de-identified AOD cases.

These events attract two RACGP and ACRRM CPD points per session or 40 CPD points for five or more sessions.

Date: Thursday 27 October 2022
Time: 6.00pm - 7.00pm
Venue: Online

More information and register [here](#)

Palliative Care Evening for GPs

An interactive session utilising group discussion and case studies to provide GPs with greater understanding of palliative care.

Date: Thursday 11 November 2022
Time: 6.00pm -8.00pm
Venue: The Mangrove Hotel, Broome

More information and register [here](#)

WA Ear and Hearing Health Forum

Following the 2021 WA Ear and Hearing Telehealth Forums, health professionals are invited to join Rural Health West at this one-day event to engage and network and to:

- Learn and identify culturally-inclusive practices for Aboriginal people and families.
- Hear from local planning forums and providers about successful collaborations.
- Identify intersectoral partnerships and initiatives in improving ear and hearing health outcomes.
- Learn from leading WA researchers supporting ear and hearing health.
- Participate in hands-on interactive upskilling and education on current guidelines and protocols.

Date: Friday 8 November 2022

Time: 7:30am -5.00pm

Venue: The University of Notre Dame, Fremantle

More information and register [here](#)

New and Revised WA Advance Health Directive Webinar Series: Webinar 4 – General Practice

Hear general practice specialists share their experiences and knowledge of advanced care planning (ACP) that will assist you to place your patients or clients at the centre of their own care.

Date: Thursday 7 November 2022
Time: 6pm - 7pm
Venue: Online

More information and register [here](#)

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