GP Connect

Keeping GPs informed in the changing primary health landscape

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

25 September 2025

Supporting patients who wish to die at home

Dr. Cory Lei, MBBS FRACGP CHIA, General Practitioner, Clinician Assist WA GP Clinical Editor (WAPHA), Hospital Liaison GP (SCGOPHCG)

Surveys show most Australians express a wish to die at home but for the majority, this does not occur. Over half of all Australians die in hospitals and around a third in residential care. This represents one of the lowest rates of deaths occurring at home among OECD countries[1].

Acknowledging that what constitutes a good death is highly individualistic, people often prefer to die comfortably at home, surrounded by friends and family and with appropriate care services. Other important factors include knowledge and awareness of their condition and the process of dying, dignity and privacy, control over pain and symptom relief, and access to spiritual and emotional support.

The home setting may provide a more private, comfortable, familiar environment that allows people to have an enhanced sense of control and dignity. Yet, despite individual preferences and the benefits of dying at home, there are many reasons why this doesn't occur.

Barriers to dying at home include a lack of discussion about death and advance care planning, increased pressure on families to provide care, social isolation, funding challenges, and a lack of support services and medical care.

GPs can play an important role in supporting patients who wish to die at home through discussion and preparation of advance care planning documentation, helping patients to understand their condition, counselling and supporting patients and their family members, providing interventions for symptom management, and referring to specialist palliative care services when required.

When caring for a dying patient at home, important considerations include:

- discussing with the patient and carers what is likely to be involved in terms of care, and whether any additional equipment will be required
- informing carers and family what to expect when the patient is dying, and what to do following the death
- emotional, religious and cultural well-being needs.

The newly reviewed palliative care clinical pathways on Clinician Assist WA provide GPs with guidance on managing patients with varied palliative care needs, from evaluating new patients to the management of common symptoms.

Continued page 2

Supporting patients who wish to die at home (cont)

Changes to Home Care Packages from November this year will enable recipients to access additional funding at the end of life under the new Support at Home program. Details of the eligibility assessment are included in the New Palliative Care Patient clinical pathway, which also includes a dying at home section with practical points of discussion, links to a checklist to go through with patients and take-home resources.

Information about services that are available to support GPs are also included on the Palliative Care Advice and Palliative Care Services request pages.

Providing palliative care to patients can be a meaningful and fulfilling role with a deep sense of purpose. GPs wishing to provide palliative care can explore the range of resources available on Clinician Assist WA and reach out to palliative care specialist advice services.

Useful resources for GPs:

- Clinician Assist WA – Palliative Care
- End of Life Directions for Aged Care – Primary Care Toolkit
- Palliative Care Australia – Supporting palliative care patients who choose to die at home
- Palliative Care WA

References:

1. Swerissen, H and Duckett, S., 2014, Dying Well. Grattan Institute
ISBN: 978-1-925015-61-4. https://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf

Hospital Liaison GP updates

New PCH referral guideline for avoidant/restrictive food intake disorder

Avoidant/restrictive food intake disorder (ARFID) is characterised by restrictive eating patterns that are not associated with concerns about body shape or size. ARFID can lead to significant nutritional deficiencies, weight loss, dependence on enteral feeding or oral nutritional supplements and psychosocial impairment.

ARFID is defined by an eating disturbance leading to one or more of the following:

- significant weight loss or failure to achieve expected weight gain
- significant nutritional deficiency
- dependence on enteral feeding or oral nutritional supplements
- marked interference with psychosocial functioning.

Most children and young people with restrictive eating patterns can be managed safely in the community with a multidisciplinary approach:

- GP - regular reviews to monitor physical and biochemical status
- psychologist - mental health support for the child and family
- dietitian -advice on dietary intake and nutritional requirements.

For children with concerning restrictive eating patterns about body shape or size, refer to the Perth Children's Hospital Eating Disorders Pre-Referral Guidelines

Refer children to Perth Children's Hospital (PCH) general paediatrics department (or adolescent medicine department if over 12 years of age) if the child meets ARFID definition and:

- has severe weight loss, nutritional deficiencies not responding to management in general practice, or dependence on enteral feeding
- physiological instability (postural hypotension, bradycardia etc)
- community-based interventions have been unsuccessful
- specialised paediatric dietetic services are needed.

Further information about ARFID and the pre-referral guideline is available at the PCH website.

RESP-ACT: Optimising respiratory health for children with cerebral palsy

Cerebral palsy (CP) is not a respiratory condition but adults with CP are 14 times more likely to die of respiratory disease than adults in the general population. For children with CP, respiratory disease is the leading cause of death and the leading cause of unplanned hospital admissions. Therefore, health management in children with CP needs to involve respiratory management.

Continued page 3

RESP-ACT is a 12-month grant funded program of integrated multidisciplinary care for children with CP at risk of respiratory disease. The intervention is individualised to each child's unique respiratory risk factors. Referrals are accepted for babies and children, up to 16 years of age, diagnosed with CP or CP-like conditions.

Commencing with an initial comprehensive assessment of risk factors, from which an individualised treatment plan is prepared, RESP-ACT involves:

- multidisciplinary specialists
- a clinical nurse specialist, (who is the first point of contact)
- inter-sector care coordination between hospital and community-based clinicians, (including GPs)
- parent education to respond to respiratory exacerbations
- clinician and community education and support through workshops, one-to-one advice and developed resources.

The RESP-ACT team encourage families of all children in the service to have their own GP.

GPs can contact RESP-ACT team on pch.respact@health.wa.gov.au and can refer children via the Central Referral Service.

Expressions of interest open for RESP-ACT online workshop

GPs interested in professional development in how to identify and manage children with CP at risk of respiratory disease can express their interest in attending a RESP-ACT online workshop here.

Dr Claire Bowden
Hospital Liaison GP, Perth Children's Hospital
PCH.HospitalLiaisonGP@health.wa.gov.au
(08) 6456 3317
Available:Monday

Starting a conversation with local GPs to enhance maternity care at Armadale Hospital

To optimise the care of pregnant women, Armadale Hospital would like to open a dialogue with GPs in the Armadale catchment about referral timing, pathways and early pregnancy interventions that help improve patient outcomes.

Starting with the common reasons for early intervention and referral, the hospital would like to hear from local GPs about the difficulties you may be experiencing as primary carers/referrers.

A digital forum is being formed to better facilitate ongoing feedback. Email ann.lewis@health.wa.gov.au to be added to the official WhatsApp group.

Managing patient expectations about hospital maternity care at Armadale Hospital:

- Armadale Hospital is unable to guarantee the gender of care providers.

- Due to the growing evidence of harms caused by preterm and early term delivery (delivery between 37 weeks, zero days and 38 weeks, six days), inductions or caesarean deliveries will not be scheduled at Armadale Hospital before 39 weeks without a strong medical indication. This should be discussed with women early in their care, ideally with their usual GP.

- Many of the postnatal beds are in shared rooms (of two patients) which means that only in exceptional circumstances, partners cannot stay overnight on the postnatal ward. Partners are able to stay and support their loved one for the duration of the birth, including in the operating theatre during caesarean delivery.

Dr AH Lewis
Director of GP Armadale Kalamunda Group
Ann.lewis@health.wa.gov.au
0428711003

Clinical updates

Whooping cough reaches highest outbreak levels since 1991 - resources available to support conversations with patients

The Australian Medical Association reports that Australia is currently experiencing its most significant and long-lasting pertussis outbreak in decades, with more than 57,000 cases reported in 2024 alone, the highest annual total since 1991.

In Western Australia, 2025 notifications are close to 1500 cases (1485 at time of publication), rising from 1314 in 2024 and a staggering increase on 78 cases in 2023. The Kimberley and South West regions are seeing particularly high rates of infection with 80 and 177 notified cases respectively.

Resources to support pertusiss vaccination conversations with pregnant women, parents and caregivers include:

- Healthy WA - Whooping cough (pertussis) vaccine in pregnancy
- The Kids Research Institute Australia - Whooping Cough | Parent Resources
- The Kids Research Institute Australia – Whooping cough fact sheet

More information for clinicians on the WA Health website

Antenatal immunisation resources for WA clinicians

WA Department of Health has developed resources to support conversations with pregnant patients about immunisation against pertussis, influenza, COVID-19 and RSV including:

- Influenza vaccination in pregnancy
- Pertussis vaccination in pregnancy
- 2025 WA Respiratory Syncytial Virus (RSV) Infant and Maternal Immunisation Program – What parents and carers need to know

More information for clinicians on the WA Department of Health website

New measles cases in WA linked with overseas and FIFO travel- free vaccines for those most at risk

At time of publication, Western Australia has recorded 38 measles cases in 2025, compared to six in 2024. There have been 16 cases of measles identified in WA between July and September 2025, of which 5 have been in returned overseas travellers and 11 have been locally acquired.

There is currently an active measles alert in the Perth and Pilbara regions with new exposure locations. Most recent cases visited multiple locations in Perth while infectious (including Perth Airport terminals).

Suspect measles in any patient with fever and rash, especially if they have recently travelled overseas or attended a listed exposure location during the specified period (even if vaccinated).

Refer to the WA Department of Health Measles Quick Guide for information on testing, management and notification in primary health care.

The National Immunisation Program (NIP) and WA Health provide measles-containing vaccines for individuals most at risk in Western Australia, including:

- infants aged 6 months to under 12 months, who are travelling overseas to countries where measles in endemic or experiencing a measles outbreak (after an individual risk assessment undertaken by a medical professional), or to infants between 6 and 12 months of age if they have recently been exposed to someone with measles while they were infectious
- children at 12 months and 18 months
- individuals born after 1965 who have not already received two doses of MMR vaccine.

More information for clinicians on measles immunisation is available on the WA Department of Health website.

WA Department Health does not recommend serology for people who are unsure if they have had two doses of measles vaccine. Instead, it is recommended that they receive 2 doses of MMR vaccine, at least a month apart. Information for patients is available on HealthyWA.

Immunisation recommendations for people with medical risk factors

The Australian Immunisation Handbook now includes a resource providing a high-level overview of vaccination recommendations for people with medical risk factors and the current funding status Access the reference table here.

Supporting vaccination of migrants, refugees and people seeking asylum in Australia

Vaccination is a priority for all migrants, refugees and people seeking asylum after arriving in Australia and they are eligible for free vaccines under the NIP if they did not receive them in childhood.

The Australian Immunisation Handbook includes specific guidance on vaccination for migrants, refugees and people seeking asylum.

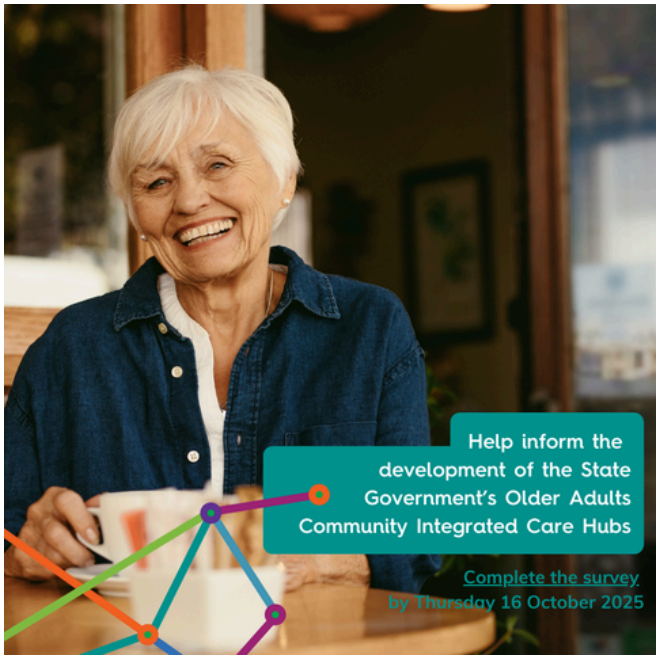
Free immunisation services for newly arrived refugees and humanitarian entrants include:

- WA Child and Adolescent Health Service Refugee Health Team
- WA Department of Health Humanitarian Entrant Health Service

See also Clinician Assist WA: Refugee Health Assessment.

NCIRS co-administration guide for adult vaccination

The National Centre for Immunisation Research and Surveillance (NCIRS) has developed a co-administration guide to assist GPs and other immunisation providers identify vaccines that can be co-administered in patients aged 18 years and over. The co-administration guide should be used in conjunction with the Australian Immunisation Handbook which provides detailed advice on vaccine dosage, administration, contraindications and precautions.



The WA Department of Health is committed to improving the care of older adults and recognises the vital role that GPs play in supporting patients to stay well in the community. The State Government is establishing three Older Adult Community Integrated Care Hubs. These hubs will pilot a one-stop-shop model for local older adults with chronic and complex conditions, offering a range of dedicated older adult services and facilitating access to other services needed to help people remain well and avoid preventable hospitalisations.

The WA Department of Health wants to ensure the development of the hubs is guided by the insights and experiences of GPs who work directly with these patients. Your feedback will help shape how the hubs operate, ensuring they genuinely complement general practice, add value to your work and provide meaningful support for older adults and their families. Complete the survey by Thursday 16 October 2025

Major updates to asthma treatment guidelines

The Australian Asthma Handbook has recently been updated to align with current evidence-based recommendations for the diagnosis and treatment of asthma in adults, adolescents and children.

Treatment of asthma with short-acting bronchodilators alone is no longer recommended for adults and adolescents. Access the updated handbook and read more about the clinical rationale and changes to core treatment recommendations on the Asthma Australia website.

AIHW: Dementia leading cause of death in Australia

Dementia is a significant and growing health and aged care issue in Australia, with latest figures from the Australian Institute of Health and Welfare (AIHW) revealing dementia as the leading cause of death, with one in 10 or 9.5% of Australians dying due to the disease in 2023.

The Dementia in Australia Report provides a comprehensive picture of dementia in Australia, including the latest statistics on dementia prevalence, burden of disease, deaths, expenditure, as well as the use of health and aged care services among people with dementia and information on carers of people with dementia.

- Visit the AIHW website to read the full and summary report.

Is your practice a dementia friendly space?

Last week's Dementia Action Week (15-21 September 2025), was a good reminder for practices that would like to consider strategies for fostering dementia-friendly environments within general practice settings, including:

- reading the latest research from Dementia Australia in the understanding of dementia, its causes, treatment and management
- building dementia care capability with Dementia Australia training courses for health professionals
- creating information displays for patients, families and carers with printable Dementia Australia resources

Guidance on assessing and managing dementia in primary care is available in the Cognitive Impairment and Dementia care pathways on Clinician Assist WA.

Get ready for WA Mental Health Week

The WA Mental Health Commission's annual WA Mental Health Week (4 to 11 October 2025), centres around World Mental Health Day (10 October 2025) and brings WA communities together to raise awareness and reduce the stigma of mental health and wellbeing.

Your practice can get involved by purchasing and wearing green awareness ribbons, hosting an event or activity, or simply spreading the word through downloading free campaign resources.

Free support for GPs to help patients with their mental health

Medicare Mental Health is designed to make it easier to support patients with their mental health and direct them to the most appropriate service, based on their needs.

It does not replace the central role GPs play in looking after their patients' mental wellbeing, but it does provide a streamlined entry point for those seeking mental health support and connects them with the right care as early as possible in their journey.

Support is offered at no cost, and can be accessed through the Medicare Mental Health Phone Service, Medicare Mental Health website or through a Medicare Mental Health Centre. WA has currently established services in Armadale, Gosnells, Midland, Mirrabooka and Northam.

More information on the suite of services is available in the Medicare Mental Health brochure.

Overdose deaths in older Australians surge

New data from Australia's Annual Overdose Report, reveals a significant jump in the number of adults dying from an overdose, compared to two decades ago, particularly among 50 to 59 year olds. Opioids continue to be the most common drug type associated with overdose deaths.

Download Australia's Annual Overdose Report 2025 and key insight infographics on the Penington Institute website.

Evidence-based resources supporting safe opioid use

The Routine Opioid Outcome Monitoring (ROOM) Tool is a quick, validated resource to support regular review of opioid use. Patients can complete it themselves on paper or online in under five minutes, and it helps assess pain, function, dependence risk, mood and other key outcomes.

It's part of an Opioid Safety Toolkit funded by the Australian Government. The toolkit is a collaboration between Monash University, the Burnet Institute, the Pharmaceutical Society of Australia and Pain Australia. Contact Prof. Nielsen at opioid.safety@monash.edu for more information

New Australian research suggests one in three Australians now live with allergic disease

More than eight million Australians are estimated to live with allergic disease leading to mounting costs and unprecedented demand for allergy services.

A new report developed for the Australasian Society of Clinical Immunology and Allergy (ASCIA) and the National Allergy Council (NAC) revealed the annual financial burden had reached $18.9 billion, up from $7.8 billion in financial burden reported in 2007.

This includes direct health system costs, productivity losses and efficiency losses, with an average financial cost of $2,318 per person living with allergic disease.

Read Costly Reactions: The economic and social cost of allergic disease in Australia and key report highlights at the ASCIA website.

Free allergy specialist advice service now available to all GPs nationwide

Previously only available to practitioners working in regional and remote areas, allergy assist is now available to all GPs across Australia. The online service is securely hosted by the Australian College of Rural and Remote Medicine (ACRRM).

GPs can submit allergy-related cases online and receive specialist advice from a clinical immunology/allergy specialist within 48 hours, helping with diagnosis, management and referrals as needed.

GPs do not need to be ACRRM members to use the service.

Find out more and register to access allergy assist on the ACRRM website.

.

GP education and training

Respiratory Infectious Disease Podcast series

The Immunisation Coalition has launched a new podcast series focused on respiratory infectious diseases, offering valuable medical education from leading clinicians and epidemiologists. The series explores the identification and prevention of common respiratory infections, as well as best practices for management and treatment options.

Episodes 1 and 2, available now, cover influenza and respiratory travel infections.

To register and listen to these podcasts, click here.

RACGP WA Balint Group for GP Fellows

October 2025 to September 2026 | Online | 1.5 EA CPD hour per session

RACGP Fellows are invited to join an ongoing, 12-month, peer clinical supervision group to reflect on cases with colleagues. During each small-group online session, you can expect to improve how you handle difficult situations and your overall sense of professional satisfaction.

Register your interest

RACH Medical Round Table

Tuesday 30 September | 5.30pm – 7.30pm | In-person | Cancer Council WA

GPs and other health professionals involved residential aged care are invited to join the Cancer Council WA, in-person, for an evening of active discussion and shared learning with a panel of experts across general practice, emergency, palliative and geriatric medicine.

Register

Perimenopause and Undiagnosed Neurodivergence

Wednesday 28 October | 12.30 to 1pm | Online | Black Dog Institute | Eligible for CPD hours

What happens when perimenopause overlaps with neurodivergence, especially when a person may be unaware of their neurodivergent profile? GP, Dr Ceri Cashell and Black Dog Institute Clinical Psychologist, Dr Sarah Barker will explore supportive, respectful and validating approaches to taking a comprehensive life history. Their discussion will focus on conducting thorough mental health assessments in the context of perimenopause, particularly when neurodivergence may be a contributing factor.

Register