

GP Liaison: Your hospital connection



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Bulk-billing in SCHHS Outpatients: GP Fact Sheet published

In the GP Liaison Unit, we frequently get enquires from GPs about bulk-billing practices in public hospital outpatients. We have collaborated with our executive team and revenue/funding managers to produce a **GP Fact Sheet – Bulk-billing in SCHHS Outpatient Services**, included as a separate attachment with this email, to offer a transparent discussion of the funding and legislative arrangements.

This document answers the following FAQs:

1. *Why do we bulk bill in the public hospital setting?*
2. *In what circumstances are hospitals allowed to bulk bill?*
3. *Are hospitals 'double-dipping'?*
4. *What is the definition of a referral for Medicare purposes?*
5. *Who can refer and for how long are referrals valid?*
6. *How do hospitals receive a named referral?*
7. *What is a grant of private practice?*

We hope this document answers many questions our GP colleagues may have. Please contact our GPLO team if you have any further questions on this matter.



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Hospital and Health Service
Exceptional people. Exceptional healthcare.



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Send photo-referrals of skin, hair & nail conditions to Dermatology

The Dermatology department at SCHHS would prefer that all new referrals for skin, hair and nail conditions (*NOT skin cancers*) are accompanied by clinical photographs where possible. This may allow the Dermatologist to assess and advise the GP on a treatment plan without the need for an outpatient review, and can expedite patient access to timely care.

Send photo-referrals of suspected/proven skin cancers to Plastic Surgery

For suspected/proven skin cancers, please first consider if suitable to refer to another community GP with an interest in skin cancer surgery. If the lesion is unsuitable to be managed in primary care, please refer the patient to the Plastic Surgery department. A digital photograph can help the team determine whether the lesion may be suitable for rapid-access day surgery in outpatients, or whether they require inpatient elective surgery.

How to Send a Digital Photo with an e-Referral

Email is not considered a secure transfer platform for sending patient data. There are two secure options for sending clinical images;

1. **Smart Referrals** – the new integrated digital referral program can send attachments and is the **preferred** way to send digital images with referrals into the future. Contact SC-SmartReferrals@health.qld.gov.au to book a demonstration and information session at your clinic.
2. **Photo Referral via Medical Objects** – See [HealthPathways website](#) for photo referral instructions, follow the 'Simple Steps for Photo Referral to SCHHS' link on the request pages for Dermatology and Plastic Surgery.



Dermatology Department – Clinical Photography Strategy

Currently, patients awaiting a Category 2 or 3 referral to Dermatology at SCHHS are experiencing delays to specialist dermatology appointments. To support earlier access to specialist advice, patients already on the waiting lists will be offered the opportunity to have clinical photographs taken.

Photographs will be reviewed in conjunction with referrals, and if the case is suitable, the GP and patient may be offered symptomatic relief, treatment or discharge advice from the Dermatologist.

Suitable patients identified from the waiting list will all be offered a chance via text message or phone-call to have clinical photographs taken at one of the SCHHS health facilities. Alternatively, GPs may choose to take these clinical photographs themselves for their patients on the waiting list and send them in with a copy of the original referral, by following the instructions above.



Obstetric Department – Shared Care Antenatal Updates

Vaccination in Pregnancy

The optimal timing for pertussis vaccination in pregnancy has changed, optimal timing is now from 20-32 weeks gestation (though can be given up until delivery). Influenza vaccine can be given at any gestation and is strongly recommended to reduce risk of maternal complications of influenza.

Weight Gain Recommendations in Pregnancy

Gestational Weight Gain (GWG) is a modifiable risk factor associated with many adverse maternal and neonatal outcomes. It is important that GPs, Obstetricians and Midwives explain the significance to women as they may not perceive it as important.

Pre- pregnancy BMI (kg/m ²)	Rate of gain 2 nd and 3 rd trimester (kg/week) *	Recommended total gain range (kg)
Less than 18.5	0.45	12.5-18
18.5 to 24.9	0.45	11.5-16
25.0 to 29.9	0.28	7-11.5
≥ 30.0	0.22	5-9

Overweight (BMI > 30) with increased GWG: Recommend early OGTT, and ensure a baseline is performed for LFTs / renal function / urine protein:creatinine ratio. Consider referrals to a dietician and lactation consultant antenatally, as lactation can be compromised.

Underweight (BMI < 18.5 kg/m²) with a GWG of < 0.5kg/week 2 consecutive visits: Close fetal growth surveillance (fundal height measurement +/- USS) and dietician referral.

Perineal Massage

The QLD Maternity and Clinical Guidelines list antenatal & intrapartum perineal massage as a technique for reducing the risk of Obstetric Anal Sphincter Injury (OASIS) in birthing women. In women having their first baby, antenatal perineal massage reduces the risk of episiotomy by 16% and reduces the risk of perineal injury requiring suturing by 9%. It is recommended that antenatal perineal massage be commenced from around 35 weeks gestation, done one to two times a week and for around 5 minutes per session. Contraindications to antenatal perineal massage include active infections, low lying placenta, ruptured membranes and vaginal bleeding. References: <http://brochures.mater.org.au/brochures/mater-mothers-hospital/perineal-massage>
Queensland Maternity and Neonatal Clinical Guideline: Perineal Care, Queensland Government (2012).

Call for GP Volunteers @ Sunny Street

Healthcare for those experiencing homelessness and vulnerability

Dr Nova Evans and Sonia Goodwin RN co-founded [Sunny Street](http://SunnyStreet.org) in 2018, bringing a mobile primary care service to the vulnerable and homeless individuals and families on the streets of Gympie and the Sunshine Coast. Sunny Street is looking for GPs willing to donate their time to mobile 2-hour clinics at sites across the region, as little as once per month. Contact info@sunnystreet.org or phone 0433 392 549.





Partnering with our GP colleagues for alternative pathways to care

We are lucky to have General Practitioners with a wide range of skills working in clinics on the Sunshine Coast, and we encourage the GP community to consider horizontal referrals to skilled GP colleagues as an alternative pathway to accessing appropriate care for your patients.

Referring to a GP colleague can often mean quicker access to care, with more patient choice over appointment access. To facilitate this, we are sending out a **GP Skills Survey** this month with this newsletter (see electronic attachment) for your practice managers to collate and send back to us. We hope to collate a list of GP practices offering the following services;

- **Vaginal pessaries** – initial fittings and changeovers
- **Iron infusions (IV)**
- **IUD insertion** - levonorgestrel and copper
- **Vasectomy**
- **Medical Termination of Pregnancy (MTOP)**

These will be published on the related clinical pages on the Sunshine Coast HealthPathways website, for all local GPs and health providers to access when they are looking for options to refer their patients for care.

To view an example, please check out the list of **GP Practices with IUD inserters** on the website:

<https://sunshinecoast.healthpathwayscommunity.org/>

Username: usersc Password: pwsc

Search for 'IUD' and select 'IUD Insertion Providers'

HealthPathways
Sunshine Coast and Gympie



FOCUS ON: Cervical Screening & Colposcopy Referrals

Since the introduction of the Cervical Screening Test program, the Gynaecology Department has seen a significant increase in the number of referrals for Colposcopy. While most referrals are aligned with the national guidelines, the gynaecology team continue to receive some unnecessary referrals. Referrers may be confused if the laboratory comment provides alternate advice, but it's important to follow national guidelines:

HPV Detected (not 16/18) with normal cytology, pLSIL or LSIL – *does not require referral if asymptomatic.*

Risk of significant cervical abnormalities	HPV test result	Reflex LBC result	Recommended management
Low risk result	HPV not detected	-	Return to screening in 5 years
Intermediate risk result	HPV not 16/18 detected	Negative, possible LSIL or LSIL	Repeat HPV test in 12 months
Higher risk result	HPV not 16/18 detected	Possible HSIL or HSIL	Refer to specialist (colposcopy)
	HPV 16/18 detected	Any LBC result	Refer to specialist (colposcopy)
-	Unsatisfactory HPV test	-	Collect new sample for HPV test in 6-12 weeks
-	HPV not 16/18 detected	Unsatisfactory	Collect new sample for LBC only in 6-12 weeks

[The National Cervical Screening Program Management Pathway – a Guide for Healthcare Providers](#)



*** COLONOSCOPY GUIDELINES HAVE CHANGED IN 2019 ***

In 2019, the NHMRC-approved [Clinical Practice Guidelines for Surveillance Colonoscopy](#) were released.

Polyp surveillance intervals have become more complex depending on risk modifiers, and there have been changes to family history screening recommendations. When considering if your patient requires a colonoscopy, particularly for polyp surveillance or family history risk, please **make yourself familiar with these new guidelines**.

How can I easily find the new guidelines?

To make life easier for everyone, the guidelines have been incorporated into Sunshine Coast HealthPathways website in an easy-to-read format. The relevant pages are [Colorectal Polyp Surveillance](#) and [Bowel Cancer Screening](#). Check out the Sunshine Coast Health Pathways website at: <https://sunshinecoast.healthpathwayscommunity.org/> Username: usersc Password: pwsc

Making a referral for Surveillance Colonoscopy

If you are using **Smart Referrals**, it's easy. Simply choose "Polyp surveillance - Gastroenterology" or "Bowel cancer screening – Gastroenterology" from the condition and specialty drop-down list. The template automatically populates with the referral criteria for colonoscopy.

If you are not yet using Smart Referrals, an **updated SCHHS Open Access Endoscopy RTF template** is available for importing into the Best Practice or Medical Director letter-writer. The template can be downloaded from the [PHN website](#).

Changes to Speech Pathology Laryngectomy Referrals

To align with Queensland Health state-wide outpatient standards, the Speech Pathology department will now require all Laryngectomy patients to request a new, updated referral from their GPs every 12 months for ongoing care. This ensures the allied health team receives an annual, up-to-date summary of the patient's current medical status and medications from their regular GP, improving safety of care.

GP Education Calendar @ SCHHS

Gympie: Women's Health Update for GPs

Date: Wednesday July 17th
Time: 6.00pm (light supper) for 6.30pm – 8.30pm
Venue: Women's Health, Level 4, Gympie Hospital
Save the date, CPD / Registration pending.

Gynaecology Evening Update for GPs

Date: Tuesday August 6th
Time: 6.00pm (light supper) for 6.30pm – 8.30pm
Venue: Sunshine Coast Health Institute (SCHH) Auditorium, SCUH, 6 Doherty Street, BIRTINYA
Save the date, CPD / Registration pending.





Useful Phone Numbers and Contacts

Referral Centre for ACC

Note: Outpatients is now called Ambulatory Care Centre/ACC

Referral Centre GP Priority Line (not for patients) 07 5202 6633

****GPs/Practice staff only to call this hotline for outpatient appointment enquiries****

Patient line 07 5202 2222

Fax 07 5202 0555 (but e-referral preferred)

GP Liaison Office

Phone 07 5202 3822 / 0439 591 731

Fax 07 5202 1044

Email SCHHS-GPLO@health.qld.gov.au

STS Addressbook Enquiries

(STS = Secure Transfer Service. This address book is managed in Brisbane)

Phone 1800 198 175 / 07 3726 4880

Contact this service if you need to update the details for new or existing GPs to receive electronic correspondence from Queensland Health sites.

Email STS_External-Alerts@health.qld.gov.au and we will forward to SCUH to update in HBCIS.

Clinical Information Access

Note: Medical Records is now called Clinical Information Access

Non-urgent – written request faxed on practice letterhead

Urgent – mark fax clearly with 'Urgent' and specify timeframe/reason, or GP to call directly (not via a staff member please)

SCUH	Ph 07 5202 3011	Fax 07 5202 3419
Nambour	Ph 07 5470 6389	Fax 07 5470 5425
Caloundra	Ph 07 5436 8503	Fax 07 5436 8766
Maleny	Ph 07 5420 5000	Fax 07 5420 5001
Gympie	Ph 07 5489 8667	Fax 07 5489 8757

Pathology Enquiries

07 5202 2111

Medical Imaging Enquiries

07 5202 3333