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CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

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PRIMARY HEALTH QUARTERLY

Focus on Allied Health

- Steve Kilby on Hep C
- Domestic Family Violence (DFV) Assist program
- Practice viability: EOFY

JUNE 2021

CONTENTS

Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians and Sovereign People of the land across which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present and emerging.

A MESSAGE FROM OUR

CHAIR &CEO

If you would like to share your news, thoughts, professional perspective or lived experience which is relevant to the primary health care space, please let us know at **editor@cesphn.com.au**

Dr Michael Moore
CEO

Dr Michael Wright
Chair

This edition of Primary Health Quarterly has a focus on allied health. There are more than 12,000 allied health professionals working in our region and we are committed to supporting them in the important work they do. We hear from Board Director of the Central and Eastern Sydney Allied Health Network, John Petrozzi, who was inspired to become a chiropractor after seeing his brother recover from back pain (see page 12). We have interviewed AHPRA about their role in registering health practitioners and focus on Continuing Professional Development for allied health professionals, how our practice support team can assist, and CESPHN services which allied health professionals, GPs and pharmacists can refer to. These services include CESPHN's Reconnect Wellbeing Support program, which is designed to help our older population connect with others to reduce isolation.

As we enter winter, there is a growing urgency to vaccinate our community against COVID-19 and influenza. Additional general practices have been approached about joining the COVID-19 vaccination program and the vaccine supply is rapidly increasing and becoming more reliable. Overseas figures are showing high levels of vaccine effectiveness and rapidly reducing death rates in the countries with the highest immunisation rates. However, vaccine hesitancy remains a serious obstacle in the fight against COVID-19. We look at how to address vaccine hesitancy on page 18.

COVID-19 not only has a direct effect on our physical health. The lockdowns and changes to our day-to-day lives has affected the mental health of many of us, and also have affected our practices and their financial viability. The Primary Care Practice Viability Survey is investigating the impact of the COVID-19 pandemic on general practices and community allied health practices. The research is being conducted by the Centre for Health Economics Research and Evaluation at the University of Technology Sydney and preliminary results (discussed on page 27) show major impacts of the pandemic and ongoing financial challenges for many practices. You can still contribute to this important research.

Are you struggling to adapt to the cavalcade of new technologies? In this edition we hear from one of our longest serving general practitioners, Dr Kumaradeva, who has operated his practice in Redfern since 1978, and has engaged our Digital Health team to assist with using technology. At 89, he is now using telehealth, e-scripts and other technologies that he says are making his life as a GP easier.

Domestic and family violence (DFV) continues to result in more than one woman every week in an intimate partner relationship being murdered and a call out to police occurring every two minutes across Australia. At CESPHN, we are determined to break this cycle. Early this year we distributed a survey to GPs, allied health professionals, practice nurses and practice managers to gather information about their professional experiences related to DFV. We reveal that only 58 per cent of respondents felt confident to appropriately respond and provide support to a patient experiencing DFV and over 40 per cent did not know of local support services available. We delve into how our DFV Assist program aims to combat this on page 22.

We look forward to working with you all to keep the central and eastern Sydney region safe, secure and healthy this winter.

Dr Michael Wright
Chair

Dr Michael Moore
CEO

Lactation consultants helping new mums

When we think of allied health, we often think physios, pharmacists, OTs and chiropractors...but there are numerous other allied health professionals. We speak to local lactation consultant, Jeanie Thomas, who gives us an insight into this important career.

Grandmother, registered nurse and Lactation Consultant Jeanie Thomas has fifty years' experience in hospitals, communities and family health.

She said, "A Lactation Consultant offers specialist knowledge and skills which will help people to breastfeed successfully. This may be by educating, demonstrating and counselling. They often address breastfeeding problems which have not been resolved by other health professionals, for example, helping a baby with a cleft palate to breastfeed."

A few specific examples of what a Lactation Consultant does include - demonstrating ideal latching positions, explaining the dynamics of how milk is made and reviewing treatments for sore nipples.

Thomas said: "The International Board-Certified Lactation Consultants (IBCLC) is the only professional body of health workers who specialise in breastfeeding and human lactation. However, they do not get access to a Medicare provider number. There are a limited number of private funds (some are Medibank Private, BUPA, NIB, HCF, AHM, Defence) who do issue a provider number to enable a client with private cover, a rebate."

Lactation Consultants are present in hospitals and the community. Mainly they are also registered nurses, midwives, child health nurses, medical practitioners and other allied health care professionals, working with the extra qualification of IBCLC. They also work in private practice, doing home visits for a fee. Lactation Consultants in private practice are a valuable resource for GPs and other medical specialists.

Royal Hospital for Women acting Clinical Midwifery Consultant in lactation services, Katy Hunt, said telehealth was a positive addition to helping mothers breastfeed.

"I use telehealth to present antenatal breastfeeding information. I'm able to present with slides and do simple demonstrations. It is a great way of sharing other resources like apps, websites and video links. Women and their partners or support persons can ask questions, and I invite them to email me as well."

"It took a little getting used to and I have had a couple of tech problems, but it's been satisfying to keep the education sessions running. telehealth is something I hope we can continue to use."

Michelle Simpson is a private midwife helping new mums breastfeed.

She said, "I use telehealth for my private work as an obstetrician's midwife to help women with breastfeeding where normally I would do a home visit.

My take on why telehealth is so amazing is that I can work from home supporting women postnatally. While doing this, I realised women don't always need physical assistance to breastfeed. Reassurance, emotional support and guidance goes a long way.

Women feel more empowered when they are the ones positioning and attaching their baby themselves. During COVID, women were breastfeeding without the distractions of visitors or feeling the need to go out and socialise. They were staying in their new mother baby cocoon."

Useful tips:

- Artificially feeding babies with formula leaves mothers more susceptible to breast cancer and ovarian cancer and leaves babies more susceptible to infections, diarrhoea, pneumonia, cognitive issues, obesity and chronic diseases. As a result, treating these mothers and babies is expensive in the short and long term. A World Bank study revealed the annual global cost of artificially feeding babies resulted in economic losses of up to $A460 billion.
- The global corporate infant formula market is worth $A100 billion annually.
- Studies show it takes over 4,000 litres of water to make one standard tin of formula (15 baby bottles worth).
- The World Health Organisation recommends babies are fully breast fed to six months and then breastfed with food to two years. However only 29 per cent of Australian mothers exclusively breastfeed to six months and five per cent breastfeed to two years.

Click here to watch an interview with Lauren Hollington, a breastfeeding counsellor.

Medicinal cannabis

Kathleen Hennessy

Interest in medicinal cannabis has increased: we speak to local horticulturalist and apiarist, Kathleen Hennessy who uses medicinal cannabis for long term pain management.

How can patients experiencing pain get cannabis?

First, they need to find a doctor who can prescribe cannabis. That is the hard part – finding the doctor. The doctor makes an application on behalf of the patient to the TGA under the Special Access Scheme. Some doctors charge a fee for the application. There were **criteria** when I applied for who will be given permission.

How simple/difficult is the process of getting a prescription for cannabis and then actually getting hold of it?

It takes time, the doctor fills in the paperwork, you wait for permission. It can be difficult to get hold of. I get it from Blooms Chemist at Marrickville. At first it took them a while to figure out the process. I think they needed to get permission from the government to supply. I also must have a valid script for them to order in the product. They don't keep it in stock. This is an interesting question for pharmacies.

Is this a bureaucratic process?

Yes. The TGA makes the decision based on the guidelines and information presented by the doctor.

Can all GPs prescribe cannabis?

No. Only if they get approval from the state health department and TGA.

Why do you take it?

I take cannabis for chronic pain. It reduces the amount of pain I experience. It also reduces anxiety and helps me sleep. I have reduced the amount of narcotic pain relief I take as well as sleeping medication since I started taking Jasper Oil. Also, I am experiencing less asthma.

How is this medication consumed?

I take Althea Jasper oil orally. I slowly infuse under the tongue.

How often do you take it? And how much do you take as a dose?

I take a 1ml dose each night. The strength is 5mg thc and 10mg cbd per ml. I can have another dose in the morning if required.

How long have patients been able to access this pain management solution?

I have been using this pain solution since October 2018. It is part of my pain management program.

Is there a better time of day to take medicinal cannabis?

I take it at night because it helps my sleep.

What are the most significant problems with using medicinal cannabis?

- Cost
- You can't legally drive even though not intoxicated
- Can't experiment with the huge variety of cannabis cultivars to see which ones work best
- Can't grow your own
- Lack of evidence supporting use and an unwillingness to conduct trials.

How much does medicinal cannabis cost?

Althea Jasper oil comes in 50 ml bottles and costs $298 per bottle. You can get 3 bottles for $795. There is no PBS subsidy.

Is medicinal cannabis the same as recreational cannabis?

Yes and no. Althea Jasper Oil is a whole plant product like recreational cannabis. However, it is a high-quality pharmaceutical product where the thc and cbd are in exact concentration, so you get the same dose every time. The ratio of thc to cbd matters. Recreational drugs have high thc and often little cbd. This makes recreational cannabis more likely to cause adverse effects. The purity of street drugs is unreliable and consistent dosing is not possible. I don't get high from the dose I take.

REMOTE MONITORING TECHNOLOGIES – THE WAY OF THE FUTURE

Imagine this! You receive a call from your general practice, asking to make a video call appointment at a time that suits you. When your GP calls you on the secure video link, she mentions your pacemaker has shown your heart rate is still a little irregular. During the consultation, she sends a digital referral to your cardiologist for a follow up appointment and issues a new prescription through a texted message as a token directly to your phone. As a patient, you open your medication management app, send the token to your pharmacy, and the pharmacist delivers the medication to your home that afternoon - all without you feeling unwell.

This may sound unlikely, however with already existing remote monitoring solutions and digital health technologies available to all practices and pharmacies, this scenario is happening across Australia today.

Remote monitoring technologies

Temperature tracking

Wearable temperature tracking patches can send temperature information via Wi-Fi or Bluetooth for monitoring by clinicians. Remote temperature monitoring **has already been used for patients with COVID-19** who are being managed in their home or in specialised accommodation.

Pacemaker monitoring

New pacemakers are Wi-Fi enabled and can send data directly to healthcare providers or can be connected via an app, with the patient downloading information and sending it to their medical practitioner. An example of this is heart rate and rhythm monitoring.

Blood glucose monitoring

Continuous Glucose monitoring (CGM) involves wearing a disposable sensor under the skin which monitors blood glucose levels. This information can then be sent directly to an insulin pump, allowing for adjustments in insulin levels automatically. Additionally, it can be sent to a secure platform where the patient or their carer can check levels and monitor changes.

Wearable tracking and emergency alerts

Devices worn by a patient allowing carers to keep track of their location are available. Features such as a geofence (alerts when the person leaves a certain area), location tracking, emergency calls and falls detection can allow people to have more independence while still being monitored.

Bluetooth devices and apps

Many home monitoring devices, such as blood pressure and blood glucose monitors have capabilities of downloading readings and allowing tracking via an app or the patients' home computer. This information can then be sent directly to GPs for review in "home life" situations and may give better insights into day-to-day management.

Telehealth continues to play a large part in management of patients, both in acute and chronic disease management. With the advent of electronic prescriptions, GPs can now provide high quality care to their patients and provide prescriptions in a much more efficient manner with no home visits or printing, faxing and posting of paper. Other tasks associated with a standard consultation can also be completed digitally. These include ordering pathology, uploading fitness to drive certificates and sending eReferrals.

If you are interested in finding out how CESPHN can assist your practice in streamlining practices and enabling digital processes across telehealth, pathology, electronic prescriptions and eReferrals, contact us at digitalhealth@cesphn.com.au or phone 1300 986 991.

AT 89, REDFERN GP DR KUMARADEVA IS UPDATING HIS TECH SKILLS

Revered Redfern general practitioner, Dr Kumaradeva, is one of Australia's longest serving doctors. He turned 89 on 17 April but that hasn't stopped him from embracing modern technology in his medical practice.

Since he opened the doors to his Bourke St practice in 1978 - just a year after arriving in Australia from Malaysia, Dr Kumaradeva has seen dramatic changes in medicine: "There used to be more time spent on a diagnosis with more thorough physical examination and patient history taken.

"We talked to our patients more. We didn't order a lot of tests because they were not available. We had to rely more on our skills and less on diagnostic tests."

He embraces the advances in medicine and says that the technological changes he has made, starting with practice software, have kept him mentally agile and engaged in modern technology (with help from his grandchildren) that can improve the health of his patients.

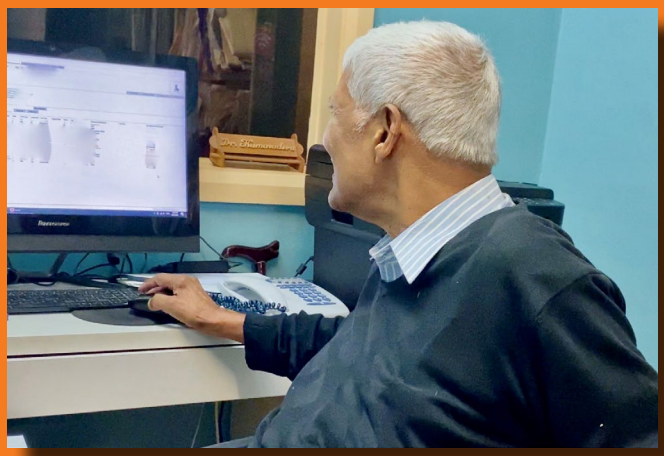
"That is why I have taken care to learn new, time saving processes. And COVID-19 also pushed me to develop my skills."

When necessary, Dr Kumaradeva uses phone telehealth for his patients. He uses e-scripts frequently and uses HealthLink to submit forms mostly for RTA – Fitness to drive assessments for his elderly patients, and also for referrals to RPAH.

He has been taught about PRODA - the online authentication system providers use to securely access government online services. He said as a result, he has 'saved a lot of time' because he no longer needs to call Medicare and spend a lot of waiting time to get individual numbers.

Dr Kumaradeva believes doctors that embrace technology will find it easier to run their practices because "if you don't learn it, you don't keep up".

"My work is keeping me alive," he said.



CESPHN has actively engaged numerous GPs to assist with emerging technology which has been particularly fast to develop during COVID. E-health includes telehealth, e-prescriptions, e-referrals, and e-pathology. Dr Kumaradeva can use most of these and is keen to learn more. The next technology he wants to learn about is e-referrals, and then, how to write letters on the practice software instead of handwriting them himself. Perhaps video telehealth will follow.

Click here to watch an interview with Dr Kumardeva.

If Dr Kumaradeva has inspired you to update your tech skills, please contact the Digital Health team digitalhealth@cesphn.com.au

Q & A

with John Petrozzi, chiropractor and board director of Central and Eastern Sydney Allied Health Network

John Petrozzi with his wife, clinical psychologist, Suzana Petrozzi.

What inspired you to develop a career as a chiropractor?

I was inspired to pursue a career as a chiropractor since the age of 13 when I saw my brother recover from back pain. At 16, he suffered severe back pain and our family doctor referred him to an orthopaedic specialist. Surgery was recommended. But after a chance conversation, mum spoke to a friend about their positive experience with a chiropractor, so she opted for this ahead of surgery. I remember sitting on the chair each time my brother had treatment. It was amazing to see after each treatment how much better my brother was moving around at home and he returned to his rowing competition, without surgery or prolonged functional loss.

What training did you begin your career with?

I completed a B.Sc and Masters of Chiropractic in 1998 and soon after, began my practice in Leichhardt (BodyMind Central). The practice began as a solo chiropractic practice and soon evolved into an allied health multidisciplinary clinic. My wife, Suzi Petrozzi is co-director of the Body Mind Central and is an invaluable mentor for me with her background as a clinical psychologist.

Have you pursued any further education?

After years of practice, I had many questions that remained unanswered. The most burning question was: Why did some patients seem to get better with treatment while others didn't improve as well? With this ever-present question I decided to pursue academic research into the management of chronic back pain at the University of Sydney Faculty of Medicine and Health. This was an amazing journey of study that recently ended with completion of my PhD.

What is the role of CESAHN?

It has four main roles. First, to advocate for all AHPs at local, state and national levels. Second, to connect individual AHPs that work in small to medium sized practices with colleagues through networking opportunities and group learning programs. Third, to provide information about important legislation, policies, grants, practice support that will affect AHPs and their patients. Fourth, to provide education through continuing professional development events, face to face and internet-delivered webinars on diverse topics that are of interest to all AHPs.

For more information on the Central and Eastern Sydney Allied Health Network visit our website.

Why did you choose to join CESAHN?

The main reason I joined the network was to keep up-to-date with the ever-changing healthcare landscape in the central and eastern Sydney region. Since joining the network as a general member and later as a Board Director, I saw how many important projects and programs were available for AHPs. For example, community programs for at risk patient groups, including mental health and suicide prevention, chronic pain, diabetes, and other chronic disease support.

What has been your best experience in CESAHN?

My best experience so far, as an active member of the network, has been to meet amazing and like-minded people committed to providing outstanding healthcare service to improve patients' lives.

CENTRAL AND EASTERN SYDNEY PHN LAUNCHES HEPATITIS STRATEGY 2021-2025

in time for World Hepatitis Day and Hepatitis Awareness Week 2021.

Central and Eastern Sydney PHN is one of only two metropolitan PHNs with a prevalence of chronic HCV above the national average, in addition to having the third highest prevalence of chronic HBV in Australia.

In response to this, CESPHN is pleased to announce the launch of its first ever Hepatitis Strategy in time for **World Hepatitis Day on Wednesday, 28 July 2021**.

The strategy aims to build upon previous work in the primary care sector to achieve the best possible care for people living with Hepatitis B virus (HBV) and Hepatitis C virus (HCV).

The strategy is a living document, and responsive to newly commissioned services and initiatives by CESPHN and changes to State and Commonwealth policies and strategies.

CESPHN's Hepatitis Strategy 2021-2025 brings together all our work across drug and alcohol, mental health practice support, population health and provides a framework for better supporting those with hepatitis to get access to more timely and effective treatment.

The CESPHN Hepatitis Strategy complements State and Commonwealth strategies which aim to:

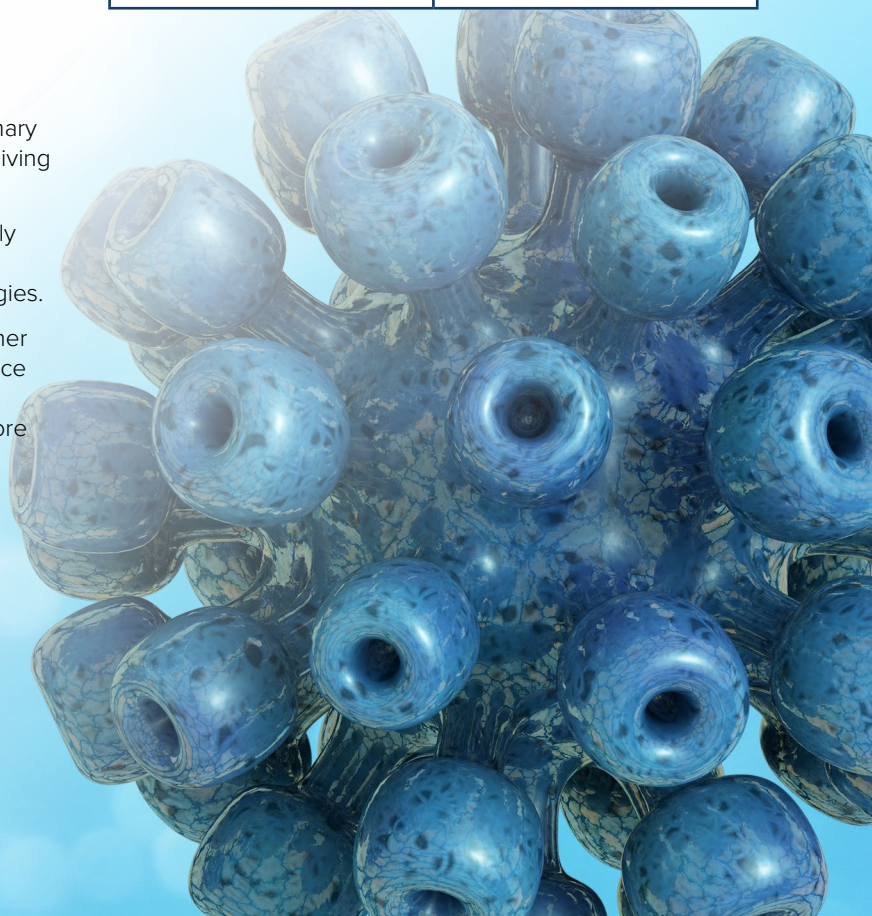
- reduce newly acquired HBV and HCV infections (and working towards elimination of HCV by 2030)
- increase detection of HBV and HCV across primary care settings
- improve outcomes of people living with HBV and HCV in the CESPHN region, in particular increasing access to treatment to all people who require it.

The CESPHN Hepatitis Strategy 2021-2025 can be accessed on our website, in the Sexual Health section, under General Practice.

Hepatitis Awareness Week (26 July 2021 - 1 August 2021) is fast approaching and with World Hepatitis Day on 28 July 2021, there is no better time for people working in primary care to think about quality improvement activities around viral hepatitis.

For support to develop activities within your practice, please contact Phoebe Chomley or Zoe Richards on sexualhealth@cesphn.com.au

Updated information for clinicians is available at:	Updated information to support the community is available at:
■ Sydney HealthPathways ■ South Eastern Sydney HealthPathways. ■ Gastroenterological Society of Australia ■ Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine	■ Multicultural HIV and Hepatitis Service ■ Hepatitis NSW ■ Hepatitis Australia



Hepatitis C: No longer a major threat to 'The Church' frontman, Steve Kilbey's health.

A rockstar lifestyle left Steve Kilbey suffering Hepatitis C for ten years. However, when the Federal government put the antiviral hep C drug on the PBS, dropping the price from as much as $80,000 for a course to about $40 per course, Kilbey was prescribed it and said that within three months was free of the disease. As a result, he has been able to continue a busy performance schedule with frequently sold out shows both as a soloist and with his famous band, The Church, that would not have been possible without treatment. Along with Kilbey, an estimated 74,600 individuals initiated direct acting antiviral (DAA) treatment for chronic hepatitis C virus (HCV) infection in Australia. By end of 2018, 48,381 people were estimated to be living with hepatitis C in Australia, a decline from 68,936 in 2015.

Thanks to DAAs being listed on the Australian Pharmaceutical Benefits Scheme (PBS) –these ground-breaking medications are available to any adult in Australia with a Medicare number. Currently the cost is less than $40 per prescription, and with most treatments requiring only two or three prescriptions that puts a cure in reach of most people. For anyone with a Health Care Card it's even cheaper at just over $6 per prescription. There may, of course, be additional costs associated with treatment – such as doctor's fees, charges for blood tests or Fibroscans. For people with limited means, this could be a significant hurdle, although many community and government agencies can assist.

For further information, contact Phoebe Chomley at CESPHN: email p.chomley@cesphn.com.au

CESPHN'S ANNUAL ABORIGINAL EXCELLENCE AWARD CELEBRATED DURING NATIONAL RECONCILIATION WEEK

Reconciliation Australia's theme for 2021, More than a word. Reconciliation takes action urges the reconciliation movement towards braver and more impactful action.

The dates for NRW are always the same; 27 May to 3 June. These dates commemorate two significant milestones in the reconciliation journey— the successful 1967 referendum, and the High Court Mabo decision respectively.

On 27 May 1967, Australians voted to change the Constitution so that like all other Australians, Aboriginal and Torres Strait Islander peoples would be counted as part of the population and the Commonwealth would be able to make laws for them. A resounding 90.77 per cent said 'Yes' and every single state and territory had a majority result for the 'Yes' vote.

On 3 June 1992, the High Court of Australia decision in the Mabo v Queensland case officially recognised that some Indigenous Australians have proprietary rights to land, in a legal form of ownership referred to as "native title".

National Reconciliation Week (NRW) is a time for all Australians to learn about our shared histories, cultures, and achievements, and to explore how each of us can contribute to achieving reconciliation in Australia.

At CESPHN, we celebrate with the Annual Aboriginal Excellence award, and this year, it goes to our Aboriginal Health and Wellbeing Program Officer, Karina Crutch.

Guidelines for award nominations include:

- Demonstrated a commitment to building relationships and/or opportunities with Aboriginal and Torres Strait Islander peoples
- Made a difference to reconciliation and healing
- Promoted inclusivity
- Responded to the needs of Aboriginal and Torres Strait Islander communities
- Promoted cultural awareness and sensitivity
- Incorporated the Aboriginal and Torres Strait Islander perspective in decision making.

Our staff had this to say about Karina!

What are you nominating the person for?

Karina organised the Babana volunteer day and RAP launch on 11 Feb. Both were interesting and great networking opportunities. Karina is a confident public speaker and engages with everyone to improve health outcomes of Aboriginal people.

How did this person demonstrate respect, build sustained inclusive relationships and / or create opportunities for Aboriginal and Torres Strait Islander communities or individuals?

In a low-key manner, Karina gets a huge amount done (RAP, EORA newsletter, volunteer days, website updates, bulk emails, lining up vox pops – and more!) and as a result, promotes important opportunities to improve the long-term health of Aboriginal and Torres Strait Islander people.

How did this person's activities make a difference to reconciliation and healing in a culturally competent and safe manner?

Karina makes a difference because she talks to people, asks relevant questions, has a great knowledge of Aboriginal and Torres Strait Islander affairs, is well connected and always open to ideas.

Today, NRW is celebrated by businesses, schools and early learning services, organisations, and individuals Australia-wide. Hundreds of NRW events are held each year. You can find an event near you, or register your own. Find out more about National Reconciliation Week

How should I address vaccine hesitancy as a health care worker?

Primary health care practitioners, including general practitioners, nurses, pharmacists and other allied health professionals may need to address COVID-19 vaccine hesitancy in patients. Here are some communication tips to get prepared when responding to vaccine hesitancy.

Hesitancy to receive the COVID-19 vaccine is one of the most commonly discussed hurdles in the global COVID-19 vaccine rollout. Concerns over the vaccine in Australia saw an increase after recommendations shifted from AstraZeneca to Pfizer for under 50s, according to a survey of over 1000 Australians by the **Essential Report on 10 May 2021**, which recorded 14 per cent of Australians who said they would "never get vaccinated" – **an increase from 12 per cent in March.**

The May edition of the Essential Report also shared that 42 per cent of Australians said they would get the COVID-19 jab but "wouldn't do it straight away", while 44 per cent said they either have been vaccinated or would "get vaccinated as soon as possible".

In Aboriginal and Torres Strait Islander communities, hesitance around the vaccine is also prevalent "because of the media around blood clotting [associated with AstraZeneca vaccine]," said John Paterson, the chief executive of the Aboriginal Medical Services Alliance of the Northern Territory, to the **Sydney Morning Herald**.

The Department of Health have identified Aboriginal and Torres Strait Islander adults as a priority group for the COVID-19 vaccination roll-out program due to the higher risk of getting and developing serious illness from COVID-19. The Department of Health are releasing **key updates for Aboriginal and Torres Strait Islander communities**.

A seminar held on Wednesday, 12 May 2021 with Professor Julie Leask from the University of Sydney addressed how primary health care workers can "respond to Vaccine Hesitancy on the Front Line" by "Communicating with people about the vaccines". Professor Leask covered the main

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends the COVID-19 Pfizer vaccine (Comirnaty) as the preferred vaccine for those aged 16 to under 60 years. This updates the previous preferential recommendation for Comirnaty over COVID-19 Vaccine AstraZeneca in those aged 16 to under 50 years. The recommendation is revised due to a higher risk and observed severity of thrombosis and thrombocytopenia syndrome (TTS) related to the use of AstraZeneca COVID-19 vaccine observed in Australia in the 50-59 year old age group than reported internationally.

How can I address hesitancy and communicate effectively?

Primary health care practitioners, including general practitioners, nurses, pharmacists and other allied health professionals could all face a situation where they may need to address vaccine hesitancy. Professor Leask shared the following suggestions for healthcare workers to prepare themselves to address vaccine hesitancy:

- Keep your knowledge up-to-date
- Ensure a quality consent process
- Don't over-reassure, acknowledge risk
- Communicate the magnitude and severity of outcomes with words and numbers
- Make your recommendation
- Keep services convenient and respectful
- Respond to misinformation with factual communication and trusted people/organisations.

The NCIRS also recommends the following tips:

- Emphasise the number of people who have already been vaccinated (visit this Department of Health link for regularly updated numbers)
- Explain concepts like exponential growth and herd immunity in ways that are understood by the general population
- Used a variety of formats including images, graphs etc.
- Address specific questions and concerns
- Address the low perceived risk of developing severe COVID-19 disease
- Empower people to be vaccine ambassadors.

Additionally, The Australian Technical Advisory Group on Immunisation (ATAGI) and the Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ) released a joint statement on 21 May 2021 about Thrombosis with Thrombocytopenia Syndrome (TTS) and the use of the COVID-19 Vaccine AstraZeneca.

What influences vaccination acceptance?

According to the National Centre for Immunisation Research and Surveillance (NCIRS), potential barriers to COVID-19 vaccine acceptance include:

- Safety concerns
- Effectiveness concerns
- Perceived scientific uncertainty
- Low perceived risk of disease
- Doubts about seriousness of the pandemic
- Subscribing to misinformation or conspiracies
- Lack of trust in stakeholders
- Perceived lack of information.

Conversational tips for the hesitant

These example responses have been compiled based on Sharing Knowledge About Immunisation (SKAI) and the Collaboration on Social Science and Immunisation (COSSI).

The Department of Health have also released a guidance document titled 'Talking to patients about AstraZeneca vaccine' on 21 May 2021. This was accompanied by a letter from the Chief Medical Officer, Professor Paul Kelly, for primary health practitioners distributed by Central and Eastern Sydney Primary Health Network on Monday, 24 May 2021.

Elicit questions and concerns	"You mentioned earlier some concerns about getting the COVID-19 vaccine. Can you tell me more?"
Acknowledge concerns	"Its understandable that you have concerns"
Set brief agenda	"Let's go through that concern about the clotting risk also the possible benefits of having the vaccine. How does that sound?"
Share knowledge	"There is a risk of getting this rare clotting problem from the AstraZeneca vaccine. It's rare and in your age group its about every four in every million people who will get it. However, if we had a big outbreak this winter, the risk of getting very sick from COVID-19 would be higher. "
Make clear what is important to the patient	"You've mentioned your concern about the side effects. What are some of the possible benefits of getting vaccinated now for you?"
Set out options, share tailored recommmendation	"So, if you could summarise, your options are not to vaccinate, to wait for Pfizer doses to be available later in the year, or to have Astra Zeneca right now. Where are you leaning?" "I will respect your decision. My perspective is that I would like to see you vaccinated sooner rather than later."
Continue the conversation	"If there is an outbreak and the risk from COVID increases, let's revisit the vaccination question."

What resources should I be recommending/using?

The Department of Health's COVID-19 Vaccine Eligibility Checker should be the first resource recommended to the general public who want to know when they can get vaccinated, where they can get vaccinated, and how to book their vaccination.

For anyone who has received a COVID-19 vaccine and thinks they may be experiencing side effects, the COVID-19 Vaccine Side Effect Checker can be used by healthcare workers or the general public.

AusVaxSafety is conducting national COVID-19 vaccine safety surveillance in Australia. This is to ensure ongoing safety of COVID-19 vaccines used in Australia to promote provider and public confidence in the vaccination program.

Contact the New South Wales Immunisation Specialist Service (NSWISS) for immunisation care and advice to clinicians and families.

Regularly visit the Department of Health website.

To address concerns regarding thrombosis with thrombocytopenia following AstraZeneca vaccine, the Thrombosis and Haemostasis Society (THANZ) has released a new guideline for doctors for the management of suspected VITT (TTS).

For frequently asked questions regarding the COVID-19 vaccine, refer to this FAQ page that is updated weekly by the NCIRS.

Healthcare workers can access the SKAI resources for healthcare professionals via the SKAI eLearning module. The module is designed to equip healthcare workers with strategies to maximise engagement during immunisation consultations and reduce vaccination hesitancy.

The NSWISS Immunisation Advice Line (1800 679 477) provides clinical guidance for immunisation providers across New South Wales.

Honeywell Nguruve says ‘yes’ to the COVID-19 vaccine

Former World Cup Rugby union player, Honeywell Nguruve, who now runs an inner-city fitness business, Exercise and Sports Fitness Centre, had both his COVID-19 and influenza vaccines recently. They were spaced two weeks apart. He said after each vaccine his arm was slightly sore and he felt tired the following day. But within 24 hours was back training. Nguruve, originally from Zimbabwe, now lives in Sydney. He said: “I had the COVID vaccine because as a believer in science, I think it is the responsible thing to do. If there is another wave of COVID in Sydney, I don’t want to be part of the problem. Added to that, I want to protect myself from long term illness and potential death from COVID”.

DFV ASSIST

ENHANCING PRIMARY CARE RESPONSES TO DOMESTIC AND FAMILY VIOLENCE

GPs and Allied Health Professionals have an important role to play in addressing domestic and family violence (DFV) in our community. They are often the first point of contact for victim survivors due to physical injuries and mental health issues resulting from the violence. A report into health-systems responses to violence against women noted that health care providers frequently, and often unknowingly, encounter women affected by violence.* It is estimated that full time GPs see up to five women per week who have experienced some form of intimate partner abuse. However, only one in 10 women experiencing domestic and family violence are asked about it.**

The RACGP submission to the Royal Commission into Family Violence (Victoria) noted the importance of training for all health professionals and to address the 'hidden taboo' of DFV with GPs and to be able to carefully identify the symptoms and signs of DFV.^

There are many barriers that prevent health professionals from identifying and providing support to people experiencing DFV, including:

- A reluctance to interfere
- Victim blaming attitudes
- Fear of offending patients
- Not knowing what to do
- Inadequate training
- Lack of time
- Lack of referral options or limited knowledge of referral options
- Victim accompanied by child or partner
- Language and cultural barriers**

In early 2021, Central and Eastern Sydney PHN (CESPHN) distributed a survey to GPs, Allied Health Professionals, Practice Nurses and Practice Managers to gather information about their professional experiences related to domestic and family violence. Of those that responded:

- Only 58 per cent felt confident to appropriately respond and provide support to a person experiencing DFV
- Over 40 per cent did not know of local support services available
- 72 per cent have seen patients who have experienced coercive control in the last three months
- 74 per cent have seen patients who have experienced physical or sexual abuse in the last three months
- 37 per cent of respondents' practices had no policies or procedures related to DFV and a further 39 per cent were not sure if their practices have policies or procedures related to DFV
- The largest barrier to supporting patients experiencing DFV was lack of knowledge, followed by presence of partner or child and lack of time.

CESPHN was recently funded by the Department of Health under the Fourth Action Plan of the National Plan to Reduce Violence against Women and their Children 2010-2022 and is launching a new service, DFV Assist. The service aims to enhance the capacity of primary care providers to identify and appropriately respond to DFV, improve referral pathways between primary care and DFV services to ensure a coordinated response, and improve outcomes for people experiencing DFV. DFV Assist is offering:

- Online and face-to-face CPD training on identifying and responding to DFV
- In-practice support for health professionals and practice staff on identifying and responding to DFV. This service can be customised to meet the needs of individual practices.
- In-practice support to develop/enhance policies and procedures relating to DFV
- A referral service exclusively for health professionals that will provide support in making appropriate and timely referrals for patients.

For more information or to express your interest in using this service, please contact us.

Phone: **0456 763 537**

Email: **dfvassist@cesphn.com.au**

Web: **https://www.cesphn.org.au/general-practice/help-my-patients-with/domestic-and-family-violence**

Other support services available

- Lifeline 13 11 14
- 1800 RESPECT (counselling and support service) 1800 737 732
- DV Line 1800 65 64 63
- Men's Referral Service (for men who want help to address their use of violence) 1300 766 891
- Mens Line Australia (for men of any age who want support) 1300 78 99 78
- **New NSW Govt AVOW app for perpetrators**

Facts on domestic violence

There is a DFV call-out to police every 2 minutes in Australia

Eight women are hospitalised every day in Australia due to DFV

An average of 70 women are murdered every year due to DFV in Australia

SHAReD Care

Sydney Local Health District is partnering with the Central and Eastern PHN, University of NSW and the University of Sydney in a Translational Research Study.

The Shared Health Arrangements Research and Development study (SHAReD study) will run over 2.5 years and aims to improve the coordination of care between mental health services and primary care to better manage risk factors for cardio metabolic diseases and improve the physical health of people living with severe mental illness.

The SHAReD study will introduce web-based shared care plans between general practice, SLHD mental health services and people living with severe mental illness, allowing them to better communicate with each other and plan care. The research will evaluate the quality of care provided and stakeholder experience, as well as the impact on quality of life. A cost-benefit analysis will be conducted to inform dissemination across NSW.

The research team is led by Chief Investigator Dr Andrew McDonald, A/Director Mental Health Services, SLHD and includes Professor Mark Harris, Scientia Professor UNSW; Professor Andrew Baillie, USyd/SLHD; Dr Michelle Cunich, USyd/SLHD; Dr Catherine Spooner, UNSW; Lisa Parcsi, SLHD; Andrew Simpson, SLHD; Dr Owen Hutchins SLHD; A/Professor Ben Harris-Roxas, UNSW; and Dr Michael Moore, CEO, CESPHN.

The study aims to identify more effective and time efficient shared care processes for GPs and improve the engagement of people living with severe mental illness in shared care. If the trial is successful, the intervention will be rolled out across community mental health services in SLHD and potentially scaled across other LHDs in NSW.

The SHAReD study will build upon the existing Mental Health Shared Care program where to date 734 people living with severe mental illness and utilising SLHD mental health services have shared care agreements in place between their GP and the mental health service; 512 people have received a verified physical health check with their GP in the last 12 months and 329 different general practitioners are engaged in the program.

Challenges common to shared care arrangements include finding fit for purpose, secure communication and care planning solutions. The SHAReD study will embed the existing shared care process with improved communication and information sharing pathways using a web-based platform. It will extend tele-health to include shared care with GPs in the community and via rpavirtual, improving mechanisms for proactive care for this highly vulnerable cohort.

We look forward to working with you on this important research to improve the physical health and recovery of people living with severe mental illness.

For further information please contact Andy Simpson, Program Manager, Living Well, Living Longer: Andrew.Simpson1@health.nsw.gov.au or 0455 072 020.

How the Reconnect Wellbeing Support program assisted Sylvia manage her anxious and depressed feelings brought on by loneliness and isolation during the COVID-19 restrictions.

The COVID-19 restrictions have impacted older adults more than other age groups, putting them at risk of mental health problems as they become isolated, lonely, and fearful. Relationships Australia NSW (RANSW) has been funded by CESPHN to deliver the **Reconnect Wellbeing Support program** to reduce social isolation and loneliness of older people and improve physical and mental wellbeing. This is achieved by identifying individual needs in order to reconnect older people to health services and social networks, while offering support to the person and their carer(s).

Sylvia (not her real name), a strong and determined woman in her 70s, walked into the RANSW office to have a session with a counsellor without an appointment with a hope to repair the relationship with her daughter and start to see her granddaughter again. Sylvia also wanted to regain a sense of hope for her own life as she had become increasingly lonely, isolated, and depressed during the COVID-19 pandemic. Sylvia said COVID-19 had impacted her social life significantly; most of her neighbours and friends had moved away to other states or overseas. Feelings of loneliness and social isolation significantly affected her mental health and caused her to feel depressed and anxious, with all sense of joy and hope steadily eroding.

Sylvia was relieved and excited to hear that RANSW could help her access supports within the community and provide some emotional support along the way. Rowena, the Reconnect Wellbeing Support Worker, arranged to meet with Sylvia at her local library for their first session, where they spoke about Sylvia's life, hobbies, friends, and reminisced about her past. Rowena worked with Sylvia to tailor the service to meet her needs. Rowena researched Sylvia's local area and contacted several different service providers and found a music class organised by a local organisation which Sylvia could attend at no cost. Here Sylvia has made friends with someone who speaks her language. Sylvia says "she is feeling much happier within herself and her life and has a greater sense of hope for her future" while she maintains her counselling sessions and works on improving her relationship with her daughter.

The Reconnect Wellbeing Support program supports older people 65 years and over and Aboriginal and Torres Strait Islander people over 55 years who have been impacted by the COVID-19 restrictions.

If you or someone you know would benefit from accessing the Reconnect Wellbeing Support program, please call Relationships Australia NSW on 1300 364 277, send an email to **enquiries@ransw.org.au** or visit **www.relationshipsnsw.org.au/reconnect/.**

Practice support:
Reaching out to allied health

CESPHN's Practice Support and Development team supports general practices and allied health through engagement opportunities such as accreditation, practice management, business development and education and training.

According to CESPHN's Manager, Practice Support and Development, Jan Sadler:

"Allied health practices located within our region have access to services and support to help maintain and improve quality within their practice."

Through the Continuing Professional Development (CPD) program, allied health practice staff can attend practice support educational activities relevant to improving their practices, such as:

- Infection, Prevention and Control
- Reception and administration
- Chronic Disease Management
- Triage
- Cultural Awareness
- Dealing with difficult patients

Other forms of support include general enquiries on practice management concerns, accreditation, business development, COVID-19 pandemic, human resources, chronic disease management, MBS items, infection prevention and control and person-centred care.

The National Safety and Quality Health Service Standards (NSQHS) provide a nationally consistent statement of the level of care consumers can expect from health service organisations. The NSQHS Standards are to protect the public from harm and to improve the quality of health service provision.

Accreditation is an independent recognition that an organisation meets the requirements of governing industry standards, and the Practice Support and Development team can offer guidance with this process. Allied health plays a key role in the delivery of safe and quality focused care across the healthcare system.

Added to that, CESPHN's Digital Health team supports allied health practices in their journey towards digitisation and to understand current government programs and initiatives relating to digital health. This includes My Health Record, telehealth, secure messaging and eScripts for pharmacies.

Other ways CESPHN's Practice Support and Development team can assist allied health include help with advertising for vacancies in their practice (they must be a financial member of the Central and Eastern Sydney Allied Health Network); linking them with HealthPathways and other relevant CESPHN programs and introducing them to National Health Services Directory and how to register online.

CHERE Practice Viability

Study showing interesting trends

The Primary Care Practice Viability Study is investigating the impact of the COVID-19 pandemic on primary care practices (general practices and private allied health providers) in Australia. The study is being run by the Centre for Health Economics Research and Evaluation at the University of Technology Sydney (UTS) and focusses on impacts on practice operations, finances and viability.

A survey was recently sent to practices in the Central and Eastern Sydney region. We have had over 150 responses locally, and over 300 nationally. The majority of responses are from general practices, with one third from allied health providers (most commonly psychologists and chiropractors). Early results suggest:

- The pandemic had a significant negative impact on practice finances with most reporting increased expenses but reduced patients and hence loss of income. This was often managed by decreasing staffing hours, and less commonly laying off of staff.
- The government support with the highest reported positive impact was the introduction of Medicare funding of telehealth. However, this was not all positive as the requirement to bulk-bill telehealth items early in the pandemic, had the largest reported negative impact.
- It is encouraging that most practices reported resilience and have reported that their practice income has returned to pre-pandemic state. However, there are ongoing financial challenges with nearly a third of practices reporting that their profitability is less than before the pandemic hit.

Primary Care Practice Viability Survey

You can still contribute to this important research by being interviewed or completing the survey (if you haven't already)

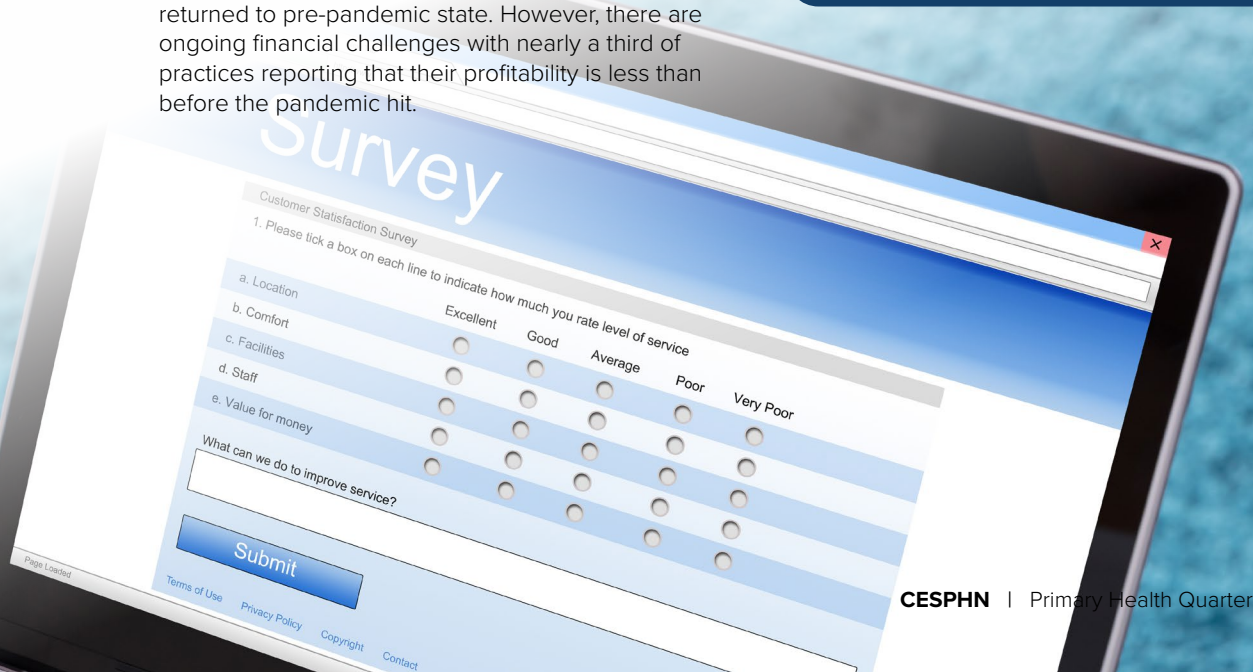
Who is this survey for? All general practitioners, practice nurses, private allied health professionals, and practice managers are invited to participate in this anonymous survey. It only takes 8-10 minutes to complete.

Interviews are available. If you are a practice owner, practice manager or are a clinician with insights into practice financial viability we would like to interview you about the impact of the pandemic on your practice viability. Interview participants will be reimbursed for their time with a $100 gift voucher.

If you are interested in being interviewed, please email Dr Sarah Wise sarah.wise@chere.uts.edu.au

Who is conducting this research? Independent researchers from the Centre for Health Economics Research and Evaluation at the University of Technology Sydney (UTS). The team is led by Dr Michael Wright, with Associate Professor Ruth Webster, Dr Sarah Wise, and Professor Kees van Gool. Collaborators include local GPs, John Petrozzi (University of Sydney, chiropractor), Karen Booth (President, APNA) and Dr Rebekah Hoffman (University of Wollongong, GP).

If you have additional questions about the Practice Viability Study please contact Associate Professor Ruth Webster at ruth.webster@chere.uts.edu.au.



Operating a business during the COVID pandemic: interview with accountant, Daniel de Wet, Xeta's private practice managing partner

E-health means many health professionals work partially from home. Can they claim related expenses as a tax deduction? Does this have an impact on their capital gains tax when they sell the home?

If you are an employee and the main office is away from your home, you may claim a deduction for work done at home under one of three methods.

1. Shortcut method (COVID Inspired)
2. Fixed rate method
3. Actual cost method

You may choose the most beneficial of the three methods, which can be changed year in and year out to always maintain the most favourable outcome. Using any of these three methods, it is not possible to claim running costs such as interest on your mortgage, rates, water and capital works depreciation. However, the upside is that when you sell your home, you do not pay capital gains tax.

If you are self-employed and working under an ABN, as a company, trust, partnership or sole trader and your home is your primary place of business (that is, you run your business from home and have a room or non-transportable granny flat exclusively or almost exclusively for business activities such as a medical office for patient visits) there are deductions you can claim other than those under the three methods mentioned above that are for employees.

The benefits of your primary place of business being your home is that you CAN claim a portion of your home running costs such as interest on your mortgage, rates, water and capital works depreciation, apportioned by the floor space that your office covers of the whole home. This scenario will incur CGT when the house is sold but CGT will only be applied to the portion of the primary residence that is dedicated to office space. If tax deductions are not claimed as part of work, CGT will not be charged but that is generally not the most tax efficient option.

Can medical and allied health practices claim small business tax breaks? What are some examples of these?

If the medical and allied health practice is structured as a small business entity, they will be able to claim small business tax incentives.

These incentives include:

- Immediate (eligible) asset write-off (COVID Inspired)
- Small Business Entity tax offsets
- Lower tax rates for company structures (Pty Ltd)
- Backing business investment – accelerated depreciation (COVID Inspired)
- To complement these, the company tax rate was reduced to 26 per cent and will be down to 25 per cent in 2022. Plus, individual tax thresholds have increased. (COVID Inspired)

Many GPs and allied health workers reported a reduction in income during COVID. For those health workers who operate using a Pty Ltd company, is it worth changing the structure of their business to be a sole trader?

Everyone has different and nuanced situations with so many factors to consider. Both a sole trader ABN and a Pty Ltd company can be maintained at the same time (although the Pty Ltd has nominal administrative fees each year). This maintains flexible options to direct funds flexibly from day-to-day medical work.

What is the threshold taxable income (after all deductions are made) to make a Pty Ltd company worthwhile?

The taxable income level where an individual is comparable to a company (where tax is paid at 26 per cent in a small business entity structure) is approximately $120,000 net of superannuation. Individuals will end up paying higher rates of tax if they start earning more than this. The benefit of a company structure is that you may retain revenue in the company over and above $120,000, and you will not be required to distribute these funds (like in a trust). Another advantage of using a company structure is that companies benefit from an overall operating risk reduction.

How much money can go into superannuation as a tax deduction?

- The only amount that can be claimed as a tax-deductible super contribution is $25,000 per year, for the current tax year the payment is physically made. You will still pay the standard 15 per cent tax on this within the fund.
- If your taxable income is above $250,000, then all deductable contributions made to the fund will be taxed at 30 per cent in the fund instead of 15 per cent so essentially, you will be double taxed in the super fund.
- All tax paid on super is paid by the super fund, and not personally.

For further information, see our **COVID page financial links**

This information is related to current tax rulings and is information, not advice. Keep in mind some COVID inspired tax changes but not all will remain. Many of these responses depend on individual needs/situations.

NEW COMMUNITY COUNCIL MEMBERS

Here we introduce four new members of CESPHN's Community Council - one of our key strategic advisory groups.

Joe Lonn:

I work at ACON as the manager of the Pride Training Program. I relocated to Sydney in 2017 from New York City but spent most of my life in Denver, Colorado. I bring world-class training knowledge gathered throughout my career across a diverse set of industries, including hospitality, aged care, consumer goods, health and academia. I am passionate about reducing barriers for LGBTQ+ community members accessing and receiving care. Service providers must have the knowledge, skills, and confidence to work with people that have a diverse gender and/or sexuality. There is an urgent need for GPs to increase their knowledge, skills, and confidence in providing gender-affirming healthcare, particularly hormones. There is a lack of trans-affirming practice, which is a pressing need given trans suicidality is an extremely concerning issue and crisis.

Christian McNally:

I have worked in the central and eastern Sydney region in many roles and positions, and I have qualifications in Bachelor of Nursing, Graduate Diploma of Community Health Nursing, Masters in Nursing, Bachelor of Applied Science Podiatry, Graduate Certificate Diabetes Education and Management and Certificate IV Frontline Management. In my current role at Sydney Central Home & Community Care team (H&CC) at Uniting, I have proactively focused on the older person or their carer at greatest risk of experiencing a deterioration of health, wellbeing, increased levels of social isolation and higher levels of carer stress. I'm acutely aware of the complexities of supporting older people and their carers in the community. I'm also aware of the challenges that our front-line staff, general practitioners and the health system experience on a day-to-day basis in navigating different complimentary aged care funding resources. The critical issue identified within primary care is working in partnership with primary health frontline staff to navigate 'My Aged Care' and raising awareness of government funding available for older people and their carers in the community.

Kate Melhopt:

I have a long history of advocating for the rights of marginalised or disadvantaged groups within society having worked as a mental health social worker with offenders in the UK, volunteering as a Mental Health Project Officer in Sri Lanka working with war affected and tsunami affected communities through to my current role managing South Eastern Community Connect (SECC) and overseeing the "whole of life"' diverse community services we run. I am committed to the provision of services at a grassroots/community level and the creation of social capital within our communities. COVID-19 highlighted human frailties and the importance of social connections for our health and wellbeing. The resourcing of services remains paramount as does advocacy in ensuring that everyone receives the support they need.

Anton Mayne:

I am a mental health advocate with experience working as a peer worker in the Housing and Support Initiative which supports people with a severe mental illness to live and participate in the community in the way they want to. I pursued peer work initially because I had been supported as a consumer and wanted to pass that along and support other consumers. Going into peer work, I was looking for purpose and meaning and through this experience I found a recovery journey myself. I am passionate about the services and people who support mental health consumers as they are often not supported enough. Peer workers have a different role and perspective to case workers and should be supported in a unique way through support networks and education. There are two issues I think are important now. Firstly, providing peer workers with improved networking, training and support opportunities greatly improves the support received by consumers. Secondly, it is important to provide physical health programs in a group setting to mental health consumers to encourage healthy lifestyles.

AHPRA maintains high standards among Allied Health professionals:

Q and A with Jane Eldridge, State Manager, New South Wales, Australian Health Practitioner Regulation Agency (AHPRA)

Q: What is the role of AHPRA? AHPRA works with the 15 National Boards to help protect the public by regulating Australia's registered health practitioners. Together, our primary role is to protect the public and set standards and policies that all registered health practitioners must meet. Public safety is always our number one priority. Every decision we make is guided by the Health Practitioner Regulation National Law, as in force in each state and territory. We publish a national Register of practitioners so that important information about individual health practitioners is available to the public.

Q: How many people pay registration to AHPRA? There are about 802,000 registered health practitioners in Australia. One in 15 people employed in Australia is a registered health practitioner. In addition to the Dental; Medical; and Nursing and Midwifery Board of Australia, there are 12 boards that regulate other allied health professionals. They are the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia.

Q: How much does registration cost? Fees set for each National Board aim to meet the full costs of registration for each profession. As we are self-funded by registrants' fees, it is important that we carry out our operations efficiently and effectively. In 2019/20, registration fees ranged from $113 for occupational therapists to $787 for medical practitioners.

Q: How did AHPRA adapt to COVID and have there been long term changes? At the onset of the COVID-19 pandemic, AHPRA became a virtual organisation within weeks.

A major development for us was the announcement of the pandemic response sub-register on 1 April 2020 following the request from Australia's Health Ministers to enable more health practitioners' quick return to practice to help in the response to the COVID-19 pandemic. More than 40,000 doctors, nurses, midwives and pharmacists who had previously held general or specialist registration and had left the Register of practitioners or moved to non-practising registration in the past three years and met other specific criteria were placed on the sub-register, on an opt-out basis.

A year later, AHPRA and the National Boards extended the support available from practitioners on the pandemic response sub-register for a further 12 months. This was done in response to a request by the Australian Government and will provide additional support for the COVID-19 vaccination rollout.

Culturally appropriate cancer care by primary care providers

Metro Assist, a community organisation in Inner West and Southwest Sydney was the successful applicant for the Cancer Institute NSW (CI NSW) Innovations in Cancer Control grant in 2019, addressing the focus area: Improving the Experiences of People with Cancer in Multicultural Communities.

Central and Eastern Sydney PHN (CESPHN) in partnership with the CI NSW, the University of Sydney and Metro Assist, have recently completed a project to identify challenges faced by patients and GPs from Culturally and Linguistically Diverse (CALD) backgrounds relevant to cancer prevention, screening, and care.

Eight GPs from CALD backgrounds were interviewed between October 2020 and February 2021. The interviews were developed and conducted by Associate Professor Syeda Zakia Hossain and Nuray Yasemin Ozturk from the Faculty of Medicine and Health at the University of Sydney. The focus of the project was to understand the gaps in provision of appropriate cancer care in primary health settings, including breast, bowel and cervical screening, and the availability and accessibility of culturally attuned information following diagnosis.

Analysis of interview responses indicated broad GP confidence in discussing cancer prevention, screening, and management with patients. GPs recorded a high proportion of patients from CALD background (70-90 per cent), and noted that patient demographic, age, gender and cultural background significantly impacts their approach to these discussions. Notable barriers are encountered with particular cancer screening assessments.

Interview responses highlighted the underutilisation of interpreter services within primary care settings. Interpreting services should be offered for all primary care consultations, particularly when discussing complex health needs, a cancer diagnosis, or conducting a physical assessment such as cervical screening. Available interpreting services include the Translating and Interpreting Service (TIS) available free for GP services via the **TIS website** and to Allied Health Professionals via the CESPHN website, **Speak Your Language** and the **Multicultural NSW Language Services.**

GPs noted prevalence of smoking within CALD communities and discussed the importance of education about **smoking cessation** during patient consultations. Specific education about the impact of shisha use in younger populations was seen as a priority area. The **ICanQuit website** has resources to support individuals and health practitioners in their journey to quit smoking. Quitline advisors provide in-language assistance in Vietnamese, Arabic and Chinese languages.

The GP cohort indicated strong interest in further developing their skills and knowledge in cancer screening and management with particular focus on the challenges impacting CALD population groups. The project findings will be used to establish priority areas for ongoing GP education and resource development. The full project report can be found on the **Metro Assist website**. If you would like to discuss any of the information or findings in this project, please contact **Sheetal Challam**, Multicultural Strategic Advisor at CI NSW. For more information on multi-lingual resources for cancer screening, please head to **Cancer Institute NSW's website**.

Supporting health professionals working with multicultural patients

The Cancer Institute NSW is committed to improving cancer outcomes for multicultural communities – working across cancer prevention, screening, diagnosis and treatment initiatives and programs. To assist health professionals, information and resources have been translated into several languages.

Our resources

What is cancer screening?
"What is screening?" is a series of brochures and fact sheet explaining bowel, breast and cervical screening and why they are important. They are available in 21 languages.

Cancer screening flipcharts and facilitator manuals
These resources are designed as tools to assist in providing education on bowel, breast and cervical cancers and the screening programs to women and men from different cultural backgrounds. These have been translated into the languages most spoken by the target age groups for each screening program.

Patient Information
Our Patient Information portal provides reliable information for people affected by cancer. The Multicultural Communities page is available in eight languages, and links users to relevant in-language resources to help them learn more about cancer and know where to find support.

eviQ
eviQ has fact sheets for patients, their families and carers about specific cancer treatments and common side effects. We provide cancer information in multiple languages explaining how to recognise symptoms and side effects, what people can do to manage them at home, and when to call a doctor.

Canrefer
Canrefer helps GPs and other health professionals find a multidisciplinary cancer care team, specialist, hospital or cancer centre. Users can search the 1300 specialists online by cancer, type of specialist (including child and youth), as well as by their gender and languages they speak. The website also lists chemotherapy and radiotherapy treatment services and specialist hospitals where a patient should be referred for certain complex cancer treatment.

Quit smoking
iCanQuit is a website with advice and support to help people quit smoking. In-language videos about how to quit smoking are available in Simplified Chinese, Traditional Chinese, Vietnamese and Arabic. The NSW Quitline has bilingual advisors who speak Arabic, Cantonese, Mandarin and Vietnamese.

Taking control of your cancer care
T.I.P.S. stands for Team, Involvement, Patient, Support. It is a four-point guide to help people who have been diagnosed with cancer to get a better understanding of how they can talk to health professionals and be more involved in their cancer plan. T.I.P.S. is available in audio, video and written formats on our website.

Visit our website for direct links to these online resources and information about how to order printed resources. cancer.nsw.gov.au/health-professionals

NSW

Cancer Institute NSW

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) IN ALLIED HEALTH

Lauren Thomas is a CPD Program Officer at CESPHN and develops the CPD calendar for both the Antenatal Shared Care Program for GPs in the CESPHN region and for allied health professionals in consultation with the relevant GP and AHP education committees. We find out more.

How does the CESPHN CPD team support allied health professionals in the region?

The CPD team supports allied health professionals by providing education specific to the needs of health professionals in our region with consultation with the newly formed Allied Health Education Committee. In 2020 we established a Peer Group Learning (PGL) group specifically for allied health professionals, this was met with enthusiasm, and we look forward to supporting more groups in 2021.

What CPD courses does CESPHN provide for allied health professionals?

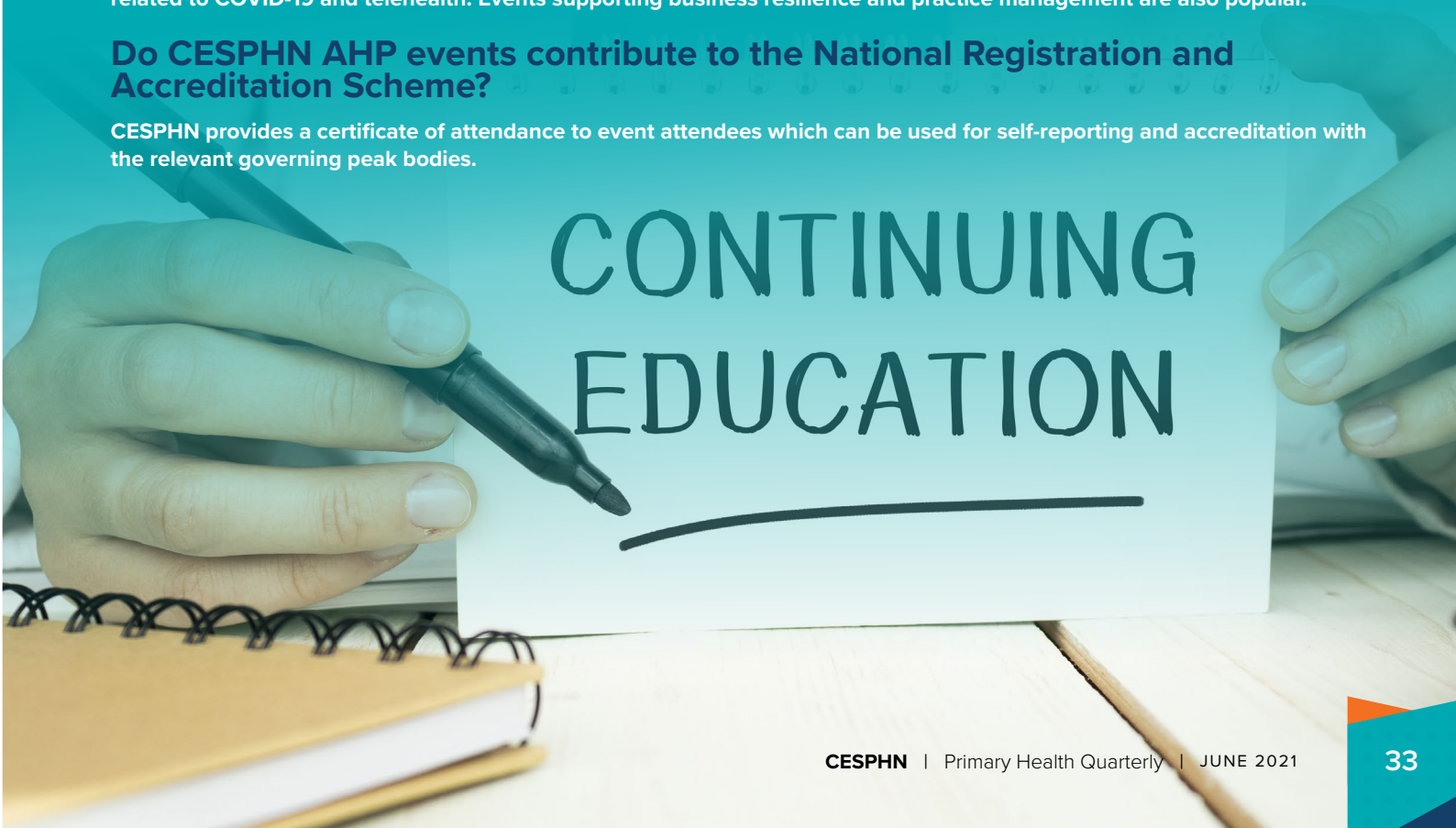
CESPHN provides various types of education opportunities including multidisciplinary clinical topics, communication and collaboration skills with GPs, chronic disease and MBS, COVID-19 and digital health, along with the Peer Group Learning program, which we are very excited about. We are always looking for opportunities for collaboration or expressions of interests from specialists. If you have any suggestions for speakers or topics please contact us at events@cesphn.com.au.

What are the most popular CESPHN AHP CPD courses?

The most popular CPD events include events with a multidisciplinary approach, asthma management, NDIS and webinars related to COVID-19 and telehealth. Events supporting business resilience and practice management are also popular.

Do CESPHN AHP events contribute to the National Registration and Accreditation Scheme?

CESPHN provides a certificate of attendance to event attendees which can be used for self-reporting and accreditation with the relevant governing peak bodies.



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