

Developing a GP Network in Western Australia

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Problem

STATE	Estimated Number of Patients with HIV	Number of Community HIV s100 prescribers	Ratio of patients to s100 prescribers
NEW SOUTH WALES	9924	103	96 patients/Dr
VICTORIA	4702	36	131 patients/Dr
QUEENSLAND	3459	25	139 patients/Dr
SOUTH AUSTRALIA	964	20	48 patients/Dr
NORTHERN TERRITORY	144	3	48 patients/Dr
WESTERN AUSTRALIA	1322	3	441 patients/Dr

Why so little interest in s100 prescribing?

- Not enough positive patients to warrant extra training
- Expectation that HIV treatment is too complicated
- Expectation that the patients will require other services ie social work or nursing input
- Concern about access to expert assistance as required or referral back to hospital
- Cost of training and need to travel interstate
- Difficulty in maintaining CPD requirements

Do patients want to go?

- Patients often comfortable with current system, and being known to clinic staff
- Non-disclosure to GP and community pharmacy
- Costs associated with appointments and cost of medications from community pharmacy
- Significant number like the convenience of seeing a GP for all health issues at once
- Anonymity of GP appointment rather than attending a specialist clinic
- More flexible clinic times / appointments

What was required

- Local training, preferably at low or no cost
- Local presenters with a focus not just on HIV, but how services run and where help can be accessed
- A framework where patients could be referred back to clinics easily, including for nursing and social work support
- A pathway for s100 to access phone advice quickly and easily
- Assistance with maintaining CPD points, local education and support from experienced s100 GPs

Developing local training

- Support from BBVP at Health Department who usually funded ~100 course places per year
- Support from ASHM to have training course in WA
- Minor modifications to course so that we could include WA specific information
- All speakers local, including nurses and SW, peer educator
- Year 1, recruitment included advert by ASHM, Health Dept, RACGP.
- Nurse from RPH attended GP practice education sessions to advertise

Year 1 course

- 30 participants
- Included 1 interstate, 1 nurse, 3 prison doctors, 1 audiologist, 2 drug and alcohol doctors, regional GP, and local participants from all around the metro area
- 6 people went on to complete the exam.
- 1 prison doctor, 1 drug and alcohol (who do not prescribe s100 medications in their practice) with 4 new local GPs

Year 2 course

- More targeted approach – looking at specific areas that large numbers of patients live
- Asked patients to nominate their GP
- Pre-s100 sign up dinner with a presentation by members of a high caseload GP practice to describe HIV in primary care, care planning and practicalities of caring for this group

Year 2 Course

- 16 participants
- Homeless health care, 1 Nurse, GP's in areas of higher prevalence, Doctors from sexual health centres, 1 GP with an interest in trans health
- Of those, 6 went on to complete training and mentoring, and a further 4 opting to work in shared care / PrEP, without s100 prescribing
- Smaller group so able to discuss with each participant what they wanted, ie shared care vs full management, referral pathways, specific practice resources

Follow up

- The GP Network group meets 2-3 times per year, with 'HIV curious' as well as s100 prescribers for educational dinner.
- Discuss cases, updated guidelines and clinical issues with experienced s100 prescribers present and tertiary hospital staff
- Gives tertiary staff opportunity to get better understanding of primary care and how we can work together more effectively
- Allied health staff, SW, Peer educator present to offer assistance
- Networking between the GPs for support, resource sharing, educational opportunities and referrals

Lessons

- Recruitment of the right GPs
- Development of a network rather than a focus on s100 prescribing only
- Getting patients to transfer care is more challenging
- Work to get patients out to justify GP's efforts or the GPs won't maintain their s100 status
- How many s100 prescribers do we need with our current number of patients?
- Should we focus more on a shared care approach rather than full transfer of care?
- Alternative course, not for s100 prescribers, but HIV and Sexual Health for GPs in shared care

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