



CAPITAL HEALTH NETWORK
ANNUAL REPORT 17/18

**Capital
Health
Network**
Partnering for better health

phn
ACT
An Australian Government Initiative



Capital Health Network wishes to acknowledge Australia's Aboriginal people as the Custodians of this land. We pay our respect and recognise their unique cultures and customs and honour their Elders past, present and future.

Artist Acknowledgement: Joy Cross

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IMAGINE
BETTER

FROM THE CHAIR, **PROF GABRIELLE COOPER OAM**



I strongly believe the role of Capital Health Network (CHN) is to advance the way health care is delivered in Canberra. As the ACT's primary health network, we're using our local knowledge to work with clinicians and consumers to design effective services that address identified gaps.

Throughout this Annual Report, you will see examples of these high worth services that are delivering lasting improvements in the priority areas of workforce, care across the continuum, chronic disease, mental health, digital health, Aboriginal and Torres Strait Islander health, alcohol and drug, aged care and at-risk groups.

CHN values insight and advice from the primary health care workforce and consumers about how to achieve better patient health and better value for Canberra's health system. We're guided by our many advisory mechanisms such as our General Practice Advisory Committee, our multidisciplinary ACT Clinical Council (joint with ACT Health) and our Community Advisory Council. We are grateful for the strong primary care leadership and advice that these members provide.

As part of our continuing work to provide better care to Canberrans, the CHN Board, Advisory Council Chairs and senior staff attended a strategic retreat focussed on how we can build better partnerships to optimise the care consumers receive. This gave us a valuable opportunity to hear about the latest trends in health care and case studies on successful and innovative reform. This was followed by time to share ideas and map how improved patient-centred care could be delivered through different approaches locally.

The Board continued to work with members on shaping the future structure of the organisation through constitutional change. By working together, agreement was reached on a different composition for the Board that still enshrines the voices of the primary care workforce (GPs and primary care clinicians) and consumers but allows more flexibility to recruit Directors with particular skills that can further advance our growth and maturity.

I would like to thank the CHN Board Directors for their enthusiasm and dedication in supporting our growing organisation. In particular I thank Dr John Norgrove and Glenn Keys AO, who we farewelled at the 2017 AGM, for their advice and input. We are fortunate to have Darlene Cox and Matt Hughes join the Board.

Lastly, I thank the CHN staff for their commitment and dedication to improving health care in our region. I particularly would like to highlight the leadership shown by Chief Executive, Adj Prof Gaylene Coulton and her supportive Executive Team.

I encourage you to look through this Annual Report to see the effective services that are addressing gaps in our local priority areas.



CHN Chair Prof Gabrielle Cooper OAM (centre) with Federal Minister for Aged Care and Indigenous Health, the Hon Ken Wyatt AM MP and CHN Board members.

FROM THE CHIEF EXECUTIVE, **ADJ PROF GAYLENE COULTON**



Imagine Better...

What does that mean to you? Imagine better...Is it better health for you...your loved ones...your patients?

Does it mean better access to services – when and where you need them? Is it better care...more tailored to your needs? Does it mean having an integrated care team who can communicate more easily across the silos within the health and community care systems? Does it mean better health outcomes, not just more services?

Imagine better... that's our purpose, to continually improve how healthcare is delivered in our community for a healthier Canberra.

Imagine better...

Welcome to our third Annual Report as the Primary Health Network for the ACT.

You will have noticed we have refreshed our branding including our tag line *Imagine Better*. In developing the new brand, the CHN team took the opportunity to work through what we bring to the Canberra community. For us 'imagine better' is what we come to work for – we want to bring you a focus on person-centred care, better integration between the levels of care and a cost effective health system that delivers the best outcomes for Canberrans. As we are engaging more extensively with the local community, we want to use this opportunity to get both clinicians and consumers to reflect on what a better health system looks like for you! You can tell us what you think 'imagine better' looks like reception@chnact.org.au.

After three years of operation our programs are well established, and we are entering the evaluation stage for many. The evaluations will increase our understanding of the impact and effectiveness of our programs in bettering the health of Canberrans.

All of our work through the PHN Program is designed at making things better – better health, better care, better supported workforce and better value. In reading this 2017/18 Annual Report I hope you will see how we are responding to the nine priority areas we have identified through our Needs Assessment over the past few years.

In further developing our role as a PHN and co-funder of local health services, we have worked to ensure that we are guided by strong principles that will best deliver services that support the people who need them most.

To do this, we must understand and consider the other circumstances in society and life that impact on peoples' health. We must also work in partnership with ACT Health, ACT Government, consumer and carer organisations, clinicians, local service providers and peak bodies to contribute to a better and more holistic approach to addressing health needs. In designing and purchasing better health care solutions, we must ensure they add value through improving peoples' experiences of, and outcomes from, using the health system while being financially sustainable for the community.

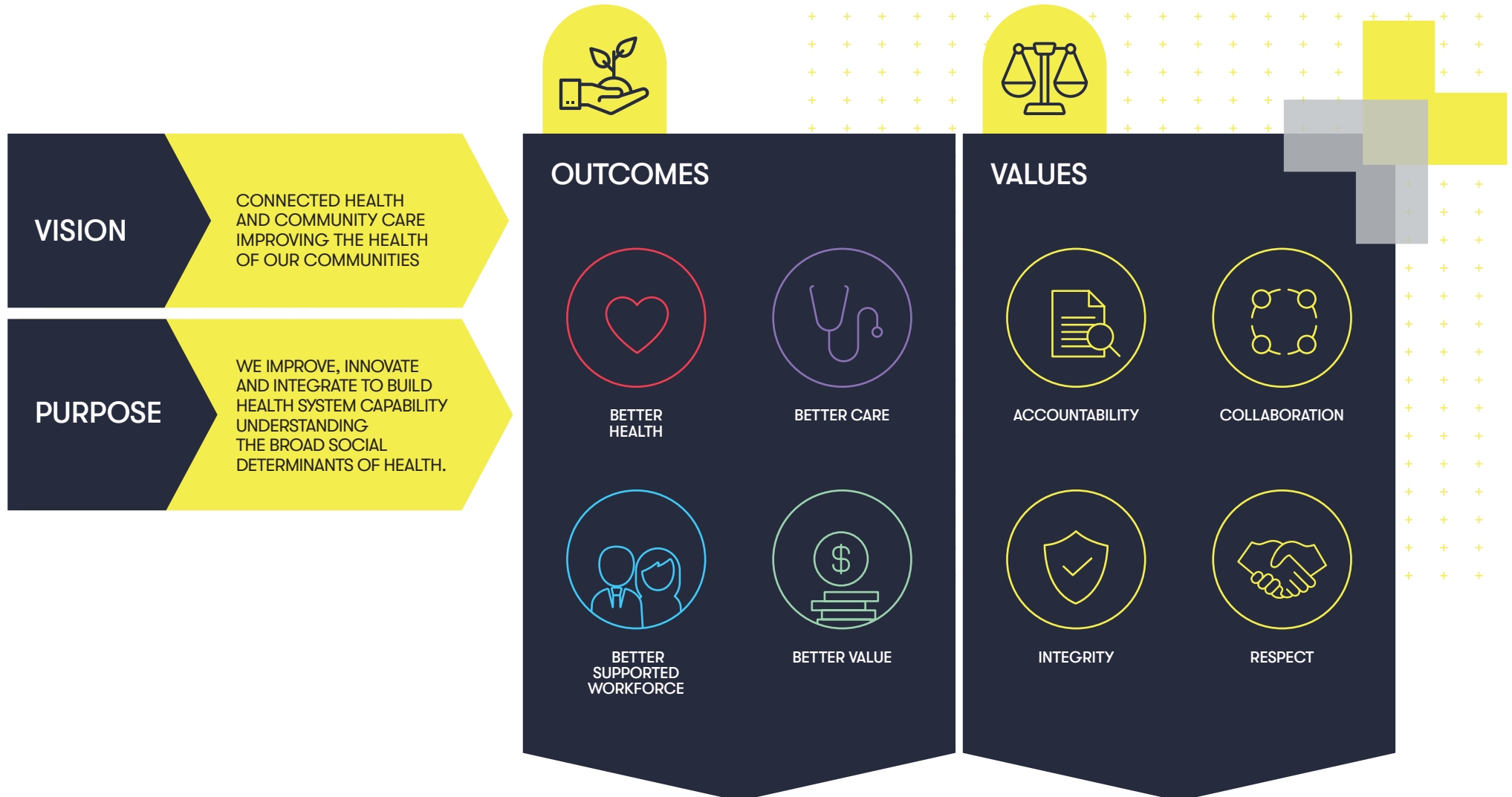
This is where we are fortunate to have a wide range of mechanisms to work with consumers, clinicians and sector specialists including our Community Advisory Council, General Practice Advisory Committee and the joint Clinical Council to name just a few. Our Board and staffing team bring diverse and comprehensive experience and expertise to the work of CHN. I thank them for their passion and dedication to making the health of Canberrans better!

We hope you enjoy reading about how CHN, through the PHN Program, has supported the ACT community over the past year and thank all of you for your support.



Adj Prof Gaylene Coulton with
Indian Minister of Health and
Family Welfare, J P Nadda.

STRATEGIC PLAN 2016-2019





GOALS

WHOLE PERSON, ONE SYSTEM HEALTHCARE STRATEGIES

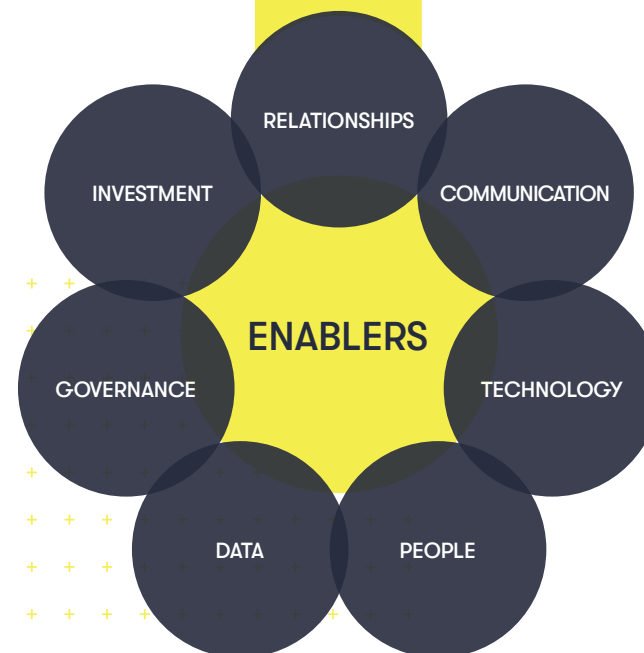
- 🏠 Understand the needs of our communities
- 🏠 Commission for outcomes
- 🏠 Collaborate for aligned, collective results
- 🏠 Channel and leverage resources for maximum benefit
- 🏠 Champion clinical and consumer leadership to inform models of care and services.



GOALS

HIGH PERFORMING PRIMARY AND COMMUNITY CARE STRATEGIES

- 🏠 Develop the capability of the workforce
- 🏠 Measurably improve consumer experiences
- 🏠 Use information to support evidence based care
- 🏠 Improve service efficiencies and support business practices that yield the most cost effective care
- 🏠 Champion issues leadership, innovations and research.



IMAGINE
BETTER

MEMBERSHIP

CAPITAL HEALTH NETWORK LTD MEMBERS AS AT 30 JUNE 2018

GPs — 389

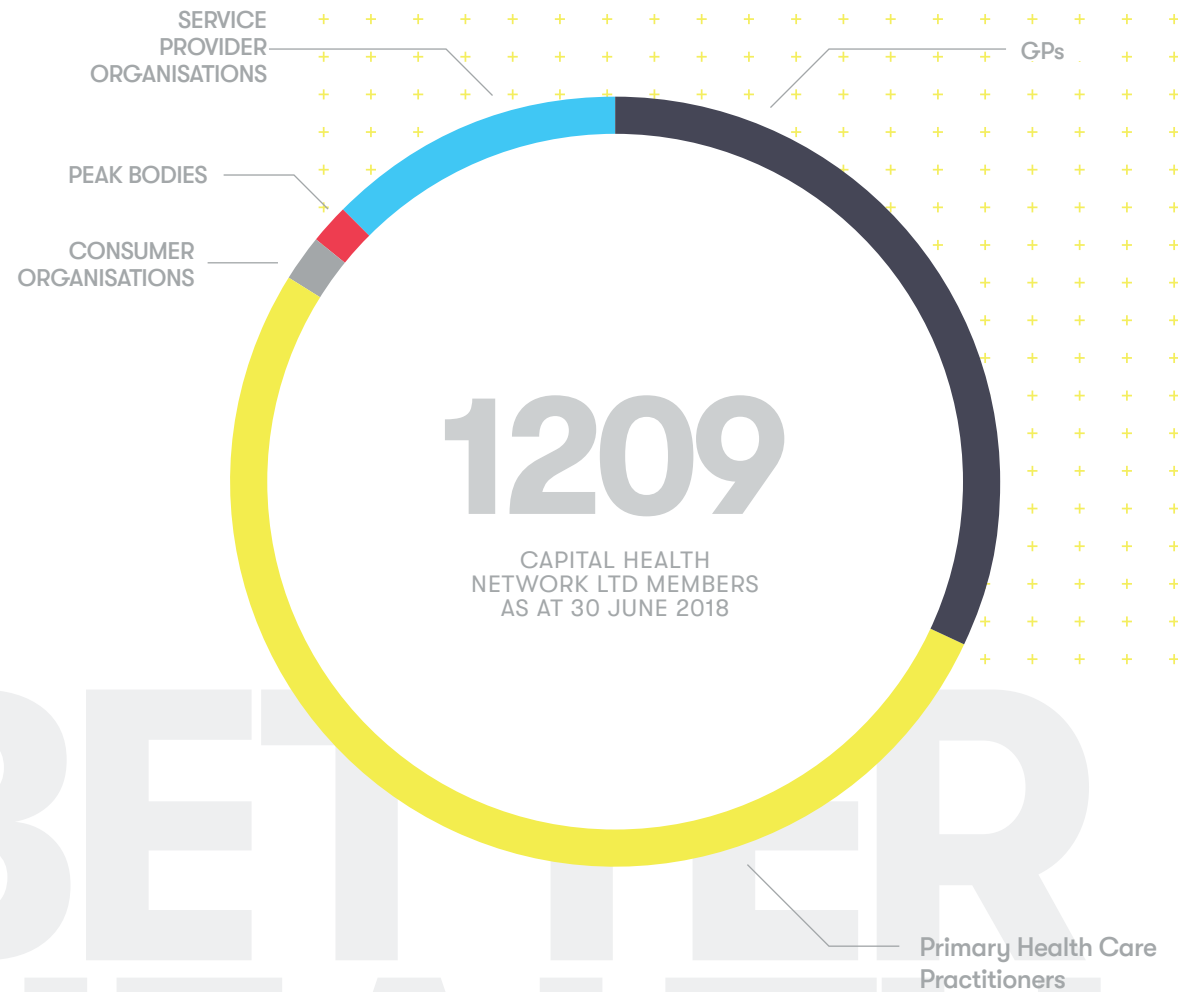
Primary Health Care Practitioners — 627

Peak Bodies — 23

Consumer Organisations — 20

Service Provider Organisations — 150

Total — 1209



CAPITAL HEALTH NETWORK BOARD

A. CAPITAL HEALTH NETWORK BOARD AS AT 30 JUNE 2018



Professor Gabrielle Cooper OAM

B Pharm, DHP, PhD,
MAICD, MPSA, MSHPA

*Chair, elected by the
Board November 2016 and
February 2018.*

*Primary Health Care Director, elected 2011 AGM,
re-elected 2013 AGM and 2016 AGM.*

Until 30 June 2018, Gabrielle was the Professor of Pharmacy in the Faculty of Health at the University of Canberra, having established the Discipline of Pharmacy in 2004. Gabrielle has extensive national and international experience in hospital pharmacy and her research interests include clinical toxicology, pharmacist and technician education, dementia care and communication between health care settings and providers. In 2017 she was awarded the Medal of the Order of Australia (OAM) in the Australia Day Honours List for service to the pharmacy sector, and to tertiary education.

Gabrielle is a member of the ACT Branch Committee of the Pharmaceutical Society of Australia and a range of other professional committees with a focus on optimal medication management and improved communication between consumers and care providers.



Dr Jeffrey Harmer AO

BA (Hons) (UNSW), Dip
Ed (UNSW), PhD (UNSW),
HonD (University of
Canberra), FAIM, FIPPA,
FANZSOG

Deputy Chair, elected by the Board December 2017.

*Appointed Board Director, appointed 1 June 2013,
reappointed 2015 AGM.*

With a career in the public system spanning 33 years, Jeff has occupied a range of executive positions including Managing Director of the Health Insurance Commission, Secretary of the Department of Education, Science and Training, and Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs. In 2009, Jeff was voted the inaugural Australian Government Leader of the Year, and in 2010 he was appointed as an Officer of the Order of Australia (AO) in the Australia Day Honours List for significant achievements in his public service career.

Jeff holds a range of Board appointments with a number of not-for-profit organisations and is also Chair of the Private Health Ministerial Advisory Committee and was the Chair of the Advisory Group for the Australian National Disability Insurance Scheme in the lead up to its introduction in July 2013.



Dr Martin Liedvogel

B Med, FRACGP, GAICD
*General Practice Director,
elected 2013 AGM, re-elected
2015 AGM and 2016 AGM.*

Martin has been the Practice Principal of Fisher Family Practice since 2006. Fisher Family Practice is a teaching practice for both registrars and medical students. Martin is a GP supervisor and medical educator with Coast City Country GP Training, with an interest in practice ownership/leadership. He is also a FRACGP examiner.

Martin's past experience includes Directorship of the General Practice Registrars Association and membership of the Royal Australian College of General Practitioners Standing Committee – GP Advocacy and Support.



Dr Mel Deery
MBBS (UNSW)

*General Practice Director,
elected 2017 AGM.*

Along with her husband John, Mel is a GP and practice owner at YourGP. She is passionate about developing YourGP to better fulfil the vision of 'genuine care, clinical excellence'. She enjoys all areas of general practice with special interests in paediatrics, women's health, pregnancy care and mental health.

CAPITAL HEALTH NETWORK BOARD



Ms Darlene Cox

BA, DipEd,
GradDipAppEc, BEd

*Consumer Director,
appointed to fill a casual
vacancy on 22 August 2017,
subsequently elected
2017 AGM.*

Darlene has been involved in the consumer movement since the late 1990s. She is an eminent advocate for health consumers with an excellent knowledge of the health system, both locally and nationally. She has been the Executive Director of Health Care Consumers' Association Incorporated since 2008. She is a board member of the Australian Council of Social Services. She is also a member of the Australian Health Practitioner Regulation Agency (AHPRA) Community Reference Group and the Choosing Wisely Advisory Group.



Mrs Roslyn Jackson

FCA GAICD

*Appointed Board Director,
appointed 10 December 2015.*

Roslyn is a Chartered Accountant with over 30 years' experience working in public practice providing taxation advice, as a corporate accountant in the Australian Government, CFO for a large NFP and COO for an Australian Government company. She has also owned and operated a training and consulting company, based in Canberra, for over 20 years. Roslyn is currently an independent audit committee member for the Australian Pharmacy Council Ltd and the National Blood Authority Australia.



Mr Matt Hughes

*Appointed Board Director,
appointed 8 May 2018.*

In addition to his experience as a Registered Nurse, Matt has many years of commercial and operational expertise across multiple regions and sectors. Matt is the Executive General Manager Operations – Australia, Asia and Pacific for Aspen Medical Canberra where he is responsible for the Group's operations and subsidiary companies within this region. He is also an experienced Director who currently has three Board appointments with companies that deliver a Commonwealth-funded program supporting health delivery across rural and remote Australia; manufacture deployable and modular health facilities; and provide comprehensive health care services across Papua New Guinea.

OTHER DIRECTORS DURING 2017/18



Dr John Norgrove

BSc, MBBS (Hons),
FRACGP

*General Practice Director, term
concluded at 2017 AGM.*



Mr Glenn Keys AO

MAICD, FIEAust

*Appointed Board Director, term
concluded at 2017 AGM.*

BOARD ADVISORY COUNCILS

A. ACT CLINICAL COUNCIL

The joint ACT Health/ACT PHN Clinical Council provides a forum for a multidisciplinary group of lead clinicians and a leading consumer representative to share their collective knowledge and expertise.

The Council also provides advice on strategic clinical and wider health system issues and local approaches to improve the operation of the ACT health care system for patients, facilitating effective primary health, sub-acute and acute care provision to reduce avoidable hospital presentations and admissions.

The ACT Clinical Council is co-chaired by:

- ❖ Dr Paresh Dawda, GP and Senior Research Fellow, Australian Primary Care Research Institute, ANU (appointed March 2018)
- ❖ Dr Boon Lim (Co-chair), Clinical Director, Department of Obstetrics and Gynaecology, Canberra Hospital

COUNCIL MEMBERS

- ❖ Dr Sue Andrews, Consumer Representative
- ❖ Dr Murray Thomas, Dentist in private practice (appointed February 2018)
- ❖ Ms Elise Apolloni, Community Pharmacist and Managing Partner, Capital Chemist Wanniasa
- ❖ Dr Ramila Varendran, Geriatrician in private practice (appointed February 2018)
- ❖ Mr Rhian Blackwell RN, A/g Emergency Management Coordinator, ACT Health
- ❖ Ms Rachael McMahon, Psychologist/Clinical Lead, Mental Health Community Policing, ACT Policing (appointed February 2018)
- ❖ Dr Marianne Bookallil, GP Interchange General Practice; GP Advisor ACT Health General Practice Liaison Unit

- ❖ Ms Tamra McLeod, General Manager of Clinical Services, Goodwin Aged Care (appointed February 2018)

- ❖ Dr Paul Craft, Senior Specialist, Medical Oncology Department, Canberra Hospital

- ❖ Dr Nadeem Siddiqui, GP and Medical Director, GP Winnunga Nimmityjah Aboriginal Medical Centre (appointed June 2018)

- ❖ Dr Stephen Isbel, Course Convenor, Master of Occupational Therapy, University of Canberra

- ❖ Dr David Gregory, GP East Canberra General Practice; GP Clinical Lead HealthPathways, Capital Health Network and Coordinare (appointed June 2018)

- ❖ Prof Imogen Mitchell, Dean ANU Medical School; Intensive Care Specialist Canberra Hospital

- ❖ Dr Tanya Robertson, GP Junction Youth Health Service, Canberra City; Medical Director, ACT Health General Practice Liaison Unit (resigned February 2018)

- ❖ Ms Jo Morris, Acting Chief Allied Health Officer, ACT Health

- ❖ Ms Libby Bancroft, Clinical Nurse Consultant, ACT Health Diabetes Service (resigned March 2018)

- ❖ Dr Raghavendra Parige, Clinical Director, Alcohol and Drug Service, ACT Health

- ❖ Dr Thinus van Rensburg, GP Tillyard Drive Medical Practice (resigned March 2018)

- ❖ Prof Michael Peek, Professor of Obstetrics and Gynaecology and Associate Dean, ANU; Maternal and Fetal Medicine Subspecialist, Canberra Hospital

- ❖ Dr Sean White, GP Winnunga Nimmityjah Aboriginal Medical Centre (resigned April 2018)

The ACT Clinical Council has provided a wide range of valuable feedback and advice to both CHN and ACT Health on a number of topics related to improving the health system in the ACT. Topics for discussion have included Real time prescribing in the ACT; Whole of system learning from clinical incidents; the Territory Wide Health Services Framework and the ACT Health ICT strategy.

B. COMMUNITY ADVISORY COUNCIL

The ACT PHN Community Advisory Council provides advice and recommendations to the CHN Board to ensure that strategies and initiatives are patient-centred, cost effective, locally relevant and aligned to improving local health care experiences and expectations.

The Community Advisory Council is chaired by:

❧ Ms Kate Moore, Consumer Representative, Health Care Consumers' Association

COUNCIL MEMBERS

❧ Ms Jane Grace, Consumer Representative, Mental Health Consumer Network

❧ Ms Susan Helyar, Director, ACT Council of Social Service

❧ Ms Jenny Mobbs, Executive Director, Council on the Ageing

❧ Ms Camilla Rowland, Chief Executive Officer, Marymead

❧ Ms Marcia Williams, Executive Director, Women's Centre for Health Matters

❧ Ms Leonie Williamson, Indigenous Representative

❧ Ms Colleen Sheen, Carer Representative, Carers ACT

❧ Mr Sam Wong, Multicultural Representative (appointed March 2018)

❧ Ms Darlene Cox, CHN Board Director; Executive Director, Health Care Consumers' Association (appointed May 2018)

❧ Ms Fiona May, Chief Executive Officer, ACT Disability, Aged and Carer Advocacy Service (resigned 22 June 2018)

❧ Ms Stephanie Gorman, Youth Coalition of the ACT (resigned 31 July 2017).

The Community Advisory Council has become an integral partner in the ACT PHN commissioning cycle. In particular, the Council has assisted with the development of various chapters of the Needs Assessment, and undertaken a prioritisation workshop with the ACT PHN Population Health team to provide input into the top ranked priorities for development of our activities. The Council has also provided the organisation with advice and feedback on our Framework for Partnering with Consumers and Carers.

C. GENERAL PRACTICE ADVISORY COMMITTEE

The General Practice Advisory Committee continues to provide advice and recommendations to the Board on its communications with GPs, strategies to strengthen and promote GP engagement and participation, and on priority areas and issues requiring GP participation.

The General Practice Advisory Committee is chaired by:

❧ Dr Martin Liedvogel, CHN Board Director, GP and Practice Principal, Fisher Family Practice

COMMITTEE MEMBERS

❧ Dr John Norgrove, GP Australian Defence Force

❧ Professor Kirsty Douglas, Professor of General Practice, ANU Medical School; Director, Academic Unit of General Practice, ACT Health; GP, Interchange General Practice

❧ Dr Charles Sleiman GP, Brindabella Family Practice; Senior Lecturer, Academic Unit of General Practice, ANU

❧ Dr Bosco Wu, GP Ochre Health Garran

❧ Dr Paresh Dawda, GP and Senior Research Fellow, Australian Primary Care Research Institute, ANU (appointed December 2017)

❧ Dr Anne-Marie Svoboda, GP Fisher Family Practice; GP Advisor, ACT Health General Practice Liaison Unit (appointed April 2018)

❧ Dr Mel Deery, CHN Board Director, GP and Practice Owner, YourGP@Crace and Your GP@Lyneham (appointed December 2017)

❧ Dr Marianne Bookallil, GP, Interchange General Practice; GP Advisor, ACT Health General Practice Liaison Unit (resigned March 2018)

The General Practice Advisory Committee has a long-standing role in providing CHN with advice on the utilisation of the GP Reserve Fund. The fund has provided a number of education and training opportunities for GPs in the ACT including the Clinical Leadership and Development course and grants for GPs undertaking CPD activities. The Committee also provides advice and input to the CHN Board and organisation on current issues facing general practice.

BOARD COMMITTEES

A. AUDIT AND RISK COMMITTEE

The Audit and Risk Committee provides advice and recommendations to the Board on the overall financial performance of the Company, oversight and review of risk management, compliance requirements and internal audits.

The Audit and Risk Committee is chaired by:

✎ Mr James Palmer, Independent member

COMMITTEE MEMBERS:

✎ Mrs Ros Jackson, CHN Board Director

✎ Mr Matt Hughes, CHN Board Director
(commenced May 2018)

✎ Ms Darlene Cox, CHN Board Director
(appointed December 2017, transferred to
Community Advisory Council May 2018)

✎ Prof Gabrielle Cooper OAM, CHN Board Chair (term
completed December 2017)

B. GOVERNANCE COMMITTEE

The Governance Committee provides advice and recommendations to the Board in relation to organisational leadership, efficient and contemporary governance and the Board's operations and performance.

The Governance Committee is chaired by:

✎ Dr Jeff Harmer AO, CHN Board Director

COMMITTEE MEMBERS:

✎ Prof Gabrielle Cooper OAM,
CHN Board Director and Chair

✎ Dr Martin Liedvogel, CHN Board Director

PROGRAMS AND SERVICES

HOW ARE OUR ACTIVITIES AND PROGRAMS IMPROVING THE HEALTH OF CANBERRANS?

CHN is committed to applying a lens which incorporates the social determinants of health to our commissioning activities and have developed a set of principles to support this emphasis. As a Primary Health Network, CHN works to improve service integration, within the primary health sector, and across other sectors. In this role, CHN must work in partnerships and alliances to have any meaningful and lasting impact upon health outcomes taking into consideration the conditions of daily life as lived by the most disadvantaged and marginalised within our communities.

ACT PHN'S POPULATION HEALTH PLANNING PROGRAM

One of our Commissioning Principles is that social disadvantage will be addressed through evidence and consultation. The Population Health Planning Program continues to update and further develop our comprehensive evidence-based Needs Assessment to identify and monitor the health and wellbeing needs of the ACT population, considering the related circumstances that impact people's health such as their socio-economic status, level of educational attainment, and housing status.

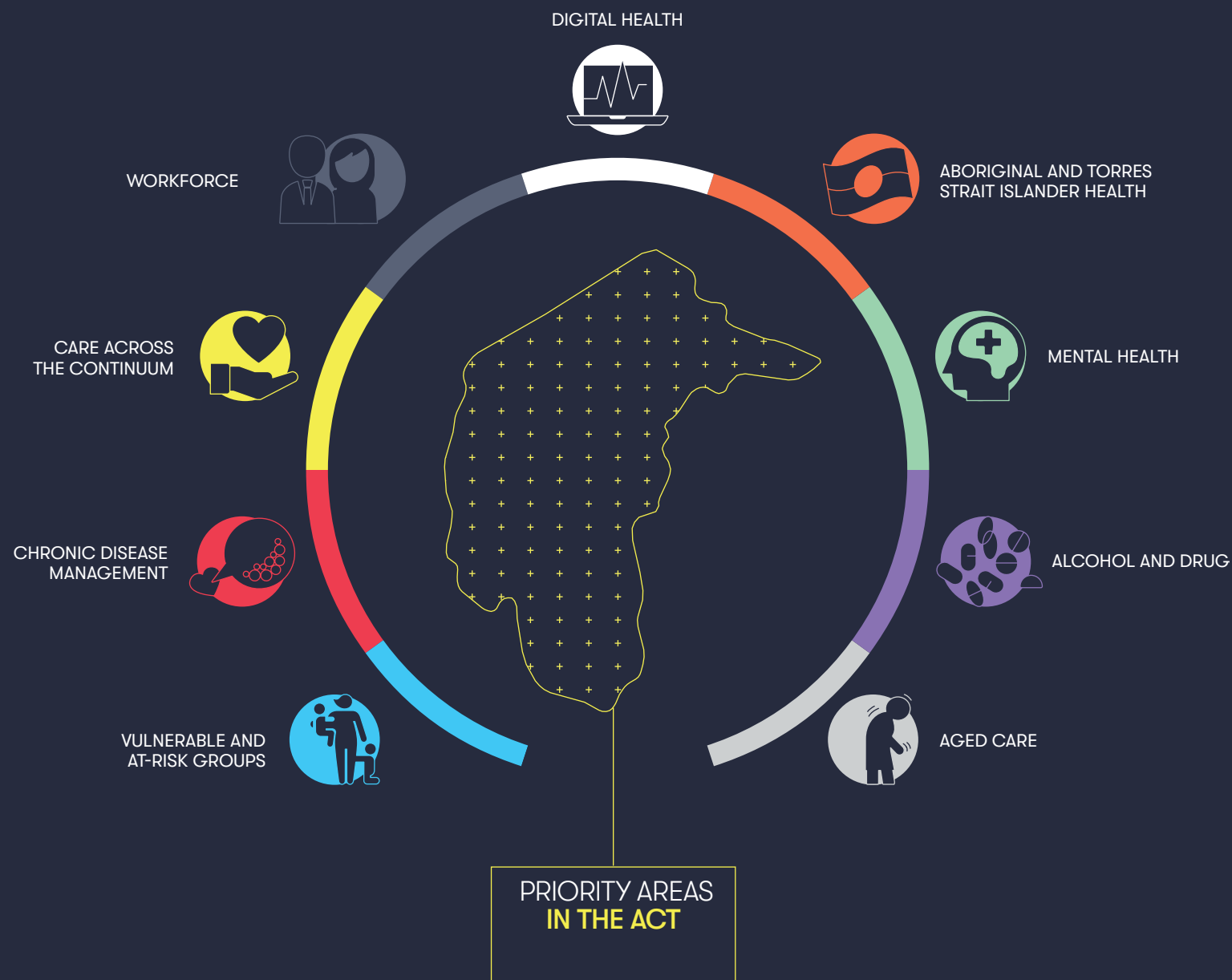
We consult with local service providers and community organisations, collate consumer experiences and feedback, and analyse local data (tertiary and primary care) to identify key areas of concern within the local health and welfare systems. Through the annual Needs Assessment, ACT PHN has determined nine key priority areas in the ACT:

- ❖ workforce
- ❖ care across the continuum
- ❖ vulnerable and at-risk groups
- ❖ mental health
- ❖ aged care
- ❖ Aboriginal and Torres Strait Islander health
- ❖ digital health
- ❖ alcohol and drug
- ❖ chronic disease management.

Our Needs Assessment forms the evidence base that informs the planning and design of our programs and partnerships to influence and address identified needs. Our Community Advisory Council are integral to our process through consultation, input and advice in relation to the Needs Assessment, prioritisation of key areas and resultant activities of work.

The ACT has significant pockets of disadvantage, and populations with poorer health outcomes, which are often masked by the more affluent, health populations when considered from a 'whole-of-Territory' level. For example in the ACT:

- ❖ more than half of adults are overweight or obese.
- ❖ over 40% of people aged between 18-24 report experiencing moderate to very high levels of psychological distress.
- ❖ approximately 4,400 people are living with dementia in the ACT, with half of the people living in permanent residential aged care having a diagnosis of dementia.
- ❖ between 2013 to 2016 there was a 34% increase in the number of children in out-of-home care from 558 children to 748 children.



A. PRIORITY AREA WORKFORCE

I. ACT PHN PRACTICE DEVELOPMENT PROGRAM

The role of our Practice Development Program is to ensure that general practices within the ACT are supported to enable improvements in clinical care for patients. The Practice Development Program offers support to GPs, Practice Nurses, Practice Managers and non-clinical staff through

practice visits, workshops and network meetings.

BETTER CARE

Over the past year:

- the team conducted 432 visits to general practices
- 14 practices participated in our 'Diabetes Drive' which aims to improve the outcomes for patients with or at risk of diabetes. The project has achieved remarkable progress in areas such as identifying new and at risk diabetes patients using the AUSDRISK tool, coding of diabetes on clinical software, adopting a practice policy on data cleansing and increased use of Chronic Disease Management MBS item numbers by the general practices
- four Practice Management meetings were held with an average of 35 people attending each one. Topics included MBS Billing and Claiming, Feros Care, key changes to the Royal Australian College of General Practice (RACGP) Standards for general practices (5th edition), Provider Digital Access (PRODA) and Health Professional online service (HPos), and the Human Rights Commission.



The Arcadia House team participating in ACT PHN's Triage Training.



FAST FACT

THERE ARE
AROUND 450 GPs
IN THE ACT.

CASE STUDY

CLINICAL LEADERSHIP
AND DEVELOPMENT COURSE

Thirteen practices participated in the Clinical Leadership and Development course to support GPs in developing leadership skills and leading strategic change to deliver better health outcomes for their community. The program consisted of three workshops and six half-hour one-on-one phone coaching/mentoring sessions over a nine month period. This program was funded through the GP Reserve Fund.

Attendees said it was an engaging and thought provoking course that was practical and informative. It was a great workshop that has got me thinking about our way of approaching health care and providing better healthcare to patients who need the care the most.

When asked what you will do differently at work as a result of the course, attendees said:

- 📋 delegation of tasks
- 📋 increase team meetings
- 📋 refine model of care
- 📋 build in additional one-on-one meetings.

Attendees said the most important things learned from the workshop included:

- 📋 maximising current practice assets
- 📋 planning for change
- 📋 new ways of promotion
- 📋 how to revise our model of care to align with our business vision
- 📋 the difference between management and leadership.

IMAGINE
BETTER

CHN



Clinical and GP Leadership Program.

The following areas detail key initiatives
of the ACT PHN's Practice Development Program:

QUALITY IMPROVEMENT IN GENERAL PRACTICE

Quality improvement in general practice is a commitment to continuously improving the quality of health care, focusing on the preferences and needs of the people who use services.

ACT PHN's Quality Improvement in General Practice Program provides support to general practices to identify goals, plan priority activities and measure outcomes for general practice. Our program supplies ACT practices who sign a Data Sharing Memorandum of Understanding a free data collection and analysis system called PenCat to assist practice staff in these activities. PenCat provides decision support to general practices at the point of engagement, extracts general practice data for practice analysis and aggregates general practice data for service planning, reporting and population health needs. It is designed around a patient-centred care model. Our aim is to encourage collection and sharing of data, using PenCat, by all general practices in the ACT.

Any quality improvement initiative in general practice should be data driven. The RACGP *Standards for general practices (5th edition) Quality Improvement Module* states that improvement needs to be based on the practice's own information and data. One of the ways this data can be collected is by auditing clinical data.



FAST FACT

THERE ARE AROUND
95 GENERAL PRACTICES
IN THE ACT

Over the past year:

- 6i 72% of eligible practices in the ACT are now sharing data
- 6i with permission from the practices, the following data has been shared with ACT Health for their use in population health planning:
 - 6i age, sex, body mass index (BMI) of de-identified patients
 - 6i total number of patients seen in each de-identified practice during the same time period
 - 6i month and year of patients' last visit to the practice
 - 6i month and year of last BMI recorded for patients.
- 6i 27 general practice staff were trained at sessions led by PenCat staff, including eight Practice Principals who were trained to mentor medical students at their practice who are participating in quality improvement activities
- 6i more than 25 practice staff (including three medical students) were trained at practices by support team staff during practice visits or by special request of the practice.

BETTER
GENERAL
PRACTICE

IMMUNISATION

ACT PHN's Immunisation Program aims to improve immunisation coverage rates by working with stakeholders and supporting general practices to deliver quality vaccination services. Our team works in conjunction with primary health care professionals and ACT Health to provide education, promote and support immunisation for the ACT community.

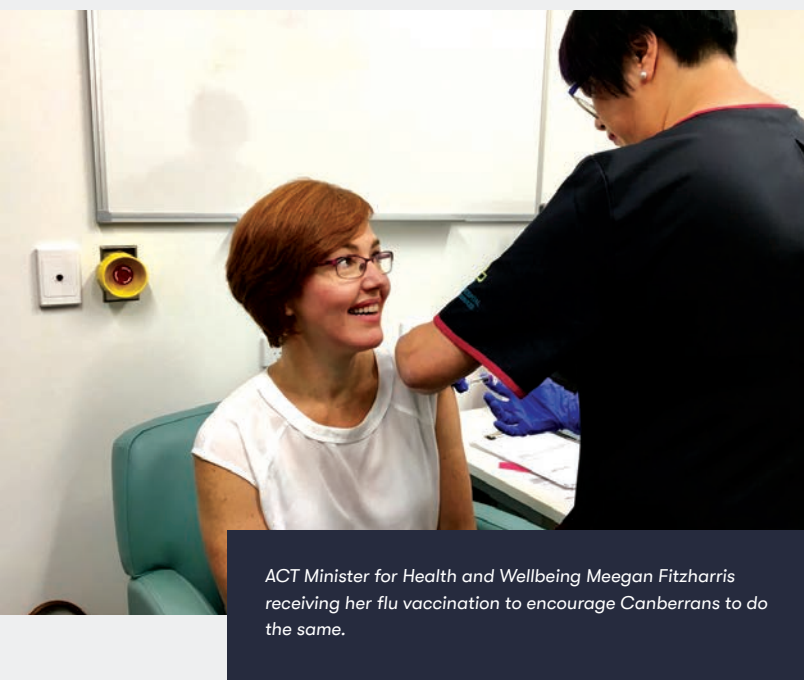
In June 2018, the ACT had the highest rate nationally of fully immunised children in the age cohorts of 12–15 months (94.87%) and 24–27 months (92.03%) and second highest nationally in the 60–63 month aged cohort (94.64%).

Immunisation is the most significant public health intervention as it provides a safe and efficient way to prevent the spread of many diseases that cause hospitalisation, serious ongoing health conditions and sometimes death. It is critical for the health of children and the wider community. A skilled immunisation workforce is recognised as one of the strategic priorities of the *National Immunisation Strategy for Australia 2013–2018*.

The majority of vaccinations and immunisations are delivered by GPs and other health professionals. Health professionals have great influence on individuals making a decision to immunise themselves or their children. Therefore, it is important that health professionals have good knowledge on the topic and the ability to provide authoritative and scientifically valid advice.



L-r: Dr Vanessa Johnston, The Health Protection Service ACT Health with Dr Chris Harrison, Ochre Health Bruce (Event facilitator) and Associate Professor Nicholas Wood Senior Research Fellow, National Centre for Immunisation Research and Surveillance.



ACT Minister for Health and Wellbeing Meegan Fitzharris receiving her flu vaccination to encourage Canberrans to do the same.

BETTER IMMUNISATION EDUCATION

Over the past year we:

- ❖ hosted five highly regarded and well-attended immunisation seminars which were funded by ACT Health. Topics included travel vaccinations, emerging issues in vaccinations, immunisations for Aboriginal and Torres Strait Islander populations, the Influenza vaccination, School Based Meningococcal ACWY Vaccination Program, immunisation updates and the School Based Immunisation Program
- ❖ launched the ACT Winter Plan with Minister Fitzharris, ACT Health Public Health Physician Dr Vanessa Johnston and CHN Chair Prof Gabrielle Cooper OAM to encourage Canberrans to get their flu shot
- ❖ focused on providing education and updates around immunisation at two of the five ACT PHN Practice Nurse Network Meetings
- ❖ provided immunisation education at individual and full-day Practice Nurse orientation sessions
- ❖ provided information and resources to practice staff around immunisation schedule updates.

NURSING IN GENERAL PRACTICE

ACT PHN's Nursing in General Practice Program aims to support nurses working in general practice by providing practice visits, resources, information, networking opportunities and education to maintain and enhance their skills.

Many nurses commence working in general practice as a new graduate or from the acute care setting. Nursing in general practice is a unique, often isolated role. The ACT PHN Nursing in General Practice Program offers tangible support through orientation sessions, education and timely responses to enquiries for information and resources.

BETTER NURSING SUPPORT

Over the past year, the program has:

- ❏ facilitated Practice Nurse Network meetings covering a range of educational topics as well as providing networking opportunities
- ❏ provided four full-day orientation workshops for nurses new to general practice
- ❏ hosted a half-day Introduction to General Practice Program for nurses who were interested in working in general practice
- ❏ developed a concept paper for ACT Health Graduate Nurse Program rotations in general practice
- ❏ strengthened relationships with local universities and the Canberra Institute of Technology to increase student nurse placements in general practice.

CASE STUDY

INTRODUCTION TO PRACTICE NURSING WORKSHOP

ACT PHN hosted a successful Introduction to Practice Nursing Workshop which was attended by nurses who may be interested in working in general practice. Kylie Gibson, from Fisher Family Practice presented about recruiting, and working with, Practice Nurses from a Practice Manager's point of view.

"Since working in general practice I have come to greatly appreciate the contribution a good Practice Nurse can make to a business. It's such a rewarding and diverse career path – if only more nurses knew about it! I believe seminars such as this one will help nurses who have a passion for primary care, quality improvement and continuity of care to choose practice nursing as their career of choice,"

said Ms Kylie Gibson, Practice Manager.



FAST FACT

THERE ARE AROUND 177
PRACTICE NURSES IN
THE ACT



Nurses at the ACT PHN Introduction to Practice Nursing Workshop with ACT PHN Practice Development Coordinator Toni Rice (right).

CASE STUDY

A PASSIONATE ADVOCATE FOR PRACTICE NURSING

Practice Nurse Ingrid Mears radiates enthusiasm and genuine care for her patients. It's not surprising to learn that she has had a varied background as a Practice Nurse for 16 years and a Paramedic for eight years. She has also worked at BreastScreen, in hospital operating theatres, as a fitness instructor and a swim coach.

Ms Mears is based at Ochre, Bruce and is Nurse Manager at five ACT practices, two in northern Victoria and two in southern NSW. She is helping new nurses look at how to encourage patients with their own chronic disease self-management.

"As we know, most chronic disease is preventable so I'm passionate about helping people pull back the reins now so that they can live a longer, healthier and more productive life," said Practice Nurse Ms Mears.

"I just love practice nursing and working one-on-one with patients. For example, it's a real privilege to help women in an intimate environment when they feel safe to open up to you about other issues," said Ms Mears.

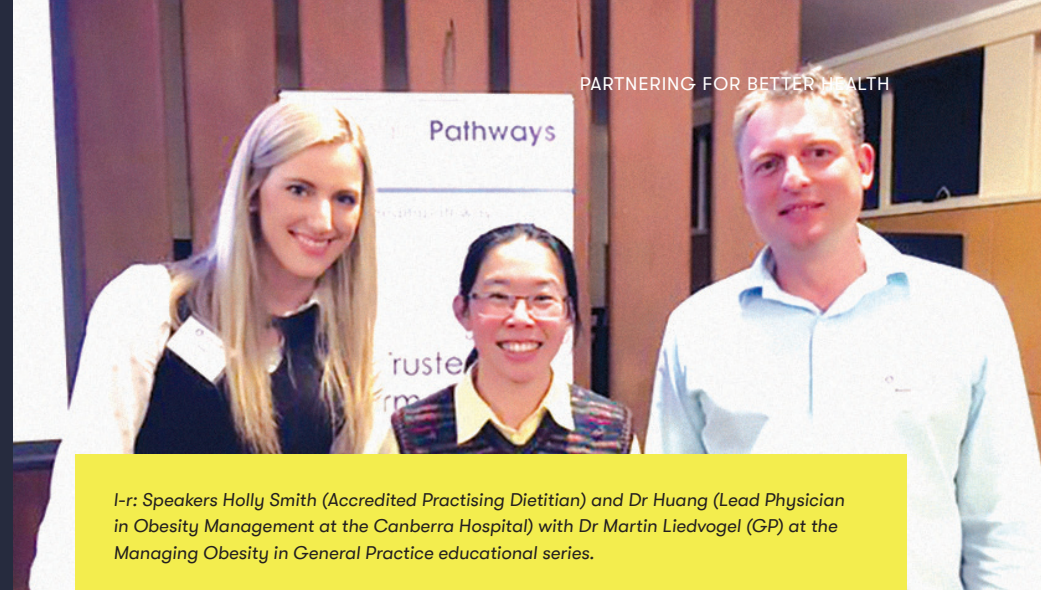
Ms Mears is a passionate advocate for practice nursing and recently spoke at our Introduction to General Practice Nursing Workshop.

Ms Mears said that the ACT PHN Practice Development Team have been so helpful over the years.

"I know that I can call them with any question and if they don't know the answer right away, they will find out and get back to me. I have been so grateful for the help they've provided me, particularly with PenCat and using data".



Practice Nurse Ingrid Mears
at Ochre, Bruce.



l-r: Speakers Holly Smith (Accredited Practising Dietitian) and Dr Huang (Lead Physician in Obesity Management at the Canberra Hospital) with Dr Martin Liedvogel (GP) at the Managing Obesity in General Practice educational series.

EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT

The ACT PHN Education and Continuing Professional Development Program provides education that is responsive to identified learning and development needs and ensures high quality events and networking opportunities for primary health care clinicians and their staff.

The education topics reflect the clinical issues, complexities and challenges being managed by GPs, nurses and allied health professionals in their day-to-day practice.

BETTER EDUCATION

Over the past year:


- ❖ attendance at our education events increased by 23%. We welcomed 2,569 attendees, including 621 GPs, 692 Nurses and Midwives, 401 Practice Nurses and 245 allied health professionals
- ❖ the number of education events offered increased by 35%
- ❖ the event management platform EventsAir was implemented which has allowed for increased efficiency for registration, security of data and ease of updating records and reporting.

II. ACT PHN PHARMACIST IN GENERAL PRACTICE PILOT PROGRAM

The ACT PHN Pharmacist in General Practice Pilot was introduced in 2016 to examine the feasibility and viability of establishing a model or models to utilise Pharmacists within general practice, at the point-of-prescribing.

Currently, adverse drug events are responsible for an estimated 190,000 hospital admissions each year, costing the health care system \$660 million. Medicine-related hospital admissions have increased sharply in recent decades with the largest increase seen for those aged 80 years and older. There is considerable scope for greater collaboration between health care professionals within 'primary care teams' to better facilitate patient-centred, safe and effective health care.

Some of the key findings of the evaluation of the pilot showed:

- Currently, adverse drug events are responsible for an estimated 190,000 hospital admissions each year, costing the health care system \$660 million. Medicine-related hospital admissions have increased sharply in recent decades with the largest increase seen for those aged 80 years and older. There is considerable scope for greater collaboration between health care professionals within 'primary care teams' to better facilitate patient-centred, safe and effective health care.
- Some of the key findings of the evaluation of the pilot showed:
- ❖ two of the three practices participating in the pilot have continued to employ the Pharmacist after the end of the pilot
 - ❖ on average, part-time Pharmacists (employed around 16 hours per week) may relieve four hours of a GPs time per week so that GP could undertake other clinical activities
 - ❖ Pharmacists conducted a range of clinical audits resulting in improved medication management (e.g. improvement in anticoagulant use to prevent stroke)
 - ❖ six months following smoking cessation consultations with one of the Pharmacists, one in three patients were no longer smoking. Additionally 40% of patients had reduced the amount they smoked.
 - ❖ interventions by one of the Pharmacists resulted in better asthma control
 - ❖ Pharmacists conducted medication reviews with the most common recommendation being to stop a medication or to reduce a specific dose of a medication (e.g. deprescribing).
- 
- A photograph showing three healthcare professionals, two men and one woman, standing in front of a banner for the Capital Health Network. The banner is purple and white with the text 'Capital Health Network' and a blue arrow graphic. The individuals are smiling and looking towards the camera.

A 9x16 grid of plus signs (+). The grid consists of 9 rows and 16 columns, totaling 144 plus signs.

I-r: Dr Joe Oguns (National Health Co-op (NHC)), Brendon Wheatley (Pharmacist, Isabella Plains Medical Centre), Dr Mel Deery (YourGP@Crace), Dr Divya Sharma (Isabella Plains Medical Centre), Katja Naunton-Boom (Pharmacist, Your GP@Crace), Anne Devlin (Pharmacist, NHC), Louise Deeks and Dr Sam Kosari (University of Canberra) and Julie Porritt (CHN).



B. PRIORITY AREA: CARE ACROSS THE CONTINUUM



l-r: Lou Fox (SNSWLHD), Dr Tanya Robertson (Coordinare), Prof Gabrielle Cooper (CHN), Dianne Kitcher (Coordinare), Claudia Cresswell (HCCA) and Adj Prof Gaylene Coulton (CHN) celebrating the development of 400 pathways.

I. ACT PHN HEALTHPATHWAYS PROGRAM

Our HealthPathways program is a unique partnership involving ACT Health, Southern NSW Local Health District, Coordinare (the South Eastern NSW PHN) and CHN (the ACT PHN).

The ACT and SNSW HealthPathways region is the only HealthPathways site to cross state boundaries and state government jurisdictions. Instead of impeding the success of the program, the complexities of these relationships has resulted in the establishment of solid foundations for engagement and integration. The HealthPathways Program produces a web-based clinical tool that provides health professionals with localised and evidence-based pathways. These localised pathways feature the assessment, management and referral options available (both public and private) for a variety of health concerns. The program also works to improve and support the ACT and SNSW health systems and foster effective patient management. The program aims to help facilitate a more connected health system that delivers the right health care, in the right place, at the right time.

HealthPathways facilitates redesign of the health system through the engagement of clinicians in the development of localised clinical and referral pathways. The program also uniquely offers health professionals in both ACT and SNSW access to vital local health information on a common platform.

BETTER INTEGRATION

Over the past year:

- ❖ additional new pathways were developed with 425 live localised HealthPathways at 30 June 2018
- ❖ 2,757 clinicians used HealthPathways (an increase of 54% from the previous year)
- ❖ 18,600 visits were made to the HealthPathways site (an increase of 87%).

HealthPathways has:

- ❖ supported changes within ACT Health by outlining referral processes and triage criteria for outpatient departments
- ❖ worked with the SNSW Local Health District (LHD) to develop a discharge pathway, supporting improved patient discharge back to their local community
- ❖ commenced the formal review process of existing pathways to ensure they are clinically current and reflect best local practice
- ❖ produced three promotional videos explaining the benefits of HealthPathways.

CASE STUDY

HEALTHPATHWAYS CLINICAL EDITOR: DR MELANIE DORRINGTON

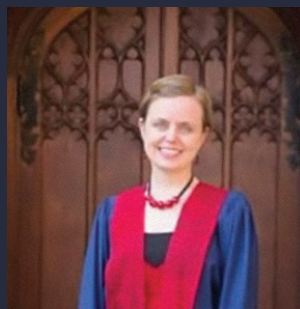
Dr Melanie Dorrington is the most experienced and longest serving HealthPathways Clinical Editor in the ACT. Dr Dorrington brings this role a wide range of experience. In addition to being HealthPathways Clinical Editor, she is also a GP at Bungendore Medical Centre (2.5 days) and one day a week is the GP Liaison Officer for Monaro, in the SNSW LHD.

In her role as HealthPathways Clinical Editor, Dr Dorrington said her typical day is very varied.

“My day may include starting a new pathway for a topic which involves initially looking at existing pathways and selecting the most suitable one to use as a starting point. During a typical day I may pass localised pathway changes onto GP Clinical Leads and subject matter experts for their review, and may find out about local services and consider how they fit into the relevant pathways,” said Dr Dorrington.

As a GP at Bungendore Medical Centre, Dr Dorrington says that using HealthPathways in a practical sense at her clinical practice saves her time and enables her to provide or arrange the right care at the right time in the right place which improves access to health.

“I love having the HealthPathways referral information there, for the ability to double check sub-specialities in areas such as urology, and the criteria for referrals for public services,” said Dr Dorrington.



Dr Melanie Dorrington is the most experienced and longest serving HealthPathways Clinical Editor in the ACT.

II. ACT PHN AFTER HOURS HOME BASED PALLIATIVE CARE COMMUNITY PHARMACY SERVICES

Palliative care is an important focus of after hours primary care support as an expanding number of palliative care patients in the ACT choose home-based care. Affordability and timely access to palliative care medications in the after hours period can present real challenges for home based palliative care patients and their families and care givers.

Through the ACT PHN Program, the After Hours Home Based Palliative Care Community Pharmacy Service provided by Capital Chemists Wanniasa and Charnwood offers subsidised home delivery of medications to palliative care patients across the Canberra region. In the past 12 months, the service provided on average 118 after hours deliveries per month to palliative care patients in the ACT.

CASE STUDY

AN HONOUR AND A PRIVILEGE

Samantha Kourtis, managing partner of the Charnwood Capital Chemist, is a key part of ACT PHN's After Hours Home Based Palliative Care Community Pharmacy Service. When talking to the Australian Journal of Pharmacy about the service, Samantha spoke about the benefits of the after-hours delivery program for patients with life-limiting illnesses residing in Canberra.

“We found this part [after-hours delivery] incredibly personally and professionally satisfying,” Ms Kourtis said. “If you're at home caring for a loved one who's dying, it's such a gift to be able to say, ‘You don't need to drive all the way across Canberra to get this medicine, you stay home with your loved one’.

“This was 90% used at the very end of life.

A lot of the time we would provide a delivery and the patient would pass away within hours. If you think about the time we gave that family, it's incredible.”

Deliveries were made to residential aged care, Clare Holland House or private residences as needed.

Excerpt from “An honour and a privilege”, Australian Journal of Pharmacy, 12/7/2018.



Samantha Kourtis, managing partner of the Charnwood Capital Chemist, was a key part of ACT PHN's After Hours Home Based Palliative Care Community Pharmacy Service.

C. PRIORITY AREA: AT RISK GROUPS

I. DOMESTIC AND FAMILY VIOLENCE, A SOCIAL DETERMINANT IMPACTING THE HEALTH OF CANBERRANS

CHN is leading a national working group established to explore how PHNs can support initiatives that impact the health of people at risk in our communities. As family violence is a national and local ACT priority, the working group is focussing on how PHNs can contribute across public sector human services departments. Through the PHN program this begins with our:

- ❖ **Strategic Relationships – we work collaboratively with health and other ACT Government directorates, the Domestic Violence Prevention Council and NGOs to develop and contribute to strategies and solutions.**
- ❖ **Needs Assessment – we identify the impact that the social determinants of health and family violence is having on the health of Canberrans.**
- ❖ **Practice Development team – we provide resources and education to the primary care workforce on how to respond to those affected by family violence.**
- ❖ **HealthPathways – we support integration and coordination between primary and community and social care services.**
- ❖ **Commissioned activities in the mental health sector – we support children impacted by domestic violence offering access to services such as trauma counselling.**
- ❖ **Communication mechanisms – we can contribute to reducing stigma and increasing**

awareness through our interactions and communication with community members.

II. CHN HIV PROGRAM

In 2016, there was an estimated 26,444 people living within HIV in Australia. Nationally, new HIV notifications have remained relatively stable since 2012. In the ACT there were 43 new reported cases of HIV between January 2015 and December 2016. Increased HIV testing, earlier access to treatment and increased access to Pre-Exposure Prophylaxis (PrEP) has contributed to the stabilisation of new diagnoses.

Over the past year, more than 70 people living with HIV in the ACT were supported through CHN's HIV Program delivered by Interchange General Practice, through funding received from ACT Health. Interchange General Practice employ an experienced sexual health nurse to lead and coordinate the program. Access to specialist counselling for people with HIV, their families and carers is also available through the HIV Program.

CHN's HIV Program aims to deliver improved clinical care and support services to people living with HIV, sexually transmissible infections and blood borne viruses in the ACT. Additionally, the program staff provide professional support to Canberra's primary care workforce through a range of education and professional development opportunities.

Key activities and achievements of the program over the past year include:

- ❖ **continued screening, education and self-management support for people with HIV and at risk groups**
- ❖ **outreach screening services in partnership with ACT Health and the AIDS Action Council**
- ❖ **provision of rapid HIV testing in primary care**
- ❖ **support to the Expanded PrEP Implementation in Communities in NSW (EPIC NSW) PrEP Trial and facilitation of 29 participants from the ACT.**

BETTER SUPPORT FOR THOSE AT RISK IN OUR COMMUNITY

III. ACT PHN'S PRIMARY CARE IN/OUT REACH CLINICS PROGRAM

In line with CHN's focus on Canberrans at risk of poor health outcomes, four primary care in/out reach clinics are funded to deliver health care to some of Canberra's most at risk people.

Typically people who are most vulnerable experience health and social disadvantage disproportionately compared to the general population. In/out reach services are an effective means of linking vulnerable groups to mainstream primary health care.

Early Morning Centre

The Early Morning Centre Primary Healthcare Service provides accessible, affordable and connected 'in reach' primary health care to Canberrans who are homeless or at risk of homelessness. Over the past year, 174 consultations were provided across the weekly two-hour clinics, with an average of 5-6 clients seen at each clinic. In its fourth year, the service has continued to provide vaccination against influenza and pneumococcal, which has been well supported by the clients of the clinic. The service is delivered with funding support from ACT Health and is provided in partnership with Canberra City Uniting Church – Early Morning Centre, Interchange General Practice and National Health Co-operative.

Ainslie Village Primary Care Out Reach

An estimated 85% of the residents in the large public housing estate of Ainslie Village experience active alcohol and other drug usage and/or mental health issues and significant associated health issues. The Ainslie Village Primary Care Out Reach Clinic provides a fortnightly nurse-led primary health care clinic to the residents of Ainslie Village. Since commencing in September 2017, the clinic nurse has treated 63 clients and provided 190 occasions of service. The majority of clients who attend the clinic do not have an existing relationship with a GP. The clinic is delivered by Directions Health Services and funded through ACT Health.

Civic Needle and Syringe Outreach

A nurse-led outreach service provides a range of primary health care services to users of the Civic Needle and Syringe Program including blood borne virus screening, hepatitis C workup and referral, sexually transmitted disease screening, immunisations, dental referrals, wound care, health promotion and vein care. Since it commenced in September 2017, the service has treated 83 patients and provided 131 occasions of service at the weekly clinics. The service is delivered by Directions Health Services and funded through ACT Health.

Primary Care In Reach at Canberra Hospital

A primary care inreach service at the Canberra Hospital Alcohol and Drug Service is reaching disadvantaged individuals with drug and alcohol addictions who are likely to experience barriers to receiving primary care, including a significant number of women. The service delivered by Directions Health Services is staffed by a GP experienced in treating clients with active drug and alcohol use. It was introduced in December 2017 and funded through the PHN Program.

BETTER
SUPPORT
FOR THOSE
AT RISK IN OUR
COMMUNITY

D. PRIORITY AREAS:

MENTAL HEALTH

I. ACT PHN MENTAL HEALTH PROGRAM

ACT PHN's Mental Health Program has worked in partnership with the mental health services sector to develop and deliver services that meet areas of identified need in the ACT region.

The suite of programs falling within the scope of our mental health commissioned services are aligned with the *Fifth National Mental Health and Suicide Prevention Plan* and cover the following areas within a stepped care continuum:

- ❖ services for Aboriginal and Torres Strait Islander people
- ❖ low intensity services
- ❖ suicide prevention activities
- ❖ services for children and young people
- ❖ services for people with severe mental illness with complex needs
- ❖ services for underserved groups.

The cornerstone of ACT PHN's mental health programs is our commissioned Next Step program. Next Step provides free services for people experiencing mild, moderate and severe mental health concerns. Through lead agency CatholicCare, ACT PHN funds Woden Community Services to provide low intensity interventions by a trained non-clinical workforce for people with mild to moderate symptoms and CatholicCare provide a high intensity service provided by trained medical professionals for people with moderate to severe symptoms. The program is primarily aimed at those who are unable to access the services they need due to financial constraints or an inability to gain access to the services they require

through the Medicare Better Access pathway. Services for people with more complex and severe mental health presentations are provided through the ACT PHN Partners in Recovery Program.

BETTER MENTAL HEALTH SUPPORT

Over the past year:

- ❖ the ACT PHN Mental Health Program continued to lead regional primary mental health reform. This will continue to evolve over the next 12 months as funding related to suicide prevention, psychosocial supports and older persons mental health is released to PHNs to commission services locally.
- ❖ the ACT PHN Next Step High Intensity Service commenced delivery of a Youth Specific Service targeting young people aged between 12 and 25 years with or at risk of developing a severe mental illness. Since September 2017, the Youth Specific Service has seen 98 clients access the program. Delivered by CatholicCare across Canberra, the Youth High Intensity Program has also been successfully integrated within headspace Canberra to offer flexibility of access to young people who would prefer to attend headspace to access this service. The program has an established direct referral pathway between headspace Canberra and the Next

Step program to reduce barriers to accessing mental health services for young people.

- ❖ the ACT PHN Next Step Service specifically dedicated to children aged under 12 years commenced through CatholicCare in March 2018. This program aims to increase the availability of services for children in the ACT experiencing mild to severe mental health concerns.
- ❖ the ACT PHN Next Step Service Navigation Pilot commenced in April 2018. This program aims to provide support to people who are accessing the Next Step High Intensity Service who have a higher level of complexity associated with their lives, which may prevent them from being able to engage with and benefit from the psychological intervention offered through the Next Step program. Service Navigators are working with clients to link them with the community sector for extra supports associated with physical health or social determinants of health-related needs.
- ❖ CHN commenced working with Black Dog Institute to make the StepCare suicide prevention tool available to ten general practices in the ACT. StepCare is a screening tool to assist GPs to identify suicidal ideation, symptoms of depression, anxiety and substance use and will be piloted within general practices in the ACT. The pilot aims to improve identification of people who may be at risk of suicide or may be experiencing mental ill health and to support GPs to identify appropriate referral options for their patients.

CASE STUDY

SUBSIDISED MENTAL HEALTH SERVICE FOR CHILDREN WITH DEPRESSION AND ANXIETY

A new ACT PHN program commenced that shines a light on the need for mental health services for children 12 years and under who are experiencing symptoms of mild to severe anxiety and depression. These children and their families, who have barriers to accessing Medicare services, can now access primary mental health support with no out of pocket costs through the Next Step mental health program.

CatholicCare Canberra & Goulburn were engaged to provide this much needed service that is being delivered by specially trained clinicians who are offering up to 16 sessions to children across the ACT requiring support.

CHN Chief Executive Adj Prof Gaylene Coulton said that “providing early identification and intervention to children before adolescence aims to prevent long term mental health issues and to support healthy growth and development”.

CatholicCare Canberra & Goulburn CEO Anne Kirwan said
“we are seeing increased demand for early intervention mental health services from children and families in the ACT who want to access mental health and counselling services, but are not in a financial position to do so. This new program will aim to address that need and enable children who are experiencing symptoms of mild to severe anxiety and depression gain access to specially trained clinicians”.

Next Step Child Under 12 programs are part of the broader suite of mental health programs offered through the ACT PHN Next Step program that are available for young people and adults requiring support for anxiety and depression.



l-r: Cheryl Levi (CatholicCare), Julie Porritt (CHN), Adj Prof Gaylene Coulton (CHN), Anne Kirwan (CatholicCare), Lauren Anthes (CHN), Chris Redmond (Woden Community Services).



II. HEADSPACE

The Young Minds Matter Survey of Child and Adolescent Mental Health estimates, in relation to 12-17 year olds in Canberra, that 2.8% of young people are likely to be severely impacted by mental illness, 4.2% experience medium impact and 5% experience mild impacts. It is estimated that 8,300 12-17 year olds in the ACT have a mental illness. headspace provides early intervention mental health services to young people aged 12 – 25 and is funded through the ACT PHN Program. headspace is designed to make it as easy as possible for young people to access the help they need for problems affecting their wellbeing. This holistic support covers four core areas: mental health, physical health, work and study support, and alcohol and other drug services.

In October 2017, CHN undertook a competitive open tender process in collaboration with Coordinare, the South Eastern NSW PHN to commission new lead agencies to operationalise the headspace services for Canberra, Queanbeyan and Bega Valley. Marathon Health was commissioned to deliver headspace services for the Canberra and Queanbeyan centres from 1 July 2018 and worked with the outgoing Lead Agency, headspace Services Ltd, to ensure a seamless transition. Headspace Canberra will be relocating to a new more central site in Braddon late in 2018.

BETTER
MENTAL
HEALTH
SUPPORT

E. PRIORITY AREA: AGED CARE

I. ACT PHN GERIATRIC RAPID ACUTE CARE EVALUATION (GRACE) PROGRAM

The ACT experienced the highest rate of entries into permanent residential aged care in Australia in 2015/16. It is well documented that older Australians utilise emergency care more than other population groups and experience greater rates of hospital admission and readmission.

The PHN Geriatric Rapid Acute Care Evaluation (GRACE) Program is being delivered as a 12-month trial through Calvary Public Hospital Bruce and is designed to address avoidable emergency department attendance and hospitalisation of older people living in residential aged care.

Since service delivery commenced in October 2017, there has been a 24% reduction in ED presentations and a 25% reduction in admission of patients from the participating residential aged care facilities (RACF). The service is provided by a team of highly skilled and experienced nurses who provide care, liaison, education and clinical support to the participating facilities.

BETTER AGED CARE SUPPORT

The trial is being completed with the co-operation of five RACF in the Calvary Public Hospital Bruce catchment area:

- ❏ Bill McKenzie Gardens
- ❏ Calvary Haydon
- ❏ Kalparrin
- ❏ Kangara Waters
- ❏ Villaggio.



BETTER AGED CARE SUPPORT

F. PRIORITY AREA: ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

I. ACT PHN INTEGRATED TEAM CARE PROGRAM

ACT PHN's Integrated Team Care (ITC) Program aims to support primary care services to provide culturally appropriate multidisciplinary care for the ACT's Aboriginal and Torres Strait Islander people so that they can have a better quality of life.

Our team works in conjunction with Care Coordinators and Aboriginal Outreach workers commissioned by ACT PHN at Winnunga Nimmityjah Aboriginal Health and Community Services and Grand Pacific Health, to contribute to improved health outcomes for Aboriginal and Torres Strait Islander people in the ACT who have a chronic condition.

BETTER CARE FOR THE ACT'S ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Over the past year:

- 1,163 clients accessed the ITC Program, which has assisted with funding for specialist appointments, patient transport to appointments and the purchase of medical equipment.
- our ITC GP Advisor and Project Officer developed a presentation package which has been delivered to mainstream general practices focussing on the delivery of Aboriginal and Torres Strait Islander chronic disease management. The team provide support and training on MBS item numbers, health assessments, government programs and strategies that can be used to improve chronic disease care for the ACT's Aboriginal and Torres Strait Islander people.

- relevant health promotion material, including Department of Health resources and the RACGP *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*, has been distributed to over 30 general practices. The use of these resources together with new web-based education materials released by Medicare is improving the understanding of the services available to support improved health outcomes for Aboriginal and Torres Strait Island people.
- the Yurauna Centre was commissioned to deliver Cultural Awareness training for the primary health care sector. Four sessions were delivered and attended by a mix of GPs, allied health professionals, Practice Nurses and reception staff. Two sessions were delivered for CHN staff.
- community awareness of the challenges faced by Aboriginal and Torres Strait Islander people with regard to their health has been increased through the delivery of education sessions and participation in events including Reconciliation Week and Close the Gap Day.



Our CHN team joined the Queanbeyan Reconciliation Walk during National Reconciliation Week.

CASE STUDY

**GP ADVISOR, INTEGRATED
TEAM CARE PROGRAM**

An elective placement at Wilcannia NSW sparked Dr Rebecca Jacobs' passion for Aboriginal and Torres Strait Islander health. This was followed by medical school and GP training rotations across rural Victoria and the Northern Territory. Her passion for Aboriginal and Torres Strait Islander health was cemented while working in rural and remote regions for the Royal Flying Doctor Service for four years, based in Broken Hill.

CHN, is fortunate to have Dr Jacobs as our GP Advisor to the ACT PHN ITC Program. Along with our ITC Project Officer, the team is helping to implement Closing the Gap in all ACT general practices. Our ITC Project Officer is helping to inform policy and procedures from an Aboriginal perspective.

In the ACT, 76.3% of Aboriginal and Torres Strait Islander people have a chronic health condition. The ITC team is promoting the Medicare item numbers and practice incentive payments used to help Aboriginal and Torres Strait Islander patients to access services to general practices. The team is also helping practices identify their Aboriginal and Torres Strait Islander patients, along with providing education and promotional assistance in cultural awareness.

Dr Jacobs also works three days a week as a staff specialist at the ACT Health Women's Health Service in a GP role. She sees vulnerable women who are unable to access mainstream services due to issues such as family violence, mental health and alcohol and other drug issues.

*Dr Rebecca Jacobs is the
GP Advisor for the ACT PHN
Integrated Team Care Program.*

BETTER CARE
FOR THE ACT'S
ABORIGINAL
AND TORRES
STRAIT
ISLANDER
PEOPLE

G. PRIORITY AREA: DIGITAL HEALTH



A consumer at the Senior's Week stand talking with ACT PHN's Digital Health Team David Traylen and Penny Taylor about the benefits of My Health Record.



Melba Men's Shed members actively participated in a My Health Record session

I. ACT PHN DIGITAL HEALTH PROGRAM

The Australian Digital Health Agency (ADHA) is committed to the My Health Record expansion program and having the benefits of the system realised by changing the participation arrangements from opt-in to out-out. All Australians will have a My Health Record created by the end of 2018, unless an individual chooses not to have one.

The ADHA has funded CHN through the ACT PHN Digital Health Program to assist it in the national expansion of the My Health Record system by:

- ❖ implementing the engagement and adoption activities designed to embed My Health Record use across health care providers
- ❖ delivering consumer engagement and communications to increase consumer awareness of My Health Record.

ACT PHN's Digital Health Team has been actively training and engaging with general practice, community pharmacy, allied health, medical specialists and consumers.

BETTER DIGITAL HEALTH SUPPORT

Between February and June 2018, the Digital Health Program promoted the My Health Record system at:

- ❖ 11 training and awareness sessions attended by GPs, allied health clinicians, Pharmacists, Practice Managers and Practice Nurses
- ❖ 30 consumer awareness raising events including the Canberra Show, Senior's Expo and the Canberra Multicultural Women's Expo.

As a result of this engagement, by June 2018 84% of general practices in the ACT were registered for My Health Record. In the last six months, the number of My Health Record registered community pharmacies has increased dramatically from 5% to 43%. Engagement with medical specialists and allied health professionals has also increased the use of My Health Record.

H. PRIORITY AREA: ALCOHOL AND DRUG

I. ACT PHN DRUG AND ALCOHOL TREATMENT SERVICES PROGRAM

Through the PHN Program, CHN provides funding to a range of drug and alcohol (AOD) treatment service providers in the primary care sector in the ACT. CHN aims to support region-specific, cross-sectorial and integrated approaches to drug and alcohol treatment services based on locally identified needs. Over the past year, we have worked closely with the ACT drug and alcohol service sector to meet the needs of our community.

Data from the 2015 Service User's Satisfaction and Outcomes Survey (SUSOS) shows that 400-500 people access specialist drug and alcohol treatment services in the ACT on any single day.

Over the past year, ACT PHN-funded drug and alcohol treatment services provided over 1,000 closed treatment episodes to more than 1,500 clients.

BETTER ALCOHOL AND OTHER DRUG SUPPORT

Services provided to the ACT community included both mainstream and Indigenous-specific specialist drug and alcohol counselling and case management services. The following services have been funded during 2017/18:

- ❖ Specialist AOD Counselling for Aboriginal and Torres Strait Islander people at the ACT Health Alcohol and Drug Service
- ❖ AOD Case Management for Aboriginal and Torres Strait Islander people at the Connection Outreach Service, Canberra Alliance for Harm Minimisation

- ❖ Specialist AOD Counselling through assertive outreach at the Reaching Out Program, CatholicCare Canberra & Goulburn
- ❖ Specialist AOD Case Management through assertive outreach at the Support Connections Program, CatholicCare Canberra & Goulburn
- ❖ Community-based specialist AOD counselling for people linked with the criminal justice system at the Karralika Justice Service
- ❖ Alcohol and Other Drug 12-week Day Program at Arcadia House, Directions Health Services
- ❖ Primary and secondary health care services for people whose health is impacted by alcohol and other drug use at Althea Wellness Centre, Directions Health Services
- ❖ AOD screening and assessment, eight-week Day Program and specialist counselling services for women affected by alcohol and drug use at Toora.

In a first for the ACT region, ACT PHN is commissioning a pilot program delivering non-residential drug withdrawal services for people living in the ACT with low to moderate withdrawal needs. The pilot service will be delivered by Karralika Programs Inc.



I. PRIORITY AREA: CHRONIC DISEASE MANAGEMENT

I. ACT PHN HEART FAILURE CARE INITIATIVE

The ACT PHN Heart Failure Care Initiative aims to develop and implement a comprehensive and systematic approach to the management and palliation of heart failure. Strategic partners include ACT Health, Heart Foundation ACT and the Health Care Consumers' Association of the ACT.

Heart failure can severely affect patients' social capacity and emotional health. Over 300,000 people are living with heart failure in Australia, with 30,000 cases diagnosed each year. It accounts for 43,000 hospitalisations and 2,200 deaths annually. Heart failure places a significant burden of disease on the Canberra population, yet despite advances in heart failure management clinical outcomes remain poor. It is considered one of the most frequent potentially avoidable Emergency Department (ED) (re)presentations and hospital (re)admissions and is associated with escalating health care costs.

BETTER CHRONIC DISEASE MANAGEMENT

Over the past year:

- ❖ the ACT PHN Heart Failure Clinical Leadership Forum further developed design principles underpinning the patient centred Heart Failure Model of Care, designed patient pathways and tested the model of care prototype with patient case studies
- ❖ the model of care was developed and founded on a patient-centred, evidence based, multi-disciplinary approach to enhance patient health outcomes, improve the patient experience across the system of care and reduce avoidable demand on local health services
- ❖ ACT PHN partnered with Health Care Consumers' Association of the ACT to facilitate focus groups with people living with heart failure and carers during the design period (attended by 14 consumers)
- ❖ a survey was conducted with the Clinical Leadership Forum members which showed that members perceived the co-design process as a unique and constructive method for exploring system change

- ❖ it was agreed to pilot the priority interventions over a 12-month period with the support of a number of general practices, cardiologists and Canberra Hospital
- ❖ an implementation plan of the model of care was developed and a number of clinician-led working groups were established to identify and develop priority interventions for implementation.

Increased safe self-management for consumers and carers is a central component of the Heart Failure model, enabling consumers to better manage their health. A scoping study was undertaken to explore what local and international enablement mechanisms/tools exist for heart failure patients. Following a series of workshops and interviews with stakeholders and consumers, a design process was adopted to develop a tailored enablement tool within the ACT to support clinician-consumer communication, increase self-management and support consumer-focused goal setting.

CASE STUDY

CO-DESIGNING WITH CONSUMERS A PATIENT-LED HEART FAILURE CARE PLAN

- ❖ A key component of the Heart Failure Model of Care co-designed by the Heart Failure Clinical Leadership Forum is the development of a comprehensive heart failure care plan to improve patient self-management and enhance transitions of care.
- ❖ A working group was established to develop the patient-led care plan and adopted an experience based co-design approach to ensure the care plan was tailored to the needs of people living with heart failure.
- ❖ 11 participants with lived experience of heart failure attended a workshop to begin co-designing the heart failure care plan. Facilitated by Dr Paresh Dawda, this unique approach placed consumers at the start of the design process to ensure that they had an equal voice as active partners alongside clinicians.
- ❖ A prototype care plan based on the outcomes of the workshop was developed and was further tested with consumers utilising select experience based co-design tools. Once finalised, the patient-led heart failure care plan will be piloted in select general practices as part of the Heart Failure Care Initiative's pilot program.

II. ACT PHN'S TRANSITIONS OF CARE PILOT PROGRAM

The Transitions of Care (ToC) pilot project commenced in April 2017 with the primary objective of improving transitions of care for people with a chronic disease leaving hospital and returning home.

Three Registered Nurses make up the ToC team who work with patients and their carers, initially in their home, to identify and coordinate access to services that will assist them in the future management of their condition.

The team focus on encouraging the patient to connect with their GP to maintain continuity of care, assisting them and their families to navigate local health and social services, provide information regarding medication management, and access health coaching including specific chronic disease information and support services. The team is involved in providing this short-term support of up to four weeks.

In the past year, ToC Coordinators have:

- ❖ supported over 200 ACT residents and their carers, through health coaching and navigation of services following an acute admission to hospital
- ❖ assisted over 68% of patients to engage successfully with at least one health service in the community.

CASE STUDY

WOMEN WITH HEART AWARDS 2018

ACT PHN's Heart Failure Care Initiative Manager, Daniela Gagliardi received one of the Heart Foundation's Women with Heart Awards. The awards recognise women in the ACT who have made a significant contribution to the Heart Foundation ACT and its mission to prevent suffering and death from heart disease.

Daniela was recognised on behalf of the ACT PHN's Heart Failure Care initiative which aims to develop and implement a comprehensive and systematic approach to the management of Heart Failure in the ACT. Daniela has worked closely with members of the Heart Failure Clinical Leadership Forum in co-designing a patient-centred heart failure model of care to enhance patient health outcomes, improve the patient experience across the system of care and reduce avoidable demand on local health services.



Heart Foundation ACT Chief Executive Tony Stubbs presented a Women with Heart Award to ACT PHN's Heart Failure Care Initiative Manager, Daniela Gagliardi.

APPENDIX 1

AWARDED CONTRACTS

Tender	Successful Tender	Funding Program	Funding Amount	Contract Period
Provision of Innovative models of service delivery in specialist Alcohol and Drug treatment services	Interchange General Practice	ACT PHN program	\$25,365.00	June 2018 to March 2019
Indigenous Specific Alcohol and Other Drug (AOD) Services	Australian Injecting and Illicit Drug Users League Inc (AIVL)	ACT PHN program	\$406,684.81	May 2018 to June 2019
Provision of Aboriginal and Torres Strait Islander People Mental Health Services	Marathon Health Ltd	ACT PHN program	\$359,132.00	May 2018 to June 2019
headspace Lead Agency	Marathon Health Ltd	ACT PHN program	\$1,534,000.00	March 2018 to June 2019
Provision of Innovative models of service delivery in specialist Alcohol and Drug treatment services	Karralika Programs Inc	ACT PHN program	\$182,336.00	March 2018 to June 2019
Procurement of mental health clinical expertise in the form of a Clinical Advisor	Think Psychology Solutions	ACT PHN program	Agreed value	March 2018 to June 2018
General Practice Pilot of Black Dog Institute StepCare Service	Black Dog Institute	ACT PHN program	\$ 81,187.00	February 2018 to February 2019
Evaluation of ACT PHN Alcohol and Other Drug (AOD) commissioned activities	Siggins Miller Consultants Pty Ltd	ACT PHN program	\$70,000.00	January 2018 to August 2018
Provision of Psychological Therapy Services for Children under 12 years	CatholicCare Canberra and Goulburn	ACT PHN program	\$175,000.00	January 2018 to June 2018

Tender	Successful Tender	Funding Program	Funding Amount	Contract Period
Provision of Primary Care In Reach Clinic at Canberra Hospital	Directions Health Services	ACT PHN program	\$65,000.00	December 2017 to June 2019
Provision of After Hours Radiology and Reporting Services	Canberra Imaging Group	ACT PHN program	\$221,095.00	October 2017 to August 2018
GP Reserve Fund – Clinical and Business Leadership Program for General Practitioners	BMP Healthcare Consulting	GP Reserve Fund	\$57,500.00	October 2017 to August 2018
PHN After Hours Primary Health Care Program Primary Care Service/ED Integration – Scoping Study	Nous Group	ACT PHN program	\$100,000.00	October 2017 to March 2018
GP educational needs scoping project	Prestantia Health	GP Reserve Fund	\$10,000.00	September 2017 to November 2017
Nurse Led Outreach Primary Health Care for Vulnerable Persons	Directions Health Services	ACT Health	\$40,000.00	August 2017 to December 2018
Primary Mental Health Care – Next Step Psychological Interventions Evaluation	Human Capital Alliance	ACT PHN program	\$95,250.00	August 2017 to July 2018
Transitions of Care Program Formative Evaluation	Human Capital Alliance	ACT PHN program	\$50,000.00	August 2017 to June 2018
Primary Mental Health Care – Provision of high intensity youth mental health services	CatholicCare Canberra & Goulburn	ACT PHN program	\$280,000.00	August 2017 to June 2018
Pharmacists in General Practice Evaluation Year Two	University of Canberra, Faculty of Health	ACT PHN program	\$55,000.00	August 2017 to May 2018

APPENDIX 1

AWARDED CONTRACTS

Tender	Successful Tender	Funding Program	Funding Amount	Contract Period
Alcohol and Other Drug Program – Former NGOTGP Grants – AOD Day Program Service	Directions Health Services – Arcadia House	ACT PHN program	\$361,710.40	July 2017 to June 2019
Alcohol and Other Drug Program – Former NGOTGP Grants –Primary Care Clinic	Directions Health Services – Althea Wellness Centre	ACT PHN program	\$1,017,817.38	July 2017 to June 2019
Alcohol and Other Drug Program – Former NGOTGP Grants –AOD Day Program Service	Toora Women Incorporated	ACT PHN program	\$626,768.40	July 2017 to June 2019
GP Reserve Fund - Quality improvement, GP supervisors and medical students	Australian National University, ANU Medical School, Academic Unit of General Practice	GP Reserve Fund	\$30,000.00	July 2017 to December 2018
Partners in Recovery Support Facilitators	Northside Community Service	ACT PHN program	\$94,768.86	July 2017 to June 2018
Partners in Recovery Support Facilitators	Richmond Fellowship ACT	ACT PHN program	\$176,954.41	July 2017 to June 2018
Partners in Recovery Support Facilitators	Wellways Australia	ACT PHN program	\$94,768.86	July 2017 to June 2018
Alcohol and Other Drug Program (Indigenous Specific)	Gugan Gulwan Youth Aboriginal Corporation	ACT PHN program	\$204,868.54	July 2017 to June 2018
Alcohol and Other Drug Program (Mainstream) – Indigenous AOD specialist counselling services	Australian Capital Territory represented by ACT Health	ACT PHN program	\$157,946.00	July 2017 to June 2018
Partners in Recovery Support Facilitators	CatholicCare Canberra & Goulburn	ACT PHN program	\$213,691.50	July 2017 to June 2018
Partners in Recovery Support Facilitators	Woden Community Service	ACT PHN program	\$94,768.86	July 2017 to June 2018





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