

# Annual Report

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2019-20

firsthealth limited trading as  
Murrumbidgee Primary Health Network

Murrumbidgee Primary Health Network acknowledges the Traditional Custodians of the land in the Murrumbidgee region. We pay respect to past and present Elders of this land: the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

Murrumbidgee Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health. The Primary Health Networks Program is an Australian Government initiative.



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# Our region

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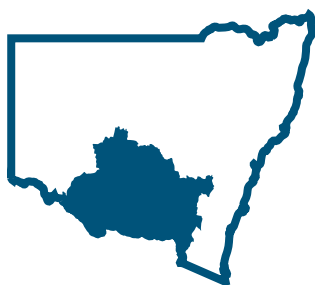


## 4 sectors

- Riverina** - Incorporating the communities of Junee, Coolamon, Temora, Young, Boorowa, Harden, Cootamundra, West Wyalong, Gundagai, Tumut, Batlow and Tumbarumba
- Wagga Wagga**
- Border** - Incorporating the communities of Barham, Deniliquin, Finley, Jerilderie, Berrigan, Tocumwal, Corowa, Culcairn, Henty, Holbrook, Lockhart and Urana
- Western** - Incorporating the communities of Griffith, Leeton, Narrandera, Hay, Hillston and Lake Cargelligo

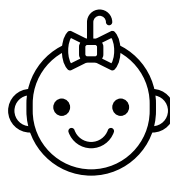
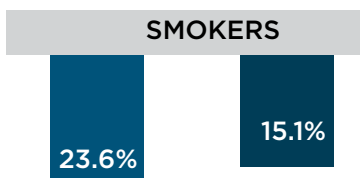
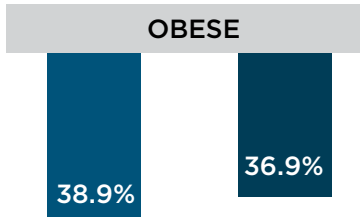
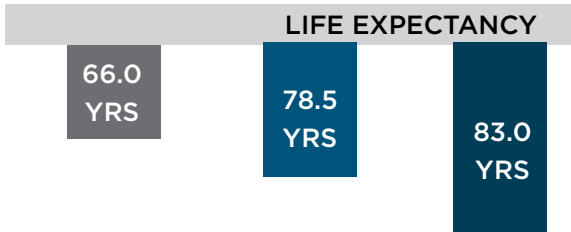
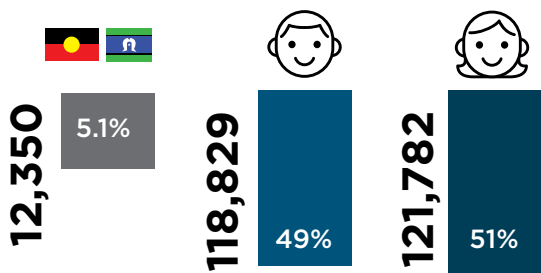
## Our priorities

- >> Mental health
- >> Aboriginal and Torres Strait Islander health
- >> Population health
- >> Health workforce
- >> eHealth
- >> Aged care
- >> Alcohol and other drugs



POPULATION DENSITY  
**0.1-16.3**  
**PERSONS/KM<sup>2</sup>**

POPULATION  
**242,962**



TOTAL BIRTHS  
**2.4%** **2,411**



**31 PUBLIC HOSPITALS**  
**3 ABORIGINAL MEDICAL SERVICES**  
**87 GENERAL PRACTICES**  
**247 GENERAL PRACTITIONERS**  
**147 PRACTICE NURSES**

**9.1%** **1,583**   
OVER 55 YEARS OF AGE

**19.3%** **46,958**  
OVER 65 YEARS OF AGE



**73.6%**



**11.1%**



**19.9%**

# Chair report



It's always a privilege to provide leadership and guidance in primary healthcare as a Board Chair. Such a role coupled with my general practice day job has certainly afforded me a unique perspective of the industry, especially in our current COVID-19 health pandemic.

Health pandemic aside for a moment, MPHNS has also been navigating emergency responses in our bushfire and drought impacted communities for much of this year, while also continuing to support various commissioned service providers, general practice and other health professionals, and local communities. I know circumstances for all of 2020 have certainly found our industry in challenging times, but the way in which the staff and senior management responded and adapted demonstrated MPHNS's strong culture of resilience and working together to get things done. In fact, even with such uncertainty and disruption, the whole health sector really banded together. The collegiality I witnessed among health professionals is inspiring with many stories of support shared among our networks.

Together MPHNS, under the always very capable leadership of Ms Melissa Neal, found new ways to work while still delivering valuable guidance, input and supports to our partners, health professionals, service providers and communities. The agility and flexibility of MPHNS staff has been admirable. On behalf of the MPHNS Board and its members, I extend a very sincere and heartfelt thank you to all employees for going above and beyond navigating through all the uncertainty and rapidly changing working environment.

Over the next 12 months as we emerge from the health pandemic, MPHNS and its Board will look for opportunities to continue adapting and responding. We know virtual models of care including telehealth options have a role in rural medicine, and the Board are keen to advocate on behalf of our health professionals and communities to ensure such options are embedded into practice, while focussing on continuity of care. We know COVID-19, coupled with bushfire and drought is impacting the health of our communities. In particular mental health, drug and

alcohol consumption, family and domestic violence, increased isolation of older people and the heightened impacts of chronic disease. We are committed to address these population health needs as part of the recovery process, and will further look to support our more vulnerable population groups such as Aboriginal and Torres Strait Islander people, young people, older people, Culturally and Linguistically Diverse communities, and people who identify with the LGBTQ communities. We will also look to strengthen our communications and engagement with our various communities to ensure we have the right means to getting messages out quickly and via the right means, and there are meaningful opportunities to engage with our communities to understand their health needs.

There's much to do during the recovery process, but I am confident the resilience and capabilities of both MPHNS and the varied communities in which it serves are well-equipped to continue to create environments to foster well people and resilient communities.

Dr Jodi Culbert



# CEO report

It's been a very eventful 12 months, and recent events, such as drought, bushfires and COVID-19, present many additional challenges for our regional and rural communities. Yet, despite these events we have been able to work collaboratively and respond rapidly to the needs of our communities. Preparing an annual report certainly provides a humbling look at how MPHN is responding to the various health needs and recovery from not only drought, bushfire and COVID-19, but from a range of challenges, through our partnerships with others.

I am proud to have delivered various programs, initiatives and strategies over the last 12 months. It's difficult to cover them all here, but fundamental to all our achievements has been our strong partnerships with various organisations, committees and our communities. Equally critical has been the dedicated, agile and passionate staff. Our numbers are small, but we certainly aim high and continue to deliver improved health outcomes for our communities.

Among the achievements are:

» For the first time in the region,

there has been a coordinated cross-sector collaboration in response to suicide events, and critical incidents through our region-wide communication and response protocol.

- » Through our various grants programs we've been able to fund nearly \$1.5 million to support wellbeing and social connectedness in our drought and bushfire impacted communities.
- » 40,000 mental health diaries were delivered to people across the region.
- » 85 of our 87 general practices secured a telehealth grant to maintain or build upon existing telehealth systems to help them support patient care during a health pandemic.
- » 45 general practices took up the offer of membership to the RACGP Emergency Planning Toolkit to support long-term recovery in our bushfire impacted communities and up-to-date COVID-19 pandemic plans.
- » Aged Care Scenario testing was

made available for 44 Residential Aged Care Facilities across the region to assist in pandemic planning and preparedness in the event of an outbreak.

As we move beyond crisis response and towards recovery, it is important to reflect on experiences and identify opportunities that realise the true value of integrated care. Stronger and more resilient care systems and communities are better able to cope, respond and adapt to new challenges and crises.

Through all the uncertainty, stories give us hope. Stories of our healthcare providers stoically showing up day after day despite concerns for their own health and the health of their loved ones. Whether it be reception and administrative staff, practice managers, nurses, general practitioners, locums, pharmacists, pharmacy staff, pathology staff and collectors, or allied health professionals. All stand on our pandemic frontline, not with fear, but with compassion, a sense of duty, and pride. Stories like these inspire me and the wider MPHN and it makes our work feel even more significant.

Melissa Neal



## Dr Jodi Culbert, Chair

Jodi was a physiotherapist before returning to study and qualifying as a GP in 2011. Her interests include musculoskeletal medicine, mental health, preventative health and medical student education. Jodi is a strong advocate for the role of general practice in primary care and is currently researching physical activity promotion for adolescents at UNSW Rural Clinical School.



## Paul Gianniotis (Treasurer)

Paul is the director of a livestock equipment company, with a background in project management. Paul is passionate about addressing the challenges faced in delivering effective integrated healthcare to our significant region. He also has broad involvement in the local business and sporting communities.



## Dr Alam Yoosuff

Alam is a rural GP from Finley NSW with particular interests in public health, palliative care and emergency medicine. Alam has been working as the principal GP at Finley Regional Care and GP/VMO at Finley Hospital since 2008. He is passionate about providing better health outcomes to rural remote communities in the region.



## Donna McLean

Donna is a practice nurse, working in primary healthcare, with a Masters in Gerontology. Donna has 30 years' nursing experience and is proud to be a nurse leader facilitating preventive health programs to improve health outcomes for all age groups.



## Peta Larsen

Peta is an Accredited Practising Dietitian, and has held senior health management positions across acute, primary health and community settings providing leadership to health professionals. With a passion to improve health and wellbeing, Peta contributes to clinical quality and safety as a member of the LikeMind Wagga consortium.



## Kristen Mann

Kristen is the practice manager at Corowa Medical Centre, a medium-sized general practice. Kristen brings a well-rounded knowledge of the healthcare field from both a clinical and a business management perspective. Her background in administration, nursing and practice management brings a diverse perspective to all of her endeavours.



## Dr Jacques Scholtz

Jacques is a GP obstetrician in Cootamundra with an interest in family health and a strong voice for palliative care provision. He participates on MLHD and MPH committees and is the principal/owner of a large general practice. He stands for equitable healthcare across all segments of society and works towards an integrated primary healthcare model.



## Dr Faye McMillan (PhD)

A proud Wiradjuri woman, Faye is Australia's first registered Aboriginal pharmacist. She holds academic posts at Charles Sturt University and has a strong health research background. She has sound governance skills, developed in a number of Aboriginal organisations and is an inaugural Atlantic Fellow for Social Equity for the Asia-Pacific region.



# Our senior leadership team



## **Melissa Neal, Chief Executive Officer**

Melissa has spent most of her life working and living in regional and rural areas and understands the challenges faced by these communities. During her 20-year career Melissa has worked in the primary health and community services sector with experience in the areas of governance, leadership, strategic management, human resources and industrial relations.



## **Julie Redway, Chief Operations Officer**

Julie is responsible for leading the execution of MPHNS strategies with a focus on results and outcomes for health service providers and consumers. Having started her career in medical science, Julie transitioned into the primary care environment in 1993. Julie holds a Bachelor's in Medical Science, Masters in Health Service Management and is a graduate of the Australian Institute of Company Directors (AICD).



## **Narelle Mills, Senior Manager, Commissioning**

Narelle has more than 20 years' experience in primary health program development and implementation with interests in quality improvement, chronic disease management, integrated care, aged care and palliative care. Narelle has an Honours Degree in Applied Science, a Graduate Certificate in Public Sector Management and is currently studying an MBA.



## **Andrew Heap, Senior Manager, Primary Care Engagement**

Andrew has spent the last 10 years in the field of primary care engagement and has a particular interest in current and emerging digital health solutions and continual quality improvement. Andrew has experience in acute and primary health sectors in metropolitan and rural settings and holds qualifications in medical science (Pathology) and music.



## **Anita McRae, Senior Manager, Mental Health, Drug and Alcohol**

Anita's mental health career started in support work and community development, before moving into management roles. Anita's ongoing passion is that everyone deserves access, in every meaning of the word, to the supports required to live a fulfilling and meaningful life.



## **Dr Alison Koschel (PhD), Senior Manager, Population Health, Planning and Data**

Ali has an extensive background in health research and population health planning with expertise and qualifications including epidemiology, biostatistics, nursing and health promotion. Her PhD is secondary prevention in cardiovascular disease. Ali is responsible for health needs assessment, data monitoring and service planning, and is passionate about supporting vulnerable communities.



## **Bradley Pascoe, Senior Manager, Finance**

With almost 20 years' experience in accounting and finance, Bradley has a wealth of relevant knowledge and expertise. Upon joining MPHNS in 2020, Bradley has been eager to become a pivotal part of the senior management team and to facilitate ongoing positive change and quality delivery of services to the Murrumbidgee community.

# Year in review

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## Mental health

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- **2,664 CLIENTS ACCESSING 24,297 OCCASIONS OF SERVICE**
  - **571 IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER**
  - **309 CLIENTS AGED 0-11 YEARS**
  - **542 CLIENTS AGED 12-24 YEARS**
  - **1,529 CLIENTS AGED 25-65 YEARS**
  - **282 CLIENTS AGED 66 YEARS OR OVER**
  - **45.8% OF SERVICES WERE CONDUCTED OVER THE TELEPHONE**
  - **35% OF SERVICES WERE CONDUCTED IN PERSON**
  - **6,386 OCCASIONS OF SERVICE SUPPORTING SOMEONE EXPERIENCING SUICIDALITY**

## Allied health

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- **7,175 TOTAL SERVICES COMPRISING**
  - **1,178 PODIATRY**
  - **2,058 DIETETICS**
  - **1,144 DIABETES EDUCATION**
  - **2,795 OTHER SERVICES**

# Supporting young people

- 61 YOUTH GRANTS PROVIDED  
\$147,000 IN FUNDING TO SUPPORT  
7,251 YOUNG PEOPLE IN OUR REGION
- 1,448 YOUNG PEOPLE SUPPORTED BY WAGGA  
AND GRIFFITH HEADSPACE CENTRES  
ACCESSING 7,877 OCCASIONS OF SERVICE  
AVERAGING 5.3 VISITS PER PERSON
- 121 IDENTIFY AS ABORIGINAL AND  
TORRES STRAIT ISLANDER PEOPLE
- 18.8% IDENTIFY AS LGBTQ

## CPD

- 34 CPD EVENTS IN  
WAGGA WAGGA
- 13 CPD EVENTS OUTSIDE  
OF WAGGA WAGGA
- 9 WEBINARS
- 837 PEOPLE ATTENDED  
CPD EVENTS
- 90.9% ATTENDANCE RATE

## Pitch Night

- PITCH NIGHT PROGRAMS  
REACHED 425 PEOPLE  
INCLUDING 37 YOUNG  
PEOPLE THROUGH GIZ A  
BREAK, 42 PEOPLE THROUGH  
EXCEPTIONAL AGEING AND  
346 PEOPLE THROUGH LIVE  
LIFE GET ACTIVE

## Wagga GP After Hours

- 4,356 PATIENT  
CONSULTATIONS
- 242 HOME VISITS
- 45 GPs FROM 8  
PRACTICES

# Understanding our communities

MPHN is committed to continually monitoring, assessing and analysing the health needs of our region. Through our health needs assessments we are able to ensure our commissioned services address the health needs of people in our community. Key to understanding these needs is the invaluable feedback and guidance of our Clinical Councils, Community Advisory Committee, and Local Health Advisory Committees.



# Community Advisory Committee

The Community Advisory Committee (CAC) provides the Board with a community perspective to ensure decisions and investments are patient-centred, to provide a good patient experience and offer value for money. Members include people from diverse backgrounds to inform decisions relating to planning and delivery of primary care services. There are 33 Local Health Advisory Committees (LHAC) across the Murrumbidgee, with each sector having a representative at the CAC. There is also a mechanism for each LHAC to raise issues directly to the CAC.

## CAC Chair report



The Community Advisory Committee (CAC) provides an opportunity for consumers, carers, representatives from vulnerable populations and Local Health Advisory Committee (LHAC) Sector Chairs to meet regularly to discuss and identify gaps in services in their communities. The committee provides input and advice into decisions regarding program and service delivery with promotion and awareness raising.

The focus for this year has been supporting our communities through drought, bushfires and COVID-19 which has proven to be very challenging. There has been a marked increase in mental health issues, a spike in domestic and family violence, a decrease in GP presentations and a general feeling of unease and anxiety within our communities.

A key achievement for the 2019/2020 year was working with MPHN on a domestic violence initiative. As an outcome of a CAC recommendation, MPHN commissioned a study

focussing on communities with higher than state average rates of domestic and family violence. The aim of the study was to build our understanding of domestic and family violence in these communities and to identify appropriate models of care that will provide support for women and families, specifically in the after hours period when other services are closed. The CAC has received the report and will review recommendations in the coming months to determine actions that can be undertaken to improve after hours support for women and families experiencing domestic and family violence in the target communities.

In closing I would like to acknowledge the hard work and dedication of my predecessor, Pam Ellerman. In early 2020, I took over the role of CAC Chair, and I would like to take this opportunity to thank Pam for her support and advocacy of community health needs from across the region.

**Margaret King**  
Chair, Community Advisory Committee

**4** CLINICAL COUNCILS WITH A  
COMBINED 49 MEMBERS

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**33** LOCAL HEALTH  
ADVISORY COMMITTEES

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**20** COMMUNITY ADVISORY  
COMMITTEE MEMBERS

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**2** COMMUNITY-LED HEALTH  
PLANNING ACTIVITIES

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## Clinical Councils

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MPHN has four Clinical Councils, one located in each of the Border, Riverina, Wagga Wagga and Western sectors. The GP led Clinical Councils include members from a range of clinical disciplines, providing MPHN's Board with relevant, local clinical perspectives on regional issues.

The 2019/2020 year saw some changes in the role the Clinical Councils have within the MPHN network following discontinuation of the Planning and Integration Committee. The Clinical Councils have increased their role in a more active role in reviewing local data and make recommendations to inform service delivery both locally and across the region.

The following Chair reports highlight the work of each Clinical Council.



## Border Sector

The Border Sector Clinical Council has focussed on establishing mental health access, collaborating with Murray Primary Health Network, adapting to the rapidly changing COVID-19 pandemic, including cross-border health access pathways.

During the reporting period, the Border Sector Clinical Council has advised on addressing issues and challenges with the implementation of local health services, and on development of the new primary care engagement model. Council members continue to raise new and emerging challenges faced by clinicians in our region, especially those arising from cross-border issues. These have been addressed in a timely manner, including supporting COVID-19 testing, telehealth and other cross-border challenges. The Council has provided advice on various education opportunities and requirements, and has contributed to the Murrumbidgee HealthPathways to ensure there are cross-border referral pathways.

**Dr Marion McGee**  
Chair, Border



## Riverina Sector

The primary focus for the Riverina Sector Clinical Council has been increasing engagement of regional primary care providers with service delivery, specifically with identifying pertinent continuing professional activities; and promoting the newly commissioned services for mental health (MyStep) and allied health (WARATAH).

The Clinical Council has been involved with a range of initiatives to support MPHNS activities. We have provided feedback and advice on the proposed direction and delivery of MPHNS services, which has helped shape Activity Work Plans. This has also included coalface feedback on the accessibility and value of MPHNS commissioned service providers. Most critically, members have been sought to provide direction on areas of importance for primary care advocacy work.

Key achievements for the group have included improved recruitment and retention of general practice registrars in the region; and the promotion of quality improvement activities for primary care services.

**Dr Daniel Fry**  
Chair, Riverina



## Wagga Wagga Sector

The Wagga Wagga Clinical Council held discussions and provided input into the update for the region's Health Needs Assessment publication and the Activity Work Plans. GP members of the Clinical Council were also involved in workshops to inform the development of the new Primary Care Engagement Model with invitations to be extended to other primary care service providers later in 2020. The Clinical Council was also involved in discussion and decision making regarding the commissioning of resources for rollout within MPHNS.

The start of 2020 showed some challenging times with bushfires and COVID-19. The Clinical Council was instrumental in providing feedback around the disaster response and challenges experienced by the primary care sector. The highlight of discussions were to involve collaboration with the MLHD in disaster response with flow of communication across the sectors to provide seamless patient continuity of care and the importance of primary care access including telehealth.

**Dr Rachel Fikkers**  
Chair, Wagga Wagga



## Western Sector

The Western Sector Clinical Council has focussed on local health issues in our communities. Priority areas have included access to health services, mental health services, health workforce and support services that strengthen our local health systems. The Clinical Council has provided advice to MPHNS regarding commissioning of services to meet the health needs of the local community.

In November 2019 the Western Sector Clinical Council coordinated the Hillston health expo. With the support of MPHNS, the health expo welcomed the new solo GP to Hillston and provided health information focused on mental health in rural communities. Guest presenter John Harper, founder of Mate Helping Mate, provided tangible insights into mental health issues in rural communities. Health service organisations attended and provided information on referral pathways and access to services locally. The health expo was attended by 75 community members.

The Western Sector Clinical Council planned to host a Digital Health Expo in Griffith in April 2020. The expo aimed to demonstrate and promote digital health technologies to consumers and health providers to enhance and support the delivery of healthcare. The Digital Health Expo was postponed due to the COVID-19 pandemic and will be rescheduled to a later date.

**Dr Damien Limberger**  
Chair, Western

# Local Health Advisory Committees

MPHN works with 33 individual Local Health Advisory Committees (LHAC), providing an integral link to our communities. Each LHAC helps MPHN disseminate information at the local level, and provides us with valuable information about the health of their area, which in turn helps us understand the health of our region and informs our annual Health Needs Assessment. MPHN continues to support the great work of our LHACs across the region and values their enthusiasm, dedication and support for working towards improving health outcomes in their communities.

*LHAC consumer health training.*





## Consumer health training opportunity

Around 30 LHAC members participated in training to build their knowledge, skills, and understanding of consumer engagement and representation in health. The full day session was facilitated by Health Consumers NSW. At the completion of the training, participants had learnt how to engage with meaningful consultation and engagement opportunities to provide advice, guidance and feedback on health needs for their communities.

The following areas were covered during the day:

- » Understanding the role and responsibilities of health consumer representatives, health service providers and the interactions between these groups
- » Context of the health system in NSW and the Primary Health Networks
- » How consumer representatives help improve health services - using personal lived experience and stories in advocacy
- » Understanding the importance of self-care
- » The impact of values, beliefs and attitudes on communication
- » Tips and tools for effective participation in meetings.

## List of LHACs

- » LHAC Adelong-Batlow
- » LHAC Barham
- » LHAC Berrigan
- » LHAC Boorowa
- » LHAC Coolamon-Ganmain
- » LHAC Cootamundra
- » LHAC Corowa
- » LHAC Culcairn
- » LHAC Deniliquin
- » LHAC Finley
- » LHAC Griffith
- » LHAC Gundagai
- » LHAC Hay
- » LHAC Henty
- » LHAC Hillston
- » LHAC Holbrook
- » LHAC Jerilderie
- » LHAC Junee
- » LHAC Lake Cargelligo
- » LHAC Leeton
- » LHAC Lockhart
- » LHAC Moulamein
- » LHAC Murrumburrah/Harden
- » LHAC Narrandera
- » LHAC Temora
- » LHAC Tocumwal
- » LHAC Tooleybuc
- » LHAC Tumbarumba
- » LHAC Tumut
- » LHAC Urana
- » LHAC Wagga Wagga
- » LHAC West Wyalong
- » LHAC Young

# Health Needs Assessment

Engaging with our local community underpins much of the development of our Health Needs Assessment. Our communities are more willing and empowered to be involved in various feedback opportunities from online surveys, to in-depth interviews, focus groups and co-design of services. The knowledge gained from these opportunities ensures MPHN plans for and delivers the right health services and initiatives with an aim to improving health outcomes for our communities.

## HNA Live

To better understand the emerging views on health and health services across the Murrumbidgee, we ask our communities to share their thoughts through our HNA Live initiative. The web-based feedback opportunity provides members of the community a chance to tell us what they think with a focus area each month. For the second half of 2019, focus areas included Aboriginal and Torres Strait Islander people; mothers, babies and children; men's health; mental health and disability; farmers' health; and health in the after hours period. The overarching issues raised by community were a lack of knowledge on where to access services.

For 2020, there was a focus on particular Local Government areas across the region. However, with the onset of COVID-19 the HNA Live

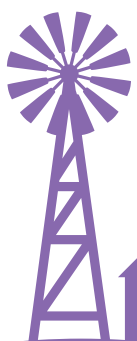
process of concentrating on a different region each month was suspended and hasn't yet been re-commenced.

In addition to HNA Live, MPHN also looks at the various sources of information available about the health of the region including data and feedback from community. Often we know what data is telling us about the health needs of the Murrumbidgee but it's important to also know and understand what local people are actually experiencing. The Conversations on the Couch initiative allows for this occur, whereby the CEO and Senior Manager, Population Health, Planning and Data visit eight towns with a population greater than 1,000 in the Murrumbidgee.

[READ MORE](#)

**HNA**  
L I V E

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## What people told us is important for health

“Living healthier.”

“Regular follow up.”

“Being included and empowered by the health experience. I would like to be a part of the decision making process.”

“Access to services in a timely manner.”

“Motherhood often puts a heavy strain on women’s mental and physical health. It is important women are mentally and physically healthy so they can be available to their children and be the best parent they can be - in doing so, enriching their children’s lives.”

“Being able to get an appointment with a GP or an after hours GP when needed.”

“I think having as much help as we can get in a small town to do with health would be amazing. Especially children’s health so we don’t have to commute all the time. Having health people at our fingertips would be great for this little town.”



# Supporting our communities

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MPHN is committed to supporting our communities, particularly those in vulnerable groups who are at risk of poorer outcomes. Programs carefully consider those participants and how to best engage them - be that through community-led initiatives, holistic and integrated approaches, or programs specifically targeting a particular group. This helps improve health outcomes, quality of life and health knowledge and awareness.



# Empowering our drought affected communities

To help support farmers and rural communities to deal with the uncertainty, stress and anxiety of drought conditions, MPHNS set out to implement a range of initiatives under the Australian Government's Empowering Our Communities program.

Activities delivered to communities include:

- » Vicarious trauma training delivered by the Blue Knot Foundation to rural workforce
- » Funding contribution to the MLHD Farming Community Counsellor Program
- » Implementation of the Weathering Well app as a structured low intensity mental health, wellbeing and alcohol and drug intervention that uses strength-based motivational interviewing techniques specially designed to support the wellbeing of Australian farmers, growers and graziers
- » Community grants and other wellbeing campaigns, including youth specific opportunities
- » Farmer health checks and wellbeing pit stops
- » Trusted Advocates initiative.
- » Partnering with UNICEF's Drought Summit to help deliver a three-day event for 88 young people aged 14 to 25 years across NSW.

With the onset of COVID-19, many activities scheduled for 2020 were unable to be implemented, but with the program being extended until June 2021, some of these activities will be able to commence in the new year.

READ  
MORE

## Local trusted mental health advocates announced

Consultations undertaken by the Coordinator-General for Drought, Major General Day, found people were looking for someone to talk to within their community who would listen to them rather than treat them. As a result the 'Trusted Advocate Network' trial site in Narrandera was launched in late November 2019 to support their local community.

MPHNS CEO Melissa Neal said Trusted Advocates are trusted community members who demonstrate resilience in dealing with adversity and the impacts of drought, and are called upon to support their community.

"Our volunteer Trusted Advocates are already providing farmers and the broader community with informal mental health and wellbeing support, and this program helps formalise these relationships and roles," Ms Neal said.

"Integral to the program is providing suitable training support to our advocates to help them identify risk factors and promote help-seeking behaviours, but also supports for their own mental health and wellbeing."

Trusted Advocate Tracey Lewis said "experiencing a mental health issue is not something to be ashamed of, and talking about it reduces stigma and can make people feel happier."

"I want to see our community be stronger and we can only achieve this through looking out for each other and knowing what services are available - being a Trusted Advocate I'm available for people to talk with and help guide them to appropriate services."

Special thanks to our 12 Trusted Advocates, Sue Killham, Tracey Lewis, Pauline Hatherley, Julie Andreatza, Nicole Guy, Phil Orme, Lee Longmire, Suzanne Litchfield, Richard 'Lou' Alchin, Marietta Ovens, Jenny Clarke and Lyn Burrell.

## Harnessing the power of story

As part of its Empowering Our Communities initiative to support mental health and wellbeing in drought affected communities, MPHN launched our Tell it Well series. This collection of stories from people living in the region allows each storyteller to share their experiences with mental health, wellbeing and drought in an effort to support others by letting them know they are not alone on their journey.

At the official launch of the stories, MPHN CEO Melissa Neal said “Everyone has a story to share, in fact we already share stories every single day about our lives and experiences, with our family, friends and work colleagues. Stories connect us. They help build relationships and start conversations. It’s through stories we share passions, triumphs, hardships, meaning and purpose.

“We hope these stories will help start conversations and give people living across the Murrumbidgee who may be experiencing challenges with their mental health and wellbeing as a result of these drier times hope and encourage help seeking behaviours.”

Storyteller and Executive Director of Ricegrowers’ Association of Australia Graeme Kruger said he was honoured to be part of the project.

“I’ve always lived and worked in rural communities, and have developed an immense respect for what farmers do and how they work in harmony with the environment and with nature – how they survive with the variable nature of what the climate dishes up for them,” Mr Kruger said.

“I congratulate MPHN for their initiative on this important activity and definitely encourage people to read and share these stories far and wide – you never know who it may help,” he said.

MPHN sincerely thanks our 2019 storytellers, Graeme Kruger, Ginny Stevens, Ross Edwards, Julie Andrezza, Michael Gooden, Greg Packer, Katrina Myers, Dr Khaled Bardawil, and John Harper for their courage sharing your personal stories, insights and knowledge.

[READ MORE](#)

*Tell it well*

*Storyteller Greg Packer.*

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# Supporting the recovery of bushfire impacted communities

Many people in bushfire affected communities are experiencing mental health concerns, depending on the amount of trauma to which they were exposed, and other factors, such as existing mental health needs or past trauma, and social factors which may increase vulnerability. Individuals may experience symptoms of distress or feel overwhelmed or anxious. For many people, reactions to the bushfires will be normal and the informal support of family, friends and community members provides what they need to heal and recover over a relatively short time. For others, formal counselling may be needed. People who experienced life-threatening frontline impact of the bushfires, including emergency workers, or who lost loved ones, property, or animals, are at higher risk and more likely to require professional assistance.

Supporting the Mental Health of Australians Affected by Bushfires Measure was funded by the Department of Health in January 2020, in direct

response to the summer bushfires of 2019/2020. PHNs in impacted regions were provided funding to commission services to support individuals experiencing distress or trauma as a result of these bushfires.

As part of this measure, a Bushfire Response Lead role was funded to coordinate services for people impacted by the bushfires and help them navigate access to the services they need, and a Bushfire Steering Committee was formed to help guide activities under this funding measure.

In March 2020, the first round of the Bushfire Recovery Grants were launched receiving several applications and resulting in five grants being funded totalling \$31,000 for local activities and initiatives to support wellbeing and resilience. These initiatives included supporting chaplaincy; events bringing communities together to support each other and promoting social connectedness; a youth mental health forum; and succession planning workshops.

## In focus



READ  
MORE

Since the start of the year MPHN has:

- >> **Funded 422 occasions of service across our bushfire affected communities accessing a range of our mental health services.**
- >> **Funded 68 occasions of service through Amaranth's Frontline Emergency Distress and Trauma Counselling and Grand Pacific Health through the MyStep program.**
- >> **Funded PA2Health online wellbeing program commissioned specifically for people in bushfire impacted communities. The four-week winter program ran during May and June and had 100 registered participants.**
- >> **Distributed more than 2,500 community factsheets across the impacted regions.**
- >> **Attended Bushfire Recovery Assistance Points at Batlow, Tumbarumba, Adelong, Talbingo, Jingellic and Tooma.**

**Reactions to bushfire can emerge long after the flames have passed**

Know the signs for when you or your loved ones need extra support...

|                             |                           |                           |
|-----------------------------|---------------------------|---------------------------|
| easily startled             | increased heart rate      | trouble with normal tasks |
| PHYSICAL CHANGES            | loss of hope              | SHAKINESS                 |
| unusual emotional reactions | no interest in the future | BREATHLESSNESS            |
| DIZZINESS                   | thoughts of self harm     |                           |

**We can help you**  
deal with feelings and thoughts that result from a bushfire

phn  
NSW

BUSHFIRE  
**Recovery**  
GRANTS



# Supporting well mental health

## MyStep to Mental Wellbeing

As a result of MPHN's review of its commissioned mental health services the Murrumbidgee Stepped Care Model in Primary Mental Healthcare was developed to ensure people receive a level of care matched to their needs, and can seamlessly access a range of service intensities. The MyStep to Mental Wellbeing program was subsequently developed and in November 2019 MPHN engaged providers to deliver MyStep Eastern (delivered by Grand Pacific Health) and MyStep Western (delivered by Murrumbidgee Local Health District), with services commencing January 2020.

The stepped care approach to mental health service delivery allows for treatment strategies to be responsive to the person's needs. MyStep is delivered face-to-face and via telehealth and provides low and medium to high intensity support as well as in-reach services into residential aged care facilities. People can engage with MyStep via a GP referral or by making direct contact with the providers or MPHN Central Access and Navigation Service. A triage process is undertaken to ensure the person seeking support receives the most appropriate therapeutic intervention.



# 2,964

**SERVICES DELIVERED  
TO 552 CLIENTS ACROSS  
THE MURRUMBIDGEE  
SINCE PROGRAM  
COMMENCEMENT  
(1 JANUARY 2020)**

In focus



READ  
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After a recent job loss, Ben\* found himself suffering from increasing mood swings and bouts of anger. Having never accessed services before he was hesitant to seek help due to feelings of shame and embarrassment. With the support of a close friend, Ben went to a GP who referred him to MyStep. He described his inability to function as well as he knew he could, having difficulty sleeping and concentrating on studies, and was feeling overwhelmed by financial pressures. Despite giving up cannabis three years prior, Ben was having urges to start using again.

Ben's motivation was to improve his mental health and re-enter the workforce. After determining goals collaboratively with a clinician, he began to take small steps to manage the impact of the situation on his emotions, including some face-face sessions and utilising some online tools. Ben was also supported by a peer support worker to assist with taking steps to manage his increasing financial stress. After four weeks Ben reported an improvement in overall wellbeing. He reported his sleep pattern was restored, he no longer stressed about finances and his bouts of anger had subsided. After declining the need for further services Ben did update the team a short while later that he had secured a permanent job in the local area.

*\*name has been changed*



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# Supporting families and communities impacted by suicide

There are many groups of people who are at increased risk of suicide, these include:

- » People aged 15-24
- » older people, especially men
- » Aboriginal and Torres Strait Islander people
- » men living in rural and remote Australia
- » people who have been bereaved by suicide
- » lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people (LGBTQ)
- » people experiencing mental illness
- » residents of aged care facilities
- » prisoners and others in contact with the criminal justice system
- » people who have previously attempted suicide or who engage in self-harm
- » people who've experienced an unexpected situational stressor (e.g. job loss, relationship breakdown).

To support families and communities impacted by suicide, MPHNS implemented a number of activities and continued funding for Wellways to provide Beyond Blue's 'The Way Back' support service across the Murrumbidgee region. The Way Back program is a service for people who have attempted suicide or have experienced a suicidal crisis, we know this is a very high risk period for people so timely and flexible supports are crucial.

## Local group focusses on suicide prevention and aftercare

To ensure communities are aware of services and to support a timely and coordinated response for individuals and communities following a suicide or critical event in the Murrumbidgee region, a Local Response Group (LRG) comprising MPHNS, Wellways Australia, the Riverina Police District, and the Murrumbidgee Local Health District (MLHD) was formed.

A Communications and Response Protocol was developed by the group with the support of the Murrumbidgee Suicide Prevention and Postvention Roundtable group. This protocol is the framework for the engagement of the LRG when a formal response is required. The protocol is reviewed periodically to ensure it works in practice, including incorporating

feedback from people who have received supports initiated by the group.

MLHD Chief Executive Jill Ludford said the LRG would work to increase public awareness of the support mechanisms available to people in the region.

"There's no doubt our population is experiencing combined trauma from bushfires, drought and COVID-19," Ms Ludford said.

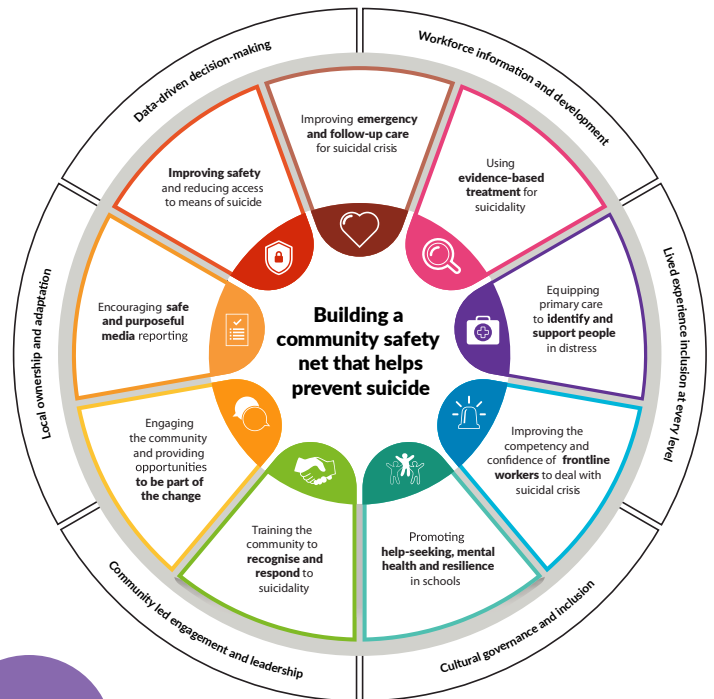
"We are starting to see early indications of mental health and wellbeing concerns within communities, which is why we have formed the LRG to remind people to seek help if they need to, and to give people opportunities to build and support suicide safe communities."

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## LifeSpan Murrumbidgee

LifeSpan builds a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing a suicide crisis. Developed by the Black Dog Institute as a new evidence-based model for integrated suicide prevention, LifeSpan involves the simultaneous implementation of nine key strategies that have been shown to reduce suicide. The Paul Ramsay Foundation funded the implementation of LifeSpan as a research trial in four trial sites across NSW, including: Newcastle, Illawarra Shoalhaven, Central Coast and Murrumbidgee. LifeSpan Murrumbidgee's two-year research trial period began implementation phase in April 2018 and concluded at the end of March 2020.

During the LifeSpan Murrumbidgee research trial we implemented a range of activities for each of the nine strategies. Focusing largely on our aim of one community-led approach MPHNS consulted with stakeholders, community members and people with a lived experience to identify appropriate activities for our region.



READ MORE

In focus



### LifeSpan trains thousands of Murrumbidgee residents in suicide prevention

Almost 4,000 Murrumbidgee locals are now equipped to help prevent suicide, thanks to the LifeSpan Murrumbidgee suicide prevention program.

The program helped build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing a suicide crisis.

Through the LifeSpan Murrumbidgee program MPHNS has developed strong relationships with first responders working to enhance and better coordinate emergency and suicide responses for the region, and implemented a range of initiatives including:

- » Youth Aware of Mental Health training (YAM) to more than 2,200 Year 9 students in more than 20 schools across the region
- » 210 people completed the Applied Suicide Intervention Skills Training (ASIST)
- » 152 clinicians took part in the Collaborative Assessment and Management of Suicidality program - the largest rollout of CAMS in an Australian setting
- » Nearly 70 journalists and local spokespeople completed Mindframe Plus training to support safe media reporting and communication
- » Gatekeeper training such as Question. Persuade. Refer. (QPR) has been completed by more than 1,200 people. This training continues to be offered for free to people living in the Murrumbidgee region.

READ MORE

# Supporting the region's young people

## headspace – Wagga Wagga and Griffith

More than 75 per cent of mental health issues develop before a person turns 25. Many traditional services aren't equipped to address the unique barriers that young people face to accessing mental health support. headspace began in 2006 to address this critical gap, by providing tailored and holistic mental health support to 12 - 25 year olds. With a focus on early intervention, headspace works with young people to provide support at this crucial period in their lives "to help get them back on track and strengthen their ability to manage their mental health in the future." headspace centres act as a one-stop-shop for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support.

headspace centres are designed not just for young people, but with them, to ensure they are relevant, accessible and highly effective. As a result, no two headspace centres are the same, each offering unique services that reflect the needs of its local community. MPHN proudly funds two headspace centres in the region in Wagga Wagga and Griffith, both of which provide outreach services to nearby communities.

### In focus



High school student, Zoe\* was assessed as having depression and anxiety caused by unhelpful thinking and a poor relationship with her parents. After 10 sessions using both Cognitive Behaviour Therapy and Interpersonal Psychotherapy, Zoe reported she was happier most of the time, less anxious, and reported her relationship with her parents had improved dramatically.



Cody\* presented with significant anger, anxiety issues, depressive moods, low self-esteem and the background of a highly abusive family household however was able to find himself employment and change his behaviour to be functioning well enough to no longer require counselling. Cody attended around 20 sessions over two calendar years, and moved to be ready for the workforce.

*\*names have been changed.*

# 1,542

**YOUNG PEOPLE SUPPORTED  
BY THE WAGGA WAGGA AND  
GRIFFITH HEADSPACE CENTRES**

# 738

**NEW**

# 572

**RETURNING**

# 5.3

**AVERAGE VISITS  
PER PERSON**

# 8,002

**OCCASIONS OF  
SERVICE BY**

# 42

**INDIVIDUAL SERVICE  
PROVIDERS**

## Building resilience among our future generations

Giz a Break, one of the successful pitches at the inaugural MPH N Pitch Night, completed four camping adventures with a total of 37 young people aged between 14 and 17 years from the drought affected areas of Hay and Hillston.

The four-day camp and off road adventures allowed participating young people to experience new opportunities while at the same time complete activities aimed at building resilience and improving mental health and physical health literacy.

One of the Giz a Break founders and leaders on the adventures, Daniel Thomson said the activities they were partaking in were secondary to the life skills and experiences.

“All the participants did a great job at working out problems, like how to arrange the group so everyone got to do what they most wanted to do, or making up games so everyone was involved. One group even had an impromptu lesson in bush mechanics when the suspension on a trailer failed,” Mr Thomson said.

“We were amazed by these young adults and their engagement and enthusiasm with the program exceeded all our expectations. The opportunity to explore the Australian bush also enabled strong camaraderie and relationship building, and the collaboration and problem solving encountered along the way all aid to build and foster long-term resilience.

“We have had fantastic feedback from both parents and participants, with parents telling us their children are still talking about the fantastic time they had. If these young people are our future, we are absolutely certain that we are in excellent hands.

“These opportunities make a huge difference for kids out west, and we are pleased to have been able to provide such trips, thanks to the assistance of our funding from MPH N,” he said.

**“I honestly can’t say how grateful I am. I loved the atmosphere and your attitudes towards life, the food was really good (except the charcoal porridge) and what you taught us about resilience valuable. The change of scenery was amazing, you took us from our barren plains to green mountains. Having the chance to catch trout, visit waterfalls, 4 wheel drive and swim in mountain streams was awesome.”**

**- Oliver, Giz a Break participant**

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# Supporting women, mothers and children

## Region wide strategy to improve maternal and child health

In November 2019 MPHNS and MLHD signed the Murrumbidgee Maternal and Child Health Strategy 2019-2022, which is an agreed regional approach to improve maternal and child health outcomes across the Murrumbidgee region.

The strategy, developed in consultation with communities and service providers, considers the implementation of activities to build on existing services within primary care, hospital care and community care and guides MPHNS in commissioning services to improve the experiences of families and children.

READ  
MORE

In focus



## Mental health support for expectant and new parents

MPHNS is supporting expectant, new and recently bereaved parents living across the Murrumbidgee region to access mental health support at Wagga Wagga's new Gidget House.

Funding will provide up to 10 free psychological counselling sessions to eligible parents who have a diagnosis or are at risk of developing perinatal mood or anxiety disorder.

Gidget Foundation Australia CEO Arabella Gibson said COVID-19 is impacting on the mental health and wellbeing of new and expectant parents.

"We are so pleased to team up with MPHNS to provide comprehensive psychological counselling for expectant and new parents in the region. These services will mean that many more mums and dads will have the support they need during this vulnerable and isolating time in their parenting journey," Ms Gibson said.

READ  
MORE

*L-R: Gidget House, Wagga Wagga launch and Murrumbidgee Maternal and Child Health Strategy 2019-2022 signing.*



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## Pregnant Women New Mothers

The Women's Wellness and Recovery Program (WWRP) is delivered by Calvary Riverina Drug and Alcohol Centre and aims to improve the health and wellbeing of pregnant women and women with children under five years of age who are experiencing alcohol and other drugs issues. The program ensures a safe and culturally appropriate service is available to the community, with 36 per cent of women accessing the program identifying as Aboriginal and Torres Strait Islander. Treatment may include individual counselling and psychosocial support, midwifery support and antenatal assessment, access to drug and alcohol stepped care treatment services and withdrawal support, education and positive

parenting, case management and referrals, group work and therapy, and helping the client connect with GP and pregnancy care.

This is an outpatient-based program enabling women to maintain their family bonds, community and social supports. Counselling and treatment is provided by experienced and supportive counsellors, social workers and clinicians including midwives and other health professionals. Participation in the program is voluntary therefore clients must consent to referral and participation in the program. This service is currently available in Wagga Wagga, Griffith, Young, Deniliquin and Narrandera.

» **During the 12 months from July 2019 to June 2020 the WWRP team has had almost 8,500 service contacts with their clients.**

### In focus



### Holistic and integrated approach delivers results

A mother in her early twenties was referred to the Women's Wellness and Recovery Program (WWRP), which was the start of a new beginning.

Lillian\*, who had a history of daily methamphetamine and cannabis use from the age of 18, was pregnant with her fifth child at the time of referral. With history of her children being homed with relatives or in child protective custody, and a violent partner, Lillian was drawn to drug use.

Attending fortnightly appointments, Lillian received drug and alcohol counselling as well as education on alcohol use in pregnancy, grief and loss counselling, domestic violence education and education on healthy relationships as part of her recovery. This support allowed her to develop new skills and coping strategies to assist in stressful times.

The WWRP team worked closely with the Perinatal Mental Health team at MLHD, the release planning officer at Justice Health, the Department of Communities & Justice, and the Department of Corrections and assisted with referrals to other services and service coordination, medical services for her children, access to Substance Use In Pregnancy and Parenting Service (SUPPS) consults.

As a result of the integration of various organisations and a holistic approach to support, Lillian has been able to leave the abusive relationship, realise the impact of drugs on herself and her family and now enjoys support from her family as well as spending time with her older children. Lillian continues to work with services and reports last using methamphetamines in February 2020 and has not used any alcohol during her pregnancy.

*\*name has been changed.*

## Supporting women with after hours services

Wagga Women's Health Centre (WWHC) provides trauma and crisis support to enable women to make informed choices about their health and wellbeing. The service is run by women for women, is free and anonymous, and offers an alternative healthcare and support service to women without financial or cultural barriers.

MPHN funds the WWHC to extend the reach of the trauma and counselling support services into the after hours period when other services may be closed. The After Hours Crisis Support program provides free

face-to-face counselling and crisis support services for women in Wagga during the weekend after hours period and public holidays as well as telehealth after hours counselling and support to women within the broader Murrumbidgee region.

The service is a confidential, safe and relaxed space for women to be heard. At their premises in Wagga, a range of resources and information is available, and workers can assist with safety planning, self-care strategies, advocacy and referral options.

**1,470** women either made appointments with or attended the Wagga Women's Health Centre's After Hours service for one-on-one support, group activities and support or for practical resource support and information.

*Alison Carr and Gail Meyer from Wagga Women's Health Centre at the annual Woman 2 Woman event celebrating International Women's Day at ErinEarth. Service providers shared resources, and provided craft and massage opportunities, while volunteers provided delicious homemade shared lunch.*



**“It was amazing that you guys were here today. I feel a lot lighter. I work full time and I have a child, so being able to access after hours services is really good for me. Weekend appointments work best for me because I can easily access care for my child.”**

*Anonymous testimonial for the After Hours Crisis Support program.*



## Access to GP care outside of hours

The Wagga Wagga GP After Hours Service provides the Wagga Wagga community and its surrounding towns with timely access to affordable and quality primary care in the after hours period.

A cooperative of local GPs, the service provides care outside regular business hours including weekends and public holidays for urgent non-life threatening conditions that cannot wait until the next business day. The service is operated and managed by a cooperative of eight general practices with a total of 45 GPs participating in the roster.

**DURING THE 2019-2020  
FINANCIAL YEAR THE  
SERVICE PROVIDED**

# 4,356

**PATIENT CONSULTATIONS  
IN THE CLINIC AND  
242 HOME VISITS.**

*Dr Marietjie van der Merwe examines patient Hudson Hanigan with mum Rebecca.*

READ  
MORE



## Supporting psychosocial transition

MPHN has supported 152 people across the Murrumbidgee region who experience severe and persistent mental illness with complex needs focussing on testing their eligibility for the National Disability Insurance Scheme (NDIS).

The Partners In Recovery program ceased on 30 June 2020, however further funding was provided by the Australian Government in response to COVID-19 restriction impacts on service delivery. The extension for transition meant people who had not had their eligibility for support under the NDIS tested, or were waiting to receive an access decision or plan from the NDIS, continued to receive support.

The program continues to provide a supported transition for people to the Continuity of Support (CoS) program if they have been found ineligible for the NDIS. Both the NDIS and CoS support aims to reduce the need for more intensive and acute health services providing a more person-centred approach to their recovery journey.

Clients have been supported to become Consumer Advocates, providing advice and a voice for people living with mental illness on various committees within the community. Consumer advocates have a lot of valuable information and experience to share regarding improvements to the mental health services system.

# Supporting health and wellbeing of Aboriginal and Torres Strait Islander people

## Work It Out

Participating in work or education has positive benefits for people, their families and communities, ultimately improving health and social outcomes. The Work It Out program is an employment initiative for young Aboriginal and Torres Strait Islander people in the Murrumbidgee region who are at risk of losing employment or dropping out of education due to drug or alcohol use. The service, provided by Directions Health Services, has been delivered across the communities of Griffith, Leeton, Narrandera and Wagga

Wagga and complements other drug and alcohol support services available.

Case managers work closely with clients as well as their partners in job networks, vocational educators and local employers to ensure the program meets the needs of participants. The team has been working hard to build trust within the local Aboriginal communities to ensure the program is accessible and meets the needs of the community.



**MPHN continue to support the delivery of mental health services in Murrumbidgee Aboriginal Medical Services. This includes traineeships, mental health nurse service and psychological services.**

## Integrated Team Care

Supporting people to manage their health is imperative to ensuring quality of life and wellbeing. The Integrated Team Care (ITC) program has continued to work with Aboriginal and Torres Strait Islander people across our region living with chronic and complex health conditions to develop self-management skills and provide timely access to care. The Integrated Team Care program provides care coordination, expedites access to services and develops care pathways for clients with chronic and complex conditions. On exit from the program, clients are able to effectively manage their own health which results in improved quality of life and wellbeing.

ITC is delivered by multidisciplinary teams across our region to both Aboriginal Medical Services

and mainstream general practices. Teams have a variety of skills to support Aboriginal and Torres Strait Islander people with chronic health conditions from a number of perspectives. Indigenous Health Project officers focus on policy, leadership and advocacy roles both locally and across the region. Aboriginal Outreach Workers have strong links to the community they work in and support ITC clients with non-clinical tasks, such as travel to appointments and collecting medication from pharmacies. Care coordinators provide one-on-one care coordination to ITC clients to achieve self management goals. Care coordinators can also access funding to improve access to medical specialists, medical aids and transport, to support ITC clients meet their health goals.

**During this reporting period the ITC program had:**

**344** REFERRALS RECEIVED

**3,860** OCCASIONS OF FACE-TO-FACE CARE COORDINATION DELIVERED

**7,142** TELEPHONE CALLS PROVIDING SUPPORT TO PEOPLE ENROLLED

In focus



### ITC program supports flu vaccines

The COVID-19 pandemic caused great concerns going into the winter months. In response, an Aboriginal Medical Service setup a drive-through flu clinic for the first time, which was quickly taken up by the local Aboriginal community. In fact, the drive-through clinic immunised people who were unlikely to have engaged with the flu immunisation program previously.

The ITC team visited the homes of the elderly and people who could not attend the drive-through clinic to ensure they had an opportunity to have a flu shot. This process saw 94 per cent of the 105 enrolled ITC clients have their flu shots this year. The drive-through clinic was considered a great success by the Aboriginal community.

# Promoting healthy living

A range of services are funded by MPHN to encourage the promotion of healthy lifestyles to achieve improved health outcomes.

## Supporting complex chronic disease management

Integrated Care Coordination (ICC) program delivered by Marathon Health supports clients with complex and chronic health issues and their families to effectively navigate the health system to achieve better health outcomes through improved self-management and integration with general practice and other relevant healthcare services. Care coordinators work closely with general practitioners and provide linkages to other appropriate health services. The ICC program is delivered jointly with the MLHD care coordination program to ensure access across the region.

### In focus



Health Navigator Support Service provides additional support for ICC clients where complex social needs impact on health and wellbeing. The Health Navigator Support Service uses social prescribing to enhance the effectiveness of health based care coordination. Established in November 2019 as a pilot program, the Health Navigator Support Service is intended to complement health focused care coordination by supporting people with a range of social, emotional or practical supports. The support is non-clinical and addresses barriers to a client's wellbeing which may include safety, housing, financial, legal, employment, mental health, fitness and spirituality.

To date the program has supported 67 clients, and on average, clients receive 15 interactions with Health Navigator over a period of three months.

*The Health Navigator in action: A client was referred to the ICC program after multiple unplanned presentations to hospital. The client was supported with a coordinated approach which involved the MLHD Occupational Therapist and social worker, the client's GP, Care Coordinator and the Health Navigator. The team contributed to developing an NDIS application, which was successful. The client now has funding to secure long-term support and the Health Navigation Support Service is supporting the client to achieve their goals which include shopping, domestic assistance, participating in social activities and accessing mental health support.*

*Cherae Poole, Health Navigator (Marathon Health) and Wendy Toupas, Portfolio Manager (Marathon Health).*



## Introducing WARATAH

WARATAH, Wellness and Resilience Achieved Through Allied Health, is a component of the Murrumbidgee Wellness and Resilience Model. The program is delivered in the Murrumbidgee by local allied health providers, with the lead contractor Fuel Your Life.

Eligible patients are referred from general practice and receive six sessions with an allied health practitioner. At the end of the WARATAH Care Cycle, feedback is provided to the patient's GP with a recommendation for another Care Cycle to commence if clinically appropriate. This process provides an opportunity for patients to discuss goals with their GP and allied health practitioner. Health Linkers are available to work with the patient to address their identified goals and are available to ensure the patients are supported more broadly in accessing health and social support where required.



### In focus



### In focus

The Murrumbidgee Wellness and Resilience Model is designed to improve the overall wellbeing of at risk or vulnerable residents of Murrumbidgee communities and create greater resilience towards the multitude of factors which may impact upon health status. The three primary objectives of the model of care are:

- » To integrate care: create improved patient pathways which are seamless and easy for people to navigate.
- » Treat the whole person: ensure comprehensive assessment of the whole person, including their health, allied health, social needs, and identify appropriate resources to support needs.
- » Provide services locally: identify gaps in service provision within communities and work to fill gaps where services do not exist.

Since the commencement of WARATAH program there has been an increase in uptake for allied health services in communities such as Hay, West Wyalong, Tumut and Henty.

**3,083**  
**SERVICES**  
**25**  
**COMMUNITIES**  
**1,488**  
**PEOPLE**

Since the program commenced service delivery on 1 November 2019, there have been 3,083 services delivered across 25 communities to 1,488 people. By allied health discipline this equates to:  
Diabetes Education = 632  
Dietetics = 1,249 Podiatry = 724  
Physiotherapy and other = 478.

## Live Life Get Active

Free fitness camps in Griffith and Wagga Wagga helped to address obesity, diabetes and mental health thanks to funding provided by MPHNS inaugural Pitch Night.

Griffith trainer Chris Smith said the camps provide an ideal starting point for locals looking to improve their fitness or health in general.

"This is the perfect opportunity for the people of Griffith to start creating some healthy habits for themselves and improve their lifestyle," he said.

"It's also a chance to meet some new people and make fitness fun."

Wagga Wagga resident Lynn Kerslake started attending the fitness camps in August and said they have been of great benefit to herself and many others.

"I'm very happy with what I am learning about how to improve my health, and enjoy the opportunity to meet like-minded people," Ms Kerslake said.

"The trainer is very informative and asks before we start if there are any injuries that she needs to be made aware of so she can adapt the exercise to suit."

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*Wagga Live Life Get Active group.*



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**"Thank you for making my world complete. We all hear about the benefits of exercise, but LLGA Camp has made the often expensive cost of quality exercise accessible to all, together with the social and mental health wellbeing benefits of new friendships. My group has been a game-changer that fits around the real world and alleviates the financial burden. This goes a long way to a much healthier 50th year and happier Mum - a win/win for the whole family!"**

**- Live Life Get Active participant, Sally Heyhorn**

### Griffith

- » 158 members
- » 74kgs total weight lost
- » 37cm total waist circumference lost

### Wagga Wagga

- » 522 members
- » 397kg total weight lost
- » 489cm total waist circumference lost

# Supporting older Australians

Improving outcomes for older people in the Murrumbidgee continues to be a priority for MPH. With a higher than average older population MPH has supported a number of initiatives through its commissioning and ongoing engagement and coordination with stakeholders.

The Parkinson's Support Nurse is a much needed and valued service which MPH has continued to fund this year, with over 90 new referrals to the service. Challenges in 2020 has seen much of the care coordination activity being delivered via phone.

The Vitality Passport program has continued despite restrictions in the second half of the year moving the format to online and implementation within aged care facilities has started to achieve positive outcomes for residents. Through its inaugural Pitch Night, MPH funded the Exceptional Ageing program targeting those aged 65 plus to provide practical cooking demonstrations, healthy eating advice and exercise programs. In addition, our

programs providing care coordination and navigation for people living with chronic health conditions and a focus on supporting primary care to better manage vulnerable patients through the winter have been vital to improving outcomes for older people across our communities. Work also commenced this year on identifying and supporting older people in the community who frequently attend the emergency department to enable care planning and support with primary care and community care providers. With the potential for the pandemic to have a significant impact in residential aged care, MPH has worked closely with MLHD to implement a number of strategies including a Community of Practice, Basecamp and online scenario-based exercises. These initiatives have enabled the development of strong relationships between all stakeholders which will continue in the future and provide opportunity for ongoing learning and support across the region.

## In focus



### Halting frailty through Vitality Passport

This year the Vitality Passport program continued to deliver services across the MPH region. The program has reached 1,167 participants, since it commenced in 2016.

The Vitality Passport is tasked with halting or reversing frailty within community dwelling individuals. The program uses a multi-component approach to halt and reverse signs of frailty. The program is delivered via a range of allied health therapists including dietetics, occupational therapy, and physiotherapy. Both objective clinical data, and patient report suggested that this program has been successful in reducing or halting frailty. There was a significant reduction in frailty as measured using Edmonton Frailty Score for patients with follow-up data.

This reporting period saw the program reach more locations, including Henty, Culcairn, Howlong and Temora. One of the participants said "It's so easy to do things now that that program made me aware". Another commented that they "loved the Vitality Passport booklet as a resource".

The provider delivering Vitality Passport, Back on Track Physiotherapy, recognised the need to add a more robust mental health component to the program. Back on Track developed and delivered some content specific to community dwelling residents. This allowed Back on Track to provide greater detail to the program and introduce mental health and wellness to the group program.

## Vitality Passport in Residential Aged Care Facilities

An iteration of the highly successful Vitality Passport program engaging mental health clinicians to deliver the mental health and wellbeing component of the program into Residential Aged Care Facilities (RACF) commenced in 2019 by Back on Track Physiotherapy.

Berrigan was selected as the initial trial site, followed by other locations including Finley, Narrandera, Tocumwal, Berrigan, Howlong, Henty, Corowa, Deniliquin, Lockhart and Urana.

The team have seen some great outcomes being achieved through implementing sometimes simple strategies. A resident at a facility who was struggling to enjoy their normal day-to-day activities such as reading the news or listening to music was provided with a Google Home Mini voice-controlled device at the recommendation of the clinician. This was provided by the facility within 24 hours and the resident was thrilled that she could listen to the news at whim and listen to The Seekers through voice control whenever she wished.



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## Seniors benefiting from innovative health and wellbeing program

Forty-two seniors, ranging from ages 65 – 93 from Leeton, Narrandera, Hillston and Griffith participated in the Exceptional Ageing program, run by the Western Riverina Community College (WRCC) in Leeton thanks to funding provided by MPHN's inaugural Pitch Night.

The program consists of five weekly workshops and covers physical and mental health, nutrition, and connecting with local services.

WRCC Leeton Manager Natalie O'Leary said the response to the workshops had been overwhelmingly positive.

"We are receiving fantastic feedback from participants with some saying they have thoroughly enjoyed the whole course, particularly the social aspects," Ms O'Leary said.

"Other participants have told us they found the mental stimulation has been beneficial and information provided has increased their knowledge."

Those who attended the Exceptional Ageing programs enjoyed themselves so much they have enquired as to whether the program could be held annually.



## Compassionate end of life support in our communities

Compassionate Communities seeks to normalise help-seeking and accepting help from family, friends and neighbours, so that carers are able to access local care networks for social and emotional support. The approach aims to increase community capacity around death, dying and bereavement, recognising that these are inevitable human experiences and caring for one another at these times is a responsibility shared between health and social services and the community.

MPPH's Greater Choice for At Home Palliative Care program developed a series of community development workshops, utilising the La Trobe University HELP Framework and Tools. These workshops were delivered in collaboration with the Culcairn and Griffith LHACs during 2019 and achieved the following outcomes:

- » Increased community awareness around death, dying, loss and grief
- » Community members are now more likely to offer help, more likely to ask for help when needed and more likely to accept help when it is offered to them
- » Increased community knowledge and willingness to mobilise their personal care networks when needing support
- » Increased community knowledge of palliative care services, local community supports and services
- » Development of Supportive Care Booklets for both Culcairn and Griffith communities
- » Annual Christmas Tree of Remembrance event.

**“The growth and confidence in our carers shown throughout the four workshops was wonderful to experience. I have no doubt that they now feel better supported in their caring role and understand the critical importance of help from family, friends and service providers”.**

**- Margaret King, Griffith LHAC Chair**

### In focus



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To help the Culcairn community deal with grief and loss over the festive season the Culcairn LHAC established an annual Christmas Tree of Remembrance event.

Community members were invited to write a message to deceased family members and friends and hang it on the tree as a way to include them in the spirit of Christmas. After Christmas, the messages were gathered, burnt and spread in a local remembrance garden.

Culcairn LHAC Chair David Gilmore said the initiative benefited many in the local community.

“We set up our Christmas Tree of Remembrance because we believed that during the festive season there was a need for locals to have the opportunity to remember their lost loved ones,” he said.

“We also wanted to provide a special and quiet place of remembrance, where they could sit and reflect on their lost loved ones throughout the year.”



# Supporting GPs and healthcare providers

The region's primary healthcare workforce, healthcare professionals, their practice staff and our commissioned service providers have been at the forefront of responding to emergencies and a health pandemic. MPH N has been privileged to support our local general practitioners, pharmacists, allied health providers, aged care facilities, practice nurses and staff, and pathology during these times. The resilience shown by our frontline health workforce, particularly in rural and regional communities, is inspiring.

# COVID-19

## Responding to COVID-19

As part of MPHN's support of healthcare practitioners, commissioned service providers and the community through the COVID-19 pandemic, various activities were undertaken including regular communication, primary care engagement support, provision of resources, and collaboration with key partners.

To ensure there was a coordinated response to the COVID-19 pandemic, MPHN worked collaboratively with Murrumbidgee Local Health District, primary healthcare providers and the community. Much of this work was being guided by the COVID-19 steering committee (more details in Our Partners section).

## Primary Care Engagement support

From the outset of COVID-19, MPHN supported our primary healthcare providers including general practitioners, pharmacy, allied health and aged care with up-to-date and reliable information through regular eNewsletter updates. Our COVID-19 webpages were created to provide a range of resources and materials to support both healthcare providers and the community. As COVID-19 progressed, information via these channels, and social media continued to be well-received.

Additionally, MPHN's Primary Care Engagement team provided support to practices through weekly phone conversations and check-ins. Support was provided on a range of topics including telehealth, the RACGP Emergency Response Planning Toolkit to guide their COVID-19 response, infection control measures, business continuity, and relevant CPD events. The calls were also used to check-in with the wellbeing of the practice, and became a platform for MPHN to receive real-time information about further support required.

We have also developed localised HealthPathways to assist healthcare providers with referral options and care related to COVID-19. In fact, the COVID-19 Assessment and Management is the highest page viewed in 2020.

## Masks and PPE

In early 2020, the Australian Government tasked PHNs with distributing masks to general practice, pharmacy and allied health. This has also included the distribution of some forms of PPE and masks to the GP-led Respiratory Clinics.

A total of 61,050 surgical masks have been provided to general practice, pharmacy and allied health across the region. Additionally, general practice have received 6,120 P2/N95 masks over the period.



## COVID-19 testing and GP-led respiratory clinics

MPHN supported the establishment of six GP-Led Respiratory Clinics throughout the Murrumbidgee region. Part of this support has been to promote availability through social media and community-focussed eNewsletters. Additionally, social media tiles were developed and provided to each clinic for their use as required.

To further encourage and promote testing, MPHN worked closely with the MLHD to coordinate COVID-19 testing locations and schedules across the region. We also worked together to produce a two-minute testing video for digital and social platforms, and a 30-second television commercial.

## We're Here For You campaign

Local general practitioners and healthcare providers highlighted concerns regarding people delaying their usual medical care. Accordingly, the We're Here For You campaign was developed in consultation with the COVID-19 Steering Committee. Its purpose was to encourage people to continue maintaining their routine health checks and to stay in touch with their healthcare providers to manage chronic conditions and usual healthcare needs.

The campaign included an overarching television and radio commercial, and a series of six 15-second videos for use on social media and digital platforms. The video series were all voiced by local healthcare providers, and the six videos focussed on key areas including general practice, mental health, allied health, pharmacy, pathology and Aboriginal Medical Services.

Our We're Here For You campaign was recognised by Deputy Chief Medical Officer Prof. Michael Kidd who has promoted the resource nationally through his eNewsletter, and has seen similar campaigns implemented by other PHNs across the country.



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## Supporting preparedness in aged care facilities

In recognition of the potential for significant impact in residential aged care, MPHN worked closely with the MLHD to implement a number of strategies including an online scenario based exercise. This scenario exercise helped to support these facilities in the pandemic planning and preparedness in the event of an outbreak.

The scenario exercise was recorded and made available for training purposes to all Murrumbidgee Residential Aged Care Facilities across the region with 44 per cent of the private aged care facilities within the MPHN region completing the scenario exercise. This represents many of the smaller not-for-profit aged care facilities.

# Telehealth

There is an increasing need for healthcare organisations to offer telehealth as an option for their patients. COVID-19 accelerated telehealth uptake and use significantly, and the benefits address travel restrictions, provide continuity of care for patients, and business continuity for general practice,

As a result of COVID-19, MPHN offered a grant to all 87 general practices across the region to help maintain and build upon their existing telehealth

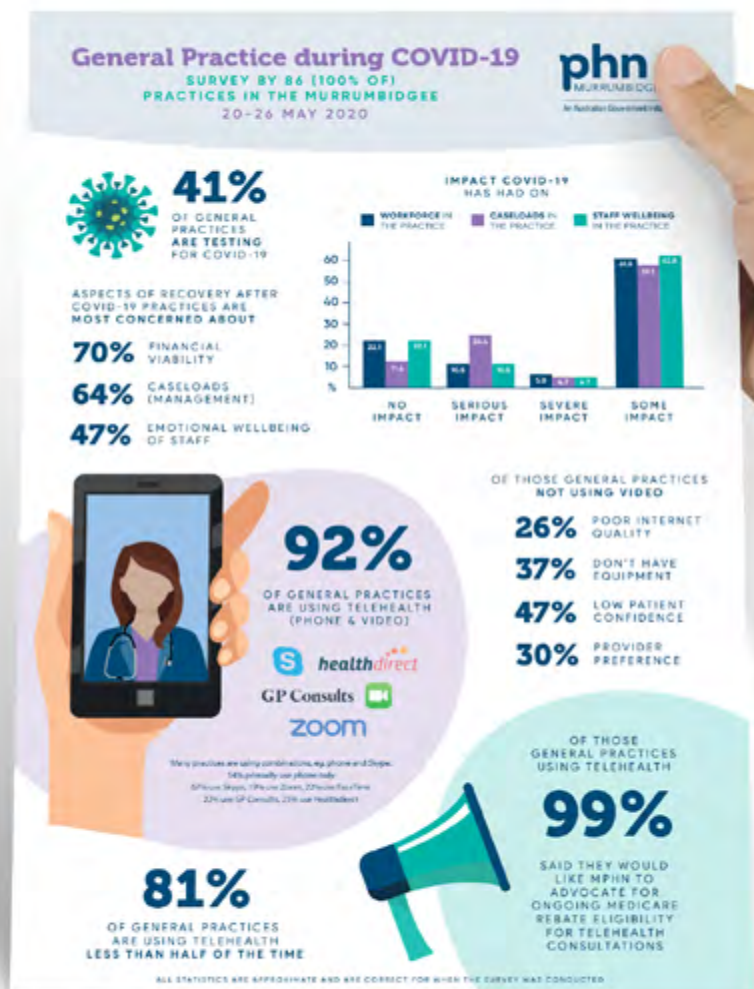
systems, of which 85 secured the grant. Support was also extended to include promotion of Health Direct Video Call, which 20 general practices took up, allowing their patients to access the telehealth appointment with their practice via the MPHN website.

Notwithstanding the telehealth support provided during COVID-19, MPHN also provided advice and information to general practices in relation to available video-conferencing options, hardware and MBS item numbers throughout the year.

**“The grant has definitely assisted us in achieving the telehealth outcomes. We are currently using an iPad and dedicated laptop for telehealth consultations both for our GPs and specialists in distant areas. Being located in a small rural town, many of our patients are often required to travel a minimum of three hours (round trip) to visit specialists at their consulting rooms. Many of these patients are elderly, and are reliant on community-based transport, so offering telehealth facilities in the practice is highly beneficial to all involved.”**

**85 of 87  
general  
practices  
across the  
Murrumbidgee  
region took up  
the telehealth  
grant**

**20 general  
practices took  
up the Health  
Direct Video  
Call offer**



# Responding to bushfire impacts

In response to the summer bushfires, Primary Health Networks were tasked with helping to source and coordinate people and other resources to assist in the response and recovery process. MPHN worked closely with MLHD and emergency response agencies, to ensure resources and support for medical practitioners and allied health professionals were provided in a coordinated way. The response process identified the significant value of having strong systems and plans in place to support primary care staff and the community.

As part of MPHN's broader bushfire response we provided support to the local general practices and pharmacies in the affected areas. Some of the support we provided included:

- » Bushfire support resources, which also included a Bushfire GP Factsheet with clear links to the AAPM Bushfire Response Hotline. The factsheet was available online and in print
- » Updated MPHN website Provider Support page to include Bushfire Response information
- » After hours GP support
- » In hours GP support
- » Mental health support - which included providing access to MPHN's Employee Assistance Program offered through Benestar for GPs, practice staff as well as pharmacists and pharmacy staff across the impacted towns.
- » Murrumbidgee HealthPathways were updated
- » Primary Care Engagement team contact was increased for GPs and practice staff in impacted regions.

## In focus



### Implementing the RACGP Emergency Response Planning Toolkit

MPHN provided memberships to the RACGP Emergency Response Planning Toolkit (ERPT) for interested general practices, with 45 practices taking up the offer and currently implementing the ERPT.

The cloud-based system helps general practice be better prepared and equipped to respond to emergencies and pandemics. This platform also assists in the continuity of recovery. This platform, along with MPHN's broader responses, will assist to support longer term recovery in our bushfire affected communities and to ensure practices have an up-to-date COVID-19 pandemic plan so they are prepared, well-stocked and ready to respond in the case of an outbreak.

**“The Emergency Response Planning Tool is easy to use and has been very valuable keeping all practice information/plans in the one place and easily accessible.”**

**- Tania Cotterill PM Glenrock Country Practice**



# Continuing Professional Development

MPHN strives to deliver high-quality educational activities and continuing professional development (CPD) opportunities for GPs, practice nurses, practice staff and allied health professionals across the Murrumbidgee region. Working collaboratively with key partners, MPHN's CPD program covers a range of topics aligning with the identified health needs and priorities for our region, and provides participants an opportunity to build on existing knowledge and skills to help them deliver safe, high-quality care to their patients.

Two key events held included:

- In October 2019, MPHN hosted the renowned Hot Topics UK's most popular GP update course which has been specifically adapted for Australia.
- In March 2020 MPHN facilitated the delivery of the tenth Antenatal Shared Care Program Orientation and Update training.

The onset of the COVID-19 pandemic in March 2020 unfortunately saw a number of face-to-face events cancelled. However, MPHN quickly adapted to social distancing requirements and moved to delivering virtual educational opportunities. From the end of March to end of June, we successfully delivered eight webinars with a particular focus on COVID-19 infection prevention and control. In addition, MPHN promoted 82 external virtual education opportunities for health professionals and staff.

## In focus



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## EPIC workshop comes to Wagga Wagga

In July 2019 MPHN held the EPIC: Excellence in Practice, Investment in Care workshop in Wagga Wagga. Presented by Dr Kirsten Meisinger and Dr Walid Jammal, attendees discussed the importance of collecting and analysing high-quality general practice level data and using this data to inform continuous quality improvement practices, which ultimately improves the safety and quality of care provided to patients. This workshop was timely for practices in our region given the new Practice Incentives Program (PIP) Quality Improvement (QI) Incentive was implemented on 1 August 2019.

**“Excellent presentation and encouraged us to think about QI and how we can use this in our practice.”**

**MONDAY  
29 JULY 2019**

**EPIC**  
**Excellence in Practice.  
Investment in Care.**

An event for GPs, GP registrars, practice managers and practice staff.

**SPEAKERS**

**DR KIRSTEN MEISINGER**  
MD, MHCOS

**DR WALID JAMMAL**  
MBBS FRACGP  
Dip. Child Health R. Health Law

**TOPICS**

Using data for continuous quality improvement is a fundamental underpinning of quality and safety in healthcare, as well as being an important part of maintaining accreditation. With upcoming and foreshadowed changes to the Practice Incentives Program in 2019, understanding the model for improvement as well as the need to develop a data driven improvement culture is even more important. This workshop assists GPs and their staff to build this culture, as well as tools to focus on improvement methodology such as PDSA cycles in order to affect change and ultimately improve patient care.

**Monday 29 July 2019**  
5.30pm registration and dinner for a 50pm start  
**Rules Club, Jezza South Room**  
Corner Fernleigh & Glenfield Roads,  
Wagga Wagga

**REGISTER HERE**  
[stickytickets.com.au/88915](http://stickytickets.com.au/88915)

**EPIC: EXCELLENCE IN PRACTICE.  
INVESTMENT IN CARE.**

**phn**  
MURRUMBIDGEE  
An Australian Government Initiative



# Digital health

Digital health is the electronic management and sharing of health information to deliver safer, more efficient, better quality healthcare. Information sharing across the full care continuum has significant benefits for people, their healthcare providers and the healthcare system which results in improved patient safety and health outcomes, increased adherence to treatments, health system efficiencies in time savings for clinicians, a reduction in unnecessary duplication of investigations and avoided hospital admissions. In recent months, digital health, particularly My Health Record, electronic prescription and telehealth, has become increasingly important, mostly in regional and rural areas due to COVID-19.

To support general practices in increasing their use of digital health technologies to enhance patient care, MPHNN continues to provide assistance for implementation and use of the My Health Record system, telehealth, secure message delivery, electronic transfer of prescriptions and provides advice on emerging technologies.

The primary care engagement team also offers technical support and troubleshooting, education and training for health professionals and other staff, provision of resources and advice across all these areas. Due to the large geography of our region, and also with the emergence of COVID-19, remote access support to general practices has become increasingly important and more frequently used.

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In focus



## Building on Berrigan

Following Berrigan being named as Australia's first fully connected My Health Record town by the Australian Digital Health Agency (ADHA), MPHNN's Digital Health Officer has worked closely with healthcare organisations in the towns of Finley, Culcairn and Henty to support them to become fully connected. This has involved providing support around implementation, education and training with general practices, pharmacies, aged care facilities and liaising with local hospitals. In addition to these towns being connected to the My Health Record system, the communities of Henty and Culcairn, with the assistance of their Local Health Advisory Committees, have trained local library staff to support community members accessing their own My Health Record.

**98** Digital health support visits by MPHNN to general practices, including remote support

**94%** of general practices connected to My Health Record

**90%** of pharmacies connected to My Health Record



*Dr Tracey Purnell examines Lucy Matthews.*

## Quality Improvement Program

Improving all aspects of primary care practice helps practices deliver better care and health outcomes for patients. Continuous quality improvement also makes the practice a better place to work and a stronger and more viable business.

MPHN's Quality Improvement (QI) program utilises general practice data to inform quality improvement

activities within the practice. Primary care engagement officers support general practice with strategies to embed QI systems, improve data quality, analyse practice data and identify areas for improvement, as well as assisting with goal setting and improvement activities, providing benchmark reports and feedback.

In focus



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### QI Benchmark reports helping improve efficiencies

More than 70 per cent of general practices in the Murrumbidgee region regularly share de-identified data with MPHN. Using this data, a QI benchmark report is produced every three months for participating practices allowing comparisons against their previous data, and the aggregated mean of all other participating practices. This allows practices to identify areas for improvement and what support is required from MPHN.

After analysing data from the QI Benchmark report with their MPHN primary care engagement officer, a practice purchased a spirometer, and completed the requisite training for practice nurses. As a result, the practice commenced spirometry testing, utilising the relevant MBS items, providing an improved service for their patients.

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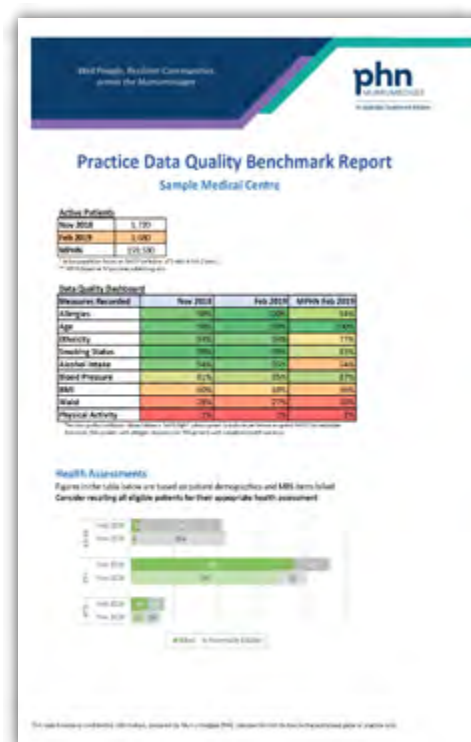
# Coding support reduced chronic disease

MPHN's QI support to general practice includes access to PenCS tools, which has allowed them to improve processes to address coding and other data issues, improving chronic disease management, completing health assessments and maximising the utilisation of practice nurses.

Examples of how the PenCS tools and coding has supported patients and practices:

**A general practice wanted to improve the identification of their patients with diabetes to ensure appropriate care was provided. They started with the number of patients with undefined diabetes, and were able to reduce the number of patients coded with undefined diabetes by**

**99%** from 74 in May 2019 to just 1 in August 2019.



**One practice saw the over 75 years of age health assessments increase by**

**70%** during 2019/2020 from 35 in August 2019 to 116 in May 2020.

**A practice noted that ATSI health assessments increased by**

**26%** during 2019/2020 from 84 in August 2019 to 113 in May 2020.

**Another practice increased their Diabetes Cycle of Care completion rate by**

**6%** within three months, showing increases in all relevant MBS items.

# Murrumbidgee HealthPathways

Murrumbidgee HealthPathways is an online health system to support our primary healthcare providers with evidence-based assessment, management and local referral information on clinical conditions. GPs, specialists and key stakeholders work collaboratively to identify issues that are preventing optimum care for clinical conditions and the solutions identified are used to develop and localise pathways for the region.

It is a collaboration between MPH, MLHD, local specialists, general practitioners and health professionals, with the vision to build a more integrated health system promoting best practice and supporting consistent care and management of health conditions.

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## 100 HealthPathways milestone reached

In February 2020, the Murrumbidgee HealthPathways team achieved the milestone of 100 live localised pathways.

Dr Marietjie van Der Merwe, Clinical Lead for the Murrumbidgee HealthPathways and General Practitioner said topics covered by the 100 pathways are varied and prioritised according to community needs.

“Pathways are designed to be used at the point of care to provide support in the assessment and management of clinical conditions, and can improve the quality and appropriateness of referrals within the local health system,” Dr van Der Merwe said.

“We now have pathways on a range of topics including child health, palliative care, pregnancy, respiratory, cardiology, diabetes, gastroenterology, mental health, aged care, and alcohol and other drugs.

“In response to the recent bushfires and coronavirus, we have also developed HealthPathways for each of these topics too.

“I would certainly encourage any new colleagues to the region to get in touch with MPH to arrange access to the portal and a demonstration. I would also suggest GPs consider adding a link on their desktop or mobile phone for easy access to the platform,” she said.

**As at 30 June 2020:**

**128** LIVE CLINICAL  
PATHWAYS

**195** ASSOCIATED  
PAGES WITH

**90** PAGES UNDER  
DEVELOPMENT

**4,130** TIMES USED BY **712** USERS WITH **7,492** PAGE VIEWS

**93%** OF GENERAL PRACTICES HAVE  
MURRUMBIDGEE HEALTHPATHWAYS  
INSTALLED

# Palliative Care

MPHN delivered the Greater Choice for At Home Palliative Care Project to improve coordination of care and to ensure patients receive the right care in the right place at the right time. Being cared for and dying at home is most people's preference and this initiative aimed to help make this possible. A major strategy of the At Home Palliative Care Project was a Multidisciplinary Telehealth Trial (MTT), led by general practice across five rural sites. The general practices co-designed and implemented local models of care, which included

the generation of data for quality improvement purposes. The five general practices are the first in Australia to implement Palliative Care Outcomes Collaborative (PCOC) assessments in primary care.

The project was able to demonstrate greater choice for our patients and carers and in particular improved access to palliative care, integration of Advance Care Planning into general practice, community, patient and carer awareness of and access to local services, local access to equipment and personal aids for home-based care, and support for continuous quality improvement in general practice.

“The project enabled all the health and community teams who deal with palliative care in our community to come together, work together and improve communication. We were able to create a wonderful local palliative care handbook for our town. For our doctors and nurses it provided more learning opportunities and tools. For our patients, it has provided more comprehensive and coordinated care.”

- Young District Medical Centre

**60%** OF PALLIATIVE CARE PATIENTS WERE DISCUSSED AT A LOCAL MULTIDISCIPLINARY TEAM MEETING

**74.5%** OF PALLIATIVE CARE PATIENTS HAD AN ADVANCE CARE PLAN (WHEN ACP STATUS WAS KNOWN)

**84.5%** OF PALLIATIVE CARE PATIENTS ACHIEVED THEIR PREFERRED PLACE OF DEATH (NATIONAL DATA IS 46%)

**56%** INCREASE IN HOME DEATHS ACROSS THE FIVE SITES POST-PROJECT (FROM 52%)

**86.8%** OF PALLIATIVE CARE ASSESSMENTS PLANNED A FOLLOW-UP APPOINTMENT

# Workforce

The shortage of medical practitioners in rural and remote locations remains an ongoing national concern. For MPHNS's rural and remote locations, the lack of access to medical practitioners is a key barrier to improving the health and wellbeing of our communities. For primary health and international medical graduates, the recruitment process is often complex and lengthy. The MPHNS workforce program provides local recruitment assistance and advice to medical practices. Medical practitioners seeking to relocate to the region are assisted throughout the recruitment process with family needs being

considered and supported if required. Monitoring and understanding regional workforce challenges as they emerge is a key component of the program.

MPHNS collaborates with national, state and local workforce organisations such as NSW Rural Doctors Network, GP Synergy, Remote Vocational Training Scheme, MLHD, Regional Training Hubs, Rural Clinical Schools and local councils to address workforce challenges as they emerge. These partnerships have contributed to many positive outcomes across the Murrumbidgee region.

## 25 MEDICAL PRACTITIONERS WELCOMED TO THE MURRUMBIDGEE REGION (22 IN RURAL COMMUNITIES)



## 74 GP REGISTRARS TRAINED IN THE MURRUMBIDGEE REGION

*Dr Mary Rezkallah and Dr Swati Parmar who, respectively, joined Tumut and Moama medical practices.*



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# University of Wollongong Graduate Medical Program

The University of Wollongong Doctor of Medicine (UOW MD) program is a four-year postgraduate medical degree that aims to assist with addressing the critical shortage of medical practitioners outside the major cities. UOW actively recruits students who have rural backgrounds and all students complete a longitudinal twelve-month placement in rural communities within local general practices and hospitals.

This year, six students completed clinical placements supported at seven general practices and three hospitals in Griffith and Leeton. Students were hosted at Griffith Medical Centre, Griffith Aboriginal Medical Service, Your Health Griffith, Kookora Surgery, Leeton Medical Centre, Leeton Family Clinic and Murrumbidgee Medical and Primary Care Centre.

For the majority of the placement, students undertake parallel consults where they see patients under the guidance of a qualified doctor in local practices and attend weekly training sessions delivered by Dr Marion Reeves, Regional Academic Leader for UOW in the Murrumbidgee Hub.

Throughout the year, students undertook shifts in the emergency departments at Griffith Base Hospital and Leeton District Hospital. A key part of the placement were the rotations through the various wards at Griffith Base Hospital - specifically in paediatrics/children's ward, surgical/theatre, medical/ICU and obstetrics and gynaecology. The students are fortunate to also rotate through a variety of theatre and consultation opportunities with a wide range of visiting specialists at St Vincent's Private Community Hospital Griffith (SVPCHG).

## In focus



## Celebrating 10 years of the University of Wollongong program

To celebrate the delivery of UOW medical training throughout the Murrumbidgee region, in the communities of Griffith, Leeton and Narrandera, two dinners were held in March 2020 in Leeton and Griffith. Attendees included representatives from three local councils, clinicians, hospital and practice staff and health administrators for UOW to thank them for their ongoing support of this important training initiative.

During the 10 years, a total of 73 UOW medical students have completed their longitudinal placement in practices and hospital settings in the Murrumbidgee region.

This would have not been possible without the strong support of Griffith City Council, Leeton and Narrandera Shire Councils along with the Murrumbidgee Local Health District, Murrumbidgee Primary Health Network and St Vincent's Community Private Hospital Griffith, as well as many local general practices.

*Celebratory cake made by Just a Slice, Griffith. L-R: Clive Banks (Leeton), Ben Crawford (Leeton), Rami Kamalathasan (Griffith), Dr Marion Reeves, Sarah Noonan (Griffith), James Cowman (Griffith), Ram Khanal (Leeton) and Kelly Dal Broi - Placement Facilitator.*



# Immunisations

MPHN's Immunisation program strives to maintain high coverage of childhood vaccinations, improve all immunisation coverage rates, and promote whole of life immunisation by offering direct support to general practice to assist with many facets of promoting high-quality immunisation services across the Murrumbidgee.

The program provides local feedback to a national level via the PHN's Immunisation Support Program Advisory Committee. This involves communicating directly to stakeholders including Department of Health, NSW Health,

National Centre for Immunisation Research and Surveillance and Pharmaceutical Society of Australia and provides our area with a local voice to be heard and to make recommendations and to provide the latest information back out to general practice.

In close collaboration with the MLHD, the program relies on engagement with general practices and a strong partnership with many stakeholders to assist with quality improvement and to enhance the positive outcomes that can be achieved in immunisation.

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## Reducing vaccine administration error

An innovative practice approach to cold chain management and vaccine storage adopted region wide is now being implemented across New South Wales.

Inconsistencies in cold chain management and storage of vaccines was identified as a concern for some general practices across the Murrumbidgee, and Trinity Medical Centre's practice nurse Jennifer Bell implemented a clear labelling of vaccines system to reflect the immunisation schedule and the Ministry of Health childhood colour scheme.

Practice Principal and General Practitioner Gracy Gouda said her team looked at reducing risks from potential administration errors, wastage from excessive or expired stock levels, and cold chain breaches.

"Ensuring our cold chain management processes are to a high standard means the team is able to focus on providing quality care, and the community can be reassured they are receiving vaccines with minimal risks," Dr Gouda said.

As a result of Trinity Medical Centre's system, the Immunisation program along with MLHD developed fridge vaccine basket labels and distributed them to practices across the region. The development was shared with the Ministry of Health and a similar template for fridge vaccine baskets labels will be used when releasing new schedule changes for next financial year. The centre also implemented a data logger and continuous monitoring of fridge, an extra automatic battery for power failures and back-up generator.

## 6 FACE-TO-FACE IMMUNISATION UPDATES TO PRACTICE NURSES



**120** NURSES ATTENDED IMMUNISATION UPDATE TRAINING

**98.89%** OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AGED FIVE YEARS ARE FULLY IMMUNISED

**"I have found MPHN to be very supportive with their immunisation program. Both Jacinta and Barb have been able to answer any questions I've had, as well as provide resources and education for myself and the clinic staff. Vaccinations are an ever-evolving part of general practice and this service is our lifeline!"**

**- Chrissy Hurst, Practice Nurse, Shiloh Medical Practice**

# Winter Strategy

To support general practices and aged care facilities to keep their most vulnerable patients well, reducing likelihood of hospitalisation during the winter months, MPHN implemented its second iteration of the Murrumbidgee Winter Strategy. This joint project between the MPHN, MLHD and NSW Ambulance is to respond to the surge in healthcare demand over winter. An increase in participating practices in the strategy rose from 11 in 2019 to 19 in 2020.

Core to the strategy is to improve vaccine uptake and establish an efficient and effective process

for transfer of care from hospital to community during winter through use of a variety of primary and acute care strategies.

The strategy is in operation between April and September and involves increasing capability within general practice and to improve pathways from primary to acute care in the winter/after hours period. It also includes general practice support for vaccine management, a dedicated webinar series, and a consumer-focussed marketing campaign encouraging flu vaccine uptake and practising good hand hygiene.

## In focus



From July to mid-September 2019:

**11** PARTICIPATING PRACTICES IN 2019

**242** PATIENTS ENROLLED (AVG 22 PER PRACTICE)



**164** SICK DAY ACTION PLANS

**61** ADMISSIONS TO EMERGENCY DEPARTMENTS

**530** GENERAL PRACTICE VISITS



**141** FLU IMMUNISATIONS ADMINISTERED

# Recognising excellence

MPHN's 2019 Primary Healthcare Awards saw 22 nominations under four award categories. The awards recognise the valuable work in primary healthcare across the region and provide an opportunity to showcase excellence, leadership and innovation.

The winners were announced as part of the AGM dinner and were:

- » **Coolamon's 12-week Empower Challenge took out Murrumbidgee Community Grant of the Year for providing 82 women an opportunity to escape the stresses of drought.**
- » **Temora's Great Quack Quest was recognised for its innovative campaign to attract GPs to town with the Innovation award.**
- » **Calvary Riverina Hospital's Women's Wellness and Recovery Program received the Promoting Healthy Living award.**
- » **Retired GP, Dr Kamath was recognised for his Outstanding Contribution to Community after dedicating 43 years as a general practitioner in Temora.**

[READ MORE](#)



# Our partners

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The partnerships forged by MPHN over the past few years have set strong foundations for continuing working collaboratively together as we weathered drought, bushfires and a health pandemic. The various partnerships focus on improving integration of local services and systems, and the coordination of care for our communities. Such partnerships are how we can deliver the greatest change in our communities, and are critical as we move into a COVID-19 recovery phase.



## Aboriginal Health Consortium

The aim of the Murrumbidgee Aboriginal Health Consortium is to work together with the community to coordinate action that improves the wellbeing of Aboriginal people living in the Murrumbidgee. Wellbeing means not just the physical health of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community.



## Palliative Care Steering Committee

The At Home Palliative Care Steering Committee provided leadership and structure to the development and implementation of all palliative care project activities. The committee, which operated from May 2018 to June 2020, initially met monthly and then bi-monthly, was responsible for the monitoring of risks, quality, and project timeframes.

The input and expertise from the various members representing a range of organisations and communities from across the region made an important contribution to the achievement of project outcomes. The committee members shared a wealth of knowledge and experience and included a mix of both managerial and clinical skills, and as such were able to meet the objective of improving access to the best palliative care in an at-home setting.

## Aged Care Consortium

The Murrumbidgee Aged Care Consortium provides a forum for key stakeholders from health, social, community and education sectors to improve coordination and access to timely and appropriate care for the older person and their carers. It recognises an ageing population means increased pressures on the aged care sector to provide timely and appropriate care. Age inherently brings health complications, and the necessity to engage with a complex and unfamiliar health and aged care system can heighten stress. The Consortium aims to prepare for these increased demands and pressures at a local level to ensure cross sector linkages and service integration result in the best care and outcomes.

Over the past 12 months the Consortium has provided a regular platform for members to share and gain support for the many initiatives being implemented to improve outcomes for older people in the region. This has included improving access to mental health supports in aged care, improved care pathways for people with dementia through HealthPathways, carer workshops and staff development and training opportunities. Member organisations made separate submissions and presented directly to the Ageing and Disability Commissioner during September 2019 to present a regional perspective of the aged care sector. Plans to host a showcase style meeting to recruit new membership was postponed in May 2020 due to COVID-19, with plans for an aged health forum to be carried over into 2020/21.

## Bushfire Recovery Steering Committee

The Bushfire Recovery Steering Committee was established to provide leadership, guidance and structure to the development and implementation of initiatives funded under the Australian Government's Supporting the Mental Health of Australians Affected by Bushfires measure.

Specifically the aim of the committee is to provide guidance and advice to ensure MPHNS's response is well coordinated and targeted to those in need across the region's communities impacted by summer bushfires. Members are encouraged to make recommendations on community engagement mechanisms and provide advice to determine and prioritise responses to communities. They also identify other useful contacts, endorse initiatives and provide oversight to the progress against planned actions and timeframes. The Bushfire Recovery Steering Committee includes representation from 17 organisations.



## COVID-19 Steering Committee

In response to the rapidly changing landscape of the COVID-19 pandemic, MPHNS approached several healthcare professionals across the region and from a range of areas including general practice, pharmacy, pathology, aged care, local health district and ambulance to form the COVID-19 Steering Committee. The aim of the Committee is to provide local healthcare professionals a voice to convey emerging issues during the pandemic.

Specifically, the Committee led two flagship campaigns: We're Here For You to address raising concerns people were missing regular health checks and not attending appointments; and a testing campaign to encourage people to be tested for COVID-19 and provide information on how and where to get tested. The group also guided the development of other key information collateral including respiratory clinic guidelines and other relevant factsheets and resources.

## COPD and Asthma Collaborative

The COPD and Asthma Collaborative aims to ensure an integrated and coordinated approach across the region. The Collaborative includes representatives from Murrumbidgee Local Health District (MLHD), Lung Foundation, Pharmacy, Physiotherapy and Aboriginal Medical Services. In addition to its integration role the Collaborative also champion the development and use of locally relevant care pathways, obtain broad stakeholder feedback, support the identification and gathering of data to better understand issues, and contribute to local service mapping.

As part of the Collaborative, an annual asthma campaign is held to raise awareness and encourage preparation for the spring thunderstorm season for those in the Murrumbidgee who have breathing difficulties related to asthma and hay fever. The campaign is developed in partnership with MLHD, Charles Sturt University (CSU) and Asthma Australia.

## Empowering Our Communities Steering Committee

The Empowering Our Communities (EOC) Steering Committee has been in operation since November 2018 and its driving vision is to share resources and information to best support our drought-affected communities in an integrated way. Members provide leadership, guidance, and structure to the development and implementation of initiatives funded under the Australian Government's Empowering Our Communities initiative addressing the mental health and wellbeing impacts of drought on communities. The committee, which meets monthly, brings a wealth of knowledge and expertise from a wide range of backgrounds and organisations.

Together the group provides guidance and advice to ensure MPHNS response is well-coordinated and targeted to those in need across the Murrumbidgee region. The members have input into making recommendations on community engagement, and have an opportunity to prioritise supports required in the Murrumbidgee's drought-affected communities.

Key to the success of the EOC Steering Committee are the people with lived experience of mental health and drought. In addition to these representatives, 10 organisations are also members of the committee.

## Murrumbidgee Mental Health Drug and Alcohol Alliance

With 17 agencies and several people with lived experience represented on the Murrumbidgee Mental Health Drug and Alcohol Alliance (the Alliance), it is well positioned to develop a strategic approach to meeting the mental health and drug and alcohol needs and expectations of consumers across the Murrumbidgee. The Alliance builds on existing relationships, initiatives

and programs to provide the framework for the development of a collaborative and effective approach to priority setting, population-based planning and improving health outcomes for people with mental health and drug and alcohol conditions, including families and carers.

# Our people

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This year our people have shown resilience in a period of great uncertainty. As we returned from the annual Christmas and New Year closure, staff were charged with rapidly responding to the bushfire crisis and by March, the COVID-19 health pandemic closed our offices.

In 2019, however, the team were able to celebrate their successes with our annual Big Day In which included the inaugural Values in Actions awards, for staff living our values. Staff participated in team-building activities including a drumming workshop and a friendly gingerbread house decorating competition as part of our Christmas celebrations. Staff also undertook various training opportunities with the social determinants of health series, Storytelling in Action, and, more recently, online sessions with the Australian Institute of Management.

We are all working together to create our new normal as staff commence returning to their office.



## Moving to remote working

As with many workplaces across our community, our employees moved swiftly to remote working arrangements in March 2020. Our workforce adapted well to the new ways of working with feedback from employees being highly positive. New routines were established to support the balance of work and family responsibilities and employees connected frequently through virtual team and staff meetings.

As a way to support our staff during a difficult period, MPHN partnered with PA2 Health which saw more than 20 employees participate in a four-week health and

wellbeing program. During the program participants were encourage to create health recipes, practice mindfulness and become more active.

Working from home wasn't always easy so our mental health team collaborated to create a video with the aim to share their experience of working remotely during the COVID-19 pandemic and to remind everyone to practice self-care and stay connected, and to reach out if anyone needed extra support.

WATCH  
NOW

## Engaging our staff

In 2020 MPHN have reached our highest level of engagement with 69 per cent of respondents in the Engagement Cycle. Results indicate MPHN is in a 'Culture of Success', which is typically characterised by an organisation where employees:

- » are optimistic about their organisation's future
- » have a 'can-do' mentality
- » are very close-knit, cohesive and focussed

While it is great to be in a Culture of Success, we have to make sure we keep up the mantra of saying 'we are good... but we can be better'.

The results reflect MPHN's journey of cultural change over many years and this wouldn't be possible without each employee actively contributing to the organisational culture.

**MPHN has been open-minded and moved with change, it has been a challenging time but they have embraced it. Working from home has had so many advantages.**

 **69%**  
**EMPLOYEE  
ENGAGEMENT**

"Terrific team, it has been a challenging six months. Staff have got on with what they have needed to do. Well supported, good leadership."

"I feel as though I am valued in the organisation. There is great flexibility with how we are able to work which is appreciated."

"Flexibility, great working environment, friendly co-workers, great management."

"Support of management and other team members, flexible working arrangements, autonomy to undertake role."

**We can work on:**

- >> **IMPROVING INFORMATION SHARING**
- >> **REDUCING DELAYS**
- >> **IMPROVING COMMUNICATIONS**

**73%**   
**OF STAFF SAY  
MPHN IS TRULY  
A GREAT PLACE  
TO WORK**

BACK  
TO  
TOP

## Clinical Council members

### BORDER CLINICAL COUNCIL

Adam Reinhard  
Amanda Shand  
Dr Alam Yoosuff  
Dr Marion Magee  
Dr Rachel James  
Jeremy Carr  
Karen Solah  
Laura Ross  
Lourene Liebenberg

### RIVERINA CLINICAL COUNCIL

Brett Causer  
Dr Daniel Fry  
Dr Jacques Scholtz  
Dr Nang Win  
Dr Tom Douch  
Dr William Meagher  
Joanne Garlick  
Lee Francis  
Luke Peacock

### WAGGA CLINICAL COUNCIL

Brendan McCorry  
Carin Lewis  
Dr Ayman Shenouda  
Dr Jodi Culbert  
Dr Jonathan Ho  
Dr Khalil Soniwala  
Dr Rachael Fickers  
George Mallat  
Kim Aylward  
Luke van der Rijt  
Martin Finnegan  
Martin Ryan  
Meleseini Tai-Roche  
Michael O'Reilly  
Paul Colenso  
Sandra Skaf  
Tom Shumack

### WESTERN CLINICAL COUNCIL

Belinda Guest  
Carrie Stewart  
Donna McLean  
Dr Damien Limberger  
Dr Shahzad Arshed  
Elizabeth Dixon  
Emma Kelly  
Graham Clarke  
Jessica Ammendolia  
Karen Ingram  
Katja McDermott  
Leanne Kennedy  
Sally Hill  
Sandra Royal

## Community Advisory Committee members

Amy Murphy  
Beth Louise Lucas  
Dr Jodi Culbert  
Felix Machiridza  
Garth Hungerford  
Hilary Robinson  
John Harper

John Moi  
Julie Mecham  
Kerry Geale  
Kristen Mann  
Lee Ncube  
Margaret King  
Michael Gooden

Pam Ellerman  
Peta Larsen  
Rachel Marion  
Ruth White  
Sarah Day  
Stan Warren

# Commissioned providers

|  |  |  |
|--|--|--|
| AP Cryer & DJ Tierney                    | Grand Pacific Health                       | Murrumbidgee Nutrition                           |
| Amaranth Foundation                      | Griffith Aboriginal Medical Service        | Narrandera Medical Centre                        |
| Ashton White & Associates                | Griffith Local Health Advisory Committee   | North Western Melbourne PHN                      |
| Back On Track Physiotherapy              | Griffith Medical Centre                    | PA2Health  |
| Balance-up Nutrition                     | Gundagai Medical Centre                    | Pamela Ling                                      |
| Beacon Strategies                        | Hammond Health                             | Peter Street Medical Centre                      |
| Beyond Blue                              | Hay Medical Centre                         | Procare  |
| Blamey Street Surgery                    | Impact Collaborative Pty Ltd               | Rao Medical Centre                               |
| Bland Medical Centre                     | Ingrained Nutrition                        | Rebbeck Consulting                               |
| Blue Knot Foundation                     | Intereach                                  | Relationships Australia                          |
| Border Dietitians                        | J Alster & M Alster                        | Riverina Family Medicine                         |
| Calvary Healthcare Riverina              | June Medical Centre                        | Riverina Medical & Dental Aboriginal Corporation |
| CBT Institute                            | Karralika Programs Inc                     | Roths Corner Medical Centre                      |
| Centacare South West NSW                 | KBC Australia                              | Royal Far West                                   |
| Chris Shipway Consulting                 | Kincaid Medical & Dental Centre            | Shepparton Foot Clinic                           |
| Consumers Health Forum of Australia Ltd  | Kookora Surgery                            | St George Family Medical Centre                  |
| Coolamon Regional Medical Centre         | KRS Health Family Medical Practice         | Swan Hill District Health                        |
| Cootamundra Medical Centre               | Lakeside Medical Centre                    | Tatton Medical Centre                            |
| Corowa Medical Centre                    | Lambing Flat Enterprises                   | Temora Medical Complex                           |
| Culcairn Local Health Advisory Committee | Leeton Family Clinic                       | The University of Wollongong                     |
| Directions Health Services               | Leeton Medical Centre                      | Trail Street Medical Centre                      |
| Dr Ken Mackey                            | Leeton Medical Practice                    | Trinity Medical Centre                           |
| Dr Muhammad Shahzad Arshed               | Live Life Get Active                       | Tumbarumba Medical Practice                      |
| Dr Taghrid Samuel                        | LiveBetter                                 | Unicef   |
| Echuca Moama Family Medical Practice     | Marathon Health                            | Wagga Wagga Medical Centre                       |
| Flourish Australia                       | MedCirc Medical Centre                     | Wagga Women's Health Centre                      |
| Footsteps Podiatry - Griffith            | MediCoach                                  | Wellways Australia                               |
| Fuel Your Life                           | Moama Health Clinic                        | Western District Health Service                  |
| Gidget Foundation Australia              | Multicultural Council of Wagga Wagga       | Western Riverina Community College               |
| Giz a Break Limited                      | Murrumbidgee Local Health District         | Young District Medical Centre                    |
| Glenrock Country Practice                | Murrumbidgee Medical & Primary Care Centre | Your Health Griffith                             |



## Treasurer's report

I am pleased to present the highlights of the 2019-20 financial report for firsthealth Limited.

The company's major activity remains the conduct of MPHNS under contract with the Australian Government Department of Health. This contract requires that services be delivered through commissioned providers. The company also delivers some health-related services directly and under separate contracts.

Revenue from funders has increased by 13 per cent overall from the previous year to \$24.3 million, which has been applied directly toward provision of services throughout the Murrumbidgee, in accordance with relevant funding agreements.

At June 30 2020, the company held an additional \$5.6 million in hand to fund future services. It is pleasing that unspent grant funding has reduced since the prior year, which has included certain challenges continuing into the current climate. This reflects both the agile

nature of the business and a significant effort to maintain effective and efficient levels of service delivery for the broader community areas therein.

Please refer to the graphics on the next page which show the sources and applications of the funding received and effectively managed by the company in deliverables to customers.

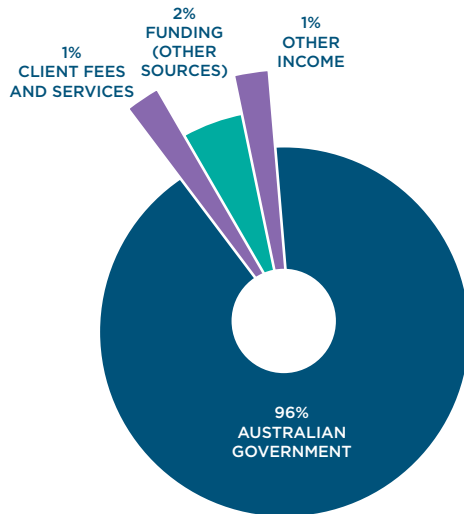
The company operates on a not-for-profit basis and is precluded from making any profit on government funded services. In 2019-20 the company made a profit of \$96,582 from management of its own members' funds.

Full financial statements are available on the company's website. I particularly draw your attention to Note 1 Basis of Preparation, Note 2 Summary of Significant Accounting Policies, and Note 3 Critical Accounting Estimates and Judgements.

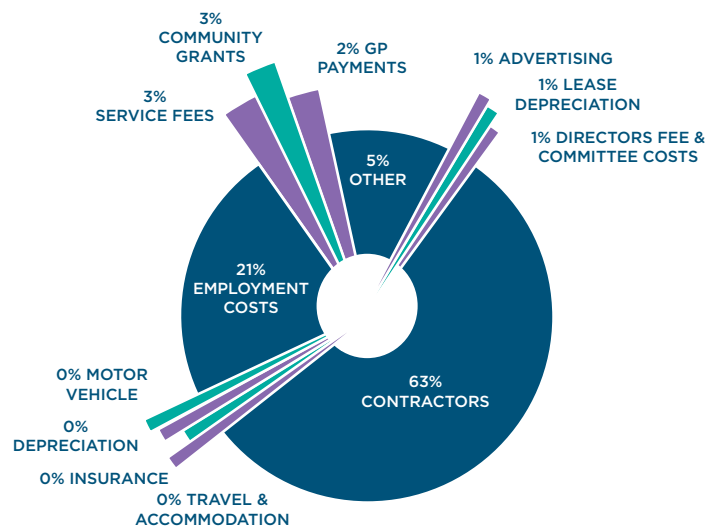
**Paul Gianniotis**

## Revenue

| SOURCE                                     | 2019-2020    | 2018-2019    | % CHANGE |
|--|--------------|--------------|----------|
| AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH | \$22,879,045 | \$19,673,370 | 16%      |
| PROJECT FUNDING (OTHER SOURCES)            | \$516,809    | \$1,004,844  | -49%     |
| CLIENT FEES AND SERVICES                   | \$336,792    | \$407,483    | -21%     |
| OTHER INCOME                               | \$258,366    | \$44,209     | -13%     |
| TOTAL                                      | \$24,068,012 | \$21,490,790 | 12%      |



Revenue



Expenses

## Expenses

| SOURCE                               | 2019-2020    | 2018-2019    | % CHANGE |
|--------------------------------------|--------------|--------------|----------|
| ADVERTISING                          | \$299,864    | \$315,522    | -5%      |
| CONTRACTORS                          | \$14,908,411 | \$11,964,846 | 25%      |
| EMPLOYMENT COSTS                     | \$4,899,062  | \$4,977,605  | -2%      |
| DIRECTORS FEE AND COMMITTEE EXPENSES | \$152,716    | \$193,176    | -21%     |
| GP PAYMENTS                          | \$388,846    | \$326,308    | 19%      |
| INSURANCE                            | \$104,726    | \$139,687    | -25%     |
| MOTOR VEHICLE EXPENSES               | \$74,388     | \$86,703     | -14%     |
| OTHER EXPENSES                       | \$1,220,397  | \$1,566,268  | -22%     |
| DEPRECIATION                         | \$15,470     | \$17,088     | -9%      |
| LEASE DEPRECIATION                   | \$267,014    | \$257,952    | 4%       |
| SERVICE FEES                         | \$702,255    | \$891,319    | -21%     |
| TRAVEL AND ACCOMMODATION EXPENSES    | \$57,915     | \$60,322     | -4%      |
| COMMUNITY GRANTS                     | \$755,874    | \$635,234    | 19%      |
| TOTAL                                | \$23,836,858 | \$21,452,030 | 11%      |
| <b>Profit or (loss)</b>              | \$231,154    | \$38,760     |          |



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An Australian Government Initiative

[www.mphn.org.au](http://www.mphn.org.au)

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