2016–2017 annual report

firsthealth limited trading as
Murrumbidgee Primary Health Network

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

Contents

firsthealth trading as Murrumbidgee PHN

Murrumbidgee Primary Health Network is located in the south-west of New South Wales and shares borders with five other Primary Health Networks: Western NSW, South Eastern NSW, ACT, and Gippsland and Murray PHNs in Victoria. MPHN covers a geographic area of 124,413 square kilometres and has an estimated resident population of 241,611 people.

Our Region – Murrumbidgee

Firsthealth Limited, trading as Murrumbidgee Primary Health Network (MPHN), is an independent membership organisation established under the Corporations Act as a Company Limited by guarantee. Membership of MPHN consists of practices and other incorporated organisations with the prime purpose of delivering and/or supporting recognised primary healthcare services within the Murrumbidgee area.

Member's rights include to:

- Receive notices of, have a delegate attend, speak and vote at general meetings of the company
- Participate in a call for poll
- Elect up to seven (7) directors to the Board
- Propose amendments to the constitution
- Vote on amendments to the constitution

MPHN has a skills based Board of six (6) elected and three (3) appointed directors.

MPHN is one of 31 Primary Health Networks (PHNs) established by the Australian Government to increase the efficiency and effectiveness of medical services in our communities; with a focus on patients who are at risk of poor health outcomes. We work to improve the coordination of care, so people receive the right care in the right place at the right time.

PHNs have six key priorities for targeted work: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

MPHN, which covers some 124,413 square kilometres and has a population of 241,611, is informed by our local health professionals and communities through four regionally-based Clinical Councils, and 33 Local Health Advisory Committees informing a single Community Advisory Committee.

Our Region

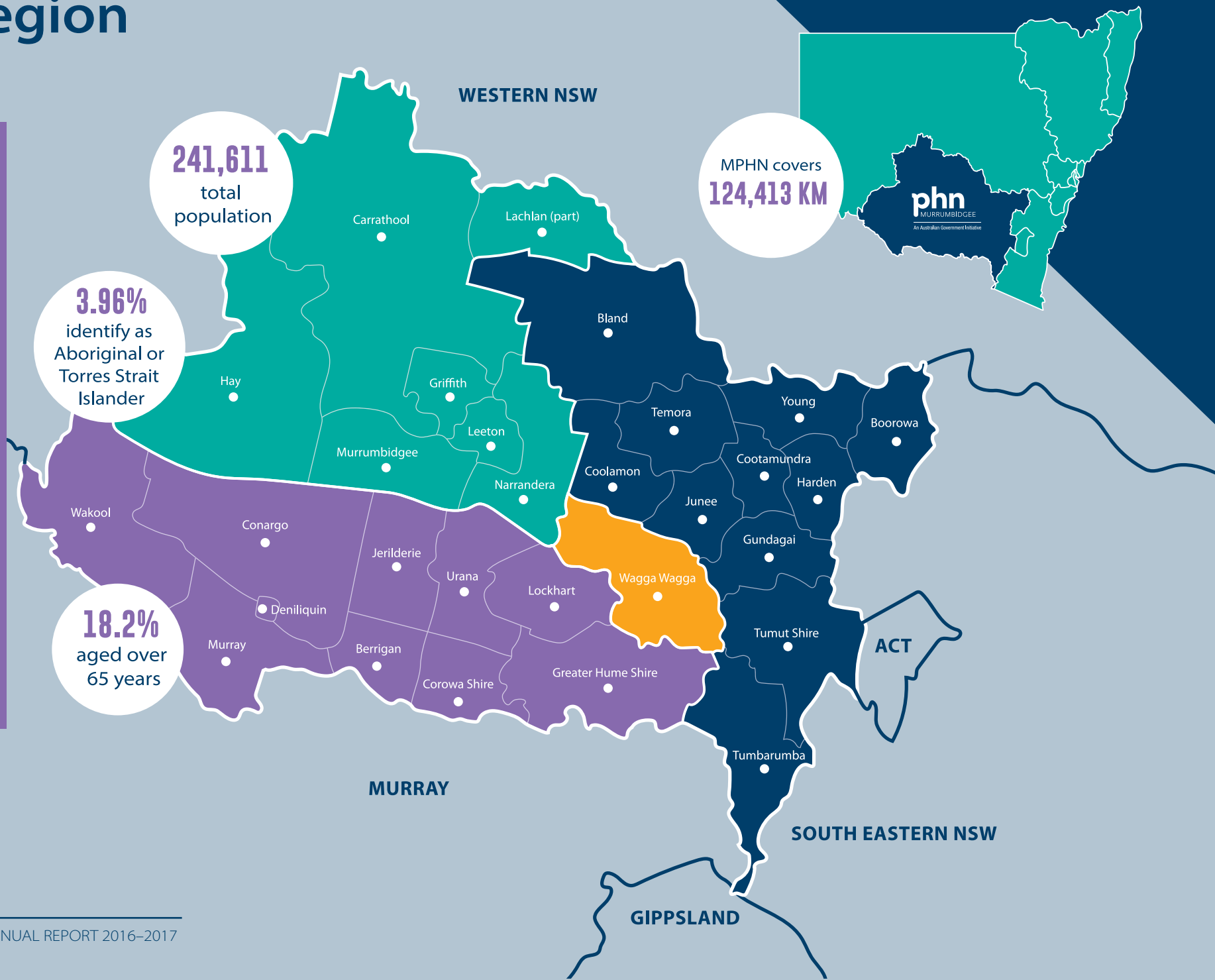
4 SECTORS

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



ESTIMATED RESIDENT POPULATION

241,611

WAGGA WAGGA'S POPULATION GROWING

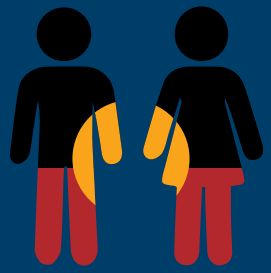
RURAL & REMOTE CENTRES WITH LESS THAN 2,500 POPUATION DECLINING

18.2%
AGED
65 & OVER

LARGEST INCREASE IN POPULATION OVER NEXT 15 YEARS

OVER 70 YEARS OF AGE

3.96%
IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER



ABORIGINAL POPULATION IS **SIGNIFICANTLY YOUNGER** THAN NON-ABORIGINAL WITH A LARGE PROPORTION OF **0 – 19 YEAR OLDS**

HIGHER PROPORTION IN LACHLAN & NARRANDERA

61.7%
OVERWEIGHT OR OBESE
NSW AVERAGE 50.5%

27.0%
OF SCHOOL CHILDREN AGED 12-17 YEARS OVERWEIGHT OR OBESE
NSW AVERAGE 20.4%

79.8 YEARS MALE

84.5 YEARS FEMALE

LIFE EXPECTANCY DECLINES WITH INCREASED REMOTENESS

LEADING CAUSES OF **PREMATURE DEATHS**

1. CIRCULATORY DISEASES
2. CANCER
3. RESPIRATORY DISEASES

PREMATURE MORTALITY IS **HIGHER** THAN THE NSW **AVERAGE**

AND IS **SIGNIFICANTLY HIGHER** IN REMOTE AREAS & DISADVANTAGED COMMUNITIES

37.8%
ENGAGE IN RISKY **ALCOHOL CONSUMPTION**
NSW AVERAGE 26.6%

19.8%
SMOKE
NSW AVERAGE 16.2%

HIGHEST RATE OF HOSPITALISATIONS IN NSW WHERE BODY MASS INDEX HAS CONTRIBUTED TO THE **UNDERLYING ILLNESS**

ALCOHOL & SMOKING CONTRIBUTING TO SIGNIFICANT NUMBER OF HOSPITALISATIONS

Strategic Priorities

Our Statement of Strategic Intent

Well People, Resilient Communities across the Murrumbidgee

1 SERVICE INTEGRATION
More services are integrated with general practice, preventing avoidable hospitalisations

2 POPULATION HEALTH
Protective factors promoting healthy lifestyles and supportive environments are maximised

3 COMMISSIONED SERVICES
Local planning and investment in quality healthcare services occur with the goals of maximising health gain for the health system

4 CAPACITY & CAPABILITY
Providers are engaged and collaborate to enhance the accessibility, relevance and quality of primary healthcare

5 ORGANISATIONAL EXCELLENCE
High levels of organisational quality and performance supported by strong leadership, systems and operational capability

PLATFORMS			
Engagement	Data	Evaluation	Governance

Governance

Through our Board and CEO, MPHN is vested with powers and responsibilities to enable us to carry out our functions and achieve our objectives. In turn, sound governance and quality reporting with a high degree of transparency are critical to maintaining stakeholder confidence.

MPHN has also established four Clinical Councils and a Community Advisory Committee to assist in the identification of opportunities to improve primary healthcare across the Murrumbidgee. These committees are an important part of the MPHN governance infrastructure and play a significant role in supporting the delivery of best practice healthcare. They also provide advice about population health planning and the commissioning of services.

The clinicians and community representatives engaged on these committees bring varied experiences and insights to assist in improved understanding of health needs and to inform service planning and delivery.

Clinical Governance

Clinical governance is the exercise of corporate accountability, both external and internal, for the management of clinical performance throughout a health organisation. Clinical governance systems assign responsibilities to all level of the organisation including the health providers, managers and directors.

The purpose of MPHN's Clinical Governance Committee is to ensure that by application of appropriate clinical governance and the underlying principles across the organisation, the services MPHN commission or deliver are safe, effective, appropriate, consumer-centred, accessible and efficient.

Finance, audit and risk

The Finance, Audit and Risk Committee assists the Board to perform its fiduciary duties and to fulfil its responsibilities in relation to the efficient governance and performance of the company by reviewing, advising and making recommendations to the Board. The committee takes appropriate action to set the overall corporate 'tone' for quality financial reporting, sound business risk practices and ethical behaviour, and in particular:

- the adequacy of internal financial management, control and reporting systems
- strategic financial plans and the annual operating budget
- systems for compliance with relevant legislative and contractual obligations in relation to financial

management and external reporting

- maintenance of effective and efficient external audits
- related party transactions
- capital expenditure and investment management activities
- the overall financial performance of the company

Clinical Councils

Clinical leadership is important in shaping health service delivery and improving the effectiveness of healthcare outcomes. MPHN has established four clinical councils across the region to reflect the diversity of healthcare needs across the region.

Membership of the clinical council includes a broad range of clinicians working in these local areas including: GPs, allied and mental health professionals, nurses and pharmacists. All four clinical councils are chaired by a GP from that local area.

The clinical councils are based in four geographical sectors in line with four rural groupings.

1. **Wagga Wagga**
2. **Border:** Barham, Moama, Deniliquin, Finley, Jerilderie, Berrigan, Tocumwal, Corowa, Howlong, Culcairn, Henty, Lockhart, Urana and Holbrook
3. **Western:** Griffith, Narrandera, Leeton, Hay, Hillston, Darlington Point, Coleambally and Lake Cargelligo
4. **Riverina:** Temora, Young, Harden, Boorowa, Cootamundra, West Wyalong, Junee, Gundagai, Coolamon, Tumut, Batlow, Adelong and Tumbarumba

The four clinical council GP Chairs are voting members on the MPHN Planning and Integration Committee which make recommendations to the Board. This may include recommendations regarding:

- clinical issues that are unique to the needs of the region
- opportunities to improve the efficiency and effectiveness of medical and healthcare services
- population health planning
- commissioning of programs and services that support local and national priorities.

Community Advisory Committee

MPHN has established a Community Advisory Committee (CAC) which is informed by 33 local health advisory committees (LHACs) from across the Murrumbidgee region.

Membership of the CAC includes four LHAC Chairs, one drawn from each of the four geographical sectors.

CAC members provide input to the Board through membership of the MPHN Planning and Integration Committee.

MPHN Board Members

DR SUE MCALPIN
Chair

Sue's background is in allied health, as a dietitian, and management. She is a Fellow of the Australasian College of Health Management. Sue has been involved on the boards of professional bodies and peak state and national organisations, and was a chair of the National Rural Health Alliance from 2004 to 2006. Sue is committed to the enhancement of health outcomes for rural communities.

DAVID FRIEDLIEB
Treasurer

Raised in Albury, a chartered accountant since 1980, in Wagga Wagga since 1989. David has specialised in family businesses and the stakeholders involved, together with individuals and community organisations. He has a strong interest in social equity and the effective delivery of targeted health services.

DR FAYE MCMILLAN
Director

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.

CARL COOPER
Director

Carl is an experienced community pharmacist and until recently pharmacy owner. As an accredited pharmacist he has been a review pharmacist for various aged care providers in the Riverina. Currently on leave from CSU as a Pharmacy Practice Lecturer he has been involved in the education of pharmacists in their education and pre-registration.

DR KEN MACKEY
Director

As a GP in Lockhart, Ken has a thorough understanding of communities and general practice from the small town perspective through to state and national levels. He considers communities and patients central to healthcare. Quality improvements in healthcare is a specific focus.

DONNA MCLEAN
Director

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.

CATHERINE MALONEY
Director

Catherine is a qualified physiotherapist and experienced health professional based in Young. Having spent most of her professional life in rural communities, Catherine has a thorough understanding of the health needs of rural communities in the region.

DR JOHN PADGETT
Director

John has been a GP in Wagga since 1999. He currently works at Riverina Medical & Dental Aboriginal Corporation, and also is a part-time Career Medical Officer (CMO) in obstetrics at Wagga Wagga Rural Referral Hospital. His interests include safe accessible childbirth and medical conditions resulting from our 21st century lifestyle.

DR JODI CULBERT
Director

Jodi was a physiotherapist before becoming a GP in 2011. Her interests include musculoskeletal medicine, preventative health and medical student education. Jodi is a strong advocate for the role of general practice in primary care and is a member of the GP Advisory Council for the NSW Agency for Clinical Innovation.

MPHN Executive

JAMES LAMERTON

Chief Executive Officer

James has spent many years driving primary healthcare transformation across Queensland, WA and the NT, particularly in leadership of Aboriginal health services in remote Australia. James has extensive experience in primary healthcare planning and service design, with particular emphasis on cost-effectiveness analysis and cost-benefit analysis as viewed through the dual lenses of equity and justice. His research interests lie in social systems theory.

JULIE REDWAY

Executive Provider Support and Development

Julie Redway has 30 years' experience in rural health, predominantly in the Murrumbidgee region. She has a diploma in Medical Science, Bachelor of Applied Science, Master in Health Service Management and is a graduate of the Australian Institute of Company Directors. Julie has a special interest in digital health and refugee health, and is a Multicultural Council Wagga Wagga board member.

MELISSA NEAL

Chief Operations Officer

Melissa has extensive experience in corporate services, human resources and industrial relations. She has worked in the not for profit sector for over 17 years and has a commitment to working in ethical organisations that benefit our local communities. Melissa previously worked with Southern General Practice Network and Southern NSW Medicare Local as the Executive Manager Corporate Services.

Reports

Chairperson's Report

The year 2017 for MPHN can be characterised as one of Change, Challenge, and Consolidation.

I begin my first annual report as chair by paying tribute to Dr Max Graffen. Max's commitment to primary care can be demonstrated by his membership of the board of the Riverina Division of General Practice, and then as the chair of the next primary healthcare organisation, Murrumbidgee Medicare Local. Max continued to advocate for the communities and people of the Murrumbidgee which resulted in the opportunity provided by the Australian Government to be part of the 31 PHNs across Australia, as the first chair of MPHN. Max's legacy of strong governance continues through the work undertaken by the MPHN Board.

The PHNs have been in operation for two years. They were established by the Australian Government to deliver an efficient and effective primary healthcare system. PHNs key objectives were to improve medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

The evidence internationally demonstrates that health systems with strong integrated primary healthcare, can improve patient outcomes and deliver appropriate services where they are most needed. To this end over the last 12 months, the board with CEO James Lamerton and staff within the organisation have been committed to achieving these goals.

The year of challenges and change commenced with a strategic planning day held in September. MPHN's purpose was clearly defined as to achieve resilient communities, well people, and assurance to the Commonwealth that their funds were used efficiently and effectively. In collaboration with the Local Health District, general practice and other service providers MPHN was able to advocate and influence decision-makers to ensure a better health system.

Five strategic priorities were identified based on the comprehensive needs assessment completed in 2015–2016 which informed MPHN's commissioning of quality services. In order to achieve these outcomes, population health, services integration and capacity and capability building were identified as the other strategic priorities.

One of the strategic priorities is engagement with stakeholders. One manner in which this is achieved is by working collaboratively across the MPHN with the four clinical councils in separated geographic locations. Each clinical council is led by a local GP, and the membership includes multidisciplinary members. The identification of relevant clinical matters affecting each of the councils informs the planning and integration of MPHN. An evaluation of their outcomes over the past 18 months of operation has provided favourable results.

A further objective includes the evaluation framework, monitoring and measuring commissioned services outcomes, the stories and qualitative evaluation of the patient journey and planned partnerships with academic and research institutions. MPHN is a leading PHN in relation to clinical governance. Under the leadership of Dr Ken Mackey, MPHN has developed a quality framework for reviewing services previously delivered by MPHN and now commissioned to external organisations. The committee has a responsibility to the board to ensure the monitoring of quality care and that unacceptable events are prevented and risks are being well managed. MPHN is indebted to Dr Mackey for the leadership he has demonstrated in the area of clinical governance.

As part of the strategic objective of delivering good governance, MPHN undertook a review of its constitution. The changes recommended were reviewed by the board and approved by the membership at an extraordinary general meeting. This has ensured the board's ability to maintain a skills-based board.

MPHN have a significant number of Aboriginal people in the MPHN geographic area. Many are at risk of poorer health outcomes. The board decided to extend an expression of interest to an Aboriginal person to a join the board. An advertisement was placed in the press, and the successful applicant was Faye McMillan, a Wiradjuri woman, a qualified pharmacist and academic

at Charles Sturt University. The board look forward to the contribution that Faye will make to the board working with other board members. This is to ensure the MPHN purpose of strategy to improve the health of all people of the Murrumbidgee.

The past twelve months have been a time of change and challenges. In order to manage change effectively, a number of external consultancies have been undertaken. The full-time equivalent staff has been significantly reduced over a relatively short time frame from 145 to 45, and eventually to 35. The past year has seen the role of MPHN transform, like other PHNs, from a service provider to one which predominantly commissions health services from third parties. The Commonwealth wished to ensure that PHNs minimise administrative overheads so that expenditure is directed at health service delivery.

To this end, the board and CEO chose to engage an external consultant to review the current structure. A recommendation was required which was fit for purpose for a smaller staffed organisation involved in commissioning services. The board considered the recommendations, which better reflect the changing roles and emphasis of PHNs, to reduce the number second-tier reports to the CEO in line with overall PHN staff reductions. The board decided upon two positions rather than the previous four – a chief operating officer and a director of clinical support.

Allied health services were another area where a comprehensive review was undertaken by an external consultant. The recommendations from the report provide a basis for funding of services across MPHN based upon health need. The delivery of allied health services has been commissioned through direct contract arrangements with private allied health providers or through general practice who arrange allied health services via contract or direct delivery.

The area of consolidation for the organisation has been the commissioning of services. Based upon health needs the number of services provided in the community there has been an increase in commissioned services to the community controlled Aboriginal services, Murrumbidgee Local Health District (MLHD) and general practice, and other independent service providers. The commissioned services include the areas of mental health, suicide prevention, alcohol and other drugs; population health promotion of breast, bowel, and cervical screening in community pharmacies; cancer screening through general practice, lifestyle and weight management through 12 general practices; and innovation funding for the health care home model.

MPHN in collaboration with MLHD has increased workforce capacity and capability by providing ten scholarships for postgraduate study in diabetes education and a further ten scholarships for respiratory nurses for upskilling in chronic obstructive pulmonary disease. MPHN have funded skills enhancement programs for GPs with a special interest in mental health, and nine scholarships for visiting medical officers to attend an early management of severe trauma later this year.

In conclusion, I would like to pay tribute to the contribution of board directors Mrs Elizabeth Lyne and Dr John Padgett. Elizabeth resigned in June and John will not be standing for election this year. Elizabeth was appointed in 2008, the first board director from a business and finance background.

Elizabeth found the culture of health in relation to finance quite different but was always a keen participant in board deliberations. In time she became the chair of the finance and audit committee making a valuable contribution.

Dr John Padgett is a GP who brought to the board the experience of being a former general practice owner, a medical educator and the experience of working as GP at the Riverina Aboriginal Medical and Dental Corporation. John's thoughtful and measured responses to the Board discussion and meetings will be missed.

Finally, the board acknowledges CEO James Lamerton and staff for their commitment, drive and energy in working towards achieving quality primary healthcare for the people of the Riverina.

Sue McAlpin PhD

Chief Executive Officer's Report

The year 2016–2017 has seen MPHN complete its transition from a deliverer of services to an organisation focused on region-wide planning and the consequent commissioning of services to address identified priorities and needs. This has been a more difficult task than might be imagined. As is common to most rural areas across the country, the Murrumbidgee region has some excellent local organisations delivering services, but they are few in number. MPHN has faced the dual challenge of commissioning services to high-qualified organisations while also putting in place strategies that develop the capacity and capability of other local organisations to take on the complexities of regional service co-design and delivery. However, the board and staff of MPHN remain absolutely committed to ensuring that, wherever possible and practicable, we do business with local providers. The results of this commitment can be seen in the list, on page 25 of this report, of organisations commissioned this year: the overwhelming majority are local.

I am particularly proud of the organisation's efforts in the area of mental health as we undertake our critical role in the implementation of the Commonwealth's mental health reforms. The Murrumbidgee Mental Health Drug and Alcohol Alliance brings together all of the organisations involved in the delivery of mental health, drug and alcohol services across the footprint and is recognised as the most high-function group of its kind in NSW. As a consequence, our co-designed suite of mental health services has an outstanding level of professional and clinical integrity while our extensive consultation processes with people with a lived-experience of mental health conditions mean that our services are also person-centred and client-driven.

Internally, the organisation has undergone substantial change, in light of which the board of directors and I have initiated an external review of our management structure to ensure that we remain fit for our purpose into the medium-term future. The recommendations of that review have been accepted and actioned, meaning that the organisation's tier two executive management team will reduce from four personnel to two. I take this opportunity to pay tribute to both Christine Howard and Jenni Campbell who served the organisation with distinction and commitment over a combined period of fourteen years: Christine and Jenni have both accepted voluntary redundancies and will move on to new professional challenges.

You will note that this year's annual report has a new and exciting feel to it, with extensive use of 'info-graphics', allowing you 'at a glance' access to crucial data on our performance over the past twelve months. I look forward to your feedback on the format, and I commend the 2016–2017 annual report to you.

James Lamerton

Strategic Priority: Population Health

Health needs assessment to inform planning

Commissioning of health services requires a thorough understanding of the health needs of the community. This supports effective planning and allocation of funding to achieve the PHN objectives.

MPHN undertook a refresh of the Murrumbidgee Health Needs Assessment in November 2016. The needs assessment process is not a static event, but rather a continuous ongoing process where we are constantly seeking a better understanding of the health issues in the Murrumbidgee.

The Primary Health Needs Assessment summarises key health and social data which reflects the status of people living in the Murrumbidgee region. Data is collected from national, state and local repositories. This is complemented with local service delivery data, service mapping and stakeholder feedback. The compilation of this information tells a story about our health needs to inform the development of plans that work towards our strategic direction.

Focus areas

Current trends in poor lifestyle choices in the Murrumbidgee point to a distinct need for coordinated health promotion and improved health literacy regarding the potential ill effects of lifestyle choices. The increasing burden of disease with an ageing population also needs to be a key consideration in future health planning.

Cancer

Prostate cancer is the most commonly detected cancer in the Murrumbidgee men, while breast cancer is the most commonly detected cancer in females, with both showing upward trends in incidence. Among the most frequently detected cancers: lung, unknown primary cancer, and pancreatic cancer experience the poorest survival rates in the Murrumbidgee. Therefore, cancer screening and early detection is a key priority for MPHN.

Immunisation

Childhood immunisation rates in the Murrumbidgee are a good news story. Our overall immunisation rates are the highest of any PHN in Australia, and our rates of childhood immunisation in the Aboriginal population are well above other NSW PHNs.

Unplanned hospitalisations

The rates of unplanned hospital admissions in the Murrumbidgee are very high. Conditions responsible for the majority of unplanned hospital admissions are chronic obstructive pulmonary disease (COPD), congestive heart failure, urinary tract infection (UTI), cellulitis and complications associated with diabetes.

Mental health

The mental health needs assessment was highly focused on obtaining feedback from consumers, carers and clinicians across the region. A clear message from that process indicates significant problems in the navigation of the system which is complex and not well connected.

Integrated allied health services

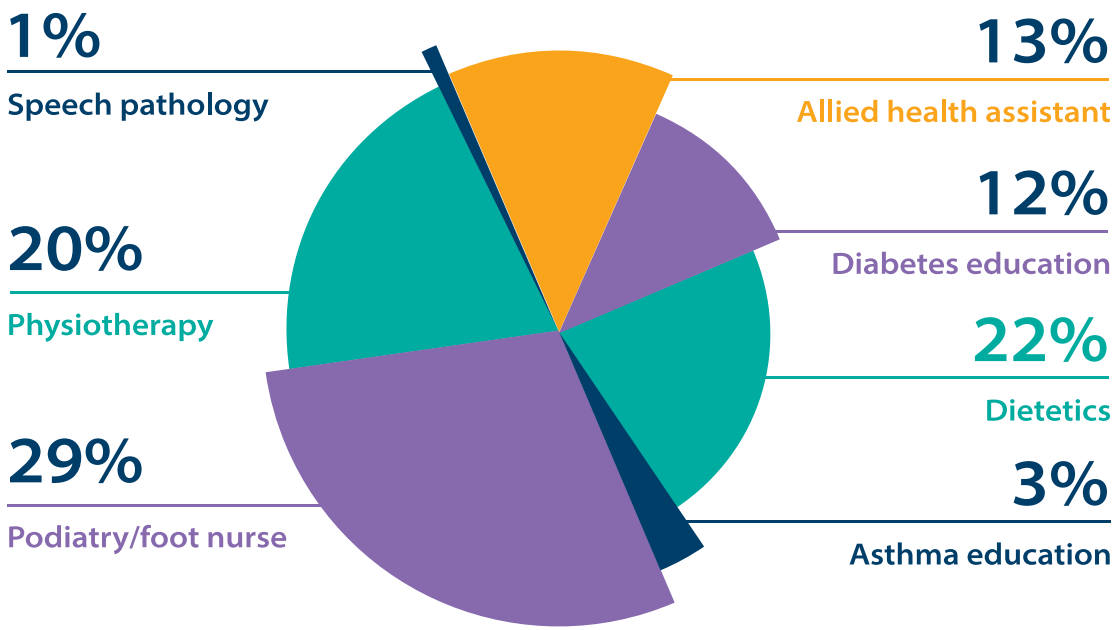
Integrated Allied Health Services have continued to be delivered across the MPHN region. Services were provided under 30 contracts and integrated into both community settings and general practice.

Services were provided in 42 locations across 25 rural MPHN communities. During the year 1,468 allied health clinics were delivered across the region in 31 general practices, eight MLHD facilities, one Aboriginal medical service and two community settings.

The total number of occasions of service by allied health discipline are as follows:

Asthma education	305
Diabetes education	1,091
Dietetics	2,092
Podiatry/foot nurse	2,795
Physiotherapy	1,916
Speech pathology	122
Allied health assistant	1,182

Integrated Allied Health Services
Occasions of service 2016-17

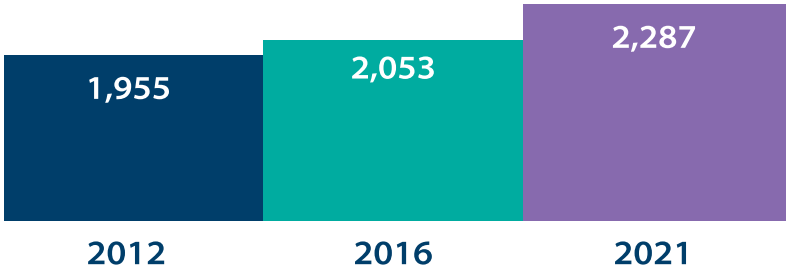


Cancer screening

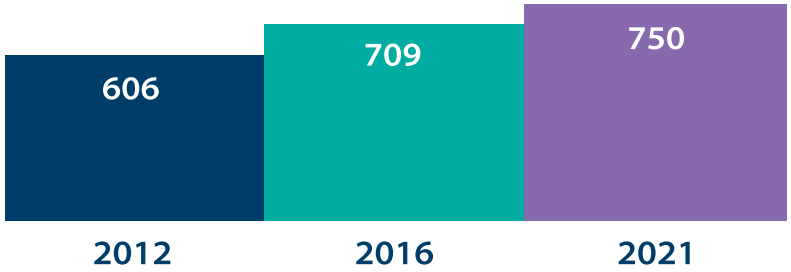
Cancer screening plays an important role in the prevention and detection of cancer. MPHN's 2016 population health needs assessment revealed that cancer screening participation in some areas is low compared to national and state screening rates.

MPHN was successful in a grant application to the Cancer Institute NSW to undertake a cancer screening and prevention project in 2016–18. The project aims to build capacity and systems that support cancer screening in primary care. Five general practices across the region are involved in the project, employing several initiatives aimed at increasing the number of cervical, breast and bowel screens performed. Notre Dame University is the evaluator for this project. During and beyond this project, all general practices in the region will be encouraged to adopt any successful initiatives learned.

Cancer statistics and projections



TOTAL PHN CANCER INCIDENCE



TOTAL PHN CANCER MORTALITY

PARTICIPATION RATES

53.7% NSW AVERAGE 51.6%

50–69 YEAR OLD **WOMEN** AT THE END OF 2014–2015

BREASTSCREEN

55.3% NSW AVERAGE 56.0%

20–69 YEAR OLD **WOMEN** 2014–2015

CERVICAL

37.2% NSW AVERAGE 35.1%

50–74 YEAR OLD **MEN & WOMEN**

BOWEL

Data source: (Reporting for Better Cancer Outcomes Performance Report 2016) Cancer Institute

Community engagement in cancer screening through pharmacy and LHACs

MPHN has engaged community pharmacies and LHACs to increase local knowledge of and participation in bowel, breast and cervical cancer screening.

The objective is to target local populations to engage with cancer screening programs by harnessing knowledge of the local market and local health expertise.

Expressions of interest for this project were called in May (pharmacy) and June (LHACs). Campaign plans are currently being assessed, and agreements will be issued in August. The project will be completed by December 2017.

Twenty-three pharmacies will receive $5,000 funding, and 13 LHACs will receive $1,000 to develop and implement campaigns targeted to the local community to promote the uptake of cancer screening across MPHN's four sectors.

Total funding for the project is $128,000. A second wave of funding may be made available to other LHACs later this year.

Proposed campaigns are comprised of a wide range of activities tailored to the local community such as lectures, instore promotions, engagement with schools and sports groups, locally developed promotional material including mixed media campaigns and staff training.

This project complements the cancer screening pilot and research project being run in five general practices across MPHN. Combined, these projects will impact on 26 separate communities and their surrounds, deploying a strategic grass roots effort to increase the uptake of cancer screening across MPHN.

Combined cancer screening projects

Community	Pharmacy	LHACs	General Practice
Adelong/Batlow		Adelong/Batlow	
Barham		Barham	
Berrigan	Berrigan Pharmacy	Berrigan	Berrigan Medical Centre
Booroowa	Boorowa Pharmacy		
Cootamundra	Beddies Pharmacy		
Corowa		Corowa	
Culcairn	Culcairn Pharmacy	Culcairn	
Deniliquin	Eric Sim Pharmacy	Denilliquin	
Finley	Finley Pharmacy	Finley	Lakeside Medical Centre
Harden			
Henty		Henty	
Griffith	Priceline Pharmacy Pat Zirilli Amcal Chemist Blooms the Chemist Griffith	Griffith	Griffith Aboriginal Medical Service
Gundagai	Gundagai Pharmacy		
Jerilderie	Terry White Chemist Jerilderie		
Leeton		Leeton	
Moama	Moama Village Pharmacy and Meninya Street Pharmacy		
Murrumburrah-Harden		Murrumburrah-Harden	
Narrandera	Mulhall and Close Narrandera Pharmacy Narrandera Chemmart Pharmacy	Narrandera	Narrandera Medical Centre
Temora	Temora Capital Chemist St Mary Community Pharmacy		
Tumut	Tumut Pharmacy		
Urana	Urana Chemmart Pharmacy		
Wagga Wagga	South City Pharmacy Michael O'Reilly Pharmacy		Peter Street Medical Centre
Walla Walla	Terry White Chemmart Walla Walla		
Young	The Bush Chemist Young	Young	

Co-design meeting held 1 March 2017 identifying the barriers and issues to the routine recording of BMI and waist circumference in general practice.

Murrumbidgee lifestyle and weight management program

Barriers to routine measurement of BMI and waist circumference

1. Missing opportunistic moments by nurse
2. Doctor is only interested in presenting illness
3. Competing demands / not enough time
4. Unmotivated staff
5. Not a priority for the patient
6. Patient embarrassed and reluctant
7. GP / PN does not see value in it
8. Health professional overweight
9. Lack of equipment and private space
10. Recording of measures – not picked up in time

Co-design outcomes – identifying barriers to work on that will achieve the greatest improvement.

The Murrumbidgee region has significantly more adults who are overweight or obese (65.7%) when compared to NSW (52.5%) and has one of the highest rates of obesity and obesity related hospital admissions in NSW. In late 2016 MPHN commissioned to a local provider, LiveBetter, for the co-design of a program to improve access to lifestyle and weight management support through general practice.

Eight general practices from across the four MPHN sectors were successfully engaged to participate in the co-design process, with a further three practices coming on board in May to deliver the program. Practices are focusing on quality improvement strategies to enhance their identification and recording of patients BMI and waist circumference in line with best practice preventative healthcare. The program reflects a multicomponent approach addressing nutrition, physical activity and psychological approaches to behaviour change. The structure of the program includes a minimum of five visits for the patient to attend the practice to see either the GP, practice nurse or allied health provider. LiveBetter support the practices in their implementation of the program through regular practice visits and a monthly webinar in conjunction with Medicoach to help embed behaviour change methodology and skills.

Since program delivery commenced in May 2017, practices have already started to see improvements in their routine recording of BMI and waist circumference measures, and over 115 patients have been enrolled in the program.

Diabetes and COPD scholarships

The Murrumbidgee region experiences high rates of chronic disease, with COPD and diabetes featuring prominently. MPHN sought expressions of interest from practice nurses and other approved primary health providers to undertake a post graduate certificate in Diabetes Education and Management with up to 10 scholarships available to assist in the completion of this training. In addition, scholarships were also made available to practice nurses to undertake training in respiratory and COPD management.

To build a community of practice, partnerships were established with the Murrumbidgee Local Health District (MLHD) diabetes nurse practitioner, diabetes clinical nurse consultant and the respiratory clinical nurse consultant to facilitate mentoring support groups for participants while undertaking their study and credentialing process.

Diabetes scholarships were awarded to seven pharmacists, a practice nurse, a dietitian and a physiotherapist, covering seven communities across the Murrumbidgee. These students commenced studies in February 2017 and have met for mentoring workshops.

Six practice nurses were awarded scholarships to undertake online COPD training with the Lung Foundation, as well as asthma and spirometry training with the Asthma Foundation. These practice nurses are currently undertaking quality improvement activities to enhance the management of COPD and asthma within their practice.

The expected outcomes for these scholarships include: an increase in the number of credentialed diabetes educators in the Murrumbidgee region, improved confidence and skills of primary health providers in managing diabetes and COPD, and improved support for patients in self-management strategies.

Far left: COPD scholarship recipients at the respiratory training day in May 2017
Back left to right: Jennifer Laker (Young District Medical Centre) Jane Murdock (Dr P Knowles & Associates), Jasmin Mansfield (Kooringal Medical Centre), Julie Kerr (Boorowa St Practice, Young)
Front left to right: Gemma Smith (Kincaid Medical and Dental Centre), Madonna Hannigan (Blamey St Surgery), Robyn Paton (MLHD Respiratory CNC)

Left: Debbie Scadden (MLHD Diabetes CNC) and Elizabeth Obersteller (MLHD Diabetes Nurse Practitioner)

Top left: Jenene Toshack and Maria Vecchio (Uniting). Top right: Kellie Harmer (TAFE NSW) and aged care providers at train-the-trainer training day, May 2017.

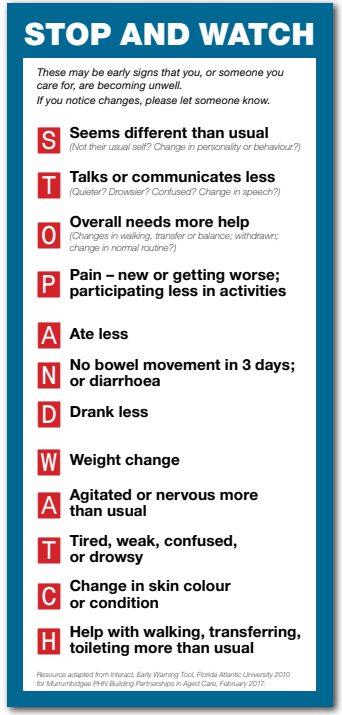
Building partnerships in aged care

Aged care staff (residential and community) play a significant role in identifying and communicating acute functional decline in the elderly, to help facilitate early access to appropriate primary healthcare. Building Partnerships in Aged Care was an 18 month project facilitated by the Aged Care Consortium partners which concluded in February 2017, funded by the NSW Agency for Clinical Innovation. The project aimed to improve the early detection of acute functional decline and access to appropriate and timely care for people receiving aged care services in the Wagga Wagga local government area.

Project diagnostics to explore and identify issues were undertaken with residential and community aged care providers, general practice, consumers and the local emergency department to understand the older person's journey from the community or aged care facility to accessing healthcare services. The most significant issue identified was communication, particularly between residential aged care and general practice. For the community providers, issues were more focused on client fears, transport and cost. Working groups including aged care and general practice developed resources to support assessment and communication. Resources developed included:

- Acute Care Decision Guidelines for residential aged care
- STOP and WATCH resources for community aged care
- an assessment and communication tool
- ISBAR training.

TAFE NSW were engaged this year to develop a train-the-trainer package incorporating these resources with a training workshop held in March 2017 for community and residential aged care providers. The resources are currently being rolled out in other communities across the Murrumbidgee.



Stop and watch magnet

Murrumbidgee Aged Care Consortium

The Murrumbidgee Aged Care Consortium has continued to meet on a bi-monthly basis and provides a forum for key stakeholders from health, social and community sectors to improve coordination and access to timely and appropriate care for the older person and their carers.

A highlight this year was facilitating the Murrumbidgee Aged Health Forum. The forum brought together 90 participants representing a mix of managers, nurses and aged care workers, from residential and community aged care. Throughout the day, participants provided feedback on key aged care issues in the Murrumbidgee. One of the key issues identified is the need for access to high quality education for people working in aged care including additional training around mental health in older people. The Consortium members are currently planning for another forum in early November 2017, with a focus on mental health of the older person.

"It was very broad and informative. Thanks for re-lighting my spark and reminding me that the work we do is valued and important"

Murrumbidgee Aged Health Forum

Refugee health assessment clinic

MPHN continued to operate the Wagga Wagga-based Refugee Health Assessment Clinic to the end of January 2017. Weekly clinics were delivered by GPs, supported by a registered nurse and receptionist. The clinic provided a comprehensive medical assessment, treatment, and facilitated access to referrals as part of the new arrivals program. Refugees were assisted with transition to mainstream general practice for ongoing medical care.

Thirty-four clinics were conducted with 337 occasions of service delivered to 194 refugees in the period July–December, a 235% increase on the 12 month activity from the previous year. This was largely due to the increase in intake of refugees from the Yazidi community in Iraq.

In November, the Wagga Wagga Health Service commenced oral health checks at the clinic as part of the health assessment. This partnership has resulted in a significant improvement in access to dental health services, integration of primary care services and patient satisfaction. Family groups have access to education regarding oral health, supported by the GP and dental staff.

The service was transitioned to Multicultural Council Wagga Wagga in January 2017.

Strategic Priority: Commissioning

During the past 12 months, MPHN has successfully transformed from a provider of services to become a commissioning organisation. During this time MPHN has successfully commissioned programs and services addressing needs identified through the needs assessment.

This journey of change began with the development of internal PHN capability to function as a commissioning organisation. Commissioning activities have been supported with the development of systems, policies and processes which provide the foundation for our work. From July to October 2016, commissioning activities initially focused on the transition of MPHN delivered services to the new model. This was a significant change in business operations but resulted in the successful commissioning of a large number of psychological and care coordination services. The vast majority of MPHN staff and contractors have remained in the Murrumbidgee health sector, many delivering services with the newly commissioned providers.

A key feature of our commissioning activities has been the engagement of local clinicians and consumers to assist us in service design. MPHN has encouraged partnerships for effectiveness and access, while also promoting opportunities for local providers to access funding.

In April 2017 MPHN's commissioning manager ran a series of seminars for providers in Corowa, Griffith, Wagga Wagga, Young, and via afternoon and evening webinars. These sessions explained the commissioning process and provided guidance about how to put together a competitive submission for expressions of interest or requests for proposal processes.

Clinical Councils and the Community Advisory Committee have been a key source of information and feedback during the needs assessment and commissioning process. The support of these committed clinicians and stakeholders is very much appreciated, and we look forward to a continuing partnership with these committees in the future.

Contracts have been issued to the following organisations during the past 12 months:

Accept Health
ACON Health Limited
Assisting Drug Dependants Inc.
Back On Track Physiotherapy
Balance-up Nutrition
BaptistCare NSW
Barooga St George Discount Pharmacy
Berrigan Medical Centre
Best Street Physiotherapy
Beyond Blue
Black Dog Institute
Blamey Street Surgery
Bland Medical Centre
Boorowa Street Medical Practice
Border Dietetics
Bupa Care Services
Calvary Health Care Riverina
CBT Institute
Centacare
Charles Sturt University
Collier Podiatry
Cootamundra Medical Centre
Corowa Medical Centre
Corowa Mediclinic
Deniliquin Medical Centre (Ochre Health)
St George Family Medical Centre
Dr Mary Freeman
Dr P Knowles & Associates
Drive thru Pharmacy
Echuca Moama Family Medical Practice
Eric Sim Pharmacy
Finley Medical Centre
Footsteps Podiatry
Glenrock Country Practice
Grand Pacific Health Limited
Griffith Aboriginal Medical Service
Griffith Medical Centre
Gumleigh Gardens Retirement Village
Gundagai Pharmacy
Harden Pharmacy
Howlong Medical Centre
Ingrained Nutrition
Intereach
Junee Medical Centre
Karralika Programs Incorporated
Kincaid Medical & Dental Centre
Kookora Surgery
Kooringal Medical Centre
Kooringal Pharmacy
Lakeside Medical Centre
Lambing Flat Enterprises
Leeton Family Clinic
Leeton Medical Centre
Leeton Medical Practice
Leeton Physiotherapy Centre
LiveBetter
Emily Gardens
Marathon Health Limited
Martin Henry Raoul Alster
Melbourne Primary Care Network
Michael O'Reilly Guardian Pharmacy
Moama Village Pharmacy
Murrumbidgee Local Health District
Murrumbidgee Medical & Primary Care Centre
Murrumbidgee Nutrition
Narrandera Medical Centre
Pamela Ling
Peter Street Medical Centre
Pioneers Lodge
Rao Medical Centre
Relationships Australia
Flourish Australia
Riverina Hand Therapy
Riverina Medical & Dental Aboriginal Corporation
Riverina Paediatrics
Roths Corner Medical Centre
Royal Far West
RSL Lifecare Ltd
Scalabrini Village
Shepparton Foot Clinic
SoPhysio Health
South City Pharmacy
St George Family Medical Centre
St Mary Pharmacy
Swan Hill District Health
TAFE NSW, Riverina Institute
Taylor Made Diabetes Education
Temora Capital Chemist
Temora Medical Complex
Temora Podiatry
The Haven Community Limited
The Lyndon Community
The Mary Potter Nursing Home and Ethel Forrest Day Care Centre
Trinity Medical Centre
Trish Robson
Tristar Allied Health Pty Ltd
Tumut Pharmacy
University of Notre Dame Australia
Vincent Fernon Pty Ltd
Viney Morgan
Wellways
West Wyalong Medical Centre
Yenda Pharmacy
Young District Medical Centre
Your Health Griffith

Bringing it all together: integrated care coordination

During the first three months of this financial year, MPHN continued to deliver the Integrated Care Coordination (ICC) program. While this was occurring, a request for tender process was undertaken to identify a successful provider of the service under a commissioning environment. Following a highly competitive process with many outstanding applications, Marathon Health were awarded the contract.

Marathon Health commenced an establishment phase of work during August and September, and assumed full responsibility for the program from 1 October 2016. Care coordinators were recruited to the roles, many being previous MPHN employees, and clients were successfully transferred over to the care of Marathon Health.

The program is well integrated with MLHD services with suitable referrals being identified as part of discharge planning processes. General practices are also a key referral source and are well engaged during care coordination activities.

The program has continued to support over 500 people in the Murrumbidgee with improved management of chronic disease and complex healthcare needs.

Closing the gap with integrated team care

During the first three months of this financial year, MPHN continued to deliver the Integrated Team Care (ITC) program. Concurrently, a request for tender process was undertaken to identify a successful provider of the mainstream component of ITC under the new commissioning framework. This process was highly competitive with Marathon Health being awarded the contract to supply care coordination services to Aboriginal people who access mainstream general practice for their healthcare needs.

In addition, MPHN entered into a contract with the three Aboriginal medical services (AMS) located in the Murrumbidgee via a consortium approach; with Riverina Medical and Dental Aboriginal Corporation being the lead agency.

This approach has ensured that Aboriginal people in the Murrumbidgee can be referred to the program regardless of where they access a general practice service.

Both Marathon Health and the AMS consortium commenced an establishment phase of work during August and September, and assumed full responsibility for delivery of the program from 1 October 2016. Care coordinators were recruited to the roles, many being previous MPHN employees, and clients were successfully transferred over to the new care providers.

Mainstream general practices and AMSs services are the key source of referrals and are well engaged during care coordination activities. The program has continued to support over 500 people in the Murrumbidgee with improved management of chronic disease and complex healthcare needs.

Funding for the Supplementary Services component of the program remains a key feature of success through improved access to specialist and allied health services via payment of gap fees, payment for transport and approved medical equipment.

Parkinson's support nurse

MPHN continued to deliver the Parkinson's Support Nurse service for the first three months of this financial year. Since 1 October 2016, MPHN has funded MLHD to deliver the program. This has been a successful transition of the service, and we are pleased to report that our dedicated nurse, Kate Warren, has taken up the role at MLHD, therefore ensuring continuity of care for the patients.

Kate works collaboratively with patients, family members, general practice, MLHD staff, Indigenous health services and specialists to assist in the provision of care that supports people living with Parkinson's disease to optimally manage their health.

This support leads to:

- improved coordination of care for the patient and their family
- improved integration of the service with other providers.

Since MPHN has commissioned the service, there have been 72 new referrals. During this time there has been a focus on increasing the number of people with current GP Management Plans or Team Care Arrangements. This effort has resulted in an increase from 75% of people entering the service with a current GP Management Plan or Team Care Arrangement, to 95%.

"One in every 350 Australians lives with Parkinson's disease.

Diagnosis usually occurs after 60 years of age, however early onset Parkinson's is not uncommon, with 10% occurring under the age of 40."

General practices tackling chronic disease

MPHN's local response to the Health Care Home concept (which has gained traction in the USA, UK, and New Zealand, and more recently, in Australia) is to build capability and support quality improvement in general practice.

Following an expressions of interest process, a cohort of seven practices were engaged in the co-design of the General Practice Capability Building and Quality Improvement Initiative. The process was managed via a series of three breakfast meetings, with summaries of the workshop output provided back to practices for voting on preferred approaches between meetings.

This initiative addresses four priority conditions:

- diabetes
- chronic obstructive pulmonary disease (COPD)
- renal disease and urinary tract infections (UTI)
- chronic heart failure/cardiovascular disease.

Participating practices from Cootamundra, Finley, Gundagai, Moama, and Wagga Wagga will begin with a focus on high quality patient registers for each of the target conditions, then progress to improvements in early identification and optimal management of these conditions.

A second expressions of interest process will be run in August 2017 to expand the participating cohort to 16 practices across all sectors of MPHN.

The Vitality Passport – a journey to better health

The Vitality Passport is a tailored program for frail older adults in the Murrumbidgee. The aims of the program are to improve quality of life and halt or reverse the progression of frailty. Participants receive individual consultations from a physiotherapist, dietitian, and occupational therapist, and attend eight facilitated group sessions.

The program commenced in early 2016. By 30 June 2017, 447 referrals had been received from 11 participating practices, in Corowa, Deniliquin, Narrandera, Leeton, Griffith, Tumut, Tocumwal and Cootamundra. During this period of time 107 group sessions and 1,319 individual consultations were provided for program participants.

Researchers from the University of Notre Dame are evaluating the program. Early data from focus groups has been very encouraging: one gentleman commented that he felt that he had "stopped going backwards".

In response to suggestions for maintaining mental alertness, one participant stated that she challenged herself "to go a different way driving home" each day.

Being part of a group was seen as useful. Some participants talked about meeting new people in town and improving the links with those that they already know. One participant said "It's always a joy to come here."

The nutritional advice provided by the program was seen as particularly useful, with many participants recognising the need to increase their protein intake.

Referrals to the Vitality Passport program will continue to be accepted in the selected locations until the end of December 2017, after which time, MPHN will consider the full evaluation report.

Strategic Priority: Capacity and Capability

Provider development

MPHN provides direct engagement support to general practices and other health professionals to promote and provide assistance with practice accreditation, quality improvement, immunisation, digital health, mental health services, aged care services and practice nurse / practice manager support – to ensure they continue to deliver a quality service to their patients and foster a culture of quality improvement. Continuing professional development education is also a key area of support.

Building upon the foundations of the previous year, the Provider Development (PD) team continued to provide regular support primarily to general practice, but also to other healthcare organisations including pharmacies, allied health providers and aged care facilities, particularly in the areas of digital health and cancer screening.

A key strategy for practice engagement has been the development and introduction of practice work plans. Primary health development officers partner with general practices with the aim of identifying areas of development for the practice over the following three months. The team use a continuous quality improvement approach to work with the practices and include areas such as changing models of care, accreditation and the treatment of chronic disease.

The PD team also represent MPHN at LHAC meetings, providing a two way conduit to community to identify primary health issues and provide community information.

Not recorded:

- allergies (5% down 2% on previous year)
- smoking (18.8% down 4% on previous year)
- alcohol (43.9% down 5% on previous year)

Disease prevalence recording:

- undefined diabetes (decrease of 1%) *
- diabetes type 2 (increase of 0.3%) *
- asthma (increase of 0.14%) *
- COPD (increase of 0.13%) *
- CHD (increase of 0.1%) *
- heart failure (increase of 0.1%) *

* Clinical coding quality improvement activities may be a factor in these statistics as patient's diagnosis become correctly recorded.

Supporting general practice workforce

MPHN continues to support recruitment and retention of the general practice workforce through the workforce support program.

The region relies to a large extent on international medical graduates to meet workforce demands. Loss of GPs with procedural from a few MPHN communities has impacted on the services provided at the local hospital.

MPHN continues to facilitate the Murrumbidgee Medical Succession Committee. Committee members include: Rural Doctors Network, MLHD, GP Synergy, and Regional Vocational Training Scheme. This committee takes a collaborative approach to recruitment of GPs and VMOs as the workforce changes, monitors all Murrumbidgee communities for potential and emerging workforce issues, and assists GPs with succession planning.

MPHN works closely with the universities in our footprint to promote rural practice as an attractive option. This support includes inviting the students to attend continuing professional development (CPD) and undertaking clinical placements in the Refugee Health Clinic. In the period July to December, eight students from Notre Dame and University of New South Wales undertook placements in the Refugee Health Clinic. Thirty students from various universities and health disciplines attended at least one CPD.

In addition, we continue to facilitate and support the University of Wollongong's medical students on their 38 week placement in the communities of Leeton, Griffith and Narrandera. This group of students was the eighth cohort that has been welcomed into the communities. December saw the completion of the new training facilities for students at St Vincent's Private Hospital. These facilities include a simulation lab, lecture room and office facilities for MPHN staff.

Specialist consultancy services

MPHN has a well-established specialist consultancy service for paediatrics, and has recently expanded the portfolio to include gastroenterology and endocrinology.

The service is designed for GPs working in MPHN who would benefit from discussing non-urgent, non-acute presentations with a specialist. The service is provided at no cost to the GP or patient, and is email based.

The objective of the service is to:

- support GPs to achieve optimal outcomes
- provide practical advice for diagnosis, assessment and management
- provide case specific learning opportunities to registrars working across MHPN.

Twenty-two paediatric consults were provided in the last financial year. A campaign to promote all the specialists consultancy services will be launched in August. MPHN are actively negotiating with specialists in other fields to increase the range of consultancy services provided.

Educational activities

MPHN continues to offer various CPD workshops in our region to allow those working in rural practice to upskill and know about the latest clinical research and evidence.

MPHN conducted 74 CPD events throughout the region, and of these 10 were conducted on weekends. In total there were 1,214 participants at these events. To facilitate these workshops we continue to work with many of our partner organisations including Imaging Associates, Regional Imaging, Riverina Cancer Care, Emergency Medicine Training and Education (Wagga Wagga), MLHD, Kidney Health Australia, National Asthma Council, ACON, Benchmarque Group, The Black Dog Institute, and Murray PHN. Of these events 74% were multidisciplinary in nature. GPs represent the largest cohort of those attending the CPD events, closely followed by practice nurses and allied health practitioners.

The Seventh Antenatal Shared Care Orientation and update training was held in March 2017. This workshop upskills local GPs in shared care arrangements in the antenatal period. This workshop has upskilled 193 GPs to date, and is successful due to the fact that it is a collaboration between local GPs, obstetricians and midwives from MLHD and MPHN. This year also saw the Antenatal Shared Care Guidelines for the region totally revised and updated to reflect changes in clinical practice.

Top left: Suicide prevention workshop, 5 April 2017
Left: Implanon training, 17 June 2017

Digital health

Increased uptake and use of the national My Health Record system by both healthcare organisations and consumers has been a major focus during the last 12 months. With 90% of general practices and 50% of pharmacies already registered and live with the system, MPHN support activities extended to engagement with, and registration of, residential aged care facilities (RACFs) as well as encouraging continued and increased use of the system by GPs, general practice staff and other health professionals.

MPHN digital health support also included providing advice around telehealth, secure messaging and PRODA, as well as technical support for successful use of the My Health Record system.

My Health Record

- 90% general practice, 50% pharmacy, 18% RACFs registered and live with My Health Record.
- 539% increase in Shared Health Summaries uploaded from the previous year. 30% increase during the 2016–17 year.
- 255% increase in Prescription Records uploaded from the previous year. 50% increase during the 2016–17 year.
- Berrigan is the first community to have general practice, pharmacy, RACF and hospital all live with My Health Record.
- 76% general practices offering telehealth services
- 75% general practices using secure messaging to receive medical specialist and discharge summary reports.

Immunisation

MPHN's Immunisation Program assists GPs to maintain optimal immunisation coverage levels for children under seven years of age. GPs, practice nurses and nurse immunisers have been engaged and worked with to achieve this.

Immunisation coordinators provided individual support to 100% of MPHN general practices including providing access to current resources, recall and reminder systems, cold chain monitoring, a data logging service, and electronic transfer of data.

MPHN continued to maintain a very high rate of childhood immunisation and are above the national immunisation rates for 1 year (95%), 2 years (93.2%) and 5 years (96%).

The 1 year old and 5 years old immunisation rates for Aboriginal and Torres Strait Islander children were also above the national average.

The most recent Healthy Communities report shows the national rate for girls aged 15 years fully immunised against HPV was 78.6%. However, Murrumbidgee produced the highest rate of girls fully immunised at 86.3%.

MPHN in partnership with MLHD provided six immunisation updates across the region to inform participants about amendments to the immunisation schedules and changes to vaccination protocols. All general practices were provided with resources supporting changes to the immunisation schedules.

94.7%
0-5 YEAR OLDS FULLY IMMUNISED
NSW AVERAGE 92.9%

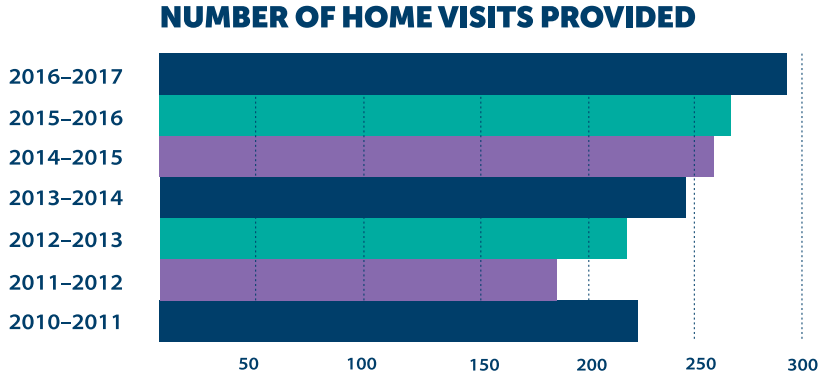
92.2%
0-5 YR OLDS FULLY IMMUNISED
NSW AVERAGE 90.7%

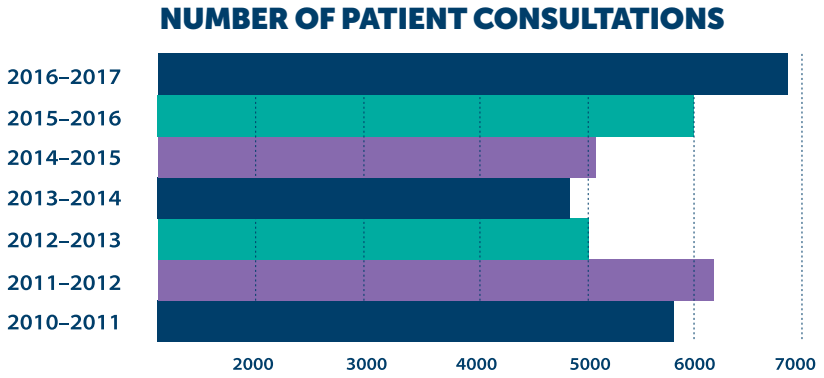
THE HIGHEST RATE OF GIRLS AGED 15 YEARS FULLY IMMUNISED AGAINST HPV IN AUSTRALIA

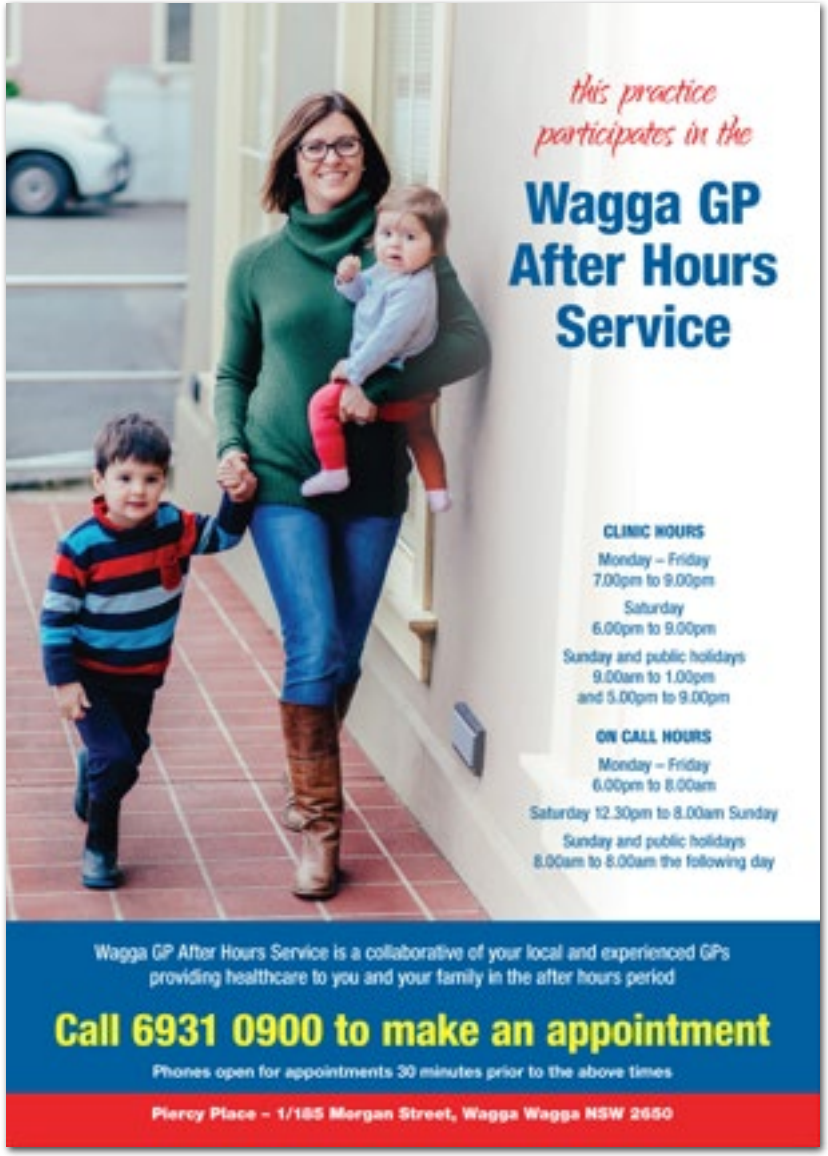
86.3% HPV IMMUNISED

Access to after hours general practice care

The Wagga GP After Hours Service is in its thirteenth year of operation. The cooperative service is staffed and managed by 11 local general practices. The service continues to be well utilised by the community of Wagga Wagga. Throughout the year 5,848 patient consultations were provided, which is a slight decrease when compared to the previous 12 months but still significantly more consults when compared to 2013, 2014 and 2015. The number of home visits provided continued with the trend of previous years and increased to 291. In the majority of cases these home visits were provided to nursing home residents.







After hours marketing

MPHN commissioned a commercial production firm to create an animated television commercial (TVC) in response to increasing inappropriate presentations to emergency departments.

Data from emergency departments across the network indicated a trend towards increasing emergency department presentations for issues that are more appropriately resolved outside the hospital setting, for example in after hours general practice, pharmacies or by the Healthdirect's After Hours GP Helpline.

The TVC presented primary healthcare options available to the community after work and on weekends, with the aim of educating the community and promoting service alternatives to the emergency department. It was developed in partnership with MLHD and Healthdirect.

The TVC runs throughout our region from December 2016 to December 2017, on Prime7, WIN and Southern Cross Austereo; with a budget of approximately $50,000 spent to this financial year. The campaign programming is designed to capture a broad range of viewers.

Images from after hours TVC

Wagga Wagga GP Telehealth Pilot

The GP Telehealth Pilot connects GPs to RACFs using Skype for Business.

The objectives of the pilot are to:

- improve timely access to primary care when it's required during business hours
- increase GP efficiency and capacity by reducing travel time
- reduce the need for urgent medical care, ambulance and hospitalisation in the after-hours period.

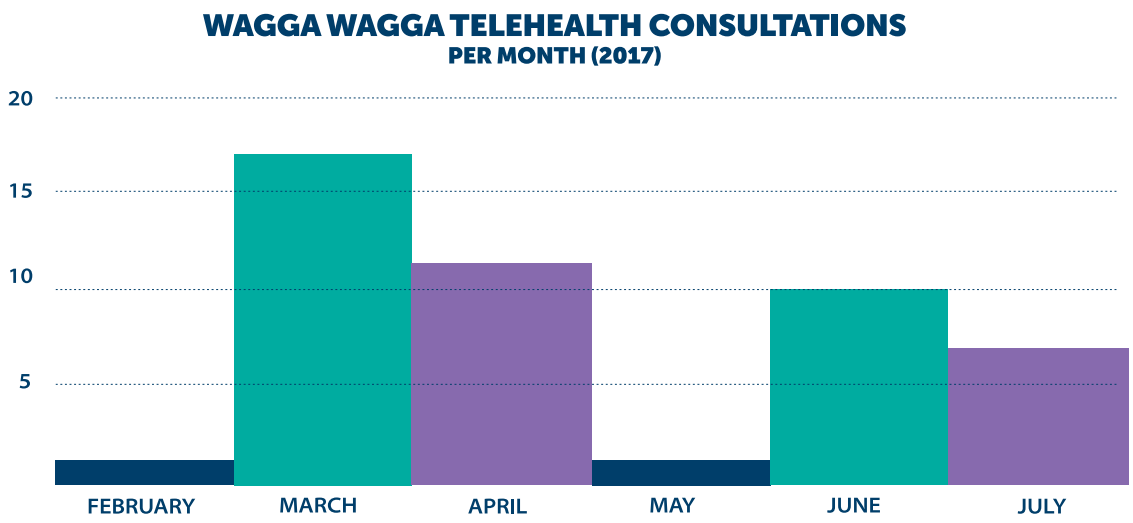
An expression of interest was circulated to all Wagga Wagga based GPs and RACFs in November 2016. All Wagga Wagga RACFs (seven in total), and four general practices joined the pilot. A stakeholder workshop was held in February to co-design the pilot processes.

MPHN provided RACFs with an iPad, sim card and skype licenses. General practices were provided with a Skype license. MPHN provided all IT support and training to all sites as required.

The pilot was rolled out in Wagga Wagga in February 2017. Evaluation of each consult is provided by GPs, RACF staff and residents. Interviews are carried out regularly to support sites in change management. To date, the pilot has provided 48 primary health consults, without GPs leaving their practice, arguably saving GPs more than 24 hours of travel time.

In June 2017, stakeholders unanimously agreed to extend the pilot to September 2017.

In March 2017, the pilot was rolled out in Griffith. Three general practices and three RACFs have joined. To date, nine consults have been done.



Building after hours capacity in rural communities

The after hours program continued to fund seven health service providers to offer extended services into the after hours period, with the objective of establishing alternatives to the emergency department in rural communities.

The funding provided businesses with financial support to test the business case of extending their hours of service. Funding was typically used to train and pay staff, and to advertise and promote the service.

After hours Hand and Wrist Clinic promotion, funded by MPHN AH 1.1 Capacity Development – Primary Care Innovation Pool

After hours service funded:

Community	Service	Number of after hours provided	Customer usage of after hours service
Harden	Pharmacy	245	6585
Wagga Wagga	Allied Health	245.5	165
Barooga	Pharmacy	416	1177
Lake Cargelligo	Pharmacy	230	701
Yenda	Pharmacy	315	422
Young	General Practice	24 hour coverage, 7 days a week	54

At the conclusion of the contracts, services in Wagga Wagga, Harden and Barooga were financially sustainable and will continue to provide after hours services without MPHN funding.

Mental Health – introduction and overview

Primary Health Networks have been assigned a critical role in implementing the Commonwealth Mental Health Reforms. PHNs have seven key priorities for action and investment, including:

1. Improve access to psychological therapies for underserviced groups
2. Increase the availability of psychological services for people experiencing mild and moderate mental illness through the development of new low-intensity mental health services
3. Develop early intervention services for children and young people with or at risk of severe mental illness and improve the integration of headspace centres with broader primary mental healthcare services
4. Commission culturally appropriate mental health services for Aboriginal and Torres Strait Islander people
5. Support a community-based approach to suicide prevention activity including increasing access to psychological support
6. Improve service coordination for people with severe mental illness being managed in primary care through the expansion of mental health nursing services
7. Develop a stepped care approach for mental health services in the region, ensuring people are matched to the intervention level that most suits their need.

Key Achievements

- MPHN announced as one of ten reform and stepped care 'lead sites' across the country.
- MPHN, in partnership with the Murrumbidgee Mental Health, Drug and Alcohol Alliance, announced as one of four Suicide Prevention Trial Sites in NSW.
- The Murrumbidgee Mental Health Alliance was awarded funding to undertake a system redesign initiative focused on improved integration and consumer experience.
- MPHN commissioned the NewAccess initiative (a beyondblue program) to ensure people experiencing depression or anxiety have faster access to the help they may need.
- MPHN commissioned mental health nursing services for people with severe and complex mental health conditions.
- MPHN expanded the number of services available for people seeking psychological services. In addition to a strong supply of face to face services, MPHN is now using technology (such as telephone and the web) to reach people who otherwise may not be able to access support.

LifeSpan funding announcement, August 2016

Spotlight: headspace

Headspace is a nationally recognised program, providing services to young people, aged 12–25 who are experiencing, or at risk of developing mental illness. Headspace centres provide services across four core streams including mental health, alcohol and other drugs, vocational and study support, and social support. This year, the Wagga Wagga and Griffith headspace centres provided services to 1,176 young people, who received 5,650 occasions of service.

Our headspace centres in Wagga Wagga and Griffith experienced considerable change this year. MPHN started as the lead agency for both centres, enjoying eight years as the lead agency for Wagga Wagga, and two years as the lead agency for Griffith. Following a commissioning process, in December 2016, the Wagga Wagga centre transitioned to Relationships Australia, and the Griffith centre transitioned to Centacare South West NSW.

In partnership with the new lead agencies, the centre managers and staff, MPHN has introduced a range of new initiatives to better meet the needs of young people accessing the centres.

Drug and alcohol services within headspace

MPHN funded Calvary Healthcare (in Wagga Wagga) and Directions ACT (in Griffith) to deliver specialist drug and alcohol services to young people who are identified as engaging in risky substance use (e.g. binge drinking) and/or experiencing addiction. The service is fully integrated within each centre, is delivered onsite, there is no cost, and no additional referral is required (the service is triggered by standard headspace screening processes). This additional funding is to reduce barriers to accessing high quality drug and alcohol support services in a timely manner.

Additional psychological service capacity

This year both centres experienced strong demand for their services and MPHN provided additional funding to increase capacity for the delivery of psychological services. With this funding, the centres provided an additional 833 individual psychology sessions.

NewAccess coaches Alex Weidner and Kathryn Arentsen

NewAccess in headspace

Headspace has enjoyed a distinguished reputation as a provider that can reach and connect with young people, and through a focus on community, has worked to de-stigmatise mental illness. However, most interventions within the headspace centre require the young person to see the GP for a mental health treatment plan, before being seen by a mental health clinician for 6–10 sessions of focused psychological intervention. Some young people do not require an intervention of this level of intensity.

The NewAccess service is a beyondblue service which provides up to six sessions of low intensity cognitive behavioural coaching. NewAccess originated in the United Kingdom and was tested in three trial regions in Australia. MPHN is the first region in Australia (outside of the trials) to implement NewAccess, and the first region in the country to introduce NewAccess into a headspace centre. Each headspace centre was supported by beyondblue, and a select number of case managers within each headspace centre were intensively trained in low intensity cognitive behavioural therapy and coaching.

NewAccess is suitable for young people who are experiencing life stresses, anxiety or depression. With this funding, the centres provided 557 sessions of low-intensity interventions.

Of people accessing MPHN funded psychological services:

57.6% FEMALE **42.4% MALE**

13.8% IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER

27.9% WERE CHILDREN AGED 0-12

MORE THAN 40% LIVED IN RURAL & REMOTE COMMUNITIES

Spotlight: Psychological services for Murrumbidgee communities

MPHN is aiming to significantly increase the supply of psychological services to Murrumbidgee communities. MPHN commissions four providers to deliver psychological services. This year our providers delivered services to 1,782 individuals and provided a total of 9,267 sessions. This is a 47% increase in sessions from the previous year (2015–16).

(By comparison in 2015–16 we delivered services to 1,541 individuals and provided a total of 6,309 sessions.)

Spotlight: Connect and Connect for Kids

When compared with the rest of NSW, the Murrumbidgee region has an under-supply of allied mental health clinicians. This limits access to psychological interventions, placing an unrealistic demand on local providers, and resulting in delayed access to care for community members.

MPHN partnered with North Western Melbourne PHN to deliver the Connect services – a free telepsychology service. More than 25 experienced allied mental health clinicians, based in Melbourne, provide telephone and video-based sessions to people living in Murrumbidgee communities. This has significantly improved access to people living in rural and remote communities and resulted in faster access to care (the first appointment is usually within 10 days of referral). In 2016–2017, MPHN also partnered with Royal Far West, to expand the service to children experiencing, or at risk of, developing mental illness.

As a result, an additional 1,546 sessions have been delivered via telephone and video conferencing throughout the region.

Top far left: NewAccess launch, December 2016
Top left and bottom: Merging Minds Conference, 18 October 2016

Alcohol and other drugs – introduction and overview

In 2016 the Australian Government enhanced the role of PHNs to become commissioners of alcohol and other drugs (AOD) services as a direct response to the National Ice Taskforce. MPHN developed an AOD needs assessment, to drive informed and needs based commissioning.

The key identified priorities facing Murrumbidgee communities include:

- no specialist AOD services targeting pregnant women and new mothers, and concerns about foetal alcohol spectrum disorder
- excessive demand for existing services, which can lead to limiting help-seeking behaviour
- health consequences associated with binge alcohol use and drug taking leading to a high number of alcohol-related hospital admissions
- AOD use among the high-risk LGBTI community and people with mental illness.

In response to these issues, MPHN has commissioned a range of services. These include:

MPHN provided AOD enhancement funding to extend the capacity of existing local AOD treatment providers (Calvary Healthcare Riverina and Directions Health Services) to support and deliver brief interventions to people waiting to access a service and improve post-treatment discharge support from residential rehabilitation settings.

MPHN funded Calvary Healthcare Riverina (Wagga Wagga) and Directions Health Services (Griffith) to provide AOD services to young people accessing the Wagga Wagga and Griffith headspace centres. As a result of this funding, there is now an AOD counsellor available three days per week at the Wagga Wagga centre, and two days per week at the Griffith centre.

MPHN released funding for AOD innovation funding focused on evidence-based, rapid cycle, quality improvement activities and enhancements to build the capacity of local service providers within health and social care sectors while focusing on key high-risk groups. This included funding for LGBTI inclusivity training, delivered by ACON, to a broad range of stakeholders. MPHN funded Karralika to introduce an evidence-based screening and brief intervention tool for use by community support services who come into contact with people with mental illness. The project targeted people engaging in risky AOD use who are not currently engaged with the specialist sector, but would benefit from brief intervention. MPHN funded Lyndon Community to deliver Drug and Alcohol First Aid, a tailored six-hour workshop providing information about drugs and alcohol misuse, effects, and treatment options. It provides practical strategies for use by individuals in their families, social circles and neighbourhoods, to help them identify and respond to people who have AOD problems.

MPHN has commissioned Directions Health Services, to work closely with Aboriginal employment services, to identify and support Aboriginal people whose drug use is causing issues with gaining or maintaining employment. The range of interventions provided includes education, harm prevention, case management, counselling, and peer mentoring. Importantly, the integration between specialist AOD treatment provider and Aboriginal employment services ensures that participants also have access to pre-employment and work readiness programs, support for job seeking, and on the job training and support. MPHN relies on transparent and collaborative partnerships with MLHD, the AOD non-government sector, and particularly our existing local providers. Their input and wisdom surrounding PHN AOD investments are invaluable. When we all work together, the opportunities are endless.

MPHN has invested a considerable amount of funding in designing and commissioning a medium-high intensity AOD specialist service to provide drug education, support, and counselling within a family-based intervention framework for pregnant women and new mothers. This also provides an opportunity to focus on positive parenting and practical parenting skill development. There will be four teams in four subregions of MPHN comprised of a midwife/nurse, counsellor and case manager. We anticipate the service will commence in early 2018.

Strategic Priority: Service Integration

Feedback from stakeholders during the needs assessment indicated a strong desire for improved integration amongst services. The potential for a dynamically shared care planning record accessible by multiple providers has been highlighted as an avenue to support improved team care for people with chronic conditions. Along with this, the need for enhanced consumer knowledge about their health conditions and how to manage during times of exacerbation has been identified as a common theme during stakeholder consultations. Evidence points to a need for better coordination and system redesign in the acute – primary healthcare interface, to meet the needs of the ageing population and people living with chronic and complex conditions. This is a key focus for the PHN working in partnership with MLHD.

High quality and well-functioning primary care are critical to a successful health system, yet primary care is increasingly under strain to deliver more prevention, more diagnostics, more treatment, better coordination and be constantly accessible. MPHN is focusing on key enablers to support providers with improved integration in this challenging environment.

Shared care planning

MPHN in collaboration with MLHD and NSW eHealth have developed functional specifications for a shared care planning tool. It is anticipated the end solution will be a cloud-based system to enable GPs to share care plans with invited members of a care team. This would facilitate dynamic care planning and improved ability for GPs and other care providers to communicate and update plans in real time. This is an exciting prospect which we hope will become a reality over the next 12 months.

Health pathways

MPHN has actively engaged and partnered with GPs, MLHD and other primary health clinicians to develop local health pathways for the Murrumbidgee region. This process brings clinicians together to develop pathways that support clinical decision making and improve the understanding of care and referral options.

An exciting recent development has been the establishment of a formal partnership with MLHD to jointly fund the purchase of Canterbury HealthPathways. This will provide Murrumbidgee clinicians with a web-based portal to access the pathways. It will streamline the development of pathways and provide access to the intellectual property of pathways developed in other PHNs across Australia. This will ensure a professional and highly functional portal for pathways that will be localised to the Murrumbidgee context.

Over the coming year, we look forward to focusing on the next part of this HealthPathways journey. This will include a formal launch in early 2018 with up to 80 pathways expected to be available at that time. There will also be exciting opportunities to consider clinical redesign and integration with digital health communication technologies such as the shared care planning tool and My Health Record.

HealthPathways MURRUMBIDGEE

Partners in Recovery

2016–2017 has been a busy time for Murrumbidgee Partners in Recovery program preparing for the transition to the NDIS in July 2017. In August 2016, an NDIS Transition Officer commenced with the team to provide support to PIR consumers and carers prepare for the transition. This role has expanded to provide support to the general community as well as general practices, through delivering information sessions for GPs, allied health professionals and practice staff as well as possible NDIS consumers and their carers/family.

Staff have attended a number of NDIS workshops both locally and interstate. The PIR manager, alongside the NDIS transition officer and PIR consumer attended the National NDIS Workshop held in Brisbane in March 2017. This two day workshop held by Flinders University Transition Support provided staff and consumers of the PIR program, as well as the Day to Day Living program, an opportunity to learn from transitioned sites and NDIS and Department of Health staff. Staff have also undertaken external training in support coordination, which is part of PIR contractual arrangements in the NDIS transition. PIR consumers found to be eligible for the NDIS will have support coordination included in their plan, provided in-kind by PIR.

Alongside NDIS transition activities, PIR staff have continued to provide support facilitation across the region while managing waitlists and demands for service. PIR continues to provide outreach services across the Murrumbidgee and have been actively involved in community activities and expos, such as Homelessness Week, Wear it Purple Day, Mental Health Month and R U OK? Day.

MURRUMBIDGEE Partners IN Recovery

Corporate & Financial

Treasurer's Report

I am pleased to present the highlights of the 2016–2017 financial report for firsthealth limited.

The company's major activity is the conduct of the Murrumbidgee Primary Health Network under contract with the Australian Government Department of Health. The transition of this activity from the previous Medicare Local is now largely completed, and the company's employed workforce has fallen significantly, reflecting its new role as a commissioner of services instead of a provider of services.

Revenue from funders has increased by 27% from the prior year to $15.3 million and has all been utilised in providing services as per funding agreements. At 30 June 2017, the company held a further $6.5 million in hand to provide future services, and it anticipates a further increase in spending in 2017–2018.

Please refer to the graphics on the next page, which show the sources of revenue and the mix of expenses incurred.

The company operates on a not-for-profit basis and cannot make any profit from its funded services including from operation of the Murrumbidgee Primary Health Network, so its profit is restricted to its independent activities. In 2016–2017, the company made a small profit of $52,946, largely due to receipt of a once-only distribution of members' funds from the liquidation of Hume Medicare Local Ltd, which had operated in territory that is now within firsthealth limited's footprint. This was offset by outlays for several redundancies that were not underwritten by the Department of Health.

In the financial statements, I would like to draw your attention to the Basis of Preparation in Note 1, Significant Accounting Policies in Note 2, and Critical Accounting Estimates and Judgments in Note 3.

David Friedlieb

The financial statements and notes have been compiled in accordance with Australian Accounting Standards and the *Corporations Act 2001*.

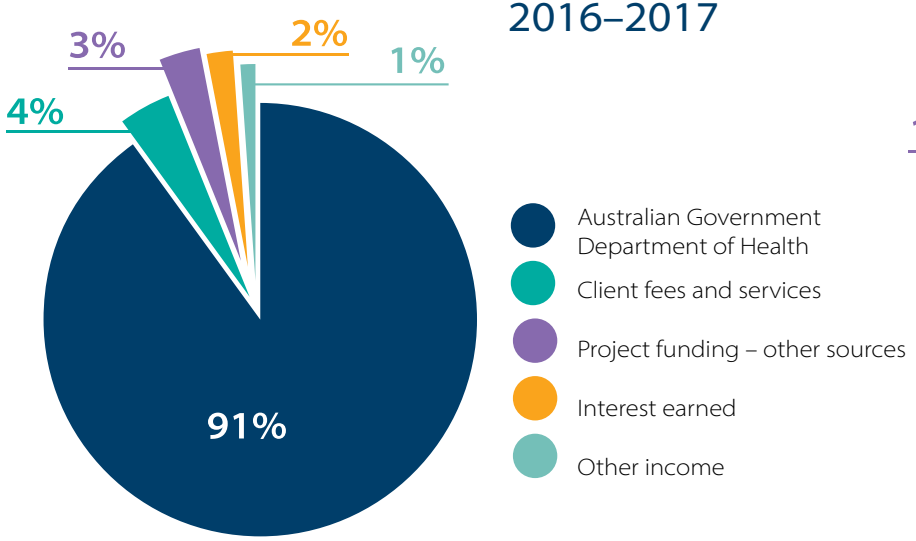
Full financial statements are available on our website: www.mphn.org.au/mphn-reports

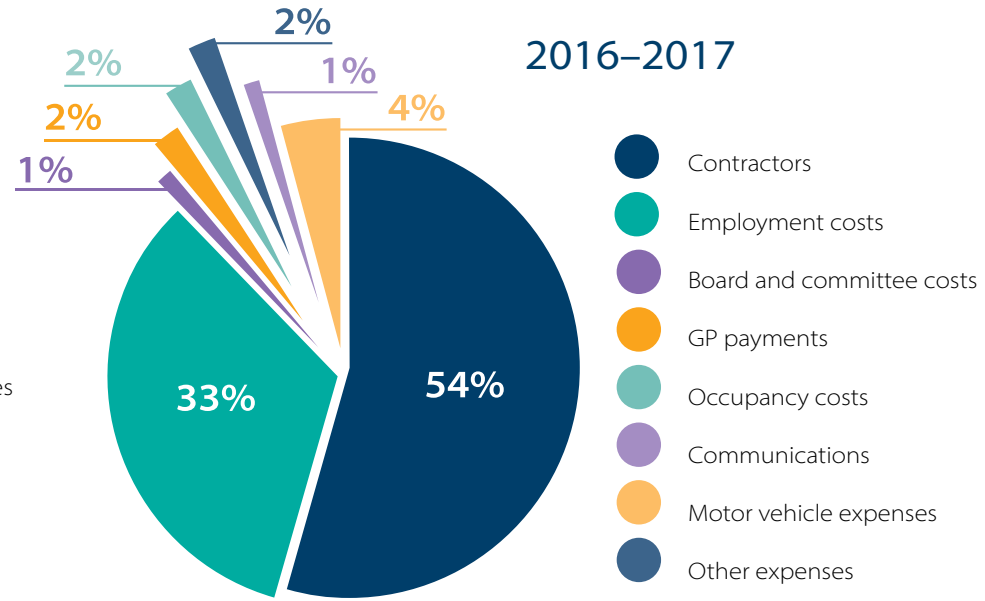
Revenue

Source	2016–2017	2015–2016
Australian Government Department of Health	$14,800,496.34	$9,343,232.55
Project funding – other sources	$521,539.24	$2,655,877.71
Client fees and services	$575,710.19	$729,021.61
Interest earned	$253,003.26	$160,654.55
Other income	$157,728.97	$176,910.58
Total	**$16,308,478.00**	**$13,065,697.00**

Expenditure

Source	2016–2017	2015–2016
Contractors	$8,788,313.66	$3,211,768.07
Employment costs	$5,320,863.72	$7,261,564.73
Board and committee costs	$184,061.67	$208,519.06
GP payments	$386,512.23	$433,002.96
Occupancy costs	$405,053.59	$567,312.79
Communications	$337,922.06	$262,451.58
Motor vehicle expenses	$132,926.12	$213,840.01
Other expenses	$699,878.95	$948,780.80
Total	**$16,255,532.00**	**$13,107,240.00**





Australian Government

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An Australian Government Initiative

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

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