# Capital Health Network
# ACT PHN Annual Report

2016/2017









phn ACT
An Australian Government Initiative

Capital Health Network
ACT's primary health network




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

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*Professor Gabrielle Cooper (OAM) with His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd) Governor-General of the Commonwealth of Australia at her investiture.*

# From the Chair, Prof Gabrielle Cooper OAM



As ACT's primary health network (PHN), Capital Health Network (CHN) has matured over its first two years as an innovator and influencer in the primary health care sector. Our funding and scope of responsibility has increased and our membership represents the broad sector of stakeholders within primary health care.

In light of CHN's broader commissioning role within the primary and community care sector, our 2016-2019 Strategic Plan was reviewed and finalised. The Board officially appointed CHN Chief Operating Officer Mr Brendan Egan as Company Secretary.

I believe we have a strong primary health care system in the ACT. This year's Australian Institute of Health and Welfare report "Admitted patient care 2015/16 – Australian hospital statistics" showed that the ACT has the lowest rate of potentially preventable hospitalisations in all three of the broad categories of acute conditions, chronic conditions and vaccine-preventable conditions.

The results demonstrate that general practice and allied health professionals take a holistic and proactive approach in the management of patients to try to prevent avoidable hospital presentations.

Our local GPs and allied health professionals continue to deliver high-quality care and provide such an important role in managing people with chronic conditions and keeping them out of hospital. CHN, through the ACT PHN programme, is working closely with general practices to provide them with tools and information to enable a whole-of-system approach towards improving the identification, assessment and management of patients with chronic disease or those at-risk of developing chronic disease. We are also trialling new programs such as the Pharmacist within General Practice pilot program and the Transitions of Care pilot program.

Strong primary care leadership and clinical engagement continues through our many advisory mechanisms such as the General Practice Advisory Committee and also our multidisciplinary ACT Clinical Council, a joint Committee with ACT Health that reports to the CHN Board and Director General. Similarly, our Community Advisory Council has met quarterly to provide contemporary and relevant advice to CHN staff and recommendations to the CHN Board. We strongly welcome involvement by clinicians and consumers in our work with the Engagement Frameworks available on our website if you are interested in participating.

As we are primarily funded by the Commonwealth Department of Health, there is a substantial responsibility held by the CHN Board to ensure that we uphold contemporary governance standards. We increasingly need different skills and experience around the board table in addition to GP and allied health professional leadership and consumer perspectives. This is to ensure we have sufficient expertise in areas of corporate governance, procurement, public health, risk and compliance, policy and business development informing board decisions. The CHN Board has recognised this changing environment and will continue the discussion regarding Constitutional change during the coming year to ensure our governance arrangements reflect contemporary best practice and the needs of a commissioning organisation holding substantial public monies.

I thank Dr Martin Liedvogel for his service as Chair over two years and I'm pleased that he's remained on the Board as a GP Director. I extend my warm congratulations to Martin for receiving the AMA ACT 2016 President's Award. Martin is collaborative, empathetic and an outstanding leader in both primary care organizations and his chosen field of general practice.

I would like to extend my heartfelt thanks to the CHN Board for their dedication and commitment to guiding our maturing and transforming organisation. In particular over the year we farewelled Professor Kirsty Douglas, and Mr Rick Lord, from the Board and I thank them for their support and advice over a number of years.

Finally, I thank the CHN staff for their loyalty and hard work. I highlight the leadership shown by Chief Executive, Gaylene Coulton and her supportive Executive Team. We are well-placed for the future.



# From the Chief Executive, Ms Gaylene Coulton

Our second year as the ACT PHN has just flown by and we are thrilled with the new services and programs that we have been able to commission to improve the health and wellbeing of Canberrans. In particular, these additional or continuing services have been in the areas of primary mental health, after hours primary care, aboriginal health, aged care and alcohol and drugs.

Some particular highlights include expanding the availability of specific services for youth with severe mental health issues as one of 10 PHN Lead sites for innovative youth mental health services; expanding the weekday opening hours of Winnunga Nimmityjah Aboriginal Health Service (AHS) to 8pm; establishment of the Next Step primary mental health service through CatholicCare and Woden Community Services; and increasing the availability of specialist alcohol and drug counselling services and Aboriginal outreach workers just to name a few. CHN has run 34 procurement approaches during 16/17 totalling $11,826,571 (Appendix 1).

In addition, our HealthPathways, Practice Development and Workforce Development teams have continued their longstanding support and assistance to GPs, practice teams and allied health professionals across the region. Our educative role in supporting the primary care workforce continues with 752 GP and 1335 other primary health care professional attendees at our many successful educational and networking events held over the year. There are now over 300 HealthPathways available, and our Practice Development staff worked extensively with teams within general practice and allied health to improve the use of clinical data, support quality improvement initiatives and the uptake of digital health initiatives.

As a PHN, we continue to demonstrate value by not only determining local population and health system needs but by utilising our allocated funds wisely through efficient procurement of services, and influencing and collaborating with our partners to address these needs. Strategic relationships are critical to our success. Effective joint working relationships have been strengthened with ACT Health, Calvary Healthcare and Health Care Consumers' Association through the ACT Coordinating Committee's work.

Collaboration with GPs, allied health professionals, consumers, peak bodies and service providers in our Advisory Groups and service design work has been integral to ensure we build on the knowledge and expertise within the industry sectors and this is most evident in our mental health, heart failure, transitions of care and HealthPathways programs.

I would like to take this opportunity to acknowledge the hard work of, and strong leadership by, the current CHN Board Chair, Professor Gabrielle Cooper and former Chair Dr Martin Liedvogel during 2016/17, and to thank the other Directors for their dedication and commitment to ensuring CHN achieves our goals and objectives. I warmly congratulate Gabrielle for receiving the Medal of the Order of Australia in the general division (OAM) in this year's Australia Day honours list in recognition of her service to the pharmacy sector and to tertiary education and also Board Director Mr Glenn Keys who was appointed an Officer of the Order of Australia (AO) for his distinguished service to the community. Glenn is a passionate advocate for Canberra's innovation and export sectors, as well as a major contributor to disability support programs across our city.

CHN's staffing team is second to none and I am thrilled to lead such an amazing and dedicated professional team. I especially acknowledge the tireless work and dedication of Vlad Aleksandric, General Manager of Planning and Strategy who recently retired from working life after four years as part of our Executive. Vlad has long been a part of the Divisions of General Practice, Medicare Locals and now PHN landscape in the ACT and nationally, and he will be missed.

Looking forward, CHN seeks to further incorporate the principles of value based health care into all our work to ensure that we are procuring and providing services that deliver value by improving patient reported health system experiences and health and wellbeing outcomes.

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

# Strategic Plan 2016 - 2019

**Vision**

Connected health and community care improving the health of our communities

**Purpose**

We improve, innovate and integrate to build health system capability understanding the broad social determinants of health.

## Outcomes




## Values

**Accountability** **Integrity**

**Collaboration** **Respect**

## Goal

Whole person, one system healthcare

### Strategies

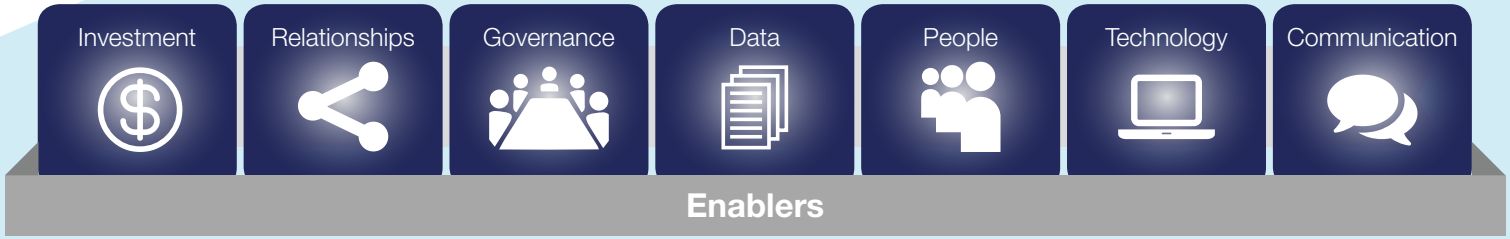
- Understand the needs of our communities
- Commission for outcomes
- Collaborate for aligned, collective results
- Channel and leverage resources for maximum benefit
- Champion clinical and consumer leadership to inform models of care and services.

## Goal

High performing primary and community care

### Strategies

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



# Membership

Capital Health Network Ltd members as at 30 June 2017

| | |
|---|---|
| General Practitioners | 387 |
| Primary Health Care Clinicians | 633 |
| Peak Bodies | 20 |
| Consumer Organisations | 17 |
| Service Providers | 156 |
| **Total** | **1213** |

The members of Capital Health Network Ltd are:

- Primary Health Care Practitioners in two classes – GPs and other Primary Health Care Clinicians
- Organisations in three classes – Peak Bodies, Consumer Organisations and Service Provider Organisations.

This model allows Capital Health Network Ltd to have direct engagement with those that work at the primary healthcare coalface, with service providers and with their representative bodies.

*Darlene Cox, ACT Executive Director of the Health Care Consumers Association (HCCA), said at the launch of the ACT PHN Baseline Needs Assessment 2016 that "the nine key issues identified by ACT PHN is testament to the listening that they have done during consultations as they have got them right. We now want to get traction on these issues, many of which are intractable issues."*





*(l-r): Paediatrician Dr Sue Packer, Gaylene Coulton and Melissa Hobbs of Capital Health Network, Yelin Hung and Darlene Cox of Health Care Consumers' Association of the ACT at the launch of the ACT PHN Baseline Needs Assessment 2016.*

# What are we doing to add value to the health of Canberrans

## a) ACT PHN Programmes

### Population Health Planning

ACT PHN's Population Health Program aims to maintain and improve the health of the ACT population and to reduce inequalities in health between population groups, using a social determinants of health approach. This entails continually building on our original Needs Assessment by incorporating our ongoing research on current issues and emerging trends in the health and wellbeing of the ACT population. Population health takes account of all factors influencing health and wellbeing and to address these factors we collaborate within and across the health care and other sectors.

ACT PHN is a commissioning organisation which involves utilising our population health needs assessments to identify system issues and gaps in services then developing and implementing strategies to address these needs, in collaboration with ACT Government Directorates, communities, population groups and service providers. It is essential to develop local strategies to improve the operation of the health care system for consumers and facilitate effective primary health care provision to support health and wellbeing of our community and to keep people out of hospital and in their communities as much as possible.

Over the past year we:

- launched our Baseline Needs Assessment
- undertook the 2016/17 Needs Assessment and submitted it to the Commonwealth Department of Health
- submitted 2017/18 Activity Work Plans which included the activities our organisation implemented to address some of the needs identified in the Needs Assessment
- held three Community Advisory Council meetings to seek their input and advice in relation to the needs assessment priority/focus areas.



ACT PHN's Transition of Care Coordinator, Roz Treslove.

## Transitions of Care

ACT PHN's Transitions of Care is a pilot project coordinated with ACT Health. The project works to assist patients with a chronic condition by ensuring they are linked into the services they and their family may need to manage their chronic condition. The pilot is for ACT residents, 40 years of age and over, with the presence of one or more chronic condition/s presenting to the Canberra Hospital. The pilot works with patients and their family to navigate through the health system, linking with GPs, allied health professionals and community services, primarily when transferring from hospital to home.

The Transitions of Care team consists of three health care professionals who work with patients and their families over a four-week period. The Transitions of Care team has a strong focus on health coaching to ensure the potential needs of these patients and their families are identified early to assist in future management and early intervention for chronic conditions.

In the ACT, almost one in two people had at least one chronic disease or condition in 2011/12 (ACT Chief Health Officer's Report, 2016). Patients diagnosed with a chronic illness require multiple transitions of care across a variety of health care settings, such as acute and primary care.

The pilot commenced in April 2017 and is due to run until June 2018. In the first few months of operation, the Coordinators assisted over 40 patients with issues like navigating access to aged care services, information on specific disease management groups, exercise and nutrition groups as well as assisting in reconnecting with their GP.

Utilising a Plan-Do-Study-Act approach to information, the team is constantly gathering and reviewing information on the transition period to identify specific transition issues. The Transitions of Care pilot program has a formative evaluation process to further inform ongoing pilot progress.

*"My role as Transition of Care Coordinator is very rewarding as I enjoy helping patients once they return home from hospital. I love spending time with patients and their families to find out their needs and to link them back to primary health care and to access useful local services. It's also wonderful to see patients become more knowledgable about their condition. As a former Discharge Planner, this role brings together my skills and knowledge, but I'm still always learning something new," said ACT PHN's Transition of Care Coordinator, Roz Treslove.*




*l-r: Capital Health Network's Chief Executive Gaylene Coulton, Transition Coordination Manager Anais le Gall, Transition of Care Coordinator Marnie Griggs and Transition of Care Coordinator Roz Treslove.*

*"When people return home from hospital they often feel overwhelmed, forget what they're meant to do and don't know the local services available or anticipate the services they may need in the future. We're helping clients and their carers link with and set up ongoing practical support. For example, we helped one client access My Aged Care to arrange someone to take them grocery shopping and access community transport," said Ms Coulton, CHN Chief Executive.*

## HealthPathways

HealthPathways is a web-based tool which provides evidence-based information, regarding assessment and management of common clinical conditions. It also provides detailed localised referral pathways across both public and private settings and printable resources which can be provided to patients. HealthPathways enhances patient care by providing a single source of contemporary best practice, saves time during consultations and aims to connect the complex parts of the local health system. HealthPathways also provides a conduit for multidisciplinary collaboration, bringing together stakeholders from ACT Health, Southern NSW Local Health District, ACT PHN and South Eastern NSW PHN. HealthPathways not only provides a reliable source of current information, but through its engagement with a broad range of stakeholders, also facilitates system redesign.

Best practice clinical and process guidance is often dispersed across multiple sources, hard to find and can be difficult to apply. HealthPathways is dynamic, with new pathways constantly under development and existing pathways regularly reviewed in light of changing evidence, technology, and local circumstances, enabling clinicians to rapidly incorporate new approaches and referral pathways into their clinical practice.

Over the past year we:

- reached 300 live pathways as at 30 May 2017 (75 more than the target set for 30 June 2017).
- had 53,243 HealthPathways Page views
- had 1487 registered users
- launched our tailored newsletter 'HealthPathways Update', with 1427 subscribers and 1271 newsletter views in 2017.

HealthPathways ACT & Southern NSW




*"HealthPathways is a reliable, up-to-date and practical tool to answer specific questions a GP has during a consultation with a patient. It makes the health system work better," said Dr David Gregory, ACT PHN HealthPathways GP Clinical Lead.*




*Consumer representatives Annette Smith (second from left) and Geri Badham (centre) with ACT PHN's Heart Failure Care initiative Project Steering Group members (l-r) Dr Ren Tan, Dr Paresh Dawda and Tony Stubbs, Heart Foundation ACT.*

## Heart Failure Care Initiative

Over 300,000 people are living with Heart Failure in Australia, with 30,000 cases diagnosed each year. It accounts for 43,000 hospitalisations and 2200 deaths annually. Heart Failure can severely affect people's social capacity and emotional health.

ACT PHN's Heart Failure Care initiative aims to develop and implement a comprehensive and systematic approach to the management and palliation of Heart Failure that involves patient-centred, evidence-based, and multidisciplinary care. Research suggests early collaborative care involving cardiologists and GPs enable higher quality care and improved survival compared to cardiologist or GP care alone. Strategic partners include ACT Health, the Heart Foundation ACT and Health Care Consumers' Association of the ACT.

The National Heart Foundation of Australia's Chronic Heart Failure Consensus Statement (2013) provides a guiding framework and key components of the initiative including:

- the co-design, development and piloting of a general practice focused model of comprehensive Heart Failure care
- the establishment of a jurisdiction-wide Heart Failure outcomes framework, Heart Failure register and minimum data set
- a review of palliative care services for Heart Failure patients in the context of the developing ACT-wide model for palliative care
- a tailored change and adoption implementation strategy based on best practice
- a whole of system multidisciplinary workforce development plan encompassing continuous professional development opportunities

Over the past year, the Heart Failure Initiative Clinical Leadership Forum:

- was established to drive clinical, service and system improvement and research capability. Co-chaired by Dr Ren Tan, Director of Cardiology Canberra Hospital, and General Practitioners, Dr Paresh Dawda and Dr David Gregory and with 25 members the Leadership Forum brings together consumers with clinical leaders and health professionals spanning the ACT Health system (public and private).
- conducted a review and a series of consultations with key stakeholders to highlight what is currently working well in the system of care and management of Heart Failure patients and highlighted system-wide challenges
- held a series of workshops aimed at co-designing a comprehensive and patient-centred model of care for Heart Failure patients in the ACT. Leadership Forum members provided input into initial findings from the review process and guidance on the key design principles to inform the development of the future model of care.

# Primary Care Practice Development

ACT PHN's Practice Development Program continues to provide comprehensive assistance to general practices in the ACT. The ACT PHN Practice Development Team utilises Bodenheimer's 10 Building Blocks of High Performing Primary Care as a framework for their work in assisting practices to plan and implement a range of quality improvement initiatives, focused on providing high-quality patient-centred care.

The assistance provided to Practice Principals, GPs, Practice Nurses, Practice Managers and administrative staff covers a vast range of areas including:

- Practice data analysis and data improvement initiatives
- eHealth initiatives
- Orientation for new GPs and nurses
- Accreditation
- Triage and reception training
- Recruitment of staff
- Practice set-up for new practices
- Promotion of and referral into ACT PHN programs e.g. mental health
- Clinical software advice
- Networking and training opportunities.

Highlights for the year included:

- 382 practice development visits to general practices where tailored support was provided
- 11 practices participated in the GP Leadership Program, including face-to-face workshops and one-on-one follow-up teleconferences, designed to support GPs to develop leadership skills, lead strategic change in their practices and deliver health benefits for their communities
- 93 positions were advertised for recruitment on the CHN website, including 41 GP positions, 25 Practice Nurse positions, as well as many Practice Manager, allied health and receptionist positions
- 9 GPs new to Canberra received a one-on-one orientation session and tailored resource folder
- quarterly Practice Manager Network Meetings, covering topics such as managing risk, privacy requirements and complaints handling in general practice, continued to be well attended with an average of 33 attendees at each event.



*Jill Karlson, ACT PHN Practice Development Coordinator.*



*"It is a privilege to be invited into general practices to provide support and assist with all aspects of quality improvement within general practice. It is very satisfying to help practices grow, see patients receive the best care, and ensure practices are using MBS items to maximise their earning capacity. I also find it an achievement to help practices to meet accreditation standards to ensure a safe workplace, better patient care and continual quality improvement," said ACT PHN Practice Development Coordinator, Jill Karlson.*

# Quality Improvement in General Practice

ACT PHN's Quality Improvement in General Practice is a commitment to continuously improving the quality of health care, focusing on the preferences and needs of the people who use services. Our program provides support in identifying goals, planning priority activities and measuring outcomes for general practices. The program supplies free of charge a data collection and analysis system called PenCat to assist practice staff in these activities.

PenCat provides decision support to general practice at the point of engagement, extracts general practice data for practice analysis and aggregates general practice data for service planning, reporting and population health needs. It is designed around a patient-centred care mode. We encourage collection and sharing of data using PenCat by all of the general practices in the ACT.

The Royal Australian College of General Practice Guidelines set standards for general practice regarding the patient care delivered and patient data collected. Practice Accreditation is based on a practice's ability to demonstrate the activities around quality improvement. For example, allergies must be recorded for 90% of active patients and our program supports practices to ensure they can measure and improve their patient data to meet such criteria.

Over the past year:

- more than 50% of practices in the ACT regularly shared their de-identified data with the ACT PHN
- 53 practices are using PenCat within their practices as a quality improvement tool
- ACT PHN shares some de-identified data with ACT Health (with permission) for their use in population health planning:
    - age, sex, Body Mass Index (BMI) of de-identified patients
    - total number of patients seen in each de-identified practice during the same time period
    - month and year of patients' last visit to the practice
    - month and year of last BMI recorded for patients.
- 41 practice staff were trained at ACT PHN sessions led by PenCat staff
    - other practice staff were trained at their practice by support team staff during practice visits or by special request of the practice.





*"I've worked as a GP at Florey Medical Centre for 23 years. There is no typical day but each and every day I am busy and engaged. This year I attended CHN's GP Leadership Program which was very valuable as it helped clarify leadership styles, issues and gave a clear understanding of what being a leader actually is all about.*

*ACT PHN's Practice Development Team has helped us use PenCat as a quality improvement tool. As PenCat extracts general practice data for analysis, it gives us a useful picture of where we're at clinically. It also helps us to improve our data which aids us to improve our planning," said Dr Lo, Florey Medical Centre.*

*Dr Siew Lo,*
*Florey Medical Centre*

# Digital Health

The ACT PHN Digital Health program comprises a number of activities supporting the adoption and use of health information systems and communications technology within primary care practices and use by primary care clinicians. ACT PHN also supports the set-up, training and use by primary health services wanting to use the My Health Record system.

ACT PHN undertook a comprehensive survey of all general practices mid-2016 to assess the digital health capability and level of support required. In February 2016, 72% of ACT general practices were registered for My Health Record however there was very little use of the system. This contrasts with 80% of general practices registered for My Health Record in December 2016 with a marginal increase in use of the system. In light of the recent Australian Government's budget announcement to change the model of adoption in 2018 from opt-in to opt-out, the PHN team is focused on raising awareness and assisting with connection and use by all other primary care services. The level of uptake of the My Health Record system by consumers within the ACT is 21% which is consistent with the uptake across the country.

ACT PHN is:

- encouraging the use of secure communications to exchange referral letters, discharge summaries and diagnostic test results by working closely with ACT Health to ensure timely and comprehensive document exchange between ACT hospitals and private practitioners
- working with a small number of allied health practices and residential aged care facilities who previously registered for the My Health Record system to install and start using the system
- working with the professional bodies representing community pharmacy in the ACT regarding the adoption and use of My Health Record within the community pharmacy business model. Active promotion of the benefits of the My Health Record system to community pharmacists commences in August 2017.

My Health Record






# Immunisation

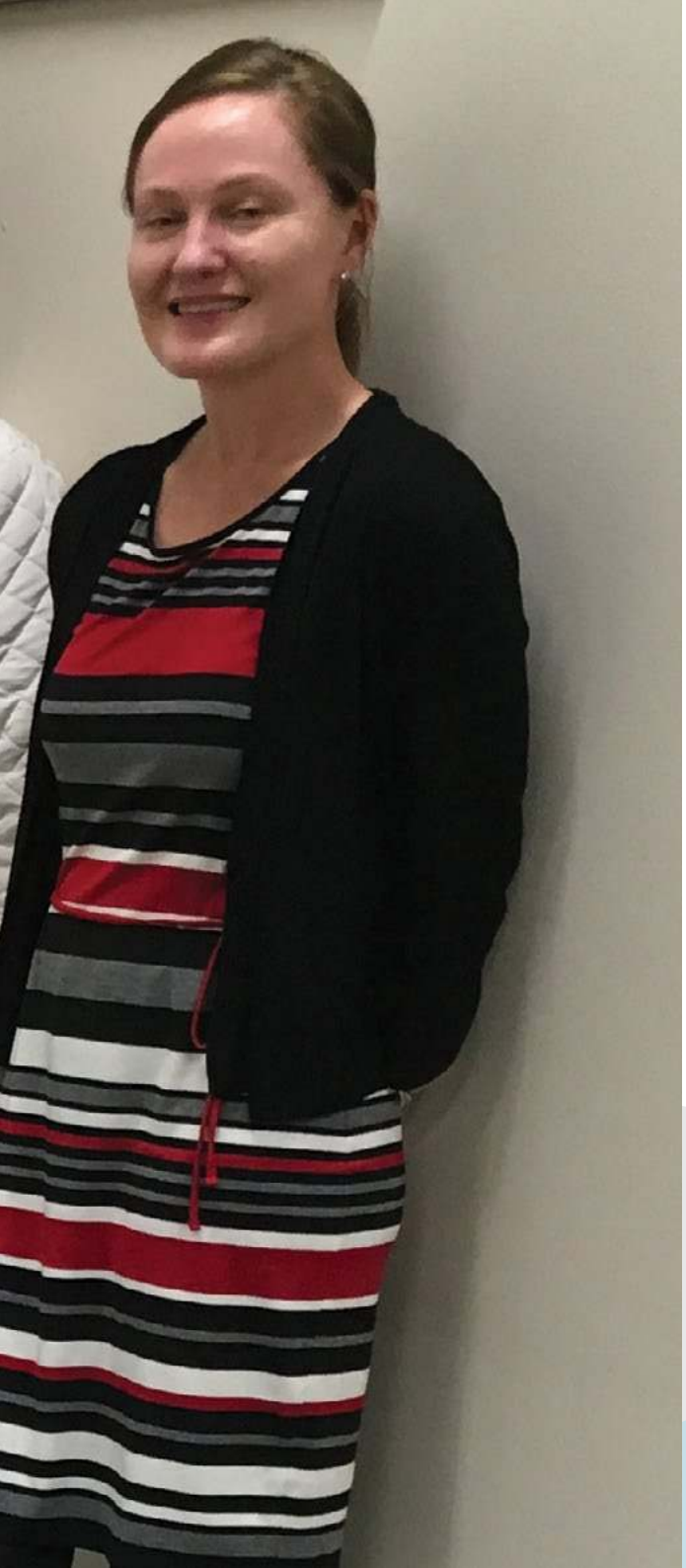
ACT PHN works in conjunction with primary health care professionals and ACT Health to promote and support immunisation within the ACT. In June 2017, the ACT had the highest rate nationally of fully immunised children in the age cohort of 12 – 15 months (95%). The ACT ranked second nationally in the 24 – 27 month age cohort (92%) and third nationally in the 60-63 month aged cohort (93.9%).

Over the past year we:

- hosted four highly regarded Immunisation Seminars, funded by ACT Health. Topics included clinical theory and practice of immunisation; zoster vaccinations and maternal immunisations; immunisation adverse events and active surveillance; and influenza vaccinations, improving vaccination rates and vaccines for at risk groups
- focused on education and immunisation updates at two of the four Practice Nurse Network Meetings
- attended the Immunisation Operational Committee meetings
- supported health professionals to report to the Australian Immunisation Register (AIR) accurately and on time
- provided information and resources to practice staff around immunisation updates and transition from the Australian Childhood Immunisation Register to the Australian Immunisation Register.



*ACT PHN Practice Nurse Network Meeting.*



## Nursing in General Practice

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

Over the past year the program has:

- conducted an online survey with the Practice Nurse workforce in the ACT to inform and target support for nurses working in general practice. Approximately half the practice nursing workforce contributed to the survey
- facilitated Practice Nurse Network meetings covering a range of educational topics as well as providing networking opportunities. Attendance at these meetings has grown over the past year which has required the regular meeting to move to a larger venue
- provided a full-day orientation workshop for nurses new to general practice
- strengthened relationships with the University of Canberra, Australian Catholic University and Canberra Institute of Technology to increase student nurse placements in general practice.




*Practice Nurse Dot Whitehead, Conder Medical and Dental Centre.*

*"I've worked as a Practice Nurse since 2004 and I really enjoy the diverse nature of the things we do – I never know what the day may bring. I'm part of a team of three Practice Nurses and we share a variety of tasks such as health assessments, care plans, baby vaccines, dressings, and assistance with minor operations, just to name a few. We also follow up on results, talk to worried patients over the phone and join GPs on home visits.*

*I have found it very valuable to attend the Immunisation Education Events organised by ACT PHN's Nursing in General Practice Program. One of our Practice Nurses was new to nursing in general practice and found the full-day orientation workshop so useful.*

*ACT PHN's Practice Development Team has helped us with accreditation, particularly keeping us on top of hand washing, vaccine management, sterilising and privacy standards," said Practice Nurse Dot Whitehead, Conder Medical and Dental Care.*

## Continuing Professional Development Program

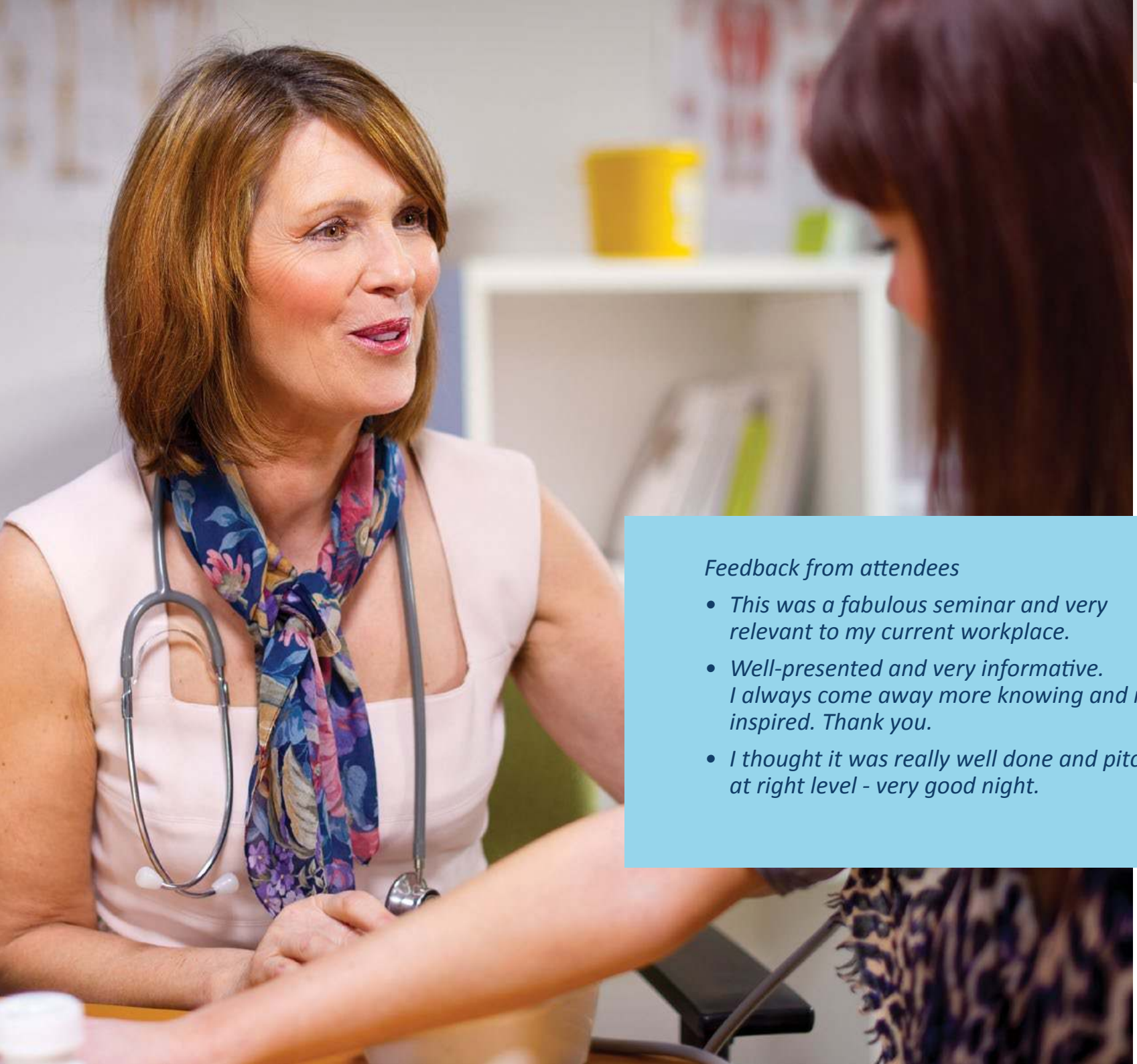
ACT PHN seeks to provide an education program that is coherent, responsive to identified learning and development needs and ensures high quality events and networking opportunities for primary health care clinicians and their staff members. The intent is to ensure that education topics reflect the clinical issues, complexity and challenges being managed by GPs and other primary health care clinicians in their day to day practice.

Our educative role in supporting the primary care workforce continues with 1335 allied health care professional and 752 GP attendees at our many successful professional development and networking events held during the year.

Our program provides crucial touch points with practitioners across a multitude of fields and specialities.  Through our interactions and evaluations we are able to provide valuable information and feedback to other areas and programs within Capital Health Network such as ACT PHN HealthPathways.

Over the past year, we introduced more streamlined and efficient processes and also launched the new Event Management System – EventsAir.





*Feedback from attendees*

- *This was a fabulous seminar and very relevant to my current workplace.*
- *Well-presented and very informative. I always come away more knowing and more inspired. Thank you.*
- *I thought it was really well done and pitched at right level - very good night.*



*Dr Joe Oguns, National Health Co-op Medical Director*

*"Having a Pharmacist in general practice has resulted in de-prescribing of medications which are not essential to patients' current health needs which reduces pill burden and improves compliance with important medications. It has also been beneficial in identifying and avoiding potentially significant medication related adverse events," said Dr Joe Oguns, National Health Co-op Medical Director.*

## Pharmacist within General Practice Pilot

Adverse drug events are responsible for an estimated 190,000 hospital admissions each year, costing the health care system $660 million. Medicine-related hospital admissions have increased sharply in recent decades with the largest increases seen for those aged 80 years and older. Older Australians are at higher risk with approximately one in three unplanned hospital admissions in this group related to medicines. Two thirds of Australians over 75 are on five or more medicines.

ACT PHN's Pharmacist within General Practice Pilot program was extended for a further 12 months. The pilot program, which began in February 2016, aims to examine the feasibility and viability of establishing a model or models to utilise Pharmacists within general practice, at the point-of-prescribing. The program explores and demonstrates the benefit of incorporating pharmacists into the general practice team to:

- optimise prescribing in general practice
- ensure cost-effective use of medicines and review for specified groups of patients
- facilitate and coordinate quality use of medication activities in collaboration with community pharmacy
- reduce downstream costs associated with medication related events and polypharmacy (the use of five or more medications)

- provide ongoing medicines information and staff support
- improve patient medication literacy, understanding of their medicines and concordance (a shared agreement between clinician and patient concerning treatment regimen)
- provide support for patients who need it
- decrease the burden associated with medication related administration in transitionary care.

Key results from the evaluation of the first year:

- Pharmacists in general practice supported general practice by conducting a range of activities that included medication review, de-prescribing, post hospital medicines reconciliation, communication with other pharmacists and health care professionals, audits, patient education, staff education, asthma and smoking cessation
- 91% of patients surveyed wanted Pharmacists to continue to be employed in general practice
- 88% of primary health care workers (GPs, community pharmacists, nurses, receptionists, dietitians and practice managers) surveyed, stated that Pharmacists in general practice were beneficial
- on average Pharmacists saved 2 hours of GPs' time per week.

*"Together with the nurse and GP, I am part of the health care assessment undertaken for patients aged over 75. I review their medication, adjust the medication list, give the patient a medication list print out, provide education to the patient about their medication and recommend changes to their medication regimen where necessary to reduce medication load," said Ms Katja Boom, YourGP@Crace Pharmacist.*



*Ms Katja Boom, YourGP@ Crace Pharmacist*



*l-r: Joining ACT PHN's Close the Gap event was ACT PHN's Closing the Gap Advisor Dr Jason Agostino, Grand Pacific Health (GPH) CEO Ron de Jongh, GPH Indigenous Outreach Worker Darcy Trindall, GPH Care Coordinator Taylor Carriage and CHN Chair Prof. Gabrielle Cooper OAM.*



## Integrated Team Care Program

ACT PHN's Integrated Team Care Program aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions.

It has two areas of focus:

- better access to coordinated and multidisciplinary care through dedicated care coordination services and supplementary services funding
- improved access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists).

Chronic disease is a major contributor to the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Aboriginal and Torres Strait Islander people have higher rates of chronic diseases, are often diagnosed at a younger age and are more likely to have co-morbidities.

Over the past year:

- ACT PHN contracted Winnunga Nimmityjah Aboriginal Health Services and Grand Pacific Health to provide care coordination and supplementary services
- supplementary services that have been funded included visits to medical specialists, dietitian appointments, physiotherapy sessions, psychiatry and psychology sessions, dose administration aids and a variety of medical aids
- over 350 taxi vouchers and other transport services have been arranged to assist clients to attend appointments
- 51 patients from several ACT general practices have received care coordination services through Grand Pacific Health
- general practices and other primary care services continued to receive in-practice education and support around culturally appropriate care and health needs of Aboriginal and Torres Strait Islander patients.



*l-r: CHN Chair Prof Gabrielle Cooper OAM, Woden Community Service CEO Chris Redmond, CatholicCare CEO Anne Kirwan, CHN Senior Manager Procurement and Performance Lauren Anthes, CHN Chief Executive Gaylene Coulton and Mental Health Australia CEO Frank Quinlan at the Next Step launch at CatholicCare.*




## Mental Health

PHNs have been funded by the Commonwealth Department of Health to lead regional primary mental health reform. ACT PHN has been funded to commission regionally appropriate, evidence-based outcomes driven primary mental health services within a stepped care approach, with the following focus areas:

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

Over the last 12 months, ACT PHN has worked collaboratively with stakeholders to develop a regionally appropriate suite of primary mental health services for the ACT. In January 2017, the Next Step Program was launched.

The ACT PHN Next Step Program, based on the highly successful UK Improving Access To Psychological Therapies, is provided through CatholicCare Canberra and Goulburn and Woden Community Service. The service consists of free low intensity interventions (formally NewAccess), provided by a trained non-clinical workforce, for people with mild to moderate symptoms, and a high intensity service, provided by trained mental health professionals, for people with moderate to severe symptoms. Nearly 500 people were seen through Next Step in the first five months.

Over the next 12 months ACT PHN will develop and introduce additional services for suicide prevention, children and young people and people with severe mental illness and complex needs. A screener for suicidal ideation, symptoms of depression and anxiety and substance use will be piloted within general practices in the ACT, this will improve identification of people who may be at risk of suicide or may be experiencing mental ill health and support GPs to identify appropriate referral options for their patients. Psychological Interventions services for children under 12, with a particular focus on children between the ages of 8 to 12 will be implemented. Additional high intensity psychological interventions, service navigation and vocational support will be made available for young people with or at risk of severe mental health conditions and service navigation support will be made available for adults with severe mental health conditions and complex needs.

*This year additional specialist AOD counselling services to residents of the ACT became available. ACT PHN engaged Karralika and CatholicCare to expand their person-centred, evidence-based care and tailored interventions to people with severe substance abuse. The specialist AOD counselling services are helping link individuals into local services and are integrated with primary care so that the individual is linked to their GP.*

*Karralika is particularly targeting people currently involved in the justice system. CatholicCare is providing an outreach model to people (over 13 years of age) in their home or at a service.*

*ATODA's independent Drug and Alcohol Needs Assessment, commissioned by ACT PHN, found there was a lack of specialist AOD counselling services in the ACT compared to those available nationally. This funding to enable an expansion of services by Karralika and CatholicCare has helped reduce that gap.*

## Drug and Alcohol Services

PHNs have been funded by the Commonwealth Department of Health to fund new, regionally appropriate specialist drug and alcohol services, with the aims of increasing access to specialist drug and alcohol services and improving client outcomes. Over the last year, ACT PHN has worked closely with the ACT Drug and Alcohol Services Sector to identify areas of need and appropriate service types to meet these needs.

ACT PHN has funded organisations to deliver specialist drug and alcohol services.

*a) Specialist Drug and Alcohol Counselling*

Three organisations have been funded to deliver specialist drug and alcohol counselling services:

- CatholicCare Canberra and Goulburn will provide outreach-based counselling services and brief interventions to individuals aged 12 and over.
- Karralika will provide specialist counselling services to the ACT corrections population.
- ACT Health will provide culturally appropriate specialist counselling services to Aboriginal and Torres Strait Islander People.

*b) Aboriginal Drug and Alcohol Worker*

- Canberra Alliance for Harm Minimisation has been funded to deliver culturally appropriate case management services to Aboriginal and Torres Strait Islander people.

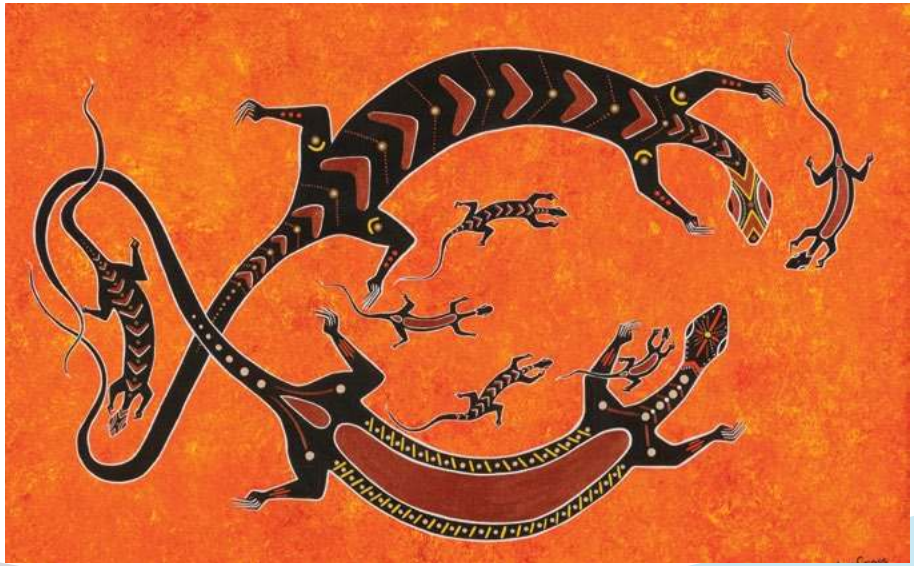
# After Hours Primary Health Care Program

*a) Extended opening hours for Winnunga*

Winnunga Nimmityjah has been funded through the ACT PHN After Hours Primary Health Care Program for the provision of an after hours primary care service Monday to Friday 5pm – 8pm. The service provides a model of care that is appropriate for the Aboriginal and Torres Strait Islander community in particular and includes the following team members: two GPs, a Practice Nurse, two social health team workers and a receptionist.

The service was established in response to a need identified by Winnunga from feedback from their patients seeking to access culturally safe and competent comprehensive primary health care services in the after hours period. The service is accessed by clients who are not otherwise able to seek health and wellbeing support services during the usual clinic hours (mostly due to caring roles or work commitments).

The service commenced on 1 March 2017 and in the first three months of operating provided services to 324 clients. A number of clients (49) participated in a survey on the new service and when asked where they would have gone to seek a medical service if the after hours clinic had not been available over 50% indicated they would have gone to the hospital; with another 37% indicating they would not have seen a doctor at all.



*b) Home Based Palliative Care Community Pharmacy Services*

*Timely access to, and affordability of, palliative care medications in the after hours period can present real challenges to people receiving home based palliative care and their care givers, including those people living in Residential Aged Care Facilities.*

As part of our Innovation Grants round and in response to this identified gap in service provision ACT PHN has funded Capital Chemist Charnwood and Wanniassa to adopt a palliative care approach and pilot access to palliative care medications in the after hours period, including the provision of home delivery services. To date the service has been well received by local people and palliative care prescribers.

*c) Ambulance Service and Primary Health Care Integration – Scoping Study*

*In response to various pressures within the health care system many ambulance services are beginning to develop out of hospital clinical support models as an appropriate alternative to hospital clinical care. Prominent among these initiatives are the 'paramedic extended scope of practice', 'see and treat' and 'GP referral' type models.*

ACT PHN has commissioned a scoping study to determine a whole of system and primary care focused response to the needs of our local population i.e. to provide appropriate and responsive ambulance services – delivering the right care at the right time in the right place at the right cost.

Informed by national and international research, an understanding of the ACTs health and emergency services systems, and consultation with Ambulance Services, ACT Health and After Hours Primary Care Service providers, the study will result in a locally developed best fit model of integrated ambulance service provision and an associated business case to inform the future planning of appropriate after hours Ambulance Service provision here in the ACT.

# b) ACT Health Programs

## HIV Program

During 2015, an estimated 25,313 people were living with HIV in Australia. Transmission of HIV continues to occur primarily through sexual contact between men, with very low rates among people who inject drugs, women involved in sex work, and mother to baby transmission. The annual number of newly diagnosed HIV cases across Australia remained relatively stable for the ten year period 2006 – 2015, at just over 1,000 per year.

CHN's HIV Program funded by the ACT Health Directorate aims to provide improved clinical care and support services to people living with HIV, sexually transmissible infections and blood borne viruses. CHN Contracts Interchange General Practice to employ an experienced sexual health nurse to lead and coordinate the program.

Key activities include:

- screening, education and self-management support for people with, or at risk of contracting, HIV
- peer support and education for GPs and other primary health clinicians particularly those with specialist skills and interest in sexual health.

Priority access to services, care and support is provided for people who are newly diagnosed with HIV. Access to specialist counselling is made available to those who are HIV positive, their partners, carers and families.

A GP Advisor provides clinical expertise and advice to guide the program; and there is also a close working relationship with the AIDS Action Council of the ACT, Canberra Sexual Health Centre and Sexual Health and Family Planning ACT.

Over the past year:

- 1800 nursing hours were provided to improve the care and outcomes for people living with and affected by HIV and related diseases
- assistance was provided to GPs to help them attain or maintain their S100 prescriber status (an accredited program for HIV prescribing). This support included delivery of educational updates to assist these GPs in attaining Continuing Medical Education (CME) points.
- ten formal HIV-related education and information sessions were hosted for health care clinicians and other stakeholders with local and national expert presenters to support the provision of evidenced-based clinical practice.

# Early Morning Centre Primary Healthcare Service

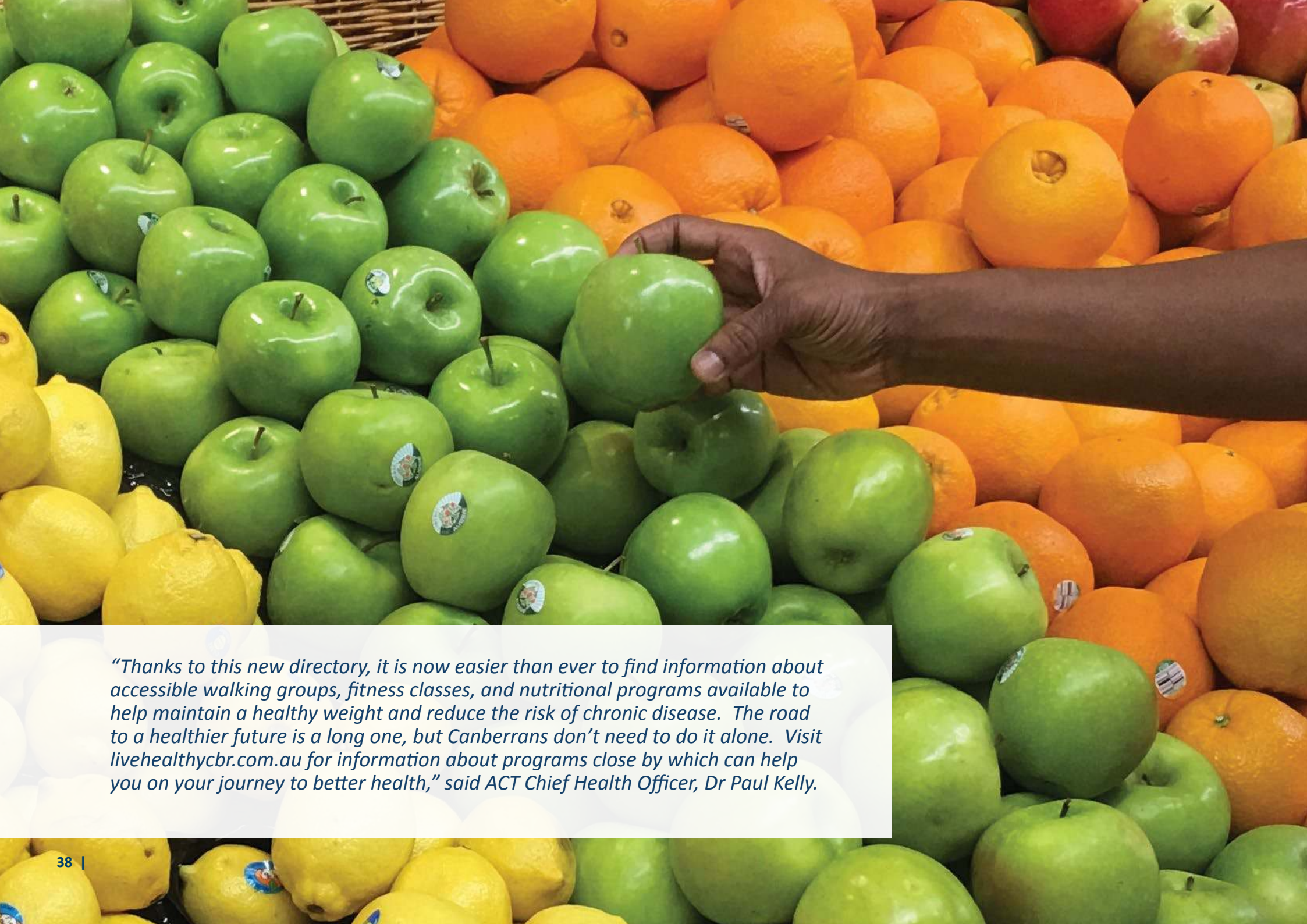
It is estimated that Canberra has the second highest rate per capita of homelessness in Australia. Of the 105,000 Australians who experience homelessness daily, more than 1700 were in the ACT. Of these 1700, approximately 500 people experiencing homelessness are under 18, and almost 300 of them aged under 12.

The Early Morning Centre Primary Health Service has been established to provide accessible, affordable and connected 'in reach' primary health care to Canberrans who are homeless or at risk of homelessness. This service is delivered with the support of funding from the ACT Health Directorate. The Service is delivered in partnership with Canberra City Uniting Church – Early Morning Centre, Interchange General Practice and West Belconnen National Health Co-operative.

Evidence shows that people who are homeless or at risk of homelessness are at a greater risk of being disconnected from mainstream primary health care services and experience barriers to mainstream service use. These barriers include knowledge of services, provider attitudes, financial constraints, difficulty of physical access (environmental constraints) and competing priorities (such as food and shelter).

Over the past year:

- the Early Morning Centre Primary Health service continues to be well utilised by the target population with clinicians seeing between two and eight clients each week during the two-hour clinic time
- the service offered clients of the Early Morning Centre the opportunity to have the Influenza Vaccine in 2017 and this was well received. The Service also expanded the offering of vaccines to include Pneumococcal and Herpes Zoster for clients who met the National Immunisation Program Schedule age requirements
- clients accessing the service received high quality primary health care in a familiar and trusted setting. While some of the clients access other primary health care services, very few have a regular GP or relate to a 'primary care home'
- the service welcomed two new GPs in 2017 and now operates with three GPs and one Nurse Practitioner on a rotating schedule.



*"Thanks to this new directory, it is now easier than ever to find information about accessible walking groups, fitness classes, and nutritional programs available to help maintain a healthy weight and reduce the risk of chronic disease. The road to a healthier future is a long one, but Canberrans don't need to do it alone. Visit livehealthycbr.com.au for information about programs close by which can help you on your journey to better health," said ACT Chief Health Officer, Dr Paul Kelly.*

# Lifestyle Modification Program Directory (LiveHealthyCanberra)

The LiveHealthyCanberra directory is an easy to use online directory connecting people in the Canberra region with programs and services that aim to improve health and reduce the risk of chronic conditions such as cardiovascular disease, Type 2 diabetes and other lifestyle related diseases. The directory includes physical activity programs, nutrition support services and social participation opportunities.

Alarming statistics had revealed that the number of adults in the ACT who are overweight or obese had risen from 22.9% in 1995 to 63.6% in 2012 with a growing number of people at increased risk of developing chronic disease. The growth in obesity is putting pressure on the health care system as it responds to higher rates of major, preventable illness. LiveHealthyCanberra has been developed with the support of the ACT Health Directorate as part of the ACT Government's Healthy Weight Initiative.

Since the launch of LiveHealthyCanberra in March 2017 there has been interest from providers wishing to have their programs included in the directory. There are now 160 programs and services listed ranging from walking groups, running, cycling and group fitness classes, education on healthy eating and programs offered by dietitians on improving your diet. The directory also includes community groups that promote being active, healthy and provide opportunities for social participation.

The number of visitors to the site is growing steadily with a wide range of services being viewed. Continued promotion of the site through CHN publications, Facebook and Twitter will see this valuable resource continue to grow and provide the Canberra community with connections to programs and services to help them move, eat and be healthy in Canberra.

## Connect Up 4 Kids

Connect Up 4 Kids combines health promotion resources with enhancements from GPs to assist primary care providers in the prevention and management of childhood overweight and obesity. Connect Up 4 Kids provides high quality, evidence-based resources and advice to general practice around providing support to families with young children on healthy childhood growth and lifestyle choices. Resources are designed to assist families with children aged between three and seven years. Connect Up 4 Kids program resources help primary care providers to overcome the barriers to having the often difficult conversation with families about the healthy growth and development of young children. Enhanced knowledge of referral pathways leads to better connections across the primary care and community sector for young children who are at risk of overweight and/or obesity. Connect Up 4 Kids was funded through the ACT Health – Health Promotion Grants Program.

The prevalence of childhood overweight and obesity in the ACT has remained relatively stable over the past 10 years and the rate of overweight and obesity among the children in the ACT continues to reflect the national average at around the 25%. Low proportions of ACT children meet the recommended nutritional guidelines for vegetable intake and the Australian recommendations for physical activity levels. Too much screen time is also an issue for a significant proportion of children.

Connect Up 4 Kids targets these areas and other evidence-based protective factors through the program's key messages.

The Connect Up 4 Kids program evaluation, by the Australian National University Research School of Population Health, found:

- the program has reached over 50% of general practices in the ACT between 2015 and 2017
- resources were seen as simple to understand and easily accessible by primary care staff, Maternal and Child Health Nurses, parents and Child and Family Centre staff across the ACT
- throughout the course of the program (2014- 2017) over 30,000 children in the target age range have been provided with resources through general practice, Maternal and Child Health clinics, Community Services Directorate Pre-school entry packs and Kindergarten Health Checks.

Primary care practitioners in the ACT were pleased to have up-to-date and locally relevant referral pathways relating to healthy weight in young children. While the funding period for Connect Up 4 Kids has now come to an end, Connect Up 4 Kids resources continue to be available to general practice through Capital Health Network, supporting the delivery of health promotion around healthy weight to Canberra families.





# c) Other Commonwealth Programs

## Health Benefits of Work Programme—Comcare

Comcare, through the Health Benefits of Work Programme, translates and promotes the evidence that a timely, supported return to work results in faster recovery from injury and illness and can reduce the risk of longer term disability.

Ongoing efforts through this programme include working to increase uptake of a certificate of capacity available from GPs in the ACT, and supporting GPs to focus on their patients' capacity for work. Comcare has partnered with CHN to more effectively connect with GP practices to understand the barriers, improve the systems and provide education and support to support recovery and return to work.

There is ever-increasing evidence that participation in work is good for health and wellbeing, but we know that too many people struggle to return to work following ill health and injury.  GPs play a critical role in supporting employees through certification practices.

Over the past year:

- Comcare, in conjunction with CHN, held an educational session on managing workplace psychological and stress injuries for 36 GPs and allied health practitioners in the ACT. Comcare is also continuing to engage with the RACGP to design tools that support GPs to facilitate recovery and return to work nationally
- Comcare's GP Liaison has undertaken over 50 GP practice visits to better support GPs in their efforts to return their patients to meaningful work.

# Capital Health Network Board

## a) Capital Health Network Board as at 30 June 2017

### Professor Gabrielle Cooper OAM

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



*Chair and Elected Director, elected 27/10/2016*

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

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

### Dr Martin Liedvogel

B Med, FRACGP



*Elected Director, elected 27/10/2016*

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

Martin's past experience includes Directorship of the General Practice Registrars Association, membership of the Royal Australian College of GP's Standing Committee – GP Advocacy and Support, a lecturer position at the University of NSW's School of Rural Health in Albury, Director training from the Australian Institute of Company Directors, and being the Medical Director at the Canberra Afterhours Locum Medical Service.

### Dr John Norgrove

BSc, MBBS (Hons), FRACGP



*Elected Director, elected 27/11/14*

John is a full time GP currently practising at Duntroon Health Centre. He has previously worked as a medical officer in the Royal Australian Air Force (RAAF) and remains a Special Reservist. John has held the position of senior medical officer in several locations during his service with the RAAF, and serves as the chairman of the Board for his son's school.

### Dr Jeffrey Harmer AO

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



*Appointed Director, appointed 26/11/2015*

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

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

## Mr Glenn Keys AO
MAICD, FIEAust



*Appointed Director, appointed 19/4/16*

Glenn is a graduate of the University of New South Wales and the International Test Pilots School. He is a member of the Australian Institute of Project Management, the Australian Institute of Company Directors and a Fellow of Engineers Australia. In 2003 Glenn co-founded Aspen and is Co-Executive Chairman of Canberra-based Aspen Medical Pty Ltd. In 2017 he was appointed as an Officer the Order of Australia (AO) in the Queen's Birthday Honours List for his distinguished service to the community of the Australian Capital Territory through contributions to disability support programs, and to business and commerce as an advocate for corporate social responsibility.

Glenn also sits on a number of other Boards in the health care sector, disability sector and social businesses. In 2013 Glenn was appointed to the Board of the National Disability Insurance Agency (NDIA). Glenn was inducted into the EY Entrepreneur Global Hall of Fame in 2014. In November 2014, Glenn was awarded the 2015 ACT Australian of the Year and represented the ACT at the National Australia Day Awards in January 2015. He is an active Board Member of the National Capital Authority and was appointed Chair of the Canberra Business Chamber in February 2015. Glenn is the founder and Chair of Project Independence, a housing initiative for people with intellectual disabilities, which was officially launched in Canberra in February 2015.

## Mrs Roslyn Jackson
Chartered Accountant



*Appointed Director, appointed 26/11/15*

Roslyn is a Chartered Accountant with over 30 years' experience working in public practice providing taxation advice, as a corporate accountant in the Australian Government, CFO for a large NFP and COO for an Australian Government Company. She has also owned and operated a training and consulting company, based in Canberra, for over 20 years. She has developed and facilitated training packages for many businesses; both for profit and not-for-profit, and government agencies. Roslyn has facilitated courses on behalf of the Australian Institute of Company Directors for just over 20 years, assisting directors to read and interpret financial statements and with governance and risk issues. She has taught the professional year of study for Chartered Accountants Australia New Zealand (CA ANZ) and has been an assessor for CA ANZ and for the Institute of Public Administration Australia annual reports awards.

Roslyn is an experienced non-executive director, having held numerous positions predominantly in the NFP health sector. She has been Chair of several Boards and also chaired Audit, Finance and Risk sub-committees. Roslyn is currently an independent audit committee member for the Australian Pharmacy Council Ltd and the National Blood Authority Australia.

# Other Directors during 2016/17

## Mr Richard Lord
BPharm



*Elected Director, elected 27/11/14, resigned 22/6/17*

## Professor Kirsty Douglas
MBBS, MD, FRACGP, DipRACOG, Graduate Certificate in Higher Education



*Elected Director, elected 24/9/15, term concluded 27/10/16*

# b) Board Councils and Committees

The CHN Board utilises the following Councils and Committees to provide advice and recommendations to the Board:

## i) ACT Clinical Council

The joint ACT Health/ACT PHN Clinical Council provides a forum for a multidisciplinary group of lead clinicians and a leading Consumer representative to share their collective knowledge and expertise. The Council also provides advice on strategic clinical and wider health system issues and local approaches to improve the operation of the ACT health care system for patients, facilitating effective primary health, sub-acute and acute care provision to reduce avoidable hospital presentations and admissions. The ACT Clinical Council is co-chaired by:

- Dr Tanya Robertson (Co-chair), GP, Junction Youth Health Service, Canberra City and Jindabyne Medical Practice; [former] Medical Director, GP Liaison Unit, Canberra Hospital
- Dr Boon Lim (Co-chair), Clinical Director, Department of Obstetrics and Gynaecology, Canberra Hospital.

ACT Clinical Council Members:

- Dr Sue Andrews, Consumer Representative
- Ms Elise Apolloni, Community Pharmacist and Managing Partner, Capital Chemist Wanniassa
- Ms Libby Bancroft, Clinical Nurse Consultant, ACT Health Diabetes Service
- Mr Rhian Blackwell, Complex Care Clinical Care Nurse Consultant, ACT Health
- Dr Marianne Bookallil, GP, Interchange General Practice; GP Advisor, ACT Health
- Dr Paul Craft, Senior Specialist, Medical Oncology Department, Canberra Hospital
- Dr Paresh Dawda, GP and Senior Research Fellow, Australian Primary Health Care Research Institute, ANU
- Dr Stephen Isbel, Course Convenor, Master of Occupational Therapy, University of Canberra
- Mr Tim Keun, Clinical Nurse Consultant, ACT Belconnen Walk-in Centre (resigned 21/2/2017)
- Professor Imogen Mitchell, Deputy Dean, ANU Medical School
- Ms Joanne Morris, Senior Physiotherapist, ACT Health
- Dr Raghavendra Parige, Clinical Director, Alcohol and Drug Service, ACT Health
- Professor Michael Peek, Professor of Obstetrics and Gynaecology and Associate Dean, ANU; Maternal Fetal Medicine Subspecialist, Canberra Hospital
- Dr Thinus van Rensburg, GP, Tillyard Drive Medical Practice
- Dr Sean White, GP, Winnunga Nimmityjah Aboriginal Health Service.

## ii) Community Advisory Council

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

- Mr Rick Lord, CHN Board member to March 2017

Co-chaired from 23 March 2017 by:

- Mr Rick Lord, CHN Board member
- Ms Kate Moore, Consumer Representative, Health Care Consumers' Association.

Council Members:

- Ms Jane Grace, Consumer Representative, Mental Health Consumer Network
- Ms Susan Helyar, Director, ACT Council of Social Service
- Ms Fiona May, Chief Executive Officer, ACT Disability, Aged and Carer Advocacy Service
- Ms Jenny Mobbs, Executive Director, Council on the Ageing
- Ms Camilla Rowland, Chief Executive Officer, Marymead
- Ms Marcia Williams, Executive Director, Women's Centre for Health Matters
- Ms Leonie Williamson, Indigenous Representative
- Ms Karen Wilson, Carers ACT
- Ms Stephanie Gorman, Youth Coalition of the ACT.

## iii) General Practice Advisory Committee

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

The General Practice Advisory Committee is chaired by:

- Dr John Norgrove, CHN Board member, GP Duntroon Health Service.

Committee Members:

- Dr Marianne Bookallil, GP, Interchange General Practice; GP Advisor, ACT Health
- Professor Kirsty Douglas, Professor of General Practice, ANU Medical School; Director, Academic Unit of General Practice, ACT Health; GP, Interchange General Practice
- Dr Martin Liedvogel, Board Member, Capital Health Network; GP and Practice Principal, Fisher Family Practice
- Dr Charles Sleiman GP, Brindabella Family Practice; Senior Lecturer, Academic Unit of General Practice, ANU
- Dr Suzanne Davey, Practice Principal, Kambah Village Medical Practice
- Dr Chris Harrison, GP, Ochre Health Medical Centre Bruce
- Dr Bosco Wu, GP Registrar.

## iv) Governance Committee

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

The Governance Committee is chaired by:

- Dr Martin Liedvogel, CHN Board member.

Committee members:

- Dr Jeff Harmer AO, CHN Board Member
- Professor Gabrielle Cooper OAM, CHN Chair.

## v) Audit and Risk Committee

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

The Audit and Risk Committee is chaired by:

- Ms Ros Jackson, CHN Board member.

Committee Members:

- Mr James Palmer, Independent member
- Mr Rick Lord, CHN Board Member (resigned 22 June 2017)
- Prof Gabrielle Cooper OAM (commenced 22 June 2017).



# Appendix 1 - Awarded Contracts 2016/17

| Tender | Successful Tender | Funding Program | Funding Amount | Contract Period |
|---|---|---|---|---|
| Alcohol and Other Drug Program – Former NGOTGP Grants – Peer Treatment Support Service for The Connection | Australian Injecting And Illicit Drug Users League | ACT PHN programme | $407,300 | July 2017 to June 2019 |
| Alcohol and Other Drug Program – Former NGOTGP Grants – Additional specialist AOD counselling capacity | CatholicCare Canberra & Goulburn | ACT PHN programme | $354,919 | July 2017 to June 2019 |
| Indigenous Australians Health Program, Cultural Awareness Training for primary health care providers | Yurauna Centre, Canberra Institute of Technology | ACT PHN programme | Agreed value | July 2017 to June 2018 |
| Provision of Managed IT Services | OPC IT | Capital Health Network | Agreed value | June 2017 to June 2018 |
| Enabling a quality end of life (EOL) care journey – Phase 2 | Calvary Healthcare ACT | ACT PHN programme | $120,000 | June 2017 to June 2018 |
| Primary Mental Health Care – low intensity IAPT training and supervision | CBT Institute | ACT PHN programme | $66,900 | June 2017 to April 2018 * |
| Provision of in reach primary health care services at UnitingCare Early Morning Centre | Interchange General Practice | ACT Health | $15,000 | May 2017 to June 2018 |
| Provision of in reach primary health care services at UnitingCare Early Morning Centre | National Health Co-operative | ACT Health | $15,000 | May 2017 to June 2018 |
| After Hours Primary Health Care and Ambulance Integration Scoping Study | Nous Group | ACT PHN programme | $75,000 | May 2017 to October 2017 |

* indicates service commenced in 2016/17 period however Service Agreement was signed after this period.

| Tender | Successful Tender | Funding Program | Funding Amount | Contract Period |
|---|---|---|---|---|
| Heart Failure Care Initiative – Development of Model of Care and Outcomes Framework | KPMG Australia | ACT PHN programme | $129,455 | May 2017 to September 2017 |
| PHN Innovation – Heart Failure Care Initiative – Formative Evaluation | Human Capital Alliance | ACT PHN programme | $50,000 | April 2017 to June 2018 |
| Alcohol and Other Drug Program (Mainstream) – Provision of Aboriginal AOD Worker for The Connection Outreach Service | Australian Injecting And Illicit Drug Users League | ACT PHN programme | $219,350 | March 2017 to June 2018 |
| Pharmacists in General Practice Year 2 | National Health Co-operative | ACT PHN programme | $69,197 | March 2017 to March 2018 |
| Pharmacists in General Practice Year 2 | Isabella Plains Medical Centre | ACT PHN programme | $59,088 | March 2017 to March 2018 |
| Pharmacists in General Practice Year 2 | Your GP@Crace | ACT PHN programme | $59,088 | March 2017 to March 2018 |
| Alcohol and Other Drug Program (Mainstream) – Community based AOD Counselling for those linked with the criminal justice system | Karralika Programs | ACT PHN programme | $196,101 | February 2017 to June 2018 |
| After Hours – Primary Health Care Services for Aboriginal and Torres Strait Islanders | Winnunga Nimmityjah Aboriginal Health and Community Services | ACT PHN programme | $350,000 | February 2017 to April 2018 |
| Primary Mental Health Care – high intensity IAPT training and supervision | CBT Institute | ACT PHN programme | $102,890 | February 2017 to March 2018 |

| Tender | Successful Tender | Funding Program | Funding Amount | Contract Period |
|---|---|---|---|---|
| Alcohol and Other Drug Program (Mainstream) - Assertive Outreach AOD Counselling | CatholicCare Canberra & Goulburn | ACT PHN programme | $362,242 | January 2017 to June 2018 |
| Primary Mental Health Care - Implementation of mental health stepped care psychological interventions | CatholicCare Canberra & Goulburn | ACT PHN programme | $2,000,000 | January 2017 to June 2018 |
| Implementation of GRACE Model of Care | Calvary Healthcare ACT | ACT PHN programme | $625,000 | January 2017 to June 2018 |
| Provision of Integrated Team Care Services for mainstream ACT general practices | Grand Pacific Health | ACT PHN programme | $523,734 | November 2016 to June 2018 |
| Provision of HIV Clinical Nursing Services | Interchange General Practice | ACT Health | $195,750 | October 2016 to June 2018 |
| Provision of CPR for health professionals | Royal Life Saving ACT | ACT PHN programme | Agreed value | October 2016 to October 2017 |
| Provision of Headspace Youth Mental Health Services | Headspace Services Ltd | ACT PHN programme | $2,068,074 | July 2016 to June 2018 |
| Provision of Care Coordination and Supplementary Services | Winnunga Nimmityjah Aboriginal Health and Community Services | ACT PHN programme | $390,000 | July 2016 to June 2018 |
| Causes and barriers associated with the uptake of Medicare chronic disease management MBS items in the ACT | Piazza Research | ACT PHN programme | $60,000 | December 2016 to April 2017 |
| After Hours Primary Care Innovation Grants – Palliative Care medications during After Hours period | Capital Chemists – Wanniassa and Charnwood | ACT PHN programme | $53,960 | March 2017 to 30 June 2018 |
| PC-PIT Pilot Program | Mater Health Services Brisbane | Capital Health Network | $10,000 | December 2016 to October 2017 |

phn ACT

An Australian Government Initiative

Capital Health Network

ACT's primary health network