

Northern Queensland Primary Health Network

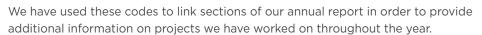
Annual Report 2017–18





This annual report is interactive!

Throughout NQPHN's 2017-18 Annual Report, you will see various QR codes.





All you have to do is download a QR code scanner app (it's free!), then scan the code when you see it, and you will be taken to the relevant video/webpage.

Northern Queensland Primary Health Network Annual Report 2017-18

Published by Northern Queensland Primary Health Network (NQPHN), October 2018

NQPHN acknowledges the financial and other support of the Australian Government Department of Health.

NQPHN encourages feedback on the annual report. We would love to hear from you at:

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ABN 35 605 757 640





Northern Queensland Primary Health Network acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past and present.

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Key achievements

500,000+	people reached via social media through the Sick After Hours ED avoidance behaviour change campaign	f
21,819	funded psychological service sessions delivered to 7,510 clients	©
20,524	North Queensland primary and secondary students received health education in schools	*
16,223	care coordination services delivered to 11,711 Integrated Team Care (ITC) clients	
11,600	allied health services delivered	
6,511	My health for life risk assessments undertaken throughout the NQPHN region with 431 NQPHN residents enrolled in the program and an average completion rate of 60%	My health, for life
2,700+	Facebook likes	
2,000+	people and 90 organisations attended the Aged Care Expo in Mackay	in
1,227	completed and live HealthPathways across Far North Queensland, Townsville, and Mackay HealthPathways	×
1,168	practice support visits across the NQPHN region	
165	education and training events delivered, including 22 in rural and remote locations, to 3,108 participants	滚
80	consumer engagement events attended promoting My Health Record, reaching more than 30,000 people face-to-face	My Health Record
38	Indigenous Outreach Workers, Health Project Officers, and Care Coordinators employed in ITC health programs	
01	commissioned Alcohol and Other Drugs	

Message from the Chair and CEO

We are delighted to introduce Northern Queensland Primary Health Network's third Annual Report.

The 2017-18 financial year has been one of change and challenge, but by working in partnership with our Members and colleagues across the wider health system, we believe we have adapted to the former and risen to the latter. This report reflects NQPHN's ongoing evolution as an organisation that is positively influencing the health of people in North Queensland.

It's been a busy and exciting year for NQPHN, our staff, local healthcare providers, and the local community, with several key health reform initiatives being rolled out across our region, guided by the seven national key health priority areas identified by the PHN Program Performance and Quality Framework.

This past year, NQPHN has improved the commissioning of services where they are needed most in North Queensland. As a result, we have:

- delivered more mental health and suicide prevention services
- launched more alcohol and drug withdrawal programs
- supported local Aboriginal and Torres Strait Islander organisations to expand their service capacity
- addressed obesity and chronic disease in our communities
- worked with local aged providers to improve care for our elderly residents
- promoted the use of digital health, including My Health Record
- upskilled more primary health providers through workforce education and training.

A significant achievement has been the progression of the mental health transition to a stepped care model. The new Connect to Wellbeing program in North Queensland will achieve increased levels of mental health support for local residents, and provide a 'no wrong door' approach to assist people seeking mental health support to connect with the appropriate service. This is an exciting period of change and reform, with this approach helping to improve outcomes for people who are in need of mental health support.

NQPHN has moved towards a holistic approach where our interactions with primary health care providers are focused on the wellbeing of the entire person within the context of their community. This is reflected in the *Our Region, Our People* human

interest stories which you will see throughout this Annual Report. We hope you enjoy reading stories from our regions' community members and healthcare providers.

The Board made significant refinements to NQPHN's corporate governance, including the expansion of its Membership, and the approval of a new Constitution and Secretariat structure; and we are looking forward to the new financial year with these strong governance systems in place.

We are certain that our key stakeholders will benefit from NQPHN's efforts to better engage, and the fact we're now able to move forward in a better, more nimble and dynamic fashion underpinned by sound clinical governance, to ensure residents in our region receive the right care, at the right place, at the right time.

Finally, thank you again to our Board, Executive Team, and all our staff for their commitment during the past year. Our ability to provide our local communities with access to high-quality primary health care depends upon their outstanding efforts and dedication that we see and admire every day.

Ultimately, all our efforts have been and continue to be focused on achieving our vision of helping northern Queenslanders live happier, healthier, longer lives.



Dr Vladislav Matic

MBBS (Syd) M. Bus (Mgmt)
FACRRM FRACGP FAICD

Chair, Northern Queensland
Primary Health Network



John Gregg Chief Executive Officer Northern Queensland Primary Health Network

Strategic Plan 2018–2023

Our vision

Northern Queenslanders live happier, healthier, longer lives.

Our purpose

Drive change within and support primary health care to improve individual and community health.

Our partners

Core to our purpose is developing our partnerships in a collaborative manner that drives improvement through working with our community and primary care system.

Goals

To place individuals at the centre of their own health and wellbeing.

To work with communities to understand local needs, and design and implement solutions that improve local health and wellbeing.

To ensure an integrated approach to health and wellbeing.

To build local capacity to improve health and wellbeing outcomes.

Outcomes

Patient experience of care:

- · safe and effective care
- · timely and equitable access.

Patient and family needs met:

- · quality and population health
- improved health outcomes
- · reduced disease burden
- improvement in individual behavioural and physical health.

Sustainable cost:

- · efficiency and effectiveness of services
- · increased resourcing to primary care
- cost savings and quality-adjusted life-years.

Provider satisfaction:

- · increased clinician and staff satisfaction
- evidence of leadership and teamwork
- · quality improvement culture in practices.

Foundations

- People
- Cultural competency
- Partnerships
- · Evidence and data
- Innovation
- Integrity

Our strategic objectives

Integrate information, data collection, and sharing.

Build workforce capacity and capability for the future.

Strengthen partnerships to maximise collective impact. Commission effective and needs-led solutions to improve health outcomes. Provide collaborative and efficient health system leadership that drives progressive health system reform.



Scan the QR code with your smartphone to view the full Strategic Plan.

Our health priorities

Northern Queensland Primary Health Network (NQPHN) aims to improve health outcomes for all by working with GPs, pharmacists, dentists, nurses, allied health professionals, secondary care providers, hospitals, and the wider community. NQPHN responds to the health needs of its region while being guided by the *National PHN Performance and Quality Framework*'s seven priority areas (pictured right) for targeted work.

The main objectives within each of these priority areas is to increase the efficiency and effectiveness of primary health services, and to improve coordination of care to ensure people receive the right care in the right place at the right time.

NQPHN responds to the health needs of its region while being guided by the priority areas for targeted work and national priorities, as decided by the Australian Government.





Scan the QR code with your smartphone to read the full framework document.

Our governance

Northern Queensland Primary Health Network (NQPHN) has a commitment to strong, effective governance. We are an independent not-for-profit Company, limited by guarantee.

We are registered as a charity with the Australian Charities and Not-for-profits Commission. We are a membership-based organisation with a Constitution and Board of Directors, and hold an Annual General Meeting each year.

Our Board

The NQPHN Board is a skills-based Board, charged with controlling and directing the Company through the discharge of the Directors' duties, functions, and powers.

NQPHN has established four key committees of the Board:

Nomination and Remuneration

This committee makes recommendations to the Members for director appointments and re-elections, and assists the Board to fulfill its corporate governance responsibilities regarding performance, induction programs, and continuing professional development for directors and remuneration of directors.

People and Performance

This committee provides oversight of organisational culture and other aspects of Human Resources. The committee makes recommendations to the Board regarding Senior Executive succession planning, remuneration and performance evaluation, reviewing compliance with the Corporate Code of Ethical Conduct, and overseeing any investigation of improper conduct initiated under NQPHN's Protective Disclosure (Whistle-blower) Program.

Finance, Audit and Risk Management (FARM)

This committee assists the Board in fulfilling its responsibility to exercise due care, diligence, and skill in relation to budget planning process and monitoring of performance. It also focuses on financial investment strategy, contracting arrangements, the integrity of NQPHN's financial reports and statements, adequacy and performance of NQPHN's internal control framework, external and internal audit processes, and the framework established by management to identify, assess, and manage risk.

Clinical Governance

This committee provides the Board with contemporary advice and recommendations on matters of clinical governance, commissioning (specifically, planning and design of services), stakeholder engagement, and continuing development and refinement of the Health Needs Assessment (HNA) and related strategic planning documents.

All committees have levels of delegated authority for core decision making.



Meet our Board of Directors

Dr Vladislav Matic (Chairman)

Dr Vladislav Matic MBBS (Syd) M. Bus (Mgmt) FACRRM FRACGP FAICD

has had extensive experience in the provision of primary and secondary health care. Until recently Dr Matic was the Director of Medical Services at Wuchopperen Health Service, a position he took up in early 2011. Prior to working in Cairns, Dr Matic was a rural Procedural GP

(Anaesthetics) and Visiting Medical Officer serving remote communities for more than 18 years. Dr Matic currently works as a Medical Management Consultant providing advice on Clinical and Corporate Governance, Financial Performance, Data Governance, CQI, Accreditation and Compliance to ACCHOs and corporate health providers.

Dr Matic has served on numerous health boards at the local, state, and national level for more than 20 years. Previous experience includes roles as Vice-Chair Australian Divisions of General Practice, Chair of the Alliance of NSW Divisions and Chair of Outback Division of General Practice. Dr Matic is currently a Board Member of the Remote Vocational Training Scheme, and Chair of the RVTS AMS Reference Group. In addition to governance roles, Dr Matic has also been appointed to several national advisory boards and committees, including Practice Incentive Program Advisory Group, Practice Incentive Program Technical Working Group and the Pharmacy Trials Advisory Group.

Dr Matic has a strong interest in improving the health outcomes of Aboriginal and Torres Strait Islander people and is the Australian College of Rural and Remote Medicine's nominee to the NQPHN Board. When not working Dr Matic enjoys cycling, reading and travelling.

Suzanne Andrews

Sue is the Chief Executive Officer of Gurriny Yealamucka Health Service, a community-based health organisation that delivers holistic health care to the people of Yarrabah, an Aboriginal community near Cairns.

During her time as CEO, Sue
has led the drive for the transfer of
responsibility for delivering primary
healthcare services from the Queensland Government
to Gurriny Yealamucka, a first in Queensland, with
Gurriny now looking after all primary healthcare
services in the community.

In 2016, Sue was also a key driver for the

establishment of the first pharmacy to open in Yarrabah in nearly 20 years, ensuring the Yarrabah community had a wider range of primary and allied health services.

Prior to her appointment as CEO in 2012, Sue was the Finance Manager at Gurriny Yealamucka for more than five years, leading and managing the day-to-day financials of the organisation with a budget of \$8 million. Sue has also previously worked with Cape York Digital Network and Gindaja Treatment and Healing Centre in Yarrabah.

A proud Aboriginal woman who grew up in Yarrabah, Sue is passionate about closing the gap in Indigenous health disadvantage. Sue was appointed a director of Northern Queensland Primary Health Network in 2017.

Dr Rodney Catton

Rod's early life was in Brisbane. From 1965-1975 he attended three tertiary institutions in Queensland, NSW and India, studying religion, education, history, science and medicine, moving to Innisfail in 1977. General Practice there involved over 20 years of procedural medicine and inpatient care. As an accreditation

surveyor he visited practices across Northern Australia. General Practice representation includes organisations and boards at local, regional, state and national level for 25 years. His particular interest is in improving the public-private health interface. Other interests include fruit farming, local history and indigenous culture and history, bushwalking, woodwork, piano and pipe organ.

Meet our Board of Directors (continued)

Ruth Faulkner

Ruth is a Director on the NQPHN
Board and Chair of the Finance Audit
and Risk Management (FARM)
committee. She is also a highlyregarded management consultant
with extensive experience in the
not-for-profit and commercial
sectors, both in Australia and
internationally.

She has specific expertise in financial management, risk, strategy and governance. Her experience working as a chartered accountant, auditor and business advisor with one of the largest global accountancy practices during the 1990s provided a solid foundation for her career. Since

moving to Australia and co-founding Conus Business Consultancy Services in 2006, Ruth has focused on providing strategy development, business modelling, mentoring, community consultation and corporate financial management services.

Ruth chaired the Cassowary Coast Regional Council Audit Committee from inception in 2009 to 2016 and is an independent member of several audit and risk committees. Ruth has appeared as a guest director for Women on Boards and the Australian Institute of Company Directors. She is a past President of the Cassowary Coast Business Women's Network and is involved in promoting leadership for women in the region. Ruth is also a mentor with the successful Women on Boards 'My Mentor' program.

Dr Richard Malone

Born in Atherton, North Queensland, Richard was schooled on the Gold Coast and trained at Royal Brisbane Hospital. He moved to Mackay in

1988 and has been a principal at Ambrose Medical Group since 1989.

During his time in Mackay, Richard has served on various school boards,

the Mater Hospital Ethics committee, and sub committees.

He has a long-term commitment to medical education and has been involved with teaching

students and registrars. He is a senior examiner with the Royal Australian College of General Practitioners.

Richard spent 10 years as honorary Director of Palliative Care Services at Mackay Mater Hospital, and is currently the President of the Mackay Branch of the Leukaemia Foundation. In his practice he has an interest in preventive medicine, aged care and sports medicine.

He is a medical provider to Rowing Australia and holds senior coaching qualifications.

Tony Mooney AM

Tony Mooney was a Councillor and Deputy Mayor of the Townsville City Council and was elected Mayor in 1989. He held the position of Mayor of Townsville until 2008.

In 2008, Tony was made a Fellow of the Australian Institute of Company Directors. In 2011, Tony was awarded an Order of Australia

(AM) for services to local government and the community. Tony served on the boards of numerous

government and community entities, including Ergon Energy, LG Super, Townsville Entertainment Centre Board of Management (Chair) until 2008, and as the inaugural Chair of the Willows Stadium Joint Board (currently 1300 Smiles Stadium).

In 2011, Tony was appointed by the Federal Government to the Board of the Great Barrier Reef Marine Park Authority where he served until 2016. Tony was appointed a director of Northern Queensland Primary Health Network in 2017.

Meet our Board of Directors (continued)

John Nugent

John was awarded a Bachelor of Business (Health Administration) with Distinction in 1988 by the Queensland Institute of Technology.

Until his retirement on 12
December 2012, John held the
position of the Executive Officer of
Mater Misericordiae Hospital, Mackay,

being appointed to that position in 1996. He oversaw the redevelopment of that 105 bed not-for-profit private hospital on a Greenfield site at North Mackay, and has been closely involved in the recruitment of many new medical specialists to the Mackay region for many years.

He has been involved in Hospital Management since 1976 serving as Hospital Manager at Inglewood Hospital and also Mackay Base Hospital, Assistant Manager at Royal Children's Hospital, Brisbane and Rockhampton Base Hospital, Assistant Regional Director for Finance and Administration at Mackay Regional Health Authority, and was the first District Manager of Mackay Health Service District.

John also worked for several years within the corporate office of the Queensland Department of Health.

John and his family moved to Mackay in 1988 when he commenced as Manager of Mackay Base Hospital. John is married to Joan and has three children and six grandchildren.

He was the president of City Brothers Football Club for 9 years until 2011, and is a life member of that soccer club.

He is a Director on the Board of the Mackay Hospital and Health Service, a Consumer representative on the Risk Management Committee of Mercy Health and Aged Care Central Queensland Limited, and has been a member of the Centacare Council for the Catholic Diocese of Rockhampton since 1996. Centacare is a social welfare organisation providing a range of counselling and other services.

Luckbir Singh

Luckbir is a Partner at MacDonnells
Law, which has more than 100
personnel spread across three
offices (Brisbane, Cairns, and
Townsville). In 2007 Luckbir
became the youngest modern
day partner appointment in the
firm's 130-year plus history. In 2016
Luckbir was named a finalist for the

Australian Commercial Partner of the Year in the Lawyer's Weekly Australian Lawyer of the Year Awards.

Luckbir has been involved in many of the most significant, highly publicised and complex corporate matters in North Queensland. His areas of expertise are corporate advisory, governance and merger and transactions.

He is the Chair of the Australian Institute of Company Directors Cairns Regional Committee, a Director of Cairns COUCH Limited, and Chair of the CCIQ Far North Qld Policy Council.

Luckbir was born and raised in North Queensland, with his family having lived in the region since the 1890s.

Cate Whalan

In her early career, Cate graduated with a Bachelor of Pharmacy from the University of Queensland, interned at Mater Hospital Pharmacies in Brisbane, and registered in 1995 to be appointed as a pharmacist in the Royal Australian Army Medical Corps. She had postings in charge of barracks Medical

Centre dispensaries, medication supply warehouses, and saw operational service with the Combined Health Element of the Peace Monitoring Group in Bougainville in 1998.

Cate retired from the army to locum and part time pharmacist in charge positions. In 2006 she purchased her first pharmacy in Townsville, and rebranded it 'Cate's Chemist' with a shopping centre development in 2007. In May 2017, Cate purchased another pharmacy in a Townsville GP Superclinic, and rebranded it to Cate's Chemist Hyde Park with a junior partner.

Cate maintains a clinical interest in chronic disease management for the elderly, Aboriginal and Torres Strait Islander peoples. In practise, she emphasises continuity of care, building health care teams across acute, primary, and specialist care, and between community and hospital pharmacy. Cate is a member of the Pharmaceutical Society of Australia, Townsville Chamber of Commerce, Townsville Enterprise, Committee Member for the Pharmacy Guild of Australia (Queensland Branch), and a graduate of the Australian Institute of Company Directors.

NQPHN Board meetings attendance 2017–18

This table provides details of Board meetings attendance and sub-committee meetings attendance in 2017-18 by Directors of the NQPHN Board.

		Board Meetings and Man				Nomination Committee ¹		Nomination and Remuneration Committee ²		People and Performance Committee ¹¹		Council	Represent NQPHN @ events & meetings ³
Director	Held	At- tended	Held	At- tended	Held	At- tended	Held	At- tended	Held	At- tended	Held	At- tended	Attended
Mr. Trent Twomey ⁴	13	6	6	2	5	2	NM		NM		NM		32
Dr. Vladislav Matic (Chair) ^{5a,b}	13	13	6	4	5	5	N	IM	1	1	N	IM	12
Mr. Luckbir Singh	13	11	N	М	5	5	NM		1	1	NM		1
Ms. Ruth Faulkner	13	11	6	6	N	М	NM		N	IM	NM		2
Dr. Richard Malone	13	11	N	М	NM		N	IM	1	1	4	412	4
Mr. Tony Mooney AM	13	13	N	М	NM		N	IM	1 1		NM		2
Mr. John Nugent	13	12	6	6	N	NM N		IM	NM		NM		3
Dr. Rodney Catton	13	11	N	М	N	NM NM		IM	N	IM	2	2	3
Ms. Suzanne Andrews ⁶	13	8	N	М	N	NM 3		3	NM		NM		2
Ms. Catherine Whalan ^{10a,b}	13	5	6	1	NM		NM		NM		NM		2
External appointees													
Mr. Ben Tooth ⁷	N	М	6	5	NM		NM		NM		NM		
Mr. John Rawnsley ⁸	N	М	N	М	N	M	3	3	N	IM	N	IM	
Mr. Tim Mulherin ⁹	N	М	N	М	N	M	3	3	N	IM	N	IM	

Held / Attended = The number of meetings held and attended by each Director/other during the period 1 July 2017-30 June 2018. Attendance includes teleconference/videoconference participation.

NM = Not a member—accordingly, attendance not required

- 1. The majority of Nomination Committee activities transitioned to People and Performance Committee from April 2018, whereupon the Nomination Committee was disestablished.
- 2. Nomination and Remuneration Committee established by Constitutional review effected 11 December 2017—convened April 2018.
- 3. Formally attending a Board endorsed activity, event, meeting or forum as a NQPHN Board Representative. External appointees are not required to attend events as NQPHN representatives. Does not include attendance at mandated training/professional development events.
- 4. Director until 2 January 2018, Previous Board Chair until November 2017, hence reduced attendance.
- 5. (a) The Chair of the Board has the right to attend all Board Committees ex officio, except Nomination and Remuneration Committee. Chair attends FARM and People and Performance Committee as a matter of routine.
 - (b) Dr Matic appointed as Chair November 2017. Attendance at meetings other than Board calculated post-appointment, in accordance with role of Chair.
- 6. Director Andrews appointed November 2017. Attendance calculated post-appointment.
- 7. NQPHN Board Appointed Representative on the Finance, Audit and Risk Management (FARM) Committee.
- 8. Independent External Chair of Nomination & Remuneration Committee, appointed by NQPHN Members.
- 9. Member Representative on Nomination & Remuneration Committee, appointed by NQPHN Members.
- 10. (a) Director Whalan attended FARM meeting as an observer, as part of familiarisation. Non-recurring attendance. (b) Director Whalan appointed 2 January 2018. Attendance calculated post-appointment.
- 11. People and Performance Committee established 2018.
- 12. Includes one combined meeting of both Clinical Councils.

Clinical Councils

Northern Queensland Primary Health Network (NQPHN) has two Clinical Councils—one covering the Cairns and Cape and Torres Strait region, and the other Townsville and Mackay.

The membership representation includes GPs, pharmacists, dentists, nurses, allied health professionals, Aboriginal and Torres Strait Islander health professionals, and Hospital and Health Services representatives.

The purpose of NQPHN's Clinical Councils is to support our organisation with expert specialist knowledge to ensure high-quality, evidence-based, cost-effective, patient-centred, and outcome-driven primary healthcare, in line with national and local priorities.

Clinical Councils help develop local strategies to improve the healthcare system for patients in the NQPHN region, and facilitate effective primary healthcare to reduce avoidable hospital presentations and admissions.

The Councils play a critical and strategic role in supporting the best possible decisions on health and primary/community-based healthcare, which will ultimately improve health outcomes for northern Queensland residents.

Clinical Councils also have input into Health Needs Assessments, and provide feedback and input into NQPHN's Activity Work Plans. The Clinical Councils meet regularly, and report to the Board through the Clinical Council Chairs, who are both GP Directors of the NQPHN Board.

Clinical Council North

(Cairns—Cape and Torres Region)

- Dr Rod Catton—Chair (General Practitioner)
- Mr Richard Boyd (community pharmacist)
- Dr Eddy Strivens (HHS representative)
- Ms Ingrid Hagne (community nurse)
- Dr Jason King (Aboriginal and Torres Strait Islander health professional)
- Mr Mitchell Smith (allied health—dietitian)
- Mr Michael Delaney (other—pharmacist)
- Ms Jeannie Little (other—Aboriginal and Torres Strait Islander health).

Clinical Council South

(Townsville - Mackay Region)

- Dr Richard Malone—Chair (General Practitioner)
- Dr Peter Gianoulis (General Practitioner)
- Mr Martin O'Reilly (community pharmacist)
- Dr Niall Small (HHS representative)
- Ms Debra Brown (community dentist)
- Ms Kath O'Brien (community nurse)
- Dr Raymond Blackman (Aboriginal and Torres Strait Islander health professional)
- Ms Anna Nicholls (allied health occupational therapist)
- Ms Dianne Graham (other—pharmacist).

Member organisations

- Townsville Hospital and Health Service
- Cairns and Hinterland Hospital and Health Service
- · Mackay Hospital and Health Service
- Torres and Cape Hospital and Health Service
- The Pharmacy Guild of Australia (Queensland Branch)
- Australian College of Rural and Remote Medicine (ACRRM)

- Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA)
- Australian Primary Health Care Nurses Association (APNA)
- Council on the Ageing (COTA)
- · Queensland Alliance for Mental Health
- CheckUP

Community Advisory Groups

NQPHN is a member of regional Community Advisory Groups (CAGs), a shared initiative with local Hospital and Health Services (HHSs). CAGs are established to support and promote a 'one health system' view.

The CAGs aim to provide a community perspective to decision-makers to ensure that investments,

innovations, and decisions around health are patientcentred, cost-effective, locally relevant, and aligned to local experiences and expectations.

The membership representation includes a diverse range of community members.

Our community

Northern Queensland Primary Health Network's (NQPHN's) region is unique—spanning an area of 510,000km², more than seven times the size of Tasmania, this tropical environment is home to approximately 706,000 people.

NQPHN covers an area of northern Queensland from Sarina up to the northernmost point of the Torres Strait Islands—a distance of around 1,500km as the crow flies.

This area includes the Cairns, Townsville, and Mackay regions, as well as remote Indigenous communities in Cape York Peninsula and the Torres Strait Islands.

NQPHN would like to recognise the
Traditional Owner Groups across the region
in which we work, which starts near the
Yuwibara People in the south, moves out
west past the country of the Yirendali People,
and stretches north to the people of Boigu Island and
Saibai Island in the outer islands of the Torres Strait.

In terms of geographical size, we're the fourth largest PHN in Australia, covering 30 per cent of Queensland.

Our region



2018 population (estimate):

705,696

2018 Indigenous population (estimate):

68,639

2036 population projection:

949,045

Source: ABS census data 2017.

80%

of the population live in outer regional Australia



8%

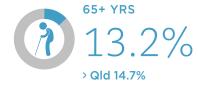
of the population live in remote or very remote areas



Age groups







Services in our region

29

8

14

45

public hospitals

private hospitals

Aboriginal and Torres Strait Islander Medical Services

primary health care centres (9 are labelled as 'Community Health Centres'

31

21

of 3^{\prime}

4



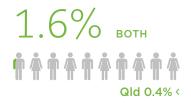
Local Government Areas

Local Government Areas have people living in very remote areas

Hospital and Health Services

Ethnicity





^{*}These statistics are current as at August 2018.



Our corporate services

Working closely with each of Northern Queensland Primary Health Network's (NQPHN's) program areas, our corporate services staff partner with operational teams to support the delivery of key business outcomes.

NQPHN's Human Resources department play a central role in vital retention and recruitment processes during the ongoing development of the organisation.

NQPHN is a lean organisation reflecting our focus on purchasing solutions to meet healthcare needs, rather than providing them.

NQPHN's Contracts and Procurement, Finance, and Administration Teams co-ordinate the business systems and processes that support our programs and services. The teams are highly experienced in the mandatory commissioning model of service, and continue to ensure the successful progress of NQPHN.

Our Contracts and Procurement Team ensures NQPHN meets all legal, best practice, and ethical standards efficiently and effectively, while finance staff ensure decision makers have the financial information they require and that probity around the use of grant funds is maintained. Our Communications Team tailors communication channels to stakeholder needs. The organisation's fortnightly newsletter *NQ Primary Health Update* includes news, events, jobs listings, and commissioning opportunities, as well as updates from our partners and collaborators.

The readership for this popular publication (more than 4,250 subscribers at the time of going to print) and subscribers include GPs, pharmacists, dentists, nurses, allied health professionals, aged care providers, specialists, and representatives from the community sector.

The Communications Team has also been highly active in local, state, and national media engagement. The team has grown NQPHN's social media channels, with NQPHN's Facebook page achieving the most 'Likes' out of all other Primary Health Network (PHN) Facebook pages in Australia, and NQPHN's Instagram page also the most followed PHN nationally.







Scan the QR code with your smartphone to subscribe to our fortnightly newsletter—NQ Primary Health Update.

ANNUAL NQPHN YOUNG INDIGENOUS ART AWARDS

About the awards

Northern Queensland Primary Health Network (NQPHN) is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples within our region.

This past year, NQPHN Board of Directors achieved its vision of implementing the inaugural NQPHN Indigenous Youth Art Competition, a new initiative to recognise young, talented Indigenous artists across North Queensland.

The Board launched the competition during NAIDOC Week as part of the organisation's commitment to support Indigenous youth, and a meaningful pathway towards inclusion of our Aboriginal and Torres Strait Islander communities.

The competition—based on the theme of 'health care and wellbeing in our communities'—saw some inspirational artwork submitted by young and

upcoming local Aboriginal and/or Torres Strait Islander artists between the ages of 13-21 years.

The two categories available were:

- 1. Aboriginal artwork
- 2. Torres Strait Islander artwork

There were a range of incredible submissions from gifted young artists, resulting in three first place winners. The winners each received an Apple iPad Pro 10.5" 64GB Wi-Fi and Apple Pencil, valued at \$1,000 each.

These winning artworks will be displayed in NQPHN's offices, showcased in this Annual Report, and used in other potential NQPHN collateral.

Read more about the winning artists and see their artwork on the following pages.

Shanaye Bevan TORRES STRAIT ISLANDER ARTIST WINNER

About the artwork

"My artwork is about the health and wellbeing of Indigenous people/families. The work features what I see as important for Indigenous health, depicting a family living off the land, particularly the coast from my Islander background, where turtle, fish and squid are our traditional foods that keep us healthy."



Scan the QR code with your smartphone to hear more from Shanaye.



About the artist

Shanaye Bevan was born in Cairns and has spent most of her life in the Cooktown region. She has strong ties to her Torres Strait Islander (Waiben) background and draws from this heritage through her works. Shanaye has always immersed herself in the Arts and is currently completing a Certificate III in Visual Arts at Cooktown State School P-12.

Jasmine Grogan ABORIGINAL ARTIST WINNER

About the artwork

"In my painting I was telling the story of how the turtles swim through the ocean to reach their remembered destination and lay their eggs. The turtles pass different coloured corals as they swim. The symbol I have used in the centre of my artwork is the destination of where they lay their eggs and the current of the water. Just like the turtles we need to look after our families. My Grandma is my mentor for my paintings."



About the artist

Jasmine Grogan is studying Year 12 Art at Mareeba State High School and is a part of the Indigenous Leaders of Tomorrow program. Painting is an activity that Jasmine's family does together, and her grandmother is her mentor and inspiration.

Wudarabin Snider ABORIGINAL ARTIST WINNER

About the artwork

"My artwork 'The wellbeing of my culture' shows some meaning of my culture including the hunting in the ocean, which shows how our people hunt to gather foods for our family to ensure good health and wellbeing. My country is Kuku Yalanji and in my artwork it shows a turtle with dots in it, which means that the animal is alive, or if there is a person next to it, it could mean his or her totem. Around my painting are turtle tracks. They show Aboriginal artefacts including gulgas (spears), fish traps, shields, fire sticks, huts, boomerangs, dillie bags, and clap sticks. These show some aspects of our culture that keep us healthy within our mind, spirit, and culture."



About the artist

Cooktown State School Year 8 student Wudarabin Snider displays a natural talent for creating intricate and detailed Indigenous artwork that reflects the culture of her country Kuku Yalanji. Wudarabin enjoys studying art at school and has a passion for painting.

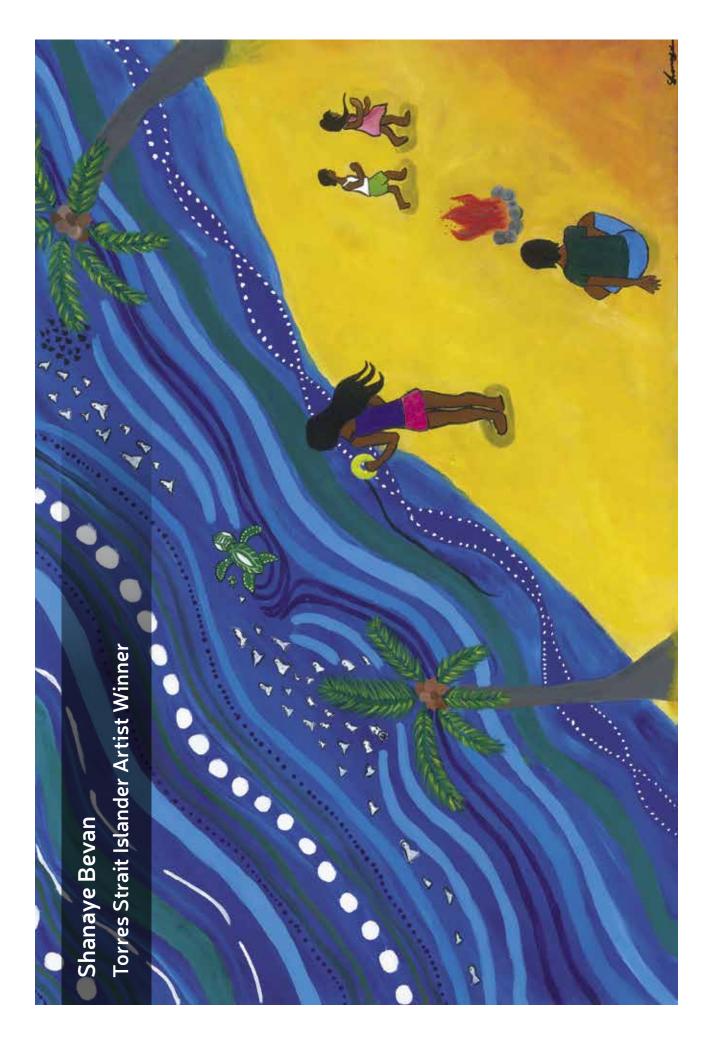


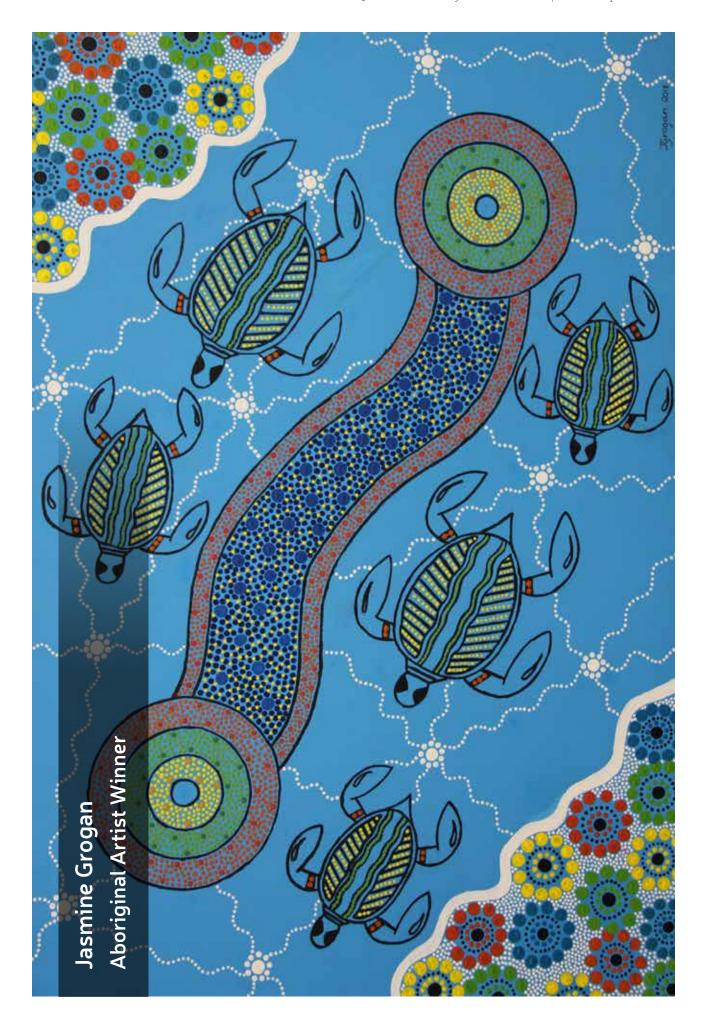
Scan the QR code with your smartphone to hear more from Wudarabin.

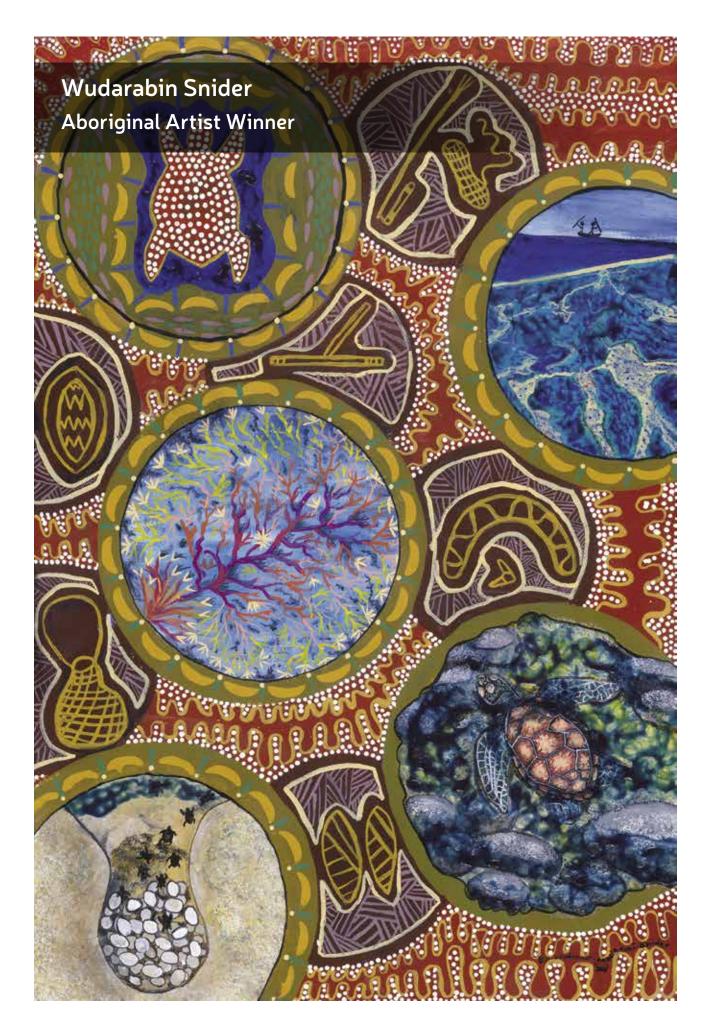


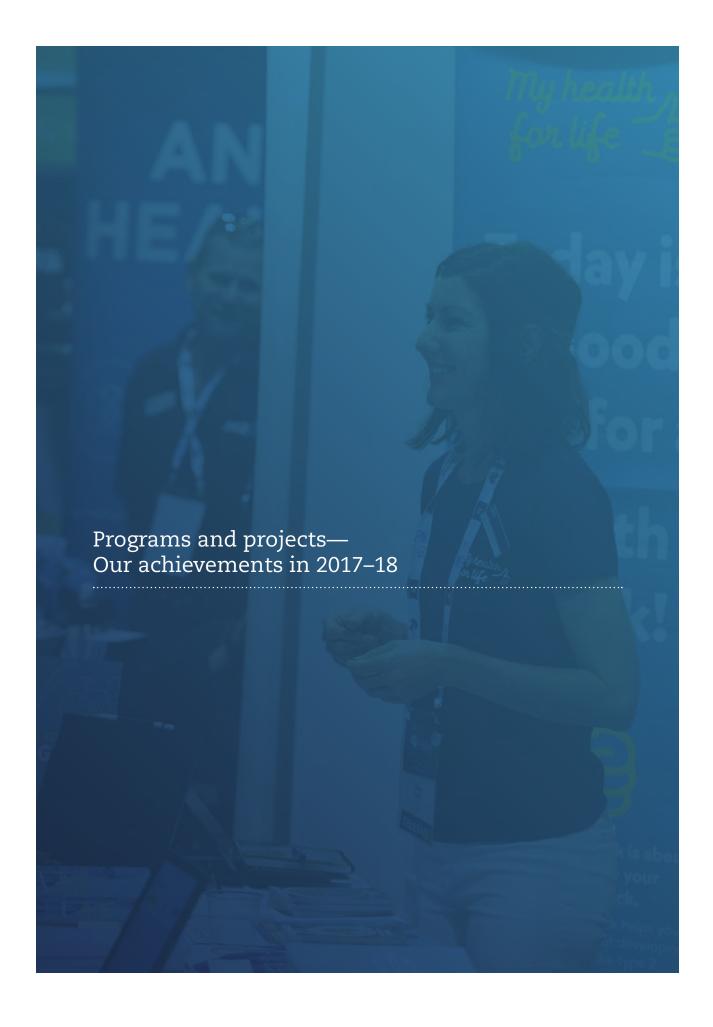
Scan the QR code with your smartphone to watch a slideshow of the top three entries for each category.

19









500,000+

people reached via social media through the Sick After Hours ED avoidance behaviour change campaign



Funding provided to

9



organisations for two after-hours grants programs:

- 1. Healthcare Community Consortium Grants
- 2. Skills for the Future Workforce Development Grants

Program overview

Northern Queensland Primary Health Network (NQPHN) is funded by the Commonwealth Government to work with stakeholders to coordinate and support after-hours health services, and encourage the appropriate use of available after-hours health services.

The NQPHN After Hours Program provides commissioning services and arrangements to improve service integration through:

- focusing on improving the overall system of after-hours care through better planning, better integration, and better value for stakeholders, leading to better patient outcomes
- contracting after-hours service providers to fill high priority gaps after competitive tendering processes
- fostering innovation to get better access and more capable services for our most vulnerable communities (including Aboriginal and Torres Strait Islander people, Residential Aged Care Facility (RACF) residents, rural and remote communities, those with mental illness, and people needing palliation at end-of-life).

NQPHN's objectives for after-hours primary health care in the region include:

- increased efficiency and effectiveness of after hours primary health care for patients, particularly those with limited access to health services
- increased consumer awareness of after hours primary health care available in their community, and improved patient health literacy on the appropriate health services to access in the after-hours period

Scan the QR code with your smartphone to watch Dee's Family ED Fail Tale on our Facebook page—share with friends and sing along!

- improved patient outcomes through working collaboratively with health professionals and services to integrate and facilitate a seamless patient experience
- increased efficiency and effectiveness and implementation of systems to support effective communication and continuity of care across after hours service providers and a patient's regular GP
- improved access to after hours primary health care through effective planning, coordination, and support for community-based after-hours primary health care.

Key achievements

- Collaborated on a series of RACF GP Linkage programs, including the CRANAPlus GP Linkage Project, and Cairns and Hinterland Hospital and Health Service (CHHHS) Open Arch Project.
- Provided ongoing support for disadvantaged people and those in rural and remote communities through a number of after-hours programs including House Call Doctor, Mookai Rosie Bi-Bayan After Hours Nurse and Doula Support, Palm Island After Hours Pharmacy and GP Clinic, and Stratford Medical Centre Wheels of Wellness outreach clinics.
- Commissioned projects under the After Hours Healthcare Community Consortium Grants, including:
 - CQUniversity, and Cairns and Hinterland Hospital and Health Service Nurse Navigator Research and Pilot Project
 - Private Emergency Health Australia and Mater Hospital Mackay After Hours GP Clinic
 - Royal Flying Doctor Service After Hours Telehealth Services (Cape York and Torres Strait).













- Hosted after hours interactive procurement co-design workshops in Cairns, Townsville, and Mackay relating to the Medical Deputising Services Pilot Program, and collaborated on the House Call Doctor Quality Improvement Pilot Program.
- Commissioned projects under the After Hours Skills for the Future Workforce Development Grants, including:
 - Emergency and Long Term Accommodation Moranbah Professional Development
 - CQUniversity Rhino Project—Rural and remote placement opportunities
 - Mutkin Residential and Community Care After Hours Nurse and Upskilling Program (Yarrabah)
 - Dial-a-Doctor Cairns—Indigenous Liaison/ Community Linkages Project
 - Mookai Rosie Bi-Bayan Skills for the Future
 - Palliative Care Queensland (Cairns, Townsville, and Mackay)—Aged care and GP training and upskilling for end of life, and assisting in management of after hours need.
- Worked with local GPs, the Mareeba community, Mareeba Council, Mareeba Chamber of Commerce, and Cairns and Hinterland Hospital and Health Service to establish a new bulk-billing GP service at Mareeba Hospital.
 - Scan the OR code with ye

Scan the QR code with your smartphone to watch the Sick After Hours TV commercials.

- Funded Dial-a-Doctor to provide afterhours bulk billing services on the Tablelands, specifically servicing Mareeba and Atherton.
- Launched major new behaviour change campaign which aims to re-direct non-urgent and non-life threatening situations from the Emergency Departments (EDs) to GPs, pharmacies, and after hours services. The Sick After Hours campaign was rolled out across Cairns, Townsville, and Mackay, and included an extensive TV, print, radio, out-of-home (bus wraps, shopping centre displays, Tonic TV), and social media advertising campaign, as well as brochure and fridge magnet mail-outs to every household within 100km of a hospital in North Queensland.

Key outcomes

- ➤ Engaged Mareeba residents in consultation process regarding \$2 million in funding announced by the Australian Government to improve primary health services in Mareeba, and facilitated a co-design process with local primary healthcare providers.
- Identified need in the Tablelands region for afterhours services, and collaborated with Dial-a-Doctor to provide a service to fill the community's requirements.
- ➤ Enhanced collaborative approach with key stakeholders to identify after hours needs and work on co-design solutions for North Queensland region for example, After Hours Skills for the Future Workforce Development Grants, After Hours Healthcare Community Consortium Grants, and RACF GP Linkage programs.
- Reached more than 500,000 people through social media as part of the After Hours ED avoidance behaviour change campaign.

25



our region, our people

Meet Dr Roberts

Sights set on expanding mobile outreach clinic to better support those in need

Homeless and disadvantaged people in Cairns have been offered a new sense of hope and health with the Wheels of Wellness (WOW) program, a mobile outreach clinic which treats patients anywhere in the community.

Stratford Medical Centre established the WOW outreach service in partnership with Northern Queensland Primary Health Network (NQPHN) as a way of bringing patient-centred medical care to patients who can often feel uncomfortable or are not able to receive treatment in a conventional clinical setting.

The driving force of compassion behind the service is Dr Amanda Roberts, one of Stratford Medical Centre's dedicated general practitioners.

Dr Roberts has a special interest in emergency medicine, community services, mental health, acute illness, and business and community services.

She is passionate when it comes to improving the health outcomes of the whole community, focusing on addressing the current lack of accessibility of health services by marginalised individuals in the Cairns region.

"Patients who would not normally have the opportunity to do so are now able to access not only GPs and nurses, but also allied health professionals," said Dr Roberts.

"The WOW mobile clinic gives us the capability to go out onto the street and provide much needed care wherever the patients may be.

"Given the complexity of care required for most of our patients, it is important that they have this support to ensure follow-up requests such as pathology, X-rays, or further appointments with allied health professionals are attended. "These clinics give those who are going through a particularly rough and confronting time in their lives the opportunity to seek quality health care while being treated with respect and dignity."

For the past year, Dr Roberts and her team have been working tirelessly alongside NQPHN towards opening a Cairns CBD-based clinic to support the WOW outreach service.

The aim of the new clinic will be to have a base location for WOW where people can visit upon appointment and feel genuinely comfortable in seeking medical advice.

"Stratford Medical Centre and the WOW program are committed to working collaboratively with homelessness hubs, service providers, and not-for-profit organisations to extend medical care to those who need it most," said Dr Roberts.

"Many medical and administrative staff involved in this project have been encouraged by responses from service providers, who truly appreciate that there is someone out there caring for their clients and improving life outcomes for the disadvantaged."

The new CBD clinic is dedicated to delivering regular weekly GP and nurse clinic sessions, as well as providing a pathway to allied health services.

Wheels of Wellne Mobile Clinic

Aged Care







Program overview

Northern Queensland Primary Health Network's (NQPHN) Aged Care Program supports older Australians to lead healthier, more productive, and connected lives through a population health approach. This contributes to older peoples' capacity to enjoy greater social and economic participation.

NQPHN draws information from a range of sources to identify and prioritise the needs of older Australians, assess current services, and develop innovative solutions to address identified gaps in primary care services.

The Aged Care Program aims to:

- promote advance care planning, including the use of Advance Care Plans
- assist GP and aged-care provider readiness for aged care reforms
- improve the capacity of GPs and aged care providers to deliver aged care services, including palliative care.

Key achievements

- Member of the statewide advisory group for the Office of Advance Care Planning.
- Member of Cairns and Hinterland Hospital and Health Service (CHHHS), and Torres and Cape Hospital and Health Service (TCHHS) Care at the End of Life advisory groups.

- Major partner with Mackay Hospital and Health Service (MHHS) in the development and delivery of the Emergency and Community Connect (ECC) project, which supports the use of telehealth to reduce avoidable Emergency Department presentations.
- Major partner with CHHHS in the development and delivery of the Open Arch project. This proof of concept study assesses the impact and cost-effectiveness of a community-facing comprehensive, multi-dimensional geriatric assessment and care co-ordination model of care. Access to these services is currently available to hospital in-patients who are preparing to return to their communities.
- Collaborated with Mackay Regional Council to conduct an Aged Care Expo in Seniors Week.
 - Facilitated key events including:
 Program of Experience in the Palliative Approach (PEPA) Palliative Care in General Practice workshops
 - Palliative Aged Care Consultancy Service (PACCS) palliative care training workshops for Residential Aged Care Facility (RACF) staff
 - Complex Care Wound Management workshops for nurses
 - Step Forward Together co-design workshop
 - Dying To Know Day activity
 - · Forgotten Australians training sessions
 - · Preparing for the Inevitable workshop
 - · Chronic care review.

- Participated in Burdekin Aged Care Mini-Expo.
- Delivered aged care forums for communitybased aged care services across the NQPHN region.
- Presented to community groups on advance care planning.
- Promoted and participated in disaster preparedness and recovery activities.
- Worked in collaboration with peak bodies in the delivery of quarterly industry forums and masterclasses.
- Assisted with change facilitation in general practices, with processes and the care of residents within RACFs—e.g. My Health Record, Advance Care Planning, HealthPathways.

Key outcomes

As a result of being actively involved in diverse networks within their local communities, NQPHN Aged Care Program Officers engaged with a wide range of stakeholders which contributed to improved service delivery to older Australians.

The ECC project was successfully trialled at three pilot RACFs, and will be rolled out to the remaining identified facilities in 2018–19. The project received support from RACFs, and data indicated that residents benefited from the project by reducing avoidable Emergency Department presentations. Remaining RACFs have indicated they are supportive of an early roll-out to their facilities.

The Open Arch project progressed, and initial feedback from GPs, patients, and their families indicated it had been a positive experience for participants.









Meet Mary Anne

New project aims to reduce avoidable hospital presentations for residential aged care facility residents in Mackay

A trip to the Emergency Department (ED) is something that everyone wants to avoid.

Resthaven on Quarry Director of Nursing and coowner Mary Anne Edwards is hoping to raise the bar in the care her facility provides by significantly decreasing the number of avoidable hospitalisations for her residents.

To achieve this, Resthaven on Quarry participated in the Emergency and Community Connect (ECC) project trials, which support the use of telehealth to liaise with the Senior Early Assessment Team at the Mackay Base Hospital to reduce unnecessary ED presentations.

Through a collaborative partnership between Mackay Hospital and Health Service (MHHS) and Northern Queensland Primary Health Network (NQPHN), the ECC project was developed and implemented throughout three residential aged care facilities (RACFs) in the Mackay region.

The project consists of using telehealth facilities such as video conferencing to communicate with healthcare providers from the comfort of the resident's home.

Mary Anne said their Mackay-based facility welcomed the trial of the project, believing the outcomes will greatly improve the quality of care provided to their residents.

"An ambulance trip to the hospital can be very traumatic for an elderly resident," said Mary Anne.

"Not only does it disrupt the resident, but it can also put a lot of stress on their families and staff at the facility.

"Telehealth technologies through the ECC project allow the resident to be assessed as a priority by the Senior Early Assessment Team and avoid uncomfortable and lengthy wait times which can be crucial in the time of an infection or illness.

"We have used iPads and video conferencing on several occasions to enable our residents to have consultations with specialists located in Brisbane and receive referrals for interventions without having to leave the facility.

"It is not only hugely beneficial for our residents, but also for our staff who have peace of mind knowing there is prioritised support available in the event of an emergency.

MHHS and NQPHN have been actively collaborating with diverse networks within the local community through engagements with a wide range of stakeholders such as local general practitioners, RACFs, pharmacies, and the Queensland Ambulance Service.

Barriers were identified to exist between community and acute sectors, highlighting an opportunity to develop a new model of care for RACF patients to receive the right care at the right time and in the right place.

"The last thing that we want to do is send our residents to the acute hospital when it isn't needed," Mary Anne said.

"It's great to see that there is an initiative that recognises the needs of the elderly within residential care who have complex diagnoses which can impact their response to clinical events.

"Throughout the trial, NQPHN staff were very proactive and assisted our facility staff with necessary computer programming and training on how to use the software."

Following on from the trials, positive participant feedback and assessed data indicated that residents benefited from the project by reducing avoidable ED presentations.

The expansion of the ECC project is on the horizon for 2018–19, as remaining RACFs in the region have indicated their support of an early roll-out to their facilities.



Alcohol and Other Drugs

21

commissioned Alcohol and Other Drugs services across the NQPHN region



10,000+

people reached through Alcohol and Drug Information Service (ADIS) Facebook promotional campaign



Program overview

Northern Queensland Primary Health Network's (NQPHN's) Alcohol and Other Drugs (AOD) Program focuses on improving planning and collaboration, strengthening systems, enhancing alcohol and drug treatment services, delivering AOD workforce development, and increasing Aboriginal and Torres Strait Islander service capacity and treatment services.

The program's primary objectives are:

- ongoing collaboration with local Alcohol and Drug (AOD) networks, and review of the AOD Needs Assessment
- commissioning of drug and alcohol clinical treatment services, including withdrawal and rehabilitation services
- increasing access to withdrawal and rehabilitation services for Aboriginal and Torres Strait Islander people
- establishing outcome-based performance frameworks and regional HealthPathways for AOD
- increasing supply and skills of AOD workforce, including clinicians and peer workforce to meet AOD needs.

- Commissioned a new AOD treatment program Remote Alcohol and Drug Interventions and Outcomes (RADIO), a 'hub and spoke' style program that delivers clinical treatment to young people across Cape York.
- Launched new alcohol and drugs support service to help manage and reduce substance addiction across the Townsville region—the Withdrawal Management Program, in collaboration with The Salvation Army.
- Commissioned new training program for Mackay and Bowen's primary health workforce to be upskilled to provide better care for individuals in need of alcohol and other drugs services, run by lead agency Aboriginal and Torres Strait Islander Community Health Service (ATSICHS).
- Collaborated with two AOD networks in North Queensland, with ongoing co-ordination from the Queensland Network of Alcohol and Other Drug Agencies (QNADA).
- Partnered with Queensland Health's Alcohol and Drug Information Service (ADIS), Queensland Network of Alcohol and Other Drug Agencies (QNADA), and other regional Primary Health Networks (PHNs) to promote a free and confidential telephone counselling service as part of a push to tackle substance use in Queensland.

Key achievements



Collaborated with Lives Lived Well on expanded alcohol and drug counselling services for Mackay individuals and families affected by the problematic use of alcohol and other drugs, including methamphetamine (ice).



Scan the QR code with your smartphone to watch NQPHN's Director of Clinical Governance and Performance talk about the value of ADIS.







Key outcomes

- Increased awareness of AOD needs across the region due to regular engagement with the sector. This also supported regular updates from all stakeholders regarding service developments.
- ➤ Enhanced access to specific drug and alcohol services residential services and new programs of care, focusing upon withdrawal management for younger adults, specifically in Townsville.
- ▶ Enhanced access to community-based drug and alcohol services, focusing upon all sections of the community, including Aboriginal and Torres Strait Islander people.
- ➤ Enhanced education for school-based staff, focusing upon promotion prevention and early intervention; particularly within the remote communities of Cape York and the Torres Strait.



Meet Jason

Withdrawal and rehabilitation program helping people achieve ongoing health and wellness

Jason Jennings' story is one of redemption, facing up to his past and looking towards a brighter future.

And it was through The Salvation Army's Withdrawal Management Program, a new alcohol and drugs support service to help manage and reduce substance addiction across the Townsville region, that Jason was able to turn around his life.

Jason joined the program in late 2017, after hearing about the program from members of a self-help meeting he was attending at the time, and participated for six months, including nine days in detox.

The Withdrawal Management Program, funded by Northern Queensland Primary Health Network (NQPHN), has been developed in close consultation with local residents in response to the need for community-based withdrawal and rehabilitation services in the Townsville Hospital and Health Service region.

As part of the program, individuals are assessed by a doctor on admission to determine the level of care needed on a case-by-case basis, so patients can safely undertake their wellness journey.

"Withdrawing at home can be quite dangerous, especially if you try to go cold turkey," Jason said.

"At the centre, we see a doctor on admission so if needed you can be medicated to avoid seizures and the like. Staff are always available for these reasons and if you are struggling, to counsel you into making the right choices.

"The program can go for three, six, or ten months dependent on what level of care an individual needs."

The program targets the adult population who are better supported by community-based outreach withdrawal services, and involves carers and family members in treatment with client consent.

Jason said the program has been an integral part of his wellness journey, helping him to rebuild important relationships and develop skills and coping mechanisms, so that he can live a happier, healthier, and longer life.

"For myself, facing up to my past and accepting the fact I can't change it and accepting who I am, was the best part of the program. Also, the fact that you accumulate a long period of clean time is a great way to break old habits," said Jason.

"The best outcome for me has been to rebuild broken relationships with family and friends, as well as learning the coping skills to deal with life sober and how to stay that way."

Jason believes the Withdrawal Management Program can assist and support others to achieve a brighter future, just like it has for him, and encourages individuals wanting to improve their wellbeing to contact the centre.

"If people are serious about turning their life around, learning about themselves, and the dangers of drugs and alcohol, I would encourage them to pick up the phone and call the centre for an assessment," he said.

"The staff are great to talk to and will bend over backwards to help those who want it."

The Salvation Army and NQPHN working in collaboration has resulted in the development of a program that provides an opportunity for people like Jason to access support at a critical moment when they need it most, and allows them to engage in the pathway towards ongoing health and wellness, free from addiction.



Chronic Care

2

separate allied health organisations were funded in the NQPHN region



11,600

allied health services delivered



Program overview

Northern Queensland Primary Health Network (NQPHN) funds allied health services that support consumers experiencing, or at risk of developing, chronic disease in a range of rural and remote regions.

Funded services include podiatry, dietetics, diabetes education, occupational therapy, exercise physiology, health promotion, and drug and alcohol counselling.

The NQPHN Chronic Care portfolio works to:

- increase the efficiency and effectiveness of services for those at risk of poor health outcomes
- improve equity of and access to allied health services for consumers living with, or at risk of developing, chronic disease and who:
 - live in rural and remote regions
 - are identified as living in low-socio economic regions
 - are of Aboriginal and/or Torres Strait Islander descent.

The Chronic Care Team supports chronic disease management that is:

- · patient-centred
- · continuous and provides consistent care
- intended to keep people as well as possible
- delivered as close to people's home as possible
- coordinated using integrated team-based approaches
- evidence-based
- · enabled for self-management.

Key achievements



Increased access to allied health services

 Contracted eight separate allied health organisations across the region to deliver 11,600 allied health services.

These services were delivered into rural and remote communities by a range of health professionals including dietitians, diabetic educators, exercise physiologists, occupational therapists, podiatrists, Indigenous Health Workers, drug and alcohol clinicians, and health promotion workers.



Commissioning for outcomes and system reform

 Conducted a review of chronic care services in rural and remote areas of North Queensland.
 The findings of this review are publicly available on the NQPHN website (scan QR code below to read the document).

As part of the review, NQPHN conducted extensive provider and consumer consultation, and a market analysis of the current allied health workforce and service delivery against the known burden of disease in the region.

The findings and recommendations from the review have informed NQPHN's current rural and remote commissioning plan, which focuses on consumer-centred, evidence-based care, delivered as close to home as possible, while enabling self-management with an emphasis on moving to commissioning for outcomes.



Scan the QR code with your smartphone to read the full Review of Chronic Care Services in Northern Queensland.





- ➤ Commissioned the Indigenous women's Healthy Life Skills Program, in collaboration with Mossman Multipurpose Hospital (MMPHS), focusing on keeping Indigenous women eating healthy food, and undertaking physical activity. Aside from the obvious health benefits for participants, the program has also:
 - transported clients to and from medical appointments (both in Mossman and to Cairns)
 - · liaised with and connected clients with a GP
 - worked with women in the local community to allow the Aboriginal Health Workers (AHWs) in the program to present in the local pre-school, regarding healthy eating and life choices
 - developed workforce capacity and capability, with one of the trainee AHWs working permanently at Cape York Academy.
- Due to the success of the program, NQPHN commissioned a six-month trial for local Indigenous men in the community, with a program that is developed and aligned with the women's initiative.









Scan the QR code with your smartphone to watch the Queensland Health *My health for life* promo video.



Meet Ingrid

Diabetes educator improving the health of northern Queenslanders through understanding and prevention

Education is a social determinant that plays a major role in a person's overall health and wellbeing, a fact that Diabetes Educator Ingrid Hagne has always been passionate about.

Ingrid works for Diabetes and Health Solutions (DAHS), a mobile company that provides diabetes education to communities in northern Queensland, regularly visiting locations from Tully, across the Tablelands region, and north to Mossman.

DAHS is also a My health for life provider, with Ingrid being one of the first facilitators of the program in the region, and of which Northern Queensland Primary Health Network (NQPHN) is a health alliance partner.

My health for life is a free six-month program where participants work with a qualified health professional to design a tailored health plan to suit their lifestyle.

Ingrid said the program teaches participants how to make positive and sustainable changes to prevent poor health outcomes in the future.

"The My health for life program focuses on sustainable lifestyle changes to prevent development of chronic conditions such as stroke, kidney disease, cardiovascular disease, and type 2 diabetes," said Ingrid.

"My health for life uses motivational interviewing in a supportive environment where participants can learn how to make changes in their behaviour to improve their health.

"There are six sessions that are held over a sixmonth period, with the first session outlining their intentions for the program and what they hope to achieve.

"There is a three-month break between sessions five and six, so clients are able to go away and put into practice what they have learned to achieve the goals they have set." Ingrid has been involved in *My health for life* for over 12 months, and in that time has had the opportunity to get involved in crucial stages of her clients' health and wellness journey.

"As a diabetes educator, the clients I see already have a chronic condition," Ingrid said.

"Through the *My health for life* program, I am able to help prevent my clients from developing further chronic conditions, such as type 2 diabetes, which is very rewarding."

Ingrid is now a highly-regarded advocate for *My* health for life, encouraging GPs in Cairns and surrounds to become providers and facilitators of the program to improve the wellbeing of the community.

"DAHS's motto states 'Better Health Through Understanding'. Being a provider of *My health for life* and encouraging others to get involved in the program enables clients to have that understanding of how to improve their health and therefore their risks of chronic conditions," said Ingrid.

"It is extremely fulfilling on a personal level to be able to help guide *My health for life* facilitators to coach their clients in achieving their health goals and reducing their risks of developing chronic conditions."

Through the *My health for life* program, Ingrid, along with her DAHS colleagues, is providing a higher level of educational support to communities across northern Queensland, helping them to live happier, healthier, and longer lives.

Digital Health

63,257

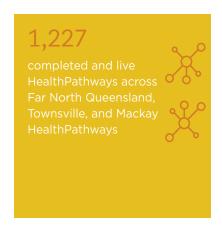
My Health Record Shared Health Summary uploads July 2018

compared to

2,375 uploads in July 2017

My Health Record

consumer engagement events attended promoting My Health Record reaching more than \rightarrow 30,000 people face-to-face



Program overview

Digital enablers such as My Health Record, GP access to the Viewer, secure messaging, and HealthPathways continue to grow in usage as part of the primary health providers' digital toolkit.

Northern Queensland Primary Health Network (NQPHN) worked collaboratively with the Australian Digital Health Agency (ADHA) to continue to deliver key messages regarding the national expansion of My Health Record, following the successful 'optout' trial in North Queensland in 2016. NQPHN engagement teams worked closely with key primary provider groups including general practice, community pharmacy, allied health, residential aged care providers, and specialists to increase awareness of My Health Record, along with hands-on assistance with registration, viewing, and uploading.

The GP Viewer is a Queensland Health-developed platform that provides read-only access via a browser to Queensland General Practitioners (GPs). NQPHN engagement support teams have been actively involved in assisting GPs through the three-step registration process via the Health Provider Portal (HPP).

Secure messaging, commonly referred to as secure web transfer (SWT), is required to facilitate the safe and secure exchange of patient data between specialists, other GPs and local Hospital and Health Services (HHSs). NQPHN worked collaboratively with its HHS colleagues to ensure these secure address books remained up to date to enable timely information and communication flows. NQPHN's close alignment with the HHSs innovation teams ensured ongoing collaboration around implementation of key

digital initiatives like the Queensland Health SMART Referral solution, a key deliverable for the State's 2020 Outpatient Strategy.

Key achievements



NQPHN developed its own My Health Record readiness plan aligned with the national rollout of the program, to inform consumers and provider groups about the different options to manage their previously established My Health Record. Key activities included:

- provided support for ongoing healthcare provider registrations and delivered My Health Record national expansion messages
- delivered face-to-face training for health professionals, medical receptionists, and key staff on how to inform consumers of the benefits of My Health Record
- facilitated individual and community-focused information sessions and engagements
- delivered consumer engagement at community events such as regional show days, and provider events such as expos
- worked closely with Queensland Health facilities to support the digital enablement of primary health providers encouraging the use of the My Health Record system.



Scan the QR code with your smartphone to watch our animated video about My Health Record!



- North Queensland healthcare providers played a key role in \$374.2 million being allocated in the Federal Budget for the national roll-out of the opt-out model in 2018, following the success of the 2016 trial in the region delivered by NQPHN. Feedback from the North Queensland trial highlighted several significant improvements to the My Health Record system in terms of use and accessibility, which informed the implementation of this additional functionality in the current system.
- Attended 80 consumer engagement events promoting My Health Record, reaching more than 30,000 people face-to-face.
- Delivered 414 visits to healthcare providers across North Queensland, proving education about the use of My Health Record, including the upload of Shared Health Summaries.
- Developed localised Communication and Engagement Strategy for My Health Record during national opt-out period.
- Played key role in collaboration with Cairns HHS and Torres and Cape HHS which resulted in one HealthPathways site named Far North Queensland HealthPathways.
- Developed activities and initiatives as an extension and enhancement of HealthPathways, partnering with local HHSs to co-design integrated activities and projects that built on, strengthened, and enhanced work already underway ensuring:
 - region-wide approaches, consistency, and seamless processes
 - consolidation of work already underway
 - sustainability and growth for a range of programs and initiatives that have been shown to affect positive system and consumer outcomes
 - a focus on systems improvements.



HealthPathways

HealthPathways is a web-based information portal of agreed guidelines to manage specific diseases or conditions between the primary and secondary services that have been localised by a GP editor and subject matter experts, who are specialists in their professional field. The Mackay, Townsville, and Far North Queensland HealthPathways programs provided support to health practitioners to assess and manage a wide range of medical conditions using evidence-based practice. To ensure northern Queensland health care providers had access to leading contemporary evidence-based clinical care pathways, NQPHN partnered with HHSs to ensure the region-wide provision of HealthPathways.

Key achievement:

- further established HealthPathways as a key integration tool providing consistent information and access to other digital reform activities, such as The Viewer, My Community Directory, the National Health Services Directory (NHSD), and Queensland Health's Smart Referrals project
- delivered education events and workshops in collaboration with Cairns and Hinterland HHS, Townsville HHS, and Mackay HHS
- formed Clinical Prioritisation Criteria (CPC) project team to integrate statewide criteria into new and existing pathways
- collaborated with Operation Compass project team to identify need to co-design Veterans HealthPathways
- supported inaugural TEDMED Live event in Mackay in collaboration with Mackay HHS.



Meet Karalyn



Mackay pharmacist urges others to get on board with My Health Record

All too often, it can be challenging for a pharmacist to determine a treatment method for a patient based on very little or no knowledge at all of their previous health history.

Working as a Consultant Pharmacist between various pharmacies in the Mackay region, Karalyn Huxhagen has for years witnessed first-hand just how beneficial digital health records can be.

That's why Karalyn believes My Health Record is an extremely valuable tool when delivering prompt, accurate, and efficient health care to the community.

Being a part of the My Health Record opt-out trial when delivered by NQPHN in North Queensland in 2016, Karalyn was an early adopter of the My Health Record system and has been an active user ever since.

"Having access to a patient's key health information through My Health Record is extremely useful," Karalyn said.

"It provides a platform where I can gain clarity of a patient's journey and management plan all in the one place.

"As a pharmacist, I am working fairly blind when it comes to a patient's important information.

"Often, all I will receive from a patient is their GP referral, which can sometimes contain a lot of useful information, or none at all.

"When attempting to unravel the reasons behind prescribing a certain medication to a patient, My Health Record proves to be a vital tool as the clues are all there."

Karalyn says that My Health Record reduces the time she spends calling practices and requesting information about the patient standing in front of her

"I believe the most valuable bits of information that I regularly access using a patient's My Health Record are discharge summaries and specialist letters, as these give me prompt and clear information about the patient's journey before they walked into the pharmacy.

"I speak to many patients and community members about the importance of uploading important documents that are provided to them by their GP, such as Home Medicine Review notes.

"I recently visited a patient in his home after he had been discharged from the hospital due to suffering from a heart attack.

"Using his home computer, he was able to easily log into his My Health Record on his own, view his hospital discharge summary, recent PBS data, and pathology details all in the one place.

"My Health Record gave this patient access to the same information that I would have access to as his pharmacist, ensuring we were both on the same page and no time during the consultation was wasted attempting to fill in the gaps.

"I sat down with him and we went through any questions that he had after he had read his discharge notes displayed on his My Health Record, followed by going through his discharge medication.

"Whilst speaking with this patient based on the information accessible on his My Health Record, I was able to provide him with information relevant to his care, feedback on the treatment options, and formulate a recommendation to the GP.

"To make informed relevant recommendations is the mainstay of my working day. This man is no IT guru, but as he has multiple prescribers and interventions, he knows these tools give him control."

Karalyn says she has absolute confidence in using the My Health Record system and recommends other health professionals to get on board if they haven't already.

"My Health Record has changed the way in which I interact with my patients, as I can now see the reasons for diagnosis and for prescribing the medication, allowing me to confidently give informed advice."

Health Promotion

health promotion contracts commissioned across the NQPHN region

 $6,511 \begin{tabular}{ll} \it My health for life risk assessments undertaken throughout the NQPHN region \\ \it with \rightarrow \\ \hline 431 \begin{tabular}{ll} \it NQPHN residents \\ \it enrolled in the program \\ \it and \rightarrow an average \\ \it completion rate of 60% \\ \hline \end{tabular}$

Program overview

Northern Queensland Primary Health Network (NQPHN) works to improve people's health and wellbeing, and focuses on preventing obesity and chronic disease.

The Health Promotion Team collaborates with health providers and the broader community to enable consumers to take control of their own health through a range of commissioning and capacity-building initiatives.

NQPHN's Health Promotion program works towards the following objectives:

- · more people in the healthy weight range
- more people choosing water and healthy food options
- more people physically active, engaging in walking and incidental activity
- more people tobacco and drug-free
- more people actively seeking ways to reduce harm from alcohol
- enhanced approaches to embed resilience and social inclusion within communities, focusing on young people.

Key achievements

The Active Healthy Northern Queensland (NQ) Grants Program aims to improve health outcomes and minimise risk of chronic disease in the northern Queensland community. The grants program provides funding for health promotion and illness prevention initiatives which aim to change community attitudes and behaviour, and create environments that support people to make healthier choices.

NQPHN rolled out 23 projects across its region, with the aim of building community capacity and strengthening community action and involvement in health promotion and prevention initiatives. These initiatives focused on improving nutrition, increasing physical activity, and improving mental health and wellbeing.

- NQPHN established a partnership with the North Queensland Sports Foundation (NQSF), which aims to build the health promotion capacity of local governments and improve community health and wellbeing. In addition, NQPHN contracted Queensland University of Technology to develop tools and resources to support local governments in identifying community needs and implementing best-practice health promotion initiatives.
- NQPHN played an active role in growing a network of passionate health promotion practitioners across the region. More than 330 people subscribed to the 'Healthy Choices' monthly newsletter, and 25 people were involved in the Townsville-based Health Promotion Network.
- NQPHN supported the regional roll-out of the community-based, Queensland Government-funded *My heath for life* program. The program aims to identify those at high risk of developing chronic conditions through risk assessment and offer a structured, but flexible, lifestyle modification program. NQPHN helped support the training of 47 local facilitators across the region, while more than 430 North Queensland residents enrolled in the program, and 228 completed the program.





- Five general practice nurses were awarded scholarships to attend the Heart Foundation Ambassador Program. As part of this program, participants were supported to identify opportunities for quality improvement initiatives and to implement these improvements into their work environment.
- Key outcomes

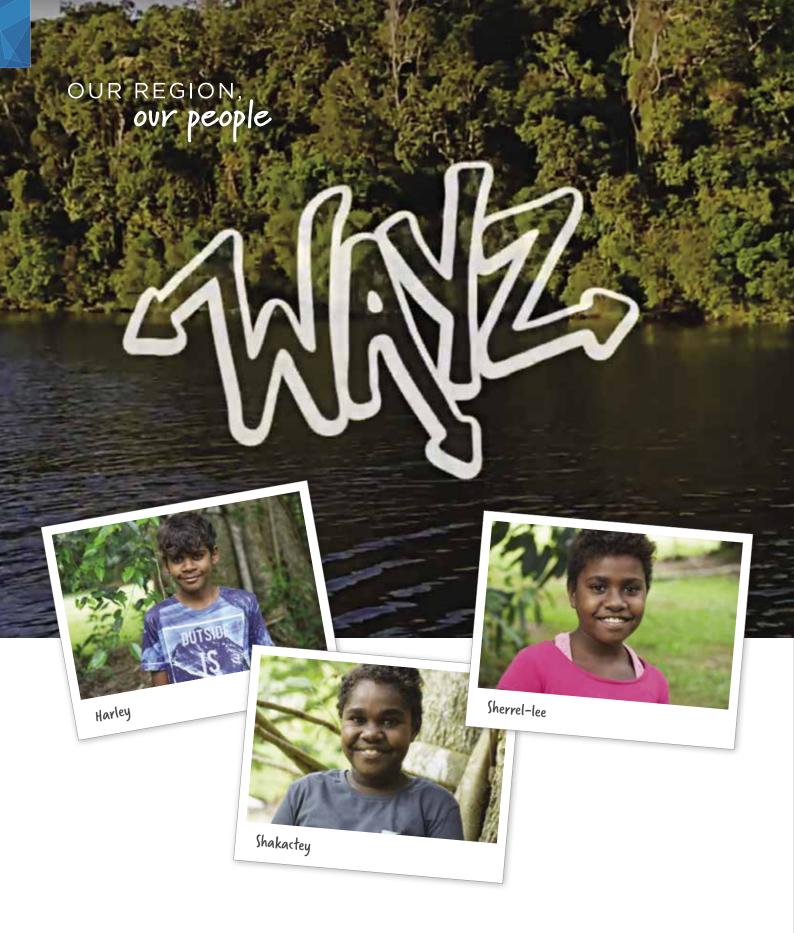
NQPHN funded several key projects across the region:

- ▶ Get Active with Active Physio Mackay: Active Physio Mackay conducted physiotherapistled classes to target at-risk populations such as chronic disease, people at risk of falls, and Aboriginal and Torres Strait Islander people, to enable these groups to lead happier, healthier, and longer lives.
- On the move with Deadly foods with AFL Cape York: AFL Cape York developed and implemented their On the Move with Deadly Foods program in more than 20 communities across North Queensland to improve the lifestyle behaviours of students, and support increased physical activity and healthy food choices.

- ▶ Bwgcolman Healthy Tucker Project with Palm Island Community Company: The commissioned Bwgcolman Health Tucker Project brought Elders and younger members of the community (approximately 600 Palm Island residents) together to build cross generational knowledge about traditional culture and history, and in the process develop healthy approaches towards eating and exercise.
- Streets Movement: The Streets Movement uses a range of innovative approaches to engage young people in activities that support good physical, social, and mental health. NQPHN funded a project to include more young women in this work by employing a community liaison worker to engage with the community, and speak directly to female community members who might not have felt comfortable accessing the organisation's premises. The liaison worker provided exercise, fitness, health education, and mentoring sessions in parks and other public settings.









Scan the QR code with your smartphone to watch the Wayz video series.

Meet the 'Wayz' video kids

Video project helping at risk and vulnerable youth develop healthy and respectful relationships

A group of Far North Queensland children is using the medium of video as a vehicle to change their lives for the better.

Aboriginal and Torres Strait Islander children from Kuranda have teamed up to star in a series of videos, focused on promoting healthy lifestyle behaviours and respectful relationships to at risk and vulnerable youth in the Cairns region.

Youth Link Cre8 Kuranda worked with 35 local Aboriginal and Torres Strait Islander youngsters, all of whom had never acted or taken part in a video project previously, to produce the video series.

The five 'Wayz' videos focus on promoting healthy lifestyle behaviours, making healthy choices, improving mental health and wellbeing, improving health literacy, and improving skills in developing healthy and respectful relationships.

The Wayz videos are part of a resource development initiative undertaken as part of True's 'What's Up? Growing up, talking up, hooking up, loving up, clued up...' project, funded by Northern Queensland Primary Health Network (NQPHN) through its Active Healthy Grant program.

The What's Up? project aims to improve young people's capacity to create respectful relationships, support healthier choices regarding sexual behaviour and health, and improve access to services through tailored workforce training sessions for staff and culturally appropriate education for students.

Harley Deshong, 12, was involved in the 'Old Wayz, New Wayz' video, and said he learned a great deal from the project which pushed him out of his comfort zone, and he hopes the project will teach people to respect each other.

"At first I was nervous, but then we learned how to make the videos and I think we did a good job," Harley said.

"The video I was involved with showed us fighting, but that it's better to be friends and talk nicely to each other. When people watch it, they might learn a bit about our culture. I think it will make my family proud."

'Sista Wayz' video participant, 11-year-old Sherral-lee Riley, said she was glad to be involved with the exciting video series, pushing an anti-bullying message.

"I was really excited to make the video because I had never made one before with my friends. Now I am on YouTube with my favourite dancers," Sherral-lee said.

"I hope when other people see my video they like it and they choose not to bully each other."

Xj Chin from Youth Link Cr8 Kuranda said there have been numerous benefits from the video project, both for the children involved and the broader Kuranda community by creating local pride, countering stereotypes, and by inspiring young people in the community.

"When we showed the kids the videos they put together, they became proud of them, and even started respecting each other more and respecting boundaries," said Xj.

"You could see it ticking over in their minds thinking 'I want to live up to that!"

"So many positive comments are coming in from our community, and we want to make sure these are heard by the youth involved, so undoubtedly this project has contributed to building their self-esteem.

"I truly believe that we can transform our community through the continuation of these projects, because our greatest need is to continue engaging the youth and to provide a path for them to explore and develop their skills and talents."

The videos have been posted on Cre8 Kuranda's YouTube channel, and are available on all HITnet terminals in communities Australia wide, allowing access without internet connectivity.

The videos will also be screened on NITV, and are planned to be used as resources to spark conversations during further What's Up? project sessions, helping people in Cairns and surrounds to develop respectful relationships and live happier, healthier, longer lives.

Indigenous Health

16.223

care coordination services delivered

to 😽

11.711

Integrated Team Care (ITC) clients

8,287

medical aids for Aboriginal and Torres Strait Islander people delivered through ITC

children from the Yarrabah region received ear, nose, and throat surgery

Indigenous Outreach
Workers, Health Project
Officers, and Care Coordinators
employed in ITC health
programs

myPHN Conference bursaries awarded to Indigenous Health Workers from across the region as far North as Bamaga and remote Cape & Torres, all arrangements in progress

Program overview

Aboriginal and Torres Strait Islander health is a key priority focus of Northern Queensland Primary Health Network (NQPHN). NQPHN's aim is to close the gap between Indigenous and non-Indigenous Australians' life expectancy by improving access to culturally sensitive primary care services for Aboriginal and Torres Strait Islander peoples.

NQPHN helps achieves this by providing education, support and resources to healthcare providers to improve the health care of Aboriginal and Torres Strait Islander peoples, and increasing access to targeted programs designed to overcome health disparities between Aboriginal and/or Torres Strait Islander peoples and non-Indigenous Australians.

The objectives of NQPHN's Indigenous Health Team are to:

- support primary care services for Aboriginal and Torres Strait Islander peoples
- increase awareness and understanding of Closing the Gap measures relevant to primary health care
- foster collaboration and support between primary care and the Aboriginal and Torres Strait Islander health sectors.

NQPHN's Indigenous Health Team also aims to contribute to improved service delivery Aboriginal and Torres Strait Islander health through increasing capacity and strengthening capability within the Aboriginal and Torres Strait Islander workforce.



Scan the QR code with your smartphone to watch the Palm Island Health Action Plan launch news clip.

Key achievements

- Developed consortia approach for commissioning, coordination, and delivery of services through the Integrated Team Care program.
- Roll out of new students for Certificate III and Cert IV training to increase Aboriginal and Torres Strait Islander Health Worker upskilling across the region.
- Collaborated on development and launch of the Palm Island Health Action Plan 2018–2028 with key stakeholders, including Palm Island Aboriginal Shire Council, Queensland Government, Australian Government, Townsville Hospital and Health Service, and Queensland Aboriginal and Islander Health Council.
- Encouraged participation of Aboriginal and Torres Strait Islander Health Workers to attend workforce development events across their region, including Certificate III and IV in Health Administration, Certificate IV in Medical Practice Assisting, and a Diploma in Practice Management.
- Offered funded bursary opportunities for Aboriginal and Torres Strait Islander Health Workers to attend myPHN Conference 2018 and health worker specific pre-conference workshops.
- Collaborated with CheckUP and Gurriny Yealamucka Health Service on an initiative that saw 16 Indigenous children from Yarrabah have much-needed ear surgery in Cairns.



- Collaborated with key partners in regional responses to infectious syphilis outbreak affecting young Aboriginal and Torres Strait Islander people, predominantly aged between 15 and 29 years, living in northern Australia.
- Worked on development of NQPHN's inaugural Reflect Reconciliation Action Plan, due for launch in late 2018.
- Partnered in establishing primary mental health delivery in the Torres Strait through the Torres Health Indigenous Corporation.

- Enhanced outcomes for health worker upskilling through improved service provision by TAFE Queensland North. NQPHN administration and time management improved through effective reporting processes and training outcomes.
- Strengthened relations with Aboriginal and Torres Strait Islander Health Workers attending education events across the region.

- 38 Indigenous Outreach Workers, Health Project Officers, and Care Coordinators positions funded through NQPHN's Integrated Team Care health program.
- ➤ Launch of Palm Island Health Action Plan 2018–2028 Action Plan Iaid out the vision for health on Palm Island over the next 10 years, and gave direction to funding agencies and service providers about the priorities for health and wellbeing. It also provided a road map about how services should be delivered to improve the health of Palm Island residents.
- ➤ Helped provide improved ear health and, as a result, enhanced social and educational development opportunities, for children in Yarrabah through collaboration with CheckUP and Gurriny Yealamucka Health Service.
- ➤ Contributed to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through Integrated Team Care (access to care coordination, multidisciplinary care, and support for self-management).

In May 2018, NQPHN congratulated Townsville Aboriginal and Torres Strait Islander Corporation for Health Services (TAIHS) for receiving the highly-esteemed award of Aboriginal Medical Service of the Year by the Australian General Practice Accreditation Limited.

TAIHS was commended on their continuous dedication to their patients, their local community, and their devoted team work which goes above and beyond expected standards. This was a well-deserved award and prestigious national recognition.

••••••

Congratulations to everyone at TAIHS!

Meet Nanette

Health Worker Nanette is dedicated to improving her community's health

Nanette Sands grew up as the youngest of 11 siblings in Yarrabah, an Aboriginal community about 50 kilometres from Cairns. It was here where she first discovered her passion for community health.

With a desire to close the gap in health inequalities for Indigenous people, Nanette is currently undertaking further education to enhance her skills, knowledge, and experience.

She is studying a Certificate IV in Aboriginal and/ or Torres Strait Islander Primary Healthcare Practice at TAFE Queensland North, funded by Northern Queensland Primary Health Network.

Nanette says this course will boost her past education and previous experience working as an Advanced Health Worker at Gurriny Yealamucka Health Service in Yarrabah. Previously, she has led chronic disease management programs, initiated palliative care and medical officer home visit services, delivered cultural awareness training for nurses visiting the region, and provided health education to community members.

"I want to learn how to work better with the Aboriginal and Torres Strait Islander community," Nanette said.

"They place their trust in us, and it's important that we can break down the medical information into a language they understand.

"Studying this course means I can be qualified in working with this community, increase my health and medical knowledge, and gives me the opportunity to network with other like-minded Health Workers."

After the tragic passing of her husband to cancer in 2015, Nanette needed a change of scenery and moved to Palm Island, working her way up to a Level IV Health Worker position at Joyce Palmer Health Service.

"When my husband passed I needed some time for myself, and I wanted to experience other places, how other health services operate, and the chance to meet new people," she explained.

"Gaining my certificate has opened up the possibility for me to travel and work in different communities and have these experiences."

Nanette is enjoying getting to know her new community on Palm Island, and has continued her health passion, developing chronic disease care plans, providing education on the importance of attending appointments, offering support for questions and enquiries, and conducting remote community visits.

Nanette is looking forward to the Joyce Palmer Health Service moving into its new building, scheduled for completion by the end of 2018, where she can use her education to continue to make a difference to the people of Palm Island, and help the community to live happier, healthier, and longer lives.



Maternal and Child Health

20,524

North Queensland primary and secondary students received health education in schools

16 children from the Yarrabah region underwent ear surgery occasions of contact with Aboriginal and Torres Strait Islander women for antenatal and postnatal education, support, and health checks in the Cairns and Yarrabah area

20-25% of the 274
participants engaged in an alcohol education program to support reduction of high-risk drinking reported positive outcomes

Program overview

Northern Queensland Primary Health Network's (NQPHN) Maternal and Child Health Program works to address gaps in maternal and child health service provision, particularly in rural and remote communities, by implementing innovative and locallytailored solutions, based on community need.

The Maternal and Child Health Program aims to:

- improve access to sexual and reproductive health services
- improve access to health promotion initiatives before and during pregnancy
- increase access for mothers and fathers to affordable high-quality antenatal and postnatal services
- improve access for mothers, fathers, and carers to positive parenting information and support services
- ensure that children are in good health and meet key development milestones, laying the foundation for long and healthy lives
- improve access to child health services that are evidence-based, and that provide early health diagnoses, and coordinated and quality treatment
- implement innovative and locally-tailored maternal and child health programs and services, based on community need
- work to address gaps in maternal and child health service provision, particularly in rural and remote communities within the NQPHN region.

Key achievements

- Collaborated with CheckUP and Gurriny Yealamucka Health Service on an initiative that saw 16 Indigenous children from Yarrabah have much-needed ear surgery in Cairns.
- Coordinated and facilitated the Maternal and Child Health Networking Group in Cairns.

 Maternal and child health providers that service the Cairns and Hinterland area attended this bi-monthly meeting to network. This continued to be a valuable opportunity for providers to give updates and information on their respective services, including guest speakers who presented on topics relevant to maternal and child health in the Cairns region.
- Collaborated with maternal and child health service providers in the Mackay Hospital and Health Service (HHS) region to host the Antenatal and Postnatal Outreach Services Interactive Workshop. The group identified gaps for antenatal and postnatal education for risk factors and behaviours, lactation support services, and outreach ultrasound services, particularly in the rural and remote areas. As a result of the workshop, NQPHN funded new services for delivery throughout the Mackay HHS region.



Scan the QR code with your smartphone to watch the CheckUP WIN News story.





- Commissioned an Early Development Services Review in the Townsville, Mackay, and Cairns HHS areas to build upon the comprehensive service mapping report developed by the NQPHN Maternal and Child Health Team. The review involved a combination of surveys, face-to-face stakeholder consultations, and interactive workshops, which resulted in a number of key recommendations for each area.
- Funded the provision of health education in North Queensland schools by community-based health educators, a vital program working to meet the early intervention health needs of primary and secondary school children. The program extended its reach to the region's most vulnerable children, including lower socioeconomic communities, and Aboriginal and Torres Strait Islander children and their families.
- Commissioned two Aboriginal and Torres Strait Islander-focused projects in the Torres and Cape HHS area, both of which included a significant component of health worker capacity building:
 - Smoking Cessation Trial Project for pregnant women and their families in the Northern Peninsula Area
 - · Optimal Nutrition in Early Life Project in two Cape York communities.
- Awarded grants to two exciting projects as part of the Active Healthy North Queensland Grants Program, primarily focused on nutrition and healthy eating in school-aged children, with one project focused across the Cairns, Townsville, and Mackay HHS regions, and the other focused on Palm Island.

More than 20,000 school students throughout NQPHN's region benefited from health education programs delivered to meet education needs for sexual health, illegal drugs, alcohol, smoking, nutrition, physical activity, and social and emotional wellbeing.

Ear surgery recipient,

Yarrabah

- Pregnant Aboriginal and Torres Strait Islander women in the Cairns region accessed culturallyappropriate antenatal and postnatal care, which is adapted to meet the needs of mum and bub through referrals and self-referral. The program successfully provided outreach services to clients where transport is a main barrier to accessing services. The program assessed and supported clients on their individual needs, including health care for complex and chronic conditions which place mum and bub at risk. The program showed an increase in clients being health compliant and engaged to improve future health outcomes for themselves and their families.
- NQPHN engaged more than 270 people through an alcohol education program run across the Cairns, Townsville, and Mackay regions to support participants to reduce high risk drinking. Of those participants, 20-25 per cent reported positive outcomes at the end of the program. Another component of the project, the Daybreak smartphone app, successfully provided targeted alcohol education and health promotion and support, with more than 70 per cent of users female, and the majority with children.

Meet Jacqui

Jacqui helping to close the gap in hearing health of Indigenous children

Jacqui Hawgood is dedicated to better health for people and communities who need it most. It is through her role at not-for-profit CheckUP as Senior Business Coordinator, managing the Commonwealth-funded Eye and Ear Surgical Support Services (EESSS) program across Queensland, where Jacqui is making the biggest difference.

The EESSS program aims to improve access to surgical services and support culturally appropriate pathways into surgery for Aboriginal and Torres Strait Islander people, prioritising those living in rural and remote communities, for the treatment of their eye and hearing health conditions.

As part of the program, 16 Aboriginal and Torres Strait Islander children from Yarrabah in Cairns had life-changing hearing health surgery thanks to a collaboration between CheckUP, Northern Queensland Primary Health Network (NQPHN), and Gurriny Yealamucka Health Service Aboriginal Corporation.

The day surgery took place in Cairns in January 2018 after CheckUP identified the Yarrabah region as being in need of appropriate healthcare pathways.

"The ear health service gaps and issues with the current public specialist referral pathway were identified and flagged through CheckUP's annual needs assessment process and the strong established links with local and other relevant stakeholders," Jacqui said.

"From here, Gurriny and CheckUP worked closely to plan a fast-tracked and culturally-appropriate surgical pathway for patients that required specialist attention and who had been waiting a significant amount of time for their treatment.

"To be eligible under the EESSS program, patients must be Aboriginal and/or Torres Strait Islander, prioritising those who reside in rural and remote communities, and who require surgical intervention for the treatment of their hearing health condition."



Aboriginal and Torres Strait Islander children experience some of the highest rates of otitis media (middle ear disease) in the world. In some communities, up to 91 per cent of children are affected.

Jacqui said the impact of hearing impairment or loss in young children is considerable, with their speech, ability to learn, and social interactions all affected, which can lead to a lifetime of disadvantage if left untreated.

"Hearing loss is associated with poor physical, social, and psychological outcomes, with strong links to low educational attainment, which can later impact on employment opportunities and increased risk of incarceration," she said.

"The early identification of children with middle ear disease, and access to timely surgery where required, is critical to ensure children have better social, educational, and employment opportunities during childhood and into adulthood."

The ear surgery was a game changer for the children of Yarrabah with most experiencing almost immediate improvement with their hearing, speaking, and their subsequent learning, giving them the power to live happier, healthier, and longer lives.

our region, our people

"It was an honour to meet the children and their families, and to know this collaborative process and the EESSS program has helped to make a positive impact on their health service experience and their overall wellbeing," said Jacqui.

For Jacqui, there are many fulfilling aspects to working on the EESSS program.

"Working on the EESSS program gives me the opportunity to partner with knowledgeable local organisations, understand the challenges of accessing health services, and brainstorm solutions that address unique local barriers to receiving that vital treatment," she said.

"Implementing solutions in collaboration with local stakeholders and the EESSS program, and seeing first-hand the barriers being overcome and the positive impact of the surgical experience, is very rewarding."

By working collaboratively with partner organisations and health providers, CheckUP is helping to create healthier communities and reduce health inequities throughout northern Queensland.



Mental Health





Program overview

Mental health is one of the key health priority areas identified by the Federal Government, and Northern Queensland Primary Health Network (NQPHN) has strongly engaged with the community, private, and other public organisations to support services and initiatives that promote better mental health.

A significant focus has been the transition to the new stepped care model of mental health, the development of community-based suicide prevention plans, and capacity development within Aboriginal Medical Services.

As part of the reform agenda, NQPHN has worked in collaboration with key stakeholders to commission the delivery of primary mental health services targeting:

- · people with mild mental health needs
- · youth and children up to 25 years old
- rural and remote, under-serviced and hard to reach groups
- people with severe and complex mental illness, including care packages
- Aboriginal and Torres Strait islander people in the NQPHN region.

NQPHN has also undertaken community-based suicide prevention activities, such as Operation Compass, the national trial for ex-Australian Defence Force (ADF) personnel in the Townsville region.



Scan the QR code with your smartphone to visit the Operation Compass website.

Key achievements

- Successful transition and implementation of a whole of region intake, assessment, and triage service, creating a central point of contact for all referral pathways, to be delivered by community mental health organisation Neami National.
- Transition of previous funding programs to the new stepped care model identified in the Fifth National Mental Health and Suicide Prevention Plan.
- NQPHN further progressed its Operation
 Compass project, the ex-ADF suicide prevention
 trial based in Townsville, developing six targeted
 campaigns based on research by the Black Dog
 Institute, and delivering community initiatives.
 Transition to place-based models of care for
 remote Aboriginal and Torres Strait Islander
 communities.
- Implementation of an integrated, communityfocused model of mental health services in the Aboriginal community of Kowanyama, in partnership with a range of government and non-government agencies and the local council.
- Successful partnership with key stakeholders in the development of mental health care pathways within the NQPHN region primary health sector.
- Provided support for the development of a community-managed primary health service in the Torres Strait.
- Twenty Mental health Nurse Incentive Program (MHNIP) funded positions in general practices delivered 10,371 sessions.









- Partnered with the Department of Child Safety and Community Services to implement a mental health early intervention and prevention component to the Family Support Services model being implemented in the Torres Strait.
- Collaborated with Torres and Cape Hospital and Health Service to provide out-of-hours mental health services to rural and remote communities in Cape York and the Torres Strait.
- Partnered with Townsville Hospital and Health Service and Townsville Aboriginal and Islander Health Service (TAIHS) to deliver a tertiary mental health clinic in the local community. TAIHS won the AGPAL Aboriginal Medical Service of the Year Excellence Award as a result of its work in the community.
- Provided funding for three headspace centres in Mackay, Townsville, and Cairns to deliver outreach services, and additional supports to young people with complex needs.

NQPHN achieved several key outcomes relating to mental health, and its collaboration with partners, and commissioning of related services. These included:

- > easier access to primary mental health services
- reduction in wait-times to access appropriate services
- increased range of options for service delivery, including face-to-face, digital, groups, and telephone
- greater access to services in remote communities
- a better understanding by the community and providers of the range of mental health services available outside of the tertiary State health system
- an expansion in integrated services addressing the social determinants of health
- increased integrated service models supporting better outcomes at a community level.

Operation Compass

Suicide prevention through connection

Operation Compass is the operational name given to the ex-Australian Defence Force (ADF) and Families Suicide Prevention Project launched in Townsville.

The project, facilitated by Northern Queensland Primary Health Network (NQPHN) in partnership with the Townsville Suicide Prevention Network, focuses on ex-serving members and their families to help prevent suicide and suicidal behaviour.

This need for action came after data demonstrated that the suicide rate for ex-service personnel (men) is 13 per cent higher than the general population when based on age.

The vision is to reduce the rates of suicide within our ex-ADF community and their families, through transition, connection, and adapting to life in Townsville.

Operation Compass aims to combat ex-ADF suicide through eight evidence-based strategies (directions) developed with the support of the Black Dog Institute-Australia's leading authority on suicide prevention.

These strategic approaches to suicide prevention and the enhancement of wellbeing are being delivered by the Operation Compass team through six targeted campaigns.

These campaigns are:

- clinical support
- enduring connections
- data and evidence
- innovative programs
- · community response
- evidence-based programs.

Each of the campaigns are led by local expert teams, and are aligned to the directions supported by the Black Dog Institute.

Ray Martin, a retired colonel, is the Operation Compass project manager, and a member of the project steering committee, chaired by Lieutenant General John Caligari AO, DSC (retired). He said the project is being rolled out with evidencebased programs under the ethos 'prevention through connection'.

"We know suicide is largely preventable and the aim of the trial is to attempt to, over time, reduce the rate of suicides and attempted suicides," he said.

"The project has already gained important traction in addressing the concerning statistics around veteran mental health issues.

"For example, the project's steering committee and sub-committees all have participants bringing their own level of interest and experience.

"It's vital that we utilise existing skills and knowledge within the ex-ADF, mental health, and other healthcare and community sectors to find solutions which work.

"The project is identifying how best to get information on the project out to the community, including ex-ADF members and their families, working with local experts on the ground.

"This includes details on what the project aims to achieve, how it fits in with broader, joint Townsville suicide prevention activity, and how the community can become involved.

"We know the devastating impact that suicide has on North Queensland communities, individuals, families and carers, and we're determined to work with local organisations to help prevent suicide and suicidal behaviour.

"We need to do better to support ADF personnel and their families while they serve, and when they transition to civilian life and beyond."



Scan the QR code with your smartphone to read more about Operation Compass' six targeted campaigns.



Practice Support

Worked collaboratively with peak bodies, primary care providers and their teams to improve reform readiness for 91 practices

Aboriginal Medical Services

43% of NQPHN general practices participating in the reform readiness activities were rural or remote

over
90% of NQPHN general practices
accredited against the RACGP 4th Standards for general practice

1,168

practice support visits across the NQPHN region, including:

542 urban practice face-to-face visit

197 rural practice face-to-face visits

primary care provider (other than GP) face-to-face visits

Program overview

Northern Queensland Primary Health Network's (NQPHN) Practice and Provider Engagement and Support Program aims to enhance primary health care practices, services, and integration by building the capacity of general practice, allied health, pharmacy, dental, practice nursing, and practice staff to work collaboratively to improve health outcomes.

NQPHN aims to improve the quality of care delivered to the general public by providing information and assistance to general practices and healthcare providers on:

- meaningful use of clinical data for population identification and management
- accreditation
- Practice Incentive Payments (PIPs)
- systems improvements and management
- immunisation
- Medicare Benefits Schedule (MBS) utilisation
- HealthPathways
- health reform adoption and implementation
- specialised health areas
- business management resources.

- Collaborated with key stakeholders on the Health Reform Readiness Program—including data optimisation and continuous quality improvement, as well as the use of GP Viewer, Secure Messaging, My Health Record, and HealthPathways. NQPHN exceeded the Health Reform Readiness Program participation target of 85 practices by recruiting 91 practices and two Aboriginal Medical Services across the region to intensively support and enhance reform readiness.
- Developed activities to overcome the barriers and challenges of rural and remote practices and their staff, including:
 - subsidised travel and accommodation to attend training
 - · face-to-face coaching and mentoring
 - access to online upskilling activities.
- Improved face-to-face engagements through the use of digital technology, utilising electronic presentations and resource delivery, including progress to digital format of practice packs using iPads.
- Improved collaboration activities with local Hospital and Health Services (HHSs) and general practice to reduce hospital admissions through:
 - regular meetings with HHS General Practice Liaison Officers (GPLOs)
 - establishing and participating in integration networks
 - inviting key HHS staff to collaborate with NQPHN on a regular basis
 - embedding HHS staff in NQPHN teams, and vise versa.

Key achievements



Co-funded a region-wide approach to the adoption and implementing of HealthPathways to improve regional care pathways and patient access.



NQPHN regularly engages with practices and providers—scan the QR code with your smartphone to like us on Facebook and to see what we're doing in the community.

- Practice support visits to 1,168 urban, rural, and primary care providers across the NQPHN region.
- Supported practices with accreditation processes (90 per cent of practices in the NQPHN region now accredited).
- Enhanced the capacity of general practice to better use their clinical software through training and systems improvements.

Through face-to-face and multi-modal delivery of practice and health provider service support and capacity-building activities, the benefits and outcomes delivered by NQPHN in collaboration with key stakeholders included:

- implemented quality improvement frameworks to general practices
- region-wide uptake of HealthPathways to enhance patient access to services which provide the right care, at the right time, in the right place

- increased access to health care in rural and remote areas
- enhanced health service delivery for Aboriginal and Torres Strait Islander people, and for children and pregnant mothers
- the promotion of preventative health measures including screening, immunisation, and health behaviours
- ★ the identification of service needs through general practice engagement in remote areas
- improved registration of My Health Record through general practice support in rural and remote locations
- patients receiving timely and equitable access to health care
- improved support for consumers in navigating health services.









Meet One Stop Medical

Medical practice using data to improve the wellbeing of the Mackay community

Since 2005, One Stop Medical has been operating in the heart of Mackay, striving to improve the health and wellness of all who enter the practice.

To ensure the practice continues to fulfil its vision of providing top quality medical care to the community, One Stop Medical staff have been actively participating in Northern Queensland Primary Health Network's (NQPHN's) Data Program and Reform Readiness Program.

The Data Program utilises de-identified clinical data to inform general practice improvement and business sustainability.

Reform Readiness Program activities provide general practices with exposure to new models of care for chronic and complex conditions, leadership training, and data optimisation including population management processes, Lean methodology, and upskilling of general practice nurses.

NQPHN analyses One Stop Medical's de-identified data using Practice Aggregation Tool (PATCAT) software, and provides quarterly reports of the analysed data back to the practice to assist in identifying gaps and opportunities.

NQPHN has also delivered face-to-face training and upskilling to practice staff using the Clinical Audit Tool CAT4.

One Stop Medical GP Dr Rachel Bidgood said the program has provided the practice with a way to better use data to identify opportunities to improve health outcomes through healthcare services they provide to the Mackay community.

"Every three months, NQPHN provides us with an analysis of our practice's CAT4 data", Dr Bidgood said.

"We then hold quarterly meetings with our doctors and nurses to see how we can improve our patient care using CAT4 as a way of auditing our progress. The whole process is very much a team effort, with our nurses leading the way. "The Data and Reform Readiness Program has helped us become more aware of the demographics of our patients, and the numbers of our patients with chronic diseases.

"It has also been useful to identify where our gaps are in terms of coding of diseases and management of patients with chronic diseases, and to benchmark our data against average figures within the NQPHN region.

"The ability to identify gaps in patient care through these programs has made it easier for us to reach out to our clients with chronic diseases, who are not very compliant with their treatment and care plans."

Practice Nurse Kim Gauci said the program training provided by NQPHN gave her the skills and knowledge to improve the wellbeing of clients and focus on preventative health, making sure the health needs of clients don't slip through the cracks.

"By attending NQPHN training seminars to gain the necessary skills to better enhance my role as a Practice Nurse, I can provide comprehensive care to all my clients based on their individual needs and requirements", said Kim.

"Our goal as a healthcare provider is to increase the efficiency and effectiveness of medical services for our patients, including those at risk of poor health outcomes.

"We work in partnership with allied health professionals to provide multidisciplinary health care and access to resources that are tailored to the patient's own personal circumstances, to ensure they receive the right care, in the right place, at the right time."

Involvement in these programs has enabled One Stop Medical to provide comprehensive, client-centred, and coordinated care to individuals and families in the Mackay community, helping them to live happier, healthier, longer lives.

Workforce development

education and training events delivered

including \longrightarrow

remote locations

98

students enrolled in TAFE Indigenous Health Worker courses

73% completion rate for Certificate III

65% completion rate for Certificate IV

Program overview

Northern Queensland Primary Health Network's (NQPHN's) Workforce Development Program aims to support the North Queensland health workforce, building its capacity and capability to remain agile in a changing health system environment by supporting GPs and other primary health care providers and their teams to provide the right care, in the right place, at the right time.

Due to our geographical diversity and remoteness, and Aboriginal and Torres Strait Islander and older populations' chronic or complex disease burdens, access to a flexible, skilled, and culturally competent workforce is paramount.

Education activities are designed and delivered locally, based on local need and informed by population health data to support health providers and their teams to access continued learning opportunities without the added expense of travel.

These activities aim to:

- support general practice and other healthcare providers through workforce development and networking opportunities to maintain quality care and best practice in primary health care
- provide opportunities to access high-quality education and training that supports the maintenance of qualifications, adoption of new models of care, and health reforms
- build capacity and skills that support continuous and coordinated care management of chronic and complex conditions
- encourage internal and external partnerships that facilitate performance accountability and quality improvement cultures
- innovate service delivery to address impacts of workforce and skills shortages on vulnerable and hard-to-reach populations

- inform career pathways and specialty skills aligned to industry need and service capability, including uptake of continuing professional development and postgraduate studies
- develop stakeholder alliances to support regional workforce planning and continuity models
- ensure the local primary health workforce has suitable cultural and clinical skills to address the health needs of the NQPHN region
- contribute to diversity and awareness packages and protocols developed to support safe and quality primary healthcare provision to vulnerable, marginalised, and minority populations.

Key achievements



Established a Health Reform Readiness Program which supports providers to ensure the patient is at the centre of the care journey. Reform Readiness incorporates comprehensive care that is delivered through a team-based approach which may include family, general practitioners, allied health, community support groups, and other healthcare entities who work together to address a patient's whole life journey (including acute, chronic, preventive and end-of-life care).



Supported providers who signed up for the program to assess reform readiness through a practice self-assessment tool. This was jointly developed by the MacColl Center for Health Care Innovation at the Group Health Research Institute, and Qualis Health for the Safety Net Medical Home Initiative (SNMHI), and modified for NQPHN.











- The Reform Readiness self-assessment tool measured eight domains (parts) of reform readiness. These included engaged leadership, quality improvement strategy, patient registration, team-based healing relationships, organised evidenced-based care, patient-centred interactions, enhanced access, and care coordination. Each of the domains aligned with a set of Bodenheimer's 10 building blocks and quadruple aims.
- NQPHN's Reform Readiness Program incorporated education to meet criteria for upskilling, in line with the reform model via three major programs delivered across the region:
 - Practice Leadership Advantage—practice principle, GPs, practice manager
 - Lean Healthcare—all practice staff (four levels applicable to role)
 - Practice Nurses Reform Readiness Program practice nurses, Aboriginal and Torres Strait Islander Health Workers, medical practice assistants.

This program was delivered in conjunction with the whole of NQPHN Workforce Development Program.

- Played a key role in planning myPHN Conference 2018 in Mackay.
- Delivered education and training events accredited/endorsed by Australian Healthcare and Hospitals Association (AHHA), Australian Primary Health Care Nurses Association (APNA), the Royal Australian College of General

Practitioners (RACGP), and the Australian College of Rural and Remote Medicine (ACRRM).

Supported service provider teams to access Vocational Education and Training-accredited courses to support ongoing service improvement for health administration, medical practice assisting, and practice management. These enrolments totalled 35 participants.

Key outcomes

- ➤ The NQPHN Workforce Development Program delivered a broad range of programs to meet the needs of providers.
- Average learning outcomes:
 - 72 per cent of respondents said learning outcomes were entirely met
 - 26 per cent of respondents said learning outcomes were partially met.
- Average relevance to practice outcomes:
 - 63 per cent of respondents said practice outcomes were entirely relevant
 - 37 per cent of respondents said practice outcomes were partially relevant.



Scan the QR code with your smartphone to visit the myPHN Conference website and to view photo galleries and programs of the 2017 and 2018 conferences.

Meet James

James making a difference in Indigenous health

James Tapau is passionate about making a difference in Indigenous health—and sees education as a vehicle to help his people.

James, an Indigenous Liaison Officer at Cooktown Multi-Purpose Health Service, is a shining light in Indigenous health.

Having worked in disability and community services for seven years, James has taken advantage of a unique TAFE Queensland North education opportunity, developed in partnership with Northern Queensland Primary Health Network (NQPHN).

The Murray Island man recently completed a Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care, and has now started his Certificate IV.

"I was very hesitant at first to enrol, because it's been so long since I last studied that I thought I would find the training too difficult," said James.

"But I managed my studies really well, and always submitted assignments and completed assessments before the due dates.

"I definitely found my life skills valuable for relating to the subjects, and I'm very proud of completing my Certificate III.

"I know I'll always get the support I need with my training, and that's given me the confidence to progress into a Cert IV."

It was James' experience that provided a sound foundation for him to transfer into a role with Cooktown Multi-Purpose Health Service (MPHS) as a Hospital Liaison Officer when the opportunity arose. James provides support for inpatients at Cooktown MPHS during doctors rounds at handovers.

"I help ensure the patient understands medications, dosages, and the need to take medication to get better, as well as what to do on discharge," he said.

"I also check in with Community Nurses who conduct follow ups."

As part of his role, James travels to surrounding communities in Hopevale, Wujal Wujal, and Laura to conduct training for staff in cultural practice, and has contributed to the development of community protocols with Generalist Medical Training at James Cook University.

This includes a profile on each community's background culture, traditional owners, visiting services, and other Indigenous organisations in the community.

"I've found my background in disability services helpful when dealing with patients' medical conditions, and I also identify cultural considerations, and factor in how a patient was raised," he said.

"I truly love what I do and want to go further. I definitely see this as my job for life. My education is helping me to help my people."



Financials 2017–18

Northern Queensland Primary Health Network (NQPHN) is obliged by its funding agreements with the Commonwealth to responsibly commission services appropriate and relevant to the primary health needs of its communities and the people in them. Our intention remains to ensure the provision of the right primary health care service, to the right people, at the right time. The identification of need for services is undertaken through the Health Needs Analysis, which is a dynamic collection of data that represents the primary health needs of NQPHN's region.

Within the parameters of our obligations to the Commonwealth, it is NQPHN's remit to ensure that every dollar received is committed to areas of identified need and to the enhancement of service delivery to address those needs.

As in the 2016-17 financial year, NQPHN has again achieved efficiencies in service delivery which have obliged it to seek and secure from the Commonwealth the right to carry-forward those funds which had not yet been planned or committed. It is a very positive narrative that this situation has again arisen, without any reduction in service delivery, and describes an organisation that is succeeding in its efforts to streamline systems in order to achieve efficiencies and share those benefits with the community. NQPHN continues to contribute to local economies, buying local where appropriate, and ensuring the dollar continues to circulate in its communities through employment and investment.

NQPHN sustained a reduction in Core Operational funding during the year, which was absorbed by astute financial management and a suite of internal changes in organisational structure and systems revisions. As an agile organisation, each change has been accommodated and the majority of allocated funds have been committed, leading to a nominal carry-forward into 2018–19.

A comprehensive review of the organisational structure and systems has underpinned the emergence of a lean, nimble organisation which is able to respond rapidly to change whilst maintaining a focus on strategic outcomes.

Total revenue has increased from \$44.4m in 2017FY to \$52.1m in 2018FY, an increase of \$7.7m (17 per cent).

This increase has resulted in a higher investment in commissioned contracts from \$31.8m in 2017FY to \$39.8m in 2018FY, an increase of \$8m (25 per cent). NQPHN has been able to maintain a high level of service while keeping its operational costs in 2018FY comparable to the prior year. The total operational costs increased from \$12.3m to \$12.5m, an increase of \$200k (1.6 per cent).

Overall, NQPHN has been able to increase investment to the communities while maintaining operational costs at a similar level to the prior year.

NQPHN has total assets of \$39.1m and total liabilities of \$38.5m, resulting in a net asset of \$608k at 30 June 2018. Total assets predominantly consist of cash totalling \$38.5m. NQPHN has significant liquid assets and is able to pay its debts as and when they fall due.

Financial statements for the year 2017-18 have been audited within the prescribed timeframes and the auditors have issued an unqualified audit report, which is testimony to the commitment the organisation has to excellence in all its endeavours.



Scan the QR code with your smartphone to read the General Purpose Financial Statements.



Expenditure on priority areas



Mental Health



Aboriginal and Torres Strait Islander health

\$21,119,185

\$6,111,248



Alcohol and Other Drugs



Digital Health

\$5,783,799

\$1,629,103



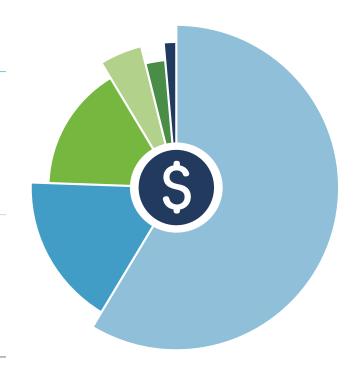
Workforce

\$1,216,199



Aged Care

\$473,745



Expenditure at a glance

This image is a graphical representation of key financial outcomes for NQPHN. Full audited General Purpose Financial Statements are available for download at www.nqphn.com.au/reports-plans or you can scan the QR code on page 68.

Digital Health key outcomes:

- Played key role in national roll-out of My Health Record
- 2. Collaborated with Hospital and Health Services (HHSs) across the region on HealthPathways sites
- Worked closely with HHSs on key digital initiatives, including GP Viewer and SMART Referral solutions

Mental Health **\$21,119,185**



Mental Health key outcomes:

- 1. Neami National Stepped Care Model
- 2. On the Line

 Digital Low Intensity Mental Health Services
- 3. Torres Health Indigenous Corp Establishment of primary mental health delivery

Workforce key outcomes:

- 1. Collaboration with TAFE Queensland North to provide 84 Indigenous students with Health Worker qualifications
- 2. Established Patient Centred Medical Home Readiness Program
- 3. Delivered 165 education and training events to 3,108 participants

Aboriginal and Torres Strait Islander Health

\$6,111,248

Excludes Aboriginal and Torres Strait Islander Mental Health and Alcohol and Other Drugs projects



Aged Care key outcomes:

- Emergency and Community Connect in Mackay—reducing avoidable hospitalisations for residential aged care facilities
- Open Arch project for Aged Care partnership with Cairns and Hinterland Hospital and Health Service in Cairns
- 3. Series of forums to enable increased access by service providers to aged care regarding aged care reforms

Alcohol and Other Drugs \$5,783,799





Digital Health

\$1,629,103



Workforce

\$1,216,199



Aged Care **\$473,745**

Aboriginal and Torres Strait Islander Health key outcomes:

- CheckUP
 Ear health in Yarrabah children
- 2. Integrated Team Care program 16,223 care coordination services delivered to 11,711 clients
- 3. Palm Island Launch of Palm Island Health Action Plan 2018–2028

Alcohol and Other Drugs key outcomes:

- Enhanced Drug and Alcohol Treatment Services provided through the Salvation Army in Townsville
- Aboriginal and Torres Strait Islander population and youth services delivered in communities
- 3. Introduction of Community-based rehabilitation

Torres and Cape | Cairns | Townsville | Mackay

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