



Gold Coast Primary Health Network

# 2015 2016 ANNUAL REPORT

*Building one world class health system for the Gold Coast*

**phn**  
GOLD COAST

An Australian Government Initiative

Gold Coast Primary Health Network

# 2015 2016 ANNUAL REPORT

*Building one world class health system for the Gold Coast*

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## PROJECTS AND PROGRAMS

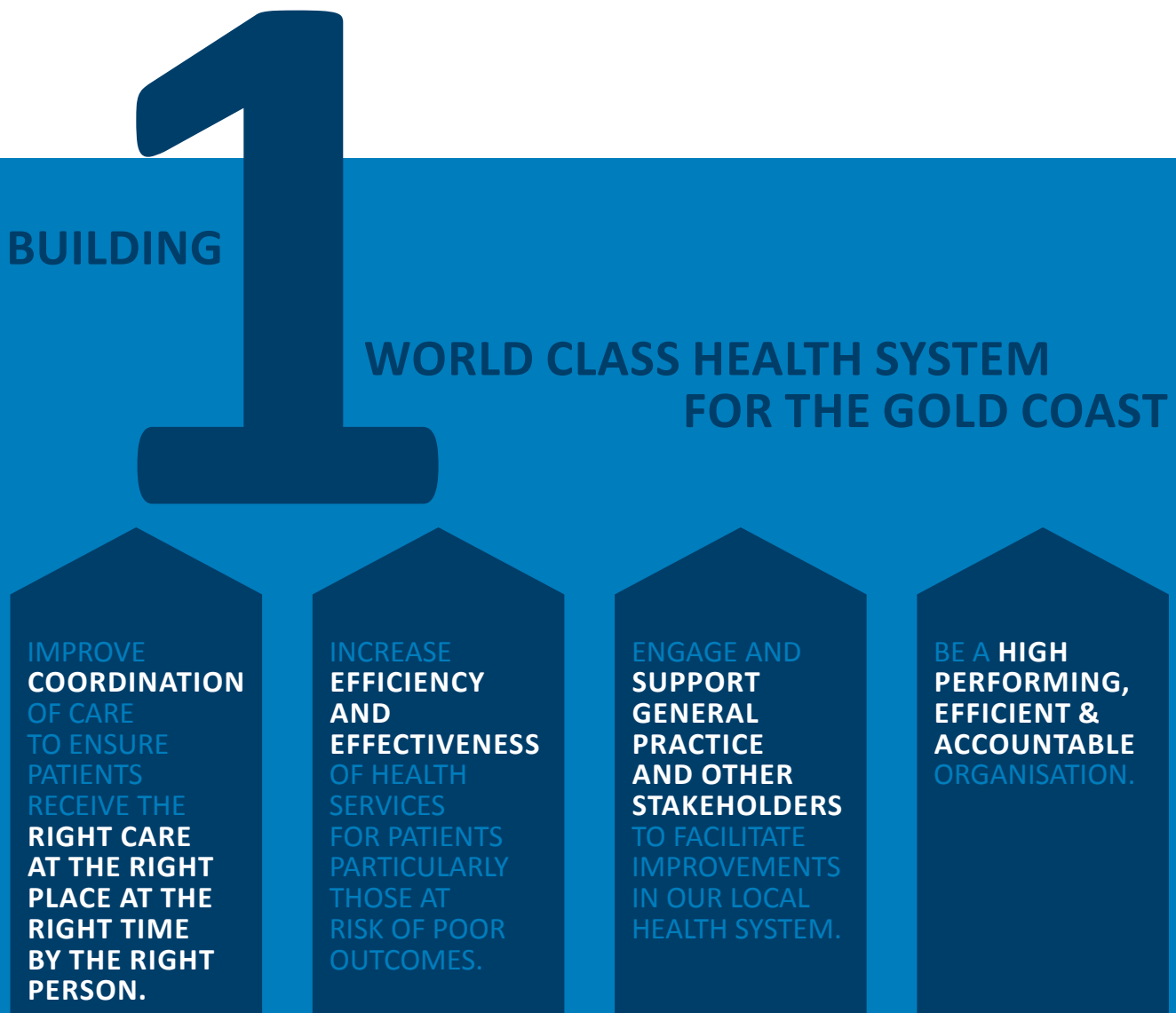
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# WHO WE ARE

## Gold Coast Primary Health Network

Gold Coast Primary Health Network (the trading name for Primary Care Gold Coast Limited) is a not-for-profit company established on July 1 2015, and funded by the Federal Government to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time by the right person.

Many staff have more than two decades of experience supporting clinicians and improving patient care in the primary health sector while working for Medicare Local, General Practice Gold Coast and the Gold Coast Division of General Practice.



# GOLD COAST PRIMARY HEALTH NETWORK

**Primary Health Networks were established on July 1 2015, by the Australian Government Department of Health with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care.**

Thirty-one Primary Health Networks now operate across Australia.

The Gold Coast Primary Health Network (GCPHN) works closely with General Practice, the cornerstone of primary healthcare, hospitals and primary and secondary healthcare providers to improve patient outcomes.

GCPHN is addressing targeted Government priorities including mental health, digital health, aged care, Aboriginal and Torres Strait Islander health, population health and health workforce.

To build one world class health system for the Gold Coast, GCPHN has a coordinated strategy to understand the health care needs of the community through extensive population planning.

It is also working towards establishing one regional health plan for the Gold Coast, developing clinical and service networks, growing collaboration and partnerships with GPs, Gold Coast Health and other care providers, enhancing its commissioning role and looking internationally to best practice models of care.

## **GCPHN STRATEGIC OUTCOMES**

- People are healthier and take responsibility for their own health
- People stay well in their own homes and communities
- People with complex illness have improved health outcomes
- An integrated health system across the Gold Coast
- Strong clinical leadership, capacity and innovation in the Gold Coast primary care sector
- Strong partnerships to facilitate service improvement.

# SNAPSHOT OF OUR SUCCESS

## In 2015-2016:

**90 percent** of general practices on the Gold Coast had interactions with Gold Coast Primary Health Network. Support provided included digital health, immunisation, data analysis as well as facilitated quality improvement activity helping practices improve patient care and their business systems.

**1,585** practice staff, healthcare professionals and providers and community attended **113** education and training events.

Homeless clients accessed **856** social work sessions including case management, assessments, crisis intervention, counselling and advocacy.

Indigenous immunisation rates in the all-important 60 - 63 months were their highest ever, at **100 percent**.

**515** medical and nursing students were placed in over **220** different general practices and supported by **304** GPs.

**2,886** Indigenous health assessments were completed by **81** general practitioners and **102** practices are registered for Closing The Gap – **31** percent above the national benchmark.

**80** percent of clients were better able to manage their mental health since receiving counselling. – Access To Allied Psychological Services (ATAPS) Program

**1,464** clients identified for holistic assessment in January 2016, **1,178** assessments completed by June 30, 2016 with **785** care plans signed off by GPs. – Gold Coast Integrated Care Program

**255** patients living with chronic pain were registered to participate in the GCPHN Persistent Pain Program

Overall more than **78 percent** of participants surveyed rated their quality of life as better or much better since working with PIR and **70 percent** found PIR to be very helpful or extremely helpful in their recovery journey. - Partners In Recovery (PIR) Mental Health Initiative

In only 12 months, page views across the GCPHN HealthyGC website increased **15.3 percent** to **267, 776** views.

**100 percent** of participants said they are more confident in assessing and managing venous and arterial leg ulcers and burns. - Wound Management Training

In just two months, the number of general practices registered for digital health rose by ten, the number of GPs uploading information increased by **86** and **733** Shared Health Summaries and **780** Discharge Summaries were uploaded.

# OUR VALUES



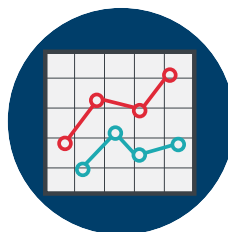
## SUSTAINABLE

*Efficient, Effective, Viable*



## INNOVATIVE

*Flexible, Pioneering, Evolutionary*



## EVIDENCE-BASED

*Research, Documenting, Transparent*



## COLLABORATIVE

*Partnerships, Integrated, Engaged*



## INFLUENTIAL

*Visible, Valued, Courageous*



## ACCOUNTABLE

*Respect, Responsible, Outcomes*





# CHAIRMAN'S REPORT

## Dr David Rowlands

**The first year of operation of the Gold Coast Primary Health Network (GCPHN) has been one of great achievement.**

Our mission statement, 'Building one world class health system for the Gold Coast' has great meaning. 'Building' because there is always room to do things better. 'One' refers to both the public and the private sectors and our need to engage with both. 'World class' relates to maintaining our focus on evidence based care and learning from the experience of others who have gone down a similar path. 'System' refers to our desire to improve the linkages and performance of what might best be described as a health 'sector' currently. Finally, we must never lose sight of the fact that we exist to serve the 'Gold Coast' community and we must engage with them in every step of our service development.

I have often reflected on the value of our relationships. Of highest priority must always be our excellent relationships with General Practice and other primary care providers, for without these, we have nothing to offer. Next must come our relationships with the Gold Coast

Hospital and Health Service (GCHHS) and the private sector (including specialists). Following these, comes our relationships with our funders in the region (the Commonwealth, Queensland Health and private health insurers), for as important as these relationships are, we cannot achieve our mission without the help of the first two groups.

I am grateful to our very involved members (General Practice Gold Coast, Primary Care Partnership Council and City of Gold Coast) for adopting our new constitution for the organisation. Importantly, while it is largely based on our prior constitution, it now ensures an orderly process of Director retirement and election.

In April of this year the Boards and

senior management of GCPHN and GCHHS met with senior executives of the Canterbury District Health Board. Canterbury is renowned for the quality of the integrated health services they provide to their population. Some of the learnings from this visit have been applied in our regional Mental Health Strategy which has been jointly developed with GCHHS and other providers.

Finally, I would like to thank my fellow board members who are best described as inspirational, and the staff of GCPHN who are an absolute pleasure to work with.

I sincerely look forward to the coming year and the challenges it will doubtless bring.

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**WE MUST NEVER LOSE SIGHT OF THE FACT THAT WE EXIST TO SERVE THE 'GOLD COAST' COMMUNITY AND WE MUST ENGAGE WITH THEM IN EVERY STEP OF OUR SERVICE DEVELOPMENT.**

.....

# CEO'S REPORT

## Matt Carrodus

**On 30 June 2016 Primary Care Gold Coast Limited, concluded its first year of operation as the Gold Coast Primary Health Network (GCPHN).**



It was a considerable achievement to transform to a fully functioning Primary Health Network within one year, and involved a very comprehensive and successful transformation plan that included:

- A move to new office accommodation from our previous offices spread over three separate buildings.
- Completing strategic planning in line with Australian Government Department of Health key objectives and defining key performance indicators to achieve these.
- Defining a new and ambitious vision for the GCPHN – “Building One World Class Health System”.
- Commencing the commissioning of mental health and alcohol and other drug (AoD) treatment services with a comprehensive needs assessment and very extensive consumer, public and service provider engagement strategy.
- Developing our first commissioning strategies and business plans and undertaking a co-design process with service providers and consumers.
- Commencing the development of a

maturity plan to achieve world class commissioning within five years.

- Implementing a competency and leadership framework to drive performance, accountability and increase staff engagement in the company's mission and vision.
- Implementing a single set of industrial terms and conditions eliminating a legacy industrial agreement and constructing fit for purpose terms and conditions of employment. This could not have been possible without the goodwill of all staff concerned.

Even one of these transformational activities in a normal year would be challenging, while also maintaining business as usual in a range of key performance areas. To successfully undertake them all was a credit to all staff. It was most pleasing that despite such a considerable environment of change for staff, we achieved our highest level of staff engagement in any staff survey to date. This is a great reflection on our staffing team and the culture we have built and the new organisation.

We have all been on a steep development curve, concurrently

building our competencies, capacity, systems and culture to achieve the new strategic direction and build a world class commissioning organisation. This has been at times demanding and challenging for staff. Throughout this changing environment, critical relationships with existing stakeholders were maintained and enhanced, and new relationships developed. Our continued support to GPs and General Practice is of the highest importance. This was reflected in our practice support team completing 3424 interactions with 90 per cent of general practices, with 101 practices now providing practice based population data to GCPHN.

I would like to thank all of our staff for their stamina, resilience, good humour and adaptability over the last 12 months, and our partner organisations for their support whilst we undertook this transformation. Some great results have been achieved in our first 12 months and we look forward to working closely with our partners, and the community to continue this as we work towards achieving ‘One World Class Health System for the Gold Coast’.

# THE GOLD COAST PRIMARY HEALTH NETWORK BOARD

Gold Coast Primary Health Network is governed by a diverse board with significant experience in primary healthcare and community sectors, with broad ranging skills.



**BOARD CHAIR: Dr David Rowlands**

MB, BS (Qld), GAICD

General Practitioner

**Career Highlights**

- General Practitioner on the Gold Coast since 1989
- Senior House Officer in Accident and Emergency (UK)
- Medical Officer Royal Australian Army Medical Corps

**Significant Achievements**

- Current Chairman, Primary Care Gold Coast
- Immediate Past President, General Practice Gold Coast
- Previous Treasurer, General Practice Gold Coast
- Previous Secretary, General Practice Gold Coast



**MEMBER: Dr Sue Gardiner**

(MBBS, DFFP, MRCGP, FRACGP)

General Practitioner

**Career Highlights**

- GP, Runaway Bay Doctors Surgery since 1999
- Roles at Bond and Griffith Universities
- GP at Ashmore Family Practice
- Medical registrar in charge of the Coronary Care Unit for two years in the UK

**Significant Achievements**

- Treasurer/Board member, General Practice Gold Coast 2003 - 2011
- Ministerial appointment to Gold Coast HCC
- Chair, GP Council
- Member, Primary Care Partnership Council



**MEMBER: Rick Dennis**

B. Comm, LLB, ACA, Harvard Business School

Non-Executive Director

**Career Highlights**

- Ernst and Young - former Queensland Managing Partner and Asia-Pacific CFO
- Advisory Board Member: Australian Super; EWM Group
- Non-executive director of three ASX listed companies
- Non-executive director Springfield Land Corporation; Vesta Living Communities

**Significant Achievements**

- Chaired the Queensland Advisory Board of the Juvenile Diabetes Research Foundation
- Current Chair SQUAD Foundation (est 2016 to raise awareness of youth suicide)





**MEMBER: Dr Alyson Ross**

(B.A, Dip Bus (HARM) Doc Ed)

Business Improvement and Executive Manager (Safety Education and Promotion), Civil Aviation Authority

**Career Highlights**

- Director/Executive Manager, Standards and Quality, Health Quality and Complaints Commission
- Senior Program Manager, Gold Coast City Council
- Director (various executive leadership roles) Gt Yarmouth and Waveney PCT

**Significant Achievements**

- Led the full review of the Civil Aviation Safety Authority's Aviation medicine capability.
- Led the full review of Health Quality and Complaints Commission's regulated standards and Organisational Realignment Program.
- Led a multi-award winning complex strategic program to develop a 30 year social, economic and environmental vision for the Gold Coast, which looked at all aspects of planning the strategic direction and development of the city.
- Established the General Practice Commissioning Partnership for Waveney Primary Care Trust.
- Led the development of clinical governance and care pathways including CVD, COPD and cancers.



**MEMBER: Deb Blow**

(RN, BN, Grad Dip Crit Care, Grad Dip FET, Cert IV TAE MACN)

Director of Faculty Community Services, Health and Nursing

Executive Leader Health and Nursing

**Career Highlights**

- Director of Faculty, TAFE Queensland Gold Coast
- Australian Nursing and Midwifery Accreditation Council Academic Assessor
- Registered Nurse, Critical Care
- Nursing experience in rural and remote, operating theatre, intensive care, emergency and aged care

**Significant Achievements**

Public Sector Award recipient for the following;

- Educational Leader Queensland
- Outstanding Contribution to Innovation
- Outstanding Contribution for Networking and Industry Linkage
- Outstanding Achievement in Partnering
- Australia Day Achievement Award
- Special Commendation for Innovation and Technology
- Outstanding Achievement in Partnering
- Australia Day Achievement Award



**MEMBER: Kieran Chilcott<sup>†</sup>**

B. Edu, D. Management, Cert IV Training, Business, Project Management and Mental Health

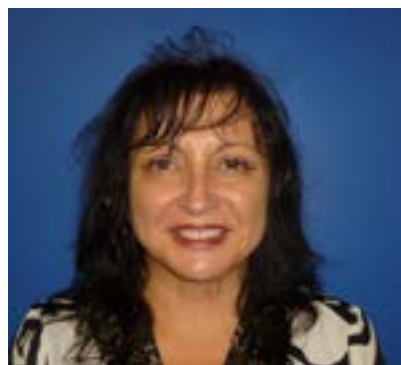
Executive Officer, Kalwun Development Corporation

**Career Highlights**

- Inaugural Chairperson of the Institute for Urban Indigenous Health
- Experienced Board member of multiple Gold Coast organisations
- Current Executive Officer of Kalwun Health Service

**Significant Achievements**

- Member, Primary Care Partnership Council
- 2015 A&TSI Student of the Year winner at the Queensland Training Awards



**MEMBER: Christine Trueman\***

(B.A, LLB, MBA)

Adjudicator

**Career Highlights**

- Barrister and solicitor
- Adjudicator
- Lawyer
- Accredited Mediation Specialist with LEADR

**Significant Achievements**

- Admitted to the Supreme Court as a barrister and solicitor in 1999
- Admitted to the High Court in 2000
- Gained National Accreditation as Mediation Specialist with LEADR in 2012
- A mentor in the Career Mentor Program with the Law Faculty at the University of Tasmania since 2012



**MEMBER: Dr Stephen Barry,**

MB, BS (Qld), FRACGP, Dip RANZCOG

General Practitioner

**Career Highlights**

- Currently a GP at Eastbrooke Family Practice (Burleigh Waters)
- Palm Beach Family Practice 1987-2015

**Significant Achievements**

- Founding Board Member and former Chair, General Practice Gold Coast
- Assist Professor Bond University
- Senior Lecturer Griffith University
- Member Queensland Clinical Senate
- Member Statewide Cardiac Clinical Network

<sup>†</sup> Kieran Chilcott joined the Board in November 2015.

\* Christine Trueman left the Board in November 2015.

# GCPHN CLINICAL AND COMMUNITY COUNCILS

## Gold Coast Primary Health Network (GCPHN) Clinical Council

### GCPHN Clinical Council members

- Dr Andrew Weissenberger (GP) Hope Island Medical Centre
- Dr Lisa Beecham (GP) Robina Town Centre Medical Centre
- Dr Peter Meulman (GP) Mudgeeraba General Practice
- Chris Turner (Allied Health) Physiotherapist/Accredited Exercise Physiologist, Practice Principal, Allied Connect
- Debra Gilbertson (RN) Non-Government Organisation
- Linda Taylor, (General Manager) Blue Care, South Coast
- Jonathan Link (Principal trainer) Indigenous mental health, Deadly Thinking Program

### Ex officio members

- Dr Sue Gardiner (GP) Runaway Bay Doctors Surgery, GCPHN Board member
- Dr Roger Halliwell (GP) Robina Town Centre Medical Centre, General Practice Gold Coast President
- Dr Nick Buckmaster (GP) Lead Clinician Group representative, General Medicine Specialist, Gold Coast Health
- Noela Baglot (RN) GCPHN Community Advisory Council Chair
- Matt Carrodus, (CEO) Gold Coast Primary Health Network
- Libby Carr (Director) Gold Coast Primary Health Network

The GCPHN Clinical Council was established to ensure that advice from a clinical perspective is made to the GCPHN Board. The council plays a critical and strategic role, to support the best possible decisions on health and primary/community based healthcare which will ultimately improve health outcomes for Gold Coast residents.

The clinical council has been meeting bi-monthly since its establishment in early 2015, with membership for two years, and comprises GPs, allied health, service provider and consumer representatives.

The committee has provided valuable advice to the GCPHN Board throughout the 2015/16 commissioning cycle including the needs assessment priorities and triangulation, strategic and annual planning process and prioritisation.

## GCPHN Community Advisory Council

**The Community Advisory Council (CAC) has been established to provide comment and feedback about healthcare services from a consumer and local Gold Coast community perspective. Community members have been selected to ensure accurate representation of age, gender, geographic location and health experiences and are halfway through a two-year term.**

- Since October 2015 the following topics have been considered by the CAC: mental health reform, health literacy (including review and recommendations for the GCPHN HealthyGC website), promoting health and identifying risk with specific recommendations for both GCPHN and Gold Coast Hospital and Health Service (GCHHS), input into the GCPHN response to the second draft consultation on the National Strategic Framework for Chronic Conditions and the Mental Health and Alcohol and other Drugs Needs Assessment.

Outcomes of all topics considered are publicly available on HealthyGC.

- To improve the transfer of information and relationships between key governance groups, there is now regular meeting attendance by a member from the GCPHN Clinical Council and Board.
- Ongoing collaboration with the GCHHS Consumer Group was identified by the CAC as important to integration and a formal arrangement is now being pursued. Joint training has also been undertaken between the two groups, focused on skills and knowledge building for effective consumer representation. Members also attended the first annual forum held by Health Consumer Queensland to further develop skills.
- Regular evaluations are undertaken with members and all aspects of the meeting format, content and support they receive rated very highly.
- To improve communication between members, a portal for the CAC has been developed on the HealthyGC website.

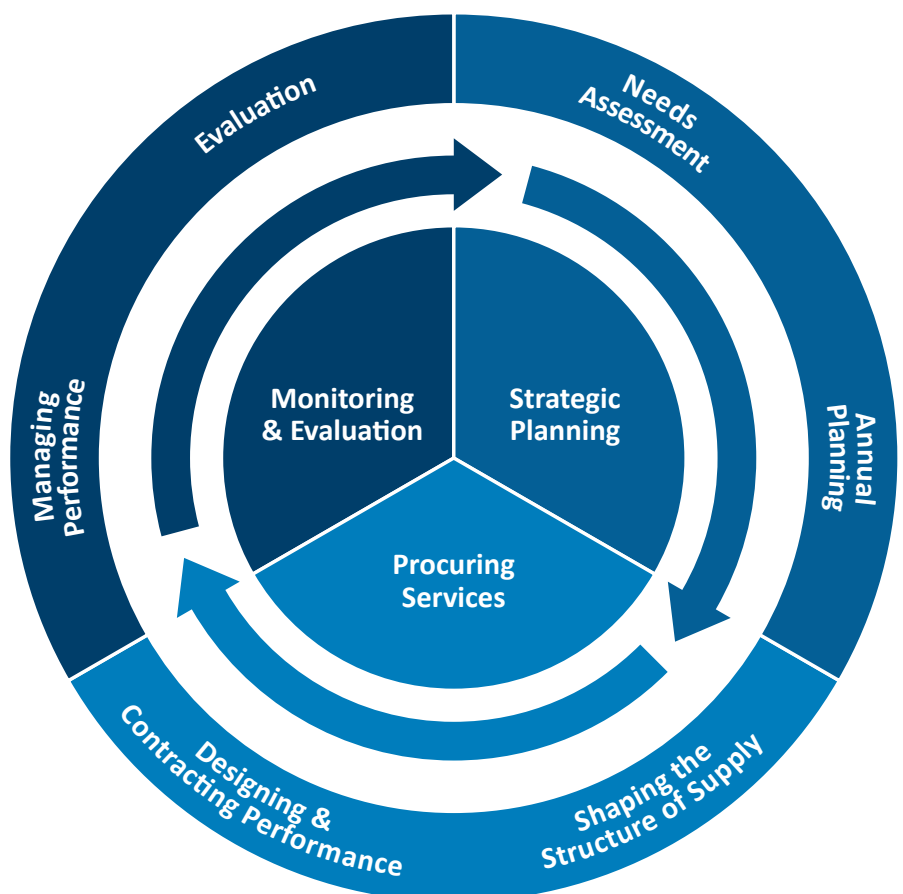
# BUILDING ONE WORLD CLASS COMMISSIONING ORGANISATION

**Primary Health Networks were established in July 2015 with the focus on a strategic approach to the procurement of services or activities informed by population planning and analysis, to meet local needs and improve primary healthcare for local communities.**

For the last 12 months, Gold Coast Primary Health Network (GCPHN) has centred on building its capacity as an outcome focused world class commissioning organisation.

Moving to a commissioning based model provides opportunities for GCPHN to improve the primary healthcare system by driving a more systematic and proactive approach to the management of chronic disease, providing a population-based approach and more integrated models of care.

To promote evidence based best practice, this has involved exploring successful commissioning models in the US, NZ and England and the development of a commissioning framework to provide a systematic, strategic and planned approach for all GCPHN activities now and into the future.





# OUR COMMUNITY

Gold Coast Primary Health Network (GCPHN) is aligned to the Gold Coast Hospital and Health Service boundaries and is composed of the whole of the Gold Coast City Council local government area and a small part of neighbouring Scenic Rim Regional Council, (Tamborine – Canungra).





# UNDERSTANDING OUR COMMUNITY

**Gold Coast Primary Health Network (GCPHN) is committed to building one world class health system for the Gold Coast. Achieving this goal requires us to accurately identify and understand the health needs and service issues of our region.**

To support informed decision making, extensive work involving data collection, analysis, service mapping and consultation has been undertaken to conduct a needs assessment for the Gold Coast.

The first comprehensive needs assessment was submitted in March 2016 and is complemented by the 2015 Population Health Profile, produced in collaboration with the Gold Coast Hospital and Health Service. Incorporating the essential voices and knowledge of community, service users and service providers is a key component of this process.

GCPHN looks forward to continued cooperation with Gold Coast Health, the community and other partners to progress through to the next iteration of the Population Health Profile and needs assessment in 2017.

**569,951** PEOPLE

(Estimated population 30 June 2015)

**880,000**

(Estimated population by 2036)



**104,241**



**OF CHILDREN 0 - 14**

(Largest populations in Oxenford-Ormeau SA3)



**76,568**

**YOUTH 15 - 24**

(Largest populations in Oxenford-Ormeau SA3 and Southport)



**6350**

**89,545**

**PEOPLE 65+**

(Largest populations in Gold Coast North)  
Slightly higher rate than national average



**ABORIGINAL & TORRES STRAIGHT ISLANDER**

(2011 Census - 1.3% compared to 2.5% National)

**52,716**

Residents were born in Non-English Speaking Background Countries  
(Most common languages other than English spoken were Japanese, Mandarin, Korean, Italian and Cantonese 2011 Census).

The most requested interpreter services at GCHHS are for Mandarin, Japanese, Korean, Cantonese, Bosnian and Spanish (local usage data).

**299,597**

**ADULTS 25 - 64**

(Largest populations in Oxenford-Ormeau SA3 and Nerang)





## OUR HEALTH: GCPHN REGION

**88%**

Reported excellent  
very good or  
good health



Reported having a  
long term health condition.

**44%**



**80%**

HAVE A  
PREFERRED GP

**88.6%**

OF GP APPOINTMENTS  
WERE BULK BILLED

**BULK  
BILLED**

THE AVERAGE NUMBER OF  
AFTER-HOURS GP  
ATTENDANCES PER PERSON

(higher than the national average of 0.43)

**0.67**



**82.6 Years**

LIFE EXPECTANCY



**106**

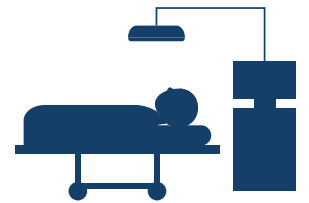
POTENTIALLY  
AVOIDABLE DEATHS

Per 100,000 people (lower than the national average of 110)

**2735**

POTENTIALLY PREVENTABLE  
HOSPITALISATIONS

Per 100,000 people  
(higher than the national  
average of 2,436)



A photograph of two women in a counselling session. One woman, with dark hair in a ponytail, is looking down thoughtfully. The other woman, wearing glasses and a green shirt, is gesturing with her hand while speaking. They are in a room with large windows in the background.

# OUR PROJECTS AND PROGRAMS

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98 PERCENT OF CLIENTS WERE SATISFIED WITH THE LOCATION, AVAILABILITY OF APPOINTMENTS AND 80 PERCENT WERE BETTER ABLE TO MANAGE THEIR MENTAL HEALTH SINCE RECEIVING COUNSELLING.

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## ACCESS TO ALLIED PSYCHOLOGICAL SERVICES (ATAPS)

Improving access to psychological services for local Gold Coast residents

### WHAT WE HAVE ACHIEVED

ATAPS is a Commonwealth funded program administered by Gold Coast Primary Health Network (GCPHN), supporting evidence-based short term psychological services to individuals with common mental disorders of mild to moderate severity. Participants can receive support by fully accredited mental health professionals from across the Gold Coast, who include psychologists, mental health nurses, occupational therapists and social workers who specialise in helping people experiencing a mental illness. Services are targeted to those individuals requiring primary mental health care who are not able to afford Medicare subsidised mental health services, as a result of being financially disadvantaged.

Priority groups for ATAPS include:

- Aboriginal & Torres Strait Islander
- Children (aged 0-12)
- Perinatal depression
- Suicide prevention

### KEY RESULTS

- 1481 referrals were received into all programs in 2015-2016, from GPs (96 percent) and provisional referrers (4 percent). 7307 psychological sessions were delivered which included:
  - General: 3885
  - Suicide Prevention: 1199
  - Perinatal Depression: 248
  - Aboriginal & Torres Strait Islander: 232
  - Children 12 years and younger: 1743
- The ATAPS team visited general practices to provide education to GPs, practice managers and practice nurses about referral pathways and eligibility criteria. The program was also promoted in targeted newsletters and bulletins and the HealthyGC website.
- The GCPHN HealthyGC website ATAPS pages were well utilised with a total of 3,237 page views including 2,129 Resources and Referral forms, 398 Child Mental Health Program, 213 General Program, 189 Suicide Prevention Program, 71 Perinatal Program and 146 views of the GCPHN HealthyGC Service Directory.
- Referral pathways have been established with Surfers Paradise Anglican Crisis Care Homeless Drop in Centre to enable timely access to services for vulnerable and disadvantaged clients resulting in three provisional referrals. Existing provisional referral pathways for Child Mental Health, Perinatal and Suicide Prevention have also resulted in 51 provisional referrals.
- Quarterly performance reviews of contracted Mental Health Professionals were conducted to ensure compliance with the Clinical Governance Framework and there were nine independent clinical reviews of ATAPS referrals conducted by our contracted clinical consultants with no clinical issues identified.

## ALCOHOL AND OTHER DRUGS

Commissioning alcohol and other drug treatment services on the Gold Coast.

### KEY RESULTS

- Gold Coast Primary Health Network (GCPHN) was identified as well-placed to identify local needs and ensure the coordination of treatment services.
- GCPHN conducted extensive stakeholder engagement, population planning and research within the Gold Coast region to assess what services were appropriate for the needs of the local community. This included a community briefing on June 28 with more than 100 people and meetings with service users and providers.
- This rigorous and extensive process has included service mapping to inform a comprehensive needs assessment which is being finalised, to provide future direction on future services.
- GCPHN will support improved service capacity through planning, commissioning and integration of services at a regional level to improve outcomes for individuals.

### PARTNERS

- Mental Health and Alcohol and other Drugs Multidisciplinary Clinical Advisory Group
- Alcohol and other Drugs (AoD) Working Group
- Gold Coast Hospital and Health Service (GCHHS) Ice Response Project Steering Committee
- GCHHS Ice Community Project Working Group
- Linkages to GCPHN internal governance groups and existing AoD providers
- Service users, providers and public

### WHAT WE HAVE ACHIEVED

In December 2015 the Federal Government announced new funding for methamphetamine, including Ice, treatment services as a result of the Ice Taskforce Report. Through this funding, Primary Health Networks are required to commission alcohol and other drug treatment services to meet local needs including services for Aboriginal and Torres Strait Islanders.

The focus of the funding is to ensure that those who are most in need will get timely access to services that are most appropriate for them and are cost effective.

#### The key aims are:

- Increasing the service delivery capacity of the drug and alcohol treatment sector through the improved regional coordination and commissioning of additional drug and alcohol treatment services targeting areas of need, with a focus on methamphetamine use in the community where appropriate; and
- Improving the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors, and improving sector efficiency.







## KEY RESULTS

- 523 telehealth consultations performed during the 15/16 period (an increase from 325 in 14/15)
- Of the four facilities participating, three have regular clinics booked. Eighty percent of the consultations are 'follow up reviews' and 20 percent episodic or emergent care.
- A strategy over Christmas, where patients at risk of hospitalisations were reviewed by their GP and provided with an updated care plan accessible for nursing staff and after hours GPs, resulted in a significant decline in potentially avoidable hospital admissions. During the 11 day period, there was a decline of 19 hospitalisations compared to the same period last year. This was a potential saving of more than \$114,000.
- Wound care specific GP services has commenced, enabling telehealth review of complex and chronic wounds and each RACF has a telehealth and a wound care champion to support staff and ensure continuity.
- Advanced Care Planning modelling is now underway. Stakeholder engagement sessions have been attended by the participating GPs.
- Strategies by the Gold Coast Public Health Unit were implemented, to ensure each patient was offered the Fluvax. There was also a significant increase in staff vaccination rates.
- Promotion of the Decision Assist tools (Palliation and End of Life Strategy) for GPs and RACFs, including a USB with Decision Assist tools and the Palliated GP App that provides best practice end of life medication advice to GPs.
- Through effective service navigation within the facilities there has been an increase in the utilisation of multidisciplinary services including additional Allied Health and utilisation of externally funded support mechanisms for staff to better manage residents within the facilities prior to sending a resident to hospital.
- GPs now have a systematic approach for care for the residents, following the RACGP Silver Book Guidelines, and are now utilising the appropriate MBS item numbers to support their best practice care.
- After a long period of building and forming trust, the GCPHN coordinator is now seen as a point of contact and reliable source of information for the contracted GPs.

## PARTNERS

- Blue Care – Pineshaven
- RSL Care – Galleon Gardens
- St Andrews Lutheran Care – Tallebudgera
- BUPA – Runaway Bay
- General practitioners that visit the RACFs
- Aged Care Team within Gold Coast University Hospital with visitation to the RACFs
- Dementia Behaviour Management Advisory Service
- Queensland Ambulance Service

# BETTER HEALTH CARE CONNECTIONS

Improving multi-disciplinary primary care to aged care residents and reducing hospital admissions

## WHAT WE HAVE ACHIEVED

Gold Coast Primary Health Network (GCPHN) is one of nine organisations in Australia delivering the Better Health Care Connections: Aged Care Multidisciplinary Care Coordination and Advisory Services Program. The program supports multidisciplinary care activities to support older Australians with complex health needs who would benefit from higher levels of coordinated care and treatment. As part of the program, GCPHN has established an aged care multidisciplinary care coordination and advisory service and funded a pilot project that delivers General Practitioner consultations to aged care recipients in residential aged care facilities (RACFs) by video consultation.

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**A CHRISTMAS STRATEGY RESULTED IN A DECLINE OF 19 HOSPITALISATIONS COMPARED TO THE PREVIOUS YEAR, WITH A POTENTIAL SAVING OF MORE THAN \$114,000.**

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## KEY RESULTS

- 161 final year placements organised for Griffith University, 111 final year placements for Bond University, 148 introductory placements for Griffith University and 95 introductory placements for Bond University. This totals 515 General Practice placements, an increase of 59 placements from the previous year. The students were placed in over 220 different general practices with the support of over 304 different GPs taking the students on placement.
- For 2016, Bond University final year students had the opportunity to complete for the first time a specialist Dermatology placement during their Core GP Rotation, with 279 placements organised. Specialist placements were also held in Dermatology and Ophthalmology for final year Griffith students.
- The number of nursing placements increased by 70 percent from last financial year, with 101 placements being organised through 26 practices.
- To meet demand, the GP trainer workshops were increased to three for 2015/2016. There were a total of 51 GP attendees across the three meetings (with a high percentage of attendees new GPs to the program).
- To meet increasing demand for nursing placements, and for the first time, two Nursing Preceptor Workshops were held for new Nursing Supervisors with a total of 32 attendees.
- GCPHN gained greater insight into other clinical placements organised by Bond University, and has managed to support Bond's monitoring of elective placements, the GPs' ability to claim the PIP and to ensure elective students don't clash with students on Core GP placements.
- A Student Initiated Placement (distance locations) Procedure was established with Griffith University for final year students on Core GP placement. The Clinical Placement team continue to manage student distance placement requests from students.
- A Clinical Placement website page was developed (which hadn't existed previously) and added to GCPHN's HealthyGC website. With over 1200 page views the webpage has increased exposure for the Clinical Placements Program. This program has also been promoted through GCPHN publications and communication materials.

## CLINICAL PLACEMENTS

Gold Coast Primary Health Network (GCPHN) is supporting the future General Practice workforce, by facilitating placements for medical and nursing students from Bond and Griffith Universities.

### WHAT WE HAVE ACHIEVED

Gold Coast Primary Health Network (GCPHN) is the central point of contact between Bond and Griffith Universities and General Practice, to organise the placement of students interested in pursuing a career in General Practice. GCPHN streamlines this process to allow practices more time to focus on their patients.

In 2015-2016, the demand for clinical placements has continued to grow for both medical and nursing students and the team has worked hard to identify newly opened practices that could potentially take students combined with an ongoing promotion among General Practice about the benefits of student placement for both the student and the GP/Registered Nurse.

515 MEDICAL AND NURSING STUDENTS WERE PLACED IN OVER 220 DIFFERENT GENERAL PRACTICES, AND SUPPORTED BY 304 GPs.







2886 INDIGENOUS HEALTH ASSESSMENTS WERE COMPLETED BY 81 GENERAL PRACTITIONERS, AND 102 PRACTICES ARE REGISTERED FOR CLOSING THE GAP – 31 PERCENT ABOVE THE NATIONAL BENCHMARK

## CLOSE THE GAP

Increasing Indigenous access to mainstream primary healthcare

### WHAT WE HAVE ACHIEVED

The Close the Gap (CTG) campaign's goal is to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation. The campaign is built on evidence that shows that significant improvements in the health status of Aboriginal and Torres Strait Islander peoples can be achieved within short timeframes.

As part of CTG, Gold Coast Primary Health Network (GCPHN) administers the Improving Indigenous Access to Mainstream Primary Care Program, and since establishment in 2009-2010, there has been a steady increase in the percentage of mainstream health providers registering for CTG. GCPHN staff engage and train general practices to become culturally competent as an Indigenous service provider and as a result, the number of practices registered for CTG on the Gold Coast is at an all-time high and well above national targets.

The program also employs an Indigenous Outreach Worker with the main focus on improving Aboriginal and Torres Strait Islander access to mainstream primary healthcare services, in particular providing support and transport for patients with a chronic illness. This is achieved by working with general practitioners, practice nurses, practice staff, Indigenous services and directly with the Aboriginal and Torres Strait Islander community.

### KEY RESULTS

- 2886 Indigenous Health Assessments completed by 81 GPs, 582 (21 percent) of which, were conducted in mainstream General Practice (the rest through Indigenous health organisations).
- 75 percent of accredited general practices are registered for CTG for the Gold Coast region. This is 31 percent above the national benchmark of 45 percent.
- Cultural Safety Training has been delivered to mainstream primary care providers across the Gold Coast. This involved 29 participants from 25 organisations, well above targets. Close the Gap sessions were also held for first and second year medical students.
- The Indigenous Health Project Officer attended 47 visits to general practices providing Indigenous Chronic Disease GP Resource Kits and explaining the CTG program including the registration process, MBS item numbers, Indigenous Health Assessments, support services available for chronic disease patients and Cultural Awareness Training options.
- 46 clients have been supported for ongoing transport and assistance including referral to the Care Coordination Program. The GCPHN Indigenous Outreach Worker also organised for the Cancer Bus to provide transport options for patients requiring ongoing appointments and chemotherapy treatment.
- There were 18 referrals from mainstream GPs to the Chronic Disease Wellness Program, to provide specialised support to manage a range of chronic diseases.
- Ongoing engagement with service providers and the Indigenous community has included regular meetings with the Karulbo partnership, Aboriginal Torres Strait Islander Hospital Liaison Officers and Mungulli Chronic Disease Program. GCPHN was also instrumental in organising the Deadly Families Festival attended by approx. 800-1000 people with 23 different service providers, for the Indigenous community to access a wide range of services.

### PARTNERS

- Karulbo Partnership Advisory Council
- Kalwun Health Services
- Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare
- Queensland Health (Indigenous Health/Chronic Disease Wellness Program, Aboriginal Torres Strait Islander Hospital Liaison Officers)
- Institute for Urban Indigenous Health
- Mungulli Chronic Disease Program
- Gold Coast Aboriginal and Torres Strait Islander community

## KEY RESULTS

Since the implementation of the work plan, GCPHN has provided General Practice with significant support, and data provided by the Australian Digital Health Agency, for the first two months of Quarter 1 (commencing 1st May), of the new Practice Incentive Program has shown very positive results.

In just two months (May 1 2016 – June 30 2016)

- 76,477 consumers registered, an increase of 4243
- 136 general practices registered, an increase of 10 practices
- 96 GP providers uploading information, an increase of 86
- 733 Shared Health Summaries uploaded, an increase of 661
- 780 Discharge Summaries uploaded
- 30 pharmacies registered

## PARTNERS

- Australian Government Digital Health Agency
- General Practice

# DIGITAL HEALTH

**Gold Coast Primary Health Network (GCPHN) has continued its priority focus on Digital Health, so that health information can be shared securely online to deliver safer, better quality healthcare.**

GCPHN plays a key role in working with general practices to assist them in uploading their patient's shared health summary to support the transfer of patient information between their healthcare provider. A work plan to support General Practice and upskill practice support staff was implemented in March 2016.

## WHAT WE HAVE ACHIEVED

In just two months, the number of general practices on the Gold Coast registered for Digital Health rose by 10, the number of GPs uploading information increased by 86 and 733 shared health summaries and 780 discharge summaries were uploaded.

GCPHN provided support and training to GPs and practice staff to navigate the My Health Record System and provided advice and support on the requirements of the revised Practice Incentive Program eHealth incentive. Support and information on assisted registration was also provided for patients.

As part of keeping practices updated about digital health, the latest information and resources were distributed regularly through GCPHN publications and a resources page developed on the GCPHN HealthyGC webpage.

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**IN JUST TWO MONTHS, THE NUMBER OF GENERAL PRACTICES ON THE GOLD COAST REGISTERED FOR DIGITAL HEALTH ROSE BY 10, THE NUMBER OF GPs UPLOADING INFORMATION INCREASED BY 86 AND 733 SHARED HEALTH SUMMARIES AND 780 DISCHARGE SUMMARIES WERE UPLOADED.**

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**ONLINE SESSIONS HAVE INCREASED 38.4 PERCENT TO 99,418 VIEWS.**  
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## HEALTHYGC AND THE ONLINE SERVICE DIRECTORY

The Gold Coast Primary Health Network (GCPHN) website [www.healthygc.com.au](http://www.healthygc.com.au) is an important online resource for health professionals and the Gold Coast community.

It is home to the extensive online services directory which contains well over 2000 local health services listings. The HealthyGC website also features relevant information, tools, resources and news for General Practice, other health professionals and the community.

### WHAT WE HAVE ACHIEVED

Acting on feedback from health professionals, GCPHN Community Advisory Council, the GCPHN Primary Care Opinion Survey and website users, the HealthyGC website underwent a major restructure during the past year, and many new and improved features have made it better than ever. We have streamlined access to information and made it easier to navigate. Searching and navigating the online service directory has also been made easier. A quick and easy to use search pop-up is available from the main menu allowing users to search in a number of ways including by postcode and within surrounding areas.

A number of new resources have been added to the site for health professionals to provide a comprehensive online resource for topics including information about aged care, cardiology, chronic disease, digital health, immunisation, mental health, palliative care, cancer screening, chronic kidney disease and pain management to name a few.

The website is an important source of information for GPs, and where a range of referral guidelines and templates are situated. Currently close to 500 GPs have become website members, with access to secure GP Bulletins and updates.

### KEY RESULTS

In a 12-month period:

- Online sessions have increased 38.4 percent to 99,418.
- Page views across the website rose 15.3 percent to 267,776 views.
- The number of new visitors to the website has more than doubled by 134.6 percent to 111,099 while returning visitors rose 145.7 percent to 60,162 users during the same period.
- Service directory listings have grown 10.1 percent to 2,273 and total page views in the service directory alone were up 62.8 percent to 6261 views.
- Social media Facebook page likes increased by 68 per cent to 989 and the average number of people this reached increased over 12 months by 150 per cent to 2,213 people
- The most popular social media posts were about events for the general community, GCPHN job vacancies, GCPHN professional events, CEO Report and GCPHN news.

The following sections of the website experienced the greatest growth in the past year:

1. What's On/Events (217% to 5593)
2. Activities (312.7% to 2661)
3. About Us (265% to 1357)
4. News (212.5% to 1001)
5. Resources (149.2% 1656)

### PARTNERS

- General practices/general practitioners
- Local health and community services

## GENERAL PRACTICE LIAISON UNIT

The Gold Coast General Practice Liaison Unit (GPLU) was established as a joint venture between Gold Coast Health and Gold Coast Primary Health Network with the vision 'to strengthen collaboration and connection between healthcare providers to enable world class patient centred care'.

### WHAT WE HAVE ACHIEVED

The GPLU's role and functions were expanded in May 2016, from one general practitioner to three staff, to help develop and deliver their collaborative program of work. Its focus relates to three main areas which include:

- Improving 'access' to care
- Assuring timely and appropriate 'transfer' of care; and
- 'Facilitating' patient journeys.

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### THE GPLU HAS A KEY ROLE IN IMPROVING SPECIALIST OUTPATIENT SERVICES

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## KEY RESULTS

### Improving 'access' to care

To improve wait times for patients to see a public specialist the GPLU have begun implementing six strategies to make outpatient services more effective and efficient, particularly for those who need it most. These strategies include:

- S1: Recruiting GPs to review those referrals exceeding clinically recommended wait times.
- S2: Increase clinical capacity and 'skills-mix' in the outpatient setting further by recruiting clinicians with special interests (GPwSI)
- S3: Implement the validated Queensland Clinical Prioritisation Criteria
- S4: Pilot community-based specialist clinics
- S5: Improve existing outpatient services
- S6: Improve the quality of 'internal' referrals of patients

### Assuring timely and appropriate 'transfer' of care

- The Electronic Discharge Summary (EDS) completion rates have exceeded targets and have consistently been above 80 percent. Work is underway to improve this further by supporting clinicians with real-time, patient-specific data. The new 'dashboard' TrakDS were designed with input from the GPLU and is now undergoing final testing before being implemented in hospitals. The GPLU also helped to reconvene the EDS Working Group in August.
- In order to effectively deal with the large and increasing number of outpatient letters, the Speciality and Procedural Services (SAPS) designed and piloted an innovative approach with the support of the GPLU. Clinicians from Gynaecology and Gastroenterology recorded their outpatient consultations in the electronic medical record using a

standardised format. The medical typists then 'copied and pasted' these clinical entries to generate letters which were sent to GPs. This relatively simply change enabled SAPS to generate and send twice as many letters as before, thereby improving the timeliness of outpatient correspondence. The next steps are now to implement and evaluate this approach in other specialities.

### Facilitating patient journeys

- **Regular updates of the GP contact details database:** GCHHS/GCPHN continue to share information in relation to changes to the GP database housed within each service to ensure they are aligned and up to date.
- **Design, support and implementation of new care models:** The GPLU provided consultation and GP communication support to help establish the ENT Allied Health and the Dietician First Gastroenterology Clinics.
- **GP Education:** A total of 219 GPs attended educational events in the last 12 months. Topics included: Women's Health in Partnership (WHIP) Education, End of Life Care Education Event, Prevention and Management of Influenza in Residential Aged Care Facilities, General Practice as Part of the Solution – Mental Health and Alcohol and Other Drugs, Navigating the Pain Maze – Your Questions Answered. The GPLU is also piloting a small group, peer-learning initiative.
- **Communication:** The GPLU contributes articles monthly to a range of publications including Generally Speaking, the GP Bulletin and Your Local News. Team members serve on more than twenty different committees and working groups. The unit also oversees content/referral templates on the GCPHN HealthyGC website and deals with individual clinician and patient-related issues.



## KEY RESULTS

### Client Outcomes

- From July 2015 – June 2016 homeless clients accessed a total of 856 social work sessions including case management, assessments, crisis intervention, counselling and advocacy. 198 Podiatry sessions were delivered, 179 referrals were made to other services and there were 42 referrals to a GP.
- It has been reported that clients are more readily and easily accessing general health services and psychological supports in the community, promoting greater health and wellbeing.
- A provisional referral pathway for the Access to Allied Psychological Services Program (ATAPS) has been established, with the social work supervisor able to directly refer clients and a GP referral and Mental Health Care Plan obtained. This has resulted in three provisional referrals, of which one accessed services and obtained a GP referral.

### Student hub

- Social work and podiatry students have provided services for clients, under supervision, and were evaluated as competent in accordance with the standards required by their universities.
- The first year students in particular have developed their confidence and knowledge significantly and are now managing small caseloads with support. Client responses regarding engaging with social work students is always positive and they have all developed respectful, professional relationships with their clients.
- Students have attended 30 agency/ network meetings and workshops increasing their specialised knowledge and skill sets enabling more effective responses to need and better outcomes for clients. It has also provided an excellent opportunity to build working relationships and assist with referral processes.
- The previous Student Hub completed Financial Literacy Group Training and have adapted this program and developed a short closed group program for the new Student Hub to facilitate. Two prior students will volunteer to support the new students in running this group.

## PARTNERS

- Surfers Paradise Anglican Crisis Care
- Griffith University
- Southern Cross University

# SERVICES FOR HOMELESS PEOPLE

Gold Coast Primary Health Network (GCPHN) has made available social work and podiatry services to vulnerable and disadvantaged people at Surfers Paradise Anglican Crisis Care, which is changing lives for both clients and students.

## WHAT WE HAVE ACHIEVED

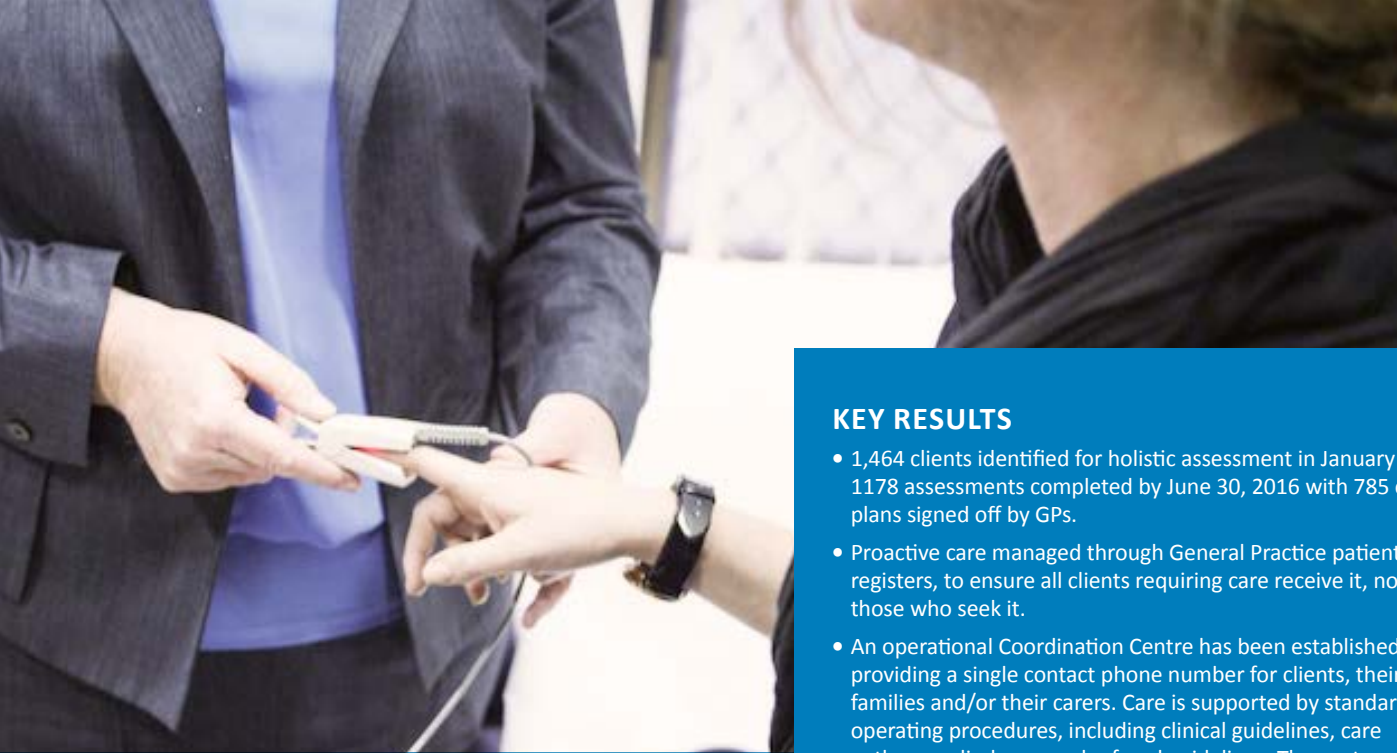
GCPHN has contracted with Surfers Paradise Anglican Crisis Care (SPACC) to provide access to podiatry and social work services to the homeless people who attend the centre for their meals. This model has been developed as a partnership model between SPACC and Southern Cross and Griffith Universities, with students under supervision, providing podiatry and social work services to the homeless population, and referring them to additional support services when required.

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**HOMELESS CLIENTS ACCESSED 856 SOCIAL WORK SESSIONS INCLUDING CASE MANAGEMENT, ASSESSMENTS, CRISIS INTERVENTION, COUNSELLING AND ADVOCACY**

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**110 PARTICIPATING GPs, 14 GENERAL PRACTICES AND MORE THAN 1200 PARTICIPATING PATIENTS ARE INVOLVED IN THIS PROJECT.**

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## GOLD COAST INTEGRATED CARE

Helping our patients stay well, improve their quality of life and reduced unplanned hospitalisations.

### WHAT WE HAVE ACHIEVED

The Gold Coast Integrated Care (GCIC) program is a population based model of care designed by General Practitioners and hospital clinicians.

The program has established partnerships with GPs, hospital specialists and community based healthcare providers to provide a patient centred model for more coordinated and targeted care for patients with chronic conditions.

The program aims to assess and treat the whole patient, not just one condition, through holistic assessment and utilisation of the full range of health support and social services available in the community. This approach also aims to reduce emergency department presentations and unnecessary hospital admissions and provide the best patient outcomes at the lowest cost.

### KEY RESULTS

- 1,464 clients identified for holistic assessment in January 2016, 1178 assessments completed by June 30, 2016 with 785 care plans signed off by GPs.
- Proactive care managed through General Practice patient registers, to ensure all clients requiring care receive it, not just those who seek it.
- An operational Coordination Centre has been established providing a single contact phone number for clients, their families and/or their carers. Care is supported by standard operating procedures, including clinical guidelines, care pathways, discharge and referral guidelines. The centre provides rapid access to clinical support for clients with 24-hour phone support and specialist teams.
- There is rapid access to additional home services and specialist teams within the Gold Coast Hospital and Health Service (GCHHS) with shared decision making between the client and healthcare team with family and carer involvement as required.
- Recruitment of all key positions within GCIC have been completed including Nurse Navigators supporting the general practice team and the appointment of four Service Navigators.
- A Shared Care Record has been established to allow the client and all members of the care team to assist in the timely coordination of care.
- Direct admission to the Medical Assessment Unit or inpatient wards has been organised for selected, complex GCIC clients.
- A risk stratification process has been designed to identify clients for the program.
- An algorithm to identify clients at risk of hospitalisation within the next 12 months has been established. Each client is given a risk rating and GCIC clinical teams along with General Practitioners are reviewing these scores for entry into the program.
- A practice management booking system for on-site clinic rooms has been implemented.
- There has been management and maintenance of information and communication technology systems and support, including an integrated information system.
- Education, training and support programs for clients and their families, GCHHS staff, GPs and others involved in the system has been facilitated.
- Key stakeholders now have access to current information and resources for community support of people with chronic disease and complex health needs.

### PARTNERS

- Gold Coast Hospital and Health Service
- Gold Coast hospital staff and specialists
- General Practice
- Pharmacy
- Allied Health

# IMMUNISATION

The 2015/16 immunisation collaboration plan for Gold Coast Primary Health Network (GCPHN) and the Gold Coast Public Health Unit (GCPHU) has provided a targeted and streamlined approach to immunisation, and the Gold Coast region is now achieving very good results, with rates close to or above 90 percent.

Most notably Indigenous immunisation rates in the all important 60 - 63 months were their highest ever result, at 100 percent. This year efforts have been centred around improving immunisation rates for children 0-7 years, high school students and residents in aged care facilities. GCPHN has specifically targeted high schools and parents, aged care staff and GPs given their significant contact and influence with many of the target groups.

## WHAT WE HAVE ACHIEVED

### Immunisation rates (by June 30 2016)

#### All Children

12-15 months 92.4 percent

24-27 month 89.3 percent

60-63 months 91.2 percent

#### Indigenous Children

12-15 months 95.7 percent

24-27 month 88.9 percent

60-63 months 100 percent

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**MOST NOTABLY INDIGENOUS IMMUNISATION RATES  
IN THE ALL IMPORTANT 60 - 63 MONTHS WERE THEIR  
HIGHEST EVER RESULT, AT 100 PERCENT.**

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## KEY RESULTS

### Back to Basics and Catch-Up Workshops

- 83 participants attended six workshops conducted by GCPHN in conjunction with GCPHU which covered diseases overview/immunisation, program and eligibility, data management and transmission/AIR and VIVAS, vaccine management/Cold Chain and administration.
- 56 participants attended four Catch-up Immunisation Workshops conducted by GCPHN in conjunction with GCPHU which covered the principles of catch-up, how to prepare catch-up schedules, workshop scenarios and data management.

### Immunisation Forums

- 122 primary healthcare staff and 11 GPs attended an update on the 'no jab no pay' changes and the catch up program. Topics covered included: What's New in Flu - Influenza This Year; Legislation Changes; Completing Catch up Program and Resources; Schedule Changes and Australian Immunisation Register (AIR); Zika Virus

### Prevention and Management of Influenza in Residential Aged Care Facilities

- Two workshops, attended by 59 staff, were conducted in April 2016 for staff from Residential Aged Care Facilities on prevention and management of Influenza. These workshops were in collaboration with GCPHU who were approached by several facilities to conduct influenza clinics for staff vaccination.

### Protecting the Health of Children and Staff in Childcare

- In April 2016, 66 childcare staff members attended an education evening on Recognising Disease and

Staff Immunisation, Immunisation in Childcare and Prevention of Infection in the Childcare Setting

### Practice Support

- 230 individual visits to general practices were held to discuss immunisation and there were 55 phone calls to practices and 35 emails. This has exceeded the annual target of 200 practice visits. In addition, Queensland Health commenced an immunisation program update via a quarterly newsletter that has been promoted through the network.

### Ambivalent Parent Project

- This project involved high profile attendance at the Mt Tamborine Show in September, 2015, with representation from GCPHU, GCPHN and the Northern Rivers Vaccinators Supporters Group. At the event, some community members expressed interest in developing a Mt Tamborine supporters group to encourage immunisation by addressing the population's specific concerns. Additional consultations were conducted with service providers, community members and education providers and a multi-pronged approach is now being considered.

### Dedicated GP Immunisation Clinics

- GCPHN supported six general practices to provide dedicated clinics where mothers could get their children immunised, to compliment the public health clinics being run by Queensland Health, following the transfer of services from Gold Coast City Council in December 2015.

### School Immunisation Program

- The Gold Coast Public Health Unit has delivered information at high school parent evenings and there is now an online consent form which is being promoted to parents. GCPHN also promoted the importance of the HPV vaccination through a radio campaign,

and GPs have received additional resources to promote school catch-up vaccinations available at their practice.

### GCPHN and GCPHU National Immunisation Symposium June 2016

- GCPHN and the GCPHU in collaboration, hosted the National Immunisation Symposium for Primary Health Network and Public Health Unit staff from across Australia and launched the Immunisation Coalition (previously Influenza Specialist Group). Over 100 participants looked at key priorities and collaboration to progress the immunisation program.

### GCPHN and GCPHU State Immunisation Forum (QLD)

- The first state immunisation forum was conducted by GCPHN and GCPHU with statewide representation will contribute to the commencement of small state working groups to strengthen the collaboration between PHNs and PHUs in Queensland. It is anticipated that the Queensland Immunisation Forum will become a bi-annual event.

### Gold Coast Immunisation Steering Committee

- Gold Coast Primary Health Network is represented on the Gold Coast Immunisation Steering Committee to provide strategic leadership in immunisation to enhance and maintain immunisation coverage rates in the Gold Coast Hospital, Health Service (Gold Coast Health) and GCPHN areas.

## PARTNERS

- General Practice
- Gold Coast Public Health Unit
- City of Gold Coast
- BioCSL
- GSK
- Child care centres
- Residential aged care facilities
- Immunisation Coalition

## PARTNERING AND STAKEHOLDER ENGAGEMENT

Gold Coast Primary Health Network (GCPHN) has strengthened and streamlined its partnering and stakeholder engagement process in the last 12 months, with a range of advisory groups to inform our needs assessment, service mapping, program design and performance feedback.

Relationships with our key stakeholders have provided an opportunity for us to collectively work towards creating one world class health system for the Gold Coast. These stakeholders have included local and state government agencies, the City of Gold Coast, Gold Coast Health, general practitioners, practice nurses, practice managers, allied health professionals, the aged care sector, non-government health and community service providers, clients receiving health services and the broader community.

“83 PERCENT OF SURVEY RESPONDENTS BELIEVE THE GCPHN ADDS SIGNIFICANT OR SOME VALUE TO THE PRIMARY HEALTH SECTOR.”

Respondents to the GCPHN Primary Care Opinion Survey







“IT’S NICE TO HEAR THAT WHEN WE GIVE FEEDBACK THEN IT IS BEING HEARD AND ACTION IS BEING TAKEN.”

Erica, GCPHN Community Advisory Council

“I’VE BEEN IMPRESSED WITH THE LIFE SKILLS AND EXPERIENCE OF THE PARTICIPANTS AND I’VE LEARNT SO MUCH FOR MY CO-MEMBERS.”

Kerry, GCPHN Community Advisory Council

## KEY RESULTS

- GCPHN has a formal partnership agreement with Gold Coast Health with a number of agreed priorities and areas of work which is overseen and progressed through a Joint Executive Steering Committee which meets regularly.
- The GCPHN Community Advisory Council continues to provide valued advice representing the diversity of the Gold Coast community on a range of issues including chronic disease, mental health, after hours, advanced care planning, health promotion, cancer screening. Their feedback and direction has been used in our needs assessment, planning and service development processes as well as feeding into national health consultation processes.
- The GCPHN Primary Care Opinion Survey, which provides valuable feedback from our stakeholders about GCPHN services, has seen 257 responses from GPs, practice nurses, practice managers, allied health and key stakeholders, a 35 percent increase from last year. This survey also identified opportunities to strengthen communication between General Practice and Gold Coast Health.
- Extensive stakeholder consultation and analysis has been undertaken as part of the mental health needs assessment process, and PwC were commissioned to assist. This included public workshops, detailed service provider interviews, patient journey mapping, clinical and consumer reference groups, and consultation with the Karulbo Aboriginal and Torres Strait Islander Partnership and with Gold Coast Health.
- There has been continued regular engagement with the local primary care industry and broader groups through involvement at various committees, networks and working groups and a shared coordination role with the GCPHN Councils Network and neighbouring Primary Health Networks.
- Communication to GPs through GCPHN communication channels with the GP Bulletin now at the highest subscription rate ever with almost 60 percent of all local GPs subscribed, and 38 percent open rates, well above not-for-profit averages.
- Communication to key stakeholders and the public has been improved through the online Your Local News newsletter with subscription rates at an all-time high at 2049 and open rates at 33.3 percent also at an all-time high.
- There has been a strengthening of key relationships with Health Consumers Queensland and Gold Coast Health Consumer Advisory Group including combined training to further upskill

current consumers and build integration between the primary care and acute sectors.

- GCPHN was approached to present at a state forum for Health Consumers Queensland to showcase positive outcomes and processes for the Community Advisory Council.
- GCPHN is involved in benchmarking, sharing learnings and avoiding duplication through collaboration with Primary Health Networks from across Queensland. Program areas that are involved include Commissioning, Communications, Finance, the PENCAT Strategic Group and Practice Data Collaborative.

## PARTNERS & STAKEHOLDERS INCLUDING:

- General Practice Gold Coast
- Gold Coast Health
- Federal, state and local agencies
- Griffith, Bond and Southern Cross Universities
- Private providers across general practice and allied health
- GCPHN Lead Clinician Group
- GCPHN Community Advisory Council
- GCPHN Clinical Council
- Primary Health Improvement Committee
- Gold Coast Primary Care Partnership Council
- Heads up (mental health and alcohol and other drugs)
- Gr8 START (early childhood)
- Residential Aged Care Facilities
- Supportive and Specialist Community Palliative Care Committee
- CNAP 65+ (Seniors with complex mental health needs)
- End of Life Care Strategy Committee
- Community Aged Care Network
- Karulbo (Aboriginal and Torres Strait Islander Partnership)
- Planning and Engagement Stakeholders Group
- Multicultural, services network and wellness groups
- The Homelessness Network
- Mental Health NGO Network
- Mental Health and Alcohol and Other Drugs (AoD) Working Groups
- Mental Health and Alcohol and AoD Multidisciplinary Advisory Group
- Seniors Roundtable
- Health Consumers Queensland
- Queensland Primary Health Networks

## PARTNERS IN RECOVERY

Supporting people with severe and persistent mental illness through the Gold Coast Partners in Recovery (PIR) Program.

### WHAT WE HAVE ACHIEVED

Partners in Recovery Gold Coast works alongside individuals with persistent mental illness or mental health concerns who require assistance from multiple agencies. Participants are allocated a facilitator who assists with the recovery journey, helping individuals navigate the system, identify and connect to the services that are needed for things such as housing and health needs, and helps participants to build on their strengths.



OVERALL MORE THAN 78 PERCENT OF PARTICIPANTS SURVEYED RATED THEIR QUALITY OF LIFE AS BETTER OR MUCH BETTER SINCE WORKING WITH PIR AND 70 PERCENT FOUND PIR TO BE VERY HELPFUL OR EXTREMELY HELPFUL IN THEIR RECOVERY JOURNEY.





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*"It's given me drive to continue along this path in the future."*

Partners in Recovery participant

*"It led me to invaluable opportunities for capacity building, community engagement and a chance to 'give back' for which I'm very grateful. I've built my confidence and self-esteem."*

Partners in Recovery participant

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## KEY RESULTS

- As at 30 June 2016, there were 666 active participants in the PIR program, exceeding a target of 578. 1430 calls were received over 12 months with 126 online referrals received since October.
- There has been a significant focus on the Aboriginal and Torres Strait Islander (A&TSI) and Culturally and Linguistically Diverse (CALD) clients, with 51 A&TSI clients and 10 clients who identified that English is not their preferred language.
- At the completion of PIR, on average, participants are reporting substantial positive impacts in their daily lives. Over 74 percent of surveyed participants found it easier to access the support they needed following engagement with PIR. Financial, mental health, information and accommodation were the top services clients accessed with PIR support.
- Housing stability has been a key outcome for individuals including prevention of homelessness and facilitating coordination of physical health needs which has led to improved outcomes for participants.
- Great outcomes are being achieved by the PIR Legal Project and closely working with Queensland Court Referrals is creating good outcomes for participants.
- There has been a number of positive outcomes around child safety and

parents keeping/accessing their children with the help of multiple stakeholders.

- A total of 15 clients successfully completed the hoarding program. A number of participants are still meeting regularly to support each other.
- 43 referrals have been made to the Active and Healthy Recovery project to provide clients with sessions with an exercise physiologist and to connect them to low cost physical activities.
- This year's Voicebox 2 Project produced 12 short videos with key messages from participants about their journey. All participants reported the project improved self-advocacy skills, confidence and self-esteem. The videos were aired on ABC Radio and ABC Open, there were 1200 Voicebox website page views, 700 views of the videos on You Tube, and two videos were accepted into the New York Mental Health Film Festival for screening in October 2016.
- Seven participants were involved in Activate Your Voice and delivered a range of community projects and events including art workshops, displays at the 2015 Wellness Festival, U R OK postcards available in local libraries, an interactive wellness space, mental health information kit for medical centres and pharmacies and desk top calendars.
- To improve partnerships with the Gold Coast Hospital and Health Service, a

forum was held with staff around PIR eligibility. The forum also provided opportunity for engagement with key clinical and community organisations. And as part of the engagement process with PIR individuals, GPs are invited to be a member of the care coordination team when the individual identifies they are a key partner.

- For better accessibility, co-location at three services occurs regularly with a PIR Facilitator at Ashmore and Palm Beach Community Mental Health Service and at the Department of Housing.
- To improve communications, the monthly PIR newsletter was redesigned and there has been a significant increase in open rates from 16 percent last financial year to 31 percent with distribution to 725 people. There have also been 830 Facebook likes, 34,000 website page views by 11,667 users. Sixteen consumers/carers have also been engaged in the design of communication materials including postcards, information flyers and fact sheets.

## PARTNERS (UP TO 30 JUNE 2016)

- FSG Australia
- Aftercare
- Ozcare
- Mental Health Association Queensland
- Mental Illness Fellowship Queensland



# GOLD COAST PRIMARY HEALTH NETWORK PERSISTENT PAIN PROGRAM

## KEY RESULTS

- 255 patients registered to participate in the program and individual action planning
- 260 GPs have referred into program and 320 patients have been referred in total
- 146 patients have accessed extra allied health services with a total of 584 occasions of service.
- Program Five commenced in March 2016 and Program Six commenced in June 2016.
- 21 participants attended at the education event for GPs on June 2016 presented in collaboration with the Interdisciplinary Persistent Pain Centre. Ninety percent of participants agreed that the information was relevant to their practice and 70 percent reported that their learning needs were met.
- 22 past participants attended the April 2016 refresher workshop, "Making Sense of Pain" which provided an updated science on pain management, explored sensory stimulus including interactive sessions on clinical aromatherapy, music therapy and writing therapy. There was a presentation by an expert patient, on 'How to journal your pain away'. The feedback was overwhelmingly positive with 100 percent participant satisfaction and recommendations to provide more refresher programs as they are valuable for sustaining the individual's self-management motivation.
- Partnerships have been established with Griffith and recently Bond Universities, to assist in qualitative and quantitative program evaluation.

## PARTNERS

- Gold Coast Alcohol and Other Drug Service
- Interdisciplinary Persistent Pain Clinic (Gold Coast University Hospital)
- General practitioners
- Allied health professionals
- Consumer representatives
- Griffith and Bond Universities

The Gold Coast Primary Health Network (GCPHN) Persistent Pain Program, 'Turning Pain Into Gain', is an evidence-based multi-disciplinary service that provides management strategies to help patients live with pain and access appropriate services.

The program was established three years ago after an identified need for support and resources in the primary health sector in the management of persistent pain, which required improvement in the coordination of care between tertiary and primary health sectors. It is playing a critical role in reducing wait times at the Gold Coast Interdisciplinary Persistent Pain and providing significant support for chronic pain sufferers, with some reporting how it has changed their lives.

## WHAT HAS BEEN ACHIEVED

The GCPHN Persistent Pain Program offers a fully subsidised monthly expert education forum, based on the most current research delivered by a healthcare team, including a pharmacist, GP, physiotherapist, dietitian, pain educator, counsellor and psychologist.

.....

**"IT HAS HELPED ME UNDERSTAND HOW TO MANAGE MY PAIN GIVEN MY JOB IN THE FITNESS INDUSTRY. I'VE GOT A LOT OF OUT THE PROGRAM, BY VOLUNTEERING AS WELL."**

.....

Laura, GCPHN Persistent Pain participant





# PRACTICE SUPPORT AND QUALITY IMPROVEMENT

Gold Coast Primary Health Network (GCPHN) provides support to all Gold Coast general practices through a tiered approach.

**Tier 3** - Moving from better data recording to QI for improved clinical outcomes.

**Tier 2** – Data extraction and bi-monthly data reports.

**Tier 1** - Engagement with practices through communication, practice support for accreditation/digital health/immunisation.

The tiered approach is built on an established quality improvement program to improve data quality including clinical coding, the management of patients with chronic disease, screening and assessment activities within best practice guidelines and MBS eligibility criteria.

## WHAT WE HAVE ACHIEVED

A number of initiatives and activities have been implemented in the last 12 months to promote quality improvement activities and strengthen relationships between GCPHN and practices. This has included:

- The GCPHN practice support team completed 3,424 interactions with 157 of 176 (or 90 percent) of general practices on the Gold Coast through

practice visits, phone and email.

- GCPHN practice support staff and GP Dr Lisa Beecham have held presentations with GPs and senior staff, to analyse their specific data around clinical measures including Diabetes, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease and Chronic Kidney Disease with set outcomes and actions for improvement. Each practice is also provided with a Quality Improvement Report to support GPs in improving

## KEY RESULTS

- A review of the Continuous Quality Improvement (CQI) methodology utilised by GCPHN in December 2015 identified a requirement to increase GP involvement in data analysis and quality improvement activity and highlighted the importance on understanding the health economic impact of CQI within the context of chronic disease management. All 19 tier 3 practices participated in a focus meeting to help GPs better understand how they can use clinical data reports to improve health outcomes for their patients.
- Scoping work has been completed following a review of the CQI framework in partnership with Griffith University, to develop a population health management approach to monitoring and caring for patients with chronic disease or at risk of developing a chronic disease.
- Utilisation of the CAT 4 Plus data extraction tool has increased with 101 or 72.6 percent of Gold Coast general practices now submitting population health level data monthly and staff have also been trained to utilise the tool.
- Evaluation of GCPHN's role with General Practice has shown that 91 percent of practices have increased insight into their practices' data quality and an increased understanding of the GP's role within the quality improvement framework.
- Best practice targets against screening rates for Diabetes, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease and Chronic Kidney Disease have increased at many practices, in some areas by 13 percent.

## PARTNERS

- General Practices
- Griffith University

patient outcomes and business systems.

- A total of 277 healthcare professionals and staff representing 204 primary care organisations have attended education sessions and forums organised by Gold Coast Primary Health Network, to support the adoption of best practice methods. Topics have included aural health, change readiness for nurses/clinicians/receptionists, digital health, audiometry, cast application and management and fair work compliance in General Practice.
- 281 practice managers and nurses are involved in a GCPHN online forum to share information and discuss business and operational matters.



## KEY RESULTS

- Certification against AS/NZS ISO 9001:2008 (Quality Management System) Standard was maintained.
- GCPHN has a suite of Key Performance Indicators to set expectations and monitor performance internally and externally which have now been finalised for 2016/2017. Evaluation plans have been developed for key areas of work including innovation funding, aged care, after hours, the tender process and mental health reform. Griffith University is also undertaking evaluations of the GCPHN Persistent Pain Program, Tier 3 of practice support and providing GCPHN with a cost minimisation framework to improve evaluation processes.
- A detailed draft evaluation plan has been developed for the practice based Population Health Management Program Pilot. The GCPHN Clinical Council will provide clinical oversight for the pilot which includes the pilot practices.
- Work is being progressed in collaboration with RACGP to apply their clinical indicators across all Gold Coast general practices submitting data via the clinical audit tool.
- Bond Centre for Research in Evidenced Based Practice have been assisted to find GPs interested in being part of the Translation and Uptake of Evidence in General Practice Program, with an initial eight GPs expressing interest.
- The GCPHN Cost Minimisation Evaluation by the Centre for Applied Health Economics at Griffith University is now complete and being considered by the GCPHN Practice Support Team. This work is focused on the outcomes of GCPHN's Continuous Quality Improvement work around clinical metrics.
- To better inform contracting, a new project planning/procurement template has been developed that collects greater detail across projects and teams, unit costings and service specifications.
- All quality documents have been rebranded, re-aligned to commissioning and GCPHN objectives and placed on the intranet which is now 'the source of truth', enabling tighter document control.
- The quality management system is being reviewed and aligned to newly released commissioning guidance from the Australian Government Department of Health.

## PARTNERS

- Griffith University
- Bond University
- GCPHN Clinical Council
- RACGP

# QUALITY, PERFORMANCE AND RISK

Improving and monitoring our performance

## WHAT WE HAVE ACHIEVED

Gold Coast Primary Health Network (GCPHN) has a significant focus on improving processes, tools, reporting and evaluation to strengthen a culture of continuous quality improvement, to support a high performing, efficient and accountable organisation.

THE AUDITOR COMMENDS THE ORGANISATION FOR THE EFFORT AND HARD WORK AND THE RESULTS IT HAS ACCOMPLISHED SINCE THE LAST AUDIT.







## WOUND MANAGEMENT

This program supports the education and training requirements of GPs and nurses responsible for the care and management of patients with a chronic or complex wound in General Practice or residential aged care.

### WHAT WE HAVE ACHIEVED

A local GP specialising in wound management and a Clinical Nurse Consultant Wound Manager were contracted by Gold Coast Primary Health Network (GCPHN) to develop and deliver theory sessions, workshops and provide direct clinical supervision for clinical placements, to provide best practice advice for wound management to improve patient care.

Fourteen nurses from General Practice completed the complex wound management education module and three clinical placements in a chronic and complex wound clinic. Topics covered included an overview of the physical, social, and financial impact of wounds, wound infection, the wound healing process including wound bed preparation, management of common

acute wounds and review of wound products. Nurses also attended two practical workshops on wound products and compression therapy.

Eight GPs attended an Active Learning Module in March. Topics covered included the impact of wounds, wound infection, wound healing process, patient and wound assessment, dermatological issues, management of common wounds, vascular wounds of the lower leg including assessment and management and diabetic foot management. They also attended two practical workshops on wound products and compression therapy.

All participants were provided with a comprehensive resource folder for future reference.

One hundred percent of GP participants said the training:

- Increased their knowledge of knowing when to refer for specialist advice regarding the management of a chronic wound.
- Increased their ability to determine the aetiology of a chronic wound.
- Increased their knowledge of the management of wounds within the General Practice setting including identification and management of wound infection and managing oedema.
- Increased their knowledge of arterial investigations within the General Practice setting using ABI.
- Increased their ability to assess the diabetic foot and identify the need for pressure off-loading.

100 PERCENT OF PARTICIPANTS SAID THEY ARE MORE CONFIDENT IN ASSESSING AND MANAGING VENOUS AND ARTERIAL LEG ULCERS AND BURNS WHILE WELL ABOVE 90 PERCENT OF PARTICIPANTS ARE MORE CONFIDENT.

2015-2016 Annual Report (July 1, 2015 – June 30, 2016)

2015-2016 Financial Statements (July 1, 2015 – June 30, 2016) available at: [www.healthygc.com.au](http://www.healthygc.com.au)

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*Gold Coast Primary Health Network would like to acknowledge the traditional custodians of the Gold Coast and surrounding areas, the Yugambeh, Yuggera and Bundjalung peoples.*