

Hunter PR1MARYCARE

2018 ANNUAL
REPORT



We listen. Care. Connect.



ABOUT THIS REPORT

This report is for the period 1 July 2017 to 30 June 2018. Financial data has been audited by PKF, Newcastle NSW 2300. This report is available to download from hunterprimarycare.com.au

To obtain printed copies or seek further information, please contact the Marketing and Communications team at Hunter Primary Care on 02 4925 2259 or email communication@hunterprimarycare.com.au

ACKNOWLEDGEMENTS

Hunter Primary Care acknowledges the financial and other support from the Australian Government Department of Health and Hunter New England Central Coast Primary Health Network.

Hunter Primary Care acknowledges Aboriginal and Torres Strait Islander people as the First Peoples of our region and we pay our respects to their Elders past and present with whom we share this great country.



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WHO ARE WE?

At Hunter Primary Care, our focus is on you.

We support people to live a healthy life.



LISTEN – We understand everyone’s health care journey is different



CARE – We deliver quality primary health, mental health and after hours care, through collaboration with our network of health professionals



CONNECT – We link you with services and supports to give you the skills, choice and control to manage your physical and mental wellbeing



OUR REGION

The Hunter Primary Care region is situated on the NSW east coast and comprises 13 Local Government Areas (LGAs): Armidale, Cessnock, Dungog, MidCoast (Gloucester, Great Lakes, Greater Taree), Lake Macquarie, Maitland, Muswellbrook, Newcastle, Port Stephens, Singleton, Tamworth, the Upper Hunter and Wyong Shire. The region in which Hunter Primary Care operates covers the traditional Aboriginal nations of Anaiwan, Awabakal, Biripi, Darkinjung, Geawegal, Kamilaroi, Wonaruah and Worimi people.

AREA OF OPERATIONS



OUR STRATEGY

Our Pathways STRATEGIC FRAMEWORK

OUR FUTURE



GROWTH AND INNOVATION

Grow the business to improve our financial sustainability, improve economies of scale, increase our capacity to invest in the business & to improve our social impact by providing services to more clients.

OUR PEOPLE



PEOPLE AND CULTURE

Develop the capability of our workforce through ongoing learning, training & attracting suitable staff.



"We support
people to live
a healthy life"

OUR COMMUNITY



CLIENT EXPERIENCE

Develop client services through client engagement to improve client outcomes & satisfaction.

OUR BUSINESS



QUALITY AND SYSTEMS

Continue to improve our processes & information systems to become more effective, efficient & adaptable to meet current & future business needs.



CHAIR'S REPORT

Congratulations to Brenda Ryan, our CEO, and the Executive team, in overseeing the successful move from the King Street premises to our brand new offices in Warabrook and thank you to all staff who contributed enthusiastically. The planning and implementation of the move was a massive exercise that has resulted in the smooth transition of all of our services. The single level, shared communal areas at Warabrook have promoted a greater sense of unity amongst our diverse service areas.

Brenda has completed her first year working with us as CEO and has certainly lived up to expectations in her management of our diversified range of services. She has presented to the Board initiatives for our future that she intends to work towards achieving.

I must also congratulate the Information Technology Unit, led by Anthony McCulloch. They were finalists in this year's Hunter Business Awards in the category, Contribution to the Region. The presentations were held on 10 August 2018 and although we did not win the finals, a commendation is warranted to this team who provide IT support for over 100 health practitioners in our area. IT is an essential part of running a successful and efficient enterprise in our world today. This is a potential area of growth with increasing demand. If you currently use these services, please promote them to your colleagues in recognition of the quality of the work they are providing.

Our GP Access After Hours call centre and five clinics continue to provide a much valued service to our community. It is not matched anywhere in Australia and saves the NSW Health Department over \$13 million each year. We appreciate the ongoing involvement of around 240 local GPs on the roster with the unwavering support team of nurses, receptionists and other clinical staff.

As a practicing GP, I continue to refer patients to the suite of mental health services provided by Hunter Primary Care. The excellence in their provision and feedback reminds me of how limited GPs were in the past before these options were available. That is especially so for the suicide intervention team.

Once again I must pay tribute to the other Board members. They have continued to play an important role in giving direction to Brenda in managing our present while also planning for the future of Hunter Primary Care.

Dr Peter Hopkins
Chair



CEO'S REPORT

This is my first message as CEO of Hunter Primary Care and I am honoured and proud to work with so many dedicated, energetic and hardworking people.

The last year has been a time of significant change, readjustment and growth with a new CEO; the move to Warabrook; a new-look brand refresh; and a substantial increase in staff numbers and services. However, being such a robust and committed organisation, Hunter Primary Care (HPC) staff have embraced these changes and continued to deliver exceptional work in the areas of Aboriginal Health and Wellbeing; Disability and Wellbeing; General Health and Wellbeing; Mental Health and Wellbeing; HR and IT Services. The fact that HPC supported the following numbers of people in the Hunter region is testament to this:

- 351 Hunter Partners in Recovery
- 52,573 GP Access
- 95,314 Indigenous Team Care
- 122 NDIS Support Coordination
- 16,948 Primary Mental Health
- 998 Aged Care Mental Health
- 510 Drug and Alcohol
- 5,442 headspace Newcastle and
- 225 Yudhilidin.

Thanks to a well-orchestrated plan and many hands on deck, the move to our new premises in early 2018 ran smoothly with very few teething problems. Although it is often hard to single out individuals to thank, I would sincerely like to thank HPC's IT team for their dedication in ensuring a seamless transition from King Street to Warabrook. With such a competent IT team, HPC was able to continue delivering services with no disruption or inconvenience to our clients.

During the past twelve months, the HPC Marketing and Communications team has implemented a HPC brand refresh and introduced a more modern look and feel using a new colour palette, graphics and updated consumer-friendly and values-focused messaging, including our new tagline: "We Listen. Care. Connect". The rationale behind the brand refresh is to move away from the corporate look of



Medicare Local and to reposition HPC as a more visible, engaging and community-focused brand, particularly as we move into the NDIS arena. This new look has been very well received and will allow the HPC brand to grow, while highlighting our vast portfolio of skills.

The expansion of services has meant HPC's team has grown to 243 in 2017/2018. This has been primarily due to expanding HPC service delivery to embrace extra health services including:

headspace Newcastle Youth Drug and Alcohol Service – offering free support and individual counselling for young people aged between 12 and 19 years who are experiencing moderate to severe substance use issues.

Extending HPC's **Psychology Services**, which provides responsive and effective early psychological intervention to people with mild to moderate mental health and drug use difficulties.

Extra **GP Access After Hours staff during the flu season** to provide medical care and advice when patients' GP are closed.



Expanding HPC's coverage of **Hunter Partners in Recovery** (Hunter PIR), which assists people living with a persistent mental illness, who require assistance from multiple agencies.

Increasing HPC's reach for the **Yudhilidin** program, which is a recovery-orientated, care coordination service for eligible Aboriginal and/or Torres Strait Islander people living with complex mental health needs.

Strengthening our **NDIS Services** footprint to assist people with an NDIS plan to achieve their goals, while helping them strengthen their ability to organise their supports.

Investing money in providing extra **Care Coordination: Aboriginal Outreach** services to link Aboriginal and/or Torres Strait Islander people with services providers, so they feel more connected to their community and services.

Growing our **Information Technology** team to provide IT support and services to Hunter Primary Care staff as well as a range of businesses including general practices, allied health, specialist and aged care facilities.

Additionally, in May, we welcomed an announcement from the Federal Government committing \$37.6 million funding for Beyond Blue

to expand **The Way Back Support Service** nationally. It was a timely announcement for Hunter Primary Care, which is transitioning the service out of its trial period into a longer-term community commitment. The Newcastle site is currently funded by donations to Beyond Blue and The Movember Foundation, and the NSW Ministry of Health's Suicide Prevention Fund. Since 2016, HPC has supported more than 1,200 people through The Way Back Support Service in their recovery after a suicide attempt.

I am pleased to announce that the 2017/2018 financial year was very successful with efficiencies across most services. The financial success of the year has enabled HPC to help cover the extra costs that have been incurred with the move to Warabrook and the make good of King Street. Financially, we continue on a sound footing as our balance sheet remains strong with equity of \$4.1m, giving us confidence as we commit to plans for the years ahead.

The Board strategic planning day, held in February, paved the way for HPC's future strategic direction. Our 2018/2019 Strategic Framework outlines our pathways to meeting goals and objectives as we work toward our key organisational focus – supporting people to live a healthy life. Our four pathways to success are:



Lord Mayor of Newcastle, Nuatali Nelmes, officially opens the new Hunter Primary Care building with CEO Brenda Ryan



Our Future:
Growth and Innovation



Our People:
People and Culture



Our Community:
Client Experience



Our Business:
Quality and Systems

Hunter Primary Care has contributed to furthering the education of local University students by providing various practical placements, particularly in the areas of Social Work and Psychology. With such a nurturing culture at HPC, we often find these students returning to HPC as employed new graduates. These students report that they value that HPC's professional environment is focused on meeting clients' needs.

HPC has remained committed to its reconciliation journey in 2017/2018, with the Reconciliation Action Plan Working Group having met six times. HPC was also present at all the major NAIDOC events held in the Hunter region in 2018 and will continue to maintain a strong presence at these important occasions. Additionally, HPC has had its own Reconciliation/Acknowledgement of Country plaque mounted in the reception at the new Warabrook office. HPC was also fortunate enough to engage several Aboriginal Elders to perform some special ceremonies including a smoking ceremony in our new Warabrook office before our staff moved in; a Welcome to Country at our opening of Warabrook in March; and attendance at a staff lunch, where our staff were presented with a story of the life journey of a special Elder of the Hunter Community.

For the year ahead HPC will continue to build on its strengths and successes. A particular focus in 2018/2019 will be to work on raising HPC's brand awareness and improving the quality of our services through technology. To support and guide HPC's technology strategy, the Board will strengthen its governance with the introduction of an Information, Communication and Technology Governance Sub-Committee.

Finally, it's the people of HPC that make it an exceptional place to work and I would like to thank them all: to the Board for their guidance and support; to the Executive for their dedication and energy; to the staff for their passion, commitment and hard work; our members and referrers for their support; and our stakeholders and the Hunter community. As CEO, I appreciate your support and recognise that without your unwavering and energetic commitment, HPC would not have been able to achieve so much in the 2017/2018 year.

I look forward to another exciting year ahead.

HPC staff are proud to present you the story of our journey in the following pages of the 2018 Annual Report.

Brenda Ryan
Chief Executive Officer



GOVERNANCE & MANAGEMENT



Hunter Primary Care Executive team: (L-R) Corporate Services Executive - Jack Hanson, CEO - Brenda Ryan, Primary Care Executive - Keith Drinkwater, Mental Health Services Executive - Katrina Delamothe

The CEO is responsible for overseeing the operations of the company to ensure activities align with and meet the strategic objectives and direction of the organisation as determined by the Board. The Constitution of Hunter Primary Care Limited (ACN 061 783 015) sets out the responsibilities of the Board and gives it the power to govern the organisation in order to achieve its strategic objectives. The Board at 30 June 2018 has eight elected Directors - four nominated by members and four nominated by the Board.

The Board is responsible for:

- Corporate governance
- Setting the strategic direction for the company and goals for management
- Monitoring the performance of the company against the strategic plan and goals
- Ensuring compliance with statutory responsibilities
- Overseeing risk management.

Hunter Primary Care manages the governance of the organisation through its Board, policies and three Board sub-committees.

Finance, Audit & Risk Management Committee

Assisting the Board to effectively discharge its responsibilities for financial reporting, internal and external audit functions, risk management, internal control and compliance framework and its external accountability responsibilities.

Clinical Governance Committee

The purpose of the committee is to provide advice on issues relating to clinical safety, quality and scope of practice for Hunter Primary Care and its services.

- Developing Board policies pertaining to Clinical Governance for approval by the Board.
- Reviewing and reporting complaints and clinical incidents.
- Providing advice to management and/or the Board regarding operational or strategic issues related to clinical governance.

Nomination & Remuneration Committee

- Assisting the Board in fulfilling its responsibilities to members of Hunter Primary Care on matters relating to the Constitution of the company, the composition, structure and operation of the Board, CEO and senior executive selection, and performance remuneration.
- Assisting the Board by recommending board policy and nominations that require Board approval.

Hunter Primary Care also utilises advice and feedback from a number of program related advisory groups, reference groups and consortia to provide guidance and direction on service delivery and program priorities. A number of collaborative projects are also undertaken with Hunter New England Local Health District (HNELHD).





BOARD OF DIRECTORS



Dr Peter Hopkins Chair of the Board, MBBS(Hons), MMedSc(EPI), FRACGP

Elected November 2014, Peter is Chair of the Nomination and Remuneration Committee. He was the founding Chair of the Hunter Division of General Practice and then for the Hunter Urban Division of General Practice. He continued on that Board throughout its existence and was on the Board when it became Hunter Medicare Local until 2012 and was re-elected in 2014. Peter was on the Board of GPNSW (then the Alliance of NSW Divisions of General Practice) from 2001 to 2007 and was Chair of that group from 2003 to 2005. Peter is a director of Marketown Health.



Mr Richard Anicich AM Deputy Chair of the Board, BCom, LLB, FAICD

Elected in November 2015 and currently a member of the Finance and Risk Management Committee, Richard is a consultant to Sparke Helmore Lawyers, a Director of Hunter Business Chamber and was President of the Chamber for three years until late 2014. Richard is a Conjoint Professor of Practice in the School of Law at the University of Newcastle and a member of the Advisory Boards for both the Faculty of Business and Law and for the School of Law. He is Chair of the Australian Institute of Company Directors Hunter committee and a non-executive director of Rural and Remote Medical Services Ltd.



Mr Steven Adams AdvDip Bus Man, FAICD

Appointed in February 2012, re-elected November 2015 and 2017 and currently a member of the Clinical Governance Committee, Steven is a senior professional with a background in Engineering, Construction, Defence Industry, Vocational Education, Health and Community Enterprises. Board appointments include: Lloyd MCDermott Rugby Development Team Inc and the Gidgee Group of Companies. Steven was previously on the Boards of NSW Indigenous Chamber of Commerce (Founding Director), Hunter Valley Youth Express Inc. (Vice Chair), Upper Hunter Mining and Engineering Skills Group (Founding Chair), Engineers without Borders Indigenous Advisory Board and Defence Reserves Support Council (Hunter Chair and NSW Vice Chair). He brings an understanding and working knowledge of the Federal health reforms currently being implemented nationally such as Closing the Gap and Empowered Communities.



Dr Mark Foster MBBS M Med Sci, FRACGP DA, FFARCS, DipRACOG, GAICD

Elected November 2014 and re-elected in 2016, Mark is member of the Clinical Governance Committee. Formerly CEO of Hunter Medicare Local, Mark remains passionate about strengthening primary health care, and has strong understanding and experience of health system reform. Working as a GP for the last 20 years, Mark brings hands-on experience of our region's health system. He is Director of Community Healthcare Trustees and is Clinical Director of the general practice it operates in Kurri Kurri and Cessnock. Mark is also a Director of the nib Foundation and is Chair of the Hunter Metro Clinical Council of the Hunter New England Central Coast Primary Health Network.





Ms Jennifer Hayes BBus, MBus, CPA, GAICD

Elected November 2015 and re-elected in November 2017, Jennifer is currently a member of the Clinical Governance Committee. Jennifer is a certified practicing accountant with over 20 years' experience working in senior roles for national and international organisations. Jennifer formerly held positions with Mars Incorporated, as Finance Director Central Europe and Group Financial Controller Australia/New Zealand. Jennifer was also Executive Manager for North East Water where she was responsible for Corporate Governance, Risk Management, Marketing and Communications, Customer Services and Human Resources. Jennifer presently serves as a member of Charles Sturt University Council, is a co-founder of City2City Community Foundation, and Chair of Cessnock City Council and Upper Hunter Shire Council Audit Committees.



Mr Scott Puxty BCom, Dip Law, MBusAdmin, GAICD

Elected in November 2015, Scott is currently a member of the Nomination and Remuneration Committee. Scott is a partner of Cattle Carmichael Legal and a lawyer with 20 years' experience working in the areas of commercial dispute resolution, workplace relations, compliance and risk management. Scott was previously a partner of two national law firms for almost 10 years. Throughout his career Scott has worked with a diverse range of local and international corporate clients in the areas of health and disability services, hospitality, IT, infrastructure, manufacturing and engineering, mining and property development, as well as state and federal government agencies and NGOs. Scott presently serves as a Public Officer for the Barkuma Neighbourhood Centre, a Hunter based Aboriginal NGO.



Dr Milton Sales MBBS, Dip RANZCOG, FRACGP

Elected in November 2012 and re-elected in November 2014 and 2017, Milton is Chair of the Clinical Governance Committee. Milton is a Practice principal and GP in Newcastle region and supervises GP Registrars for GP Synergy, and University of Newcastle medical students. He is also current Program Committee Chair and previous Chair of the Hunter Postgraduate Medical Institute (HPMI). Milton has over 30 years following a passion for improving health care through continuing professional health education program delivery via the Hunter Postgraduate Medical Institute (HPMI).



Mr Laurence "Ben" Wilkins BPharm, AACPA, GAICD

Elected in November 2012 and re-elected in November 2014, 2016 and 2017 and currently a member of the Nomination and Remuneration Committee, Ben is a registered pharmacist in Newcastle, a former proprietor, and has experience in business management as well as clinical pharmacy services. He began a Ministerial appointment to the Pharmacy Board of Australia in 2015 and is also a practitioner member of the Australian Association of Consultant Pharmacy's National Advisory Group. Ben is passionate about lifestyle-based preventative health measures and improving the community's wellbeing.

OUR RECONCILIATION ACTION PLAN

Hunter Primary Care recognises the importance of reconciliation and is focused on building relationships based on respect and trust between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Hunter Primary Care's Innovate Reconciliation Action Plan (RAP) 2017-2019 provides a framework for our organisation to realise our vision for reconciliation. It demonstrates our commitment to implementing and measuring practical actions that build respectful relationships and create opportunities for Aboriginal and Torres Strait Islander peoples.

To strengthen and expand on our commitment towards reconciliation, we are developing and implementing programs for cultural learning, Aboriginal and Torres Strait Islander employment and supplier diversity.

Hunter Primary Care's Reconciliation Action Plan Working Group consists of a diverse group of people from multidisciplinary backgrounds across all areas of the organisation. Four Aboriginal employees are active members of the current working group.



2018/2019 RAP Working Group members (L-R): Theeran Pearson, Sally Henning, Brenda Ryan, Katie Vullo, Jennifer Vardanega, Janelle White, Belinda Walsh and Athlone Riches. (Missing) Glen Boyd, Cody Faulkner, Kathy Piper, Danielle Schmidt

Hunter Primary Care acknowledges the diversity of Aboriginal and Torres Strait Islander cultures across Australia, and the importance of providing culturally sensitive services that meet community and individual needs. We believe that reconciliation is an important step towards creating a more inclusive and respectful nation – where the contribution of Aboriginal and Torres Strait Islander people and their cultures are valued, and they can participate in opportunities afforded to all Australians.

HIGHLIGHTS & ACHIEVEMENTS

We are proud to recognise and celebrate significant cultural events each year, such as National Close the Gap Day, National Reconciliation Week and NAIDOC Week.

National Close the Gap Day 2017

During March 2018, we held an event to officially open our new office at Warabrook and commemorate National Close the Gap Day, which featured a traditional didgeridoo performance by Uncle Perry Fuller and a Welcome to Country by Aunty June Rose.



2018 National Reconciliation Week

Hunter Primary Care celebrated National Reconciliation Week with a visit from special guest Uncle Glen Yarnold, who shared with staff his story around the theme 'Don't Keep History a Mystery', and experiences being part of the Stolen Generation.



2018 NAIDOC Week

NAIDOC Week is an important time of reflection and cultural celebration at Hunter Primary Care. Many of our staff attended NAIDOC events in the Hunter region and beyond to engage and connect with members of the local Indigenous community.

Newcastle NAIDOC Day



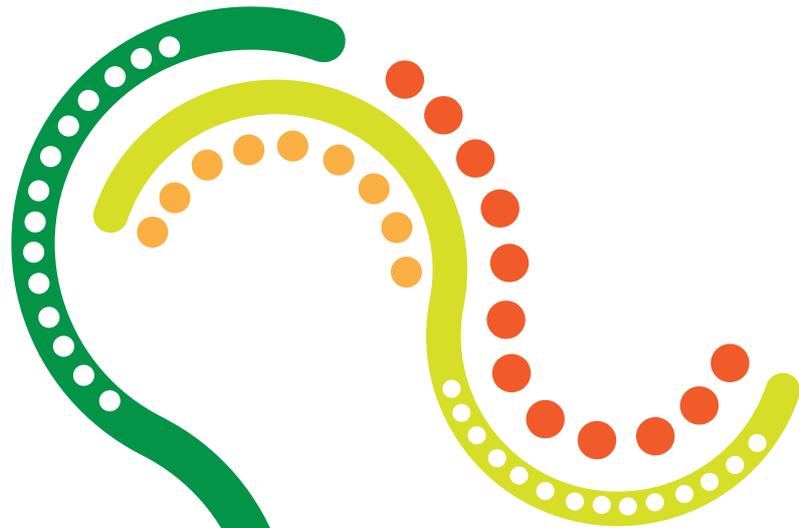
Westlakes NAIDOC Day - Toronto



Worimi NAIDOC Day – Port Stephens



Mindaribba NAIDOC Day – Maitland



OUR COMMUNITY

Hunter Primary Care takes part in a number of local events to promote and support the health and wellbeing of our Hunter community.

2018 Vinnies CEO Sleepout



2018 Hunter Homeless Connect Day



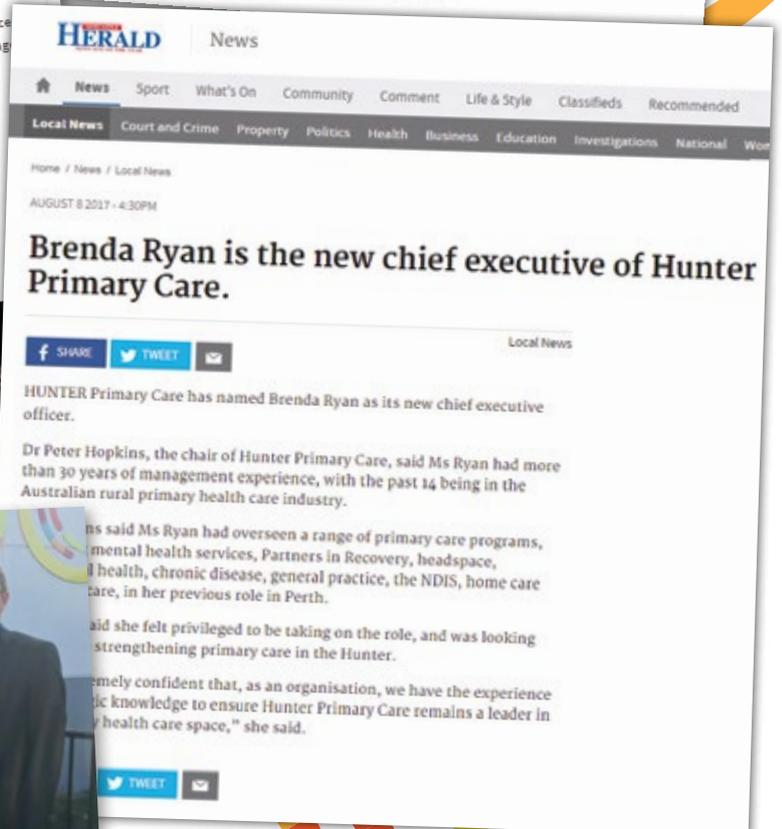
The 2017 Smith Family Garden Party



headspace Newcastle Youth Arts in Recovery



IN THE NEWS



Parliamentary Secretary for the Hunter, Scot MacDonald, announcing a \$440,468 funding boost for headspace Newcastle's Youth Drug and Alcohol service

How surfing helped save young people in Newcastle from the grip of mental illness

ABC Newcastle | By Robert Virtue
Updated 9 Nov 2017, 8:11am



VIDEO: The 10-week surfing program is held at Nobbys Beach in Newcastle (ABC News)

Thoughts used to surge through 16-year-old Newcastle girl Mya Amosa's head during the depths of her battle with mental illness.

"I feel like the world is against me. I honestly feel that nothing's right. There's no point living," she said, she felt.

After her mother died of cancer a couple of years ago Ms Amosa struggled. But a surfing program in Newcastle has helped give her a fresh perspective.

- RELATED STORY: Mark is 11, likes Minecraft and Lego. He wants to end his life
- RELATED STORY: Arnhem Land school develops curriculum to improve mental health
- RELATED STORY: How to talk to teens about the Netflix 13 Reasons Why

PODCAST – EPISODE 5: HUNTER MENTAL HEALTH & THE WAY BACK

Published August 22, 2017

This week's podcast series a closer look at the issues surrounding suicide prevention and support services. It features a lived experience speaker, a clinical psychologist, and a Support Services Operations Manager.

If you or someone you know needs help...

lifeline - 131 114

Beyond Blue - 1300 22 4331

For people aged 16 to 25, Kids Helpline can be contacted on 1800 68 1800

Visit nbnnews.com.au provides online counselling services for those 12 to 25.



High-risk suicide prevention program boosted with \$37 million

By Ivan Cowie
8 May 2018 - 9:00am

An initiative aimed at lowering the suicide rate of those who have tried to take their own life will be expanded after funding was allocated in the federal budget.

Mental health organisation beyondblue will receive more than \$37 million over four years for the program, known as The Way Back, which provides one-on-one support to people in the critical three months after a suicide attempt.

The scheme assists high-risk people who have already made a suicide attempt, with statistics showing that a quarter will try again within three months. Of those who make another attempt, 10 per cent will die by suicide.





OUR SERVICES

ABORIGINAL HEALTH & WELLBEING

CARE COORDINATION & SUPPLEMENTARY SERVICES

The **Integrated Team Care** service known by the community as the Care Coordination and Supplementary Services (CCSS) is a 'Closing the Gap' initiative aimed at supporting Aboriginal and/or Torres Strait Islander people who have one or more of the following chronic conditions; mental health, diabetes mellitus, cardiovascular disease, respiratory disease, renal disease and/or cancer. 2017/2018 is the seventh consecutive year that Hunter Primary Care has delivered the service.

SNAPSHOT OF ACTIVITIES

During 2017/2018, 1,293 people were supported with an average 107 referrals per month. The service has experienced an enormous increase in demand on the previous year. HPC Aboriginal Outreach Workers supported 517 people with an average of 43 referrals per month.

FUTURE DIRECTIONS

The HPC Care Coordination team is now delivering the CCSS for the eighth consecutive year in concert with the Hunter New England and Central Coast Primary Health Network. A revised model of care focusing on providing support to clients who require complex care coordination intervention underpins the future direction and sustainability of this service.



YUDHILIDIN

HPC's Indigenous Mental Health Care Coordination service, known as Yudhilidin, has developed a strong reputation across the sector over its first year of service. Yudhilidin assists people to receive the mental health treatment they need and links them with psychosocial supports. The Aboriginal and/or Torres Strait Islander peoples referred to the service are keen to improve their health and wellbeing while needing short term assistance to make initial connections with the service system. The aim of the service is to ensure those assisted can self-manage. The short four month care model has been found to increase the focus on helping individuals build their capacity to meet their recovery goals. The service meets the needs of many people with severe mental illness resulting in improvements to their daily living and wellbeing. Where people have been found to have more enduring needs, HPC has provided a pathway to ongoing care with Hunter Partners in Recovery. HPC has delivered services across the twelve Hunter LGAs with Port Stephens demonstrating particularly high levels of demand.

Yudhilidin is a service that aims to reduce the stigma of mental health in Aboriginal communities through culturally appropriate practice which supports people in their recovery. The Aboriginal staff employed in the program build trust, understanding and hope with the people they work with. Each staff member brings a unique insight into the communities in which they work, understanding the diversity of the Aboriginal and/or Torres Strait Islander communities across the Hunter. Yudhilidin staff understand each area has particular strengths, resources or challenges.

SNAPSHOT OF ACTIVITIES

- The service was provided to 255 Aboriginal and Torres Strait Islander people across the Hunter.
- Yudhilidin is able to support people to access the NDIS or PIR if they require longer term support.

HIGHLIGHTS & ACHIEVEMENTS

- Provision of holistic and culturally competent services.
- Successfully supporting people to achieve their recovery goals and build their own capacity to navigate mainstream and clinical services.

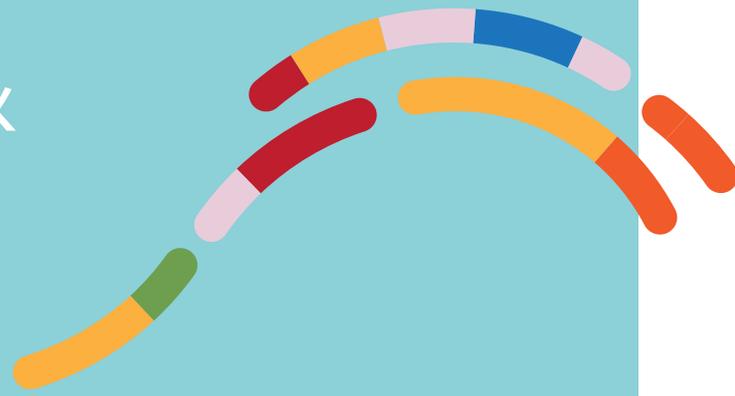
FUTURE DIRECTIONS

The service will continue to build its profile across the community and the region. The coming year includes assisting people to access the NDIS and a part-time position dedicated to suicide prevention work.



DISABILITY & WELLBEING

NDIS SERVICES



Hunter Primary Care is a registered NDIS provider offering high quality Support Coordination to NDIS participants who have Support Coordination funding in their NDIS plan. Our NDIS Service builds on the success of support coordination services provided by Hunter Primary Care staff who have experience in chronic disease management and mental health. HPC NDIS Services are provided to people with a range of disabilities most of whom have chronic and/or complex health conditions. NDIS participants benefit from HPC's long standing integration and linkages with public and private health services.

Hunter Primary Care also offers Level 3 Specialist Support Coordination. Our NDIS staff are qualified to provide clinical advice and include Registered Nurses, Occupational Therapists, Mental Health Nurses and a Dietitian and Exercise Physiologist. NDIS participants receiving this service are experiencing levels of complexity requiring specialist expertise navigating multiple systems to meet specific clinical needs.

Our service model assists participants to gain the maximum value from their NDIS plan. Our skills, are derived from years of experience in delivering care coordination in complex situations. This model, along with our alliances with the health and primary care sectors, ensures participants have improved access to mainstream health services funded outside of their NDIS plan.

SNAPSHOT OF ACTIVITIES

- 125 people received NDIS Support Coordination.

HIGHLIGHTS & ACHIEVEMENTS

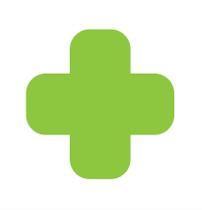
Hunter Primary Care has expanded its NDIS services this year to include:

- **Improved Health and Wellbeing:** providing tailored exercise and nutritional plans to manage the NDIS participant's disability, health and wellbeing, and:
- **Therapy supports:** prescribing assistive technology to assist the person to maintain their independence.

FUTURE DIRECTIONS

HPC will build on our successful NDIS Services by providing additional specialist supports including:

- Psychological Services to provide therapeutic support.
- Level 3 Specialist Support Coordination.



GENERAL HEALTH & WELLBEING

AGED CARE EMERGENCY SERVICE

The Aged Care Emergency Service (ACE) supports Residential Aged Care staff to provide the right care, at the right time and in the right place for their residents when they become unwell.

The ACE service is a collaborative partnership between multiple stakeholders (Hunter Primary Care, Hunter New England Local Health District, Hunter New England Central Coast Primary Health Network, NSW Ambulance, Residential Aged Care Facilities (RACFs) and GPs). It was first piloted in 2009 at John Hunter Hospital and now operates across nine EDs (Armidale, Belmont, Calvary Mater, John Hunter, Maitland, Manning Rural, Singleton, Tamworth and Tomaree) with 93 RACFs in the Hunter New England Local Health District footprint having implemented the system.

SNAPSHOT OF ACTIVITIES

- The ACE service continues to drive the implementation of the ACE process in currently engaged RACFs. This has occurred through 24 interagency meetings, regular quarterly newsletter, 45 education and 39 focus groups with individual facilities. Each interagency meeting has a theme; including elder abuse, ambulance processes and initiatives, high risk medications and de-prescribing, influenza preparedness and immunisation.
- Highly popular clinical assessment workshops were conducted in October 2017 at Maitland, Taree and Armidale. The program included:
 - Head to toe clinical assessment
 - PEG tubes
 - Diabetes management at end of life
 - Contemporary respiratory management
 - Wound first aid.
- Leigh Darcy, ACE Special Projects Manager, and Kerry Turnbull, Clinical Nurse Specialist, published an article through the Australian College of Nursing: **Engendering a culture change in aged care facilities: An integrated model of care.**

FUTURE DIRECTIONS

After a successful trial of Telehealth between Belmont Hospital and Anglican Care; Belmont Hospital and John Hunter Hospital are now expanding Telehealth to other RACFs in their catchment area.

Clinical handover is high risk for complex, frail RACF patients. Telehealth facilitates visual assessment and a higher level of communication and aims to decrease unnecessary hospital visits for RACF patients. Currently, Telehealth is being used to assess acutely unwell residents requiring transfer to ED and to facilitate bedside discharge handover when patients are discharged to a RACF. It has improved the handover between hospitals to RACF's and allowed greater participation of family and carers.



We listen. Care. Co





CARE COORDINATION

Hunter Primary Care's Primary Care Coordination team operates a wide variety of services to support people in the management of their health, disability and wellbeing needs. This is done in partnership with GPs, Allied Health providers, NDIS providers, support services and community-controlled organisations to facilitate the most appropriate delivery of services. HPC prides itself on delivering person-centred care coordination services.

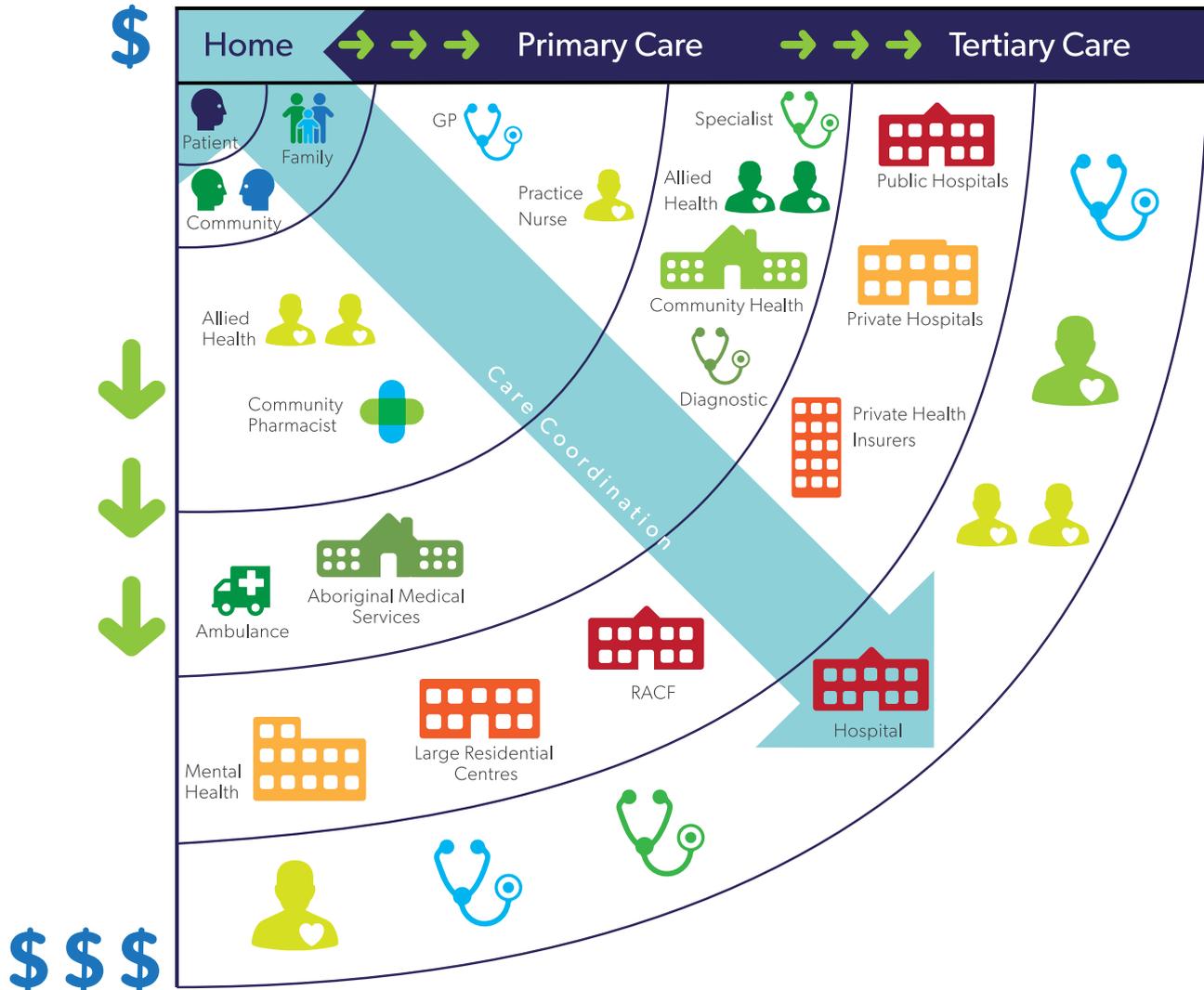
The nib Care Coordination service continues into its fourth year. The service supports chronic disease care coordination across primary, secondary and tertiary health sectors. 20 new nib customers with high medical needs were supported during the year to better manage their health condition through prevention education. The service has a focus on reducing hospital admissions by providing appropriate support. The nib maintenance service continued in its second year for 140 clients who had completed their care coordination program. A phone-based service, it aims to continue to assist individuals in their self-management, chronic disease management and health service navigation.

Teachers Health Care Services is a coordination service delivered in collaboration with GPs and other healthcare providers for Teachers Health Care Service members. Since commencing in September 2015, there have been 130 patients referred to the service. The service is delivered in the Hunter, Central Coast, Tamworth, Armidale and Port Macquarie regions. Our partnership continues with the introduction of care coordination for eligible Teachers Health Care members with 'moderate' complex chronic disease care requirements.

NDIS Service delivery has continued to grow. HPC's Care Coordination team has supported over 97 NDIS participants with Support Coordination services. In addition to delivering support coordination as per the NDIS guidelines, Hunter Primary Care aims to help people navigate the complex health care and disability systems and connect them with local services that meet their unique needs. We know our strong connection with local GPs is a major point of difference in the NDIS market and ensures our clients' health and disability needs are met through the continuity we provide via a person-centred service.

During the year we have expanded our NDIS service offerings to include **Improved Health and Wellbeing:** providing tailored exercise and nutritional plans to manage disability, health and wellbeing and; **Therapy Supports:** prescribing assistive technology to assist in maintaining independence.

As well as improving health outcomes for consumers, the primary care coordination programs also promotes and improves communication between all service providers – both public and private. The aim is to support clients through primary care integration, service navigation and self-management and all based on the Medical Home model:



The above model has been adapted from The Medical Home model found at medicalhome.org.au



HIGHLIGHTS & ACHIEVEMENTS

Hunter Primary Care has expanded its NDIS services this year to include:

- **Improved Health and Wellbeing:** providing tailored exercise and nutritional plans to manage the NDIS participant's disability, health and wellbeing, and:
- **Therapy supports:** prescribing assistive technology to assist the person to maintain their independence.

Hunter Primary Care has continued into its fourth year of collaboration with NSW Family and Community Services (FACS), and the Hunter Residences group to support the staff and residents as the residents transition to community-based living.

In providing the Care Coordination and Supplementary Service program to our Aboriginal and Torres Strait Island community, the team has delivered:

- More than 71, 403 occasions of Care Coordination support
- More than 21, 626 direct clinical advice support
- More than 4,031 occasions where an Allied Health service was facilitated and or funded
- More than 4,497 occasions where GP/ Specialist services were arranged and or funded
- More than 3,700 occasions where transport to health appointments was funded
- More than 6,700 Medical Aids funded and facilitated through other funding sources.

FUTURE DIRECTIONS

The Care Coordination team is fortunate to have a number of nursing and allied health professionals who are passionate about how lifestyle improvements can create measureable change in health status. The Care Coordination team will be developing Lifestyle Medicine interventions in all of their chronic disease programs. This will be done in collaboration with the Australasian Society of Lifestyle Medicine and Hunter New England and Central Coast Primary Health Network. The team will embark on the implementation of The Australian Society of Lifestyle Medicine endorsed Shared Medicare Appointment approach and sees this as a quantum leap forward in chronic disease management and treatment.





GP ACCESS AFTER HOURS

GP Access After Hours (GP Access) is an accredited medical deputising service that provides comprehensive after hours primary care to the Maitland, Newcastle and Lake Macquarie regions of NSW.

GP Access Clinics are integrated with local Emergency Departments with agreed protocols for transfer of patients between the EDs and clinics. Four clinics are co-located with hospital EDs (Belmont, John Hunter, Calvary Mater Newcastle and Maitland hospitals) and the fifth is located in the Westlakes Community Health Centre at Toronto. Each clinic is staffed by an administrative officer, registered nurse and GP. The clinic service operates:

- Monday to Friday evenings 6 pm until 11 pm
- Saturday 1 pm until 11 pm
- Sundays and Public Holidays 9am until 11 pm.

This service is led by a management team and clinical directorate with over 100 registered nurses and administrative personnel and a cooperative of 240 experienced GPs from 87 local general practices working for GP Access.

The GP Access Patient Streaming Service (PSS) is a telephone-based service that triages incoming calls and direct callers to the level of care that matches their immediate medical need. The PSS can provide “over the phone” clinical advice from a registered nurse or GP; make an appointment for the caller at a GP Access clinic; or advise the caller to access other care appropriate to their needs e.g. call triple zero, attend their nearest ED, access a chemist, or to see their own GP the next day.

The PSS also provides:

- Management of Aged Care Emergency (ACE) calls in the after hours, providing advice and clinical support to Aged Care Facility residents and staff.
- Call Managed Services for GPs who work outside the GP Access footprint, to minimise after hours disruption.
- Support for the Community Acute Care/Post Care (CAPAC) Service.
- Management of time-critical after hours pathology results for participating GPs.

The PSS operates from Monday to Friday evenings 5:30pm until 8am the next day; Saturday 12:00 midday until 8am Monday and 24 hours on Public Holidays.

On-call GPs provide phone advice, home visits and residential aged care visits as required. A free transport service is available to transport to and from clinic appointments, if clinically appropriate, and the patient is unable to attend the clinic due to lack of transport.



SNAPSHOT OF ACTIVITIES

During the 2017/2018 financial year, GP Access clinic appointments totalled 52,573, an increase of almost 2,000 on the previous year and making it the busiest since 2011/2012. Presentations ranged from chest infections, limb injuries and fractures, and infants with high fevers or earaches; to burns, dog bites and the removal of ticks or foreign bodies.

The GP Access PSS managed a total of 69,258 calls during the 12 month period and accepted 11,368 Emergency Department and 184 Paramedic referrals.

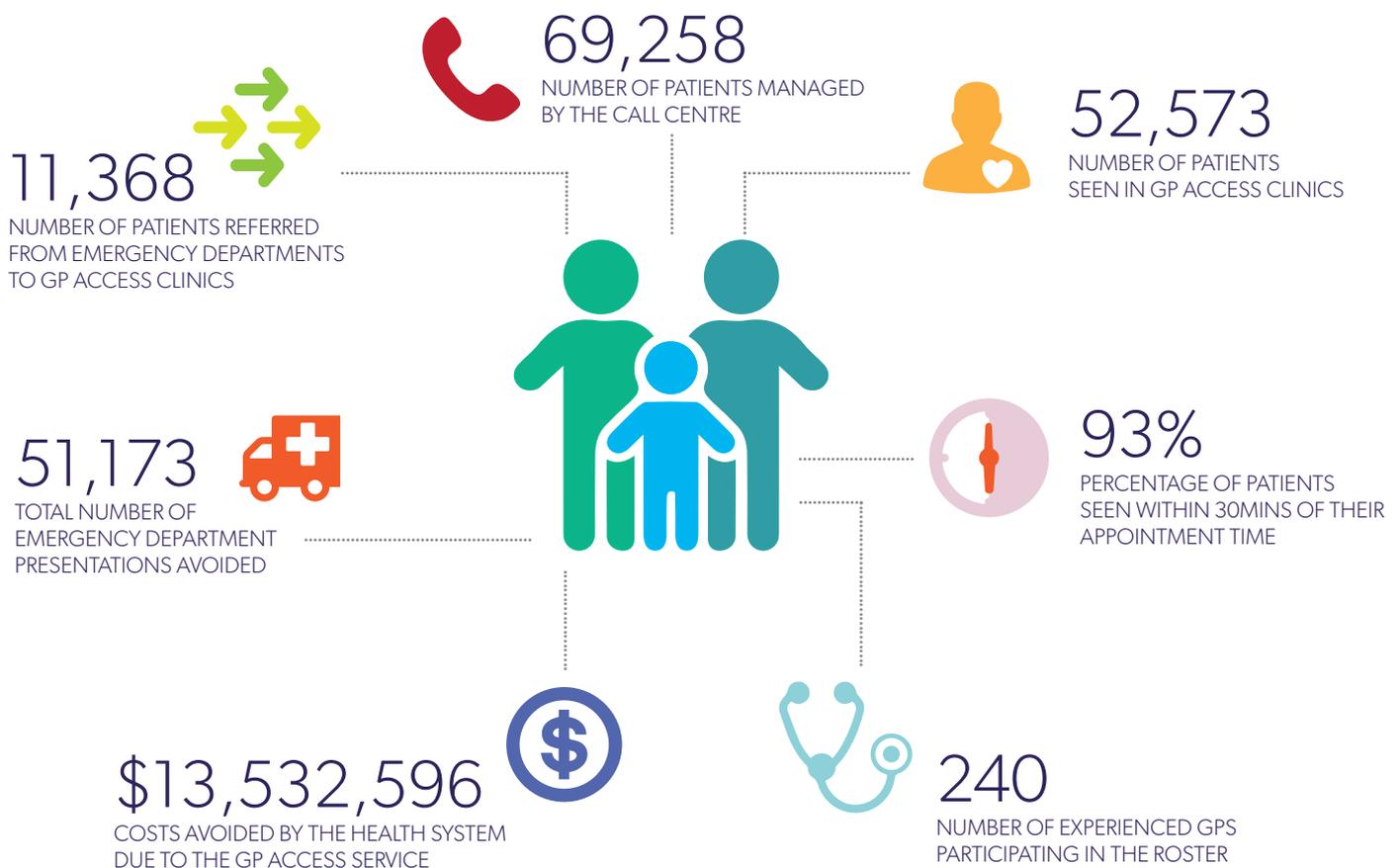
GP Access GPs made 44 home and Aged Care Facility visits, mostly resulting from after-hours ACE calls triaged by the PSS.

The care for unwell residents of Aged Care Facilities benefited from substantial growth in the number of ACE calls managed by PSS, increasing from 2,510

in 2016/2017 to 3,092 in 2017/2018 by enabling delivery of care in the facility, where appropriate, and reducing unnecessary trips to hospital. In the 2017/2018 financial year, it is estimated that GP Access Clinics and PSS saved the health system **\$13,532,596** in efficiencies (not including benefits of the ACE service to NSW Ambulance, local Emergency Departments and most importantly the ACF residents).

The GP Access early booking line has remained available for GPs, Ambulance and local Emergency Departments to direct individuals to GP Access for assessment and where appropriate into one of our clinics.

GP Access Maitland Clinic has continued to provide additional support to Hunter New England Local Health District by accepting appropriate referrals from Kurri Hospital Emergency Department.



HIGHLIGHTS & ACHIEVEMENTS

- GP Access continues to provide a quality service to the community and visitors to the region, and is acknowledged as a preferred model for afterhours care by the National GP Deputing Association.
- GP Access staff milestones – a significant number of staff this year celebrated 10 year and 15 year service records. This highlights both the quality of the work experience at GP Access and the loyal team we have on staff.
- Preparation has begun for the GP Access accreditation which is due in September 2019.
- GP Access was recently involved with our accrediting body, Australian General Practice Accreditation Limited (AGPAL), in a trial of the new Royal Australian College of General Practitioners (RACGP) afterhours standards. We were invited to review the draft documents, attend their networking day and then put recommendations to AGPAL prior to the new after-hours standards being adopted. This invitation and level of involvement highlights the esteem GP Access is held in by the accrediting body.

Significant achievements included:

- Implementation and recruitment to a new management structure to reflect staff and operational requirements with the addition of dedicated Duty Manager positions .
- Introduction of early booking capacity with dedicated phone lines for referrals from Emergency Departments, General Practices and NSW Ambulance paramedics, from 3 pm weekdays and on Saturday mornings.
- Acquisition of new a Rostering Software (implementation commencing in quarter 2 of 2018/2019).
- Ongoing membership and active participation in the GP Deputising Association (GPDA).
- Customer experience and GP surveys completed.

FUTURE DIRECTIONS

- Complete the implementation of the new GP Access roster system.
- Review and understand changes to the RACGP After Hour Accreditation Standards that will impact GP Access.
- Engage our customers fully via smart customer experience survey tools.
- Roster stability for PSS.
- Explore opportunities to expand HPC's after-hours services in the Newcastle and Maitland growth regions.
- Explore digital health solutions and platforms to enhance after hours health care delivery.





MENTAL HEALTH & WELLBEING

headspace NEWCASTLE

headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds, along with assistance in promoting young people's wellbeing. This covers four core areas: mental health, physical health, work and study support, and alcohol and other drug services. **headspace** Newcastle was established in 2013, and services a wide range of regional, urban and rural areas across the Hunter region.

SNAPSHOT OF ACTIVITIES

headspace Newcastle provides services from psychologists, social workers, GPs, family counsellors, employment consultants, and drug and alcohol workers. In our direct work with young people, **headspace** Newcastle received around 1,700 referrals in the 2017/2018 financial year, and provided services to around 300 individuals each month. Despite being over 50% busier than the national average for **headspace** centres, clinical outcomes and client satisfaction continue to be higher than the national average.

Our community development officers have worked across the community to promote young people's wellbeing. In the 2017/2018 financial year a wide range of community development initiatives were completed, including:

- 53 Community awareness and mental health literacy activities
- 89 Group-based activities with young people
- 78 Stakeholder engagement and community planning activities.

For a summary of our recent events, please head to our Facebook page.

Recent community development initiatives have included school workshops on mental health promotion, a multicultural youth group, Youth Arts in Recovery, Tantrum theatre workshops, and a music recording project with Big Picture School.

We have participated in a range of cultural landmark events, including Walk a Mile Koori Style, and recent NAIDOC week events in Newcastle, Lake Macquarie and Port Stephens. We have also participated in a range of high profile youth events, including Surfest and Groovin' the Moo.

Our community development worker has supported young people to develop a number of projects including a Mental Health Olympics event at Callaghan College, Mental Health Day at Big Picture School, and 'Newy Band Smash' Youth Band Competition.

We continue to partner with the Waves of Wellness Surf Foundation to run an eight week surf school for young people with mental health issues at beaches around Newcastle, Lake Macquarie and Port Stephens. The surf school not only encourages the participants to engage in physical activity, which is an effective strategy to increase emotional wellbeing, but also to make friends and participate in informal discussion groups aimed at increasing coping skills.

We continue to collaborate with the Black Dog Institute and Everymind to deliver Youth Aware of Mental Health (YAM) workshops to local Catholic and Independent schools, as part of the Newcastle Lifespan suicide prevention trial.

We have recently initiated a social group, in conjunction with a service partner, Flourish Australia. This group was designed based on surveys of young people, and involves a range of creative and physical activities, such as art, craft, walking and relaxation exercises. Initial feedback shows that the group has helped improve young peoples' mood and awareness of how to promote good mental health.

We have provided education groups to parents, via our service partner Relationships Australia. The 'Surviving Adolescence' course has been extremely well attended this year, and we continue to have a waiting list for further workshops.

The 'As You Are' group for LGBTIQ youth continues to be a great success, and members have participated in recent events such as the local Yes Fest event.

HIGHLIGHTS & ACHIEVEMENTS

headspace Newcastle has recently been successful in securing additional funding via the NSW Ministry of Health, to deliver alcohol and other drug treatment for young people aged 12-19 with moderate to severe substance use problems. This new program is initially funded until June 2020, and will address a significant service gap and allow us to meet the needs of a broader section of the community.

headspace Newcastle has also received funding to implement two new pilot programs; the first

providing early intervention for young people with early stage eating disorder symptoms; and the second providing care coordination for young people with complex mental health and psychosocial needs. These issues have been identified as significant priorities based on a recent needs analysis by the Primary Health Network and we are hopeful that these pilot programs will lead to ongoing funding.

FUTURE DIRECTIONS

Our community development officer is currently working on initiatives for **headspace** national campaigns, including the current 'headcoach' campaign targeting young men, and the national **headspace** Day and mental health month in October. We are planning to launch our own video resource in collaboration with HeadJam media, aimed at encouraging young people to seek help, utilising funding donated by a range of community individuals and groups.

We continue to work with the Primary Health Network and community mental health services on initiatives to address service gaps for young people with complex and chronic mental health concerns.



headspace Newcastle celebrated its 5th birthday in May with a party for staff and volunteers.

HUNTER PARTNERS IN RECOVERY

Hunter Partners in Recovery (Hunter PIR) continued into its fifth year of operation with four contracted Support Facilitator Provider partners: Neami National, Aftercare, Flourish Australia and Benevolent Society.

Hunter Primary Care has grown into a team of 13 Support Facilitators and has optimised client numbers and program capacity.

Additional positions were incorporated into the program to support the NDIS transition including an NDIS Transition Coordinator; Assertive Outreach Coordinator and Intake Officer. The NDIS Transition Coordinator has proved invaluable, enabling regular liaison with the NDIA which has included escalation of serious issues and achieved resolutions locally. The NDIS Transition Coordinator has assisted Support Facilitators with access requirements and planning processes as well as gaining a better understanding of the NDIS and its processes.

The Assertive Outreach Coordinator has engaged with over 35 clients who in six months, meet PIR eligibility requirements. This position works in partnership with Specialist Homeless Service providers to engage with rough sleepers and others experiencing homelessness. The position has highlighted the additional barriers experienced by these people in accessing the NDIS. Hunter PIR has enjoyed the ongoing support of a consortium of partners: Samaritans, Catholic Care, TAFE NSW, Relationships Australia, Integratedliving, Wesley Mission, Aftercare and Hunter New England Mental Health Services. The consortium including the Lived Experience Advisory Group representatives, has provided stable leadership throughout the program and overseen major changes in program focus. The Hunter PIR Lived Experience Advisory Group has continued to support the program with their expertise and engagement within co-design activities.

SNAPSHOT OF ACTIVITIES

The NDIS Transition continued to be a major focus of activity. The number of Hunter PIR clients successfully accessing the service has remained high, with only six per cent found to be ineligible by the NDIS. Demand for the Hunter PIR program has remained high with 351 people referred to the program and over 600 applications submitted to the NDIS.

HIGHLIGHTS & ACHIEVEMENTS

- Over 600 applications submitted to the NDIS.
- HPC and Support Facilitator Providers, Neami National, Aftercare, Flourish Australia and Benevolent Society provided high quality services.

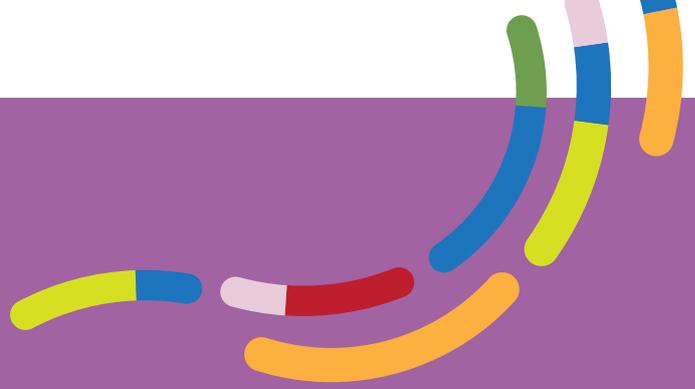
FUTURE DIRECTIONS

Hunter PIR has entered its final year of operation with the program lapsing on 30th June 2019. From 1 July 2019, existing NDIS Participants will no longer receive in-kind services through Hunter PIR. PIR clients who are NDIS Participants will be able to remain with their existing Support Coordinator Provider or choose another provider. Additional funding will be channelled through the Primary Health Networks to enable a service to continue for those who are unable or ineligible to access the NDIS. Hunter PIR will oversee a transition phase which will ensure all existing clients have access to suitable ongoing support.

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PSYCHOLOGY SERVICES



- Hunter Primary Care (HPC) Psychology Services provide accessible, effective, and responsive mental health and substance misuse services for people across the Hunter region.
- The services are focused on developing innovative mental health services that respond to the changing needs of the community.
- All of the services are aimed at people who are experiencing mild to moderate mental health and substance misuse issues who have difficulty accessing other mainstream services.
- The range of primary mental health services offered includes:
 - Services for children and their families, adolescents and adults
 - Services for women (and their families) with perinatal mental health problems
 - Culturally appropriate services for Aboriginal and Torres Strait Islander people
 - Responsive and effective services for people who are experiencing suicidal ideation or self-harm
 - A range of psychological services for people experiencing substance misuse and comorbid mental health problems
 - Psychological services provided within aged care facilities in the Newcastle and Lake Macquarie regions.

SNAPSHOT OF ACTIVITIES

- In 2017/2018 over 4,100 patients were referred to Psychology Services, which is 14% more than the previous year.
- Nearly 20,500 sessions were delivered across the urban and rural areas of the Hunter region. This is 15% more activity compared to the previous year.
- Over 500 clients experiencing substance misuse and comorbid mental health issues were provided a range of services to meet their needs.
- HPC has been committed to deliver services to more vulnerable groups in the community and where there are service gaps. 50% of all sessions were delivered to children, perinatal women, Aboriginal and/or Torres Strait Islander people, and people experiencing suicidal ideation and self-harm.
- Over 20% of all services were delivered in rural and remote regions of the Hunter.
- HPC Psychology Services continues to be a highly visible primary mental health care service, with over 85% of GPs in the Hunter referring to the service in the year.

HIGHLIGHTS & ACHIEVEMENTS

Move to new premises at Warabrook

- Psychology Services experienced a successful transition to service delivery at the new head office at Warabrook. The transition did not affect service delivery, with the majority of clients appreciative of the enhanced facilities.

Drug and Alcohol (D&A) Program

- The D&A Service continued to provide effective and responsive psychological counselling services to people in the community with substance misuse and comorbid mental health issues.
- A significant focus of the program has been on ensuring integration of D&A services across the primary and tertiary sectors to ensure that patients receive the right level of care at the right time. HPC has been successful in engaging the key stakeholders in the D&A sector across NSW Health and the non-government sector. The building of these strong relationships has resulted in effective care pathways established for patients.
- HPC was involved in several capacity building programs funded by the Primary Health Network (PHN). HPC partnered with Professor Amanda Baker (University of Newcastle) on developing skills for GPs and Practice Nurses in the community to identify, assess and manage people experiencing substance misuse.
- A further D&A capacity building program was to increase the capacity for training postgraduate clinical psychology students in D&A service delivery. In 2018 four postgraduate Clinical Psychology students undertook clinical placements. In collaboration with the PHN, a video was produced and published on YouTube outlining the success and outcomes of the program, highlighting the ability to integrate D&A assessment and treatment skills in working with people who present in primary care with common issues relating to substance misuse.

Indigenous Mental Health Services

- HPC Psychology Services is focused on delivering culturally appropriate services to Aboriginal and Torres Strait Islander. Psychology Services has strengthened the collaborative relationship with the community in west Lake Macquarie with ongoing services at Nikinpa Child and Family Centre.
- HPC also commenced delivering psychological services at Awabakal Medical Services in late 2017. This successful collaboration has resulted in enhanced delivery of primary mental health services in the Aboriginal community, as well as working closely with other mental health providers to ensure a continuum of care.



FUTURE DIRECTIONS

HPC Psychology Services will continue to focus on exploring opportunities for growth given the years of experience that has resulted in the service being a leader in delivering primary mental health services in the region. HPC is dedicated to continuing to respond to and develop innovative programs to increase access and provide the most effective and responsive services to people in the community experiencing mental health difficulties. Some of the areas already in development include:

NDIS services

- HPC Psychology Services will be increasing capacity to deliver therapeutic support services to people in the community with disabilities, assisting them to build skills and capabilities to achieve their goals. Psychology Services will be working closely with the Care Coordination teams at HPC to deliver these services.

Drought assistance

- HPC Psychology Services will be available to provide mental health services in the Singleton and Upper Hunter regions to support people in the community who are experiencing psychological distress as a result of the drought. This will also involve working closely with other organisations and services who are supporting farmers and the communities in these regions.

Low Intensity Services

- HPC Psychology Services will continue to focus on developing and responding to opportunities to deliver innovative and effective low intensity services via telephone, video and web based platforms, ensuring people of the Hunter region can access effective and responsive care whether they are residing in urban or rural areas.



THE WAY BACK SUPPORT SERVICE

The Way Back Support Service is a Beyond Blue initiative providing non-clinical care and practical support to individuals for up to three months following a suicide attempt. It is funded by Beyond Blue and donations from the Movember Foundation and NSW Ministry of Health's Suicide Prevention Fund.

The service is auspiced by a Consortium of which Hunter Primary Care is the lead agency and includes Calvary Mater Newcastle, Hunter New England Mental Health Services, Everymind and Hunter New England Central Coast Primary Health Network. The service started life as a trial that included a comprehensive formal evaluation to assess its effectiveness at reducing further suicide attempts. Findings from this evaluation are expected to be published early 2019. Early indications are positive and Beyond Blue extended the funding period for a further 12 months.

Encourage-Support-Connect

Individuals who are admitted to the Calvary Mater Newcastle following a deliberate self-poisoning event and reside within the Hunter area are eligible for the service. The Way Back Support Coordinators work with hospital staff at the Calvary Mater Newcastle and Hunter New England Mental Health units to engage clients while they are in hospital and arrange follow-up contact after discharge.

The service aims to prevent further episodes of self-harm by providing proactive, non-clinical support and coordination of patient access to services in the community. Support is provided for up to three months following discharge, a period recognised as a particularly vulnerable time for distress and further attempts. The role of the Way Back Support Coordinators is to:

- Maintain contact and provide encouragement and support
- Encourage the uptake of hospital discharge plans and utilisation of safety plans
- Support attendance at General Practice and allied health appointments
- Facilitate access to a range of community support services
- Assist clients to connect with support networks.

SNAPSHOT OF ACTIVITIES

The Way Back Support Service has now completed its second year of service delivery. During 2017/2018, the service received 530 referrals with close to 80% accepting the offer of support from the service. On average, The Way Back connects with 100 people each month. Over the course of the year, 3,840 phone calls and 455 face-to-face visits occurred.

HIGHLIGHTS & ACHIEVEMENTS

Hunter Primary Care's Way Back Support Service is the largest service of its kind in the country and regarded as a national leader in providing non-clinical support following a suicide attempt. In July 2017, The Way Back collaborated with Beyond Blue to present its model of service to the Suicide Prevention Australia National Conference.

A key component to this success has been the integrated partnership between Hunter Primary Care, Calvary Mater Newcastle and Hunter New England Mental Health Services. HPC is immensely grateful to these partners for their ongoing willingness to work together. The success of this collaboration has ensured individuals receive timely access to The Way Back service for support.

Locally, The Way Back Service has been working in collaboration with Lifespan's Aboriginal Advisory Group to improve the cultural appropriateness of service delivery. Currently, 9% of people who are referred to The Way Back Support Service identify as Aboriginal and/or Torres Strait Islander. The service is pleased to announce that it has received support from the Primary Health Network to appoint an Aboriginal Support Coordinator to The Way Back team. This position will provide culturally sensitive support to Aboriginal and Torres Strait Islander clients and will also be an opportunity for The Way Back to broaden the referral pathway for Aboriginal and/or Torres Strait Islander people.

The Way Back Support Service continues to receive overwhelmingly positive feedback from consumers. Outcome data is indicating a reduction in unmet needs, improved engagement with services and reductions in client distress.

FUTURE DIRECTIONS

The Way Back Service is currently transitioning from a trial phase to an ongoing service. In May 2018, the Federal Government announced a commitment of \$37.6 million over four years to Beyond Blue to expand The Way Back Support Service across the country. Findings from The Way Back Service evaluation will help to inform the rollout of this funding and we are optimistic that The Way Back will be able to continue to support the people of the Hunter Region.



SUPPORT SERVICES

HUMAN RESOURCES MANAGEMENT SERVICES

Hunter Primary Care Human Resource Management Services provides cost effective human resource services to primary health care practices through the provision of advice and support in a number of areas including:

- Pay and conditions / award assistance
- Performance management / interpersonal conflict
- Ending the employment relationship
- Employment agreements.

SNAPSHOT OF ACTIVITIES

Personalised HR Services were provided to 15 clients during the year. There were 4 new clients during the year and 11 that renewed for another term. Support for performance management of staff and employee entitlements are the most common types of support provided.

HIGHLIGHTS & ACHIEVEMENTS

To strengthen our commitment towards reconciliation, Hunter Primary Care Offers all staff the opportunity to attend tailored face-to-face training to increase their cultural awareness and understanding. 41 staff completed the training during the year.

Hunter Primary Care purchased licences for Question Persuade Refer (QPR) online suicide prevention training late in 2017. At 30 June 2018, 16% of staff had completed the training.

FUTURE DIRECTIONS

2018/2019 will see an increased focus on people and culture in line with the strategic direction of HPC to develop the capability of our workforce through ongoing learning, training and attracting suitable staff.



INFORMATION TECHNOLOGY

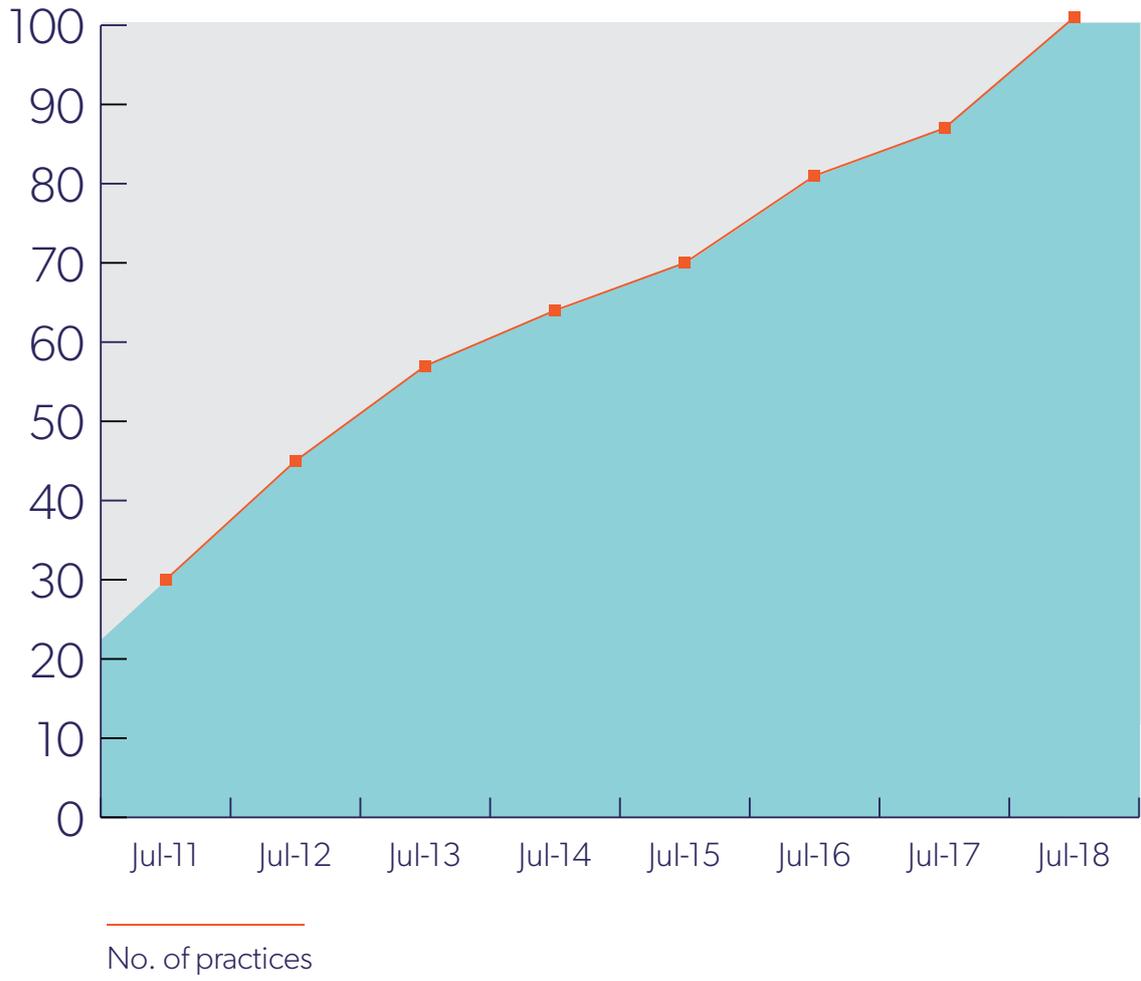
Over the past 12 months the IT department has achieved some great results for Hunter Primary Care. The IT team provide support for 175 HPC computers and 42 servers. The total IT cost for 2017/2018 was maintained at less than 2% of total revenue. In 2018 a number of noteworthy projects were completed:

- Relocation of all computers, printers and servers from King Street to Warabrook.
- Upgraded network connections between all three sites at Maitland, Hunter Street and Warabrook.
- Migrated from analogue phone lines to digital.
- Conducted a major security review in response to new mandatory Notifiable Data Breach legislation introduced in February.
- Our IT refresh continued replacing 45 of the oldest computers in the HPC fleet.
- Revised and improved our Business Continuity Plan to include automated offsite backups to ensure data integrity with backup intervals of 15 minutes.

The IT department at Hunter Primary Care also provides IT support and services to businesses other than HPC including general practices, allied health, specialist and aged care facilities. We support over 1,000 computers and servers located all over the Hunter region and beyond from Foster to Redfern and out as far as Merriwa. Our IT team has specialised expertise in primary health care information management and technology systems, including medical record software and security requirements, as well as experience in the wider health sector. Over the past 12 months we have introduced some new service offerings that have already been taken up by many of our clients and we continue to increase our customer base and profitability. 2018 highlights include:

- Number of practices supported increased to 101.
- Income and profit growth continues to improve on a year on year basis.
- Employed a new team member increasing the number of full-time employees in the IT department to six. Our new team member is primarily focused on the IT managed services to ensure continued service levels as client numbers grow.

IT Managed Clients



FINANCIAL REPORT

Hunter Primary Care Limited operates as a non-profit health promotion charity and community health services organisation. It is an independent public company limited by guarantee registered with the Australian Charities and Not-for-Profits Commission.

As a registered public company, Hunter Primary Care undergoes an annual independent financial audit to ensure its compliance with Australian Accounting Standards and the Australian Charities and Not-for-Profits Commission (ACNC) Act 2012.

Statement of Comprehensive Income For the Year Ended 30 June 2018

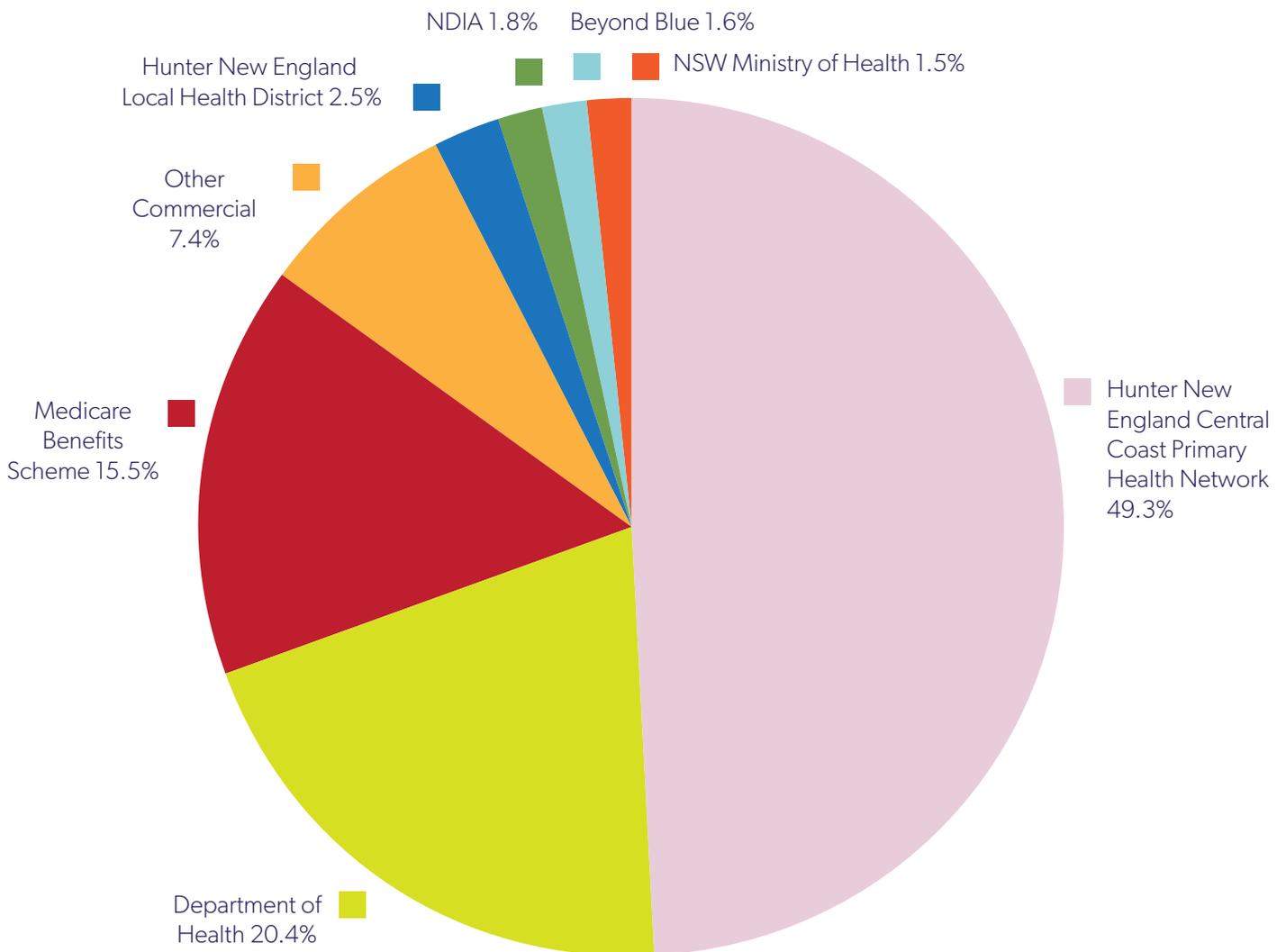
	2018	2017
	\$	\$
REVENUE		
Service revenue	5,321,857	4,737,925
Government grants	17,976,493	15,950,774
Interest received	135,963	109,357
Other income	135,783	94,284
TOTAL REVENUE	23,570,096	20,892,340
EXPENSES		
Employee benefits expense	15,486,960	14,010,687
Depreciation and amortisation expense	180,109	159,939
Administration expense	2,039,987	2,294,648
Sub-contractors expense	3,424,776	2,628,745
Occupancy expense	1,421,600	1,157,770
Other operating expenses	275,301	173,173
TOTAL EXPENSES	22,828,733	20,424,962
SURPLUS/(DEFICIT) FOR THE YEAR	741,363	467,378

Hunter Primary Care delivered an operating surplus of \$0.741 million against a prior year surplus of \$0.467 million. This increase in performance was driven largely by favourable performance in the Partners In Recovery program's transition to NDIS and related funding changes from the Department of Health. Psychology services received significant additional contracts during the year that were able to be serviced efficiently within existing resources, GP Access After Hours clinic activity and associated MBS billings were above historic trend and our commercial IT services program achieved good growth.

Snapshot of Revenues during 2018

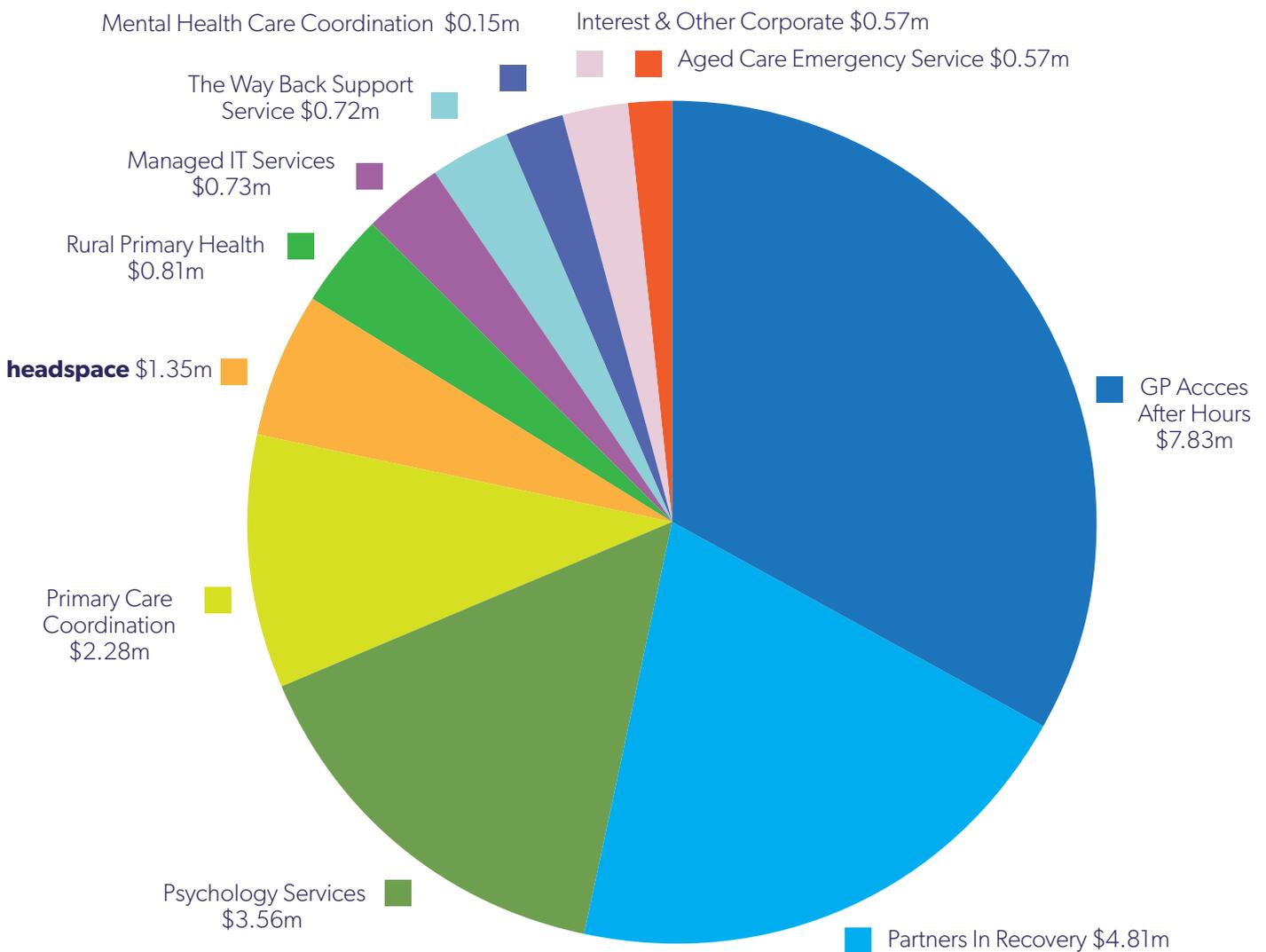
Hunter Primary Care receives its revenues from a variety of government and non-government sources, the most significant of which are the Hunter New England Central Coast Primary Health Network (HNECC PHN), the Department of Health (DOH), and Medicare billings through the Medicare Benefits Scheme (MBS). The sources of income received by Hunter Primary Care for the 2017/2018 year are presented in the below figure.

Revenue Contribution by Source (2017/18)



Hunter Primary Care uses these revenues to support a range of services. Revenues by service for the 2017/2018 year are presented in the below figure;

Revenue Contribution by Service (2017/18)



Statement of Financial Position
As at 30 June 2018

	2018	2017
	\$	\$
ASSETS		
Cash and cash equivalents	8,552,754	9,257,904
Trade and other receivables	1,386,287	1,308,071
Other current assets	369,438	317,535
TOTAL CURRENT ASSETS	10,308,479	10,883,510
NON CURRENT ASSETS		
Property, plant and equipment	1,209,613	182,996
TOTAL NON-CURRENT ASSETS	1,209,613	182,996
TOTAL ASSETS	11,518,092	11,066,506
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	1,432,006	4,122,284
Provisions	1,587,868	1,517,456
Other financial liabilities	4,102,994	1,815,273
TOTAL CURRENT LIABILITIES	7,122,868	7,455,013
NON CURRENT LIABILITIES		
Employee Provisions	301,731	259,363
TOTAL NON-CURRENT LIABILITIES	301,731	259,363
TOTAL LIABILITIES	7,424,599	7,714,376
NET ASSETS	4,093,493	3,352,130
EQUITY		
Donation Reserve	39,952	29,491
Retained Earnings	4,053,541	3,322,639
TOTAL EQUITY	4,093,493	3,352,130

The change in property plant and equipment from the 2017 year is predominately in relation to leasehold improvements associated with our relocation of operations from Newcastle to Warabrook.

Future Directions

As at 30 June 2018, Hunter Primary Care has net assets amounting to \$4.09 million. Together with a renewed focus on improving systems and processes as well as increasing our diversification of revenue streams, Hunter Primary Care is well placed for future business growth and prosperity.



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