

# Hunter **PR1MARYCARE**

2017 ANNUAL  
REPORT



*We listen. Care. Connect.*



## ABOUT THIS REPORT

This report is for the period 1 July 2016 to 30 June 2017. Financial data has been audited by PKF, Newcastle NSW 2300. This report is available to download from [hunterprimarycare.com.au](http://hunterprimarycare.com.au)

To obtain printed copies or seek further information, please contact the Marketing & Communication team at Hunter Primary Care on 02 4925 2259 or email [communication@hunterprimarycare.com.au](mailto: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.**



# CONTENTS

Who are we?	4	Disability & Wellbeing	
Our Region	5	ChooseABILITY	29
Our Strategy	6	General Health & Wellbeing	
Chair's Report	8	Aged Care Emergency Service	31-33
CEO's Report	9-11	Care Coordination	35-37
Governance & Management	12-13	GP Access After Hours	39-41
Board of Directors	14-15	Mental Health & Wellbeing	
Our Reconciliation Action Plan	16-19	<b>headspace</b> Newcastle	43-45
Our Community	20-21	Hunter Partners in Recovery	47-48
Hunter Primary Care in the News	22-23	Psychology Services	49-52
Aboriginal Health & Wellbeing		The Way Back Support Service	52-54
Care Coordination & Supplementary Services	25	Support Services	
Yudhilidin	27	Human Resources Management	55
		Information Technology	55-57
		Financial Report	58-60
		Contact us	61

# WHO ARE WE?

At Hunter Primary Care, our vision is to provide effective primary health care that meets the needs of our community.



**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

# WHAT WE DO

Hunter Primary Care delivers a range of health services to the community:

## Aboriginal Health & Wellbeing

Care Coordination & Supplementary Services

Yudhilidin

## Disability & Wellbeing

ChooseABILITY

## General Health & Wellbeing

Aged Care Emergency Service

Care Coordination

GP Access After Hours

## Mental Health & Wellbeing

**headspace** Newcastle

Hunter Partners in Recovery

Psychology Services

The Way Back Support Service



# OUR REGION

The Hunter Primary Care region is situated on the NSW east coast and comprises 15 Local Government Areas (LGAs): Armidale, Cessnock, Dungog, 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

## Hunter **PRIMARYCARE** **STRATEGIC PLAN** 2017-2019

### VISION

**EFFECTIVE PRIMARY HEALTH CARE THAT MEETS THE HEALTH NEEDS OF OUR COMMUNITY**

### PURPOSE

**KEEPING PEOPLE WELL IN THE COMMUNITY BY:**

Delivering quality primary health care services that improve health outcomes

Working with primary health care professionals and other stakeholders to improve the health system and health care experience



### STRATEGIC OBJECTIVES

1

Deliver quality health services that benefit the community

2

Ensure the sustainability of our services by providing services that meet consumer needs and provide value for money

3

Identify new business opportunities, collaborate with stakeholders to develop innovative solutions, and expand services to meet the changing needs of the community, members and funders

4

Support our members to provide quality care to the community

5

Engage effectively with stakeholders and members

**VALUES RESPECT · EXCELLENCE · INTEGRITY · RECOGNITION**







# CHAIR'S REPORT

*Hunter Primary Care (HPC) now has a membership of over 1,200 health care professionals. We provide a number of high quality services to our community.*

*Our GP Access After Hours call centre and five clinics have again combined to provide an outstanding medical deputising service, which is highly valued by our community and our members. Our coverage of mental health problems encompasses our Psychology Services, **headspace** Newcastle, Hunter Partners in Recovery and the Way Back Support Service.*

Our expertise in coordinating care is demonstrated through our work helping frequent attenders to public hospitals, the Aged Care Emergency Service and collaborations with some private health insurers. We also have a number of programs to improve Aboriginal Health.



These components make us well-prepared to take a significant role in the National Disability Insurance Scheme (NDIS). Our strengths fit neatly into areas where clients of the Scheme have crucial needs. Information Technology and Human Resources are areas where we can assist our members in their own businesses, and I encourage our members to make use of these services.

I would like to thank all of our staff for their contribution to maintaining our standards. The Executive has been instrumental in dealing effectively with the many challenges facing us. With competitive tendering for grants, a new level of skill has been required to continue as a thriving local business. Our reputation and successes are recognised by the number of grants awarded to us.

I offer my gratitude to the Board members, who have been helping to guide HPC in its progress. They have all attended Board and committee meetings, plus Strategic Planning Days, with contributions to all.

I must pay special mention to our recently retired CEO, Dr Kevin Sweeney. His reliable, steady influence was a key factor in our recent accomplishments. These included the major challenge to transition from Hunter Medical Local to Hunter Primary Care.

Now, I wish to welcome Brenda Ryan, our new CEO, in her move from Western Australia. She took up this position in August. There were many high-quality applicants for the role, but her presentation to the selection panel was outstanding. We look forward to her impact on future developments for our company.

One important aspect coming soon is our move of office from King Street in Newcastle CBD to Warabrook. I invite all members to visit us there once fully opened to share the evidence of our expansion.

**Dr Peter Hopkins, Chair**





# CEO'S REPORT

*For Hunter Primary Care, 2016 -17 has been a year characterised by consolidation of existing programs along with expansion within our mental health and care coordination services. Strategically, we've built on past success and have remained true to our core role of delivering quality health services that benefit the community. We've also developed our capacity in Support Coordination for NDIS participants, which provides scope for growth into the emerging markets of consumer-directed care.*

From the funding rounds conducted by the Primary Health Network (PHN) during 2016-2017, Hunter Primary Care (HPC) secured the majority of its previously held service funds, including; Primary Mental Health Clinical Services (PMHCS - formerly ATAPS and MHSRRA) and Integrated Team Care (ITC - formerly Closing the Gap). Subsequent to this, during late 2016 and early 2017, there were a number of additional contracts that HPC won via tender through the PHN. These included; Indigenous Mental Health Services (known as Yudhilidin), the counselling and primary care capacity building component of the Drug and Alcohol service as well as two smaller services; the Primary Health Care Nurse for Karuah/Tilligerry region and the 'Beyond Bars' service for Indigenous people with severe mental illness transitioning to the community from the justice system.

HPC also delivers a range of services that are funded from sources other than the PHN. This comprehensive and growing list of services helps to address gaps in primary health care and improve health outcomes for the community. We continue to build on our strengths to deliver consistently high quality care and develop innovative services that respond to community need.

The Way Back Support Service suicide prevention trial provides care coordination to people who have made a suicide attempt (including self-poisoning specifically) and presented to the Calvary Mater Newcastle hospital. It is funded by *beyondblue* and the NSW Ministry of Health and was highlighted last year as one to watch. The program has been incredibly well received, reaching its targets well ahead of schedule. HPC is the lead agency for the program. Our key collaborators are Calvary Mater Newcastle's Psychiatry and Clinical Toxicology Directors, Hunter Institute of Mental Health,

HNE LHD Mental Health Services, HNECC PHN and Relationships Australia. HPC is expecting the formal program evaluation to be positive and the prospects of securing ongoing funding to be very bright.

At HPC, we're building on our successes in care coordination and have taken that expertise into the NDIS space. Our particular point of difference has been in our ability to bridge the gap between coordinating traditional disability services and navigating the complex world of primary health care for often vulnerable individuals who have multiple complex health and disability needs. Our small and highly efficient team of Support Coordinators has developed business processes that will be transferable into our other programs that are also managing NDIS clients such as Hunter Partners in Recovery.

HPC continues to provide care coordination services for patients of private health insurers who have chronic disease with high risk of hospital admission. Our partners at nib and Teachers Health remain committed to supporting their customers through our care coordination programs that help them understand their disease, increase their ability to monitor and self-manage their condition, know when to seek professional medical care, and how to effectively navigate the health system. Our care coordinators work closely with the patient and their GP to ensure that their management plan is comprehensive and being effectively implemented.

Our GP Access After Hours service has had another big year. Activity has remained constant in terms of clinic appointments which have consistently sat at around 50,000 per year over the past five years. Though the number of public calls handled by our triage service has remained steady, we



have experienced dramatic growth in the number of calls handled from Residential Aged Care facilities as part of the Aged Care Emergency (ACE) service. This growth is a tribute to the success of the ACE program however, the program funding has not matched this growth. There is more work to do with our funders to ensure this important and expanding service is adequately resourced.

We remain focussed on developing initiatives in stepped care models in mental health, further opportunities in suicide prevention, the provision of services to support disabled clients and their treating health professional as they move from institutional to community-based residential care, the roll out of the NDIS, and the trial of the health care home model. HPC remains well-placed to make a substantial contribution to these initiatives and to secure funding to develop and deliver these new services to the community.

HPC continues to deliver quality IT support to primary care practices, drawing on our detailed knowledge of medical record software and primary health care IT requirements. We are further developing

this service to better meet the needs of primary care practices in an ever-changing IT environment. HPC has also offered a range of Human Resources services to support subscribers with their HR needs.

HPC was presented with a major office accommodation challenge late in 2016 when we were advised that the owners of our head office building at 123 King Street, Newcastle had plans approved to re-develop the site into a residential complex, with a very small commercial component. Necessarily, we then moved to quickly identify alternative accommodation. After a lot of looking for a suitable location, we eventually have settled on an excellent building at 7 Warabrook Boulevard, Warabrook. The building has a number of very good features including being all on one level and importantly for our visiting clients – it has capacity for 70 car parking spaces. A lot of work has been done on getting the design for the office fitout right for our teams and clients. A move such as this is not done lightly and would not have been done if we had a choice in the matter as there is understandably a significant cost associated with making it happen. Planning is well underway and barring exceptional circumstances, we expect to be in our new offices by mid-January 2018.



The structural changes made to address the financial challenges of 2015-16 have proved to be positive and though that year saw us post a deficit, the situation has markedly improved during 2016-17. Efficiencies have been found across all programs and we are very pleased to have been able to deliver a modest surplus this year. However, the significant expense of the unforeseen move to Warabrook will immediately consume that surplus and indeed will require utilisation of HPC's financial reserves to meet the total cost of the exercise. HPC continues to focus on innovation and business development. Our strategy going forward will be to continue to build surpluses through efficiencies and growth.

Many would be aware that our CEO of the past two years, Dr Kevin Sweeney, chose not to seek renewal of his contract which lapsed on June 30th. Following an extensive recruitment exercise, HPC's Board was very pleased to appoint our new CEO, Brenda Ryan. Brenda commenced with the company on August 7th. Brenda has over thirty years management experience, with the last fourteen being in the Australian rural primary health care industry, holding the position of CEO in several rural primary health care settings - including a GP Network and Medicare Local. Brenda's qualifications include an MBA, Bachelor of Organisational Leadership, Graduate Certificate in Human Relations and she is currently completing a Graduate Diploma of Primary Health Care. Brenda is also a Fellow of the Australian Institute of Management and a Graduate of the Australian Institute of Company Directors.

On behalf of the company I'd like to express my thanks to the Board for the strategic input and guidance they have provided over the year. A big thank you to our very dedicated and capable staff who have worked incredibly hard this year in delivering quality services while at the same time developing comprehensive tender submissions; and thank you to all of the primary care clinicians who work for us and with us in various capacities to deliver our services.

**Keith Drinkwater**  
**Primary Care Executive**  
**(Interim CEO – July/Aug)**

# 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



*"I feel very privileged to be taking on this very important and challenging leadership role and I am looking forward to having the opportunity to contribute to strengthening primary care in the Hunter region. I am extremely confident that, as an organisation, we have the experience and strategic knowledge to ensure that Hunter Primary Care remains a leader in the primary health care space."*

*Hunter Primary Care CEO,  
Brenda Ryan*

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 2017 has eight members – four member-elected Directors and four Board-nominated Directors.

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 and;
- Overseeing risk management

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

## Finance, Audit and 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 this 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 and 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).

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.

# 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 Laurence "Ben" Wilkins** Deputy Chair of the Board BPharm, AACPA, GAICD

Elected in November 2012 and re-elected in November 2014, 2016 & 2017. 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 Council 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 preventative health measures around lifestyle, while improving the community's wellbeing, particularly via Hunter Primary Care programs.



## **Mr Steven Adams** AdvDip Bus Man, FAICD

Appointed in February 2012, re-elected November 2015. 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: Engineers Without Borders Indigenous Advisory Board, Empowered Communities, the Gidgee Group of Companies and Indigenous Communities Alliance. Previously on the Boards of NSW Indigenous Chamber of Commerce (Founding Director), Alliance People Solutions (Owner/ Director), Hunter Valley Youth Express Inc. (Vice Chair), Upper Hunter Mining and Engineering Skills Group (Founding Chair), 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 initiatives.



## **Mr Richard Anicich** BCom, LLB, FAICD

Elected in November 2015. Currently a member of the Finance, Audit and Risk Management Committee. Richard is a consultant to Sparke Helmore Lawyers, a Director of the 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.





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

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



**Ms Jennifer Hayes** BBus, MBus, CPA, GAICD

Elected November 2015. Jennifer is Chair of the Finance, Audit and Risk Management 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 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. Currently a member of the Nomination and Remuneration Committee. Scott is a partner of Cantle 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 on 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. Milton is Chair of the Clinical Governance Committee. Practice principal and GP in Newcastle region. Currently supervisor of GP Registrars for GP Synergy, and supervisor of medical students for University of Newcastle. Current Program Committee Chair and previous Chair of the Hunter Postgraduate Medical Institute (HPMI). Over 30 years following a passion for improving health care through continuing professional health education program delivery via the HPMI.

# 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.

Our 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.

Our RAP Working Group consists of a diverse group of people from multidisciplinary backgrounds across all areas of the organisation. Three Aboriginal staff are active members of the current working group.



(L-R) Athlone Riches, Cody Faulkner, Katie Vullo, Sally Henning, Lauren Sullivan, Janelle White, Kevin Sweeney, Jennifer Vardanega. Not pictured: Glen Boyd, Byron Williams, Kathy Piper, Amanda Fletcher



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 AND 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



Hunter Primary Care staff held a morning tea to bring awareness about the health and life expectancy gap between Indigenous and non-Indigenous communities in Australia.

## NAIDOC Week 2017

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.



(L & R) Newcastle NAIDOC Day



The 2017 Hunter Primary Care 'Design a Hoody' Competition gave local, young Indigenous people the chance to unleash their creativity and design a hoody relating to the theme: Healthy Mob, Deadly Future. The aim of the competition was to encourage, showcase and celebrate the incredible local talent of young Aboriginal and Torres Strait Islander artists across the Hunter region, while providing a creative outlet to express their personal vision for the future health and wellbeing of their communities.

*"We congratulate and thank all the participants who submitted their artwork in this year's competition. The standard was very high and our RAP Working Group judging panel had a difficult time choosing the winning entries," said Byron Williams, Community Development Officer at **headspace** Newcastle.*

*"Kai was awarded the winning prize for not only his impressive artistic talent but the powerful expression of his Indigenous culture".*



First place winner Kai Simon and runner up Natasha Griffin from Newcastle High School, pictured with Byron Williams from **headspace** Newcastle.

# 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.

## 2017 Vinnies CEO Sleepout

Hunter Primary Care took part in the Vinnies CEO Sleepout for the second year running, raising close to \$5,000 for the Matthew Talbot Homeless Service Newcastle, to provide financial assistance to those at risk of homelessness throughout the Hunter.



Photo credit Megan Garth

## Hunter Multicultural Services Expo



## 2017 Newcastle City Triathlon

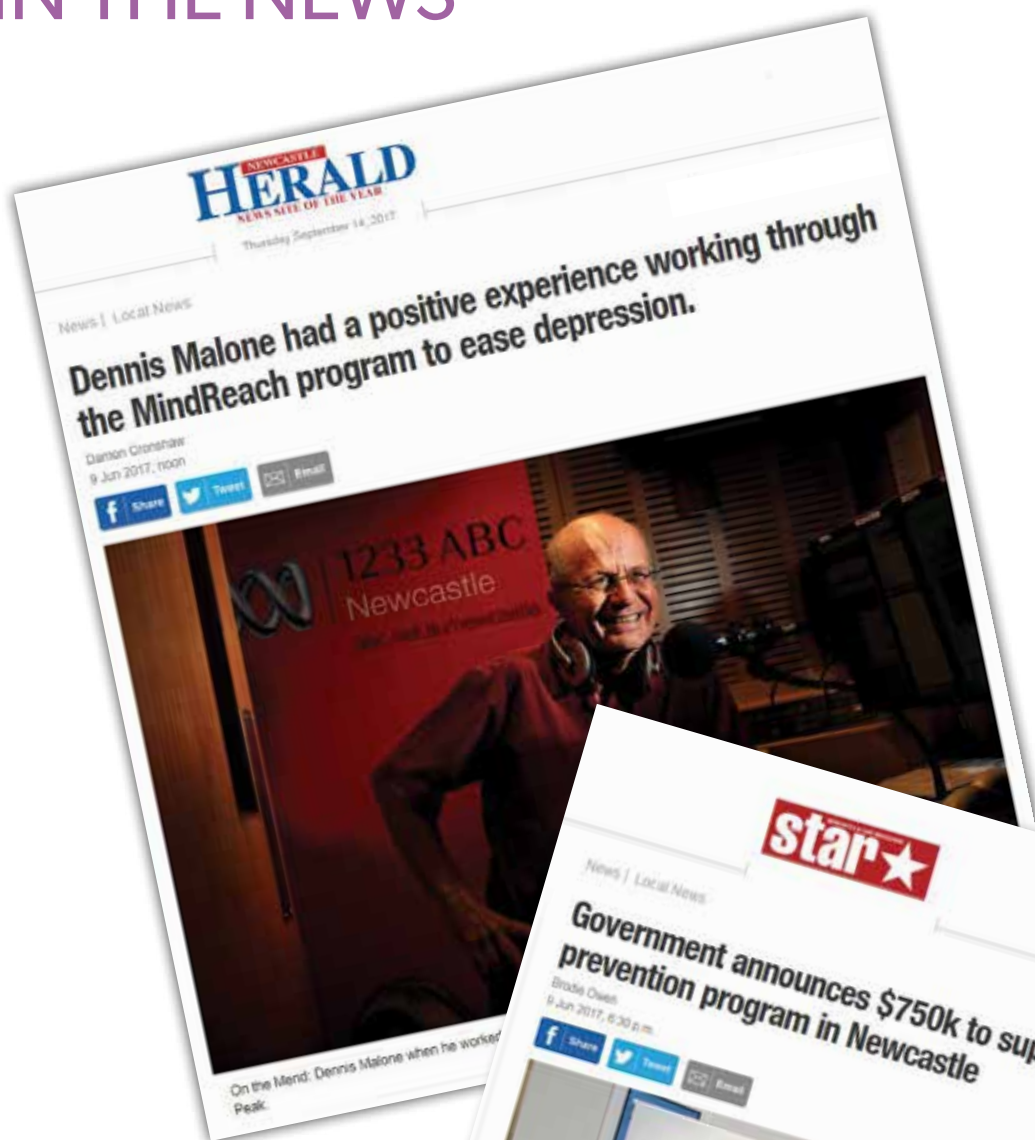
Team Hunter Primary Care representing *beyondblue* at the 2017 Sparke Helmore Newcastle City Triathlon.



## Just Live! Hunter Disabilities Expo



# HUNTER PRIMARY CARE IN THE NEWS



News | Local News

## Overused antibiotics could lead to antimicrobial resistance, Hunter GP warns | poll

Anita Beaumont  
16 Jan 2017, 10 p.m.

Share Tweet Email



Antibugs: Dr Lee Fong, clinical director for GP Access After Hours and a member of the Hunter GP association, says antibiotics should be used only when necessary.

TRYING to treat a cold with antibiotics is like trying to clean your toilet with your toothbrush, a Hunter GP says



## MENTAL HEALTH OLYMPICS DEBUTS AT CALLAGHAN COLLEGE





## OUR SERVICES

# ABORIGINAL HEALTH & WELLBEING

## CARE COORDINATION & SUPPLEMENTARY SERVICES

### SERVICE OVERVIEW

The **Integrated Team Care (ITC)** service known by the community as the Care Coordination and Supplementary Services is a 'Closing the Gap' initiative aimed at supporting Aboriginal and Torres Strait Islander people who have a chronic disease of mental health, diabetes mellitus, cardiovascular disease, respiratory disease, renal disease and cancer.

### SNAPSHOT OF ACTIVITIES

During 2016-17, 403 new referrals were received and in this period the program averaged 33 referrals per month and over 879 people were supported.

### HIGHLIGHTS & ACHIEVEMENTS

The Hunter Primary Care Coordination team is delivering the Care Coordination and Supplementary Service program for the sixth year straight, following a successful tender through the Hunter New England and Central Coast Primary Health Network (HNECCPHN). The program is now formally known as Integrated Team Care (ITC) and encompasses care coordination, outreach and flexible funding support to those eligible for the program.



# YUDHILIDIN

## SERVICE OVERVIEW

Yudhilidin, an Indigenous word meaning guidance, is a recovery-oriented care coordination service for Indigenous people with severe mental illness within the Hunter, Great Lakes and Port Stephens. Yudhilidin assists people to navigate the complex health system with the aim of linking them to support systems for mental and social wellbeing. This new program funded by the Hunter New England Central Coast Primary Health Network launched in April 2017. The program provides short-term support for up to four months to ensure linkage with key services and supports and referral to long-term support for those with more complex and enduring needs.

The initial period focused on program establishment and promotion across the region. Formal partnership arrangements have been made to integrate the program with key services in the regional areas such as Flourish Australia in Taree and Ungooroo in the Upper Hunter. Interest in the program has been high and referrals received have indicated a strong demand. The program employed three Indigenous staff members to undertake the Care Coordination role. Program design incorporated a number of other key cultural elements including Cultural Supervision, supporting community and cultural connection and awareness of cultural understandings of mental illness. The program is supported by a Clinical Advisor who assists the Care Coordinators with their engagement of mental health treatment providers.

## SNAPSHOT OF ACTIVITIES

- New program implemented and promoted across the region
- 50 referrals received March to June
- Three Indigenous Care Coordinators employed

## HIGHLIGHTS & ACHIEVEMENTS

- Co-location arrangements established with Ungooroo in the Upper Hunter and Flourish Australia in Taree
- High level of interest from GPs across the region



# DISABILITY & WELLBEING

## ChooseABILITY

### SERVICE OVERVIEW

Hunter Primary Care is a registered NDIS provider and our new service ChooseABILITY was launched in 2017 to provide Support Coordination to people in the Hunter community living with a disability.

The ChooseABILITY team supports NDIS participants who have Support Coordination funding in their NDIS plan. ChooseABILITY aims to help people navigate the complex health care and disability system and connect them with local services to meet their unique needs. Hunter Primary Care has years of experience providing Support Coordination to people in the Hunter region.

### SNAPSHOT OF ACTIVITIES

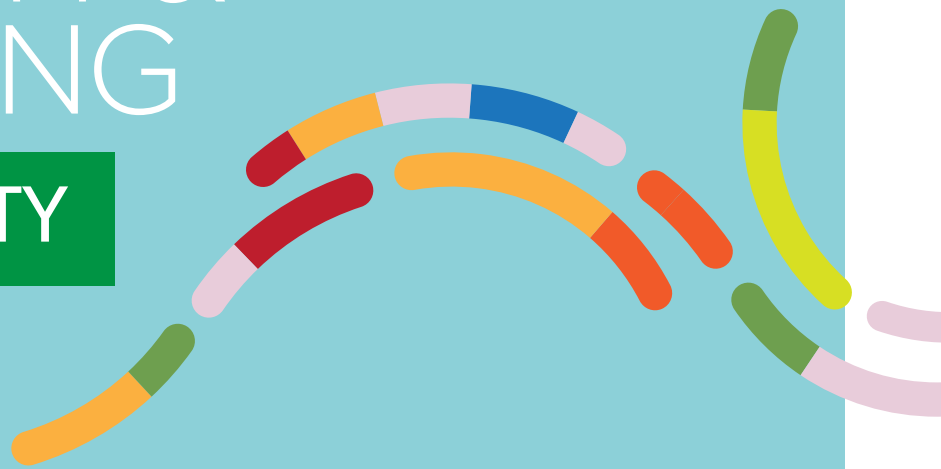
The ChooseABILITY NDIS Support Coordination team provides person-centred services, as well as engaging carers, families and their support team. They work closely with participants to identify their goals, explain their options and help provide them with the informed choice and control to live the life they want.

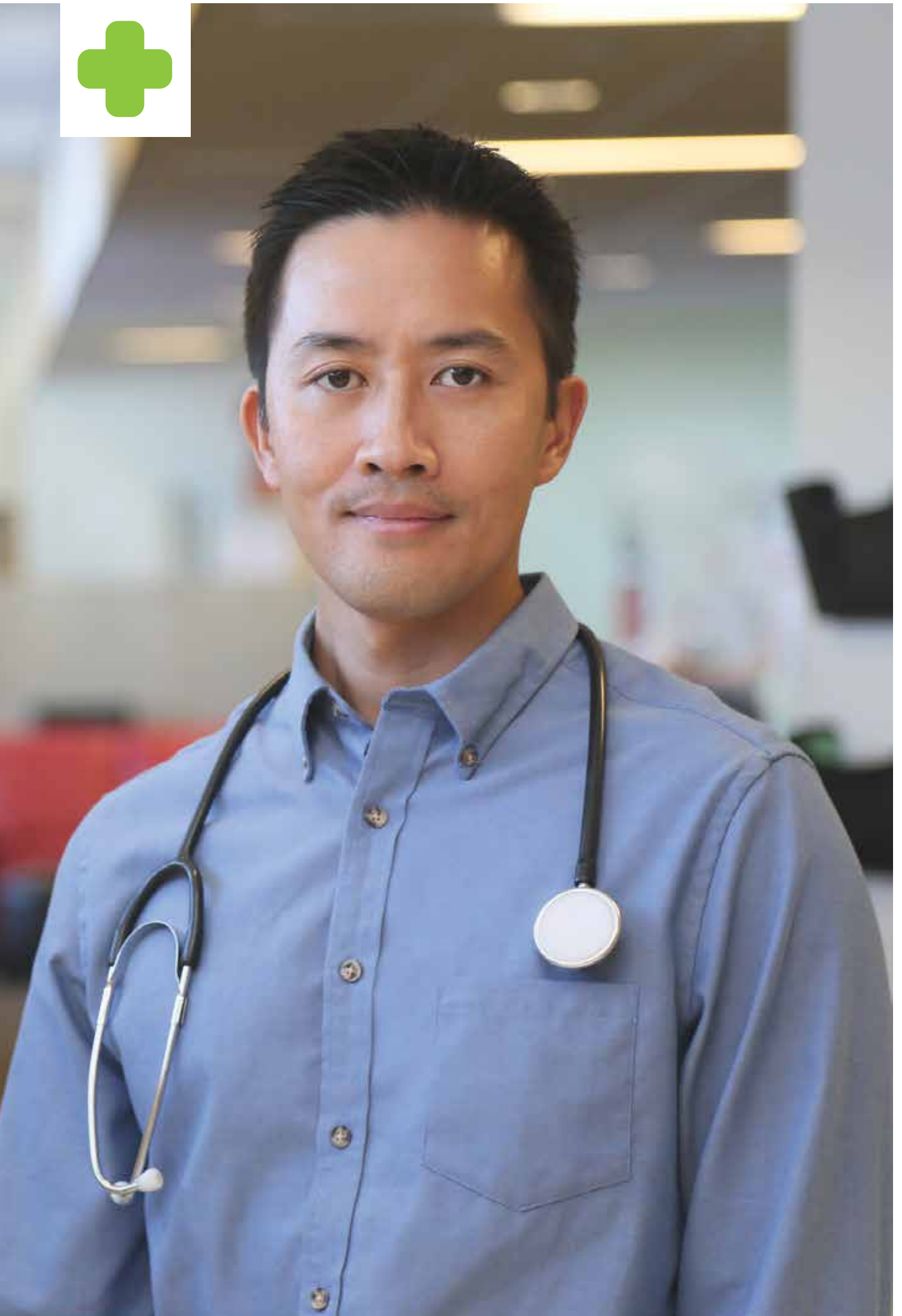
The team can provide all the three levels of support coordination funded by the NDIS, and in particular can respond to internal or external referrals for the highest level of clinical specialist support, known as Level 3.

During 2017, ChooseABILITY has supported 69 NDIS participants to implement their plans and access mainstream services across the Hunter and Wyong Shire regions.

### FUTURE DIRECTIONS

Hunter Primary Care will continue to support people with an NDIS plan in the Hunter and Wyong regions and will be undertaking an accreditation rating for ChooseABILITY by 2017-18.





# GENERAL HEALTH & WELLBEING

## AGED CARE EMERGENCY SERVICE

### SERVICE OVERVIEW

The Aged Care Emergency Service (ACE) aims to reduce potentially avoidable Emergency Department (ED) presentations by elderly patients in Residential Aged Care Facilities (RACFs).

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, RACFs and GPs). It was first piloted in 2012 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 (HNELHD) footprint having implemented the system.

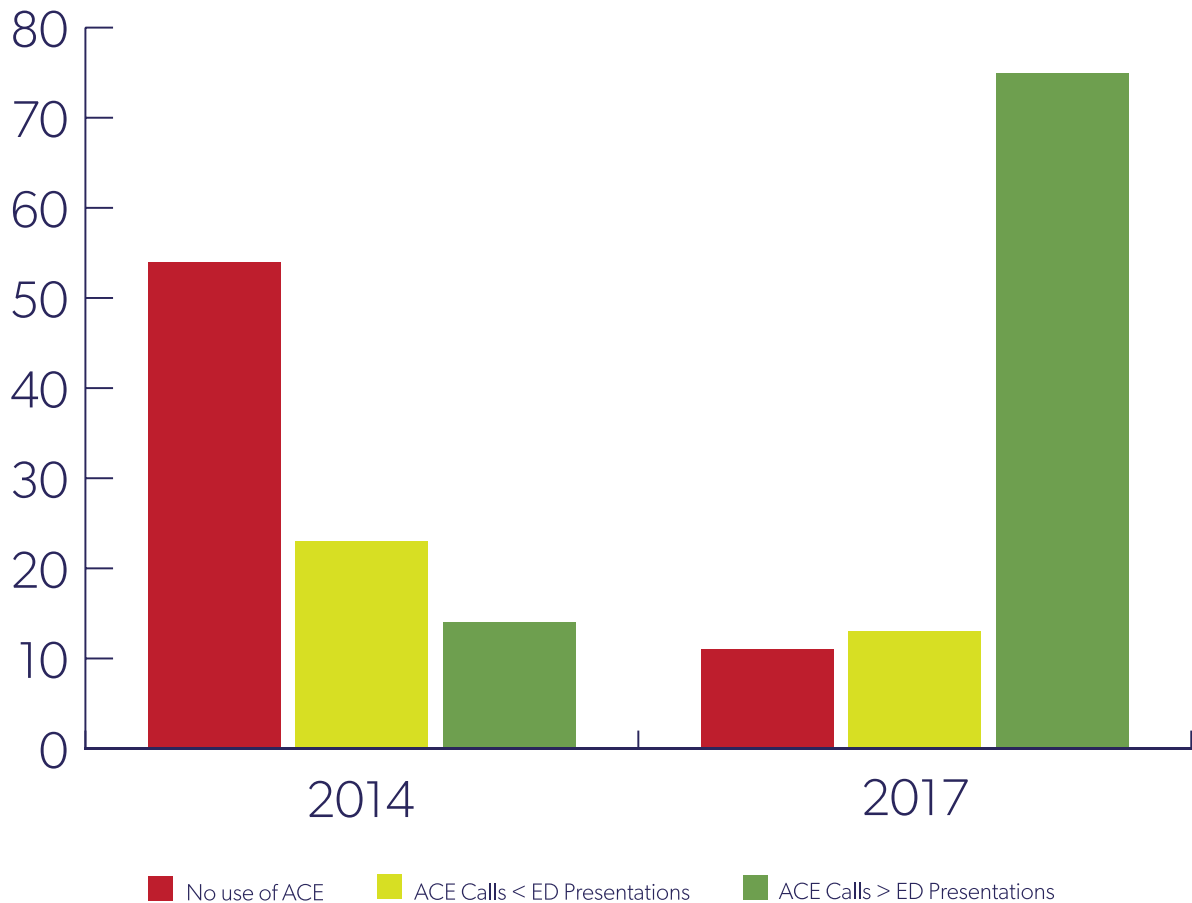
### SNAPSHOT OF ACTIVITIES

The ACE team has worked hard this year to drive implementation of the ACE process in currently engaged RACFs. This has occurred through interagency meetings, a regular quarterly newsletter, education and focus groups with individual facilities. Clinical Assessment workshops for RACF Registered and Enrolled Nurses have been delivered across the Hunter New England region, these workshops have been enthusiastically supported by the RACF managers.



The graph below shows uptake of ACE in 2014 compared to 2017. There has been a complete reversal of 'no use of ACE' (red) as compared with more 'ACE calls than ED presentations' (green).

### Comparison of % of ACE Users February 2014 and February 2017



The ACE service is greatly improving the ability of residents of RACFs to receive the right care, at the right time and in the right place. Additional benefits in reducing avoidable ED presentations are that acute care staff in the ED can focus resources on more acute presentations. Ambulance services are also spending less time transporting residents to and from the EDs and are able to respond more readily to urgent calls.





# HIGHLIGHTS & ACHIEVEMENTS

## April 2017: Geriatric Emergency Medicine Conference

Jacqui Hewitt presented ACE at the 2nd Geriatric Emergency Medicine Conference held in Sydney in April 2017. There was widespread interest from other Emergency Departments and LHDs across Australia and feedback was excellent

## August 2017: Australian College of Nursing, National Nursing Forum

Kerry Turnbull presented the implementation of ACE service at the Australian College of Nursing, National Nursing Forum in August 2017. The presentation was well received and interest was shown from a number of interstate delegates. Leigh Darcy spent time discussing the ACE service and some of the improved outcomes for residents with both the Commonwealth Chief Nursing and Midwifery Officer, Debra Thoms and the NSW Health Chief Nursing and Midwifery Officer, Jacqui Cross.

# FUTURE DIRECTIONS

Belmont Hospital, in partnership with Anglican Care, has incorporated video telehealth to the assessment of acutely unwell residents requiring transfer to ED as well as a bedside discharge handover model when residents are returning home from hospital or being newly admitted to a RACF. Visual assessment facilitates higher levels of communication, aiming to decrease hospital presentation of RACF residents. The program has improved the quality of handover from hospital to RACF, along with emergency calls from RACF to hospital ED, and allowed greater participation of family and carers and collaboration between facilities. Twenty-six telehealth calls have occurred with regular partnership meetings resulting in a 30% reduction in ED presentations. This project won a Hunter New England Local Health District High Value Health Care Award for the "Transforming Health" category.





# CARE COORDINATION

## SERVICE OVERVIEW

Hunter Primary Care's Care Coordination team operates a wide variety of services to support people to assist them in their health, disability and wellbeing management. This is done in partnership with GPs, Allied Health providers, NDIS providers, and support service and community organisations to facilitate the most appropriate delivery of services.

The Care Coordination team provides the following person-centred services:

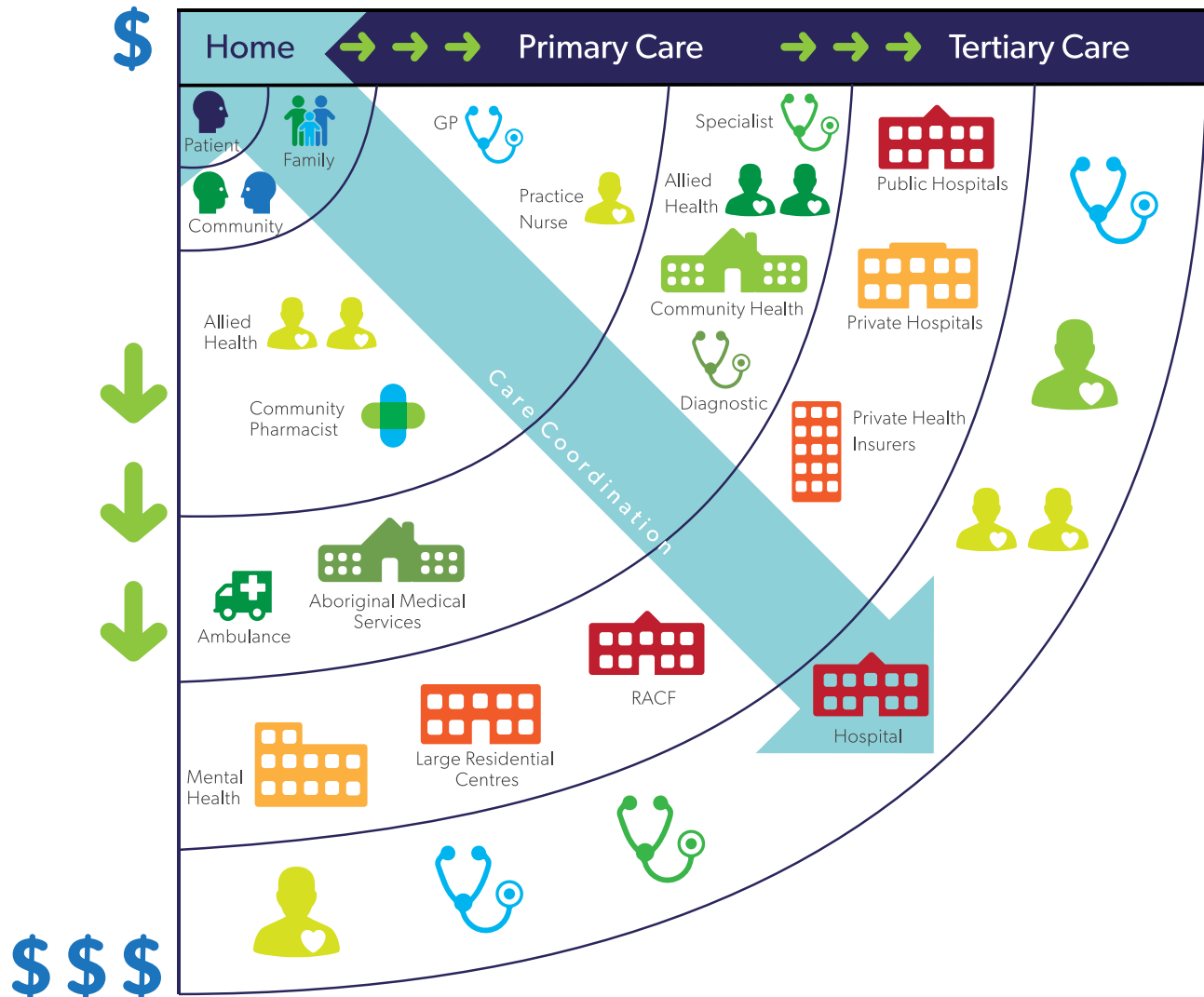
**The nib Care Coordination service** continues into its third year. The service supports chronic disease care integration across primary, secondary, tertiary, public and private sectors as a community-based coordination service. This year the partnership saw the introduction of the nib maintenance service. This is offered to those who have completed their Care Coordination program, and is delivered via a phone-based support to continue to assist the member in their self-management, chronic disease management and health service navigation. 80 nib customers were provided Care Coordination, while 130 received maintenance support during 2016-17.

**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 116 patients referred to the service. The service continues to serve the Hunter, Central Coast, Tamworth, Armidale and Port Macquarie regions. Our partnership will continue during the next period with additional programs currently being developed.

We have built on our Care Coordination expertise, to develop and trial a Model of Care to establish and maintain appropriate primary health care in the Mainstream Health Capacity Project for people with intellectual disability. This unique project saw a partnership with NSW Family and Community Services (FACS) and Stockton Large Residential Centre where Care Coordination supports were provided for the first 55 residents involved in the move from the residential centre to group homes. The work was completed March 31st 2017.

The Care Coordination team is delivering a Primary Healthcare Nurse to support the Karuah and Tilligerry Peninsula area. The team has leveraged from their existing relationships with primary healthcare and community groups, as well as developed new relationships with Port Stephens Local Council, The Smith Family, Hunter New England Local Health District (HNELHD) Male Health Network, and Karuah and Port Stephens Interagency groups for this role. The aim of this service has been to assist the community with resources and we are working to organise events in late 2017 in these regions.

As well as improving health outcomes for consumers, the Care Coordination programs also aim to promote and improve communication between all service providers – both public and private sectors. The aim is to support patients through primary care integration, service navigation and self-management based on the Medical Home Model (pictured).



The above model has been adapted from The Medical Home model found at [medicalhome.org.au](http://medicalhome.org.au)



# SNAPSHOT OF ACTIVITIES

The alarming increase in preventable chronic diseases such as diabetes and obesity is placing a huge burden on the financial sustainability of the health system. By increasing the uptake of Care Coordination services, we are supporting people to navigate the health system and support services available – “right time, right place”.

Our Care Coordination programs continue to be popular, with an ‘all-program’ average of 49 referrals per month. A total of 587 new referrals were received and supported across all programs during 2016-17.

The Care Coordination team has supported and been involved in numerous events and alliances across the Hunter. The team has worked closely with the Hunter Alliance team to promote the web-based clinical handover tool called MyNetCare. Our staff have promoted and recommended this tool to improve communication between patients with serious advanced illness, their families and carers, and the clinicians and services providing them with care. This has resulted in over 50 recommendations to family and providers to use this tool.

# HIGHLIGHTS & ACHIEVEMENTS

During the year over 34,000 occasions of coordination support were provided to those enrolled in the service and our client surveys continue to report satisfaction with the services provided.

Hunter Primary Care services continue to focus on the domains of self-management of chronic disease, health service navigation, skills and technique acquisitions, self-monitoring and insight, social integration and support. The services’ most recent direction is to encompass wellness and lifestyle focus along with these domains. The team is currently developing a lifestyle medicine Care Coordination program in collaboration with Teachers Health Care.

# FUTURE DIRECTIONS

Given the increasing incidence of chronic diseases across the region, the Care Coordination team is developing contemporary strategies to better enhance and support people’s needs and conditions. To better integrate aspects of prevention and health promotion into chronic disease management, our vision is to enhance our services by expanding our team’s knowledge and expertise in the area of lifestyle and wellbeing management known as lifestyle medicine. This approach bridges the gap between health promotion and clinical practice with an interdisciplinary, ‘whole system’ approach to the chronic disease problem.





# GP ACCESS AFTER HOURS

## SERVICE OVERVIEW

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

This pioneering 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 78 local General Practices working for GP Access.

GP Access Clinics are integrated with local Emergency Departments with agreed protocols for transfer of patients between the EDs and clinics.

The GP Access service comprises the following elements:

### **A patient streaming service (PSS)**

This 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:

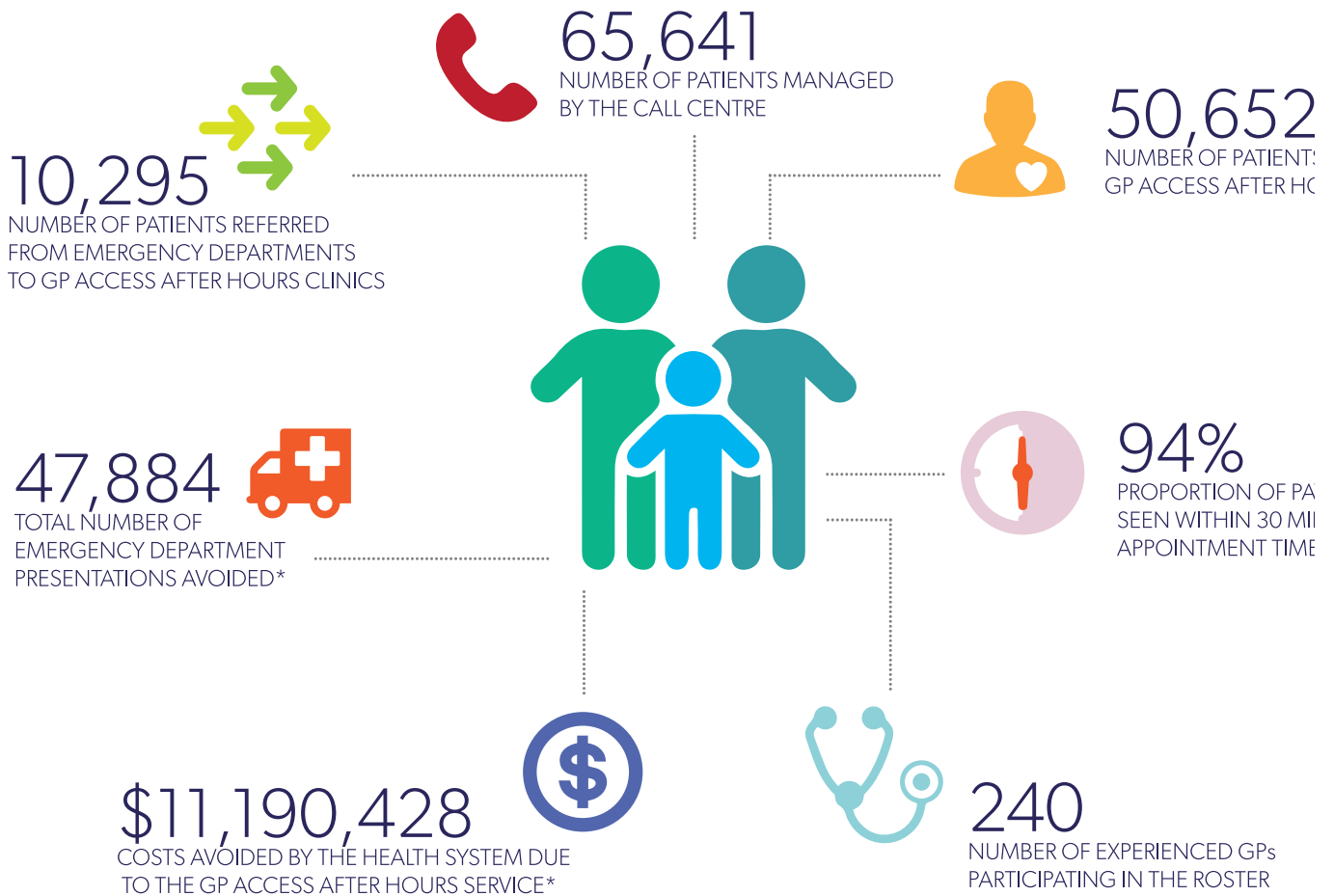
- Management of Aged Care Emergency (ACE) calls in the after hours, providing advice and clinical support to Aged Care Facility residents and staff
- Call Managed Services for GPs who work outside the GP Access footprint, to minimise after hours disruption
- Support for the Community Acute Care/Post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

There are five GP Access clinics; four 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.

On-call GPs provide phone advice, home visits and residential aged care visits as required and provide back up to the clinic GPs when 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.





A Snapshot of GP Access After Hours activity in the last 12 month period to June 2017

## HIGHLIGHTS & ACHIEVEMENTS

GP Access continues to provide a fantastic service to the community and visitors to the region, and is acknowledged as a preferred model for after hours care by the National GP Deputing Association.

A customer experience survey conducted in Clinics over one weekend in June 2017 received 292 replies. Customers were asked to rate statements relating to PSS and clinic services from "poor" to "excellent". The responses were outstanding, with 15 of the 16 areas achieving over 90% of respondents rating as either excellent or very good.

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 Saturday mornings
- Transition to roster stability for Clinic staff
- An invitation to and participation in the Pathology North eSwab comparison trial
- An invitation to and acceptance of membership in the GP Deputising Association
- Customer experience and GP surveys completed
- Participated in Hunter Homeless Connect Day 2016





# FUTURE DIRECTIONS

- Attain and implement a new GP Access roster system
- Review and understand changes to the RACGP After Hour Accreditation Standards that will impact GP Access
- Roster stability for PSS
- Explore opportunities to expand after hours service in Newcastle/ Maitland growth regions
- Explore digital health solutions and platforms to enhance after hours health care delivery





# MENTAL HEALTH & WELLBEING

## headspace NEWCASTLE

### SERVICE OVERVIEW

**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.

Hunter Primary Care is the lead agency for **headspace** Newcastle.

### SNAPSHOT OF ACTIVITIES DURING 2017

In our direct work with young people, **headspace** Newcastle receives around 1,500 referrals per year, and sees around 300 individuals per month. **headspace** Newcastle provides services including psychologists, social workers, GPs, employment consultants, and drug and alcohol workers.

We have a passionate and well-recognised Community Development Officer, Byron Williams, who works tirelessly with the community to promote young people's wellbeing. Recent initiatives have included national anti-bullying campaign workshops, NAIDOC Day workshops, multicultural youth group, and thankyou morning tea for local donors, family and friends.

We continue to partner with the OneWave Surf Foundation to run an eight week surf school for young people with mental health issues at Newcastle's Nobbys Beach (pictured). 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 are collaborating closely with the Black Dog Institute and the Hunter Institute for Mental Health, and have commenced Youth Aware Mental Health (YAM) workshops to local Catholic and Independent schools, as part of the Newcastle Lifespan strategy.

We have recently, in August provided a HSC Stress Less group. There was good feedback from participants, indicating they found the program valuable. Evaluations showed that students had an increase in their ability to manage and recognise stress.

We have provided education groups to parents also, via our service partner Relationships Australia. The Surviving Adolescence course has been extremely well attended, with a long waiting list for further workshops. Our As You Are group for LGBTIQ youth continues to be a great success. We continue to seek grant funding for the group, and have recently been successful in a small grant for RUOK day, to support this group.



## HIGHLIGHTS & ACHIEVEMENTS

**headspace** Newcastle has recently implemented a stepped care service model to incorporate evidence-based interventions across the spectrum including early intervention. The service is delivering focused, goal-oriented interventions for those with emerging symptoms, and more intensive interventions for those with higher needs. We have appointed an early intervention clinician this year to support implementation of the stepped care/staging model. We are incorporating the utilisation of e-mental health interventions as an additional treatment modality.

# FUTURE DIRECTIONS

- Our Community Development Officer will be involved with initiatives for 2017 **headspace** Day and Mental Health Month.
- We are currently producing a video resource in collaboration with Headjam Creative Agency, aimed at encouraging young people to seek help, utilising funding donated by a range of community individuals and groups
- We continue to work with our local Primary Health Network and community mental health services on upcoming initiatives to address service gaps for young people with complex and chronic mental health concerns



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# HUNTER PARTNERS IN RECOVERY

## SERVICE OVERVIEW

Hunter Partners in Recovery (Hunter PIR) aims to better support people with severe and persistent mental illness and complex needs, and their carers and families, by connecting them more effectively with the services and supports they need.

Hunter Partners in Recovery Hunter PIR funding was extended for a further three years as the program entered a new phase, following changes to the program guidelines and funding arrangements. The program focus shifted to transitioning clients to the National Disability Insurance Scheme (NDIS) and providing continuity of service to existing clients. Hunter PIR Consortium membership remained unchanged and members continued to provide strategic support and advice. The existing five Support Facilitator Providers continued to provide services across the Hunter with the addition of Hunter Primary Care as a small team providing Support Facilitation in Newcastle.

Our Consumer and Carer Advisory Group changed its name to the Lived Experience Advisory Group (LEAG). The group participated in a range of activities throughout the year, such as the development of co-designed, Recovery Oriented Service Self-Assessment Assessment Tool (ROSSAT), training on Recovery Oriented Practice provided by the Mental Health Coordinating Council, participation with recruitment of new Support Facilitators and attendance at the national PIR annual Workshop. The LEAG engaged directly with Support Facilitators and the program's Clinical Advisor on practice issues in order to provide lived experience insight and expertise.

While the program's strategic activities were reduced, the program maintained a focus on addressing the poor physical health of many participants by ensuring proactive engagement with GPs and other community health professionals. An employment strategy ensured all interested participants were able to obtain appropriate referrals to best practice employment support. The major issue of suitable housing and homelessness involved collaboration with partners to explore a strategy for increasing access to supported housing opportunities, rapidly expanding in the NDIS environment.

Demand for the service was maintained throughout the period with Hunter PIR receiving 257 referrals.

# SNAPSHOT OF ACTIVITIES DURING 2017

- Hunter PIR worked with an average of 515 active clients at any point in time
- The number of Aboriginal and/or Torres Strait Islander clients remained high at 18%
- Over 350 applications were made to the NDIS
- 96% of Hunter PIR participants who have applied for the NDIS have been deemed eligible

## HIGHLIGHTS & ACHIEVEMENTS

The emphasis on NDIS transition at 30 June had resulted in 60% of clients having successfully transitioned to the NDIS and receiving Individual Funded Packages including Support Coordination in their Plans. The vast majority (96%) of Hunter PIR clients have been accepted into the NDIS. The benefit of the NDIS for Hunter PIR participants has been highly significant, providing a substantial increase in individualised supports. The range of supports typically include assistance with maintaining the home, engaging with the community, skill development and some therapeutic supports.





# PSYCHOLOGY SERVICES

## SERVICE OVERVIEW

Hunter Primary Care (HPC) Psychology Services provides accessible, effective, and responsive mental health and substance misuse services for people across the Hunter region.

HPC Psychology Services is 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.

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 services for people who are experiencing suicidal ideation or self-harm
- A range of psychological services for people experiencing substance misuse problems and comorbid mental health problems
- Psychological services provided within Aged Care Facilities in the Newcastle and Lake Macquarie regions

## SNAPSHOT OF ACTIVITIES

- In 2016-17 over 3,600 patients were referred to Psychology Services
- Nearly 17,800 sessions were delivered across the urban and rural areas of the Hunter region, an increase of nearly 15% compared to the previous year
- Nearly half of all sessions were delivered to the more vulnerable populations of children, perinatal women, Aboriginal and Torres Strait Islander people, and people experiencing suicidal ideation and self-harm
- 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 AND ACHIEVEMENTS

## Drug & Alcohol (D&A) Program

- HPC Psychology Services was successful in being awarded a tender from the Hunter New England Central Coast Primary Health Network (HNECC PHN) to deliver a range of psychological services to people who are experiencing substance misuse and mental health co-morbidity. These services range from low intensity (phone and web based services) to psychological counselling and care co-ordination services. A significant aim of this program is to have a 'no wrong door' policy to ensure that patients access the appropriate service to address their clinical needs. HPC is working very closely with other drug & alcohol services across the primary and tertiary health sectors ensuring people are linked into the care they require
- HPC Psychology Services was also awarded two Capacity Building Grants from the HNECC PHN to enhance the professional development and clinical resourcing of the HPC D&A Program and to increase the capacity for training postgraduate clinical psychology students in the provision of D&A services

## Rural Services

- HPC Psychology Services is committed to increasing access to effective mental health care. One fifth of all services provided by HPC Psychology Services are delivered in rural regions
- HPC Psychology Services has responded to the need for accessible services in rural regions of the Hunter by increasing outreach services to Kurri Kurri and Medowie in the year, along with maintaining service delivery to Cessnock, Singleton, Muswellbrook and the Upper Hunter

## Low intensity Interventions

A low intensity therapist supported service, MindReach was trialled successfully during the year. The evaluation of the service showed significant improvements in psychological distress,

depression, stress, and social and occupational functioning. The MindReach service also indicated that clients responded well to the flexible aspect of the service delivery.

## Child/Family and Perinatal services

There has been significant increase in service delivery to these groups in the year as a result of strengthening referral pathways with child and perinatal organisation and services. This has been important work given the limited number of services (particularly gap-free) in the community for these groups.

# FUTURE DIRECTIONS

## Indigenous Mental Health Services

- HPC Psychology Services is focused on delivering culturally appropriate services to Aboriginal and Torres Strait Islander people in the Hunter region. HPC Psychology Services has strengthened the collaborative relationship with the community in Westlake Macquarie with ongoing services at Nikinpa Aboriginal Child & Family Centre. All our staff have completed cultural competency training and are committed to working closely with other HPC services such as Yudhildin and Care Coordination to improve the health of the Indigenous communities in the Hunter
- HPC Psychology Services will be delivering psychological services at Awabakal's Medical Service, and will work closely with other mental health service providers and Awabakal staff in ensuring that patients at Awabakal access the level of care they need to address their emotional and social wellbeing

## Drug & Alcohol Services

HPC Psychology Services will be continuing to strengthen their working relationships with D&A services through Hunter New England Health and the Calvary Mater Hospital to improve pathways of care for people with substance misuse and comorbid mental health. HPC will tender for funding to increase the capacity to deliver D&A services to young people at **headspace** Newcastle.

## Low Intensity Services

As a result of the success of the MindReach program, HPC Psychology Services will continue to develop and respond to opportunities to deliver innovative and effective low intensity services via telephone, video and web based platforms. The focus will be to continue to develop flexible delivery models of primary mental health care 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

## SERVICE OVERVIEW

The Way Back Support Service is a *beyondblue* trial initiative providing non-clinical care and practical support to individuals for up to three months following a suicide attempt. It is funded by *beyondblue* and donations from The Movember Foundation.

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, Hunter Institute of Mental Health and Relationships Australia NSW. The trial service will continue until January 2018 and will be subject to a formal evaluation. The service will continue beyond that time with further funding from *beyondblue* and the NSW Ministry of Health.

The period after a suicide attempt can be a very vulnerable time. Hospital-treated deliberate self-poisoning is associated with a 15 per cent repetition rate and a one per cent suicide rate in the ensuing 12 months. In the days and weeks immediately following discharge it is important that flexible, proactive assistance is available. Reduction in the risk of repetition may be achieved by good medical after-care plus improved personal support, access to information and clinical referrals, strengthening of social connections, and reduced exposure to important triggers e.g. relationship difficulties, financial problems, drug and alcohol misuse and family disputes.

### **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 with clients while they are in hospital and arrange for follow-up contact following 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 for up to three months following discharge.

## SNAPSHOT OF ACTIVITIES DURING 2017

The Way Back Support Service has now completed its first full year of operation. In the past year the service received 565 referrals with 81% agreeing to support from The Way Back. On average, 105 people receive a service each month. Over the course of the year, 3,800 phone calls and 400 face-to-face visits to consumers were made.

## HIGHLIGHTS & ACHIEVEMENTS

The Way Back Support Service is now entering its second full year of operation and has proved it is filling a gap in support for people after a suicide attempt. The service continues to work collaboratively with its partner organisations, effectively implementing an integrated referral pathway via the Calvary Mater Newcastle.

In June, Minister for Mental Health, Tanya Davies, visited the service (pictured) to announce funding on behalf of the NSW Ministry of Health's Suicide Prevention Fund. HPC has been awarded \$745,000 over four years for continuation of The Way Back Support Service and *beyondblue* is continuing to provide support. This ensures the service can continue into 2018 and beyond.





The Way Back Support Service continues to receive overwhelmingly positive feedback from consumers who report that they particularly value the support component and encouragement to link in with other services. Outcome data is indicating a reduction in unmet needs, improved engagement with services and reductions in client distress.



In February 2017 The Way Back Support Service was proud to represent *beyondblue* and HPC at the Sparke Helmore Newcastle City Triathlon. Two HPC teams were entered, including a Way Back team (pictured) and staff assisted with a health promotion stand on the day of the event.



# SUPPORT SERVICES

## HUMAN RESOURCES MANAGEMENT SERVICES

### SERVICE OVERVIEW

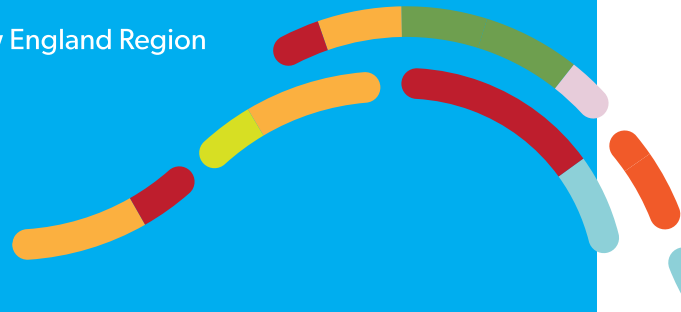
Hunter Primary Care Human Resources Management Services provides cost-effective human resource services to primary health care practices through the provision of advice and support in a number of areas including:

- Pay and conditions / award assistance
- Performance management / interpersonal conflict management
- Ending the employment relationship
- Employment agreements
- Personalised HR Management Services were provided to 13 primary health care practices during the year
- One educational workshop was delivered in the New England Region

## INFORMATION TECHNOLOGY

### SERVICE OVERVIEW

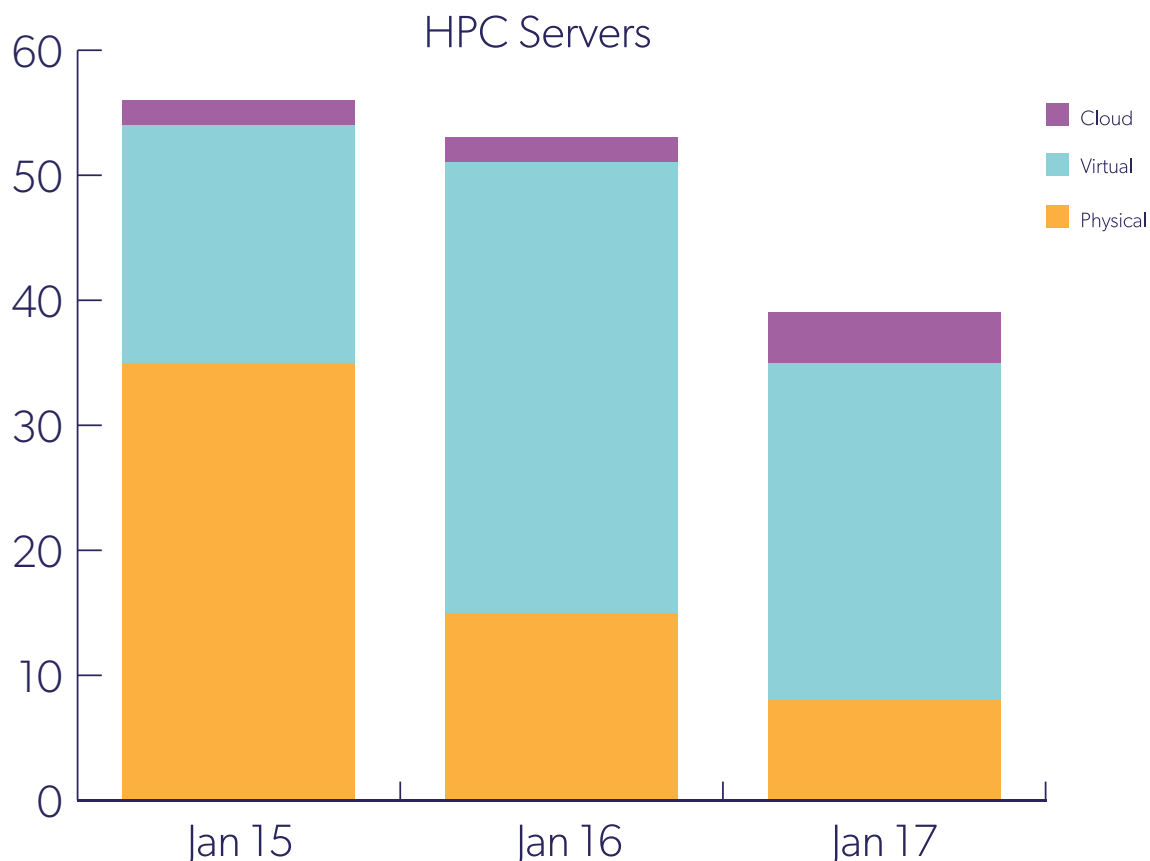
The IT Department at Hunter Primary Care provides IT support and services to 87 businesses, consisting of general practices, allied health, specialist and aged care facilities. Our supported practices have over 750 computers and servers located all over the Hunter region and beyond from Foster to Redfern 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.



# SNAPSHOT OF ACTIVITIES DURING 2017

Over the past 12 months, the IT department has achieved some great results for Hunter Primary Care. Within HPC, the team provided support for 156 computers and 39 servers including providing support for 60 hours of after hours services each week. The total IT cost for the 2017 financial year was maintained at less than 2% of total revenue and a number of noteworthy projects were completed:

- Upgraded the internet connection for HPC from 10Mbps to 100Mbps
- Upgraded the Email server from exchange 2010 to 2013
- Mosaic migration for PIR
- Hunter PIR evaluated an number of alternative solutions to the Mosaic system, for which support was discontinued in Australia
- Chose to proceed with a custom solution from Smartersoft
- IT built a new SQL server and restored the Mosaic data to facilitate access to historical data
- Installed a new Hyper-V host server. The new host server is capable of hosting all HPV virtual servers and has capacity for future growth. This server replaced older hardware that was no longer covered by warranty support and services
- Designed a new phone and network solution in preparation for the move to Warabrook. New fibre links are being installed at Warabrook and **headspace** Newcastle
- Moved away from analogue phone service over copper lines for a digital service
- The new network included an upgrade of link speed to **headspace** Newcastle and Maitland
- An IT refresh strategy was approved by the Board to commence replacing some of the oldest computers in the HPC fleet. A 2018 computer refresh will replace 76 computers
- Continued to virtualise and simplify servers to reduce operating costs and maximise uptime (as shown below)



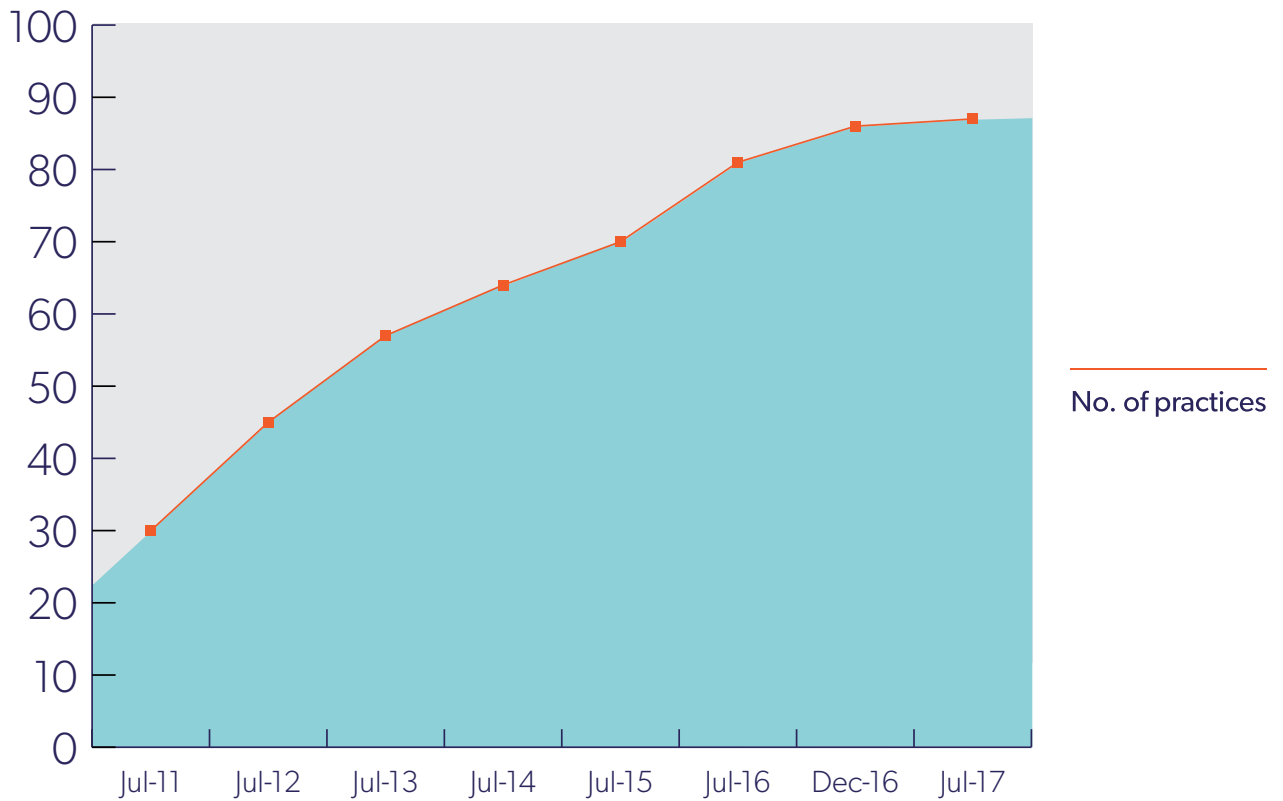


# HIGHLIGHTS AND ACHIEVEMENTS

Over the past 12 months we have introduced some new service offerings that have already been taken up by many of our members and increased our customer base and profitability:

- Income and profit growth continue to improve on a year by year basis
- Increased number of practices supported is now 87 (as shown below)

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 2017

	2017	2016
	\$	\$
<b>REVENUE</b>		
Service revenue	4,737,925	4,641,327
Government grants	15,950,774	18,133,088
Interest received	109,357	169,477
Other income	94,284	223,721
<b>TOTAL REVENUE</b>	<b>20,892,340</b>	<b>23,167,613</b>
<b>EXPENSES</b>		
Employee benefits expense	14,010,687	14,311,859
Depreciation and amortisation expense	159,939	272,770
Administration expense	2,294,648	2,569,443
Sub-contractors expense	2,628,745	4,802,633
Occupancy expense	1,157,770	1,074,773
Other operating expenses	173,173	308,337
<b>TOTAL EXPENSES</b>	<b>20,424,962</b>	<b>23,339,815</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>467,378</b>	<b>(172,202)</b>

## Statement of Comprehensive Income

Hunter Primary Care delivered an operating surplus of \$0.467 million against a prior year deficit of \$0.172 million. This favourable result was driven by several new and cost-effective psychology and primary care coordination services started during the year, realised operational efficiencies and reduced overhead expenditures.

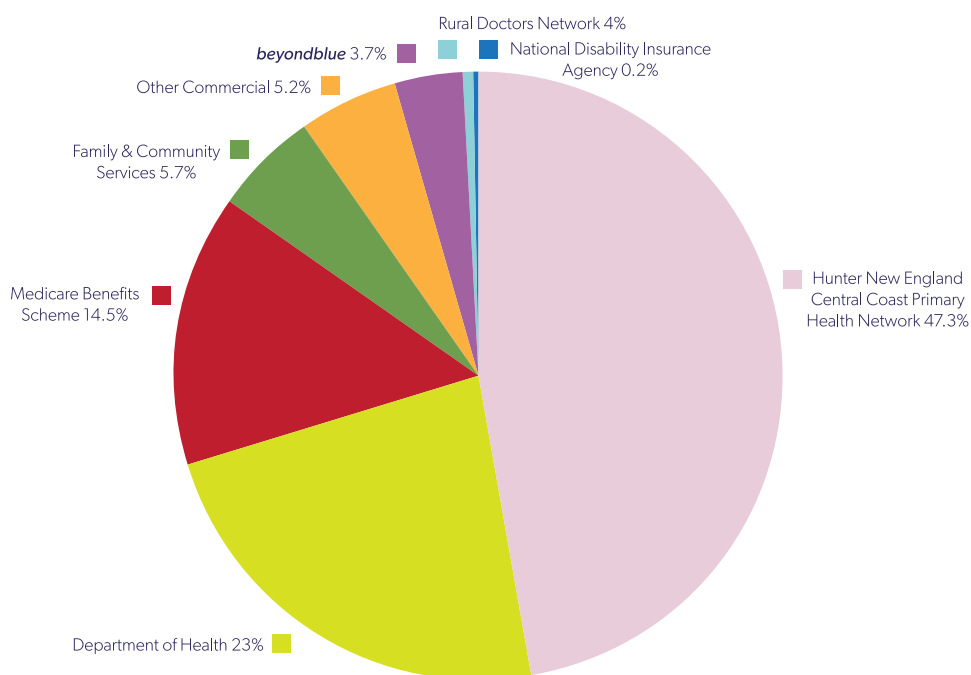
Prior to 1 July 2015, Hunter Primary Care operated as Hunter Medicare Local. Funding for Medicare Locals ceased in 2015 and Primary Health Networks (PHN) were created. Under this new model, all health planning and commissioning responsibilities were transferred to the local PHN and Hunter Primary Care continued as a service delivery entity only. Meaningful financial comparisons to 2015 and earlier cannot be readily made.



## Snapshot of Revenues during 2017

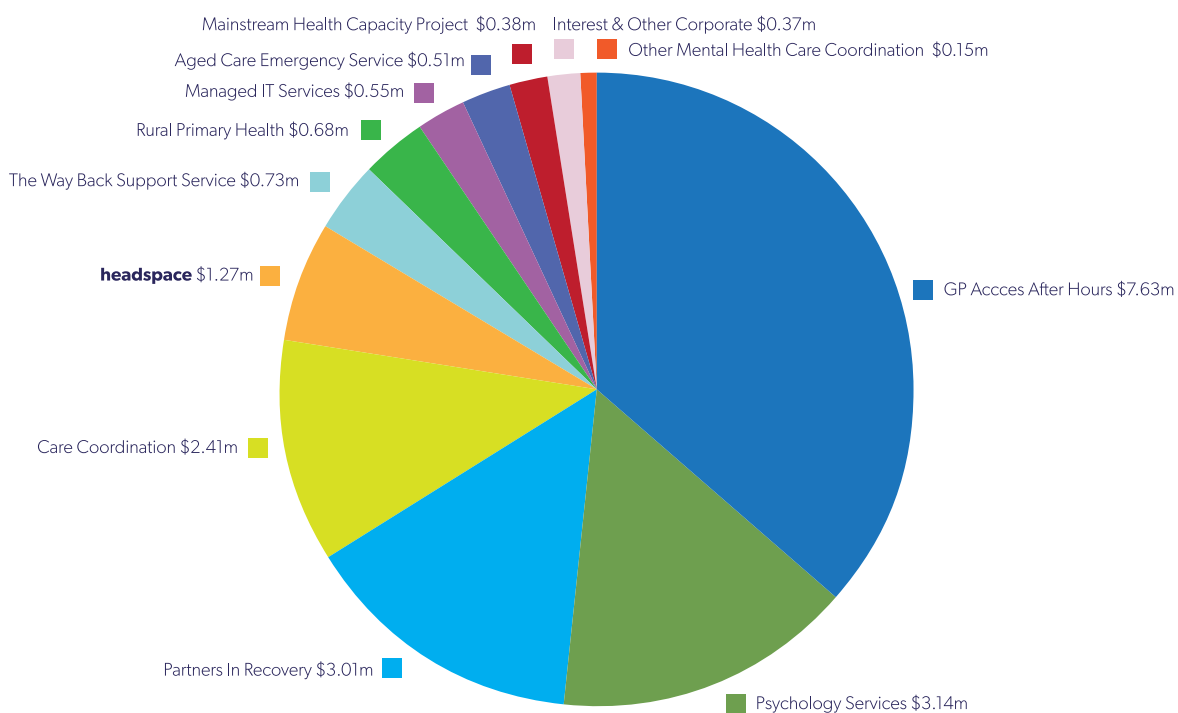
Hunter Primary Care receives its revenues from a variety of government and non-government sources, the most significant of which are the Hunter New England Central Coast Primary Health Network (HNECC PHN), the Department of Health (DOH), and Medicare billings through the Medicare Benefits Scheme (MBS). The sources of income received by Hunter Primary Care for the 2016-17 year are presented in the below figure;

Revenue Contribution by Source (2016/17)



Hunter Primary Care uses these revenues to support a range of services. Revenues by service for the 2016-17 year are presented in the below figure;

Revenue Contribution by Service (2016/17)



## Statement of Financial Position

Statement of Financial Position		
As of 30 June 2017		
	2017	2016
	\$	\$
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	9,257,904	7,699,306
Trade and other receivables	1,308,071	243,352
Other current assets	317,535	218,727
	94,284	223,721
<b>TOTAL CURRENT ASSETS</b>	<b>10,883,510</b>	<b>8,161,385</b>
<b>NON CURRENT ASSETS</b>		
Property, plant and equipment	182,996	240,881
<b>TOTAL NON-CURRENT ASSETS</b>	<b>182,996</b>	<b>240,881</b>
<b>TOTAL ASSETS</b>	<b>11,066,506</b>	<b>8,402,266</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Trade and other payables	4,122,284	1,582,100
Provisions	1,517,456	1,344,423
Other financial liabilities	1,815,273	2,212,183
<b>TOTAL CURRENT LIABILITIES</b>	<b>7,455,013</b>	<b>5,138,706</b>
<b>NON CURRENT LIABILITIES</b>		
Employee provisions	259,363	375,808
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>259,363</b>	<b>357,808</b>
<b>TOTAL LIABILITIES</b>	<b>7,714,376</b>	<b>5,514,514</b>
<b>NET ASSETS</b>	<b>3,352,130</b>	<b>2,887,752</b>
<b>EQUITY</b>		
Donations Reserve	29,491	
Retained Earnings	3,322,639	2,887,752
<b>TOTAL EQUITY</b>	<b>3,352,130</b>	<b>2,887,752</b>

## Future Directions

As at 30 June 2017 Hunter Primary Care has net assets amounting to \$3.35 million. Together with a broad portfolio of services and an increasing diversification of revenue streams, HPC is well positioned for future business growth and prosperity in the commissioning and local primary care service environment.


Comprehensive 2016-17 Financial Statements can be found on the Hunter Primary Care website.





## CONTACT US

 (02) 4925 2259

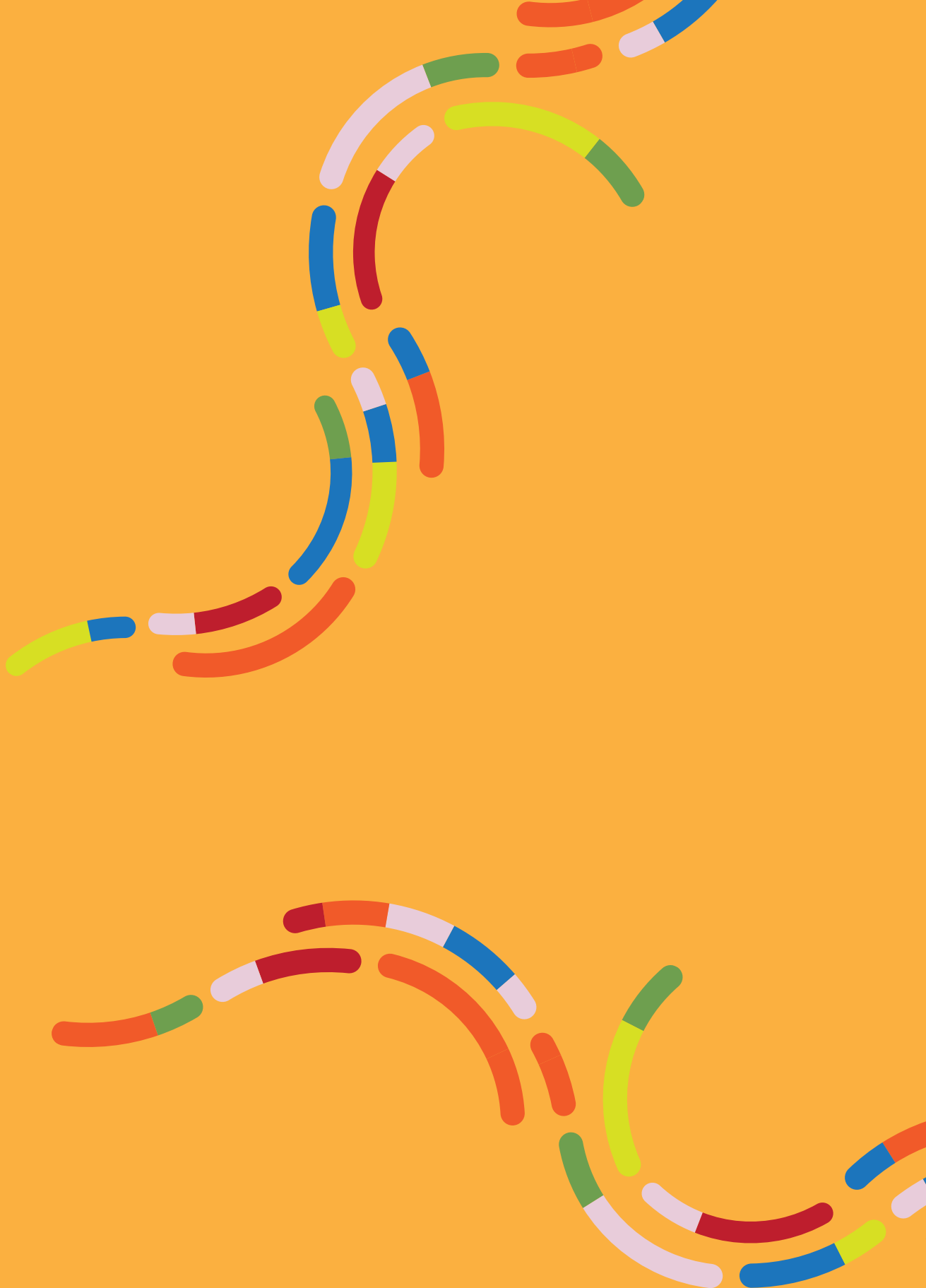
 (02) 4925 2268

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## CONNECT WITH US





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