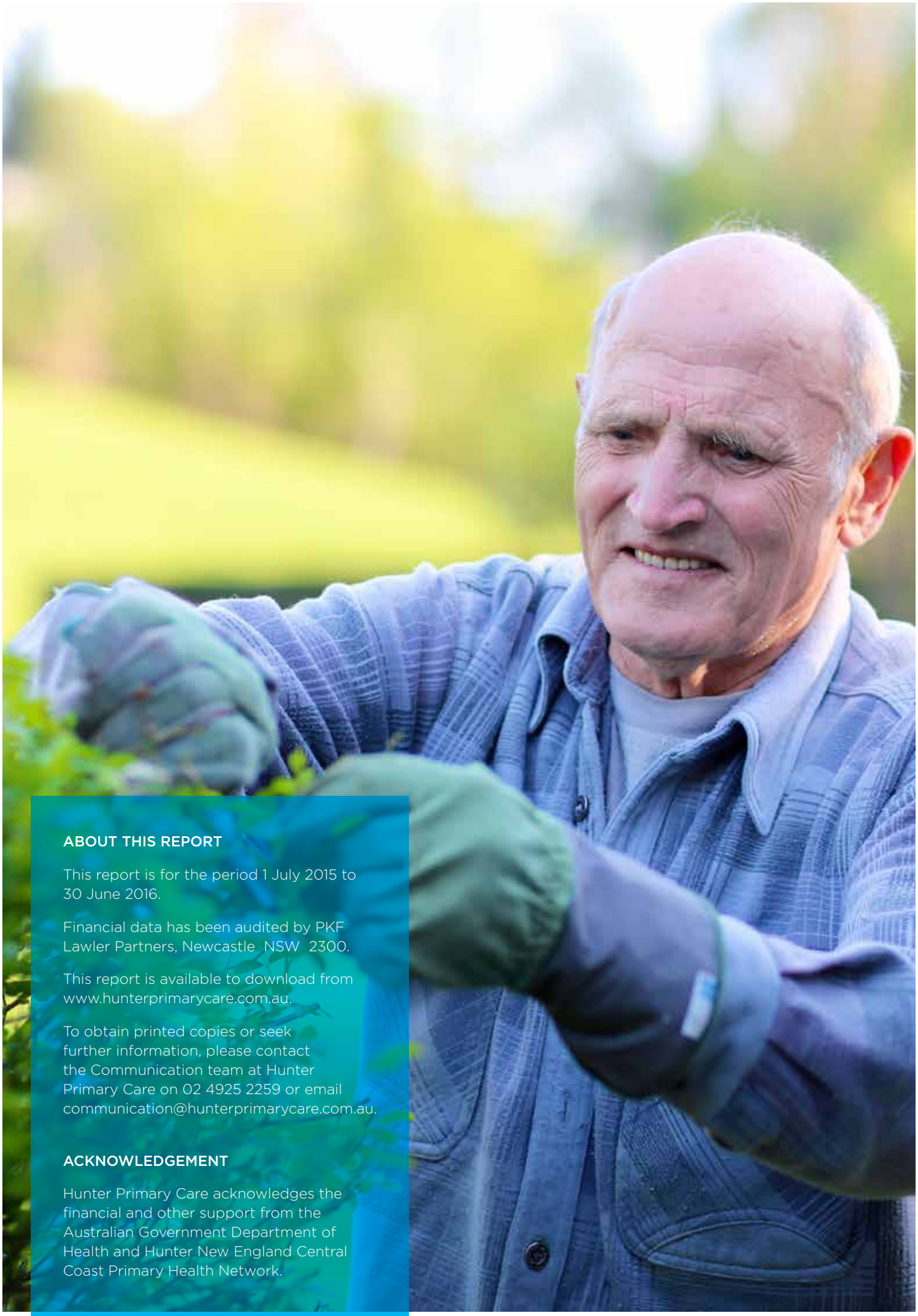
Hunter PRIMARYCARE



ABOUT THIS REPORT

This report is for the period 1 July 2015 to 30 June 2016.

Financial data has been audited by PKF Lawler Partners, Newcastle NSW 2300.

This report is available to download from www.hunterprimarycare.com.au.

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

ACKNOWLEDGEMENT

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.

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KEEPING PEOPLE
WELL AND OUT
OF HOSPITAL

CHAIR'S REPORT

I write this on behalf of the Board of Hunter Primary Care with the honour of being the Chairperson for the preceding year. Our CEO, Dr Kevin Sweeney, and the Executive Team have achieved significant successes in securing ongoing funding for the range of services we supply to our community.

There is recognition that GP Access After Hours provides a high quality service that is not matched anywhere else in Australia. It employs approximately 250 local General Practitioners (GPs) on a cooperative roster plus nurses and support staff.

Psychology Services provide vital mental health care to those who cannot afford private providers. The local GPs continue to support them by the ongoing referral of patients with a range of suitable conditions.

Our Care Coordination Service is working with the frequent attendees to hospital Emergency Departments to improve the level of community care. This lessens the need for them to require tertiary care. Care Coordination's success and expertise is appreciated by its expansion into looking after clients from private health care providers.

A major task for the Hunter Primary Care Board this year has been a substantial review of the Constitution. We engaged expert advice so that it complied with current legal requirements. In order to make the turnover of Board members to be less disruptive to its functioning, the intention is for rolling elections and nominations over three-year terms. Hopefully this will be approved at this year's AGM.

I wish to thank all Board members for their active support and contribution during this challenging year. In particular, the newcomers to the Board, Richard Anicich, Scott Puxty and Jennifer Hayes who have added considerable skill sets to develop the new and changing Hunter Primary Care.

For the future there are many hurdles to continue in the environment where we are competing for finances. However, we have demonstrated prowess in providing high quality services. There are many opportunities for us to apply for projects outside our current list.

One vital function we need to achieve is to make Hunter Primary Care relevant to its current membership and attract new members. I ask that you, the readers, help us realise that.

Dr Peter Hopkins

CHIEF EXECUTIVE OFFICER'S REPORT

2015-16 has been a year of significant change for Hunter Primary Care. Medicare Local funding ceased on 30 June 2015 after previously being Hunter Primary Care's major income source. With the end of Medicare Locals, the responsibility for region wide, primary care population health planning moved to the newly formed Primary Health Network (PHN). Funding and responsibility for integration of heath care and for delivering practice support also moved to the PHN. The PHN now receives the Commonwealth funding for all of the programs previously delivered by Medicare Locals, as well as new primary care initiatives. However, the PHN is not permitted to directly deliver services to the community and is required to commission these services, usually by an open expression of interest and request for tender process.

These changes to the funding landscape have required significant change on the part of Hunter Primary Care. Our core role is now the delivery of quality health services that benefit the community. Our challenge is to secure the funding for these services in a competitive commissioning environment.

The PHN initially directly contracted us to continue delivering existing services for 2015-16 in order to ensure continuity of service delivery for clients and the community.

In early 2016 the PHN moved to commission these services for the 2016-17 year. Many of Hunter Primary Care's long standing programs had not previously had to compete for funding in a tender environment. This inevitably provided some challenges, particularly in accurately costing and pricing services in a largely untested competitive environment. The final outcome has been a positive one with Hunter Primary Care being successful in securing PHN funding for GP Access After Hours (GPAAH), Aged Care Emergency program (ACE), Care Coordination and Supplementary Services (CCSS), Closing the Gap (CTG, IIAMPC), Rural Primary Health Services (RPHS) and the Aged Care Access Initiative (ACAI).

Hunter Primary Care was also successful in securing approximately 80 per cent of the Access to Allied Psychological Services (ATAPS) and Mental Health Services in Rural and Remote Areas (MHSRRA) work, but the remaining 20 per cent went to another provider. Overall this was a good result given the challenges of the new commissioning environment and confirms our ability to secure funding in a competitive environment.

Hunter Primary Care also delivers a range of programs that are funded from sources other than the PHN. The main programs that Hunter Primary Care currently delivers are:

- GP Access After Hours (GPAAH)
- Mental Health
  - Psychology Services (ATAPS, MHSRRA, ACAI)
  - headspace Newcastle
  - Hunter Partners in Recovery (Hunter PIR)
  - The Way Back Support Service (WBSS)
- Care Coordination
  - Care Coordination and Supplementary Services (CCSS)
  - Care Coordination for private health insurers (nib and Teachers Health)
  - Care Coordination for disabled persons under FACS
  - Care Coordination for disabled persons under NDIS
- Aboriginal Health Services
  - Closing the Gap (CTG or IIAMPC)
  - Care Coordination and Supplementary Services (CCSS)
  - Care Coordination for Awabakal
- Aged Care Emergency (ACE)
- Rural Primary Health Services (RPHS)

This represents a comprehensive suite of programs that have been developed over time to address gaps in primary health care and to improve health outcomes for the community. Our strength is our ability to develop innovative services that respond to community need and to deliver consistently high quality care.

The above list includes some new and highly innovative programs. The Way Back Support Service is a trial of a new approach to suicide prevention. This is funded

by *beyondblue* and Hunter Primary Care put forward the successful proposal in a national tender process. The approach concentrates on supporting people who have presented to hospital with a suicide attempt. These people are at a very high risk of a repeat suicide attempt in the three to six months following their initial presentation and yet typically do not follow through with the mental health care that is offered to them. The service takes a care coordination approach to connect with these people at their initial presentation, and then follows up and supports them to engage and continue with the mental health care that they need. The trial runs for two years and the outcome will have national significance in terms of suicide prevention strategies. The service is being provided by a consortium including Hunter Primary Care, Hunter New England Local Health District, Calvary Mater Newcastle, Hunter Institute of Mental Health and Relationships Australia, with Hunter Primary Care being the lead agency.

Hunter Primary Care is leading the way in the provision of care coordination services for patients of private health insurers who have chronic disease with high risk of hospital admission. The care coordinators work closely with the patient and their GP to ensure that their management plan is comprehensive and being effectively implemented, and they work with the patient and carer to increase their understanding of 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. The aim is to optimise the management of the patient's condition in the community and prevent avoidable hospital admissions.

There are a number of opportunities on the horizon including the development of new stepped care models in mental health, further initiatives in suicide prevention, the provision of services to support disabled clients and their treating health professional as disabled clients move from institutional residential care to community based residential care, the roll out of the NDIS, and the trial of the health care home model. Hunter Primary Care is well placed to make a substantial contribution to these initiatives and to secure funding to develop and deliver these new services to the community.

Hunter Primary Care has also been developing improved services for our Members. We have a track record of delivering quality IT support to primary care practices based on a detailed knowledge of medical record software and primary health care IT requirements. We are further developing this service to better meet the needs of Members in an ever changing IT environment. Hunter Primary Care is also developing a range of Human Resources services to support Members with their HR needs.

2015-16 has been a challenging year financially for Hunter Primary Care. The transfer of some functions to the PHN meant a loss of staff and a reduction in the size of the organisation. Program funding for 2015-16 has continued at similar levels to the preceding year. However, with the loss of Medicare Local funding came the loss of a substantial amount of core funding which previously had provided for organisational overheads and a significant proportion of program overheads.

With the loss of this core funding, program funding alone was then insufficient to cover all program expenditure. Hunter Primary Care has addressed this by decreasing organisational overheads and working hard to find efficiencies in all of our programs so that they can still deliver the same level of service within the funding constraints. We have made good progress with this and the forecast deficit for 2015-16 has been steadily reduced as the year progressed.

However, the required savings were greater than could be realised within a 12 month period and consequently some programs have finished the year in a deficit position. This deficit has been easily met out of company reserves, but it is not a situation that can be sustained year after year. The strategy is to return to a breakeven outcome in 2016-17 and to aim for a modest surplus in subsequent years.

Hunter Primary Care now has a strong focus on long term business development – identifying and developing innovative solutions to emerging needs in the community and responding to changing government policy and new directions. This is an important focus given that it is inevitable that funding for some programs will end as a consequence of Government decisions. In 2015-16 we have commenced a number of new programs with new funding sources. We will continue to identify and secure new sources of funding.

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.

Kevin Sweeney
CEO

KEEPING PEOPLE WELL AND OUT OF HOSPITAL

ABOUT HUNTER PRIMARY CARE

Hunter Primary Care delivers a wide range of quality cost efficient health services to the Hunter community.

Our focus is to provide an effective primary health care system that meets the health needs of the community and **keeps people well and out of hospital**. Through collaboration we are able to develop innovative solutions and expand services to meet the changing and complex needs of our community.

What we do

Hunter Primary Care delivers the following health services to the community.

GP Access After Hours

Aged Care Emergency Service

Rural Primary Health Services

Mental Health

- Psychology Services
- headspace Newcastle
- Hunter Partners in Recovery
- The Way Back Support Service

Care Coordination

- Care Coordination and Supplementary Services
- Care Coordination for private health insurers (nib and Teachers Health)
- Care Coordination for disabled persons under FACS
- Care Coordination for disabled persons under NDIS

Aboriginal Health Services

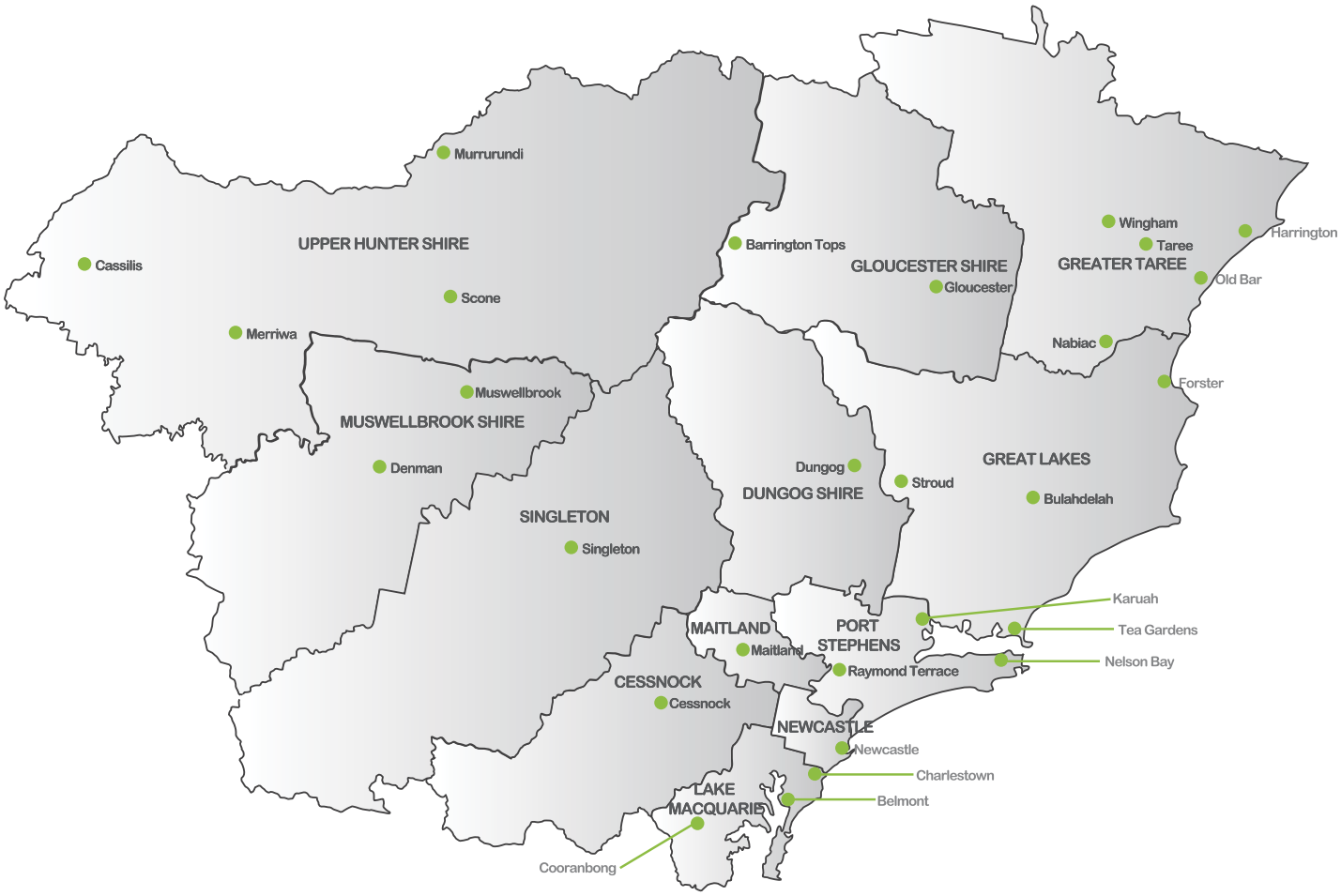
- Closing the Gap
- Care Coordination for Supplementary Services
- Care Coordination for Awabakal

headspace Newcastle · Hunter Partners in Recovery · Hunter PRIMARY CareCoordination · Hunter PRIMARY Psychology Services

GPaccess AFTER HOURS · Closing the Gap. · ACE AGED CARE EMERGENCY SERVICE · Hunter PRIMARYCARE ChooseABILITY

KEEPING PEOPLE WELL AND OUT OF HOSPITAL

OUR **REGION**



The Hunter Primary Care region is situated on the NSW east coast and comprises 12 local government areas (LGAs): Cessnock, Dungog, Gloucester, Great Lakes, Greater Taree, Lake Macquarie, Maitland, Muswellbrook, Newcastle, Port Stephens, Singleton and the Upper Hunter Shire. The region covers a land area of 32,747 sq km.

According tothe 2011 Census, there are over 700,000 people in the Hunter Primary Care region and it is predicted that by 2036 the population will increase by over 25 per cent to 880,000.

Building healthy communities and keeping people well and out of hospital

KEEPING PEOPLE WELL AND OUT OF HOSPITAL

OUR STRATEGY

Our **vision** is an effective primary health care system that meets the health needs of the community.

Our **purpose** is to keep people well and out of hospital.

Hunter Primary Care's strategic objectives for 2016-2018 include:

1. Deliver quality health services that benefit the community, including:
    - GP Access After Hours
    - Care Coordination
    - headspace Newcastle
    - Psychology Services
    - The Way Back Support Service
    - Hunter Partners in Recovery
    - Aged Care Emergency Services
    - Closing the Gap programs
    - Rural Primary Health Services
2. Ensure the sustainability of our services by making them efficient, effective and competitive.
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. Deliver support services to meet the needs of members.
5. Communicate effectively with stakeholders and members.

OUR VALUES

Our Values help guide us in our decision making processes and are the essence of who we are.

Respect
Trust
Open Communication
Inclusiveness

Excellence
Creativity
Continuous Improvement
Sharing

Integrity
Transparency
Accountability
Honesty

Recognition
Acknowledgement
Personal Development
Encouragement

headspace Newcastle
Hunter Partners in Recovery
Hunter PRIMARY CareCoordination
Hunter PRIMARY Psychology Services
GP access AFTER HOURS
Closing the Gap.
ACE AGED CARE EMERGENCY SERVICE
Hunter PRIMARY CARE ChooseABILITY

KEEPING PEOPLE WELL AND OUT OF HOSPITAL

GOVERNANCE & MANAGEMENT

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 2016 has eight members – four member elected Directors and four Board appointed 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 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 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. He was Chair of that group from 2003 to 2005. Peter is one of three directors of King Street General Practice.

Mr Laurence "Ben" Wilkins

Deputy Chair of the Board
BPharm, AACPA, GAICD

Elected in November 2012 and re-elected in November 2014. 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 on AHPRA's Pharmacy Board of Australia in 2015 and is a 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 Boarders 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 and Risk Management Committee. Richard is a partner of Sparke Helmore, 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, the Chair of the Australian Institute of Company Director's Hunter committee and a member of the Port of Newcastle Community Liaison Group.

Dr Mark Foster

MBBS M Med Sci, FRACGP DA, FFARCS, DipRACOG, GAICD

Elected November 2014. Mark is Chair of the Finance Audit and Risk Management 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. He also brings hands on experience of our region's health system from his work over the last 20 years as a GP. Currently a Director of the nib Foundation and member of the NSW Health Agency for Clinical Innovation GP Advisory Council. Mark is a member of the Hunter New England Central Coast Primary Health Network Hunter Metro Clinical Council.

Ms Jennifer Hayes

BBus, MBus, CPA, GAICD

Elected November 2015. 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.

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. 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 HPMI.

Hunter Primary Care staff celebrating National Close the Gap Day

WORKING TOWARDS **RECONCILIATION**

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.

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 Reflect Reconciliation Action Plan (RAP) 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. We are ready to take the next step and are currently working with Reconciliation Australia on the release of our Innovate RAP in 2017.

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

In the past year we have organised and participated in a number of events and activities including:

National Close the Gap Day

To celebrate National Close the Gap Day we organised for staff to come together and listen to three of our Aboriginal staff share stories about their culture, families and communities.

National Reconciliation Week

During National Reconciliation Week we held a staff morning tea where we listened to one of our Aboriginal staff members talk about the importance of reconciliation. He reminded us that as Australians we are all here, woven into this country. As part of the reconciliation journey, there are truths to tell, stories to celebrate and relationships to grow. As Australians we can all work together to achieve a just and equitable country for all.

Hunter Primary Care's National Reconciliation Week cake

From left: Dr Kevin Sweeney CEO and Glen Boyd, Aboriginal and Torres Strait Liaison Officer, Hunter Partners in Recovery

Art Workshop

To coincide with National Reconciliation Week we engaged well known Aboriginal artist Elsie Randall to hold an art workshop for staff to create our own Hunter Primary Care painting. This workshop brought staff together to learn from Elsie about the importance of Aboriginal culture and art. This painting now takes pride of place in Hunter Primary Care's office reception for all to enjoy.

Hunter Primary Care's Aboriginal and Torres Strait Islander painting

From left: Elsie Randall artist and Leigh Darcy, Aged Care Emergency Service

Cultural Awareness

During the year we engaged the services of Cherie Johnson from Speaking in Colour to design and deliver tailored, face to face, cultural awareness training for staff. The training was delivered to 89 staff during the year and included a session to specifically address questions and challenges faced by staff in the delivery of services to Aboriginal and/or Torres Strait Islander clients. The training was very well received by staff. Additional training will be provided during 2016-2017 for staff who were unable to attend and staff who are new to the organisation.

Indigenous Youth Art Competition

In the lead up to NAIDOC week in July, we launched our first Hunter Primary Care Indigenous Youth Art Competition. The aim of the competition was to engage Aboriginal and Torres Strait Islander school children in years 7-12 from schools across the region to showcase their artistic skills and promote health and wellbeing. We were delighted to receive a number of entries aligned to the competition's theme, *Healthy Mob Deadly Future.*

The competition was judged by Hunter Primary Care's Reconciliation Action Working Group and the winning entries were awarded to Samantha Potts with first prize and Wil Avery with the runner up prize. The art prize value totalled $3,000.

Hunter Primary Care's Reconciliation Action Working Group is currently planning the 2017 Hunter Primary Care Indigenous Youth Art Competition.

WINNING **PRIZE**

Midnight by Samantha Potts

"Over my life I have been through some tuff stuff," says Sam.

"If you or your family are healthy you can still have a deadly future".

"I painted this picture of a Gecko because they are always changing and evolving, getting eaten and producing offspring but they always seem to adapt to their environment and survive. It's like me, I get through the tuff stuff ... I adapt to my situation. I learn from being broken and every time someone breaks me even more I strive to be better. But I believe as one person said to me one day (and now I wear around my neck) What Does Not Destroy Me Makes Me Stronger".

"The black background is to make the gecko stand out and be unique because I am unique in who I am and what I will become," says Sam.

Presentation of Winning Prize to Samantha Potts
From left: Bernard Burgess, Principal St Peter's Maitland, Jennifer Vardanega, Hunter Primary Care, Samantha Potts, Sophie Williams, Hunter Primary Care

Samantha Pott's Painting "Midnight"

RUNNER UP **PRIZE**

Presentation of Runner-Up Prize to Wil Avery
From left: Wil Avery, Jennifer Vardanega Hunter Primary Care

Wil Avery's Painting

PRIMARY HEALTH SERVICES

Keeping people **well** and **out of hospital**

GP ACCESS AFTER HOURS

GP Access After Hours (GPAAH) is an innovative model for the delivery of comprehensive, high quality after hours primary medical care and advice to the community of the Lower Hunter region. The service runs as a cooperative with **250 experienced General Practitioners** (GPs), which covers more than 70 per cent of local general practices, and also employs more than **100 registered nurses and administration staff**.

GPAAH is an integrated after hours medical service incorporating four elements:

1. A telephone patient streaming service (PSS).
2. Five GP clinics situated across the Hunter Urban Region with four clinics co-located with public hospital Emergency Departments (Belmont Hospital, Maitland Hospital, John Hunter Hospital, and the Calvary Mater Newcastle). The fifth clinic is located at the Westlakes Community Health Centre (Toronto Polyclinic).
3. Transport service, provided to suitable patients who could not otherwise attend a GPAAH clinic.
4. Home and residential aged care visits for patients needing care or assessment at home.

GPAAH also provides additional services to GPs and the community that include:

- Call Managed Services for Practices outside the GPAAH footprint to minimise after hours disruption of GPs
- After hours management of the Aged Care Emergency Program
- After hours support for Hunter New England Local Health District (HNELHD) Community Acute Care/Post Care Service (CAPAC)

From left: Dr Lee Fong, GP and Clinical Director of GPAAH and patient

From left: Dr Kevin Sweeney, CEO Hunter Primary Care and Mr Jeff Hescott, Chief Superintendent NSW Ambulance

HIGHLIGHTS AND ACHIEVEMENTS

Since commencing in 1999 GPAAH continues to demonstrate the significant role it plays in keeping people well and out of hospital.

Despite the challenges associated with the end of the Medicare Local and challenges with funding, GPAAH has maintained its successful service delivery model and continues to provide a valuable, quality and comprehensive service to the community.

In the last year 67,158 calls were made to the service, with 50,437 patients being seen by a GP in one of our five clinics and many thousands being provided clinical advice over the telephone by one of our registered nurses or GPs.

GPAAH staff spent many months preparing for accreditation, with Australian General Practice Accreditation Limited (AGPAL) assessors conducting their survey over four days, in June 2016. The AGPAL assessor's comments included:

THE **GPAAH SERVICE**

managed more than 80,000 patients - saving the health system $10,761,855 in the 2015-16 financial year.

GPAAH provides a fantastic service to the people of the region, having great integration with the local health district with co-located well-resourced clinics; provides an excellent service.

GPAAH has again been unconditionally re-accredited for a further three years.

During March, a patient experience survey was conducted across all GPAAH clinics, with impressive results that demonstrate how GPAAH is delivering a consumer focused quality after hours service. These outstanding survey results indicated that 98 per cent of all patients rated the GPAAH service as good, very good or excellent.

In June NSW Ambulance and GPAAH signed an agreement to work together to provide after hours medical care for people in the Newcastle, Lake Macquarie and Maitland regions.

This means that for patients who call an Ambulance and are assessed by paramedics as needing urgent after hours GP care (but not Emergency Department care), and where the patient's regular GP is unable to be contacted, the paramedic is able to call GPAAH on a dedicated 'paramedic only' phone number. The paramedic can make an appointment for the patient in one of the five GPAAH clinics.

GPAAH continues to benefit the health system with estimated cost savings of $10,761,855 in the 2015-2016 financial year.

Snapshot of **GP Access After Hours Activity 2015-2016**

67,158
NUMBER OF PATIENTS MANAGED BY THE CALL CENTRE

9,903
NUMBER OF PATIENTS REFERRED FROM EMERGENCY DEPARTMENTS TO GP ACCESS AFTER HOURS CLINICS

50,437
NUMBER OF PATIENTS SEEN IN GP ACCESS AFTER HOURS CLINICS

48,226
TOTAL NUMBER OF EMERGENCY DEPARTMENT PRESENTATIONS AVOIDED*

94%
PROPORTION OF PATIENTS SEEN WITHIN 30 MIN OF THEIR APPOINTMENT TIME

$10,761,855
COSTS AVOIDED BY THE HEALTH SYSTEM DUE TO THE GP ACCESS AFTER HOURS SERVICE*

251
NUMBER OF EXPERIENCED GPs PARTICIPATING IN THE ROSTER

* using the methodology from the independent economic evaluation of the service - the GPAAH Cost Study

From left: Barbara Wells, Registered Nurse, Dr Lee Fong, GP and Clinical Director of GPAAH, Melissa Ward, Registered Nurse

AGED CARE
EMERGENCY SERVICE

ACE AGED CARE EMERGENCY SERVICE

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

These ED presentations are often related to chronic disease management or "end of life" care that can usually be well managed by staff of the RACF and by GPs. Avoidable presentations to ED pose risks for older people with complex health problems such as delirium, falls, pressure sores and medication errors. To minimise these risks we need to be sure that each transfer from an RACF to an ED is necessary.

There are 7 key elements for the successful implementation of the ACE service. These are:

1. The use of evidence based algorithms to manage common health problems within the RACF facility
2. A telephone consultation service for RACF staff to access clinical guidance
3. Development of clear goals of care prior to transferring to an ED
4. Proactive case management within the ED
5. Education and empowerment of RACF staff
6. Collaborative relationships
7. A management team to implement and support all the above elements

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.

Presentation of the Better Practice Award from the National Aged Care Quality Agency
From left: Nick Ryan, Anita Agafonoff, Tracey Clerke, Jacqueline Hewitt, Leigh Darcy and Kerry Turnbull

HIGHLIGHTS AND ACHIEVEMENTS

In 2014-15 an evaluation of the ACE service was conducted by the Hunter Medical Research Institute (HMRI) to measure the costs and savings of the service. The evaluation showed that after costs were subtracted, the implementation of ACE saved the health system almost $1M with the majority of these savings coming from reduced Ambulance and ED costs.

Significantly, the report found that an average of 74 per cent of calls to the ACE telephone line prevented a transfer to ED and, in the after hours period, this rose to 86 per cent of calls preventing an ED transfer.

All stakeholders interviewed for the report believe ACE is effective in reducing potentially avoidable presentations to the ED. In fact it has been so well received by our RACF partners that, in late 2015, BUPA Cardiff won a prestigious Better Practice Award from the National Aged Care Quality Agency for their Embrace the ACE Program.

On Tuesday 15 March 2016 Nick Ryan, Chief Executive Officer of the Australian Aged Care Quality Agency, presented Anita Agafonoff and her team with the award.

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 from the general community. Ambulance services are also spending less time transporting residents to and from the EDs and are able to respond more readily to urgent calls in the general community.

When ACE team members have presented the advantages of the service at conferences there have been resultant multiple enquiries for expansion opportunities from across Australia.

Currently the service is changing to a system where the phone call is automatically routed to the ED ACE clinician during business hours and to the GP Access After Hours ACE clinician in the after hours. This system will meet the needs of the expanding service. ACE will now provide a 24 hour service for participating RACF facilities. The current ACE service website was reviewed in 2016. New clinical care pathways, currently 27, have been developed in conjunction with our partnering organisations, many with links to HNELHD Health Pathways and other best practice resources.

To support RACF staff to implement the system, a number of educational resources have been developed, including a new orientation package and video of the ACE process.

CARE COORDINATION

Hunter PRIMARY CareCoordination

Hunter Primary Care's **Care Coordination** team organises a wide variety of patient care activities engaging with GPs, Allied Health providers, support service providers and community organisations involved in the patient's care to facilitate the most appropriate delivery of health care services. A key success factor of our care coordination programs is that they are patient centred.

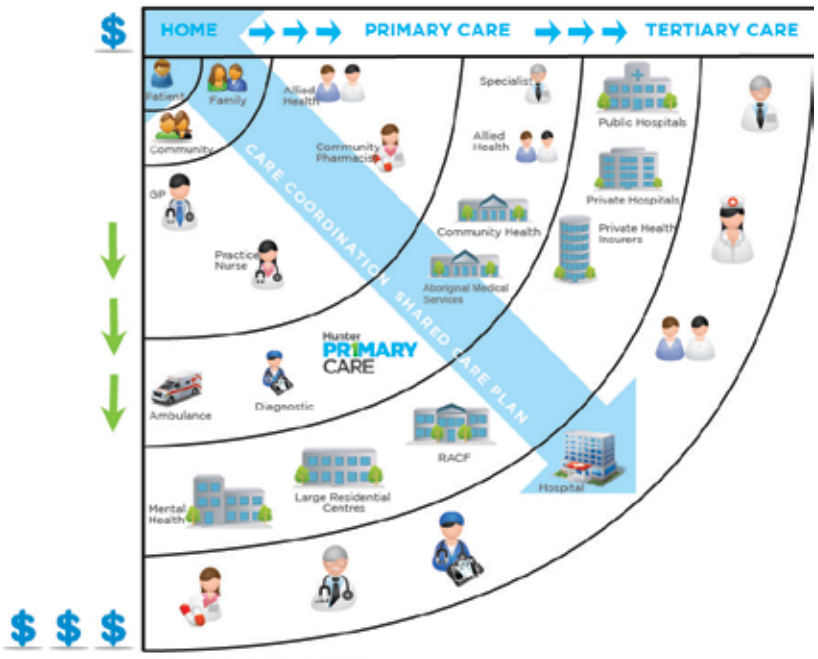
The Care Coordination team provides the following programs:

The **Care Coordination and Supplementary Services Program** is a 'Closing the Gap' initiative supporting patients with chronic disease who identify as Aboriginal and/or Torres Strait Islander. The chronic diseases targeted include diabetes mellitus, cardiovascular disease, respiratory disease, renal disease and cancer. During 2015-16, 276 new referrals were received and in this period the program averaged 24 referrals per month. A total of 725 people were supported.

The **nib Care Coordination program** supports integration across primary and secondary/ tertiary public and private sector for best practice management. This partnership, which follows a two-year successful pilot program, delivers community-based co-ordinated care programs targeting prevention and a reduction in hospital admissions. The program allows nib customers with high medical needs to better manage their health condition under the guidance of their treating GP in the comfort of their own environment. This second year of collaboration has seen 85 new referrals with a program average of seven referrals per month. More recently the program has broadened its footprint to include the Central Coast region.

Teachers Health Fund program supports patient coordination and collaboration with GPs and other healthcare providers for Teachers Health Fund members. Since commencing in September 2015, there have been 66 patients referred in the program at an average of seven referrals per month. The program has broadened its footprint to the Central Coast, Tamworth, Armidale and Port Macquarie region for the program.

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.



The above model has been adapted from the The Medical Home model found at http://medicalhome.org.au/

HIGHLIGHTS AND ACHIEVEMENTS

In October 2013 the NSW Government division of Family and Community Services (FACS) announced that it would no longer be a direct service provider for people living with a disability with complex support needs, including those who currently reside in Large Residential Centres. Large residential centres are facilities that provide accommodation for a large group of people with a disability on one site in a congregate setting. The Ageing, Disability and Home Care Agency (ADHC) operates six large residential centres across NSW, Stockton Centre is one of these.

The large residential centre at Stockton has approximately 350 disabled residents who will transition to community based group homes over the next two years. At this stage it seems likely that up to 70 per cent of these residents will choose to reside in the Hunter region.

To support this transition, NSW FACS and Stockton Centre staff have entered a unique partnership with Hunter Primary Care, building on our Care Coordination expertise, to develop and trial a Model of Care to establish and maintain appropriate primary health care supports for the first 55 residents in transition. The first stage of this project is to develop shared care plans for the residents transitioning during 2016. In addition to this significant change, all funding arrangements supporting these residents will fall under the NDIS. The work is progressing well with a number of General Practices and Allied Health providers expressing interest in being involved.

Another major achievement during the year was an expansion of the care coordination program to a second private health provider, Teachers Health Fund. Hunter Primary Care Coordination provided coordination for 66 patients during this period.

A second year of nib care coordination has successfully completed with the program now supporting over 140 clients.

These joint programs demonstrate how partnering with private health funds can reduce fragmented care by bringing health providers and funders together to assist patients to negotiate our complex health system and to increase their access to services. Our footprint for these programs has reached beyond the Hunter to the Central Coast, Tamworth, Armidale and Port Macquarie regions.

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 programs we are supporting patients to keep them well and out of hospital.

Launch of the Teachers Health Fund Program.
From left: Robyn Davis, Julie Smyth, Claudine Ford from Hunter Primary Care

Launch of the Teachers Health Fund Program. From left: Dr Kevin Sweeney and Keith Drinkwater from Hunter Primary Care

Our care coordination programs continue to be popular, with an 'all-program' average of 46 referrals per month. Advance Care Planning continued to be a focus throughout the year with 82 plans developed from 241 offers to develop an Advance Care Plan.

Hunter Primary Care partnered with the Awabakal Elder's Team, providing 112 Elders clinical reviews over a short three month period. This resulted in 72 Elders being referred into the Care Coordination and Supplementary Services Program.

During the year the following numbers of services were purchased for clients enrolled in the CCSS program.

- Allied Health – 2,001
- GP/Specialist services – 2,051
- Transports provided – 3,675
- Medical Aids provided – 2,717
- New referrals to the CCSS program – 481 (a 49% increase on 2014-15)

Hunter Primary Care programs 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.

ABORIGINAL HEALTH

Closing the Gap – Improving Indigenous Access to Mainstream Primary Care

The Closing the Gap strategy aims to reduce Indigenous disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes.

The Care Coordination team provides the following programs:

Hunter Primary Care provides a variety of health and wellbeing services to Aboriginal and Torres Strait Islander people. These services include:

- Supporting primary care services to encourage Aboriginal people to self-identify thereby increasing their access to these services
- Improve the capacity of general practice to deliver culturally sensitive primary care services
- Increase the uptake of Indigenous-specific MBS items including 715 health checks
- Increase awareness and understanding of Closing the Gap measures relevant to primary care such as PIP IHI/PBS forms
- Foster collaboration and support between mainstream primary care and the Indigenous health sectors.

With Aboriginal life expectancy at considerably lower levels than non-Indigenous peoples, access to adequate, preventive and comprehensive primary health care is essential to reduce excess deaths and to close the gaps in early childhood mortality and life expectancy.

LIFE EXPECTANCY IN AUSTRALIA	
Aboriginal	Non-Indigenous
69.1 years **Males**	79.7 years **Males**
73.7 years **Females**	83.1 years **Females**

Source: Hunter New England Central Coast Primary Health Network

In Australia Aboriginal people reported at least one long term health condition with 33 per cent reporting three or more. The most common long-term health conditions are:

- Eye diseases and vision problems (33%)
- Respiratory diseases (31%)
- Musculoskeletal diseases (20%)
- Ear diseases and hearing problems (12%)

Hunter Primary Care employs two Indigenous Health Project Officers and two Aboriginal Outreach Workers whose role is to enhance the community's understanding of health issues facing the Aboriginal community and improve the access and ability of primary care clinicians to support and manage clients with chronic disease.

From left: Keith Drinkwater, Sophie Williams, Kerrie-Anne Young from Hunter Primary Care and John Manton Hunter New England Central Coast Primary Health Network

HIGHLIGHTS AND ACHIEVEMENTS

During the year the following number of services were provided:

- Allied Health consultations – 77
- General Practice (GP) consultations – 352
- Care Coordination visits – 295
- Specialist consultations – 34

Hunter Primary Care's Aborginal and Torres Strait Islander shirts

From left: Jennifer Vardanega Indigenous Health Project Officer from Hunter Primary Care and Mindaribba Elder Margaret Weastell

RURAL PRIMARY HEALTH SERVICES
RDN MEDICAL OUTREACH SERVICES

Hunter Primary Care provides a **Rural Primary Health Services** (RPHS) program which aims to improve access to a range of primary and allied health care services and activities for rural and remote communities. It is specifically tailored to people with identified health needs.

The objectives of the RPHS program are to:

- Provide and maintain access to supplementary allied health and primary care services that are based on identified health needs in each community.
- Promote coordinated, multi-disciplinary team based approaches to the provision of integrated primary health care services.
- Establish and maintain effective community consultation practices for the planning, management, flexible delivery and ongoing review of the RPHS program.
- Provide and maintain access to relevant health promotion and preventative health programs and activities designed to promote health and wellbeing.
- Encourage people in rural and remote Australia to adopt or modify behaviours to better manage their health and wellbeing.

Members of the community can access the program via referral from their GP, specialist nurse or allied health professional.

The main services provided are:

- Podiatry
- Dietetics
- Diabetes Education
- Speech Therapy
- Psychology

In 2015-16 the RPHS program saw 1,237 clients which equates to 962 hours of health care consultations.

MENTAL **HEALTH SERVICES**

Keeping people **well** and **out of hospital**

PSYCHOLOGY SERVICES

Hunter PRIMARY Psychology Services

Hunter Primary Care **Psychology Services** (Psychology Services) continues to offer effective, responsive and innovative mental health services to General Practitioners (GPs) and people living in the Hunter region. The mental health services are delivered by qualified and experienced Psychologists and Clinical Psychologists.

The range of primary mental health services offered includes:

- Psychology services for children and their families, adolescents and adults
- Services for women with perinatal mental health problems and their partners
- Services for Aboriginal and Torres Strait Islander people
- Quick response service for people who are suicidal or self-harming
- Psychology services provided within Aged Care Facilities in the Newcastle and Lake Macquarie areas

HIGHLIGHTS AND ACHIEVEMENTS

Psychology Services

- In 2015-2016 over 3,500 patients were referred to Psychology Services.
- 17,000 sessions were delivered in the Hunter region by a combination of employed and subcontracted providers.
- Over 85 per cent of GPs in the region have referred to the service.

Rural Services

- Psychology Services has continued to focus on the provision of equitable services in the rural regions of the Hunter with approximately one-quarter of all referrals received from GPs working in rural areas and one-third of all of our services being delivered in rural areas.
- Psychology Services will expand rural services in the coming year by establishing new outreach services in Kurri Kurri and Medowie, as well as supporting access to telephone and web based psychological services to people who have difficulty attending an office based service.

Suicide Program

- The Psychology Services Suicide and Self Harm program is delivered by specially trained staff who can provide support to GPs to assist them in caring for their at risk patients. This quick response service is available to patients assessed by a GP to be at moderate to high risk of suicide or who have attempted suicide or deliberate self-harm, who do not require hospitalisation. In the 12 months the service has delivered over 1,628 face-to-face sessions, representing an increase of seven per cent on the previous year.

Aboriginal and Torres Strait Islander Program

- Psychology Services has continued to focus on engaging and working closely with Aboriginal Medical Services and other Aboriginal Controlled Health Organisations in the Hunter region. The community development work by one of our Aboriginal psychologists has continued to reinforce and strengthen the visibility and cultural safety of the psychology services that Hunter Primary Care provides.
- Direct service delivery in the community has continued this year. This has included Hunter Primary Care's ongoing commitment and service delivery at Nikinpa Child and Family Centre in the Westlakes region, as well as developing the working relationship with the Social and Emotional Wellbeing Team at Awabakal Medical Service.
- A number of Psychology Services staff have undertaken further cultural awareness training, which has assisted Psychology Services to reflect on ways to improve cultural safety for Indigenous patients accessing Psychology Services.

Provisional Referral Pathways

- There has been significant work in strengthening provisional pathways for the Child/Family, Perinatal and Aboriginal programs. This has included establishing new pathways with key stakeholder organisations, particularly to the Child/Family program, as well as reinforcing the strong working relationship with the Obstetric Department at John Hunter Hospital to increase access for women in the perinatal period.

Supported low-intensity interventions

- Psychology Services has undertaken a trial program in providing a low intensity internet supported program. This program, called MindReach is based on current best practice principles in delivering telephone supported psychological interventions to people with less severe psychological presentations. The MindReach trial will be evaluated in the latter part of 2016.
- Psychology Services is focused on developing and implementing innovative ways to deliver psychological services, particularly to people who experience difficulties around access due to geographical barriers or people who wish to engage in a more flexible modality of service provision.

Future Directions

Telephone-CBT (T-CBT) services

- Complementing low-intensity programs such as MindReach, Psychology Services will be delivering telephone based psychological services in the region. The initial focus will be on delivering these services in the more rural and remote regions of the Hunter, however, the intention will be to offer these services across the region for patients that may also prefer this modality of treatment based on preference, psychological, or lifestyle (choice) factors.

Expansion of primary health services

- Psychology Services has engaged in working partnerships with other health services in the region in responding to expressions of interest from the Hunter New England Central Coast Primary Health Network for delivery of additional Drug and Alcohol and Indigenous mental health treatment services. The delivery of primary mental health services to Aboriginal people has been a focus for Psychology Services for many years, and we are highly motivated to work closely with other Aboriginal Health Organisations in enhancing the services we currently provide. This has included developing innovative models of care co-ordination and better integrated service delivery across different service providers.
- Psychology Services is working on developing flexible 'Stepped Care' models where various levels of support is provided, so that patients can access the right intensity of care at the right time and can move within the 'steps' of care based on clinical need.

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.

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

HIGHLIGHTS AND ACHIEVEMENTS

headspace Newcastle had a very busy year exceeding targets in all areas. In 2015-2016 **headspace** Newcastle saw 1,005 young people with 685 of these being new to the service. The total number of occasions of service provided was 4,146.

Of the young people accessing the service:

- 62% female, 36% male, 2% identified as other
- 35% were aged between 15-17 years, 27% aged between 18-20 years
- 10% identified as Aboriginal and/or Torres Strait Islander
- 4.7% indicated they came from a Culturally or Linguistically Diverse background
- 21.4% identified as Lesbian Gay Bisexual Trans Intersex Queer (LGBTIQ)
- 48% of young people said someone they knew influenced them to come and 27.3% said it was mostly their idea

The main reasons people came to the service were:

- to get help with how they felt (70.5%)
- for problems with school or work (10.6%)
- for problems with relationships (6.3%)

On a scale of 0-5 (with 5 being the most satisfied), young people rated their satisfaction with **headspace** staff as 4.3 and their satisfaction with the service as 4.2. These results are well above the national average.

Community awareness of youth mental health issues is an important area of **headspace** Newcastle's work. During the year **headspace** Newcastle facilitated and/or attended over 200 events providing mental health awareness and support to schools, local service providers, community and sporting groups and the general community.

headspace Newcastle in collaboration with Aboriginal students from Newcastle High School and local musicians created a video clip aimed at promoting **headspace** as a culturally safe option for young people who may need help with their wellbeing. The young people wrote the lyrics, composed the music, designed the video clip and performed the song which was filmed at the **headspace** Newcastle centre and various locations around Newcastle.

As 10 per cent of the young people seen at **headspace** Newcastle identify as Aboriginal and/or Torres Strait Islander it is hoped that this video will contribute to an increased number of Indigenous youth and their families seeking support at the centre.

Students from Newcastle High with Byron Williams (at back), headspace Newcastle

One Wave Surf event

headspace Newcastle received a small grant from **headspace** National to create a virtual tour video promoting **headspace** as a culturally safe mental health service, and to reduce inadvertent barriers and increase help seeking by Aboriginal and Torres Strait Islander young people. The video link was placed on the **headspace** Newcastle website and Facebook page and in two months has generated almost 20,000 views suggesting that it has widespread appeal.

headspace Newcastle is always looking at innovative ways to engage young people with mental health treatment.

This year, we partnered with the OneWave Surf Foundation to run an eight week surf school for young people with mental health issues at Newcastle's Nobbys Beach. The surf school not only encouraged the participants to engage in physical activity, which is an effective strategy to increase emotional wellbeing, but also make friends and participate in informal discussion groups aimed at increasing coping skills. Eleven young people completed the program with a 100 per cent success rate of 'standing up' on the board. The program is currently being evaluated externally; however the anecdotal feedback from the young people was that it was great to be involved. **headspace** Newcastle hopes to secure funding to run more OneWave events and other physical activity programs.

headspace Newcastle has a brand new mural thanks to a collaboration between Cardiff Locos, Shane (aka Tunz) and Faith from the UP&UP crew.

The mural stems from the Yarn Safe Campaign – the first youth-led National Aboriginal and Torres Strait Islander youth mental health campaign of its kind.

Yarn safe was developed with a group of 12 Aboriginal and Torres Strait Islander young people from across Australia. The campaign aims to improve mental health literacy among this group and encourage them to get help at **headspace** centres located around the country, eheadspace online and telephone counselling service or other appropriate mental health services.

headspace Newcastle's Youth Reference Group came together and after much discussion decided on a design for the mural based on the *Yarn safe* Songline.

The mural could only be realised through the generous support of the Cardiff Locos – a local locomotive enthusiast group. The 'Locos' donated the money raised to **headspace** Newcastle to help the organisation continue to create awareness about youth mental health.

The design was transferred onto the **headspace** wall by the talented Shane (aka Tunz) and Faith from the UP&UP crew.

"It's great to see such a vibrant artwork grace the wall of the headspace site. Not only is it an amazing artwork; it was created by young people for young people!" Byron Williams, Community Development Officer headspace Newcastle.

HUNTER PARTNERS IN RECOVERY

Hunter Partners in Recovery

Hunter Partners in Recovery (Hunter PIR) is part of a national mental health initiative to better support people with severe and persistent mental illness with complex needs and their carers and families by getting multiple sectors, services and supports they may come into contact with (and could benefit from) to work in a more collaborative, coordinated and integrated way.

Hunter Primary Care is the lead agency for Hunter PIR with a Consortium comprising eight member organisations.

1. Hunter New England Mental Health
2. Samaritans
3. Hunter TAFE
4. Catholic Care
5. Integrated living
6. Relationships Australia
7. Aftercare
8. Wesley Mission

Hunter PIR partners with a number of local organisations who employ Support Facilitators to link and coordinate services for clients.

These partner organisations include:

1. Wesley Mission
2. Neami National
3. Aftercare
4. RichmondPRA (now Flourish Australia)
5. Benevolent Society

From left: Karen Harmon, PIR, Helen Marquez PIR, Rosemary Grigg, Benevolent Society PIR, Matt Stanton, NEAMI PIR, Claire Smith, WESLEY PIR, Terry Clarke, RICHMOND PRA PIR

"The success of PIR has been due to the efforts of many people including consumers, their carers and family members and strengthening relationships with partner organisations and other stakeholders" Sally Regan, Operations Manager, Hunter PIR

Since commencing in November 2013 Hunter PIR has provided Support Facilitation services to over 700 people across the Hunter region

HIGHLIGHTS AND ACHIEVEMENTS

Since commencement of the service in November 2013, Hunter PIR has provided Support Facilitation services to over 700 people across the Hunter. Hunter PIR maintained a strong focus on ensuring the service reached those most in need due to a very high demand. The project reached the end of the contract term of three years with data indicating below in Figure 1 the pathway for people from intake to exit over the period.

Hunter PIR, in collaboration with Consortium members, Support Facilitator Providers and other network partners, has delivered a diverse range of initiatives to improve the outcomes for people with a severe and persistent mental illness. These initiatives include a range of unique projects tailored to meet the needs of the community including:

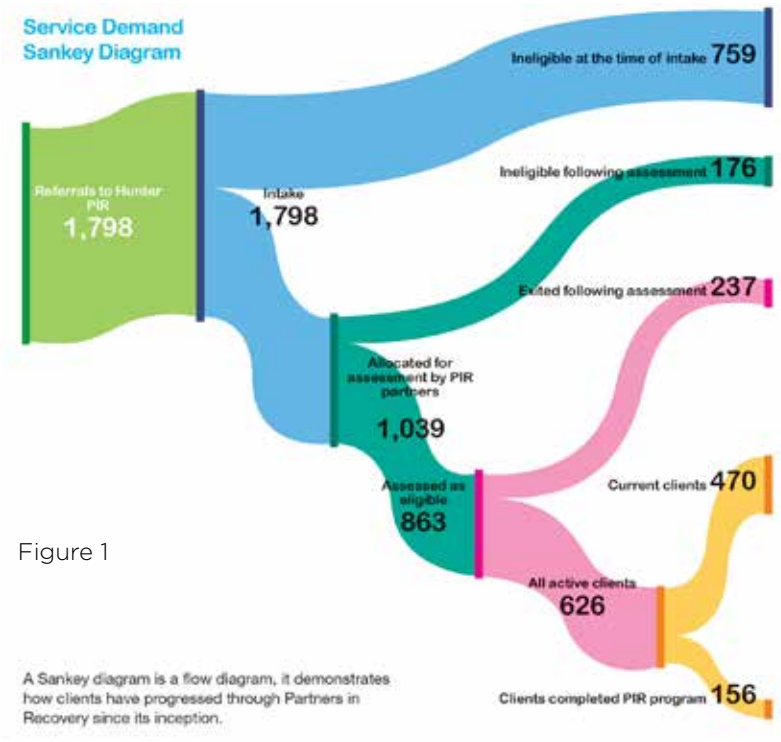


Figure 1

A Sankey diagram is a flow diagram, it demonstrates how clients have progressed through Partners in Recovery since its inception.

Buddy Project (Wesley Mission)

We know that people experiencing mental illness can find it difficult to engage with activities in their local community due to complex mental health issues that require flexibility and understanding from the social group. "Buddies", formally known as "Community Inclusion Advocates" were trained to increase the support available to Hunter PIR clients seeking to join these local community groups.

Wesley Mission delivered tailored mental health training to organisations such as the Men Sheds Group, Lions Club and Newcastle Knitters Guild, to name a few. 19 Community Inclusion Advocates were recruited and trained from 13 community organisations.

Upper and Lower Hunter (Schizophrenia Fellowship of NSW)

Schizphrenia Fellowship in collaboration with Integrated Living undertook a project to help to support families, friends and carers of people living with a mental illness in the Upper and Lower Hunter areas. The project aim was to explore the needs of carers in the areas of Support, Information, Advocacy and Education.

Two Carer Forums were held (Muswellbrook and Maitland locations) - a total of 60 carers attended from across the Upper and Lower Hunter.

Following the forums, carers were invited to attend a series of four education programs over four weeks, specifically designed with Modules including 'Assisting Families with Mental Illness, Meaningful Conversations, Recovery and Caring for Yourself'. These education programs were run in Rutherford between 16 May and 6 June, with an average of 12 people attending. At the end of the final session, a focus group with 10 participants was held and this allowed Carers to speak freely about their support needs. The project established carer support groups in the Upper and Lower Hunter.

"I get a lot out of helping our people with their recovery back into the community in a culturally appropriate way"
Derek Vale, PIR Aboriginal Cultural Mentor.

Carer Advocacy Training (RichmondPRA and ARAFMI)

RichmondPRA, now Flourish Australia, in partnership with ARAFMI undertook four two day Carer Advocacy Training sessions in four locations across the Hunter. The Carer Advocacy Training held involved the participation of 58 carers in the region.

Hoarding and Squalor (Aftercare)

Hunter PIR receives a number of referrals for people with hoarding and squalor issues. Hunter PIR's systems change initiative identified a deficit in early intervention and coordination strategies to respond effectively to these.

Buried in Treasure is a cognitive therapy treatment program designed to assist people to address hoarding disorder. A training workshop was held to train frontline workers about hoarding disorder. Sixteen clinicians were also trained to deliver the program which includes group and one to one sessions.

Beyond Bars (Hunter Primary Care)

Hunter PIR works with NSW Corrective Services and other partner organisations to improve health and social outcomes for prisoners post-release.

The Beyond Bars project adopted an early intervention model and coordinated approach to transition planning and service coordination for a cohort of Indigenous inmates to support their re-integration into their communities post-release.

With one in five Hunter PIR participants being of Aboriginal and/or Torres Strait Islander origin it has been important that services are delivered in a culturally appropriate way. Hunter PIR recruited and trained eight Aboriginal Mentors as an additional resource for Support Facilitators. The Mentors provide localised, culturally appropriate mentoring support and ongoing cultural teaching for non-Indigenous people who deliver services to Indigenous people and their communities. The mentors assist in breaking down barriers between Indigenous communities and non-Indigenous service providers and facilitate improved linkages and communication.

Flexible Funding provides support where there is a gap in service or significant barrier to meet the need of the consumer. This funding has enabled Support Facilitators to purchase services and supports to meet the individual needs and recovery goals of clients. Figure 2 highlights the most significant unmet needs requiring the purchase of additional services and supports.

In October 2015 Hunter PIR hosted the Working Together for Change Forum in Newcastle to create a positive change for people living with severe and persistent mental illness. Around 180 mental health professionals, support workers and managers attended the forum to listen to presentations and discussion on the key themes of Collaboration, Aboriginal and Torres Strait Islander Community, Homelessness/Housing and Consumer/Carer Participation. Keynote speakers for the forum included Frank Quinlan, CEO Mental Health Australia and Leanne Wells, CEO Consumer Health Forum of Australia.

Q&A Panel from left: Frank Quinlan, Leanne Wells, Dr Cyriac Matthew, Pamela Rutledge and Marion Wands

From left: Frank Quinlan, Leanne Wells, Dr Kevin Sweeney

Hunter PIR and the National Disability Insurance Scheme

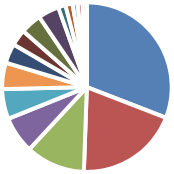
In 2013 the National Disability Insurance Scheme (NDIS) launched trial sites across Australia. The Hunter region was chosen as the first trial site for NSW with the full scheme being introduced on 1 July 2016. Hunter PIR's location in the NDIS Hunter Trial Site afforded the opportunity to be among one of the first PIR providers to connect with this major system reform.

Partners in Recovery Support Facilitators are actively involved in assisting people to access the NDIS. Support Facilitators are providing a highly specialised gateway to the NDIS that is likely to enhance the development of recovery oriented NDIS planning. Once an NDIS Plan is in place the service continues by providing Coordination of Supports.

The PIR program has been extended for three years to 30 June 2019 to support the transition of program funding to the NDIS.

Proportion of funds used by domain

Figure 2



- Looking after the home
- Accomodation
- Physical health
- Self-care
- Mental Health
- Transport
- Communication and Technology
- Education
- Mental Wellness
- Daytime activities
- Other services
- Food
- Information on condition and treatment
- Cultural and spiritual

THE WAY BACK SUPPORT SERVICE

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 Hunter has been selected as the NSW trial site and is the largest of three trials across Australia. The service is delivered by a consortium of which Hunter Primary Care is the lead agency and includes Calvary Mater Newcastle, Hunter New England Mental Health Services, Hunter Institute of Mental Health and Relationships Australia NSW. The trial is funded until January 2018 and will be subject to a formal evaluation.

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 after 12 months follow-up. 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 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 of the Hunter New England Local Health District 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. 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 utilization 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

HIGHLIGHTS AND ACHIEVEMENTS

Service development commenced in January 2016 and the service has been providing support to clients since April. The service has established a truly integrative referral pathway with Calvary Mater Newcastle, and provides an example of effective partnerships across local services.

The Support Coordinators are finding particular value in working with individuals to develop structured Safety Plans to assist during times of increased distress.

In the service period of 26 April to 30 June, we have received 146 referrals with 82 per cent agreeing to support from the service, which is higher than predicted. It is early days in terms of outcomes but anecdotal feedback from clients has been very positive.

NSW Mental Health Commissioner, Mr John Feneley, *beyondblue* CEO, Georgie Harman and Dr Kevin Sweeney, CEO of Hunter Primary Care officially launched The Way Back Service in Newcastle on Tuesday 4 October.

From left: Dr Kevin Sweeney, CEO Hunter Primary Care, Ms Sharon Claydon MP, Federal Member for Newcastle, Mr John Feneley, NSW Mental Health Commissioner

Future Directions

To assist in the client's recovery, Guiding Their Way Back is an affiliated service that provides support and education to partners, family members and other support people. The program has been developed by the Hunter Institute of Mental Health and will be run by Relationships Australia. The Way Back Support Service will be working collaboratively to promote and facilitate access to this service. The service commences in September 2016.

Launch of the Way Back Support Service
From left: The Way Back Service team: Danielle Adams, Narya Reeves, Mel Eason, Maria Briggs, Amanda Williams, Vicki Maher, Camille Plant and Kate Shepley

CORPORATE **SERVICES**

Keeping people **well** and **out of hospital**

INFORMATION TECHNOLOGY

Hunter Primary Care **Managed Information Technology Services** (MITS) provides services and support to health practices including general practices, allied health, specialist and aged care facilities. Our MITS 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. Specialised software is used which enables remote control, software deployment and monitoring of systems.

The MITS team currently provides support to 87 health practices with over 700 computers and servers located across the Hunter region as well as other locations from Foster to Redfern and as far as Merriwa.

In addition to supporting external health practices, the MITS team provides internal support to 122 users, 168 computers and 47 servers plus after hours support for an additional 60 hours per week.

HIGHLIGHTS AND ACHIEVEMENTS

Over the past 12 months the MITS team has introduced some new service offerings that have already been taken up by many of our Hunter Primary Care members including:

- Leased Server – MITS lease server hardware to practices, built and configured as required, for a monthly fee. This avoids the upfront cost of purchasing a server. The term of the lease of the server is 36 months from the instalment date of the server. MITS replaces the hardware every three years and upgrades the hardware as required by the practice. The hardware remains the property of Hunter Primary Care for the duration of the agreement.
- Hosted Server – MITS hosts a virtual server on our premises, configured as required for the practice, for a monthly fee. This avoids the need to have a physical server on your premises and the upfront cost of purchasing a server. MITS maintains and upgrades IT infrastructure as required and increases resources for the virtual server as required by the practice. The term of the lease of the server is for 36 months from the instalment date of the server.

The MITS team has made some significant savings for Hunter Primary Care by reducing IT costs for the 2015-16 period down to two per cent of total revenue from 3.49 per cent in 2014-15. Other achievements have included virtualizing all Hunter Primary Care servers to reduce costs and decrease the risks associated with hardware failure and implementation of a new back up and data recovery solution.

HUMAN RESOURCE MANAGEMENT SERVICES

Hunter Primary Care **Human Resource Management Services** (HRMS) 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

Services available to primary health care practices include:

Telephone/email Support and Updates

For a small annual fee, which covers up to one hour of service in total, practice managers and practice principals can seek human resource (HR) support by telephone or email for a range of matters including:

- Queries and advice about awards and employee entitlements, performance management, employment agreements, interpersonal conflict, termination of employment
- Access to standard templates for:
  - Award-based employment offers
  - Individual flexibility agreements
- Newsletter updates with HR/ employment law/award updates of interest

This service is very flexible and can be used for multiple quick enquiries during the year or for fewer, more detailed enquiries or assistance. Additional time can also be purchased if required.

Tailored Support

For more intensive support and assistance, primary health care practices may engage HRMS on a fee for service basis for support such as:

- Development of award-based employment agreements
- Development of tailored individual flexibility agreements
- Development of enterprise agreements
- Assistance with other forms of employment correspondence such as performance warnings, termination of employment, position descriptions
- Policy development
- Other HR/Industrial Relations issues that may arise that require more intensive input or a visit to the practice

Services can be provided on a fee per hour basis or by fixed quote.

HIGHLIGHTS AND ACHIEVEMENTS

This year HRMS delivered three educational workshops in Newcastle on the Health Professionals and Support Services Award. The workshops were well-received and, based on feedback, a pre-recorded version of the workshop that can be reviewed at a time convenient to each individual, has now been developed. The recording runs for 40 minutes and is now available online for a fee.

The workshop is aimed at assisting practice principals and managers to better understand the provisions of the Health Professionals and Support Services Award and is relevant to all primary care services with staff covered by this award.

More workshops on different topics are currently being developed.

Hunter Primary Care

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2016

Hunter Primary Care Limited

Financial Statements

for the Financial Year Ended 30 June 2016

Hunter Primary Care Limited

Financial Statements
for the Financial Year Ended 30 June 2016

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Hunter Primary Care Limited

Directors' Report
30 June 2016

The directors present their report on Hunter Primary Care Limited for the financial year ended 30 June 2016.

The names of the directors in office at any time during, or since the end of, the year are:

Names	
Dr Mark Foster	
Dr Peter Hopkins	
Dr Trent Watson	Ceased - 20/11/2015
Mr Robert Horne	Ceased - 20/11/2015
Ms Kelly Jones	Ceased - 15/10/2015
Mr Steven Adams	
Dr Milton Sales	
Mr Benjamin Wilkins	
Ms Jennifer Hayes	Appointed - 20/11/2015
Mr Scott Puxty	Appointed - 20/11/2015
Mr Richard Anicich	Appointed - 20/11/2015

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

The following person held the position of Company Secretary at the end of the financial year:

Mr Matthew Plumridge

Mr Matthew Plumridge is the Corporate Services Executive of Hunter Primary Care Limited.

Principal activities

The principal activities of Hunter Primary Care Limited (Company) during the financial year were as follows:

1. A non-profit health promotion charity and community health services organisation, servicing the needs of primary health care clinicians in the delivery of care to their patients and communities.

2. This includes operating GP Access After Hours which provides an integrated system of after hours primary medical care for four Local Government Areas.

3. Psychology Services supports primary health care clinicians in providing mental health care services and facilitates access to mental health care for patients.

4. IT Services provides systems and desktop support to general practice and other health providers both within and beyond the Medicare local boundaries.

No significant changes in the nature of the Company's activities occurred during the financial year.

Hunter Primary Care Limited

Directors' Report
30 June 2016

Operating results and review of operations for the year

The result of the Company for the financial year ended 30 June 2016 amounted to a loss of $172,202 (2015: surplus of $478,266).

Significant changes in state of affairs

The following significant changes in the state of affairs of the Company occurred during the financial year:

(i) The Federal Government ceased all operations of Medicare Locals as of 30 June 2015. The Government has implemented Primary Health Networks (PHN) in place of Medicare Locals. Hunter Primary Care Limited tendered for funding from HNECC Limited (PHN) from 1 July 2015 and subsequently tendered for recurrent and new funding from HNECC Limited and other funding bodies from 1 July 2016.

Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Environmental matters

The Company's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory.

Hunter Primary Care Limited

Directors' Report
30 June 2016

Information on directors

DIRECTOR	Dr Mark Foster
Qualifications	MBBS; M Med Sci; FRACGP DA; FFARCS; Dip RACOG; GAICD
Experience	Chair of Finance, Audit and Risk Management Committee
DIRECTOR	Dr Peter Hopkins
Qualifications	MBBS (Hons); M Med Sc (EPI); FRACGP
Experience	Chair of Board, Chair of Nomination and Remuneration Committee
DIRECTOR	Mr Steven Adams
Qualifications	FAICD; AdvDip Bus Man
Experience	Clinical Governance Committee
DIRECTOR	Dr Milton Sales
Qualifications	MBBS; Dip RANZCOG; FRACGP
Experience	Chair of Clinical Governance Committee
DIRECTOR	Mr Benjamin Wilkins
Qualifications	BPharm; AACPA; GAICD
Experience	Deputy Chair of Board, Nomination and Remuneration Committee
DIRECTOR	Ms Jennifer Hayes
Qualifications	BBus; MBus; CPA; GAICD
Experience	Clinical Governance Committee
DIRECTOR	Mr Scott Puxty
Qualifications	BCom; Dip Law; MBusAdmin; GAICD
Experience	Nomination and Remuneration Committee
DIRECTOR	Mr Richard Anicich
Qualifications	BCom; LLB; FAICD
Experience	Finance Audit and Risk Management Committee
EXTERNAL MEMBER	Professor Anne Duggan
Experience	BA; Dip Ed; B Med; M Health Planning; PhD; FRACP
	Clinical Governance Committee
EXTERNAL MEMBER	Ms Kirsty Porteous
Qualifications	BCom; CA; RCA
Experience	Finance, Audit and Risk Management Committee

Hunter Primary Care Limited

Directors' Report
30 June 2016

Meetings of directors

During the financial year, 8 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings		Finance Audit & Risk Management Committee		Clinical Governance		Nomination and Remuneration Committee	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Mark Foster	8	8	5	5	-	-	-	-
Mr Robert Horne	3	3	-	-	1	1	-	-
Dr Trent Watson	3	3	-	-	-	-	1	1
Ms Kelly Jones	2	2	2	2	-	-	-	-
Mr Steven Adams	8	7	-	-	2	2	1	1
Dr Milton Sales	8	8	-	-	3	3	-	-
Dr Peter Hopkins	8	8	-	-	-	-	3	3
Mr Benjamin Wilkins	8	7	2	2	-	-	2	2
Ms Jennifer Hayes	5	5	-	-	2	2	-	-
Mr Richard Anicich	5	5	3	3	-	-	-	-
Mr Scott Puxty	5	5	-	-	-	-	2	2
Prof Anne Duggan	-	-	-	-	3	1	-	-
Ms Kirsty Porteous	-	-	4	4	-	-	-	-

Indemnification and insurance of officers and auditors

During the financial year, the Company paid a premium in respect of a contract insuring the directors of Hunter Primary Care Limited, the company secretary and all executive officers of the Company against liability incurred as such a director, secretary or executive officer to the extent permitted by the *Australian Charities and Not-for-Profits Commission* (ACNC) *Act 2012.* The contract of insurance prohibits disclosure of the nature of the liability and the amount of insurance.

The Company has not otherwise, during or since the end of the financial year except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the Company or any related body corporate against a liability incurred as such an officer or auditor.

Signed in accordance with a resolution of the Board of Directors

Director: …….. Director: ……

Newcastle, NSW

Dated 7 September 2016

Hunter Primary Care Limited

Auditor's Independence Declaration under Section 307C of the Corporations Act 2001

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016, there have been:

(i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-Profits Commission* (ACNC) *Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

PKF
Chartered Accountants

CLAYTON HICKEY
Partner

Date 8 September 2016

Newcastle NSW

PKF(NS) Audit & Assurance Limited Partnership
ABN 91 850 861 839

Liability limited by a scheme approved under Professional Standards Legislation

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Hunter Primary Care Limited

Independent Audit Report to the Members of Hunter Primary Care Limited

Report on the Financial Report

We have audited the accompanying financial report of Hunter Primary Care Limited, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-Profits Commission* (ACNC) *Act 2012* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In Note 1, the Directors also state, in accordance with Accounting Standard AASB 101 *Presentation of Financial Statements*, that the financial statements comply with *International Financial Reporting Standards*.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report.

The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the ACNC Act 2012.

Hunter Primary Care Limited

Independent Audit Report to the Members of Hunter Primary Care Limited

Audit Opinion

In our opinion:

(a) the financial report of Hunter Primary Care Limited is in accordance with the ACNC Act 2012, including:

(i) giving a true and fair view of the Company's financial position as at 30 June 2016 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*; and

(b) the financial report also complies with *International Financial Reporting Standards* as disclosed in Note 1.

Significant Uncertainty Regarding Going Concern

Without modifying our opinion, we draw attention to Note 1(g) in the financial statements which indicates the existence of a material uncertainty that may cast significant doubt about the Company's ability to continue as a going concern and therefore the entity may be unable to realise its assets and discharge its liabilities in the ordinary course of business.

PKF
Chartered Accountants

CLAYTON HICKEY
Partner

Date 8 September 2016

Newcastle NSW

Hunter Primary Care Limited

Directors' Declaration

The directors of the Company declare that:

1. The financial statements and notes, as set out on pages 9 to 25, are in accordance with the *Australian Charities and Not-for-Profits Commission* (ACNC) *Act 2012* and:

   (a) comply with Australian Accounting Standards; and

   (b) give a true and fair view of the financial position as at 30 June 2016 and of the performance for the year ended on that date of the entity.

2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable with due reference to Note 1(g) to the financial statements.

This declaration is made in accordance with a resolution of the Board of Directors.

Director ..... Director .....

Dated 7 September 2016

Hunter Primary Care Limited

Statement of Profit or Loss and Other Comprehensive Income
For the Financial Year Ended 30 June 2016

	Note	2016 $	2015 $
Revenue	3	22,903,728	30,525,516
Other revenue	3	263,885	617,706
Employee benefits expense	3	(14,311,859)	(18,199,256)
Depreciation and amortisation expense		(272,770)	(343,199)
Administration expense		(2,872,911)	(4,029,675)
Sub-contractors expense		(4,499,165)	(6,648,601)
Occupancy expense		(1,074,773)	(1,098,046)
Other operating expenses		(308,337)	(346,179)
(Loss)/Surplus before income tax		(172,202)	478,266
Income tax expense	1(h)	-	-
(Loss)/Surplus for the year		(172,202)	478,266
Other comprehensive income		-	-
Total comprehensive (loss) / income for the year		(172,202)	478,266

The accompanying notes form part of these financial statements.

Hunter Primary Care Limited

Statement of Financial Position
As at 30 June 2016

	Note	2016 $	2015 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	16(a)	7,732,462	9,169,044
Trade and other receivables	5	243,352	2,320,679
Other current assets	6	180,698	187,794
Inventories	7	4,873	538
TOTAL CURRENT ASSETS		8,161,385	11,678,055
NON-CURRENT ASSETS			
Property, plant and equipment	8	240,881	448,035
TOTAL NON-CURRENT ASSETS		240,881	448,035
TOTAL ASSETS		8,402,266	12,126,090
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,582,100	4,292,423
Provisions	10	1,344,423	1,313,983
Other financial liabilities	11	2,212,183	3,112,080
TOTAL CURRENT LIABILITIES		5,138,706	8,718,486
NON-CURRENT LIABILITIES			
Employee provisions	10	375,808	347,650
TOTAL NON-CURRENT LIABILITIES		375,808	347,650
TOTAL LIABILITIES		5,514,514	9,066,136
NET ASSETS		2,887,752	3,059,954
EQUITY			
Reserves	12	2,414,419	2,414,419
Retained Earnings	13	473,333	645,535
TOTAL EQUITY		2,887,752	3,059,954

The accompanying notes form part of these financial statements.

Hunter Primary Care Limited

Statement of Changes in Equity
For the Financial Year Ended 30 June 2016

2016

	Accumulated Surplus	Reserves	Total
	$	$	$
Balance at 1 July 2015	645,535	2,414,419	3,059,954
Loss for the year	(172,202)	-	(172,202)
Balance at 30 June 2016	473,333	2,414,419	2,887,752

2015

	Accumulated Surplus	Reserves	Total
	$	$	$
Balance at 1 July 2014	806,830	1,774,858	2,581,688
Surplus for the year	478,266	-	478,266
Transfer to General Reserve	(639,561)	-	(639,561)
Transfers from Accumulated Surplus	-	639,561	639,561
Balance at 30 June 2015	645,535	2,414,419	3,059,954

The accompanying notes form part of these financial statements.

Hunter Primary Care Limited

Statement of Cash Flows
For the Financial Year Ended 30 June 2016

	Note	2016 $	2015 $
Cash flows from operating activities:			
Receipts from clients and funding bodies		26,704,241	29,841,360
Payments to suppliers and employees		(28,244,684)	(30,976,033)
Interest received		169,477	335,157
Net cash provided by operating activities	16(b)	(1,370,966)	(799,516)
Payment for plant and equipment		(65,616)	-
Net cash used by investing activities		(65,616)	-
Net decrease in cash and cash equivalents held		(1,436,582)	(799,516)
Cash and cash equivalents at beginning of year		9,169,044	9,968,560
Cash and cash equivalents at end of financial year	16(a)	7,732,462	9,169,044

The accompanying notes form part of these financial statements.

Hunter Primary Care Limited

Notes to the Financial Statements
For the Financial Year Ended 30 June 2016

The financial statements are for Hunter Primary Care Limited (Company) as an individual entity, incorporated and domiciled in Australia. Hunter Primary Care Limited is a not-for-profit company limited by guarantee.

The functional and presentation currency of Hunter Primary Care Limited is Australian dollars.

1 Summary of Significant Accounting Policies

(a) Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Australian Charities and Not-for-Profits Commission* (ACNC) *Act 2012*.

Material accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

(b) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(c) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows.

Contributions are made by the Company to an employee superannuation fund and are charged as expense when incurred.

Obligations for contributions to defined contribution superannuation plans are recognised as an employee benefit expense in profit or loss in the periods in which services are provided by employees.

(d) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

1 Summary of Significant Accounting Policies (cont'd)

(e) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the Company, are classified as finance leases.

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

(f) Impairment of assets

At each reporting date, the Company reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

If the recoverable amount of an asset is estimated to be less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount.

(g) Going concern

The Department of Health has not continued core funding arrangements with Hunter Primary Care Limited from 1 July 2015.

Hunter Primary Care Limited is required to tender for future funding agreements through HNECC Limited (HNECC) which is a newly established Primary Health Network (PHN). As at the date of this report, it is unknown as to whether Hunter Primary Care Limited will be successful in the tendering process for future funding past 30 June 2017. It is also uncertain as to the level of funding that Hunter Primary Care Limited will receive to satisfy any obligations that may crystallize from the tender process.

Notwithstanding this uncertainty, the Board has determined it appropriate that the financial report be prepared on a going concern basis in the belief that the Company will realise its assets and settle its liabilities and commitments in the normal course of business and for at least the amounts stated for a period not less than one year from the date of signing the financial report.

If the Company is unsuccessful in the tender and/or unable to obtain sufficient funding for any new obligations, the Company may not be able to continue as a going concern and therefore may be unable to realise its assets and extinguish its liabilities in the normal course of business and at the amounts stated in the financial statements.

(h) Income Tax

No provision for income tax has been raised as the Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(i) Reserves

Fees for services and other net revenues that are generated from the resources of the Company, as opposed to grant funding, are transferred at the end of the financial year from accumulated surplus/accumulated deficits to the general reserve. The details are set out in the Statement of Changes in Equity and Note 12.

(j) Payables

Trade payables and other accounts payable are recognised when the Company becomes obliged to make future payments resulting from the purchase of goods and services.

1 Summary of Significant Accounting Policies (cont'd)

(k) Government Grants

Government grants present assistance from the Government in the form of transfers of resources to the Company in return for past or future compliance with certain conditions relating to the operating activities of the entity. Government grants include government assistance where there are no conditions specifically relating to the operating activities of the Company other than the requirement to operate in certain regions or industry sectors.

Government grants are not recognised until there is reasonable assurance that the Company will comply with the conditions attaching to them and the grants will be received.

Government grants whose primary condition is that the Company should purchase, construct or otherwise acquire non-current assets are recognised as deferred income in the statement of financial position and recognised as income on a systematic and rational basis over the useful lives of the related assets.

Other Government grants are recognised as income over the periods necessary to match them with related costs which they are intended to compensate, on a systematic basis. Government grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Company with no future related costs are recognised as income of the period in which it becomes receivable.

(l) Property, Plant and Equipment

Classes of property, plant are measured using the cost method.

Where the cost model is used, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Plant and equipment that have been contributed at no cost or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

The depreciable amount of all property, plant and equipment, except for freehold land is depreciated on a straight-line method from the date that management determine that the asset is available for use.

Assets held under a finance lease and leasehold improvements are depreciated over the shorter of the term of the lease and the assets useful life.

The depreciation rates used for each class of depreciable asset are shown below:

Plant and Equipment	15% - 40%
Leasehold improvements	25% - 40%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

When an asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit or loss.

1 Summary of Significant Accounting Policies (cont'd)

(m) Provisions

Provisions are recognised when the Company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cashflows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

When some or all of the economic benefit required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is probable that recovery will be received and the amount of the receivable can be measured reliably.

(n) Revenue recognition

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Revenue from rendering of services is recognised upon delivery of the service to its clients.

Interest is recognised using the effective interest method.

Revenue from the disposal of assets is recognised when the Company has passed control of the goods or other assets to the buyer.

All revenue is stated net of the amount of goods and services tax (GST).

(o) Receivables

Trade accounts receivable generally settled within 30 days are carried at amounts due. A provision is raised for any doubtful debts based on a review of all outstanding amounts at balance date. Bad debts are written off in the period in which they are identified.

(p) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Company has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Company.

- AASB 9: Financial Instruments (December 2014) and associated Amending Standards (applicable for annual reporting periods commencing on or after 1 January 2017).
- AASB 2014-4: Amendments to Australian Accounting Standards - Clarification of Acceptable Methods of Depreciation and Amortisation.
- AASB 15: Revenue from Contracts with Customers (applicable for annual reporting periods beginning on or after 1 January 2018).
- AASB 16: Leases (applicable for annual reporting periods beginning on or after 1 January 2019).

2 Critical accounting judgements, estimates and assumptions

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimations in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Long service leave provision

As discussed in Note 1, the liability for long service leave is recognised and measured at the present value of estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

3 Profit / (Loss) from operations

	2016 $	2015 $
(a) Revenue		
Operating activities		
Service revenue	4,601,163	4,177,505
Interest received	169,477	335,157
Operating grants	18,133,088	26,012,854
Total operating revenue	22,903,728	30,525,516
Other income	263,885	617,706
Total Revenue	23,167,613	31,143,222
(b) Expenses		
Rental expense on operating lease	613,731	619,327
Depreciation	272,770	343,199
Loss on disposal of plant and equipment	-	30,465
Employee benefits expense	14,311,859	18,199,256

4 Remuneration of Auditors

Audit of the financial report	38,500	46,000
Other assurance services	8,250	7,500
	46,750	53,500

5 Current trade and other receivables

	2016	2015
	$	$
Trade receivables	137,804	2,189,152
Provision for impairment	(2,084)	(3,359)
Other receivables	107,632	134,886
	243,352	2,320,679

Credit risk

The Company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties. The class of assets described as 'trade and other receivables' is considered to be the main source of credit risk related to the Company.

The following table details the Company's trade and other receivables exposure to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled, within the terms and conditions agreed between the Company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there is objective evidence indicating that the debt may not be fully repaid to the Company.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

			Past due but not impaired (days overdue)			
	Gross amount	Past due and impaired	< 30	31-60	61-90	> 90
	$	$	$	$	$	$
2016						
Trade and term receivables	137,804	2,089	122,730	5,557	440	9,077
Total	137,804	2,089	122,730	5,557	440	9,077
2015						
Trade and term receivables	2,189,152	3,359	2,162,638	6,035	2,861	17,618
Total	2,189,152	3,359	2,162,638	6,035	2,861	17,618

The Company does not hold any financial assets with terms that have been renegotiated, but which would otherwise be past due or impaired.

6 Other assets

	2016	2015
	$	$
Prepayments	180,698	187,794
	180,698	187,794

7 Inventories

	2016	2015
	$	$
Information technology stock	4,873	538
	4,873	538

Write downs of inventories to net realisable value during the year were $ NIL (2015: $ NIL).

8 Property, plant and equipment

Movements in carrying amounts of property, plant and equipment

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Plant and Equipment	Leasehold Improvements	Total
	$	$	$
Year ended 30 June 2016			
Balance at the beginning of year	366,191	81,844	448,035
Additions	65,616	-	65,616
Depreciation expense	(190,926)	(81,844)	(272,770)
Balance at the end of the year	240,881	-	240,881

	Plant and Equipment	Leasehold Improvements	Total
	$	$	$
Year ended 30 June 2015			
Balance at the beginning of the year	577,405	244,294	821,699
Disposals	(52,230)	-	(52,230)
Depreciation expense	(158,984)	(162,450)	(321,434)
Balance at the end of the year	366,191	81,844	448,035

9 Trade and other payables

	2016	2015
	$	$
Trade payables	585,543	377,337
Sundry payables and accrued expenses	821,647	3,848,183
GST payable	174,910	66,903
	1,582,100	4,292,423

Hunter Primary Care Limited

Notes to the Financial Statements
For the Financial Year Ended 30 June 2016

10 Provisions

	2016 $	2015 $
Current		
Provision for onerous contracts	-	22,005
Provision for employee benefits	1,344,423	1,291,978
	1,344,423	1,313,983
Non-Current		
Provision for employee benefits	375,808	347,650

11 Other Financial Liabilities

Deferred Income	2,212,183	3,112,080
	2,212,183	3,112,080

12 Reserves

General reserve		
Balance at the beginning of the financial year	2,414,419	1,774,858
Total transfer from accumulated surplus	-	639,561
Balance at the end of the financial year	2,414,419	2,414,419

13 Accumulated surplus

Balance at the beginning of financial year	645,535	806,830
Profit for the year	(172,202)	478,266
Transfer to reserves	-	(639,561)
Accumulated surplus at end of the financial year	473,333	645,535

14 Leases

Operating Leases

Non-cancellable operating lease payments		
Not later than one year	528,573	159,853
Longer than 1 year and not longer than 5 years	300,515	73,606
Longer than five years	-	-
	829,088	233,459

The Company has two leases on Ricoh photocopiers.

15 Members' Guarantee

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $20 each towards meeting any outstandings and obligations of the Company. At 30 June 2016 the number of members was 1,265 (2015: 1,374).

16 Notes to the statement of cash flows

(a) Reconciliation of cash

	2016 $	2015 $
For the purpose of the cash flow statement, cash and cash equivalents includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:		
Cash and cash equivalents	7,732,462	9,169,044
	7,732,462	9,169,044

(b) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:		
(Loss) / Profit for the year	(172,202)	478,266
Depreciation expense	272,770	343,199
Loss on disposal of plant and equipment	-	30,465
Changes in net assets and liabilities		
- decrease/(increase) in trade and other receivables	2,077,203	(1,844,841)
- decrease/(increase) in other assets	7,096	(29,545)
- (increase)/decrease in inventories	(4,335)	9,968
- (decrease)/increase in trade and other payables	(2,828,115)	2,392,415
- increase/(decrease) in provisions	58,598	(430,428)
- (decrease) in other current liabilities	(781,981)	(1,749,015)
Cashflow from operations	(1,370,966)	(799,516)

17 Financial Risk Management

The main risks Hunter Primary Care Limited is exposed to through its financial instruments are credit risk, liquidity risk and interest rate risk.

The Company's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable and payable and leases.

The reporting Company limited by guarantee does not have any derivative financial instruments at 30 June 2016.

Financial Assets	2016 $	2015 $
Cash and cash equivalents	7,732,462	9,169,044
Trade and other receivables	243,352	2,320,679
	7,975,814	11,489,723
Financial Liabilities		
Trade and other payables	1,582,100	4,292,423
	1,582,100	4,292,423

17 Financial Risk Management (cont'd)

Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the Company.

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount of those assets, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

The Company does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Company.

The credit quality of financial assets that are neither past due nor impaired can be assessed by reference to external credit ratings (where available).

Liquidity risk

The Company's liquidity risk arises from the risk that it will encounter difficulty in meeting its obligations associated with financial liabilities. The Company manages liquidity risk by continuously monitoring forecast and actual cash flows and matching profiles of financial assets and liabilities.

The Company‘s liabilities have contractual maturities which are summarised below:

	Less than 1 year		1 to 5 years		5+ years	
	2016	2015	2016	2015	2016	2015
	$	$	$	$	$	$
Trade and other payables	1,582,100	4,292,423	-	-	-	-

(i) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Company's exposure to interest rate risk arises from the holding cash and cash equivalents. The Company actively monitors interest rates for cash at bank and on deposits to maximise interest income. The Company accepts the risk in relation to fixed interest securities as they are held to generate income on surplus funds.

As at the reporting date, the Company had the following variable rate cash exposure:

	2016	2015
	$	$
Cash and cash equivalents		
Cash at bank	7,732,462	9,169,044

17 Financial Risk Management (cont'd)

The sensitivity analysis below has been determined based on the exposure to interest rates for both non-derivative instruments at reporting date and the stipulated change taking place at the beginning of the financial year and held constant throughout the reporting period.

At reporting date, if interest rates had been 1% higher or lower and all other variables were held constant, the Company's net profit would increase or decrease by $77,325 (2015: $91,690). This is attributable to the Company's exposure to interest rates on its variable cash deposits.

The short-term bank deposits were subject to interest at the market variable rate being 1.65% (2015: 1.94%) as at 30 June 2016.

The other financial assets and financial liabilities are not subject to interest rate risk as they are non-interest bearing.

18 Key Management Personnel Compensation

The directors and other members of key management personnel of the Company during the year were:

Dr Mark Foster	Director
Dr Peter Hopkins	Director
Mr Robert Horne	Director (ceased 20/11/15)
Dr Trent Watson	Director (ceased 20/11/15)
Ms Kelly Jones	Director (ceased 15/10/15)
Mr Steven Adams	Director
Dr Milton Sales	Director
Mr Benjamin Wilkins	Director
Mr Richard Anicich	Director (appointed 20/11/15)
Ms Jennifer Hayes	Director (appointed 20/11/15)
Mr Scott Puxty	Director (appointed 20/11/15)
Dr Kevin Sweeney	CEO
Mr Matthew Plumridge	Company Secretary / Executive (resigned 17/08/16)
Ms Kaye Duffy	After Hours Independent Chair (ceased 30/07/15)
Ms Kirsty Porteous	External – Finance Audit and Risk Management
Mr Keith Drinkwater	Executive
Mr John Baille	Former CEO (ceased 30/07/15)
Ms Katrina Delamothe	Executive
Mr Barry Frost	PIR Consortium Chair

The totals of remuneration paid to the key management personnel of Hunter Primary Care Limited during the year are as follows:

	2016	2015
	$	$
Short-term employee benefits	928,292	1,328,886
Post-employment benefits	70,701	44,139
	998,993	1,373,025

Hunter Primary Care Limited

Notes to the Financial Statements
For the Financial Year Ended 30 June 2016

19 Related Parties

The Company's main related parties are as follows:

(a) Key management personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity are considered key management personnel.

For details of remuneration disclosures relating to key management personnel, refer to Note 18 Key Management Personnel (KMP) Compensation.

(b) Transactions with related parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Mr Richard Anicich is a Partner at Sparke Helmore. Sparke Helmore provided legal services to the Company throughout the financial year to the total of $12,701.

Dr Mark Foster is a Director of Community Healthcare and an Employee of Seaham Surgery and Thornton Medical Centre. IT services were provided to these organisations throughout the financial year to the total of $12,278.

20 Subsequent events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations, or the state of affairs of the Company in future financial years.

21 Economic Dependency

During the year ended 30 June 2016, the Company received the majority of its funding from HNECC and accordingly is economically dependent on the continued financial and other support it receives from HNECC.

22 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2016 (30 June 2015: None).

23 Company Details

The registered office of and principal place of business of the Company is:

Hunter Primary Care Limited
Ground Floor, 123 King Street
Newcastle NSW 2300

headspace Newcastle

Hunter Partners in Recovery

Hunter PRIMARY CareCoordination

Hunter PRIMARY Psychology Services

GP access AFTER HOURS

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Hunter PRIMARY CARE