

# Hunter **PR1MARYCARE**

## 2019 ANNUAL REPORT



*We listen. Care. Connect.*



# ABOUT THIS REPORT

This report is for the period 1 July 2018 to 30 June 2019. Financial data has been audited by PKF, Newcastle NSW 2300. This report is available to download from [hunterprimarycare.com.au](http://hunterprimarycare.com.au)

## ACKNOWLEDGEMENTS

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

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

## DIVERSITY COMMITMENT

Hunter Primary Care is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. We welcome all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

*Aboriginal and Torres Strait Islander readers are warned that the following Report may contain images of deceased persons which may cause sadness or distress.*

Image: Saretta Fielding, Our Corroboree 2 (detail), 2019, mixed media on canvas.



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# WHO ARE WE?

At Hunter Primary Care, our focus is on you.  
We support people to live a healthy life.

As a not-for-profit organisation, we have been providing quality health care and wellbeing services to the Hunter community for almost 30 years.

We understand that everyone's healthcare journey is different and listen to each individual's needs and goals. We deliver a range of health and wellbeing services to the community in collaboration with our network of trusted health professionals.



**LISTEN** – We understand everyone's health care journey is different



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



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

# OUR REGION

The Hunter Primary Care region is located on the NSW east coast and services the following areas: Newcastle, Lake Macquarie, Port Stephens, Maitland, Cessnock, Singleton, Muswellbrook, Upper Hunter, Dungog, Great Lakes, Gloucester, Greater Taree, Wyong, Tamworth and Armidale.

Our region covers the traditional Aboriginal nations of Anaiwan, Awabakal, Biripi, Darkinjung, Gaewegal, Kamilaroi, Wonaruah and Worimi people.

## AREA OF OPERATIONS



# OUR STRATEGY

## Our Pathways STRATEGIC FRAMEWORK

### OUR FUTURE



#### GROWTH AND INNOVATION

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

### OUR PEOPLE



#### PEOPLE AND CULTURE

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



### OUR COMMUNITY



#### CLIENT EXPERIENCE

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

### OUR BUSINESS



#### QUALITY AND SYSTEMS

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



# A MESSAGE FROM OUR CHAIR

Welcome to the Annual Report for 2019. In my first message as Chair of the Hunter Primary Care (HPC) Board, I am pleased to reflect on the past year and the wonderful achievements of the organisation.

It has been an exciting 12 months for Hunter Primary Care. After introducing our refreshed branding last year, this year saw us launch our first multi-channel advertising campaign. The brand awareness campaign consisted of both traditional media including TV and print advertising as well as digital marketing channels. The campaign reinforced our commitment to providing quality health and wellbeing services to our community, with a particular focus on our NDIS services. I'm happy to report that the campaign has led to increased traffic to our new website and a steady increase in referrals to our NDIS service.

It is pleasing to see that we have delivered another strong financial result which enables continued investment in developing the business for the future.

We continued to show our support and commitment to reconciliation, hosting an engaging and emotive smoking ceremony, live dance and didgeridoo performance as part of our National Reconciliation Week celebrations. Our RAP Working Group also proudly represented the organisation at this year's NAIDOC Week events. NAIDOC Week continues to provide us with a fantastic opportunity to connect with the community and establish relationships and collaborations with other service providers.

The Hunter Partners in Recovery program ceased operating in June 2019 and has since been replaced by our new Hunter Psychosocial Support Service. Hunter PIR delivered support to over 1,000 people with severe and persistent mental illness and complex needs during its six years of operation. I congratulate our Mental Health Care Coordination Manager, Sally Regan, and her team for delivering the successful program and assisting those eligible to transition into the new Psychosocial Support Service.

Congratulations must also be extended to our GP Access After Hours team, led by Melissa Ward. The team were finalists in this year's Hunter Business Awards in the Excellence in Innovation category.

The ongoing high level of primary health care provided to the Hunter community, as well as the commitment of professional staff and collaboration with GPs was acknowledged at a gala event on 23 August 2019. Although we did not win the final award, Chamber CEO Bob Hawes highlighted the high-calibre field of finalists in a year which attracted a record breaking number of finalists.



Overall, Hunter Primary Care continues to focus on achieving the objectives and goals of our strategic pathways and developing new business opportunities to further strengthen our position in the marketplace.

I would like to thank my fellow Directors for their contribution over the last 12 months and I look forward to celebrating more achievements in the years to come.

**Richard Anicich AM, Chair**



# A MESSAGE FROM OUR CEO

I am delighted to present Hunter Primary Care's (HPC) Annual Report for 2019. As I reflect on our achievements this year, I acknowledge the ongoing commitment of our steady and engaged workforce. Our staff exemplify professionalism, dedication and collaboration, and honour our core values of excellence and integrity.

Without the strength of all teams working across disparate areas of the business, we would not be able to deliver such outstanding supports for the clients that we serve in the community.

The future trajectory is looking bright for HPC as we continue to explore new ways of approaching business and service delivery. The Board and Executive have embraced a whole of business strategic approach that has been essential to our successes over the past year. The strategic journey so far has included the implementation of four organisational initiatives: Growth and Innovation, People and Culture, Quality and Systems and Client Experience. As strategy is an evolving process, we will continue to adopt new ways of improving primary health care delivery through our commitment to innovation and investing in our people.

Our refreshed branding has continued to be rolled out across the business throughout 2019, including the tag line 'We Listen. Care. Connect'. In launching the new brand, we embarked upon extensive market research and the development of key value propositions to present HPC as a market leader in the delivery of primary health care services. Integral to our marketing strategy was the creation of a new website as well as a suite of advertisements to improve brand awareness and highlight to the Hunter community the expertise and solid foundation that is HPC. Since launching the marketing campaign across various digital and traditional mediums in April 2019, visits to our website has seen a steady increase and our NDIS client base has shown a pleasing positive response.

Our continued support and sponsorship of various community events have been an essential component of our collaborative approach to service delivery.

HPC is an active participant in significant NAIDOC events and is also a proud sponsor of The Hunter Postgraduate Medical Institute. We have purposely increased our engagement with other like-minded organisations who share a similar vision. We will continue to enhance our regional footprint by ensuring that we maintain the quality of our services, develop our evidenced base approach, embrace innovation and implement change as we approach 2020.



HPC continues a solid commitment to reconciliation by ensuring that all staff have an opportunity to further understand the importance of Aboriginal and Torres Strait Islander peoples' culture. In May 2019, we submitted a new Innovate tier Reconciliation Action Plan (RAP) to Reconciliation Australia for endorsement. The new RAP will ensure that we remain committed to working towards a Stretch tier RAP by 2021. A copy of our RAP can be found at [hunterprimarycare.com.au/reconciliation-action-plan/](https://hunterprimarycare.com.au/reconciliation-action-plan/).

With a vision of achieving growth and excellence, the single biggest challenge that Hunter Primary Care anticipates in the forthcoming year concerns innovating the business to meet the evolving demand for primary health care services in the community. This includes navigating continual funding changes, managing the reduced funding pathways and opportunities for service growth; and adopting new technologies to improve efficiency and client reach. These challenges are particularly prevalent in relation to NDIS funding and a range of mental health services. To deliver critical primary health care, new strategies to deliver new services to community members who need support, particularly those who present with severe and complex disability and mental health issues, will be a major focus.

In conclusion, I invite you to take a closer look at our achievements over the past twelve months, in the 2019 Annual Report. I would personally like to thank the Board for their support and guidance; and the Executive and staff for their commitment to ensuring HPC remains an efficient and effective organisation. Gratitude is also extended to our members and referrers for their support; and our stakeholders and clients for your ongoing trust in our work.

**Brenda Ryan, Chief Executive Officer**





**Hunter Primary Care Executive team: Corporate Services Executive – Jack Hanson, Mental Health Services Executive – Katrina Delamothe, CEO – Brenda Ryan and Primary Care Executive – Keith Drinkwater.**

## GOVERNANCE & MANAGEMENT

The CEO is responsible for overseeing the operations of the company to ensure activities align with and meet the strategic objectives and direction of the organisation as determined by the Board.

The Constitution of Hunter Primary Care Limited (ACN 061 783 015) sets out the responsibilities of the Board and gives it the power to govern the organisation in order to achieve its strategic objectives. The Board, at 30 June 2019, has eight members – four Member-nominated Directors and four Board-nominated Directors.

### **The Board is responsible for:**

- Corporate governance
- Setting the strategic direction for the company and goals for management
- Monitoring the performance of the company against the strategic frame work 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 four 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**

Providing 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 selection, and remuneration
- Assisting the Board by recommending Board policy and nominations that require Board approval

### **Information, Communication and Technology Governance Committee**

- Assisting the Board to ensure IT governance is providing effective safeguards and controls, providing guidance on proposed IT initiatives and projects prior to the approval process; and providing governance oversight by monitoring progress on major IT projects

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



# BOARD OF DIRECTORS



**Mr Richard Anicich AM**, Chair BCom, LLB, FAICD

Elected in November 2015 and re-elected in November 2018, Richard is Chair of the Board and also Chair of the Nomination and Remuneration Committee.

Richard is a consultant to Sparke Helmore Lawyers, and a past President of the Hunter Business Chamber (2011 - 2014). He is a Conjoint Professor of Practice in the School of Law at the University of Newcastle and a member of the Advisory Boards for both the Faculty of Business and Law and for the School of Law.

Richard is a non-executive director of Rural and Remote Medical Services Ltd and Chair of the Committee for the Hunter.

In 2018, Richard was appointed a Member of the Order of Australia (AM) for significant service to the community of the Hunter, to business development and medical research, and to the law.



**Dr Milton Sales OAM**, Deputy Chair MBBS, Dip RANZCOG, FRACGP

Elected in November 2012 and re-elected in November 2016 and 2017, Milton is Chair of the Clinical Governance Committee.

Milton is a Practice Principal and GP in the Newcastle region, as well as a supervisor for medical students for the University of Newcastle and GP Registrars for GP Synergy. He is also the current Programme Committee Chair and previous Chair of the Hunter Postgraduate Medical Institute (HPMI).

Over the past 32 years, Milton has been following a passion for improving health care through continuing professional health education program delivery via HPMI.



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

Appointed in February 2012, elected November 2015 and re-elected November 2017, Steven is a member of the Clinical Governance Committee

Steven is a proud Kamilaroi Man and Hunter business owner with a background in engineering, construction, defence industry, vocational education, health and community enterprises and currently also serves on the Boards of Lloyd McDermott Foundation, Gidgee Group of Companies and First Nations Rugby.

Steven was a founding Director of the NSW Indigenous Chamber of Commerce and has served on numerous Boards, Committees and Ministerial Taskforces over the past 20 years which include: Engineers Without Borders Indigenous Advisory Board, Empowered Communities, Alliance People Solutions (Owner/Director), 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).

Steven ensures that Aboriginal perspective and input are included at the highest level of governance and decision making and brings an understanding and working knowledge of the Federal health reforms currently being implemented nationally such as Closing The Gap initiatives.





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

Elected November 2014 and re-elected in November 2016, Mark is a member of the Clinical Governance Committee and a member of the Information, Communication and Technology Governance Committee.

Working as a GP for the last 20 years, Mark brings hands-on experience to our region's health system and is passionate about strengthening primary health care and has a strong understanding and experience of health system reform.

Currently a Director of the nib Foundation and of Community Healthcare Trustees, Mark is also the Clinical Director of a general practice which operates in Kurri Kurri and Cessnock.

Mark is a member of the Hunter New England Central Coast Primary Health Network Hunter Metro Clinical Advisory Group.



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

Elected November 2015 and re-elected November 2017, Jennifer is Chair of the Finance, Audit and Risk Management Committee. Jennifer has over 20 years' experience in Executive and Non-executive positions in a diverse range of sectors including fast moving consumer goods, utilities, primary health and tertiary education.

Jennifer is Chief Financial Officer of Hunter Water Corporation and formerly held corporate leadership positions with Mars Incorporated as Finance Director Central Europe, Group Financial Controller, Australia/ New Zealand and CFO New Zealand.

Jennifer presently serves as a Ministerial appointee of the University Council of Charles Sturt University and the Board of Regional Development Australia (Hunter). She is Chair of Cessnock City Council Audit Committee and co-founder of the City2City Community Foundation.



**Dr Peter Hopkins** , MBBS(Hons), MMedSc(EPI), FRACGP

Elected November 2014 and re-elected in November 2016, Peter is a member of the Nomination and Remuneration Committee and a member of the Information, Communication and Technology Governance Committee.

Peter is the owner of Marketown Health. 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 the 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.



**Mr Scott Puxty** , BCom, Dip Law, MBusAdmin, GAICD

Elected in November 2015 and re-elected in November 2018, Scott is a member of the Nomination and Remuneration Committee.

Scott is a partner of Cattle, Carmichael Legal and is a lawyer with 20 years' experience working in the areas of commercial dispute resolution, workplace relations, compliance and risk management.

Scott was previously a partner of two national law firms for almost 10 years. Throughout his career, Scott has worked with a diverse range of local and international corporate clients in the areas of health and disability services, hospitality, IT, infrastructure, manufacturing and engineering, mining and property development, as well as state and federal government agencies and NGOs.

Scott presently serves as a Public Officer for the Barkuma Neighbourhood Centre, a Hunter based Aboriginal NGO.



**Mr Laurence "Ben" Wilkins** , BPharm, AACPA, GAICD

Elected in November 2012 and re-elected in November 2014, 2016 and 2017, Ben is Chair of the Information, Communication and Technology Governance Committee and a member of the Finance, Audit and Risk Management Committee.

Ben is a registered pharmacist in Newcastle, a former proprietor and has experience in business management as well as clinical pharmacy services. Ben's appointments include the Pharmacy Board of Australia and the Board of Hunter New England Local Health District. Ben has an interest in the use of technology to improve health outcomes and provides Clinical Reference Lead services for the Australian Digital Health Agency.

Ben is passionate about preventative health measures around lifestyle while improving the community's wellbeing, particularly via Hunter Primary Care services.







# OUR RECONCILIATION ACTION PLAN

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

Our Innovate Reconciliation Action Plan (RAP) July 2019-July 2021 provides a framework for us to realise a vision for reconciliation. The RAP demonstrates our commitment to implementing and measuring practical actions that aims to build respectful relationships and create opportunities for Aboriginal and Torres Strait Islander peoples.

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

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





Hunter Primary Care acknowledges the diversity of Aboriginal and Torres Strait Islander cultures across Australia. We recognise 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.

We celebrate equality and advocate for all Australian's to be offered the same opportunities.

# HIGHLIGHTS & ACHIEVEMENTS

We are proud to recognise and celebrate significant cultural events each year across the organisation that includes National Close the Gap Day, National Reconciliation Week and NAIDOC Week.

## 2019 National Close the Gap Day

During March 2019, we held an event to recognise National Close the Gap Day, with a special staff lunch. Staff were treated to a traditional welcome by local Aboriginal Elder, Aunty Jaye Quinlan and were entertained by a didgeridoo performance by Yudhilidin Mental Health Care Coordinator, Josh Fuller.





## 2019 National Reconciliation Week

The theme for National Reconciliation Week 2019 was “Grounded in Truth: Walk Together with Courage”. At the heart of reconciliation is the relationship between the broader Australian community and Aboriginal and Torres Strait Islander peoples. In order to build positive race relations, our relationship must be grounded in a foundation of truth.

We celebrated National Reconciliation Week with a stirring smoking ceremony and cultural dance and didgeridoo performances from students at Plattsburg Public School and Callaghan College Jesmond, the “Deadly Didge” group.





## 2019 NAIDOC Week

NAIDOC Week is an important time of reflection and cultural celebration. Many of our staff attended NAIDOC events in the Hunter region to engage and connect with members of the local Indigenous community. Hunter Primary Care celebrated Indigenous culture with an interactive art activity that allowed people of all ages to make an artwork that focused on an Aboriginal motif. This activity proved to be popular with visitors of all ages. Hunter Primary Care staff sported our new look hoodies and polo shirts that features a design made by local Indigenous artist, Saretta Fielding. The theme for NAIDOC Week 2019 was "Voice. Treaty. Truth".

Data collected from a survey of visitors to our stalls during NAIDOC Week showed that:

- 70% of respondents had heard of HPC.
- 72% identified as Indigenous.
- 60% attended NAIDOC week for the cultural engagements.
- 53.5% were seeking information on Mental Health services.
- 75% had previously used Hunter Primary Care services.

## Newcastle NAIDOC Day, Newcastle Foreshore



## Westlakes NAIDOC Day, Toronto







Mindaribba  
NAIDOC Day,  
Maitland



NAIDOC Family  
Day, Murrook  
Cultural Centre





# OUR COMMUNITY

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



Karuah Family Fun Day



HMPI Weekend



Harmony Day





Smith Family  
Garden Party



Hunter Homeless  
Connect



# IN THE MEDIA

<https://www.newcastleherald.com.au/story/5974416/demand-for-youth-mental-health-services-leads-to-17m-boost-for-headspace-newcastle/>

[https://www.newcastleherald.com.au/story/5630079/a-life-was-in-danger-phone-call-prompted-gloria-to-sign-up-for-qpr/?cs=12&fbclid=IwAR05n2taY345W46W-DcOZp01raQq\\_rLuyUwFPP51y1FynZZzGkoGyK0Y6k](https://www.newcastleherald.com.au/story/5630079/a-life-was-in-danger-phone-call-prompted-gloria-to-sign-up-for-qpr/?cs=12&fbclid=IwAR05n2taY345W46W-DcOZp01raQq_rLuyUwFPP51y1FynZZzGkoGyK0Y6k)

[https://www.newcastleherald.com.au/story/5718527/service-is-a-safety-net-in-a-tricky-time/?fbclid=IwAR2ZSEtcasaKG9CMvW9RZRUCviEbWHDx1OSjowvkl8l7cRGfxJRjKmgHc\\_l](https://www.newcastleherald.com.au/story/5718527/service-is-a-safety-net-in-a-tricky-time/?fbclid=IwAR2ZSEtcasaKG9CMvW9RZRUCviEbWHDx1OSjowvkl8l7cRGfxJRjKmgHc_l)

[https://www.newcastleherald.com.au/story/5942695/funding-to-fill-an-identified-ndis-gap/?fbclid=IwAR286-Y2HmgRLkG3srcL-HyOA-0EAuCx9co\\_orkKz0UDipHx\\_yqQ1uW8GsM](https://www.newcastleherald.com.au/story/5942695/funding-to-fill-an-identified-ndis-gap/?fbclid=IwAR286-Y2HmgRLkG3srcL-HyOA-0EAuCx9co_orkKz0UDipHx_yqQ1uW8GsM)

<https://www.newcastleherald.com.au/story/6126285/connected-to-community/>

<https://www.newcastleherald.com.au/story/6337906/new-system-harnessing-technology-to-create-quality-healthcare-connections-for-all/>

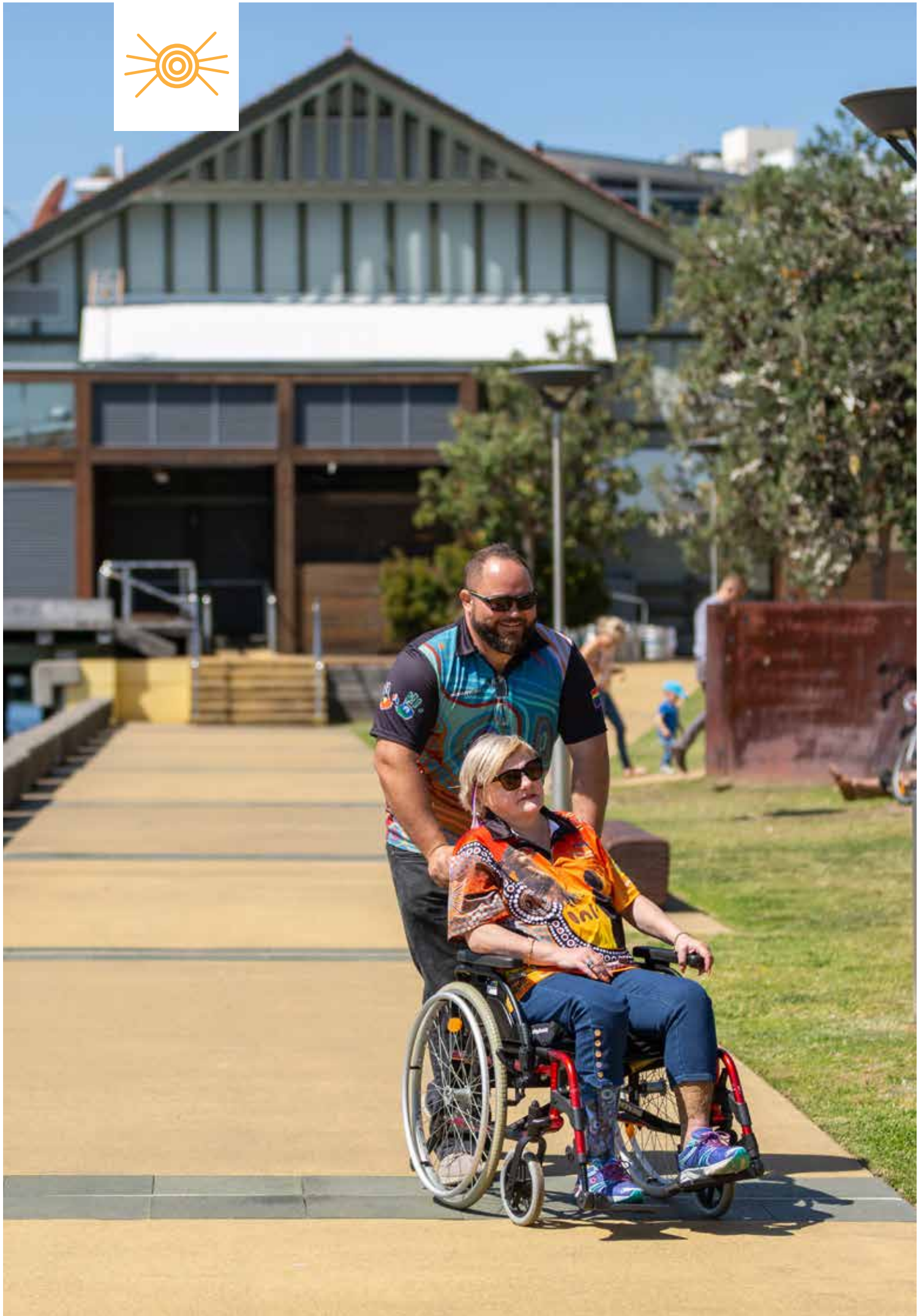
<https://www.newcastleherald.com.au/story/6239849/working-to-stop-people-with-a-mental-illness-falling-through-the-gaps/>

<https://www.newcastleherald.com.au/story/6072002/heres-help-to-navigate-your-way-to-a-healthier-happier-future/>

<https://www.newcastleherald.com.au/story/6279591/key-to-cohesive-network/>









## OUR SERVICES

# ABORIGINAL HEALTH

## CARE COORDINATION & SUPPLEMENTARY SERVICES

The Integrated Team Care service known by the community as the Care Coordination and Supplementary Services (CCSS) is a 'Closing the Gap' initiative supporting Aboriginal and Torres Strait Islander people living with chronic conditions which may include:

- Mental health
- Diabetes mellitus
- Cardiovascular disease
- Respiratory disease
- Renal disease
- Cancer

This is the eighth consecutive year that Hunter Primary Care has delivered the service.

## SNAPSHOT OF ACTIVITIES

During the 2018/2019 financial year, 301 people were supported with an average 25 referrals per month. HPC Aboriginal Outreach Workers supported 241 people with an average of 20 referrals per month.

## HIGHLIGHTS & ACHIEVEMENTS

The program has successfully collaborated with the Hunter New England and Central Coast Primary Health Network (HNECC PHN) and implemented patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) when partnering with those who have chronic illness or long term conditions. These measures allow patient reported experience and outcome measures to provide direct feedback on their care to drive improvement in services.

## FUTURE DIRECTION

The HPC Care Coordination team is now delivering CCSS for the ninth consecutive year in consultation with the HNECC PHN. A revised model of care on providing additional support to clients who require lifestyle medicine intervention underpins the future direction and sustainability of this service.

**301**  
people  
supported



# YUDHILIDIN

Yudhilidin, meaning 'guidance', is a voluntary Care Coordination service for Aboriginal and Torres Strait Islander people with severe mental illness which impacts on their daily lives. The service is delivered by a majority of Aboriginal staff enabling high levels of engagement of Aboriginal people.

The service is focussed on connection to supports, particularly those that meet immediate psychosocial needs and mental health treatment requirements. When the team first meet the person, they have a yarn to help identify health and wellbeing goals and provide information regarding culturally appropriate supports in the local community, attending appointments as required to facilitate connection.

Through the provision of guidance and support, the Care Coordinator's role is to ensure that at the end of an episode of care the person has the confidence and capacity to manage their own health journey.

## SNAPSHOT OF ACTIVITIES

Services were provided to 230 people across the Greater Newcastle, Hunter and Mid Coast Regions, with service durations varying from four to six months, allowing time to assist people and build their capacity to manage the supports they required.

## HIGHLIGHTS & ACHIEVEMENTS

- 100% of the NDIS applications assessed by the NDIA were successful.
- Strong connections were established with a number of service providers including Tobwabba AMS at Forster and Biripi AMS at Taree.

## FUTURE DIRECTIONS

- Early identification of clients with more complex support needs and referral to Local Area Coordinators (LACs) for support to test access to NDIA.
- Aboriginal peer workers providing psychosocial support services.
- Continue to improve services and support for people with more complex needs.

# 230

People have received services







# DISABILITY & WELLBEING

## NDIS SERVICES

Hunter Primary Care (HPC) is an accredited NDIS provider, delivering a range of services that assist people who have significant health issues. This includes Support Coordination, Improved Health and Wellbeing through dietetics, exercise physiology or occupational therapy and therapy supports including assistive technology. The HPC team consists of a range of health professionals and qualified Support Coordinators.

In addition, HPC is increasingly sought as the provider for Specialist Support Coordination, for people with additional complexities or undertaking significant life transitions. HPC delivers high quality services with qualified and experienced staff.

## SNAPSHOT OF ACTIVITIES

NDIS participants with HPC are supported to navigate through specialist and mainstream health services.

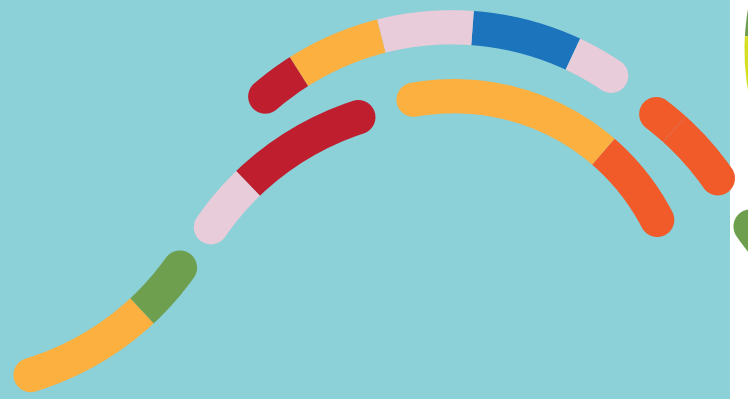
HPC has developed positive working relationships with a wide range of quality NDIS service providers and provides NDIS Services in the greater Newcastle, and Lower and Upper Hunter regions.

## FUTURE DIRECTIONS

Hunter Primary Care is preparing to register for Behaviour Supports.

## HIGHLIGHTS & ACHIEVEMENTS

- HPC provided Support Coordination and Specialist Coordination to over 130 people with a psychosocial disability during the 2018/2019 financial year.
- HPC is witnessing people making significant changes to their lives with the benefit of NDIS funded packages.
- HPC supported many people who were accessing the NDIS for the first time to understand and effectively use their NDIS funding.
- In collaboration with Flourish Australia, HPC organised and oversaw the Mental Health Support Coordination Interagency, developing a supportive network among providers.







# GENERAL HEALTH & WELLBEING

## AGED CARE EMERGENCY SERVICE



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

The ACE service is dependent on collaborative relationships between Hunter Primary Care (HPC), Residential Aged Care Facilities (RACFs), Hunter New England Local Health District (HNELHD), Hunter New England Central Coast Primary Health Network (HNECCPHN), NSW Ambulance (NSWA), General Practitioners (GPs), residents, families, and carers.

The service provides consultancy, clinical support and advice for RACF staff. The ACE service is a model of care that has a multi-faceted approach. At the centre of the model is the resident and ensuring they receive the right care at the right time in the right place.

The following steps are in place to support Residential Aged Care Facility staff with decision making:

**1. The use of evidence-based algorithms to manage common health issues within the Residential Aged Care Facility.**

The ACE management team coordinated a third yearly review of the clinical algorithms. Each algorithm is reviewed by the relevant clinical streams and networks within HNELHD to ensure they reflect the latest evidence based practice. The third yearly review is currently being undertaken throughout 2019.

**2. A 24-hour telephone consultation service, supported by Registered Nurses, for RACF staff to access clinical guidance.**

During business hours and Saturday mornings, the ACE line is monitored by Registered Nurses within the emergency departments of the nine hospitals engaged in the ACE service. Each RACF is allocated to a local hospital.

Afterhours, including weekends and public holidays, the ACE line is monitored by GP Access After Hours Patient Streaming Service.

**3. Identification** of clear goals of care prior to transferring to an emergency department.

Utilising ISBAR 4 Aged Care, RACF staff provide clinical handover via the ACE line to ensure the resident's goals of care are met.

**4. Proactive case management** within the Emergency Department (ED).

A clear and concise handover prior to the arrival of the resident can streamline the journey through the ED.

**5. Empowerment** of RACF staff through established Communities of Practice, linkages to **clinical experts**, focus groups and educational workshops.

The success of the ACE service has been the collaboration of all people involved in the care of residents when they become acutely unwell.



# SNAPSHOT OF ACTIVITIES

The ACE service collaborates with 101 aged care facilities and 9 emergency departments. The service facilitates 7 interagency meetings three times a year to bring together representatives from aged care facilities, emergency departments, hospital staff, NSW Ambulance (NSWA), home care package providers, Hunter Primary Care, practice nurses, HNECC PHN and educational facilities. The aim of these communities of practice are to share innovations, latest evidence based best practice and establish and refine collaborative ways of working to facilitate the right care in the right place and at the right time for people residing in aged care facilities.

Individual focus group meetings with RACF managers and staff are an opportunity to gain feedback on what is working well and where improvements can be made. Education sessions can be made to meet the needs of the staff at the facility at this time.

The 24hr ACE telephone service received **4,119** calls made by RACF staff. **1,899** calls resulted in ED avoidance, thus providing opportunity cost savings to both NSW and HNELHD.

The ACE education sessions on recognition of deterioration and use of a standardised clinical handover have been adapted for use within Family and Community Services (FACS). 23 sessions with 142 participants have been facilitated for staff transitioning to community housing with residents from larger state facilities.



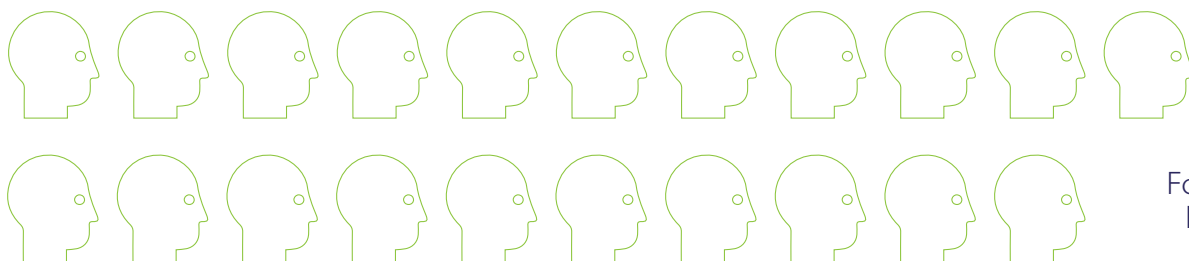
Regional communities of practice **three** times per year



Residential Aged Care Facilities



Emergency Departments in Hunter New England Local Health District

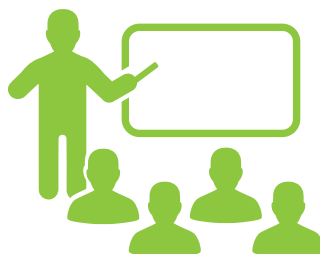


**21**

Focus groups with Residential Aged Care Facilities

**24**

Clinical Algorithms to guide management of the unwell person residing in a RACF



**254** Participants in **21** ACE education sessions and **142** participants in **23** FACS education sessions

**4,199**



ACE Calls

**586**

Stakeholders receiving quarterly newsletters

**1,899**



Number of ACE calls ED presentation avoided

# HIGHLIGHTS AND ACHIEVEMENTS

## Data reports

The process for ACE data collection, analysis and reporting has been streamlined by the development of data merging and report development by HNELHD. The ACE service has two data sources - HPC and HNELHD. Previously these data sources have been reported separately, thus making analysis a time-consuming process. Combining the data enables timely, informed decision-making and aids strategic targeted interventions for priority sites. HPC and HNELHD continue to collaborate on developing and expanding the reports generated to enhance evaluation of the ACE service.

## Telehealth

The ACE service continues to collaborate and support the implementation of telehealth between local hospital EDs and RACFs.

HNELHD has been successful in their application for a translational research grant utilising telehealth. The research is titled "Enhancing aged-care emergency services by incorporating telehealth visual assessment and handover for acutely unwell people living in residential aged-care". The ACE service has been part of the working party involved in the successful application.

# FUTURE DIRECTIONS

The ACE service will continue to investigate the use of telehealth opportunities in aged care facilities to support residents when they become acutely unwell. Visual assessment facilitates higher levels of communication, thus contributing to the right care, in the right place and at the right time.

Exploring enhancements to the ACE services model that supports the acute clinical needs of the Residential Aged Care population.



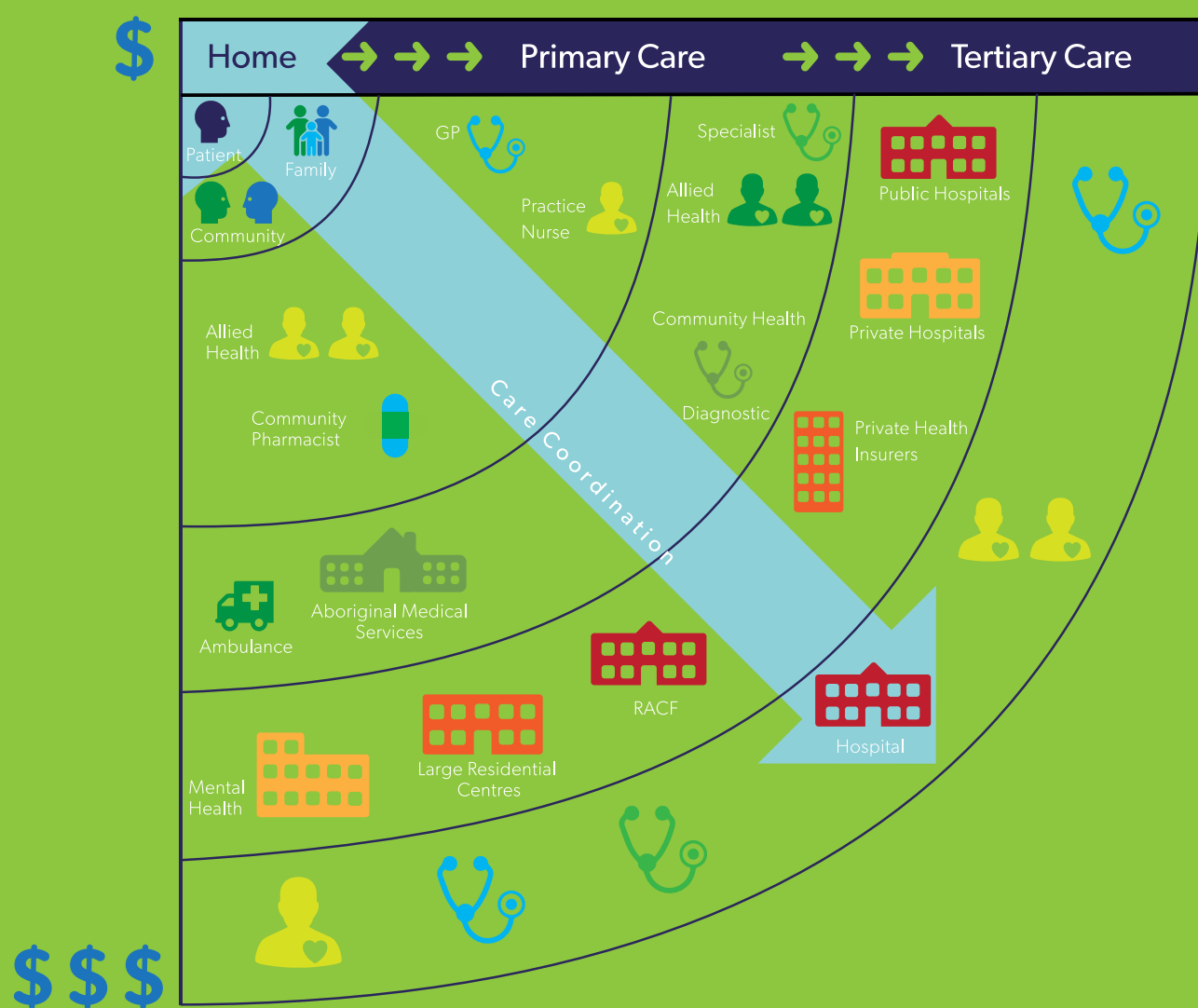




# CARE COORDINATION

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

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



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



# HIGHLIGHTS & ACHIEVEMENTS

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

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



68,000

Occasions of Care  
Coordination support

20,000

Direct clinical advice support

Occasions where an Allied Health  
service was facilitated and or funded

3,090



Occasions where GP/ Specialist services  
were arranged and or funded

3,970

Occasions where transport to health appointments was  
funded or arranged

2,700



\$\$\$ \$ 3,640

Medical Aids funded and  
facilitated through other  
funding sources.

# FUTURE DIRECTIONS

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







# GP ACCESS AFTER HOURS

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

This pioneering service is led by a Management team and Clinical Directorate with over 100 registered nurses and administrative personnel and a cooperative of 240 experienced GPs from 80 local General Practices working for GP Access.

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

The GP Access service comprises the following elements:

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

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

The PSS also provides:

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

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

## **GP Access Clinics**

There are five GP Access clinics; four are co-located with hospital EDs (Belmont, John Hunter, Calvary Mater Newcastle and Maitland hospitals) and the fifth is located in the Westlakes Community Health Centre at Toronto. Each clinic is staffed by an administrative officer, registered nurse and GP. The clinic service operates:

- Monday to Friday evenings 6:00pm until 11:00pm
- Saturday 1pm until 11:00pm
- Sundays and Public Holidays 9:00am until 11:00pm

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

A free transport service is available to transport patients to and from clinic appointments, if clinically appropriate, and if the patient is unable to attend the clinic due to lack of transport.

# SNAPSHOT OF ACTIVITIES

During the 2018/2019 financial year, GP Access clinic appointments totalled 54,239, an increase of over 3,500 on previous years, making it the busiest year to date. Presentations ranged from chest infections, limb injuries and fractures, and infants with high fevers or earaches; to burns, dog bites and the removal of ticks or foreign bodies.

The GP Access Patient Streaming Service managed a total of 75,617 calls, with 65,660 of these calls coming directly from the public line, a total of 7,803 more calls taken through the PSS over the past four year period. GP Access After Hours accepted close to 12,000 patients directly from the Emergency Departments, which includes the use of our early booking lines. The service also accepted 169 Paramedic referrals.

2018/2019 also saw a steady increase of calls from the ACE line, with the patient streaming service attending to 3,461 calls from the aged care facilities, which is an increase of 2,897 since the commencement of ACE in 2014, delivery of care in the facility, where appropriate and reducing unnecessary trips to hospital.

GP Access GPs made 19 home and Aged Care Facility visits, mostly resulting from after-hours ACE calls triaged by the PSS.

In the 2018/2019 financial year, it is estimated that GP Access Clinics and PSS saved the health system \$15,804,593 in efficiencies (not including benefits of the ACE service to NSW Ambulance, local Emergency Departments and most importantly the ACE residents).

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

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

#### Significant achievements included:

- Implementation and recruitment to a new management structure to reflect staff and operational requirements with the addition of dedicated Duty Manager positions.
- Continuation of early booking capacity with dedicated phone lines for referrals from Emergency Departments, General Practices and NSW Ambulance paramedics from 3:00pm weekdays and on Saturday mornings.
- Acquisition and implementation of new a rostering software.
- Ongoing membership and active participation in the GP Deputising Association (GPDA).

54,239

Number of patients seen in clinics

75,617

Number of calls managed (total PSS calls)



12,000

Number of patients accepted from emergency departments



\$15,804,593

Costs avoided by the health system due to GP Access After Hours Service



3,641

Number of calls received from Aged Care Facilities



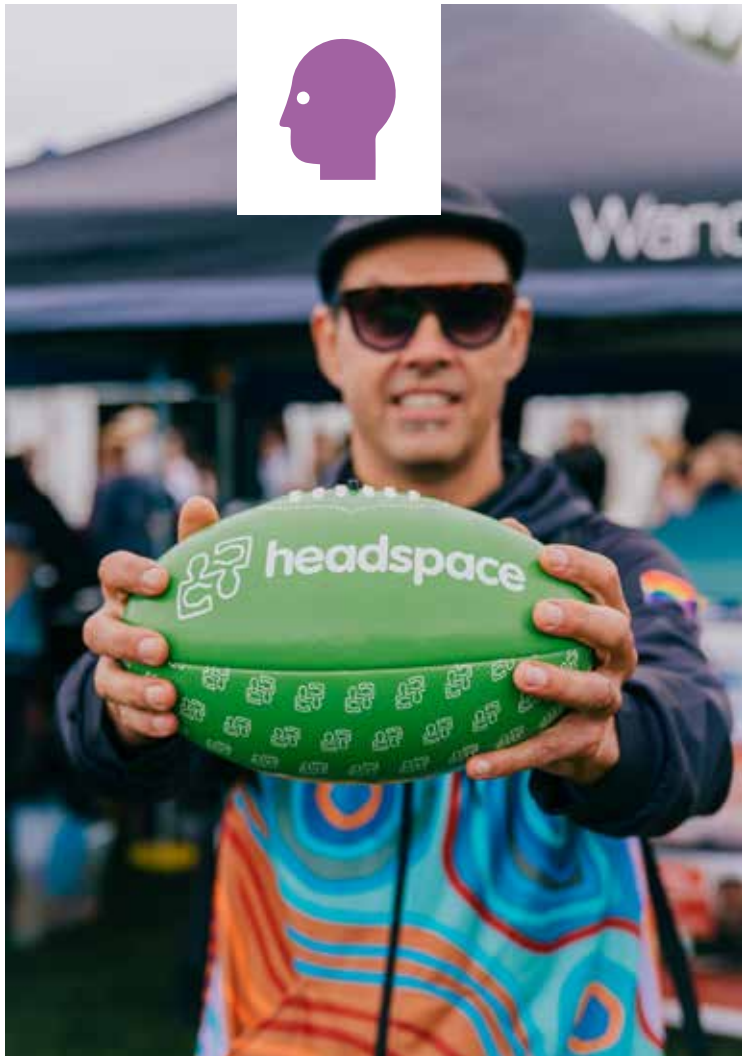
Number of experienced GPs participating in the roster

240



# HIGHLIGHTS & ACHIEVEMENTS

- GP Access continues to provide a quality service to the community and visitors to the region, and is acknowledged as a preferred model for afterhours care by the National GP Deputising Association.
- GP Access staff milestones – a significant number of staff this year celebrated 10, 15 and 20 year service records. This highlights both the quality of the work experience at GP Access and the loyal team we have on staff.
- Successful accreditation by AGPAL with minimal citations, very supportive and encouraging feedback from the surveyors that attended the visit.
- Finalist at the Hunter Business Awards – Excellence Innovation category.
- Patient survey completed with >95% customer satisfaction.
- Extra clinics at the John Hunter and Maitland clinic to assist with the ongoing increased activity through the PSS.
- Celebrating 20 years since the beginning of GP Access After Hours at Maitland Hospital





# MENTAL HEALTH & WELLBEING

## headspace NEWCASTLE

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

## SNAPSHOT OF ACTIVITIES

**headspace** Newcastle received around 1,800 referrals in the 2018/2019 financial year, and provided services to over 300 individuals each month. Despite being over 50% busier than the national average for headspace centres, clinical outcomes and client satisfaction continue to be higher than the national average.

Our community development officers have worked across the community to promote young people's wellbeing. In the 2018/2019 financial year 115 community development initiatives were completed, including:

17

School based presentations and workshops

13

Activities for Aboriginal and Torres Strait Islander young people

18

Activities with LGBTI young people

8

Activities with culturally and linguistically diverse young people

9

Large scale community events

Recent community development initiatives have included participation in a HNECC PHN Youth mental health forum, NRL State of Mind events and SURFEST.

For a summary of our recent events, please head to the **headspace** Newcastle [Facebook page](#).



# HIGHLIGHTS & ACHIEVEMENTS

**headspace** Newcastle has this year implemented a new pilot early intervention program for young people at risk of developing eating disorders. The program is currently being evaluated in conjunction with international researchers.

We were able to secure a boost in our funding from the Federal government, announced in March 2019 by Senator Arthur Sinodinos. The funding has allowed us to increase our physical space and staffing, including additional centre staff, support coordination roles, and clinical leadership roles.

We are continuing to implement a family based model of care, with supervision and consultation from staff from the Bouverie Centre, and will present our progress at the upcoming Single Session Family Therapy conference in Melbourne in October 2019.

We have successfully recruited to a Family and Friends reference group, and have commenced a series of Family and Friends Forums, which have included presenters/representatives from Black Dog Institute, Family Action Centre, Relationships Australia and Newcastle Knights, which will continue throughout 2019.

# FUTURE DIRECTIONS

- We are nearing completion on our new office space, which will give us an additional seven clinical rooms.
- We are currently working on implementing a number of new programs, including a program for youth with complex mental health needs, and a program to reduce waiting times for young people at risk of suicide or self-harm.
- Our community development focus is moving from building awareness of headspace, towards building capacity in local communities to support the mental health of their young people.



# HUNTER PARTNERS IN RECOVERY

As lead agency for Hunter Partners in Recovery (PIR), Hunter Primary Care were responsible for overseeing the transition of operations at the 30th June 2019 to alternative arrangements. During its six years of operation, Hunter PIR delivered support to over one thousand people across the Hunter region. Hunter PIR undertook extensive planning and preparation for the end of the program. Hunter PIR continued to support large numbers of clients to test their eligibility for the NDIS, with our Support Facilitators enabling a high proportion of people to be found eligible. At 30 June 2019, half of the total number of active clients had transitioned into the NDIS with funded packages in place.

Our Support Facilitator providers Neami National, Aftercare and Flourish Australia, continued to deliver services throughout the six-year period. In October 2018, Benevolent Society ceased their involvement with delivering the program in the Upper Hunter. This region and Newcastle/Port Stephens were serviced by the Hunter Primary Care team.

## SNAPSHOT OF ACTIVITIES

HPC acknowledges the considerable contribution made by the Consortium partners including: Samaritans, TAFE NSW, Relationships Australia, Integratedliving, Wesley Mission, Aftercare and Hunter New England Mental Health Services.

Hunter PIR benefited from the expertise and guidance of the Lived Experience Advisory Group which met regularly throughout the year.

## HIGHLIGHTS & ACHIEVEMENTS

- Hunter PIR assisted seven hundred people to apply to the NDIS.
- 87% of Hunter PIR clients who applied were found eligible for the NDIS.

## FUTURE DIRECTIONS

Hunter PIR has been replaced by National Psychosocial Support Extension funding through the Hunter New England Central Coast Primary Health Network.

# 87%

Of Hunter PIR  
clients who applied  
were found eligible  
for the NDIS



# HUNTER PSYCHOSOCIAL SUPPORT SERVICE

Hunter Psychosocial Support (HPSS) is a new service funded by the Hunter New England and Central Coast Primary Health Network (HNECC PHN) for people who are ineligible for the NDIS. The service is designed for people with severe mental illness and fills an identified gap in the service system for people likely to have episodes of mental ill health affecting their daily life. HPSS focuses on building capacity and stability in people's lives by helping them identify goals and strategies which they are supported to work on for up to six months. Hunter Primary Care delivers the service across the Hunter region and subcontracts the service to Flourish Australia in the Mid Coast.

## SNAPSHOT OF ACTIVITIES

Most participants are engaged in building their social skills, managing their daily needs and vocational skills and training.

Participants are assisted to link in with a wide range of services to meet their needs. Where one to one support is needed, the person can benefit from the support of a Mentor or a Peer Worker.

## HIGHLIGHTS & ACHIEVEMENTS

Since the program started in early 2019, services have been provided to over 130 people. The model of HPSS has been well received by the community and the participants. One participant who has completed the service said that he feels like the service has "given him purpose in life again".

# 130

People have  
received services

## FUTURE DIRECTIONS

Hunter Primary Care hope to be chosen by the HNECC PHN to continue to provide this service after January 2020.





# PSYCHOLOGY SERVICES

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

HPC Psychology Services is focused on developing innovative mental health services that respond to the changing needs of the community. All of the services are aimed at people who are experiencing mild to moderate mental health and substance misuse issues who are experiencing financial distress.

The range of primary mental health services offered includes:

- Services for children and their families, adolescents and adults.
- Services for women (and their families) with perinatal mental health problems.
- Culturally appropriate services for Aboriginal & Torres Strait Islander people, including the provision of services at Awabakal Medical Service in Newcastle and Nikinpa Child & Family Centre in Toronto.
- Responsive and effective services for people who are experiencing suicidal ideation or self-harm.
- A range of psychological services for people experiencing mild to moderate substance misuse and comorbid mental health problems.
- Psychological services provided within Aged Care Facilities in the Newcastle and Lake Macquarie regions.

## SNAPSHOT OF ACTIVITIES

- In 2018/2019 over 4,800 patients were referred to Psychology Services, which is 17% higher than the previous year. The significant increase in referrals is a reflection of the high demand for gap-free psychological services in the community.
- Nearly 17,000 session hours were delivered across the urban and rural areas of the Hunter region.
- Over 500 clients experiencing substance misuse and comorbid mental health issues were provided a range of services to meet their needs.
- HPC has been committed to deliver services to more vulnerable groups in the community. 50% of all sessions were delivered to children, perinatal women, Aboriginal & Torres Strait Islander people, and people experiencing suicidal ideation and self-harm this past financial year.
- Over 20% of all services were delivered in rural and remote regions of the Hunter.
- HPC Psychology Services continues to be a highly visible primary mental health care service, with over 85% of GPs in the Hunter referring to the service in the year.

## HIGHLIGHTS & ACHIEVEMENTS

### Mental Health Services in Primary Care funding

HPC Psychology Services was successful in securing funding from the Hunter New England & Central Coast Primary Health Network (HNECC PHN) to deliver the Mental Health Services in Primary Care program across the Hunter and Mid Coast regions for the next two years from 2019 to 2021.

This funding consists of delivering increased psychological therapy services as well as clinical services to residents in an increased number of aged care facilities across the Hunter and Mid Coast regions. For the first time, the funding will also be focused on providing clinical care co-ordination services for people with more complex and enduring mental health issues in the community.

## Mental Health and Suicide Prevention Access and Referral System

HPC Psychology Services was successful with receiving funding from HNECC PHN to deliver primary mental health referral and intake services for eligible patients in the Hunter, New England and Central Coast regions of NSW for the next three years until 2022. HPC in conjunction with HealthWise in New England, and Central Coast Primary Care will deliver this new access and referral service, which is called the Primary Mental Health Access (PRIMA) Service.

## Drug & Alcohol (D&A)

The D&A Service has continued to strengthen the collaborative relationships with other service providers in the sector by ensuring integration of D&A services across the primary and tertiary sectors. This collaboration focuses on effective care pathways for people with mild to moderate substance misuse to ensure they receive the effective early intervention. Treatment ranges from a low intensity telephone-supported intervention to face-to-face treatment with a psychologist.

The D&A Mentoring Program has continued to provide opportunities for postgraduate clinical psychology students. This program allows students to gain valuable experience and skills in addressing substance misuse occurring comorbidly with mental health presentations. Students are provided with a diverse range of learning experiences including assessment and triage, clinical casework and visits to other services. These experiences are reflected in the positive feedback from students who have completed placements at HPC. The program also provides training, education and upskilling for all clinical staff in alcohol and other drug interventions.

## FUTURE DIRECTIONS

HPC Psychology Services will continue to focus on exploring opportunities for expanding services given the ever increasing demand and the years of experience that has resulted in the service being a leader in delivering primary mental health services in the region.

### PRIMA

HPC Psychology Services, in conjunction with the partner organisations, will continue to develop the PRIMA service across the Hunter, New England and Central Coast region, particularly developing e-referral portals for GPs and other provisional referrers to refer patients for service access.

## Mental Health Services in Primary Care

In the 2019/2020 financial year, HPC Psychology Services will be focused on developing, enhancing and delivering the funded services across the Hunter and Mid Coast regions. The services will include psychological therapy, expanded aged care services and the newly funded clinical care co-ordination services.

## NDIS Services

HPC Psychology Services will be working closely with the HPC NDIS team to deliver approved therapeutic support services for people receiving Support Coordination services who choose to engage Psychology Services as part of their planned services.

## Low Intensity Services

HPC Psychology Services will respond to any opportunities to deliver innovative and effective low intensity services. Our future focus will be to continue to develop and deliver a telephone and video-supported programs to people in the community based on their clinical presentation and need.

# THE WAY BACK SUPPORT SERVICE

The Way Back Support Service is a Beyond Blue initiative providing non-clinical care and practical support to individuals for up to three months following a suicide attempt. It receives funding support from Beyond Blue, NSW Ministry of Health's Suicide Prevention Fund and HNECC PHN.

The service is auspiced by a Consortium of which Hunter Primary Care is the lead agency and includes Calvary Mater Newcastle, Hunter New England Mental Health Services, Everymind and HNECC PHN. The service commenced as a three year trial that included a comprehensive formal evaluation including feedback from consumers, stakeholders, outcome measures and hospital re-presentations. Findings from this evaluation are expected to be available in late 2019.

## SNAPSHOT OF ACTIVITIES

During the 2018/2019 financial year, The Way Back Support Service received over 500 referrals with 82% accepting the service offer. On average, the service connects with 100 individuals each month and the average length of time with the service is 55 days.

Following advocacy and support from Lifespan's Aboriginal Advisory Group and HNECCPHN, 2018/2019 saw the introduction of an additional referral pathway dedicated to Aboriginal and Torres Strait Islander people who have experienced a recent suicide attempt. An Aboriginal Support Coordinator joined the Way Back team and provides support during this critical period ensuring cultural appropriateness and promoting links with community. Since its introduction, referrals to the service for Aboriginal clients have increased by 55%. Service outcomes have also improved with engagement rates for Aboriginal clients exceeding the original service.

# 55%

Increase in  
Referrals

## HIGHLIGHTS & ACHIEVEMENTS

Hunter Primary Care's Way Back Support Service is proud to be running the largest service of its kind in the country. A key component to this success has been the integrative partnership between Hunter Primary Care, Calvary Mater Newcastle and Hunter New England Mental Health Services. HPC is immensely grateful to these partners for their ongoing collaboration. In April 2019, The Way Back completed its trial period and is awaiting details of the national rollout of similar services.

In October 2018 The Way Back was invited to showcase its service at NSW Parliament. Hunter Primary Care has accepted an invitation to again showcase the Way Back service at an upcoming NSW Parliamentary Expo on 17th October 2019. The theme is suicide prevention and wellbeing.

In collaboration with Beyond Blue, The Way Back Team hosted a stall for 2018 RUOK roadshow – conversation convoy at Civic Park. This was a great opportunity to connect with the community and reinforce the value of checking in and connecting with those around us.

The Way Back has connected with Lifespan activities occurring in the region which included some great training opportunities such as QPR training, Collaborative and Assessment and Management of Suicide (CAMS) training and Safeside Framework for Safer Suicide Care.



# FUTURE DIRECTIONS

HNECC PHN is currently working with Beyond Blue and the Federal and State governments in preparation for the national rollout of The Way Back Support Service. We are looking forward to this opportunity to transition from a trial site to an ongoing funded service.

Information from the evaluation will be published late 2019 and will assist to inform further developments to the service model.



# TRANSITIONAL CARE PACKAGES PROGRAM

The Transitional Care Packages (TCP) Program is a pilot initiative aimed at supporting people with complex psychosocial needs who are transitioning after a hospital presentation to the community. The service provides three months of clinical care coordination for individuals following a brief admission to Maitland Mental Health Unit. The service is focused on supporting people presenting with complex psychosocial factors and/or complex comorbidities alongside mild to moderate mental ill health.

Through coordinated clinical care, the Transitional Support Clinician works with clients to identify care needs and support referral and connection in the primary care/community sector. The 12 week program aims to address the issues that led to the presentation, to increase self-efficacy and minimise avoidable mental health admissions and re-presentations to Emergency Departments.

## SNAPSHOT OF ACTIVITIES

Following a development and recruitment phase, service delivery commenced in January 2019. Since inception the program has consistently exceeded all referral targets, receiving 41 referrals within the first six months.

## FUTURE DIRECTIONS

With early indicators pointing to the success of this initiative, the TCP program will be looking for funding opportunities to enable this valuable service to continue into the future.

## HIGHLIGHTS & ACHIEVEMENTS

The program has rapidly developed a collaborative partnership with Hunter Valley Mental Health Services and specifically Maitland Mental Health Unit to facilitate the transition between specialist and primary mental health services. Initially, a 12 month trial, it has now been extended until 30 June 2020 and the program has secured funding to appoint an additional worker to the service for the remainder of the pilot phase.

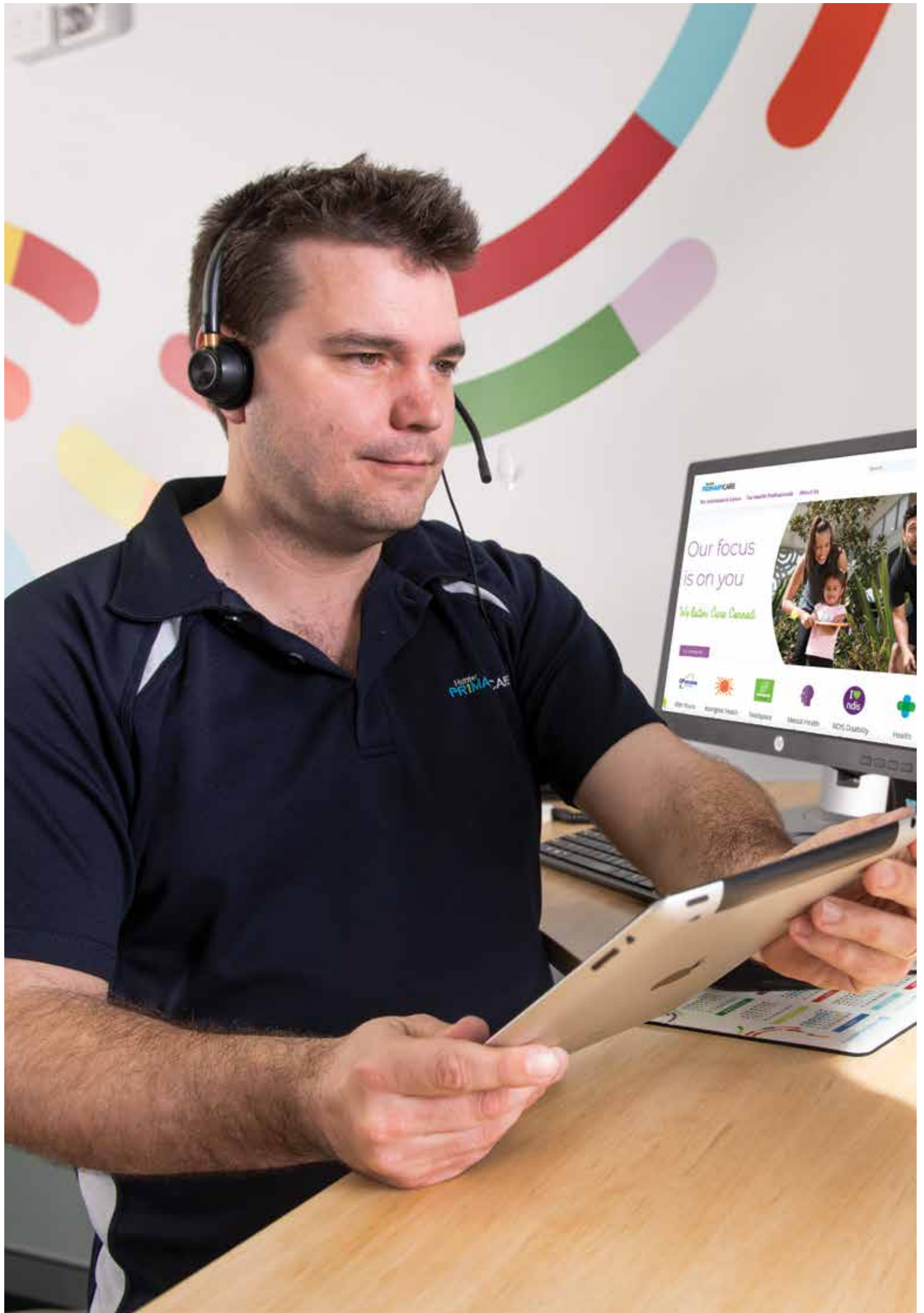
Whilst the pilot is still relatively new, client feedback is overwhelmingly positive with 100% satisfaction rates.

"This program is essential to aid in the recovery of all that are admitted into hospital and cannot thank you enough for allowing me to be part of this." Female, 35-64 years

# 100%

## Positive Client Feedback







# SUPPORT SERVICES

## HUMAN RESOURCES MANAGEMENT SERVICES

The Hunter Primary Care (HPC) Human Resource Management team provide strategic and operational advice, support and services to the HPC business units for all human resources and work health and safety matters.

### SNAPSHOT OF ACTIVITIES

Best Practice Australia was engaged to facilitate a culture survey. HPC achieved an 84% response rate.

**84%**  
Response Rate

- Focus group meetings were held across the organisation to help identify opportunities for improvement.
- A new online learning management system was sourced and contracted to enhance our capability to deliver up-to-date compliance training and to design and deliver HPC-specific online training
- Recruitment activity increased during the year resulting in a 10% increase in total staff numbers.

### HIGHLIGHTS & ACHIEVEMENTS

To strengthen our commitment towards reconciliation, HPC offers all staff the opportunity to attend tailored face-to-face training to increase their cultural awareness and understanding. 41 staff completed the training during the 2018/2019 financial year.

HPC joined the ACON Welcome Here Project during the year to show our commitment to celebrating and embracing LGBTI Diversity. 69 staff attended LGBTI Inclusive Practice Training. We will continue to offer this training to staff as part of our ongoing commitment.

### FUTURE DIRECTIONS

There will be an increased focus on people and culture in line with the strategic direction of HPC with a number of initiatives to be implemented including:

- Roll-out of a new online learning management system to improve the delivery of compliance training.
- Implementation of a leadership development program.
- Implementation of initiatives highlighted by the culture survey conducted in 2018/2019.

# INFORMATION TECHNOLOGY

The IT department at Hunter Primary Care also provides IT support and services to businesses other than HPC including general practices, allied health and specialists.

By the end of the financial year we were supporting 1,270 computers and servers located all over the Hunter region and beyond from Foster to Redfern and out as far as Merriwa. Our IT team has specialised expertise in primary health care information management and technology systems, including medical record software and security requirements, as well as experience in the wider health sector.

Over the past 12 months, we have introduced some new service offerings that have already been taken up by many of our clients and we continue to increase our customer base and profitability.

## SNAPSHOT OF ACTIVITIES

Over the past 12 months, the IT department has achieved some great results for Hunter Primary Care. The IT team provides support for 176 HPC computers and 42 servers. In the past year, a number of noteworthy projects were completed including:

- Implementation of a number of new security measures and policies to reduce the risk of cyber-attacks and data breach.
- Commencement of migration of Email and document management system to Office 365
- The IT refresh continued, replacing all remaining computers in the HPC fleet that were out of warranty.
- Revision and improvement of the Business Continuity Plan.

## HIGHLIGHTS & ACHIEVEMENTS

- The number of GP practices supported increased to 109.
- Income growth continues to improve on a year on year basis.

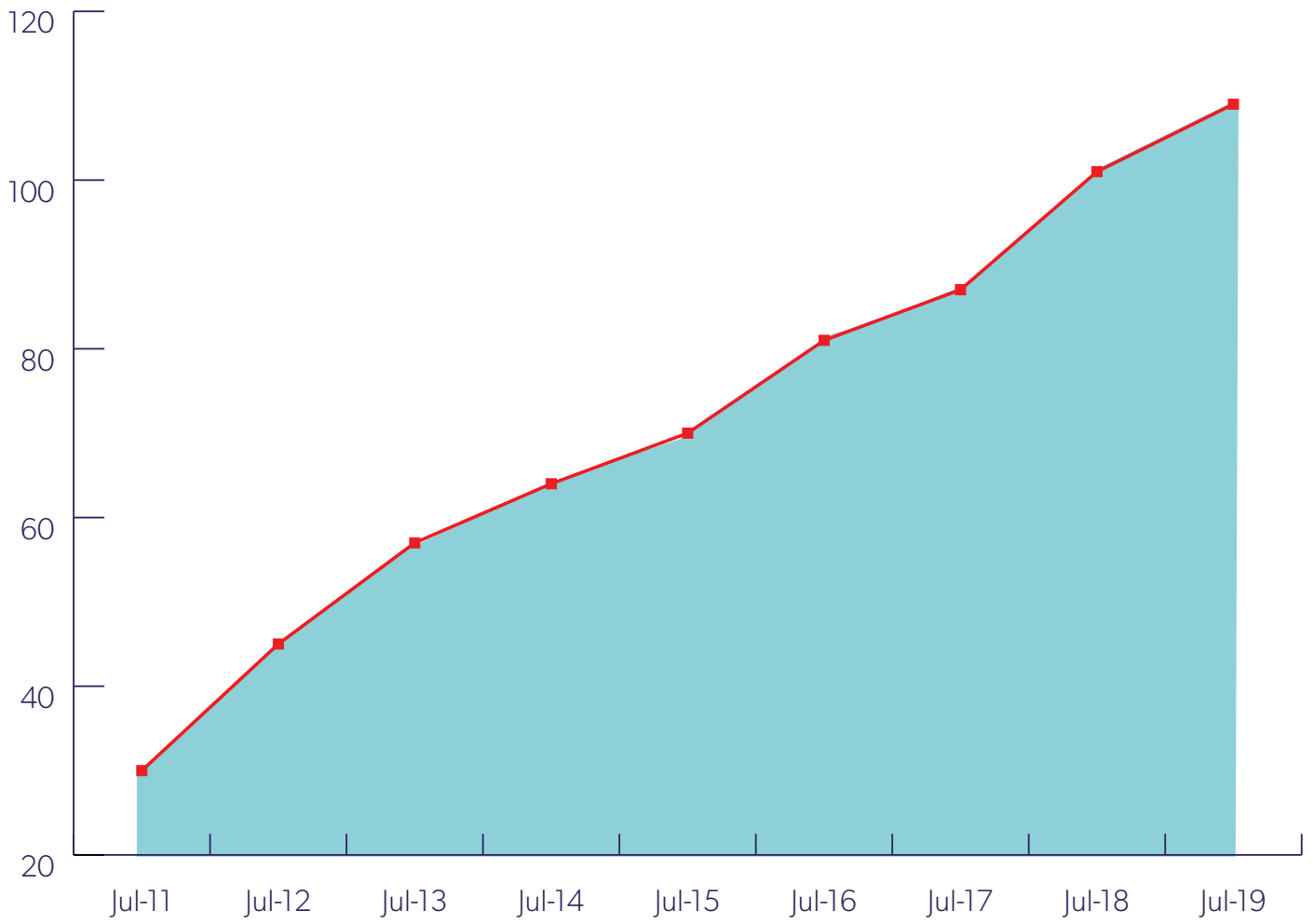
The number of full-time employees in the IT department increased to six. The new team member is focused on IT managed services to ensure continued service levels as client numbers grow.

## FUTURE DIRECTIONS

In the coming year, the IT department will continue to maintain support for a wide range of operational and clinical systems. The team is also actively involved in developing a longer term ICT roadmap for the organisation. For our external clients our focus remains on service delivery and systems improvement.

**109**  
Practices  
Supported

## IT Managed Clients





# FINANCIAL REPORT

## Financial Performance

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

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

### Statement of Comprehensive Income For the Year Ended 30 June 2019

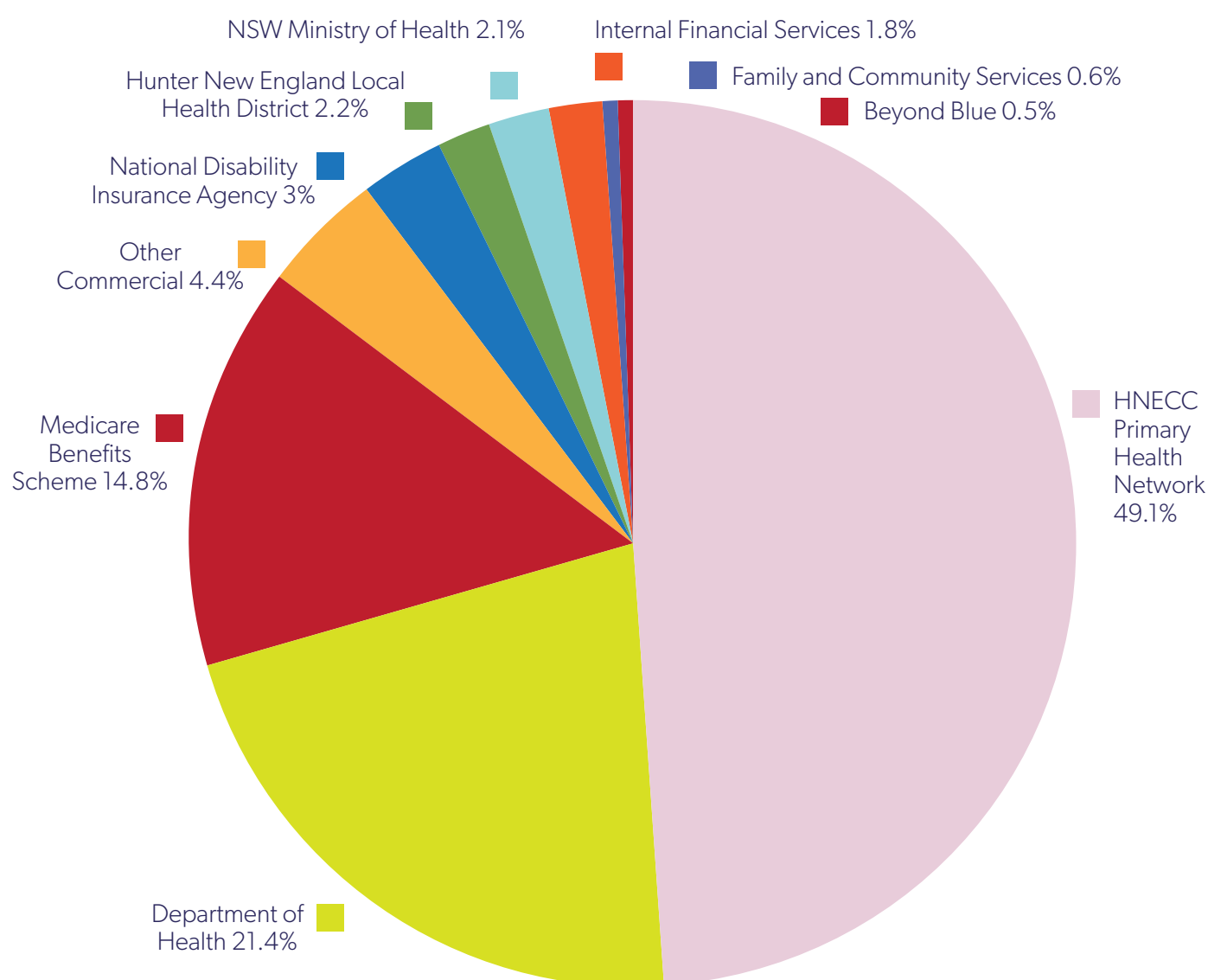
	2019 \$	2018 \$
<b>REVENUE</b>		
Service revenue	5,840,209	5,321,857
Government grants	19,030,581	17,976,493
Interest received	221,945	135,963
Other income	54,088	135,783
<b>TOTAL REVENUE</b>	<b>25,146,823</b>	23,570,096
<b>EXPENSES</b>		
Employee benefits expense	17,410,245	15,486,960
Depreciation and amortisation expense	109,252	180,109
Administration expense	2,150,187	2,039,987
Sub-contractors expense	3,370,362	3,424,776
Occupancy expense	1,095,438	1,421,600
Other operating expenses	267,231	275,301
<b>TOTAL EXPENSES</b>	<b>24,402,715</b>	22,828,733
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>744,108</b>	741,363

Hunter Primary Care delivered an operating surplus of \$0.744 million against a prior year surplus of \$0.741 million. Gross revenues increased by 6.7% (\$1.576 million) on the prior year. This increase in revenues was largely driven by a \$0.6 million increase in Partners In Recovery revenues, \$0.4 million increase in headspace revenues, and \$0.3 million increase in NDIS revenues. There were also favourable increases in gross revenues in other Psychology Service and Mental Health programs.

## Snapshot of Revenues during 2019

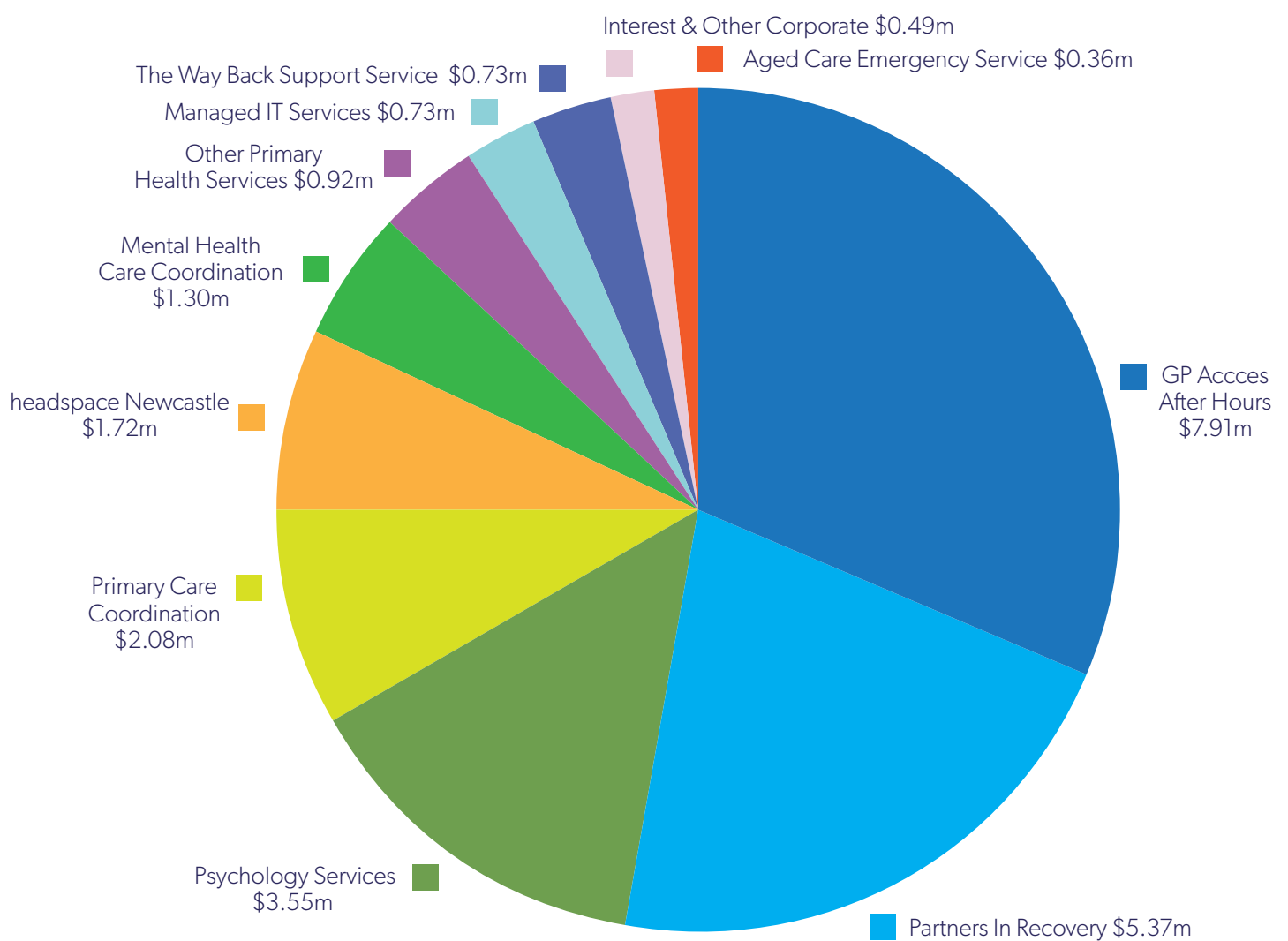
Hunter Primary Care receives its revenues from a variety of government and non-government sources, the most significant of which are the Hunter New England Central Coast Primary Health Network (HNECC PHN), the Department of Health (DOH), and Medicare billings through the Medicare Benefits Scheme (MBS). The sources of income received by Hunter Primary Care for the 2018/2019 year are presented in the below figure;

Revenue Contribution by Source (2018/2019)



Hunter Primary Care uses these revenues to support a range of services. Revenues by service for the 2018/2019 year are presented in the below figure;

Revenue Contribution by Service (2018/2019)





**Statement of Financial Position**  
**As at 30 June 2019**

	2019	2018
	\$	\$
<b>ASSETS</b>		
Cash and cash equivalents	10,714,181	8,552,754
Trade and other receivables	1,217,707	1,386,287
Other current assets	406,551	369,438
<b>TOTAL CURRENT ASSETS</b>	<b>12,338,439</b>	10,308,479
<b>NON CURRENT ASSETS</b>		
Property, plant and equipment	1,109,159	1,209,613
<b>TOTAL NON-CURRENT ASSETS</b>	<b>1,109,159</b>	1,209,613
<b>TOTAL ASSETS</b>	<b>13,447,598</b>	11,518,092
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Trade and other payables	1,444,392	1,432,006
Provisions	1,722,788	1,587,868
Other financial liabilities	5,058,010	4,102,994
<b>TOTAL CURRENT LIABILITIES</b>	<b>8,225,190</b>	7,122,868
<b>NON CURRENT LIABILITIES</b>		
Employee Provisions	384,807	301,731
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>384,807</b>	301,731
<b>TOTAL LIABILITIES</b>	<b>8,609,997</b>	7,424,599
<b>NET ASSETS</b>	<b>4,837,601</b>	4,093,493
<b>EQUITY</b>		
Donation Reserve	45,066	39,952
Retained Earnings	4,792,535	4,053,541
<b>TOTAL EQUITY</b>	<b>4,837,601</b>	4,093,493

## Future Directions

As at 30 June 2019 Hunter Primary Care has net assets amounting to \$4.8 million. Together with a broad portfolio of services and diversified revenue streams, Hunter Primary Care is well placed for future business growth and prosperity.

Comprehensive 2018/2019 Financial Statements can be found on the Hunter Primary Care website.

## CONTACT US



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## CONNECT WITH US

