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Gippsland, Our Region

13.1%

PEOPLE IN GIPPSLAND
WHO SUFFER FROM
HIGH/VERY HIGH
PSYCHOLOGICAL DISTRESS

17.5%

OF VICTORIA'S LAND MASS
IS MADE UP BY GIPPSLAND

18.2%

GIPPSLAND POPULATION
AGED OVER 65, COMPARED
WITH THE VICTORIAN
AVERAGE OF 14%

6 LGAS

GIPPSLAND COMPRISES
BAW BAW, SOUTH
GIPPSLAND, EAST
GIPPSLAND, BASS
COAST, WELLINGTON
AND LATROBE LOCAL
GOVERNMENT AREAS

17.5%

ABORIGINAL AND TORRES
STRAIT ISLANDER BABIES
WHO ARE BORN WITH A
LOW BIRTH WEIGHT

1.56%

ABORIGINAL AND
TORRES STRAIT ISLANDER
POPULATION IN
GIPPSLAND

Gippsland covers the area from the Bunyip River in the west, to the New South Wales border in the east, and from Omeo in the north, to Phillip Island in the south. It is geographically diverse and includes parts of Victoria's alpine areas, some relatively remote farming communities, coastal communities and the regional centres of Wonthaggi, Warragul, Leongatha, Moe, Morwell, Traralgon, Sale, Wilsons Promontory and Bairnsdale.

Several key health indicators define Gippsland's health profile: Gippsland males have the lowest life expectancy of any region in Victoria; there are high rates of drug and alcohol use, psychological distress and disability; and 17.5% Aboriginal and Torres Strait Islander women have babies who are born with a low birth weight.

The current population profile of Gippsland is older than the Victorian population overall, with 18.2% of the population aged 65 plus compared with 14% for Victoria. Projections for 2021 indicate a continuing trend, with 23.6% of the region's population expected to be aged 65 and over compared with 16.7% for Victoria.

The percentage of Aboriginal and Torres Strait Islanders is considerably higher for Gippsland (1.56%) than Victoria overall (0.74%). The highest Aboriginal and Torres Strait Islander population is in East Gippsland with 3.33%.

A higher percentage of adults residing in Gippsland are smokers compared with the Victorian average. The figure is particularly high for Latrobe at 29.6%, compared with the Victorian average of 19.1%. A higher-than-average percentage of Gippsland residents are at short-term risk from alcohol consumption. Alcohol consumption is highest in Bass Coast and East Gippsland.

Higher-than-average percentages of Gippsland residents report fair/poor health status or high/very high psychological distress. The percentage of children vulnerable on one or more domains is higher than average in all local government areas (LGAs) with the highest in East Gippsland, where 28.1% of children are vulnerable, compared with the Victorian average of 15.8%.

Gippsland has a below-average rate of general practitioners (GPs) per 1,000 population for all LGAs other than South Gippsland, which is around average. Regional GP attendance rates are slightly below average, but attendance is well above the average Victorian rate for both males and females in Latrobe.

Gippsland has a relatively low rate of pharmacists and physiotherapists per 1,000 population compared with the Victorian figure, but a slightly higher rate of nurses and midwives. Gippsland has the lowest rate of specialist medical practitioners and physiotherapists of all regions.





Gippsland Medicare Local Board Chair Dr Nola Maxfield in session at a Gippsland Medicare Local Board meeting.

Chair's Message

I am pleased to present to members the Gippsland Medicare Local (GML) 2014/15 Annual Report.

The past year has represented significant change for our organisation, following the Federal Government announcement that Medicare Locals would cease and be replaced by a lesser number of Primary Health Networks (PHNs).

In the first part of the financial year we invested time advocating to the Federal Government that the boundaries of Gippsland should be maintained in the service area of the PHN replacing GML. Gippsland is a geographically diverse region with unique health needs that are best managed by a local system approach. Before we started lobbying in this space, Gippsland was looking like it would be represented by a larger PHN also servicing other regions in Victoria.

In November 2014 we started work on our bid submission for the Gippsland PHN together with our PHN Advisory Group, which comprised general practitioners, senior hospital and community health staff, allied health professionals and representatives from the Aboriginal Community Controlled Organisation and the specialist sector. In April 2015 we were announced as the successful bidder for the Gippsland PHN.

I would like to extend my sincere thanks to our stakeholders, who stood behind us and helped us create a winning bid to become our region's PHN. The bid we developed together has formed the basis of our organisation as it is today. I would also like to acknowledge the dedication and commitment from the staff who stayed with our organisation and travelled through such uncertainty and change. It has been these key staff who have ensured we have been able to maintain service continuity during significant change.

At the Annual General Meeting we welcomed two new Board Directors, Dr Sinead de Gooyer and Ms Julie Rogalsky. At this time we also

farewelled our two outgoing Board Directors, Ms Susan Davis and Ms Diane Sullivan. I would like to thank them both for their valued perspective and input on the issues that presented to our organisation during their tenure.

There was much buzz around the relocation to the new site for headspace Morwell at the Corner of Hazelwood Drive and George Street. The new site was designed in collaboration with the headspace Youth Advisory Group and provides young people with a more youth friendly, accessible space.

A key change in the move from GML to Gippsland PHN was that PHNs could no longer be service providers unless there was market failure. As such, the Board made the decision in May that headspace would transition to a new lead agency by 30 September.

Another key change in the move from MLs to PHNs is our more defined role as a commissioner of services. We first started our strategic commissioning approach with our mental health programs and we will continue to further evolve our commissioning processes as our organisation matures.

Throughout the year we maintained support to different types of after-hours care providers across Gippsland. We provided extra support for those places where there is an extra level of complexity, such as in more remote areas where after-hours and emergency care are provided but there are no hospital facilities to support them.

We started the groundwork on the development of clinical pathways. After stakeholder consultation, and in line with what many other MLs were doing across Victoria, we committed to a platform for developing our care pathways. We now look to finalise the recruitment of our Advisory Group, which will play a pivotal role in steering the development of our care pathways.

GML continued to be guided by the South Gippsland Primary Care Clinicians Advisory Group (SGPCCAG). I'd like to thank each member of the committee for their time and expertise. The SGPCCAG was used to model the structure of the incoming Gippsland PHN Clinical Councils, ensuring we will be able to establish strong clinical networks that will support meaningful and relevant engagement.

In June our Chief Executive Officer, Peter Quigley, announced his resignation. Among his many achievements since commencing with us in July 2013 was leading in a period of significant uncertainty during the change from Medicare Locals to the PHN environment, and his role in preparing a successful bid for operating the Gippsland PHN. On behalf of the GML Board, I would like to sincerely thank Peter for his dedication and commitment to our organisation. We wish him every success in his new Gippsland-based role.

We now look ahead to the world of PHNs and leave behind previous iterations of organised primary health care – these are exciting times. We will also see a greater emphasis on the use of data to inform decision making. We will be working with many organisations across Gippsland (and beyond) who are involved in collecting population health data. We will only be successful in our aim of making Gippslanders 'measurably healthier' with the assistance of our members and the wider primary health community.

Dr Nola Maxfield
Chair, Gippsland Medicare Local

The Board



DR NOLA MAXFIELD (CHAIR)

Nola is a procedural general practitioner in a large teaching practice with more than 20 years’ experience in a wide range of health-related organisations, from local to national level. Based in Wonthaggi, South Gippsland, her involvement has spanned local, state and national bodies within the Divisions of General Practice and the Rural Doctors Association. She has worked closely with rural nursing, allied health and consumer groups while on the National Rural Health Alliance Board. Nola has a broad knowledge of the issues facing a diverse region such as Gippsland.



BENEDICT (BEN) LEIGH (DEPUTY CHAIR)

Over the past 30 years, Ben has committed his professional life to improving the health of individuals, families and communities. For the past 20 years, Ben has focused his efforts within the primary care area. He holds senior leadership roles as Board Director of the Victorian Healthcare Association and Chief Executive Officer of Latrobe Community Health Service Ltd. Ben supports Gippsland Medicare Local objectives to make it easier for clients to navigate the local health care system; improve the integration of care; ensuring that general practitioners and primary health services meet the needs of clients and communities; and to make primary health care work as an effective system, achieving a measurably healthier Gippsland.



MARK BIGGS

Mark Biggs is the Principal at MBK Consulting and was a psychologist for more than 20 years in Gippsland. He has extensive senior management experience in the health and community services sector including disability, child protection, youth protection, vocational rehabilitation, and project and business management. He has expertise in strategic planning, policy, risk and business management. Mark is a Board Director at Latrobe Community Health Service Ltd and has served for nine years on the Board of Latrobe Regional Hospital, including as Deputy Chair and Audit and Credentialling Chair. Mark is skilled in the areas of clinical and corporate governance, quality assurance and compliance. Mark is committed to better health outcomes for people living and working in Gippsland.



DR SINEAD DE GOOYER

Sinead is a general practitioner in Leongatha with an interest in adolescent and mental health. For the duration of her career Sinead has worked in rural and regional communities and developed a strong commitment to improving access to primary health services within these communities. Sinead is a graduate of the Australian Institute of Company Directors, a previous Director on the Board of General Practice Alliance South Gippsland and a current Director of the GippsDairy Board.



DUNCAN MALCOLM

As a life-long resident of Gippsland, Duncan Malcolm has served on many boards over the past 29 years including the Gippsland Coastal Board, Gippsland Water, East Gippsland Shire Council (Commissioner), Lakes and Wilderness Tourism and the Monash University Gippsland Campus Advisory Council. He has also been a member of the Victorian Coastal Council, Chair of the Victorian Environmental Assessment Council and Chair of the Rural Water Corporation of Victoria. Duncan was Chair of the Irrigation Association of Australia and Chair of the Australian Irrigation Science Network. He also holds current roles in the not-for-profit sector. Duncan believes Gippsland people should have ready access to high standards of primary health care and associated services.



KELLIE O’CALLAGHAN

Kellie O’Callaghan draws on her extensive knowledge and experience in health and human services in the development and management of community-based organisations. Kellie is focused on applying the principles of community engagement and good governance to benefit the diverse communities of Gippsland. Kellie chairs the Board of Directors of Latrobe Regional Hospital and the LRH Finance, Executive Remuneration and Community Advisory committees, as well as the LRH Foundation. Kellie is an elected Councillor at Latrobe City Council and has previously served as Mayor and Deputy Mayor. She is also Chair of the Coal Resources Victoria Advisory Committee. Kellie is committed to ensuring the broader Gippsland community has access to quality health services that are well resourced and sustainable.

The Board



JULIE ROGALSKY

Julie has more than 16 years’ experience in the Gippsland health industry and is the Regional Manager of Southern GP Training. Julie has a Master of Health Services Management (Monash), Graduate Diploma in Rural Health (Monash) and a Bachelor of Applied Science – Health Promotion (Deakin). Julie is a graduate of the Institute of Company Directors, graduate of the Gippsland Community Leadership Program and is the Secretary of the Rural Doctors Association of Victoria.



JIM TURCATO

Jim Turcato is a CPA, business consultant and professional facilitator with extensive corporate experience in financial performance, strategic financial decision-making and business case development. He has facilitated finance programs for the private, public and not-for-profit sectors including health care organisations such as Medibank, Mercy Health, the Australian Centre for Healthcare Governance, Baptistcare and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Jim is an accredited facilitator of the Australian Institute of Company Directors and his experience as a director includes more than five years as a Non-Executive Director of South East Water Corporation, including service as Chair of the Finance, Audit and Risk Committee. He is a Director and Audit Committee Chair of Alfred Health and Audit and Risk Committee Chair of Gippsland Medicare Local.



LEAH YOUNG

Leah Young is a Gippsland-based business manager/company secretary in a public company and holds qualifications in business management, governance and company directorship. Her key skills and experience encompass the areas of finance, governance, health services and the not-for-profit sector. Leah’s experience as a director includes appointments on two Victorian Government water corporations for a combined period of 19 years, as well as director of a Victorian public hospital for the past four years. She is Chair of the Latrobe Regional Hospital’s Audit Committee. Leah believes her experience as a director of a public hospital has sharpened her interest in the improved delivery of the local health care system into the future.



Gippsland Medicare Local Board Director Jim Turcato in session at a Gippsland Medicare Local Board meeting.



Gippsland Medicare Local CEO
Peter Quigley in session at
a Gippsland Medicare Local
Board meeting.

CEO's Report

In a year of significant change and challenge, Gippsland Medicare Local (GML) managed to deliver on its business plan and progress many important initiatives across Gippsland – all of which have contributed to achieving GML's vision of a measurably healthier Gippsland.

Following the Federal Government's announcement that Medicare Locals would cease and be replaced by a lesser number of Primary Health Networks (PHNs), GML worked hard to position the organisation to become a PHN.

GML spent significant time and resources advocating for Gippsland during the planning and implementation phase of PHNs so that the diverse and unique health needs of our region were considered in the Federal Government's PHN tender process. GML has always been committed to ensuring our region's health needs are responded to by locally focused, tailored and innovative primary health programs and services. It was a very positive outcome for our region when the Federal Government confirmed that the existing Gippsland Medicare Local boundary would remain and Gippsland retain its own PHN, in an environment where many other regions would be represented collectively by one PHN.

In January 2015, GML submitted its response to the Federal Government's Invitation to Apply for the Gippsland Primary Health Network. GML established a Primary Health Network Advisory Committee, which comprised a cross section of sector and community stakeholders and played a key role in the development and finalisation of GML's Primary Health Network bid. It was a welcomed decision in April when the Federal Government announced that GML was successful in its bid to operate the Gippsland PHN.

GML maintained a focus on service delivery and service continuity throughout the transition from GML to Gippsland PHN. The strength of GML and the organisation's ability to deliver programs and services rested with our many dedicated staff. In July 2014, GML made some changes to its organisational structure to ensure the organisation was positioned for a change to Gippsland PHN, with further resources allocated to frontline services and programs. An ongoing challenge in 2014/15 was managing our workforce through an ever-changing and uncertain environment.

Through the process of transition to Gippsland PHN, GML's staff remained committed and focused on the important tasks at hand. The organisation maintained its focus on service and program delivery and reported some great outcomes for Gippsland, particularly across several mental health programs.

In only its second year of delivery, the Partners in Recovery (PIR) program reported a significant achievement when it exceeded its program referral target. Another program reporting substantial outcomes for our community is the Access to Allied Psychological Services (ATAPS) program. In 2014/15, ATAPS was delivered under a revised model that saw a 213% increase in referrals into the program.

GML's newsletters are some of our key communication mechanisms that ensure regular information is provided to Gippsland's health sector. Twelve issues of GML LINK were published in 2014/15, which provided industry news and GML program updates to a subscription of more than 1,400 health professionals. Twenty-five issues of LINKer were published, which delivered information about continuing professional development and training to a subscription of more than 1,380 health professionals.

In May 2015, headspace Morwell moved office location to a site that was more accessible for young people, complete with a fit-out designed by the headspace Youth Advisory Group. The new site has been described as one of the best headspace centres in Victoria, and was a significant milestone for headspace, the youth using the service and an accomplishment for GML as the lead agency.

2014/15 has been a difficult and challenging one for GML. Staff were operating in a highly uncertain environment for the year and continued to deliver on our business plan in sometimes very stressful and demanding circumstances. I thank all GML staff for their commitment, patience and perseverance.

I strongly believe the Federal Government made further commitments to creating a more organised primary health system with the announcement of the PHN environment. There is much opportunity for Gippsland PHN to deliver on its objectives, collaboratively with Gippsland's health professionals and community. Let's all hope that the policy and organisational environment will remain stable for the Gippsland PHN contract term of three years, so the Board, organisation and our many partners and stakeholders can focus on the reason for our existence – to continually strive to achieve a measurably healthier Gippsland.

Peter Quigley
Chief Executive Officer, Gippsland Medicare Local



Closing the Gap

Mainstream primary care generally provides a first point of contact for health services in Australia. However, cultural barriers can limit usage of these services by Aboriginal and Torres Strait Islander peoples.

The Closing the Gap program aims to ensure that mainstream primary care services (including but not limited to general practice, allied health and specialists) are able to provide culturally sensitive care for Aboriginal and Torres Strait Islander peoples living in Gippsland.

The Indigenous community experiences a burden of disease approximately twice that of the non-Indigenous community. This is caused by a range of factors such as difficulties accessing culturally safe services, social factors and lower levels of education and income.

The aim of the Closing the Gap program is to reduce the significant gap in life expectancy between Indigenous and non-Indigenous people.

In 2014 /15, Gippsland Medicare Local has focused on providing information and support to community providers on Indigenous health and identification, a key mechanism of which has been the cultural safety and cultural awareness training program.

75%

OF ELIGIBLE GP PRACTICES ARE REGISTERED FOR INDIGENOUS HEALTH INCENTIVE PROGRAM

3,076

ABORIGINAL AND TORRES STRAIT ISLAND PEOPLE LIVING IN GIPPSLAND

492

OCCASIONS OF SERVICES COORDINATED BY CARE COORDINATORS LINKING INDIGENOUS PATIENTS TO SPECIALIST, GENERAL PRACTICE, ALLIED HEALTH AND TRANSPORT SERVICES ACROSS GIPPSLAND

2

'HEALTH CHECK' DAYS TARGETING LOCAL INDIGENOUS WOMEN HELD

At the launch of the Black Pages mobile app are Wayne Thompson, Michelle Dow and Michelle Stankovic.

Continuing Professional Development Education and Events

242

EDUCATION ACTIVITIES
SUPPORTED
THROUGHOUT
GIPPSLAND

1,363

TOTAL PARTICIPANTS
ATTENDED GML
EDUCATION EVENTS

100

EDUCATION EVENTS
COORDINATED BY GML

81%

OF EVALUATION
RESPONDENTS SAID GML
EDUCATION EVENTS
ATTENDED WERE
ENTIRELY RELEVANT TO
THEIR PRACTICE

Health professionals actively seek training and education opportunities to maintain professional standards, influence clinical practice and develop skills and expertise.

Training and education topics are linked to the seven health priorities identified in GML’s Comprehensive Needs Assessment (CNA) 2013/2014 to influence clinical practice to improve the health and wellbeing of Gippsland residents.

The program aims to meet the professional development requirements of stakeholders by offering a variety of events in various formats targeting GPs, other medical professionals, nurses working in general practice and other health services plus practice managers and administration personnel.

Events are scheduled across Gippsland’s local government areas in centrally located towns such as Inverloch, Traralgon, Warragul, Sale and Bairnsdale.

Speakers and topics comply with continuing professional development (CPD) standards set by health professionals’ governing bodies such as the Royal Australian College of General Practitioners (RACGP), Nursing and Midwifery Board and Australian Practice Manager Association (APMA).

RACGP authorises GML to act as a provider of accredited activities. All activities demonstrate high clinical content reflecting critical appraisal of valid evidence about ways to improve patients’ health outcomes.

Education sessions are advertised through GML’s fortnightly newsletter, LINKer, and comprehensive event details are available on GML’s website where participants can register online. Events are usually free and open to all stakeholders.

Activities coordinated by other regional and outer regional organisations are assessed for their clinical relevance and promoted to stakeholders.

In total there was 1,363 attendances by health professionals at GML events. In this group was GPs, practice nurses, pharmacists, practice managers, practice staff, allied health, mental health practitioners, psychologists, medical students and other interested parties.

Topics most covered were clinical compliance (34 sessions), chronic disease (17 sessions), children and families (16 sessions) and ageing (15 sessions). Events were a mix of Category 1 and Category 2 accredited delivered through presentations, case studies, open panel discussions and hands-on skills such as CPR and basic life skills.

GML supported the beyondblue Roadshow to travel around rural areas where the beyondblue bus was available to encourage people to have a chat about mental health issues. Cultural safety training was offered by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). It was attended by 41 participants and was evaluated as a very useful and relevant topic.

All events were evaluated and over 12 months 76% of attendees said the event entirely met their needs while 81% said the event was entirely relevant to their practice.

Health professionals gather at a continuing professional development event.



Planning and Practice Support Team Leader Marg Bogart visits the Clocktower Medical Centre in Sale.

After-Hours

The aim of the GML After-Hours program is to work with general practices to provide accessible and effective after-hours primary care services and to link to, and make best use of, local arrangements and existing health infrastructure.

A key role of the After Hours GP Services program is to facilitate community access to primary health care services after normal business hours. By developing an understanding of the after-hours primary health care needs of local communities and mapping the capacity of existing services, Gippsland Medicare Local's After-Hours GP Services program has focused on addressing gaps in local after-hours service provision.

Primary health care during the after-hours period is defined as a service that is accessible and effective for people whose health condition is urgent and cannot wait for treatment until regular services are next available. Gippsland Medicare Local started its After-Hours GP Services program on 1 July 2013, coinciding with changes to how Federal Government general practice after-hours incentive payments were administered.

The Federal Department of Health directed funding, formerly administered by Medicare Australia, from the After-Hours Practice Incentive program and the General Practice After-Hours Grant scheme to Gippsland Medicare Local.

The After-Hours GP services program was delivered through three distinct models:

- Model 1: Services provided at a hospital outpatient centre such as an urgent care centre.
- Model 2: Services open for business between 10 to 30 hours per week.
- Model 3: Services facilitated through triage arrangements.

42

GENERAL PRACTICES
CONTRACTED TO
DELIVER AFTER-HOURS
MEDICAL CARE

261

OF 320 GPS WORKING
IN THESE PRACTICES
PROVIDE AFTER-HOURS
SERVICES

31,657

PATIENTS SEEN BY A GP
DURING THE AFTER-
HOURS PERIOD

24

GENERAL PRACTICES
PROVIDE TELEPHONE
TRIAGE SERVICE

Argus S2S Project

The Argus S2S project supports community health services, councils and general practices to use secure electronic communication as the preferred referral method instead of fax, email and mail.

Argus is a secure messaging system that is most commonly used in general practice. It allows practices to send sensitive and confidential information about their patients to other health care professionals.

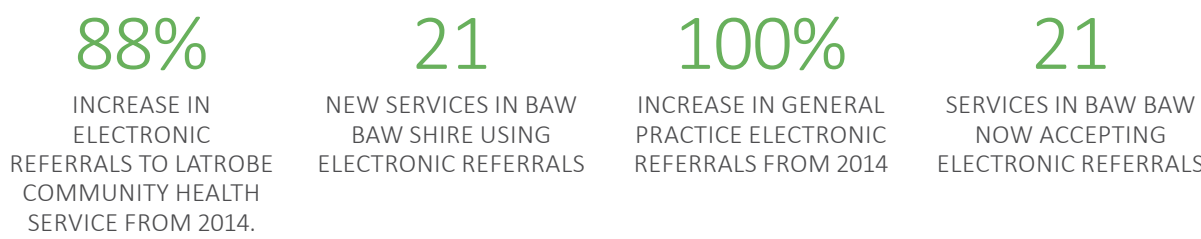
S2S is a secure messaging system used by Victorian state-based organisations, including hospitals and councils and community health services.

The Argus S2S project created a 'bridge' that enabled Argus to communicate with the community health messaging system, S2S. Without this 'bridge', the two separate software systems were unable to communicate.

Gippsland Medicare Local works with Central West Gippsland Primary Care Partnership, Latrobe Community Health Service (LCHS), West Gippsland Healthcare Group and Baw Baw Shire Council supporting health services to utilise secure electronic referrals.

An Argus S2S toolkit was developed to guide health services including general practices to implement electronic referral capability.

- The primary objectives of the project were to:
- Increase the number of general practices, located in Latrobe Valley, referring to services at LCHS.
 - Increase the number of services at LCHS accepting electronic referrals.
 - Implement and test a pilot program for electronic referral capability between two general practices located in Baw Baw Shire and West Gippsland Healthcare Group and Baw Baw Shire Council.
 - Establish a standardised electronic referral system with transferability and usability for other health services in Gippsland.



South Gippsland Primary Care Clinicians Advisory Group

The South Gippsland Primary Care Clinicians Advisory Group (SGPCCAG) was formed in 2014 to engage and involve general practitioners and allied health professionals in shaping the strategy of Gippsland Medicare Local.

The SGPCCAG is a forum for primary health care clinicians to consider significant primary health care issues in the Gippsland community and provide input to Gippsland Medicare Local.

The SGPCCAG acts as a sounding board for new ideas and provides advice regarding possible policy and service responses to identified issues.

The key objectives of the SGPCCAG are to:

- Facilitate the involvement of general practitioners, allied health professionals and practice staff in the priority setting for Gippsland Medicare Local.
- Support the engagement of primary care clinicians and their teams in the design and evaluation of relevant programs and working groups.
- Provide a channel for the Gippsland Medicare Local Board and relevant subcommittees to communicate with general practitioners, practice nurses and allied health professionals.
- Inform continuing professional development programs.
- Provide networking opportunities for general practitioners, practice nurses, practice managers and allied health professionals.
- Assist the implementation of relevant Medicare Local strategies.





Rural Primary Health Services

The Rural Primary Health Services program focuses on increasing community access to a range of primary and allied health care services that have been identified as high priority in small rural and remote communities.

The aim of the program is to improve the health and wellbeing of people in rural and remote Gippsland.

The objectives are to:

- Provide and maintain access to supplementary allied health and primary care services that are based on identified need in each community.
- Promote coordinated, multidisciplinary, 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 Rural Primary Health Services program.
- Provide and maintain access to relevant health promotion and prevention programs and activities to promote health and wellbeing.
- Encourage people in rural and remote Gippsland to adopt or modify behaviours to better manage their health and wellbeing.

Seven agencies were funded to provide a range of allied health services: Bass Coast Health; Cann Valley Bush Nursing Centre; Central Gippsland Health Service; Mallacoota District Health and Support Service; Omeo District Health; Orbst Regional Health; Uniting Care Gippsland.

Successes 2014-2015:

- Physiotherapist-led lymphedema services available in South Gippsland.
- Counselling programs operate without need for waiting list.
- A theatre production to raise awareness of the signs and symptoms of depression and increase help-seeking behaviour performed by local actors in South Gippsland.
- Increased referrals to counselling service aided by partnerships developed with local GPs.
- Recruitment and retention of a permanent physiotherapist one day per fortnight supporting Cann River.
- Co-location of early years services to enable better connection and improved care planning for Indigenous people.
- Establishment of key worker positions supporting people in Orbst with complex needs.
- Mental health and early intervention awareness-raising sessions targeting students in Mallacoota.
- Omeo and District Walking Track launched.
- Improved care pathways for agencies and community affected by domestic violence.
- National Youth Week supported in Bairnsdale during a youth festival.
- Increased membership to Men's Shed in Omeo.
- Increased access to GP services in Sale through effective partnerships with an Indigenous health service.

beyondblue National Roadshow

After a year of travelling around Australia, the beyondblue National Roadshow made its way to Gippsland between 27 February and 3 March to encourage our local communities to ‘Take 1 Step’ to better mental health outcomes.

Events were held in Orbost, Bairnsdale, Sale, Traralgon, Morwell, Inverloch, Wonthaggi, Leongatha, Neerim South, Boolarra and Cowes.

People were encouraged to attend a roadshow event, where they could chat to beyondblue staff in an informal environment, pick up free information about depression and anxiety, find out about local support services, and make a mental health pledge – a written commitment or goal to achieve or maintain good mental health.

Federal Member for McMillan The Hon. Russell Broadbent MP attended the session in Moe to help officially launch the Gippsland roadshow schedule.



Advanced Care Planning

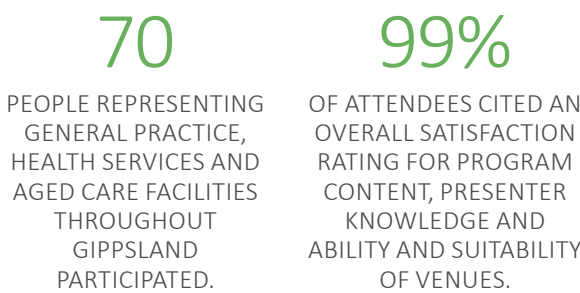
Advanced care planning provides people with an opportunity to plan and record their health care preferences in case they become ill or injured and unable to express their wishes. Health services need to be equipped to respect people’s choices and enact their health care plans.

Gippsland Medicare Local engaged Austin Health to deliver the Respecting Patient Choices advanced care planning model in Gippsland.

Austin Health is a leader in advanced care planning within Victoria and offers expertise to other health services to implement advanced care planning using the Respecting Patient Choices® model. The Respecting Patient Choices model offers training to community and health professionals.

The Program for Gippsland comprised three compulsory activities: two face-to-face workshops and an online training module commencing in February and concluding in May 2015.

Concurrent training was held in Bairnsdale, Inverloch and Traralgon targeting health services and general practices to prepare their organisations (business, clinical and operational) for advance care planning.



Dementia Care Pathways in Gippsland

The Gippsland Dementia Plan 2011-2014 has been developed by the Gippsland Region of the Victorian Department of Health to facilitate the provision of services that best meet the needs of people living with dementia, their families and carers in all settings and is known as Dementia Gippsland.

Gippsland Medicare Local played an integral role in the development and distribution of resources for general practitioners by assisting to:

- Launch the Dementia Gippsland website to raise awareness of resources and services specifically for Gippsland. The website offers a central point for services and information for health professionals, for those living with dementia and for their families and carers.
- Promote the website to GPs and other health professionals during practice visits to 10 health services and 38 general practices across Gippsland.
- Coordinate dementia education events for GPs and practice nurses.

Aged Care Project

Gippsland Medicare Local supported the Inaugural Gippsland Aged Care Conference, coordinated by the Gippsland Region of the Department of Health, which brought together a diverse cohort of practitioners providing services to the aged and ageing sector of our community.

The two-day conference program was conducted at the West Gippsland Arts Centre, Warragul, on Tuesday 2 June and Wednesday 3 June 2015.

GML sought expressions of interest from GPs working in general practice within the region to attend the conference in a range of capacities such as panel discussions, case presentations and advocates for aged care patients.

GML sponsored the conference dinner at Brandy Creek Winery. GML also provided a separate opportunity for those GPs unable to attend the day and evening presentations to instead attend a later education event hosted by two of the conference's keynote speakers:

- Professor Renuka Visvanathan (University of Adelaide) presented on 'Sarcopenia and Frailty in Older People'.
- Former Health Commissioner Beth Wilson presented on 'Patient Centred Care'.

Circle of Security Project

The eight-week Circle of Security™ Parenting Program aims to improve the attachment between parents and children and in the medium term to improve childhood developmental outcomes.

Service provision in perinatal health was recognised as an area of need in the 2013/14 year. It was further reinforced as a priority area for action, under the broader umbrella of children and families, in Gippsland Medicare Local's 2014/15 Comprehensive Needs Assessment. Vulnerable families were acknowledged as an important target group.

Gaps in perinatal health services were particularly apparent in mental and emotional health care. Evidence suggests that various forms of maternal psychological distress during the perinatal period have a negative impact on infant development. Furthermore, the link between maternal mental and/or emotional health impairment and childhood outcomes has been related to problems in mother-infant attachment. Therefore, a focus on prevention/early intervention activities would enhance parent-child attachment.

The Circle of Security™ Parenting Program, developed by Glen Cooper, Kent Hoffman and Bert Powell of Circle of Security International, is an attachment-based parent education program that can be delivered in a group setting.

Funds were directed towards delivery of the Circle of Security™ Parenting Program in LGAs where: the program was not being delivered; capacity was limited; and/or where options for group-based prevention/early intervention were scarce.

Central Gippsland Health Service, Latrobe City Council and Latrobe Regional Hospital were funded to support and facilitate program delivery, generally via Maternal and Child Health Services or the Perinatal Emotional Health Program, until 30 June 2015.



Partners in Recovery

Partners in Recovery is a national program for people experiencing severe and persistent mental illness and who have complex needs. The aim is to provide ‘wrap around’ services specifically tailored to individual needs; this is achieved by multiple sectors, services and supports working together.

The Partners in Recovery initiative is targeted to those people who are often reported to fall through system gaps and require more intensive support to effectively address the complexity of their needs. The objectives of the program are to:

- Facilitate better coordination of clinical and other supports and services to deliver person-centred support individually tailored to the person's needs.
- Strengthen partnerships and build better links between various clinical and community support organisations responsible for delivering services to the target group.
- Improve referral pathways that facilitate access to the range of services and supports needed by the target group.
- Promote a community-based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs.

Gippsland Medicare Local contracted three support facilitation organisations to deliver the program during 2014/15:

- MI Fellowship – Warragul, Wonthaggi, Yarram.
- Snap Gippsland Inc. – Bairnsdale, Bairnsdale (Indigenous-specific services), Orbost, Sale, Leongatha.
- Mind Australia - Morwell.

ACSO was also contracted in December 2014 to coordinate central intake for the program.

Gippsland Medicare Local is the lead agency of six consortium partner organisations: Gippsland and East Gippsland Aboriginal Cooperative; Latrobe Regional Hospital; Latrobe Community Health Service; MI Fellowship; Mind Australia; and Snap Gippsland Inc.

Together, these organisations have extensive experience in providing services for people with mental illness.

262
ACCEPTED REFERRALS
RECEIVED SINCE
COMMENCEMENT OF
PROGRAM IN MARCH
2014

225
THE EXCEEDED
PROGRAM REFERRAL
TARGET FOR 2014/15.

4
LOCATIONS OF
GREATEST DEMAND FOR
PARTNERS IN RECOVERY
DURING 2014/15 WERE
IN BAW BAW, BASS
COAST, LATROBE AND
WELLINGTON.

6
TOP UNMET NEEDS OF
PARTNERS IN RECOVERY
PARTICIPANTS WERE:
PSYCHOLOGICAL
DISTRESS, DAYTIME
ACTIVITIES,
EMPLOYMENT AND
VOLUNTEERING,
COMPANY AND SOCIAL
LIFE, PHYSICAL HEALTH
AND TRANSPORT



Lisa Short, the friendly face at headspace Morwell reception.

headspace

headspace Morwell is a free, confidential health care and support service for young people aged 12 to 25 years, their friends, carers and support people. Located in Morwell with a satellite service in Warragul, headspace supports more than 500 young people a year. The model of service focuses on holistic psychosocial and mental health assessments as well as physical health, mental health, vocational training and education, and drug and alcohol platforms.

Walking through the front door, young people will experience a warm welcome from staff. The Morwell centre offers a youth-friendly space and enables young people to spend time accessing the computer, making a warm Milo or seeking out resources they need. Over time, some young people will first access the youth engagement space then, when they feel comfortable, seek out further supports from the range of services, such as seeing a GP or Centrelink worker. For other young people their starting point may include participating in an intake appointment as they look for services to assist with emotional issues, mental health concerns or major life stresses.

A young person may engage in supports from the youth program through active connection with the broader community, outreach support or help developing life skills to assist with managing challenges. headspace provides a number of other supports such as generalist counselling, psychology and youth programs staff to meet the needs of young people coming into the service.

At times, headspace’s role is to facilitate referrals to other specialist services so that young people experience seamless support without having to retell their story. headspace will participate in some meetings to assist in the care coordination and treatment planning.

For some young people their involvement with headspace is participating in the FReeZA groups or youth

advisory groups to assist in the development of program areas. A number of significant events have been held over the past 12 months across Latrobe and Baw Baw local government areas, where young people have led the project from concept right through to implementation of the planned activity. Such activities have provided opportunities for young people to gain new experiences and participate in their local community. This year headspace achieved a number of milestones through social media and attended various community awareness events. It has attended schools, youth conferences, local Indigenous forums, community health expos, local health services and sporting clubs.

Two major achievements from the year past include the new Morwell centre and the Baw Baw Youth Speak Out Report. The new headspace site opened its doors in May and has already had a lot of positive feedback from young people, professionals and their parents and carers. The Youth Reference Group was able to have its say when it came to how the building would look and work for young people in need. Baw Baw Speak Out, Baw Baw’s largest youth feedback poll, was conducted earlier in the year with more than 350 responses. Information gathered in this report included key issues, consultation models, community involvement, supports available and safety. This report has been tabled with the local council to inform future youth programs and decision making.

87.9%

YOUNG PEOPLE WHO REPORTED “FEELING BETTER” AFTER COMING TO HEADSPACE

3,063

INDIVIDUAL APPOINTMENTS

1,524

YOUNG PEOPLE HAVE USED THE HEADSPACE ‘ENGAGEMENT’ SPACE

214

GROUP SESSIONS WERE HELD IN 2014/15

Transport Services

Gippsland Medicare Local has provided funding to Lake Tyers Health and Children’s Service (LTH&CS) since December 2012 when a disparity was identified from the initial GML After-Hours Needs Assessment (2012) regarding access to after-hours services for people living on the Aboriginal Trust of Lakes Tyers in East Gippsland.

LTH&CS is the Aboriginal Community Controlled Health Organisation located at Lake Tyers Aboriginal Trust and is the primary provider of health services to the community. Bairnsdale Regional Hospital is the nearest alternative after-hours service at a travel distance of 55kms.

Transport services to and from Bairnsdale Regional Hospital prior to July 2012 were provided by LTH&CS three nights per week. The findings from the Needs Assessment (September 2012) prioritised the continuation of this weekly service. To facilitate this, \$122,000.00 was allocated from the after-hours budget to June 2015.

123

HEALTH AND CHILDREN’S
SERVICES SINGLE TRIPS

315

RETURN TRIPS BETWEEN
LAKE TYERS AND
BAIRNSDALE REGIONAL
HOSPITAL

248

DAYS UTILISED
OUT OF 364

Access to Free Eye Care

In collaboration with Gippsland Medicare Local, the Royal Flying Doctor Service (RFDS) worked with health services in East Gippsland to provide free optometry care to people who cannot easily attend optometry clinics in larger towns or regional areas.

In December 2014, GML invited expressions of interest from rural/remote health services interested in hosting a free mobile eye care service in their community.

The Mobile Eye Care Service provides free optometry care to people who cannot easily attend optometry clinics in larger towns or regional areas. For many people, an eye examination is the entry point into the health care system. Access to optometry care is particularly important for people with an increased risk of developing vision problems. For example, people with conditions such as diabetes, hypertension and cardiovascular disease require close monitoring of their eye health. For these people, lack of eye care has potentially serious health consequences.

Cann River and Dargo, Gelantipy bush nursing centres have been selected as suitable services for the program while further negotiation with Ensay Bush Nursing Service is expected.

The service is scheduled to start in August 2015.

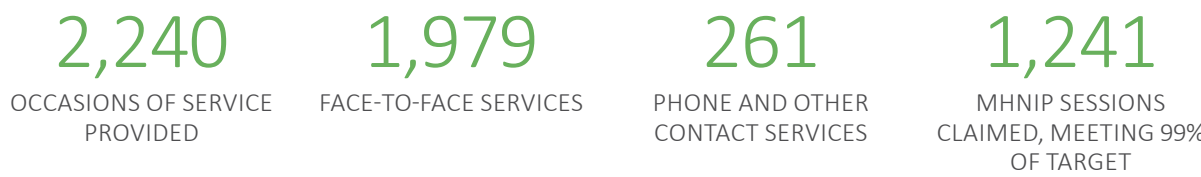
Mental Health Nurse Incentive Program

The Mental Health Nurse Incentive program funds mental health nurses to provide coordinated clinical care for people in Gippsland with severe and persistent mental disorders.

Mental health nurses must work with psychiatrists and GPs to provide services such as monitoring a patient’s mental state, managing their medication, and improving links to other health professionals and clinical service providers.

In 2014/15, Gippsland Medicare Local’s Mental Health Nurse Incentive program was delivered in the following general practices across Gippsland:

- Breed Street Clinic, Traralgon
 - Traralgon Medical Centre, Traralgon
 - Hillcrest Family Medicine, Traralgon
 - Central Clinic, Warragul
 - Moe Medical Group, Moe
 - Mid Valley Family Medicine, Morwell
 - The Healthcare Centre, Morwell
- Hollie Drive, Morwell
 - Hazelwood Health, Churchill
 - St Lukes, Traralgon
 - Trafalgar Medical, Trafalgar
 - Yarragon Medical Centre, Yarragon
 - Moe Newborough Health, Moe
 - Foster Medical Clinic, Foster.



Immunisation Program

Gippsland Medicare Local aims to reduce the incidence of vaccine-preventable disease in Gippsland by assisting general practices to provide optimal immunisation services.

General practitioners are one of the key groups able to improve Australia’s childhood immunisation levels as they have significant contact with the target group — children under the age of seven.

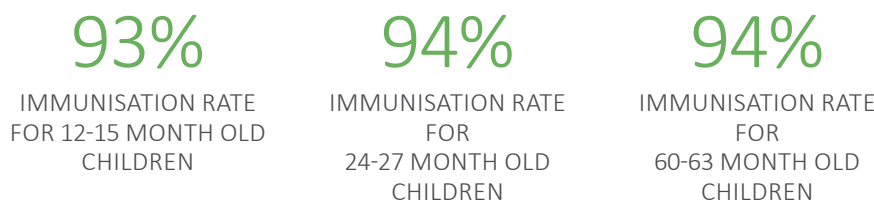
The aim of the Gippsland Medicare Local’s immunisation program is to:

- Provide access to best practice information and guidelines for immunisation and vaccine management.
 - Support general practices to monitor immunisation coverage rates.
- Support general practices and Indigenous health services to implement culturally responsive immunisation activities and target populations effectively.
 - Develop partnerships with other immunisation providers.

Gippsland Medicare Local engaged with Cancer Council Victoria, Latrobe City and Ramahyuck District Aboriginal Corporation — Koori Maternal Service coordinating, two projects focusing on prevention and early intervention and engagement with local immunisation networks.

Using the ‘Sacred Sistas’ and ‘Deadly Dudes’ interactive arts program, the partnership provided sexual and reproductive health messaging and the importance of timely vaccination to Indigenous students from Kurnai College, Moe, in May 2015.

In another project, the partnership invited local health professionals involved in the immunisation of Aboriginal and Torres Strait Islander youth to a networking forum focused on the human papillomavirus vaccine (HPV) to better understand the disease profile, each other’s roles, and how they could effectively work together to immunise young people.





Bass Coast Health Family Resource Centre Manager Noel Sibly.

Access to Allied Psychological Services

The Access to Allied Psychological Services (ATAPS) program provides mental health support for people in Gippsland who may be low income earners, who are unable to access other services due to geographical, financial or eligibility constraints, and who can benefit from short-term focused psychological strategies.

The objectives of the ATAPS program are to:

- Produce better outcomes for individuals with common mental disorders through offering evidence-based short-term psychological interventions within a primary care setting.
- Target services to those individuals requiring primary mental health care who are not likely to be able to have their needs met through Medicare-subsidised mental health services.
- Complement other fee for service programs and address service gaps for people in particular geographical areas and population groups.
- Offer referral pathways for GPs to support their role in primary mental health care.
- Offer non-pharmacological approaches to the management of common mental disorders.
- Promote a team approach to the management of mental disorders.

ATAPS provides free, short-term psychological support of up to 12 sessions with qualified and registered mental health professionals.

In July 2014, Gippsland Medicare Local undertook a review of the ATAPS program and subsequently revised the service delivery model, whereby established organisations were funded to deliver services to the general population and to specific priority groups (children, Aboriginal people, suicide prevention service, perinatal service).

In 2014/15, the ATAPS-funded agencies providing services were: Gippsland Lakes Community Health, Orbost Regional Health, Bass Coast Health, Latrobe Community Health Service, South Gippsland Hospital, Yarram and District Health Service, Gippsland and East Gippsland Aboriginal Cooperative, Relationships Australia Victoria, Mindscape Counselling and Rehabilitation, and Migdala House.

4,696

ATAPS SESSIONS WERE DELIVERED ACROSS GIPPSLAND DURING 2014/15, AN INCREASE OF 213% FROM 2013/14

1,217

REFERRALS TO THE ATAPS PROGRAM DURING 2014/15.

906

SUICIDE PREVENTION SERVICE SESSIONS WERE DELIVERED, EXCEEDING THE PROGRAM TARGET OF 780

30

INDIGENOUS REFERRALS INTO THE ATAPS SERVICE SINCE MARCH 2015

Small Grants

In recognition of the significant contribution made by local community agencies and health providers, Gippsland Medicare Local established a Small Grants program to fund short-term projects that aimed to address priorities identified for 2014/15.

Gippsland Medicare Local’s Small Grants program aims to support community-based health promotion and prevention projects.

Gippsland Medicare Local sees this initiative as an innovative way to support and acknowledge the significant contribution made by local community groups and health providers in improving the health of the Gippsland community.

Grants were awarded up to the value of \$10,000 to 11 health agencies to support projects aimed at:

- Social wellbeing for men, women and children
- Dementia diagnosis
- Therapeutic outcomes for Indigenous children
- Food security
- Social connectedness through community gardens
- Training for clinical supervision
- Youth-friendly health services
- Sporting events.

Gippsland Medicare Local Board

The Board is responsible for ensuring that Gippsland Medicare Local has a strong corporate governance structure with appropriate accountability and control systems in place.

The role of the Board of Directors involves controlling and directing Gippsland Medicare Local and exercising its functions and powers in a manner that will:

- Realise the objectives of Gippsland Medicare Local as defined in its Constitution.
- Fulfil Gippsland Medicare Local’s obligations and pursue its potential.
- Be in the best interests of those Gippsland Medicare Local serves.

The Board is responsible to members for the overall governance of Gippsland Medicare Local, including ensuring the continuity of the business and the long-term viability of the company. The business of the Gippsland Medicare Local is managed under the direction of the Board of Directors and it is accountable for the performance of the company.

The Gippsland Medicare Local Board has three subcommittees: Audit and Risk, Nominations and Remunerations, and Clinical Governance.

CLINICAL GOVERNANCE COMMITTEE	AUDIT AND RISK COMMITTEE	NOMINATIONS AND REMUNERATION COMMITTEE
<p>The Clinical Governance Committee’s duties are to:</p> <ul style="list-style-type: none">• Provide appropriate advice and recommendations on relevant matters in order to facilitate decision-making by the Board.• Monitor, review and provide advice about the corporate structure, program support and clinical governance processes.• Advise on appropriate processes in order to monitor and promote compliance across Gippsland Medicare Local within clinical, regulatory and accreditation standards.• Develop, review and monitor Gippsland Medicare Local’s clinical governance framework. <p>The Clinical Governance Committee’s members are:</p> <ul style="list-style-type: none">• Mr Mark Biggs (Chair)• Dr Sinead de Gooyer• Ms Julie Rogalsky.	<p>The Audit and Risk Committee is directly accountable to the Gippsland Medicare Local Board of Directors.</p> <p>The committee assists the Board in fulfilling its responsibilities in regard to governance, the integrity of financial reporting processes and risk management, including:</p> <ul style="list-style-type: none">• Compliance with applicable laws, regulations, standards and best practice guidelines.• Oversight of external and internal audit processes.• Gippsland Medicare Local’s governance practices.• Compliance with funding agreements with government and/or other agencies. <p>The Audit and Risk Committee’s members are:</p> <ul style="list-style-type: none">• Mr Jim Turcato (Chair)• Ms Leah Young• Dr Sinead de Gooyer• Mr Duncan Malcolm.	<p>The Nominations and Remuneration Committee oversees the Chief Executive Officer’s (CEO) appointment and monitors Board and CEO performance, succession planning and remuneration.</p> <p>The Board has delegated to the Nominations and Remuneration Committee, in consultation with the Chairman of the Board, the responsibility for identifying and recommending candidates for the Board, after considering the necessary and desirable competencies for new Board members.</p> <p>The Nominations and Remuneration Committee’s members are:</p> <ul style="list-style-type: none">• Dr Nola Maxfield (Chair)• Mr Ben Leigh• Ms Julie Rogalsky.

Our Staff

Gippsland Medicare Local employs 46 staff and brings together teams from a range of sites across the Gippsland region including Bairnsdale, Inverloch, Moe and headspace centres in Morwell and Warragul.

The organisation includes many talented, committed and passionate people. It is the staff, their interactions with each other, and the relationships they build that establish and define GML’s reputation and enable the delivery of meaningful outcomes for the community.

Across the organisation the primary health and headspace teams make up 78% of the workforce. Direct clinical services are provided through the headspace and Gippsland Medicare Local mental health nurse teams, which represent 35% of the workforce.

headspace introduced two new positions – Sexual Health Project Worker and Allied Health Art Therapist. It also recruited a GP registrar through Southern GP Training to provide an extra half day per week of service.

The primary health team provides direct support and facilitates the delivery of clinical services in partnership with contracted organisations across the Gippsland region.

An extra Program Officer Practice Support position was created to assist with the implementation of ehealth into general practices in Gippsland.

Moe office underwent an upgrade to improve functionality and appearance. headspace Morwell moved to a new, purpose-built facility in Morwell. Bairnsdale office relocated to more suitable accommodation. A commitment has been made to relocate Inverloch office to Wonthaggi.

Support through education and training events, direct interaction and targeted communication effort focused on general practice and allied health professionals aims to ensure programs and initiatives are resourced and are relevant to the primary health care industry.



Our Membership

Membership of Gippsland Medicare Local is open to organisations and individuals with a recognised role in primary health care in the Gippsland region.

Membership is a significant part of Gippsland Medicare Local, providing its 203 members — comprising local health professionals and community organisations — with a voice in the strategic direction of the organisation.

Members have the opportunity to vote for Board directors at the AGM, and are provided with opportunities to be involved in advisory committees, which contribute to the work Gippsland Medicare Local does in creating *a measurably healthier Gippsland*.

GML works collaboratively with members to meet the needs of the local community and to ensure that people receive the right care, in the right place, at the right time.

Of the individual members, 55% are general practitioners and 18% are psychologists.

Of the organisation members, 31% are health services, 25% are general practices, and 19% are allied health providers.



Summary of Financial Report

The 2014/15 financial statements of Gippsland Medicare Local have been prepared by Crowe Horwath VIC and completed in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board and the Corporations Act 2001 on an accruals basis, based on historical costs, modified, where applicable.

Gippsland Medicare Local’s result for year ended 30 June 2015 was a deficit of \$944,960, which comprised:

Income from all sources	\$12,471,165
Expenditure for all programs	\$13,416,125
Deficit	\$944,960

Gippsland Medicare Local’s revenue for the year ended 30 June 2015 was \$12,471,165 which comprised:

Department of Health Grant revenue*	\$10,170,736
Other grant revenue	\$1,788,042
Other income	\$512,387

*Inclusive of prior year approved carryover funds

Gippsland Medicare Local’s expenditure for the year ended 30 June 2015 was \$13,416,125.

Total non-current assets of Gippsland Medicare Local equate to \$551,101 as at 30 June 2015, comprising:

Land and buildings	\$393,100
Motor vehicles	\$34,134
Furniture and fittings	\$2,234
Computer equipment	\$121,633

The full 2014/215 audited financial statements for Gippsland Medicare Local can be found on the Gippsland PHN website at www.gphn.org.au.



