



# Annual Report

2015/16

**phn**  
GIPPSLAND

An Australian Government Initiative





Front cover: Dr Miriam Athayde, Bairnsdale

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Gippsland PHN gratefully acknowledges the financial and other support from the Australian Federal Government

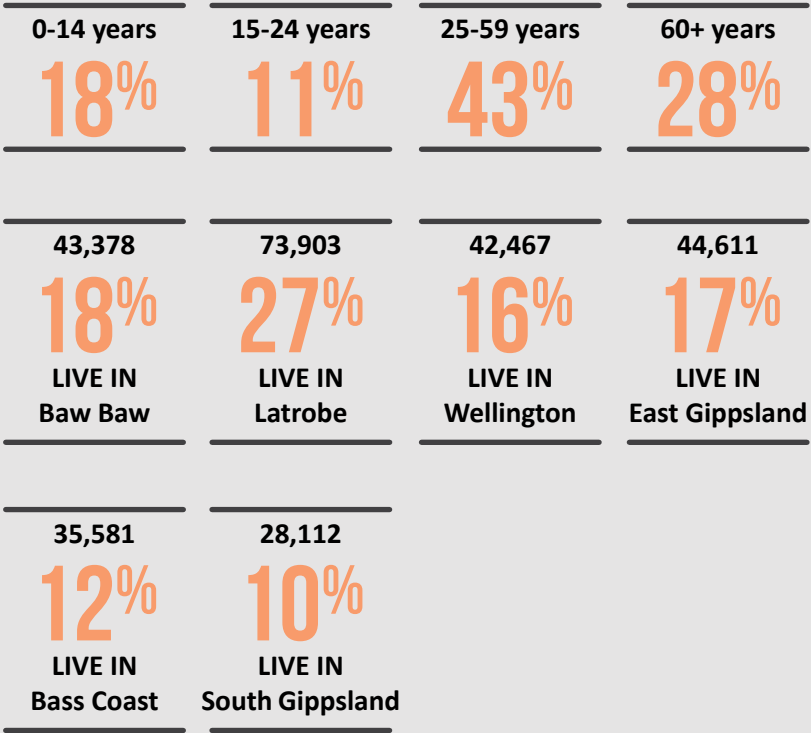


# Introducing Gippsland Health Network, trading as Gippsland PHN

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 and Bairnsdale.



271,052  
Gippsland  
population 2016



## Our region, 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 Wilsons Promontory and Phillip Island in the south. Gippsland includes six local government areas: Bass Coast, Baw Baw, East Gippsland, Latrobe, South Gippsland and Wellington. The total population was estimated to be 271,052 people in 2016.

The Gippsland population is older than the Victorian population overall, with 27.3% aged 60 years or older compared with 20.6% for Victoria. Projections show continuing strong growth in the number of older people.

Aboriginal and Torres Strait Islanders comprise 1.8% of Gippsland’s population, higher than Victoria overall (0.8%), with East Gippsland and Latrobe home to 63% or 2,405 people.

Socio-economic disadvantage is experienced by a large proportion of people in Gippsland and especially in Latrobe and East Gippsland, but all LGAs have pockets of disadvantage. This is evident in low incomes, rental stress, food insecurity and low levels of participation in higher education. A high proportion of the population relies on unemployment benefits or the disability support pension. High crime rates, including family incidents, substantiated child abuse and alcohol related family violence, are also evident with some variation across the region.

Several key health indicators highlight a number of areas of concern. Gippsland males have the lowest life expectancy of any region in Victoria; there are high rates of dementia, psychological distress and disability; and Gippsland has the highest rate of low birthweight babies and births to teenage mothers in Victoria.

Gippsland has significantly higher rates of premature deaths due to cancer, diabetes, circulatory diseases, external causes, road traffic injuries and suicide and self-inflicted injuries compared with the rest of Australia.

Positive health behaviours include higher rates of cervical, breast and bowel cancer screening and high rates of immunisation for children compared with Victoria overall. However, harmful alcohol use, smoking, obesity, diet (including soft drink consumption) and family violence are areas of concern.

The percentage of children vulnerable on two or more domains is high and speech/language problems and emotional/behavioural problems are common at school entry. Bullying and teen births are also common, pointing to opportunities for improvements for both children and young people.

Workforce shortages are evident across most of Gippsland, especially for medical specialists and allied health professionals, such as physiotherapists, psychologists and pharmacists.

Health service usage data show that Gippsland residents have low levels of private hospital admissions and after-hours GP attendances. There are high levels of emergency department attendances (in areas where available), Home and Community Care clients and low acuity ambulance call outs.

Opioid prescribing is high across Gippsland. Asthma and mental illness-related prescribing are especially high amongst children and young people.

# Board Chair Message

DR NOLA MAXFIELD



It is with great pleasure that I welcome you to the 2015/16 Gippsland PHN Annual Report – the first report to our members and stakeholders since the transition from the Gippsland Medicare Local to the Primary Health Network (PHN) environment.

A noticeable difference of the PHN environment has been the establishment of Clinical Councils and a Community Advisory Committee. As a Board, we know that we can only deliver on our objectives through listening and widely collaborating with Gippsland health professionals and the community. Although we are only a year into working with these structures we already have proven this to be true.

It has been an inspiring process to watch our Clinical Councils come together and grow. We have been very mindful of the difference in health issues, services and needs of the sub-regions in Gippsland, which is why we established three Clinical Councils to advise the organisation and our Board: Wellington and East Gippsland, Bass Coast and South Gippsland, and Latrobe and Baw Baw.

Already we have seen our Clinical Councils guide us with the development of the Gippsland Health Professionals' Network Facebook group, work on mental health service mapping and collaboration, health literacy, and looking at workforce issues to name a few. We appreciate their guidance and acknowledge how powerful these working relationships are.

The Community Advisory Committee is another key group of people that the Board and the organisation have been thrilled to work with in 2015/16.

We have also looked at strengthening governance processes to maximise performance in the areas of strategic risk and risk appetite, commissioning, procurement, and clinical governance for a commissioning organisation.

Financial stability has also been a key focus area, including a compliance audit undertaken in 2015/16 that confirmed the organisation was on track. It also gave us some practical things to work on as part of our continuous quality improvement process.

The year was not without its challenges – the business change from the Medicare Local environment was difficult. And at times it has been tough receiving honest stakeholder feedback about areas of improvement and legacy obstacles from previous years and iterations of organisation primary care models. That being said, it's been great to have the feedback so that we can respond and show our stakeholders a willingness to listen and work together to step forward on issues from the past.

The Board led a decision to change our organisational culture to one that would reinforce our position that genuine relationships with GPs, stakeholders and the community lead to improved health outcomes, and ultimately enable us to deliver on our mission.

The Board guided a restructure at the beginning of the transition in a way that was consistent with our purpose and culture, but also in a way that has allowed us to grow with the organisation over the past year. This has meant we have had stability in our workforce and an incredibly energised and motivated group of people all working with passion and vision.

I would like to thank all the individual members of the Gippsland PHN Board for their continued dedication in guiding and providing direction for the organisation. I also thank the group of motivated and talented staff who work with us to drive the PHN engine forward in the direction of improved health outcomes and right care, in the right place, at the right time.

Dr Nola Maxfield  
Board Chair

# Chief Executive Officer

MS MARIANNE SHEARER



With a new scope and change in approach, it has been an incredible year of change, challenge and success for Gippsland PHN. We have concentrated on, and built, strong stakeholder relationships, which have come about from our genuine commitment to direct engagement and our appreciation for what relationships can bring to creating better outcomes for the community.

Working with the Clinical Councils and the Community Advisory Committee formed early in 2016 helped Gippsland PHN in its new organisational form to gain strength from their diversity and distributed networks. It is our commitment that Gippsland PHN will continue to keep the councils and committee at the centre of our community engagement strategy in future years.

We are grateful for their insights, and it has been refreshing to have the community focus our thinking on advance care planning, population health planning, program and project resources, and health literacy. More recently we have worked with the committee to develop a campaign to encourage vulnerable community members in Gippsland to tell our Population Health Planner, Maria Garrett, their thoughts on how we can improve health of Gippslanders – a piece that will inform our next needs assessment.

We have been able to work with Community Advisory Committee members to access the networks, community groups and committees they know or are a part of to enhance the response rate for the 'Tell Maria' campaign.

With the focus clearly on relationships, we have also been conscious of translating this effort into measurable outcomes and outputs in 2015/16. We have engaged more than 2,600 times with our stakeholders - community, commissioned services, health professionals, general practice and other health services.

More than 700 health professionals have attended our education or training events in the year; we have visited each general practice in Gippsland at least

once per quarter to support them with information and individual needs; and we have developed 45 HealthPathways.

We have also commissioned a total of \$4,925,713 of services through 43 contracts with 29 providers to deliver services in the six local government areas of Gippsland across mental health, Indigenous health, after hours and flexible place-based services.

The development of our commissioning framework was a milestone in 2015/16. It sets out our transparent and accountable approach to analysing, co-designing, delivering and reviewing a quality commissioned services cycle.

I want to acknowledge the significant role of our Board Chair, Dr Nola Maxfield who, with a team of committed and engaged Board members, has assisted me and the organisation to make the extensive and strategic changes that were required to ensure future sustainability for Gippsland PHN.

I also commend my Executive, with their respective teams, and thank each and every individual staff member for the commitment shown in the execution of their daily tasks in the past year, despite the challenges of a changing environment. Together we are all working towards fulfilling our vision of a measurably healthier Gippsland.

Ms Marianne Shearer  
Chief Executive Officer



# The Gippsland PHN Board

The Gippsland PHN Board comprises nine skills-based directors who govern the organisation in order to achieve its mission and strategic directions.



**Nola Maxfield (Board Chair)** is a procedural general practitioner in a large teaching practice who has 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, and been a part of the Medicare Local and now Primary Health Network. Nola has a broad knowledge of the issues facing a diverse region such as Gippsland.



**Mark Biggs [Deputy Chair, December 2015-June 2016]** 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 previously 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.



**Ben Leigh (Deputy Chair, July-December 2015)** has committed his professional life over the past 30 years 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 has held senior leadership roles as Board Director of the Victorian Healthcare Association and continues a strong growth strategy as Chief Executive Officer of Latrobe Community Health Service Ltd. Ben supports Gippsland PHN objectives to make it easier for clients to navigate the local healthcare 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 healthcare work as an effective system, achieving a measurably healthier Gippsland.



**Julie Rogalsky** has more than 18 years' experience in the Gippsland health sector and is the Director of Operations and Company Secretary of Eastern Victoria 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 and a graduate of Gippsland Community Leadership.



**Jim Turcato** is a CPA, a Fellow of the Australian Institute of Company Directors, a business consultant and professional finance facilitator. He has facilitated finance programs for a broad range of clients from the private, public and not-for-profit sectors including healthcare organisations. Jim is an accredited facilitator of the Australian Institute of Company Directors. His experience as a director includes more than five years as a Non-Executive Director of South East Water Corporation and service as Chair of the Finance, Audit and Risk Committee and Board member and Audit Committee Chair of Alfred Health. He is a Director and Finance, Audit and Risk Management Committee Chair of Murray City Country Coast GP Training Ltd.



**Duncan Malcolm** is a life-long resident of Gippsland and 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 is a strong consumer advocate and believes Gippsland people should have ready access to high standards of primary healthcare and associated services.



**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.



**Murray Bruce** is a strong leader and an experienced commercial lawyer specialising in strategic planning, project management, risk management and governance. Murray has worked as a senior executive at the Department of Health and Human Services and also served as the Director of Australia's largest ever charitable appeal fund, the 2009 Australian Red Cross Bushfire Appeal Fund. He has successfully worked across all levels of government, many private and not-for-profit organisations and local community groups to deliver effective and efficient health services to communities. Murray is committed to helping improve the lives of people in Gippsland and their access to high-quality and efficient health services.



**Sinead de Gooyer** 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.

# The Executive Team

The Board appointed a Chief Executive Officer and three Executive Managers to lead and execute the new organisational direction.



**Marianne Shearer (Chief Executive Officer)** brings more than 25 years of senior executive experience to Gippsland PHN. More than 22 of those years have involved working with general practice and leading primary healthcare reform as CEO of General Practice Divisions and Medicare Locals in Melbourne's central eastern suburbs, and previously managing health service workforce planning and general practice training programs in hospitals and general practice. Marianne has strong cultural leadership and change management skills, which she has used to design sustainable health solutions through successful partnerships involving large and diverse communities and numerous service providers. Marianne has led significant business growth and has commissioned services to increase community access to care and improve population health.



**Robert Cherry (Executive Manager Corporate Services)** is a qualified accountant with more than 25 years of experience in senior management roles in the private and public sectors. These have included public accounting practice as Principal, Director and General Manager of various not-for-profit, commercial and government organisations. The scope of these appointments has included responsibility over taxation, finance, IT, human resources and community services portfolios. His most recent role was as Manager Finance and Administration with the Law Society of Western Australia in the Law Mutual insurance division, based in Perth. He has served as Board member to the Central Gippsland Health Service, Sale Elderly Citizens Village and Sale College. Robert's primary professional interests include effective governance and efficient organisational resource management.



**Amanda Proposch (Executive Manager Primary Health and System Integration)** is a healthcare management professional with extensive experience in practice management, private and public hospital nursing management, and healthcare redesign. She has contributed to the application of a process improvement methodology in the healthcare environment, coaching and developing high-performing teams, and elevating operational efficiency, productivity and consumer experience. Amanda's credentials include Diploma of Applied Science (Nursing), Certificates in Practice Management and Lean Thinking, Master of Business Administration and Specialist Certificate in Executive Leadership (University of Melbourne). Amanda holds professional memberships with the Australasian College of Health Service Management and the Australian Healthcare and Hospitals Association.



**Liz Craig (Executive Manager Health Planning and Commissioning)** is a psychologist with 20 years of experience in clinical mental health, rehabilitation, health planning, research, education and the community sector. Liz has strong project, contract and financial management skills, and is highly regarded as a supervisor and leader with compassion and respect. Liz has lived in Gippsland for 10 years and during that time has built a reputation as an effective clinician, mentor, strategist and colleague. Liz's credentials include Master of Psychology (Health), Graduate Diploma in Behavioural Health Care, and Bachelor of Arts (Psychology). Liz holds general registration with the Psychology Board of Australia at AHPRA and professional membership with the Australian Psychological Society.



Left to right:  
Christopher Carter - North Western Melbourne PHN, Jason Trethowan - Western Victoria PHN, Elizabeth Deveny - South Eastern Melbourne PHN, Robyn Whyte - Eastern Melbourne PHN, Matt Jones - Murray PHN, Marianne Shearer - Gippsland PHN

## Victorian PHN Alliance

**Gippsland PHN staff actively participate in several communities of practice, and many of these are supported by the Victorian PHN Alliance. This initiative enables sharing of learnings and approaches, helps builds consistency and adds value particularly for links to state-funded services, and helps to reduce hospital admissions.**

Victorian PHN Alliance brings together the six Victorian PHNs to create a responsive and targeted healthcare system. It enables the PHNs to collectively achieve the best possible outcomes for local communities and organisations through leadership, collaboration, coordination and synergy. It seeks to foster collaboration, learning and knowledge transfer across the PHN sector; establish key communication channels and engagement relationships; and develop shared infrastructure and methodologies.



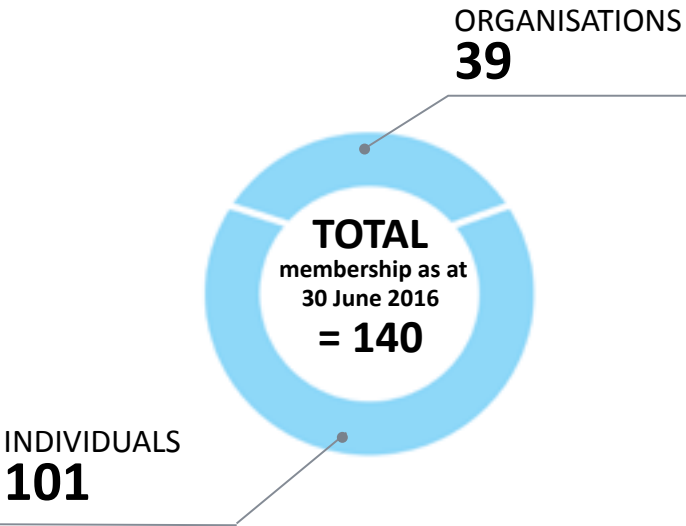
# Membership

Gippsland PHN has an extensive and diverse membership categorised by individual or organisation and further broken down by their health service focus or sector.

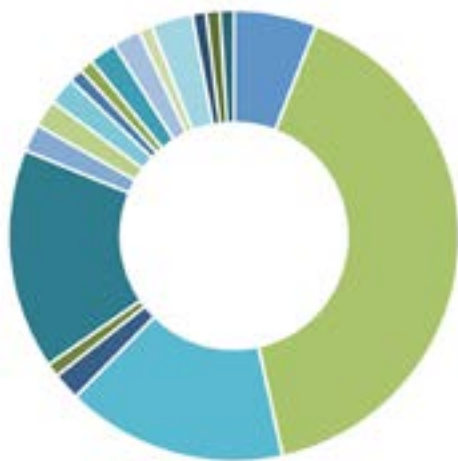
Membership of Gippsland PHN is open to organisations and individuals with a recognised role in primary healthcare in the Gippsland region.

Gippsland PHN members have the opportunity to be involved in the organisation, including:

- Voting rights for nominated individuals at Board elections;
- Priority access to continuing professional education events administered by Gippsland PHN;
- Invitation to attend the Annual General Meeting; and
- A copy of the Gippsland PHN LINK Newsletter emailed to their nominated email address.



## INDIVIDUAL MEMBERSHIP



6 Pharmacists	1 Health Promotion Officer
41 General Practitioners	1 Chinese Medicine Practitioner
16 Registered Division One Nurses	2 Counsellors
2 Mental Health Nurses	2 Dieticians
1 Dentist	1 Educator
16 Psychologists	3 Occupational Therapists
2 Practice Managers	1 Optometrist
2 Health Services Executives	1 Podiatrist
2 Physiotherapists	1 Social Worker

## ORGANISATIONAL MEMBERSHIP



1 Aged Care
3 Allied Health
1 Community and Welfare
6 Community Health
1 Education
8 Hospitals
1 Local Government
5 Mental Health
1 Health Focus Non-Direct Care
12 General Practices

# Gippsland PHN Advisory Structures

A key feature of Gippsland PHN is its new Clinical Councils and the Community Advisory Committee, which ensure health professionals and the community are major contributors to the newly focused organisation. It is integral to Gippsland PHN that general practice, other health professionals, as well as the consumer voice and experience of care are centrally involved in planning and advisory decision-making about health solutions.

A key success and outcome from the Gippsland PHN Clinical Councils has been the establishment of the Gippsland Health Professionals' Network – a closed Facebook group where health professionals from across Gippsland can network and share ideas and information. The group forms part of the Clinical Council commitment to build a collaborative and supportive workforce in Gippsland.

## Clinical Councils

Each Clinical Council has a Board sponsor (non-voting member) among its membership to ensure the Gippsland PHN Board is infused by their advice and input. The three Clinical Councils report to the Clinical Advisory Council, which comprises the Chairs of the three Clinical Councils and three Board Directors. The Clinical Advisory Council met on several occasions since last October. Recommendations from Clinical Councils through to the Clinical Advisory Council are then made to the Board.

A key success in Gippsland PHN's Clinical Council structure has been its composition and governance. Each Clinical Council comprises health professionals from the region they cover – enabling each group to recommend and advise on issues that are specific to their region across many disciplines. Gippsland PHN also has an Executive team member as a non-voting member on each council, which assists with direct communication to the organisation at the operational level. Where possible, the Executive can approve recommendations already within their delegations. This enables swift response and actions.

Three GP-led Clinical Councils have been established following an open and contestable process across the Gippsland catchment: Wellington and East Gippsland Clinical Council, Latrobe and Baw Baw Clinical Council and the Bass Coast and South Gippsland Clinical Council. Each Clinical Council comprises a broad spectrum of clinical involvement that is representative of the Gippsland sub-regions.

The three Clinical Councils came together on 11 February 2016 in Sale for a group orientation, which included a session for the clinical councils to develop their work plans through a facilitated process. Work plans were influenced by the population health profile preliminary findings.

**High-level Clinical Council objectives are to:**

1. Support the community, GPs and other health professionals to be actively engaged in Gippsland PHN programs and projects;
2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design and evaluation);
3. Support and advise on community and organisational health literacy;
4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and
5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities.

**Each Clinical Council has held quarterly meetings since the orientation and this cycle will continue in the next financial year.**

**Clinical Council work plans include:**

1. Advise on the current status of pain management activities and services and contribute to increased service access and resource awareness;
2. Identify the gaps in transport on health service access and contribute to innovative ways to improve;
3. Provide input into Gippsland PHN education and training planning process;
4. Design of mental health and drug and alcohol services and related workforce options;
5. Support the Latrobe Health Innovation Zone to improve chronic disease management;
6. Participate and promote QUIT to close the loop on the role of health professionals assisting the population to quit smoking; and
7. Support and advise on building a sustainable workforce.



**BASS COAST & SOUTH GIPPSLAND CLINICAL COUNCIL**

- Trevor Andrews (Chair, GP)
- Sue Comerford (GP)
- Paul Greenhalgh (Nurse)
- Tania Findlay (Nurse)
- Anna Close-Mewett (Nurse)
- Gayle Bloch (Practice Manager)
- Francis Sullivan (Allied Health)
- Joanne Drury (Psychologist)
- Rhett McLennan (Aged Care)
- Daniel Smith (Ambulatory Care)
- Sinead de Gooyer (Gippsland PHN Board Sponsor)
- Amanda Proposch (Gippsland PHN Executive Sponsor)



**LATROBE & BAW BAW CLINICAL COUNCIL**

- Letitia Clark (Chair, GP)
- Patrick Ruane (GP Obstetrician)
- Fred Edwards (GP)
- Audra Fenton (Nurse)
- Stuart Jillings (Nurse)
- Leanne Coupland (Allied Health)
- Liz Plunkett (Pharmacy)
- Helen Rawlings (Mental Health)
- Mark Biggs (Gippsland PHN Board Sponsor)
- Amanda Proposch (Gippsland PHN Executive Sponsor)



**WELLINGTON & EAST GIPPSLAND CLINICAL COUNCIL**

- Peter Stevens (Chair, GP)
- Patrick Kinsella (GP)
- Elisabeth Wearne (GP)
- Andrew Roberts (GP)
- Sharee Johnson (Psychologist)
- Brendon Moar (Pharmacy)
- John Gibson (Dentistry)
- Owen Connolly (Mental Health Nurse Practitioner)
- Cassandra Mayman (Practice Manager)
- Myles Chapman (GP)
- Paula Morgan (ACCHO)
- Julie Rogalsky (Gippsland PHN Board Sponsor)
- Liz Craig (Gippsland PHN Executive Sponsor)



# Community Advisory Committee

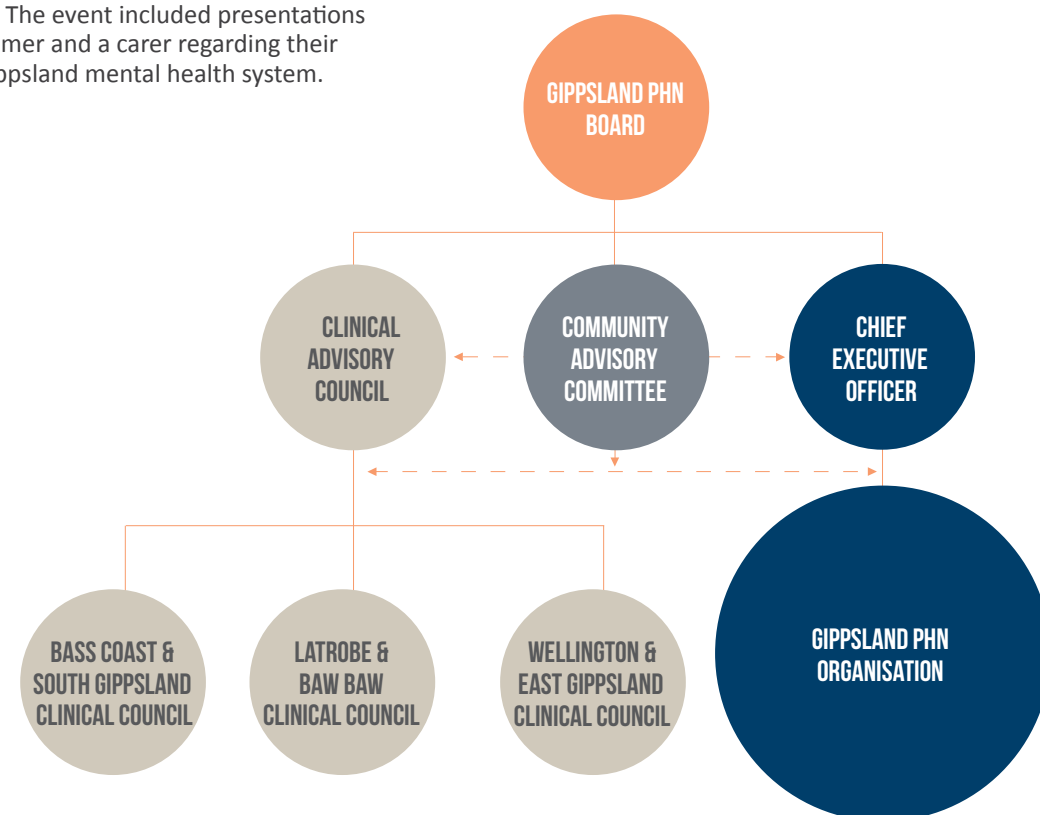
The Gippsland PHN Community Advisory Committee is at the centre of the organisation's community engagement strategy. It has been developed as a strategic community leadership group that drives community involvement through digital mediums, forums, training and the establishment of a community panel.

Following an extensive expression of interest process, appointments to the Community Advisory Committee were made in April 2016. The Committee's first meeting was held on 13 May 2016. A work plan was initiated, with example community/consumer engagement key focus areas identified as vulnerable communities, access to services, contributing to population health planning and aged care.

Evidence of how this committee has added value to core Gippsland PHN work is the design of the population health snapshot brochure and the #TellMaria campaign, which is seeking consumer and carer input from across the Gippsland community. Community Advisory Committee members assisted in the development of the campaign materials and facilitated linkages to networks and groups to respond to the campaign.

Consumer representatives continue to be engaged with Gippsland PHN's mental health programs. These programs also provide additional opportunity to consult the community and seek specific information, for example, a Partners in Recovery Advisory Group event on 4 March 2016. The event included presentations from both a consumer and a carer regarding their journeys in the Gippsland mental health system.

Members of the Community Advisory Committee represent the geographic, cultural and population diversity of Gippsland. A selection matrix was used to identify suitable candidates for the committee, specifically looking for carers, patients and community members of Gippsland who were representatives of key population groups (including vulnerable groups) in the region. The selection matrix also looked at identifying candidates for the committee who were involved in their communities, networks and other groups to ensure the Gippsland PHN Community Advisory Committee was able to engage with a large and diversely distributed network.



**Ben Leigh**  
CHAIR,  
GIPPSLAND PHN BOARD DIRECTOR  
**Member focus:**  
To understand the views and ideas from the community, carer and patient perspective to inform my role as Board Director.



**Rebecca Slavin**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To raise awareness and influence drug and alcohol supports and services needed within our community.



**John Lawrence**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To share experiences and insights to influence decision making to improve health outcomes for Gippsland consumers and carers.



**Marion Byrne**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To advocate for equitable access to healthcare for the community, and to ensure the patient voice is heard.



**Patricia Bryce**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To contribute and make a difference in healthcare, service delivery, consumer participation, and patient understanding of access to healthcare services.



**Robyne Proffitt**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To support improvements to the health system to ensure it is more responsive, comprehensible, logical, and a better experience for both patients and workers.



**Owen Deppeler**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To contribute and make a difference in healthcare and service delivery, and advocate for people who are unable to access the services they need.



**Michael Klein**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
With much experience in our health system, particularly as a carer, I'm focused on improving access to services and making the consumer experience of navigating our system less daunting.



**Jeanne Van Der Geest Dekker**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To advocate for the health of Gippslanders, especially in mental health and farm safety.



**Sue Gaffney**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To ensure genuine and accurate communications between Gippsland PHN and the communities it serves.



**Julie Hocking**  
COMMUNITY REPRESENTATIVE  
**Member focus:**  
To support continuous improvement in health sector workforce skills to respond to the health needs of Gippsland's ageing population, where coordination and integration of service will be critical to achieving better health outcomes.



**Marianne Shearer**  
GIPPSLAND PHN CHIEF EXECUTIVE OFFICER  
**Member focus:**  
To support transparent and accountable governance and activate innovative ideas.



**Murray Bruce**  
GIPPSLAND PHN BOARD DIRECTOR  
**Member focus:**  
To learn about health experiences of people in Gippsland, foster stronger community networks and gain key information that will inform a variety of Gippsland PHN Board decisions.



**Duncan Malcolm**  
GIPPSLAND PHN BOARD DIRECTOR  
**Member focus:**  
Listen to feedback from committee members, utilising regional health mapping and actively participating in discussions to build a shared understanding of regional resourcing needs and priorities.



# Delivering our Strategic Directions

The Gippsland PHN Board expressed the strategic direction of the organisation by defining vision, core functions (mission), objectives, principles, enablers and behaviours. Together this is called our “Strategic Directions”.



*“Our vision is a measurably healthier Gippsland”*

*“Networks have a role and capacity to support practitioners to synthesise complexity and crystallise solutions that enhance beyond current capacity.*

*Through a culture of change management, networks create the link between local health services and the big picture of the whole health system and reduce the isolation particularly for general practice.*

*They distribute information (evidence-based learning and resources) and provide individualised support, responding to health service need and capacity.”*

Australian Journal of Primary Health, June 2012. vol. 18(2), p101-104, GP Networks as enablers of quality of care: implementing a practice engagement framework in a General Practice Network. C Pearce, M Shearer, K Gardner, J Kelly and TB Xu.

## Our mission and core functions



SYSTEM INTEGRATION



COMMISSIONING



HEALTH PLANNING



SUPPORT TO GENERAL PRACTICE

## Our enablers



GOVERNANCE



FINANCIAL



PEOPLE



DATA



TECHNOLOGY

## Our principles

- A long-term, whole-system perspective
- Performance, efficiency and value
- Leading innovation and evidence-based practice
- Collaborative local leadership
- Equitable access
- Consumer self-determination and empowerment

## Our values and behaviours

- Community-centred
- Ethical and respectful
- Innovative
- Accountable
- Quality

## Our objectives

- Improved health outcomes for people with chronic disease and those patients at risk of poor health outcomes
- Improved coordination of care that ensures patients receive the right care in the right place at the right time
- Lower prevalence of national and locally prioritised conditions
- Increased efficiency and effectiveness of medical services and other primary health services

*Better care  
Better health  
Better value*



# Engaging with our health community

A challenge for the organisation is continuous meaningful engagement with local stakeholders, including general practice and health and hospital organisations, to influence adoption of best practice and advance coordinated and integrated care.



Dr Cassie Rickard, Warragul

Gippsland PHN acknowledges that engagement is an important part of improving what we do and how we do it. In 2015/16, Gippsland PHN developed a Stakeholder Engagement and Communication Governance Framework that sets out our commitment to increased communication and effective stakeholder engagement. The framework makes clear our principles of engagement, ensuring we form genuine partnerships with the Gippsland health sector, our partners, members and the community.

**The principles are used to underpin our approach to communication and stakeholder engagement. Gippsland PHN strategies, initiatives, programs and projects all evidence these principles at work.**

1. We will embed stakeholder engagement and building partnerships in all that we do.
2. Our people will be actively supported to engage stakeholders and to build partnerships.
3. Our stakeholder engagement will be well planned, tailored, targeted and evaluated.
4. We will provide opportunities for our stakeholders to contribute to our strategies and initiatives.
5. We will work transparently and respectfully with our stakeholders and partners and establish clear roles and expectations.

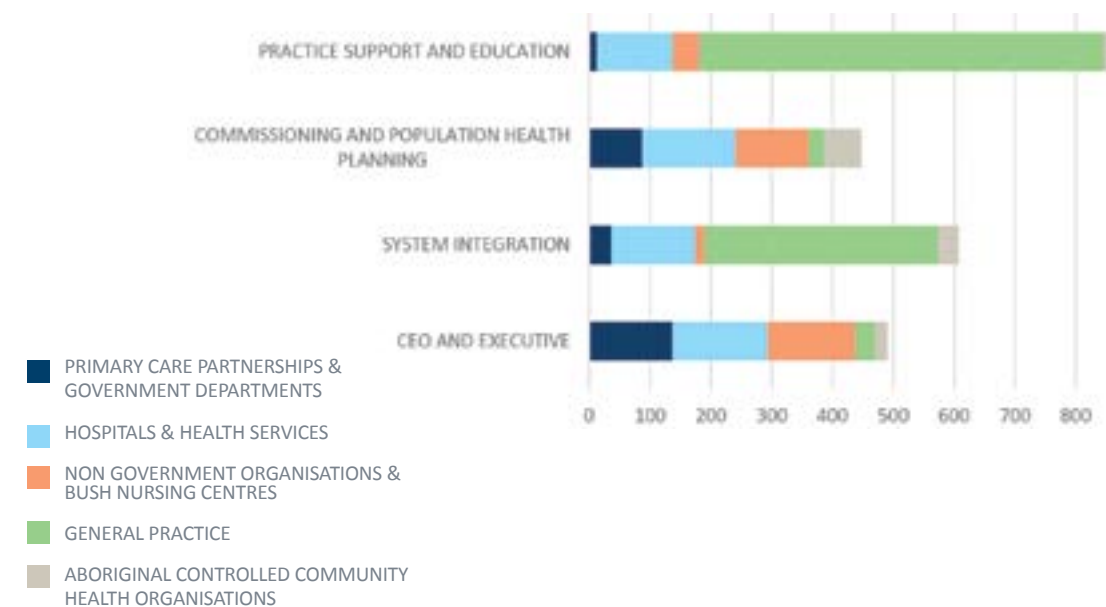
Gippsland PHN's approach to stakeholder engagement is based on the adaptation of the International Association for Public Participation (IAP2) Spectrum.

We engaged more than 2,650 times with our stakeholders over the course of 2015/16 to provide services, support and planning.

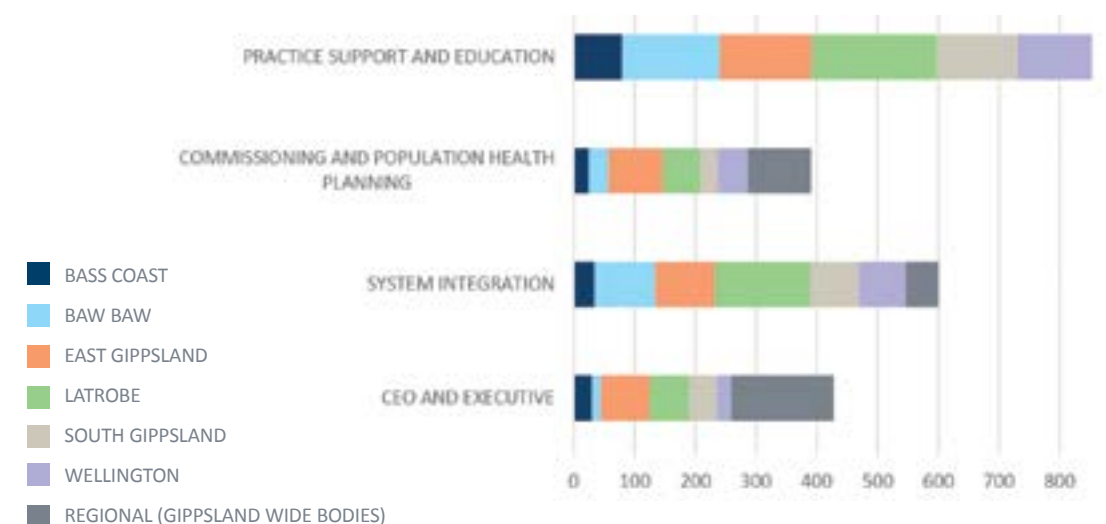
**“Our promise is to involve our stakeholders in key decisions of the organisation, recognising that this can be achieved by moving fluidly across the spectrum of informing and consulting as required.”**

**“For the first time stakeholder engagement is measurable, by capturing the purpose, breadth and depth of reach across sectors and locations”**

## PROGRAM ENGAGEMENT BY SECTOR 2015/16



## PROGRAM ENGAGEMENT BY REGION 2015/16





# Health Planning

Gippsland PHN works with the community, organisations, health professionals and available data to understand the health needs of the Gippsland population. We use this information to determine our priorities for planning and funding health services. In 2015/16, our Health Planning team developed several resources for use by stakeholders, which included a Brief Population Health Profile, Local Government Area Profiles and a four page document summarising the identified priorities. All are available on the Gippsland PHN website.

A Needs Assessment Report was submitted to the Department of Health in March 2016 and included information on Mental Health and Suicide Prevention, Alcohol and Other Drugs Needs Assessment and use of After-Hours services.

Sixty-nine health professional stakeholders took part in interviews for the needs assessment and a second round of feedback was provided by 43 people (62%). Professionals interviewed came from all six local governments, all four Primary Care Partnerships, the Victorian Department of Health and Human Services

in Gippsland, health services, Aboriginal Community Controlled Health Organisations, general practices, bush nursing services and non-government organisations. Further engagement is planned in the next year to strengthen community input to the health needs analysis.

## Health Priorities 2016-18

### Supporting people

- Children (0-14 years)
- People with disabilities
- Indigenous people
- People with social and financial worries
- People 60 years or over
- Young people (12-25)

### Main health issues

- Alcohol and other drugs
- Cancer
- Heart related issues
- Ongoing lung related issues
- Diabetes
- Immunisation
- Mental health
- Reproductive/sexual health

### Better health services

- Access to services
- Better use of technology
- Services working together
- High quality care
- Enough trained health professionals

### Areas for influence

- Lifestyle factors
- Community connectedness
- Family violence

## For every 100 people in Gippsland...

2

people would identify as Aboriginal and/or Torres Strait islander

6

people would be born in a non-english speaking country

6

people would need help with daily activities

44

people would have an individual income of less than \$400 per week

7

people would have run out of food in the last year

38

people would have completed year 12 (or higher)



Sue Medson, Lakes Entrance





# Commissioning

## Gippsland PHN has commissioned a total of \$4,925,713

of services through 43 contracts with 29 providers to deliver services across the six local government areas of Gippsland.



Ramahyuck, Drouin

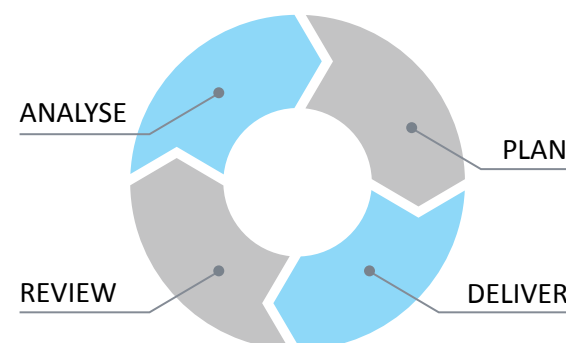
### THE COMMISSIONING CYCLE

- 1 ANALYSE**  
Analysis of resources/service provision, population needs assessment, legislation/policy/guidance and market drivers.
- 2 PLAN**  
Service gap analysis, commissioning strategy, and co-design services and shape supply.
- 3 DELIVER**  
Service capacity building, sector development, procurement, and provider relationship management.
- 4 REVIEW**  
Evaluate outcomes and review strategy and performance.

Commissioning is a process of strategic planning and investment in quality primary healthcare services with the aim of maximising health gain for the population and efficiency for the health system. In 2015/16 we developed a commissioning framework, introduced the principles of commissioning, and developed a procurement framework to guide probity and contract management.

#### Commissioning can be defined as:

- A whole-of-organisation approach targeted specifically at addressing the health needs of the local community;
- Clearly focussing on developing quality primary healthcare services and associated interventions that deliver better health outcomes; and
- Promoting joint working and coordination across the whole healthcare system for the benefit of patients.



## OUR FUTURE STATE

A FULLY ENABLED AND HIGH-FUNCTIONING COMMISSIONING ORGANISATION. BUILDING TO THIS LEVEL OF CAPABILITY OVER TIME TO SUPPORT IMPROVED OUTCOMES.

### Primary Health Network Commissioning Principles

These principles have been designed by PHNs in consultation with the Department of Health to assist in meeting the strategic objectives of the PHN Program, and have been adapted from the National Audit Office (UK).

The principles should be considered in the context of other ongoing work, such as the guiding principles between PHNs and Aboriginal Community Controlled Health Organisations to improve access to health services and improve health outcomes for Aboriginal and Torres Strait Islander people.



LEAHA, Lakes Entrance

- 1. Understand the needs of the community** by analysing data and engaging and consulting with consumers, carers, clinicians, providers, peak bodies, community organisations and other funders.
- 2. Engage with potential service providers** well in advance of commissioning new services.
- 3. Putting outcomes for users** at the heart of the strategic planning process.
- 4. Adopt a whole-of-system approach** to meeting health needs and delivering improved health outcomes.
- 5. Understand the fullest practical range of providers** including the contribution they could make to delivering outcomes and addressing market failure and gaps, and encourage diversity in the market.
- 6. Co-design solutions** - engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders, to develop evidence-based and outcome-focused solutions.
- 7. Consider investing in the capacity of providers and consumers**, particularly in relation to hard-to-reach groups.
- 8. Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate.
- 9. Manage through relationships** - work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders.
- 10. Develop environments high in trust** through collaborative governance, shared decision-making and collective performance management.
- 11. Ensure efficiency**, value for money, and service enhancement.
- 12. Monitor and evaluate** through regular performance reports: consumer, community, clinician and provider feedback and independent evaluation.

**Gippsland PHN uses Tenderlink to manage its tender processes:**

[www.gphn.org.au/about-us/tenders](http://www.gphn.org.au/about-us/tenders)



# Rural Access to Primary Health Services

The Rural Access to Primary Health Services (RAPHS) program is primarily focused on the principle of equality of access. It is designed to increase opportunities for rural and remote members of the community to access services. It requires providers to adopt innovative and collaborative service delivery models to maximise performance as efficiently as possible and structure their services based on identified community needs.

## The RAPHS program objectives are to:

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

## The following seven organisations are commissioned to deliver a range of allied health services:

- Bass Coast Health;
- Uniting Care Gippsland;
- Central Gippsland Health Service;
- Cann Valley Bush Nursing Centre;
- Mallacoota District Health and Support Services Inc.;
- Omeo District Health; and
- Orbost Regional Health.

The RAPHS program continued to be a cornerstone of service delivery for some communities in Gippsland, particularly those more remote. Service types include: mental health, social work, nurses in specialist roles, Aboriginal health, family health, clinical/health coordination, health promotion/prevention, and other services such as drug and alcohol, sexual health and foot care.

## RAPHS SUCCESS STORIES

*“A client was seen along with his family when he was 13 years old because of social isolation and complex family issues, including family breakdown. Recently at age 18 he was confident enough to self-refer for ongoing anxiety, and to discuss his education and career options in the near future.”*

*We have been able to use the social worker to help develop a family support package called ‘Parents Under Pressure’. This evidence-based program includes modules that can be used to guide parents to address unhelpful patterns of behaviour and develop positive routines and behaviours with children so their children can have an optimum environment for development at home.”*



Mallacoota



Cann River

## Mallacoota District Health and Support Service

The ‘Spot the Spot’ Skin Cancer Check program provided through the RAPHS program reported 149 clients screened with 154 occasions of service.

Where lesions were identified as suspicious, requiring biopsy, excision, surveillance or other treatment (cryotherapy or medication prescription), appointments were arranged for the client to attend the Mallacoota Medical Centre. Some clients were referred directly to Peter MacCallum Cancer Centre and/or private specialists in Canberra and Melbourne.

Of the screening examinations performed on the 149 clients, the following lesions were subsequently confirmed and treated: lentigo maligna (6), superficial BCCs (24), nodular BCCs (6), infiltrative BCCs (5), Bowens Disease.

## Omeo District Health

Omeo uses its RAPHS funds to address a range of chronic disease and health needs for the community.

Omeo District Health trialled a nurse-led chronic disease care clinic operating one day per fortnight for six sessions. The purpose of the clinic was for a nurse to conduct GP management plan reviews with clients in order to promote successful self-management of chronic disease. The sessions included review of management plan elements, follow-up on referrals previously made, elements of health coaching, education and personal goal setting. The clinic was very well received by clients with a high attendance rate and client satisfaction.

## Building Healthy Food Futures Project

The project was launched in February 2016. Seventy attendees from across the Omeo region celebrated the launch and joined in the first Harvest Exchange event. The day’s event and consecutive Harvest Exchange meets have promoted a range of fresh, home grown/homemade produce, informal knowledge exchange among participants as well as a great community atmosphere.





# Mental Health Programs

## ATAPS

Access to Allied Psychological Services (ATAPS) is a free program funded by the Commonwealth Department of Health. ATAPS provides access to effective, low-cost treatment for people with a mental illness who may not otherwise be able to access services.

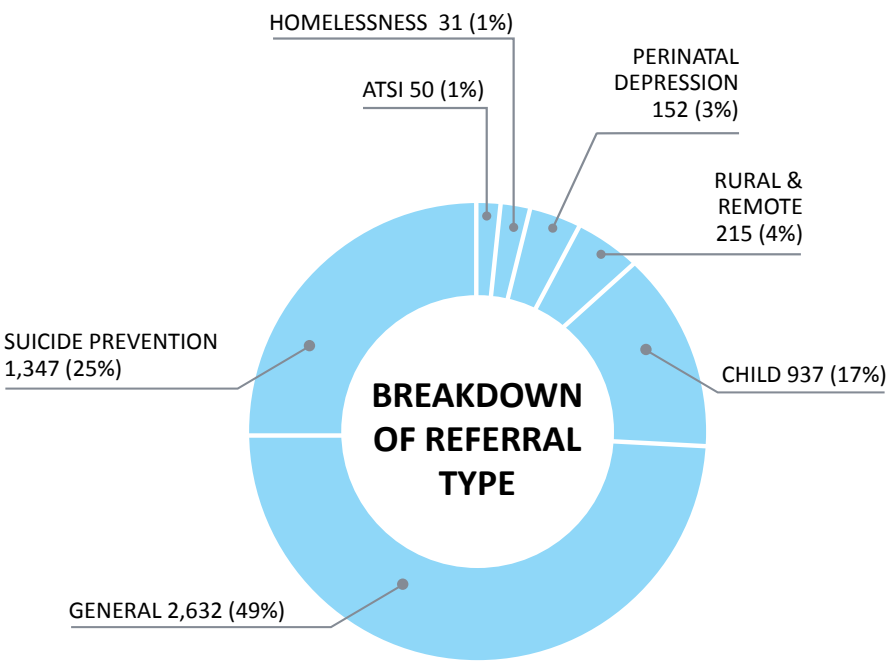
ATAPS is for any individual with mild to moderate mental illness who would benefit from short-term focused psychological strategies.

ATAPS continued in 2015/16 via the following organisations:

- Orbest Regional Health;
- Mallacoota Medical Centre;
- Gippsland Lakes Community Health;
- Mindscape Counselling and Rehabilitation;
- Yarram District Health Service;
- Latrobe Community Health Service;
- Latrobe Regional Hospital;
- Migdala House (Warragul);
- Bass Coast Health; and
- South Gippsland Hospital.

General practitioners (GPs) continue to be the primary referrers into the program. Referrals are made by GPs, specialists, maternal and child health nurses, and other ATAPS providers.

715 individuals were referred to the program, and 80% of target sessions were met (5,364 sessions delivered from a target of 6,720), which was an increase of 1,307 sessions (31%) from 2014/15.



Owen Connolly

# Suicide Prevention Service

The Suicide Prevention Service (SPS) is a Gippsland-wide partnership between Gippsland PHN and Latrobe Regional Hospital and plays a key part in supporting people across the region. The program has just completed its second full year of service. Referring clinicians include GPs, ATAPS and clinical mental health services.

### From the perspective of Mental Health Nurse Practitioner, Owen Connolly

James, a 54-year-old man, was referred by the emergency department mental health clinician after a friend reported James was having suicidal thoughts. He had been struggling with separation from his wife of 25 years, having moved to Gippsland and being away from his children.

James had always been an anxious person, struggling with bullying as a youth and into adulthood. Following a back injury he became a stay-at-home dad and suffered a heart attack two years ago which led to depression. He lived alone, had few friends and was isolated from the community. He had lost interest in the things he enjoyed and he felt he was a burden to everyone. He was unclear why his wife had left him and believed his children would be better without him, despite his children maintaining regular contact with him.

He had not responded well to medication and experienced high anxiety and low self-esteem, which led to intermittent suicidal ideation.

With the support of the Suicide Prevention Service, James quickly grasped relaxation and cognitive techniques to reduce his anxiety and was able to incorporate them into his day-to-day life. He could catch and challenge his negative thoughts and use relaxation strategies in stressful situations.

Overall, James has shown increased confidence in engaging with others and maintained and improved his communication with his family. He has had a steady reduction in anxiety when going into public places and thoughts of suicide and hopelessness have gone. James has attended an employment interview and now that he is moving back to his original area will continue to pursue this. He has support from his children and is very motivated to move ahead and become employed and engage in his community as he has done in the past.

70 REFERRALS and 1,338 SESSIONS	61% Male
	39% Female
SERVICE DELIVERY	48% Baw Baw/Latrobe
	27% Bass Coast/South Gippsland
	25% East Gippsland/Wellington



# Mental Health Programs

## Mental Health Nurse Incentive Program (MHNIP)

The Mental Health Nurse Incentive Program provides coordinated clinical care for people with serious or persistent mental illness. Mental health nurses work closely with psychiatrists and/or general practitioners to assist with assessment and care planning, monitoring mental state, managing medication and improving links to other health professionals. GPs and psychiatrists determine eligibility for the Mental Health Nurse Incentive Program.

### What does a mental health nurse do?

- Establishes a therapeutic relationship with the patient.
- Provides assessment.
- Completes evidence-based outcome tools and risk assessments.
- Contributes to the planning and care management of patients.
- Administers, monitors and ensures compliance by patients with their medication.
- Regularly reviews the patient’s mental state.
- Liaises closely with family and/or carers as deemed appropriate.
- Provides psychoeducation and supportive counselling for patient, family and/or carers.
- Facilitates linkages and coordinates services for the patient.
- Maintains links and if required case conferencing with GPs, psychiatrists, psychologists and other service providers.



Gippsland PHN  
MHNIP nurses  
delivered 1,833  
consultations during  
2015/16.



## Partners in Recovery

Partners in Recovery (PIR) Support Facilitators work with people living with severe and persistent mental illness with complex needs, and their carers and families, by coordinating services and supports from multiple sectors they come into contact with (and could benefit from).

The program also held a stakeholder forum in March 2016 that brought together more than 40 health professionals.

237 NEW REFERRALS INTO THE PARTNERS IN RECOVERY PROGRAM IN 2015/16

### Consortium members

- Gippsland PHN (lead agency)
- Latrobe Regional Hospital
- Latrobe Community Health Service
- Gippsland and East Gippsland Aboriginal Cooperative
- SNAP Gippsland
- MI Fellowship
- MIND Australia
- Lead agency-appointed consumer representatives

### Support facilitation agencies

- MI Fellowship
- SNAP Gippsland
- MIND Australia

“With the help from Partners in Recovery, I’ve got a home. I’ve got a stable home that I can’t be thrown out of, and now I’m entering into education which is just brilliant.  
I can see a light at the end of the tunnel which I didn’t have before.”

-Partners in Recovery participant feedback

IMPACT/IMPROVEMENT	WHAT DOES THIS MEAN?
Support facilitators continue to engage family within the care coordination process, which is steadily becoming a common feature in this holistic approach to support facilitation.	Building resilient families enables families to be referred to agencies that are supportive of their caring role.
Increased range of services referring into program.	Seventy-nine different service types referring into program, indicating better awareness of program in the region.
Improved capacity for clients and carers to be involved in leading and advocating for a community model of recovery, through MI Fellowship Peer Worker Development Project.	Employment of peer workers with some being previous consumers of the PIR service. This promotes a community-based recovery model.



# Indigenous Australians' Health Program

**The Indigenous Australians' Health Program aims to contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples living with chronic conditions through better access to coordinated and multidisciplinary care. Care coordinators and outreach workers deliver services and supplementary services funding helps facilitate access to allied health and specialist services, transport and medical aids.**

Gippsland PHN has focused on the promotion of the Medicare '715 health check'. Several other programs have also been promoted, such as the Rural Workforce Agency Victoria's Surgical Eye and Ear Program.

Gippsland PHN released the Indigenous Health Small Grants Program to encourage mainstream primary care providers to reflect on their individual services and apply for funding up to \$5,000 for projects that will improve overall capacity to engage and assist Indigenous community members.

## Activities approved for small grants

- 1. Lighthouse Project:** Improving health outcomes for Aboriginal and Torres Strait Islander people (Bairnsdale Regional Health Service (BRHS)). The aim of the project was to ensure that front-line workers understood the importance of asking a simple question and how to ensure that the Aboriginal and Torres Strait Islander person felt comfortable to state their identity.

This project provided education for staff at BRHS, Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream services on how to ask the identity question in a competent, cultural and safe manner.

- 2. Aboriginal Engagement and Welcoming Environment Project** (Central Gippsland Health Service). This was a project to establish permanent Aboriginal flags, with a formal unveiling ceremony and invited community members. It also established a hospital tour to improve the health literacy of Aboriginal patients in hospital functions.
- 3. Health and hospitality starts with breakfast** (Federation Training). This project provided breakfasts for students before class, a cookbook for distribution to students and the community, and information sessions for students on healthy breakfasts.
- 4. Aboriginal Healing Garden** (Orbost Regional Health). This was a project to consult with Indigenous community members about a healing garden and work with the community on plans, design and costing of the garden.

- 5. Indigenous Health Youth Clinic** (South Gippsland Hospital). This project enabled staff and volunteers of the Youth Assist Clinic (YAC) in Foster to: attend Aboriginal and Torres Strait Islander cultural competency training; organise Indigenous health days at YAC Foster from March to June 2016; and establish referral pathways and measure referrals into mainstream services up to June 2016.
- 6. Reconnect Project** (West Gippsland Health Care Group). This grant supported publication of the Reconnect work done at the hospital for the Gippsland Healthcare Forum 2016 and the International Indigenous Health and Wellbeing Conference 2016. It also enabled the project worker and Indigenous liaison officer visiting Gippsland health services to provide information on the pathways they had developed about connecting Aboriginal patients at the hospital with the community.



## PROGRAM HIGHLIGHTS

**Gippsland PHN worked collaboratively with all five Aboriginal Community Controlled Health Organisations (ACCHO) and the community to deliver the Indigenous Australians' Health Program.**

- Development and distribution of the Black Pages – an Indigenous directory of support resources and health services in Gippsland.
- 120 stakeholder engagement meetings were held throughout Gippsland. These included key stakeholders such as DHHS, Deadly Sport Gippsland, Cancer Council and Elders Groups. Some of the outcomes included feedback into the needs assessment, updating of the Gippsland Black Pages, program promotion and consultation for the electronic HealthPathways.
- The program supported 245 Indigenous people with a total of 1,194 occasions of clinical services. These community members were also supported to attend 220 medical appointments and a total of 177 medical aids were purchased that would otherwise have not been available or affordable.



## RECONNECT

### STRENGTHENING CLINICAL CARE AND HEALTHPATHWAYS FOR ABORIGINAL PEOPLE

Initial research identified small numbers of people accessing cancer services. The goals of the Reconnect project broadened to explore 'where do Aboriginal people in Baw Baw Shire go when they are unwell? How do they access WGHG services? What happens after they do?'

The initial project found that Aboriginal people in Baw Baw Shire access both mainstream general practitioner (GP) health services and their local Aboriginal Community Controlled Health Organisation (ACCHO). It was also identified that Aboriginal people predominantly accessed the Emergency Department (ED) for care and 43% of these individuals re-presented to ED within a 12-month period.

An internal review found that there were no formal referral processes to the Aboriginal Hospital Liaison Officer (AHLO) and no formal follow-up procedures to support people accessing primary and specialist care in the community.

Work by an enthusiastic team began at WGHG and existing pathways of care were mapped both to and from the AHLO with a focus on integrating local services and follow up care. Assessment and data collection tools were developed in collaboration with the staff to assist in ED, inpatient and primary care settings.

A stakeholder communication strategy was implemented and included providing information and gathering feedback. Based on this feedback several resources and pathways were developed.

**BLACK PAGES** 1,000 copies printed and an online version made available on the website

**4** Gippsland HealthPathways developed

**100** Health professionals attended cultural safety training

**120** Stakeholder engagement meetings

**The Reconnect Project was developed to identify existing pathways for Aboriginal people accessing cancer and palliative care services at West Gippsland Healthcare Group (WGHG) with the overall aim of improving both care and referral pathways.**



# Small Grants

Recognising that good ideas, innovation and system improvement can come from many places, Gippsland PHN offered health providers and community groups a funding opportunity through a Small Grants Program in 2015/16. Grants were targeted at seeding short-term projects that were aligned with national and local priorities. Grants were awarded to those who structured their projects to achieve measurable outcomes and that would provide ongoing benefit to the consumers or community.

## SOME OF THE GRANTS AWARDED

AWARDED TO	GRANT NAME
MAACG Medical Group	Preventative health outcomes and education for rural men/farmers
Latrobe Community Health Service	Inclusive and healthy Gippsland – supporting refugees and newcomers to the community
Save the Children Australia	Better access to services for children with additional needs
Monash University	The development and evaluation of a medication safety program for rural and remote Aboriginal health care workers practising in the Gippsland region
Gippsland Southern Health Service	South Gippsland Smoking Cessation Support Program
Relationships Australia Victoria	Purple Hearts Women’s Group
Latrobe Regional Hospital	Mental Health Round AFL 2016
Monash University	The evaluation and implementation of the newly developed medication practice guidelines to deliver best practice medication management in Gippsland community sector
Gippsland Lakes Community Health	My Body My Thoughts – Creating Insight into Obesity Through Art Therapy
Gippsland Lakes Community Health	Awareness of feelings and emotions using art therapy practices
Bass Coast Health	Pastoral Care Volunteer Program
Gippsland Lakes Community Health	LifeMATTERS
Leongatha Healthcare Services Trust	Antenatal Education Program
Bruthen Arts and Events Council Inc.	Boite Schools Choir – ‘Windrush’ East Gippsland

One grant was awarded to support running of the *My Body My Thoughts – Creating Insight into Obesity through Art Therapy* program which was delivered as part of an interdisciplinary treatment program aimed at clients suffering obesity.

The program brought together an art therapist and a dietitian to deliver an innovative six-week program aimed at helping people manage physical and emotional problems by using creative activities to express emotions. It provided a way for participants to come to terms with emotional conflicts, increase self-awareness and express unspoken and often unconscious concerns about their illness and their lives.

From the first six-week program one story (see right panel) was selected by the Most Significant Change Evaluation Panel as a representation of the positive outcomes achieved from the program and permission was granted by the consumer to allow the story to be used.

The panel chose this story as it reiterates the intended objectives of the program and also:

- Its impact on both physical and mental wellbeing;
- Personal growth and development;
- Sustainable tools-“the bead”;
- Self-acceptance;
- Release of long held onto issues – release of anger and stress; and
- Great personal insight.



Mental health round AFL 2016

PROJECT OUTCOME	EVALUATION METHOD
Improved self-esteem and mental wellbeing for clients	Measured using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) pre and post program
A quality program is delivered to meet the needs of those suffering from obesity	Case study will be used to provide insight into the success or limitations of this program from the perspective of a participant
Positive behaviour change will occur which will improve health outcomes for clients and connected families	Most Significant Change (MSC) stories will be collected and a panel evaluation conducted

What do you feel is your most significant change?  
“I am happier. I didn’t think I could be happy again.”

“ I read about the program in our school newsletter. I was just going that’s me, tick, that’s me, tick, that’s me, tick... I ticked all the boxes, so I rang straightaway and registered. Later that day a friend told me about the program and I said “already registered”. Then when she said how much she thought I would enjoy the ‘art therapy’ I was like WHAT!!!! I was in shock as I am not arty, but I needed something, at that point I was very down. It was like being in a negative spiral and I was going downwards.

The first couple of weeks were very hard, I think up to when we did the clay, then it really hit home for me. I am injured and very angry. I learned that I had to accept it. I had blamed my anger on my injury but I realised that I had been carrying anger around for a long time, from way before my injury.

We did an exercise with beads, one of the questions was what are you going to do, I chose a bead and I realised I could get rid of my anger, I had been blaming everyone and it showed me the way to release it. I still carry my bead around with me and use it all the time. ”



# Practice Support

Gippsland PHN provides direct engagement support to general practices and other health professionals in Gippsland to assist with education, updates, information, systems and other support needed to ensure they continue to deliver a quality service to their patients. Continuing professional development education and events are a key focus of practice support.

## Immunisation

Gippsland PHN's Immunisation Program assists general practitioners to maintain optimal immunisation coverage levels for children under seven years of age. General practitioners, practice nurses, nurse immunisers in general practice and council immunisation programs were engaged. Gippsland PHN's Education Program coordinated four regional forums to inform participants about amendments to the immunisation schedules and changes to vaccination protocols. All general practices were provided with resources supporting changes to the immunisation schedules and vaccination protocols specifically developed.

Gippsland immunisation coverage rates:

CHILDREN 12-15 MONTHS =  
**95%**

CHILDREN 24-27 MONTHS =  
**93%**

CHILDREN 60-63 MONTHS =  
**94%**

## Education and training

Between November 2015 and June 2016, 700 health professionals participated in educational activities coordinated by Gippsland PHN (162 GPs, 127 practice managers, 205 nurses, 102 administration staff and 104 other health professionals). During this time we promoted 174 education and training events. Each event was selected based on its clinical or business relevance to general practice. Gippsland PHN developed and delivered 45 of the 174 events focusing on activities demonstrating clinical relevance, with topics addressing specific health issues, local clinical and referral pathways and themes related to business growth and development.



“  
*The session answered lots of my questions. Good links to other resources. Now I need to go back and work out how to apply this information to my practice.*”

-Participant

**127** Occasions of practice managers attending education and training by Gippsland PHN

**162** General practitioners attended education and training by Gippsland PHN

**700** Health professionals overall attended Gippsland PHN education sessions



Dr Hamed Qubian, Yarram

## Support to general practice

Gippsland PHN commenced its quarterly visiting program with 150+ visits to general practices including bush nursing centres and Aboriginal health services. There were also 75 formal communications through our newsletters LINK and LINKer, and weekly emails.

General practices were supported with information and resources: immunisation updates and schedule changes; eHealth updates and amendments specifically to My Aged Care and My Health Record; introduction to the organisation - Gippsland PHN, its staff and Clinical Councils, education and training opportunities, the Gippsland HealthPathways project and other clinical referral pathways and resources; emergency management and health alerts; population health planning and data extraction (POLAR GP).

**150** Engagement occasions with general practices

## After-hours

As health concerns don't always present during daytime or normal office hours, Gippsland PHN looked at how it could support the community to increase awareness of how to make the appropriate choice in the event of needing non-critical after-hours medical support.

During 2015/16 Gippsland PHN prioritised community access to after-hours medical services through innovation and collaboration with regional stakeholders by conducting a marketing campaign in support of the GP After-Hours Helpline. Mallacoota, Omeo, Orbost, Foster, Leongatha, Moe After Hours Medical Service and Cowes Medical Centres for continuity of service were also supported.

*Following the commencement of a radio campaign to promote the After-Hours GP Helpline, there was a 42% increase in calls from the GP helpline back to community members who'd called and spoken to a nurse.*





Central Gippsland Health Service

Pathways to good health

The Department of Health and Human Services approached Gippsland PHN to be part of the Pathways to Good Health pilot. The role was to support GP engagement and connect GPs to the project to facilitate comprehensive referrals to the multi disciplinary team clinics situated at the local community health services.

Gippsland PHN assisted with writing information sheets aimed at general practice and facilitated meetings with practice managers to speak to the information and answer any questions.

Advance Care Planning

Gippsland PHN began an evaluation in June 2016 of the status of Advance Care Planning (ACP) to identify gaps, priorities, and the perceptions and attitudes of GPs and the community.

The evaluation will explore the areas articulated in Victoria’s End of Life Care framework around diversity, helping people to die well, supporting our workforce, and listening for other areas that may be unique or relevant to Gippsland.

The evaluation will use a collaborative approach to consult and gain measurable insights into the attitudes, experiences and needs of GPs and their patients. Gippsland PHN invited general practices to participate in sponsored research to evaluate ACP.

Ten communities and general practices from Gippsland’s six local government areas were selected for a series of interviews involving 30 people and one general practice per community.

The data gathered will assist Gippsland PHN to develop ACP-related programs to support its community.

General practice and the State Health Emergency Response Plan

Gippsland PHN and Gippsland Department of Health and Human Services (DHHS) have invited participation from regional general practices in the State Health Emergency Response Plan (SHERP). SHERP guides a coordinated response to major emergencies such as bushfire, flood, pandemics or major accidents occurring in Gippsland.

This opportunity builds upon the usual care provided by local GPs and general practice. Twenty-four general practices agreed to participate: seven in Baw Baw, five in Latrobe, one in Bass Coast, four in South Gippsland, three in Wellington, and four in East Gippsland.

By being involved, general practices agree to receive emergency alerts and provide several clinical services including: care to self-presenters; people who may not be registered at the practice but require immediate primary care intervention for physical or psychological issues; people referred from a hospital; people living in aged care homes who are evacuated; or to assist with patient care within a local hospital.

*Visits completed by Practice Support Officers (PSOs) introduced general practice staff to Gippsland PHN; offered them continued support and returned important feedback to the organisation.*

System Integration

Gippsland PHN works with health professionals to create efficiency and connectedness in our health system. We support and facilitate cross-sector health system integration for the purpose of developing and improving patient, carer and provider experience and service, safety and quality, communication, coordination and continuity of care, clinical decision making and enhancement of health system capability and capacity.

Gippsland HealthPathways

Gippsland HealthPathways brings together GPs, specialists, nurses and allied health professionals to create pathways guiding best practice assessment and management of a range of medical conditions, including when and where to refer patients.

HealthPathways are developed and localised by clinicians within the local health system environment. New pathways are constantly being developed and existing pathways are peer reviewed to reflect changing clinical evidence, technological advances and the local service system. As it develops clinicians will have access to real-time wait list information and peer-to-peer communication. These capabilities will increase transparency of service delivery and better support patients to access services and manage their own conditions.

The HealthPathways website has been developed for general practice to be used at the point of care. It aims to assist health professionals to appropriately assess, manage and refer patients to secondary, tertiary and community health services.

It also aims to promote better health outcomes for local patients by improving access to the right care, in the right place at the right time. This is achieved through a shared comprehensive knowledge of the local service system and relevant clinical evidence.

HealthPathways promotes consistency of care and best use of resources by assisting clinicians and in turn their patients to navigate the healthcare system with greater ease.

In support of the Gippsland PHN HealthPathways development initiative, the Victorian Department of Health and Human Services (DHHS) provided additional resources for tailoring pathways to mutually beneficial local need as identified by health services. Subsequently, the Hazelwood Mine Fire Report and Implementation Plan were released and identified an imperative for greater collaboration between Commonwealth and state-funded bodies and services. Gippsland PHN continues to collaborate with DHHS to address the prioritised needs identified within the Hazelwood Mine Fire Report.

Key achievements

- Engagement and collaboration with Victorian PHNs using the HealthPathways platform.
- Continued engagement with key stakeholders.
- Planning seminar and practical workshop held in March 2016 with 45 attendees from 25 organisations.
- Accredited education event for GPs held in March 2016.
- Inaugural HealthPathways steering committee meeting held with continued bimonthly meetings.
- Participation agreements signed by West Gippsland Healthcare Group and Bairnsdale Regional Health, with preparation underway to extend the opportunity to additional health services.
- Recruitment of two local practising GPs to the GP editor role.
- Promotion of Gippsland HealthPathways at external stakeholder meetings.
- Since completion of training until 30 June 2016, 22 pathways were commenced, with six in the final draft stage.
- Development of local resources to collect required referral information.
- Development of local promotional materials.
- Engagement of subject matter experts integral to the development of localised clinical pathways.

**Gippsland HealthPathways has engaged with all hospitals in Gippsland and consequently there is significant hospital representation on the Gippsland HealthPathways Steering Committee including:**

- Latrobe Regional Hospital;
- West Gippsland Healthcare Group;
- Bass Coast Health;
- Orbost Regional Health;
- Omeo District Health Service;
- Central Gippsland Health Services;
- South Gippsland Hospital;
- Yarram and District Health Service; and
- Bairnsdale Regional Health Service.





Dr Sue Comerford

## HealthPathways - from the perspective of a GP Editor

Dr Sue Comerford

Gippsland PHN is developing the Gippsland HealthPathways, an online clinical tool for use in general practice. I am delighted to be part of this exciting project that involves the development of an extremely useful online health information portal for GPs and other healthcare professionals in Gippsland.

The HealthPathways tool originated in Canterbury, New Zealand, and has now been implemented in 19 PHNs across Australia and nine regions in New Zealand.

HealthPathways is a tool that provides management guidelines and local referral information for a range of medical conditions in one website. Once the live site is up and running, HealthPathways will be available to general practitioners, specialists, nurses and allied health professionals across Gippsland.

HealthPathways is essentially an online manual used by clinicians to help make assessment, management and referral decisions. It also provides many useful resource pages with easy links to online information and forms such as certification of death and disability parking. The target audience is GPs and other primary care providers responsible for managing patients in the community.

The pathways are based on best practice guidelines and are developed by local GPs, specialists, nurses and allied health professionals to reflect how to best manage conditions in a local context. The pathways also provide links to established online best practice guidelines, resources and patient information.

The aim of Gippsland HealthPathways is to assist healthcare practitioners to provide more effective and timely care, and to build a more sustainable and integrated health system for Gippsland. By providing guidelines that are easy to access and use during consultations, HealthPathways can aid clinicians in management and referral decision making. In other regions that have adopted HealthPathways this has resulted in benefits such as shorter waiting times for specialist assessment and increased capacity to deliver elective surgery due to improvements in the quality and appropriateness of referrals.

The Gippsland PHN HealthPathways team includes project managers, coordinators and GP clinical editors who collaborate with local specialists and allied health providers in pathway development. This collaboration allows the Gippsland HealthPathways to reflect local arrangements and opinion. The benefits that can flow on are much more than just the end product. Pathway development involves the establishment of work groups that improve relationships between primary care providers and hospital specialists.

These work groups open up conversations about how to improve care coordination and communication between primary care and hospital providers. We plan to draw on the expertise of a large range of healthcare experts across Gippsland in the development of HealthPathways.

***“HealthPathways is a tool that provides management guidelines and local referral information for a range of medical conditions in one website.”***

## Secure message delivery/e-referral

**In May 2016, Gippsland PHN commissioned a Referral System Analysis Project to:**

- Undertake a scoping analysis of referral systems and processes in Gippsland for health services;
- Undertake a health service mapping exercise to understand existing referral pathways used in the region including numbers, bespoke requirements and potential options for enhancement or replacement;
- Undertake an analysis of the available e-referral products;
- Further understand the intersection of HealthPathways with referral from both a planning perspective and electronic sphere;
- Identify options that represent the best solution for Gippsland; and
- Identify a solution that has capacity to integrate and communicate with multiple systems and can manage the creation, routing and delivery of referrals as part of an integrated workflow within the senders' and receivers' existing clinical systems.

The project is underway and the findings are due to be released in November 2016, after extensive stakeholder engagement with primary care, secondary care (hospitals, specialists, allied health), social and community care, and non-government organisations that accept referrals from primary care.

A summary report will be distributed to the stakeholders and will be made publicly available through the Gippsland PHN website.

From this information a suitable project plan will be developed to act on the findings.



Dr Letitia Clark

## My Health Record

In 2015/16 Gippsland PHN supported general practices with provider registration of the My Health Record.

The My Health Record program has reached all of Gippsland's general practices through a variety of mechanisms: our newsletter LINK, the Gippsland PHN website, practice managers' weekly emails, practice managers' meetings, and face-to-face engagement.

There are now 53 practices in Gippsland registered for the Practice Incentives Program eHealth Incentive and with the My Health Record.

Twenty-five other organisations, such as pharmacies are also registered with the My Health Record.

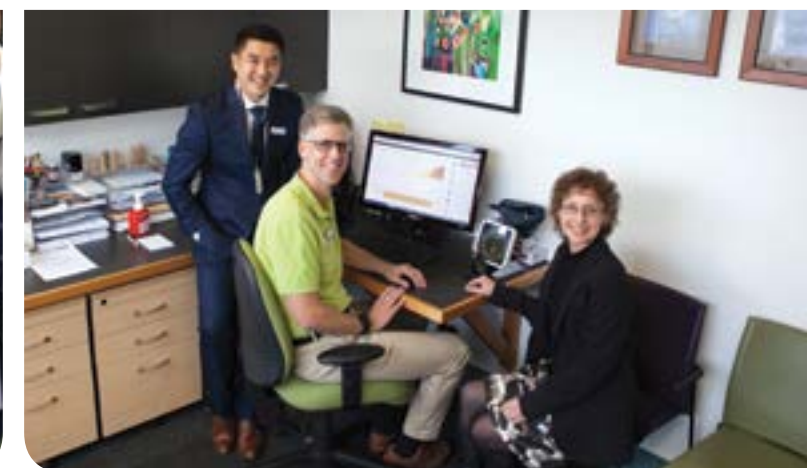
Gippsland PHN has worked to increase shared health summary uploads from eight in October 2015 to 96 in May 2016, to 190 in June 2016. This has been supported by extensive resources for general practice on the Gippsland PHN website.





# On using POLAR GP

GLADSTONE STREET MEDICAL CLINIC, WARRAGUL



## POLAR GP

**POLAR GP is a data analysis and extraction tool for general practice quality improvement and population health planning. It is a program that draws de-identified clinical information from local general practices as well as state-wide datasets, allowing for advanced population health planning across the region.**

In 2015/16 Gippsland began the implementation of POLAR GP in General Practices in Gippsland, as a data analysis tool for quality improvement and clinical auditing.

In the initial stages, Gippsland PHN engaged with five general practices across Baw Baw, Latrobe and South Gippsland to pilot and test POLAR GP. The feedback received ensured that the design of POLAR GP met the functionality of the end user.

By 30 June 2016, 23 practices had POLAR GP installed out of 45 enabled practices, with a further 15 practices awaiting installs. Practices with POLAR GP installed were represented in all six LGAs across Gippsland.

Gippsland PHN has demonstrated POLAR GP to clinicians in many different forums over the 2015/16 year, including General Practice Doctors' meetings, Practice Manager's meetings, Clinical Councils, and the hands on computer lab at the Eastern Victoria GP Training residential supervisors' workshop in San Remo.

**“ The POLAR GP interface is user-friendly; POLAR GP can help improve patient-centred care; POLAR GP can help improve practice data quality; POLAR GP can help improve practice business development objectives. I would suggest using POLAR GP to others in general practice. ”**

-San Remo GP evaluation

Implementing POLAR GP has been an enjoyable and productive experience. Gippsland PHN provided excellent support with on-site visits for initial installs, telephone contact, information sessions at practice manager meetings and ongoing technical support as the tool evolved. Now that installation is practically automated, installation on new PCs is very easy. The inclusion of instructional videos within the tool is a wonderful feature.

From a management perspective, the POLAR GP tool has given us easy access to data that has allowed us to make well-informed decisions in the areas of equipment purchasing and nurse staffing levels. We also were able to use potential MBS revenue to foster a conversation regarding improving patient outcomes for a certain demographic, and then put in place a program of recalling patients from the easily generated list.

The POLAR GP tool has given us easy and quick access to data. The ability to rapidly change filters/parameters within each screen allowed real-time discussion and interpretation of data. Practice management software and previous data collection/reporting software was too slow and cumbersome to facilitate a productive conversation.

With POLAR GP we have been able to interpret data and make decisions rapidly. As an early adopter of POLAR GP we were able to make several suggestions on filters, reports, screen display improvements and other features. Gippsland PHN actively enhanced the program based on this feedback and communicated these changes during follow-up sessions.

We intend to use the tool on a regular basis for our GP clinical meetings. At each monthly meeting a clinical audit of a specific set of data will be reviewed, decisions made on potential improvement practices, and plans put in place to improve data/outcomes and review in future meetings.

-Michael Sterling, Practice Manager,  
Gladstone Street Medical Clinic



# Performing and enabling success

## Corporate Services

Gippsland PHN Corporate Services ensures our business services, technology and financial practices are fit for purpose to support delivery of our vision.



## Our culture

Gippsland PHN is committed to maintaining active and productive relationships with all stakeholders: members; staff; the community; service providers; clinicians; policy-makers and funders. In doing so, Gippsland PHN recognises that it has a responsibility to act according to clear codes of conduct required by legislation or formalised from ethical principles.

In early 2016 Gippsland PHN participated in the Best Practice Australia (BPA) Benchmarking Survey “How are we travelling?”

The results were exceptionally positive; nationally, Gippsland PHN was ranked fourth in survey participation. The organisation was recognised as having a “culture of success” - the highest rating achievable with more than 75% of PHN staff reporting high engagement.

**BPA defined the Gippsland PHN culture of success and engagement result in the following ways:**

- Staff are optimistic about their organisation’s future;
- Staff have a strong sense of success and achievement; and
- Staff are positive and proactive with a can-do mentality.

Gippsland PHN employs 36 staff across four teams: CEO’s office, Primary Health and System Integration, Health Planning and Commissioning, and Corporate Services. In 2015/16 offices were based in Moe, Wonthaggi and Bairnsdale.

Gippsland PHN started with a lean structure in line with its culture for success, which enabled the organisation to expand throughout the year and realise workforce growth and stability.

With the Bairnsdale and Wonthaggi offices comfortable in their new surroundings, the Moe office underwent some further renovations to improve functionality and accommodate growth.

**In 2015/16 the Corporate Services team ensured;**

- Effective and efficient financial processing systems that provide optimal reporting capability for internal and external stakeholders and which are integrity tested via internal and external audit;
- Fit for purpose, integrated IT infrastructure that meets real-time operational requirements across multiple work sites;

- Our office, building, fleet and chattels in Moe, Bairnsdale and Wonthaggi met the operating requirements of employees and all statutory obligations associated with their utilisation; and
- That our procurement and purchasing processes were rigorous and underpinned the provision of goods, services and works.

In addition the Corporate Services team has worked towards enabling high-speed connectivity in operation of software and application access between remote work sites. This addresses the geographical barriers associated with employee location, diversely located external stakeholders and accommodates a mobile workforce requiring replicated facilities at three significantly separated locations.

It also ensures the organisation achieves best value and expends funds in accordance with delegated authority and within budget and activity guidelines.

## Information management systems

Organisational IT systems are well developed and near completion to optimise the integration of financial, governance and program-related applications to link our sites at Moe, Wonthaggi and Bairnsdale in real-time. This will facilitate improved systems support for external stakeholders and flexible, customised reporting capability for Board, management and external funder purposes.

Establishment of an electronic document management system (HPRM) has enhanced the organisation’s ability to store all documentation on a centralised basis with consistent classification and archival conventions. Remote and easy access to global organisational information are the hallmarks of the system, with access determined on the responsibility profile of employees.

Together with the organisation’s intranet, (Sharepoint, currently under development), the transition from paper-based records is well advanced and in time single source electronic documentation will overcome issues of version control and create a high degree of information integrity.

The payroll, Meridian and financial (Dynamics NAV) systems are implemented and well advanced and will be supported by the reporting function (BI360) currently being implemented. Together these systems will enable fast reporting and link performance to strategic directions and monitoring such as the Board’s balanced scorecard.

A customer relationship management (CRM) system is being established to manage member and stakeholder engagement, tracking and reporting. This will enable transparent accountability and help to demonstrate links between PHN influence and performance outcomes.



# Financial Report

The 2015/16 financial statements of Gippsland Health Network Limited have been prepared by Crowe Horwath VIC and were completed in accordance with the applicable Australian Accounting Standards, reduced Disclosure Requirements of the Australian Accounting Standards Board and the Corporations Act 2001. Gippsland Health Network Limited utilises accrual accounting based on historical cost, modified where applicable.

The result for the financial year ended 30 June 2016 was a deficit of \$929,728 as represented by:

SUMMARY STATEMENT OF PROFIT/LOSS	\$	\$
Total income from all sources		11,394,566
Total expenditure for all programs		12,324,294
Deficit		929,728 (i)
Total income comprised:		
Government grants	10,788,151	
Other grants	467,915	
Other income	138,500	
STATEMENT OF FINANCIAL POSITION		
Assets		
Current	4,846,861	
Non-current	445,800	5,292,661
Liabilities		
Current	4,354,892 (ii)	
Non-current	28,644	4,383,536
Net assets		909,125
Equity		
Retained surplus		909,125

(i) Deficit of \$929,728 as planned due primarily to expenditure incurred within 2015/16 relating to income received in prior financial periods.

(ii) Current liabilities of \$4,846,861 include approved carry over grant funds of \$1,132,616 and grants received in advance for the 2016/17 financial year of \$1,627,029.

The detailed 2015/16 audited financial statements for Gippsland Health Network Limited can be found on the Gippsland PHN website at [www.gphn.org.au](http://www.gphn.org.au).



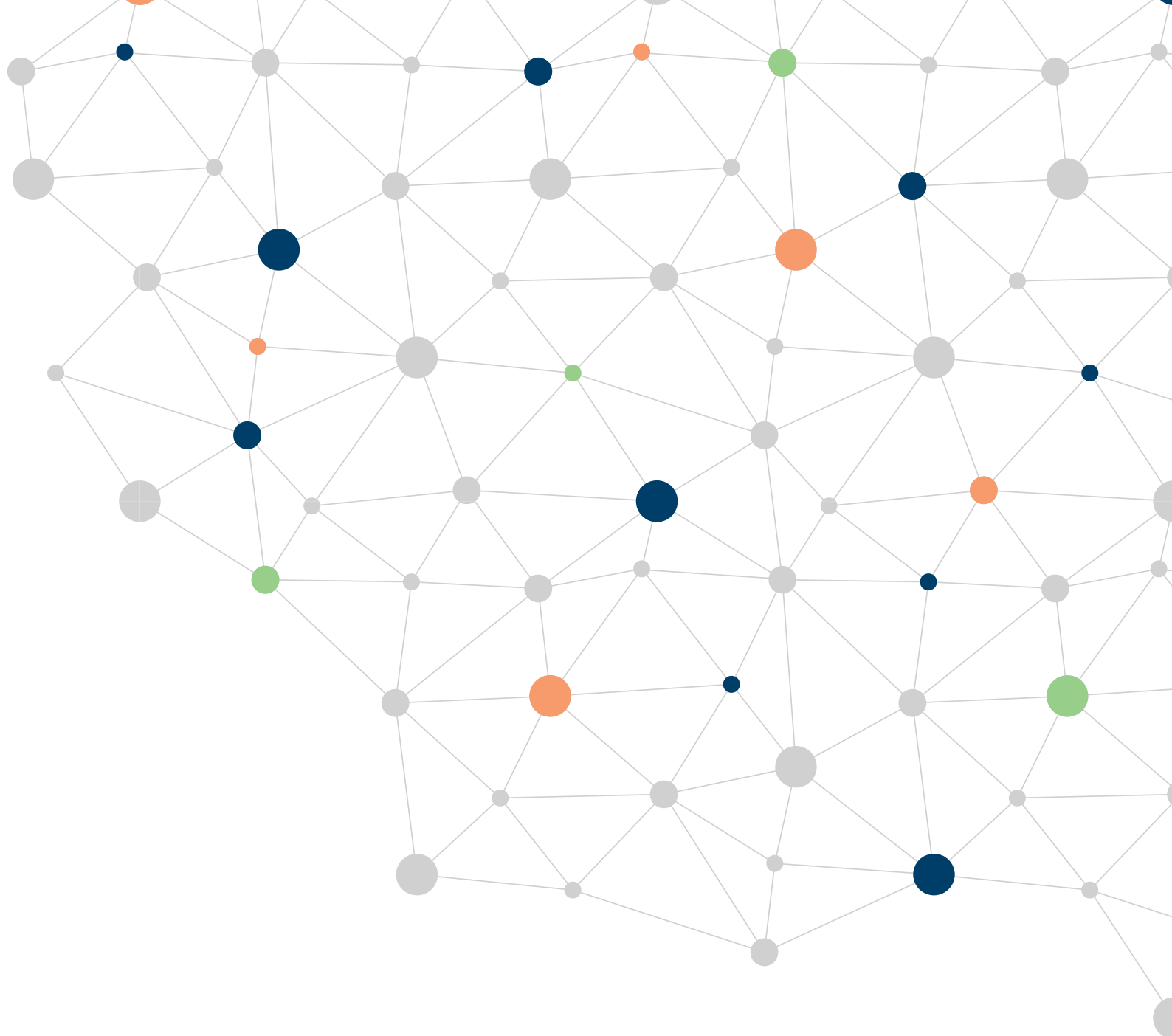
## Opinion

In our opinion the financial report of Gippsland Health Network Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of Gippsland Health Network Limited's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Crowe Horwath VIC  
GORDON ROBERTSON  
Partner  
Warragul  
Date: 21st September 2016





An Australian Government Initiative

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