

Annual Report

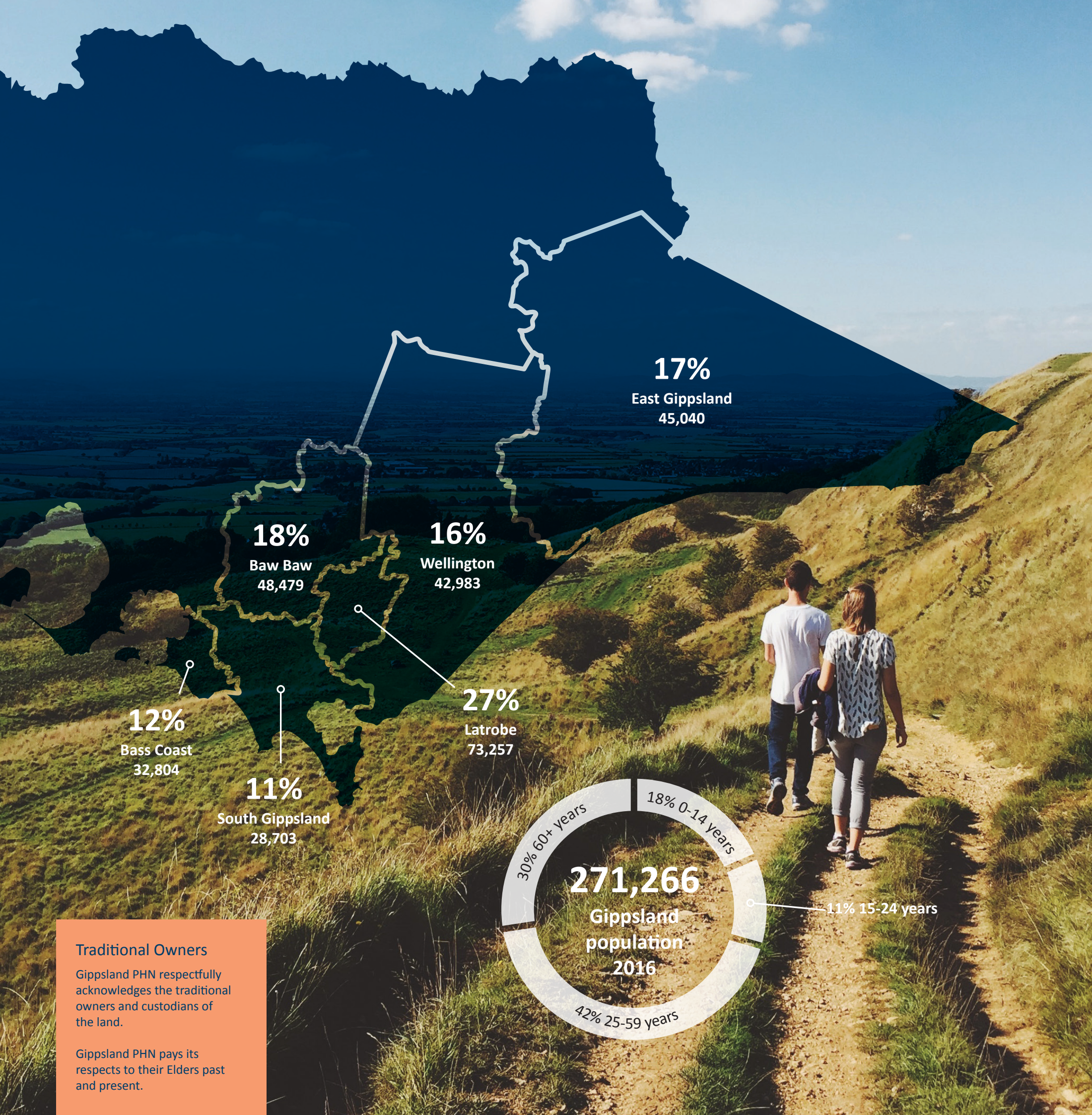
2016/17



*A measurably
healthier Gippsland*

phn
GIPPSLAND

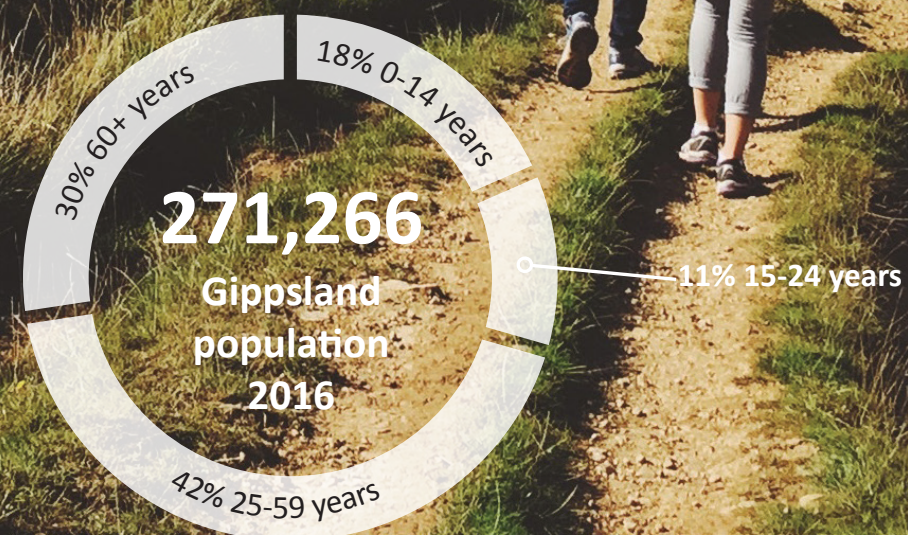
An Australian Government Initiative



Traditional Owners

Gippsland PHN respectfully acknowledges the traditional owners and custodians of the land.

Gippsland PHN pays its respects to their Elders past and present.



Contents

Our Gippsland PHN Region

Overview	4
Board Chair's Message	6
Chief Executive Officer's Message	7
Our Strategic Directions	8
The Gippsland PHN Board of Directors	10
The Gippsland PHN Executive Team	12
Gippsland PHN Membership	13
Gippsland PHN Advisory Structures	14

Delivering on Our Strategic Directions

Our PHN Connections	20
Engaging with our local community	23
System Integration	27
Commissioning	30
Support to General Practice and other Health Professionals	38

Performing and Enabling Success

Our Staff and Culture	42
Financial Report	44
Key Statistics 2016/17	46

Our Gippsland PHN Region

Gippsland encompasses the vast area from the Bunyip River in the west, Omeo in the north, Mallacoota to the east, to Wilsons Promontory and Phillip Island in the south. Gippsland includes six local government areas (LGAs): Bass Coast, Baw Baw, East Gippsland, Latrobe, South Gippsland and Wellington. At the 2016 Census the total population was 271,266.



Source: ABS Census 2016

Other indicators	Gippsland	Victoria	Trend in Gippsland
Smoking	20.0%	13.1%	↑
Alcohol consumption (increased lifetime risk)	63.0%	59.2%	NA
High or very high psychological distress	14.3%	12.6%	↑
Obesity	20.1%	18.8%	↔
Breast cancer screening	55.2%	52.6%	↑
Bowel cancer screening	45.6%	39.9%	↑
Cervical cancer screening	59.5%	59.2%	↑
Immunisation – 1 year old children	94.3%	93.0%	↑
Total potentially preventable hospitalisations ³	2,913	2,643 ⁴	↑
– chronic	1,465	1,205 ⁴	↑
– acute and vaccine-preventable	1,464	1,456 ⁴	↑

1 Victorian Population Health Survey 2011 (18+)
2 Victorian Population Health Survey 2014 (18+)

3 Age-standardised rate per 100,000 population
4 Australia



Board Chair's Message Dr Sinead de Gooyer

It is two-and-a half years since a working group came together and completed the tender that eventually led to the successful formation of Gippsland PHN. As the original government intention was for Gippsland as a region to be incorporated into a larger Melbourne-based PHN, it required foresight and tenacity from the working group to ensure Gippsland was represented as a stand-alone region.

I am proud and humbled at the same time to have had the opportunity in the past year to follow in the footsteps of leaders such as the previous Chair, Dr Nola Maxfield, and Board Director Ben Leigh together with the rest of the director group, who have built strong foundations for this organisation to flourish and grow into a significant change agent for health in Gippsland. Nola's continued work with the Board has been inspiring to me on a personal and professional level; I thank her for her dedication and mentorship.

In my role as Chair my involvement in Gippsland PHN increased substantially, ranging from attending national policy level meetings in Canberra to working with the Clinical Councils and attending many practice support and health service visits with Gippsland PHN staff.

I have come to realise the exceptionally wide span of influence and responsibility we have in

representing Gippsland's primary and allied health providers and the communities they serve. My insight into the reality of this vast region and its unique challenges has deepened.

The role of the three sub-regional Clinical Councils in Gippsland is to work with Gippsland PHN and the Community Advisory Committee towards addressing issues unique to them. I am proud to see the lists of key achievements highlighted in this report and know that they will expand even further in 2017/18 as we are seeing the implementation of plans and projects that originally started as mere ideas at the first meetings in 2016.

I look forward to continuing the Board's ongoing work, which has started with implementation of the constitutional changes that were approved at the 2016 Annual General Meeting. This meant that all Gippsland PHN members – individual as well as organisational – had to engage in our new membership renewal process, which started this year. It is great to have the positive response of many members who are submitting their renewals, which once approved, will be in place through to the AGM in 2020.

Our financial reports are indicating growth and increasing variety in our income streams, with positive retained earnings. The 2016/17 financial statements were prepared by McLean

Delmo Bentleys Audit Pty Ltd, which was appointed in December 2016 after a public tender process and ASIC approval for the change.

I thank all the current Board members for their contributions in working with me and for their vision and sharing of expertise in successfully completing this work.

I commend the Gippsland PHN staff who have, with creativity, tenacity and much dedication, accelerated the implementation of various programs. The key achievements highlighting the many outcomes are testament to their work.

It is with great anticipation that I look forward to the year ahead.

Dr Sinead de Gooyer
Board Chair

Chief Executive Officer's Message Ms Marianne Shearer



In 2016/17 Gippsland PHN consolidated its position, leading positive change in the health service sector across the region.

With my Executive team and staff, I took on the challenge to bed down the growing Gippsland PHN and ensure the groundwork implemented in the previous year was consolidated for continued growth and achievement. Not only have we improved our financial position with additional funding streams, we have also delivered on our promise to engage with our stakeholders and provide practice support. Our rate of engagement with professional stakeholders increased by more than 150% this year from 2,422 interactions in 2015/16 to 6,139 interactions in 2016/17. The engagement opportunities across the region with the various health sectors also confirmed the commitment of our stakeholders.

The organisation, in light of its vision of 'A measurably healthier Gippsland', placed a strong focus on commissioning services and improving system integration, working across 42 service contracts and delivering 14,771 episodes of care. We completed the first baseline health needs analysis, approved by the Department of Health in March 2016, and added considerable community input in November 2016. The approved high-level activity plans cleared the way for engaging with stakeholders and our community to co-design models

of care and undertake investment in quality primary health care services.

Significant work was done with providers to develop our mental health stepped-care model in Gippsland, and combining it with services in the drug and alcohol space. You will notice from this report a total of 23 service streams were put in place along the five key 'steps', vastly improving the services now available to local communities when and where they need to access them.

Gippsland PHN is keenly aware that work within the community should not happen in isolation. Our work continued with the Community Advisory Committee (CAC), which has representation from across Gippsland. Feedback from the committee influences our ongoing health programs and projects. One of the specific projects the CAC initiated was to explore the level of community understanding of My Aged Care and if people were using it. I am very grateful to the committee for the dedication they have shown and thank them for the work they have done.

Not losing sight of the wider environment, I was delighted to be closely involved in the formation of the Latrobe Health Assembly, which followed the Hazelwood mine fire and the subsequent designation of the Latrobe Valley as a Health Innovation Zone. Gippsland PHN is partnering with the Latrobe Health Innovation

Zone to deliver a ground-breaking smoking cessation initiative, which involves up-skilling primary and allied health providers to address smoking with individuals and improving referral paths towards suitable service providers. The continued delivery and measuring of outcomes will shape our future way of working across all of the three sub-regions.

Gippsland PHN has also worked towards robust internal structures and processes to deal with the growing demands of our organisation. A significant piece of work was to map and document the process of planning, contracting and monitoring the implementation of new initiatives. This work has allowed for improvements in processes and therefore clarity and certainty around commitments.

Staff numbers have grown 23% this year and I envisage that this trend will continue for the next financial year.

I thank the Gippsland PHN Board of Directors for its leadership and direction to me. I commend the work of the Gippsland PHN Executive and staff, who have in each of their unique ways helped to build this organisation into the employer of choice it has become.

Ms Marianne Shearer
Chief Executive Officer

Our Strategic Directions

Gippsland Health Network, trading as Gippsland PHN, has rapidly matured in the primary health sector as a leading organisation and today plays a vital role at local, state and national level.

Gippsland PHN's strategic direction is defined in our vision, core functions (mission), objectives, principles, enablers, values and behaviours.

Our Vision

» A "measurably healthier Gippsland".

Our Mission

Our core functions:

- » Health Planning: We gather data to determine the unique health priorities of our region.
- » System integration: We work with health professionals to create efficiencies and connectedness in our health system.
- » Commissioning: We direct funding to health priorities.
- » Support to general practice: We support general practice and other health professionals.

Our Objectives

- » Better care. Better health. Better Value.
- » 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.

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 Enablers

The key interactions, tools and information required:

- » People.
- » Data.
- » Governance.
- » Financial.
- » Technology.

"Our vision is a measurably healthier Gippsland"

Family time at Cape Woolamai.

The Gippsland PHN Board of Directors

A Board of nine skills-based directors governs the strategic direction of Gippsland PHN, taking overall responsibility for:

- » Corporate governance
- » Setting the strategic company direction and the management goals
- » Reviewing all management plans and monitoring management performance against those plans in achieving the established goals
- » Ensuring compliance with all statutory responsibilities



Sinead de Gooyer

(Chair, December 2016 – current)

Committees: CEO Performance and Remuneration Committee (Chair); Clinical Advisory Council; Community Advisory Committee; Bass Coast and South Gippsland Clinical Council; Clinical Governance Committee.

Sinead is a general practitioner, currently working in Leongatha. Sinead has specific interest in adolescent and mental health. During 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 board director and company secretary of Gipps Dairy, and a board member of the Piano Project. She brings her leadership knowledge of the primary health sector and governance experience to her new role as Chair.



Duncan Malcolm

(Deputy Chair, December 2016 – current)

Committees: Audit, Risk and Finance Committee; CEO Performance and Remuneration Committee; Community Advisory Committee.

Duncan is a life-long resident of Gippsland and has served on many boards over the past 33 years, including the Gippsland Coastal Board, Gippsland Water, East Gippsland Shire Council (Commissioner), Lakes and Wilderness Tourism, the Monash University Gippsland Campus Advisory Council, and the Victorian Coastal Council. Duncan has been the chair of many organisations including the Victorian Environmental Assessment Council, the Rural Water Corporation of Victoria, the Irrigation Association of Australia, the Australian Irrigation Science Network, and 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.



Mark Biggs

(Deputy Chair, July – December 2016)

Committees: Clinical Governance Committee; Latrobe and Baw Baw Clinical Council.

Mark 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 the Chair of 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 Credentialing 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.



Murray Bruce

Committees: Audit, Risk and Finance Committee; Community Advisory Committee.

Murray 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.



Nola Maxfield

(Chair, July – December 2016)

Committees: Director Independent Selection and Remuneration Committee (Chair); Clinical Governance Committee; Clinical Advisory Council (Chair); Bass Coast and South Gippsland Clinical Council.

Nola is a procedural general practitioner in a large teaching practice and has more than 20 years' experience in a wide range of health-related organisations from local to national level. Based in Wonthaggi, Bass Coast, her involvement spans local, state and national bodies. Working closely with rural nursing, allied health and consumer groups, Nola continues to share her extensive and valuable knowledge of the issues facing a diverse region such as Gippsland within her various roles on the Board.



Kellie O'Callaghan

Committees: Director Independent Selection and Remuneration Committee.

Kellie 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 was the Chair of Latrobe Regional Hospital and Chair of its Finance, Executive Remuneration and Community Advisory committees, as well as the LRH Foundation. Kellie is an elected Councillor and is currently the Mayor of Latrobe City Council. Kellie is committed to ensuring the broader Gippsland community has access to quality health services that are well resourced and sustainable.



Anne Peek

Committees: CEO Performance and Remuneration Committee; Community Advisory Committee (Chair).

Anne has served as a CEO and non-executive director in both the public and private health care sectors for more than 30 years. Anne is experienced in driving change and has a proven track record in building strong stakeholder relationships and developing partnerships through meaningful collaboration with the community. She has strong connections in the health care sector and at government levels. With a health science degree, Anne developed a passion and expertise in quality assurance in health care. This led to a successful consultancy in quality improvement/clinical review during the 1980s and 1990s. Anne also lectured in management and health sciences at La Trobe University. She continues her strong interest in clinical governance and has assisted with the implementation of clinical governance frameworks within a number of organisations.



Julie Rogalsky

Committees: Clinical Governance Committee (Chair); Wellington and East Gippsland Clinical Council.

As a Gippslander (born and educated in Latrobe Valley), Julie fully supports strong local primary health care, especially important to more marginalised populations and individuals experiencing disadvantage.

Julie has more than 18 years' experience in the Gippsland health sector and was 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 also a graduate of the Institute of Company Directors and a graduate of Gippsland Community Leadership.



Jim Turcato

Committees: Audit, Risk and Finance Committee (Chair).

Jim 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.

The Gippsland PHN Executive Team

Taking direction from the Board, the Chief Executive Officer and her three Executive Managers lead a dynamic team in delivering on the organisational strategic direction.



Marianne Shearer

Chief Executive Officer

Committees: Audit, Risk and Finance; Director Independent Selection and Remuneration; Clinical Governance; Clinical Advisory Council; three Clinical Councils; and Executive Sponsor – Community Advisory Committee.

Marianne brings nearly 30 years of senior executive experience to Gippsland PHN. A significant component of this time involved working with general practice and leading primary healthcare reform including managing health service workforce planning and general practice training programs in hospitals and general practice.

Marianne is a Fellow of the Australian Institute of Company Directors and is a Board member of the Community College Gippsland and the Latrobe Health Assembly. She has a Master of Business Leadership and Graduate Certificate in Commercial Law.

Marianne has strong cultural leadership and change management skills, which she has used to design sustainable health solutions through successful partnerships involving 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.



Amanda Proposch

Executive Manager Primary Health and System Integration

Committees: Clinical Governance; Clinical Advisory Council; Community Advisory Committee; Executive Sponsor of three Clinical Councils.

Amanda 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 a Diploma of Applied Science (Nursing), Certificates in Practice Management and Lean Thinking, Master of Business Administration and Specialist Certificate in Executive Leadership.



Robert Cherry

Executive Manager Corporate Services

Committees: Audit, Risk and Finance.

Robert 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 for 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 a Board member with Central Gippsland Health Service, Sale Elderly Citizens Village and Sale College. Robert's primary professional interests include effective governance and efficient organisational resource management.

Liz Craig, July – December 2016 and Carmel Riley, December 2016 – May 2017, held the role of Executive Manager Health Planning and Commissioning.

Gippsland PHN Membership

Gippsland PHN's membership comprises a broad range of individual and organisational members and has been stable during the 2016/17 year.

During the 2016 AGM, Gippsland PHN members approved an update of the constitution to recognise its charity status and strengthen its focus on community and primary health care.

To be eligible for membership, an individual or organisation must engage in, or have a legitimate interest in the provision of primary health care within Gippsland; for example, by being involved in the delivery, coordination,

management, or capacity building of primary health care.

Primary health care in this context means services that are delivered in settings including general practices, community health centres, and allied health practices; and services that are delivered by health practitioners including general practitioners (GPs), nurses, nurse practitioners, allied health professionals, midwives,

pharmacists, dentists and Aboriginal health practitioners.

All memberships still current at 15 November 2017 will expire on this day and will be due for renewal. Once renewal applications are readmitted, memberships will then be valid for three years until November 2020.

Total Gippsland PHN Membership at 30 June is 140.

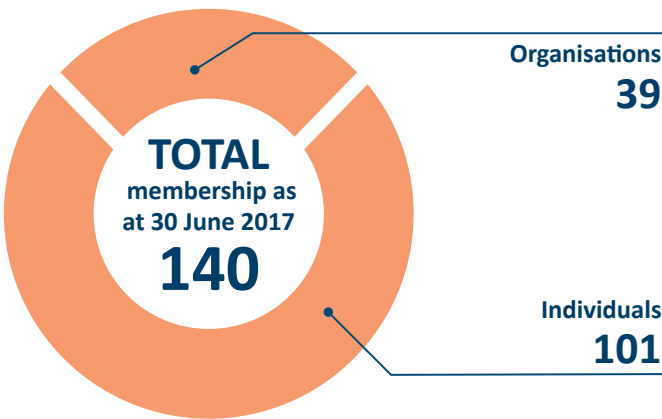
Individual membership as at 30 June 2017

38	General Practitioner
17	Registered Division 1 Nurse
12	Psychologist
6	Pharmacist
3	Mental Health Nurse
3	Occupational Therapist
22	Other Health Professionals*

* Dietician, educator, podiatrist, optometrist, physiotherapist, practice manager.

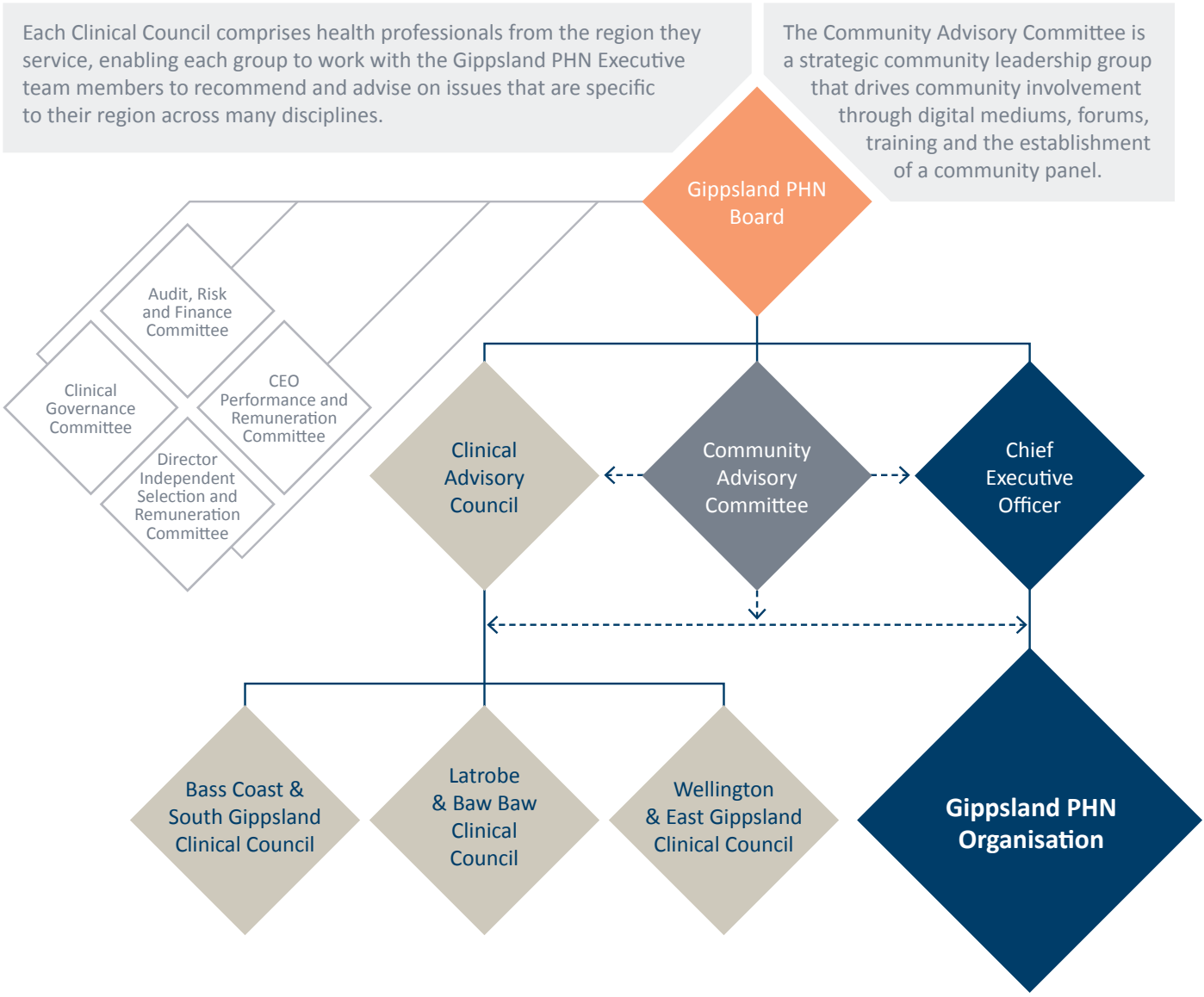
Organisational membership as at 30 June 2017

15	General Practice
7	Hospitals
5	Community Health
5	Mental Health
2	Allied Health
1	Aged Care
1	Community and Welfare
1	Education
1	Health Focus Non-Direct Care
1	Local Government



Gippsland PHN Advisory Structures

Gippsland PHN is registered with the Australian Charities and Not-for-profits Commission (ACNC). A key success factor for Gippsland PHN is the composition and governance arrangements of its advisory structures, including the Clinical Advisory Council, sub-regional Clinical Councils and the Community Advisory Committee complementing the four Board governance committees.



Sub-regional Clinical Councils

High-level objectives

Each Clinical Council has established agreed priorities, objectives and work plans tailored to the needs relevant to each region. The high-level objectives are to:

- » support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects.
- » be involved in activities associated with Gippsland PHN commissioning (advising on health needs, service design and evaluation).
- » support and advise on community and organisational health literacy.
- » participate in developing and promoting Gippsland HealthPathways designed to improve quality, streamline services and use resources effectively.
- » identify risk and opportunities for innovation and improvement in local, regional and national health priorities.
- » support and advise on building a sustainable workforce.

Bass Coast and South Gippsland Clinical Council

The Bass Coast region has a population of 33,581 and South Gippsland region has a population of 28,112 (2016). Like other Gippsland LGAs, it has a high proportion of people over the age of 60. There is a high satisfaction rate for facilities and services in the area, with the rate of resident local volunteers being the highest in Gippsland and above the Victorian average.



Council members:

- » 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)
- » Gippsland PHN Executive Sponsor

Key achievements:

- » Improving mental health pathways, professional relationships and the identification of local health system improvements.
- » Working towards improving the way in which pain is managed in the local community.
- » Improving access to services through innovative approaches to local transport.
- » Raising awareness and preparing the region for the changes to the national standards for general practice accreditation.

Latrobe and Baw Baw Clinical Council

The Latrobe area has a population of 79,903 and the Baw Baw area has a population of 48,378 (2016). People who live in this area receive the highest median income in Gippsland; however, the Latrobe region has the highest unemployment rate. This region has higher population density rates than other areas of Gippsland, and most people live close to public transport.



Council members:

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

Key achievements:

- » Improving the consumer and patient perspective into how commissioned services are evaluated.
- » Increasing participation in the Gippsland PHN needs assessment process.
- » Supporting research activities such as the GP Polar Diversion project (current stage is testing identification of patients likely to be hospitalised within the next 30 days). Preliminary research suggests this can be done with 70% accuracy.
- » Improving relationships and sharing knowledge between Gippsland health professionals via the Gippsland Health Professionals Facebook group, which has 158 members.
- » Supporting the Gippsland HealthPathways Program in both participation in the program and in recruitment of GP editors.

Wellington and East Gippsland Clinical Council

The Wellington region has a population of 42,467 and the East Gippsland region has a population of 44,611 (2016). The region has the highest fertility rate in Gippsland, which is also higher than the Victorian average. The region’s population density is low and about one-third of the population is aged over 60 years.



Council members:

- » 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)
- » Gippsland PHN Executive Sponsor

Key achievements:

- » Working towards and advising on innovative health workforce solutions.
- » Advance care planning research.
- » Supporting the Gippsland HealthPathways Program in participation in the program, clinical working groups, and in recruitment of GP editors:
 - Participation in mental health pathways development, including clinical editing.
- » Facilitation and participation in mental health networking events.

Community Advisory Committee

Gippsland PHN’s Community Advisory Committee is at the centre of the organisation’s community engagement strategy. Members of the committee represent the geographic, cultural and population diversity of Gippsland.



Committee members:

- | | | |
|---|------------------|---|
| » Anne Peek (Chair)
(Gippsland PHN Board Director) | » Patricia Bryce | » John Lawrence |
| » Duncan Malcolm
(Gippsland PHN Board Director) | » Marion Byrne | » Robyn Profitt |
| » Murray Bruce
(Gippsland PHN Board Director) | » Owen Deppeler | » Rebecca Slavin |
| | » Sue Gaffney | » Jeanne Van Der Geest Dekker |
| | » Julie Hocking | » Marianne Shearer
(Gippsland PHN CEO) |
| | » Michael Klein | |

High level objectives:

- » Provide input on sustainable opportunities to improve and integrate health care services for the patient or consumer.
- » Engage with community networks to enable public participation.
- » Provide direction and leadership in relation to the integration of consumer, carer and community views into all levels of Gippsland PHN operations, planning and policy development.
- » Advocate to the Board on behalf of the community, consumers and carers.
- » Advise on population health planning approaches and priorities for investment.

Key achievements:

- » Improving the consumer and patient perspective into how commissioned services are evaluated.
- » Increasing participation in the Gippsland PHN needs assessment process.
- » Latrobe Health Innovation Zone Smoking Cessation Project.
- » My Aged Care Readiness Survey.
- » Advance care planning research.
- » Referral System Analysis Project.
- » Mental Health Outcomes Project.

Key measures of success:

- » Access to services close to home.
- » Information needed to navigate the health system is easily accessible and up to date.
- » Health providers have all the information needed to meet the community's health need.

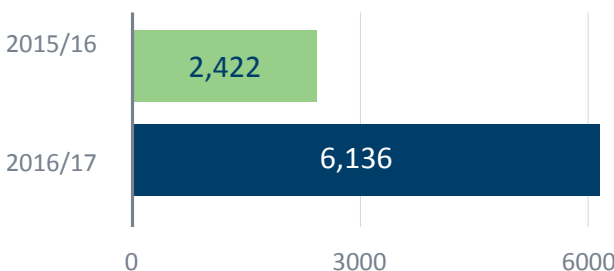
Delivering on our Strategic Directions

Engaging with our regional professional stakeholders

Our Stakeholder Engagement and Communication Governance Framework guides us as we involve our stakeholders in key decisions of the organisation when delivering on our core functions: health planning, system integration, commissioning, and support to general practice and other health professionals.

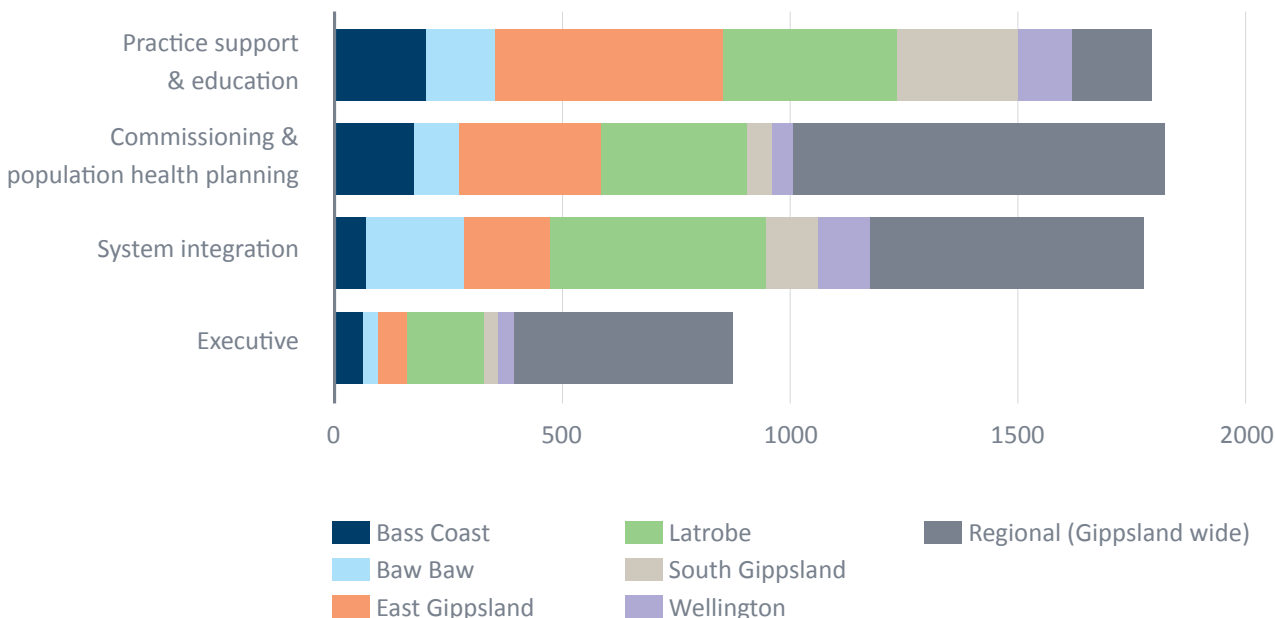
Engagement with professional stakeholders

The number of our engagement activities captured with our professional stakeholders has grown by more than 150% in the past year from 2,422 interactions in 2015/16 to 6,136 interactions in 2016/17.

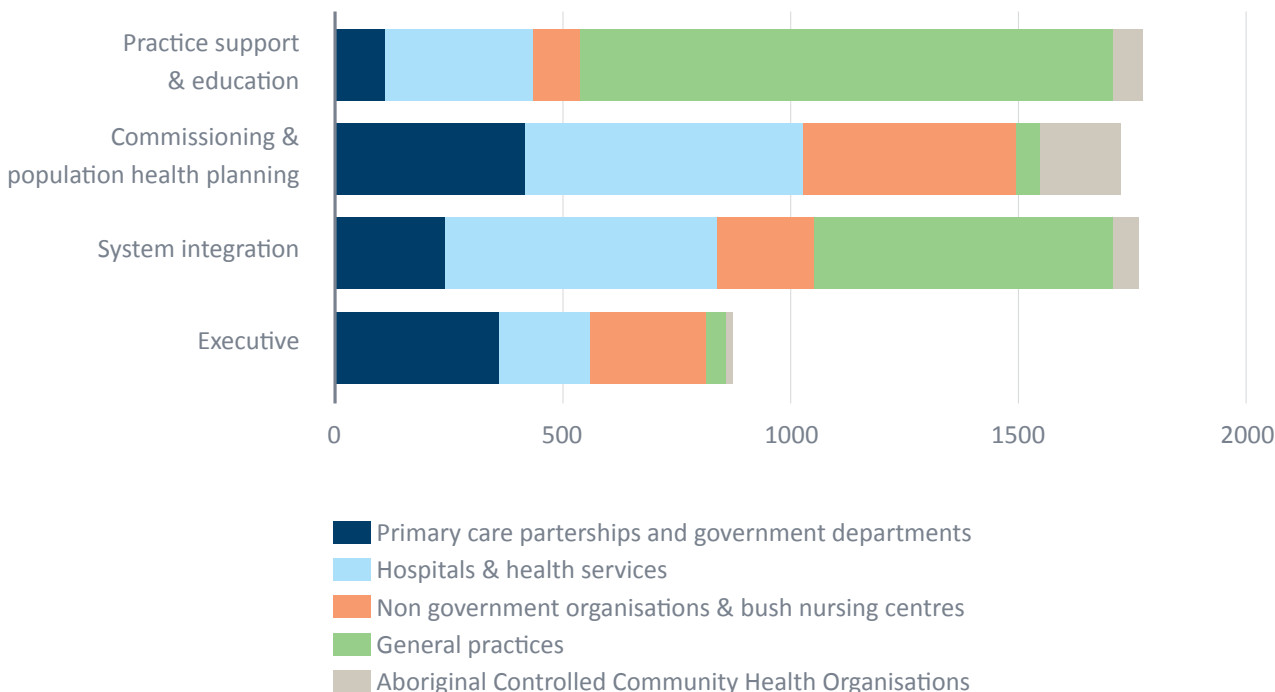


Cape Woolamai.

Program engagement by region 2016/17



Program engagement by sector 2016/17



Our PHN Connections

Engaging beyond our regional and organisational borders

Gippsland PHN as an organisation is maturing into its role of engaging and working with professional and community stakeholders across six sub-regions and beyond.

Victorian PHN Alliance

The Victorian PHN Alliance provides opportunities to deliver localised solutions connected to state-wide system improvements and policy reforms.

These opportunities extend local capacity, attract state investment and build consistency to improve the community experience of health and in particular the transition between primary and acute care. The Alliance is pursuing three strategic priorities: population health and data; care pathways; and digital health. Gippsland PHN has led the population health and primary care data initiative.

The Alliance has attracted the following investments for PHNs:

- » State-wide coordination and oversight of the adoption of Optimal Care Pathways within primary care: lung cancer, bowel cancer, prostate cancer, gastroesophageal cancer.
- » Supporting accelerated uptake of new hepatitis C drug treatments.
- » Provision of primary care emergency standby functions.
- » Trial of a systemic, coordinated approach to suicide prevention, with each site supported to implement proven suicide prevention interventions – co-commissioning with PHNs.
- » Guidance and support to GPs in delivering paediatric care to ensure the care and advice provided to patients comes through evidence-based HealthPathways.
- » Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL): The Victorian Blood Borne Viruses training and certification program.
- » Engagement of general practices to provide suitably experienced GPs to work with participating schools.
- » Provision of workforce training to support the introduction of a real-time prescription monitoring system.
- » Development of localised care pathways and provision of additional STI training for syphilis, gonorrhoea, and chlamydia.

Rural and regional networks

Acknowledging the challenges for rural areas, 16 rural and regional PHNs met at the Rural Health Alliance Conference in early 2017. This network provides opportunities to share practical solutions and to advocate for the needs of rural communities.

National PHN Cooperative

The national PHN structure has received bi-partisan support and is recognised for its ability to address transition of care across primary and acute health, improved coordination of care and reduced avoidable hospital admissions.

The national PHN priorities include: intelligent commissioning, ambitious integration, and transformative change.

One national strategy included investigation of primary care data to measure improvements and change.

Another national project funded by the National Mental Health Commission and led by Gippsland PHN focused on investigating the experiences of PHNs in implementing mental health reform.

PHN Mental Health Outcomes Project

Following an Expression of Interest and appointment process, Gippsland PHN began leading the national PHN Mental Health Outcomes Project, funded by the National Mental Health Commission, in November 2016.

The first known study of its kind, the project investigated the experiences of recently established PHNs in implementing mental health reform. Exploring the role of PHNs in the definition, design, measurement and

reporting of mental health outcomes, the study was conducted to inform the National Mental Health Commission in its approach to its role in monitoring and reporting to Government on mental health reform progress.

Five key findings forms the basis of the final report due in September 2017:



Latrobe Health Innovation Zone – Early Detection, Screening and Smoking

In June 2016, the Victorian Government released the ‘Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan’, setting out 246 actions that will be undertaken to implement all recommendations and affirmations of the 2014 and 2015/16 Mine Fire Inquiry Reports. The Government will work collaboratively with the Latrobe Valley community to improve the health and wellbeing outcomes of residents by:

- » designating Latrobe Valley as the Latrobe Health Innovation Zone.
- » establishing a Latrobe Health Assembly to promote, support and oversee the development of the zone.
- » appointing a Health Advocate.
- » engaging with the community to identify local health priorities.
- » supporting and funding the development and delivery of health improvement strategies to address health priorities.

Gippsland PHN and Quit Victoria directly engaging with the Latrobe Valley community.

L–R: Lennie Hayes, Lakes Entrance Aboriginal Health Association (LEAHA); Michelle Crosby, Practice Support Officer Gippsland PHN; Diana Tse, Quit Specialist, Quit Victoria; Andrew Sodamaco, Quit Victoria; Alan Coe, LEAHA.

‘Health in the Latrobe Valley’ is a key response area within the report supported by 68 dedicated deliverables. The Latrobe City local government area has been designated as a Health Innovation Zone, with the Latrobe Health Assembly established to oversee the commissioning of health improvement programs and raising, receiving and distributing funding for the Latrobe Health Innovation Zone.

Gippsland PHN has been engaged by the Department of Health and Human Services (DHHS) to lead the implementation of activities related to early detection and screening including a smoking cessation initiative.

The Latrobe Health Innovation Zone: Early Detection and Screening including Tobacco Project is informed by key organisational teams and activities, such as population health planning, commissioning, practice support and system integration. As an example, understanding of the broad health context and local issues will guide the project development and delivery, and will be in part informed by population health profiles and continuous health planning activities.

- Key achievements:
- » Project Working Group formed March 2017 to develop a strategy and implementation plan to improve access to screening services for vulnerable and high-risk groups.
 - » Eight education events held throughout Latrobe and Baw Baw on Best Practice Smoking Cessation in Primary Care – delivered in partnership with Cancer Council Victoria (Quit) and Alfred Health.
 - » 12 general practices in Latrobe City signed up for participation in the smoking cessation practice project, aiding a system change towards best practice smoking cessation principles.
 - » With Cancer Council Victoria (Quit Victoria) we held four Quit stalls across Latrobe Valley, which provided resources and information for community members looking to or thinking about quitting smoking.
 - » The Smoking Cessation Project is already making a difference with 57 GP referrals in six months (only two in 2015).



Engaging with our local community

Health planning

Following on from the first needs assessment provided to the Department of Health in March 2016, the Health Planning team submitted an updated report in November 2016, available on the Gippsland PHN website.

In conjunction with this ongoing work, the team had a strong focus on getting Gippsland community input to the needs assessment and to guide the organisation.

During September 2016 Gippsland PHN invited individual community members, using a combination of traditional and social media, from many towns across the six local government areas to participate in an online or paper-based survey or to be interviewed directly. Gippsland PHN shared results of the collated data with other planners such as local governments, which do municipal public health and wellbeing planning.



Back row – (L-R): Tom Beauchamp, Lucas George, Scott Quilty. Front row – (L-R): Mariah Payne, K.C McEwan, Sarah George, Claudia Welton.

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

Community feedback reinforced all the identified health priorities.

#tellmaria – our health challenges and experiences

Men and women of all ages told Maria about their health challenges and experiences in our first #tellmaria campaign held in 2016. The health survey was easy to use and included people with a disability, Aboriginal and Torres Strait Islander people and people with social and economic barriers.

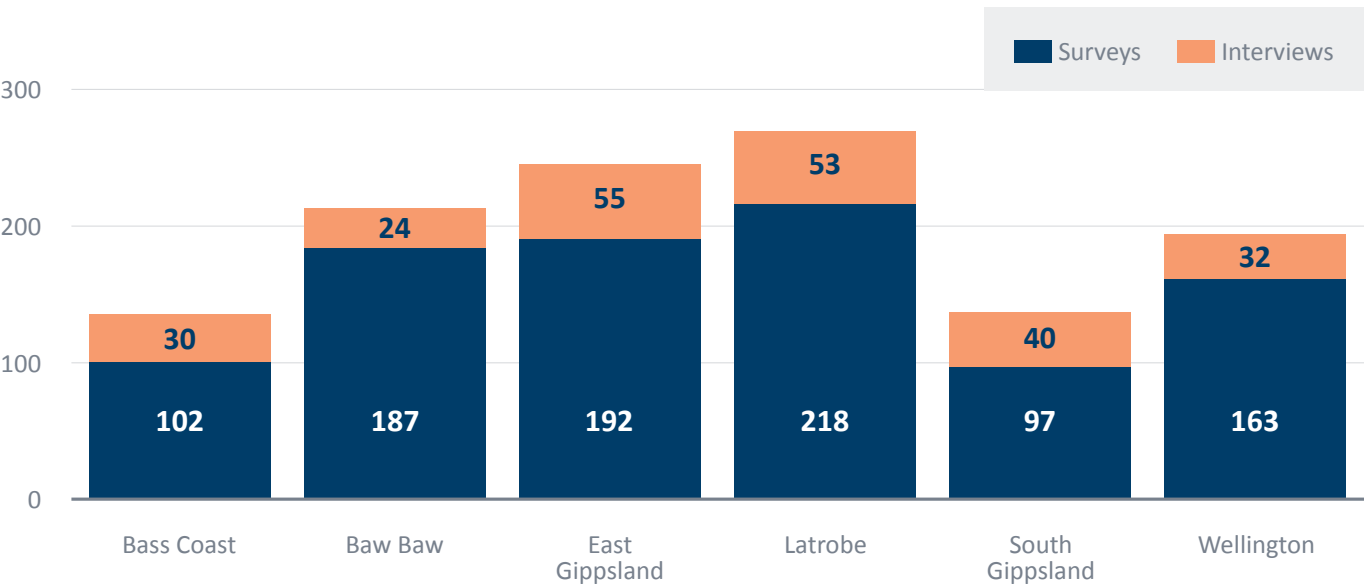
A result of the campaign was the really positive message telling us about “what is already working well” and the dedication of many service providers who “will do everything” to help.



Gippsland PHN through social media invited the Gippsland community to complete an online survey.

Who responded to the request

Responses came from all parts of Gippsland including remote areas in the far east. There were 1,193 responses in all.

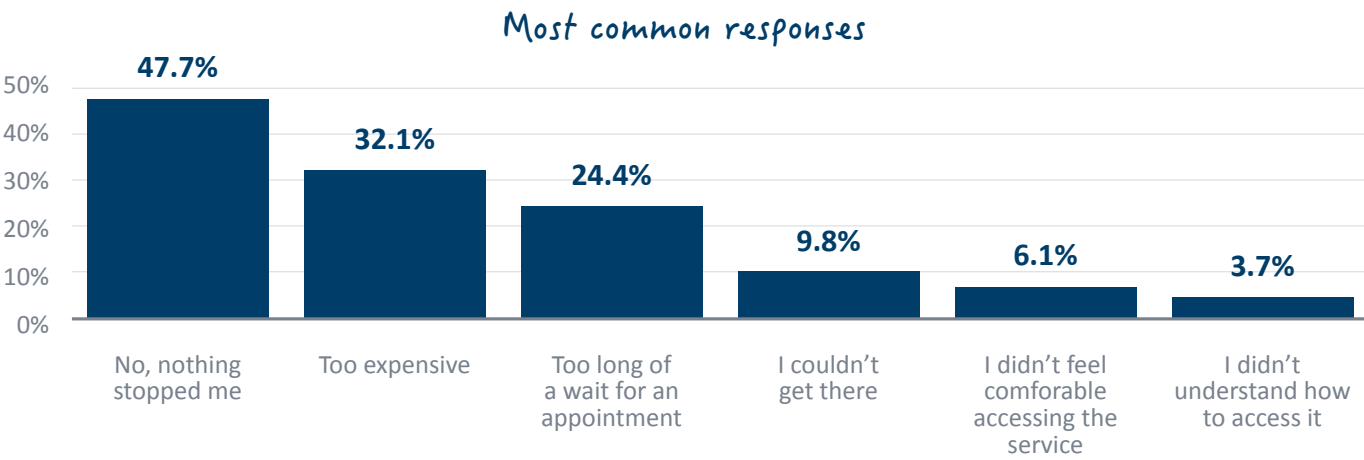


What we were told

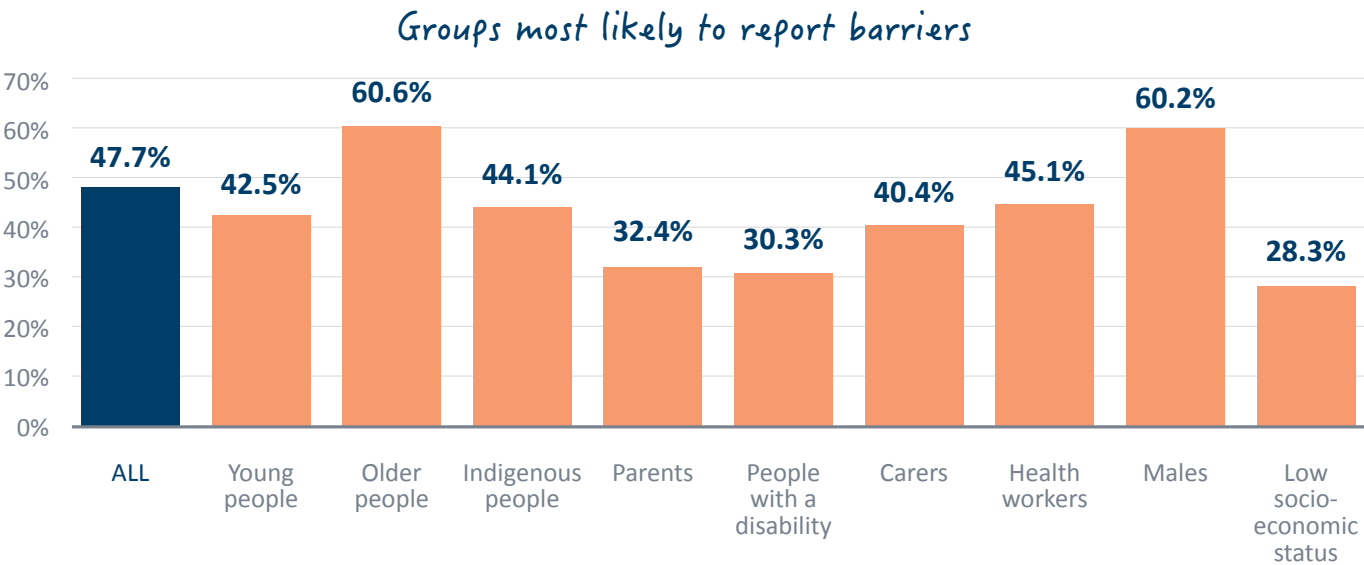
Difficulties accessing a general practitioner when needed was the most commonly reported issue, including long wait times, especially to see a preferred GP.

Mental health was the most commonly reported health issue.

More than half of participants (52%) said that something stopped them from getting health care they needed in the past 12 months. The most common reasons for not accessing health services were cost, transport difficulties and long wait times.



The groups most likely to report barriers to accessing health care were people with social or financial worries, people with a disability, and parents of children 14 years or younger.



A lack of information about health and available health services was a notable gap, a message which is frequently reinforced by our Community Advisory Committee.

The most commonly reported service gaps were:

- » access to GPs, especially a preferred GP
- » specialist services
- » dental services, especially affordable.

One in 10 people did not think they could get the help they needed if they had a health problem.

The community offered many comments on what was working well, some issues, and offered valuable suggestions.

Quotes from interviews and surveys

The community was encouraged to tell us more throughout the survey and many did. This more detailed information will be very useful in helping decide how we address the needs we have identified.

"... [GP] can perform a lot of the services - scripts/referrals"

"... Drs around here bulkbill"

"Community places like this [neighbourhood house] are very good - they open doors - and because they are classes we are all learners so they are very accepting"

"Some Drs have quite a skill for mental health"

"Good working relationships between agencies"

What is working well

"You get the 5 free visits via the Doctor but after that it's \$50 a pop"

"Some of the programs they have at school about resilience are just amazing"

"I've noticed people have stopped smoking a lot"

"home visit from Maternal & Child Health and midwife when first came out of hospital was really good"

"Kinders and schools are trying really hard at promoting wellbeing and doing a really good job"

"More money for people on New Start - I can't afford to get my health fixed"

"Group where people who are having trouble could go and have a chat without it costing too much"

"Transport - people need to be able to get to Wonthaggi - there is a local bus but it's expensive"

"Exercise programs that are affordable"

"Early intervention for older people - screening for issues like diabetes before they get full blown problems. Need to have home help and a nurse who will go around to support them to stay at home"

Some suggestions

"More in depth mental health services and more funding towards charities such as food bank"

"Not enough information getting to me so that I know what's out there"

"Community understanding, acceptance and education regarding the invisible illnesses in our society, e.g. mental health and alcoholism"

"...access to good regular public transport to get around and access services"

"[Lack of] access to information on a wide range of topics"

"Feeling that you are part of the community, many people these days feel isolated"

"Family support services prior to government departments intervening"

"Provision for free full health checks for over 60s. Doctor really doesn't have time to do this"

"Social inclusion within local communities for all members regardless of race, religion, age, etc"

"Focus more on prevention rather than dealing with problems once they arise"

"I have to pre-book for every 4 weeks and if I get sick more, I have to wait"

Issues

"I have a Doctor that I consider to be my family doctor. Due to demands for medical services in the area it is not always easy to see him when the need arises.

This often leads to my health situation worsening and compounding. It is very frustrating to have to go over and over your medical history with others who do not know what has led to you presenting at this stage"

System Integration

Gippsland PHN works towards and facilitates cross-sector health system integration. Programs include a range of digital health initiatives such as POLAR GP, HealthPathways, and supporting telehealth. We also work with the Department of Health to support general practices in their implementation of the My Health Record initiative.

POLAR GP provides the tools for quality improvements in general practice and data

Building on the successes of the previous year, Gippsland PHN continued with the systematic rollout of POLAR GP, a suite of data analysis and extraction software tools that support general practices with their data analysis to improve their unique data quality, business development and clinical outcomes.

Gippsland PHN regularly collates general practice data for the purposes of population health planning, advocacy initiatives, and other quality improvement and evaluation activities.

Gippsland PHN is actively involved in the development and design of the POLAR GP tool, working collaboratively with the developers Outcome Health and partner PHNs in

Eastern Melbourne and South Eastern Melbourne. We have representation on the Usability and Development Working Groups. These meetings are vital in continuing to ensure that the feedback we are given from the end users in Gippsland is voiced when designing functionality to address the needs of the end users.

Many practices are also signed up for testing innovations to ensure high quality and relevant improvements are made for general practices and their patients.

Key achievements:

- » 46 practices have POLAR GP installed, an increase of 23 (100%) practices from 2015/16.
- » 89 training sessions delivered to support clinicians and administrative staff.
- » Six education computer lab sessions throughout Gippsland (Bairnsdale, Leongatha and Moe) on data analysis in general practice - POLAR GP.
- » Two collaborative computer labs supporting general practice supervisors at Eastern Victoria General Practice Training (EVGPT) residential workshops in October 2016 in the Yarra Valley and May 2017 in San Remo.
- » Federal Minister for Health Greg Hunt attended an interactive POLAR GP session at the San Remo EVGPT residential workshop.
- » Welcomed and tested Zedmed practices to the POLAR GP group.

POLAR GP was demonstrated to the Federal Minister for Health, Greg Hunt, during the San Remo EVGPT residential workshop in May 2017.



Gippsland PHN provided 53 general practices with resources and promotional material to aid them in delivering My Health Record.

My Health Record uptake supported within our communities

We worked closely with the Department of Health to promote the uptake and use of the My Health Record by Gippsland residents. We promoted and supported healthcare providers and consumers with implementing and using the National My Health Record, a secure online summary of an individual's health information.

Key achievements:

- » As of June 2017 4,949,545 people in Australia have registered for a My Health Record, 34,904 residents in Gippsland.
- » 62 general practices, 16 pharmacies, one aged care facility, and 10 other health care providers upload records to My Health Record.
- » My Health Record materials were prepared and delivered to practices to support the promotion and registration of Gippsland residents.
- » The Digital Health team sent 59 stands and promotional material to general practices across Gippsland registered with My Health Record.
- » Over the period when the new ePIP came into effect, 1 May 2016 to 29 January 2017, Gippsland PHN general practices had one of the highest percentages of general practices uploading Shared Health Summaries to My Health Record, in the top five PHNs across the country.

Gippsland HealthPathways

Developed for general practices to be used at the point of care, Gippsland HealthPathways was launched in February 2017 with the support and active participation of the three Clinical Councils. Since the launch the work to develop and publish new pathways continues, with a significant opportunity to bring together local specialists, general practitioners, nurses and allied health professionals. Working groups form and contribute to local pathway development seeking best practice assessment of a range of medical conditions, including when and where to refer patients.

Significant partnerships formed for specific projects were:

- » the Indigenous Eye Health Project with RWAV to develop the eye health pathways in collaboration with West Vic PHN and Murray PHN HealthPathways teams.
- » Optimal Care Pathways – GRICS – draft development of clinical and referral pathways for the treatment of colorectal and lung cancer.

Pathways in development for the year ahead include:

- » Continued Optimal Care Pathway (OCP) development for cancer.
- » Paediatric pathways for respiratory and gastrointestinal conditions.
- » Palliative care referrals.
- » Mental health.
- » Older person's health, including dementia.

Key achievements:

- » A team of GP and specialist clinical editors recruited.
- » Launched with 41 localised pathways on 1 February 2017, expanding to 58 localised pathways as at 30 June 2017.
- » 172 individuals requested access between 1 February and 30 June 2017.

- » Seven organisations requested whole organisation access through a gateway IP, including hospitals, GP clinics, and private allied health providers.
- » Developed a suite of immunisation pathways for the state. These pathways are now shared by all the Victorian HealthPathways regions.
- » Seven hospitals and two community health services have signed participation agreements.
- » Gippsland HealthPathways has also engaged with Community Health Services with new representation on the Steering Committee from:
 - Latrobe Community Health Service.
 - Gippsland Lakes Community Health.
- » Working group established for Smoking Cessation.
- » Mental Health Forums, with 80 attendees, facilitated in the three Gippsland sub-regions with a two-theme focus on:
 - Child and youth.
 - Crisis and risk.
- » In June 2017 co-facilitated a workshop on shared pathway development at the Victoria/ Tasmania HealthPathways Forum.
- » The Gippsland HealthPathways team has continued to promote Gippsland HealthPathways at external stakeholders meetings, including:
 - Practice support visits to general practices.
 - Orbost Regional Health.
 - Secondary school nurses meeting.
 - Gippsland Dementia Implementation and Reference Groups.
 - Three sub-regional Clinical Councils.
 - Gippsland Integrated Family Violence Services Reform Steering Committee.
 - West Gippsland Healthcare Group.
 - Gippsland Region Palliative Care Consortium.



The Gippsland HealthPathways team supporting local GPs in our community.



* These numbers are increasing every month.

Commissioning

Gippsland PHN worked closely with our commissioned service providers to guide best practice models of care and improve evidence gathering and reporting on successes in our region. A range of quantitative and qualitative key performance indicators were incorporated in each contract to support monitoring of service access, program management and program quality. By the last quarter of 2016/17, Gippsland PHN commissioned health-related services across nine program areas and various services streams, totalling 42 contracts delivered across all of Gippsland.

The table below details the number of direct clinical contracts and service streams commissioned.

Program	Service Streams	No. of service contracts
Place Based Flexible Funding	Treatment, Health Promotion	8
After Hours Primary Care	Treatment, Access	6
Partners in Recovery	Intake	1
	Support Facilitator Organisations	3
Alcohol and Other Drug Treatment Services (AOD)	Place Based Youth Outreach	1
	Family and Carer Support Services	1
Youth Mental Health Services (headspace)	Treatment, Health Promotion	2
Psychological Therapies (formerly ATAPS)	Treatment	10
Severe and Complex Mental Health Services (MHNIP)	Treatment	3
Suicide Prevention Services	Treatment	1
	Community Based Programs	2
Integrated Team Care (Indigenous Health)	Treatment, Access, Health Promotion	3
Low Intensity Mental Health	Treatment	1
Total number of contracts		42

"In 2016/17 a total of 14,771 commissioned service sessions were provided."

Place Based Flexible Funding Program

The Place Based Flexible Funding Program has a focus on increasing access to a range of primary and allied health care services and activities for rural and remote communities, in particular small and more remote communities, and targets community identified health needs. The program funds initiatives targeting priority areas and groups not currently resourced from other Commonwealth and state funding arrangements.

Services are provided in geographic areas within the PHN area with high prevalence of chronic conditions, high levels of socio-economic disadvantage and lower access to

allied and other health services.

The aim of the program is to improve the health and wellbeing of people in rural and remote Australia and is structured to align with the Gippsland PHN strategic objectives. The program gives community-based primary health care service providers greater flexibility in the range of primary health care services offered, including promotion and preventive health activities, to people in rural and remote communities.

Primary health care services encompass active treatment,

screening programs, health education on individual health risks, and, more broadly, efforts to address health concerns for the entire community. Various services are delivered in Sale, Orbost, Omeo, Mallacoota, Cann River, Wonthaggi and Bairnsdale.

Key achievement:

The eight commissioned service providers successfully adapted to changed requirements of a new contract management process, having navigated obstacles to extracting and presenting data to Gippsland PHN.

After Hours Primary Health Care Program

Gippsland PHN's After-Hours Primary Care Program continued during 2016/17 to address service and workforce gaps in after-hours service arrangements.

Five areas of focus were established:

1. Maintenance of consumer access to after-hours medical services in communities without hospital service, communities that have a high influx of holidaymakers, where service is compromised by the loss of a key medical practitioner and where transport or distance will compromise care.
2. Improving health outcomes for people living in aged care homes through improved care pathways.
3. Establishing after-hours service solutions through a small grants scheme.
4. Contingency planning for communities in remote locations at risk of service compromise.
5. Facilitating a seamless patient experience defining Gippsland HealthPathways and through public education and health promotion.

The after-hours period is defined as:

- » Before 8am and after 6pm weekdays
- » Before 8am and after 12noon Saturdays
- » All day Sunday and public holidays.

Activities target specific regional and remote communities to ensure the best possible consumer access to care is maintained through the provision of service by a general practitioner. Payment does not replicate the Practice Incentive Payment Scheme or Medicare Benefits Scheme.

Key achievements:

PHN funded	Baw Baw/Latrobe	East/Wellington	Bass Coast/South
Workforce support			
Number of GPs	25	18	19
Number of Nurses per night	1	3	1
Service provision			
Telephone triage	Not reported	1,093	7,427
Consultations	4,169	1,956	7,835
Usual patients	4,169	1,659	5,132
Other patients	629	267	1,550
Referred to hospital	Not reported	100	106
Increasing access			
Community engagement	✓	✓	✓
National Health Service Directory Registration	✓	✓	✓
After-Hours GP Help Line	✓	✓	✓
E-Referral enabled	✓	✓	✓
My Aged Care enabled	✓	✓	✓
Gippsland HealthPathways connected	✓	✓	✓
Alternative services			
Advance Care Planning After Hours Service			✓
Diabetes Clinic After Hours Clinic			✓
Care Pathways for Aged Care Homes			✓
Skin Clinic			✓

Mental Health Reform

The Mental Health Reform Project to address mental health needs was announced by the Australian Government on 26 November 2015 as a bold reform package in response to the National Mental Health Commission’s Review of Mental Health Programs and Services. PHNs have been given a central role in implementing these reforms.

The Regional Mental Health and Suicide Prevention Reform Project was funded by Gippsland PHN and delivered in partnership with Latrobe Regional Hospital, with the Gippsland Mental Health Alliance as the steering committee.

The intention of this project was to address the identified six key priority areas of mental health reform.

Key achievements:

- » A needs assessment was conducted followed by a report on the potential implementation of a stepped care model in Gippsland.
- » Gippsland PHN continues to work with existing services and the community in the implementation of the model of care for Gippsland.



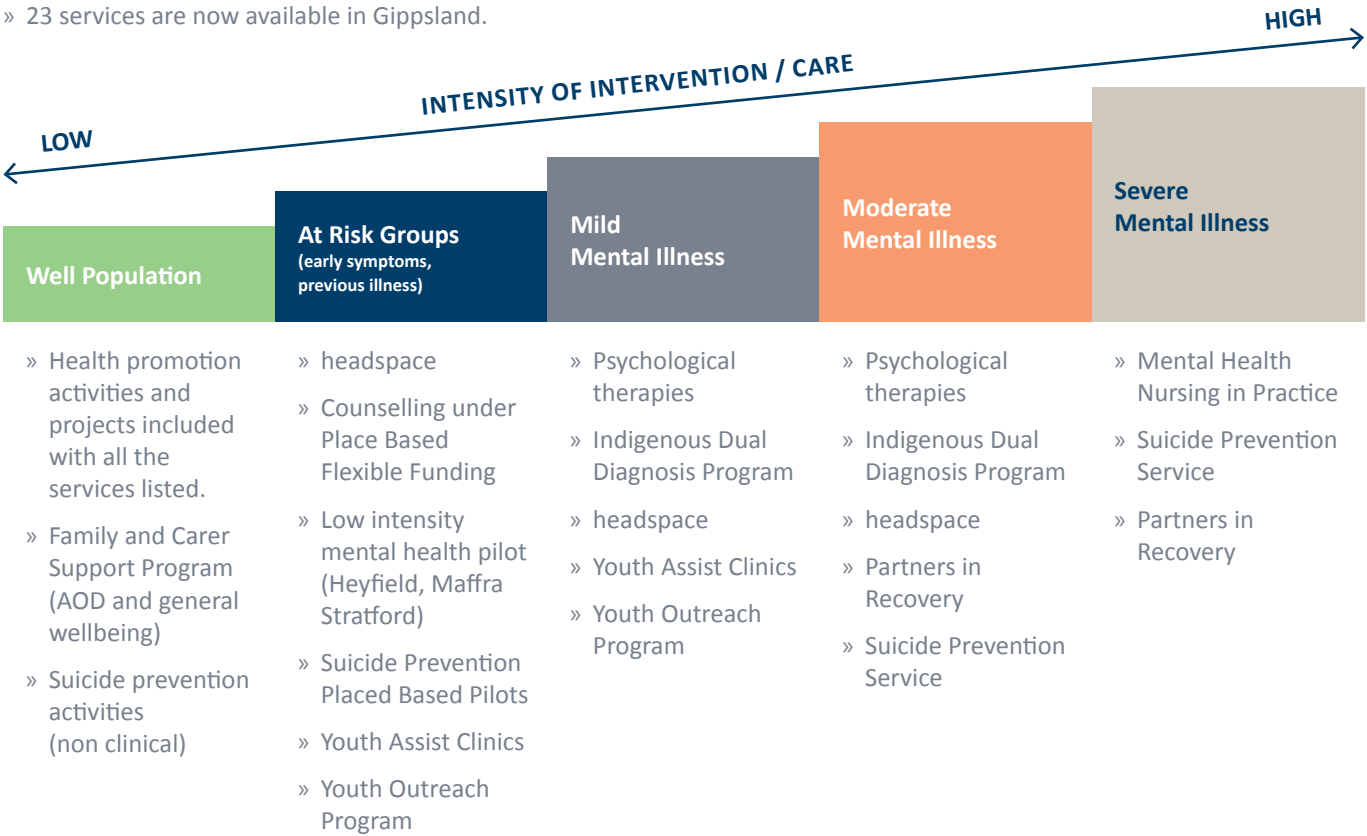
Participant Sandra Zammit and Facilitator Melanie Simpson at Mind Recovery College.

Stepped care approach to mental health

Stepped care is an evidence-based, staged system comprising a hierarchy of interventions from the least to the most intensive, matched to the individual’s current needs. Gippsland PHN has worked with the sector through the mental health reform project and other commissioning activity and commenced the delivery of stepped care. This has been achieved by providing options for models of care that support the community to move easily between the steps.

Key achievement:

- » 23 services are now available in Gippsland.



Low intensity mental health services

Due to the recent community stress the uncertainty around the future of the Heyfield Timber Mill, Gippsland PHN has worked with the Department of Health and Human Services and the Latrobe Valley Authority, providing \$130,000 to deliver a one-year pilot called ‘Quick Steps to Recovery’ to support the community.

Highlights:

- » Working with existing mental health organisations.
- » Providing an early intervention mental health service.
- » Providing a brief intervention service.
- » The Recovery Facilitator helping to identify a person’s needs in relation to mental health.

Key achievements:

- » The establishment of a new mental health service for Heyfield, Maffra, Stratford and surrounding areas.
- » The contract with ‘within Australia’ commenced June 2017.

Children and young people

headspace

Gippsland’s headspace centres (in Morwell and Bairnsdale) provide early intervention mental health services to 12-25 year olds, along with assistance in promoting young people’s wellbeing. The centres help people access health workers – GPs, psychologists, social workers, alcohol and drug workers, counsellors, vocational workers or youth workers.

In June 2017 a new headspace service within Bass Coast and South Gippsland was announced. The announcement, part of the Federal Health Minister’s commitment to 10 new headspace services in regional and rural communities, will be developed as a hub and spoke model.

Gippsland PHN has started working with the community to ensure this valuable service meets local need.

Key achievements:

- » Delivered 5,547 occasions of service.
- » Service was provided to 835 young people who visited on average of 3.6 times.
- » Established and launched headspace Bairnsdale with RAV.

Youth Assist Clinics

South Gippsland and Bass Coast are supported by four Youth Assist Clinics that provide primary health care support half a day per week primarily funded by Gippsland PHN. The Youth Assist Clinics have been established in partnerships with local communities and local medical centres and hospitals out of a need to provide a youth-friendly health care service.

Key achievements:

- » Established partnerships with local communities and medical centres in Wonthaggi, Korumburra, Leongatha and Foster.
- » Clinics are supported by South Coast Primary Care Partnership to collect data to assist clinical capture and analyse young people’s health trends.
- » Collaborating with Orygen Youth Health to conduct a research project that highlights the mental health needs of young people in Bass Coast and South Gippsland.

Youth Group congregating at headspace Morwell.



Moderate mental illness

The Access to Allied Psychological Therapies Services Program is commissioned from 10 separate providers throughout Gippsland. Two are private providers, and the remainder are public health services. The target population for this activity is individuals with a diagnosed mental illness who are managed in the primary care setting and who are unable to afford co-payment for psychological services.

Key achievements:

- » Gippsland has been provided with 4,413 sessions of psychological therapy.
- » Psychological therapy was delivered by 10 providers across Gippsland.
- » In the last six months of 2016/17 a 5% increase in service delivery was recorded.
- » In 2016/17 many providers implemented the Fixus database to help with shared care and improve data capture and reporting.
- » The first provider to implement Fixus was Bass Coast Health and it is now used by providers from Warragul to Omeo.

People with severe and complex mental illness

Partners in Recovery (PIR)

The Gippsland PIR consists of three providers that aim to better support people with severe and persistent mental illness with complex needs, their carers and families. The providers aim to work in a more collaborative, coordinated and integrated way across the various healthcare service sectors.

Gippsland PIR providers, the consortium and carers continue to meet bi-monthly and are working to provide high-level governance and leadership to guide the PIR through the NDIS transition process.

Key achievements:

- » Three providers (Within, Wellways, Mind) have managed 184 clients.
- » Intake provided by ACSO.

Mental Health Nursing in Practice

The Mental Health Nurse in Practice (MHNIP) Program ensures mental health nurses can work in collaboration with private psychiatrists and general practitioners to provide services such as periodic reviews of patients' mental status and medication monitoring and management.

Key achievements:

- » MHNIP was delivered by three providers within the community across a total of 15 practice sites.
- » The community was provided with close to 4,000 sessions.
- » MHNIP assisted in keeping people with severe mental illnesses well, and feeling connected within their community.

Suicide Prevention

The Suicide Prevention Services Program has three providers in the Gippsland region targeting three levels of intervention.

At the primary universal level, Incolink provides a mental health and suicide awareness and education program targeting apprentices in the construction industry.

At the secondary intervention prevention level, Latrobe Regional Hospital provides a clinical program of support and follow-up of people who are at risk of suicide or are experiencing suicidal behaviour.

At the post-intervention level, a Jesuit Social Services program, "Support After Suicide" provides support, follow-up and counselling to those who are bereaved by suicide.

Key achievements:

- » The Suicide Prevention Program in Gippsland has provided 864 sessions.
- » Worked closely with Dairy Farming Crisis Coordinator to provide easier access for the farming community.
- » Improved linkages with MHNIP, psychologists and other mental health providers that have resulted in increased collaborations.
- » Delivered suicide risk assessment training to clinical mental health workers.

Aboriginal and Torres Strait Islander mental health

Gippsland PHN combined Indigenous Mental Health flexible funds with Alcohol and Other Drug funds to commission the local area mental health service to deliver a dual diagnosis service in partnership with the Indigenous community.

Key achievements:

- » Collaboration with multiple Aboriginal Community Controlled Health Organisations in East Gippsland and Latrobe resulted in the implementation of the service.
- » Worked with the Gippsland Aboriginal Health Advisory Committee to design the model.
- » The model will assist ACCHOs to support their communities.

Psychology Telehealth Service

Development of psychology telehealth services in Mallacoota

An open tender for the development of a psychology service in Mallacoota was undertaken via the Tenderlink Platform. The tenders were assessed on capability, demonstrated performance, sector and consumer engagement, integration, service and clinical governance.

Key achievements:

- » Victorian Counselling and Psychological Services was the preferred supplier, offering flexible days/hours and specialist clinicians to meet community need.
- » Telehealth consultations are on track to begin mid-late 2017.

Flying Doctor Psychological Services

A steering committee was established in 2016/17 to provide operational and governance support to the program in collaboration with Royal Flying Doctor Service and Gippsland Lakes Community Health. Stakeholder and consumer engagement was undertaken to assist our rural communities which have difficulty accessing mental health services.

Key achievements:

- » Triage tool developed and tested in reference to the statewide tool.
- » Ethics application submitted for evaluation of the model.
- » Recruitment started and service delivery on track to begin August 2017.

Nurse Zarqa Qadeer at Ramahyuck.





Michael Liddy checks out Gippsland black pages.

Indigenous Health

The Indigenous Health Program remained focused on commissioning in the two areas of chronic disease and providing drug and alcohol sector development.

Chronic disease: integrated team care

Gippsland PHN commissions the Integrated Care Program to Ramahyuck District, Gippsland and East Gippsland Aboriginal Corporations and Lakes Entrance Aboriginal Health Association to service the whole Gippsland region. These services have strong links with the community and historic relationships with patients that are receiving care coordination.

Key achievements:

- » More than 500 Aboriginal and Torres Strait Islander community members were supported under this program with more than 4,200 sessions delivered.

» The 2017 Gippsland black pages was revised, reprinted and 500 copies distributed throughout Gippsland.

» A suite of 715 Health Check material, developed in partnership with Deadly Sport Gippsland, was mailed out to clinics and distributed to other community service groups.

» Three accredited Cultural Safety Training events, in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and local elders, were held in Warragul, Sale and Lakes Entrance in February and March 2017.

» 100% of the 50 participants agreed that the workshop met their expectations, and 96% felt the facilitators communicated the key messages effectively.

Drug and alcohol: sector development

An Aboriginal Health Senior Clinical Educator delivered a training program throughout Gippsland in 2016/17. The program offered information on types

of substances and their effects, how to manage behaviour as a result of these substances, and resources to best support community members affected by alcohol and other drug misuse. The training also allowed a space for people working with the Aboriginal community and health staff to discuss their experiences and concerns and share ideas about how to further develop care strategies.

Key achievements:

- » Identifying the need to establish a Dual Diagnosis Program to support Aboriginal community members affected by alcohol and other drug and mental health barriers.
- » 40 participants attend four events held at Aboriginal Community Controlled Health Organisations across Gippsland.

Gippsland alcohol and drug supports

Gippsland PHN undertook an extensive needs analysis of Gippsland alcohol and drug supports to identify service gaps by region, activity type and workforce needs. A co-design process was undertaken with local service providers to seek expert opinion in the design of these services. Youth, families and carers were identified as the areas of greatest need across specific geographical areas.

Youth

A placed-based approach was taken to fund a youth outreach service in areas that were not currently funded; these include Bass Coast, South Gippsland and Wellington local government areas. This service delivers alcohol and drug treatment services to vulnerable young people from 12-25 years of age and provides services through a strengths-based Assertive Youth Outreach model and after-hours access.

Delivered by Youth Support and Advocacy Services (YSAS), 100 % of clients received a response within 48 hours from initial referral. YSAS provides secondary consultations to professionals linked in with clients of this service. Staff participated in statutory care teams (Child Protection, Youth Justice) to provide updates on the progress and treatments of clients and information and guidance on working with young people experiencing problems related to substance use.

Secondary consultations occurred with welfare support officers in schools and with statutory service providers, police and families as a result of well-established networks in Wellington and Bass Coast. YSAS is working with the Gippsland PHN to develop a system to capture and record these consultations.

Families and carers

Five of the six LGAs were also funded for a Family and Carer Support Program that provides support for family members and carers affected by their loved one's substance misuse. Delivered by the Australian Community Support Organisation (ACSO), the program has been established to work with community members via three streams: individual work, group work and peer-led support groups. Participants are provided with information that will allow them to support their loved ones affected by substance misuse and appropriately access support services.

These services are operating within ACSO and YSAS and all programs are receiving excellent feedback.

Key achievements since February 2017:

- » The program delivered:
 - 122 single sessions to families and carers
 - 29 community education sessions
 - establishment of three successful peer-led support groups.
- » Engaged with 105 businesses, agencies, community groups, sporting groups, and legal services to promote the program.
- » Alcohol and drug services have been promoted to GPs and other health services in partnership with local AOD service providers and the Gippsland Alcohol and Drug Service Providers Alliance.
- » Training providers under the National Ice Action Strategy have been supported to deliver locally based and tailored ice prevention and education activities to health, social and community and statutory services.

"I am so grateful for the opportunity to attend this group. The difference to my everyday life is overwhelming. I feel I have found direction and new skills and I am ready to move forward."

"I would thoroughly recommend this group to others; the way all the information was delivered was professional but in a very friendly and informal manner, making it a very comfortable atmosphere."
- from community participant

"ACSO came to speak to our managers' group last week and this was well received."

"I can see this being a positive way forward for our organisation to refer and gain advice for our clients/patients with drug and alcohol problems. Thank you."
- executive at a health service



Support to General Practice and Other Health Professionals

Direct engagement and communication

The Practice Support Team is committed to quarterly scheduled face-to-face visits to all general practices across Gippsland. Visits were made to general practices, bush nursing centres and Aboriginal health services throughout the year. The purpose was to engage with the practice and provide information and resources relevant to general practice staff including general practitioners, nurses, practice managers, allied health and administrative staff.

The team ensures ongoing communication and information between visits by providing a weekly practice support update, a fortnightly newsletter, LINKer, which summarises education and training opportunities in the region and beyond. As part of our commitment to general practice we also forward any public health alerts and advisory notifications issued by the Chief Health Officer.

Resources provided covered several different program areas to support general practice, including:

- » immunisation resources outlining changes to vaccinations and immunisation schedules
- » Gippsland PHN General Practice Aboriginal Engagement toolkit, which included a framed artwork to promote a culturally safe space for patients
- » Gippsland HealthPathways – introduction and demonstration of the HealthPathways tool
- » My Health Record – information and resources to support general practice staff to be familiar with the process and encourage registration from patients presenting to their practice

- » POLAR data extraction – supporting the work of the Digital Health Team by understanding the importance of good data use in general practice
- » Optimal Cancer Care Pathways – information and resources to assist health professionals
- » Resources related to dementia management, drug and alcohol and the After-Hours GP Helpline.

Key achievements:

- » 308 practice visits conducted to 77 practices.
- » 48 practice support weekly emails to practice managers.
- » 20 Chief Health Officer alerts and advisory notices shared.
- » Findings of a general practice visit satisfaction survey conducted in June 2017 are:
 - 100% of practice respondents indicated the practice visits were beneficial.
 - 90% of respondents said four visits per year by the team was adequate.

"The personal touch helps draw attention to items of importance for general practice"

– Practice Manager



Advance Care Planning, preparing for future choice



Advance Care Planning is still a relatively new topic in our community. In providing support, we identified a need to formally evaluate the current status and views of health professionals, practice staff, hospital and ambulance representatives and the community (consumers and carers).

A research project, including both quantitative and qualitative components, started in November 2016. A report was tabled in April 2017 identifying the gaps and priorities as well as the perceptions and attitudes of people and GPs regarding the need for making advance care plans.

Seven key findings were made, leading to nine recommendations to improve the knowledge of health providers and consumers combined with embedding suitable legislative and administrative arrangements to facilitate widespread adoption by individuals.

An integrated approach to Optimal Cancer Care Pathways

Gippsland PHN began work to actively support an integrated approach to Optimal Cancer Care Pathways (OCPs) national guidelines throughout the Gippsland region. Together with the Gippsland Regional Integrated Cancer Care Service, we provided communication about these resources to all health professionals in general practice. By building general practice awareness, knowledge and use of the lung and colorectal cancer OCPs, we are driving best practice cancer care.

Key achievements:

- » Fifteen tumour type localised HealthPathways developed.
- » Tumour types include the lung and colorectal streams as well as the prostate and oesophagogastric streams.

Doctors in Secondary Schools to care for students in need

Gippsland PHN is collaborating with the Victorian Department of Education on the \$43.8 million Doctors in Secondary Schools Program. This program funds teams of general practitioners and practice nurses to attend government secondary schools up to one day a week to provide medical advice and health care to those students most in need. Our role is to engage with local general practices for the recruitment, management and ongoing monitoring of the clinical staff working in Gippsland schools.

Across Gippsland, nine schools have been selected to participate in this

program and will be rolled out as three tranches. The Gippsland tranches involves five schools commencing services throughout 2017 with the final four schools commencing services in term 1, 2018. The schools are:

Tranche 1:

- » Traralgon Secondary College

Tranche 2:

- » Drouin Secondary College
- » Kurnai Secondary College – Morwell
- » Sale Secondary College
- » Bairnsdale Secondary College

Tranche 3:

- » Neerim District Secondary College
- » Warragul Regional College
- » Maffra Secondary College
- » Swifts Creek P – 12 School.

Each school will have either a dedicated new demountable building or a refurbished room at the school especially designated for the services to be delivered as well as other wellbeing-related activities. The clinicians will work very closely with the school's wellbeing team, which includes a lead teacher, to ensure that students receive the most appropriate services and support.

We are required to have sound quality improvement processes in place and a system for monitoring and providing support to the outreach clinicians. This ensures an appropriate youth-friendly health service is provided and providers are supported in the work being undertaken.

Key achievements:

- » Information session conducted in Traralgon attended by potential general practice providers.
- » Negotiation has started with announcements to be made in the later part of 2017.

Accelerating the uptake of new hepatitis C drug treatments

The Victorian PHN Alliance received a grant from the Department of Health and Human Services to resource all Victorian PHNs to provide support for an accelerated uptake of new hepatitis C drug treatments.

Recent advances in antiviral treatments have led to the development of a range of new medicines that have a cure rate above 90%. General practitioners are now eligible to prescribe under the PBS providing that it is done in consultation with a specialist physician. Gippsland PHN's Practice Support Team managed the project's activities in Gippsland.

Key achievements:

- » Development of the Gippsland hepatitis C clinical and referral pathways.
- » Development of the Gippsland PHN website hepatitis C information page.
- » Facilitated structured network opportunities for health professionals.
- » Gippsland PHN coordinated general practitioner and practice nurse education, providing 50 GPs and 10 practice nurse attendees with up-to-date treatment options and enabling all GPs to initiate HCV therapy to their patients.
- » An increased uptake of the new drugs has been enabled and the numbers of people at risk being tested for hepatitis C have increased
- » Networking across Gippsland increased the capacity and confidence of GPs in managing people with hepatitis C.
- » Hepatitis C information pamphlets and brochures have been distributed to practices and health services.

Delivering Q fever vaccinations to East Gippsland communities

Through stakeholder engagement in East Gippsland, Gippsland PHN identified that Q fever vaccinations were difficult to access throughout the region. Vaccinations were not available or accessible and the closest provider was in Sale. Following consultation, Gippsland PHN partnered with Long Street Family Medicine to provide a Q fever clinic in East Gippsland. In the past, Long Street Family Medical had conducted several clinics remote to its practice focusing on men’s health, mental health and Q fever vaccinations in the past.

Significant logistical organisation ensured the successful delivery of the project. Consumers were required to pre-register with a completed health check questionnaire, undergo initial allergy testing and provide blood samples to test for previous exposure that indicated acquired immunity.

Overall, this was a very positive outcome for the East Gippsland community as Q fever is still active in the area and is a concern for anyone who works around livestock.

Key achievements:

- » At the Q fever clinic, 92 people presented at the first event on Friday 28 April 2017.
- » 87 people received the vaccine on Friday 5 May 2017. One person tested positive to Q fever.



Immunisation

It is our aim to reduce the incidence of vaccine-preventable disease in Gippsland by assisting general practices to provide vaccination services, which will ensure optimal immunisation coverage across Gippsland.

We regularly engaged with general practitioners, nurse immunisers, practice nurses and council immunisation programs across Gippsland and provided informative resources. Our immuniser network meetings were well attended, as they provided opportunities for up-to-date immunisation information and more details on topics such as changes to vaccination protocols and schedules.

Our Practice Support Team assisted in preparing monthly reports for applicable practices with overdue vaccination reminders. This supports the recall and update of immunisations.

The Gippsland PHN immunisation website page hosts relevant information and links, as does Gippsland HealthPathways, to provide general practices with detailed and up-to-date information and schedule changes.

Key achievements:

- » Gippsland immunisation rates increased to 94.3% (2016/17) for one-year-olds from 92.3% (2015/16).
- » Immunisation update forums, hosted by Gippsland PHN in March 2017, were held in Traralgon, Lakes Entrance and Inverloch. They were attended by 63 health professionals.

One of our local doctors, Dr Shane Robbins.

Leading in design and delivery of a local education and training program

Gippsland PHN is actively involved in the design and delivery of education and training events for clinical staff that meet both the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) professional development triennium requirements.

Gippsland general and allied health practices were canvassed to capture their identified education needs to ensure educational relevance to doctors, nurses, practice managers, administration staff and allied health practitioners for their continuing professional development.

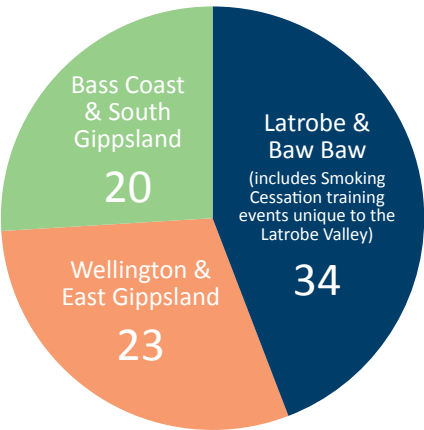
Key achievements:

- » The quarterly Practice Managers Network meetings provided practice managers with the opportunity to network with their peers as well as being exposed to a very broad range of business, IT and management topics.
- » Partnered with 12 organisations including state departments, peak industry bodies, individual specialists and private consulting firms.
- » 285 health-related events were published in a refurbished events calendar.

34
UNIQUE
TOPICS

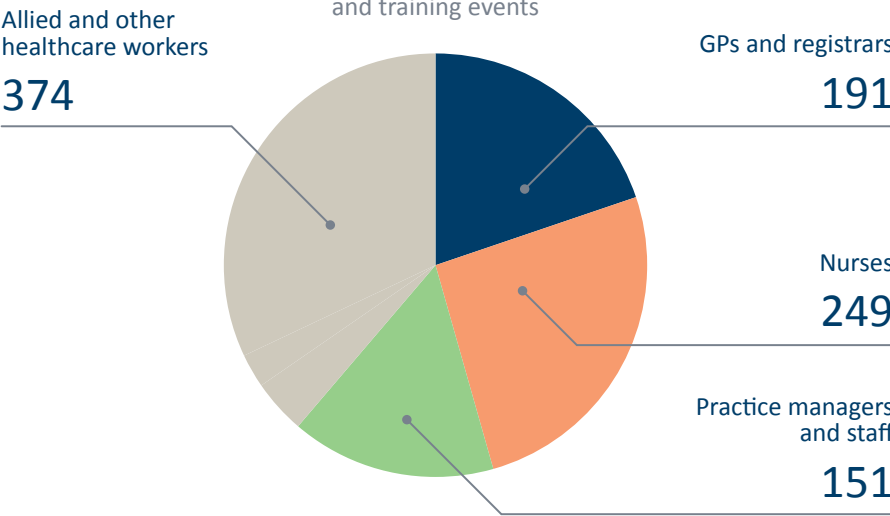
77
EVENTS
HOSTED

by Gippsland PHN across all regions



965
INDIVIDUALS
ATTENDED

Gippsland PHN education and training events



“Real lived experience from patient very valuable.”
— GP practitioner at Hepatitis C Management, February 2017

“A good general introduction to the requirements necessary to establish Health Care Homes.”
— Practice Manager Network meeting, May 2017



A local training event.

Performing and Enabling Success

Our Staff and Culture

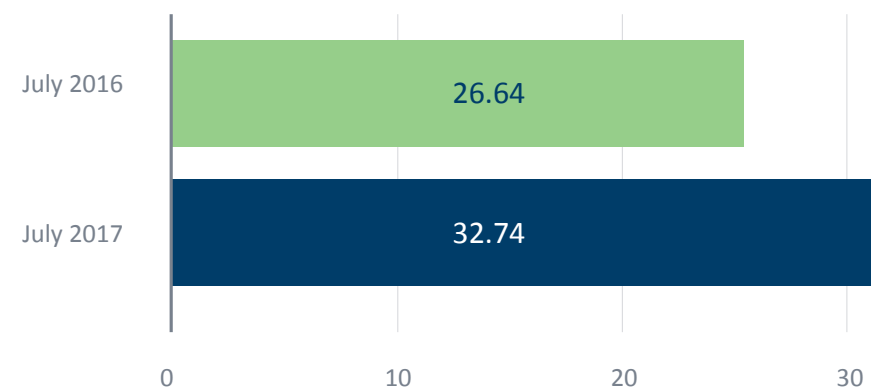
Gippsland PHN staff are the face of the organisation and demonstrate daily commitment to our purpose and the values embedded in our culture.

Employee growth

With an increased demand for commissioned services associated with the current and future levels of funding, Gippsland PHN is set on a path of moderate growth to provide the support required to meet the demand.

Gippsland PHN has had a staff increase (FTE) of 23% during the 2016/17 financial year, with some exciting new employment opportunities across all teams. This pattern of employee growth is a testament to the hard work that we have accomplished together, leading to positive outcomes for our community.

Employee growth up 23% (FTE)



A culture of success – employee satisfaction survey

In early 2017 staff were once again invited to take part in the Best Practice Australia (BPA) survey. The theme this year was to gauge how our culture serves our strategy, where strong culture and strong strategy equals 'Doing the right things well'.

Key achievements:

- » We continue to hold the highest culture rating as being an organisation with a "culture of success".
- » Nationally, Gippsland PHN was ranked first in achieving 100% survey participation.

Being an employer of choice

We pride ourselves on being an employer of choice (EoC). Our EoC strategy works to support our organisational purpose and culture, which are reflective of our vision and values. It also engages existing staff and attracts potential staff to our organisation, encouraging them to take the opportunity to grow together in creating and sustaining our organisation for the future.

Key achievements:

- » We have strengthened our EoC structure with the creative input from staff into the strategy during a facilitated workshop.

Addressing risk in business continuity

Business continuity was another focus point of discovery, as an element of risk management in addressing organisational exposure to internal and external threats.

Consultation and assistance was gathered from all staff, as experts in their respective fields, to develop a better understanding of our obligations and procedures to enact in the event of an unplanned occurrence.

Key achievements:

- » An agreed outline of systematic approaches to ensure sustainability and recovery are documented in a business continuity plan covering the entire organisation.



Bernadette Heaton-Harris with board member Nola Maxfield.

Being safe in our workplace

Occupational health and safety (OHS) is strongly emphasised at Gippsland PHN. This year we have appointed Health Safety Representatives (HSRs) as a point of contact for staff to convey OHS concerns in each office location.

Key achievements:

- » We established an Occupational Health and Safety Committee with representatives from HSRs, management and executive.
- » The first OHS initiative rolled out was our Emergency Response Operational Procedure (EROP), which outlines the roles, responsibilities and actions required in an emergency situation and includes evacuation management information.

Developing our staff

All staff at Gippsland PHN have an opportunity to develop and grow throughout the year. Staff training and development is an important investment in our organisation. Staff have shown their willingness to learn and adopt these training elements, which cover a range of our core business responsibilities.



Michelle Crosby and Shane Wilson at staff awards recognition night.

We have been working on a consistent approach to fundamentals including:

- » LEAN Training – a business operation model that explores the principles of management's focus towards maximising value while minimising waste.
- » PRINCE2 Training – a methodology for structured project management that is highly sought after, complex, and brings a level of improved efficiency to projects across the organisation.
- » Contract management training – leading participants into healthy discussions, offering explanation and tools to explore the different levels of contracts, relationship management, tendering processes, negotiations, risk management and administration of a range of different contracts.
- » Business writing skills – this training included some great fundamental and high-level content with tips to harness valuable business writing skills.

The Inaugural Board and Staff Dinner

The Inaugural Board and Staff Dinner was a great success, with many positive comments from staff and Board members. It was a very enjoyable experience, providing an opportunity to meet and get to know each other better, highlighting our culture, connection and strong mission focus. The recipients of the Values Awards were announced in a certificate ceremony:

- » **Community Centred** – Vulnerable Communities Team (Sandy Caver, Beth Dunne, Gary Peters, Shane Wilson)
- » **Ethical and Respectful** – Bernie Heaton-Harris
- » **Innovative** – Digital Health Team (Henry Yu, Liz Porter)
- » **Accountable** – Sarah Humphrey
- » **Committed to Quality** – CRM Working Group (Joylene Abrey, Marg Bogart, Brendon Cox, Katie Foster, Bernie Heaton-Harris, Deb LeCerf, Paul Macdonald, Shane Wilson, Henry Yu).

Financial Report

The 2016/17 financial statements of Gippsland Health Network Limited were prepared by McLean Delmo Bentleys Audit Pty Ltd and were completed in accordance with the applicable Australian Accounting Standards, reduced Disclosure Requirements of the Australian Standards Accounting Board and the Australian Charities and Not-for-profit Commission Act 2012.

Gippsland Health Network Limited utilises accrual accounting based on historical cost, modified where required.

SUMMARY STATEMENT OF PROFIT/LOSS

	2016/17		2015/16	
	\$	\$	\$	\$
Total income from all sources		\$14,077,803		\$11,394,566
Total expenditure for all programs		\$14,003,156		\$12,324,294
Surplus/(Deficit)		\$74,647		\$(929,728)
Total income comprised:				
Government grants	\$13,110,129		\$10,788,151	
Other grants	\$786,134		\$467,915	
Other income	\$181,540		\$138,500	

STATEMENT OF FINANCIAL POSITION

Assets				
Current	\$9,117,812		\$4,846,861	
Non-current	\$399,060	\$9,516,872	\$445,800	\$5,292,661
Liabilities				
Current	\$8,485,737		\$4,354,892	
Non-current	\$47,363	\$8,533,100	\$28,644	\$4,383,536
Net Assets		\$983,772		\$909,125
Equity				
Retained earnings		\$983,772		\$909,125

The detailed 2016/17 audited financial statements for Gippsland Health Network Limited can be found on the Gippsland PHN website at www.gphn.org.au.

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

Auditor's Report

The Gippsland PHN Board appointed an ASIC-approved auditor, McLean Delmo Bentleys (MCDB), as External Auditor on 2 December 2016. MCDB took over from Crowe Horwath following a public tender process.



McLean Delmo Bentleys
Audit Pty Ltd
Level 3, 302 Burwood Rd
Hawthorn Vic 3122
PO Box 582 Hawthorn Vic 3122
ABN 54 113 655 584
T +61 3 9018 4666
F +61 3 9018 4799
info@mcdb.com.au
mcleandelmobentleys.com.au

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GIPPSLAND HEALTH NETWORK LIMITED

Opinion
The summary financial statements, which comprise the summary statement of financial position as at 30 June 2017 and the summary statement of comprehensive income for the year then ended, are derived from the audited financial report of Gippsland Health Network Limited for the year ended 30 June 2017.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report of Gippsland Health Network Limited for the year ended 30 June 2017.

Summary Financial Statements
The summary financial statements do not contain all the disclosures required by Australian Accounting Standards. Reading the summary financial statements and this auditor's report, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The Audited Financial Report and Our Report Thereon
We expressed an unmodified audit opinion on the audited financial report in our report dated 20 September 2017.

Management's Responsibility for the Summary Financial Statements
Management is responsible for the preparation of the summary financial statements.

Auditor's Responsibility
Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

McLean Delmo Bentleys Audit Pty Ltd

Martin Fensome
Partner

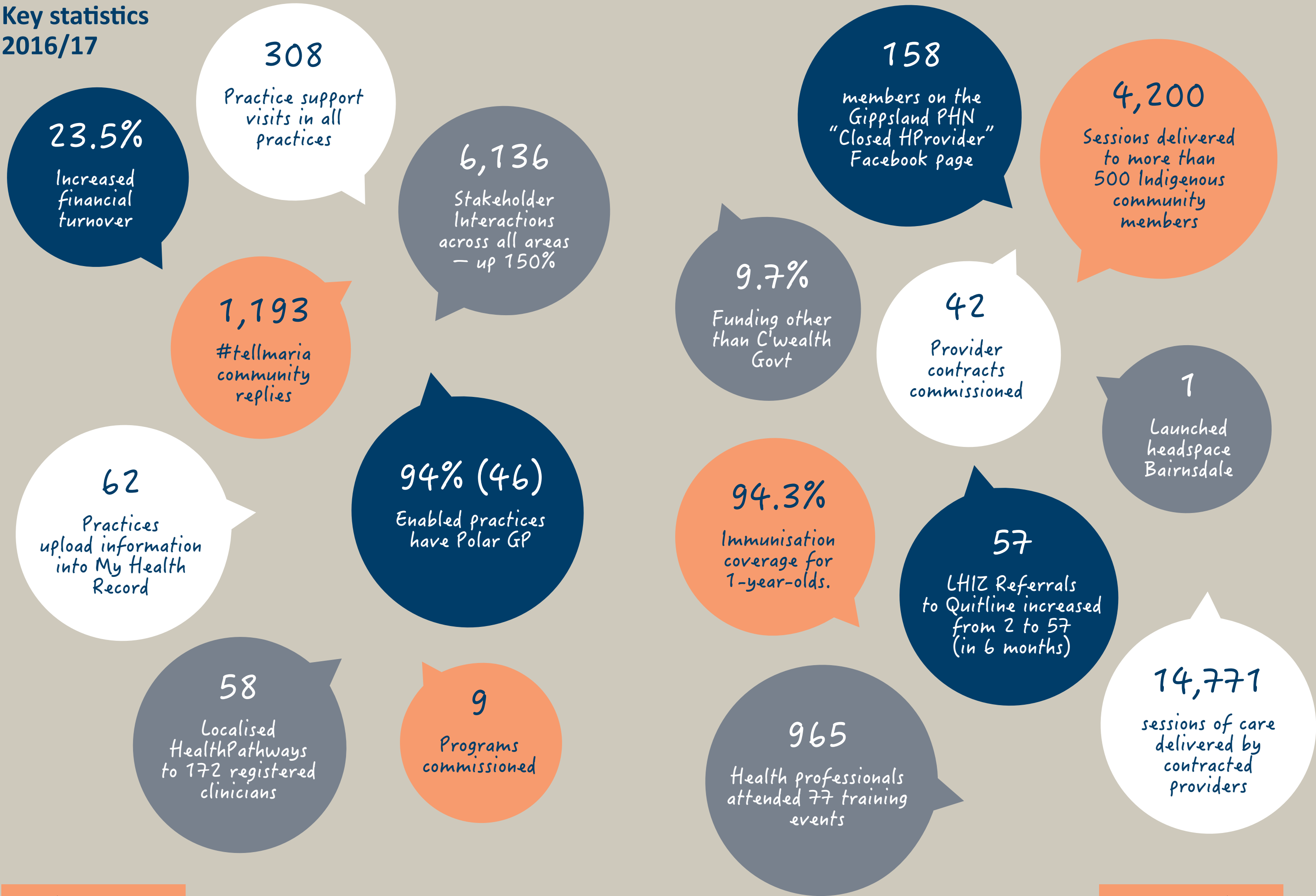
Hawthorn
27 October 2017

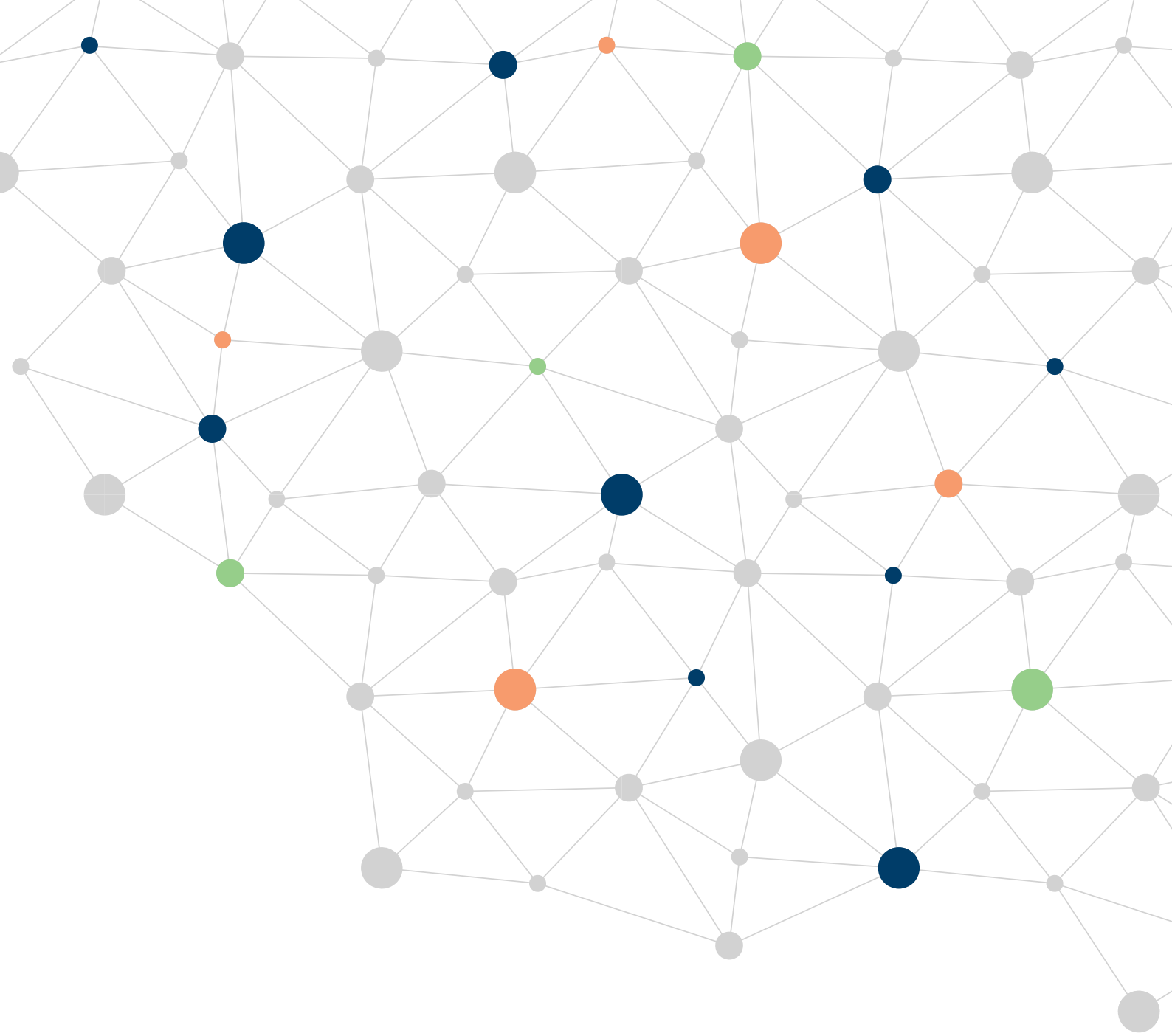


A member of Bentleys, a network of independent accounting firms located throughout Australia, New Zealand and China that trade as Bentleys. All members of the Bentleys Network are affiliated only and are separate legal entities and not in Partnership. Liability limited by a scheme approved under Professional Standards Legislation.

- Accountants
- Auditors
- Advisors

Key statistics
2016/17





An Australian Government Initiative

www.gphn.org.au

16 Kirk Street (PO Box 253) Moe VIC 3825

t 03 5126 2899 **f** 03 5126 2890 **e** info@gphn.org.au

Locations 13 McBride Avenue, Wonthaggi VIC 3995 and 183 Main Street, Bairnsdale VIC 3875

Gippsland Health Network trading as Gippsland PHN ABN 52 155 514 702