



GIPPSLAND PHN ANNUAL REPORT 2019/2020

Gippsland PHN's vision is for a measurably healthier Gippsland. We recognise we must think beyond health to achieve this vision and have an impact at a population health level.

phn
GIPPSLAND

An Australian Government Initiative



Our Year

Drought, bushfire, pandemic – this has been the lived experience of many Gippslanders over the last year.

Gippsland PHN has supported our communities to respond, recover and thrive with resilience and hope, driving us toward improved health and wellbeing for everyone. Our front page photograph captures the essence of the region's strength – the regrowth in the region's burnt bushland, a sign of renewal and resilience.

The narrative of this year's annual report tells the story of our past year. Importantly, it aligns with Gippsland PHN's strategic objectives: **progress our priority issues; borderless systems; access for everyone everywhere; strong local capability; and exceptional organisation.**

Gippsland PHN acknowledges Aboriginal and Torres Strait Islander People as the traditional owners of country throughout Victoria, and their continuing connection to land, sea and community. We pay our respects to them, their cultures and to elders past and present.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

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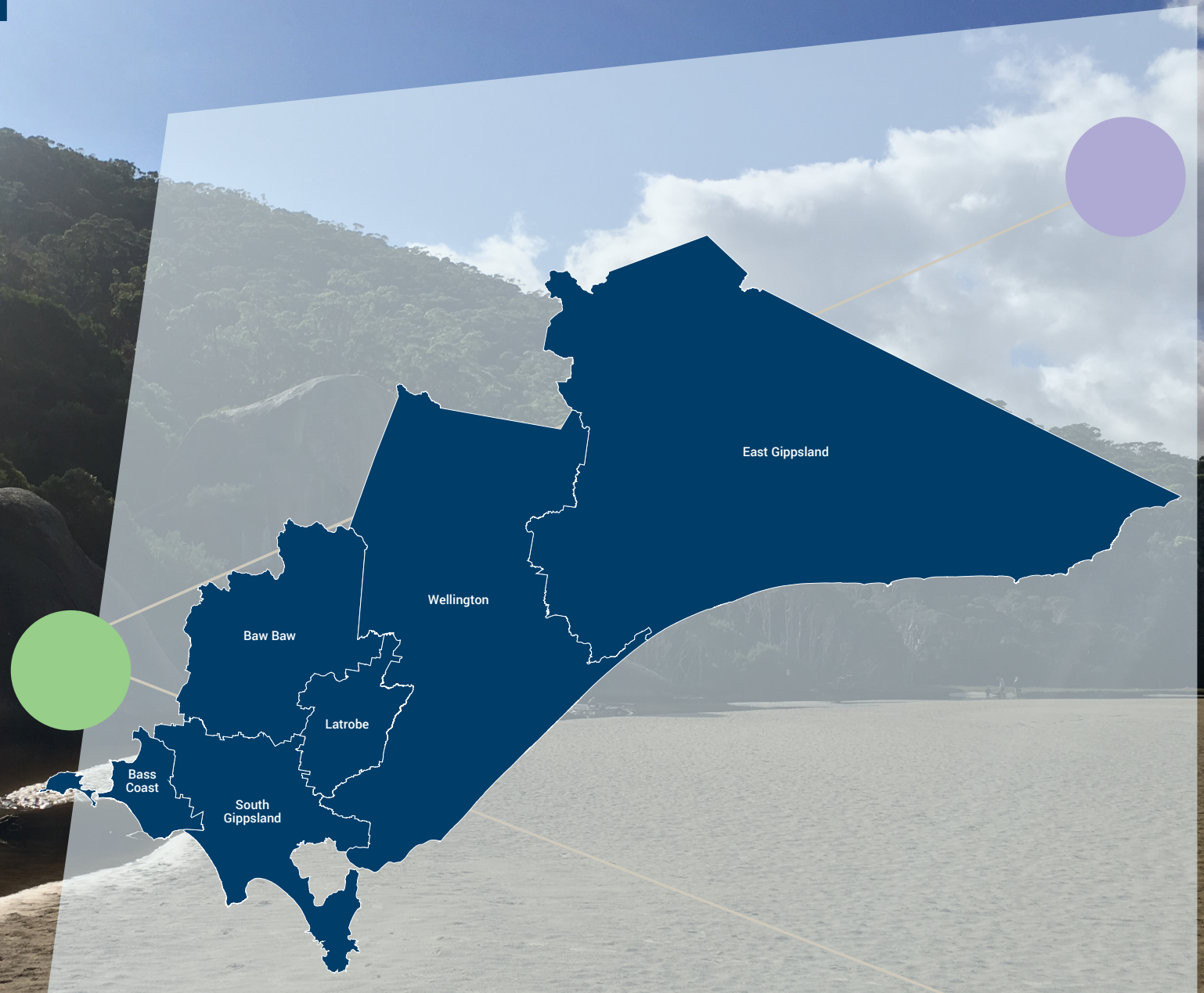


Our Gippsland

Gippsland is located in the south-eastern part of Victoria.

It covers an area of 41,556 square kilometres and lies to the east of the eastern suburbs of Greater Melbourne, to the north of Bass Strait, to the west of the Tasman Sea, to the south of the Black-Allan Line that marks part of the Victorian/ New South Wales border, and to the east of the Great Dividing Range that lies within the Hume region and the Victorian Alps.

Gippsland has six local government areas: East Gippsland, Wellington, South Gippsland, Bass Coast, Latrobe and Baw Baw



Message from the Chair



Therese Tierney
Chair, Gippsland PHN

I am pleased to provide the Gippsland community with Gippsland PHN's 2019/20 Annual Report, highlighting the many achievements and our progress made in pursuit of our vision of a measurably healthier Gippsland.

The focus of the Gippsland PHN this year has been to strive for clarity in an environment of complexity and ambiguity. It has held us in good stead as we faced an ever increasingly volatile and uncertain world. Through drought, bushfire and pandemic - we have experienced the accumulative impact of disasters. It has been our lived experience,

our shared burden and our opportunity; our opportunity to respond, recover and thrive with resilience and hope for a future that drives us toward better health and wellbeing for Gippsland.

The Board's renewed Strategic Plan 2019-2023 established clear strategic objectives for the organisation to achieve and importantly, provided clear direction for our organisation in what has become an increasingly changing, challenging and confronting environment.

We believe that the Gippsland PHN has firmly positioned itself as an authoritative, credible

source of information, a vehicle for collaboration and strong advocacy, essential for local decision making and capability building. We will continue to build on this and be agile, adaptive and bold within our role.

The pivotal role of primary care and the PHN has been clearly demonstrated this year, supporting community through drought, bushfires and pandemic with the realisation that impact, support, healthcare, mental health and wellbeing happen predominantly within community, within families, within friends and within primary care and general practice.

I acknowledge the passionate and innovative leadership of our executive and our PHN team. They have embraced the work required to achieve demonstrable impacts in the health and wellbeing for our much-loved communities of Gippsland.

Message from the CEO



Amanda Proposch
Chief Executive Officer,
Gippsland PHN.

In times of distress, where lives and livelihoods are lost, where much trauma has been experienced, it is a worthy pursuit to reflect on important elements of why we do the work we do and the meaning it brings.

Gippsland, a vast geographic, breathtakingly beautiful region; a region that has experienced the worst bushfires in history, following years of drought and now in the midst of a pandemic.

What are we left with? Where is our strength? We are left with each other. We find our strength in connections and in our relationships with our families, friends, partners, peers, colleagues, our workplaces and our communities. It is our connection to our true north where we find that strength. For the PHN our true north is the pursuit to improve health outcomes, in all that we do. What matters is how we use our experiences and relationships to bring life and learning to foster change and improvement throughout Gippsland.

For those of us in organisations tasked with health and improving health outcomes, we have much opportunity to work side by side; we must rally the strength and resources to devote ourselves to help our communities, our region, our world – to make it a better place. And so, every day we do.

The PHN is deeply devoted to its community; the team at the PHN is obsessed with improving health outcomes for Gippslanders. It was with anticipation and commitment, collectively working with external stakeholders, that we created a refreshed strategic plan with objectives set to achieve our vision, frame our purpose and set our strategic objectives. It was also important to bring to life what this means internally and to our communities.

Our vision, purpose and values, our strategic objectives, are imprinted in all that we do and as each year goes by, we will continue to work tirelessly to

achieve them. I share with you a number of internal organisational descriptors of how we connect our work to our heart, soul and mind.

Our Heart is Our Vision:
A measurably healthier Gippsland

Our Head is Our Purpose:
Best health outcomes and access to quality care through a unified approach to health

Our Soul, Our Values:
Community Centred, Ethical and Respectful, Innovative, Accountable and Committed to Quality

Our strategic objectives are highlighted within this report and I am pleased to share our work on progress of our priority issues, building strong local capability, enabling borderless systems and ensuring access to services is achieved.

Thank you to our partners, our commissioned services providers, our primary care providers, our staff and our many, many partners. Thank you for your hard work, your commitment and your energy – it takes a lot of

effort to make an impact. The heavy lifting is worth it, especially when we do it together.

I acknowledge and thank members of the Clinical Councils and Community Advisory Committee for their generous assistance and wise advice, their leadership and guidance throughout the year. I also acknowledge the support from my hard-working and inspiring Executive colleagues.

Most importantly, I acknowledge our incredible staff who have worked with passion, agility, resilience, determination and kindness, and the inimitable leadership of our Chair, Therese Tierney and Directors of Gippsland PHN. They provide a solid foundation to drive our strategic priorities forward and secure a robust platform for collaborative partnerships for the pursuit of our vision—a measurably healthier Gippsland. Their rigour and robust oversight cause us to be stronger at every step we take.

Our Executive Team



Amanda Proposch
Chief Executive Officer

Ms Amanda Proposch is a healthcare management professional with 15 years' experience in general practice management and more than 10 years' experience in private and public hospital nursing roles, including senior management and healthcare redesign. Amanda has a track record of substantial contribution in the application of improvement methodology in healthcare, coaching and developing high performing teams, and elevating operational efficiency, productivity and consumer experience.



Marg Bogart
Executive Manager Operations

Ms Marg Bogart has more than 20 years' experience managing primary healthcare programs and projects, reinforced from a Diploma of Business Management, qualifications as a Registered Nurse and other professional development certifications supporting leadership, systems improvement and performance management. Marg has strong facilitation and negotiation skills, and experience in managing complex projects.

Resigned Friday 19 June 2020.



Steve Morgan
Executive Manager Corporate Services

Mr Steve Morgan is an accountant with more than 25 years' experience in senior management roles, including chief financial officer in not-for-profit and commercial organisations in Victoria, South Australia and New South Wales. Before joining Gippsland PHN, Steve's most recent role was Financial Services Manager at Castle Personnel Services, a disability employment provider in NSW.

Our Board of Directors



Ms Therese Tierney (Chair)

Therese has had more than 40 years' experience in the health sector in CEO and senior management roles since 1994. She has been a CEO in metro Melbourne and regional Victoria and in both the private and public health sectors.



Ms Julie Rogalsky (Deputy Chair)

Julie has more than 20 years' experience in the Gippsland health sector having worked in the general practice, hospital, community health, government and GP training sectors. She supports strong local primary healthcare, especially important to more marginalised populations.



Ms Anne Peek

Anne has served as a CEO and non-executive director in both the public and private healthcare sectors for more than 30 years. She has strong connections in the healthcare sector and at government levels with a passion and expertise in quality assurance in healthcare.



Dr Sinead De Gooyer

Sinead is a general practitioner based in Inverloch where she has an interest in adolescent, women's and mental health. During her career, Sinead has worked in rural and regional communities developing a strong commitment to improving access to primary health services.



Dr Nola Maxfield

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. Based in Wonthaggi, Bass Coast, her involvement spans local, state and national bodies.



Mr Murray Bruce

Murray is a strong leader and an experienced commercial lawyer, specialising in strategic planning, project management, risk management and governance. He has successfully worked across all levels of government, many private and not-for-profit organisations and local community groups.



Ms Kellie O'Callaghan

Kellie is recognised for her strong leadership in health, community services and governance. She served for many years as the Chair of the Latrobe Regional Hospital Board and is a long-serving Latrobe City Councillor and former Mayor.



Ms Melissa Bastian

Melissa has held a long standing interest in the health and wellbeing of Gippslanders and is keen to continue to contribute to the important area of primary health. Melissa has a diverse background and experience in a variety of industries including health, banking, law and education.



Dr Peter Trye

Peter brings extensive experience from primary care and the hospital system to this role on the Gippsland PHN Board. He has served as a Director of Medical Services for the last 15 years in a number of public hospitals both in Gippsland and Melbourne.

What We Do

Gippsland PHN - a trusted, authoritative and credible source of information, a vehicle for collaboration, and strong advocate, essential to local decision-making and capability building.

Our purpose

Best health outcomes and access to quality care through a unified approach to health.

Our vision

A measurably healthier Gippsland.

Our Values

Community centred
Ethical and respectful
Innovative
Accountable
Quality

Our functions



Health
Planning



Commissioning
Services



Practice
Support



Systems
Integration

driving system enhancement

We will achieve our objectives through:



Values



People



Data



Advocacy



Mobilisation



Governance

Our strategic objectives



Whole of Gippsland outcomes

- Demonstrable impacts of, and evidence for, the changes and investments we have made.
- Population level issues and trends are understood and forecast.

Localised outcomes

- Pinpointing of local issues, supported by local people, professionals and governments.
- Critical issues are advocated for in public and private health sectors.

Whole of Gippsland outcomes

- Patients use technology and other means to improve access to services, reduce demand burden and bottlenecks within physical / inperson services.

Localised outcomes

- Service delivery funded to address gaps in local communities.
- Access pressures are reduced, such as affordability and transport.
- Hard to reach people in Gippsland have access to appropriate services.

Whole of Gippsland outcomes

- Patients own and use their health data.
- Primary care providers connect to each other, with diagnostics providers, community health and with hospitals.

Localised outcomes

- Providers and practitioners use collaborative processes and methods to enable seamless patient care
- Integrated and continuity of care is supported by providers and practitioners through digital health tools and resources.

Whole of Gippsland outcomes

- Service improvements are standardised and routine.
- Clinicians work and act collegiately and receive support and development.
- People in Gippsland possess essential knowledge about their health and health services.

Localised outcomes

- Facilities, services, infrastructure are suitable for purpose, demand and need.
- Providers are able to meet the health needs of the local population.

Emergency Response



Gippsland PHN has played a vital role in responding to both bushfire disaster in East Gippsland and the coronavirus pandemic.

Communities devastated by drought, bushfires and coronavirus

East Gippsland communities have been working through three major events in 2019-2020; drought, bushfires and coronavirus.

The Victorian Government and local councils announced drought assistance for East and Central Gippsland in late 2019 to help struggling farmers. By late December 2019, drought was superseded by bushfires which burnt with unprecedented intensity causing devastation to many communities, mostly in East Gippsland.

While many areas were still recovering from the bushfires, the coronavirus pandemic became a reality.

The following pages tell the story of Gippsland PHN's response which remains ongoing.



In response to COVID-19





**Gippsland PHN
is undertaking
activities to:**

- monitor the COVID-19 pandemic
- undertake strategies to minimise the risk of transmission
- respond promptly and effectively
- contribute to the rapid and confident recovery of individuals, communities and services

Gippsland PHN establishes six Gippsland Respiratory Clinics

The Australian Department of Health (DoH) tasked Gippsland PHN with supporting the emergency procurement of a GP-led Coronavirus (COVID-19) Respiratory Clinic in each of Gippsland's six local government areas, in the towns of Morwell, Warragul, Sale, Bairnsdale, Wonthaggi and Foster.

Across the country, up to 100 GP-led Coronavirus (COVID-19) Respiratory Clinics were set up to improve access to testing, assessment and clinical advice.

The Gippsland clinics opened progressively between 27 April to 18 May 2020.

The GP-led Respiratory Clinics are specifically designed to test and treat the 80 per cent of COVID-19 patients who will experience only mild to moderate fevers and respiratory conditions.

In most cases, the clinics are located within an established general practice, led by GPs to ensure they offer the highest quality of care and the highest standards of infection prevention and control.

The clinics triage care for COVID-19 patients, enabling hospitals to focus on treating people with severe disease and enabling other general practices to

continue to treat their usual patients. Assessments in primary care are based on a recently published model.

Protocols for infection prevention and control have been developed to assist all staff who work in the respiratory clinics (clinical, administrative / reception staff and cleaners) in line with strict National Guidelines on Infection Prevention and Control. There are also separate protocols for transport of supplies across sites that minimises cross contamination.

All COVID assessments must be conducted safely by a health professional in accordance with infection prevention and control protocols, including the appropriate use of Personal Protective Equipment (PPE) in an isolated room. See infection control section (p16).

Once the person has been tested, they self-isolate at home until they receive their results – expected to take up to two days. Depending on the outcome, they will either be referred for more treatment or be cleared of COVID-19.

Respiratory Clinic contracts were initially for three months with the Department of Health (DoH) extending them further.



Watch how Gippsland's six Respiratory Clinics shine...



Mario Gupta from Warragul Respiratory Clinic.

Timeline

**11
March
2020**

COVID-19 was declared a pandemic by the World Health Organisation.

The Australian Government announced it would be rolling out up to 100 GP-led Coronavirus (COVID-19) Respiratory Clinics to help manage patients with mild or moderate symptoms away from hospitals and other general practices.

**16
March
2020**

A State of Emergency was declared in Victoria to combat COVID-19.

**27
April
2020**

The first GP-led Coronavirus (COVID-19) Respiratory Clinic was opened in Warragul.

**04
May
2020**

GP-led Coronavirus (COVID-19) Respiratory Clinics were opened in Foster, Wonthaggi and Sale.

**18
May
2020**

GP-led Coronavirus (COVID-19) Respiratory Clinics were opened in Morwell and Bairnsdale.

Populations vulnerable to COVID-19 infection include:

- people with a disability
- the health and community services workforce
- people over 60 years of age who have existing health conditions or comorbidities
- Aboriginal and Torres Strait Islander people over 50 years of age.

Gippsland PHN is responding to the pandemic in the following ways:

1. General practice support.
General practices have been asked to activate their pandemic response plans, to follow the guidelines for assessment and testing, and to keep up to date with directions and alerts from Chief Medical Officers.

Department of Health and Human Service (DHHS) novel coronavirus website

dhhs.vic.gov.au/coronavirus

Up to date clinical information is also available via Gippsland HealthPathways at:
gippsland.healthpathways.org.au

2. Distribution of Personal Protective Equipment (PPE), such as masks to general practice and health services.
3. Healthdirect Video Call Service via email at Digital.Health@gphn.org.au
4. Clinical support and guidance.
5. GP-led Coronavirus (COVID-19) Respiratory Clinics are specifically designed to test and treat the 80 per cent of COVID-19 patients who will experience only mild to moderate fevers and respiratory conditions.

Baw Baw: [Warragul–Warragul Specialist Clinic](#)

Wellington: [Sale–Inglis Medical Centre](#)

South Gippsland: [Foster–Foster Medical Centre](#)

Bass Coast: [Wonthaggi–Wonthaggi Medical Group](#)

East Gippsland: [Bairnsdale–Bairnsdale Medical Group](#)

Latrobe: [Morwell–The Healthcare Centre](#)

Communications and Planning

The most up to date information is being constantly reviewed and updated by Gippsland PHN and is available at gphn.org.au/covid-19/. Information is linked directly to DHHS and Department of Health (DoH) sources.

Gippsland PHN is partnering with State and National jurisdictions to enable consistent messaging and advice to general practices.

Gippsland PHN is partnering with all Gippsland hospitals, health services and primary care providers to ensure consistent messaging and to manage the expected surge in demand on the acute care sector. In Gippsland, health care providers are taking both a regional, subregional and local approach in their response to COVID-19 in organised and regular meetings.

Infection control

Online training in infection control has been developed to help protect clinicians and patients from infection with COVID-19.

Gippsland PHN has provided a number of Infection Control webinars for stakeholders.

Infection control and prevention protocols have been developed for general practice and Respiratory Clinics and are available on the Gippsland PHN website.

Most service providers reported adaptive models for continuity of service. Service providers were quick to adapt to a Telehealth model of service delivery to support both the safety of their staff and their clients.

COVID-19 DATA to end of June 2020

10,409

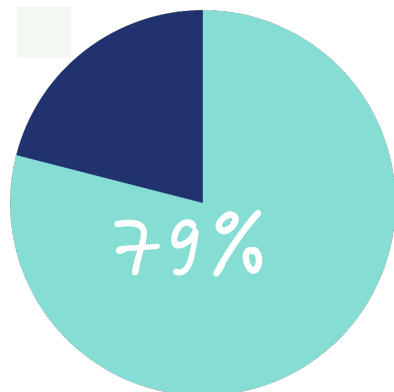
tests have been conducted across Gippsland Respiratory Clinics.



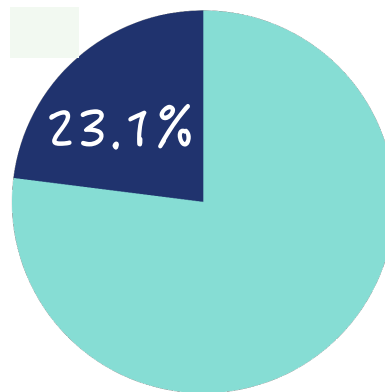
In some weeks in Gippsland, phone and telehealth delivery has been as common as face to face services. Across Victoria face to face delivery has remained more common.

10,453

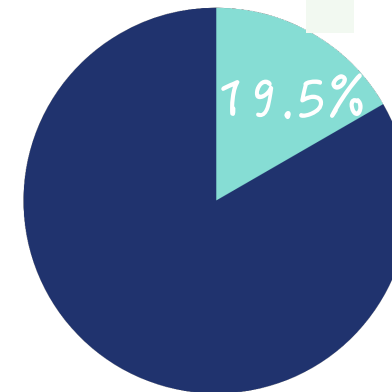
patients were seen in a POLAR general practice with COVID-19 related activity.



Across Gippsland, 67 of 85 general practices (79%) use POLAR and de-identified data is used by Gippsland PHN for quality improvement and planning.



In Gippsland, 23.1% of patients were 65 years or older.



In Victoria 19.5% were aged 65 years or older.

Top chronic disease categories for patients with a COVID-19 related contact with a general practice are cardiovascular disease **21.4%**, followed by a mental health diagnosis **20.6%** and respiratory disease diagnosis **17.9%**.

Practice activity in Gippsland is at expected levels overall in 2020 compared to previous years. Prescribing is also close to expected levels, while pathology and radiology have seen reduced levels, especially during some weeks of the COVID-19 pandemic.

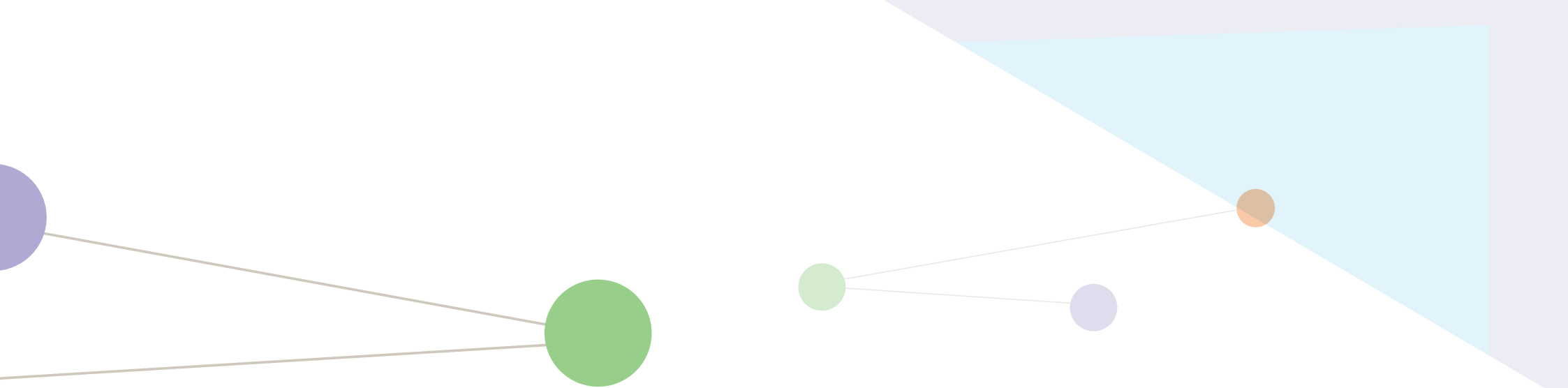
Across all Gippsland Respiratory clinics, **189** encounters were for people identifying as Aboriginal or Torres Strait Islander (**1.7% of all encounters**).



Royal Flying Doctor Service (RDFS) clinician Robyn Smith took this photograph about 20 kilometres from Bairnsdale on her way to providing services at Cann River, Club Terrace and Mallacoota. Robyn described the new growth in the burnt vegetation as “pretty special”.

Role of Gippsland PHN in bushfire emergency





Gippsland PHN is playing an important role in supporting general practices and health services in the bushfire affected communities of East Gippsland.

Communities needed these vital primary health services.

This support continued throughout the 'state of disaster' and importantly, in the aftermath, especially in the area of mental health services.

The role of Gippsland PHN during times of emergencies, such as the bushfires throughout East Gippsland, is also to work closely with government agencies to ensure information related to general practice and other primary care services is collated and shared to assist the State Health Emergency Response Plan (SHERP) and contingency plans being managed by other agencies.

Department of Health and Human Services (DHHS) provides funding to all Victorian Primary Health Networks to assist with a primary health response.

The role of Gippsland PHN is to assist with a primary health emergency response by:

- participating in local, regional and health service emergency planning;
- in the event of an emergency:
 - facilitate access to primary care providers who are only mobilised upon direction from DHHS;
 - establish and facilitate communications with the primary care sector;
 - provide intelligence on local factors affecting the delivery of primary healthcare in affected areas;
 - work collaboratively with DHHS in the provision of recovery services following an emergency.

The day after the fires started, Gippsland PHN reached out to all general practices, pharmacies and health services across East Gippsland to ascertain the impact of the bushfires on them and their communities so they could continue to support their work.

Daily information was disseminated for health professionals as well as for the community.

Mental health support has continued long after the bushfires were extinguished.

Free counselling services

An important mental health service for bushfire-affected communities is the free counselling services.

Relationships Australia Victoria (RAV) and the Royal Flying Doctor Service (RDFS), supported by Gippsland PHN, are providing free and confidential counselling to individuals, families and emergency service workers.

Access up to 10 free counselling sessions without a GP referral is available, at any one of the locations across East Gippsland.



RDFS mental health clinician, Cath Walker, is pictured getting ready to head to Mallacoota during the bushfires, working as part of the Gippsland PHN funded bushfire recovery service.

Relationships Australia
VICTORIA

Royal Flying Doctor Service
VICTORIA

FREE Counselling and Support

For those impacted by the recent bushfires in East Gippsland

Free and confidential counselling is now available for individuals, families and emergency service workers.

Access up to 10 counselling sessions, free of charge and without a GP referral, at one of our locations across East Gippsland.

Contact us for more information, to make an appointment or to find out how we can support you.

Phone 1800 001 068
Email bushfiresupport@rav.org.au
Visit www.rav.org.au/BushfireSupport

This service is funded by the Gippsland Primary Health Network, which is leading the mental health response to bushfire affected areas of Gippsland.

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Mental health and wellbeing

On 11 March 2020, the Victorian Government announced the Community Resilience, Psychosocial and Mental Health Response including \$23.4 million for psychosocial and mental health support services for people affected by bushfires.

This will allow communities to receive access to early intervention, specialist mental health treatment and advisory services.

The Department of Health and Human Services, Mental Health and Drugs Branch is working in partnership with Bushfire Recovery Victoria to implement services in East Gippsland and North East Victoria.

Gippsland PHN has worked closely with key stakeholders to support the delivery of a number of services as part of this response.

The initiative is targeted at:

- People impacted by the Victorian 2019-20 bushfires.
- People with a mental illness and their carers who require wellbeing checks and support.
- Aboriginal people experiencing social and emotional wellbeing issues.
- Family counselling, parents of young children, 0- 11 years.
- Young people disengaging from school or experience mental health concerns.
- Older isolated individuals with minimal informal supports.
- Health and social services workforce supporting individuals in communities impacted by the bushfires.
- Farmers, foresters, timber industry and small business.





Grants help drought and bushfire affected communities

Gippsland PHN offered grants of up to \$30,000 to address the needs of drought and bushfire-affected communities in Gippsland with a focus on healing, recovery and resilience.

The Australian Government funded Gippsland PHN to deliver initiatives which address the psychological and social impacts of long-term drought and bushfires in the region.

The One Good Community Wellbeing Grants seek to reduce stigma about mental health, promote suicide prevention and build community connectedness.

The Gippsland PHN One Good Community Wellbeing Grants Program is inspired by the One Good Street Connected Communities Reducing Hospitalisations (onegoodstreet.com.au) project. This initiative created a platform for people to come together and through coordinated activities, helped to reduce isolation and improve social connectedness, particularly for older people in their neighbourhoods.

The grants program encourages individuals, organisations and/or community groups to submit grant proposals which seek to build community resilience, foster social connectedness, promote healing and recovery, and deliver mental health and wellbeing benefits. Proposals should be led by communities.



Watch this video of young Alex Nicolls on the day of his fun run, organised to help support drought affected farmers.

The Gippsland PHN One Good Community Wellbeing Grants Program is guided by a set of principles that:

- **Focus on community strengths:** Fostering a strength-based approach to mobilise skills, passion and experience of individuals, families and communities.
- **Build capacity to enable social and civil participation:** Supporting community members to increase their skills and providing the support they need to connect with community during hardship.
- **Are driven by the community:** Community will take an active role to enhance social cohesion and connectedness.
- **Build partnerships with other people, heroes and social champions:** Effective partnerships supportive of diverse contributions working together in innovative and flexible ways.
- **Plan for sustainability:** Driven by achieving long-term sustainable improvements – helping communities manage hardship now and into the future.

Progress on priority issues

The background of the image shows several hands holding various colored sticky notes (yellow, pink, light blue) against a blurred background. A dark blue rectangular box is overlaid on the left side, containing the main text. An orange circle is positioned to the right of the text box, with a thin line extending from it towards a purple circle on a yellow sticky note in the background.

*The most needed health
issues are understood and
invested in, using local
strengths.*

Access to anticipatory medications for palliative care patients

A research project mapping prescribing of anticipatory medications in general practice concluded in April 2020.

Associate Professor at La Trobe University, Dr Hanan Khalil, led the study which looked at data from Gippsland general practices using the Population Level Analysis and Reporting (POLAR) under a research agreement. The study was supported by Gippsland PHN and included investigators from the Gippsland Region Palliative Care Consortium.

Anticipatory prescribing is the proactive prescribing of medicines that are commonly required to control symptoms in community palliative care, including the last days of life. Reasons for their use include: worsening of existing symptoms, the appearance of new symptoms, decrease in oral absorption of medications, inability of patients to swallow and anticipation for end-of-life symptoms, and patient distress.

Lack of access to anticipatory medications at times of need may result in unnecessary hospital admissions, increased patient and family distress and decreased confidence in managing palliative care at home. Timely access to anticipatory medications can enable prompt relief when patients develop distressing symptoms.

Anticipatory prescribing for general practice patients with a palliative care referral were analysed over a period of 10 years and palliative care nurse practitioners and general practitioners with palliative care patients were consulted.

The main findings were that:

- prescribing of anticipatory medications in general practice was only seen for a small percentage of palliative care patients; and
- there is some confusion about identifying patients needing anticipatory medications

The researchers concluded that improved knowledge about appropriate referral pathways for palliative care patients visiting general practice was needed. Similarly, knowledge of screening tools to assist identifying patients with palliative care needs could be useful for health care practitioners to support patients and ensure timely care was provided.



LHIZ evaluation partnership

Gippsland PHN is partnering with the Collaborative Evaluation Unit (CEU) of Federation University to work on evaluation of the Latrobe Health Innovation Zone, Early Detection and Screening, including Tobacco Program.

This provides an opportunity to collaborate with a locally-based tertiary organisation who understands the challenges associated with living and working in Gippsland, and shares our passion to improve outcomes for the people of Latrobe City and all Gippsland communities.

The CEU has extensive experience in a range of evaluation methods, incorporating survey design, collection and analysis, together with expertise in quantitative and qualitative methodologies, including focus groups and interview techniques.

The CEU works in partnership with higher degree program coordinators from a variety of disciplines within Federation University. It engages with higher degree students with aspects of the project as part of their degree requirements, assisting to build capacity in local students at the same time as providing robust measurement of individual projects undertaken as part of the Early Detection and Screening, Including Tobacco Program.



Quit Victoria Director, Dr. Sarah White and MMResearch, Michael Murphy.

The open, transparent and robust discussions that take place around ensuring evaluation is considered at all points of a project. This is mutually beneficial as project team members learn about appropriate evaluation techniques, at the same time providing the CEU with insights associated with measuring health promotion and public health interventions in Latrobe.

Over the next 12-18 months, Gippsland PHN will start to publish articles in scientific journals, bringing the work being undertaken as part of the LHIZ Early Detection and Screening, including Tobacco Program to a national and international audience.



Primary Care Research

High quality general practice research is integral in ensuring the Gippsland community can access evidence-based primary health care.

Gippsland PHN is committed to working collaboratively with university partners to improve the quality of health services available and tailor them to better meet the community's needs.

Population Health Planner, Maria Garrett presented on two topics at the 2nd Asia Pacific Conference on Integrated Care in Melbourne: Barriers to health service access for older people: Voices of Gippsland (in partnership with Health Issues Centre) and Addressing the unmet needs of persons with severe mental illness: Lessons from the Partners in Recovery (PIR) initiative (in partnership with Monash University).

Senior Research and Evaluation Officer, Denise Azar's presentation was on Understanding barriers to cancer screening in Latrobe, while Project Officer - Innovation and Health Reform, Ashlea King presented on behalf of Gippsland PHN and BreastScreen Victoria on Implementing an innovative model to empower pharmacies and their local community to increase breast cancer screening participation in Latrobe City. A poster outlining the Screen For Me Project was also on display at the conference.

Engaging general practice teams in research

General practitioners provide the vast majority of primary care, yet the bulk of primary care research is based on work undertaken with hospital or specialist populations.

It's not always appropriate to apply these findings to the patients seen in primary care; to be applicable and meaningful, primary care research must be undertaken within primary care settings.

We strive for better patient outcomes and to achieve this, general practice requires a healthy, thriving, productive research community.



Top: Gippsland PHN's Manager Commissioning, Nilay Kocaali (right) and Senior Manager Health Planning, Research and Evaluation, Liz Craig, presented at the Fifth PHN National Stepped Care Workshop in Canberra where they talked about Gippsland PHN's approach to the Mental Health in Aged Care Project.



Gippsland PHN's Project Officer - Innovation and Health Reform, Ashlea King (above) and Senior Research and Evaluation Officer, Denise Azar (left) presented at the 2nd Asia Pacific Conference on Integrated Care in Melbourne.

Our vision at Gippsland PHN is to encourage practice teams to:

- Ask questions related to health issues facing their communities
- Assist in determining how best to answer these questions
- Establish a general practice research hub intended to enable practices to conduct and drive high-impact, rapid general practice-led research

There are many challenges to engaging general practitioners in research, including lack of time, support and funding, however Gippsland PHN is working to encourage practice-led research through:

- Student placements
- Data analytics support
- Monetary support in the form of small grants
- A research-active local practice network
- Collaborations with research partners
- Facilitate research methodology training opportunities
- Provide a platform to showcase local success stories

A newly formed internal Data Governance, Ethics and Research Group exercises a strategic and advisory role to all data governance, research and ethics activities by Gippsland PHN and oversees the security and integrity of data shared with the PHN by general practices, commissioned service providers and system partners.

We have strong relationships with local universities including a Memorandum of Understanding between Gippsland PHN and Monash Rural Health, Monash University which formalises a commitment to work together collaboratively on projects and priorities of joint interest.

In 2019/20, Gippsland PHN sought and successfully obtained ethical approval for three collaborative research projects through Monash University's Human Research Ethics Committee.

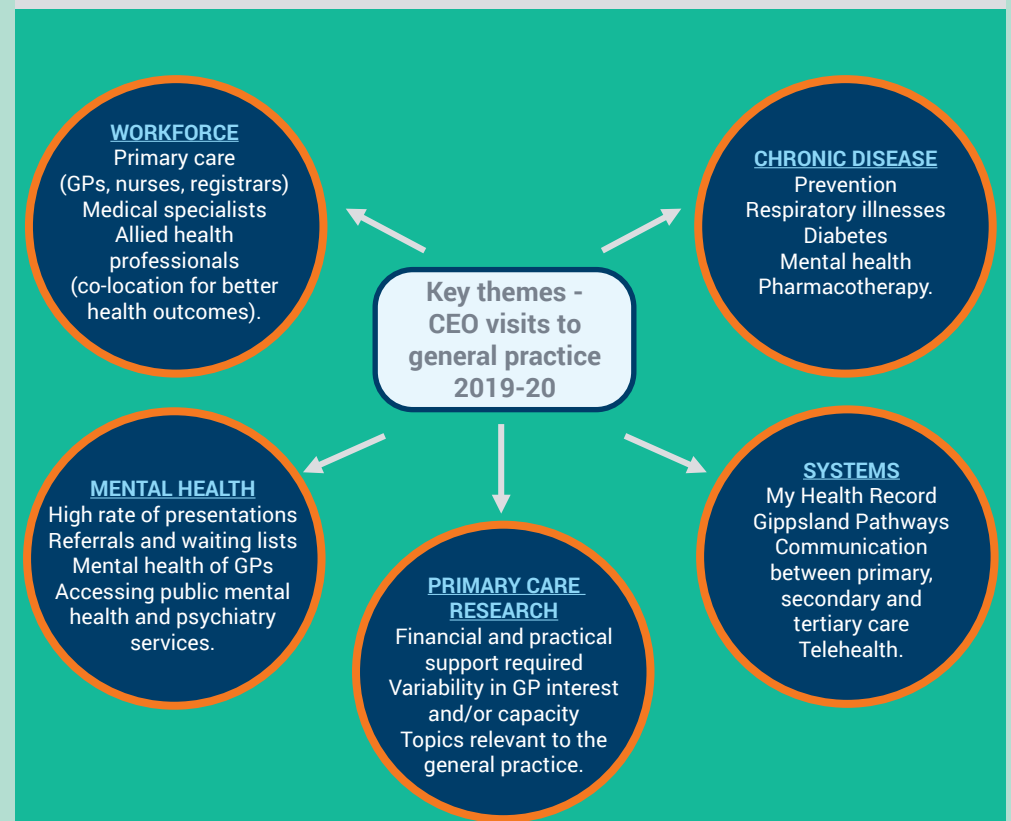
Conversations with doctors produce helpful feedback

Understanding issues affecting Gippsland general practices is a key focus for Gippsland PHN.

In 2019-2020, prior to the coronavirus pandemic, Chief Executive Officer, Amanda Proposch, visited 25 Gippsland general practices, speaking with 78 doctors and gathering important feedback on the issues affecting their clinics. Importantly, Ms Proposch provided helpful information about Gippsland PHN's purpose and role.

The main themes from the conversations included chronic disease, workforce, mental health, systems and research.

This thematic map shows the main areas of interest from each of these themes.



Data helps inform regional priorities

Gippsland PHN gathers data and information from many sources, including the local community and professionals, to identify priorities of the region in a Health Needs Assessment.

The purpose is to make informed decisions about the best ways to achieve our vision of a measurably healthier Gippsland.

We work with our partners and all levels of government to do this and hope the resources are useful to help improve health and wellbeing in Gippsland.

The Community Snapshot Fact Sheet brings together some information about the population that highlights groups of people with health and wellbeing needs. Did you know that for every 100 people in Gippsland:

- 7 need help with everyday activities
- 2 identify as Aboriginal or Torres Strait Islander
- 3 used homelessness services in the past year
- 19 experience high or very high social isolation (adults)
- 29 worked as a volunteer (adults).



A recent addition to the resources is the Priority Issues Paper Snapshots, to make it easier to find information on local data. Currently available snapshots include The Gippsland Primary Health Workforce and Aboriginal and Torres Strait Islander Health. Snapshots on our other Priority Issues will be developed.

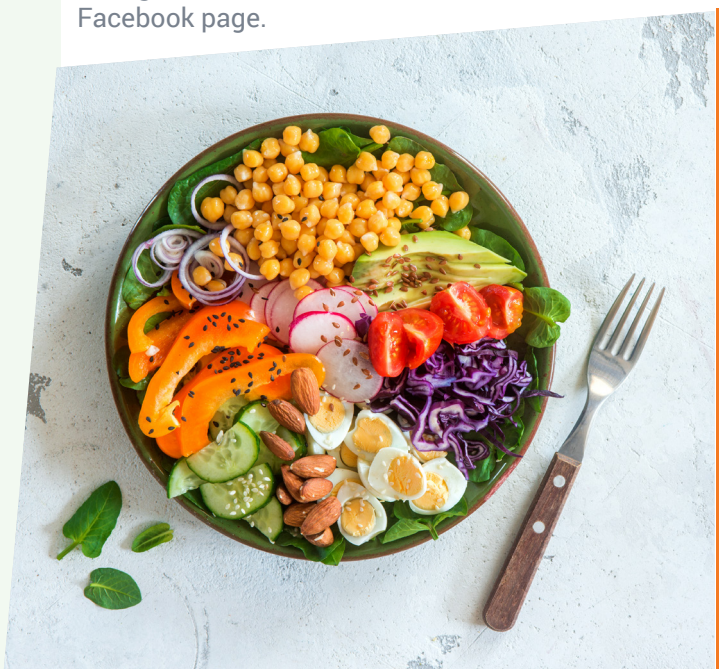
Other Gippsland PHN priority areas and investments to address them are highlighted in the Gippsland PHN Priorities 2019-22 Snapshot which was updated in November 2019.

School community embraces healthy lunch program

An identified need among the West Gippsland school community that nutrition and food choices made by families could be improved, resulted in the Healthy Lunch Program being implemented at Warragul Primary School.

The West Gippsland Healthcare Group (WGHG) health promotion team delivered the program in 2019/2020, supported by Gippsland PHN.

The program aimed to provide a weekly healthy lunch to the school community and children were invited to prepare the lunches with volunteer parents. Nutritional education was provided to children in Grades 3, 4 and Foundation, recipes and information about healthy eating were shared with families in the newsletter and Facebook page.



Program outputs

1680 meals were prepared

78 students participated in food preparation

83 students attended nutrition sessions

Regular social media posts with combined reach of **5272**

Vegetables grown in the school garden were used in the program

Children prepared a range of healthy foods that they sold at the local farmers' market

Results from Grades 3 & 4 survey

60 students showed increased level of nutritional education

85% of these children have tried eating more healthy foods since the healthy lunch program started

92% think they can now make healthier choices after learning about nutrition at school

81% of these children indicated that they wanted to try cooking some of the healthy recipes at home

Results from parent survey

82% of parents said that their children had tried new healthy foods as part of the program

73% reported their children enjoyed the foods they tried

Conversations about healthy foods were initiated in **90%** of families surveyed

64% of parents said they tried cooking recipes that they read in the school newsletter

Sustainability

Exploring the option of trialling a healthy lunch ordering system at Warragul Primary School (WPS)

Establish a thriving food garden and learning program around core nourishment and life learning.

Issues papers to facilitate health planning

Gippsland PHN prepares issues papers to facilitate strategic health planning in priority areas to help inform service planning, market gaps, co-design priorities, and investment decisions.

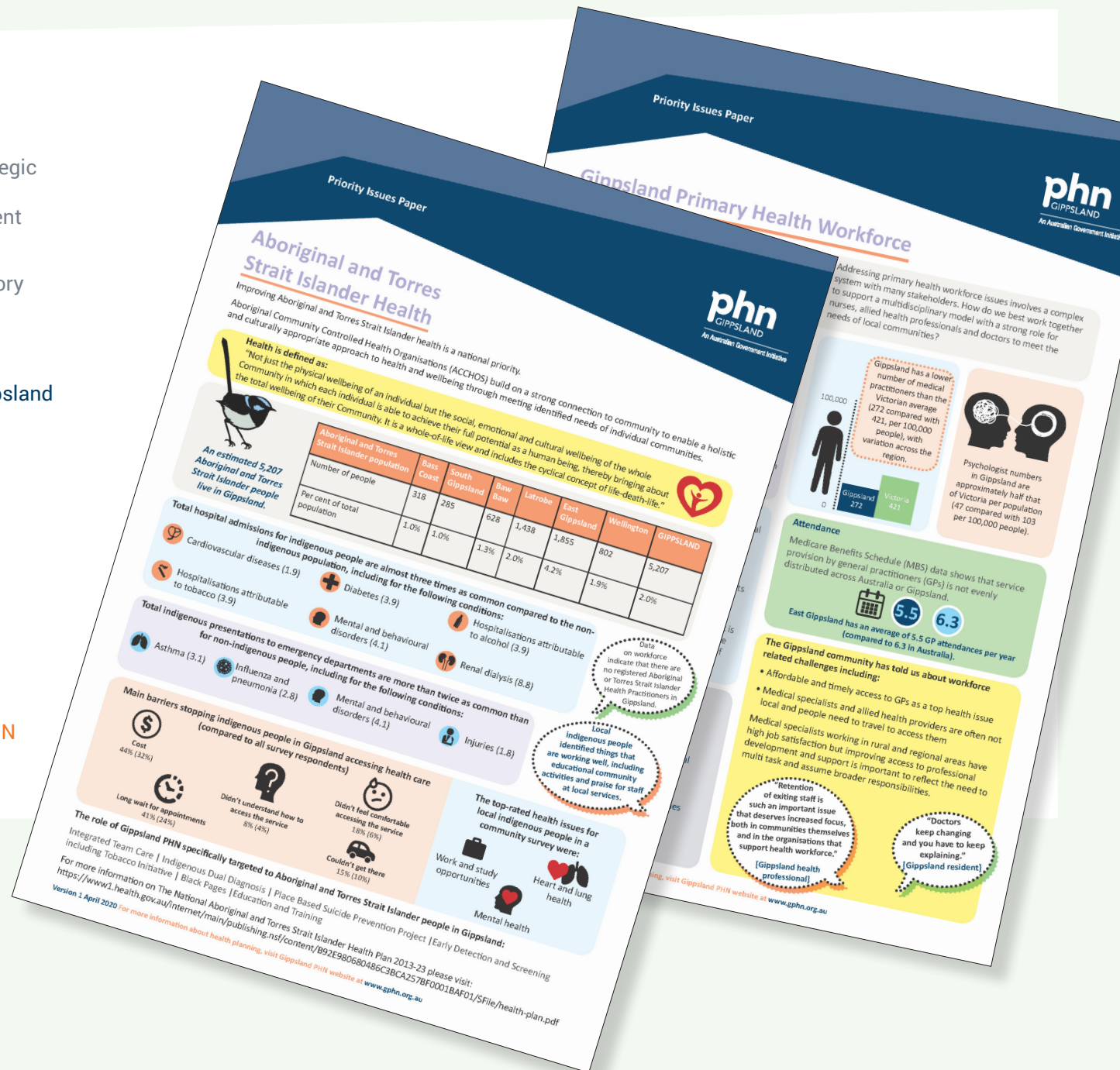
Local intelligence from Gippsland PHN teams and Advisory Group members is included in the papers.

Issues papers developed during 2019/20 include:

- Access to mental health services in South Coast Gippsland
- Aged Care Royal Commission Response
- Access to general practice bulk billing
- Aboriginal and Torres Strait Islander health
- Regional workforce
- Dental health
- Primary care: potentially preventable hospitalisations
- COVID-19

Once papers are finalised, they are published on the GPHN website.

Feedback is welcomed. Email tellmaria@gphn.org.au



Smoking cessation campaign attracts community interest

An innovative project that involves local community members pitching an idea for a localised quit smoking cessation campaign and winning a prize has been rolled out a second time by Gippsland PHN because of its initial success.

The Latrobe Health Innovation Zone: Early Detection and Screening, including Tobacco Initiative originally ran the Pitch to Quit competition in 2018 in partnership with Quit Victoria. From the successes and lessons learned from the roll out of the Pitch to Quit in 2018, the Pitch to Quit competition was revised, re-branded and ran again in May/June 2020.

Pitch to Quit (2020) aims to engage local community members mostly through online platforms (due to COVID-19 restrictions) and create an opportunity for them to develop and submit a pitch idea for a localised quit smoking cessation campaign. The competition asked participants to review findings from the research conducted by MMResearch with current Latrobe smokers and use those findings to inspire and drive their pitch idea.



Pitch to Quit 2020 was led by Gippsland PHN, supported by Quit Victoria. On 11 May 2020, the Pitch to Quit website was launched, with the competition promoted over a five-week period, with submissions closing on 14 June 2020. Promotion of the competition was aimed at local community members who live, work or play in Latrobe, with a focus on young people, however not limited.

Promotion included online engagement (Facebook and Instagram), directly with local schools, youth organisations and other Latrobe-based organisations. As social distancing restrictions eased, posters and business cards were distributed across the four major towns of Latrobe, placed in settings such as cafes, schools, workplaces and local libraries.

On the close of entries, submissions were assessed by a judging panel. From the judge's assessment, five pitches were nominated as finalists of the competition.

Each of the five finalists were then invited to participate in an online interview with the judging panel to further express their pitch and build on their campaign idea. Each finalist was awarded \$1000.

An overall competition winner announced in August. The winner will now be supported by industry professionals to create the pitch into a physical media campaign that will be seen across Latrobe. The winner receives \$4,500 for the time spent on producing the campaign.

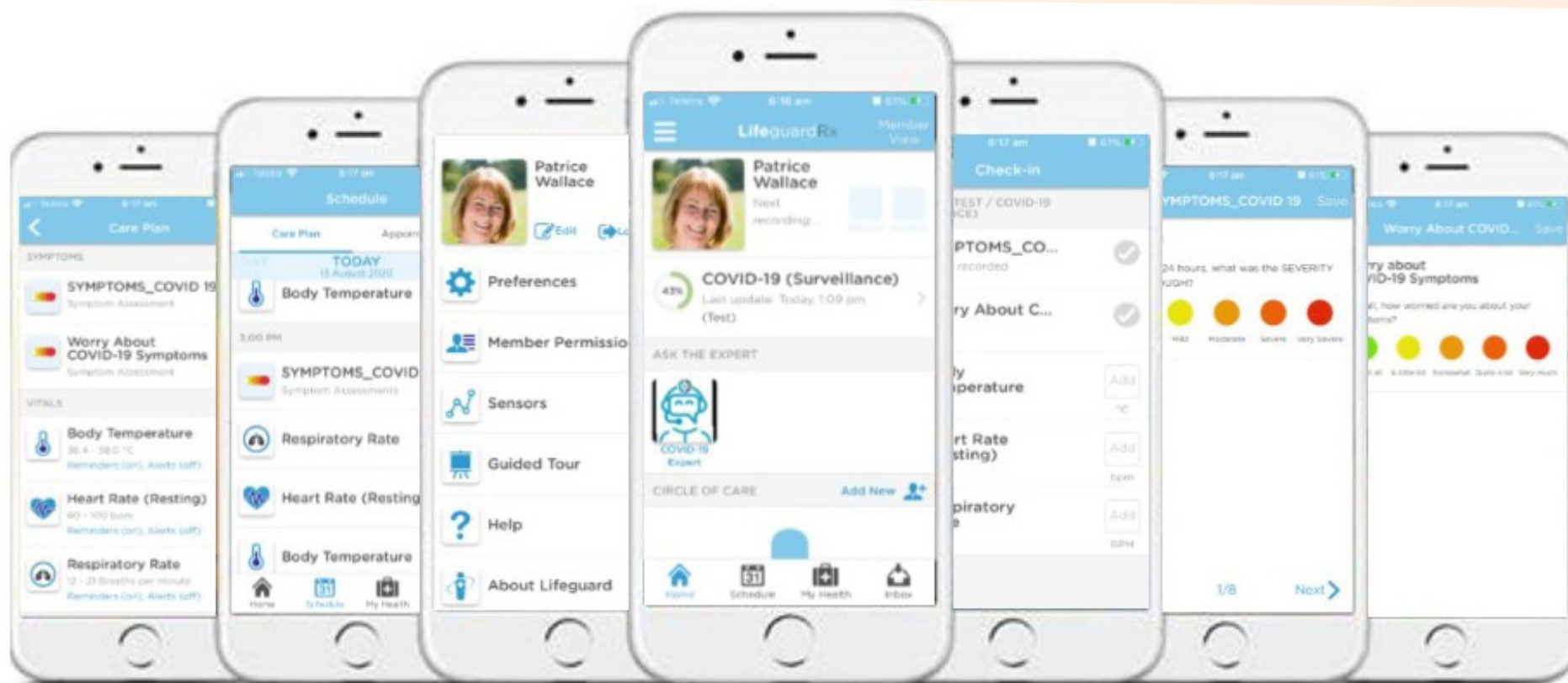
Click to watch videos



Borderless Systems

*Transparent communication
and information exchange
among providers and
practitioners.*





Lifeguard to remotely monitor patients

The Lifeguard patient monitoring platform was rapidly mobilised to support the GP-led Respiratory Clinics with the ability to remotely monitor patients, with confirmed or suspected cases of COVID-19 in isolation or quarantine.

An innovative model of care has been developed, identifying key points of integration with the Australian Government's Department of Health COVID-19 Model of Care.

Using remote monitoring of Patient Reported Outcome Measures and vital signs, patients can be monitored for early signs of respiratory deterioration by a dedicated Care Team/Care Coordinator located within the Respiratory Clinic, supporting the avoidance of hospitalisation where possible and continuing to monitor patients within their home.

Clinical thresholds were created for patients based on a COVID-19 care plan template, developed in consultation with general practitioners from Respiratory Clinics. If a patient records data outside of the defined thresholds, the care team within the Respiratory Clinics will be alerted via the platform and action can be taken. This includes contacting

the patient (or carer) via telehealth, requesting an appointment with the general practice or directing the patient to urgent care services within a hospital.

The platform has been made available to Respiratory Clinics to enable cases of COVID-19 to be monitored while self-isolating at home and have access to comprehensive clinical decision making and care coordination within or close to their home, where clinically safe and appropriate to do so.

In Gippsland, four out of the six Respiratory Clinics were trained to use the platform and are equipped to onboard patients if the number of positive cases in Gippsland increase.

A digital guide to appropriate mobile health apps

The Digital Health Guide is a digital platform enabling health practitioners recommend safe and appropriate use of mobile health apps to their patients.

It can be accessed on desktop, tablet or mobile devices, supporting engaged patient conversations at the point of care.

Content is updated weekly, ensuring unrivalled coverage of mobile health apps and digital health solutions. It provides quality information about mobile health apps, including their capabilities, the conditions they are used for, the evidence supporting their use and ratings from health providers and patients.

The Royal Australian College of General Practitioners 2018 Technology Survey report informs that there was a 20 per cent increase in the number of general practitioners recommending apps to patients, which rose from 40 per cent in 2017 to 60 per cent.

Additionally, the number of general practitioners rarely or never recommending apps to patients was down to 26 per cent from 47 per cent in 2017.

The most commonly recommended apps were on mental health, nutrition, fitness, family planning and smoking cessation.

Gippsland PHN has procured licences for all general practice staff (general practitioners, practice nurses, other clinicians and practice managers) and allied health professionals across Gippsland to utilise the Digital Health Guide. A total of 548 user accounts have been created, with 538 users requesting access in the financial year ending 30 June 2020.

The table opposite outlines the extensive engagement activities to support the prescribing of mobile health solutions among health professionals.



Watch our short demonstration on the Digital Health Guide.

Engagement Strategy	Description	Total
Communication activities	Promotion via Gippsland PHN communication channels including newsletters, social media	50 times
Education & Training	Onsite and remote training on benefits and how to navigate the system	7 events with 43 participants
Dissemination of resources	<ul style="list-style-type: none">• Promotional Flyer• Account activation instructions• Account activation messaging• Frequently Asked Questions sheet• A video to help users navigate the Digital Health Guide	548 users including general practitioners and allied health professionals across Gippsland
Practice support visits	<p>Provided up to date information relevant to general practice such as;</p> <ul style="list-style-type: none">• Information regarding services available including digital health initiatives such as My Health Record, Digital Health Guide etc• Capturing information/data to support health promotion and planning including Digital Health readiness assessment• Providing support where necessary	84 general practices

Digital Health Guide Feedback

What GPs had to say...

“ I think I would use this tool to assist my patients in accessing health information and management/lifestyle advice. I don't think I would use an app with every patient, but I think this is a valuable tool for the right patient, particularly as all cohorts become more tech savvy and have better access to technology.”

“ I think it's a great platform, very user friendly. I suspect that GPs might find this useful to explore if they are wanting to broaden their array of things to suggest for patients, or to look up apps that their patients tell them about.”

What Allied Health Professionals had to say...

“ I recently attended a PD on the Digital Health Guide at Bass Coast Health and thought the Digital Health Guide sounded very useful in clinical practice!”

“ I found the digital health guide very user friendly (easy to navigate and easy to find apps relevant to different conditions). Having the ratings, cost information, and evidence / endorsements are really go features.”

Reference:

2019. Views and Attitudes Towards Technological Innovation in General Practice Survey Report 2018. [ebook] The Royal Australian College of General Practitioners., p.4. Available at: <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Technology/Member%20engagement/RACGP-Technology-Survey-2018-results-updated.pdf>.

Electronic prescribing a key priority of national strategy

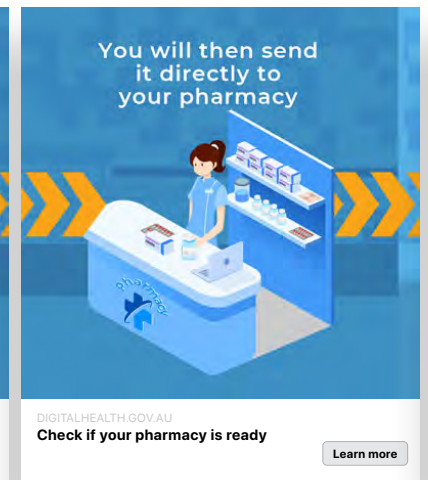
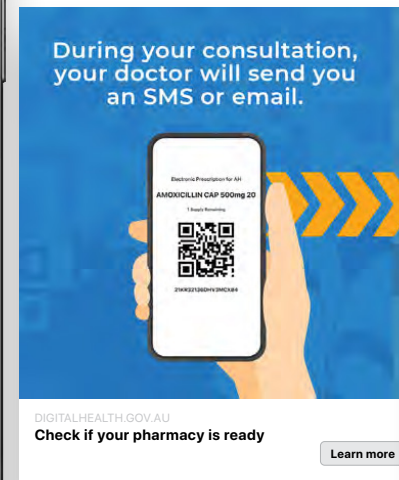
Electronic prescribing, a key priority within the National Digital Health Strategy, will improve the safety of medicines and provide new options and convenience for patients and their medicine supply.

The Australian Government is fast tracking the implementation of electronic prescribing (ePrescribing) to help protect people most at-risk in our community from exposure to COVID-19.

Gippsland PHN is supporting the Australian Digital Health Agency in promoting awareness and education around ePrescribing readiness to general practices and community pharmacies in Gippsland.

A significant first step in the national delivery of electronic prescriptions was on 20 May 2020 when Australia's first paperless electronic prescription in primary care was successfully prescribed and dispensed in Victoria.

This successful electronic prescription occurred between Anglesea Medical and Anglesea Pharmacy using the "token model", Best Practice prescribing system, prescription exchange service eRx Script Exchange, Fred NXT Dispense and MedView Flow.





A core requirement for general practices and community pharmacies to prepare their organisation for Electronic Prescriptions is to ensure they have a Healthcare Provider Identifier-Organisation (HPI-O) and are connected to the Healthcare Identifier (HI) service.

A majority of Gippsland general practices (68) and community pharmacies (70) have an HPI-O. In addition to this core requirement, organisations need to be connected to an open Prescription Delivery Service via a prescription exchange service such as eRX or MediSecure (if not already), update their Clinical Information System to the latest release, update their patient details on file and ensure they are aware of any legal rules that are specific to their state or territory such as the management of controlled medicines.

Gippsland PHN's Digital Health team produced a special information newsletter to help Gippsland general practices (84) and community pharmacies (68) prepare for the fast tracking of electronic prescribing (ePrescribing) with links to resources from:

Australian Digital Health Agency

- Royal Australian College of General Practitioners (RACGP)
- Gippsland HealthPathways
- Pharmaceutical Society of Australia
- Pharmacy Guild
- Best Practice Software Masterclass—Introducing Electronic Prescribing
- MedicalDirector—The way we prescribe is changing – are you ready?
- Zedmed—Electronic Prescribing
- FRED—ePrescriptions.

In addition to the special information newsletter, 29 ePrescribing updates including events information were promoted through Gippsland PHN communication channels including newsletters and social media in the April – June 2020 period.

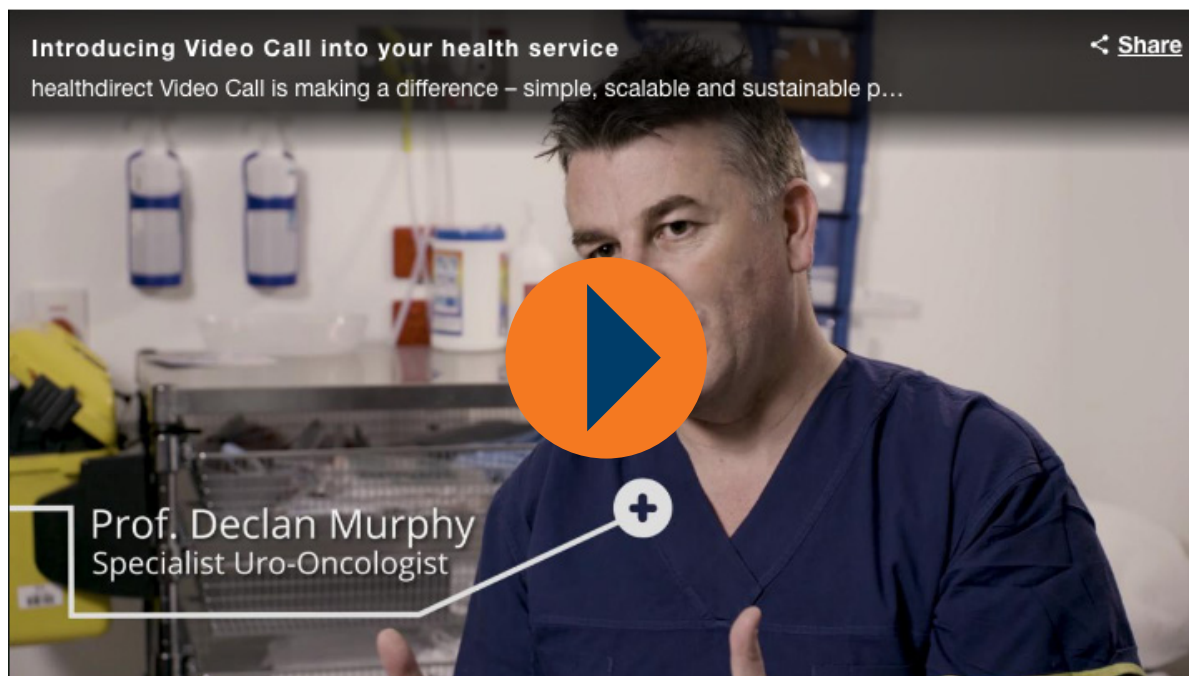
Enhanced video consulting in response to COVID-19

In response to COVID-19, Gippsland PHN partnered with Healthdirect Australia to support Gippsland general practices adopt enhanced video consulting through Video Call Service.

The Healthdirect Video Call technology is designed for patient to clinician consultation. It mimics the set-up of a general practice, providing a virtual waiting room for patients before the general practitioner joins the video consultation.

Healthdirect Video Call is a secure, private and sustainable technology providing convenient and safe access to care. It protects privacy on both ends of the consultation, leaving no digital footprint. Patients and clinicians can log in via any modern browser on any device; no special accounts, software or dial-in details are needed.

Funded since 2012, Healthdirect Video Call is a safe, secure video consultation platform that is already embedded in many parts of the healthcare system in Western Australia, Australian Capital Territory, South Australia and Victoria.



Watch video about introducing Video Call to your health service.

Healthdirect Australia has integrated the Video Call service into the national Healthdirect after-hours GP service, also funded by the Department of Health, offering people in remote areas video access to a general practitioner in the after-hours period.

Telehealth and Video Call Service updates are being promoted through Gippsland PHN communication channels, practice support visits and training and education is also offered to Gippsland general practices.

At a recent Gippsland PHN COVID-19 meeting with general practitioners and health services, a general practitioner shared how valuable the Healthdirect Video Call Service was to the practice; far superior to what was previously used. He noted there were some technical issues that needed to be worked through which was achieved by "excellent and timely support" provided by the Gippsland PHN Digital Health and Integration team.

Access for everyone everywhere

People can access services easily, especially where gaps exist and in hard to reach locations.



Place-based suicide prevention trials extended

Suicide prevention is a shared focus of the Victorian Government Department of Health and Human Services and Primary Health Networks.

Key policies include the National Suicide Prevention Strategy 2015 and the Victorian suicide prevention framework 2016-25. In line with these, the DHHS and the six Victorian Primary Health Networks, including Gippsland, are implementing a collaborative response which sees place-based approaches to suicide prevention being implemented across twelve metropolitan, regional and rural locations of need over a four-year period.

Gippsland is one of the locations, with the trial focussing on Latrobe and Bass Coast local government areas.

A place-based approach recognises that people and places are inter-related, and that the places where people live and spend their time affects their health and wellbeing.

A place-based approach focuses on local needs and local priorities, engages the community as an active partner in developing solutions, and maximises value by leveraging multiple networks, investments and activities to deliver the best outcomes for communities. Each community will establish their own suite of responses based on their local need and local capacity.

These collective efforts are guided by a robust statewide operating model, evaluation approach and other relevant frameworks.

Achievement highlights of the place-based suicide prevention trial sites in the Latrobe Valley and Bass Coast in 2019-2020.

- Continued engagement of a broad range of project partners in the Project Advisory Groups, including several new partners.
- Commissioning of community suicide prevention education
- Positive media and lived experience storytelling project
- Bass Coast community suicide prevention forum
- Mindframe safe communication training
- We're Better Together school education program
- Support After Suicide bereavement counselling
- Suicide prevention and alcohol and other drugs resources project commenced.

Formative evaluation update from the Latrobe Valley and Bass Coast trial sites—May 2020 – Sax Institute and Southern Synergy.

- There is clear evidence of continued progress towards improving local suicide prevention systems across all of the place-based suicide prevention trial (PBSPT) sites across Victoria.





- Throughout the 12 Victorian trial sites, there have been over 250,000 exposures to some form of capacity building activity and over 15,000 exposures to some form of resilience promoting activity. The trials have played a moderate to major role in delivering about two-thirds of these activities.
- Qualitative feedback consistently indicated that the PBSPT activities were largely well-received, being seen as adaptive to the needs of their communities (often in innovative ways), and with about half of all trainees reporting having been able to put their training into practice.
- The site-level backbone support, and especially the Primary Health Network facilitated site coordinator role, is critical to progressing suicide prevention system improvements.
- The Evaluators' findings provide clear evidence of continued progress towards improving communities' understanding and capacity in relation to suicide and suicide prevention.
- Both of the Gippsland trials sites have a higher number of project partners involved (34) than the state average (31).
- In the Latrobe Valley, project partners rate the project as progressing towards a collective suicide prevention approach at a higher rate than the state average.

Due to these factors, in early 2020 DHHS announced that the place-based suicide prevention trials would be extended for an additional two years – from July 2020, to June 2022. With financial and organisational support from Gippsland PHN, both the Latrobe Valley and Bass Coast trial sites have been extended to June 2022.

Shifting priorities for the project extension period.

To adapt to learnings recorded during the initial funding period (2017-2020), the PBSPT sites will move in to a new phase of suicide prevention activity delivery.

Examples of activity that will be prioritised over the following two years:

- Extension of the Bass Coast trial site to also include the South Gippsland local government area – with the trial site now referred to as South Coast.
- Focus on embedding suicide prevention within organisations and overarching community wellbeing plans.
- Increase opportunities for community participation.
- Continuing delivery of suicide prevention capacity building initiatives.

Trial project has high-level goals for suicide prevention

Participants in the Place Based Suicide Prevention Trial project in Latrobe and Bass Coast are telling their stories, saying they value the opportunity to talk about their lived experiences in a safe environment.

The Place-Based Suicide Prevention Program is a project funded jointly by the Victorian Department of Health and Human Services and Gippsland PHN to work with communities, including the wider population, health agencies, local governments, emergency services, schools and media outlets, to contribute to the reduction of the suicide rate within the Latrobe Valley and Bass Coast Local Government Areas.

The resulting outcomes from the project are:

- Reduced rates of suicide
- Reduced suicide attempts
- Improved individual resilience and wellbeing
- Improved system to prevent suicide in an ongoing way

These high-level goals will inform the development of the evaluation framework. The interventions will focus on capacity building and enhancing system effectiveness, rather than service expansion or new services, and may include:

- training general practitioners to assess depression and other mental illnesses, and support people at risk of suicide
- suicide prevention training for frontline staff every three years, including police, ambulance and other first responders

- gatekeeper training for people likely to come into contact with individuals at-risk
- school-based peer support and mental health literacy programs
- community suicide prevention awareness programs
- responsible suicide reporting by media
- reducing access to lethal means of suicide

Gippsland PHN commissioned Wellways to facilitate and support people with a lived experience of suicide to participate in this work. This lived experience workforce is recruited through existing relationships with mental health and suicide prevention organisations, and their peer support networks.

Training is provided to participants to enable them to tell their story safely in meetings while Wellways also facilitates monthly peer reflection meetings and support for members in between meetings.

The workforce values the support of Wellways, and the opportunity to be part of activity that can save lives.

Gippsland PHN's Project Coordinator Suicide Prevention occasionally attends these meetings to consult with the workforce prior to commissioning additional project activity.

The COVID-19 pandemic forced the peer workforce meetings to move to an online format because of social distancing requirements. This new form of communications has brought positive feedback from the workforce.

Poem written by one
peer workforce member

Lived Experience

What do you say when your describing you
When you're trying to find the words for being
Having a constant battle on your hands
And everything is ruining all of your plans
When a mental illness you are dealt,
A loved ones or one for yourself,
Lived experience is the word that can describe
All the pain you've felt on this crazy ride,
It's a broad explanation of what you've been through
And how you've learnt to cope and do everything you
A wealth of knowledge and open book,
Telling those around how much your life has been shaped
Almost to the point that there's no coming back,
But you're up here telling people now you're on the right
Inspiring others all around,
A helping hand from the ground,
To have lived experience you're saying you've been there before
And now you're helping others to find the exit door.

Comments from some members included:

"It's good for us to talk about our experiences, but it's great to have you here and taking notes. You're actually listening to us, but best of all, we feel like you can do something with what we're telling you. It will go further than just our small group and it could help other people."

"It's great to have you here to talk about some different things and how we can contribute."

"Thank goodness we have had peer meetings to look forward to."

"These meetings have kept me going during this time and given me something to focus on."

"I am really passionate about being involved in change and having a say in what the future might look like in the suicide prevention and or mental health space."

Gippsland PHN has also commissioned a positive storytelling project, with stories about local people with a lived experience of suicide and how they found hope. These will be shared at a later time with a wider audience.

The project commenced in April 2017 and is currently due to conclude June 2022.

Clinical services delivered in Gippsland

The Clinical Governance and Performance Committee of the Gippsland PHN Board oversees the performance of clinical commissioned services, across several indicators. One of these is occasions of service delivered.

In 2019/20, these services delivered a total of 39,798 cumulative service sessions, representing performance at 85 per cent against target (46,797).

There have been multiple challenges in 2020 for communities, service providers, consumers and carers. Nevertheless, service delivery has been steady. Service providers have embraced opportunities to utilise virtual technologies to deliver services in the context of bushfires and COVID-19.

Program Area	Target	Delivered
Integrated Team Care – Care Coordination and Outreach	4,889	3,596
Commonwealth Psychosocial Support	n/a	n/a
Alcohol and Drug Treatment Services	841	1,048
Place Based Flexible Funding	12,710	10,016
Indigenous Dual Diagnosis	n/a	n/a
Primary Mental Health Care	25,504	22,812
After Hours Primary Health Care	n/a	n/a
Doctors in Secondary Schools Program	n/a	n/a
National Psychosocial Support Measure	2,112	1,656
Enhancing Mental Health in Secondary Schools	741	670
Mental Health Supports for Bushfire Affected Communities	n/a	n/a
Total	46,797	39,798



Clinical services delivered in Gippsland

In 2019/20, Gippsland PHN commissioned clinical services across 11 program areas:

Integrated Team Care
Care Coordination
Integrated Team Care
Outreach

4

Indigenous
Dual Diagnosis

3

Mental Health
Supports for
Bushfire Affected
Communities

2

Commonwealth
Psychosocial
Support

3

Enhancing Mental
Health in Secondary
Schools

2

Alcohol and
Drug Treatment
Services

6

Primary Mental
Health Care

24

National
Psychosocial
Support
Measure

1

Place Based
Flexible Funding

8

After Hours
Primary Health
Care

7

Doctors in Secondary
Schools Program

9

Total

69

Program sees primary health care more accessible to students

Students at nine secondary schools across Gippsland are receiving primary health support, advice and treatment they need through the Doctors in Secondary Schools (DISS) program, funded by the Victorian Government.

The objectives of the program:

- Make primary health care more accessible to students.
- Provide support to young people through the early identification of health problems.
- Reduce the pressure on working families.

Six service providers including four general practices and two community health services have been commissioned to provide a Doctors in Secondary Schools clinic onsite at Swifts Creek, Bairnsdale, Sale, Maffra, Morwell, Traralgon, Neerim South, Drouin and Warragul.

A general practitioner and practice nurse deliver consultations to students in a dedicated space on either a weekly or fortnightly arrangement with adherence to the program guideline principles of:

- Equity of access
- No cost of access to a GP at school for a student or parent/caregiver

- Youth Friendly
- Staff trained in adolescent health
- Student confidentiality
- Cultural safety

During 2019-2020, student attendances to the clinics has continued to increase. The clinicians note the success stories and opportunities for students to access a GP that would otherwise be inaccessible were it not for the DISS program.

Doctors from one clinic have initiated referrals to an adolescent mental health counsellor through the Royal Flying Doctor Service resulting from increased student mental health needs and a lack of mental health workforce availability in the local community.



Pictured left to right are Dr Eliki Stathakopoulos and Dr Stuart Anderson.

Positive feedback from both schools and clinical staff involved in the program included:

“students have developed positive relationships with the clinical team”

“Invaluable”

“The Mindfulness session run for year 12 students was really well received by both students and staff”

“provides such essential support for students.”

“positive change in attitudes to attending a doctor”

“fantastic to be able to have such expertise within the school”

Total number of
visits for 2019/20

986

Total number of
referrals for 2019/20

109

Total of students
Identifying reasons for
attending

1,196



Dr Stuart Anderson playing drums during assembly at Maffra Secondary College.



DISS participants enjoy a free lunch and a further opportunity to chat.

Indigenous Dual Diagnosis Service

The Indigenous Dual Diagnosis Service (IDDS) program focuses on supporting Aboriginal and Torres Strait Islander people (and their families) who are experiencing co-morbid mental health and substance misuse issues.

The objectives of the program:

- To support Aboriginal and Torres Strait Islander people (and their families) experiencing co-morbid mental health and substance misuse issues.
- To provide a culturally safe and appropriate program that is easily accessed by Aboriginal and Torres Strait Islander People.

Three Aboriginal Community Controlled Health Organisations (ACCHOs) have been commissioned to provide the Indigenous Dual Diagnosis program onsite and remote to Morwell, Sale, Bairnsdale, Lakes Entrance, Orbost and surrounding areas.

Case study

To align with best practice guidance when tendering for Indigenous services, Gippsland PHN undertook a direct approach with the IDDS, inviting the five ACCHOs in the Gippsland catchment and their chosen partners to deliver services to their communities.

Three of the five ACCHOs applied and were approved for funding.

Each organisation employed at least 1.0 FTE clinical and/or peer support workers, subject to the Indigenous Mental Health Funding Scheme. The role of the peer support worker is to identify and support the community to access services, in particular mainstream services where ACCHOs are unable to recruit clinicians.

The allocation of this role has allowed ACCHOs to employ local Aboriginal people to provide culturally appropriate support to their community while having the opportunity to upskill in the mental health and Alcohol and Other Drugs (AOD) sector.

The service is now in its fourth quarter of service delivery and service providers are reporting significant benefit to the community.

Impact and outcomes:

- Commissioning ACCHOs has proven to be of great value with culturally appropriate and safe services implemented for community to attend and receive care. The inclusion of family support ensures a whole person approach to care.
- An IDDS Steering Committee was established for ACCHOs to work collaboratively in delivering the service across Gippsland and improve health outcomes and social and emotional wellbeing for Aboriginal and Torres Strait Islander communities.
- The Steering Committee allows for the involvement and ongoing participation of Aboriginal and Torres Strait Islander people to be involved in decision making affecting health needs and requirements of the community. The Steering Committee allows input from ACCHOs to the development of culturally appropriate Key Performance Indicators (KPIs) that are meaningful and outcomes focussed.
- The workforce structure adopted by ACCHOs includes the employment of a Dual Diagnosis clinician and a peer worker. The peer worker's primary focus is community engagement and to identify and support the community to access services. The peer worker also provides opportunity to train local Aboriginal and Torres Strait Islander people in the mental health and AOD sector.

Program makes a connection with community

Mental Health Peer Support Worker trainee, Robert Baxter, says his new role as a peer worker as part of the IDDS program has helped him with his own healing.

A proud Aboriginal man, Robert has taken to the role with great enthusiasm and enjoys having the opportunity to help his community, encouraging and supporting them to gain assistance and persist throughout the program.

This is Robert's story:

Since commencing this role in October 2019, the Mental Health Peer Support Worker (MHPSW) Program has meant a great deal to me personally in relation to my own healing and its process, in which then in its own form, provides me with the knowledge and tools to initiate and implement a strategic plan and method to support community members both at risk and already challenged with mental health issues.

This makes a big difference to some members of the community in the simple fact that I've been through what they are going through.

To me, this role means that I am placed on the frontline in the local community, respectfully identifying the challenges that lie ahead for our men and women who are falling victim to mental health issues and in particular may be unaware of the support that's in place throughout our system of networks, both, outside of our corporation let alone within.

The connection has been made. We must utilise this.

"The connection has been made. We must utilise this."

This particular program has been of assistance in many ways and has proven its flexibility by demonstrating its versatility in transportation of Client Medication Deliveries in regards to both pick-up and drop-offs, which in itself provides the benefit of that face-to-face engagement for general health and wellbeing/welfare purposes, particularly for those clients who are not consistent with their regular appointments or health check-ups. I believe this to be effective for observational reasons in the event that a client may not be doing so well personally.

The program is highly beneficial in the event of outreach work so to speak, in its capability of approaching community members in public and or at local residency, holding its ability to openly engage in wellbeing discussions on the less clinical side of things whilst in a suitably comfortable atmosphere.

This alone is so important to the process of our healing and cultural identity. I call this "The Hunt".

I believe the MHPSW program assists the community by providing it with that somebody to connect with prior to their consultation with the more clinical side of the treatment they require. So, in being that go-to person or link between clinicians and nurses, assists with the stigma of trust or comforting re-assurance issues which may have been created in the past.

More or less breaking the cycle in assuring equality and restoring balance.



Robert Baxter and Lisa Anderson.

Specialised youth mental health service for Wellington

The Australian Government allocated funding to Gippsland PHN late last year to establish the specialised youth mental health service in Sale for the Wellington community.

Following a tender process, Relationships Australia Victoria was commissioned to operate the service. RAV is the lead agency for established Gippsland-based headspace centres in Wonthaggi and Bairnsdale – Bairnsdale being the 'Parent Centre' of the headspace satellite site in Sale.

headspace Sale will operate three days a week, initially providing telephone and video services before face-to-face services commence.

headspace Sale is being operated in partnership with 12 local service providers comprising the headspace Bairnsdale Consortium and with the support of contract manager, Gippsland PHN. A Youth Advisory Group is also providing input into the development and operation of the centre.



Pictured outside the new headspace Sale satellite centre are (from left) the Wellington Youth Councillor, headspace Sale Client Services Officer and headspace Bairnsdale/Sale Community Engagement Officer.

Shawl project helps break down barriers to breast screening

The Aboriginal breast screening shawl project, featuring local Indigenous artwork, was trialled in the Latrobe Valley to improve the experience of local Aboriginal women screening for breast cancer.

With the aim of increasing breast cancer screening rates in Latrobe, the project is a Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and BreastScreen Victoria state-wide initiative. Commissioned by Gippsland PHN, the Latrobe shawl project was delivered in partnership with BreastScreen Victoria (BSV), Ramahyuck District Aboriginal Cooperative and Latrobe Regional Hospital.

This project aims to provide Aboriginal women with a customised shawl incorporating Aboriginal artwork for women to wear during their mammogram, which enhances comfort and cultural safety among Aboriginal women. The community driven intervention is based on evidence that suggests wearing the shawl improves Aboriginal women's experiences and reduces feelings of shame about showing their body.

Aboriginal women have reported several barriers to breast screening including a lack of cultural awareness among health professionals, fear, shame and logistical. The project aims to address some of these barriers.

Cultural shawls were designed by the community and offered to Aboriginal women to wear during a group breast screening booking at the Traralgon West BreastScreen clinic.



Pictured, left to right are: Ashlea King, Gippsland PHN, Nikki Drummond, BreastScreen Victoria, Kelly Giersch, Traralgon BreastScreen, Marilyn Fenton, Gunai Kurnai Artist, Julie Foat, Traralgon BreastScreen (back), Maree Shay, Ramahyuck, Lisa Joyce, BreastScreen Victoria, Kim Tomholt, Traralgon BreastScreen (behind), Faye Nowak, Traralgon BreastScreen (front), Gail Mounsey, Latrobe Regional Hospital (front), Caroline Gray, Ramahyuck (back), Merinda Harrison-Drake, Ramahyuck

A working group was established to support the development and delivery of the project. BreastScreen provided training to Ramahyuck staff about breast screening and a local Aboriginal Elder delivered cultural awareness training to Traralgon BreastScreen Clinic staff.

On Thursday 17 October, 2019, a group booking for Aboriginal and Torres Strait Islander women was held at the Traralgon BreastScreen Clinic with 15 clients screened, including 13 Aboriginal clients. Five clients

were new to the program and three were lapsed (overdue for their breast screen). Ten clients fell within BSV's target age range of 50-74 years.

Positive feedback was received from the women who screened, with all clients agreeing that both the staff and the group booking made them feel more comfortable about their breast screen while six women said the shawl made them feel culturally safe and comfortable.

Innovative psychological service for aged care residents

The Mental Health in Aged Care (MHiAC) pilot project trialled several innovative psychological in-reach services with aged care residents who were identified as having mild to moderate mental health concerns or were at risk of developing these symptoms.

The pilot was conducted in 2019 by Foster Medical Centre at Prom Country Aged Care – a residential aged care facility in Foster, South Gippsland.

Interventions included: use of technology such as iPads; Telehealth; group therapies; counselling; community as method approach (staff buddy system); Resident Community Council; community development team; and leadership opportunities for residents and visitors.

This program was designed to address a service gap for residents by providing access to these services within the facility.

Outcomes and findings were used to inform the development of specifications for a Gippsland-wide program which was awarded to Wellways via the tender process.

Wellways Mental Health in Aged Care (PLACE) program will be implemented incrementally within all residential aged care facilities across Gippsland from 2020 – 2022.



NewAccess – free mental health coaching service

Gippsland communities, including those affected by bushfire, were the first in Victoria to benefit from Beyond Blue's NewAccess mental health coaching – a free service delivering practical advice about how to manage the pressures and stresses of life.

Designed by Beyond Blue and delivered in conjunction with Wellways and Gippsland PHN, NewAccess is a six-session program that focuses on early intervention for mental health conditions.

Launched in Gippsland in February 2020 by the Federal Member for Gippsland, Darren Chester (Minister for Veterans Affairs and Minister for Defence Personnel), the program is free, completely confidential and available in-person or over the phone. It does not require a referral from a doctor.

NewAccess has been rolled out in parts of Queensland, New South Wales and the ACT since 2013, providing support to more than 10,000 people managing symptoms of mild to moderate anxiety and depression. Evidence shows that seven out of ten people who use the service recover.

NewAccess coaches are trained in low-intensity Cognitive Behavioural Therapy, guiding participants through a tailored, personal program.

Given its accessibility without the need for a doctor's referral and new local workforce, the free NewAccess program is particularly suited to people in rural and regional areas where mental health support can be limited.

Mental wellbeing education for schools

The We're Better Together school education program in Gippsland is increasing mental wellbeing education to primary school aged children.

Gippsland mental health professionals, the Department of Education and Training and primary school principals identified there was not enough mental wellbeing education for primary school aged children.

As a result, Gippsland PHN and Lifeline Gippsland adapted the R U OK? primary school toolkit for delivery in government schools in the Latrobe Valley and South Coast.

Promoting help-seeking, mental health and resilience in schools, and training the community to recognise and respond to suicidality, are key components of the evidence-based Lifespan model that informs suicide prevention activity.

Prior to school closures due to COVID-19, Lifeline Gippsland educators delivered 15 R U OK? based sessions to five schools within the place-based suicide prevention trial sites.

A total of 123 Grades 5 and 6 students were educated about mental health, the importance of reaching out to friends they might be worried about and when to seek help from a trusted adult.

Sixty-eight carers and school staff members were also given separate training sessions to help them support the key messages within their school community and families.

Ten additional schools were booked in for the program however the sessions were cancelled due to COVID-19.



Watch Together it's OK! (R U OK?).

Through the delivery of the R U OK? sessions across primary schools, numerous parents and teachers contacted Lifeline to enquire about further education for themselves around mental health and how best to support their young people.

Lifeline Gippsland advised them of the complementary community gatekeeper training available through project partner, Wellways and additional resources available online.

To deliver further mental health education to young people in the Bass Coast, Lifeline Gippsland and Susanne Lampitt are facilitating the delivery of teen

Mental Health First Aid to all Year 9 students at Wonthaggi Secondary College.

The evaluation included comments from two young people who valued the course so much they would have liked to receive the training when they were even younger.

A Youth Mental Health First Aid course in Wonthaggi resulted in two school staff being appointed as Mental Health First Aid Officers to support students in need.

Further information and the R U OK? primary school toolkit can be found at: ruok.org.au/education

Positive results from targeted RU OK? workshop

Men are traditionally hard to engage in attending mental health and suicide prevention activities which is why Wellways took the activities to them.

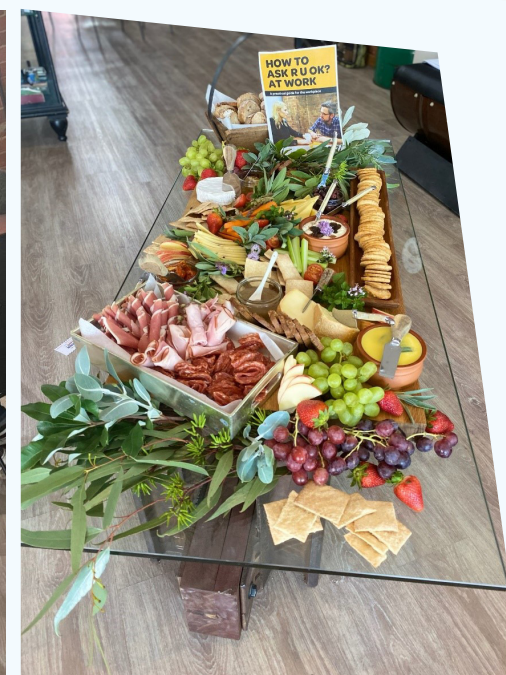
An RU OK? workshop targeting men and women in Wonthaggi was held at Barber Rant, a hair salon in the town and attracted a mixed attendance of 23, including hairdressers and their clients, to take part in the evidence-based suicide prevention activity.

The significance of this training was the inclusion in the program of a 'Lived Experience' speaker. This peer worker shared her story of recovery, explaining what her family did to assist her in her recovery journey. She said while experiences might be different for other people, asking the question was clearly the only way to find out.

Around 65 per cent of the participants were male aged from 25- 60 years of age, including several returned servicemen and women who shared their stories and challenges around Post Traumatic Stress Disorder and depression.

These lived experience presentations were energising for participants and speakers indicated a desire to attend more advanced gatekeeper training.

Also attending was a group of bikers from a local motorcycle club, who were interested in training to support their fellow members on an on-going basis.

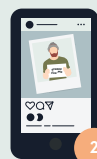


Discussion followed about opportunities for more training from many of the participants with two men enrolling in Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid (MHFA).

Participants asked many questions and provided positive feedback and interest in more education for returned servicemen and women and the local motorcycle club.

Help save lives.
Ask your loved ones
to **#ScreenForMe**

How you can be a
ScreenForMe
Champion?



2 Share the Screen For Me message further. Post your polaroid online using #ScreenForMe

3 Are you up to date...

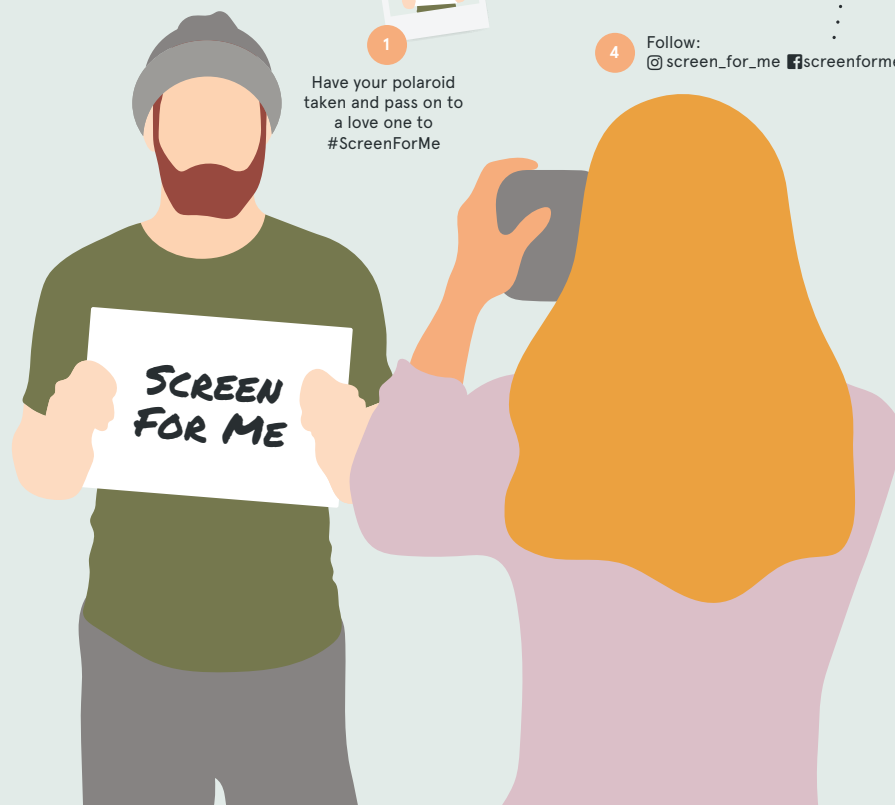
Nope...
I'll book now!

Start a Screen For Me conversation with your loved ones. Early detection could save the life of someone close to you, make sure they are up to date with their cancer screening, including breast, bowel and cervical cancers.



1 Have your polaroid taken and pass on to a love one to #ScreenForMe

4 Follow:
@screen_for_me fscreenforme



Help save lives.
Ask your loved ones
to **#ScreenForMe**

@Screen_For_Me fscreenforme



Watch Gippsland Roller Derby Roving Screen For Me ambassadors talk about their involvement in delivering the campaign.

Call to community to screen for cancers

Screen For Me is a call to action to the Latrobe City community to ask their friends and family to Screen For Me, encouraging them to complete their cancer screening for breast, bowel and cervical cancers.

Funded through the Latrobe Health Innovation Zone Early Detection and Screening, including Tobacco initiative, supported by the Victorian Government, Screen For Me is social marketing campaign, which aims to increase participation in the National Cancer Screening Programs.

The campaign focuses on external motivations for screening by empowering the local community to start a conversation, to influence one another to participate in screening.

Launched in May 2019, the initial three-month social marketing campaign aimed at engaging community in population-based cancer screening messages through the implementation of the following community engagement activities:

- Roving Screen For Me ambassadors at community events
- Activating community settings to deliver the campaign
- Social media

Screen For Me roving ambassadors were featured at key community events to strengthen community engagement in the campaign and empower community to ask their loved ones to Screen For Me through an interactive polaroid activity.

Building a community that helps prevent suicide

The Bass Coast Suicide Prevention Community Forum was a community-led suicide prevention activity with the theme of 'Building a community that helps prevent suicide'.

The first ever large-scale community consultation and engagement event as part of the Bass Coast Place Based Suicide Prevention Trial project, the forum brought together Bass Coast community members, organisations and clubs.

Held at the Phillip Island RSL in October 2019, the forum

was attended by 80 people with 12 community members directly involved in the event which also featured keynote speakers, former AFL footballer and leading mental health advocate, Wayne Schwass and former local footballer, Beau Vernon, who was left in a wheelchair after an accident.

The forum guests were introduced to the trial project and provided with information and education on the four steps to suicide prevention. In turn, consultation data was collected to inform a local suicide prevention campaign and expressions of interest sought from people wanting to engage in future opportunities in community-led suicide prevention activities.



Leading mental health advocate Wayne Schwass.

There was high level of engagement recorded in the 57 participant feedback forms with 82 per cent indicating they would talk about or use the information from the forum and 89 per cent indicating the information provided was either very or totally relevant to them.

The most favoured parts of the night were the guest speakers, audience discussion and information provided.



Cr Geoff Ellis chats with former local footballer, Beau Vernon.

There was high level of participation at the forum with 71 per cent of attendees participating in one or more of the three consultation methods with 43 people completing the Bass Coast Community Surveys and 12 agreeing to Vox Pop interviews.

The theme of community training was strong throughout the forum, with requests for community training the most frequent comment on the feedback form and a key theme in the audience discussion.

Wellways collected 27 expressions of interest from attendees wanting to be involved in further community suicide prevention activities with 21 of these people connected with a local club or community group.

Key word analysis from the 12 Vox Pop interviews indicated that protective factors for the Bass Coast community include: friends, family, psychologists, children and the natural environment, especially the beach.

Quality and Systems

The Quality and Systems team administers all tenders and contracts, coordinates reporting to our funders and our organisational documentation, manages our accreditation under QIC and manages the software systems that supports this work.

Executed Agreements

(contracts we awarded by program)

Gippsland PHN
executed
173
agreements

Digital Health
& System
Integration
7

One Good
Community
Wellbeing Grants
(OGCWG)
36

Integrated
Team Care
(ITC)
5

Placed Based
Suicide Prevention
Trials
3

Mental Health
Supports for
Bushfire Affected
Communities
3

Placed Based
Flexible Funding
8

Alcohol & Other
Drugs
12

Primary
Mental Health
Care
26

Consultancy
7

After Hours
13

Doctors in
Secondary
Schools
11

LHIZ
14

Gippsland PHN
ran
11
tenders

Digital Health
& System
Integration
36

Primary
Mental Health
Care
7

Alcohol & Other
Drugs
8

Communications
7

Strong local capability



Public, professionals and providers rapidly improve ways of working together.

“Over the past 12 months, a total 132 pathways were published on Gippsland HealthPathways with total page views of 11,399.”

Gippsland HealthPathways lead the way for primary care clinicians

Gippsland HealthPathways offers clinical and referral pathways and resources for use by primary care clinicians at the point of care in a way that preserves clinical autonomy and patient choice.

The HealthPathways methodology is founded on collaboration, bringing together local experts and other health professionals to support the development of best practice care, local referral options and to identify potential opportunities for system improvement in primary health and at the acute primary interface to improve patient's health experience and health outcomes.

Gippsland HealthPathways user engagement peaked in March 2020, with the top five pages viewed:

1. Non-urgent or Routine Mental Health Referrals
2. COVID-19 Assessment and Management
3. Mental Health Service Referrals
4. Mental Health and Addiction
5. Child Health

A range of state, local and emergency management pathways projects were delivered including:

- Statewide Alcohol and other Drugs HealthPathways project.
- Gippsland PHN, working with local clinical experts, identified an additional eight clinical pathways for localisation on top of the six identified as part of the Statewide AOD Project.

Six pathways part of the Statewide Alcohol and other Drugs Project were:

- Opioid Dependence
- Medication Assisted Treatment of Opioid Dependence
- Medication Assisted Treatment of Opioid Dependence Dispensing – Information for Pharmacists
- Codeine Rescheduling
- Prescribing Naloxone
- Alcohol and Drug Support and Treatment – Referral Pathways

Eight pathways identified by local clinical experts in addition to statewide pathways for localisation were:

- Alcohol Use and Dependence
- Alcohol Withdrawal
- Cannabis use and Dependence
- Methamphetamine (Ice) Use and Dependence
- Benzodiazepine Use and Dependence
- Deprescribing
- Prescribing Drugs of Dependence
- Poisoning and Drug Overdose

Two of these pathways, Benzodiazepine Use and Dependence and Deprescribing, have now been localised and were rapidly published to support local education and training events 'Managing Benzodiazepine Dependency for General Practitioners and Pharmacists' which occurred between October-December 2019.

A Clinical Working Group was held in October 2019 with representatives from Gippsland general practitioners, AOD service providers, the Gippsland Pharmacotherapy Network, AOD nurse practitioners and AOD withdrawal nurses to identify barriers and enablers in primary health.

In response to the local issues identified, Gippsland PHN is working to implement two training activities aimed at system level change.

Statewide Optimal Care Pathways (OCPs)

Optimal Care Cancer Pathways (OCPs) are national guides that describe the best possible cancer care for patients with specific types of cancer.

All Victorian PHNs have been funded to ensure that a consistent and complete suite of clinical and referral pathways are localised to align with the OCPs. The approach has been divided into two phases.

During Phase 1, Gippsland PHN led the development of the breast cancer suite of pathways for the state, with seven suites of pathways published. A Clinical Working Group was held to support the development of the breast cancer suite of pathways bringing together local general practitioners and specialists involved in the care of patient undergoing treatment of breast cancer.

In August 2019, a Regional Implementation and Consultation Forum was held in Inverloch which brought together general practitioners and specialists from across Gippsland to identify the barriers and enablers to implementing optimal cancer care in Gippsland.

Phase One: Completed December 2019, suites published on Gippsland HealthPathways

1. Breast Cancer
2. Endometrial Cancer
3. Familial Cancer Syndrome
4. Head and Neck Cancer
5. Ovarian Cancer
6. Pancreatic Cancer
7. Skin lesions

Phase Two: Currently in development, with Gippsland leading development of the Acute Myeloid Leukemia (AML) and cervical cancer suites of pathways.

1. Hepatocellular Carcinoma
2. High Grade Glioma
3. Acute Myeloid Leukemia
4. Hodgkin's and B-cell Lymphoma
5. Sarcoma
6. Cancer of unknown primary
7. Cervical Cancer

Statewide Specialist Clinic Reform Project

Gippsland PHN General Practitioner Editors reviewed and provided feedback on all referral criteria and specialty pathways.

Being a statewide criteria, interpreting this within a Gippsland context was important. It included communicating the referral criteria which aims to improve consistency and transparency of access by providing a statewide referral criteria for general practitioners referring to specialists so that patients have better experiences, equitable access and choice.

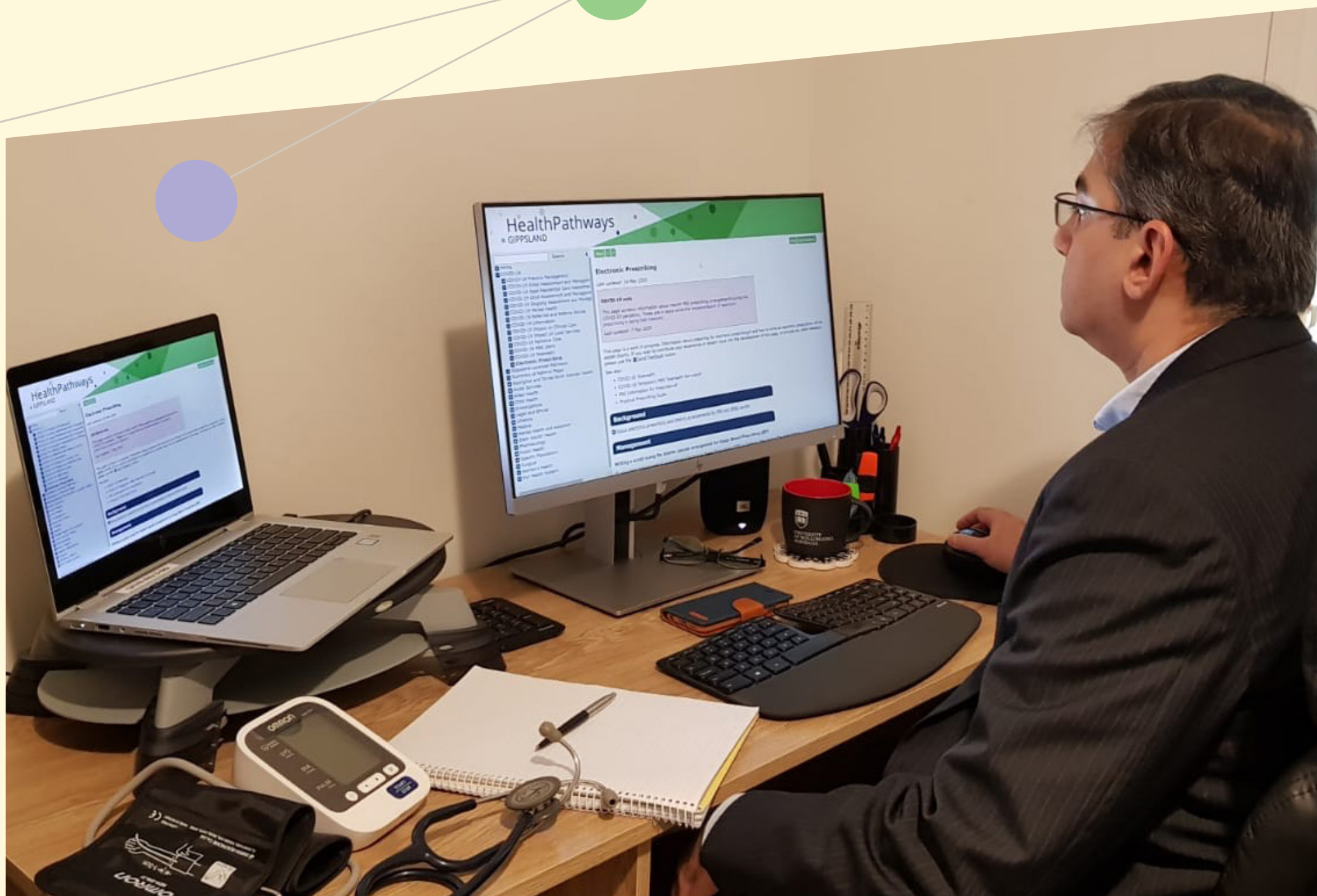
These specialties currently with statewide criteria include:

- Ear, Nose and Throat (ENT)
- Vascular
- Neurology



Dr Elisabeth Wearne
General practitioner

Watch Dr Elisabeth Wearne video.





Local Priority Pathway Projects

Latrobe Health Innovation Zone

Gippsland PHN was contracted by the Department of Health and Human Services to support activities determined by the 'Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan' and related to early intervention and screening including smoking cessation. From this came the Latrobe Health Innovation Zone: Early Detection and Screening, including Tobacco initiative.

A key deliverable of the initiative is to develop a range of clinical and referral resources utilising the Gippsland HealthPathways program.

The focus for HealthPathways is clinical, referral and other resources related to:

- Population Based Cancer Screening for Bowel, Breast and Cervical cancer
- Smoking cessation
- Risk Assessment and Opportunistic Screening

Completed May 2020, an Asthma suite including four clinical pathways was published on Gippsland HealthPathways.

A clinical working group meeting was held to conduct a system analysis of the current landscape surrounding weight management, nutrition and physical activity. This information will be used to inform future projects under the broader Risk

Assessment and Opportunistic Screening priority area of the Early Detection and Screening including Tobacco Program. There were common themes that were identified throughout the working group, including access to services, health system structure, health systems, health professional knowledge, health professional skills and confidence, language and communication, community knowledge, community perception of primary care, health professional awareness of services and support programs and patient centered care.

The current suite of pathways to be finalised within the Early Detection and Screening, including Tobacco program include:

- Diabetes suite (6 clinical pathways and 3 referral pathways).
- Hypertension and Hyperlipemia (3 clinical pathways and 1 referral pathway).
- Weight management, nutrition and physical activity (5 clinical pathways and 3 referral pathways).

Emergency Management

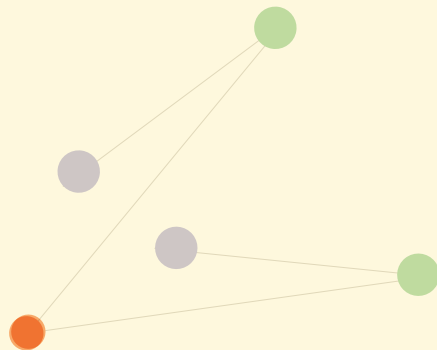
A number of pathways were rapidly developed this year as a result of the bushfire emergency in East Gippsland and COVID-19 pandemic.

In response to the bushfire emergency in East Gippsland, Gippsland PHN rapidly launched the following suite of pathways:

- General Practice Management in a disaster
- Post Natural Disaster Health
- Preparing patients for a Disaster
- Preparing a General Practice for a disaster

In response to the COVID-19 pandemic, Gippsland PHN in partnership with other HealthPathways teams across Victoria and Tasmania launched the following suite of pathways:

- Practice Management
- Assessment and Management
- Aged Residential Care Assessment and Management
- Child Assessment and Management
- Mental Health
- Referrals and Referral Advice
- Information
- Impact on Clinical Care
- Impact on Local Services
- MBS Items
- Telehealth
- Electronic Prescribing



Local clinics in Latrobe Cancer Screening Collaborative

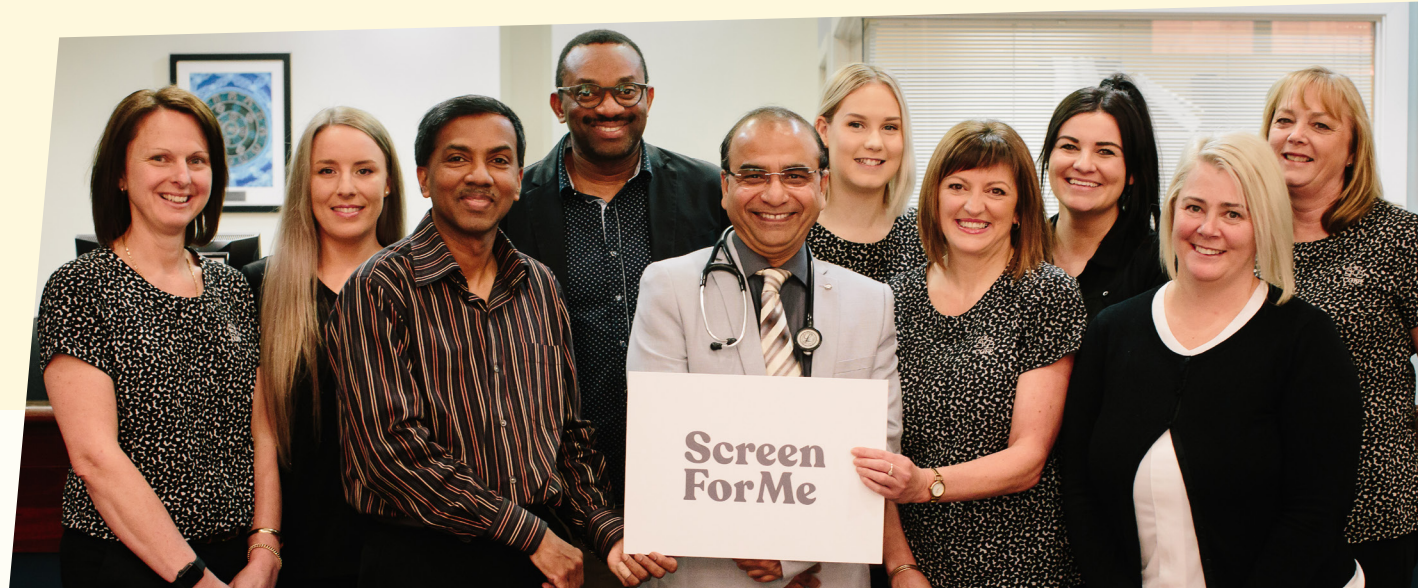
Around 500 Latrobe Valley residents are diagnosed with cancer each year and early detection of cancer through screening programs increases the chance of treatment and survival.

In partnership with the Improvement Foundation, the Latrobe Cancer Screening Collaborative was developed with aims to increase patient cancer screening rates within general practice.

The Collaborative is a change-management program which draws upon primary care quality improvement activities to support practice-led change.

Tanjil Place Medical, Hillcrest Family Medicine, Breed Street Clinic and Central Gippsland Family Practice worked together to seek innovative ways to improve patient cancer screening rates.

Each practice trialled, tested and implemented various innovative quality improvement activities based on evidence-based change principles to improve their patient cervical and bowel cancer screening participation rates.



Some activities included:

- creating systematic approaches to recalls and reminders
- promotional materials, such as posters, postcards and prompt cards featuring the clinics doctors, nurses and staff
- supporting training for nurses to become nurse cervical screening providers
- patient surveys to update information such as contact details, smoking status and cancer screening history
- participating in national and in-clinic designed screening campaigns
- participating in podcast interviews to share ideas and successful activities
- using software to analyse patient data and develop activities

By the end of the project, Collaborative clinics collectively recorded an increase of 169 cervical cancer screens (or an average 7.4% increase of cervical cancer screening) and an increase of 370 bowel cancer screens (or an average of 3.5% increase in bowel cancer screening). This demonstrates the commitment of participating practices to quality improvement activities, and enhancing the integrity of local data.

When compared to Gippsland-wide cancer screening data (including Collaborative clinics), the Collaborative clinic increases were significant, with Gippsland-wide cervical cancer screening increasing by only 1.9%, and Gippsland-wide bowel cancer screening increasing by only 0.2%, both over the same period as the Collaborative.

Four podcasts were recorded between the LCSC Chair Dr Wayne Thompson and participants, including nurses and a GP. [Listen below.](#)



Latrobe Cancer Screening Collaborative Podcast 001



Latrobe Cancer Screening Collaborative Podcast 002



Latrobe Cancer Screening Collaborative Podcast 003



Latrobe Cancer Screening Collaborative Podcast 004



Chronic disease management practices in Latrobe City

Gippsland PHN commissioned Larter Consulting to undertake a consultation with local and Statewide providers and experts on the current chronic disease management practices in Latrobe City.

This was an initiative of the Latrobe Health Innovation Zone, funded by the Victoria Government.

Consultation took place with 96 individuals in public health organisations, general practices, pharmacies, peak industry bodies, Central West Gippsland Primary Care Partnership (PCP) and external PHNs with a chronic disease focus.

All stakeholders were asked “How confident do you feel that you are able to provide care that meets the needs of your clients/patients that have one or more chronic illnesses?”

Factors were reported as supporting good chronic disease care included practitioners’ knowledge and skills, dedicated staff, multidisciplinary teams and dedicated roles/programs and care plans for chronic care.

In general, respondents indicated they felt they had the necessary skills to manage chronic conditions within their scope of practice however various internal and external systemic issues were impacting on their ability to meet client needs.

Barriers included:

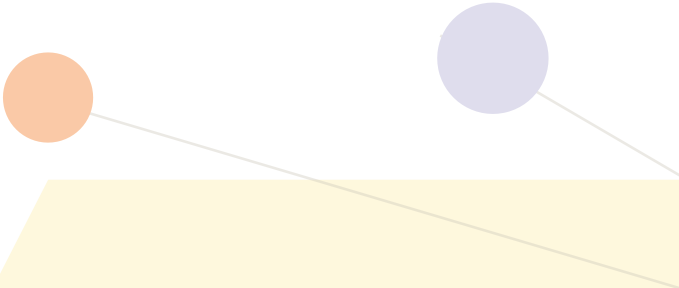
- Time constraints linked to workforce shortages
- Discontinuity of care
- Issues with timely access to services
- Difficulties in information exchange between agencies
- Cost and travel
- Complexity of government and agency programs and funding

Though it was not an aim of this project to seek solutions, some opportunities were suggested. Stakeholders emphasised the need to build on existing programs and processes to improve care, and the importance of involving the community in identifying solutions to the issues that they see as having the greatest impact on their capacity to manage their condition.

Opportunities suggested by local stakeholders included:

- Investment in ‘care navigators’ that could assist either clinicians or patients to navigate the complexity of health programs and systems
- Investment in community (peer-led) support groups particularly following a diagnosis or hospital rehabilitation, and health education in community settings
- Having a more strategic approach to care delivered or coordinated from chronic disease management hubs or centres
- Advocacy and additional recruitment and retention support to build a more stable GP workforce
- Promoting the more extensive use of My Health Record
- A catchment-wide, strategic interagency chronic disease management (CDM) plan
- Improving access to specialist services

The report will be delivered to the Latrobe Health Assembly for consideration of the findings and in partnership with Gippsland PHN and community for the purpose of developing and implementing actions and initiatives to influence change in the management of chronic disease in Latrobe.



Dermatoscopes given to general practice

Two dermatoscopes were delivered to South Gippsland general practices courtesy of Gippsland PHN.

The general practices lodged expressions of interest with Gippsland PHN in obtaining the dermatoscopes when a shortage issue was raised by GPs at last September's Skin and Cancer Workshop for General Practitioners at the Skin and Cancer Foundation in Melbourne.

Twenty GPs attended the workshop, funded by Gippsland PHN as part of the Optimal Care Pathways: Statewide adoption of the melanoma, pancreatic and head neck optimal care pathways into primary health Statewide project.

This program raises awareness of the pathways and delivers localised projects specific to the needs of Gippsland.

Those practices who had identified a low number of dermatoscopes available for their GPs were encouraged to submit an expression of interest in securing another dermatoscope.

Practices who had shown a commitment to attending the workshop, had at least an additional GP complete an online training module and completed a statement detailing how they would use the dermatoscope to improve the diagnosis and management of melanoma and non-melanoma skin cancers within their practice, were eligible to submit an application.



Pictured is Dr Hugh Chisholm from the Leongatha Healthcare Group assessing the skin of Dr Graham Toohill.



Pictured is Long Street Family Medicine Practice Manager, Jocelyn Mackie and nurse, Margaret Freeland, setting up the new dermatoscope in their treatment room.

Nurses undergo cervical screening training

Fifteen nurses successfully completed the initial step for them to become accredited cervical screening providers as part of a Gippsland PHN commissioned project.

Increasing participation in the National Screening Programs, including the Cervical Screening Test, is a key objective of the Latrobe Health Innovation Zone (LHIZ): Early Detection and Screening, including Tobacco program. Through this program, the Nurse Cervical Screening Project has sought to improve the access of local accredited cervical screening providers.

The aims of the project included:

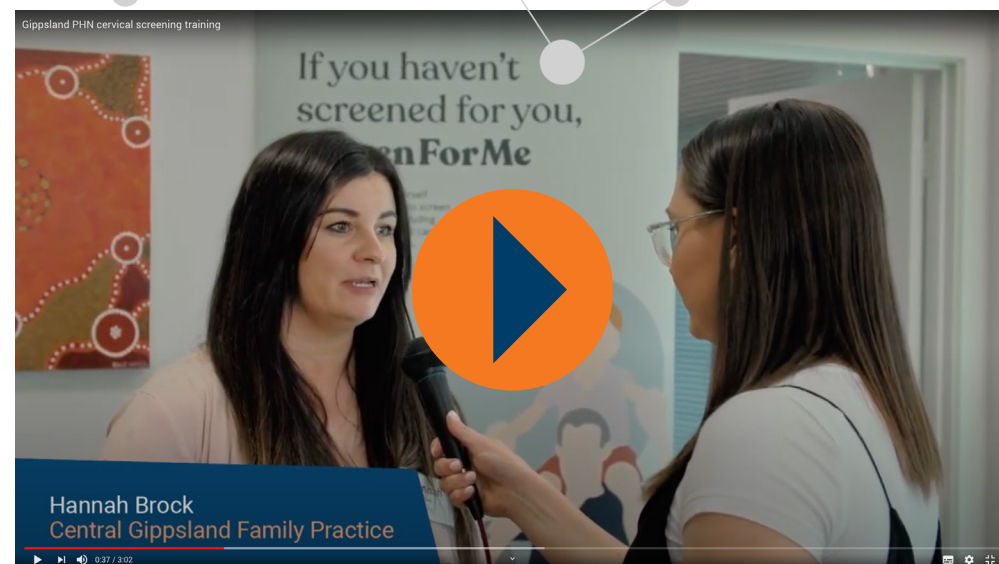
To increase the number of healthcare professionals qualified as cervical screeners in Latrobe.

To build the capacity of practice nurses to perform cervical screening, and a service that is more accessible, aiming to increase the participation of vulnerable and under-screened women in cervical cancer screening practices.

To provide the opportunity for nurses to access an accredited nurse cervical screening training program locally, which would otherwise only be available in Melbourne.

Family Planning Victoria was commissioned to deliver its' Nurse Cervical Screening course in Latrobe. This was the first time the course has been available in Gippsland, having previously only been delivered in Melbourne.

In November 2019, the 15 nurses successfully completed the three-day training course.



Watch our short nurse CST video.

Day one and two of the course was held at the Gippsland PHN offices in Traralgon featuring guest speakers and educators from Family Planning Victoria (FPV), Victorian Cytology Services, Cancer Council Victoria and a local practice nurse experienced in cervical screening. A practical session was held on day two of the course at Federation University in Churchill.

Nurses now have until December 2020 to complete placements and an online assessment through FPV before gaining their cervical screening qualification.

Currently, one nurse has already completed all requirements and is an accredited cervical screening provider while eight nurses have successfully completed all theory assessments.



Safe sex for young people

Gippsland PHN is supporting the Gippsland Sexual and Reproductive Health Strategy 2017-2021.

The aims are to:

- Improve awareness of, and testing for, chlamydia and other sexually transmitted diseases
- Improve access to condoms, especially for young people
- Raise awareness of safe consensual sex, especially among young people

Gippsland PHN provided free condoms and dispensers to all Gippsland general practices as part of the practice visits in February and March 2020.

Of the 82 practices, 60 (or 73 per cent) accepted one or more dispensers.

“Consider annual screening for chlamydia of all sexually active patients aged < 30 years. 75% of women and 50% of men are asymptomatic.”

Go to HealthPathways Gippsland to find information about assessment and management of chlamydia. If you have not yet signed up, visit the Gippsland PHN website.

1800 My Options

For information about contraception, pregnancy options and sexual health:
1800 My Options (1800 696 784)

Other useful sites

Sex and the law:

legalaids.vic.gov.au/find-legal-answers/sex-and-law

Gippsland Centre Against Sexual Assault:
gcasa.org.au

Education and Training

The education program at Gippsland PHN provides professional development and education in both the clinical and business domains.

Continuing Professional Development (CPD) is a structured approach to learning to help ensure general practitioners, practice nurses, practice staff and other medical professionals achieve competence of practice, taking in knowledge, skills and practical experience.

The education program involves the coordination of a variety of educational opportunities, many with CPD accreditation, in various formats such as face-to-face engagement, webinars, workshops, small group learnings, network meetings and forums.

Education events are planned in response to identified needs and priorities, either through the Needs Assessment, feedback from general practice and the regional services program, and feedback from service providers in the primary care sector, clinical councils, the community advisory committee, or in response to emerging issues.



What our participants said about Gippsland PHN events:

"Fantastic day ladies. Really well-presented info with application for practice in clinic."

Practice Nurse, Spirometry Training Course – March 2020

"Wonderful job by the presenters and PHN. Big THANKS."

General Practitioner, Spirometry Training Course – March 2020

"Presenter delivered talk in an informative and engaging way. Thank you."

Nurse Immuniser, Nurse Immuniser Network Meeting – Nov 2019

"I found the whole event very useful and informative. As a new practice owner, this was a fantastic event that was entirely relevant to my needs. The presentations and materials were excellent."

Practice Manager, General Practice Business Performance Workshops – September 2019

"I found everything informative and it gave me lots to think about in regards to what to do and what we must start doing within the clinic and business."

Practice Manager, General Practice Business Performance Workshops – September 2019

"Interesting, information and networking opportunity."

General Practitioner, Managing Benzodiazepine Dependency – Dec 2019

"I enjoyed the whole session ... the info presented has been brilliant. Thank you so much for offering this to help us support the women in Gippsland."

Midwife, Medical Abortion Education and Networking Workshop – June 2019

"Great presenter, very engaging, directly relevant and practical."

Participant, COVID-19 and General Practice Infection Control webinar – March 2020

"I learnt so much about the new initiatives and incentives along with day to day running of a practice."

Practice Manager, Practice Manager Network Meeting: MBS and Workforce Culture – March 2020

38 separate events were approved for CPD points with RACGP and ACRRM

Total events

107

Total participants

1675

Webinars

23

22%

Allied / Pharmacy

58

3%

Other / Community

741

44%

Practice nurses

369

22%

Other practice staff

243

15%

General practitioners

264

16%

Cancelled / Postponed

15

14%

LGA

LATROBE / BAW BAW 28 26%

BASS COAST / STH GIPPS 17 16%

WELLINGTON / EAST GIPPS 24 22%

The background is a light blue surface with a network diagram of white lines connecting circular nodes. Most nodes are wooden tokens with white person icons, but one node on the right is being placed by a hand and has a red person icon. There are also solid green and purple circles in the network.

Exceptional organisation

We operate in a financially sustainable manner, with strong governance and staff who are capable, engaged and well led.

Corporate Services

The role of Gippsland PHN's Corporate Services team is to support the Gippsland PHN Board of Directors and Executive Team with business activities and planning.

It provides practical and creative input into the development of new business initiatives as well as current and future strategic and operational plans.

Corporate Services at Gippsland PHN incorporates the important areas of Finance, Quality and Systems and Human Resources. The team is primarily responsible for the business and service functions with a focus on quality, governance and compliance.

Key activities over the 2019-2020 financial year in Finance included working on the budget process for 2020-21, a significant, and iterative, piece of work for the organisation. The team also works closely with external auditors throughout the year and ensures that policies and procedures are in place and applied.

The Finance team supports the Planning and Commissioning Group, Management and the Executive as well as the Audit Risk and Finance Committee.

Quality improvement and maintenance of quality standards organisation-wide was a key focus of the Quality and Systems team in 2019-2020.

Over the past year, vital systems and software activities have included implementation of Folio for contract management, an upgrade of NAV for improved accounting, support of CRM (customer and stakeholder relationship management), organisation and support of HPE, the file management system used by Gippsland PHN, and management of PPERS (new reporting software used by Department of Health).

Key Human Resources activities included recruitment tasks and supporting managers through interviews as well as Occupational Health and Safety and EAP management. An important part of the HR function is provision of advice regarding employment and workplace issues as they occur.

These are always urgent and important and are dealt with promptly in the best interests of the organisation.



Gippsland PHN holds current accreditation against the Quality Improvement Council Standards.

Staff survey produces positive results

The 2020 Gippsland PHN Staff Benchmarking Survey Results saw a significant improvement across most areas of the organization.

Each year, the survey has a different theme. This year's theme was around Diversity, Inclusion, and Employee Wellbeing with 100 per cent of staff participating in the confidential survey.

Information is gathered by filtering our:

- Current working environments;
- Expectations of our organisation;
- Team dynamics;
- Values and culture; and
- Leadership.

Results are then compared against:

- Benchmarking norms;
- Our previous surveys; and
- Other PHNs who participated in the survey.

The 2019-2020 survey was regarded as a positive survey result with most areas exceeding the Benchmarking Norms and some identified improvements to focus on in the coming year.

In the value-based questions of Respect, Honesty, Fairness, and Equality, staff scored Gippsland PHN higher than the PHN Benchmarking Norms in all values.

83%

83% of staff believe that Gippsland PHN is truly a great place to work. This is against a Benchmarking Norm of 69%.

78%

We maintained a culture of success with a 78% engagement score.

67%

In terms of meeting Employee Expectations, staff scored Gippsland PHN a rating of 67%. This is higher than the Benchmarking Partner Norms.

4

In changes from last year, four questions were rated statistically better, with one question rated statistically worse. All remaining questions were equal to last year's survey.

Financial Report

The 2019-20 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 Accounting Standards 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

	2019-20		2018-19	
	\$	\$	\$	\$
Total Income from all sources		25,313,622		21,254,391
Total Expenditure for all programs		24,932,292		20,826,751
Surplus/(Deficit)		381,330		427,640
Total income comprised:				
Government grants	24,859,116		20,080,294	
Other grants	(85,566)		424,868	
Other income	540,072		749,229	

Statement Of Financial Position

	2019-20		2018-19	
	\$	\$	\$	\$
Assets				
Current	18,755,319		14,782,892	
Non-Current	1,153,923	19,909,242	489,209	15,272,101
Liabilities				
Current	17,103,610		13,356,500	
Non-Current	692,352	17,795,962	107,213	13,463,713
Net Assets		2,113,280		1,808,388
Equity				
Retained Earnings		2,113,280		1,808,388

The detailed 2019-20 audited financial statements for Gippsland Health Network Limited can be found on the Gippsland PHN website at www.gphn.org.au.

Gippsland Primary Health Awards – a celebration of regional primary health care

The Gippsland Primary Health Awards were established to recognise and honour individuals and teams who work together to bring better health to our region.

The awards acknowledge and celebrate the amazing work our regional primary health care workforce is delivering on a daily basis.

The 2019 Gippsland Primary Health Awards saw four categories:

Innovation:

Developing Minds Psychology – Calm Kids Central

Based in South Australia, Calm Kid Central uses technology and cutting edge health information delivery methods to provide online child mental health services. This overcomes both child psychology workforce shortages and traditional barriers to treatment, while increasing child well-being and connections to other services.



Pictured (from left) are National Rural Health Commissioner, Emeritus Professor Paul Worley, winner Sandra Massey from Developing Minds Psychology, Gippsland PHN Chief Executive Officer, Amanda Proposch and Gippsland PHN Chair, Dr Sinead De Gooyer.

Integration and Partnerships:

Lakes Entrance Aboriginal Health Association (LEAHA) and Gippsland Lakes Community Health (GLCH) – Tackling Indigenous Smoking Team Gippsland (TIS)

Over the past eight months, joint winners LEAHA and GLCH have engaged in a successful smoking prevention program in primary schools. Children are now champions of the cause with staff manning a photo booth capturing over 150 people posing in large decorated frames to take a stance against smoking. These photos were printed, framed and taken home on the day.



Pictured (from left) are National Rural Health Commissioner, Emeritus Professor Paul Worley, winners Kerrilee Kimber, Jane Christie and Paula Morgan from Lakes Entrance Aboriginal Health Association (LEAHA) and Gippsland Lakes Community Health (GLCH), Gippsland PHN Chief Executive Officer, Amanda Proposch and Gippsland PHN Chair, Dr Sinead De Gooyer.

Improved Access to Health Services:

Yarram Medical Centre – Chronic Disease Management

Dr Ivanoff at Yarram Medical Centre realised the importance of employing a registered nurse to concentrate on Chronic Disease Management. Employing a dedicated health professional to manage the program has seen a marked increase in patient compliance with treatment, medication and taking a greater role in self-management.



Pictured (from left) are National Rural Health Commissioner, Emeritus Professor Paul Worley, winner Ronnie Clarkson from Yarram Medical Centre, Gippsland PHN Chief Executive Officer, Amanda Proposch and Gippsland PHN Chair, Dr Sinead De Gooyer.

Cultural and Appropriate Support for Indigenous and Diverse Communities:

Gippsland and East Gippsland Aboriginal Co-Operative Ltd (GEGAC) Dental – GEGAC Dental

GEGAC Dental has worked hard this year to establish and grow its outreach program and is already seeing improvements in access and engagement with the service across the different sites. Having treated nearly 400 patients in an outreach setting already this year, GEGAC Dental hopes to maintain and grow the culturally appropriate oral health support it provides to communities across East Gippsland.



Pictured (from left) are National Rural Health Commissioner, Emeritus Professor Paul Worley, winner Josh Tuiono and Adam Stanley from Gippsland and East Gippsland Aboriginal Co-Operative Ltd (GEGAC) Dental, Gippsland PHN Chief Executive Officer, Amanda Proposch and Gippsland PHN Chair, Dr Sinead De Gooyer.

Our People









 **KORUMBURRA
MEDICAL CENTRE**

•• HOURS ••
MONDAY - FRIDAY 8.30a.m. - 6.00p.m.
SATURDAY 8.30a.m. - 12 noon
BY APPOINTMENT
PH: 5655 1355
AFTER HOURS EMERGENCY Phone 5654 2753

Advisory Committees



Key to our success is the composition and governance of our advisory structures. The Community Advisory Committee and the three sub-regional Clinical Councils provide advice through the Clinical Advisory Council to the Gippsland PHN Board.

Gippsland PHN's Community Advisory Committee is a central part of our community engagement strategy and members represent the geographic, cultural and population diversity of Gippsland.

Each Clinical Council comprises health professionals from the region they service, each group works with the Gippsland PHN Board Sponsor and Executive team members to advise on issues specific to their region across many disciplines.

Community Advisory Committee

Ms Anne Peek, Chair,
Dr Sinead de Gooyer,
Ms Cheryl Drayton
Ms Catriona Knothe
Mr John Lawrence
Ms Kirstin Fox
Ms Marion Byrne
Ms Sue Gaffney
Ms Dianne Goeman
Mr Manfred Krautschneider
Ms Sue Kearney
Ms Eleanor Mitchell
Mr Paul Apostopleris
Mr Duncan Malcolm
Ms Jeanne Van Der Geest Dekker

Clinical Advisory Council

Dr Nola Maxfield, Chair, Gippsland PHN Board
Ms Therese Tierney, Gippsland PHN Board
Ms Kellie O'Callaghan, Gippsland PHN Board
Dr Sue Comerford, Bass Coast and South Gippsland Clinical Council Chair
Dr Letitia Clark, Latrobe and Baw Baw Clinical Council Chair
Dr Patrick Kinsella, Wellington and East Gippsland Clinical Council Chair



Clinical Councils

Bass Coast and South Gippsland

Chair Dr Sue Comerford

(General Practitioner)

Dr Nola Maxfield

(General Practitioner) Gippsland PHN Board

Ms Alice Bradley

(Nurse Practitioner)

Ms Anna Langley

(Accredited mental health social worker)

Ms Anne Gleeson

(Pharmacist)

Ms Carlene Hurst

(Credentialled Mental Health Nurse)

Mr Francis Sullivan

(Radiographer / Sonographer)

Ms Gayle Bloch

(GP Practice Manager)

Ms Samantha Park

(Director Community Health)

Dr Mike Fitzgerald

(General Practitioner)

Ms Selina Northover

(Hospital Rep—Director of Primary Health)

Ms Soetkin Beerten

(Paediatric and Mental Health Occupational Therapist)

Ms Tania Findlay

(GP Practice Nurse)

Ms Kristen Yates-Matthews

(Executive Officer)

Latrobe and Baw Baw

Chair Dr Letitia Clark

(General Practitioner)

Ms Kellie O'Callaghan

(Gippsland PHN Board)

Ms Alison Snell

(Facility Manager Registered Nurse)

Dr Sonya Moncrieff

(General Practitioner)

Ms Audra Fenton

(Executive Director)

Ms Elizabeth Plunkett

(Pharmacist/Pharmacotherapy Coordinator)

Ms Helen Rawlings

(General Manager Community Mental Health)

Ms Leanne Coupland

(Paediatric Social Worker & Child Safe
Family Violence Project Manager)

Ms Rhiannon Weber

(Psychologist)

Mr Stuart Jillings

(Nurse Practitioner)

Dr Mitchell Kraan

(General Practitioner)

Wellington and East Gippsland

Chair Dr Patrick Kinsella

(General Practitioner)

Ms Therese Tierney

(Gippsland PHN Board)

Mr Brendon Moar

(Pharmacist)

Ms Cassandra Mayman

(Practice Management)

Dr Elisabeth Wearne

(General Practitioner)

Dr John Burnett

(Psychologist)

Ms Margaret Griffiths

(Hospital Pharmacist)

Dr Myles Chapman

(General Practitioner)

Mr Owen Connolly

(Mental Health Nurse Practitioner)

Ms Paula Morgan

(Executive Officer)

Ms Sophie Wilson

(Secondary School Nurse)

Ms Kirstie Pearce

(Acting CEO)

Our Members

Gippsland PHN is both a charity and a public company limited by guarantee. This means it does not have shares or shareholders, instead it has members. Its governance is carried out by a Board of Directors, and members have the opportunity to be involved in the organisation. Gippsland PHN's membership has increased in the past year and comprises a broad range of individual and organisational members.

To be eligible for membership, an individual or organisation must engage in, or have a legitimate interest in, the provision of primary healthcare in Gippsland, for example, by being involved in the delivery, coordination, management, or capacity building of primary healthcare.

Benefits of becoming a member of Gippsland PHN are:

- Voting rights for nominated individuals at board elections
- Invitation to attend the Annual General Meeting

At 30 June 2020, Gippsland PHN has 72 current members, including 35 individual members and 37 organisational members.



Video and Podcast links

Gippsland PHN establishes six Gippsland Respiratory Clinics - Page 14/15.

- ▶ Watch how Gippsland's six Respiratory Clinics shine...

Grants help drought and bushfire affected communities - Page 26

- ▶ Watch this video of young Alex Nicolls on the day of his fun run, organised to help support drought affected farmers.

Smoking cessation campaign attracts community interest - Page 35

- ▶ Watch - Pitch to Quit is calling all creatives in Moe.
- ▶ Watch - Pitch to Quit is calling all creatives in Morwell.
- ▶ Watch - Pitch to Quit is calling all creatives in Churchill.

A digital guide to appropriate mobile health apps - Page 38

- ▶ Watch our short demonstration on the Digital Health Guide.

Enhanced video consulting in response to COVID-19 - Page 42

- ▶ Watch video about introducing Video Call to your health service.

Mental wellbeing education for schools - Page 57

- ▶ Watch Together it's OK! (R U OK?).

Call to community to screen for cancers - Page 59

- ▶ Watch Gippsland Roller Derby Roving Screen For Me ambassadors talk about their involvement in delivering the campaign.

Statewide Optimal Care Pathways (OCPs) - Page 64

- ▶ Watch Dr Elisabeth Wearne video.

Local clinics in Latrobe Cancer Screening Collaborative - Page 67

- ▶ Latrobe Cancer Screening Collaborative Podcast 001.
- ▶ Latrobe Cancer Screening Collaborative Podcast 002.
- ▶ Latrobe Cancer Screening Collaborative Podcast 003.
- ▶ Latrobe Cancer Screening Collaborative Podcast 004.

Nurses undergo cervical screening training - Page 70

- ▶ Watch our short Nurse CST video.





Our locations

11 Seymour Street Traralgon, VIC 3844 (Main Office)

13 McBride Avenue, Wonthaggi, VIC 3995

183 Main Street, Bairnsdale, VIC 3875

Phone: 03 5175 5444

Email: info@gphn.org.au

Web: gphn.org.au

phn
GIPPSLAND

An Australian Government Initiative