

# 2021 REPORT TO THE

# COMMUNITY



Murray PHN acknowledges the Traditional Owners of the lands on which we work and live. We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians.

We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for healing, equality and safety in health care.

We pay our respects to their elders past, present and emerging, and extend that respect to all First Nations peoples.



Murray PHN aspires to be an anti-racist organisation, embedding cultural humility as a daily practice to improve health outcomes and health equity in our communities. We recognise cultural humility as a lifelong commitment to self reflection, personal growth and redressing power imbalances in our society.

## Our values

At Murray PHN, five organisational values drive the way we do business, the way we influence the health system and the way we interact with each other and our stakeholders.

Those values – **Leadership, Collaboration, Knowledge, Innovation** and **Accountability** – were developed by Murray PHN staff and are incorporated into everything we do.

They are included in our strategic plan, individual position descriptions, performance indicators and much more. Our values are not descriptions of the work we do; they are the unseen drivers of our behaviour as individuals, as employees and as an organisation.



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## About Murray PHN

Murray PHN is a not-for-profit organisation, funded primarily by the Commonwealth Department of Health to commission primary health care services in our region, which covers 22 local government areas across the north of Victoria and over the border to include Albury, NSW.

Our estimated population in 2019 was more than 640,000 and is projected to grow steadily for the next 10 years. With close to one third of all Victorian First Nations people living in the Murray PHN region, we live and work on the lands of many different Traditional Owners and Aboriginal language groups.

Our communities run along the Murray River and into the centre of the state, in a diverse and beautiful area covering almost 100,000 square kilometres of mountains, semideserts and vibrant regional cities.

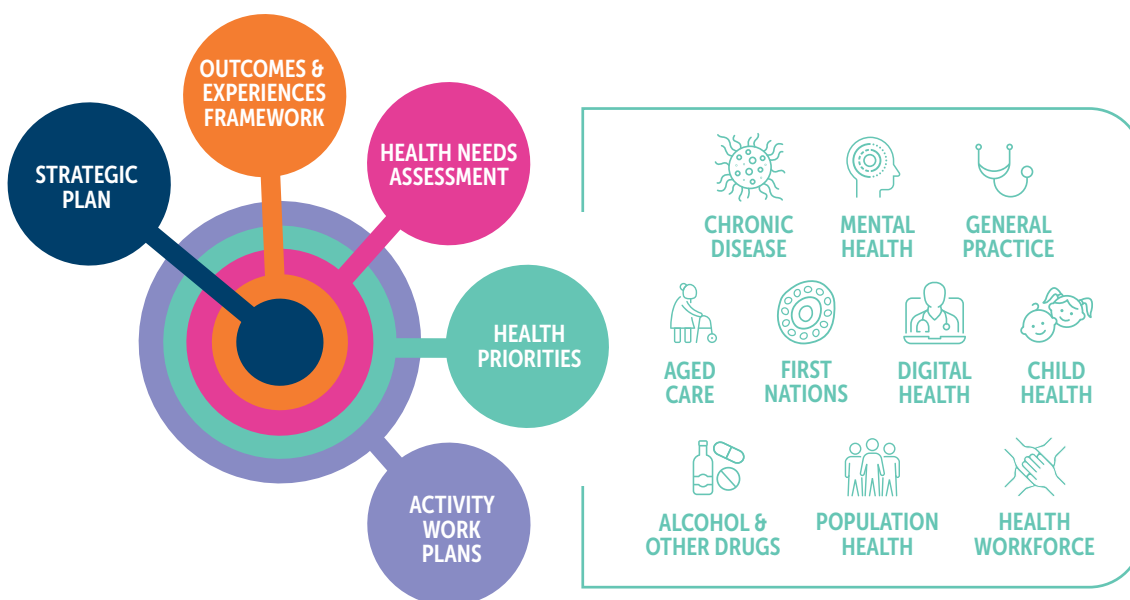
We have expert and highly experienced staff located across Bendigo, Shepparton, Mildura and Albury/Wodonga, plus others working remotely in Queensland, NSW and South Australia.

Through this year and last, our workforce continued to support Murray PHN's stakeholders remotely, as we adapted to Victoria's COVID-Safe working models. As always, we were supported in that work by our community and clinical advisory councils, clinical editors, medical advisors and engaged community.

It is worth restating that our annual budget is approximately one per cent of the total yearly health expenditure in our region. In a complex system with finite funds, our capacity to improve health outcomes lies within our ability to build partnerships and collaboration across the sector and with providers.

We hope you enjoy this, our sixth annual Report to the Community. Each year, our format varies, but our stories describe the work we do and the impact we have on the people who need primary health services, and those who deliver them on our behalf.

To read our earlier Reports to the Community, please go to [murrayphn.org.au/about/corporate-documents/](http://murrayphn.org.au/about/corporate-documents/)



## Message from the Chair

A global pandemic is a formidable and daunting way of stress-testing a national health system, at every level.

In many parts of the globe, the initial waves of COVID-19 battered health professionals and institutions, and led to distressing scenes and outcomes at some of the most impressive health services across the world.

In Australia, we were protected in no small measure by the Commonwealth's closure of our borders, by state public health orders, and by all governments and health departments across the country pulling together to distribute and deliver vaccines when they became available.

With vaccination levels well over 90 per cent of the eligible population, we believe – and hope – that our health system is now unlikely to be overwhelmed, even as COVID variants become endemic in our communities.

The rollout of COVID-19 vaccination and the challenges of living with COVID have been major health and logistical issues for our region throughout 2021. Murray PHN continues to play a pivotal role in planning, coordinating and communicating with general practice (and the health system more broadly) as part of the Commonwealth Government's vaccination goals, supported by the states' delivery mechanisms.

In many ways, PHNs have formed a vital bridge between their primary care stakeholders and all levels of government. When vaccine supplies were low in one area and high in another, Murray PHN worked tirelessly with GPs, pharmacies, Aboriginal Community Controlled Health Organisations (ACCHOs), hospitals and public health units to balance the supply and get vaccines into willing arms.

As we all grappled with the challenges of COVID in our health system, Murray PHN's Board voted to extend our 2018-2021 Strategic Plan, with a refreshed emphasis on how we make a difference to the health of our communities. We are now deep within the consultation and engagement process of developing our new Strategic Plan, which we hope will be focused, innovative and bold.

We know that strong health literacy in any community makes for better health outcomes. This year marked the first editions of the Murray Health Report; a community-facing publication that provides data and insights into the health of the people living in our region.

Murray PHN gathers, sifts and analyses significant quantities of data each year to inform our Health Needs Assessment. While that publication is produced to guide our work and for the Commonwealth Department of Health, it can be technical and detailed.

Our Murray Health Reports aim to make the key points of our research and data analysis accessible to a wider audience and can be found on our website: [murrayphn.org.au/murrayhealthreport/](http://murrayphn.org.au/murrayhealthreport/)

In the coming year, our budget will exceed \$60 million for the first time, and Murray PHN continues to mature as an organisation in all aspects of our work.

Earlier this year, the Commonwealth Department of Health engaged consultants PwC to assess all 31 PHNs across Australia, according to the maturity of their systems and processes.

We received our final report of the PwC maturity and assessment framework in September and the Board was extremely pleased to learn that Murray PHN scored



29 out of 30 - one of the highest rankings received by any PHN, putting us in the category of lowest risk from the perspective of the Commonwealth.

That ranking could not have been achieved without the effort and commitment of our CEO Matt Jones and his skilled and dedicated Executive team. The results are also testament to the strength and standard of work taking place in the corporate, operational and strategic parts of our organisation, who all receive the Board's heartfelt thanks.

Finally, I would like to acknowledge my fellow Board members for their expertise and willingness to help our organisation grow. Like our communities recovering after bushfires and COVID, regeneration is a necessary and constant part of life.

This year, we have seen the retirement of long-time directors Dr Tali Barrett and Victor Hamit, who have contributed significantly and generously throughout their terms. Newer directors Joanne Kinder and Matt Sharp have been reappointed to the Board and we are now welcoming three new directors - Jacki Turfrey, Bob Cameron and Andrew Baker. I look forward to 2022 with enthusiasm for our future.

For now, we trust that you will enjoy reading this Report to the Community for 2021 and learning more about the work of Murray PHN.

**Fabian Reid - Board Chair**

## Our Board



**Fabian Reid, Chair**  
An experienced Chair and Board director, Mr Reid has extensive knowledge of regional Victorian communities. He is a Director of Bendigo Access Employment.



**Dr Talitha Barrett**  
Dr Barrett is a private general practitioner, a GP associate with Eaglehawk Medical Group since 1994 and a GP supervisor of GP registrars.



**Dr Manisha Fernando**  
Dr Fernando is a rural GP and holds fellowships in General Practice and Rural General Practice, a Masters of Public Health, a Certificate of Clinical Education, and a Diploma in Obstetrics and Gynaecology.



**Matt Sharp**  
Mr Sharp is the Chief Executive at Goulburn Valley Health, a position he has held since 2018. He has strong relationships with governments at local, state and federal levels.



**Leonie Burrows**  
Ms Burrows is a management consultant and company Director. She is also Chair of Sunraysia Community Health Services, and the Mallee Regional Innovation Centre.



**Victor Hamit**  
Lawyer and Director of Wentworth Lawyers in Echuca and Melbourne, Mr Hamit practises in commercial and taxation matters. He also sits on the Board of Vasey RSL Care Ltd.



**Joanne Kinder**  
The Operations Manager at the University of Melbourne, Shepparton Medical Centre, Ms Kinder has experience in the strategic planning, management and governance of a primary health service.



**Dr Alison Green**  
Dr Green has been a GP associate in Wodonga since 1991. A GP obstetrician providing maternity services to Albury Wodonga Health, she has also been a GP supervisor.



**Professor Hal Swerissen**  
An expert on health policy and program development, Professor Swerissen is a research fellow at the Grattan Institute and Emeritus Professor of public health at La Trobe University.

Murray PHN has two Board committees that ensure there are robust and effective processes to assist the Board in its work. The Governance Committee looks at legal, ethical and functional responsibilities, and the Programs and Quality Committee examines services, projects and engagement activities funded by Murray PHN.



## Message from the CEO

In this, our second year of COVID-impacted operations, it is sometimes hard to remember how we all worked and lived "pre-COVID". As I write, we are learning about Omicron, the newest COVID variant of concern, demonstrating we will not be free of the virus until we are able to get the world's most vulnerable populations vaccinated.

Locally, for so many of our primary health care stakeholders, COVID-19 has completely changed the way they manage their operations and businesses.

Some of those changes have been positive – the recognition of the role that telehealth and technologies can play in good quality primary care, for example. For many, this positive has been countered by constant disruption, unsustainable workloads, and the additional time and cost impacts of infection prevention and control.

Yet the collaboration and system realignment that has accompanied COVID-19, along with quite heroic efforts to get our population vaccinated, can have long lasting benefits. The establishment of regional public health units has made health system partnerships more effective across primary, acute and tertiary sectors. Increasingly, there is a greater sense of us rowing together in the same boat, heading in the same direction.

For Murray PHN, our extensive program of commissioning health services for our communities has continued, alongside our support for general practice and our COVID work where, for much of this year, we have had a regional bridging role in helping to vaccinate our

communities through general practice, pharmacy, respiratory clinics, ACCHOs, local government and acute hospital services.

We have a professionally diverse workforce, with many being experts in their field. Our team includes allied health professionals, project and communications specialists, business and finance experts, contract managers and data analysts.

With virtually all our staff working remotely across our 100,000 square kilometres, from their homes in four states, it was also important for us to put significant focus this year on Murray PHN's culture and organisational development.

Our annual staff engagement survey identified key areas for improvement and we worked to address those, while building a new three-year organisational development plan, with an initial, achievable, 12-month program of actions.

As an organisation with change in its DNA, we strengthened our focus on the future with the creation of the Strategy and Performance Unit, and the appointment of Dr Belinda O'Sullivan as its head.

Belinda has worked extensively in rural health research and policy, with a focus on rural health systems including rural workforce training and service models. She has been a Director in the inaugural Office of the Rural Health Commissioner, Director of Policy and Engagement at GP Supervisors Australia, and is now also leading the state-wide evaluation of the Victorian Rural Generalist Program.



With her team, she is now developing Murray PHN's Health Outcomes and Experiences Framework, which will provide a continuous focus on tracking and driving improvements through high-quality outcome-focused indicators. This framework will allow us to consider broader outcomes beyond just health, recognising the links with the social determinants of health and service access, particularly in rural settings.

Murray PHN has also been joined this year by our highly experienced Chief Operations Officer, Janine Holland, who was most recently CEO of Benalla Health.

But our work is only made possible by the health services that deliver primary health care to our communities across the region. Our general practices, pharmacies, after hours and mental health providers have faced major challenges through COVID – challenges that are not yet behind us.

I would like to acknowledge and pay tribute to those health services, and the dedicated professionals who work in them, for their ongoing commitment to making a difference in the lives and health of the communities that make up the Murray PHN region. We look forward to working together again in 2022.

**Matt Jones - CEO**

## Our Executive



### **Matt Jones - Chief Executive Officer**

Matt is the inaugural CEO of Murray PHN. Previously, he was CEO of Loddon Mallee Murray Medicare Local, the Murray-Plains Division of General Practice and Central Victoria GP Network. Matt has worked in quality management in the Victorian acute health system, as a senior public health policy officer with the Victorian Department of Human Services and in Indigenous health in the Northern Territory, Queensland and Western Australia.



### **Elizabeth Clear - Chief Corporate Officer**

Elizabeth has more than 30 years' experience in organisational development, change management, finance, quality and risk management and governance, with leadership roles in the public, private and not-for-profit sectors. She is a CPA with a Bachelor of Commerce and a Graduate Diploma of Applied Corporate Governance.



### **Dr Belinda O'Sullivan - Chief of Strategy and Performance**

Belinda trained as a physiotherapist before finding her passion in rural health. Working in both research and policy, her interests include rural health systems, workforce training and rural supervision models. Her research has informed end-to-end rural medical training, the national medical workforce strategy, and sustainable outreach services. Belinda has worked for the Rural Health Commissioner, the World Health Organisation and, most recently, was Director of Policy and Engagement at GP Supervisors Australia. She also leads the state-wide evaluation of the Victorian Rural Generalist Program.



### **Janine Holland - Chief Operations Officer**

Janine has more than 40 years' experience in the health industry as a clinician and health administrator. Most of her career has been in the rural sector in acute, sub-acute, community and aged care programs. In 1999, she was the first midwife to receive a Churchill Fellowship, before joining the Department of Human Services in planning, purchasing, implementing and evaluating health services. Janine has successfully held numerous executive level roles over the last 15 years, with the last six years as CEO of Benalla Health.



### **Aileen Berry - Executive Director Communications**

An experienced journalist and communicator, Aileen has worked in health, media and telecommunications for three decades. Her executive career in national media featured senior editorial, communications, marketing and corporate roles. In the health and community sector, Aileen has held a range of board positions, including the Royal Women's Hospital, Bendigo Health and Open Family. She was an inaugural member of the National Intercountry Adoption Advisory Group and provides pro bono communications support to environmental and community organisations.



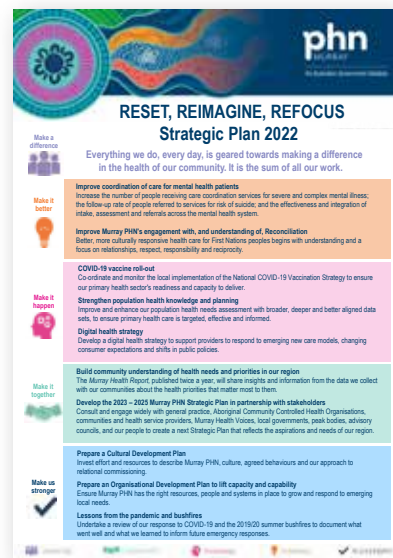
## Our Strategic Plan extension

The impact of the devastating 2019-20 summer bushfires and the coronavirus pandemic required Murray PHN to take a breath before embarking on a new three-year Strategic Plan. We chose to implement a strategic plan extension to give us time to think deeply and consult widely on the rapidly changing primary health environment.

Despite the massive challenges of the past two years, we have made significant progress with the actions outlined in our 2018 – 2021 Strategic Plan. Our teams rose to the challenges of COVID in primary health and our

role in vaccination across our region. We saw an expansion in the use of telehealth and digital health, and our education programs shifted quickly from face-to-face delivery with a focus on programs such as infection control, workplace collaboration, self-care and facilitation skills.

Our 2022 extension plan – **Reset – Reimagine – Refocus** can be [read here](#). We are now engaging with our stakeholders, service providers, staff and community to inform and develop our next Strategic Plan, which is due to be finalised by mid-2022.



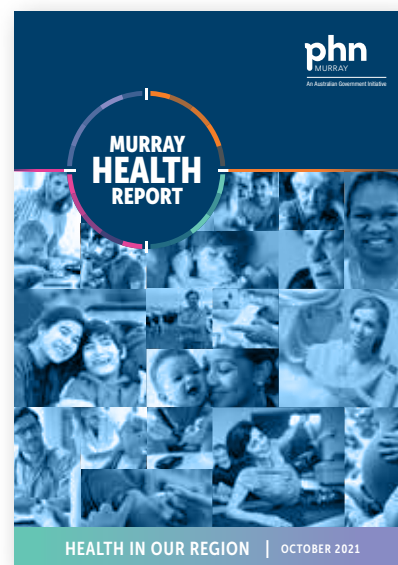
## Murray Health Reports

We hear regularly in the media about the physical and mental health challenges faced by people across Australia. But health outcomes and health literacy can be very different for people living in regional and rural areas compared to people living in cities.

This year, Murray PHN was pleased to publish its first and second editions of the Murray Health Report, which look at the health issues, challenges and opportunities for people in our region.

The first, examined mental health and the second, physical health, providing easy-to-understand statistics and insights, and highlighting the work that Murray PHN does to help improve health outcomes for people in our communities.

To read the reports, visit: [murrayphn.org.au/murrayhealthreport](http://murrayphn.org.au/murrayhealthreport)



## Health Needs Assessment

Murray PHN reviews regional health data annually to help guide the funding decisions it makes to support and improve the primary health system.

Every three years, Murray PHN conducts a major Health Needs Assessment with expert health data analysis, supported by community consultation to provide a complete picture of local needs. While data analysis offers strong insights, it is local experience that provides deeper understanding, context and perspectives to our figures. People who use and work in local health services are best placed to share what is or isn't working well.

As 2021 marked a new, three-year Health Needs Assessment, Murray PHN held 20 community and health professional forums and telephone interviews with 100 participants, alongside an online survey that generated more than 600 responses. Dr Priscilla Robinson, Adjunct Associate Professor and Epidemiologist at



La Trobe University was also engaged to undertake a comprehensive analysis of relevant data and report on her findings.

Having a comprehensive view of health helps us work towards making the local primary health

care system as effective, efficient and equitable as possible. To read our most recent Health Needs Assessment, visit: [murrayphn.org.au/about/corporate-documents/](http://murrayphn.org.au/about/corporate-documents/)

## Advisory councils

Murray PHN's advisory councils play an important role in helping us work towards better health outcomes for people in our region.

With strong local, personal and professional networks, they gather and share information and contribute by helping us set priorities and understand current health service and community needs.

Our Clinical Advisory Council has 13 members drawn from general practice, regional hospitals and health services, clinical specialists and allied health practitioners and covers the entire Murray PHN region.

Our four Community Advisory Councils have a total of 23 members and work across the geographical areas of Goulburn Valley, central, north-east and north-west Victoria.

In 2021, we engaged The Centre for Health Systems Development at the Australian Institute for Primary Care and Ageing at La Trobe University to review advisory council activity and identify opportunities for future requirements and support.

Murray PHN is now working closely with advisory councils to refresh their work plans and focus in 2022.



# Health in our region

Murray PHN operates across 22 local government areas, many of which have distinct and different characteristics. Below, our measurements show a range of figures in each of our four regions. This range reflects the differences from one local government area to another in any one region.













## Murray PHN provider organisations

195	General practices
44	Public hospitals
9	Private hospitals and day clinics
57	Community care services
139	Aged care facilities
7	ACCHOs
169	Pharmacies

## Community-based workforce in the Murray PHN region

1,195	GPs
1,160	Private specialists
1,760	Allied health professionals
1,925	Community nurses
431	Pharmacists

## Health risk factors for adults in the Murray PHN region

 <p><b>54.8-72.6%</b></p> <p>ALCOHOL-RELATED HARM</p>	 <p><b>15.2-32.2%</b></p> <p>OVERWEIGHT (OBESE)</p>
 <p><b>2.9-8.2%</b></p> <p>EATING ENOUGH VEGETABLES</p>	 <p><b>32.9-49.3%</b></p> <p>EATING ENOUGH FRUIT</p>
 <p><b>4.9-21.7%</b></p> <p>DRINKING SUGAR-SWEETENED SOFT DRINKS</p>	 <p><b>38.6-46.1%</b></p> <p>SEDENTARY LIFESTYLE (LACK OF PHYSICAL ACTIVITY)</p>
 <p><b>45.3-56.0%</b></p> <p>BOWEL CANCER SCREENING (WOMEN)</p>	 <p><b>38.6-50.5%</b></p> <p>BOWEL CANCER SCREENING (MEN)</p>
 <p><b>7,701 Reports</b> March 2020-2021</p> <p>DOMESTIC VIOLENCE</p>	 <p><b>18.8-57.4%</b></p> <p>BREAST SCREENING</p>
 <p><b>52.8-74.4%</b></p> <p>CERVICAL SCREENING (AGE 20-69)</p>	 <p><b>9.1-26.9%</b></p> <p>SMOKER (REGULAR OR OCCASIONAL)</p>



# Making a difference

## Responding to the needs of our communities: COVID-19

Since the COVID-19 pandemic emerged, Murray PHN has been at the forefront of the response effort, providing assistance to primary care to adapt and support their communities to continue to access health services. As with all jurisdictions, Murray PHN's COVID journey has been both proactive and reactive, and effort has scaled up with the case numbers across the region.

In line with the Commonwealth and State governments' roadmaps to reopening, we are now transitioning to a future where we live with active COVID infections in the community. Our response has matured from an emergency perspective, to one of a longer-term state of living with COVID.

Murray PHN's Strategy and Performance Unit is now establishing our ongoing role in COVID-19 management, following discussions with State and Commonwealth governments. It is clear there is both opportunity and need for local coordination, to ensure that the local capacity of primary health care is effectively and efficiently used to benefit our communities.

The responsive and effective performance of primary health care in the vaccination program highlights the importance of local primary care providers, especially in areas of geographical isolation. In rural local government areas, general practice has provided two to four times the number of vaccinations, compared with state facilities.



PHNs are well placed to enable the primary health care system to provide integrated and supported care in the community for low-risk COVID-positive cases. Murray PHN will continue to play its key role in local coordination to support a dynamic, integrated and sustainable system response.

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## COVID-19 HealthPathways

More than 20 COVID-19 HealthPathways have been developed to help local clinicians with patient care and practice management, including infection control, assessing and referring patients, vaccination, and identifying long COVID symptoms and support.

During the pandemic, pathways have often been updated daily to reflect changes in clinical and government advice, with one HealthPathway user noting, "We had so much information from lots of different places, and HealthPathways was a good place where lots of things were put together."



## Supplying PPE to health services



**200,500**  
MASKS



**98,800**  
GLOVES



**17,670**  
GOWNS



**1,370**  
SYRINGES



**17,670**  
SHIELDS



**5,768**  
GOGGLES



**230**  
PULSE  
OXIMETERS



**15,200**  
APPOINTMENT  
CARDS



Throughout the COVID pandemic, the supply of PPE to primary care health to enable safe COVID testing has remained an important issue. We have continued distributing PPE from the National Medical Stockpile to general practices, Aboriginal Community Controlled Health Organisations (ACCHOs), pharmacies and allied health professionals. We delivered more than 300,000 items of PPE including face masks, respirators, goggles and disposable examination gowns to more than 250 health services across our region this year.

*Pictured: Rebecca Evans fulfilling PPE orders*



## Providing medical outreach to rural communities

With funding from Murray PHN, Tallangatta Medical Centre visited towns in the state's north-east, including Dartmouth, Eskdale and Mitta Mitta, in an outreach service that helped residents of small, rural communities receive care that they might otherwise have missed.

The multidisciplinary team provided wraparound care, from health checks to flu vaccinations, mental health support, referrals and general health advice.

*Pictured: Jennie Miller, Administration Support; Lorrai Smyth, patient; and Sue Reid, Nurse Practitioner.*

## Understanding long COVID

While Australian COVID cases were low in May 2021 and few patients were suffering the debilitating symptoms of long COVID, Murray PHN wanted to share the significant research and collaboration that was underway internationally, so that practitioners could learn from and understand the symptoms to be ready to manage patients locally.

As COVID infection numbers were high in the United Kingdom, Murray PHN reached out to the Royal College of General Practitioners UK and secured their Clinical Lead for Clinical Policy, Dr Gail Allsopp as a webinar guest speaker. Dr Justine Karpusheff, Associate Director of the COVID-19 Guidance Team at the National Institute for Health and Care Excellence UK (NICE) also came on board.

To share the experience to date in Australia, Senior Evidence Officer at Australia's National COVID-19 Clinical Evidence Taskforce, Dr Samantha Chakraborty was invited, as too was Bendigo GP, Murray PHN Medical Advisor and Clinical Director of the Bendigo GP



Respiratory Clinic, Dr Ewa Piejko. The webinar was facilitated by ABC Coronacast presenter, Dr Norman Swan.

Almost 400 people across Australia registered for the webinar and learned that younger, fitter people in the United Kingdom who went through COVID-19 with a temperature and mild fatigue ended up with debilitating post-COVID

syndrome, lasting more than 12 weeks.

Almost three quarters of participants said they felt confident to identify medical conditions associated with long COVID symptoms, as a result of attending the webinar and that their knowledge of long COVID had increased from just below average to good.

“The webinar was fantastic; the guest speakers had great knowledge and imparted that knowledge very well. Well done for putting on a fantastic event.”

“Very informative session - thank you. Dr Gail Allsopp provided such great insight in highlighting the crucial role of primary health care clinicians. Great work Murray PHN!”

“Thanks for making this available to an audience wider than just Murray PHN.”

“Excellent hosting Dr Norman Swan. Excellent presentation from the UK presenters. Very encouraging to see this kind of collaboration. Thank you.”

## Thanking general practice

Local general practices have continued to provide routine care during the pandemic, while increasing COVID-Safe practices and helping to boost national vaccination rates. Murray PHN and its frontline teams thanked practices with a video for the innovation, tenacity and dedication that so often goes above and beyond.



## Helping our most vulnerable through COVID

People living with a disability often experience multiple barriers to effective health care, including social and economic disadvantage, lack of access to health services and skilled professionals.

During COVID-19, it became evident that those most at risk of severe disease included people with a disability, particularly those who could not maintain

physical distancing due to physical limitations.

Murray PHN funded Heathcote Health to develop and implement an outreach nurse practitioner-led model of care for individuals with a disability across the City of Greater Bendigo.

As well as workforce training and care pathways that supported the

prevention and early management of COVID-19, the model provided outreach multidisciplinary services to individuals in the community, including community homes and links to other service providers to increase access to primary health assessments and the management of chronic conditions.





“With COVID, I think now the PHN role is forever cemented, as they have been able to pivot very quickly, particularly with the provision of PPE to general practices.”

## An experienced voice for infection prevention and control

As a microbiologist, Marg Jennings knows a lot about infection control and the principles of infection transmission. Since the mid-90s, she has provided infection prevention and control advice to PHNs, general practice, community health, aged care, ACCHOs and dentists through her own consultancy.

Over the last two years, she has been an experienced and trusted voice on the challenges

of COVID-19, as clinicians have come to understand the role of droplet and airborne spread of this pandemic virus.

In her earlier career, Marg spent several years doing clinical waste audits, where she would visit various hospitals to investigate their waste practices. “I would be paid to put my head in bins and see what was there,” she said. “Every time I thought ‘do I really want to do this?’, I’d think, well, there’s a trip to Paris in here!”

Her own consultancy, which she started in 1994, was based on her work in instrument sterilisation and disinfection in hospitals.

“The new standards came out and I looked at them and thought, this is just going to be impossible for general practice because they are in a completely different setting. So, in 1994, I thought that I could bring this particular standard alive, to help general practice ensure patients are being treated with the sterilised

[Read more >](#)



< *Continued from page 16*

instruments that met the standard and which they deserved – and that’s how I started.”

Born in the middle of a polio outbreak in England, Marg recalls her mother describing how all the mums in the street were delighted to be wheeling their prams to the infant welfare centre when the polio vaccine arrived. “Eventually it went to an oral vaccine, the Sabin, and now with COVID, we have gone back to the injectable.”

Marg grew up and went to school in Bendigo but has lived in the outer suburbs of Melbourne for many years. Pre-COVID, her work with Murray PHN brought her much loved travel across the region. “When you’re brought up in regional Victoria, travel is your second name. Yet for me, COVID hasn’t meant isolation and I haven’t really missed that during the pandemic because I’ve met even more people in the PHNs, and you get to zoom in on each other’s screens.”

Through her regular and popular one-hour webinars on infection prevention and control, Marg has spoken to hundreds of people – if not thousands – through her screen at home.

“With COVID, I think now the PHN role is forever cemented, as they have been able to pivot very quickly, particularly with the provision of PPE to general practices,” she said. “I think it would have been a huge challenge for the

general practices to get through this without the PHNs.”

Technology is a constant in Marg’s discussion. In work with a Brisbane PHN, she was able to meet via Zoom with staff from various aged care facilities to offer an infection prevention service. “The clinical leader at each aged care facility was able to show me through the building on an iPad, and we would look at various things that we could do to help.”

She points to the introduction of pulse oximeters for COVID patients at home to help keep them out of hospital. “General practice is really changing, and you are seeing a lot more acute patients being treated in the community who possibly only 10 years ago had to go to hospital for treatment. It is always better if a patient doesn’t have to go into hospital. With COVID, often the patient is better off at home, with monitoring and somebody at home who cares for them.”

“The role of the practice nurse is also changing, and the upskilling of nurses has been phenomenal.”

She said the increase in surgeries being performed in general practice treatment rooms meant that infection prevention control procedures had to be “spot on”.

In Victoria, Murray PHN has been the lead agency for a Victorian Department of Health, PHN-driven, infection prevention and control project, where advice is provided

by the Australian Practice Nurses Association (APNA), with technical support from Marg.

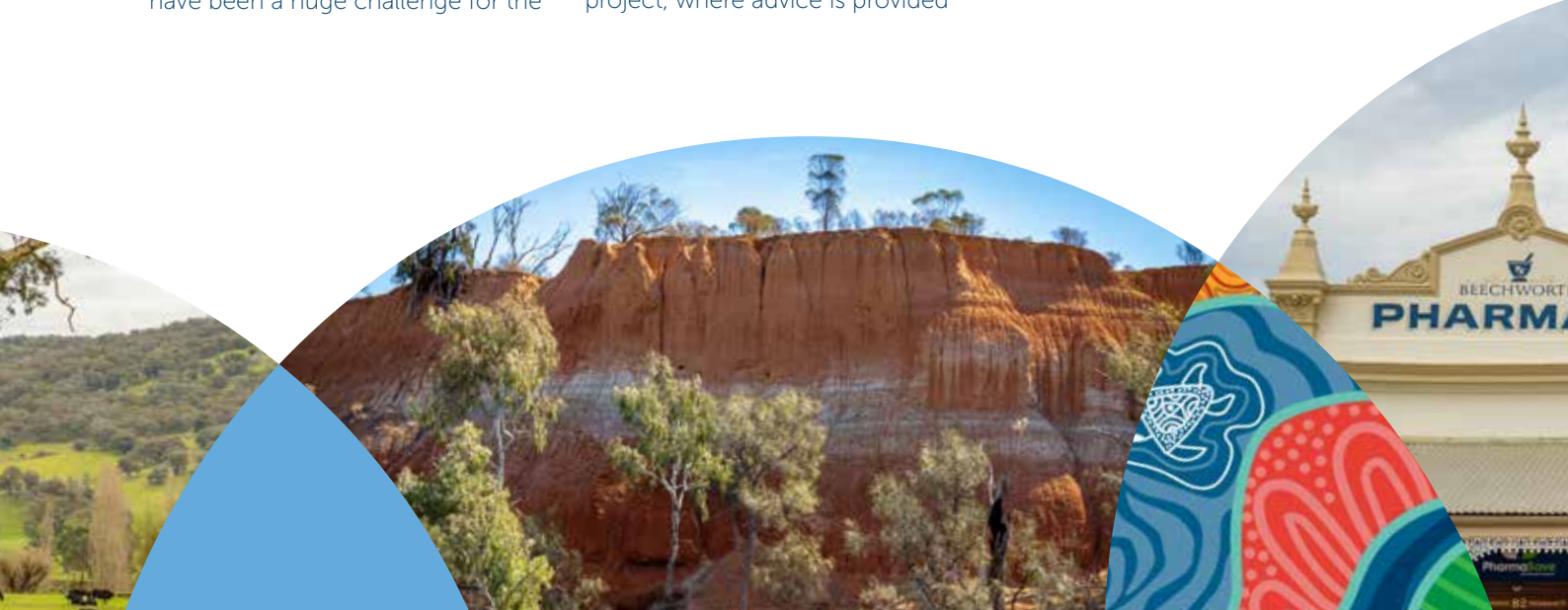
“I’ve got to say we’ve got a couple of cracking nurses, Sarah Drew and Lisa Simkin from APNA, which is the best body to be looking after that area.

“I’m not a nurse or a doctor and so Sarah and Lisa can put a different shine on the answers I might have given to questions. It is good that the (Victorian) Department of Health saw a need, and that Murray PHN and APNA were able to propose an effective solution. Over time, I think it will move from COVID to clinical waste and needlestick injuries, and it’ll just be so good that APNA are training people.”

Asked if she thinks there will be other pandemics to follow COVID, Marg is clear that the one we now face is the emergence of antibiotic resistance. She said patients who visited their doctor to ask for an antibiotic prescription would need to be helped to understand that antibiotics will no longer be a first line of treatment – they will be used only when they are really needed.

“We know we have infections for which we just don’t have antibiotics, and this will be a whole new way of thinking for the public.”

*The Infection Prevention Helpline can be contacted on 1800 312 968, between 9am and 5pm weekdays.*



## Keeping state-wide services safe

In June 2021, as Victoria was getting back to 'COVID normal', people were relying on health services to maintain a COVID-Safe environment and keep them healthy. But with a constantly evolving and complex list of information, guidelines and advice, it was challenging for health services to know where to get the most recent and accurate information.

On behalf of Victoria's six PHNs and with funding from the Victorian Department of Health, Murray PHN established a new helpline service to provide Aboriginal Community Controlled Health Organisations, general practice and pharmacy staff with free access to infection prevention support.

Representatives from The Royal Australian College of General Practitioners, the Victorian Aboriginal Community Controlled Health Organisation, a pharmacy consultant, infection prevention control specialist and a practice nurse were engaged to provide expertise and oversight.

The Australian Primary Health Care Nurses Association was appointed to operate the service with registered nurses skilled in infection prevention and control answering the calls.

The helpline has not only offered evidence-based guidance, and individualised help with identifying priority areas for action, but assistance with pandemic action plans and risk-management



### Infection Prevention Helpline

frameworks that help to improve infection control processes, to help Victorian health services keep their patients and staff safe.

As part of this project, we developed a range of resources, including two instructional videos. One featured Bendigo pharmacist Kevin de Vries on best practice infection prevention and control in community pharmacy, while in the other, Narelle Williamson of the National Asthma Council outlined a range of effective infection control practices when performing spirometry in primary care video.

To learn more, visit: [infectionpreventionhelpline.com.au](https://infectionpreventionhelpline.com.au)

"The COVID pandemic has taught us a lot about respiratory illness and the steps we can take to prevent transmission of infection." - Kevin de Vries



**7821**  
MINUTES OF ADVICE  
PROVIDED



**70%**  
OF CALLS FROM THE  
MURRAY PHN REGION



**83.8%**  
OF CALLS FROM  
GENERAL PRACTICES

#### THE HIGHEST REQUESTS FOR ASSISTANCE WERE:

- PPE and fit testing advice
- COVID Tier 1 site protocols
- Cleaning and sterilisation
- Education including spirometry and wound care

*Pictured: Kevin de Vries during filming of the pharmacy video*



## Supporting the national vaccination rollout

Australia's COVID-19 vaccine national rollout strategy began by targeting population groups, based on vulnerability. As the months passed, it moved to provide mainstream access to vaccination, before a renewed effort for remaining vulnerable populations.

In February, when the national COVID-19 vaccine rollout was being planned, Murray PHN was actively involved in several Commonwealth and State forums and working groups to support the rollout strategy.

While our understanding of the availability of vaccine supply was still in its infancy, Murray

PHN played an important role in communicating information to the wider service system and coordinating primary care preparedness. We assisted the Commonwealth's vaccination provider process, resulting in 148 general practices in our region expressing interest in delivering COVID vaccines.

Murray PHN also worked with private residential and disability care providers to aid the government's delivery of vaccines to residents via private providers.

Our teams managed the dynamic nature of the rollout, including the simultaneous logistical challenges

of managing limited supply, targeting prioritised cohorts and ramping up capability within the primary care system. Our role intensified as the practical challenges of delivering on the ground became a reality.

PHNs played an important role in advocating for equity of access and for primary health where needed, to advise decision-makers of significant concerns that had the potential to impact quality of care.

*Left: Dr Chris Olsie, Boort District Medical Centre  
Below: Campaspe Family Practice, Kyneton*



COVID-19 vaccinations in the Loddon Mallee region passed **100,000 doses** in July

**One million vaccinations** in the Murray PHN region in October

First dose vaccinations in the Murray PHN region passed **90 per cent for 15+** in October

First dose vaccinations passed **90 per cent for 12+** in November



COVID-19 vaccines have been delivered by more than:

**140** general practices

**100** pharmacies

**7** Aboriginal Community Controlled Health Organisations

**4** Commonwealth vaccination clinics



# Want borders to stay open?

## It starts with you

**Choose to vaccinate against COVID-19**  
It's safe. It's free. It protects.

Choose to vaccinate and you, the people you care about and your community all benefit. So book your appointment today.

## Supporting communities to get vaccinated

In March, Murray PHN successfully applied for \$25,000 grant funding from the Victorian Department of Health to increase awareness of the COVID-19 vaccination program and engage with priority communities.

Murray PHN's Communications team created a community engagement campaign, *It starts with you*, to support general practices, health services, organisations and community groups in our region to raise awareness of the importance of getting vaccinated against COVID-19. The campaign focuses on the choice to vaccinate - choosing to vaccinate protects you, protects the people important to you, and contributes to the community effort for us all to enjoy the things we all love.

In addition to increasing the number of people getting vaccinated, the campaign aims to overcome barriers to vaccination through best practice communication and engagement, and increase knowledge in the community so people know where to get vaccinated.

The campaign is available to download for free on the Murray PHN website and includes a range of materials such as posters, social media tiles and press ads. These were adapted as the vaccination rollout progressed and opened up to different groups, for example, aged care staff, young people, First Nations and tweens. Materials were able to be personalised for organisations that requested it, such as adding their own logo.

All six of Victoria's primary health networks are using the campaign and PHNs from other states have used it as inspiration for their own vaccination campaigns.

In August, the Department of Health opened up a second round of funding and we successfully applied for an additional \$25,000 to continue promoting COVID-19 vaccination, including boosters.

We have targeted communities where vaccination rates have been lower, and where there have been outbreaks - responding to community need and feedback from health services.

Over the course of the campaign we have:

**Reached more than 400,000** Facebook users with our campaign being seen on-screen on the platform almost **600,000 times** (impressions)

**871 webpage views** since September 2021

**186 campaign downloads**

Access campaign materials here: [murrayphn.org.au/covid19vaxcampaign](http://murrayphn.org.au/covid19vaxcampaign)



*Pictured: Matt Jones, Murray PHN CEO gives vaccination a thumbs up*

## Protecting our most vulnerable

PHNs are well placed to support and coordinate local solutions in their regions. In October, we needed to encourage urgent vaccination of vulnerable populations through COVID-19 vaccination providers including general practices, pharmacies and state health services.

As mainstream vaccination rates rose, a number of populations were identified as having difficulty accessing COVID-19 vaccines including:

- Those who are experiencing homelessness of any sort
- People with a disability or who are frail and cannot leave home

- People in rural and remote areas with limited health care options, including those who cannot travel to a regional centre
- Culturally, ethnically and linguistically diverse people, especially asylum seekers and refugees and those in older age groups who may find it difficult to use other vaccination services
- Those who do not have a Medicare card or are not eligible for Medicare
- Aged care and disability workers, including auxiliary staff working on-site
- Aboriginal and Torres Strait Islander people.

Murray PHN offered a total of \$232,000 in COVID-19 vaccination grants to 16 general practices, six local pharmacies, two Aboriginal health services and two community health services. The grants were designed to help with operational costs for outreach, after-hours and drive-through vaccination clinics, accompanied by specialised services and supports, and targeted at vulnerable populations and postcodes with low vaccination uptake.

Through the grants, a diverse range of community-based and tailored clinics were run, including a mobile service and mini pop-up clinics at parks in or nearby housing estates.

## Increasing aged care services

Victorian residential aged care facilities were greatly affected by COVID outbreaks that resulted in many infections and deaths. Murray PHN assisted the Commonwealth vaccination rollout in private aged care facilities in our region, but the restrictions caused by outbreaks put facilities into strict lockdowns, and residents spent much of their days in their rooms.

The social impacts were significant, and with normal exercise and access to the outside impossible, the lack of physical activity led to muscle loss and weakness.

In response, Murray PHN provided the most affected facilities in our region - Kyabram, Woodend and Shepparton – with almost \$400,000 in funding to increase residents' access to allied health services,

specifically physiotherapists, exercise physiologists and occupational therapists.

The funding gave 269 residents the opportunity to participate in two hours of face-to-face group therapy per week, per participant, over a minimum of two sessions, and up to 26 weeks, at no cost to the resident or their family.

## Boosting our nurse immuniser workforce

With State and Commonwealth Government plans for a rapid vaccination rollout, we boosted the local immunisation workforce by offering 200 fully funded registrations to support local Division 1 Registered Nurses working in community and primary health care. This allowed them to complete accredited immunisation courses and have the ability to immunise independently of medical officers.





## Working together to support Mildura’s diverse communities

It is well recognised that vaccination is a “bread and butter” activity for many local councils. Trained and trusted vaccination staff provide community immunisation services via maternal and child health centres, at schools, and in community or workplace settings.

So when Mildura Rural City Council discovered that Victorian councils’ insurance cover excluded COVID-19 injections, their plans for active outreach clinics hit a major stumbling block.

Cheree Jukes, the council’s Manager of Community Care Services, and Community Development Officer Renee Ficarra had been working with local health services, the hospital, Murray PHN, and other community groups to develop a strong local vaccine rollout strategy.

“We became very aware that our community was well behind in vaccination rates generally, but there were pockets of community

who were extremely behind, compared with the rest of the state,” Cheree said.

Local clinics run by Sunraysia Community Health Services and Mallee District Aboriginal Services were providing 1000-2000 vaccinations a week, but the council recognised there were community members who were unlikely to attend a mass vaccination site.

“We could see that council’s vaccination services were probably best placed to do the active outreach,” Cheree said. “We have incredibly experienced immunisation nurses who already go out into the community; they had cars set up, they could transport the vaccines, and we already had policies and processes in place.

“Murray PHN’s data was absolutely invaluable because we could see clearly what was going on. We understood what GPs were doing, what pharmacies were doing and

what the state clinics were doing.”

As the planning progressed and the council sought additional resources to begin their outreach, two things happened – first, Mildura had an outbreak of COVID-19, “so we knew the cavalry was coming.”

But then, Cheree said, local government CEOs received correspondence from the Municipal Association of Victoria, advising that their insurance policy was being updated to exclude COVID-19 related activities.

“We had already started conversations with Kate McIntosh (Murray PHN Strategic Lead, COVID Vaccination) about how the PHN and council could work together for active outreach. But our most experienced immunisation nurses were about to be excluded.”

“Kate said, ‘OK, we’ll make an agreement between Sunraysia Community Health, Council and us. Sunraysia’s governance will cover

[Read more >](#)

*Pictured L-R: Juvelina Guterres - SMECC, Dr Mehdi Sanati pour - Sunraysia Medical Clinic, Cheree Jukes - Mildura Rural City Council, Viliami Vea - SMECC, Renee Ficarra - Mildura Rural City Council, Jane McCracken - Hands Up Mildura and Kunnika Powell - SMECC*

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you, you'll provide the people power and other resources, and we'll provide the funding'. And that's how it was."

After touching base with Sunraysia's insurer, and checking relevant MOUs, Cheree had the council's active outreach vaccination service back in play.

"It was no mean feat," she reflected. "It's not a simple model – it's quite complex and any one agency could have tapped out at any point, saying, it's a little bit hard, a little bit messy."

Earlier, Renee had been working with Sunraysia Community Health, the Sunraysia Mallee Ethnic Communities Council (SMECC) and Sunraysia Medical Centre to set up clinics that would focus on Mildura's Culturally and Linguistically Diverse (CALD) communities.

"We worked very closely with Sunraysia Medical Clinic and SMECC, who work intensely with our CALD community members, and were a huge player in being able to make our SMECC clinics happen," Renee said.

On the day the outbreak became public, the project's doctors and nurses were already at SMECC, with 200 CALD community members booked in and a total of 12 languages on offer.

As much of the council's earlier planning work for outreach clinics had been with other trusted community services, with the outbreak those plans were able to be handed direct to Sunraysia Community Health Services team members, who started vaccinating immediately.

The four SMECC clinics gave 706 vaccinations, but the council's active outreach model was used in clinics in other settings, delivering many more vaccines, than what was supplied through the state system.

According to Cheree, the challenge of the program is that success cannot be measured in numbers. "It's small numbers. But very, very, very important numbers."

Renee pointed out that the multilingual clinics were expensive to

run. "We had at least two, sometimes three GPs there, with at least three or four vaccination nurses. I think we had about 17 people at each clinic to make them happen," she said.

"We believe that many of those people would not have been vaccinated because there were too many barriers for them to be able to attend a normal clinic. So, they came to a trusted location where they knew people, and if they didn't have a Medicare card, it was clearly said to them, it doesn't matter, it's not a problem."

Renee described the welcoming approach provided by everyone at the clinics, from those greeting people at the front door, to the SMECC project officers speaking languages as diverse as Congolese, Hazaragi, Tongan and Thai; to the GPs and nurses, and the cleaners who were cleaning tables and helping with consent forms.

"It's hard to get across the feel of the clinic – there were friendly faces to speak to them, the flow was calm and we also had cultural music playing where people were having their vaccines. It was great music and really reflective of so many different cultures."

After the first clinic, the team realised that many people from these CALD backgrounds required proof of their vaccinations straight away, for work purposes, so they bought a printer. While people were waiting the required 15 minutes after vaccination, the nurses went into the Australian Immunisation Register (AIR), printed out the confirmation and delivered it to the person in the waiting room.

Despite the challenges of the pandemic in their rural setting, Cheree Jukes said COVID had created an authorising environment that allowed them to test models and change processes much more quickly than before.

The pandemic also helped demonstrate the strengths of Hands Up Mallee and its lead, Jane McCracken, who also supported the council on the SMECC clinics.

"Renee and I have both got a long history of working with Hands Up Mallee, which is a collective

### Languages spoken at the CALD immunisation clinics:

- **Cambodian**
- **Congolese**
- **Haka Chin**
- **Hazaragi**
- **Indonesian**
- **Lao**
- **Malay**
- **Tetum**
- **Thai**
- **Tongan**
- **Urdu**

impact initiative that falls out of the Northern Mallee Community Partnership.

"During COVID, through the collective, we set up the Sunraysia food hub," Cheree said. "We didn't have a food hub here locally, so that's a huge win."

Cheree said the evidence produced by their active outreach vaccination program meant that they would continue to use the model, particularly in work with a health focus.

"I think that the skeleton of the model, whether it's food or vaccinations or anything else, is organisations working to their strengths collectively – but most importantly, listening to community leaders, finding that middle ground and providing a service in the way that community needs it to be provided."

Despite the success of the program, both Renee and Cheree know they still have work to do, to reach an additional cohort of people who are still really fearful to come forward. "We need to think about how we can reach them as well," Cheree said.

"I know with 100 per cent clarity that without the PHN's backing, we wouldn't have got this off the ground," Cheree said. "There were already too many roadblocks and barriers, but because of the PHN, we had an alternate route around all of that."

# Responding to the needs of our communities: Bushfires

Murray PHN's role is to maintain relationships in bushfire affected communities and fund services that enable us to identify, coordinate and support responses to the changing needs of these communities. We do this through collaboration with relevant groups and informal networks, and the commissioning relationship with our funded providers. We also work with the Commonwealth and State Governments to ensure coordination of mental health services in general, including bushfire recovery response.

Some of our key activities and achievements this year include:

- Alpine Health was commissioned to deliver school-based counselling and psychology services to primary school aged children
- Commissioning of community participation and wellbeing activities across six LGAs in north east Victoria to build mental health literacy and resilience. Activities include roller-skating, cinema nights, art activities, youth mental health projects and workshops, as well as a larger scale project to roll out The Resilience Project across cluster schools in Wodonga, Towong and Mansfield LGAs.
- Continuation of multi-agency coordination including participation in Alpine and Towong People and Wellbeing Committees, Ovens Murray Mental Health Alliance, suicide postvention and prevention groups.
- Commissioning of a place-based model of care in Towong Shire, including community engagement, in-reach mental health services, suicide prevention and postvention planning, and case coordination, delivered by Corryong Health.
- Funding of 19 community recovery grants to support activities to help mental health and healing across bushfire-affected communities, including:
  - The Champagne Club community group in Kiewa Valley recorded a song about recovery and commissioned production of a music video. The group plans to launch and perform the song at community events in 2022
  - Cudgewa Tennis Club hosted a screening of the documentary Happy Sad Man, which focuses on men's mental health and features a local Cudgewa man
  - Corryong Neighbourhood Centre hosted two snow trips for 24 young people in Towong Shire, funded by Murray PHN and the Upper Murray Regional Neighbourhood House Network. The trips provided attendees with the opportunity to learn new skills, make friends and have fun, as well as social connectedness following lockdowns and virtual learning.
  - Wangaratta Rural City Council developed videos to help people with a disability learn to prepare their homes for bushfires, how to be fire ready, create a fire plan and to access bushfire information.
  - Alpine Nature Experience hosted the 'Meet Your Snow Family' event at Hotham Heights with 50 people enjoying food, speeches, networking and socialising with peers.

*"After 18 difficult months, the trauma of the bushfires and the absence of a snow season last year was still a lot more vivid than I wanted to admit. Meet Your Snow Family was a wonderful initiative and it was really beneficial to have a chat with other business owners but also the broader community. It left me reinvigorated and excited about the season ahead. I felt like I was part of the community again."*

*Pictured L to R: Community members Linton, Forrest, Jan, Merle, Malcolm and Irene at the Happy Sad Man screening*



*Pictured: Snow trip for young people hosted by Corryong Neighbourhood Centre*





## Challenges and community connections in a rural area

As the CEO of Corryong Health in north east Victoria, Dominic Sandilands understands the health system and how it operates. So, discovering that he was unable to source localised specialist care for one of his young children was a bit of a litmus test.

“I think it’s quite grounding to be CEO of a health service in a rural area where there is a big difference between having access and not having access. We’re a fairly health literate family and we’re finding it hard, so you recognise there’s an issue and there’s a lot of work to be done.”

Corryong Health is a small, multipurpose health service supporting communities on both sides of the Murray River, on the Victorian-New South Wales border.

Dominic describes the multipurpose service model as designed for rural towns and small populations where market failure exists.

“You become all things to all people across the whole age span and primary health and acute care exist together,” he said.

“We employ GPs, we’re an urgent care centre, we’ve got acute beds and residential aged care beds. We deliver community aged care and NDIS services. We even run a gym, because the community said we needed one, and it wasn’t otherwise financially viable.”

Dominic took up his role in 2019, after relocating with his family from far north Queensland. As he began to settle into his new life and its rural challenges, the devastating Australian bushfires hit. Then, with bewildering speed, COVID-19 arrived, and the reorientation from bushfire response to COVID response meant that the normal processes of bushfire recovery could not be activated.

“Every single person was impacted by the fires,” he said. “Everyone lost things – fencing, animals, sheds, houses – and we’re now really seeing the downstream effects.

“The Upper Murray is a very interesting place, where many of the farms are owned by multi-generational families. The threat of losing your house is one thing, but the threat of losing your identity,

and eight generations of farming and land, AND your job, results in some deep trauma.

“There are a lot of mobile phone blackspots, lack of internet and lack of capacity, even without COVID, to engage with others. So there are very, very vulnerable people in our region who continue to be very deeply impacted by the fires.”

[Read more >](#)



< *Continued from page 25*

COVID and lockdowns prevented people coming together to talk with family and friends, to share stories and recover slowly together. The cumulative effect of fires and pandemic also impacted the staff of Corryong Health.

“It doesn’t take long to work out that everybody in Corryong and the Upper Murray is wearing many, many hats. We have got workers who are birthing calves before they come to work. They’re up early, milking cows and then they’ve got work and when they finish work, they are helping out at the school.

“The great side of that is the sense of community, but the downside is that all of those fronts were being heavily impacted by the trauma and no escape, compounding all of those things.”

Dominic said Corryong Health was delighted with the support from Murray PHN after the bushfires. “The initial release of funds let us recruit immediately for mental health clinicians and counsellors. It happened really quickly, just before COVID and we had a couple of really good clinicians come and join us straight away.

“We also had great support from Albury Wodonga Health, with clinicians coming in and walking our wards and our hallways, having informal discussions with our staff. That really hit the mark.”

A strong advocate for funding focused on self-determination and the development of local capacity, Dominic believes that restricting services to remote delivery fails to pump skills, people or full time equivalent (FTE) into a town.

“After the bushfires, we had many services coming in from outside the community, with a system of bypass that didn’t require a GP mental health care plan to be in place to deliver the services,” he said. “This meant no information going back to the GP and services being provided over the phone and no data coming back to the local town for ongoing care.”

At the start of COVID, Corryong Health, which is an hour and a half away from Albury, needed local

“It is a constant struggle to attract GPs and other skilled professionals to our communities. We need to work on the training pathways and get people from the bush training and coming back to the bush. Doctors in training, even from metro areas, are attracted by the exciting parts of medicine, so we need to be selling the benefits of the diversity of skills that you can get in a small rural area – from urgent care, to geriatrics, to paediatrics, to general practice. And the lifestyle benefits of bringing up a family in our regional communities.”

support for emergency and after-hours care.

“We were dependent on Albury Wodonga Health as the local tertiary hospital providing emergency medicine via telehealth, but pretty quickly the resources weren’t available for them to continue with that service.”

Murray PHN was able to assist with after-hours support via the telehealth My Emergency Doctor service. “That was a game changer for us because it reduced significantly the number of transfers out of Corryong to Albury for emergency triage categories, particularly three, four and five,” he said.

Transfers can leave the town without an ambulance for emergencies, and patients who are discharged during the night, need to call friends or relatives to get transport home.

Most importantly, he said, trust and relationships were strengthened between Corryong’s advanced trained RIPERN nurses and the telehealth-based emergency physicians, creating greater community confidence in seeking urgent care locally.

Dominic also reflected on the PHN’s support for primary mental health early intervention services and for building Corryong’s capacity for alcohol and other drug diagnosis and support. “Bushfires and AOD go hand in hand,” he said. “And we already had very high stats in the Towong local government area.”

“The ongoing challenge is for ongoing services and ongoing funding – because the needs aren’t going away.”

Like many in regional health, Dominic believes COVID has also had a positive impact on our health system. He said that rapidly embracing telehealth to manage the contagion was a breakthrough moment – “and there’s no going back, so it’s a huge win for the whole system.”

A recent COVID outbreak in Corryong demonstrated the benefits of technology when eight COVID positive patients were able to be managed from home, using pulse oximeters to measure their oxygen levels, and telephone calls from their GPs. Background support from the Albury Wodonga Health infectious disease specialists and data recorded centrally created a “smooth operation.”

Dominic describes the importance of data, held locally, as vital for local health decision-making and he encouraged the PHN to continue supporting small rural health services with good data at a population level, given the smaller numbers in their towns. He also feels PHNs have an important role in advocating for and developing health care workforce in rural areas.

“It is a constant struggle to attract GPs and other skilled professionals to our communities. We need to work on the training pathways and get people from the bush training and coming back to the bush. Doctors in training, even from metro areas, are attracted by the exciting parts of medicine, so we need to be selling the benefits of the diversity of skills that you can get in a small rural area – from urgent care, to geriatrics, to paediatrics, to general practice. And the lifestyle benefits of bringing up a family in our regional communities.”

# Responding to the needs of our communities: Mental health

Murray PHN uses its commissioning funds to support services that help shape the overall mental health system, provide support in specific communities needing additional access to services, and deliver a range of treatments that improve mental health outcomes for individuals.

At the heart of our commissioned services is the idea of recovery; a process developed by people who have experienced mental health issues to describe their own journeys and reflect their hopes

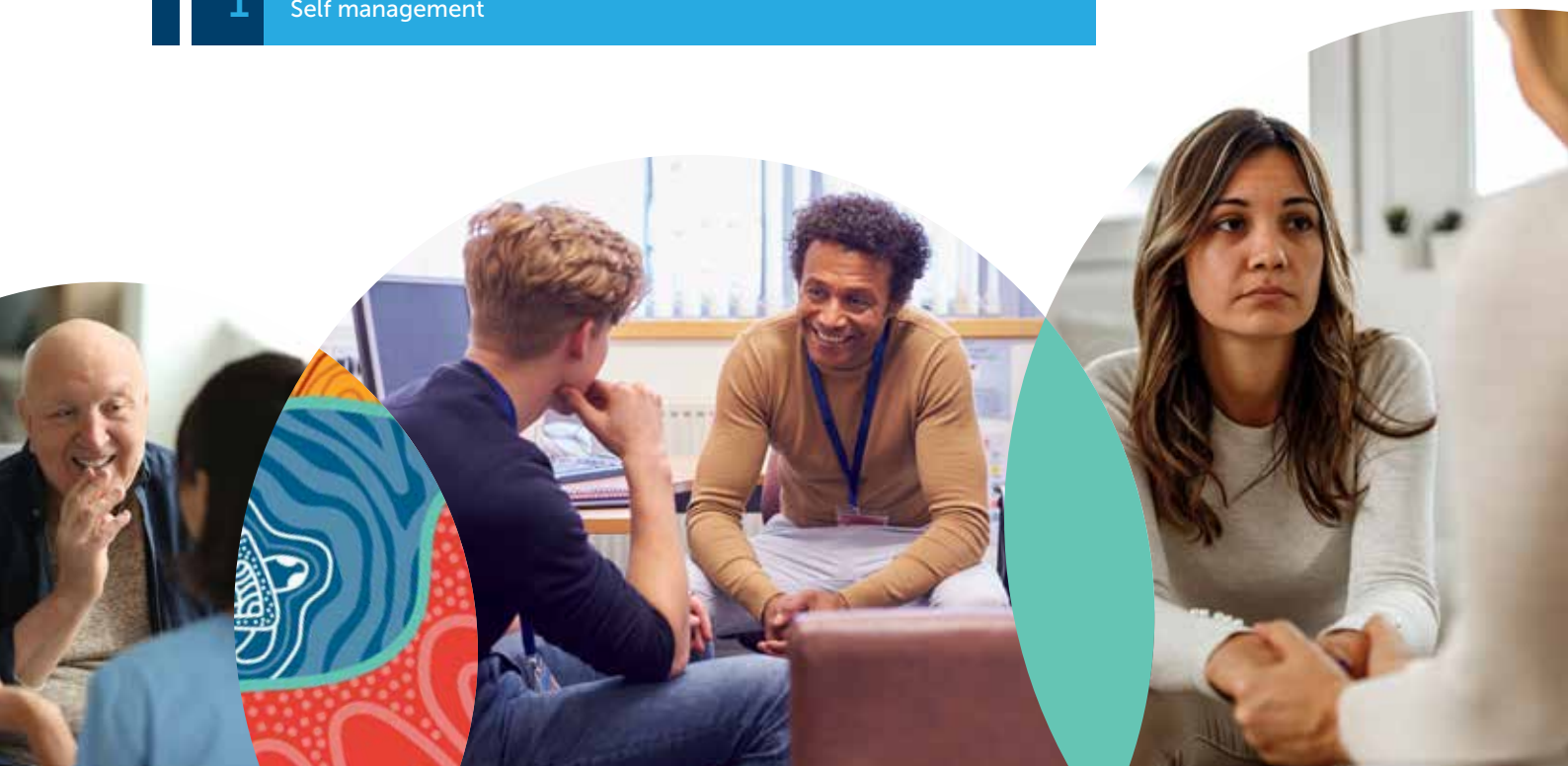
for the future. Recovery is different for everyone but is recognised as a normal human process, with both achievements and setbacks. The personal view of recovery is about a life journey towards living a meaningful and satisfying life.

COVID-19 and the ongoing effects of bushfires have worsened mental health problems in our region over the last 12 months. We have higher rates of unemployment, lower social economic status and farming communities that experience drought, flood or fire on a regular

basis. Suicide rates are higher than the state average in 18 of our 22 local government areas, while 20 of the 22 experience higher risk of harm from alcohol.

We have an ageing population, yet we know that adults aged 75-85 use mental health services much less than other age groups. Deteriorating mental health is not a symptom of ageing, yet untreated mental ill-health in older age can lead to poorer overall health, increased hospital visits and an earlier move to residential aged care facilities.

By matching available service types to an individual's level of need, stepped care is a consumer-centred model. It integrates mental health services within communities and supports GPs to help people at risk of developing mental illness. Our work in mental health focuses on the priority areas of the stepped care model:



## A centralised model for mental health help

During 2020, the Commonwealth and Victorian Governments recognised that the ongoing restrictions in Victoria needed to stop the spread of COVID-19 were significantly affecting people's mental health.

More Victorians were seeking mental health support, and services couldn't keep up with the demand. HeadtoHelp, a \$26.9 million initiative and part of the \$31.9 million Commonwealth Government mental health package to support Victorians during the COVID-19 pandemic, was born.

Victoria's six Primary Health Networks mobilised rapidly to establish the HeadtoHelp service: a place within Victorian communities for people to access mental health care as early and as conveniently as possible.

Just one month after the announcement of funding, a statewide intake service, 1800 595 212, and fifteen new dedicated HeadtoHelp mental health hubs opened to the public on 14 September 2020.

Murray PHN expanded the reach to regional communities by funding additional satellite hubs in Mildura, Shepparton and Seymour. In November 2021, Mildura also began an outreach service to other communities.

Federal Member for Nicholls, Damian Drum, said it was important to have services such as HeadtoHelp available in regional areas. "People who need help can't afford to wait weeks to be seen. HeadtoHelp removes a lot of barriers, including travel and transport in more rural areas," Mr

Drum said. "It's fantastic to see the Federal Government and Murray PHN investing in HeadtoHelp and demonstrating a firm commitment to the mental health and wellbeing of all Victorians."

- HeadtoHelp helps people of any age find the right mental health service for their needs – including stress, anxiety and other mental ill-health
- Anyone can call 1800 595 212 Monday to Friday, 8.30am to 5pm
- Provides free on-site or telehealth services using a multidisciplinary team
- Medicare card and ID are not required.

[Read more >](#)

*Pictured: Simone Heald, Sunraysia Community Health Services; Dr Anne Webster, Federal Member for Mallee and Matt Jones, Murray PHN CEO*



< *Continued from page 28*

In the Murray PHN region, from commencement on 14 September 2020 to 7 December 2021:

- **1946 people** called, visited or used a HeadtoHelp service via telehealth
- **61.5%** were female, **37.2%** male and **1.3%** identified with an alternative gender
- **959 people** presented with the need for moderate intensity service supports and **231** high intensity service supports – most with anxiety and stress, including post-traumatic related disorders and depression
- **1630 referrals** were made to a service, 1543 of those direct to HeadtoHelp
- **35.7% of people** received support from a social worker, **23.4%** a mental health nurse and other support has been provided by general psychologists, low intensity and peer support workers and occupational therapists
- **6 days** is the average waiting time to be seen

- **72.5% of people** who have completed their care at a HeadtoHelp service have shown a significant improvement in their mental health.
- **10,974 occasions of service** were provided, with **49.8%** of people receiving a counselling or psychology intervention

The Commonwealth Department of Health commissioned an independent evaluation of HeadtoHelp from January-March 2021, which focused on the appropriateness, effectiveness, efficiency and impact of the service provided.

Based on this and COVID outbreaks in both NSW and the ACT, the Government announced plans to expand the IAR tool nationally and extend the Victorian clinics.

The HeadtoHelp model has now been used to establish clinics in NSW and Canberra. These clinics were branded under the name Head to Health. The Victorian clinics will transition to the national Head to Health brand at the end of December 2021.

## Providing consistent care across the state

HeadtoHelp’s clinicians work with callers to understand the type of support they need, using a consistent set of clinical criteria and drawing on their knowledge of the broad range of services available in each location.

People calling HeadtoHelp are assessed in their first contact with the service, in a supportive conversation that reviews their experiences against a standardised intake and referral (IAR) process.

The IAR ensures that callers receive the same high level of mental health assessment, before being referred to an appropriate service,

as close to home as possible. While HeadtoHelp is not a crisis service, callers who are at risk of immediate harm can be identified and supported to access acute services.

The multidisciplinary teams in HeadtoHelp hubs include psychologists, mental health nurses, social workers, occupational therapists and alcohol and drug workers.

The hubs work closely with existing providers including GPs and hospitals, referring people to more intensive mental health care or social supports if needed.

Unlike other support organisations, HeadtoHelp offers a supported handover from intake to referral, generally in the first call, reducing the pressure on individuals to have to call a different service at a different time.

HeadtoHelp provides a holistic approach to mental health, whether a person has experienced mental ill-health in the past or if they are reaching out for support for the first time.



## PHN collaboration leads to game changing mental health care

Starting her days listening to true crime podcasts and winding down at night over forensically detailed cross-stitching projects, Rachel Pritchard is clearly a woman who embraces the complexities of life.

Add in two teenagers, two border collies and an intensive role as Program Manager, Referral and Access for Eastern Melbourne PHN (EMPHN), she thrives on being busy and active.

Like Murray PHN, EMPHN is one of Victoria's six primary health networks, which worked together last year to develop the innovative and responsive HeadtoHelp services to deal with the mental health impacts of COVID-19 and lockdowns.

The relationship between the two PHNs is now even deeper, as EMPHN's clinician-based intake team – led by Rachel – answers HeadtoHelp calls from people in the Murray PHN region and guides them to find the help they need at a local HeadtoHelp hub, a service closer to home or via telehealth.

An experienced, credentialled mental health nurse, Rachel has studied and worked locally and internationally in primary mental health care since she left her home in Leeton, NSW at 18.

[Read more >](#)



< *Continued from page 30*

For the last 12 years, that work has been focused on PHNs, the Medicare Locals and Divisions of General Practice that preceded PHNs, where Rachel's background in mental health triage led her to create a centralised function that supported patient referrals from GPs to PHN-funded services.

"It gave us a good solid understanding of referrals that are coming through; how engaged GPs are in the process; where the people needing support are living, what they are being referred for – all helping us manage the levers and provide on-the-ground knowledge to inform service delivery and our commissioning of services."

In August 2020, the Commonwealth asked Victorian PHNs to come together to develop a new state-wide service with a single mental health intake function, in just four weeks. The result was the HeadtoHelp service, which supported Victorians who were struggling with the impact of COVID, job losses and lockdown.

"We put our heads together at a clinical design level, at a data level, at a comms level and at a finance level and it has been very powerful because it's been about problem solving. And we have all continued the conversation and kept the collaboration going," she said.

"It's been really lovely to work with the Murray PHN team. Everyone has been switched on about different areas and incredibly generous with both their time and sharing their work. It means we are not all reinventing the wheel."

The EMPHN intake team were soon up to speed on Murray PHN's commissioned mental health services, and other local services that could be appropriate for some callers.

"For me, HeadtoHelp is the missing piece of the puzzle. It's consumer-facing, it's provider-facing and it's GP-facing. It's available through one central number, which means no one has to be aware of the 30 different services that a PHN might commission."

Rachel nominated the introduction of the IAR (intake and referral model) as another game changer, as it helped mental health professionals assess the services most appropriate for the consumer's individual level of acuity.

"Knowing where the person lives, what level of service they need, whether they need a diagnostic service, an eating disorder service, or are perhaps having an acute episode that needs a tertiary health response."

Initial estimates were that the service would receive 10 calls a week from our region – but HeadtoHelp's service offering and responsiveness meant that word soon spread. Calls to the 1800 595 212 line from Murray PHN's 100,000 sq km region were actually 30 to 60 a week, with others leaving messages on the website for call back services.

Rachel's team of seven has noticed a few differences between regional and urban callers.

"Regional consumers get up earlier and they all tend to call at the start of the day. I don't know if they're happier with the care they receive or they haven't had a service like this before, but just in terms of their evaluation data, the Murray folk are generally pretty happy; certainly happier than the city folk."

Rachel said the dominant reasons for people calling had changed throughout the pandemic, with a recent spike in unvaccinated callers

who had lost their jobs or were feeling the world was closing in around them and just wanted to talk to someone about it.

"We are still trying to map through the "sweet spot" of determining how far is too far in helping people navigate the mental health system. We need to land our callers safely (with a warm handover to an appropriate service) and then move on. We are an intake and triage service - not a concierge."

While COVID has helped embed telehealth, introduced HeadtoHelp, and doubled free Better Access sessions, Rachel points out that there have been some unintended consequences, where the workforce has not been able to expand to meet demand, and waiting lists have grown longer.

"That said, I think HeadtoHelp has been an absolute win and in the future, I'd love to see it being provided as a referral option through the psychiatric triage process at local area tertiary mental health services. HeadtoHelp can provide a step down service to ensure people get the best care as soon as possible.

"As we move towards any national model, we need to make sure we do not lose the secret ingredient of local knowledge. PHNs are ideally placed to help bridge the gaps between State and Commonwealth funded services."

From January 2022, Victoria's HeadtoHelp hubs will be integrated into the Commonwealth's new Head to Health mental health centres, which will use the same Intake and Referral model of care rolled out by HeadtoHelp.



## Providing non-clinical recovery support

Psychosocial Recovery Services (PRS) aim to address gaps in service provision for people who are unable to access the National Disability Insurance Scheme (NDIS), but whose recovery would benefit from receiving specialist psychosocial supports. Psychosocial services include a range of non-clinical supports that focus on building capacity and stability and include

social skills, social connectedness and friendships; family connections; managing daily living needs; financial management and budgeting; finding and maintaining a home; vocational skills and goals; educational and training goals; maintaining physical wellbeing; managing drug and alcohol addictions; and building broader life skills.

In 2020-21, Murray PHN-funded Psychosocial Recovery Services helped 693 people across:

- **506** National Psychosocial Support Measure (NPSM)
- **73** Extended Transition Arrangements (ETA)
- **114** Continuity of Supports (CoS)

### Achieving goals one day at a time



“Joanne” is in her 50s and has bipolar disorder and also other physical and intellectual impairments. She has complex family relationships, challenging living arrangements and is experiencing grief due to the death of a close relative. Joanne has difficulty seeking help when needed and tends to use much of her energy and time helping others. Through the Continuity of Support program, Joanne received supports including career coaching and help to maintain her connection with her GP, as well as access to a disability advocacy program and assistance to successfully apply for the NDIS. Regular face-to-face and phone contact helped Joanne to work through her challenges and develop the motivation to achieve her goals.

## Expansion of services to older people

This year, Murray PHN funded the expansion of Psychological Therapy Services (PTS) in Residential Aged Care Facilities (RACFs). The program model is based on the delivery of in-reach PTS interventions to residents with a diagnosed mental illness or who are at-risk of developing mental illness, using a multidisciplinary clinical team. Program referral may be initiated by residents or carers concerned about possible mental health issues, via the resident’s GP or by other RACF staff including personal care workers, nursing staff and allied health professionals.

The program reflects the high rates of mental illness experienced by people in RACF settings, with up to 39 per cent of all permanent aged care residents estimated as living with mild to moderate depression.

In April, the initial phase of the program’s rollout began in the Goulburn Valley and north-east of the Murray PHN region, targeting

more than 70 RACFs, and providing support services to more than 400 eligible residents with, or at-risk of, a diagnosed mental illness. In June, the program expanded to include 12 RACFs in the Campaspe and Gannawarra Shires. In August, the program was approved to

expand across Central Victoria and the North West regions, with the addition of a further 33 facilities. This expansion forms part of a phased rollout to establish services for this population throughout the Murray PHN region until 30 June 2023.





## Using the stepped care approach

Psychological Therapy Services (PTS) is a primary mental health service, funded by the Australian Government Department of Health to enable access to effective primary health-initiated evidence-based psychological interventions. PTS provides support for consumers experiencing diagnosable mild, moderate and in some cases, severe mental illness who would benefit from access

to evidence-based psychological interventions.

One of the aims of PTS is to promote an integrated, multi-discipline intervention approach based on the stepped care model. Central to stepped care is an integrated service system approach that allows the consumer to 'step up' to more intensive health care when there is a need, or 'step down' to more low intensity support

services as their mental health and wellbeing improves.

Generally, referrals to PTS are provided by an individual's GP or psychiatrist, by HeadtoHelp intake or mental health hub service provider. Referrals can also be made by a range of non-medical practitioners, depending on the PTS program type e.g. perinatal, child mental health, suicide prevention, residential aged care facility etc.

### Restoring a sense of hope



"George" is in his 50s and has depression and agoraphobia in the context of seizures, tremors and memory loss. He also has a range of complex physical issues, including a sleep disorder, osteoarthritis and HIV. Through Psychosocial Therapy Services, George was referred for counselling by his GP and identified his goals as restoring his sense of hope and identity, and improving his sleep, depression and agoraphobia.

Due to COVID, George attended all his appointments via telehealth. Usually, his agoraphobia would have made attendance difficult, if not impossible for him.

Using Acceptance and Commitment Therapy techniques during counselling sessions led to George improving his acceptance of his agoraphobia. He now reports having more moments of hope and feels more connected to things in his life and himself. He has been able to start to address his agoraphobia and can now go to his letterbox, walk to his next door neighbour's gate and put out rubbish bins.

### Back to enjoying parenthood

"Regan" is in her 30s and recently gave birth to a daughter. After her baby was born, Regan was referred by her GP for treatment of perinatal anxiety and depression. She was diagnosed with post-partum thyroiditis with her symptoms worsening early post-partum and exacerbated by lack of sleep due to caring for a newborn.

Regan wanted to return to work and was self-critical about this, resulting in experiencing thoughts of suicidal ideation. Regan felt frustrated, agitated, had poor concentration, and was generally not enjoying life or her daughter. At the beginning of her sessions, Regan set goals to improve her mood and anxiety, so that she could enjoy life and parenthood.

Regan received support services for five months and, through a model of Cognitive Behavioural Therapy, was able to focus on her depression and learn how to cope with the day-to-day pressures of being a parent. She also worked on understanding how she feels when becoming unwell to build a plan for relapse prevention to help her when things get tough.

During her time at the service, Regan's outcome measures steadily improved, indicating a reduction in severity of symptoms.



## Suicide prevention in our communities

Following the 12-month extension to Victoria's place-based suicide prevention trials last year, activities in our trial site communities of Mildura and Benalla this year focused on building capacity and strengthening supports through new resources.

In Benalla, activities were delivered with a strong community development focus, through the identity of Connect Benalla. Murray PHN has encouraged the sustainability of this community-led activity through our commissioning of Wesley LifeForce to support the local community suicide prevention network to be independent and sustainable. Network membership includes representatives with lived experience of suicide, supported by local service providers, and focuses on new initiatives and strategies that support suicide prevention in Benalla. Training by Roses in the Ocean resulted in the establishment of the Lived Experience Action Group. The group has since given media interviews and contributed to local service planning.

In the Mildura trial, postvention (the coordination of events during the aftermath of a suicide) has been a focus this year, with the launch of the Northern Mallee Suicide Postvention Protocol. The protocol was developed in partnership with Mildura Base Public Hospital, Victoria and NSW Police, headspace Mildura, StandBy National, Mallee District Aboriginal Services, Sunraysia Community Health Services and Northern Mallee Community Partnerships.

The protocol documents the ways in which the Sunraysia community coordinates and operationalises

postvention activity, and has a dual focus on bereavement support and the prevention of future suicides.

Our team also developed a new resource to help police on both sides of the border support people impacted by traumatic loss. The *Support through traumatic loss* resource was created in partnership with psychologist and headspace Mildura manager, Teresa Cavallo and Sunraysia community members who've lost their loved ones. Our special thanks go to Simone Benham and Rebecca Alderton who helped to review the resource.

Opportunities for building the capacity of people with lived experience of suicide have continued in Mildura, with the group co-designing:

- Operational guidelines for the Way Back Support Service.
- A community 'toolbox' wallet card for male suicide prevention to complement the general community suicide prevention wallet cards, that lists support services locally, nationally and online, as well as information on when people may need help.
- Postvention resources developed by the trial, including the Support through traumatic loss brochure.



*Pictured (L-R): Michelle Young, Inspector and Local Area Commander Victoria Police Division 6 Victoria; Teresa Cavallo, Manager headspace Mildura; Darren Brand, Inspector and OIC Southern Cluster Barrier District NSW Police Dareton; and Merryl Whyte (former) Coordinator Mildura Suicide Prevention Trial.*

## Helping people find their way back

In Mildura, Murray PHN has also commissioned The Way Back Support Service, designed by Beyond Blue, and delivered by Wellways and Mildura Base Public Hospital. The service supports people during the critical three-month period following a suicidal crisis and includes the person's family and other support networks. The service supported 79 participants in the year to

30 October 2021. Five of these participants returned for a second episode of service.

Todd McCarthy, Wellways Support Coordinator said, "The best part of The Way Back Support Service is we connect through lived experience with people at a very vulnerable time in their lives. We've seen this to be uniquely powerful."



## Building grit and resilience in Wangaratta

The Grit and Resilience Program is a community-led initiative aiming to improve mental health and wellbeing, and support for people affected by suicide in Wangaratta. The program is led by the Rural City of Wangaratta and commissioned by Murray PHN with funding from the Commonwealth Government. Since it began in 2019, the project has established a consortium to manage its design and implementation, inclusive of people with lived experience, in addition to health and social support services in the region.

Earlier this year, Murray PHN approved additional funds to extend the project to June 2023 to support the transition of the project to a community-led consortium. The funds will also help them to manage the ongoing evaluation of the project, design and deliver a campaign of community activity and empower communities by enabling them to contribute to local interventions that can build community resilience and reduce the risk of suicide.



## Tools for safe storytelling

In September, Murray PHN, in partnership with the Mental Health Coordinating Council, offered Safe Storytelling training to people who use, or would like to use, their lived experience of mental illness and recovery to help others.

All eight workshops were fully booked with 80 participants, including people with a lived experience of mental illness and their carers and families, community members and managers of peer support workers.

The training focused on the different methods available to tell stories and model experiences. They covered purposeful storytelling and safe disclosure, considerations when telling your story and crafting your own purposeful story.

*"Thank you for this wonderfully useful training. It highlights the importance of having boundaries and 'rules' around what we don't disclose, but also the importance of being human when we do*



*share and relate to someone else. Some of the most impactful conversations are had when others feel understood and that they are not alone. Two enthusiastic thumbs up for today's session."*

– Workshop participant

# Supporting young people through headspace

With a focus on early intervention, headspace provides young people aged 12-25 years old and their families with support at a crucial time in their lives – to help get them back on track and strengthen their ability to manage their mental health in future.

## New centre in Wangaratta

headspace Wangaratta opened in December 2020, as a satellite centre of headspace Albury Wodonga and staffed by lead agency Gateway Health. From opening to 30 September 2021, the centre provided 803 occasions of service to 233 young people. In responding to the local need, and in contrast to the typical satellite

centre approach, headspace Wangaratta established its own youth reference group; a platform from which local youth champions promote positive mental health in their community.

Gateway Health CEO Leigh Rhode acknowledged young people's important role in the development of the centre.

"From our initial survey of more than 1000 young people who told us what services they would like to receive, to the centre's design and the appointment of the youth reference group – young people's voices remain front and centre at headspace Wangaratta," said Leigh.

## Helping to make improvements

With assistance from Murray PHN, headspace centres in Albury and Bendigo received funding through the Commonwealth Department of Health's 2020 headspace Demand Management and Enhancement Program to improve their service delivery space.

Two GP treatment rooms have been added at headspace Albury Wodonga. Renovations and expansions also included using existing spaces to create extra offices and improving the group room. This infrastructure will support an increase in services, including the local communities' bushfire recovery.

The headspace Bendigo centre was refurbished, with improvements including soundproofing, tinted windows, curtain installation, new couches, tables, decals and artwork selected by the Youth Reference Group, following their audit on the centre environment. The tinted windows and new curtains have blocked out glare from the afternoon sun and have reduced the need for heating and cooling. Confidentiality during appointments has significantly improved as a result of the soundproofing.

Young people aged 12-25 years old and their families can visit the headspace website or call 1300 332 022 to access headspace services. In our region, headspace services can be accessed in Albury/ Wodonga, Bendigo, Mildura, Shepparton, Swan Hill, Wangaratta and soon in Echuca.

For support, resources and contact details of local centres, visit: [headspace.org.au](https://headspace.org.au)

"Coming to headspace has helped me put a lot of things into words and make sense of them. I know that I am capable and in a better position to deal with and make sense of bad situations now. I have come a long way and it feels good to be able to say that."

- Young person accessing headspace Bendigo services



## Together: Regional mental health planning

Murray PHN, in partnership with the four main hospitals in our catchment - Albury Wodonga Health, Bendigo Health, Goulburn Valley Health and Mildura Base Public Hospital - has led the regional integration work around service planning and delivery to develop the Together: A Regional Approach to Mental Health, Alcohol and Other Drugs and Suicide Prevention Foundation Plan.



With a focus on collaboration and integration, the aim of the plan is to work together to improve the mental health, physical health and wellbeing of people living in the Murray PHN region with or at-risk of mental illness or suicide.

The Executive Steering Group reconvened in November 2021 to begin work towards the development of a comprehensive service development plan that will be finalised in 2022. Murray PHN

is also recruiting a Mental Health and Wellbeing Regional Planning Coordinator who will be responsible for coordinating this work with our partners.

## Redesigning the DUO program

In August, Murray PHN funded Wellways to deliver the DUO peer education program for carers, family and friends of people with co-occurring mental health issues and alcohol and other drug use.

The program offers the opportunity to share and learn from the experiences of others with lived

experience of mental health and drug and alcohol use, in a supportive environment.

In 2019, Murray PHN supported the redesign of the DUO program, which was co-produced with local AOD agencies and program participant feedback. Program improvements included the addition

of up-to-date information about mental health and alcohol or other drug use, and awareness of local support options. The two-day program was delivered in Mildura, face-to-face, to meet the group's needs relating to their work schedules and carer commitments.

### Feeling better equipped and positive about the future



"Joy" is in her 60s, lives alone in a small rural town and is a carer of her adult daughter who has mental health and alcohol and other drug support needs. Joy was initially connected to Wellways 10 years ago, taking part in an education program for carers, and being connected with a Family Services Community Worker. At the time of initial referral, Joy was feeling tired and burnt out by her carer role. Joy's worker was able to identify her needs and connect her with regular emotional and practical supports which helped Joy meet many of her goals.

Earlier this year, Joy's worker suggested that she participate in the DUO program. Joy said that through participating in the program, she gained compassion

and empathy for her daughter, as well as learning new communication strategies, which she reported improved her communication with her daughter.

Joy's physical health improved, she is now working part-time and is active in her local community. Joy has also started volunteering at several community organisations, dedicating time to her own interests. Depending on her needs, Joy is able to step up or step down her supports through the Family Services Community Worker.

Joy said that the DUO program had changed her life and she is feeling better equipped, positive and confident about the future.

**Of 23 participants in the DUO program, 91 per cent indicated an improvement in knowledge and understanding of dual diagnosis after completing the program.**

# Responding to the needs of our communities: Alcohol and other drugs

Murray PHN works to improve the integration and coordination of alcohol and other drug (AOD) services across our region.

Our focus is to improve workforce development, through education around screening, harm reduction and brief interventions related to both licit and illicit drug and alcohol use, as well as to assist those people who have mental health concerns to receive treatment and support to prevent relapse.

In the Murray PHN region, a range of programs have been commissioned and are delivered by community

health services, general practice and Aboriginal Community Controlled Health Organisations, recognising the integrated health and social supports they provide to different target population groups.

Specialised support services include a multidisciplinary enhanced rural pharmacotherapy services with prescriber and dispenser support and access to addiction medicine services, as well as non-residential rehabilitation programs for adults to receive structured, intensive group and self-directed activities.

## Building a skilled AOD workforce

To help increase peer support and learning, the Victorian Alcohol and Drug Association were funded to deliver cognitive behavioural therapy and acceptance and commitment therapy education to AOD practitioners across the Murray PHN region.

To increase face-to-face networking opportunities, professional development and future planning, forums are planned and will be held in five regional locations across the region in 2022. The forums will also provide opportunity to thank providers and their workers for their hard work through the recent challenges of COVID.

### Increasing AOD support across the Loddon shire



CASE STUDY

The Loddon Shire has the highest rate of smoking (26.9%) and alcohol consumption at a level that leads to increased risk of alcohol-related harm on a single occasion (57%), of all local government areas in the Murray PHN region.

To increase access to alcohol and other drug treatment (AOD) in this rural area, Inglewood and Districts Health Services (IDHS) is providing treatment and management options for residents who live in the Loddon Shire, supported by funding from Murray PHN.

Through extensive community consultation, IDHS has delivered education on addiction and the misuse of licit and illicit drugs, such as the antisocial behaviour often associated with alcohol use.

Inglewood and District Health Services CEO, Dallas Coghill said it had been a fantastic opportunity to create an environment that allows people the opportunity for change.

“This program provides an integrated approach for people in need, to help them navigate through a difficult time, while also helping to reduce the financial and emotional burden that’s often linked with AOD misuse.”



# Responding to the needs of our communities: Chronic disease

The COVID pandemic has significantly impacted the delivery of chronic disease services, due to lockdowns and other requirements that limited both face-to-face and group services.

Community-based pulmonary rehabilitation services were the

most impacted and telehealth consultations grew, with 89 per cent of all consultations being delivered via telehealth in July 2020.

Each month, around 1300 people have still received our chronic disease allied health services and a total of 21,000 consultations have

continued to be provided through commissioned dietetics, podiatry, diabetes education and nursing services. Services have expanded in some parts of our region, including a social prescribing service trial in the City of Greater Bendigo.

## Patient experience and outcomes survey

In 2020-2021, Murray PHN introduced patient-reported experience and outcomes surveys for all 29 commissioned chronic disease programs.

To date, 889 people living with chronic disease have completed a survey, with 95.9 per cent feeling satisfied with the health care received and 88 per cent reporting they felt better able to cope with their condition because of the service.

*"I have felt very supported by this program. I was struggling with weakness, but due to this service, my confidence to engage in day-to-day life is much improved. I cannot thank you enough."*

*"I can now walk up to 15 minutes without being short of breath!"*

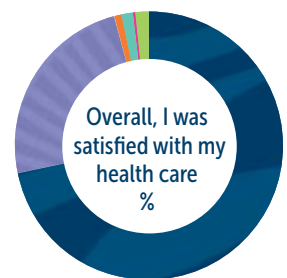
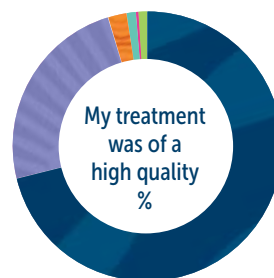
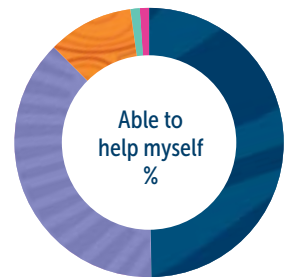
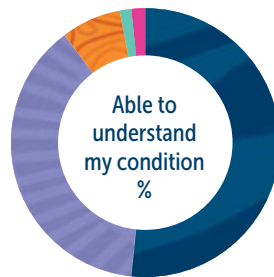
*"The online 'Zoom' exercise sessions have motivated me to exercise through COVID."*

*"I have learnt much better habits!"*

*"I like the way the different areas work together to look after me."*

*"The regular contact with a health professional has been very beneficial to my health."*

*"The time my practitioner has spent with me has helped me out to no end and I understand my condition a lot more."*



## Increasing health coaching skills

This year, Murray PHN funded 134 allied health practitioners to learn health coaching skills, to help them apply person-centred and best practice care, and to be able to work with patients and help them set their own care goals and strategies to manage their health.

*"Coming into this workshop. I was ignorant of behaviour change methodology, but I am happy to have learned so much that will improve my patient engagement."*

*"This training was the learning opportunity that I've been looking for to improve and upgrade my practice."*

*"Very valuable training for every health professional. It should be a core part of employment."*

*"Absolutely helpful and extremely practical patient-focused training. It will allow for greater patient engagement. Putting the patient in control of their own health in an easy-to-follow, systematic process."*

*"Very beneficial to building client engagement to promote actual intrinsic change in health behaviour."*

*"Thank you to Murray PHN for putting this training on. It will enhance client outcomes and self-management and will hopefully result in reduced hospitalisations."*

## National recognition for program

Alpine Health's Pulmonary and Cardiac Exercise and Education (PACE) program is funded by Murray PHN to provide chronic disease management support, with a focus on heart and lung health.

It includes one-on-one assessments, education, exercise classes and individual exercise plans. In its two and half year operation, the program

has received more than 300 referrals – helping to improve the quality of life and health outcomes for people living locally.

As the devastating bushfires of 2019-20 threatened the region and caused all team members to evacuate, the team continued to deliver the PACE program using telehealth.

During COVID, cardiopulmonary rehabilitation programs were provided in the home or at community venues, to reduce the risk of programs being held in a hospital setting.

Despite these challenges, Alpine Health's PACE team received national recognition by winning HESTA's Excellence Award for allied health in November 2020.

## Supporting care in rural areas

The rural and isolated practice endorsed registered nurses (RIPERN) scholarships support acute nursing staff in rural communities to expand their scope of practice, to provide urgent and primary care to those who need it, without waiting for a doctor.

Since Murray PHN began providing scholarships in 2017, 75 registered nurses are now RIPERN-trained across rural and remote urgent care centres, with another 15 set to complete their training by the end of 2022.





## Helping people access health services

Murray PHN has commissioned Health System Navigators in four regional health services. Health System Navigators provide non-clinical care and help to advocate for people who face barriers in accessing the health system.

Bendigo Community Health Services and Primary Care Connect in Shepparton have appointed Health System Navigators through their bi-cultural workforce, working directly with Karen, Afghan and South Sudanese refugee communities.

Bendigo Community Health Services began delivering services in April and, up to November, had supported 285 people. The services included assisting with cultural and linguistic barriers, providing education sessions and highlighting gaps in service where change is needed.

In August this year, East Wimmera Community Health Service and Mansfield District Health appointed Health System Navigators to support people in rural and remote communities living with complex and chronic health conditions.

Their core focus has been to improve health literacy for people and to enable better health outcomes.

These roles have been strongly promoted across the community as a referral pathway, particularly in general practice. Extending out to surrounding local government areas (Benalla, Gannawarra and Loddon), they have resulted in a more streamlined process between service providers and a clearer view of the service gaps that mean people require the additional support of a Health System Navigator when accessing services.

## Supporting refugees

Many refugees arriving in Australia suffer from multiple and complex health issues that are influenced by both pre-and post-arrival experiences. One of the challenges of western health care is that it is often very different to what someone has experienced and

been able to access in other countries. When patients understand the purpose and rationale of preventative care activities for example, they are much more likely to participate.

Gateway Health received funding to develop a culturally appropriate

nurse-led clinic for refugee clients diagnosed with chronic conditions or at risk of chronic disease. The nurse navigator helps to navigate access to mainstream and specialised health services and helps to provide health education and assessments, with literacy support.

### Health screening for all



Born in Africa, "Marie" arrived in Australia under a "women at risk" visa category with two of her family members. Although her English was limited, Marie presented with an uncomplicated medical history and completed treatment for latent tuberculosis on arrival.

Catch-up immunisation sessions gave health professionals an opportunity to discuss other preventative health measures including cancer screening.

Marie was eligible for cervical screening, although she had never been screened. To explain the importance of screening and to build Marie's understanding, she was shown a Swahili-translated video, with a translator on hand to answer any questions.

Marie was then confident enough to proceed and complete her self-collected cervical screening sample.

## Navigating the health system for diverse communities

Posao 'Nido' Taveesupmai and his family have settled in Bendigo, but it was a long and difficult journey to get here. Born in Burma and from the Karen minority group, Nido spent more than 10 years in a refugee camp. This experience has shaped his life, and the work he loves.

Nido is a Humanitarian Community Guide at Bendigo Community Health Services. Commonly referred to as a 'health navigator', Nido helps Karen people access health care by guiding them through processes such as making appointments, understanding written information, and translating during consultations. It's a role he truly enjoys.

"My role is to help people. To try to help people understand their appointment letter or referral letter and to take them to their appointment. Some people don't feel very comfortable talking to the doctor. They feel more comfortable having someone they know can speak their language to be present with them."

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< *Continued from page 42*

Nido explained that many Karen people have little or no experience accessing health care, and why he is so committed to the work he does.

“Many Karen people who live in Bendigo were not born in the city. They were born in the jungle and had to farm to survive. They didn’t go to school. They had to be on alert because of the Burmese military. Sometimes they had to be in hiding. People lived in refugee camps. We never had a proper hospital or health facility, or professional doctor or well-trained counsellor. It’s something we never had before, and didn’t have a chance to learn, so I feel like Karen people lack understanding in health literacy.

“Compared to them, I’m in a better place. I speak Karen, Burmese and English. I went to university in Australia. My knowledge and my experience drove me to assist Karen people because I feel I can help them.”

Improving health literacy within the Karen community is at the heart of Nido’s work. He believes that breaking down barriers is the key, in the areas of both physical and mental health.

“I feel many people don’t understand the benefits of using health services because back home and in their refugee camp, there were no services. For example, the words ‘mental health’ did not even exist in my community. Before coming to Australia, we thought mental health was about craziness. So, when people are experiencing mental health issues, they tend not to speak out. They are afraid of being judged by other people, or that their information will be shared around in the community as rumour.

“Also, many people just complain about body aching or muscle pain or tummy ache or headache or trouble sleeping. They don’t know that this is something that might be related to a mental health issue or their past experiences. Some migrants and refugees come here with post-traumatic stress disorder

**“To improve health literacy we need to educate people first. I think we have to update education in schools. Teaching younger people helps older people too. We need to educate people to understand their bodies. We need to talk about mental health.”**

and we need to understand that. We need to help them understand that their physical pain might be related to their mental health. We need to educate them.

“So this is part of my responsibility working with Karen people. I can communicate with people in English. I can also talk with them in their language. I can help educate about health literacy, and about mental health issues as well.”

Nido recently assisted a Karen community member to successfully apply for and access NDIS support. It was not something he had done before, however as he enjoys learning new things and loves a challenge, Nido used his skills to help the client download and complete forms, accompany him to doctors and specialists, make phone calls on his behalf and lodge the application.

“His case was approved, and I felt very, very happy that a man who had never received any kind of assistance before would now receive government support.”

The Murray PHN funded health navigator program at Bendigo Community Health Services also supports local Afghani and Sudanese communities with in-language services.

“I think some Karen people and many other refugees and migrants that live in Bendigo have never been to school. It doesn’t mean that they didn’t want to go to school; they didn’t get the chance.”

Nido believes that improving English language skills and focusing on education will in turn impact the level of health literacy within the Karen community and other ethnically diverse communities.

“To improve health literacy we need to educate people first. I think we have to update education in schools. Teaching younger people helps older people too. We need to educate people to understand their bodies. We need to talk about mental health.”

COVID-19 has presented Nido and other health navigators with new challenges. Not able to deliver the same level of in-person services, he has seen pressures build for people because of language barriers and low levels of digital literacy.

“We have not been able to support face-to-face as before, and people have found that challenging. People have been at home. There have been fears about going to the doctor, and stress about accessing telehealth with logins and links because some people are not so digitally literate. This has meant that appointments have been postponed or cancelled. People have put off visiting the doctor for fear of catching COVID. Sometimes health conditions have deteriorated. These pressures have led to mental health issues as well, as lockdown restrictions have meant increased anxiety for some.”

Nido believes that positive things can emerge from challenges such as this, and has pivoted the way he works during lockdowns.

“I realised we need to communicate with audio-visuals to reach as many people as possible and share information about such things as restrictions, vaccinations and changes. So, I prepared and filmed videos. I even taught myself to edit. We have shared them on Facebook, a platform the Karen community use. This has been really useful.”

## Emergency help after hours

Murray PHN works to improve local service integration and address gaps in after-hours services, particularly for vulnerable and rural and remote populations.

The Murray PHN region includes 33 of Victoria's 67 urgent care centres, which are based in district hospitals, health services and bush nursing centres.

Urgent care centre services are typically delivered through registered nurse-led models of care, with support from a local GP. However, in some locations, such as Boort, Kerang and Robinvale, there are no or few GPs to cover an urgent care after-hours roster.

To improve options for local people and to provide support for staff, Murray PHN has funded access to the My Emergency Doctor program. The program helps urgent care centres to deliver nurse-led patient consultations, when additional clinical support is required and the patient cannot wait for treatment. It connects the nurses to an emergency physician doctor via video call. The consultation allows prescriptions, diagnostics and referrals to be emailed to the nurse, so that medications and tests can be arranged.

In 2019/20, My Emergency Doctor (MED) access was provided to 10 urgent care centres. In 2020/21, this expanded to 27 urgent care centres and 25 residential aged care facilities.

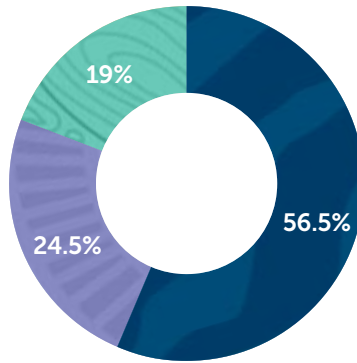
In the 12-month period to 30 June 2021, 2822 consultations were provided by MED across urgent and residential aged care sites. Approximately 80 per cent of these were managed on site without needing to transfer to other health facilities.

Without this support, 696 people may have had to travel, often by ambulance, up to 100 kilometres to another facility, where they may

have had to wait several hours in an emergency department, or wait until a local GP might be available in following days.

Usage rates rose substantially in 2021, and we extended the total funded calls to My Emergency Doctor to meet the demand.

The system benefits nursing staff, GPs and local patients. Nursing staff report feeling more supported and less isolated and vulnerable, by having access to the service; GPs report a better work-life balance from not constantly being on an after-hours call roster; while patients appreciate being seen and seeing the doctor on the video call.



### AFTER HOURS SERVICE PERIOD

Consultations occurred:

- Before 8am and after 6pm weekdays
- Before 8am and after 12pm Saturdays
- Sundays or public holidays

*Pictured L-R: Lesley McLellan, Myra Chua and Shannen Collins from Corryong Health*





*Pictured: Melanie Molluso and patient, Lisa Roberts*

## Technological solutions to help clinicians monitor patients' health

When it comes to health care, society can be quick to assume that older people in our communities will struggle to embrace new technologies. But Melanie Molluso, from Echuca Regional Health (ERH), has discovered that the opposite is true.

Mel is an experienced nurse and project coordinator for the ERH site of Murray PHN's remote patient monitoring program for chronic disease management to help prevent potentially avoidable hospitalisations.

The program helps people monitor their health in their own homes, with the security of knowing that skilled medical professionals are analysing the data that they upload.

Teaching her clients to use a range of devices that speak to a smartphone app to check their health has been straightforward, and both adherence and compliance levels remain high. Chronic diseases include heart failure, diabetes and COPD (Chronic Obstructive Pulmonary Disease).

"Some clients had never used their phone as a smartphone, but I've been absolutely delighted at how well they've taken on the technology; how they've embraced it, and how they've continued to really enjoy it," she said.

Using a range of devices selected by their clinician, patients can take their own pulse rate, blood

pressure, weight and glucose levels and upload the data via Bluetooth. The data is monitored by the project team, via a program that helps them quickly see the information they need. Alerts are sent to the clinicians when someone's readings are outside the normal range, and telehealth appointments can be quickly organised.

Encouragingly, there have been unexpected benefits for patients on the program.

People who had previously felt there was little they could do to improve their own health began to recognise and articulate their signs and symptoms. [\*Read more >\*](#)

< *Continued from page 45*

The awareness of those symptoms and being able to relate them to their vital signs reduced patients' anxiety.

"We've even picked up on some changes in patients' health that were evident before they had a deterioration. We didn't expect that."

The remote monitoring program has been set up alongside Echuca Regional Health's existing complex care programs, providing wraparound care for those involved. It has meant that Mel is able to see people in their home, or even go with them to see their specialist, GP or diabetic educator.

"We've helped patients to be able to ask what they can do to stay well, whereas previously patients didn't seem to feel that there was any way

they could stay well," she said. "I get emails from their specialist or their diabetic educator and I feel we are able to support clients a lot more closely."

A significant part of the Echuca program is setting out action plans with the patient's GP to support them when their health is deteriorating.

"So that has reduced the anxiety for clients. They have a plan for when they get sick, they're not just having to go to hospital, or to reach out to their GP. They are becoming more confident of managing their own health. I feel that it's awesome to watch."

After working for many years in acute practice, Mel relishes the health education part of her work

"I've been passionate about COPD and heart failure for quite a while. I have worked with our community rehab centre, our pulmonary rehab program and I did run a heart failure rehab program as well.

"If you can teach somebody about their health and about their condition and what they can do to feel well or to stay well and out of hospital, I just find that so rewarding. With COPD and heart failure particularly, it can be just little tweaks and they can stay well."

As for the program, Mel is a great advocate and would like to see it continue and be extended. "I just feel there's so much room to push it further. We could just keep pushing and pushing. It would be great."

Murray PHN's remote patient monitoring program helps to improve a patient's health literacy and the self-management of their chronic condition.

One hundred patients at 17 locations in Albury/Wodonga, Bendigo, Heathcote, Cobram, Corowa, Echuca, Seymour, Swan Hill and Murchison, are involved in the trial, along with staff from two regional hospitals, three Aboriginal health services and 11 general practices.

Almost two thirds of patients are aged 61 and older, with people over 80 most likely to adhere to the program. Patients say that the daily monitoring is very reassuring, and they feel they are receiving a higher level of care knowing that someone is checking their results regularly.

*Pictured: Echuca Regional Health Nurse Unit Manager Andrea Barry, Murray PHN CEO Matt Jones and Echuca Regional Health Remote Patient Monitoring Project Coordinator Melanie Molluso during the launch of the remote patient monitoring program.*

**110** PATIENTS  
**17** LOCATIONS  
**2** HOSPITALS  
**3** ACCHOS  
**11** GENERAL PRACTICES



*Photo courtesy of: Riverine Herald photographer, Cath Grey*

## Investing in sustainable practices

During 2019 and 2020, Murray PHN invited general practices and urgent care centres across our region to apply for \$5.27 million in funding for a range of opportunities in chronic disease, after-hours, mental health, and alcohol and other drugs support. The funding has assisted general practices to design and deliver innovative, local and needs-based services. Our investment approach also supported our long-term strategy to aid the sustainability of practices across the region, while also addressing the needs of priority populations.

### Supporting end-of-life wishes



CASE STUDY

"Peter" was a fit middle-aged man and although he lived in a remote area, he remained an active member of the community. But last year, he received a cancer diagnosis, that required an urgent transfer to a metropolitan hospital.

Several months of unsuccessful treatment later, Peter returned home to die.

Peter's home was located in Murrumbidgee Health's catchment, but the remoteness of his property and the distance from any Murrumbidgee services made it challenging.

As he had been a patient of Walwa Bush Nursing Centre, they agreed to partner with Murrumbidgee to provide the majority of care. Walwa was available

24/7 to provide advice and support over the phone and visited each day, mostly out of hours, to assist with medication administration, personal care and problem solving.

Despite some of the barriers, the quality of care that Peter received remained high. Importantly, he achieved his wish to die in the home he had built, overlooking the bush he loved, surrounded by his family, both peacefully and with as much dignity as possible.

The funding that Murray PHN provided to allow Walwa to be available at night, on weekends and public holidays, gave Peter and his family that compassionate option.

## Quality improvement in general practice

Quality Improvement (QI) is a system of regularly reviewing and refining processes to improve them, and therefore, also improving the quality of care patients receive.

Increasingly, evidence demonstrates that QI activities lead to positive change in practices, particularly when implemented using a whole-of-team approach, helping to

improve safety, effectiveness and better health outcomes for patients.

Murray PHN is developing self-guided resources including videos and templates with easy-to-follow steps to help practices assess performance and make measurable improvements in areas such as mental health and alcohol and other drugs.

These tools demonstrate not only how easily practices can introduce small changes and make quality improvement a key focus, but help to build the health care team's knowledge, skills and confidence.

To learn more, visit: [murrayphn.org.au/generalpractice/practice-incentives-program/](https://murrayphn.org.au/generalpractice/practice-incentives-program/)

## Pharmacy in general practice

The co-location of pharmacists within general practice is recognised as a way to develop collaborative working relationships, reduce fragmentation of care and allow better patient-centred chronic disease and medication management services.

As part of Murray PHN's Investment in General Practice funding, two general practice clinics – Docker Street Medical Centre and Ontario Medical Clinic - were initially funded to trial this model of care, expanding to iHealth Albury and soon to Yarrawonga Medical Clinic.

Practices have reported added benefits, including significant upskilling of staff and increased knowledge

of appropriate prescribing behaviours, medication side effects and drug interactions. Rates of Home Medicine Review uptake have increased with patients, that have resulted in optimisation of medication usage and reduced risks and unplanned hospital admissions.

Changes to the Workforce Incentive Program eligibility criteria in February 2020 mean that non-dispensing pharmacists are listed as an appropriate health professional to integrate with the general practice team, and so, opportunity exists for practices to engage with non-dispensing pharmacist services in a similar way.



## Funding new pharmacy model of care in general practice

Kim Ching is a consultant pharmacist and managing director of two Wangaratta general practices that she runs in partnership with her GP husband Dr Julian Fidge, the practice principal.

“When we were initially looking to invest our time, effort and finances, we had big conversations on what are we going to do and why are we going to do it,” she said.

“At times, it has been really good to look back and remind ourselves of these goals. While sometimes you have to agree to disagree, it’s all a learning process and the important thing is to have time to switch off and not let work negatively impact on the relationship.”

After graduating with honours from Adelaide’s University of South

Australia, Kim’s first job offer was as trainee pharmacist at North East Health Wangaratta in 2004. From practising pharmacy in the hospital setting, she moved into retail pharmacy before becoming an accredited consultant pharmacist, providing home medication review services.

Through that process, Wangaratta became her home, where her family of four now lives. As Docker Street General Medical Centre got bigger, Kim began providing occasional administrative support to help her husband. Before long, they opened a second purpose-built facility – South Wangaratta Medical Practice – with Kim working as full-time managing director of both sites.

Kim said that it was their shared vision that made opening the

second practice an easy decision, with a team that includes a podiatrist, dietician and diabetes educator.

“It’s fantastic to have a multidisciplinary team on site, as it enables collaboration, conversations and communications between clinicians.”

Docker Street was the first bulk-billing centre in Wangaratta, while South Wangaratta is mixed-billing because “the full bulk-billing model is very challenging and not a sustainable business model.”

But some services are always bulk-billed. “We will not charge a gap fee for childhood immunisation and cervical cancer screening.

[Read more >](#)



< *Continued from page 48*

To us, it's an essential service and we want to make sure that cost is not the reason why someone wouldn't access an important service."

Patients can now access a free consultant pharmacist, providing medication reviews in the practice or at home. Kim described this as a very new role within general practice, made possible by funding from Murray PHN.

Follow up appointments allow for the consolidation of medication compliance, de-prescribing, educating patients on their medications, medical devices and lifestyle modifications, all in conjunction with the patient's GP and nursing team.

"Initially, we sought advice from peak bodies to put forward a business case to Murray PHN. We then worked on getting the guidelines together, creating a baseline work model and a position description."

The practice recruited their consultant pharmacist two years ago. Kim oversees clinical governance and reporting, and steps in when the consultant is not available.

She says the biggest opportunities are in preventing medication misadventures and de-prescribing, which is the process of discontinuing drugs that are either potentially harmful or no longer required.

The consultant pharmacist role also assists with general medication advice on new PBS listings, care coordination and health assessments for patients, as well as training for clinicians and staff. It also allows for more extensive collaboration, with practice nurses, community pharmacy and other health services coming together for case conferencing.

"When everyone works together, rather than in silos, it's a much more holistic level of care."

During the pandemic, the services provided became more creative with the production of educational videos and live 'Ask the pharmacist' chats on Facebook.

Kim says that with some level workforce support payments available, it's a model that other practices could implement, although pharmacy services do not generate income in themselves.

"If there's a clinic interested in this model, they don't need to re-invent the wheel. We are very grateful to have the funding to be able to work on it and would love to share it with other practices."

Both Wangaratta practices also receive funding from Murray PHN for after-hours medical services, smoking cessation programs and a COVID vaccination project to reach vulnerable people.

Kim acknowledged that the lockdown had been tough in the north-east, particularly as businesses impacted by the bushfires had not had much chance to recover before the pandemic arrived.

Despite the challenges, Kim has seen a positive in the rise of digital health into rural areas, particularly eScripts and telehealth.

"I hope we can capitalise on the momentum and take everything to the next level. But we must be mindful that not everyone has the ability, the capacity or access."

Kim said Murray PHN had been a great resource for their practices and is effective at both collaboration and coordination.

"There is no chance for us to communicate between the levels of government but we can let the PHN know what the challenges and opportunities are. The opportunity for PHNs is to continue to advocate and influence policy, government and primary health care reform on behalf of the stakeholders working at the coal face."



## Improving eye health outcomes

Most blindness and vision loss is preventable or treatable if detected early, so it's important that people have regular eye tests, even during COVID-19.

Murray PHN is working with Vision Initiative to help improve eye health outcomes in the region, as part of the National Framework for Action to Promote Eye Health and Preventable Avoidable Blindness and Vision Loss.

A webpage and toolkit have been developed to assist health professionals including diabetes educators, nurses, pharmacists and general practices to complete training, quality improvement (QI) activities and access resources.



Visit: [murrayphn.org.au/eye-health-and-vision-care](https://murrayphn.org.au/eye-health-and-vision-care)

## Promoting carer needs

Carers provide a vital role in helping those they care for maintain independence, wellness and quality of life. However, carers themselves can experience a range of negative health, social and financial impacts as a result of their caring role. It is estimated around one in 10 patients seen by GPs is a carer.

As part of the Victorian Carer Strategy 2018-2022, Murray PHN is assisting GPs with guidance and resources so that they are able to identify carers, involve them in patient care where appropriate, are aware of the range of issues that carers may face and support them to maintain the caregiving situation, and monitor their own health and wellbeing.



Visit: [murrayphn.org.au/gp-carer-awareness-training](https://murrayphn.org.au/gp-carer-awareness-training)

## General practice business resilience program

Building business resilience is an ongoing challenge for general practices and other private primary health providers, often exacerbated in changing environments brought on by pandemics, regulatory changes and workforce availability.

In April this year, Murray PHN established the Business Resilience Program; 'Insight, Learn, Develop' to support practices in our region as they build their business viability and develop into high-performing practices.

The three-part program has assisted practices to focus on key areas, such as adaptability in the face of adverse events, using digital technology to enhance business and health outcomes and attracting and retaining workforce.

Leading business consultants Medical Business Services, Medicoach, Train IT Medical and Larter Consulting have provided information through webinars, individualised learning support and peer group discussions. So far, 45 practice staff have participated in the program; which will continue to support practices into 2022.



Visit: [murrayphn.org.au/businessresilience](https://murrayphn.org.au/businessresilience)

## Improving the quality of referrals

The eReferral program was introduced in 2016 to improve the coordination of referrals between primary and secondary health care providers in the Loddon Mallee region.

With support from the Australian Digital Health Agency, secure electronic transmission of patient data and clinical requests have been occurring instantly between a number of regional health services and 56 general practice clinics.

eReferrals use standardised forms that are compliant with Victorian state-wide criteria for all relevant service

types. The forms can be automatically populated from conformant clinical software and sent directly to the referral site, to reduce administrative burden on both the practice and other health services.

Moving away from paper-based referrals saves time and importantly means that patients receive the care they need more quickly.

eReferral is working well at Bendigo Health specialist outpatients clinics with around 1000 eReferrals sent each month and more than 36,000 sent in total.

## Increasing specialists' use of My Health Record

Specialists and their patients, practice managers and administrative staff can benefit by using My Health Record. Local Bendigo psychiatrist, Doug Bromeley worked with Murray PHN this year to record a video for specialists explaining the benefits he has experienced.

Doug has been a regular user of My Health Record for the past two years and has seen the time-saving benefits to his practice and

patients. He appreciates having a more detailed medical history of his patients, especially those with a complex history, helping him to provide better care.

"You may well be surprised, as I was, about how much information My Health Record gives you in a really efficient manner," he said.

"I find My Health Record to be a very effective and efficient way to access a wide variety of important patient

information – it saves me time, but more importantly, allows me to get the most complete clinical picture.

"I particularly value the ability to see Medicare consult and PBS prescription dispensing records, going back a number of years. This has been invaluable in understanding complex presentations and medication regimen history of many patients."

## More information in a record

In January, patients in the Bendigo region were given the option of choosing radiology and pathology reports to be uploaded to their My Health Record, following the connection of Bendigo Radiology to the online system. Having these reports available means treating doctors and specialists can instantly and securely access health information. As hard copy reports can be easily misplaced, it is hoped this will contribute to saving the cost and inconvenience of unnecessary re-testing.

Pathology and diagnostic imaging views by general practice increased by 80 per cent from December 2020 to October 2021.

*Pictured below L-R: Dr Sarah Skinner, Bendigo Radiology radiologist; Amanda Cattermole, CEO of the Australian Digital Health Agency and Matt Jones, Murray PHN CEO*

*Left: Bendigo psychiatrist, Doug Bromeley*




**IN THE SPOTLIGHT**

“The main strength of pathways is the local referral information. It makes it so much easier for new doctors and nurses, particularly those shifting into the area, and is why I promote it at any opportunity.”

## Using local and clinical referral pathways

Living eight kilometres down a winding dirt road on a farm near Quambatook, Kathryn Cunning worked casually as a registered nurse for the blood bank while homeschooling her two children.

It meant they didn't have to take the three-hour bus trip to school in Swan Hill each day, but once the children reached high school age, the family moved to Bendigo to continue their formal education.

Starting casually at Golden City Medical Clinic 15 years ago, Kathryn set up a chronic disease management clinic at another practice but found herself back at Golden City as their senior nurse in 2013.

“The continuity of care is what I love about general practice. We

have four generations of family members attending Golden City. I love that.”

Kathryn now spends her time working between the clinic and St John of God Hospital Bendigo as their Private Patient Liaison Nurse and GP Liaison Officer. She also takes part in clinical working groups for Murray HealthPathways; a free web-based portal that guides best-practice assessment and management of common medical conditions, including when and where to refer patients, with guidance on what information is needed.

When Kathryn started at Golden City, information about specialist practitioners was scant. “There was a deep need for something like HealthPathways back then.

It's such a great resource to have now, as everything is together in one spot and it's being updated all the time. Even if you log on and find information is wrong, you can send a message to the clinical editor who will review and update it.

“The main strength of pathways is the local referral information. It makes it so much easier for new doctors and nurses, particularly those shifting into the area, and is why I promote it at any opportunity,” she said.

When new doctors start, one of the first things Kathryn shows them, is HealthPathways.

“But one week I was on holidays and came back to learn that a new doctor had sent a general mental health plan to the Raphael Centre,

[Read more >](#)

< *Continued from page 52*

which is a post-natal service. So I showed the doctor HealthPathways and that if you click on private mental health services in Central Victoria, you get a list of all local providers and what they specialise in.

"If I could compliment the PHN for the work they've done, it's for the mental health area. It's a big help to know who specialises in what, so thank you."

Kathryn said the newer state-wide pathways such as urology and obstetrics were very helpful, as they help doctors to know exactly what was required before a referral could be sent into the public system.

"You don't want to delay the patient getting seen, have them come back and chase up the referral or worse, spend time doing another referral. It gives you comfort knowing that the patient gets in the door a lot quicker."

Kathryn is also a member of Murray PHN's Clinical Advisory Council and has seen the evolution of primary health care support through Divisions of General Practice to

**"You don't want to delay the patient getting seen, have them come back and chase up the referral or worse spend time doing another referral. It gives you comfort knowing that the patient gets in the door a lot quicker."**

Medicare Locals and to PHNs.

"The PHN is way in front of where Medicare Locals were but you've got a very big job to do. You're not just looking after doctors and nurses, you're looking after all primary health care."

Like most in general practice, Kathryn's work has been impacted by COVID. One of her major concerns has not being able to do the over-75 health assessments last year. "Older people have been neglected and isolated and some have received late diagnoses.

"I've got one strong and active 84-year-old patient who used to be a runner. They sat in my room in February in tears, saying they could not do another year of lockdown. It's so sad because time is precious at that age. One year is like 10 to them."

While she is now beginning to get the health checks back on track with COVID restrictions easing, it hasn't been easy. "Some patients I haven't visited for two years and it's hard because they're lonely and because I've lost touch with them, it's like I'm starting from scratch again."

She described telehealth and eScripts as the biggest positives of COVID.

"Previously we were on the edges but now doctors can get repeat scripts done over the phone. It makes it so much easier, particularly for patients living long distances from the practice, older patients or those with a disability."

## Providing evidenced-based pathways

There are now more than 700 clinical referral pathways available to assist health professionals in knowing how to assess, manage and refer patients in our region.

This year, there have been 475 requests for new passwords, 43,426 website logins and 139,244 webpage views. Several clinical suites have been developed, including 20 COVID-related pathways that have been promoted by RACGP and the Commonwealth Department of Health, due to them being regularly updated each time new guidelines and advice are released.

**"Murray HealthPathways is a great resource on multiple topics and daily use in practice will help me to provide evidence-based and up-to-date care to my patients. It's also a great resource for my learning for RACGP exams."** - GP Registrar

During 2021, a cancer care survey evaluation was undertaken with the University of Melbourne and School of Population and Global Health; a new mobile responsive HealthPathways website was launched; state-wide specialist referral criteria and non-elective surgery changes were incorporated into relevant pathways; and more than 30 local health professionals took part in three clinical working groups, including one for family violence.

To learn more, visit: [murrayphn.org.au/pathways/](http://murrayphn.org.au/pathways/)

### Top 10 highest pageviews (Nov 2020 – Oct 2021)

1. Hypertension
2. Headaches in Adults
3. COVID-19 Vaccination Information
4. Non-urgent Adult Mental Health Referrals
5. Antenatal Care - First Consult
6. COVID-19 Initial Assessment and Management
7. Medical
8. Abdominal Pain in Adults
9. Women's Health
10. Mental Health

## Improving care for children

Out-of-home care is temporary or permanent overnight care for children under 18 who are unable to live with their families due to child safety concerns.

Between 2017 and 2020, the number of children in out-of-home care in Australia rose from 43,000 to 46,000. Of those children, 94 per cent were on care and protection orders. Two thirds (67%) had been continuously in out-of-home care for two years or more, and of these, two in five were Aboriginal or Torres Strait Islander children.<sup>1</sup>

Difficult childhood experiences including maltreatment, neglect or exposure to domestic violence mean that children in out-of-home care often have complex and chronic issues that include physical, neurological, developmental, psychological and behavioural difficulties.

Caring for these children is made difficult by their incomplete health records, complex referral and legal consent processes, and often a lack of clarity about who will pay for medical care. This leads to fewer routine health checks, under-immunisation and undiagnosed or untreated conditions.

For First Nations children, lack of cultural care planning can also cause further intergenerational trauma and diminish their connection to community, culture and country.

The Young People in Out-of-Home Care pathway has recently been reviewed by Dr Susan Webster, Honorary Research Fellow at the Department of General Practice, Melbourne Medical School, University of Melbourne.

After PHNs were established in 2015, Dr Webster published an academic paper looking at the opportunities for PHNs to support this group, in line with their objectives of improving care for those at risk of poor health outcomes.

Dr Webster's suggestions for improving care included understanding local child protection data, developing systems and networks to engage health professionals, improving system linkages, knowledge and coordination through clinical pathways and ultimately improving the continuity of care.

Local health professionals can now access this updated pathway as a guide for caring for young people in out-of-home care.

1. Child protection Australia 2019–20, Summary - Australian Institute of Health and Welfare ([aihw.gov.au](http://aihw.gov.au))

"Coordinating comprehensive, multidisciplinary care is vital but challenging for this important patient population. The pathway encourages mindfulness and sensitivity to the special health care needs of these children, who often fall through the gaps. It offers valuable resources to make health needs assessment and joint working easier, as well as signposting clinical red flags."

*Pictured: Dr Susan Webster,  
Department of General Practice,  
University of Melbourne*



## Working together to improve rural health care

Improving health outcomes for people in rural areas requires us to develop new ways of providing primary care.

Murray PHN has developed the concept of Integrated Health Networks (IHNs); aligned networks of health providers working together and sharing resources to improve the capacity and coordination of

multidisciplinary health services to meet the needs of providers and local communities. This year, the Buloke, Loddon and Gannawarra Health and Wellbeing Executive Network (BLG) established the IHN Alliance working group with Murray PHN to develop the Integrated Health Network concept further in the sub-region.

## Increasing access to paediatricians

In rural and regional Victoria, there are often significant wait times and costs to see a paediatrician or to access specialist paediatric health services. Barriers to appropriate, accessible health care can put children at risk and lead to poorer health outcomes as adults.

In 2018, a Community Paediatric Project pilot was commissioned by Murray PHN and evaluated by Flinders University, demonstrating a clear need for the service in the region.

Murray PHN has since improved access to community paediatric services for vulnerable and underserved children in Bendigo, Euroa and Mildura, to address poor health outcomes associated with adverse childhood experiences.

Sunraysia Community Health Services welcomed Dr Daniel Ki (pictured) from Mackay, Queensland in March. Dr Ki has

broad experience in inpatient and outpatient paediatrics and is passionate about regional, rural and remote child health.

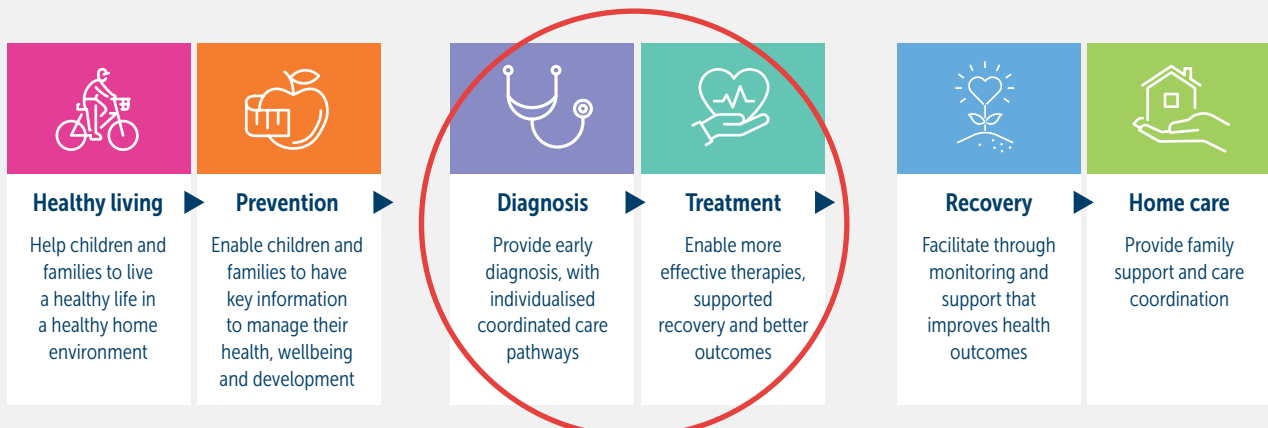
The services Dr Ki provides are oriented towards behaviour, learning and development, rather than a traditional medical model of care, and integrate with other local services to build collaborative working relationships across the sector and region.

St Anthony Family Medical Practice's community paediatrician work is guided by a child health panel that includes a mental health nurse, to enable a genuinely collaborative approach to service delivery. The child health nurse is actively engaged with families to provide support, advice, screening and referrals before, and in the review period of paediatrician appointments.



As part of the model, other dedicated clinicians in the team include a paediatric physiotherapist and a soon-to-be child psychiatrist. They also hope to add a paediatric endocrinologist, speech pathologist and occupational therapist. The practice's family liaison coordinator has also recently begun training to support families preparing their NDIS applications, while more part-time paediatricians are set to join the team in 2022.

## St Anthony Child Health and Wellbeing Program



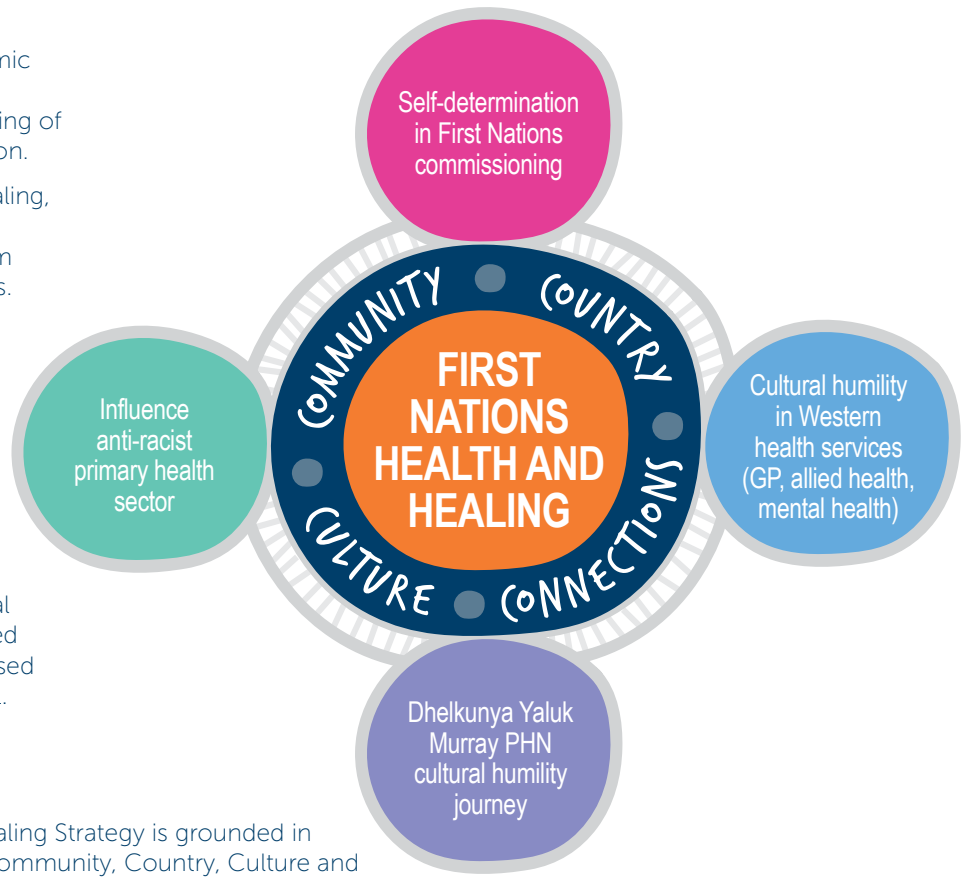
The elements of the program that are directly co-funded through this project are **Diagnosis and Treatment**

# First Nations Health and Healing Strategy

Murray PHN has committed to addressing the impacts of systemic racism and colonisation on the experience of health and wellbeing of First Nations peoples in our region.

To enable reconciliation and healing, Murray PHN acknowledges the knowledge, strength and wisdom held by our First Nations peoples. We understand that we will find the way forward, together, ensuring access to appropriate, respectful, and timely health care in the primary health sector.

The development of a First Nations Health and Healing Strategy has been informed by recommendations from the local Aboriginal Community Controlled Health Organisations and endorsed by our Board in September 2021.



## The strategy

The First Nations Health and Healing Strategy is grounded in First Nations world views with Community, Country, Culture and Connections underpinning the work. It is built on the Weenthunga 4Rs and our commitment to being an anti-racist organisation.

The strategy has four cornerstones that address and enable an authentic and comprehensive approach to First Nations Health and Healing:

- 1. Make it together - Self-determination in First Nations commissioning**

Strong, effective partnerships with our Aboriginal controlled health services sit at the heart of our work and will result in the commissioning of services that strengthen First Nations self-determination and worldviews on health and healing; to enable strong, healthy, and vibrant First Nations communities, accessing best practice models of care.
- 2. Make it better - Cultural humility in Western health services**

Access to health services that deliver the right care, in the right place, at the right time for First Nations peoples requires service delivery, reinforced by cultural humility. The work in this area will focus on capacity building in our commissioned Western services, to increase access to services delivering respectful and safe health care, reducing the gap between service provider and user, and resulting in improved therapeutic outcomes.
- 3. Make it happen - Influence anti-racist primary health sector**

The focus of this work will be collaboration and investment in strengthening our primary health sector's capability to address and reduce racism and to move towards anti-racism. It will look at racism in all its forms – interpersonal, institutional, and structural. The core of this work is improving health outcomes in First Nations communities by addressing health disparities in health care delivery.
- 4. Make us stronger - Dhelkunya Yaluk Murray PHN cultural journey**

As we strive for business excellence and to be a leader in our sector, the Dhelkunya Yaluk Murray PHN cultural humility journey will enable us to become a culturally inclusive, equitable and reflective organisation committed to authentic reconciliation with First Nations peoples.



## Dhelkunya Yaluk – progressing reconciliation

Our vision for First Nations Health and Healing is based on our commitment to continue a journey of transformation and reconciliation, as we work together to create change and strengthen our relationships with local Aboriginal health services and the wider First Nations community.

This year, Murray PHN engaged the Weenthunga Health Network to inform us, to guide us and to have them share their understanding and experience with our teams, using their 4R values – Relationship, Respect, Responsibility and Reciprocity.

During April and May, our Board, Executive team and senior leaders took the first steps on this First Nations health and healing work, participating in the *Dhelkunya Yaluk [Healing River] Unpacking Identity and Transformation through the 4Rs* workshop.

Dhelkunya Yaluk yarning circles for all staff were held in June to begin our reconciliation journey of culture and identity workshops.

Ninety-six per cent of executive and people leaders attended the three-part Dhelkunya Yaluk Power, Privilege and Racism in Health workshops in October, with individual sessions focusing on:

**Identity and culture:** reflection on individual identity and culture and how this influences perception and behaviour.

**Power and privilege:** racism in health and unpacking concepts of cultural safety, cultural humility, critical consciousness, white privilege and fragility, racism and racism in health.

**Decolonising, anti-racism:** exploring concepts of working two-way, anti-racism, allies and collaborators and decolonising health policy and practice.

These workshops will continue in 2022 for all Murray PHN team members.

*Pictured: Erin McKinnon, Weenthunga Health Network; Fabian Reid, Murray PHN Board Chair; Aunty Stephanie Armstrong, Weenthunga Health Network; Matt Jones, Murray PHN CEO; Brooke O'Donnell, Murray PHN First Nations Health and Healing Advisor and Pauline Nolan, Murray PHN First Nations Health and Healing Lead.*



## Dhelkunya Yaluk steward group

Dhelkunya Yaluk is the name of the First Nations artwork commissioned by Murray PHN in 2019 and used both internally and externally to express our commitment to reconciliation and improving the health of First Nations peoples in our region.

The artwork was created by Dja Dja Wurrung, Yorta Yorta and Kamilaroi artist Madison Connors and hangs in Murray PHN's board room in

Bendigo. Our transformation journey is named after this beautiful artwork and we have also formed a Dhelkunya Yaluk steward group of key Murray PHN staff to lead, ignite and enable our organisation's transformation in anti-racism.

Its membership is a mix of First Nations staff and allies, striving to role model cultural humility, and with the willingness and capacity to support others within our

organisation on this journey.

This group will ensure that future decision-making and values align with our commitment to being an anti-racist organisation. They will be the advocates and voice for this work across Murray PHN, overseeing *Building Respect: Murray PHN's Anti-Racism Framework* and *First Nations Health and Healing Strategy*.

## Funding culturally safe services

Our Integrated Team Care (ITC) program supports First Nations peoples to access culturally safe and accessible services and the individualised supports needed to manage their chronic conditions.

This includes \$2.1 million in workforce support to provide outreach and care coordination, which helps people understand their condition, make

appointments, access transport, medical aids and support groups. It also allows health project officers to work with medical professionals and services to improve their knowledge and delivery of culturally appropriate health care across seven local Aboriginal Community Controlled Health Organisations (ACCHOs). This year, services have also been expanded within

Robinvale through Murray Valley Aboriginal Corporation.

In addition to Integrated Team Care, ACCHOs are funded to provide a range of services including mental health, alcohol and other drugs. ACCHOs have also received funding to help raise awareness of COVID risks and provide testing and vaccination to their communities.

### Providing better access to care in Bendigo

The ITC program in its current format has contributed to the health of Bendigo & District Aboriginal Co-operative (BDAC) patients since May 2017. Funded by Murray PHN, it is designed to contribute to improving health outcomes for Aboriginal and Torres Strait Islander community members with chronic health conditions. This is achieved through better access to care coordination and multidisciplinary care, while also supporting a person's self-management of their disease. ITC also works to foster collaboration with, and improve access to, culturally appropriate mainstream primary care services.

At BDAC, the ITC program team consists of a chronic care coordinator, registered nurse and credentialed diabetes educator, outreach and senior Aboriginal health workers.

In 2020/21, supplementary services were provided to 272 community members for more than 9000 occasions of care. Assistance provided ranged from medical equipment to health specialist appointment costs, including travel assistance.

Additional COVID funding helped to pay for surgeries for young people who otherwise would have been on long public health waiting lists. The funds also enabled new equipment to be purchased for the medical building and for a promotion that encouraged people to stay healthy by exercising at the Gurri Wanyarra Wellbeing Centre pool.



## Developing self-control

“Oliver” is in primary school and lives was described as forgetful, spacey, unable to sit still and often had angry outbursts. To address these behaviours, Oliver entered a twice-weekly play therapy program at Njernda Aboriginal Corporation.

At the beginning of the program, Oliver demonstrated a great need for control, engaged in aggressive play and required constant reminders about boundaries. These behaviours could however be perceived as coming from a place of being ignored, isolated, scared and alone.

During the program, Oliver developed a trusting and positive relationship with his support worker. He went from needing a range of different activities in quick succession to being focused and patient, even when tasks were challenging.

As a result, Oliver has learned a greater level of self-regulation and control. He now displays confidence in making choices. He has more awareness and understanding of his experiences, feelings and hopes and can express these appropriately, demonstrating a good level of emotional intelligence and communication skills.

## Boosting confidence

“Bob”, who is in his 60s, had been diagnosed with prostate cancer but decided he was not going to have treatment. His concerned GP referred him to the ITC program at Albury Wodonga Aboriginal Health Service to have a yarn with the care coordinator.

When Bob was asked why he didn’t want treatment, he said it was because he thought he was too old to navigate all the appointments that were required.

The care coordinator took the time to explain all procedures in depth and what things he may need to consider having a cancer diagnosis. The coordinator also shared a story about a friend who had gone through the same treatment.

Bob felt listened to and trusted the care coordinator. Feeling more confident, Bob changed his mind and said that he would now follow the advice of the treating specialist.

The care coordinator helped to schedule the specialist appointments, surgery and radiation treatment, including transport to and from appointments, and attend all GP appointments. For extra support, an outreach worker also attended all specialist consultations.

Bob has now completed his six weeks’ worth of radiation and does not require any chemotherapy. He has advised he couldn’t have gone through treatment without the help and support that the ITC team gave to him.

*Note: names have been changed to protect people’s privacy*

## Continuing to grow, develop and mature

Through 2021, despite the challenges of working remotely, Murray PHN has made major progress in our development and maturity as an organisation. In our first year of operation in 2015, Murray PHN was responsible for \$10 million in government funding. This year, that figure has risen to more than \$47 million, with our forecast for next year even higher at \$60 million.

While the responsibility for good fiscal decision-making is identical no matter how much money is involved, the move from a small organisation to a larger one with significant financial responsibility has required a structured approach to ensuring and embedding our maturity.

With more than 110 full and part-time staff working across our 100,000 sq km region, performing a range of specialist roles, we have committed significant management time and effort towards our new, three-year organisational development strategy.

Our work is increasingly being shaped and determined by the work of those specialist staff. This year, we have introduced a Strategies and Performance Unit, to ensure we take an evidence-based and integrated approach to strategic investment in primary health care.

We deliver our funds to our communities by commissioning primary health care service providers to deliver effective services, based on best practice models of care, to those who need them most.

Increasingly, we are moving towards a more collaborative approach through the principles of

relationship commissioning, which means we will be commissioning for outcomes and continuous improvement, supporting our partner organisations as we do.

In line with that, we are now building an Outcomes and Experiences Framework that will allow us to measure the impact of our services through a range of factors, including patient experience, workforce experience, genuine improvement in health outcomes and value for money.

While we have reflected on our own growth as an organisation, it is more important that this maturity is accepted and recognised by our funders and stakeholders.

This year our dominant funder, the Commonwealth Department of Health, engaged PwC to review PHNs around Australia on a range of maturity indices, as part of the government's PHN Assurance Framework.

The qualitative Baseline Maturity Risk Assessment scored PHNs on six categories – Policies and Procedures; People; Governance and Systems; Risk and Issues Management; Complaints Management; and Performance Monitoring and Reporting.

We were delighted to receive a rating of 29/30. This was one of the highest scores in any of the 28 PHNs assessed, giving us an overall qualitative rating of "Very Low Risk", and providing the Commonwealth with additional confidence around our work.

Of course, all our work is underpinned by sound and effective financial management, as set out in the Murray PHN Financial Strategy. This is an enabling strategy that aims to provide us

with financial sustainability, focused delivery and value for money over short, medium, and longer-term timeframes.

The company also has well-developed financial policies that align to our strategic plan. We have been commended by the external audit team and the Department of Health for our financial audit and acquittal work.

We continue to review and compare our performance year-on-year, particularly as we work through our second year of pandemic-based unpredictability.

As we are committed to maximising our spend to our communities, we are always looking for ways to reduce administrative costs. COVID has allowed us to re-imagine how we do our business.

Despite the pandemic, Murray PHN has been able to work effectively and efficiently, building our workforce and organisational capacity and saving corporate costs, while continuing to improve the ways we work and support the communities that we serve.

Saving initiatives have covered all areas including ICT equipment, telecommunication, travel and facilities costs. Murray PHN is also reviewing its environmental impact, with the goal of minimising its carbon footprint.

We monitor and report on our Financial Key Performance Indicators, in 2021 delivering 71 per cent of our revenue in direct activity cost, against a Board KPI of 70 per cent.

In 2022, Murray PHN has a budgeted revenue of \$60 million, with the same commitment to service delivery in our communities.

## Focus on organisational development

PHNs are going through a significant time of change and transformation. Our evolving maturity is seen through the introduction of multi-year contracts, increased and diversified funding streams, greater responsibility and the shift to commissioning for outcomes.

Against this backdrop and the accelerating rate of change, we have paused to reflect on our ways of working so we can respond with agility and rigour to meet the diverse needs of the people of the Murray region, and the organisations that fund us.

This will require us to work in different ways, both internally and with stakeholders externally, and we are taking an organised, planned and robust approach to organisational development. The first year of our new three-year organisational development plan describes the

opportunities and key tasks we face, as we continue to respond to community need.

Our organisational development is underpinned by structures, people, systems and processes and focus areas that sit within these pillars. They are:

- Leadership
- Building resilience
- Culture
- Capability and performance
- Working as one team
- Strengthening system capability
- Evidence-based
- Agility.

As we work to transform our organisation and embrace change, we are looking at the most effective ways to support our people,

and build the relationships and partnerships that are vital to our success.

To that end, we:

- have invested in our new Strategies and Performance Unit
- are undertaking significant staff leadership development
- progressing our work in cultural humility and being an anti-racist organisation
- finalising frameworks that effectively illustrate the heart of our work – our Relational Commissioning Framework, which describes our work with our communities, and our Outcomes and Experiences Framework that will measure the effectiveness of that work in improving the health of our communities.

## Our new Strategies and Performance Unit

Our new Strategies and Performance Unit has a broad mission to promote an integrated approach to strategic investment at Murray PHN; build our capacity to deliver value to the community, funders and stakeholders; and measure value through consistent and high-quality reporting.

Headed by Dr Belinda O'Sullivan, the unit will have three major portfolios of Strategy and Business Innovation, Evaluation and Evidence and Integrated Projects and Partnerships.

Each of these will help Murray PHN embed strategy and outcomes reporting in our work, which we believe will lead to continuous quality improvement, both internally and externally.

The unit will work collaboratively across the Murray PHN business and with external agencies, using leadership by influence, and using the highest standards of professional practice.



## The importance of relational commissioning

Our work in primary health care takes place in a complex environment shaped by changing policy and social landscapes. In that environment, commissioning allows us to consider a wider range of processes, skills, and capabilities than by procurement and contracting alone.

Commissioning can translate government policy into services and systems that are responsive to community needs and achieves clear outcomes that reflect the aspirations of the community. It puts people at the centre of services and recognises the specialist knowledge and value of the service provider sector that we work with.

Murray PHN's vision is to make a difference. Everything we do, every day, must be geared towards making a difference to the health of our community.

We are now moving further, to a relational commissioning approach, where we can see, understand and influence stakeholder connections across our region in a way that helps us achieve our strategic goals.

The development of our Outcomes and Experiences Framework ([see page 64](#)) will continue to define and refine our commissioning approach.

Commissioning is an ongoing process of planning, purchasing, monitoring and improving services to meet the needs of the population. It includes a range of activities to assess the needs of a population, to plan and prioritise services informed by market strengths and capacity, and to purchase those services and monitor the quality of the services being provided.

Commissioning is a real-time and perpetual change process, working collaboratively across health and community sectors to move local health systems towards more sustainable models of care, not only by procuring new or additional services but also by transforming, reorganising, and modifying existing services.

Evidence and experience tell us that change will happen when we focus simultaneously on:

- patient outcomes and experience
- service system capabilities, including workforce
- underserved populations in communities of greatest need.

We acknowledge that systemic change is required to influence the disparity of health outcomes for First

Nations peoples. Our foundational First Nations Health and Healing Strategy ([see page 56](#)) has been endorsed by the Board and provides direction for commissioning to improve outcomes and the wellbeing of First Nations peoples. This includes our commitment to support full involvement of Aboriginal and Torres Strait Islander people in shared decision-making and self-determination.

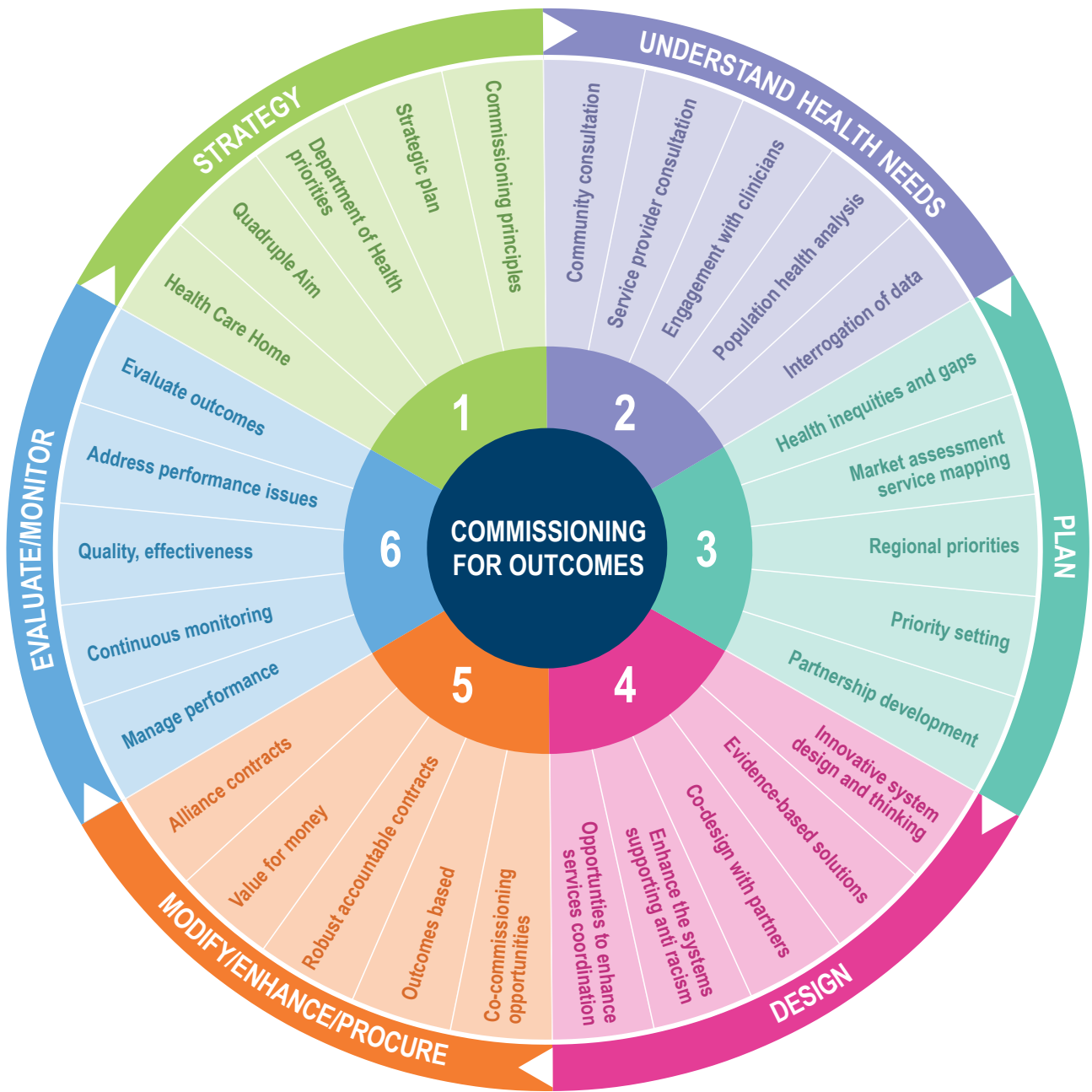
Murray PHN's Commissioning Cycle (on the next page) shows how we partner with consumers, carers and communities, as well as clinical and non-clinical health professionals and government organisations, to improve health outcomes and experiences for those in greatest need.

It demonstrates our process of activity from strategy to evaluation, all aimed at providing quality primary care and equity of access for all people, while driving value for money across the system.

**Commissioning** is characterised by a strategic approach to procurement that is informed by a baseline needs assessment and associated market analysis, to allow procurement of medical and health care services that are appropriate to the needs of Murray PHN communities.

**Relational commissioning** is a set of communication practices and strategies between external and internal stakeholders that requires a specific set of skills, expertise, and approaches to support the achievement of relational commissioning. Relationship management is generally divided into two areas; customer relationship management and business (entity) relationship management.

Murray PHN's Relational Commissioning Cycle



## Relational commissioning principles

Murray PHN's commissioning:

- Is centred on **relationships, engagement, connection, community leadership** and shared values.
- Develops models of care that are **informed by evidence, responsive to need**, are strength-based, and community context and demonstrate progress towards **improved outcomes and experience**.
- Ensures that **consumers, carers and their families**, communities and service providers are **enabled** to participate in co- design and delivery of models of care.
- Is underpinned by **cultural humility**, ensuring **anti-racist commissioning**.
- Is applied across mainstream primary health care services.
- Delivers services that strengthen First Nations **self-determination** underpinned by First Nations worldviews on health and healing.
- Recognises that **primary care** exists within a **broader service system**.
- Builds **enduring partnerships and relationships** that will invest and share accountability with us for **innovation, quality, and systems improvement**.
- Strengthens the primary care service system to gain greater **service coordination and system integration**.
- Strengthens **capacity and capability** of service providers to meet new and emerging market demands.
- Prioritises effective **evaluation** as a key driver for improving models of care and strengthening our commissioning knowledge and skills.
- Ensures decisions about resource mobilisation and distribution will be based on **population health evidence, market analysis, value for money and performance**.
- Demonstrates commitment to **high standards, continuous improvement, and principles of good governance**.
- Operates in accordance with high standards of **probity and transparency** in our procurement strategy.

## Building an Outcomes and Experiences Framework

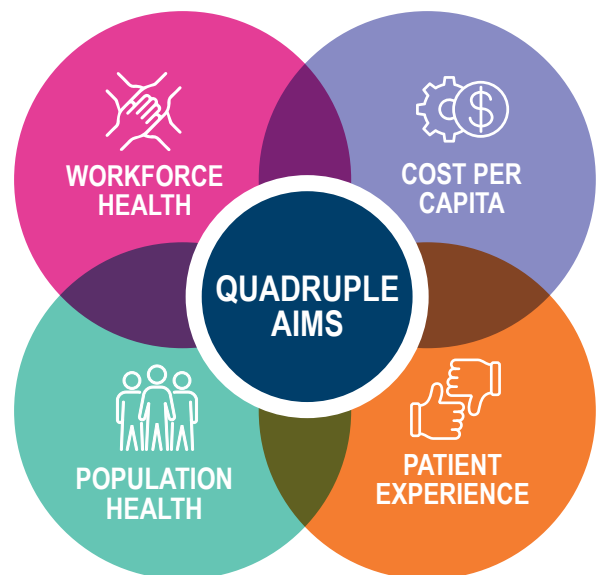
At all levels, Murray PHN is committed to improving the outcomes and experiences for the people and populations we serve. The core of this commitment is a continuous focus on tracking and driving improvements in health outcomes and experiences based on the needs of people living in our region.

Historically, we have asked our teams and service providers to collect large numbers of indicators – some of which do not necessarily add to the design of our future work.

Our framework, now in development, will help us define a clear process for selecting, developing and using indicators, and providing training for staff and service providers to ensure it makes our collaborative work more productive and effective.

The Outcomes and Experiences Framework will help Murray PHN identify and use a smaller set of balanced, high-quality outcome-focused indicators. We have called it the Murray PHN Outcomes and Experiences Framework because we want to consider broader outcomes beyond just health outcomes, recognising the links with the social determinants of health and service access, particularly in rural settings.

We have included the word “experiences” because two of our long-term quadruple aims relate to the experiences of consumers, and the workforce.



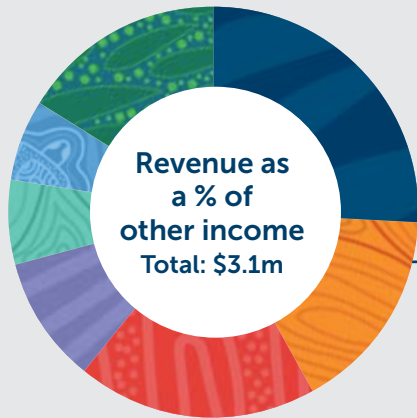
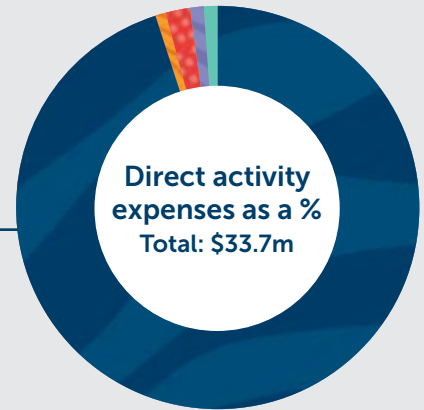


# Finance



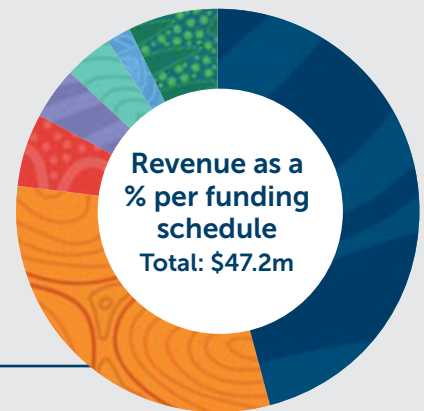
- 71%** Direct activity
- 23%** Employee expenses
- 5%** Corporate governance
- 1%** Operating surplus

- 95%** Commissioned services
- 1%** Direct integrated team case activity costs
- 2%** Building capacity and capability
- 1%** Needs Assessment planning and evaluation
- 1%** Direct patient costs



- 26%** State funding - Department of Health and Human Services
- 16%** Other PHN funders
- 19%** State funding - Department of Education
- 10%** Interest
- 6.5%** PHN Exchange
- 6.5%** Federal funding - Australian Digital Health Agency
- 16%** Other income

- 46%** Primary Mental Health & Alcohol and Other Drugs
- 31%** Department of Health Core National Psychosocial Support Measures and Partners in Recovery
- 4%** Integrated Team Care
- 4%** After Hours
- 2%** Bushfire relief funding
- 7%** Other income



## \$47.2m TOTAL REVENUE FY21

Core	\$14.8m	Our people	\$10.7m
Primary Mental Health Alcohol and Other Drugs	\$21.7m		
National Psychosocial Support Measures Partners in Recovery	\$2.6m	The work we commission	\$33.7m
Integrated Team Care	\$1.9m		
After Hours	\$2.0m		
Bushfire Relief	\$1.1m	Corporate governance	\$2.4m
<b>Total Department of Health</b>	<b>\$44.1m</b>		
Other income	\$3.1m	Our operating surplus	\$0.4m
<b>Total</b>	<b>\$47.2m</b>		

## Limited Statement of Profit or Loss and Other Comprehensive Income

	FY21 (\$)	FY20 (\$)
<b>Income</b>		
Revenue	47,151,726	43,357,117
<b>Total income</b>	<b>47,151,726</b>	<b>43,357,117</b>
<b>Expenditure</b>		
Commissioning expenditure	33,705,995	29,929,920
Employee benefits expense	10,671,550	10,453,095
Depreciation, amortisation and impairment expenses	499,173	560,381
Finance costs	49,785	68,331
Rental and occupancy expenses	181,889	209,502
Motor vehicle expenses	29,778	69,476
Administration	1,111,733	1,143,332
Other expenses	476,555	426,321
Loss on disposal of asset	23,801	27,201
<b>Total expenditure</b>	<b>46,750,259</b>	<b>42,887,559</b>
<b>Surplus before income tax</b>	<b>401,467</b>	<b>469,558</b>
Income tax expense	-	-
<b>Surplus for the year</b>	<b>401,467</b>	<b>469,558</b>
Other Comprehensive Income	-	-
<b>Total comprehensive income for the year</b>	<b>401,467</b>	<b>469,558</b>

## Statement of Financial Position

	FY21 (\$)	FY20 (\$)
<b>Current assets</b>		
Cash and cash equivalents	29,062,717	21,841,263
Trade and other receivables	784,850	365,550
Other assets	543,327	1,400,532
<b>Total current assets</b>	<b>30,390,894</b>	<b>23,607,345</b>
<b>Non-current assets</b>		
Intangible assets	38,958	77,915
Property, plant and equipment	129,897	171,534
Right-of-use assets	751,717	1,088,228
<b>Total non-current assets</b>	<b>920,572</b>	<b>1,337,677</b>
<b>Total assets</b>	<b>31,311,466</b>	<b>24,945,022</b>
<b>Current liabilities</b>		
Employee entitlements	1,070,678	935,712
Lease liability	298,403	428,556
Trade and other payables	4,479,622	2,604,377
Interest bearing liabilities	17,655	6,431
Grants refundable	263,785	263,785
Unearned grants	19,530,815	15,293,428
<b>Total current liabilities</b>	<b>25,660,958</b>	<b>19,532,289</b>
<b>Non-current liabilities</b>		
Employee entitlements	455,868	420,539
Provisions	90,000	90,000
Lease liability	490,416	689,437
<b>Total non-current liabilities</b>	<b>1,036,284</b>	<b>1,199,976</b>
<b>Total liabilities</b>	<b>26,697,242</b>	<b>20,732,265</b>
<b>Net assets</b>	<b>4,614,224</b>	<b>4,212,757</b>
<b>Members' equity</b>		
Retained surplus	4,614,224	4,212,757
<b>Total members' equity</b>	<b>4,614,224</b>	<b>4,212,757</b>

## Statement of Cash Flows

	FY21 (\$)	FY20 (\$)
<b>Cash flows from operating activities</b>		
Grants revenue and other receipts	50,698,779	45,161,493
Interest received	271,034	426,086
Payments to suppliers, employees and directors	(43,197,580)	(45,778,428)
Interest paid on lease liabilities	(49,785)	(68,331)
Short term and low-value lease payments	(65,951)	(85,541)
<b>Net cash provided by/ (used in) operating activities</b>	<b>7,656,497</b>	<b>(344,721)</b>
<b>Cash flows from investing activities</b>		
Payments for plant and equipment	(20,000)	(11,246)
<b>Net cash used in investing activities</b>	<b>(20,000)</b>	<b>(11,246)</b>
<b>Cash flows from financing activities</b>		
Repayment of lease commitments	(415,043)	(403,906)
<b>Net cash provided by/(used in) financing activities</b>	<b>(415,043)</b>	<b>(403,906)</b>
Net increase/(decrease) in cash held	7,221,454	(759,873)
Cash and cash equivalents at the beginning of the financial year	21,841,263	22,601,136
<b>Cash and cash equivalents at the End of the Financial Year</b>	<b>29,062,717</b>	<b>21,841,263</b>

## Statement of Changes in Equity

	Retained surplus (\$)	Total equity (\$)
<b>Balance at 1 July 2019</b>	<b>3,743,199</b>	<b>3,743,199</b>
Surplus for the year	469,558	469,558
Total other comprehensive income for the year	-	-
<b>Balance at 30 June 2020</b>	<b>4,212,757</b>	<b>4,212,757</b>
<b>Balance at 1 July 2020</b>	<b>4,212,757</b>	<b>4,212,757</b>
Surplus for the year	401,467	401,467
Total other comprehensive income for the year	-	-
<b>Balance at 30 June 2021</b>	<b>4,614,224</b>	<b>4,614,224</b>

## Murray PHN acknowledges and thanks the services we work with, including:

Agestrong Physio	GPs on Vermont	Rich River Health Group
Albury Wodonga Aboriginal Health Service	Haven, Home, Safe	Robinvale District Health Services
Albury Wodonga Health	Heathcote Health	Rumbalara Aboriginal Co-operative
Alexandra Medical Centre	Hospital Street Doctors	Seymour District Memorial Hospital
Alpine Health	iHealth Albury	Seymour Medical
APMHA HealthCare Ltd	Indigo Family Medical Centre	Springs Medical
Australian Primary Health Care Nurses Association	Indigo North Health	St Anthony Family Medical Practice
Barefoot Nutrition Fitness Lifestyle	Inglewood & Districts Health Service	St John of God Health Care
Beechworth Health Service	Irymple Foot Clinic	Standish Street Surgery
Benalla Church Street Surgery	Kerang District Health	Strath Village Medical Centre
Benalla Health	Kyabram and District Health Service	Sunbury and Cobaw Community Health
Bendigo and District Aboriginal Co-operative	Lime Medical	Sunraysia Community Health Services
Bendigo Community Health Services	Mallee District Aboriginal Services	Sunraysia Medical Centre
Bendigo Primary Care Centre	Mallee Family Care	Swan Hill District Health
Castlemaine Health	Mallee Track Health and Community Service	Tallangatta Health Service
Centacare South West NSW	Mansfield District Hospital	Corowa Medical Centre
Central General Practice Mansfield	Mildura Base Public Hospital	The Baudinet Centre
CHIRP Community Health	MIND Australia	The Bridge Youth Service
Cohuna District Hospital	Mivo Park Health	The Foot Centre
Connected Medical Solutions	Mount Beauty Medical Centre	The Salvation Army
Corryong Health	Murchison Medical Clinic	Tristar Medical Group
Coster Street Medical Practice	Murray Valley Aboriginal Co-operative	University of Melbourne Shepparton Medical Centre
Darling Downs Health	NCN Health	Victorian Alcohol and Drug Association
East Wimmera Health Service	NEXUS Primary Health	Walwa Bush Nursing Centre
Eastern Melbourne PHN	Njernda Aboriginal Corporation	Wellways Australia
Echuca Regional Health	Northeast General Practice Service	Wesley Community Services
Elmwood Medical Centre	Northern District Community Health	White Hills Medical Practice
Euroa Medical Family Practice	Ontatio Medical Clinic	Wodonga West Medical Clinic
Federation Clinic	Ovens Valley Podiatry	Yarrowonga Denis Medical Group
Gateway Health	Primary Care Connect	YSAS
Gippsland PHN	Propell	
Golden City Support Services	Queensland Aged Physiotherapy	
Goulburn Valley Health	Quinn Street Medical Clinic	