



# Country SA PHN

## Annual Report 2016-17





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# Board Chair Report



DR ALISON EDWARDS  
CHAIR OF THE COUNTRY SA PHN  
BOARD

**It is pleasing to look back after two years of functioning as Country SA PHN and recognise the progress made to date. We are on to our third Health Minister and second parliament but appear to be settling in to the Australian health landscape with words of support from both sides of politics and are pleased to have received notification of funding extension for a further two years through to 2020.**

In our second year we have continued to roll out commissioned services in a range of locations and program areas including mental health, alcohol and other drugs, and smaller population rural health. While our initial remit was to continue services in place at the time, we have been able to move towards ensuring programs meet our needs assessment and are providing the best fit of services for an area's needs. We have also embarked on a joint project with SA Health and Adelaide PHN establishing locally relevant Health Pathways as an online resource.

Our cycle of needs-assessment, commissioning, contract management and service review is developing robustness and transparency with the commissioning committee separately providing oversight to the process.

Our community advisory committees range in maturity and focus with some who have been somewhat dormant becoming reinvigorated, and new bodies coming online from our southern region in the near future.

The role of the Clinical Council is also under review to find the best model to fit with the clinical needs of the organisation for both organisation-wide clinical governance as well as condition and location specific issues.

## I believe the organisation is developing well in its new role and the future is looking very positive.

The next year is likely to bring with it some interesting challenges and opportunities which may lead to further changes in the health care environment. The tertiary sector has been seriously stretched with this year's significant flu season on top of the migration to the new RAH. The recognition of impacts of flows in to and out of the primary sector may open doors to work collaboratively with the tertiary sector to try to positively impact on this.

The Health Care Homes rollout or trial will engage a small cohort of practices within CSAPHN being supported by our staff. This may help understand impacts of different funding models and service delivery models which may lead to learnings able to be shared more generally.

Changes to General Practice PIP payments next year to incorporate a stronger focus on quality measures and improvement will also have Country SA PHN stepping into a role of increasing support to practices on this journey as well as looking at data management and interrogation.

I commend the Board for their ongoing commitment and dedication to steering the company forward; Kim Hosking as the CEO and his executive and all staff for the sterling effort they put in, and I look forward to the next year and whatever it brings!

I believe the organisation is developing well in its new role and the future is looking very positive.

Dr Alison Edwards

**Chair of the Country SA PHN  
Board**

# Chief Executive Officer's Report



KIM HOSKING  
CHIEF EXECUTIVE OFFICER

**I am very pleased to report on our progress through our second year of operation. This past year has been one of balances. We have balanced consolidation of our set up year, with rapid expansion, occasioned by new activities and significant growth. We have balanced the settling of our establishment workforce culture, with the recruitment of new staff and we have balanced the commissioning and procurement of carry over services, with the establishment of new programs.**

Our staff and our operations are established over 10 sites across the state, from Naracoorte to Wudinna. Our staff work in a virtual office, with systems operating in the 'cloud' and they work with a significant reliance on independence and self-management, within a culture that values and empowers their self-direction, within overarching organisational strategies.

The Country SA PHN (CSAPHN) Regional Strategies team ranges across the whole of the region, to over 120 significant communities and engages locally with over 2000 so far identified and contacted community, NGO and other stakeholders and identities. They manage our growing network of Community Advisory Committees, who provide local community input to the CSAPHN. They also manage the commissioning and procurement of general health activities in communities and promote improvements in integration and coordination of services in local areas.

Our Aboriginal Health team complements the Regional Strategies team, maintaining engagement with Aboriginal communities and stakeholders and supporting the delivery of services contracted by CSAPHN, responding to Aboriginal needs.

A significant portion of our activities is in the area of mental health & alcohol and other drugs support, through commissioning and procurement of services, in both of these needs groups. Our Mental Health and Alcohol & Other Drugs (AOD) team works with the Regional Strategies team and Performance, Quality and Information team, to determine needs across the region and from the community input develops and implements programs across a range of needs and a significant range of communities.

To underpin and inform the work of each of these above teams, the Performance, Quality and Information team collect data and create our ongoing 'needs' work and create and support platforms for reporting and evaluating the work of CSAPHN and our providers. This team also provides valued support to practices in digital health, practice sustainability, growth and service improvement.

We also engage with state-wide networks and agencies based out of Adelaide and manage specific policy issues and projects in health, through the good work of our Health Policy team.

## Our region is well endowed with positive advocates for country needs.

Finally, our busy Contracts, Finance and Administrative team manages over 178 contracts with service providers, receiving the programs and projects from the various commissioning and procurement activities and crafting and managing the progression and back end management of the contracts that supply services across the region.

headspace expanded to two new locations with a new centre being established in Whyalla and complex care services now being available to the Adelaide Hills community. A new 'flying headspace' also commenced as a partnership with headspace Port Augusta, the Royal Flying Doctor Service and CSAPHN. Millions of dollars of mental health services have been contracted to support low and medium intensity mental health care as well as support for more complex needs.

New services have been engaged across the region to support alcohol and other drug needs. A wide range of chronic disease support activities have been engaged and new resources to better connect local people with services have been developed.

Our challenges for this second year were the challenges of our first year and will be the challenges of our third year as they relate to our environment.

The role of the PHN is to improve integration and coordination of health and to commission services. Improvements in integration and coordination benefit the 'patient journey' and enhance services delivery and provide more value to the network of services. It is sometimes saddening to realise that there is still a lack of understanding, or indeed there is debate, about the value of better primary care to the person in the street, as well as to the bigger systems. It is possible to motivate individuals toward the benefits of better coordination of care. It isn't as easy to convince entities to better coordinate, when that doesn't meet what may be the generally well-intended organisational strategic operations or ambitions, or perception of organisational worth. We encourage organisations to look to the needs of the communities and to adapt and be flexible to that need and to develop their business models to complement both the organisational need and the population needs.

The PHN's other role is to commission and procure services to be delivered to the community. To enable same, we manage a 'needs' process to determine the prioritisation and dispersal of services.

We engage widely with our communities to support this work, however increasingly we must respond to the needs of entities or experts who at times do not reflect, or are not connected to our regional communities. We encourage peak bodies and experts speaking on behalf of rural communities to engage and connect with our communities and to effectively advocate the needs of the communities as evidenced by that engagement. That would assist us and our communities to 'hold the line' in sustaining effective service delivery and support.

Our region is well endowed with positive advocates for country needs. We have good media entities which relate well within their regions. We have dynamic and driven individuals who give their all for their communities, but as percentage of the state and the national population their numbers have less relevance in the global information sharing and advocacy. Our states systems are heavily accented to the metropolitan area and there is a wealth of resources within same that has little focus on country areas.

This has been a good year and we have achieved well...Challenges have been responded to and we have connected as much as possible.

We encourage state-wide and metropolitan based entities to consider country regions and how they may contribute to good health outcomes on country areas. In this regard, we express our appreciation to the Adelaide PHN which actively supports the Country SA PHN in networking and engaging with city based stakeholders and supporting state-wide solutions.

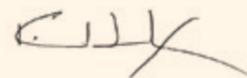
Of course, a significant challenge is simply our geography and the ideal of meeting the needs of communities across the region. We have no significant regional centres the like of the eastern seaboard and most of our communities are small and somewhat independent. This will always mean that services will be thinly spread. However our values include recognising the needs of each community and we seek to provide flexibility and adaptability to provide equity of access to services and importantly we value the time of the people, the patient and the carers and accent our service delivery modelling accordingly.

We encourage planners and advocates to ensure the geographical encumbrances on service delivery to country SA are well considered and that service design places the needs of the people at the forefront and that the time and the journey of the patient, the community and the carers is front and centre of thinking.

This has been a good year and we have achieved well by any comparison across the new network of PHNs nationally. Challenges have been responded to and we have connected as much as possible within our capacity to do so. Our contracted services are delivering with cost and outcome affect. We are achieving improvements in coordination and integration.

We thank all our stakeholders for their input and support.

I would like also to thank our Board, our Community Advisory Committees and those providing input to the Clinical Council for their excellent work and support and their demonstrated passion to our task. That passion is commented upon by witnesses to their work and it is our greatest strength.



Kim Hosking

**Chief Executive Officer**

## Chair of Finance Report



JOHN CURNOW  
**CHAIR OF FINANCE**

**Another year of change and growth for Country SA PHN (CSAPHN). The Federal Government use of PHNs as the means of channelling the financial support to provider organisations, at the delivery end of primary health, continues and constitutes the large growth in our turnover this year.**

Total income for the year grew from \$27.2 million in 2016 to \$35.9 million this year, an increase of 32%. The business, of being, CSAPHN, showed a surplus or profit of \$333,376 which was derived from interest received, asset sales and a tidy up of accounts from the 2013-2014 financial year. Our commitment to delivering on grant monies received is noted from our Profit and Loss Statement which shows of the \$35.9 million available, nearly \$35.6 million was expended on our business activities. We sit prepared to deliver on needs and requirements to our wider community as they are identified and funded.

The Auditors Report, prepared by William Buck, lists four issues which they believe require attention, and indeed have been addressed. None of these, in my opinion, were major issues or flaws within our operation which required higher level scrutiny. The issues were therefore not significant in the overall scheme of operations.

The Audit Report, as in previous years, shows that we are in a sound financial position and continue to operate relative to our charter and consistent with the primary health needs of country South Australia.

We operate in both a challenging and changing environment and in doing so it is important to acknowledge the efforts of our staff and management, ably lead by our Chief Executive Officer and Chief Financial Officer in continuing to provide the right outcomes with the constraints of our budget.

In what has been, I believe, a good year for CSAPHN, I would ask that the Report and Financial Statements be accepted and formally adopted.



John Curnow

**Chair of Finance**

...we are in a sound financial position... consistent with the primary health needs of country South Australia.

# Region-wide eHealth

## eHealth



Statistics on the consumer and provider registrations and use of My Health Record at the PHN level only have been extracted and supplied by the Department of Health through the PHN website. Data are provided as raw numbers, and are cumulative through to September 2016.

Crude population rates have been calculated by CSAPHN, using the preliminary 2015 ERP as the base population.

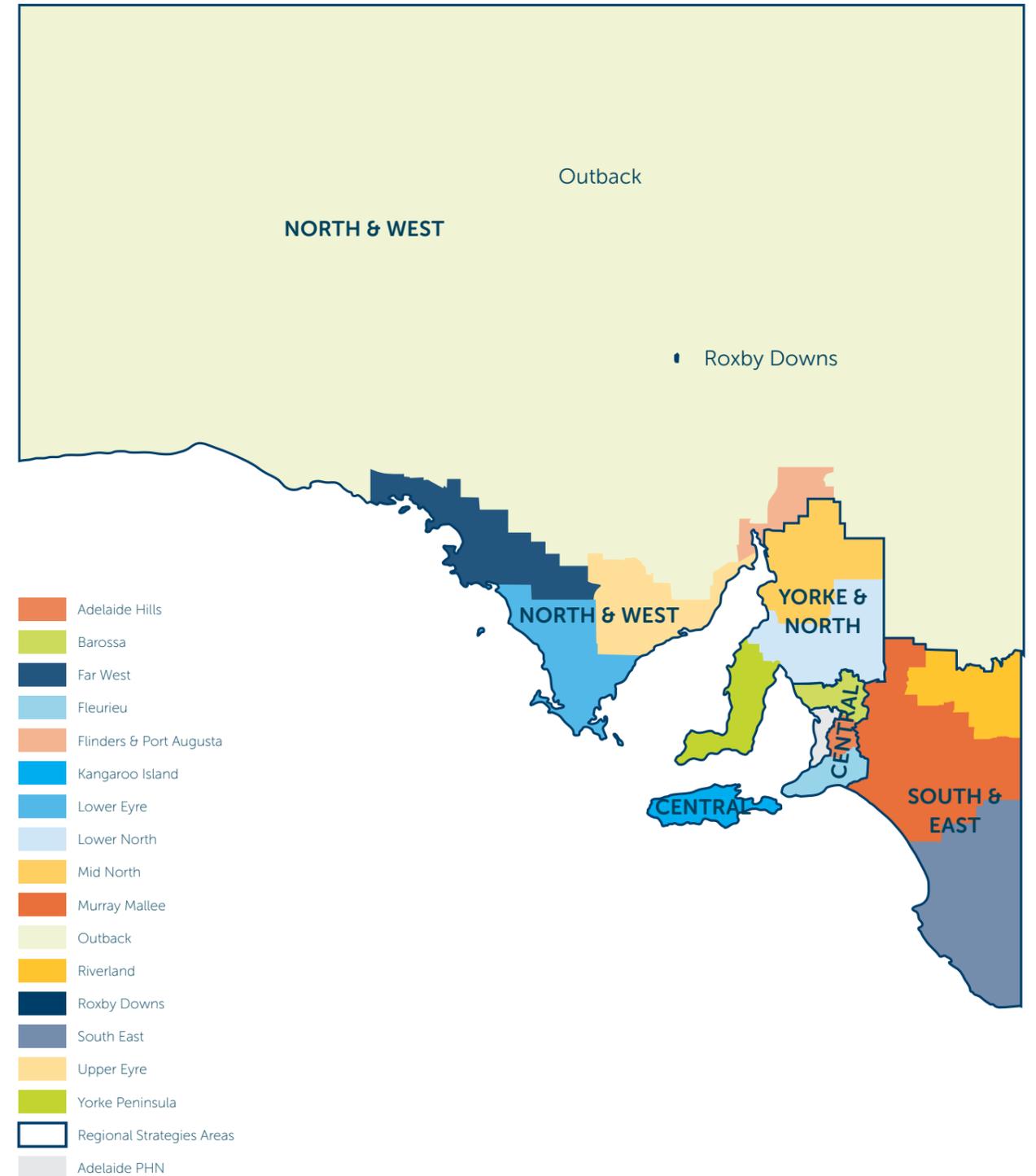
### Consumer Registration:

Country SA 14.9% of population  
 Adelaide 15.9% of population  
 SA 15.6% of population

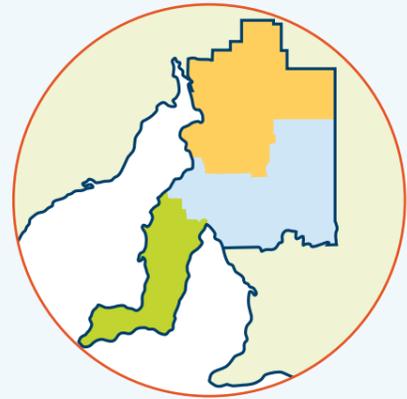
### Primary Care Registration (Total including hospitals):

Country SA 159 (approximately 70%)  
 Adelaide 316  
 SA 475

# Our Region



## Yorke & North



The Needs Assessment 2016 Data Report (November 2016) shows that the Yorke Peninsula, Mid and Lower North have some of the poorest regional health statistics and lowest practitioner ratios across the CSAPHN regions. In particular, the highest proportion of respondents reporting Cardiovascular Disease, Mental Health conditions, Cancer diagnoses, Asthma and Diabetes were all in the Yorke and North region.

Despite these poor regional health statistics the clusters (particularly the Lower North) have some of the lowest rates of access to primary and allied health care professionals across the CSAPHN.

**Aged care:** In the Lower North almost one third of the population was aged 65 years and over (28.6%) (SA average 16.7%) but there was a relatively low rate of Residential Aged Care Facility (RACF) places (56.9 per 1000 aged 65+ years) (CSAPHN average 58.8 per 1000 aged 65+ years)

**Alcohol:** The Mid North had the highest percentage reporting for Alcohol related risk - Lifetime Risk (44.4%) (SA average 32.4%) and the second highest (23.5%) for Injury Risk almost double the SA average (12.9%)

**Arthritis:** The Yorke Peninsula had the highest percentage of arthritis (35.2%) (SA average 20.8%).

**Asthma:** This region had the lowest reporting of an asthma diagnosis in the Lower North (10.9%) (SA average 13.4%) and the highest in the Mid North (17.5%) (SA average 13.4%).

**Cancer:** The Yorke Peninsula Region had the highest percentage reporting of cancer (18.1%) (SA average 10.1%).

**Cardiovascular Disease:** The Yorke Peninsula had the highest rate of cardiovascular disease (13.4%) (SA average 7.5%).

**Diabetes:** The Mid North reported the highest rate of diabetes diagnoses (13.4%) (SA average 8.1%).

**Health Workforce:** The Lower North had the lowest ratio of GPs to population at 8.9 per 10,000 (CSAPHN rate 11.6, SA rate 12.5 per 10,000) and the lowest ratio of pharmacists to population at only 4.9 (SA rate 8.9 per 10,000).

The Yorke Peninsula had the lowest rate of access to Allied Psychological Services 5.2 (SA average 52.6 per 10,000).

**Mental Health:** The Lower North had the highest proportion of people reporting a current mental health condition (20.9%) (SA average 16.5%) and the highest proportion of people having psychological distress (11.5%) (SA average 9.6%).

**Smoking:** The Mid North region had the highest proportion of smokers (26.4%) more than double the state average (13.0%).

**Risk factors:** The Yorke Peninsula had the highest reporting for the following:

- Blood pressure (30.1%) (SA average 20.7%)
- Cholesterol (25.9%) (SA average 17.5%)
- Rate of insufficient physical activity (68%) (SA average 58.4%)
- Number of overweight respondents (73.4%) (SA average 59.2%)

## Central



The Adelaide Hills is notable in the Needs Assessment 2016 Data Report (November 2016) for its predominantly positive health statistics. In part, this can be explained by a high socio-economic demographic with easy access to the city of Adelaide and the comparative plethora of available primary and allied health services.

The Adelaide Hills cluster had the lowest rates across the CSAPHN for the following: diabetes, cardiovascular disease, cancer and arthritis. However, it also recorded immunisation rates below the state average.

Respondents from the Fleurieu and Kangaroo Island reported the least amount of smokers across the CSAPHN.

Access to many primary and allied health practitioners was also high in Gawler – Two Wells. This is possibly a reflection of the status of the Gawler Health Service as a major regional hub.

**Aged Care:** Adelaide Hills had the lowest proportion of people aged 65+.

**Arthritis:** Adelaide Hills respondents were the least likely to report having arthritis (13.9%) (SA average 20.8%).

**Cancer:** Adelaide Hills had the lowest percentage of respondents reporting cancer diagnoses (7.7%) (SA average 10.1%).

**Cardiovascular Disease:**

The Adelaide Hills were the least likely to report the following:

- cardiovascular disease (5.3%) (SA average 7.5%)
- admissions for both heart failure and unstable Angina (37 per 10,000)
- high blood pressure (12.3%) (SA average 20.7%)
- high cholesterol (11.7%) (SA average 17.5%)

**Diabetes:** Adelaide Hills had the lowest rate of diabetes (4.6%) (SA average 8.1%).

**Health Workforce:** The highest rate of psychologists per 100,000 population (52.1) was in Gawler – Two Wells (SA average 64.1) However, the lowest proportion of respondents reporting psychological distress was in the same region (5.2%) (SA average 9.6%).

The ratio of GPs to population was also highest (14.8 per 10,000 population) in the Gawler – Two Wells region (CSAPHN rate 11.6, SA rate 12.5).

**Immunisation:** Adelaide Hills recorded below the state average for all age groups.

**Mental Health:** The highest rate of GP Mental Health Plan preparation was in Fleurieu – Kangaroo Island region (6,101) (SA average 4,189).

**Risk Factors:** The Adelaide Hills had the lowest percentage of respondents reporting that they were overweight (54.2%) (SA average 59.2%).

The Fleurieu and Kangaroo Island reported the lowest percentage of smokers (9.2%) (SA average 13.0%).

North & West



This region covers a very large geographical area and has a very diverse socio-demographic profile. The Outback SA3 region contains distinct population groups: the APY Lands in the remote North West and Yalata and Oak Valley in the remote South West are home to predominantly Aboriginal communities. The town of Coober Pedy has a culturally and linguistically diverse population, while the mining town of Roxby Downs is home to a transient and relatively young demographic.

Having such disparate communities within the one very large region means that health statistics can often mask the extreme variation that occurs at LGA level.

The Needs Assessment 2016 Data Report (November 2016) showed that the Outback and North and East clusters had the highest rate, almost double the South Australian rate, of potentially preventable hospital admissions.

**Cardiovascular Disease:** Outback respondents were the least likely to report that they had cardiovascular disease (5.3%) (SA average 7.5%).

**Health workforce:** The highest number of after-hours sites were located on the Eyre Peninsula (28). However, a high number of those sites were located within the cities of Whyalla (8) and Port Lincoln (4) and this region has a very large geographical area - meaning service is quite sparse throughout the remainder of the region.

**Immunisation:** The Eyre Peninsula was one of only two clusters that showed coverage below the state and national average for all age groups.

**Mental Health:** The lowest proportion of people reporting a current mental health condition was in the Outback (North and East) region (7.4%) (SA average 16.5%).

This region also had the lowest rate of GP Mental Health Plan preparation (2,047) (SA average 4,189).

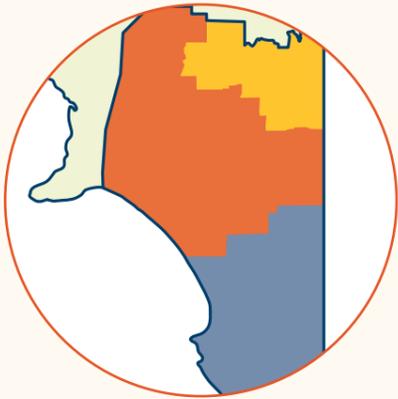
**Potentially Preventable Hospitalisations (PPHs):** Outback, North and East had the highest rate (almost double the South Australian rate) of potentially preventable hospital admissions (5022 per 100,000) (SA average 2585 per 100,000).

**Risk Factors:** Outback respondents were the least likely to report insufficient activity (53.4%) (SA average 58.4%).

Both Outback and Eyre Peninsula respondents recorded very high percentages for Alcohol Lifetime Risk - 39.3% and 41.7% (SA average 32.4%).

Eyre Peninsula recorded the highest Alcohol Injury Risk 24.6% almost doubling the state average of 12.9% The Outback was not far behind with 21.5%.

South & East



The Needs Assessment 2016 Data Report (November 2016) showed that the number of respondents reporting diabetes, asthma and cardiovascular disease diagnoses were above the state average in several clusters across the South and East region.

However, the report also showed that access to nursing services and other allied health professionals was high for respondents across the region.

**Asthma:** The Murray Mallee was above the state average for people aged 16+ for asthma diagnosis at 14.1% (SA average 13.4%).

**Cancer:** The Limestone Coast (9.4%) was below the state average for people with cancer (SA average is 10.1%).

**Cancer Screening:** Bowel, Breast, Cervical - Murray Mallee the only region apart from the Outback - that was below the state average across all three screening programs.

**Cardiovascular Disease:** Murray Mallee 8.4% was above the state average 7.5%.

**Diabetes:** 8.6% of Murray Mallee respondents reported a diabetes diagnosis, above the state average of 8.1%.

**Health Workforce:** Nurse Services - The Limestone Coast 17.3% had rates above the state average 5.3%.

**Immunisation:** The Limestone Coast reported coverage levels well above state and national averages for all age groups.

**Mental Health:** The Murray and Mallee had the highest rate of Access to Allied Psychological Services (ATAPS) program service provision 48.2 (SA average 52.6).

**Osteoporosis:** Limestone Coast 4.4% and Murray Mallee 4.2% recorded at or below the state average osteoporosis diagnoses.

## Our Feedback

This event provided a wonderful opportunity to bring the medical community and other friends together to support good causes and celebrate some of the outstanding people who are serving South Australian communities through their work in health. The dinner saw us raise \$10,000 for the Maggie Beer Foundation. – **Joe Hooper, Chief Executive Officer, Australian Medical Association (SA)**

On behalf of the students, staff and families of Naracoorte South Primary School I would like to thank you wholeheartedly for your contribution to our 2017 Kidsmatter Community Wellbeing Event. – **Cathie Biggins, School Counsellor, Naracoorte South Primary School**

I would like to thank you for providing us the opportunity to get involved with providing after hours extended services to the small community of Millicent. Without help from Country SA PHN, Millicent Chemist & Giftware would not have been able to provide services. Other than dispensing of the medications, extended working hours have enabled us to offer great mix of other services to people. Immunisation services (Influenza vaccination), Sleep Apnoea solutions, Dose Administration Aids and Medication Management reviews are a few extended services to name a few. – **Usman Hameed, Pharmacist, Millicent Chemist and Giftware**

I love ICCNet. Being able to talk over a case with a cardiologist makes me confident to provide the best care to my patients in my community. – **Dr Kate Kloza, Royal Flying Doctor Service, Port Augusta**

“We have received so much positive feedback already which is so encouraging...”

It has been a pleasure working with Country SA PHN over the last few months. They have assisted us in forming new partnerships and highlighted learning opportunities where we have formed referral pathways. In addition, we have felt supported and encouraged in the work we do. – **Miriam Crosby, Adventure Therapy Case Manager, Baptist Care**

We had a wonderful time presenting our workshop in Robe last night. There was great participation and interaction through the workshop and a real buzz in the air. We have received so much positive feedback already which is so encouraging and people were talking about how they can use the practical strategies both in the home and school. We are so thrilled to be a part of this and being able to help make a difference in our little towns and communities of our region. Thanks again for your ongoing support. – **Lana-Joy Durik, Director/Psychologist, Smiles All Round**

[Our patient] has lost 30kgs since starting [the CATCH] program. He has gone from a 4XL to XL, he is exercising one hour every night on his exercise bike, his cholesterol is great and he feels very positive and fantastic. – **Catherine King, Associate Clinical Services Coordinator (Cardiovascular), iCCnet**

Thank you for participating in our Trade Exhibition as part of our Annual Conference and University Students Rural Health Conference on 19 & 20 May 2017 at the Adelaide Convention Centre. Thank you again for supporting our current and future South Australian rural health workforce. – **Angela Tridante, Director, Recruitment, Rural Doctors Workforce Agency**

In partnership with Country SA PHN, Orroroo Health Centre and Orroroo Community Home in South Australia's Mid North are participating in the Silver Connections After Hours Expansion Trial. During the trial, staff at the home, which is a 26-bed Residential Aged Care Facility, identified an opportunity to use the videoconferencing system to provide "as necessary" medication approval from the Registered Nurse.

The videoconferencing system is used frequently with success, providing a greater quality of care and improved outcomes for care recipients. – **Joan Luckraft, Executive Officer/Director of Nursing, Orroroo Hospital & Orroroo Community Home**

Smiles All Round psychology and counselling service was thrilled and honoured to receive the support and financial backing from CSAPHN this year. This has provided us with the opportunity to offer more accessible, low cost, solution focussed psychology support to people in our community and region. The funding has enabled us to expand on the support options by providing preventative, solution focussed workshops and programs, after-hours and on a more frequent basis.

This has also enabled us to commence tackling the issue of people being stuck on waiting lists for mental health services for up to three months with little to no support. Thank you for helping to make a positive difference in our region.

We are grateful for the opportunity to assist with building the health and resilience of our community members. – **Lana-Joy Durik, Director & Psychologist, Smiles All Round**

Over 80 people attended the Port Elliot Uniting Church hall to hear Lynn from Alzheimers SA speak on "Memory and Ageing". Thank you to County SA PHN who financially supported this afternoon and Elizabeth Kennedy and Sara Manser who helped with the organising. The afternoon was a huge success. Those who attended had positive comments about the speaker and her subject. – **Miriam Daniel, Chairperson, Port Elliot Computing Centre**

"Your conversations and guidance have been invaluable and this is exactly what is needed in regional and remote areas."

Thank you so much for all your support of the Mental Health Festival Expo on Friday 16<sup>th</sup> June. This event was a huge success as we had over 1000 students and community members come through the marquee and find information about services. Thank you so much for your ongoing support, the staff and students of the Naracoorte Independent Learning Centre really appreciate it, and this event would not have been the success it was without the support from services like yours. – **Jessie Cope, Youth Worker, Independent Learning Centre**

Red Cross is very supportive of Country SA PHN in our community. It's a pleasure to work with Jane Cooper, Regional Manager North & West through our community partnerships within Red Cross. Thank you for supporting and attending our many community events and for taking the time to gain an understanding of Red Cross's activities and disseminate that information throughout our region. – **Kerry Schubert, Regional Areas Coordinator Eyre Peninsula – Whyalla, Port Lincoln and Ceduna, Red Cross**

I really appreciate the support and connections made with Country SA PHN. Your conversations and guidance has been invaluable and this is exactly what is needed in regional and remote areas. Again thank you for your efforts, which often exceed expectations. – **Linley Shine, Community Development Officer, Red Cross**

I just wanted to say a HUGE thank you to both of you for taking time out of your busy schedules to support yesterday's LNHAC Planning session. Your contribution was appreciated, and I am sure that your input has supported the LNHAC to establish a platform on which to develop their future direction. – **Donna Cowan, Director of Nursing & Midwifery, Clare Hospital & Health Service**



# Our Priority Areas

Country SA PHN exists to bridge the gap in health access and inequity for rural South Australians.

The Federal government has identified six key priority areas for PHNs, these are:



Aged Care



Aboriginal Health



Mental Health



Digital Health



Population Health



Health Workforce

The following articles provide an example of a program held in 2016-17 to bridge this gap in each of our six key priority areas right across regional South Australia:

**Aged Care:**  
Silver Connections

**Aboriginal Health:**  
Aboriginal Sobriety Group

**Mental Health:**  
National Suicide Prevention Trial

**Digital Health:**  
Health Connections

**Population Health:**  
Chronic Pain Management Pilot Project

**Health Workforce:**  
Doctor's Health Dinner

## Aged care



### Successful aged care GP video consults program

A video consultation pilot program connecting aged care residents with their general practitioner was held in South Australia's Barossa Valley with great success.

The Better Health Care Connections: Aged Care Coordination program, known as *Silver Connections*, was conducted by the Barossa general practitioners (GPs) and local residential aged care facilities (RACF) – improving timeliness of care and reducing after hours calls and hospital transfers.

Country SA PHN is one of nine organisations federally funded from 2013 to trial GPs conducting video consultations with aged care residents.

*Silver Connections* aims to improve patient care and support older people with complex health needs by coordinating treatment and improving access to multidisciplinary care.

"*Silver Connections* reduced the frustration between residential aged care facility staff and GPs and improving residents' care needs in a timely manner without GPs having to leave their practice. In turn, reduced the need for after-hours consults and hospital transfers," said Country SA PHN, Nurse Consultant, Tracy Maynard.

"Our research shows that approximately 30 per cent of video consultations have prevented hospital admissions and transfers to emergency departments."

Video consultations have proved particularly useful for residents with functional limitations. Importantly, they enable all aged residents to have their medical consultations in comfortable, familiar surroundings.

A registered nurse sits in on all consultations to provide assistance and ask any additional questions. This assists residential aged care facility nursing staff to be directly familiar with the resident's medical needs. Family members are also invited to be present.

The video consultations follow the same privacy and confidentiality agreements as any medical appointment. All medical records are confidential and no consultations are recorded.

During the *Silver Connections* trial there were approximately 900 video consults from nearly 30 Barossa GPs across five general practices to four local RACFs with nearly 200 beds. Due to its success, the research indicates that the trend is for the number of video consultations to increase to 30 to 40 per month.

"Country SA PHN was very happy to be a part of the *Silver Connections* program. Helping rural aged care facility residents receive timely medical advice in their own surroundings provides great benefits to the residents and streamlines the process for rural GPs," said Country SA PHN, Chief Executive Officer, Kim Hosking.

"This is particularly apt in many areas of regional South Australia where GPs have large distances to travel."

Currently, Medicare billing supports telehealth video consultations for specialists and consultant physicians only. GPs are only funded via Medicare for face-to-face visits within the facility, not video consultation.

Desktop computers and iPads, connected via the Cisco Jabber program, were used to support *Silver Connections* video consultations. Residential aged care was funded to participate and GPs were funded per consultation with the amount based on the consultations duration.

Prior to the *Silver Connections* program resident health advice would have been through a telephone conversation between the Nurse and GP, without resident input. Giving residents and their families the opportunity to be directly involved in their care is one of the key advantages of this program.

This is particularly apt in many areas of regional South Australia where GPs have large distances to travel.



A RACF nurse encapsulates the program's benefit with a resident anecdote where a resident woke with a medical condition that needed assessing, but the monthly GP visit to the RACF had occurred the day before.

"Thank goodness we have access to video consultations –the resident will be able to be medically reviewed today, antibiotics commenced, the GP remunerated for their time and most importantly the resident can be on the road to recovery as soon as possible."

The *Silver Connections* trial concluded in June 2017 and will be followed by an external evaluation.

*Silver Connection's* success clearly demonstrates an ongoing need for an extension of the current Medicare Telehealth for specialists and consultant physician to include GPs. This would allow the program to continue improving timeliness of care, reducing after hours calls, hospital transfers and most importantly putting residents at the centre of their own care.

Mental health



National Suicide Prevention Trial

In June 2017 Country SA PHN and Black Dog Institute held a community forum in Port Augusta to seek input into the Federal Government's \$3 million Suicide Prevention Trial in the local area.

Country SA PHN is one of 12 locations across Australia taking part in the three-year trial which aims to tackle the problem of suicide at a regional level to help those most in need.

"We're very pleased to be one of the national trial sites. This funding is the most significant funding investment we've seen for regional suicide prevention for some time and provides us with a unique opportunity to help shape suicide prevention policy," said Country SA PHN Chief Executive Officer, Kim Hosking.

"This trial allows us to gather better evidence on how we can help to prevent suicide in regional South Australia and provides the funds to assist these services – targeting those most 'at risk'."

People at high risk of suicide include regional Australians, Aboriginal and Torres Strait Islanders, young adult and middle-aged men, LGBTQI people, young people and veterans.

Federal Member for Grey, Rowan Ramsey said the Turnbull Government has committed to leaving no stone unturned in its approach to preventing suicide and reducing suicidal behaviour.

"At last year's election we committed \$34 million over three years for suicide prevention trials in priority areas such as regional South Australia," he said.

"We have also allocated an additional \$3 million so that Black Dog Institute can work with PHN's to initiate a range of suicide prevention programs based on the very best scientific evidence available.

"I am delighted to see that work on the regional South Australia suicide prevention trial is well under way.

"Suicide exacts a terrible toll on families and often claims people in the prime of their lives.

"It is very concerning suicide rates in regional areas are higher than metropolitan areas.

"Many reasons including social isolation, economic stressors and a lack of available services in rural areas could all be factors contributing to the high rate of suicide amongst farmers and agricultural workers with statistics suggesting significantly higher rates of risk in that sector," said Rowan Ramsey.

Black Dog Institute is dedicated to understanding, preventing and treating mental illness and reducing the stigma surrounding it to actively reduce suicide rates and create a mentally healthier world. Black Dog Institute is working with Country SA PHN to support its work in the National Suicide Prevention Trial in regional South Australia which draws from the evidence-based LifeSpan systems approach.

This funding is the most significant funding investment we've seen for regional suicide prevention for some time...



Left to right: Back row – Chez Curnow (CSAPHN), Kristy Gray (Australian Government Department of Health), Chloe Oosterbroek (CSAPHN), Reg Harris (CSAPHN). Front row – Steffanie Von Helle (Black Dog Institute), Rachel Green (Black Dog Institute).

"We are excited to be working collaboratively to support the local community to adapt and develop suicide prevention strategies which meet their needs, by providing support and access to the latest available evidence from international and Indigenous-led studies," said LifeSpan Director Rachel Green from Black Dog Institute.

"It's been really exciting to hear from the local community leaders, who have a strong understanding of the specific needs of their families and communities. We look forward to learning from them and working with the Country SA PHN on their implementation of suicide prevention initiatives.

"The trial's findings will help inform future Australian Government suicide prevention policy across the country."

## Population health



### Chronic Pain Management Pilot Project

A chronic pain management pilot project has been operating on the Northern Yorke Peninsula, since early 2017 - focussing on specialist care to help those in need.

Country SA PHN is partnering with the Royal Adelaide Hospital (RAH) Pain Management Unit to deliver the pilot project, for the first time, to the towns of Moonta, Wallaroo, Kadina and Port Broughton to improve the effectiveness of chronic pain management.

"Chronic pain is a particularly large health problem in rural South Australia. However, there's a gap in the delivery of specialist chronic pain management in regional areas," said Country SA PHN Chief Executive, Kim Hosking.

"We're pleased to fund this project with the RAH Pain Management Unit to bridge this gap and provide Northern Yorke Peninsula residents with specialist care."

General Practice (GP) is on the front-line of chronic pain management in rural areas. As such, the aim of this project is to implement a GP led, practice based multi-disciplinary pain management program in rural South Australia. Specialized RAH Pain Management Unit staff will provide outreach services for patients with highly complex chronic pain management needs.

The RAH Pain Management Unit is a multidisciplinary service that enables patients and their primary care providers to better manage chronic pain. With a GP referral, the service comprehensively supports patients whose chronic pain has significant impacts on activities of everyday life.

"The multi D Team at the RAH Pain Management Unit is very enthusiastic about engaging with this project as country SA patients have missed out on services in the past. This is the first step in correcting this situation," said RAH Pain Medicine Specialist, Dr Tim Semple.

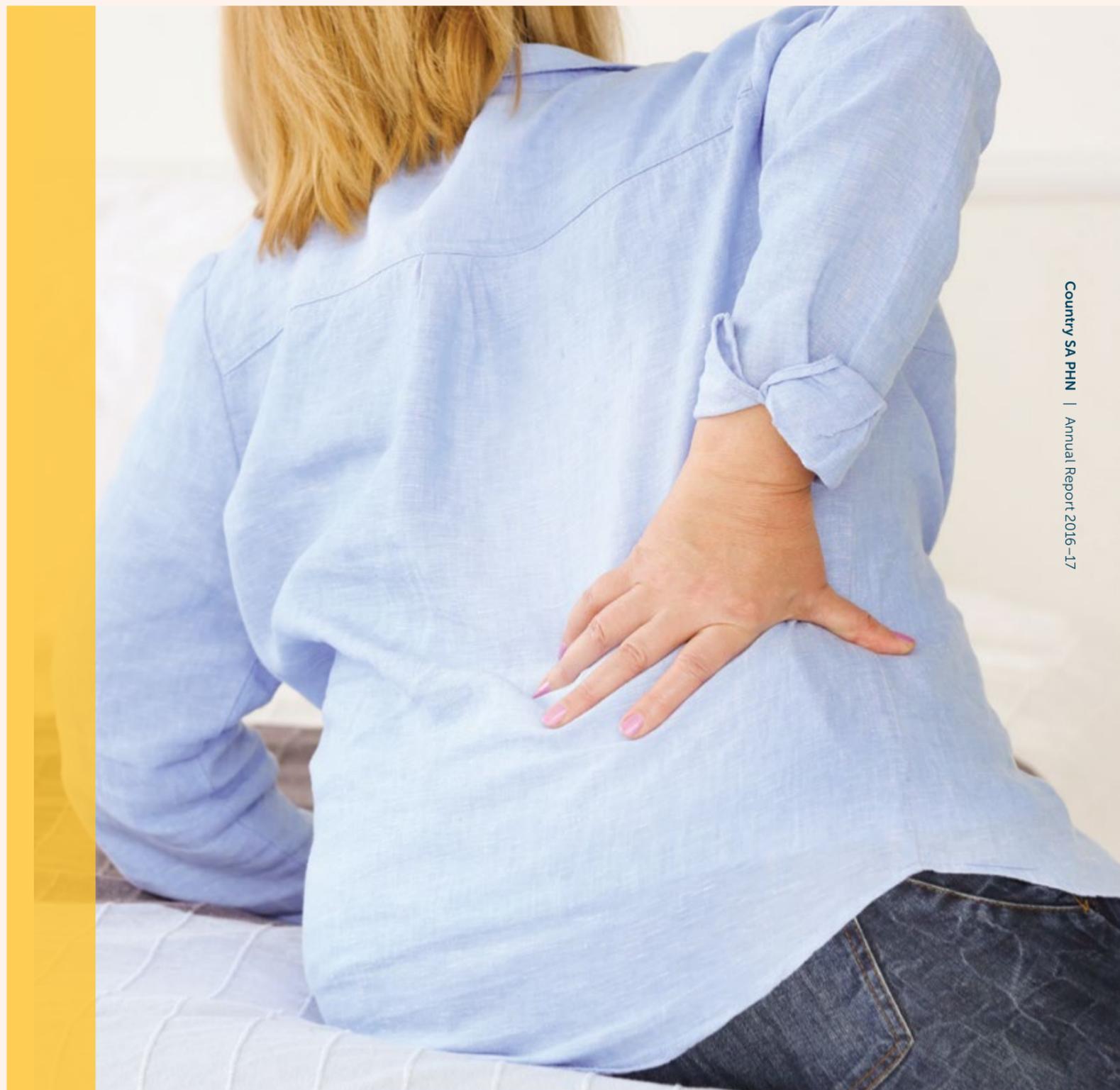
"Working closely with local health providers will give us all the opportunity to better understand the breadth of the problem and how to implement local solutions."

The National Pain Strategy described chronic pain as "Australia's third most costly health problem and arguably the developed world's largest 'undiscovered' health priority".

A national survey of Australian GP estimates the prevalence of chronic pain in patients is almost 20 per cent, with the majority relying on medication. A third of these patients are using opioids to try to manage their pain – despite opioids efficacy and safety for non-cancer pain not being supported by the evidence.

The Pain Management Pilot Project will continue to operate on the Northern Yorke Peninsula until June 30, 2018.

Working closely with local health providers will give us all the opportunity to better understand the breadth of the problem and how to implement local solutions.



## Aboriginal health



### Aboriginal Sobriety Group Indigenous Corporation

The *Aboriginal Sobriety Group Indigenous Corporation (ASG) Riverland* provides care and support to Aboriginal people wishing to lead a drug and alcohol-free life style. In response to an identified community need and to complement their existing work the ASG Riverland now also has a dedicated mental health worker who works hand in glove with the Aboriginal community to offer a tailored wrap around service.

The mental health program was commissioned, funded and co-designed by Country SA PHN, to address this identified gap in the Aboriginal community's need. The program was then built from scratch to be culturally appropriate, flexible and adaptable to respond to individuals.

"Country SA PHN is very pleased to fund the ASG's mental health program. Country SA PHN exists to bridge the gap in health inequity in rural South Australia and adding this mental health component to the ASGs existing services achieves just that," said Country SA PHN, Chief Executive Officer, Kim Hosking.

"This program has been particularly successful because it has been designed specifically around local community need."

Jackie Vincent was appointed as the ASGs Aboriginal Mental Health worker in January 2017. She says the mental health component was the missing link in a successful Aboriginal drug and alcohol program. This wrap around program now allows an ease of flow between other related services.

"It's a culturally appropriate space with a high level of confidentiality where we work hard to find services that best meet people's needs," said Jackie Vincent.

"The key to the program's success is its flexibility - we can do home visits, have family involvement, meet in the park, attend other health appointments. It provides a completely integrated wrap around service tailored to individual needs."

As an extension of their services the ASG Riverland is now successfully running a bi-monthly Nungkari Clinic in conjunction with the local Berri Community Mental Health Team. This free clinic is open to both pre-booked and walk in clients. Jackie says the Nungkari Clinic provides another aspect to the wrap around service where the ASG is creating a culturally appropriate and safe space for Aboriginal people.

The inclusion of an Aboriginal Mental Health Worker to the ASG Riverland means it can now provide the Aboriginal community with support for a complex range of inter-related needs including: health and well-being, improved access to primary care services, drug and alcohol support as well as welfare and justice system support.

This program has been particularly successful because it has been designed specifically around local community need.



Jackie Vincent – Aboriginal Mental Health Worker, Aboriginal Sobriety Group Indigenous Corporation with Don Scordo – Program Manager, Aboriginal Sobriety Group Indigenous Corporation.

## Digital health



### Health Connections – Video

A new digital health platform is increasing access to care for patients and support for primary health care providers in rural and remote South Australia. *Health Connections Video* supports general practices through video consults for providers and their patients – increasing frequency of contact and reducing patient travel time and cost.

Through *Health Connections Video*, Country SA PHN is supporting one of its core objectives of providing service and support for primary health care in regional South Australia. By providing and supporting a free, secure communications platform compatible with the SA Health system, Country SA PHN aims to increase access to care for patients and support for providers in rural and remote South Australia.

From March to July 2017, 75 practices have registered to use the digital health platform. Country SA PHN has now reached the point where more than half of all regional South Australian general practices are enrolled.

The roll out of *Health Connections* to general practices has also increased the opportunities for delivering specialist services such as the CATCH (Country Access to Cardiac Health) cardiac rehabilitation program. Previously operating via telephone, *Health Connections Video* now allows patients in rural and remote settings to engage via video with their cardiac specialist.

“The Health Connections platform will be an important enabler for Country Health SA to work more closely with GPs and implement ‘hybrid’ or collaborative models of care benefiting the patient,” said cardiologist, Dr Phil Tideman.

Dr Tideman, an Adelaide based specialist who has been providing cardiac service to patients on the Limestone Coast, says *Health Connections* has enabled timely access outside of the scheduled visits for patient follow up.

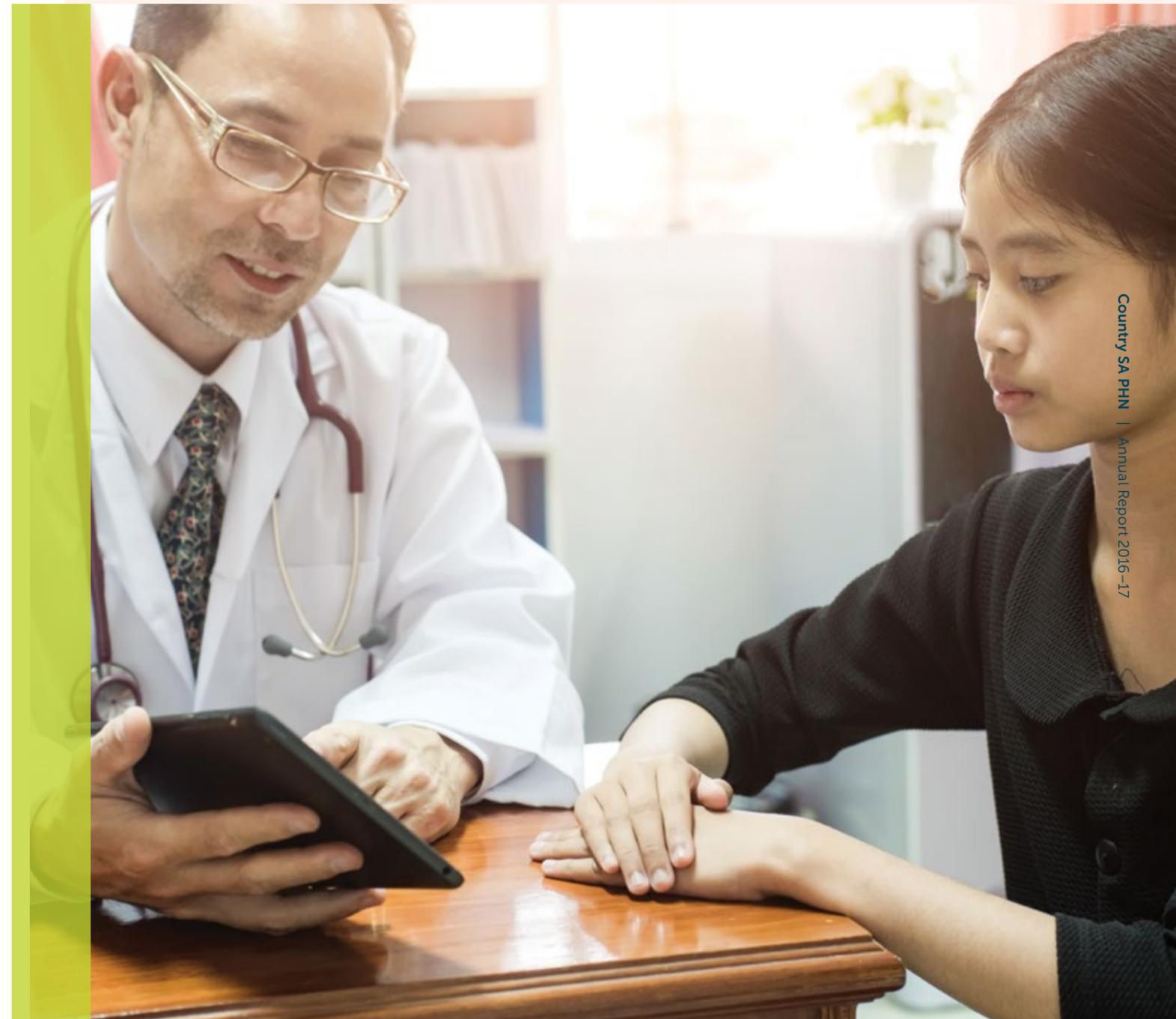
*Health Connections Video* has also helped to bridge the gap in health inequity in the Murray Mallee region. The Country SA PHN, Needs Assessment Report identified a gap in mental health services for this area – with access to psychologists decreasing and existing resources being severely stretched.

The Murray Bridge Day Night Surgery (MBDNS) had patients seeking tele-psychiatry video conferencing with the rural and remote mental health team. By working collaboratively with Country SA PHN to activate *Health Connections Video*, MBDNS has been able to offer in-house video consultations with the mental health team – maintaining patient confidentiality, providing clients with a comfortable setting and saving additional travel time and costs.

“The comfortable setting allows the patient to speak openly about confronting issues. Overcoming barriers which prevent patients seeking the help that they need is crucially important,” said MBDNS Practice Manager, Wendy Ziersch.

In 2017-18 *Health Connections* will continue to expand. The digital health platform will be rolled out and implemented to speciality groups and Country SA PHN funded allied and other health services. A *Health Connections* directory will also be launched to provide a register of all available providers.

The *Health Connections* platform will be an important enabler...to work more closely with GPs and implement ‘hybrid’ or collaborative models of care benefiting the patient.



## Health workforce



### Healthy Doctors' Seminars

The Country SA PHN has supported the work of Doctors' Health SA (DHSA), through its Support program, to connect and support general practitioners across rural South Australia.

The twelve-month support has enabled DHSA to reach nearly 100 rural doctors and medical students by facilitating nine evening seminars throughout regional South Australia. These seminars have included helpful strategies for managing the busy, rural, modern, medical life – including information on time management, caring for your own health (the services available to doctors), exploring mindfulness and other strategies to create the much-needed balance in today's professional world. The seminars have been held right across the state - in the towns of Mount Gambier, Ceduna, Murray Bridge, Berri, Clare, Port Augusta, Kadina, Kingscote, and a final one in June at Naracoorte.

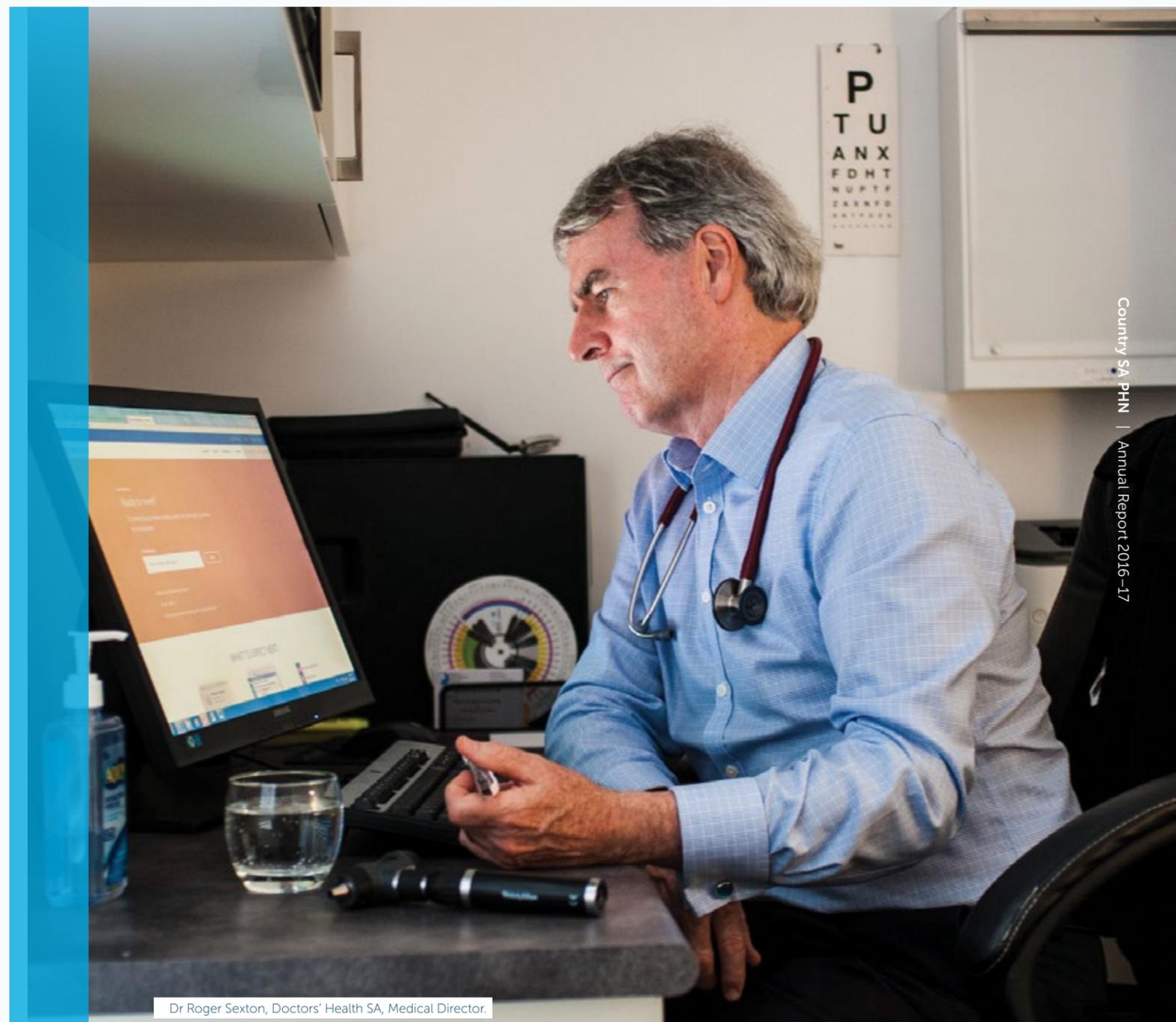
Attendees feedback showed that rural GPs were extremely grateful for the opportunity to come together and share and discuss their health and wellbeing strategies and connect with local colleagues.

In addition to the seminars, CSAPHN has supported the ongoing work of the after-hours clinic for all doctors. This clinic is especially important for rural doctors as it provides out of hours access to a confidential and professional GP service. The Country SA PHN support has created the opportunity to pilot a telemedicine service for rural doctors and medical students on rural placement. This pilot will continue to the end of the year and is being externally evaluated, after which consideration will then be made to continue the service.

All rural medical practitioners can access that service. DHSA has been very grateful to the Country SA PHN for supporting the production of a new website which was launched by DHSA's Board Chair, Craig Farrow and Medical Director, Dr Roger Sexton in late April.

"DHSA is a not-for-profit operation and therefore having the support from organisations such as Country SA PHN is just invaluable to keep doctors healthy for the good of their communities", said Dr Roger Sexton.

This clinic is especially important for rural doctors as it provides out of hours access to a confidential and professional GP service.



Dr Roger Sexton, Doctors' Health SA, Medical Director.

# Our Activity

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## Youth Digital Health Options

### eMental Health Services

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**Bite Back**  
Provides an online interactive self-help website based on the principles of positive psychology. It aims to improve the overall wellbeing and happiness of young people.  
www.biteback.org.au

**Butterfly Foundation - EDHope**  
Provides a telephone, email and web chat service for individuals. The primary target audience is people with eating disorders, their families and supporters and health professionals.  
www.thebutterflyfoundation.org.au

**CanTeen**  
Provides online, telephone counselling and support services to ensure that young people living with cancer have cancer or have family/friends with cancer experience optimal psychological wellbeing.  
www.canteen.org.au

**eHeadSpace**  
Provides a confidential and anonymous telephone and online support and counselling service to young people aged 12 - 25 years with youth mental health professionals.  
www.eheadspace.org.au

**Kids Helpline**  
Provides a free, private and confidential, telephone and online counselling service specifically for young people aged 5 to 25 years.  
www.kidshelpline.com.au

**Mindspot**  
Provides a free clinician assisted online and telephone based cognitive behavioural therapy - also for people over 16 years with symptoms of anxiety or depression.  
www.mindspot.org.au

**OLife**  
Provides online, telephone counselling and support services for early intervention and peer support for Lesbian, Gay, Bisexual, Transgender and Intersex peoples.  
www.olife.org.au

**ReachOut**  
An online service that aims to improve mental wellbeing as well as prevent and intervene early in the onset of mental health problems in young Australians.  
www.reachout.com

**Suicide Call Back Service**  
A 'call back' service for callers at risk of suicide.  
www.suicidecallbackservice.org.au

### COUNTRY SA PHN Strategic Plan

**Objectives**

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes
- Improve coordination of care to ensure patients receive the right care at the right time

**Priorities**

- Build local capacity, resilience and sustainability of health services
- Improve the patient experience of primary health care
- Develop solutions that meet a community's needs
- Commission services that are efficient, effective and equitable
- Ensure effective corporate and clinical governance

**Regional Focus**

- Implement a needs assessment cycle with Country Health SA
- Promote better care coordination for Aboriginal Communities
- Champion and support uptake of telehealth and eHealth solutions
- Improve healthcare information systems

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### "BREAKING THE CYCLE" SCUBA DIVING INFORMATION SESSION

**TO SUPPORT VETERANS' HEALTH WEEK**

Tuesday 10<sup>th</sup> October 2017  
6pm - 8pm  
FREE event (tea & coffee available)

The RSL Hall, 10 Coral Street, Victor Harbor

Register for a try dive at the Aquatic Centre on October 29<sup>th</sup>

An information session open to all veterans, families and friends 16+.

Come and find out more about the health benefits of this sport and the diving opportunities in your region.

Partners: phn, BSAC, RSL, etc.

### Our Activity Plan 2016-18

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#### Strategic Vision

The key objectives of Primary Health Networks (PHNs) are:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care at the right place at the right time.

PHNs must make informed choices about how best to use its resources to achieve these objectives.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and provide measurable performance indicators to the Australian Government and the Australian public with visibility as to the activities of each PHN.

**Activity Planning**

The Primary Health Network (PHN) Needs Assessment will identify local priorities, which will inform the activities implemented for action in the 2016-18 Annual Plan. Updated in February 2017, this Activity Work Plan covers the period from 1 July 2016 to 30 June 2018.

**Primary Health Networks Resilience, Operational and After Hours Funding**

**Health Workforce Development and Support**

This activity is aimed at building local service capacity, strengthening and growing medical, dental, allied health, nursing and allied health professionals, and supporting rural and remote locations that are underserved.

This activity includes:

- Facilitating collaborative working relationships between pharmacy, allied health, residential aged care facilities and general practice to develop responses to community identified health related needs.
- Facilitate education and knowledge sharing that enhances health outcomes and health literacy of local health resources.
- Collaborate with organisations that provide Continuing Professional Development to deliver locally relevant education.

**Health Pathways**

This activity will assist existing engagement of Community Advisory Committees and the Clinical Council to ensure all health professionals in the region, in addition, access to multiple layers of referral and care facilities. 24 hour phone support and advice, practice specific clinic, for general practitioners, support to health professionals.

Support health workforce sustainability, by identifying options for practice. Allied health professionals to build business through support to underserved locations. Facilitate alternative models of student clinical placements in the region.

This activity will involve:

- Engagement regarding to develop and improve localised care pathways.
- Development of culturally appropriate variations of care pathways.
- Implementation and promotion of health pathways plan.

### COUNTRY SA PHN 2017 Calendar

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Month	S	M	T	W	T	F	S
<b>JANUARY</b>	1	2	3	4	5	6	7
<b>FEBRUARY</b>	5	6	7	8	9	10	11
<b>MARCH</b>	5	6	7	8	9	10	11
<b>APRIL</b>	10	11	12	13	14	15	16
<b>MAY</b>	7	8	9	10	11	12	13
<b>JUNE</b>	4	5	6	7	8	9	10
<b>JULY</b>	1	2	3	4	5	6	7
<b>AUGUST</b>	4	5	6	7	8	9	10
<b>SEPTEMBER</b>	1	2	3	4	5	6	7
<b>OCTOBER</b>	10	11	12	13	14	15	16
<b>NOVEMBER</b>	5	6	7	8	9	10	11
<b>DECEMBER</b>	1	2	3	4	5	6	7

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### Your Town - Your Services

**Angaston 5353**

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- Aboriginal Services
- Ambulance Service
- Audiology
- Cardiology
- Child/Youth Services
- Chiropractor
- Community Health Service
- Diabetes Educators
- Dietitian/Nutrition
- Dental Services
- Drug & Alcohol Services
- ENT
- Gastroenterology
- General Practice
- Geriatrician
- Gynaecology/Obstetrics
- Hospital
- Mental Health Services
- Occupational Therapy
- Ophthalmology
- Optometry
- Orthopaedic
- Pharmacy
- Physiotherapy
- Podiatry
- Rheumatology
- Social Work Services
- Speech Pathology
- Specialist Surgery Services
- Urology

### "BREAKING THE CYCLE"

Domestic Violence, Alcohol & Other Drugs

**when:**  
Wednesday 31<sup>st</sup> May 2017  
6:00pm - Meet and Greet  
6:30pm till 8:00pm - Presentations & Discussions

**Guest Speakers:**  
Facilitator: Mr Michael Pengilly MP  
Sam Ratten - SA Network of Drug & Alcohol Services  
David Hunt - SA POL Drug Squad  
Jessica Reaven - Junction Australia (Domestic Violence)

**For more information contact:**  
Michael McRae - 0404 111 551  
John Wate - 0407 025 439  
Email: [neur@phn.sa.gov.au](mailto:neur@phn.sa.gov.au)

**Q&A - Panel Session:**  
Ambulance officers  
Emergency Doctors  
Police and Drug Squad  
Community Services Representative

Supported by:

### Our Aboriginal Health (Integrated Team Care) Activity Plan 2016-18

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#### Strategic Vision

The Country SA Primary Health Network (CSAPHN) will ensure that eligible patients of both mainstream and Aboriginal Medical Services (AMS) have access to care coordination and appropriate health services to support best health outcomes for patients with chronic disease.

CSAPHN and the organisations we commission apply flexible approaches to ensure Aboriginal and Torres Strait Islander people are able to access high quality care, including through the mainstream health sector.

This flexibility will be utilised to tailor the role and activities of the Indigenous Health Project Officers, Outreach Workers and Care Coordinators to suit the needs of particular communities, taking into account the objectives of the ITC activity.

We will support contracted organisations to ensure that Aboriginal and Torres Strait Islander employees are provided with a culturally safe working environment and maintain our responsibility to oversee the ITC workforce across our region, including enablement of professional and peer support.

**Our Activity Plan 2016-18**

Updated in February 2017, this Activity Work Plan covers the period from 1 July 2016 to 30 June 2018. To assist with PHN planning, each new activity nominated in this work plan is for a period of 12 months.

**The aims of Integrated Team Care (ITC) are to:**

- Contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care.
- Contribute to closing the gap in life expectancy by improving access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialist) for Aboriginal and Torres Strait Islander people.

**The objectives of ITC are to:**

- Activate better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people through better access to the required services and better care coordination and provision of supplementary services.
- Foster collaboration and support between the mainstream primary care and the Aboriginal and Torres Strait Islander health sectors.

**Improve the capacity of mainstream primary care services to deliver culturally appropriate services to Aboriginal and Torres Strait Islander people.**

- Increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule (MBS) items, including Health Assessments.
- Support mainstream primary care services to encourage Aboriginal and Torres Strait Islander people to self-identify.
- Increase awareness and understanding of measures relevant to mainstream primary care.

**Transition phase**

The ITC Activity is fully commissioned mainly to Aboriginal Community Controlled Health Organisations (ACCHOs) where possible in a direct market approach. Tools were developed to support the commissioning process. This included:

- A communications and engagement strategy for staff, service providers, general practitioners, clients and Aboriginal communities.
- Provision of information with regards to roles, responsibilities, objectives, key performance indicators and outcomes required of the program.

### General Practice (GP) Support

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**What the Practice Support Team provides for your practice:**

- Accreditation Standards
- Community Health e.g. Immunisation, Diabetes, Mental Health
- Chronic Disease Management
- Continuous Quality Improvement
- Digital Health - onsite support and maintenance
- General Practice PIP Review
- Health Connections - Cisco Jabber
- Health Care Home Model
- Health Pathways
- MBS Review
- Penics Clinical Audit Tool
- Digital Health - onsite support - Accreditation and data extraction

**What the Regional Strategies Team provides for your practice:**

**Education** commissioned a comprehensive program and support general practice at events. Identify local need and communicate with local service provider and partner with peak bodies to facilitate education.

**Networking** facilitate regular meetings to exchange information, collaborate and mentor.

**Representation** at a range of engagement to ensure GPs are recognised as an essential primary health care component.

**Knowledge** supporting general practice knowledge of available wrap around services.

**Workforce strategies** coordinating and strengthening strategies for GPs, nurses and practice managers.

**Immunisation Hub** support the hub to provide a state wide collaborative approach to immunisation.

**Establishing partnerships** with primary health care providers to improve access, streamline funding and determine priorities.

**Consulting** with general practice to determine priorities and identify local strategies and solutions.

**Promoting linkages** with primary health care services to support integrated and coordinated services for community.

**Supporting** general practice to provide after-hour preventative health activities and services.

**Supporting** general practice to provide quality improvement.

**Assist** with goal setting and activities.

**Measure** quality improvement in your practice.

**Provide** progress reports and feedback.

**Contact:**  
Country SA PHN, 30 Tanunda Road Nuriootpa SA 5355  
PO Box 868 Nuriootpa SA 5355  
Ph: 08 8565 8900

**Practice Support:**  
[phn@country.saphn.com.au](mailto:phn@country.saphn.com.au)  
or [jwilliams@country.saphn.com.au](mailto:jwilliams@country.saphn.com.au)

**Regional Strategies:**  
[regionalstrategies@country.saphn.com.au](mailto:regionalstrategies@country.saphn.com.au)

**#countrysaphn**

# Our Media Presence

## WHYALLA NEWS

### Mental boost for Arrium

**BY LOUIS MAYFIELD**

A NEW mental health and suicide prevention program commencing in January 2017 will be offering free training and support to Arrium workers' families, contractors and the broader Whyalla community.

Funded by Country SA PHN and delivered by MATES In Construction, the program recognises the impact employment uncertainty can have on the entire community.

With mid-year unemployment at 7.2 per cent following the loss of up to 4000 jobs - about 40 per cent of the workforce - the Whyalla Steelworks transition into administration has hit the region hard.

Country SA PHN, CEO Kim Hosking said that difficult economic times can sometimes increase people's

vulnerability.

"However, empowering and training the community to recognise potential signs of suicide risk in loved ones or friends is an effective suicide prevention strategy that will provide capacity building for the community," he said.

MATES In Construction will provide multi-level suicide prevention training for workers and contractors within the Whyalla Steel Industry and create a support framework for their significant others.

Embedded into the project is 24/7 phone access for those in distress, case management support where appropriate and referral pathways within the stepped care model.

MATES In Construction CEO Michelle Caston said the statistics were "sobering". "The statistics are par-

ticularly concerning when a large employer like Arrium is struggling with financial difficulties - the ripple effect that these suicides have on the broader community is absolutely devastating," she said.

The first community sessions will be held in Whyalla on Tuesday, January 17, and Wednesday, January 18.

Country SA PHN gratefully acknowledge the financial and other support from the Australian Government Department of Health.

For further information contact Laura from MATES in Construction on 8373 0122

4 December 2016.

## The Border Watch

### Aboriginal health providers selected

ABORIGINAL health facility Pangula Mannamurna and Riverland Division of General Practice (South East) have been selected as the service providers for drug and alcohol treatment in the region.

Member for Barker Tony Pasin has welcomed the news that Country SA Primary Health Network (SA PHN) has finalised the selection of preferred providers.

"I congratulate Country SA PHN for being one of the first PHNs in the nation to finalise the selection process of service providers," Mr Pasin said.

Following the National Ice Taskforce's final report last year, the Federal Government considered the issues raised in the report and responded by providing an extra \$298.2m over four years to assist in tackling the problem of ice and other drugs.

This included \$241.5m for Primary Health Networks (PHNs) across Australia to commission new frontline services based on what is needed and appropriate for their local communities.

"Although drug and alcohol

treatment services are the primary responsibility of state and territory governments, I am pleased that the Federal Government has developed a national strategy to assist in addressing this critical need," Mr Pasin said.

Country SA PHN is responsible for the regional area of South Australia and was allocated \$5.3m of Federal Government funding to commission services for drug and alcohol treatment.

"The announcement comes after significant planning and consultation undertaken by the PHN to maximise the benefit of this investment to ensure an integrated and evidence-based response," Mr Pasin said.

PHNs across Australia have been undertaking extensive drug and alcohol planning and consultation to increase knowledge and understanding of the local sector before commissioning of this important funding is undertaken.

The planning and consultation has been vital in ensuring the services commissioned increase access and availability of drug and alcohol treatment services consistent with local need and priorities.

28 October 2016.

## The Naracoorte Herald

### RDGP to provide local info at plaza

**DRUG AND ALCOHOL SERVICES**

RDGP Drug and Alcohol clinicians will be holding an information day at the Kinraig Plaza next Thursday.

From 10am to 3pm, they will provide information to the Naracoorte community on how to access RDGP drug and alcohol treatment services.

Funded by Country SA PHN, through the Federal Government's Non Government Organisation Treatment Grants Program - and delivered to the community by RDGP - the services improve options for those seeking substance misuse treatment.



SUPPORT: RDGP will promote its services in Naracoorte next week.

RDGP started providing drug and alcohol treatment services in Naracoorte and Mount Gambier in January this year. The service is set to expand over time to incorporate the wider Limestone Coast community and increased client numbers.

"The services are beginning to be utilised by individuals in our communities seeking assistance for problematic substance use," said RDGP clinical lead, Philip Galley.

11 May 2016.



# ABC Local Radio

1 November 2016.

## Port Lincoln Times

### More respite support

**BY OLIVIA BARNES**

LOWER Eyre Peninsula families are benefiting from an emergency respite care program which provides support to those caring for a loved one with dementia in their own home.

The program, which is funded by Country SA Primary Health Network and provided by Matthew Flinders Care Services, provides access to flexible, individual or group respite for families.

To be eligible for the service applicants must be a Lower Eyre Peninsula resident, have a family member with dementia or cognitive decline, have no access to government subsidies to pay for respite or have exhausted subsidies available to them, and be experiencing difficulty caring for a loved one with memory loss.

See James and her family found themselves in need of the program's support after her 90-year-old father Douglas North had a heart attack and the family struggled to care for him and balance their other commitments.

"Most of us in the family had work commitments but we all took turns looking af-

ter him a few days a week," Ms James said.

"He was going from one house to another, which wasn't the ideal outcome for a man with dementia and the beginning of Alzheimer's."

She said it was fortunate the family had found out about the funding as the waiting list to get her father into a nursing home in Port Lincoln grew longer every day.

Ms James said thankfully the family spoke with the Matthew Flinders Care Services team who knew funding for emergency respite had become available.

She said the funding had allowed her to continue working full time and receive in-house support for her father every day.

"This has proven to be such a positive model for aged care and a wonderful service within our community where we are so lacking in support," Ms James said.

Matthew Flinders Care Service chief executive officer Michael McKeown said the community needed an option for people who were not receiving any services, who wanted to access subsidised care and those who needed crisis care.

1 June 2017.

## THE MURRAY VALLEY Standard Fight to break the ice scourge

**BY EMILIE BARNAYS-BAE**

Country SA PHN chief executive officer Kim Hosking, along with other service providers across the Murray Valley, are working to break the scourge of chronic alcoholism.

MURRAY Valley Health Network (MHN) Chief Executive Officer Catherine Spence said the funding would help address the increased demand for access to drug and alcohol counselling treatment particularly for Aboriginal and Torres Strait Islanders.

"We have a high population here that need our help and support services, including mental health services, to better support coordinated treatment and referral pathways to support clients with complex mental health disorders."

Member for Barker Tony Pasin said the efficient selection process by Country SA PHN meant services could be implemented their expeditiously.

"More information, contact MHN on 8633 1021."

**“We have a high population here that need our help”**

Cathy Spence

1 November 2016.

## Yorke Peninsula Country Times READ ALL OVER THE LEG!

### Healthy ageing workshop to be held in Kadina

GETTING older should not necessarily mean becoming frail and incapacitated, and the issue will be discussed at a workshop for service providers in Kadina later this month.

The workshop will challenge current thinking and practice, encouraging the idea older people can be helped to address the effects of ageing without simply resorting to more medication.

The workshop is being funded by Country SA Primary Health Network and provided by BMP Healthcare Consulting.

"Country SA PHN exists to bridge the gap in health care for regional communities," Country SA PHN CEO Kim Hosking said.

"Early recognition of frailty and provision of support is particularly important in rural SA where older people are at risk of losing their independence before their plight is recognised.

"Maintaining this independent living and mobility is such an important aspect of rural South Australians' lives.

"An initiative that supports older people to live active lives is of massive benefit, not only to their physical, but their mental health as well."

Dr Chris Bollen from BMP Healthcare Consulting will lead the workshops.

"Some older people are being told 'you're getting old, there's nothing more we can do for you' and this attitude can hinder older people from continuing to live independently at home," Dr Bollen said.

"We want these workshops to avoid or minimise deterioration of health in older people.

"Frailty is a major issue facing our ageing society.

"It's especially important as people are living longer, increasing the potential for chronic illness."

The workshops will encourage health professionals to explore the ways frailty affects quality of life and the ramifications this has for whole communities.

Attendees will be encouraged to recognise signs of potential frailty as people age and to put in supports to prevent further decline.

The workshop will be held at Kadina Football Club starting with a light buffet dinner at 6pm on Tuesday, March 21.

15 March 2017.

## Times The COAST

### Access to cancer screening locally

FLEUREU Peninsula residents aged older than 50 may be eligible to access cancer screening as part of an important trial being run to increase screening participation rates.

The Cancer Screening Checklist Trial is designed to encourage the local community to discuss their current cancer screening options with their GP and to remind those 50 or older to participate in relevant cancer screening programs.

The trial is a Cancer Council SA initiative that has been developed with funding and assistance from Country SA PHN and supported by general practice in the area.

"When Cancer Council SA approached us to fund this trial we knew it was a great opportunity to support an initiative that could really make a difference for the health of the local community," Country SA PHN chief executive officer Kim Hosking said.

November 2016.

## BAROSSA & LIGHT Herald

### Home help is at hand for the elderly

IF MAINTAINING at home independence for you or a loved is a priority then now is the time to book a free appointment to a informative service led by both the Barossa and Gawler councils.

The 'Aged Care at Home Information Service' works to provide aged people access to support and services to remain in their home.

The initiative, which is funded by the Country SA Primary Health Network, has been realised after the councils responded to a call from the community to navigate their way through the aged care system.

Barossa Council's manager for community and culture Kirsty Hage said the Aged Care System is becoming more consumer directed and market driven.

"While ultimately older people will benefit from the reforms, change can be confusing and the new service provided by the councils is designed to assist people, especially those who don't have access to the internet to navigate the new system," Ms Hage said.

The information service is available Tuesdays at 9am to noon, and appointments are available at The Barossa Council office in Narriootpa and at Gawler's Elderly Centre.

To make a free appointment call Barossa council 8563 8411 or Gawler council 8522 1177.

7 June 2017

A snapshot of our media presence across regional South Australia.

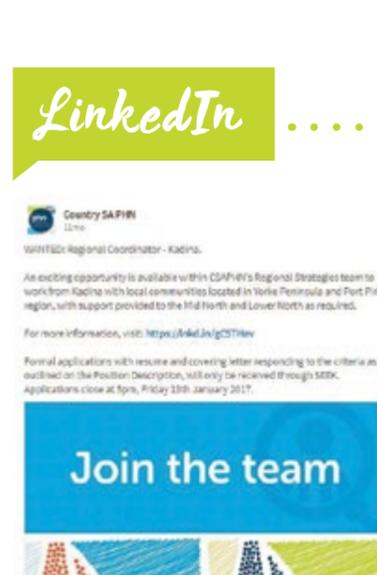
# Our Online Presence

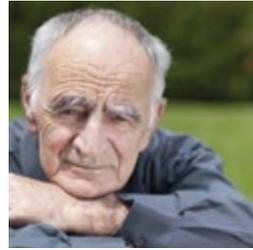
## Twitter



A snapshot of our online presence across social media platforms.

## Facebook





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