H I G H L I G H T S  2 0 1 7

Improving health for the communities of the Blue Mountains, Hawkesbury, Lithgow & Penrith
Wentworth Healthcare, provider of the Nepean Blue Mountains PHN, is a not for profit organisation that works to improve health for the communities of the Blue Mountains, Hawkesbury, Lithgow and Penrith.

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Who We Are

Wentworth Healthcare is a not for profit organisation dedicated to improving health for our local community in a region that covers the Blue Mountains, Hawkesbury, Lithgow and Penrith.

Wentworth Healthcare is the provider of the Nepean Blue Mountains Primary Health Network (NBMPHN) programme.

We work closely with GPs and other healthcare providers to identify health needs, and coordinate or commission the delivery of local health services so our community has the right care in the right place at the right time.

Wentworth Healthcare has a commitment to consult and engage with healthcare professionals, stakeholders and the community to better understand what works well, where there are gaps and to design solutions together. This guides our work and helps us to prioritise the key health needs in our region.

In early 2017, we collated all our current knowledge and published an in-depth health Needs Assessment Report. This is available at www.nbmphn.com.au/NeedsAssessment

Mission

Empower local general practice and other healthcare professionals to deliver high quality, accessible and integrated primary healthcare that meets the needs of our community.

Vision

Improved health for the people in our community.

Values

- Respect
- Ethical Practice
- Quality
- Collaboration
- Continuous Improvement
Our History

Wentworth Healthcare was founded by Nepean Division of General Practice, Blue Mountains GP Network and Hawkesbury-Hills Division of General Practice in 2012. Since 2015 we have held a contract with the Commonwealth Department of Health to deliver the Primary Health Networks (PHNs) programme in the Nepean Blue Mountains region.

Currently, we employ over 70 talented professionals and are governed by a skills based board of nine directors. Our head office is located at Penrith and we have a regional office in Katoomba.

Wentworth Healthcare Board

- Dr Andrew Knight (Chair)
- Ms Gabrielle Armstrong
- Ms Diana Aspinall
- Mr Paul Brennan AM
- Ms Jillian Harrington
- Ms Jenny Mason
- Dr Shiva Prakash OAM
- Dr Tony Rombola
- Mr Tony Thirlwell OAM

Membership

Our member organisations include:

- Allied Health Profession Australia
- Australian Primary Health Care Nurses Association
- Blue Mountains GP Network
- Lithgow City Council
- Nepean GP Network
- Western Sydney Regional Organisation of Councils
Our Region

The Nepean Blue Mountains region is located in NSW, approximately 60km west of Sydney. Comprised of urban, semi-rural and rural areas, the region covers over 9,000 square kilometres, from St Marys in the east to Portland in the west, and two thirds sits within a designated World Heritage Area.

There is a large Aboriginal population in the region, representing 2.6% of the total population, as well as a culturally and linguistically diverse population. The Dharug, Gundungurra and Wiradjuri people are acknowledged as the traditional owners of the land.

The region is serviced by just under 500 GPs within 138 general practices. There are over 1,200 allied health providers in the region.

Nationally, Primary Health Networks’ priorities are in the areas of mental health, Aboriginal & Torres Strait Islander health, population health, the health workforce, digital health and aged care.

Due to many reasons, including the large size of land the region spans and the relatively low population density (particularly in the Blue Mountains, Hawkesbury and Lithgow), accessing healthcare services has been identified as a significant issue in our region by consumers.

<table>
<thead>
<tr>
<th>LGA</th>
<th>Number of GPs</th>
<th>Population</th>
<th>GP per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithgow</td>
<td>33</td>
<td>20,160</td>
<td>143.8</td>
</tr>
<tr>
<td>Blue Mountains</td>
<td>112</td>
<td>75,942</td>
<td>104</td>
</tr>
<tr>
<td>Hawkesbury</td>
<td>94</td>
<td>62,353</td>
<td>113.9</td>
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<tr>
<td>Penrith</td>
<td>249</td>
<td>178,467</td>
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<td>Total</td>
<td>488</td>
<td>336,922</td>
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<table>
<thead>
<tr>
<th></th>
<th>National Average (GPs per 100,000 population)</th>
<th>NSW Average (GPs per 100,000 population)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>138.9</td>
<td>134.9</td>
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### Population

<table>
<thead>
<tr>
<th>LGA</th>
<th>Population</th>
<th>Population Density</th>
<th>Land Area (km²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Mountains</td>
<td>78,705</td>
<td>0.55</td>
<td>1,432</td>
</tr>
<tr>
<td>Hawkesbury</td>
<td>66,136</td>
<td>0.25</td>
<td>2,776</td>
</tr>
<tr>
<td>Lithgow</td>
<td>21,524</td>
<td>0.05</td>
<td>4,567</td>
</tr>
<tr>
<td>Penrith</td>
<td>201,400</td>
<td>4.98</td>
<td>405</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>367,765</strong></td>
<td></td>
<td><strong>9,180</strong></td>
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</tbody>
</table>

*Census data, 2016*

### Adult Health

- **Obesity in adults increased more than 43% across a 10 year period**
- **Cardiovascular disease the leading cause of death, representing 32.1% of all deaths**
- **Diagnosed with diabetes:** 7.6%
- **Diagnosed with asthma:** 13.8%
- **Cardiovascular disease hospitalisations:** 4.7%
1 in 3 are overweight or obese

1 in 3 drink at risky levels

1 in 4 youth have a mental disorder

Almost 1 in 3 have been diagnosed with asthma

More than 3 in every 20 youth smoke

Males make up more than 7 in every 10 deaths

Leading Causes of Death

- Cardiovascular Diseases (629 deaths (32.1% of deaths))
- Cancer (592 deaths (30.2% of deaths))
- Respiratory Diseases (188 deaths (9.6% of deaths))
- Injury and Poisoning (122 deaths (6.2% of deaths))
- Mental Disorders (91 deaths (4.6% of deaths))
- Other Causes (17.5% of deaths)

Preventable Hospitalisations

The highest number of potentially preventable hospitalisations were for:

Chronic obstructive pulmonary disease – 1,006 hospitalisations
Urinary tract infections and pyelonephritis – 984 hospitalisations
Dehydration and gastroenteritis – 906 hospitalisations
Dental conditions – 814 hospitalisations
Asthma – 696 hospitalisations

Page 6-8 data sourced from Nepean Blue Mountains Needs Assessment 2016/2017
Below are just a few statistics that show how we have supported the healthcare workforce and people in our community this year through services we commission or provide.

18,492
Shared Health Summaries uploaded by GPs

21,492
funded After Hours consultations

1,458
General Practice Support activities

1,141
Specialist Outreach clinical consultations

15% increase
breast cancer screening in Lithgow Aboriginal & Torres Strait Islander women

26,475
Mental health consultations

1,085
Continuing Professional Development Education Event attendances

In addition, we helped to recruit 5 GPs, 5 practice nurses, 14 administrative staff and 6 allied health professionals to serve the region’s growing population.
After Hours

After hours services are vital to assist the people in our region when medical care may be needed outside of normal business hours.

This year, through our funding initiatives we have been able to support provision of a 24 hour pharmacy (Penrith), two After Hours GP Clinics open seven days a week (Hawkesbury & Penrith) and one After Hours GP Clinic open weekends and public holidays (Lithgow). These three GP clinics have provided more than 15,000 consultations this year.

Three medical deputising services have assisted Residential Aged Care Facilities, and we have actively campaigned to promote awareness of after hours services to the people in our community. Our achievements have included:

- Increasing after hours service coverage in the Hawkesbury LGA
- Transitioning the Penrith After Hours Doctor Service to a new location
- Broadening the provision of Medical Deputising services in our region

www.nbmphn.com.au/AfterHours

184,825 after hours consultations (▲ nearly 30% from last year)

Nearly 12% of these consultations have been funded under the PHN program (21,492)

“I went to the After Hours Clinic on a Sunday to bring my daughter who was very concerned with a health issue. I was surprised that the wait wasn’t very long; the nurse was lovely and reassuring; the GP was very thorough and took time to explain the issue so that my daughter could understand it. I would go back to the AH Clinic again.”

- Resident of Penrith

Total GP consultations 2016/2017

184,825 (7.3%) after hours consults

2,342,714 (92.6%) day consults
My Health Record

My Health Record is a secure online summary of a person’s health information such as allergies, significant history, medications and immunisations that is controlled by the patient and can be accessed by registered healthcare practitioners.

Our digital health team works with computerised general practices, specialists, allied health, pharmacies and dental surgeries to support and enhance their use of the My Health Record system.

We were one of only two PHNs involved in the national My Health Record opt-out trial. We set the benchmark in terms of communication strategies and stakeholder engagement, and during the trial directly reached more than 106,000 consumers to raise awareness and provide information about My Health Record.

Our region’s general practices are increasingly uploading Shared Health Summaries to My Health Record. Before the trial, an average of less than 100 per month were uploaded, compared with approx. 2,000 per month uploaded by June 2017. The number of practices in the region uploading Shared Health Summaries increased from 15% prior to the trial, to 70%.

As a result of the trial, there are now plans to expand the My Health Record opt-out model throughout the rest of Australia in 2018, and we are in the process of producing a comprehensive learnings report for publishing, that can be used by other Primary Health Networks.

www.nbmphn.com.au/MyHealthRecord

Mental Health, Alcohol and Other Drugs

Primary mental healthcare service delivery is moving towards a stepped care approach as part of the reforms implemented by the Commonwealth Department of Health. This approach will support people to access services based on their needs, when they need it.

Wentworth Healthcare coordinates a number of different mental health programs that support people with mental illness at different levels of intensity through contracts with healthcare providers or organisations.

This includes services for people with mild to moderate mental health such as Access to Allied Psychological Services (ATAPS) and the Penrith youth focused headspace service, as well as services for people with more severe and persistent mental illness such as the Partners in Recovery (PIR) program, access to a credentialed mental health nurse

98% of the people in our region have a My Health Record

82% increase in practices registered for My Health Record

800% increase in hospital eDischarge summaries uploaded

26,475 occasions of service
and the headspace Youth Early Psychosis Program. These services form part of a stepped care approach which is congruent with the outcomes of reforms announced by the Commonwealth Department of Health in 2015 following a review of primary mental healthcare services.

We will continue to review, design and develop services as part of the reform work to implement a stepped care model for our region including promoting low intensity services and more services for people with persistent mental illness.

**Psychological Services – ATAPS**

The Access to Allied Psychological Services (ATAPS) program allows GPs to refer patients with mild to moderate mental health issues for subsidised psychological intervention.

ATAPS programs are available for adults (general), children, Aboriginal & Torres Strait Islander peoples, new mothers (perinatal) and suicide prevention (SOS).

This year saw an increase from previous years in the demand for the Suicide Prevention Service (SOS), with a 33% increase in referrals and a 23.5% increase in sessions.

A review of the ATAPS service will commence with stakeholder consultations in July 2017.

Mental Health Help Website

Helping our community to find the right mental health support.

Last year, we launched a website co-designed with consumers to provide information about the local mental health services available and how to access them.

The site is being used equally as a source of information for carers as well as people seeking mental health assistance for themselves. Some of the top areas of interest are the Service Directory, the ‘Who Can Help?’ page and the resources section.

www.mentalhealthhelp.com.au

Mental Health Nurse Incentive Program (MHNIP)

A community based mental health service provided by credentialed mental health nurses that offers coordinated clinical care and support for people with severe and persistent mental illness.

Services are provided free of charge to the client in a range of settings including a patient’s home, or the nurse or GP office.

In July 2016, funding for this program transitioned to PHNs. Previously it was funded via the Department of Human Services in which GP practices and other organisations could directly engage the services of a mental health nurse and claim session funding through Medicare.

The result has seen an increase in the level of services commissioned by the PHN from previous years, and better distribution of services with all LGAs in the region now having access to a credentialed mental health nurse providing the service. Co-location of the MHNIP service at the LikeMind facility in Penrith has been a beneficial partnership, improving access to services for mental health customers.


MHNIP Sessions

<table>
<thead>
<tr>
<th>Year</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>419</td>
</tr>
<tr>
<td>2015-16</td>
<td>783</td>
</tr>
<tr>
<td>2016-17</td>
<td>1404</td>
</tr>
</tbody>
</table>
headspace
Mental health services for young people (aged 12-25).

We coordinate funding for headspace’s early intervention service for young people at ultra-high risk or with first episode psychosis, and their families. headspace provides a holistic approach to their care and support in every aspect of their lives, such as education, employment and relationships.

headspace also improves mental health outcomes for young people with or at risk of mild to moderate mental illness, offering a highly accessible, youth friendly integrated service that responds to mental health, general health, alcohol and other drug and vocational concerns.

Partners in Recovery

The Partners in Recovery (PIR) program is transitioning to the National Disability Insurance Scheme (NDIS). Support Facilitators continue to support existing participants in the program who have severe and persistent mental illness with complex support needs, helping them to access the NDIS.

For clients that are ineligible for the NDIS, PIR provides continuity of support until alternative arrangements are in place.

Notable achievements include:

• Over 30 Occupational Therapist assessments completed to support NDIS applications
• 70 NDIS applications submitted
• 45 consumers eligible for the NDIS and 15 pending a decision
• Over 40 National Disability Insurance Agency Local Area Coordinators educated on the PIR Program and Psychosocial Disability

Over 250 people have attended our NDIS education sessions including GPs, AHP, Consumers and Carers, Mental Health Clinicians and NGOs.

As part of Mental Health Month in October we coordinated a ‘Day’ of activities supporting mental health well-being and recovery in our community.

Alcohol and Other Drugs

This year we launched our program to commission treatment services that reduce the harm associated with drugs and alcohol – including Aboriginal-specific services – with a focus on methamphetamine use in the community.

As a new initiative, work this year has been focused on identifying treatment services most needed in our region and service providers who can deliver these services. Key to our success has been the significant consultation with providers and the community. On advice from our Aboriginal Advisory committee, Aboriginal-specific services address both drug and alcohol, and mental health treatment.

In April, the Dianella Cottage Lithgow Outreach service was launched. Operated by Lyndon Community, this is a service that provides non-residential treatment for women with drug and alcohol and mental health issues and specialises in post-traumatic stress and complex trauma.

Newly commissioned Alcohol and Other Drugs, and Mental Health Services

This year we have also identified and commissioned new services relating to Alcohol and Other Drugs, and Mental Health that will be available by the end of the year:

Education/professional development
- Education and training to healthcare professionals regarding low intensity mental health options for people with emerging or low to moderate mental illness. Delivered by Black Dog Institute.
- Professional development for general practice staff regarding alcohol and other drugs. Delivered by Lyndon Community.
- Suicide prevention education and training for specific identified people who may have a gatekeeper role (eg. from receptionists to Meals on Wheels providers) in the community; and a suicide prevention ‘train-the-trainer’ program. Delivered by Wesley Community Services.
- Development of a skilled Aboriginal workforce as an important precursor to culturally secure services. Delivered by The Poche Centre for Indigenous Health (Sydney Medical School, The University of Sydney).

Early Intervention/Prevention
- An early intervention for young Aboriginal people at risk of mental illness, and alcohol and other drugs addiction, focussing on connection to culture to address the rising prevalence of crystalline methamphetamine (ICE) and the increasing risk of suicide and mental illness. Delivered by the Blue Mountains Aboriginal Culture and Resource Centre.
• Targeted early intervention for alcohol and other drug use in young people (with a particular focus on crystalline methamphetamine use). Delivered by the Ted Noffs Foundation.

Care Coordination
• Care coordination service for Aboriginal people with a dual diagnosis of alcohol and other drugs addiction and mental illness. Delivered by the Nepean Community & Neighbourhood Services.

Capacity Building & Support
• Individual capacity building for clients of the Partners In Recovery (PIR) program. Delivered by Aftercare.

Relapse prevention (aftercare)
• Alcohol and other drugs aftercare and relapse prevention assessment and one-on-one aftercare for clients recovering from alcohol and/or other drugs addiction (Penrith/Windsor). Delivered by One80TC.

• Alcohol and other drugs aftercare and relapse prevention – after release from WHOS, Nepean Detox and residential treatment placements for clients recovering from alcohol and/or other drugs addiction. Delivered by WHOS (We Help Ourselves).

• Alcohol and other drugs aftercare and relapse prevention – assessment and one-on-one aftercare for clients recovering from alcohol and/or other drugs addiction (Katoomba/Lithgow). Delivered by The Lyndon Community.

Specialist dual diagnosis services for women
• A women’s drug & alcohol program that support coexisting drug, alcohol and mental health issues, including PTSD and complex trauma. For women at all stages of addressing their substance use (Katoomba). This program has operated for five years, and is now funded by NBMPHN. Delivered by Dianella Cottage, a program of the Lyndon Community.

• A women’s drug & alcohol outreach service at Lithgow two days a week, and newly commissioned this year. Delivered by Dianella Cottage, a program of the Lyndon Community.
Aboriginal Health

The Closing the Gap (otherwise known as Integrated Team Care) program supports Aboriginal & Torres Strait Islander people to access the health services they need.

This year, 315 Aboriginal & Torres Strait Islander clients were visited, with Care Coordinators facilitating 254 clients to access specialists and 191 to access allied health services.

Aboriginal Outreach Workers provided 2,196 occasions of service. The Indigenous Health Project Officers promoted the program to general practices, with 70 practices being registered for the Indigenous Practice Incentive Program.

We supported over 40 cultural and networking events across the region, including: NAIDOC Jamison Park, NAIDOC Cup, Sorry Day events, National Reconciliation Week and Flag Raising Ceremonies, and the Aboriginal Chronic Health Forum.

In May 2017, we transitioned the Integrated Team Care program and staff to Nepean Community & Neighbourhood Services who continue to deliver the program. This year, we also appointed an Aboriginal Liaison Officer to provide operational and strategic support in developing effective healthcare models and service delivery activities to improve the health and well-being of Aboriginal & Torres Strait Islander communities across the region.

Following six years of managing the Healthy for Life program – which supported the Aboriginal community in the Blue Mountains – new Department of Health funding arrangements meant the funding and contract for this program were awarded to the Wellington Aboriginal Corporate Health Service. We thank everyone involved this program while it was under our umbrella, as well as the healthcare providers who were so committed to this initiative.

www.nbmphpn.com.au/AboriginalHealth
Older Persons Health

Due to the impact a growing ageing population has on health services, understanding the health needs of Older Persons Health in the region and being innovative in managing these needs (including avoiding unnecessary hospitalisations) is one of our priorities.

In late 2016, we launched a poster and mobile-friendly website to help inform the decision process for Residential Aged Care Facilities and GPs in managing the declining health of an older person (www.agedcarewentworth.com.au). This was developed as an outcome of our Older Persons Care Consortium (2015).

In addition, we are part of a partnership with Penrith City Council, Nepean Blue Mountains Local Health District, Community Junction, Westcare, and Uniting Ability Links, that has established our region’s first Village Café. This innovative ‘pop-up’ style Café is located at North St Marys, appearing every fortnight in the Village Green, and addressing health topics such as active ageing, influenza vaccination, safety at home, falls prevention and heart health.

In late 2017, we will launch a campaign to educate our older community on the appropriate use of antibiotics, to reduce antibiotic resistance.

www.nbmphn.com.au/AgedCare

The Village Café initiative has a focus on improving the health literacy and social connection of older residents within the North St Marys area.
Migrant Health

Our Migrant Health initiative is about improving access to primary care services for migrants and refugees by ensuring practices provide culturally safe environments.

A relatively new project for our organisation, we have kick-started it by commissioning 100 licenses for a Cultural Competency Training Program delivered online for practice nurses and practice staff.

This program provides practice nurses with 8 CPD points on completion and has been developed by SBS through a rigorous process of consultation and engagement with cultural experts.

A research project identifying the health needs of Syrian and Iraqi Refugees in our region was undertaken, with the results being published in the report *Addressing the Needs of Syrian and Iraqi Refugees in the Nepean Blue Mountains Region. A Formative Assessment of Health and Community Services Needs*.


Health Transport

Consultation with the local community has clearly identified a major need in relation to accessing health services. The issues relate not just to the availability of transport to health services but also to a lack of awareness within the community of what transport options are available.

Through community input, we were able to publish information about local health transport options on our website. We have now undertaken a process to translate the current health transport information we offer into a dedicated Health Transport website for our region.

The new, mobile friendly website will outline transport options within each LGA using a ‘decision tree’ to help identify the transport services an individual is eligible for, with the aim to connect people in our community with the most suitable health transport option for them.

The website is due to go live in October 2017, giving us the opportunity to continue our community consultation so that this online tool can grow and improve over time.

www.nbmhealthtransport.com.au
Immunisation

We provide support to primary healthcare providers and raise awareness in the community to assist in reducing the rate of vaccine-preventable diseases in our region. This year our childhood immunisation rates have continued to rise, with an increase of nearly 7% in Aboriginal child immunisation rates since 2013.

Our Practice Support team has assisted with Cold Chain (vaccine storage) training in practices across the region and educational publications, such as Closing the Gap on Immunisation.

Our Immunisation Update Workshops offer ongoing healthcare provider education, which we present in conjunction with the Public Health Unit.

We are partnering with the University of Technology Sydney (UTS) and National Centre for Immunisation Research & Surveillance (NCIRS) in a research project into the vaccination attitudes of Blue Mountains residents and complementary and alternative medicine providers, where immunisation rates are the lowest in the region.

97.5% of Aboriginal children and 94.7% of non-Aboriginal children fully immunised by the age of 5

Aboriginal child immunisation rates 5% above the national average
What is Commissioning?

Commissioning is a structured and planned process to support the development and delivery of healthcare services. Ultimately, it ensures health gaps are filled in the most effective and efficient ways possible.

It involves identifying and prioritising health needs, planning and developing workable solutions, implementing or purchasing the required services from others, and evaluating and monitoring the outcomes to ensure objectives are met or opportunities for ongoing improvement are identified.

The Department of Health requires PHNs to fund other organisations to provide any patient or clinical services rather than provide them directly ourselves – unless of course there is no other alternative.

Health Planning & Integration

This area focuses on ways to achieve a better connected and integrated system of healthcare to provide a seamless patient journey and improve health outcomes for individuals as well as the entire region.

It involves collaboration between healthcare system providers in all sectors at all levels that affect a patient’s journey.

It also demands a rigorous process of reviewing data and feedback from key stakeholders, including consumers, so the development of new health services contributes toward or addresses local needs. Planning for health services is an integral part of our commissioning process (see box left).

In 2016, we published a ‘Needs Assessment’ report which documented the basis of our health service planning. The outcomes of this report have helped us to determine key priorities addressing chronic and complex conditions, mental health, drug and alcohol, the needs of older people, access to health services including after hours, and cultural and demographic considerations affecting primary healthcare.

The Needs Assessment is an ongoing process to inform and shape future health planning in our region.

HealthPathways

HealthPathways is an online decision support tool that provides GPs and other healthcare providers with clinical information and referral options to support point of care assessment and management of their patients.

We work jointly with Nepean Blue Mountains Local Health District to facilitate a collaborative approach to the co-design of clinical information and referral options between GPs and secondary care specialists in our region.

A local team of clinical leads, comprising of six clinical editors and other representatives from general practice, in conjunction with subject matter experts from acute care, has drafted the initial round of pathways in areas that include Assault or Abuse, Child Health, Diabetes, Endocrinology, Gynaecology, Infectious Diseases, Mental Health, Palliative Care, Pregnancy, Sexual health, Sleep, and Urology.

This active, collaborative process has had a significant impact on how the different sectors of health work together to effectively develop improved patient journeys.

The HealthPathways website is due to be launched in late 2017.

www.nbmphn.com.au/HealthPathways
Cancer Screening

Cancer is the leading cause of death across the world and estimated to be the leading cause for burden of disease in Australia. Our region’s bowel, breast and cervical screening rates are below the state average, in some cases by more 10%, which is a driving factor behind our cancer screening program.

In partnership with the NSW Cancer Institute, our Cancer Screening program works with general practices to create sustainable practice systems that improve patient access and increase bowel, breast and cervical cancer screening rates throughout the region.

Although the program was only introduced this year, we are already seeing improvements to systems and services delivered, and during 2017/2018 will be able to access the results of the measures of ‘quality improvement’ as part of this initiative.

In tandem, the cultural needs of the Aboriginal and Culturally and Linguistically Diverse communities have also been prioritised. In February 2017, we commissioned Community Health Worker, Elly Chatfield – also a member of the Lithgow Aboriginal community – to support health literacy with breast screening and to provide encouragement and support for Aboriginal women in Lithgow to undertake breast cancer screening.

Elly has been building relationships and trust with this community through well-being and cultural workshops that focus on breast screening.


15% improvement in Aboriginal & Torres Strait Islander breast screening rates in Lithgow

“Highly-respected Aunties had the most impact because other ladies will follow... My work is immensely important for the community because Aboriginal women forget that they need to take care of themselves before they can take care of their family.”

Elly Chatfield

Elly Chatfield (L) visiting the local community.
Chronic Obstructive Pulmonary Disease (COPD)

Respiratory disease, including Chronic Obstructive Pulmonary disease (COPD), accounts for 7.1% of the burden of disease (deaths and hospitalisation) in Australia.

In our region, respiratory disease is the third leading cause of death (on average 188 deaths per year) and 4.9% of hospitalisations (6,488 people).

In partnership with Nepean Blue Mountains Local Health District, we formed a ‘COPD collaborative’ to address these high presentation rates, focusing on improving the identification, assessment and management of patients with COPD within general practice, where the majority of care should occur. Fifteen general practices are participating in this initiative.

At the same time, we are working to map gaps in service connectivity, and pathways of care to help patients with COPD to stay out of hospital. This will take place over the next 12 months, when we will be able to measure some of the outcomes from this project.


Outreach Clinics

Our outreach health services are located in Lithgow, Portland, Katoomba and Windsor. Aboriginal & Torres Strait Islander people and those experiencing difficulty in accessing health services are given priority. We receive funding from the NSW Rural Doctors Network (NSWRDN) to develop and coordinate these clinics.

This year, we established a bulk-billed multi-disciplinary diabetes clinic in Windsor under the NSWRDN’s Medical Outreach – Indigenous Chronic Disease Program, in response to a lack of specialist diabetes services in the Hawkesbury area. An endocrinologist and a diabetes educator provide fortnightly diabetes services at the clinic.

We also have temporarily expanded our existing outreach paediatric clinic, to provide comprehensive developmental assessments and reports for eligible children in the Blue Mountains and Lithgow areas.


1,141 consultations

Services include:
- speech pathology
- psychiatry
- paediatric
- endocrinology
- diabetes
Practice Support
General Practice Support

Our General Practice Support team works collaboratively with primary care providers in the region, to maintain and build the capacity of their systems and services supporting the delivery of quality patient care.

Some of the ways we help primary healthcare are through:

- Continuing Professional Development and educational opportunities
- Workforce and recruitment support
- Guidance and support with practice Accreditation processes
- Data Management and Quality Improvement tools and expertise, including data cleansing, recall and reminder systems, and chronic disease clinical audits
- Provision of a health news and information service
- Facilitating opportunities for networking and professional collaboration
- Supporting practice nurses in areas such as immunisation, chronic disease management, wound management, and health prevention and screening

Our Practice Management and Practice Nurse Networks have both increased in size this year. In addition to our regular face-to-face meetings, members of these networks are supported by online forums to allow collaboration and discussion 24/7, and during the next year, we will be forming a Nurse Leadership group within the region.

Accreditation is a significant process for any general practice to undertake, and of the 132 practices in the region, 77% of eligible computerised practices are accredited. Our team assists with many activities across 132 practices.

“NBMPHN was exceptionally supportive when our practice recently undertook re-accreditation. Georgina provided me with enough information on how to access data required and how to format notes. Georgina was a great reference source for our recent accreditation.

In fact, all the PHN staff we deal with have been very polite and helpful.”

Lakes Drive Family Practice, Glenmore Park
aspects of accreditation, including MOCK surveys in preparation for the accreditation survey and practice training for administration staff.

In terms of data management and quality improvement, as at the end of June 49% of eligible (computerised) practices are using the software tool, PENCS, which we provide. This allows practices to more easily access and analyse their patient data, ultimately helping them to deliver better care to their patients. Our team offers expertise in mining de-identified data and we work with practices to uncover what the trends in their data mean and how their practice can best use this information to enhance the healthcare management for their patients.

We are running two Clinical Audit Programs in the areas of Cancer Screening and Chronic Obstructive Pulmonary Disease, each of these programs running over a 9 to 15 month period to support earlier diagnosis and improvements in the management of patients.

This year, we were chosen as one of ten PHNs nationally to implement stage one of the Health Care Home model. A Health Care Home is a General Practice “home base” that coordinates comprehensive care for patients with chronic and complex conditions. There are 17 practices within our region shortlisted for Health Care Homes, which is likely to begin rolling out in December 2017.

www.nbmphn.com.au/PracticeSupport

What is Primary Healthcare?

GP’s, dietitians or physio therapists are just some of the health professionals that provide primary healthcare. Primary healthcare is the part of Australia’s health system that people use the most.

It includes first point of call services for prevention, diagnosis and treatment of ill-health, and ongoing management of chronic disease.

A strong primary healthcare system is crucial to ensuring that people can get the healthcare they need, when they need it, where they need it. It helps people better manage their health and plays an important role in preventing disease.

www.nbmphn.com.au/PracticeSupport

Workforce Program helps to develop a sustainable and skilled primary healthcare workforce, through the provision of workforce support and development.

Workforce consultations dealt with enquiries relating to District of Workforce Shortage (DWS), Area of Need (AoN), General Recruitment, Locum, Deputising Service, Outreach services and Buying/Selling practices.

We helped to recruit 5 GPs, 5 practice nurses, 14 administrative staff and 6 allied health professionals to serve the region’s growing population.

We also have been working closely with Regional Training Organisation, GP Synergy, to attract a steady number of GP Registrars into the region.


326 workforce support consultation (across 64 practices and 41 job seekers)

129 job vacancies advertised for 52 practices

236 healthcare job seekers’ resumes through our job matching service
CPD & Education

We partner with training organisations, professional bodies, the Local Health District and local clinicians to deliver relevant, high quality professional development free of charge to health professionals working in the region.

Our professional development program provides Continuing Professional Development (CPD) events for GPs and other health professionals. These educational activities offer information on local health services and referral pathways as well as opportunities for professional peer networking.

Highlights this year have included:

- Partnering with the Australian Primary Health Care Nurses Association to provide three, two-day workshops for practice nurses.
- A mini-conference on Clinical Paediatrics that was attended by 77 GPs, specialists, nurses and allied health professionals.
- Co-designing and delivering regionally-tailored workshops for GPs and nurses on the topic of Domestic Violence: How to Respond, Where to Refer and Preparing for a Disaster: Is Your Practice Ready?
- Supporting the Nepean GP Network’s regular lunchtime CPD for GPs program.
- Supporting the Blue Mountains GP Network’s Evidence Based Medical Journal Club.

www.nbmphn.com.au/events
Stakeholder Governance & Engagement
Engagement with stakeholders is fundamental to how we understand and deliver solutions for the health needs of our region. Identifying local needs and collaborating with healthcare providers and consumers to deliver the highest standard of care cannot be achieved without an effective governance framework.

This includes four advisory bodies to guide the work we do: a Clinical Council; GP Advisory Group; Community Advisory Committee; and Allied Health Advisory Committee.

We also produce a suite of publications to keep the health professional community informed about relevant health initiatives and source feedback from these stakeholders, allowing us to maintain our focus on continuous improvement in the work we do.

Clinical Council

The multidisciplinary Clinical Council advises our Board on clinical issues – helping inform their decisions about health priorities and healthcare system improvements as part of our strategic planning.

The 17-strong membership features four GPs, two allied health providers, a practice nurse, a community pharmacist, specialist hospital clinicians from Nepean Blue Mountains Local Health District and Hawkesbury District Health Services, a health consumer representative, a university/research expert and ex-officio members (the Nepean Blue Mountains Local Health District CEO and CE).

This year, the Clinical Council provided advice on key areas such as the formation of a chronic care collaborative (to reduce the number of people presenting to hospital), after hours services in our region, and mental health reform in primary care.

Members also helped guide the development of an integration framework to support a seamless healthcare journey for patients and reduce the fragmentation of care.

In addition to our four advisory bodies, we also have a number of program specific clinical and community advisory committees that guide our work. Some of these include:

- joint PHN/LHD Alcohol and Other Drugs and Mental Health Aboriginal Advisory Committee
- Alcohol and Other Drugs, and Mental Health Advisory Committee
- Mental Health consumer and career committee
- COPD Advisory Committee
- Cancer Screening Advisory Committee
GP Advisory Committee

The GP Advisory Committee (GPAC) represents GPs in our four Local Government Areas, advising the Board and management on strategies to address region-wide issues facing GPs, while also considering the unique needs and concerns of the community.

This year the 11 members provided strategic advice on the development and implementation of a Health Care Home model across the region, and how we could develop a vision of integration of care with Nepean Blue Mountains Local Health District to help drive our work.

Members also provided input on the HealthPathways program and on ways GPs could be further supported with My Health Record.

GPAC’s advice on how best to support and develop GPs in our region to build up the current pool of GP Clinical Advisors has led to a growing number of GPs who share their knowledge and provide direction about areas including cancer screening, alcohol and other drugs, mental health, HealthPathways, aged care, professional development and data quality.

As a result of GPAC’s input, a GP Orthopaedic Advice Line was launched this year – a joint initiative with Nepean Blue Mountains Local Health District which receives up to 25 calls a week. GPs are able to discuss the patient’s presentation details and receive quick and easy advice from an orthopaedic specialist on options for follow on care. The Advice Line has been a big success, resulting in more patients being cared for by GPs and less patients waiting in our busy Emergency Departments.

Allied Health Advisory Committee

The Allied Health Advisory Committee (AHAC) represents allied health professionals from across the region, ensuring all providers ‘have a voice’ to share their concerns and ideas, regardless of their location in urban, outer urban or rural communities.

The Committee’s 13 members includes representation from nine allied health disciplines. This year, through an allied health lens, they focused on a broad range of issues including workforce capacity and capability building, the National Disability Insurance Scheme, My Health Record workflow improvement and participation, Continuing Professional Development planning and the Health Care Homes initiative.
Community and Consumers

Our joint health consumer engagement program with Nepean Blue Mountains Local Health District includes more than 30 health consumers and community representatives.

These dedicated individuals contribute their experiences and those of their networks to help improve the health system. The goal is to create a more connected, “whole” system, in which GPs, the hospital system, other health professionals and consumers work together.

At the heart of the program is the Community Advisory Committee (CAC), with members helping to ensure decisions and innovations are patient-centred, high-quality, cost-effective and responsive to local community needs.

While CAC primarily works at a regional level, it connects in with the local Health Consumer Working Groups from each of our Local Government Areas and their networks.

Research, Evaluation and Promotion

This year we have commissioned and/or partnered in several research and evaluation activities with Western Sydney University. This is giving the organisation valuable knowledge to help guide us in reaching our vision of improved health for the people in our community. These activities include:

- Reducing the impact of diabetes and its complications in the greater Western Sydney community.
- Addressing the needs of Syrian and Iraqi refugees.
- Understanding cancer screening in women and men from CALD communities.
- Evaluating of Wentworth Healthcare's cancer screening program.

We have contributed to publications, published articles and presented at numerous scientific and health sector events, including:

- Australian National Digital Health Agency (My Health Record & Digital Health)
- Three abstracts accepted for presentation at the International Mental Health Conference, to be held in August 2017 (Mental Health Navigation Tool, Lessons Learnt in implementation of CIMS in Mental Health programs and NDIS Resources and Tools)
- Two abstracts accepted for presentation at the Primary Health Care Research Conference in August 2017 (My Health Record and Mental Health Navigation Tool)
- Abstract accepted for presentation at the 2017 Health Informatics Conference in August 2017 (My Health Record)
- Poster presentation at 2017 NSW Rural Health & Research Congress (Lithgow Aboriginal women's breast screening project)
- Contributed to Special Issue on Primary Health Networks in The NADA Advocate – a publication from the Network of Alcohol and other Drugs Agencies (NADA)
www.publish.csiro.au/PY/PY16067

We continue to actively promote awareness and education about the health projects we are involved in. This year we have achieved more than 50 mentions in the media, commenced a new electronic PHN bulletin for our stakeholders and introduced the #CEOdesk – a blog that provides regular, topical news from our CEO Lizz Reay.

For more information about Wentworth Healthcare
or Nepean Blue Mountains PHN visit
www.nbmphn.com.au