



Supporting Your Practice

Annual Report

2012-2013





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What is the Northern Health Network?

The Northern Health Network is the new name for the Adelaide Northern Division of General Practice (ANDGP). We focus on 5 key focus areas of service delivery:

- GP advocacy, support, linkages and networking
- GP, Allied Health, practice staff and community education
- Mental health clinical therapeutic services (individual and group)
- Aboriginal and Torres Strait Islander health improvement programs
- eHealth service delivery

Northern Health Network has 5 sub-brands which associate with our key focus areas.



We have been doing this for a long time

The Adelaide Northern Division of General Practice (ANDGP) was incorporated in 1993 and operated for 20 years before changing to become the Northern Health Network in December 2012. Up until 2012 ANDGP was directly funded under the Commonwealth Divisions of General Practice program, providing a wide range of services to support GPs and their patients in the community. Over time we have diversified income streams and broadened the scope of services provided and the Northern Health Network aims to continue this into the future.

Where do we operate?

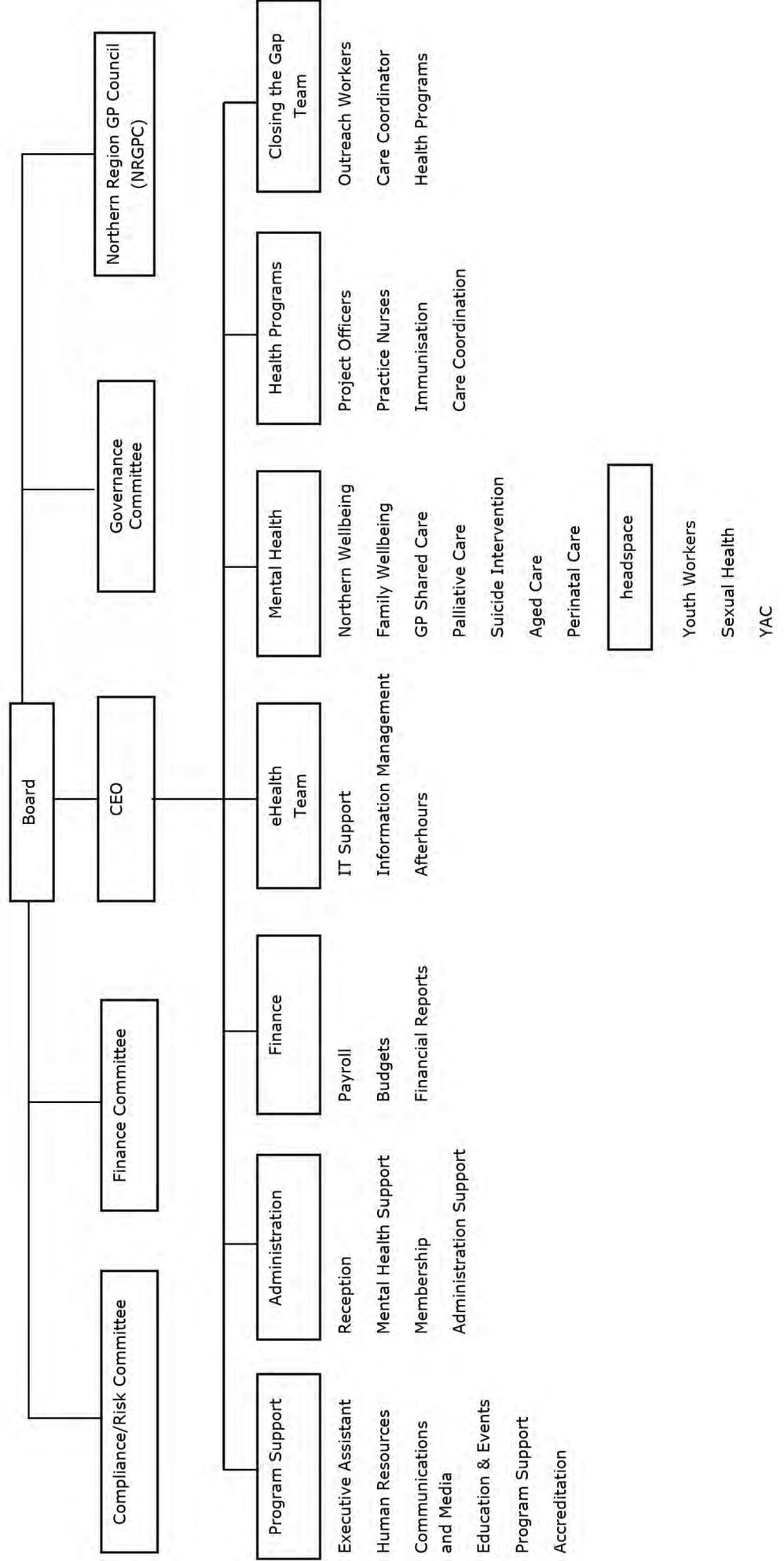
The Northern Health Network provides services across the whole Northern metropolitan region, seamlessly incorporating both the previous North and North-East Division areas. Previous Division boundaries have now been removed and the Northern Health Network strives to continually sustain high quality services (within the 5 focus areas) and expand into neighbouring regions, where practical.

Who do we work with?

Northern Health Network has extensive, successful and long term partnerships with SA Health Mental Health Units and works closely with Adult Mental Health Services in the North, Lyell McEwin Hospital, Modbury Hospital and Queen Elizabeth Hospital (Psychological services in Palliative Care). Additionally we have strong and ongoing partnerships with CAMHS and the Women's and Children's Hospital to strengthen our service delivery to young people and work collaboratively within a headspace model.

Organisational Chart

Effective until June 30th 2013



Board of Directors

As of December 2012



Dr Richard Heah
Present Chairman



Dr Nick Vlachoulis
Past Chairman



Dr Rizwan Latif
Director



Dr Farooq Ahmad
Director



Dr Vikas Jasoria
Director / Public Officer



Ms Sharon Bingham
Non-GP Director



Dr Hendrika Meyer
Non-GP Director



Deb Lee
CEO



Dr Richard Heah
Chairman / Finance Chairman
Northern Health Network

The Northern Health Network (NHN), formerly the Adelaide Division of General Practice, has gone through another challenging year. With the formation of Northern Adelaide Medicare Local (NAML), the outlook for the NHN was going to be different. Unfortunately due to the incompatibility of agenda and purpose between NHN and NAML, after due consideration and deliberation, the NHN Board took the drastic step of replacing the board members of NAML in December 2012.

At that time, the Chair of the NHN Board Dr Nick Vlachoulis stood down and I was elected as new Chair of the NHN Board. On the 1st of April this year, all services of NHN were transferred to the NAML. NHN is currently a "shelf" company with an asset of approx \$1.0m, no staff nor income with minimal annual outlays.

The board and members had a strategic consultation day a few months ago. The outcome of that is that our new motto for the NHN is – "Supporting Your Practice".

To move forward, the board aims to focus on what we have done best over the last few years. We aim to strengthen our Educational Portfolio. In collaboration with NAML, we will continue to provide CPD activities to our members and practices, increase the training of our GP Registrars and IMGs (International Medical Graduates) for their OSCE (Observe Structured Clinical Exams) and PESCI (Practice Examination Structured Clinical Interviews).

These activities will be our initial income generating events. In the future, NHN will take up programs or activities that specifically support General Practice.

To ensure that both NHN and NAML remain separate and independent organisations, the Board has decided to seek a dedicated person to represent us as the focal point of contact for the NHN. This person, beside being the point of contact, will also market the role of the NHN to our GPs and Practices.

The future of the NHN is bright and has lots of potential. We have a dedicated Board who are skilled, passionate and ready to serve the local GPs and Practices.

The Board is very appreciative of all our previous staff for their service, dedication and contribution. The roles of Deb Lee, Debbi Edwards and Grace Cai in guiding the NHN and their assistance with the administration of NHN before and in the future is truly appreciated by the Board.

Last but not least, the Board thanks all the members for their trust and continued support in this ever changing health landscape. There will no doubt be more challenges ahead and we won't always get things right. This is a new pathway and we seek your understanding.

We look forward to a bright future with your support.



Richard Heah



Dr Rizwan Latif
Finance Committee
Northern Health Network

Statement of financial position as at 30th June 2013

Current Assets

Cash assets	\$2,022,390
Receivables	\$110,429
Other	\$200
Total Current Assets	<u>\$2,133,019</u>

Current Liabilities

Payables	\$155,627
Financial Liabilities	\$40
Total Liabilities	<u>\$155,667</u>

Net Assets **\$1,977,352**

Equity
Retained profits **\$1,977,352**

Total Equity **\$1,977,352**

The transfer of staff and services from NHN to NAML

The transfer of staff and services took place on April 1st 2013. All program services and staff were transferred over to NAML from that date.

- The NHN's Fixed Assets (motor vehicles, computer hardware and software) were "donated" to NAML at the end of June 2013. (This is in line with Commonwealth requirements for transfer of assets purchased with Commonwealth funding).
- The remaining equipment and assets were written off at the end of June 2013. The depreciation expenses and asset offset cost was \$423,212 which reduced the surplus from 2012-13.
- NHN has retained earnings of \$1.9m.





Ms Deb Lee
Chief Executive Officer
Northern Health Network

Another year of challenges and change! The first half of this financial year saw the Northern Health Network committed, passionate and enthused, ready to continue our mandate to support General Practice and work collaboratively to improve health outcomes in our community. We looked forward to working together to ensure that quality, long established programs, such as Mental Health, Aboriginal Health, eHealth and our Education events for General Practice continued to provide much needed and valued services in our region.

In the second half of the year we restructured 2 organisations; the Northern Health Network (NHN) and the Northern Adelaide Medicare Local (NAML) and on April 1st this year we moved all of our service delivery programs and staff into the NAML. As you would appreciate this took much time, effort, commitment and dedication from our NHN Board and all of our staff. I would again like to warmly thank our Board and each of our staff who worked together to ensure that services continued seamlessly, to our GPs, our Associate members and to our community. The NHN Board's decision to act in December 2012 was courageous and was made to ensure that the quality services that this region has come to expect, could continue. Myself and all the NHN staff greatly appreciated the support of our Board at this time.

Always the glass half full person, the restructure of 2 organisations was going to be a challenge but one that I knew we could achieve. The results of those restructures are now clear to see and 7 months down the track (at the writing of this report) we are all very, very proud of the results. We have also supported NHN to consult with its membership, conduct a strategic planning session and consolidate the priorities for the future of the network. NHN has a dedicated, enthusiastic and passionate new Board – all of whom uphold supporting General Practice. For now, the focus will be on GP support, advocacy and linkage with a specific focus on General Practice education. NHN will also continue to explore other options into the future.

The Northern Adelaide Medicare Local fully supports the continuation of the NHN and greatly values the engagement, feedback and advice that their founding member provides. General practice is now the focus of one of NAML's 7 membership consortium groups (MCGs) and this MCG will ensure that GPs, Practice Managers and Allied Health (including Nurses) are involved in providing advice and feedback.

The Northern Region GP Council (NRGPC); consisting of 6 GPs – 3 from the North East region and 3 from the Northern region and chaired by Richard Heah also continues. The NRGPC provides a forum for GPs to provide feedback and raise issues whilst also ensuring that other organisations who require GP input are able to access the NHN's broad range of GP expertise and knowledge. General Practice is essential to the Medical Home model and is front and center in ensuring that we promote a patient centered focus.

In summary, whilst I know change is difficult, I really do think that NHN members can now enjoy the very best of both worlds in this space called "health reform". General Practice in our region has a strong membership based organisation (NHN) that has their advocacy, networking, support and education needs as its focus. Primary Health Care has a broader focused organisation (NAML) which upholds and supports the Medical Home model – with GPs and patients at the center. We can assist with the connection and integration of GPs, Specialists and Allied Health providers - public and private - to ensure that the patient pathway through acute and primary care services is seamless and delivers quality, timely and appropriate health solutions locally.

I have no doubt that both organisations can work together to ensure that all of our primary health care stakeholders are engaged and connected. With the broader focus comes the ability to leverage relationships and attract funding, utilising evidence based best practice and population health data. Ensuring that all stakeholders, from individual community members through to tertiary hospitals, NGO's, Allied Health etc are engaged, so that we can all work together, collaboratively, to ensure integrated and coordinated care, improving referral pathways and patient outcomes.

Adelaide Northern Division of General Practice Ltd

ABN 12 061 979 048

Northern Health Network

Financial Statements

For the year ended 30 June 2013

NKM Accounting

Suite 17, 116-120 Melbourne Street

NORTH ADELAIDE SA 5006

Phone: 08 8267 4800 Fax: 08 8239 0728

Email: nat@rugari.com.au

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048

Northern Health Network

Statement of Comprehensive Income

For the year ended 30 June 2013

	Note	2013 \$	2012 \$
Revenue	3	4,439,237	4,473,445
Gross profit		4,439,237	4,473,445
Marketing		(66,571)	(66,592)
Selling expenses		(193,843)	(62,367)
Administration expenses		(4,162,068)	(3,853,131)
Operating profit		16,755	491,355
Profit on extraordinary items	4	51,704	
Operating profit and extraordinary items		68,459	491,355
Retained profits at the beginning of the financial year		1,908,893	1,417,538
Total available for appropriation		1,977,352	1,908,893
Retained profits at the end of the financial year		1,977,352	1,908,893

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048

Northern Health Network

Statement of Financial Position As At 30 June 2013

	Note	2013 \$	2012 \$
Current Assets			
Cash assets	5	2,022,390	2,548,644
Receivables	6	110,429	832,631
Other	7	200	200
Total Current Assets		2,133,019	3,381,476
Non-Current Assets			
Property, plant and equipment	8		199,456
Total Non-Current Assets			199,456
Total Assets		2,133,019	3,580,932
Current Liabilities			
Payables	9	155,627	1,378,038
Financial liabilities	10	40	3,590
Current tax liabilities	11		414
Provisions	12		170,878
Total Liabilities		155,667	1,552,921
Net Assets		1,977,352	2,028,011
Equity			
Reserves			119,118
Retained profits		1,977,352	1,908,893
Total Equity		1,977,352	2,028,011

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Statement of Changes in Equity

	Retained Profits	Asset Revaluation Reserve	Total
Balance at 30/06/2012	1,908,893	119,118	2,028,011
Profit attributable to the members	68,459		68,459
Transfers to and from retained profits			
-Leasehold Improvements Reserve		(119,118)	(119,118)
Subtotal	1,977,352		1,977,352
Balance at 30/06/2013	1,977,352		1,977,352

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Statement of Cash Flows
For the year ended 30 June 2013

	2013 \$	2012 \$
Cash Flow From Operating Activities		
Receipts from customers	5,092,529	4,666,867
Payments to Suppliers and employees	(5,615,523)	(4,078,043)
Interest received	68,910	96,501
Net cash provided by (used in) operating activities (note 2)	(454,084)	685,326
Cash Flow From Extraordinary Items		
Net cash provided by (used in) extraordinary item (note 3)	51,704	0
Cash Flow From Investing Activities		
Payment for:		
Other Assets		
Payments for property, plant and equipment	(120,386)	0
Net cash provided by (used in) investing activities	(120,386)	0
Net increase (decrease) in cash held	(522,767)	685,326
Cash at the beginning of the year	2,545,117	1,859,791
Cash at the end of the year (note 1)	2,022,350	2,545,117

The accompanying notes form part of these financial statements.

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Directors' Declaration

The directors of the company declare that:

1. the financial statements and notes are in accordance with the Corporations Act 2001 and:

(a) comply with Accounting Standards and the Corporations Regulations; and

(b) give a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date;

2. in the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

The directors are responsible for the reliability, accuracy and completeness of the accounting records and the disclosure of all material and relevant information.

This declaration is made in accordance with a resolution of the Board of Directors.

Dr Rizwan LATIF

Director

Dr Richard HEAH

Director

Dated: 22/08/13

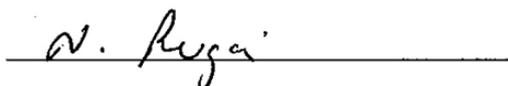
**Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Auditor's Independence Declaration**

**UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
To THE DIRECTORS OF: Adelaide Northern Division of General Practice Ltd**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013 there have been :

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the Audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit

Firm: NKM Accounting
Auditor: Natale Rugari,
Address: Suite 17, 116 Melbourne Street,
North Adelaide SA 5006



North Adelaide, SA

Date: 22nd August 2013

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Independent Auditor's Report

Report on the Financial Report

We have audited the accompanying financial report of Adelaide Northern Division of General Practice Ltd (the company), which comprises the Directors' Declaration, the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, Statement of Changes In Equity, a summary of significant accounting policies and other explanatory notes for the financial year ended 30 June 2013.

The Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of Adelaide Northern Division of General Practice Ltd on 30 June 2013 would be in the same terms if provided to the directors as at the date of this auditor's report.

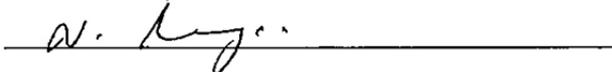
Auditor's Opinion

In our opinion:

The financial report of Adelaide Northern Division of General Practice Ltd is in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations Regulations 2001;

Signed on : 28/8/2013



Natale Rugari,
NKM Accounting
Suite 17, 116 Melbourne Street
North Adelaide SA 5006

We have a range of ever evolving health programs run for both General Practice and the public.

Immunisation

Our Immunisation Program aims to increase vaccine uptake, improve the quality of immunisation services in the north and ensure reporting to the Australian Childhood Immunisation Register (ACIR) is performed accurately. As well as providing services to GPs and practices, we work to actively promote immunization uptake in the community.

Lifestyle Modification

Supports clients to lead a healthier life whether through weight loss, giving up an addiction or becoming more active. Various lifestyle modification programs take referrals from GPs and the community. We work alongside other groups, local government and councils to achieve healthier and more active communities.

Closing the Gap

Aims to contribute to closing the gap in life expectancy by improving access to culturally sensitive primary care services for Aboriginal and Torres Strait Islander people. Care coordinators work closely with GPs to develop Care Plans to manage Chronic Disease, and assist patients in accessing allied health, specialists services and support them with Chronic disease self management. Assistance is also offered for follow up care, medication management and any pharmacy issues as well as access transport and specialist services related to their health care needs.

Our Closing the Gap Aboriginal Outreach Workers are also available to assist with barriers to access transportation, advocacy and support for the patients to attend allied health appointments and assistance with pharmacy. We are looking for any referrals from your Health Service for Aboriginal or Torres Strait Islander patients that might fit the criteria for Care Coordination and support of an Aboriginal Outreach worker. We would be more than happy to receive referrals for these clients to help them manage their Chronic Disease and reach an optimal health outcome for them.

CTG assistance in the wider community includes:

- Health literacy for clients and carers on medication and disease management
- Navigating the health system to ensure access to specialists
- Increasing access to health care with transport especially where there is a lack of public transport services
- Ensuring access to medication
- Attending appointments with clients
- Information on services in the north
- Assisting in delivery of culturally sensitive and appropriate services



Northern Health Network piloted the first Better Outcomes in Mental Health in 2001 and has had a growing range of ATAPS programs since then. We have mental health programs across the age range (4 - elderly) and the diagnostic criteria. We provide the largest mental health service delivery program in the state. We are the Service Provider for the Northern Adelaide Medicare Local in the delivery of Mental Health services across the Medicare Local boundary.

We have a team of over 25 Mental Health Clinicians from a range of professional backgrounds; including Psychology, Social Work, General Practitioners and Cognitive Behavioural Therapists. All have post graduate qualifications in the delivery of Focused Psychological Strategies, including Cognitive Behavioural Therapy and other evidence based interventions.

Clinical interventions are delivered across the Northern region, in General Practice, community settings and from our office based in Edinburgh North. We provide a robust Clinical Governance Framework, with well developed policy and procedures and a Client Management database. We have a strong team of Mental Health support and Administration staff who provide the necessary administration support to the Mental Health clinical teams. The Northern Health Network is committed to ensuring competent and professional practice and has a well developed program of Continuing Professional Development, Case Consultation and Professional Supervision in place.

Mental Health Clinicians are encouraged to work across teams and this ensures a professional consultation base along with diversity and expansion of clinical knowledge and expertise. We are proud to have a strong commitment to developing the Clinical workforce in the Northern region and have strong links with the Adelaide Universities, providing student placements across disciplines. Additionally we have a clear career pathway within our organisation and opportunities for Mental Health Clinicians to advance to senior roles with particular specialisations and/or Team Leader responsibilities.

We offer opportunities for Private Providers under Better Access and run several programs where Better Access Clinicians are able to be fully supported within the structures in place for employed Clinicians. Clinical sessions for all programs are offered from Monday to Fridays between the hours of 9am and 5pm, with after hours and Saturday sessions also available.



The Northern Health Network has a range of programs and services which support GPs and general practice in providing the best possible care to their patients. We pride ourselves on our ability to provide excellent, innovative ways to improve health outcomes within our community and improve the services GPs provide and the health of people living in the northern areas of Adelaide.

We offer a range of specialist nursing, allied health, mental health, information technology, education and business support to general practices.

Advocacy

Lobbies for general practice across all areas.

Northern Region GP Council (NRGPC)

All GPs working across the northern region are members of the NRGPC. The NRGPC ensures that GPs continue to receive the support, advocacy, representation and linkages that are crucial to improving better health outcomes in the community. It serves as a go to point for state and local health organisations for consultation and feedback to ensure that GP input is collected and included in key areas of health care delivery.

Communications and Media

Works to develop good relations with the media in promotion of general practice and our own services as a Primary Healthcare Provider. Aids in the marketing and promotion of all programs and services as well as marketing and promotion assistance for individual practices. Through various regular publications, Communications and Media also serves as a focal point for organisations wanting to send information to GPs and for GPs who request information.

Marketing and Promotions Support

Offers low priced marketing and branding services for general practices across Adelaide. This includes marketing and advertising strategy development, website design, search engine optimisation, copywriting, social media, brochure and flyer design, newsletter design, stationary and complete branding and imaging services.

Publications

We create and circulate a wide range of publications and resources to general practice and the public.

Quality Support Program

Supports practices in achieving and maintaining accreditation as well as offering advice on human resources and staffing issues.

Website

As well as information about the Northern Health Networks programs and services, the website offers a wide range of resources including publications, references, help guides, posters, flyers, clinical templates, news and health alerts.

Workforce Support

Workforce Support aims to develop the capacity of general practice workforce across the region areas and the accessibility of general practice workforce including GPs, nurses and practice staff. We also assist with the integration of International Medical Graduates (IMGs) to general practice in Australia.

We assist general practices and other stakeholders in optimising the efficiency and effectiveness of their computer systems. The Northern Health Network offers a range of services including computer hardware, software and network support as well as training and education. We offer IT/IM support to general practice on a cost recovery basis. Our services include hardware support, software support, server monitoring, network services, training and phone support.

Entry Level Support Adhoc and standard rates

Hours of service delivery are between 8.00am and 5.00pm, Monday to Friday (not including public holidays). Any out of hours work may be negotiated and will incur Out of Hours rates.

- Hourly rates charged depending on time and location of callout
- Minimum 1 hour service
- Service charged at half hour increments
- Please note: there may be circumstances beyond the Networks control where the eHealth Officer will not be available

Silver Service - Monitored Sites service and rates

Hours of service delivery are between 8.00am and 5.00pm, Monday to Friday (not including public holidays). Any out of hours work may be negotiated and will incur Out of Hours rates.

Server monitoring checks include:

- Backup Successful Check so we're alerted to any errors.
- Event Log Check to report critical event errors.
- SQL Database Check to ensure your databases are working correctly.
- Disk Health Check to spot emerging problems with physical disk health.
- Free Space Check to identify any drives with low free space.
- Anti-Virus Pattern File Check to ensure they're right up-to-date.
- Internet Check to ensure your Internet connection is up and healthy.
- Performance Check to alert us if the CPU, hard drive, memory or network card are above normal usage.
- Monthly reports summarizing the health of your server and any events you should be aware of. That way you will know exactly what's happening with the hardware and software in your server.
- Server monitoring is charged on a monthly basis and is dependent on the number of servers

Gold Service – Fully Managed Sites service and rates

Conditions apply in order to qualify for this service, please contact us for more information.

Costs required to bring Client's environment up to Minimum Standards are not included in this Agreement.

- Free unlimited Phone Support *
- Free unlimited Remote Support*
- Free onsite Support*

**These are subject to the fair use policy.*

We run regular education and training sessions for GPs, Allied health, practice staff and the community. Education ranges from a few hours in an evening through to full day and weekend long conferences. We work collaboratively with many health care organisations, hospitals and networks to assist in the provision of Education.

We are an accredited RACGP QI & CPD provider 2011 - 2013 triennium with the Royal Australian College of General Practitioners (RACGP) Quality Improvement and Continuing Professional Development (QI&CPD) Program.

GP and Practice Staff Education

We run general practice education session for the entire practice team from GPs and nurses through to practice managers and staff. Topics include:

- Medical procedures
- Practice management
- eHealth
- Mental Health
- New research
- Networking

Most sessions are run at no cost to GPs, nurses and practice staff working within the northern Adelaide region.

Healthcare Professional Education

We run regular education sessions for healthcare professionals including mental health clinicians, indigenous health workers, community workers pharmacists and more.

Public Education

We offer a regular public education across a range of topics including

- Health programs
- Lifestyle modification
- Mental health
- Youth mental health
- First aid



Management



Deb Lee
Chief Executive Officer



Debbi Edwards
Operations Manager



Betina Clifford
HR Manager



Andrea Powley
Executive Assistant

Administration



Rheanna Bates
*Administration
Coordinator*



Stacey Kromwyk
Receptionist



Kiara Eldridge
Receptionist



Anna Marciano
*Mental Health
Support Officer*

Finance



Krystle Meyers
*Administration
Support Officer*



Grace Cai
Finance Manager



Tamara Paget
Contract Support Officer

Program Support



Josie Longo
Education Officer



Crystal Zeng
*Administration
Support Officer*



Marnie Hosking
Program Support Officer

Past Employees

Jessica Hendry
Mental Health Support Officer
11/02/2013 - 26/09/2013

Ed Garner
*Communications, Media
& Marketing Officer*
06/10/2009 - 08/05/2013

Not Pictured

Angela Femia (On Leave)
Program Support Officer
28/02/2006 - N/A

eHealth



Jodie Pycroft
eHealth Coordinator



Mathew Booy
*Service Delivery
Coordinator*



Alex Powell
IT Support Officer



Keli Ghosal
eHealth Support Officer



David Thain
IT Trainee

Closing the Gap



Joanne Else
CTG Coordinator



Trevor Warrior
CTG Outreach Worker



Trevor Wanganeen
CTG Outreach Worker



Regina Williams
CTG Care Coordinator



Amanda Brusnahan
CTG Outreach Worker

Past Employees

Stephen Copeland
Senior IT Technician
06/06/2011 - 26/06/2013

Simon Tran
Senior IT Technician
05/07/2010 - 29/05/2013

Alison Woodrow
Health Program Team Leader
21/07/2008 - 21/09/2012

Bronwyn Myles
*Immunisation Coordinator /
Registered Nurse*
21/10/2007 - 08/03/2013

Not Pictured

Veronica Riviere (On Leave)
Northern Region Project Officer
09/07/2012 - 03/05/2013

Health Programs



Maggie Graham
*Care Planning
Coordinator*



David Gordon
Clinical Nurse



Deborah Douma
Care Coordinator



Kerryn Rose
*Care Coordinator /
Clinical Nurse*

Mental Health



Tamira Pascoe
Mental Health Manager



Sotira Biris
Mental Health Clinician



Felicity Chapman
Mental Health Clinician



Ginette Darlington
Mental Health Clinician



Dr Gizelle Dias
Mental Health Clinician



Aurelie Dolch
Mental Health Clinician



Annette Eske
Mental Health Clinician



Andrea Gregory
Mental Health Clinician



Ann Hoskins
Mental Health Clinician



Noel Johns
Mental Health Clinician



Elvira Kovacs
Mental Health Clinician



Di Luckhurst-Smith
Mental Health Clinician

Mental Health continued...



Jodus Madrid
Aboriginal Mental
Health Liaison Officer



Patrick Manimaran
Mental Health Clinician



Kerry Martin
Mental Health Clinician



Niel Mauriello
Mental Health Clinician



Nicol Moulding
Mental Health Clinician



Rachel Rice
Mental Health Project
Officer



Derek Ruse
Mental Health Clinician



Josh Steicke
Mental Health Clinician



Kelly Stewart
Mental Health Clinician



Bruce Stock
Mental Health Clinician



Greg Wormald
Mental Health Clinician

Past Employees

Farah Sobhanian
Mental Health Clinician
23/01/2013 - 13/09/2013

Jane Thompson
Mental Health Clinician
21/11/2011 - 29/08/2013

Kate Veremeenko
Mental Health Clinician
19/03/2012 - 31/05/2013

Sian Parry
Mental Health Clinician
02/04/2012 - 19/04/2013

Holden Ward
Mental Health Clinician
09/07/2010 - 21/08/2013

headspace



Stacey Roy
headspace
Coordinator



Jessica Bos
Youth Worker



Tara Cannell
Youth Worker



Alison Ford
Youth Worker

headspace continued...



Fiona Hill
*headspace
Project Officer*



Jessie Hurst
Youth Access Worker



Jessica Johnson
Mental Health Clinician



Stephen Kemble-Jones
Youth Worker



Snowy Lam
Youth Worker



Joanne O'Connor
Youth Worker



Matthew Pedler
Mental Health Clinician



Linda Sims
Mental Health Clinician



Steven Wright
Mental Health Clinician

Palliative Care

The care planning coordinator, in partnership with general practitioners and the Gawler Palliative care services, works collaboratively to identify, prioritise and plan support for people of all ages facing a life threatening or limiting illness. Referrals are made via GPs, family and care providers, with client permission. Contact is made with the patient and a home visit is initiated. Following first visit a care plan is completed and sent to the GP.

The role of the coordinator includes:

- Anticipating and avoiding problems, averting potential crises
- Attending weekly discharge planning meetings with GPs and staff at the Gawler Health Service. This is an integral part of the service, providing coordinated care and an opportunity to discuss patients that will require Palliative Care services in the very near future.
- Working closely with a Mental Health Clinician who can provide counselling to the patient and/or family members – thereby ensuring holistic care
- Following the death of a client, the team will follow up with telephone contact and/or home visit

Immunisation

- Ongoing immunisation support through GP visits, phone calls, provision of resources and educational opportunities
- Assisting with practice understanding of schedule changes and combination vaccines etc.
- Providing general support to GPs and Nurses regarding catch up vaccinations
- Providing information, support and visits regarding vaccination fridges and cold chain requirements

HEAL – Health Eating Active Living

Funded by the Commonwealth Government and rolled out in collaboration with Playford Council – HEAL sessions held at Uni Health Playford – involving nutrition, diet, exercise. Referrals were received from GPs and the program was fully utilised and had waiting lists. Unfortunately the funding for this program did not continue past the end of June 2013.

APCC – Wave 8

- Currently working with 5 General Practices in the Wave 8 program aimed at Diabetes Prevention and management
- Working closely with GPs/Practice Nurses/Practice Managers and promoting other areas of integrated and coordinated care with chronic disease management

Chronic Disease Management and General Enquiries

- Provide a telephone assistance/referral pathway service for General Practice and Chronic Disease referral pathways
- Assisting to locate Lifestyle Management programs
- Assisting with education opportunities and linking practices in with upcoming events



Tamira Pascoe
Mental Health Manager

Northern Wellbeing

Commencing in 2002 Northern Wellbeing is part of the Commonwealth Government National Mental Health Strategy and the COAG National Action Plan on Mental Health. It is designed to promote the mental health of the Australian community by:

- where possible, preventing the development of mental disorder
- working with high prevalence conditions - including anxiety and depression
- providing evidence based therapeutic services to those presenting with mental health concerns
- providing access to no cost clinical mental health services
- reducing the impact of mental disorders on individuals, families and the community
- assuring the rights of people with mental illness
- providing an accessible service.

Northern Wellbeing is one of the larger NHN mental health programs with a consistently high rate of referral. This has resulted in stringent demand management strategies being implemented. During the last financial year the NHN also developed and implemented a Comedy Group which used stand-up comedy and Cognitive Behaviour Therapy to assist individuals to manage their anxiety and depression which was innovative and successful. Additionally, the focus generally has been on securing service delivery locations and establishing relationships with referrers and potential referrers within the North Eastern region of Adelaide. NHN were successful in this goal and now receives referrals from majority of the practices within the North Eastern region. The program has provided nearly 8000 sessions over the 12 month period while maintaining good clinical care and adhering to the NHN Clinical Governance Framework.

Northern Wellbeing is delivered at the following locations:

- Virginia Medical Centre
- Vale Medical Centre
- North West Medical Centre
- Montague Farm Medical
- Modbury GP Plus Super Clinic
- Gawler Medical
- Hyde and Partners
- Salisbury Heights Surgery
- Health Matters Medical

Number of Referrals to this program: 1578

Occasions of Service: 7890 - during this annual period

Due the high rate of referrals we supplement this service by using private clinicians.

A further 220 referrals were processed by private clinicians.

Perinatal Wellbeing

Perinatal Wellbeing is specifically targeted under ATAPS Tier 2 funding. NHN has always provided services to women with perinatal depression under Northern Wellbeing. However we are now able to be more responsive and flexible with our service delivery. Women who meet the criteria for Perinatal Wellbeing are prioritised for appointments as they are a vulnerable and an at risk group. NHN has worked hard over the last financial year to develop partnerships and networks within the community, particularly with those agencies that have crèche facilities to support those women to attend who have other children. A "Wellbeing and Parenting" group has also been run out of the John Hartley Children's Centre. The content of the group has been reviewed and evaluated to ensure that it is the most appropriate and beneficial to this target group. An additional 35 referrals and 140 sessions were provided to this client group within the last financial year.

Suicide Intervention Program

Commencing in 2009 the Suicide Intervention Program is aimed at preventing the escalation of crisis for moderate risk patients. This flexible service offers a response to the client, from same day to under 72 hours and does not require a Mental Health Treatment plan at point of referral. It is aimed at reducing the presentations to local Accident and Emergency Departments. The service does not provide acute crisis intervention but is aimed at preventing the escalation of patients presenting with suicidal ideation and/or some intent. As with all NHN's mental health programs, GPs are kept at the centre of patient care with all assessment, referral and progress notes sent to GPs. This program receives a steady stream of referrals and most clients go on to receive clinical interventions in other programs once the immediate risk level is stabilised. The program and its procedures have been regularly reviewed to ensure the most efficient service is being provided to clients and GPs, along with ensuring that all contact with GPs, clients and other parties involved are recorded accurately, reflecting the time needed and ensuring that the risks to the client, GP and NHN are as minimal as possible.

There were 82 clients seen in this program with 501 occasions of service.

Family Wellbeing, previously Northern Kids Wellbeing

The Child Mental Health program Family Wellbeing was established and ready to start receiving referrals as of the 1st day of the 2012-13 financial year. NHN developed the program and held consultation meetings with community stakeholders. Family Wellbeing offers therapeutic intervention for children 5 to 11 years old who have or are at risk of developing an emotional/behavioural or mental health disorder. This program specifically targets early intervention for children and families who are at risk or already involved with Families SA. Children can be referred via their GP with an ATAPs Child Treatment Plan (Mental Health Treatment Plan), or an initial community referral through a relevant community organisation (e.g. school). NHN Mental Health Management reviewed the program after 3 months and at this time expanded provisional referral pathways. NHN has established great referral networks and relationships with community. It is currently providing CMH services from 6 child friendly locations across the region and plans to expand this in the new financial year.

In its first year, Family Wellbeing received 131 referrals and provided 917 individual sessions. Within the next financial year the program will consider streamlining process as the program grows as well as developing therapeutic groups for the program.

Shared Care with GPs Program

Shared Care with GPs is a State Government initiative, which commenced in 2007. Shared Care clinicians work closely with GPs with the view to increase the capacity to manage people with significant mental health disorders in the community. Shared Care clinicians work with local mental health services to improve communication, collaboration and referral pathways between practices, government and non-government agencies to provide an integrated system of care. This collaborative approach seeks to enhance the physical and mental health outcomes of people with chronic and enduring mental health disorders living in the community. Over the past year clinicians involved in the program also conducted MasterCare training on a number of occasions to external staff involved with the Shared Care program through GPSA as an additional service of the NHN.

Shared Care received 154 referrals during the 2011-12 financial year and 2002 occasions of service during the reporting period.

Psychiatric Booked Assessment Service

The Booked Assessment Service has been offered since 1994 and is a fantastic example of the level of collaboration and integration between the NHN and the Northern Mental Health Service. GPs are able to access Psychiatric Booked Assessment and review independent of a Mental Health Treatment Plan or as part of the Mental Health Treatment Plan, in conjunction with individual therapeutic services in one of our mental health programs. The NHN continues to work very closely with Northern Mental Health Services and is extremely appreciative of the weekly availability of psychiatric assessment and review.

Palliative Care Program

The Specialist Mental Health Initiative in Palliative Care provides individual, family and group based psychological therapy for the patients and families of Northern Adelaide Palliative Care Service (NAPS; both Lyell McEwin and Modbury Hospital sites). This collaborative program between NHN and NAPS enables a responsive service delivery model that meets the unique needs of the palliative care population, in addition to provision of professional development for the multidisciplinary staff team, a consultancy role and contributing to state wide committees.

While the program was a success for the community, clients, NHN and the hospitals, unfortunately due to a restructure within the State system this program will not be funded into the new financial year. To ensure that NHN could continue to provide a specialist Palliative Care program it will now accept a MHTP to access the Living Well with Serious Illness program. This program will provide up to 12 sessions for individuals with a serious life limiting diagnosis, their carers or family members.

headspace

Established in 2007, Adelaide Northern headspace is a Commonwealth-funded youth mental health service. Adelaide Northern headspace provides a range of mental health services for young people aged 12-25 in Adelaide's Northern region, including youth work, counselling, GP services and psychiatry. Adelaide Northern headspace services are delivered from a range of youth-friendly locations, including NAML (Edinburgh North), The Second Story Youth Health Service (Elizabeth), Shopfront Youth Health & Information Service (Salisbury), Gawler STARplex (Evanston Gardens) and The Hive (Modbury).

In the 2012-2013 financial year, Adelaide Northern headspace received 2,229 referrals and provided 13,888 occasions of service. In the current financial year Adelaide Northern headspace has developed significant collaborative partnerships with a number of key agencies including Centacare, Boystown and HYPA.

Centacare and Adelaide Northern headspace co-developed and facilitated the successfully attended Elephant in the Room Group program for parents and carers of those with mental health issues. This program is now in further development with Centacare so that it can be run by other organisations.

Adelaide Northern headspace has also introduced a co-located worker from the Centacare Navigate Program on a weekly basis, who provides assistance to families affected by mental health related issues. This partnership offers a much needed service to young people, families and carers, and a brief family focussed approach to addressing the effects of mental health difficulties on families.

Adelaide Northern headspace shall continue to develop relationships with key agencies in the coming financial year with the intention of providing outstanding service provision and linkages for young people and their families, particularly in areas related to vocational assistance, substance use counselling, accommodation and homelessness. In addition, Adelaide Northern headspace also plans to expand on its foundation of education and training delivery with a focus on up skilling staff to deliver high-quality education and training to the community, particularly local schools. This will include delivering evidence based group based programs for young people to assist in promoting resilience, Whilst also delivering focussed group programs to address the various mental health concerns of our target population. Workshops and group programs are also scheduled to be provided to families and carers.

Rural Primary Health Services (formerly MAHS)

The palliative care planning and grief and loss therapy commenced in 2008. The NHN continues to provide these services in the Gawler and surrounding region. There is a simplified referral process for GPs and the mental health team at the Inner Northern Country Health Service (formerly Gawler Health Service).

Access to Aged Care Initiative

Supports individuals who are living in residential facilities and their families. Clinicians provide individual and group clinical services to clients at the facility that are not time limited. The program works to reduce barriers through multiple referral pathways including; GPs, Specialists, Residential Aged Care Facility staff, self-referrals or from family members or a loved one. In the last year the Access to Aged Care program has received exactly 100 referrals. We have provided a total of 981 sessions, of those 149 were groups and 832 were individual. Services are provided on site at the RACF, are not time limited and are provided free of charge. The groups consist of relaxation and education groups. Clinical mental health services provided within this program are done so by Accredited Mental Health Social Workers and Psychologists.

Aboriginal Wellbeing

In the last 6 months of the financial year NHN ascertained a unique use of Aboriginal and Torres Strait Islander funding. As NHN has a large team of clinicians, who are knowledgeable and experienced in working clinically with the Aboriginal and Torres Strait Islander population, it was decided to use the funding for an Aboriginal Wellbeing Liaison Officer. This role would initially support the Aboriginal and Torres Strait Islander client group by determining suitability for clinical mental health services; encourage and support engagement; provide general social and emotional wellbeing support; develop partnerships with Aboriginal and Torres Strait Islander organisations and prominent members of the community; and provide mentoring support and education to staff regarding culturally safe mainstream clinical mental health practices.

Achievements

- Centralised referral point and triage continues to be an exemplary model which is found to be effective for both referrers and internally.
- Continuing increase in referrals from GPs within our region.
- Increase in the number of referrals from the North Eastern region.
- Commitment to continuing to provide Booked Assessment Services across the region.
- All therapeutic services provided by the NHN are free.
- Provide a high volume of clinical mental health services ensuring that the GP remains central to care.
- Referral between programs (Adelaide Northern headspace, Family Wellbeing, Suicide Intervention program, Living Well with Serious Illness and Shared Care with GPs) where necessary and appropriate.
- Complementary programs across MBS private providers and salaried clinicians.
- Recognised nationally for excellence in mental health program delivery.
- Implementation and further development of the NHN Clinical Governance Framework.
- Development of the new Family Wellbeing program that meets the needs of the northern community, involved stakeholder consultation, and successfully accepted referrals on the first day of the financial year.
- Continued to secure appropriate outreach locations across the region to ensure that NHN have continued to provide an accessible and equitable service.
- NHN have continued to develop relationships and partnerships with the Aboriginal and Torres Strait Islander community and have a significant focus on increasing access for this population group while providing a culturally safe mainstream mental health service.
- The development of 2 new programs for the roll out in the 2013-2014 financial year, Metabolic Mental Health and Living Well with Serious Illness



Joanne Else
CTG Coordinator

In November 2008, the Council of Australian Governments (COAG) agreed to a \$1.6 billion 4 years National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health to address the first Closing the Gap target (to reduce/close the life expectancy gap within a generation).

Within the NPA five priority areas were established:

- Tackling smoking
- Primary health care services that can deliver
- Fixing the gaps and improving the patient journey
- Providing a healthy transition to adulthood
- Making Indigenous health everyone's business.

The targets under the Closing the Gap framework are:

- close the life expectancy gap within a generation (by 2031)
- halve the gap in mortality rates for indigenous children under five within decade (by 2018)
- ensure all indigenous four-year-olds in remote communities have access to early childhood education within five years (by 2013)
- halve the gap for indigenous students in reading, writing and numeracy within a decade (by 2018)
- halve the gap for indigenous people aged 20-24 in year 12 attainment or equivalent attainment rates (by 2020)
- halve the gap in employment outcomes between indigenous and non-indigenous Australians within a decade (by 2018)

It is important to address the social and cultural determinants of health as there are many drivers of ill health that lie outside the direct responsibility of the health sector. Effective strategies that address environmental, economic and social inequalities are pivotal to achieve health equality. This requires action across key social determinants such as health, housing, education, employment, the alignment of program goals across sectors of government and the development of collaborative cross-sectoral programs at a local level. This has been the primary focus of the CTG program staff since commencing in 2008.

The increase in the number of MBS item 715 being claimed by GPs in the catchment area and 65% of eligible general practices participating in the IHI PIP, have all contributed to Mainstream Primary Care becoming known as a safe provider of services in the Aboriginal community.

We have good working relationships with agencies such as Medicare, AHCSA, SA Dental Aboriginal Liaison Program, AMIC workforce, all Aboriginal health services in the Northern catchment region including mental health, (encompassing ACIS acute response - Aboriginal workers) social and emotional wellbeing and Community owned or managed organisations such as Marra Dreaming.

Retention of the Project Officer and Outreach Workers who have been employed in the program since commencement in 2009, has been instrumental in examining the cultural safety of our own workplace before assisting GP Practices with cultural awareness.

We have produced an IHI PIP list to help community figure out where they can access Outreach Workers and Care Coordinators and our referral system provides for a steadily increasing client load. Outcomes for clients have been sustainable with almost no relapses or revolving door issues – we are actively empowering and building capacity for our Aboriginal clients ensuring that we can increase access to services for those in need.



Jodie Pycroft
eHealth Coordinator



Mathew Booy
Service Delivery Coordinator

2012/2013 saw many changes and challenges in our efforts to improve our service delivery, implement new systems and increase our resources.

Achievements:

- Continued development of eHealth Support services to GP member practices at a highly competitive cost lead to the introduction of new service plans to meet missing demand in the local market.
- Implementation of a new server monitoring platform for practices with bundled antivirus.
- Fully managed eHealth services available for businesses.
- Increased security and monitoring for practices.
- Specialised training for practices in clinical system software such as Best Practice, Zedmed, Medical Director and Pracsoft.
- Migration of MHAGIC to the new MasterCare EMR software system for mental health clinicians, the establishment of a data warehouse for analytical and reporting purposes.
- Introduction of hosting plans for websites and emails at a competitive cost.
- Increasing human resources to assist in easing stretched resources within the department, growing both the eHealth and IT teams.
- Backup and restore process in accordance with Accreditation requirements.
- Use of virtual environments to expand IT capabilities and testing environments.
- Installation of new server systems to allow for continued growth within the organisation.
- Installation of a new training server for continued professional development for employees and general practices.

Challenges:

A turnover of employees and increased responsibilities led to a restructure of the team. This saw the introduction of Mathew Booy to look after the service delivery of IT services which was divided away from eHealth responsibilities.

eHealth responsibilities included providing clinical software training and the mapping of after hours services within the region.

The introduction of electronic health records was also a challenge with continual changes in the system and requirements. The team required time to research the requirements of the system and to undergo thorough training. This training allowed them to be able to demonstrate and pass the knowledge onto general practices within our region, particularly those registering for the new ePip scheme.



Josie Longo
Education Officer

Planned Outcomes

2012-2013 brought about many changes and challenges, the Northern Health Network (NHN) following 21 years of service delivery (formerly Adelaide Northern Division of General Practice) transitioned to become the Northern Adelaide Medicare Local (NAML) on April 1st 2013. At this time, the NHN moved all its services and staff to the NAML, with previous service delivery continuing seamlessly. The NHN will provide strong advocacy and support to its membership base and continue to be a foundation member of NAML.

The 2012-2013 financial year saw us into the last year of the 2011-2013 triennium with the Royal Australian College of General Practitioners Quality Improvement and Continuing Professional Development (QI & CPD) program.

Achievements

We have continued our RACGP QI&CPD Provider Accredited Activities. We have been able to offer a broad range of education, both Category 1 and Category 2 RACGP activities. The average number of attendances at our educational sessions increased due to the extended boundary which the NHN covered.

As the Education Officer, I also undertook RACGP EAR training in March of 2013.

Over the 2012/2013 financial year, we conducted over 50 educational events. These events included the following (along with Allied Health, Practice Nurse and Practice Staff sessions):

- 3 x 40 Category 1 Point, Active Learning Modules (6 hours)
- 18 x 4 Category 2 Point sessions
- 2 x Cultural Awareness Training sessions
- 5 overseas education events were coordinated by ACMA in conjunction with NAML
- 5 IMG workshops including workshops and Mock clinical exams
- 2 x Aboriginal Health
- 3 x Refugee Health 40 Category 1 Point, Active Learning Modules (6 hours)
- 7 x Mental Health sessions
- 3 x CPR sessions

Sponsorship

Opportunities were available for companies to sponsor educational events to enable a networking experience. This ongoing support allows us to continue to offer members access to education at no charge.

Future Directions

NHN will continue to provide education for General Practice and will work collaboratively with NAML to ensure the continuation of RACGP accredited activities to all practice teams within our region including mandatory training such as CPR. The NHN will also continue to offer IMG support in the way of Accredited IMG workshops and Mock Clinical Exams throughout the year.

As the new 2014-2016 triennium approaches we will be undertaking a GP Needs Assessment to determine educational topics that will support general practices in ensuring improved patient outcomes. We will also evaluate topics required by General Practitioners, Nurses, Practice Staff and Allied Health Professionals through event feedback forms.

I would like to take this opportunity to thank our CEO, Deb Lee and our NHN Board for supporting the delivery of education to our region over the last 12 months.



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WEALTH STRATEGISTS



The NHN would like to acknowledge and thank the following organisations for their kind and generous support throughout the last year:

- Abbot
- Avant
- AstraZeneca
- Benson Radiology
- Calvary Central Districts
- Calvary North Adelaide
- Calvary Wakefield
- Cancer Council SA
- Gawler Health Service
- Heart Foundation
- IMVS
- MaynePharma
- MDA National
- Metaplanners
- Migrant Health Services
- National Asthma Council
- National Breast and Ovarian Cancer Council
- Norgine
- Northern Adelaide Medicare Local (NAML)
- Novartis
- Orphan Australia
- Pfizer
- Royal Australian College of General Practitioners (RACGP)
- SA Heart
- Sanofi Pasteur
- Wakefield Orthopedic Clinic
- Quit SA