

Northern Queensland Primary Health Network

# Annual Report 2021-22



» Meet Carla and read her story on page 19



## Acknowledgements

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Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land.

We respect their continued cultural and spiritual connection to country, waters, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

We are committed to making a valued contribution to the wellbeing of all Aboriginal and Torres Strait Islander peoples of northern Queensland.

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## Message from our Board Co Chairs

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It is our pleasure to introduce to you Northern Queensland Primary Health Network's (NQPHN's) Annual Report 2021-22.

It has been another huge year for the organisation, and this Annual Report celebrates the good work that our staff, commissioned service providers, primary health care workforce, and stakeholders have done throughout that time.

We would like to acknowledge the mammoth effort of our North Queensland primary health care providers including those working within general practices, pharmacies, allied health practices, residential aged care facilities (RACFs), and Aboriginal Community Controlled Health Services (ACCHOs) during the continued response to the COVID-19 pandemic. The way they stepped up during the pandemic, as well as responding to an increase in business-as-usual services, demonstrates just how important the role of primary health care practitioners is in protecting the health of our communities.

The 2021-22 financial year marked the commencement of the execution of our new five-year Strategic Plan, and it guided us to commission primary health care services to meet local health needs. We are proud to acknowledge that during 2021-22, we were successful in meeting 80 per cent of our Horizon 1 Strategic Plan KPIs, and we are well positioned to fully achieve these KPIs on schedule by the end of the 2022-23 financial year.

One standout project that was commissioned and implemented during this time was the Townsville Head to Health centre, which provides caring, friendly, and helpful mental health and wellbeing support in a calm, safe, and welcoming environment. You can read more about Townsville Head to Health in the Mental Health and Alcohol and Other Drugs section of this report.

NQPHN took some major steps during the year to improve the way we commission primary health care services in North Queensland, including laying the foundations for our first Commissioning Framework and embarking on our view of our commissioned services to ensure they were aligned to our new strategic priorities. We would like to acknowledge our member organisations, primary care providers, commissioned service providers, ACCHOs, and peak bodies for their contributions to the development of NQPHN's first

Commissioning Framework. As a commissioner, NQPHN has an important role in working closely with our partners to shape the service system to best respond to the health needs of our region. The Commissioning Framework will outline our approach to commissioning and reflects our commitment to strategic and transparent commissioning, and we look forward to its official release in the 2022-23 financial year.

The 2021-22 financial year also saw changes to the governance of NQPHN, particularly in relation to the Board of Directors. We, Tara Diversi and Ben Tooth, were elected as Co Chairs and Topaz McAuliffe was elected as Deputy Chair, and we welcomed two valued GPs to the Board in Dr Konrad Kangru and Dr Nadeem Siddiqui. We are a reinvigorated team who are dedicated to leading and enabling NQPHN to work together, with our partners, to achieve our goal of ensuring North Queenslanders receive the right care, in the right place, at the right time.

Our vision for the year ahead is to build on our existing relationships and engage more strongly with our members, stakeholders, and the North Queensland primary health care workforce. We are committed to working with our stakeholders to ensure the residents of North Queensland receive the best health care available. We are also looking to making a meaningful and measurable impact in our strategic priority areas of First Nations health, mental health and alcohol and other drugs, GPs and other primary care professionals, population health, and systems integration.

We extend our sincere thank you to our Board and stakeholders for their continued commitment to improving the health and wellbeing of North Queenslanders. We would also like to specifically mention and thank all of our NQPHN staff, who are a first-class team and have produced a large volume of quality work over the 2021-22 financial year. We are proud of the work you do, and your dedication to North Queensland communities and to achieving our Strategic Plan outcomes is admirable and valued.

We look forward to another successful year ahead, filled with focused work, collaboration, and fostering new and existing partnerships to help northern Queenslanders live happier, healthier, longer lives.

**Tara Diversi**  
*Co Chair, NQPHN*

**Ben Tooth**  
*Co Chair, NQPHN*





## Who is NQPHN?

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Northern Queensland Primary Health Network (NQPHN) is one of 31 regionalised and independent PHNs established nationally by the Commonwealth Department of Health and Aged Care to provide local communities with better access to improved primary healthcare services.

The NQPHN region extends from St Lawrence in the south coast, up to the Torres Strait in the north, and west to Croydon and Kowanyama.

NQPHN is the lead organisation for developing – with our partners – an integrated and coordinated primary healthcare system that delivers the best care possible to achieve measurable health improvements for the people of North Queensland.

NQPHN aims to improve health outcomes for all residents by supporting, investing in, and working collaboratively with local Hospital and Health Services, the primary healthcare sector, local government areas (LGAs), other health organisations, and the wider community.

## Our objectives and Strategic Plan

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Northern Queensland Primary Health Network's (NQPHN's) Strategic Plan 2021-26 is an ambitious plan which aims to strengthen the primary health care sector in northern Queensland.

The Plan outlines five priority areas of focus that will achieve NQPHN's main objectives, and include:

- » improved access and coordination of mental health services
- » equity for First Nations Peoples through improved health access and health outcomes
- » building workforce capacity and capability of GPs and primary care professionals for the future
- » ensuring people are receiving the right care, in the right place, at the right time
- » prevention, promotion, and early intervention focused on life stages of need.

NQPHN will achieve its objectives through:

- » purposeful engagement
- » partnerships and collaboration
- » building capacity and capability
- » innovation for outcomes
- » embracing technology enabled care
- » strategic and transparent commissioning.

While not excluding other health needs, these areas are NQPHN's primary focus over the next five years so that it can achieve its vision of helping northern Queenslanders live happier, healthier, longer lives.

View full [Strategic Plan 2021-26](#).

# NQPHN Strategic Plan 2021-26



How we are going to do this

- ➔ Purposeful engagement
- ➔ Partnerships and collaboration
- ➔ Building capacity and capability
- ➔ Innovation for outcomes
- ➔ Embracing technology enabled care
- ➔ Strategic and transparent commissioning

# NQPHN highlights 2021-22

**Contracts**

**123** contracts executed across the region 

With total expenditure and commitments of

**\$79,119,758**

**First Nations Peoples Health**

**54,853**  Care coordination services delivered to **8,737** ITC clients

**Mental Health**

**6,888** referrals processed by Connect to Wellbeing across the region 

**Digital Health**

**2,139** Completed and live HealthPathways across the region. 


**6.3%** Increase on the previous year.

**621** Far North Queensland HealthPathways, with 43 developed and reviewed.

**798** Townsville HealthPathways, with 113 reviewed

**720** Mackay HealthPathways, with 54 reviewed

**Alcohol & Other Drugs**

**13** Commissioned AOD services across the region 

**24,634** Occasions of services were provided




**Workforce**

**74** Education and training events delivered to **1,601** participants 

**Media and communications**

**706**  eBlasts / eNewsletters distributed

**83**  media releases and responses

**Facebook**

**277** posts

**592,097** total post reach

**1,278** average reach per post

**5,190** followers

**\$6,341** spent on advertising

NQPHN is also on: 



## Board and Governance

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Northern Queensland Primary Health Network (NQPHN) has a commitment to strong, effective governance. We are an independent not-for-profit company limited by guarantee. A membership-based organisation, NQPHN is registered as a charity with the Australian Charities and Not-for Profits Commission.

The NQPHN Board is a skills-based Board, which has four key committees:

- » Nomination and Remuneration Committee
- » People and Performance Committee
- » Finance, Audit, and Risk Management (FARM) Committee
- » Clinical Governance Committee.

View the Board and Committees attendance for the 2021-22 financial year [here](#).

### Nomination and Remuneration

This committee makes recommendations to the Members for director appointments and re-elections, and assists the Board to fulfill its corporate governance responsibilities regarding performance, induction programs, and continuing professional development for directors and remuneration of directors.

### People and Performance

This committee provides oversight of organisational culture and other aspects of human resources. The committee makes recommendations to the Board regarding Senior Executive succession planning, remuneration and performance evaluation, reviewing compliance with the Corporate Code of Ethical Conduct, and overseeing any investigation of improper conduct initiated under NQPHN's Protective Disclosure (Whistle-blower) Program.

## Clinical Council and Community Advisory Group

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### Clinical Council

The Northern Queensland Primary Health Network (NQPHN) Clinical Council provides the NQPHN Clinical Governance sub-committee of the Board with contemporary advice on local health needs and priorities ensuring that there is an appropriate evidence base to regional commissioning, specifically, planning and design of services, stakeholder engagement, and continuing development and refinement of the Health Needs Assessment (HNA).

### Finance, Audit, and Risk Management (FARM)

This committee assists the Board in fulfilling its responsibility to exercise due care, diligence, and skill in relation to budget planning process and monitoring of performance. It also focuses on financial investment strategy, contracting arrangements, the integrity of NQPHN's financial reports and statements, adequacy, and performance of NQPHN's internal control framework, external and internal audit processes, and the framework established by management to identify, assess, and manage risk.

### Clinical Governance

This committee provides the Board with contemporary advice and recommendations on matters of clinical governance, commissioning (specifically, planning and design of services), stakeholder engagement, and continuing development and refinement of the Health Needs Assessment (HNA) and related strategic planning documents. All committees have levels of delegated authority for core decision making.

### Board of Directors

- » Tara Diversi - Co-Chair
- » Ben Tooth - Co-Chair
- » Topaz McAuliffe - Deputy Chair
- » Suzanne Andrews - Board Director
- » Dr Konrad Kangru - Board Director
- » Nick Loukas - Board Director
- » Dr Nadeem Siddiqui - Board Director
- » Luckbir Singh - Board Director
- » Cate Whalan - Board Director

The Clinical Council provides a critical overview of the NQPHN regions to ensure that overall investment is in line with the regional HNA.

The council acts in an advisory capacity to the NQPHN Clinical Governance Committee which has the delegated responsibility of the NQPHN Board.

Membership of the council is comprised of GPs, allied health professionals, mental health clinicians,



Aboriginal and Torres Strait Islander health professionals, community/practice nurses, and public health/health promotion representatives. They meet at least twice per year. View Council membership [here](#).

### Community Advisory Group

The NQPHN Community Advisory Group (the Group) covers the Cape and Torres, Cairns, Townsville, and Mackay regions.

Group members are comprised of health service users, consumers, carers, and community members, and act as a critical friend to NQPHN by bringing community perspective to advise the planning of activities and priorities. The Group’s advice is aligned with NQPHN’s Health Needs Assessment and local and Commonwealth priorities.

The aim of the Group is to enable health system improvement and reform in local regions and for identified community groups. They ensure that community ideas drive improvements in person-centred care to deliver better health outcomes that are locally-relevant and aligned to local care experiences and expectations.

The Group also guides and advises NQPHN to improve its social impact, cultural security, and patient safety of programs it commissions throughout the region.

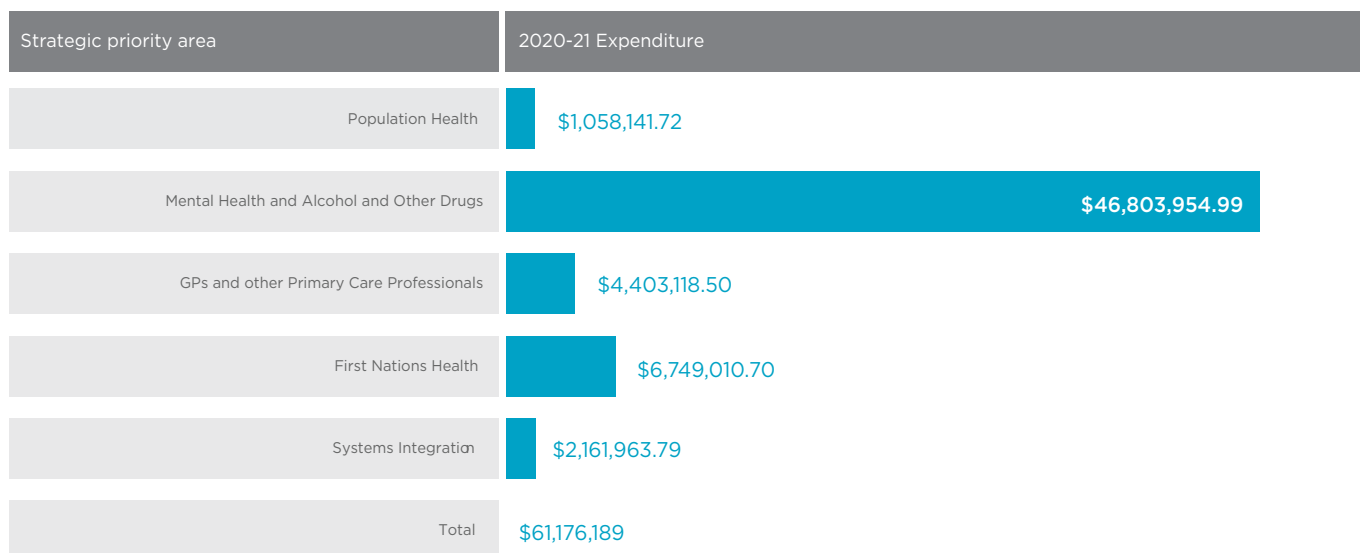
As champions of change, members maximise and leverage their own community networks to improve health outcomes through coordinated care.

The Group plays a key role in helping to guide NQPHN in ensuring activities are connected to and supported by the communities it serves. View Group membership [here](#).

## Financials

The below bar graph shows NQPHN’s expenditure on our strategic priorities in the 2021-22 financial year.

Download the full audited General Purpose Financial Statements [here](#).



# Reconciliation Action Plan (RAP) highlights

During the 2021-22 financial year, Northern Queensland Primary Health Network (NQPHN) worked towards achieving the actions committed to in its Innovate Reconciliation Action Plan (RAP).

The Innovate RAP enables NQPHN to make aspirational and innovative commitments to help gain a deeper understanding of our sphere of influence and establish best practice approaches to advancing reconciliation over a two-year period from September 2020 to September 2022.

There are four main areas that NQPHN focuses on during the Innovate phase of its reconciliation journey, including:

- » relationships
- » respect
- » opportunities
- » governance.

NQPHN will remain committed to further implementing reconciliation actions into everyday practice through the 2022-23 financial year — to finalise the second year of our Innovate RAP and develop our next RAP — to assist First Nations Peoples in North Queensland to live happier, healthier, longer lives.



## Relationships

NQPHN is committed to working with communities to understand local needs to design and implement solutions that improve the health and wellbeing of residents.

In the 2021-22 financial year, NQPHN:

- » built relationships through celebrating National Reconciliation Week (NRW) in Cairns, Townsville, and Mackay by attending and promoting NRW events
- » worked to establish and maintain mutually beneficial relationships with Aboriginal and/or Torres Islander stakeholders and organisations.

## Respect

NQPHN has put an emphasis on building local capacity to improve health and wellbeing outcomes for Aboriginal and/or Torres Strait Islander peoples.

In the 2021-22 financial year, NQPHN:

- » increased understanding, value, and recognition of Aboriginal and Torres Strait Islander cultures, histories, knowledge, and rights through cultural learning
- » demonstrated respect to Aboriginal and/or Torres Strait Islander peoples by increasing our understanding of the purpose and significance behind cultural protocols.



## Opportunities

NQPHN is focused on finding opportunities to build local capacity to improve health and wellbeing outcomes for Aboriginal and/or Torres Strait Islander peoples.

In the 2021-22 financial year, NQPHN:

- » improved employment outcomes by increasing Aboriginal and/or Torres Strait Islander recruitment, retention, and professional development, and by implementing specific identified positions within the organisation
- » increased Aboriginal and/or Torres Strait Islander supplier diversity to support improved economic and social outcomes
- » commenced work to build local workforce capacity to deliver culturally appropriate services for First Nations peoples by commissioning culturally safety training for local practices.



## Governance

Governance and tracking processes have been established to assist NQPHN to achieve its reconciliation commitments.

In the 2021-22 financial year, NQPHN:

- » established and maintained an effective RAP Working Group to drive governance of the RAP
- » appointed an internal RAP Champion from senior management
- » provided appropriate support for effective implementation of RAP commitments.





## Health needs of North Queensland

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The updated Health Needs Assessment (HNA) report for Northern Queensland Primary Health Network (NQPHN) was conducted in late 2021 in collaboration between NQPHN and its regional partners, stakeholders, health care services providers, community organisations, and residents.

The HNA is a working document that evolves as new and more relevant information becomes available. It provides an overview of the Northern Queensland PHN demographic profile identifying the greatest health needs within our region.

This information is then used to identify our key priority areas which in turn inform effective commissioning of services to help northern Queenslanders live happier, healthier, longer lives.

This assessment incorporates the needs of consumers as well as the health workforce, as they are essential to the delivery of health services to consumers.

## Our health context

### OVERWEIGHT AND OBESITY

Children (5 - 17 years)

30.1% NQPHN 27.0% QLD

Adults (18+ years)

62.4% NQPHN 60.2% QLD

### CHILD IMMUNISATION

(fully-immunised)

Immunisation national target: 95%

1 year 93.6% NQPHN 94.2% QLD

2 years 92.7% NQPHN 91.9% QLD

5 years 95.1% NQPHN 94.4% QLD

### DAILY SMOKING

14.0% NQPHN 10.3% QLD

### LIFETIME RISKY DRINKING

26.2% NQPHN 22.5% QLD

### PHYSICAL ACTIVITY AND NUTRITION

Sufficient physical activity

58.6% NQPHN 58.7% QLD

Recommended fruit intake

51.4% NQPHN 52.5% QLD

Recommended vegetable intake

7.8% NQPHN 8.0% QLD

### CANCER SCREENING RATES

Breast cancer screening

60.2% NQPHN 55.1% QLD

Cervical cancer screening

56.3% NQPHN 55.1% QLD

Bowel cancer screening

39.0% NQPHN 40.8% QLD

### SOCIO-ECONOMIC DISADVANTAGE



Percentage of the population in the most disadvantaged on the index of relative socio-economic disadvantage quintiles:

26.6% NQPHN

20.0% QLD

### EDUCATION



Percentage of the population that has completed year 11, or year 12, or equivalent:

53.0% NQPHN

58.9% QLD

## Our priority areas in 2021-22

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Northern Queensland Primary Health Network (NQPHN) responds to the health needs of its region as outlined in NQPHN's Health Needs Assessment while being guided by the National PHN Performance and Quality Framework for targeted work.

Five priority areas have been identified to strengthen the primary health care sector in northern Queensland and to achieve the objectives set out in NQPHN's Strategic Plan 2021-26. These priority areas include:

- » improved access and coordination of mental health services
- » equity for First Nations Peoples through improved health access and health outcomes

- » building workforce capacity and capability of GPs and primary care professionals for the future
- » ensuring people are receiving the right care, in the right place, at the right time
- » prevention, promotion, and early intervention focused on life stages of need.

While not excluding other health needs, targeted focus on these priorities will make the greatest impact on helping northern Queenslanders to live happier, healthier, longer lives.

## Population Health

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### Objectives

Northern Queensland Primary Health Network's (NQPHN's) population health priority objectives include prevention, promotion, and early intervention that is focused on the life stages.

In the 2021-22 financial year, NQPHN supported primary health care providers to address factors impacting population health through increased engagement of practices using continuous quality improvement information, resources, and systems.

The key population health priorities for NQPHN include:

- » maternal and child health
- » chronic disease management and prevention
- » sexual health
- » healthy ageing
- » Aboriginal and Torres Strait Islander health
- » multicultural health.

Longer term, NQPHN's commissioned programs will maximise health outcomes for people with preventable conditions across the different life stages.

By addressing the needs of North Queensland communities, and focusing on prevention and early intervention activities, there will be fewer preventable hospitalisations in the NQPHN region for people with chronic and vaccine preventable diseases.

Combined, these activities will contribute to improved health outcomes for all population groups in the NQPHN region.

### Key projects

#### First 1,000 Days of Life Framework

NQPHN is a member of the Better Health North Queensland (NQ) Alliance, together with the five Hospital and Health Services in the region, Queensland Health, Queensland Aboriginal and Islander Health Council (QAIHC), and Children's Health Queensland. In 2019, Better Health NQ released a Northern Queensland Health Service Master Plan that included a commitment to developing a regional framework focused on the first 1,000 days of life.

During 2022, NQPHN led the development of the First 1,000 Days of Life Framework on behalf of Better Health NQ. The Framework has been developed and is awaiting endorsement from the Better Health NQ Alliance.

The First 1,000 Days of Life Framework provides an evidence-based and coordinated approach to outlining what is needed to improve and sustain health and wellbeing outcomes for children and families during the first 1,000 days of a child's life. It is intended to guide the planning, delivery, commissioning, and continuous improvement of maternal and child health services across North Queensland over the coming years.

### Key statistic

186

People engaged in consultations during the development of the framework.





## Fetal Alcohol Spectrum Disorder

During 2021, a Fetal Alcohol Spectrum Disorder (FASD) diagnostic pathway was established as part of the Townsville Hospital and Health Service (HHS) community development paediatric services (General Paediatric and Child Development Service).

The service is a partnership between Townsville HHS and NQPHN for children known to the Child Development Service and local paediatricians.


A dedicated psychology position was embedded in the Child Development Service team to undertake targeted and specific psychological assessments for children with suspected FASD. The position also coordinates the Townsville HHS FASD multidisciplinary case conference (with community paediatrics), supporting clinical decision making and onward referrals to appropriate services and agencies, in collaboration with the NQPHN funded FASD Advanced Health Worker.


FASD is the most common non-genetic cause of neurodevelopmental disability in the western world, with between 17-42 children being born in Australia each day with the disorder. Alcohol is one of many substances that can result in damage to the unborn child if used in pregnancy. Proper diagnosis of FASD helps to understand the individual needs of the child, as well as to better support their access to ongoing services.

As part of the First 1000 Days Framework, NQPHN is commissioning maternal and child health services to increase access to timely interventions that improve the lifelong health benefits of children in North Queensland.

### Key statistics

56 Clients were seen. 

40 Clients completed all assessments. 

30 Clients were diagnosed with FASD. 

## Children in Out of Home Care


During the 2021-22 financial year, NQPHN commenced developing and embedding a health assessment pathways program for children in out-of-home care. This was done through engaging with Child Safety, general practice and health care providers, education, and other relevant agencies, and embedding local practice guidelines with Child Safety service centres regarding collection of data and implementation of pathways to achieve the following objectives:


- » improve access, timeliness and quality of health assessments for children entering care
- » improve general practice/primary health/specialist staff knowledge and understanding about working with children in care, particularly the National Clinical Assessment Framework
- » improve primary health/child safety integration and case coordination

With a focus on collaboration, capacity building, and systems coordination, this approach is improving the way the child safety and health sectors integrate to improve access, timeliness, and quality of health assessments for children in care.

### Key statistics

According to the Australian Institute of Welfare, during 2019-20:

174,700 Children aged 0-17 received child protection services (approx). 

8 Aboriginal and Torres Strait Islander children were almost 8 times as likely to have received child protection services. 

Infants (aged under one) were more likely to have received child protection services than those aged 15-17.



### Physically Active One Way or Another

Building on previous project iterations, the program team at the Police Citizens Youth Club (PCYC) has continued to strengthen the program's presence in Cairns, Edmonton, and Mareeba in the 2021-22 financial year.

Informed by the previous two years of implementation, the program maintained a strong focus on mental health, being open to people receiving mental health support from local organisations and services. This allowed the program to take a prevention and early intervention approach, strengthening referral pathways with primary care.

The overarching health issue being addressed is the poor physical health and psychosocial wellbeing of people with mental health conditions. Increasing physical activity and improving nutritional intake can positively impact health outcomes and be an effective preventative strategy for many chronic conditions.

The practical aspects of the program were delivered by an Exercise Physiologist. Quantitative and qualitative data was collected and mixed methods employed to evaluate impact. Evaluation measures were collected at baseline, during the program, and at completion of each program. Mental wellbeing and physical health were assessed using validated measures. Participant experiences were evaluated qualitatively using semi-structured interviews.

#### Key statistics

532

People participated in the program in the 2021-22 financial year.



82

Group sessions were held in Manunda, Edmonton, Mareeba, and Bentley Park in Cairns.



75

Group meetings were held with participants.





## Meet Arthur

OUR REGION,  
*our people*

Palm Island's afterhours service improves timely access to quality health care

An afterhours health clinic established on Palm Island has been a godsend for residents, including community education counsellor Arthur Dalton.

He said he had attended the Palm Island Community Company Afterhours Clinic, funded by Northern Queensland Primary Health Network (NQPHN), at night about five times because he couldn't receive healthcare during the day due to work commitments

"It's been very beneficial, especially when my asthma plays up at night and I can't get away during the day due to work," Mr Dalton said.

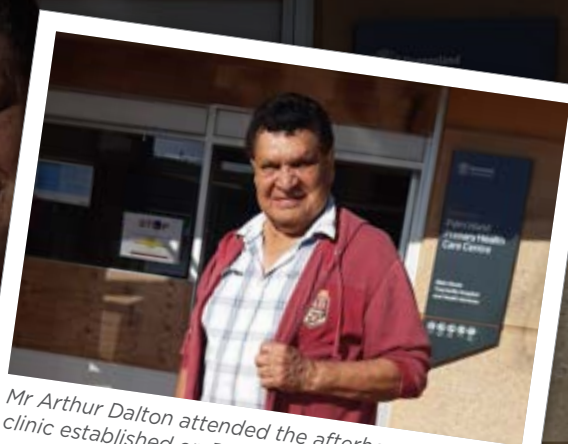
"Well, it helped a lot in many ways. Having something happen during the night, I can present to Palm Island Community Company Afterhours Clinic to see a regular doctor to get some information on how medication and strategies can help me during the day whilst I'm at work and can get my results right away when I'm available. It has been great.

"I come down to the clinic early (after 5pm) and I've been seen by a doctor straight away. The service is very easy to access and, with transport provided during the night clinic, that has helped tremendously, and I've found it more encouraging to present to the night clinic.

"Personally, I think the afterhours is very beneficial for local residents, and for the visitors. The staff here are very friendly and very knowledgeable and are quick. So, I say a good job to the staff that facilitate the afterhours service."

Mr Dalton recommends the service to other island residents.

"There are many other locals who have day jobs and can't afford to leave during their hours and having the afterhours service has been a huge help," he said.



*Mr Arthur Dalton attended the afterhours health clinic established on Palm Island.*

The clinic has eased the pressure on the Joyce Palmer Health Service's Emergency Department.

Afterhours clinic Senior Medical Officer Dr Shahead Chowdhury said the service was established on the island to help prevent avoidable emergency department presentations and to provide residents with choice of health services. The clinic operates Monday, Tuesday, and Wednesday from 5pm-9pm and is staffed by a GP, nurse, health worker, receptionist, and transport officer.

"The clinic has provided thousands of occasions of service inclusive of varied episodes and types of care," Dr Chowdhury said.

"Clinic presentations vary from colds, coughs, flus, wounds, accidents and injuries, medications, health checks, care plans, and transfers to hospital. The list goes on and on."

Dr Chowdhury said the clinic had saved lives.

"There have been circumstances involving the incidence of presentations that required emergency transfer to Joyce Palmer followed by emergency evacuation to the mainland," he said.

"This clinic is welcomed and well used by the community.

"In some cases people, who work on Palm Island, attend the night clinic when they cannot get time off work during the day."

# Mental Health and Alcohol and Other Drugs

## Objectives

Northern Queensland Primary Health Network's (NQPHN's) Mental Health and Alcohol and Other Drugs (AOD) priority objectives include improving access and integration of mental health and AOD services.

In the 2021-22 financial year, NQPHN increased access to mental health services by funding programs that meet the needs of North Queenslanders, no matter what level of stepped care they require.

NQPHN is committed to enhancing and establishing a range of evidence-based and culturally appropriate mental health and AOD support services which are accessible to all residents across North Queensland.

## Key projects

### Joint Regional Wellbeing Plan

The Joint Regional Wellbeing Plan for North Queensland was publicly released in January 2021.

The priorities of the Plan include:

- » workforce, including the peer workforce
- » service access and coordination
- » Aboriginal and Torres Strait partnerships in healing
- » physical health needs of people living with mental illness
- » suicide prevention
- » alcohol and other drugs harm reduction.

Since its release, the Joint Regional Wellbeing Plan Steering Committee has met monthly, with good representation and engagement from all Hospital and Health Services (HHSs) as well as the Queensland Health Mental Health and Alcohol and other Drugs (MHAOD) Branch. NQPHN and Cairns HHS are the Co-Chairs of the committee, and NQPHN leads the project on behalf on Better Health North Queensland.

The digital and data working group also commenced during the 2021-22 financial year, and there has been some rich discussion about utilising the National Mental Health Planning Framework to do some connected mapping. Advice has been sought from the Commonwealth Department of Health regarding expectations around a comprehensive plan (phase two) and the timeframes for this. View the Joint Regional Wellbeing Plan [here](#).

### Key statistics

Between March-May 2021:

12 The Joint Regional Wellbeing Plan Steering Committee met 12 times during the 2021-22 financial year.



### Suicide Prevention Community Action Plan Community of Practice

In November 2021, NQPHN held the first face-to-face meeting in Townsville for commissioned Suicide Prevention Community Action Plan (SPCAP) coordinators. The group now meeting quarterly to share best practice methods to improve suicide prevention activities across the NQPHN footprint.

The SPCAP Community of Practice has grown to include all NQPHN funded suicide prevention service providers and relevant external stakeholders and will provide ongoing guidance to NQPHN by actively identifying opportunities for improvements in suicide prevention service delivery, the Joint Regional Wellbeing Plan suicide prevention priority areas, and promotion and integration of future commissioning activities.

### Key statistics

During the 2021-22 financial year, the service delivered:

4 The SPCAP Community of Practice met 4 times in the 2021-22 financial year.



## Townsville Head to Health

NQPHN received funding in December 2020 to establish and trial an Adult Mental Health Centre (AMHC) in Townsville, as part of the national trial and in line with a national service model and principles. The centre provides caring, friendly, and helpful mental health and wellbeing support in a calm, safe, and welcoming environment. NQPHN delivered the project on deadline (with service delivery commencing in December 2021), on budget, and via a comprehensive commissioning and local co-design process.

Through the commissioning process, Neami National was appointed as the lead provider for the centre, which is called Townsville Health to Health, and is located in a prominent and accessible position in Townsville city.

The Independent Evaluation of Head to Health and AMHCs, released in April 2022 and prepared by Nous Group on behalf of the Department of Health, included a case study on the commissioning process of the Townsville AMHC as an exemplar of best-practice and “gold star” commissioning.

### Key statistics

360

Since the service commenced in mid-December 2021, 360 people have been supported.



68.3

Of those, 68.3% of consumers progressed to receiving a comprehensive assessment which leads to the individual being cared for by a multidisciplinary team to have their mental health needs met.

53.7%

Consumers present with a suicide risk.



3.2

The average derived level of care is 3.2 stepped care level.



5-6

On average, the service sees between 5 and 6 visitors a day seeking information, advice or support.



## AOD education for GPs

During the first half of 2022, Lives Lived Well held Drug and Alcohol First Aid GP education sessions in Cairns, Townsville, and Mackay, funded by NQPHN.

Dependent substance use is a chronic, relapsing condition which can be difficult to treat. GPs and other primary care professionals have a key role to play in prevention, early detection, and management of substance misuse and dependence.

The sessions were facilitated by Lives Lived Well's Addiction Medicine Specialist Dr Graeme Judson BHB, MBChB, Grad Dip HSc, MHSc (Hons), FACHAM. Dr. Judson has over 25 years' experience working with people who experience substance use in New Zealand and Australia, and works within a harm reduction and mental health recovery model.

The sessions helped GPs to:

- » identify patients who might be at higher risk of problematic substance use and initiate conversations about substance use with increased confidence
- » implement ASSIST AOD screening and withdrawal tools with patients in general practice and utilise local referral pathways
- » describe risks associated with prescribing opiates, and harms associated with opioid misuse, including the management of chronic disease
- » describe the risks of substance use during pregnancy and using relevant prevention, intervention tools and referral pathways
- » assess the severity of substance dependence to determine the course of withdrawal management approach and associated risk.

### Key statistics

12

Participants in Mackay



14

Participants in Townsville



7

Participants in Cairns



## Meet Janet

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## OUR REGION, our people

### **Beating alcohol dependency through the holistic, compassionate, and harm minimisation approach offered by Lives Lived Well.**

Janet was a single parent for many years and began drinking to relax and get through the challenges of a difficult divorce, the family court and raising her teenagers on her own. As a teacher, Janet was also a high achiever; winning awards for teaching excellence, innovation and project management in the establishment of school-based initiatives involving local government, businesses, and environmental protection organisations.

Janet said the story was always the same. She could relax with a drink in hand and habits developed from there around her perceived need for alcohol, until she found she was drinking one to two bottles of wine a day once retiring from teaching.

"I could still function as a high school teacher but was very concerned about needing alcohol to relax after work. I loved my job immensely but can't deny the immense stress and incessant and increasing demands placed on teachers," said Janet.

"The pressures from teaching and associated stress and anxiety continued to rise each year, as did my depression around my inability to forgive myself for my past mistakes and continued alcohol consumption".

Janet found she could not stop her alcohol habit on her own and with the growing concern from her children, siblings, and partner she decided to call Lives Lived Well in Mackay.

"I booked an appointment with Tanya, my counsellor, and have not looked back!" said Janet.

"Tanya was particularly sensitive to my personal situation and provided me with resources to help build my confidence in taking the steps that we planned together for my recovery.

"I am forever grateful for her open communication, abilities in explaining what to expect, and skills in exploring ways to respond at a cognitive, psychological, and physical level."

Lives Lived Well work with their clients to identify if they have a problem with drugs or alcohol, the extent of the problem, and what's behind it. Case managers offer support and provide the tools to manage, reduce, or stop misuse of alcohol or drugs.

Through her program, Janet was referred to local health services as part of her recovery process. This included the Royal Brisbane and Women's Hospital for a medicated detox and a referral to her local mental health professional for additional support. Janet was also encouraged to make a change to see a local doctor who has had extensive experience in alcohol dependency and withdrawal.

"The professionals I have seen through this process have all been wonderful and I am so blessed to have such a supportive team," said Janet.

"This includes Tanya at Lives Lived Well who has made herself available whenever I have needed her.

"Her level of support has been second to none, as is her expertise in addiction, level of knowledge, and skill in helping me to pace myself through the different recovery phases."

At what will hopefully be her last formal appointment at Lives Lived Well, Janet was asked by Tanya as to where her strength came from. She said her answer lay in the early discussions they'd had and the resources she'd been provided with, that had helped her identify what she was losing by continually being intoxicated.

"My list was long and very serious in how alcohol was affecting my life. It was affecting my health, my everyday existence, and my family" said Janet.

"In completing the recovery and maintenance modules provided by Lives Lived Well, I am truly on track and very happy about how good I feel and the progress I've made.

"That's all thanks to Tanya and the support offered by Lives Lived Well."

Lives Lived Well inspires people to live their lives well by providing support for people who are being impacted by alcohol or drugs or who are having problems with mental health. Lives Lived Well offers a range of free services including low-cost live-in recovery services, youth and family support including day, group and outreach services.



*Janet has never looked back after booking an appointment with Lives Lived Well.*

## Meet Carla

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### Teenager champions headspace Cairns' services

Carla Fassio is a staunch advocate for the youth mental health organisation headspace Cairns.

The Redlynch resident credits headspace Cairns with helping her cope with mental health issues.

The 18-year-old's parents divorced when she was young and from age 11 she has been a carer for her mum at Redlynch while also spending time with her dad at Mareeba.

The university student has been a client of headspace Cairns since 2018. Royal Flying Doctor Service (Queensland Section) (RFDS) is the lead agency supporting headspace Cairns with funding from Northern Queensland Primary Health Network.

"I have found it very beneficial. There is always someone to talk to about family issues and mental health issues including depression and anxiety," Ms Fassio said.

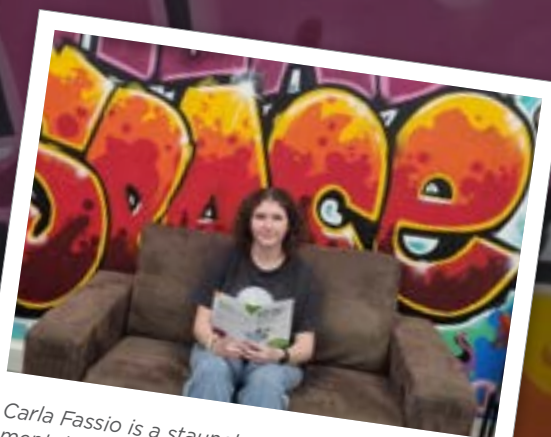
She has developed a mental healthcare plan with her GP and regularly has one-hour sessions with a headspace psychologist. She has also joined headspace's Youth Reference Group for fortnightly sessions, where she discusses with other like-minded young people their problems and offer solutions.

Ms Fassio said she struggled with the changing family dynamics between dad, and mum and her sister, but headspace Cairns gave her the mechanisms to cope.

She also found it hard to readjust at her old school after spending a year with her dad at Mareeba but once again headspace Cairns was there for her.

"I have been mum's official carer since 11 and I am still her carer. The role has increased, and it has had a huge impact, especially school and on top of other issues," Ms Fassio said.

"Caring for mum has been a huge factor and that is why I come to headspace. headspace Cairns has helped support me by providing better coping mechanisms when I can't do things.



*Carla Fassio is a staunch advocate for the youth mental health organisation headspace Cairns.*

"It has helped me achieve my goals, including my studies at university. I've always wanted to go to uni from when I was a kid."

Ms Fassio is enrolled at CQ University five-days a week, studying online, taking part in Skills for Tertiary Education Preparatory Studies (STEPS) before deciding upon either humanities or vet nursing.

She is a great believer in headspace Cairns and has suggested a regular radio program to educate the community about what the organisation offers young people.

"I really hope NQPHN (through Federal Government funding) continues to make headspace accessible for young people. It is incredibly important," Ms Fassio said.

headspace Cairns celebrated its 10th anniversary this year with more than 7200 young people in Cairns supported to achieve better mental health outcomes.

headspace Cairns is a free and welcoming safe space for young people aged between 12 and 25 providing access, support and information for a broad range of concerns, including mental health, physical/sexual health, drug and alcohol, employment and education and support for families and carers.

The organisation had delivered more than 50,600 services to 7200 young people in Cairns since its launch in April 2012 with nine staff. The team totals 26 today.

# GPs and other Primary Care Professionals

## Objectives

Northern Queensland Primary Health Network's (NQPHN's) GPs and other Primary Care Professionals priority area objective is to build workforce capacity and capability for the future.

NQPHN supports health care providers to address factors impacting population health by providing education and resources to enhance the efficiency, effectiveness, and coordination of care.

Support provided to primary care providers in the 2021-22 financial year includes:

- » quality improvement activities and best practice methods
- » designing improved models of care
- » support with accreditation requirements
- » data analysis
- » Medical Benefits Schedule billing utilisation
- » advocacy and support relating to workforce issues.

## Key projects

### North Queensland Health Workforce Alliance

The NQPHN-led North Queensland Health Workforce Alliance was formed to provide stewardship over the development and implementation of strategies to address health workforce shortages and build health workforce capacity in North Queensland. The 25 partner organisations have committed to driving sustainable health workforce systems change.

One of the key challenges that exists in workforce planning is the coordination of elements at all levels of government. In establishing the Alliance, NQPHN is seeking to coordinate a fragmented system to improve primary health workforce capacity and capability.

The Alliance has formed three working groups to focus on particular elements of health workforce:

- » leadership
- » advocacy and governance
- » capacity enhancement (training pathway)
- » workforce data optimisation and integration.

### Key statistics

25 Partner organisations make up the alliance.



### GP Data Program

Through the GP Data Program, a general practice's data is extracted, analysed, and then used to positively influence patient health outcomes within the primary healthcare setting.

The program also benefits the practice by distinguishing the best way to streamline business processes, assisting with continuous quality improvement (CQI), identifying

opportunities to maximise appropriate utilisation of MBS billing, and improving data quality for accreditation preparation.

Northern Queensland Primary Health Network (NQPHN) has chosen CAT Plus as its preferred solution for extracting general practice data, analysing regional health needs, and influencing patient health outcomes within the primary healthcare setting.

All general practices that have compatible software in the NQPHN region are encouraged to join the NQPHN Data Program.

### Key statistics

87%

In the 2021-22 financial year, 87% of practices in North Queensland participated in the GP Data Program and shared de-identified data with NQPHN.

### Rural Allied Health Workforce Enhancement Project and Vocational Education and Training (VET) Workforce Optimisation Initiative

NQPHN, in response to persistent primary health workforce deficits, initiated a partnership with Health Workforce Queensland (HWQ) in late 2019 to pilot two innovative models of primary health workforce capacity and capability enhancement. The models of care were implemented during the 2021-22 financial year. The Rural Allied Health Workforce Enhancement Project has been designed to specifically target persistent allied health shortages in rural communities, through incentivisation.

The focus of this program is to increase the number and priority type of permanent allied health professionals in the rural areas of the Mackay Health and Hospital Service area in North Queensland. The project includes

implementing targeted recruitment campaigns and providing funding to support relocation and settlement, as well as upskilling programs, scholarships, and bursaries to meet the needs of place-based care and career planning.

The partnership also designed and implemented the Vocational Education and Training (VET) Workforce Optimisation Initiative. The aim of this initiative is to support regional, rural and remote health personnel to access available funding for VET training. The initiative targeted existing primary health personnel and provided primary care providers opportunities to recruit new employees into a learning pathway. Qualifications were selected and offered, based on the rates of expressions of interest from previous campaigns, and provider feedback during engagement activities. Providers were invited to submit an expression of interest for staff to undertake training, and units of competency were packaged to meet the specific needs for primary care services.

### Key statistics

The impact of the two pilot programs thus far includes:

9

Establishment of nine additional clinical personnel delivering services to rural and regional communities.



97

Establishment of 97 additional primary care personnel across 17 Local Government Areas.



- » The development of workforce partnership between HWQ, peak bodies, and training organisations.
- » Improved relationship with and knowledge of challenges and barriers to recruiting and retaining primary care personnel into regional and rural areas.
- » Enhanced NQPHN workforce intel through a consultation process to inform the NQPHN Health Needs Assessment.
- » Improved understanding of skills shortfalls and upskilling required across NQPHN region, and primary care providers with increased awareness of value Vocational Education and Training to upskill both support and health professional workforce for business sustainability.

### National Improvement Network Collaborative (NINCo)

During the 2021-22 financial year, NQPHN participated in the National Improvement Network Collaborative (NINCo).

The aim of NINCo is to provide leadership and coordinated development of Primary Health Network Primary Care and General Practice Quality Improvement.

Through a nationally consistent approach, PHNs will support an effective and efficient high performing

primary health care sector by assisting general practice to:

- » adopt best practice methods to improve quality of care
- » understand the meaningful use of digital systems to support Quality Improvement activities
- » inform development of health information management systems to engage quality improvement in health care, through collaboration with national PHN PHUI and data governance groups
- » promote the engagement and participation of general practices in quality improvement, supported through the Practice Incentive Program (PIP) and the PIP Quality Improvement Incentive (PIP QI).

The functions of the NINCo include:

- » coordinate collaboration between PHNs in relation to models of improvement/change management
- » provide collective feedback to PHN CEOs on requirements to support a National approach to CQI methodology within general practice
- » share lessons learnt and information in models of improvement/change management.

The NINCo action plan for 2022-2025 has three components:

1. Develop a national coordinated approach and consistent methodology for quality improvement.
2. Build the national evidence-base, develop consistent program logic and outcomes and aggregate our influence to enable primary health to be leaders in quality improvement.
3. Build capacity and capability across the PHN workforce to effectively partner with primary care practices, and support them to transform and sustain their own quality improvement activities.

Work commenced during the 2021-22 financial year to achieve these actions, and PHNs will continue to progress work in this space over the next three years.

### Key statistics

31

PHNs are involved in the collaborative.



## CPR courses

During the 2021-22 financial year, more than 140 general practice nurses and staff have been provided with free cardiopulmonary resuscitation (CPR) training across North Queensland, funded by NQPHN. The training sessions were conducted by Australia Wide First Aid.

General practices are required to have completed basic life support training to maintain their accreditation. By providing hands on training, NQPHN assisted participating general practice to meet RACGP standards for continuous quality improvement and risk management by ensuring their staff are adequately trained. To meet accreditation requirements, training needed to be provided face-to-face – solely online training does not meet accreditation requirements.

Training was delivered to staff who might be required to provide CPR in a range of situations both in the community and workplace, before a nurse, doctor, or paramedics arrive.

### Key statistics

21 CPR training participants in Mackay

26 CPR training participants in Cairns

44 CPR training participants in Townsville

25 CPR training participants in Charters Towers

25 CPR training participants in Atherton

## Continuing Professional Development (CPD) program

During the 2021-22 financial year, NQPHN continued to provide support to general practices and other health care providers. NQPHN delivered, in partnership with key stakeholders, a Continuing Professional Development (CPD) program for primary care health professionals. The CPD program provides clinicians with access to training to enhance their practice and maintain their currency of knowledge and professional registration, and builds health workforce capability. NQPHN also coordinates training for practice support staff.

### Key statistics

During the 2021-22 financial year, there were:

74 Education events facilitated by NQPHN.



1,601 attended by 1,601 participants.



## Meet Tamika

### Tamika has 'big dreams, small steps' in allied health

Teenager Tamika Mooney has made her mind up to work in allied health.

A school-based healthcare traineeship has provided the pathway to her career after she finishes high school in Mackay.

"I now want to work in allied health at the Mackay Base Hospital," Ms Mooney said.

The 18-year-old took part in the Big Dreams, Small Steps school-based healthcare traineeship program.

"The program has helped me make decisions about my chosen career. Now I know for sure that I want to work in health and that I definitely want to work in the allied health team," Ms Mooney said.

"We work at the Mackay Base hospital every week and meet with our teacher and the program co-ordinator during the training sessions in the afternoon."

Ms Mooney said the program had helped her achieve a Queensland Certificate of Education (QCE) and had also led to a part-time job at a Mackay general practice.

"I really enjoyed being part of the program and I am grateful for the opportunity to be a part of the program."

After a presentation at her high school, Ms Mooney applied for the traineeship.



Teenager Tamika Mooney took part in the Big Dreams, Small Steps school-based healthcare traineeship program.





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"I wanted to try something different and explore my options in health," she said.

Mackay Hospital and Health Service (MHHS) has partnered with CQUniversity (CQU) and Australian Training Works (ATW) with support from Northern Queensland Primary Health Network (NQPHN) to recruit Year 11 students to the school-based traineeship.

Ms Ramsamy said the Big Dreams, Small Steps, or Budyubari Bidyiri Kabi Stapal, program started in the Mackay region in January last year with 15 students undertaking a Certificate II in Health Support Services.

She said in September last year, 11 of the students converted to school-based trainees undertaking a Certificate III in Health Support Services.

"There are now nine trainees continuing in the program and they are due to complete in September this year," Ms Ramsamy said.

"At this stage we are looking to continue and build upon the current program to take it further.

"We currently work in partnerships with NQPHN as the funding body, ATW as the Group Training Organisation as well as CQU as the Registered Training Organisation.

"The trainees take on placements in the hospital as well as doing a 10-week block at the Aboriginal and Torres Strait Islander Community Health Service to gain primary care exposure."

The trainees are from Mackay Christian College, Mackay Northern Beaches State High School, Mackay North State High School, Mirani State High School, Sarina State High School, and Moranbah State High School.

Ms Ramsamy said the main achievement for the trainees had been the completion of the Certificate II in Health Support Services and being able to manage the traineeship while also balancing the pressures of completing Year 12.

MHHS Chief Executive Officer Lisa Davies Jones said the program allowed students to achieve healthcare qualifications while they were still at school.

She said the health service was committed to employing more staff who identified as Aboriginal and Torres Strait Islander.

About two per cent of the workforce currently identifies as Aboriginal or Torres Strait Islander.

"We want to increase that to five per cent to be in line with the proportion of the wider health service community that identify as Aboriginal and Torres Strait Islander," Ms Davies Jones said.

She said having more Aboriginal and Torres Strait Islander staff was important to improve the health service's cultural capability to support patients.

"We want to engage a workforce that reflects the community we serve. Investing in our Aboriginal and Torres Strait Islander workforce will also support our Close the Gap initiatives," Ms Davies Jones said.

"By providing a culturally supported and structured health career pathway we hope to grow a sustainable workforce as well as improve education outcomes for young people."

CQU Associate Vice-President NQ and Hinterland Pierre Viljoen said CQU was "proud to be recognised as Australia's most inclusive university with the highest ratio of students from disadvantaged, mature age, Aboriginal and Torres Strait Islander, and first-in-family backgrounds."

"This inclusive approach and commitment to access and participation shows that the University defines itself by who it embraces, rather than who it excludes, and we are overjoyed to be able to work with MHHS on this wonderful project," Professor Viljoen said.

# First Nations Health

## Objectives

In the 2021-22 financial year, Northern Queensland Primary Health Network (NQPHN) worked towards achieving equity for First Nations Peoples through improved health access and outcomes.

NQPHN aims to support the Community Controlled sector on building workforce capacity and capability.

Addressing the prevalence of chronic disease amongst Aboriginal and Torres Strait Islander residents in the NQPHN region requires holistic primary health care interventions through culturally safe service models.

In the 2021-22 financial year, NQPHN funded services for Aboriginal and/or Torres Strait Islander people that:

- » delivered culturally appropriate primary and preventative health care
- » improved access to primary health care particularly in rural and remote areas
- » empowered communities to advance localised approaches to delivering primary health care.

To assist in achieving equity for First Nations Peoples, NQPHN also:

- » continually nurtured its relationships with Aboriginal Community Controlled Health Organisations (ACHHOs) and key stakeholders in communities, including local councils
- » sought out partnerships with non-health agencies to support collaborative strategies that recognise social determinants of health as key variables to addressing quality of life
- » evaluated and developed integrated, multi-disciplinary team approaches to chronic disease management.

## Key projects

### Big Dreams, Small Steps (Budyubari Bidyiri Kebi Stapal)

Big Dreams, Small Steps (Budyubari Bidyiri Kebi Stapal) is a collaborative project with Mackay Hospital and Health Service which aims to attract Aboriginal and Torres Strait Islander young people into careers in health. The Program began with a trial of the Big Dreams, Small Steps (employment to education) model in the Mackay region. Cohort One commenced the Certificate II in Health Support Service in 2021. A cohort of nine students are now transitioning into traineeship positions for one of three Certificate III courses:

- » Assistant in Nursing
- » Patient Support Services
- » Allied Health Assistant.

A rotation into primary care is included in the program's design.

NQPHN is expanding the program in collaboration with Mulungu Aboriginal Corporation Primary Healthcare Service and CheckUP to support two trainees in a full-time capacity to complete their education to employment program.

NQPHN aims to further expand the program in partnership with the Health Priorities Team to the Townsville Hospital and Health Service region with project planning and negotiation underway.

## Key statistics

15 Students undertook a Certificate II in Health Support Services in January 2021.



11 of these students converted to school-based trainees undertaking a Certificate III in Health Support Services in September 2021.



9 of these students are due to complete the course in September 2022.





### Integrated Team Care (ITC)

The aim of the Integrated Team Care (ITC) program is to assist Aboriginal and/or Torres Strait Islander people to:

- » obtain primary health care as required
- » provide care coordination services to eligible Aboriginal and/or Torres Strait Islander people with chronic disease who require coordinated, multidisciplinary care
- » improve access for Aboriginal and Torres Strait Islander people to culturally appropriate mainstream primary care.

The ITC program is delivered by teams of Indigenous Health Project Officers, Aboriginal and Torres Strait Islander Outreach Workers, and Care Coordinators within the Northern Queensland Primary Health Network (NQPHN) region across both Indigenous and mainstream primary care sectors.

During the 2021-22 financial year, NQPHN made significant changes to the ITC program which involved directly funding Aboriginal Community Controlled Health Organisations (ACCHOs) to provide ITC services. In the new model, ACCHOs continue to deliver ITC through their Aboriginal Medical Services and also work with general practice to provide ITC through mainstream services.

The changes to the ITC program were made following an independent review of the program and codesign process undertaken in 2019. The Integrated Team Care-Assessment, evaluation, and co-design consultation report, prepared by KPMG, made a suite of recommendations to improve access to the program, particularly for rural and remote Indigenous communities. By implementing the recommendations of the report, Aboriginal and/or Torres Strait Islanders in North Queensland with complex chronic conditions will be supported in the best way possible to manage their conditions.

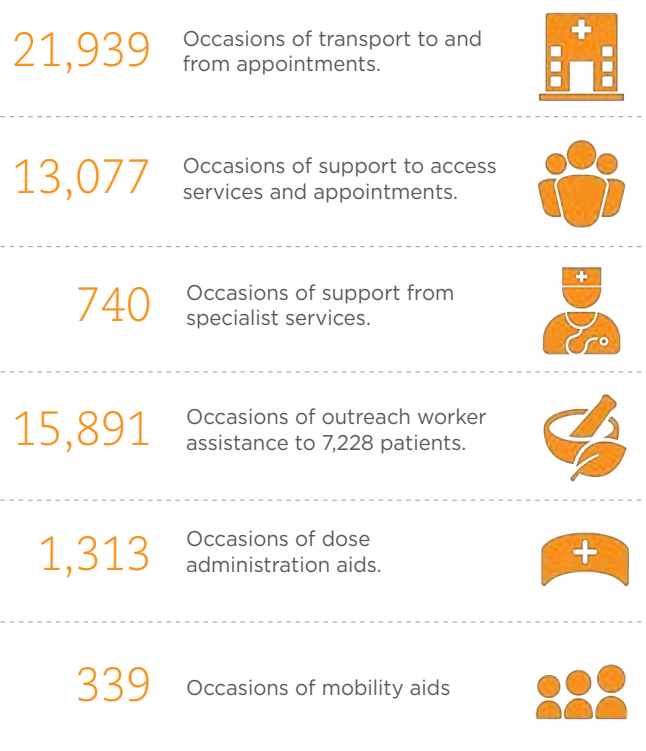
Key objectives of the ITC program are to:

- » contribute to better treatment and management of chronic conditions for Aboriginal and/or Torres Strait Islander people enrolled in the program
- » improve access to appropriate health care through care coordination and provision of supplementary services for eligible Aboriginal and/or Torres Strait Islander people with chronic disease

- » foster collaboration and support between the mainstream primary care and the Aboriginal and/or Torres Strait Islander health sector
- » improve the capacity of mainstream primary care services to deliver culturally appropriate services for Aboriginal and Torres Strait Islander people
- » increase the uptake of Aboriginal and Torres Strait Islander specific Medicare Benefits Schedule (MBS) items, including Health Assessments for Aboriginal and/or Torres Strait Islander people and follow up.

### Key statistics

During the 2021-22 financial year, the service providers delivered:



## First Nations CQI

During the 2021-22 financial year, to ensure that First Nations people in North Queensland are receiving the right care, at the right time, and in the right place, NQPHN committed to deliver a codesigned comprehensive 12-months First Nations Continuous Quality Improvement (CQI) program.

The aim of the program is to work with primary care providers to provide First Nations people with increased access to coordinated, quality, and culturally safe care, using the 715 Health Assessment as the basis for identification of health needs.

In line with the Indigenous Australians' Health Programme (IAHP), the overarching goals of this CQI program are to improve:

- » the health of Aboriginal and Torres Strait Islander people
- » access to high-quality, comprehensive, and culturally appropriate primary health care
- » the way primary health care services operate, so that they better cater for Aboriginal and Torres Strait Islander people.

As part of the CQI intervention, participating practices will:

- » receive Cultural Safety and Awareness training
- » receive free resources and education to assist with providing comprehensive, culturally sensitive health assessments

## Wakai Waian Healing

Wakai Waian Healing provides direct, focused, and culturally appropriate psychology and counselling support services to island communities in the Torres Strait including:

- » Thursday Island
- » Keriri (Hammond) Island
- » Badu (Mulgrave) Island (including St Paul Village)
- » Moa (Banks) Island (including Kubin Village)
- » Iama (Yam) Island
- » Masig (Yorke) Island
- » Mer (Murray) Island
- » Ugar (Stephen) Island
- » Saibai Island.

Wakai Waian Healing's service delivery model stems from a deep understanding that Aboriginal and/or Torres Strait Islander people and their cultures are very unique

- » receive access to electronic Shared Care solution platform
- » meet Practice Incentives Program (PIP) Quality Improvement (QI) and Accreditation Standards for Quality Improvement
- » meet requirements for Practice Incentive Payment Indigenous Health Incentive
- » identify patients eligible for Closing the Gap PBS co-payments
- » receive GoShare Plus licenses and bundle for recall of patients
- » receive TrainIT - Katrina Otto -data management and usage
- » have access to educational events provided by highly regarded clinicians (general practice, psychology, chronic disease management).

This project will be continued into the 2022-23 financial year.

### Key statistics

11.7% of the population in the NQPHN region identify as Aboriginal and/or Torres Strait Islander.



13.75% of people in the NQPHN region that identify as Aboriginal and/or Torres Strait Islander have had a comprehensive 715 Health Assessment.



and have many strengths, and maintains respect and dignity of individuals, families, communities, and cultures. Any healing process towards the management of mental illness in the Torres Strait requires strong emphasis on cultural safety, family connectedness, culture, and community connectedness.

As a result of a strong cultural affiliation within the Torres Strait communities and the existence of trauma related cognitions, emotions, behaviours, and social circumstances, Wakai Waian Healing service model places emphasis on creating a cultural base and foundation from which a trauma informed and focused service is to be delivered.

Wakai Waian Healing's targeted response to addressing the needs of remote communities of the Torres Strait and their culturally safe approach supports NQPHN's objective to deliver the right care, in the right place, at the right time for all North Queenslanders.

## Meet Belita

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### Health worker helps to deliver Integrated Team Care at Yarrabah

With more than five years' experience as a health worker within the Yarrabah community, Belita Kynuna of Gurriny Yealamucka Health Services Aboriginal Corporation has seen her fair share of changes and improvements in the health practices and outcomes in her community.

Perhaps the greatest and most recent change will deliver real and lasting results for her people by developing good relationships within the community and ensuring people engage with the health service to receive advice and treatment.

Ms Kynuna is one of a dozen or more Indigenous Health Care Workers and nurses working within the Community Care Coordination Team delivering the Integrated Team Care (ITC) Program in Yarrabah.

ITC is a Health Worker-led program linking community-based clients with clinicians (nurses and doctors). It is funded by Northern Queensland Primary Health Network (NQPHN).

The ITC program in Yarrabah has been particularly successful in building the relationship between the community and the health care provider, Gurriny Yealamucka.

"We have seen an increase in the willingness of many of our clients to seek assistance early from our Health Care Workers," Ms Kynuna said.

"The regular and culturally respectful contact we have is producing great results."

Earlier this month Ms Kynuna and her team, another Indigenous Health Care Worker (IHCW), and an Endorsed Enrolled Nurse (EEN) reached out to a young Yarrabah woman previously diagnosed with Rheumatic Heart Disease (RHD), but unfortunately had disengaged with the service in the past 12 months.

The regular contact over the past year, along with a focus upon culturally safe care, led the young woman to recommence her Bicillin injection course again.

Young Yarrabah community member Tshahna Sands-Sexton was diagnosed with RHD at the age of 16 and underwent surgery two years later. It was not the best news to hear as a young adult.

"It really shook me up. It was a very scary time, especially around the time of the surgery," Ms Sands-Sexton said.



Health worker helps to deliver Integrated Team Care at Yarrabah

"The past few years have been difficult. I thought as an RHD sufferer the injections were going to have a bad effect on my body. It was my mind playing games with me.

"The Care Coordination Team (CCT) kept following me up, trying to get me back on track. I'm glad they did, I need the regular reminder and support. RHD is not easy to live with or manage, but these guys help me so much."

RHD is not hereditary. Aboriginal and Torres Strait Islander people are more at risk due to many of the common issues they confront every day. It is a disease of poverty and disadvantage.

Sub-standard housing combined with overcrowding, poor facilities like non-functioning showers, inadequate hot water and a lack of good clothes washing facilities, put Yarrabah community members at risk from RHD.

Yarrabah has one of the highest instances of RHD in Australia with more than 200 registered living within the community.

The diagnoses and management of RHD and many of the more common ailments such as diabetes and kidney disease drive the CCT program delivery in Yarrabah.

Yarrabah is divided into three zones with a separate CCT responsible for managing the health care outreach for all residents within their geographical zone.

"This zoned approach allows us to build stronger and better relationships with our clients. We get to know them better, understand their health needs as well as, understanding better many of the issues that do impact upon their health and their willingness to seek help," Ms Kynuna said.

"It's all about building trust, they have to trust us and trust that we will always be strong advocates for their health issues."



## System Integration

### Objectives

Northern Queensland Primary Health Network's (NQPHN's) systems integration priority area objective is for North Queensland residents to receive the right care, at the right place, at the right time.

To achieve this objective, in the 2021-22 financial year NQPHN worked within our current alliances to improve secure data sharing and referral pathways.

Systems integration involves the coordination of data sharing and collecting information to enable primary healthcare providers to better care for North Queenslanders when and where they need it.

Through systems integration, NQPHN supports and educates healthcare providers to use digital health systems and secure data to improve and coordinate patient care.

NQPHN's longer term objective for systems integration is to work with our partners to jointly plan, co-commission, and deliver innovative models of service delivery to address key health priority areas for North Queensland.

### Key projects

#### Joint Health Needs Assessment and Local Area Needs Assessment

During the 2021-22 financial year, NQPHN, on behalf of Better Health North Queensland (NQ), led the Joint Health and Local Area Needs Assessment Working Group, with the purpose of collaborating to support the development of needs assessment documentation in relation to the population of North Queensland in order to inform future service planning. The needs assessment documents support a system and service aligned northern region by informing priority areas of focus for service development and where required, funding allocation proposals, contributing to the Better Health NQ vision and purpose. This project draws on both NQPHN's Health Needs Assessment and Hospital and Health Services (HHSs) Local Area Needs Assessments.

This is a long term and complex project, and it is continuing to achieve its deliverables for each reporting period. A recent highlight has been engagement with the Queensland Aboriginal and Islander Health Council (QAIHC) around potential data sharing.

#### Health Needs Assessment

During the 2021-22 financial year, NQPHN released its Health Needs Assessment (HNA) 2022-24. The HNA is an annual report undertaken to inform discussion around the health needs of the NQPHN region and identifying service delivery gaps and health workforce challenges. The report combines consumer perspectives and service mapping to identify the key health needs and health care priorities specific to North Queensland.

The new HNA considers the areas of chronic conditions, mental health, alcohol and other drug treatment, and Aboriginal and Torres Strait Islander Health. Under each of these areas key priorities have been identified in alignment with NQPHN's Strategic Plan. These evidence-based findings will be used to inform NQPHN's activities over the next three-year period, and to address the recognised health care needs.

#### Key statistics



10 Stakeholder consultation events, held over a one-week period.

120 Total of 120 attendees, with a mix between online and face to face meetings.

56 Responses received for the NQPHN online feedback form

67.1% of respondents agreed or strongly agreed that the HNA presentation helped them understand the role of NQPHN better



### My health for life

My health for life is a healthy lifestyle program funded by the Queensland Government in partnership with Health and Wellbeing Queensland. This disease prevention program aims to support Queenslanders to reduce their risk of developing chronic conditions such as heart disease, stroke, or type 2 diabetes.

During the 2021-22 financial year, NQPHN worked with practices to identify those with vulnerable populations, including practices with high numbers of culturally and linguistically diverse (CALD) patients in rural and remote practices. These practices include:

- » Cairns practices: Cairns West Medical Centre, Clifton Beach Medical Centre, and Tully Medical
- » Townsville practices: Family Practice at Ayr, FNQ Family Practice, and Home Hill Surgery
- » Mackay practices: practices engaging with the MH4L program.

Work was also undertaken to link My health for life to the 12-month First Nations CQI program, its participating practices, and their eligible patients.

#### Key statistics

2,247

North Queenslanders completed the My health for life risk assessment.



1,393

Individuals eligible to join the My health for life program.



### Townsville's Residential Aged Care Solution project

Townsville's Residential Aged Care Solution is a project that aims to find a sustainable primary health care service delivery model to Residential Aged Care Facility (RACF) clients. The aim is to design a sustainable, equitable, and accessible service model that enables resident choice, is relationship centred, and aligns with the principles of primary health care. It also needs to meet the demand for chronic and acute care of this frail population.

During the 2021-22 financial year, the project:

- » identified and described the differing service models of primary healthcare service delivery to RACFs in Townsville
- » surveyed the broader stakeholder group of the current service models to identify themes of areas that are delivered well and the gaps
- » consulted with key stakeholder groups to identify a sustainable service model that meets the needs of residents and their families, RACFs, and GPs
- » analysed the costing compared with the minimal funding streams available, in order to determine sustainability.

Final recommendations for the new model will be submitted during the 2022-23 financial year.

#### Key statistics

Townsville has approximately 1,250 RACF beds locally, with a further 600 beds in regional catchment areas.

8%

In 2016, 8% of the Townsville population were aged 70 years and above.



175%

By 2036, it is projected that the number of Townsville residents aged 70 years and above will have grown by 175%.



## Meet Veterans' HealthPathways

OUR REGION,  
*our people*

A partnership-first between Primary Health Networks' (PHNs) and the Department of Veterans' Affairs (DVA) is contributing to a national suite of tailored HealthPathways to help former and transitioning Australian Defence Force (ADF) members access mainstream primary healthcare.

The activity is one of many actions resulting from a national PHN submission to the Royal Commission into Defence and Veteran Suicide. The partnership led by the Hunter New England Central Coast Primary Health Network (HNECCPHN), Northern Queensland Primary Health Network (NQPHN), and DVA is the first of its kind, underpins this key action, and is a direct result of the recommendations made in the report submission.

The HealthPathways will help general practitioners (GPs) support former and transitioning ADF members to navigate the mainstream civilian health care system. The clinical pathways will be provided to all PHNs nationally to ensure a consistent approach, localised for each region, based on the available resources.

To help ensure the Veterans' HealthPathways (VHPs) are effective and to identify areas to improve GP and veteran engagement more broadly, HNECCPHN, NQPHN, and DVA consulted former and transitioning ADF members, and GPs in two focused, yet robust, workshops, held in the Oasis Centre in Townsville.

In the first workshop, former and transitioning ADF members discussed the transition from Defence into mainstream healthcare and were asked what worked well, what didn't and what could be improved.

In the second workshop a group of local GPs reviewed the prioritised activities from the former and transitioning ADF members and provided ways to improve or add to the VHPs pages.

Using the outcomes from the consumer workshop, a survey was undertaken in August to encourage further feedback from former and transitioning ADF members and families. Feedback from the survey will also be used in the pathway development and revision process.

Workshop facilitator HealthPathways GP Clinical Editor Dr Wai-Keung Lee, of Eastbrooke Family Clinic in Townsville, said the former and transitioning ADF members were pleased a national rollout was being prepared and having clear pathways would improve ease of access for them and better management by GPs.

As the clinical editor for the lead region supporting national HealthPathways development, Dr Lee said the next steps included updating Veteran HealthPathways for health assessment, referral, and support.

"The use of HealthPathways needs to be tested in a real setting involving patients and GPs," he said.

Assisting GPs with up-to-date pathways will better enable former and transitioning ADF members to access all the programs available to them. The VHPs are being developed in close collaboration with DVA.

Dr Kerry Summerscales, of Health on Central in Mackay, said generally civilian GPs are less aware of the challenges facing veterans in mainstream health care and are less aware of how DVA operates.

She said practical issues such as filling out forms correctly and receiving the proper remuneration were other concerns discussed.

Dr Summerscales, an Army veteran of 30 years, said having DVA representatives at the workshops was vital as they listened to the concerns of both former and transitioning ADF members and GPs.

Dr Summerscales specialises in and is a strong advocate of veteran healthcare with most of her patients either former or current ADF personnel, some travelling from as far away as Townsville to seek treatment.

"The latest Census figures show there are close to 600,000 former and current ADF members in Australia. It's a significant number that can't be ignored," Dr Summerscales said.

DVA's Chief Health Officer Professor Jenny Firman is leading DVA's engagement with GPs including their involvement in the VHPs, while DVA's Deputy Chief Health Officer Dr Trish Batchelor and Senior Medical Officer Dr Dan Corkery have provided clinical review and input into the VHPs.

The three are practicing GPs; Professor Firman and Dr Corkery are veterans of the ADF.

Professor Firman said GPs played a vital role in supporting the health and wellbeing of veterans and their families.

"This year DVA has had a particular focus on making it easier for GPs to support veterans and connect them to the right care; and we're thrilled to be working with the PHNs to help achieve our shared goal, through national Veterans' HealthPathways," she said.



# COVID-19

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## Objectives

NQPHN supported the Australian Government's COVID-19 pandemic primary care response and recovery, and the COVID-19 vaccination program rollout, working closely with healthcare providers and all levels of government, as well as other key partners in health, to ensure a successful outcome across our region.

NQPHN's primary care response to COVID-19 focused on the four key pillars of Communication, Coordination, Workforce and Community. NQPHN recognised the essential role of general practice, pharmacy, Aboriginal Medical Services/Aboriginal Community Controlled Health Organisations, allied health and other primary care services, as well as aged care, home care and disability care services, in protecting the health of the community.

In 2021-22, the Disaster Preparedness Team acted as a key conduit and source of information for healthcare providers and the community throughout the vaccination rollout and Living with COVID phases of the COVID-19 pandemic, collaborating with federal, state and local government, as well as non-government organisations.

This included supporting the Department of Health in its COVID-19 efforts:

- » playing a key role in an effective COVID-19 vaccination program rollout
- » supporting implementation of Living with COVID processes and systems
- » focused education and training of the primary healthcare workforce
- » enhanced protection for remote communities, including First Nations peoples.

NQPHN focused on clear and consistent communication about these initiatives to both the health workforce and the wider population to equip Australia's primary care system with the means to protect the community and primary care workers themselves against COVID-19.

## Key projects

### Personal Protective Equipment (PPE)

The demand for and access to Personal Protective Equipment (PPE) continued to be a significant issue during the COVID-19 pandemic response, locally, nationally, and internationally. General practice, ACCHOs, and pharmacies needed to rapidly incorporate the use of PPE into all levels of their service delivery, from frontline reception to consultation.

NQPHN continued to process a large volume of PPE orders from the National Medical Stockpile (NMS) on behalf of the Department of Health and Aged Care.

To support the change in service delivery and the significant role primary care providers played in protecting the health of our communities, NQPHN also hosted mask fit testing (a total of 185 attendees) and infection control training (including APNA/NQPHN's Basic Principles of Infection Prevention and Control webinar).

Key achievements included the distribution of 464,695 PPE items to primary care providers across North Queensland.

PPE included:

- » surgical masks
- » surgical gloves
- » P2/N95 masks
- » surgical gowns
- » medical goggles
- » face shields
- » bottles of hand sanitiser
- » pulse oximeters.

### Key statistics

By June 2021, supported by NQPHN through its key involvement in the EOI processes:

**464,695** Distributed 464,695 PPE items to primary care providers across North Queensland.



## COVID-19 vaccination rollout

Operation COVID Shield was the Australian Government Department of Health and Aged Care's national program to ensure as many Australians were vaccinated against COVID-19 as early as possible.

To deliver the most efficient and effective distribution and delivery of the vaccine, general practice, GP Respiratory Clinics, ACCHOs, and pharmacies were tasked with the frontline primary care delivery of a safe and efficient vaccine rollout.

NQPHN supported and coordinated vaccine onboarding and delivery between primary care and ACCHOs for the benefit of our communities. NQPHN has also promoted access to pharmacies for vaccinations.

As of 30 June 2022, there were a total of 136 general practices, 11 Aboriginal Medical Services/Aboriginal Community Controlled Health Organisations (AMSS/ACCHOs), 3 GPRCs, and 112 pharmacies in North Queensland administering the COVID-19 vaccine.

Across the NQPHN region, GPs, ACCHO, GPRCs, and pharmacies administered more than 777,000 doses of COVID-19 vaccines from February 2021 to June 2022 – an incredible achievement to protect the health and wellbeing of all North Queenslanders.

Other key achievements included:

- » GPs, GPRCs, and ACHHOs had access to administer all COVID-19 vaccines (Pfizer, AstraZeneca, Moderna and Novavax COVID-19 vaccines), with NQPHN facilitating and supporting onboarding and ongoing delivery of COVID vaccines for GPs, GPRCs and ACCHOs
- » assisted Cairns and Hinterland HHS in promoting vaccine walk-in clinics
- » assisted Mackay HHS in promoting a vaccine walk-in clinic for RACF workers
- » received 'thank you' letter from Queensland Deputy Director-General for supporting the primary care vaccine rollout
- » utilising data worked with Townsville HHS, Department of Health and Queensland Health representatives to locate additional pop-up sites in low vaccinated suburbs in Townsville.

## Key statistics

**777,000** More than 777,000 doses of COVID-19 vaccines were administered from February 2021 to June 2022 in the NQPHN region by GP.s, ACCHO, GPRCs, and pharmacies.



## Residential Aged Care Facilities

NQPHN coordinated the COVID-19 vaccine rollout within RACFs and disability accommodation facilities for the Australia's COVID-19 Vaccine and Treatment Strategy as guided by key stakeholders and industry experts.

During the reporting period, NQPHN facilitated and coordinated visits from GPs, pharmacy, Commonwealth vaccination providers and Queensland Health.

## Key statistics

**292**

Coordinated 292 visits to RACFs across North Queensland.



## Training and education

The Living with COVID program aimed to support and strengthen the health system to manage the anticipated increase in COVID-19 cases as Australia progressed its National COVID Response. The program supported effective and efficient community care management of COVID-19 patients outside of hospital and provided confidence and assurance to the community and health professionals in our region.

The Disaster Preparedness Team completed delivery of in-house and online train the trainer model of training in qualitative fit testing of P2/N95 masks for general practice and RACF staff across North Queensland.

The mask fit test training, funded and delivered by NQPHN in collaboration with 3M Australia, was provided to primary care and RACF staff in Cairns, Townsville, and Mackay. The train the trainer model of training built capacity and capability within general practice and RACFs to support their response to the COVID-19 pandemic and influenza season, specifically:

- » basic respiratory selection theory
- » basic introduction to fit testing
- » introduction to the fit test kit
- » hands-on practical training on conducting a fit test with NQPHN-supplied fit test equipment. This enabled training participants to gain the required skills to conduct fit testing in their practices/RACFs.

## Key successes

- » Worked in partnership with each Hospital and Health Service (HHS), General Practitioners and other stakeholders (e.g. the Aboriginal community-controlled health sector) to develop and maintain regionalised COVID-positive community care pathways. This included collaborating with local HHSs to deliver Living with COVID in the community events in Cairns, Townsville and Mackay for approximately 280 primary care professionals.

- » Collaborated with the statewide Queensland PHNs group to establish regular (fortnightly) Statewide webinars for GPs with the latest information and advice on living with COVID-19. These sessions were communicated and promoted to local GPs.
- » Hosted Fit Test Training for 72 general practices and 28 RACFs across North Queensland.

### Key statistics

280

Collaborated with local HHSs to deliver Living with COVID in the Community events for 280 primary care professionals.



### Vulnerable populations

NQPHN supported and facilitated local solutions, in collaboration with COVID-19 vaccination providers including general practice, pharmacy, contracted providers, Hospital and Health Services and nurse practitioners (as appropriate), to vaccinate vulnerable populations who may have had difficulty in accessing COVID-19 vaccines. These vulnerable groups included (but were not limited to):

- » those who were experiencing homelessness
- » people with a disability or were frail and could not leave home
- » people in rural and remote areas with limited healthcare options
- » culturally, ethnically, and linguistically diverse people
- » those who were not eligible for Medicare and/or lived in an area without access to a state, territory, or Commonwealth Vaccination Clinic
- » aged care and disability workers.

NQPHN funded activities to support vaccination delivery to vulnerable groups:

- » working with HHSs to support on-site vaccination events
- » coordinated referrals for home visits (where NQPHN funded vaccination providers for people who were required to be vaccinated in home, and had no other options to be vaccinated)
- » outreach clinics (where NQPHN has funded vaccination providers to deliver vaccination clinics in a setting which patients normally attend – e.g. homeless shelters, domestic violence centres).

### Key statistics

3,783

NQPHN supported 3,783 COVID vaccination doses for vulnerable people under this program.



### Communications

Working under a strategic communications plan, NQPHN acted as a key conduit and source of information for healthcare providers and the community throughout the response, vaccination, and Living with COVID phases of the pandemic, collaborating with federal, state, and local government, as well as non-government organisations, on delivering key messages to the primary care sector relating to the virus.

NQPHN's communication successes included:

- » received and responded on average to 400 enquiries per month which were related to NQPHN COVID activities (e.g. respiratory clinics, practice support, aged care, vulnerable peoples)
- » distributed 382 regular email updates to GPs, RACFs, pharmacies, and other primary healthcare providers (average open rate for email updates was 30.9% – industry average: 21.4%), reaching more than 206,000 inboxes
- » received 12,431 views on its dedicated COVID-19 webpages.
- » extensive reach via NQPHN social media channels with key community messages, including COVID-19 vaccination and testing, and Living with COVID (reaching more than 350,000 people)
- » established internal NQPHN staff alert system
- » responded to various lockdowns across the region with external communications to GPs and pharmacies (e.g. Cairns lockdown in August 2021)
- » developed and launched 'Vaccine Works' campaign, focusing on five different vaccinators across our region and promoting their success in vaccinating their local community
- » developed social media tiles for Mackay HHS region councils, in collaboration with GPs, pharmacy, and Queensland Health, and shared with Queensland PHN Communication Network, and Queensland PHN COVID Leads group.
- » launched geofencing social media campaign 'Where to get vaccinated'.

### Key statistics

400+

Received and responded on average to 400 enquiries per month related to COVID-19.



382

Distributed 382 regular email updates to GPs, RACFs, pharmacies, and other primary healthcare providers.



12,431

Dedicated COVID-19 webpages received 12,431 views.



# Meet our COVID-19 vaccine providers

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NQPHN's Vaccine Works campaign spotlighted the region's vaccinating general practices and pharmacies and focused on the primary care sector's highly successful role in increasing COVID-19 vaccination rates in North Queensland.

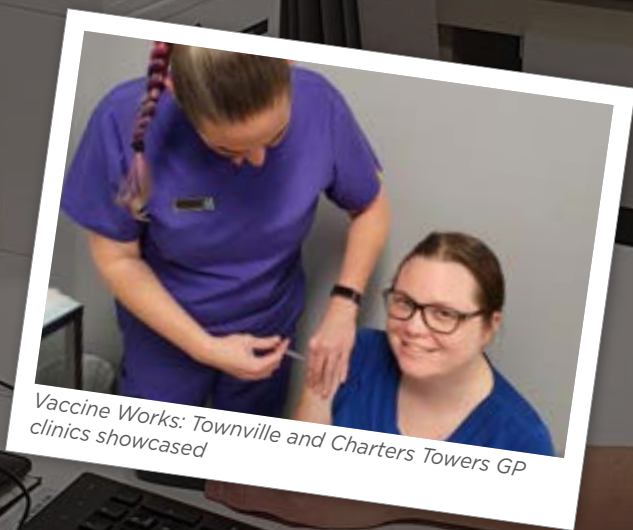
COVID-19 vaccine providers were showcased during the 2021-22 financial year highlighting the incredible work primary care providers were doing to help protect North Queenslanders during the ongoing pandemic.

NQPHN profiled primary care providers in the following locations:

- » [Cairns](#)
- » [Townville and Charters Towers](#)
- » [Innisfail](#)
- » [Ingham](#)
- » [Sarina](#)



*Vaccine Works: Cairns West Medical Centre passes 1,000 doses milestone*



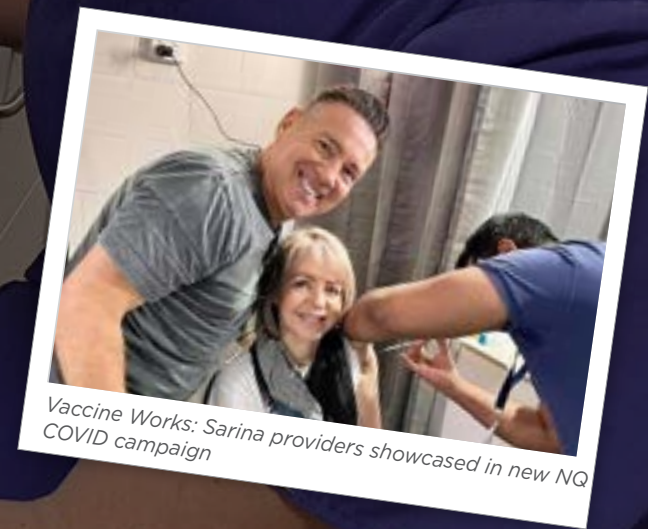
*Vaccine Works: Townville and Charters Towers GP clinics showcased*



*Vaccine Works: Innisfail primary health providers showcased in COVID campaign*



*Vaccine Works: Ingham primary health providers showcased in COVID campaign*



*Vaccine Works: Sarina providers showcased in new NQ COVID campaign*

