

Northern Queensland Primary Health Network

Annual Report

2016-17



› Read about Zachariah's story on page 26

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Northern Queensland Primary Health Network Annual Report 2016-17

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NQPHN acknowledges the financial and other support of the
Australian Government Department of Health.

NQPHN encourages feedback on this year's annual report.
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Northern Queensland Primary Health Network respectfully acknowledges the Traditional and Historical Owners, past and present, within the lands in which we work.



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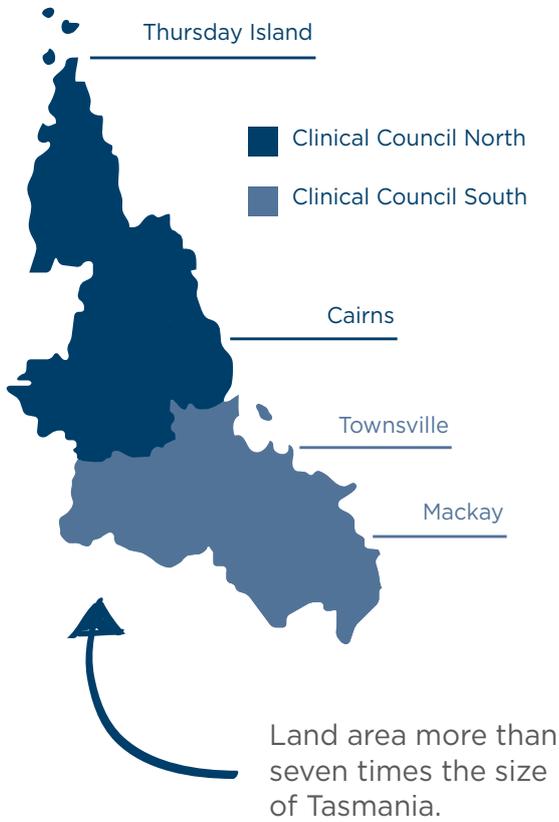
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Key achievements 2016-17

52	primary mental health services funded across the NQPHN region	
84	Aboriginal and Torres Strait Islander Health Workers completing certificates in primary health care	
450	delegates at myPHN Conference 2017	
500+	people attended the Thursday Island Colour Fun Run, organised by NQPHN	
520	attendees at after-hours education events	
1,000+	health providers engaged to increase readiness for aged care reforms	
1,062	hours spent by practice support staff during 1,146 general practices visits	
2,100+	Facebook 'likes' (the highest of any PHN across Australia)	
3,388	health providers attended 151 HealthPathways education events	
3,862	attendees at 217 workforce development events	
up to 6,000	pregnant women and 30 general practices targeted in alcohol education campaign	
11,437	funded services targeting chronic disease delivered to rural and remote communities	
74,857	services delivered to Aboriginal and Torres Strait Islander people at risk or with an existing chronic condition	

Our region



2017 population (estimate):

675,658

2017 Indigenous population (estimate):

68,241

2036 population projection:

949,045

Source: ABS census data 2017.

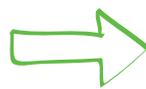
— 31 —
Local Government Areas



21 out of 31
Local Government Areas have people living in very remote areas.

4 
Hospital and Health Services

80% of the population live in outer regional Australia.



8% of the population live in remote or very remote areas.

Our organisation

Northern Queensland Primary Health Network (NQPHN) is an independent not-for-profit organisation, funded by the Commonwealth Department of Health.

Across northern Queensland, from Sarina in the south to the Torres Strait in the north, NQPHN co-ordinates and commissions primary and preventive healthcare—that is, the healthcare that is undertaken outside of a hospital, such as GPs, allied health, chronic disease management, aged care, mental health, and Aboriginal and Torres Strait Islander health.

Primary health care is recognised as the most effective way to keep communities and individuals healthy and well. NQPHN identifies where there are

areas of need, such as lack of health care services, difficulty in accessing these services, or regions with particularly high health needs, and works closely with GPs, allied health care providers, hospitals, and the broader community to ensure that patients can receive the right care, in the right place, at the right time.

The Federal Government has set six key priority areas that will underpin all our planning and activities:

- mental health
- Aboriginal and Torres Strait Islander health
- population health
- health workforce
- digital health
- aged care.

Our community

NQPHN's region is unique—spanning an area of 510,000km², more than seven times the size of Tasmania, this tropical environment is home to approximately 675,000 people.

The majority of the population are located within the regional centres of Cairns, Townsville, and Mackay, but a significant amount of the population live outside of the cities in rural and remote areas. NQPHN's region has nine Aboriginal Medical Services (AMSs) and more than 150 Aboriginal Health Workers (AHWs).

NQPHN covers an area of northern Queensland from Sarina up to the northernmost point of the Torres Strait Islands—a distance of around 1,500km as the crow flies. This area includes the Cairns, Townsville, and Mackay regions, as well as remote Indigenous communities in Cape York Peninsula and the Torres Strait Islands.

In terms of geographical size, we're the fourth largest PHN in Australia, covering 30 per cent of Queensland.





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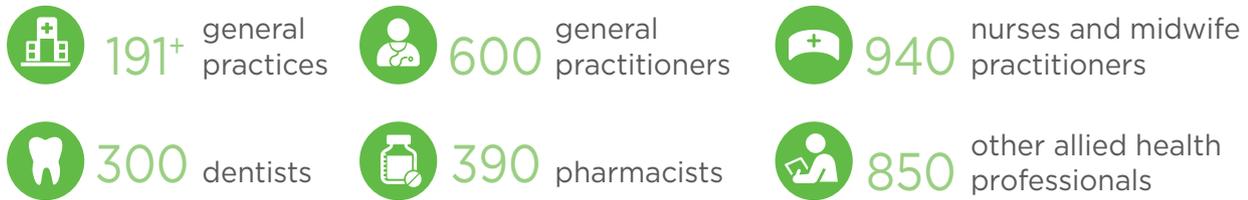
Our health priorities

These 15 priority areas have been identified through the process of triangulating our Primary Health Network (PHN) population, the current services available, and the current and projected needs of health consumers.

- 1 Increase access to health care in **rural and remote areas**.
- 2 Improve **Aboriginal and Torres Strait Islander health** by closing the gap.
- 3 Recognise the importance of improving access to **mental health** services.
- 4 Value the retention and expansion of our **health workforce** to service the health needs of our community.
- 5 Maximise the outcomes of health consumers burdened with **chronic disease**, by transitioning chronic disease management to community level care.
- 6 Improve health service delivery for **children and pregnant mothers**.
- 7 Provide and enable improved **substance misuse** support services in the community.
- 8 Improve access to **specialist clinics**.
- 9 Provide access to **after-hours** health services.
- 10 Support **preventive health** measures including screening, immunisation, and promoting healthy behaviours.
- 11 Value our **elderly** and support their care by community providers.
- 12 **Map primary health services** across our region.
- 13 Integrate **My Health Record** into routine primary health and Hospital and Health Services patient care.
- 14 Improve access to **health transport**.
- 15 Improve **pathways** between primary health care and Hospital and Health Services.

Our health profile

OUR PRIMARY HEALTH WORKFORCE:



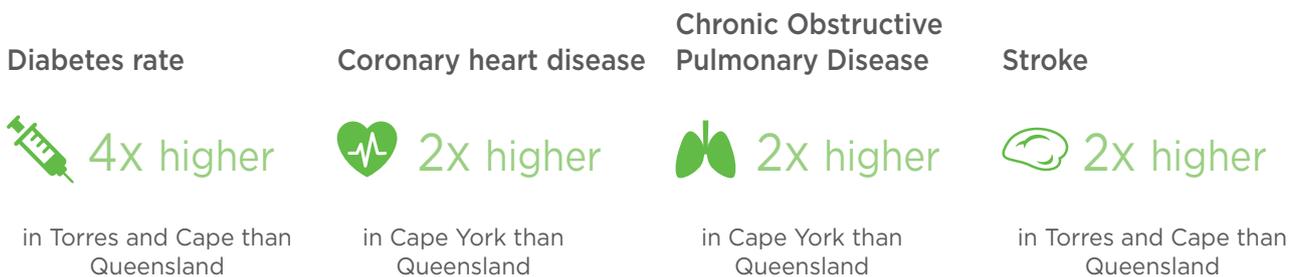
POTENTIALLY PREVENTABLE HOSPITALISATIONS (PPHs):



Representing **8.5%** of all admitted patients.

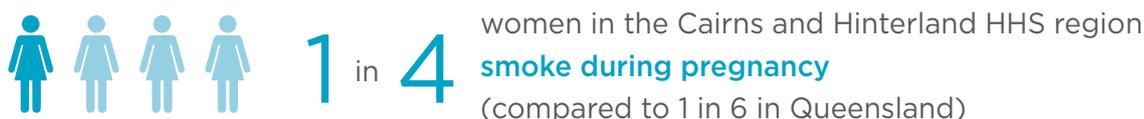
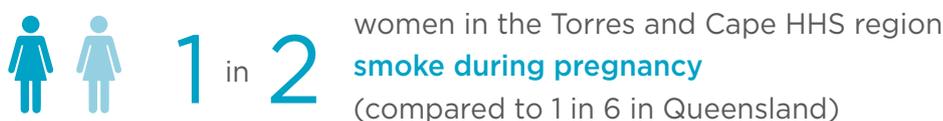
Source: Queensland Hospital Admitted Patient Collection, Department of Health, QLD, 2017.

HIGH BURDEN OF DISEASE, PARTICULARLY IN THE TORRES AND CAPE REGION



The leading causes of death overall are:
heart disease and cancer

The leading cause of death for 15 to 44 year olds is:
intentional self-harm (suicide)



15
Emergency departments

4 Hospital and Health Services

2
Tertiary referral hospitals

*Source: CHO Data 2016.

Strategic Plan 2016–2019

Northern Queensland Primary Health Network's Strategic Plan 2016–2019 demonstrates our strategic intent and direction.

Our Strategic Plan highlights:

OUR VISION

Northern Queenslanders live happier, healthier, longer lives.

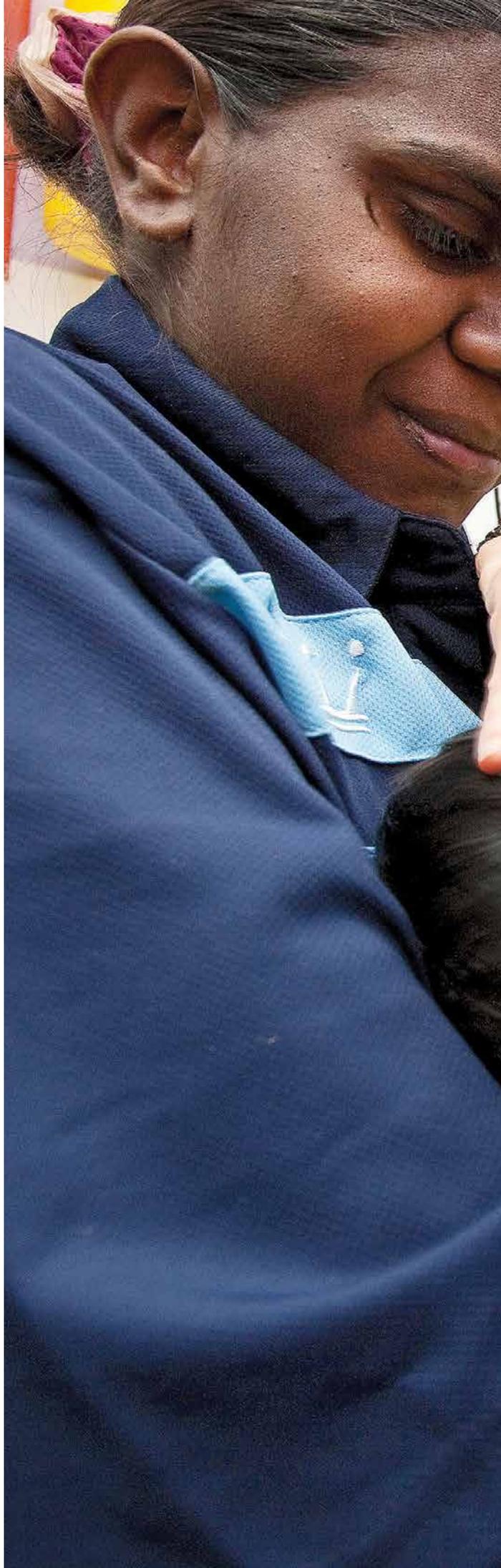
OUR PURPOSE

To ensure people of northern Queensland access primary health care services that respond to their individual and community needs, and are relevant to their culture, informed by evidence, and delivered by an appropriately skilled, well-integrated workforce.

The Strategic Plan also includes our organisational foundations, goals, initiatives, and outcomes.

Our goals and initiatives guide us to commission primary health care services that meet local health needs.

We support health professionals and service providers to assist all people across northern Queensland to receive the right health care, in the right place, at the right time.







Northern Queensland Primary Health Network

STRATEGIC PLAN 2016-2019

VISION

Northern Queenslanders live happier, healthier, longer lives.

GOALS

- To place individuals at the centre of their own health and wellbeing.
- To work with communities to understand local needs, and design and implement solutions that improve local health and wellbeing.
- To ensure an integrated approach to health and wellbeing.
- To build local capacity to improve health and wellbeing outcomes.



INITIATIVES

- Support consumers to more easily navigate health services.
- Deliver primary health care practice support and quality improvement.
- Deliver workforce development education and training.
- Involve clinicians and the community in health services design and improvement.
- Strengthen partnerships with health service providers and peak bodies.
- Improve access to appropriate health services through a Primary Health Network.
- Drive health service and system improvement through digital enablement.

FOUNDATIONS

People

Partnerships



Northern Queensland Primary Health Network acknowledges the traditional owners of the country on which we work and live, and recognises their continuing connection to land, waters, and community. We pay our respect to them and their culture, and to Elders both past and present.



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PURPOSE

To ensure people of northern Queensland access primary health care services that respond to their individual and community needs, and are relevant to their culture, informed by evidence, and delivered by an appropriately skilled, well-integrated workforce.

- Develop and utilise evidence-based planning, including population-based health needs assessments.
- Empower communities and partners to co-design services and solutions.
- Lead regional readiness for health reforms in collaboration with services, communities, and other stakeholders.
- Provide resources and tools to build community capacity and inform decision making.
- Maintain strong governance, robust processes, and a skilled workforce.



Patient experience of care

- safe and effective care
- timely and equitable access
- patient and family needs met.



Quality and population health

- improved health outcomes
- reduced disease burden
- improvement in individual behavioural and physical health.



Sustainable cost

- efficiency and effectiveness of services
- increased resourcing to primary care
- cost savings and quality-adjusted life-years.



Provider satisfaction

- increased clinician and staff satisfaction
- evidence of leadership and teamwork
- quality improvement culture in practices.

Evidence and data

Innovation

Governance



We are a commissioning organisation

Northern Queensland Primary Health Network (NQPHN) is a commissioning organisation, characterised by a strategic approach to procurement of services or activities, informed by population health planning and local needs analysis.

Our organisational approach explicitly targets addressing the health needs of our local community and supports the organisation's Strategic Plan.

NQPHN's Commissioning Framework (see page 13) underpins our organisation's core capabilities and structure.

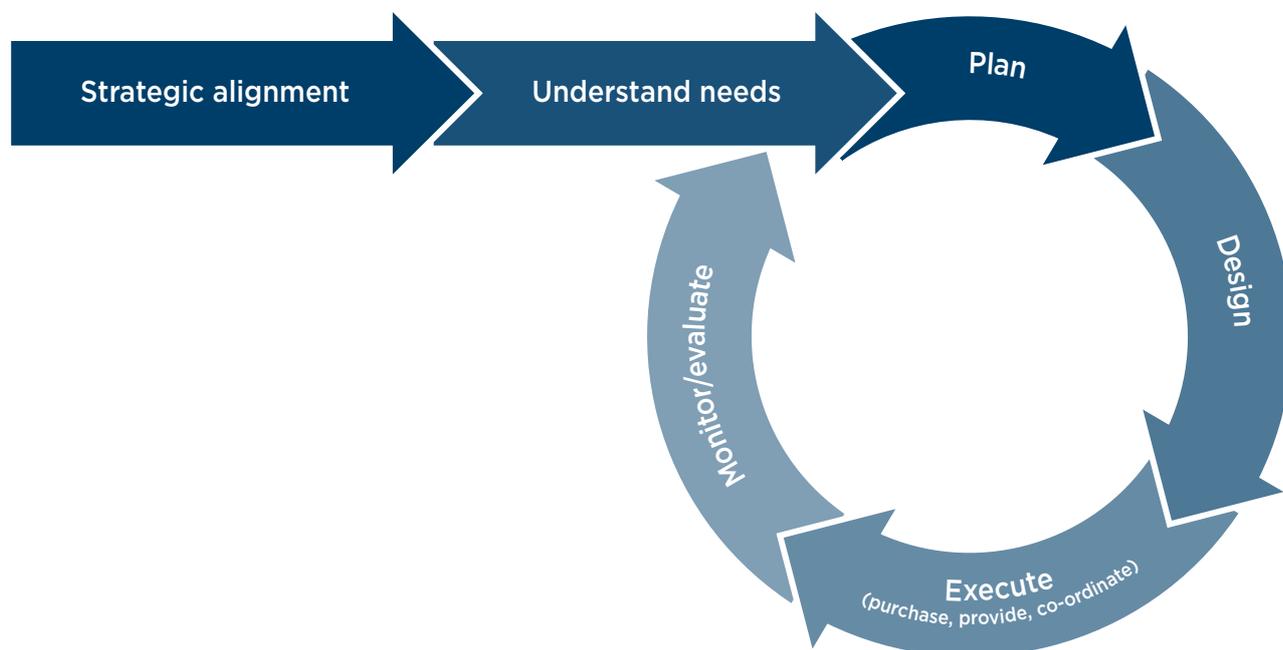
It is based on sound commissioning practices and ensures we:

- conduct a whole of region needs assessment to determine areas of need
- design effective, efficient services to meet prioritised health needs
- consider the most appropriate delivery method (purchase, partner, or provide).

All parts of this process are informed through engagement and collaboration with stakeholders and partners.

Our ongoing monitoring and evaluation of services ensures relevancy, effectiveness, and value.

Our commissioning framework



Strategic alignment

This stage focuses on understanding the current context and environment of the health system and sub-systems so that the organisation can prioritise strategic and policy initiatives. It allows NQPHN to be selective, innovative, and measured in its strategic approach.

Understand needs

This stage focuses on understanding and prioritising the health needs of the region. This is driven by the development of a health needs assessment. The health needs assessment is developed in consultation with community and stakeholders.

Plan

This stage focuses on working with the community and stakeholders to develop a plan in response to each identified need. Specific focus is placed on understanding the required outcomes for the region at a high level, mapping existing services, identifying any gaps, and looking at the opportunities to enable required change.

Design

This stage focuses on working with the community and stakeholders to design solutions to each identified need. If procurement is required, it will result in the development of service specifications that detail what NQPHN will put to the market to purchase, as well as the procurement strategy.

Execute

This stage focuses on executing the strategy developed in the Plan and Design stages. This may include NQPHN allocating resources to provide support and enable system level improvement, the purchase of a solution from the market, or a new partnership approach.

Monitor/evaluate

This stage focuses on working with providers to evaluate the success of the solutions, understand outcomes achieved, and analyse how this will inform future needs assessment and planning.



Our governance

Northern Queensland Primary Health Network (NQPHN) has a commitment to strong, effective governance. We are an independent not-for-profit Company, limited by guarantee.

We are registered as a charity with the Australian Charities and Not-for-profits Commission. We are a membership-based organisation with a Constitution and Board of Directors, and hold an Annual General Meeting each year.

Our Board

The NQPHN Board is a skills-based board, charged with controlling and directing the Company through the discharge of the Directors' duties, functions, and powers.

All current Board Directors have successfully completed the AICD Company Directors course and participate in annual performance and peer review processes.

The NQPHN Finance, Audit and Risk Management (FARM) and Nominations Committees report directly to the Board, making recommendations for the consideration and approval of the Board pertinent to the financial management and governance functions of the Company. Both committees are chaired by current Directors, and are charged with levels of delegated authority for core decision making.

ADJ. ASSOC. PROFESSOR TRENT TWOMEY



Trent is the Chairman of NQPHN. He is also Chairman of Advance Cairns—the peak economic development and advocacy organisation for Tropical North Queensland, a National Councillor of the Pharmacy Guild of Australia, a member of the Council of James Cook University, and the Chairman of the Northern Australia Alliance.

Trent is an Adjunct Associate Professor at James Cook University, a Fellow of the Australian Institute of Company Directors, a Council Member of the Queensland Futures Institute, a trustee for the Committee for Economic Development of Australia, a fellow of the Australian Institute of Management, and a fellow of the Australian College of Pharmacy.

Trent and his wife are both pharmacists and together they are partners in a group of seven pharmacies. They live with their two children in Cairns.

DR RODNEY CATTON



Rod's early life was in Brisbane. From 1965–1975 he attended three tertiary institutions in Queensland, New South Wales, and India, studying religion, education, history, science, and medicine, moving to Innisfail in 1977. General practice there involved over 20 years of procedural medicine and inpatient care.

As an accreditation surveyor he visited practices across northern Australia. General practice representation includes organisations and boards at local, regional, state, and national level for 25 years. His particular interest is in improving the public-private health interface. Other interests include fruit farming, local history and Indigenous culture and history, bushwalking, woodwork, piano, and pipe organ.

Our Board *(continued)*



RUTH FAULKNER

Ruth is a Director on the NQPHN Board and Chair of the Finance Audit and Risk Management (FARM) committee. She is also a highly-regarded management consultant with extensive experience in the not-for-profit and commercial sectors, both in Australia and internationally.

She has specific expertise in financial management, risk, strategy, and governance. Her experience working as a chartered accountant, auditor, and business advisor with one of the largest global accountancy practices during the 1990s provided a solid foundation for her career. Since moving to Australia and co-founding Conus Business Consultancy Services in 2006, Ruth has

focused on providing strategy development, business modelling, mentoring, community consultation, and corporate financial management services.

Ruth chaired the Cassowary Coast Regional Council Audit Committee from inception in 2009 to 2016 and is an independent member of several audit and risk committees. Ruth has appeared as a guest director for Women on Boards and the Australian Institute of Company Directors. She is a past President of the Cassowary Coast Business Women's Network and is involved in promoting leadership for women in the region. Ruth is also a mentor with the successful Women on Boards 'My Mentor' program.



DR RICHARD MALONE

Born in Atherton, North Queensland, Richard was schooled on the Gold Coast and trained at Royal Brisbane Hospital. He moved to Mackay in 1988 and has been a principal at Ambrose Medical Group since 1989.

During his time in Mackay, Richard has served on various school boards, the Mater Hospital Ethics committee, and sub committees.

He has a long-term commitment to medical education and has been involved with teaching students and registrars. He is a

senior examiner with the Royal Australian College of General Practitioners.

Richard spent 10 years as honorary Director of Palliative Care Services at Mackay Mater Hospital, and is currently the President of the Mackay Branch of the Leukaemia Foundation. In his practice he has an interest in preventive medicine, aged care, and sports medicine.

He is a medical provider to Rowing Australia and holds senior coaching qualifications.



DR VLADISLAV MATIC

Dr Vladislav Matic MBBS (Syd) M. Bus (Mgmt) FACRRM FRACGP FAICD has had extensive experience in the provision of primary and secondary health care. Until recently, Dr Matic was the Director of Medical Services at Wuchopperen Health Service, a position he took up in early 2011. Prior to working in Cairns, Dr Matic was a rural Procedural GP (Anaesthetics) and Visiting Medical Officer serving remote communities for more than 18 years. Dr Matic currently works as a Medical Management Consultant, providing advice on Clinical and Corporate Governance, Financial Performance, Data Governance, CQI, Accreditation, and Compliance to ACCHOs and corporate health providers.

Dr Matic has served on numerous health boards at the local, state, and national level for more than 20 years. Previous experience includes roles as Vice-Chair of the Australian

Divisions of General Practice, Chair of the Alliance of NSW Divisions, and Chair of Outback Division of General Practice. Dr Matic is currently a Board Member of the Remote Vocational Training Scheme, and Chair of the RVTS AMS Reference Group. In addition to governance roles, Dr Matic has also been appointed to several national advisory boards and committees, including Practice Incentive Program Advisory Group, Practice Incentive Program Technical Working Group, and the Pharmacy Trials Advisory Group.

Dr Matic has a strong interest in improving the health outcomes of Aboriginal and Torres Strait Islander people and is the Australian College of Rural and Remote Medicine's nominee to the NQPHN Board. When not working, Dr Matic enjoys cycling, reading, and travelling.



TONY MOONEY AM

Tony Mooney was a Councillor and Deputy Mayor of the Townsville City Council and was elected Mayor in 1989. He held the position of Mayor of Townsville until 2008.

In 2008, Tony was made a Fellow of the Australian Institute of Company Directors. In 2011, Tony was awarded an Order of Australia (AM) for services to local government and the community. Tony served on the boards of numerous government and community entities including Ergon Energy, LG Super,

Townsville Entertainment Centre Board of Management (Chair) until 2008, and as the inaugural Chair of the Willows Stadium Joint Board (currently 1300 Smiles Stadium).

In 2011, Tony was appointed by the Federal Government to the Board of the Great Barrier Reef Marine Park Authority where he served until 2016. Tony was appointed a director of Northern Queensland Primary Health Network in 2017.



JOHN NUGENT

John was awarded a Bachelor of Business (Health Administration) with Distinction in 1988 by the Queensland Institute of Technology. John is also a Graduate of the Australian Institute of Company Directors.

Until his retirement on 12 December 2012, John held the position of the Executive Officer of Mater Misericordiae Hospital, Mackay, being appointed to that position in 1996. He oversaw the redevelopment of the 105-bed not-for-profit private hospital on a Greenfield site at North Mackay, and has been closely involved in the recruitment of many new medical specialists to the Mackay region for many years.

He has been involved in Hospital Management since 1976 serving as hospital manager at Inglewood Hospital and also Mackay Base Hospital, Assistant Manager at Royal Children's Hospital, Brisbane and

Rockhampton Base Hospital, Assistant Regional Director for Finance and Administration at Mackay Regional Health Authority, and was the first District Manager of Mackay Health Service District. John also worked for several years within the corporate office of the Queensland Department of Health.

He is a Director on the Board of the Mackay Hospital and Health Service, a Consumer representative on the Risk Management Committee of Mercy Health and Aged Care Central Queensland Limited, and has been a member of the Centacare Council for the Catholic Diocese of Rockhampton since 1996. Centacare is a social welfare organisation providing a range of counselling and other services.

John is a member of the Strategic Leadership Council of JCU's Generalist Medical Training.



LUCKBIR SINGH

Luckbir is a Director on the NQPHN Board and is Chair of the Nominations committee. He is also an owner and Director of MacDonnells Law—a 90-person strong Queensland law firm with offices in Cairns and Brisbane. He became a partner in 2007 and was the youngest modern day partner appointment in the firm's 135-year history.

In 2016 Luckbir was a finalist in the Australian Commercial Partner of the Year in the Lawyer's Weekly Awards, and was awarded the Queensland Law Society's Outstanding Achievement by a Young Lawyer award in 2008.

Luckbir has been involved in many of the most significant, highly-publicised

and complex corporate matters in North Queensland. His areas of practice include mergers and acquisitions, corporate advisory, and governance advice.

Luckbir is the Deputy Chair of the Cairns and Hinterland Hospital and Health Service Board, Councillor at the Australian Institute of Company Directors Queensland Council, Director of Cairns COUCH Limited, and Chair of the Far North Queensland Regional Policy Council Chamber of Industry and Commerce Queensland.

Luckbir was born and raised in North Queensland, with his family having lived in the region since the 1890s.

Clinical Councils

Northern Queensland Primary Health Network (NQPHN) has two Clinical Councils—one covering the Cairns and Cape and Torres Strait region, and the other Townsville and Mackay.

The membership representation includes GPs, pharmacists, dentists, nurses, allied health professionals, Aboriginal and Torres Strait Islander health professionals, and Hospital and Health Services representatives.

The purpose of NQPHN's Clinical Councils is to support our organisation with expert specialist knowledge to ensure high-quality, evidence-based, cost-effective, patient-centred, and outcome-driven primary healthcare, in line with national and local priorities.

Clinical Councils help develop local strategies to improve the healthcare system for patients in the NQPHN region, and facilitate effective primary healthcare to reduce avoidable hospital presentations and admissions.

The Councils play a critical and strategic role in supporting the best possible decisions on health and primary/community-based healthcare, which will ultimately improve health outcomes for northern Queensland residents.

Clinical Councils also have input into Health Needs Assessments, and provide feedback and input into NQPHN's Activity Work Plans.

The Clinical Councils meet regularly, and report to the Board through the Clinical Council Chairs, who are both GP Directors of the NQPHN Board.

Clinical Council North (Cairns—Cape and Torres Region)

- Dr Rod Catton—Chair (General Practitioner)
- Mr Richard Boyd (community pharmacist)
- Dr Eddy Strivens (HHS representative)
- Ms Ingrid Hagne (community nurse)
- Dr Jason King (Aboriginal and Torres Strait Islander health professional)
- Mr Mitchell Smith (allied health—dietitian)
- Mr Michael Delaney (other—pharmacist)
- Jeannie Little (other—Aboriginal and Torres Strait Islander health).

Clinical Council South (Townsville - Mackay Region)

- Dr Richard Malone—Chair (General Practitioner)
- Dr Peter Gianoulis (General Practitioner)
- Mr Martin O'Reilly (community pharmacist)
- Dr Pieter Nel (HHS representative)
- Ms Debra Brown (community dentist)
- Ms Kath O'Brien (community nurse)
- Dr Raymond Blackman (Aboriginal and Torres Strait Islander health professional)
- Ms Anna Nicholls (allied health—occupational therapist)
- Ms Dianne Graham (other—pharmacist).





Member organisations

- Townsville Hospital and Health Service
- Cairns and Hinterland Hospital and Health Service
- Mackay Hospital and Health Service
- Torres and Cape Hospital and Health Service
- The Pharmacy Guild of Australia (Queensland Branch)
- ACRRM (Australian College of Rural and Remote Medicine)

Community Advisory Groups

NQPHN's Community Advisory Groups (CAGs) are a shared initiative with local Hospital and Health Services (HHSs).

CAGs are established to support and promote a 'one health system' view, and are currently established with Cairns HHS and Mackay HHS, with a view to expand this to Torres and Cape HHS and Townsville HHS in 2017-18.

The NQPHN CAGs aim to provide a community perspective to NQPHN decision-makers to ensure that decisions, investments, and innovations are patient-centred, cost-effective, locally relevant, and aligned to local experiences and expectations.

The membership representation includes a diverse range of community members, and meetings convene quarterly.

Chair and CEO message

We are pleased to present the Annual Report for Northern Queensland Primary Health Network.

In the last 12 months, we have been involved in a number of projects which have achieved good results, a testament to the dedication and experience of our staff, and also our partners and stakeholders who have worked with us to improve primary care services across our footprint.

We have seen areas of growth, especially in relation to Indigenous health, drug and alcohol, and mental health funding. Alongside this, there has been a change around our commissioning approach and engagement with stakeholders, especially with the co-design and health reform agendas moving forward from a strategic perspective, such as the upcoming stepped care approach to mental health services, and a new focus on patient-centred medical homes as part of the Australian Government's new approach to chronic care.

NQPHN's efforts contributed towards My Health Record and the Government's subsequent announcement that there would be a national roll-out of the digital health record program. Our activities increased the uptake of the My Health Record system by health care providers, and raised awareness of My Health Record among individuals across the NQPHN footprint, with 98 per cent of people in North Queensland having a record created for them. Our trial success now extends to membership on the steering committee for the national implementation, and national committee for emergency department integration of My Health Record.

This year, our region was affected by Tropical Cyclone Debbie (see page 71), which brought even more focus on disaster management and preparation for practices and other healthcare providers. We partnered with the United Nations and their disaster experts to establish best practice, and further improve disaster preparedness for all our stakeholders.

Our GP engagement strategy continues to strengthen, with 1,146 practice support visits across the region and more than 1,000 hours spent in GP visits. We will continue to offer GPs co-ordinated, consistent, and timely support and information to help build the capacity of general practice teams,

providing programs and services that are designed to improve practice systems and processes. By working closely with general practice teams, we can support their staff to reach their full potential and optimise patient health care and quality business outcomes.

We have also achieved milestones in other areas, including after hours, aged care, health promotion, maternal and child health, and telehealth, while our work in mental health, Indigenous health, and drug and alcohol services has also been a key feature of the year.

This is just a brief snapshot of the past year, and we hope you enjoy reading in more detail the achievements from each of our program areas in what has been a highly productive year for NQPHN.

We'd like to offer congratulations to our staff on their achievements. We are proud to be working alongside such a great team, and look forward to the successes we can achieve together. We would also like to thank the Board for their ongoing strategic leadership throughout this year.

Finally, thank you to our stakeholders, who we have had the opportunity to continue to engage with over the past 12 months. We've really appreciated all your input and expertise, and look forward to further collaboration with healthcare professionals, the community, and other stakeholders in the coming years to improve primary health care for all.

We now look forward to building on our achievements in 2017-18, and to continue helping northern Queenslanders live happier, healthier, and longer lives.




Trent Twomey
Chairman




Robin Moore
Chief Executive Officer



Our corporate services

Working closely with each of Northern Queensland Primary Health Network's (NQPHN's) program areas, our corporate services staff partner effectively with operational teams in supporting the delivery of key business outcomes.

NQPHN's **human resources** department played a central role in vital retention and recruitment processes during the ongoing development of the organisation.

NQPHN is a lean organisation that reflects our focus on purchasing solutions to meet healthcare needs rather than providing them.

NQPHN's **contracts and procurement, finance, and administration** teams co-ordinate the business systems and processes that support our programs and services.

The teams are highly experienced in the mandatory commissioning model of service, and continue to ensure the successful progress of NQPHN.

Our contracts and procurement team ensures NQPHN meets all legal, best practice, and ethical standards in an efficient and effective manner, while finance staff ensure decision makers have the financial information they require and that probity around the use of grant funds is maintained.

Our **communications** team tailors communication channels to stakeholder needs. The organisation's

fortnightly newsletter *NQ Primary Health Update* includes news, events, jobs listings, and commissioning opportunities, as well as updates from our partners and collaborators. The readership for this popular publication is growing rapidly (more than 4,200 subscribers at the time of going to print) and subscribers include GPs, pharmacists, dentists, nurses, allied health professionals, aged care providers, and representatives from the community sector.

The communications team has also been highly active in local, state, and national media engagement, as well as growing NQPHN's social media channels, with NQPHN's Facebook page achieving the most 'likes' out of all other Primary Health Network Facebook pages across Australia.

33,264 visitors to website

4,227 newsletter subscribers

2,126 Facebook likes

219 newsletters/eblasts sent to stakeholders

178 mentions in media

39 media releases distributed

23 health alerts distributed



Programs and projects— Our achievements in 2016-17

Northern Queensland Primary Health Network (NQPHN) plays an important role in planning, co-ordinating, and funding primary health care services across the region.

We do this by working with the local community, clinicians, health, and other services to identify gaps and develop solutions that will work in our region.

Here are some of our key achievements across our programs and projects in 2016-17:

After Hours



Funding provided to

7

organisations for quality improvements in after-hours services



Number of major contracts through the After Hours Small Grants tender, including extended rural pharmacy hours, workforce development, and behavioural change



Facilitated

5

interactive procurement forums addressing areas of need in after-hours service provision

Delivered triage and emergency training to a total:

520 participants over



34 training days

After-hours educational events attended by:



144 GPs



154 nurses



172 practice staff



48 allied health professionals



2 students

Program overview

NQPHN is funded by the Commonwealth Government to work with stakeholders to co-ordinate and support after-hours health services, and encourage the appropriate use of available after-hours health services.

The NQPHN After Hours Program provides commissioning services and arrangements to improve service integration through:

- focusing on improving the overall system of after-hours care through better planning, better integration, and better value for stakeholders, leading to better patient outcomes
- contracting after-hours service providers to fill high priority gaps after competitive tendering processes
- fostering innovation to get better access and more capable services for our most vulnerable communities (including Aboriginal and Torres Strait Islander people, Residential Aged Care Facility (RACF) residents, rural and remote communities, those with mental illness, and people needing palliation at end-of-life)

- finding local solutions that will work for local problems, and building self-sustaining capacity close to where people live.

Key achievements

Quality incentive funding (non-PIP) for after-hours services

NQPHN awarded seven contracts for five home visiting services to provide quality improvements across the region.

Services across the NQPHN footprint have undertaken additional specific projects for intensive quality improvements in their service provision areas.

Two contracts were provided to a cooperative after-hours service in Mackay, and a general practitioner in the Julatten/Mount Molloy area.

Interactive procurement

NQPHN delivered interactive procurement forums for after-hours services in Mackay, Townsville, and Cairns for pharmacy, Atherton Tablelands for RACFs, and for palliative care in Townsville.

After Hours Small Grants—including rural pharmacy extended hours

NQPHN delivered training on how to apply for small grants, which included sessions in Mackay, Townsville, and Cairns.

Small grants were awarded for innovation in after-hours service delivery.

Workforce development

Information from the workforce development activities in 2015–16 led to a continuation of education and training being provided in rural and remote locations.

This built confidence in the provision of services during the after-hours period for rural and remote doctors, nurses, health workers, and front office medical teams.

Consumer awareness and access—behavioural change

NQPHN continued to develop the three-staged after-hours behaviour change project, which is due for launch in late 2017.

The marketing campaign aims to raise awareness of appropriate use of relevant after-hours services and to reduce avoidable admissions at emergency departments.

Key outcomes

Quality incentive funding (non-PIP) for after-hours services

NQPHN provided funding for a Mount Molloy–Julatten home visiting doctor to support staff within a local residential aged care facility to improve residents' after-hours health care.

Interactive procurement:

- NQPHN commissioned ArcBlue Consulting and Abt Associates to jointly deliver the NQPHN commissioning cycle for the co-design procurement process
- after-hours pharmacy—NQPHN successfully tendered and appointed the Pharmaceutical Society of Australia to provide data collection evaluation across our footprint

- after-hours support for Residential Aged Care Facilities (RACFs) on the Atherton Tablelands—NQPHN commissioned CRANaplus to provide training at RACFs and to improve the linkage and communication between general practice, RACFs, and other health providers
- after-hours palliative care—NQPHN commissioned Palliative Care Queensland Inc. to provide education and training for greater linkage and education between health providers, palliative care staff, patients, and carers.

After Hours Small Grants—including rural pharmacy extended hours:

- rural pharmacy after-hours grant recipients integrated with local after-hours health services to open concurrently, with improved access for patients to access medications
- NQPHN developed real solutions to provide improved and co-ordinated health care and options in after hours for accessing services for at risk and vulnerable communities
- NQPHN funded a multi-discipline chronic care co-ordination project for patients who identified as 'high risk' for an after-hours hospital presentation at their local emergency department.

Workforce development

NQPHN delivered:

- after-hours funded triage and emergency training for identified needs in specific hard-to-reach rural and remote locations
- emergency medicine workshops for GPs
- triage and emergency care training for rural nurses and health workers
- remote emergency care training for Aboriginal and Torres Strait Islander people
- triage education sessions for front office practice staff and Hospital and Health Services.

Consumer awareness and access—behavioural change

The After Hours Program continued to support communities to make informed choices on what to do in the after-hours periods. Educational resources helped raise awareness of health care options and encouraged appropriate use of after-hours services.



MEET Zachariah



An after-hours mobile clinic to help those in need

Zachariah Matysek is a case worker at Anglicare's Quigley Street Night Shelter in Cairns, doing his part to help provide crisis accommodation and case management support to those experiencing primary and secondary homelessness in the region.

Zachariah sees first-hand the hardships that these often forgotten members of our society go through on a daily basis, including the lack of available support to maintain basic good health while they attempt to get their lives back on track.

Identifying this as a need, Northern Queensland Primary Health Network (NQPHN) partnered with Stratford Medical Centre to bring Wheels of Wellness, an after-hours mobile health clinic, to those in need in the Cairns community.

This after-hours service is run twice a month and visits various locations such as the Cairns Villas Caravan Park, Mission Australia in Sturt Street, Douglas House, and the Quigley Street Night Shelter where Zachariah is based.

The main focus of Wheels of Wellness is to work collaboratively with homelessness hubs and service providers to deliver professional and compassionate health care to the most disadvantaged members of the Cairns community.

"This much-needed service allows those who do not feel comfortable in a clinical setting to still be able to seek the treatment and help they need," Zachariah said.



Wheels of Wellness is committed to working collaboratively with homelessness hubs and service providers as they have an established client base, prioritise those most in need, supply a venue to work from, and when possible even provide available staff.

"It has been wonderful to work alongside a group of healthcare professionals who it is clear care about providing our clients with the highest quality of care," said Zachariah.

"Wheels of Wellness has gone above and beyond to ensure our clients are in good health, even at a cost to the clinic where we have not had the provisions to provide transport for follow-up appointments."

Wheels of Wellness also had the opportunity to work with two very experienced nurses from Mission Australia's 'Going Places' program. Their expertise with homeless clients, particularly around mental health issues, proved to be invaluable.

In March 2017, Queensland Health's Tropical Public Health Unit were running a syphilis campaign which offered free screening.

The team collaborated with Wheels of Wellness to bring a free screening clinic to Cairns Villa and Leisure Park. This clinic proved to be extremely successful and was the largest attended clinic yet.

"Patients are overwhelmingly thankful that they have access to such quality health care and are treated with respect and dignity in a very confronting and difficult time," added Zachariah.

With the help of NQPHN and Stratford Medical Centre, patients who would not normally have the opportunity to do so are able to consult not only with GPs and nurses, but also allied health professionals such as psychologists, social workers, physiotherapists, and dietitians.

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Aged Care



48 aged care workshops delivered throughout the NQPHN footprint

With

617

participants in attendance



1,000+

health providers engaged to increase readiness for aged care reforms

Program overview

Northern Queensland Primary Health Network's (NQPHN's) Aged Care Program plays a key role in supporting older Australians in the region to lead healthy, productive, and connected lives, ensuring they enjoy greater social and economic participation in society.

As a primary health care organisation, NQPHN is uniquely placed to meet the needs of older Australians by applying a population health approach.

This includes identifying needs, assessing current services, and developing solutions to fill priority gaps in primary care services for older Australians.

The Aged Care Program aims to:

- improve the capacity of GPs to deliver aged care
- promote the use of Advanced Care Plans
- assist GP readiness for aged care reforms.

Key achievements

- Successfully established aged care forums for Townsville and Cairns areas and on Thursday Island, including Charters Towers, Burdekin, Ingham, Innisfail, and the Tablelands, as well as Aboriginal and Torres Strait Islander forums in Mackay and Townsville.
- Delivered existing forums for community-based aged care services in Mackay and Bowen, and Residential Aged Care Facility (RACF) meetings in Mackay.
- Held an aged care mini expo with Townsville Aboriginal and Islanders Health Services (TAIHS) in Townsville.
- Designed the '3 Easy Steps to NDIS' booklet in collaboration with The Council on the Ageing (COTA) Queensland.

- Designed a new Alternative Assessment Tool for rural and remote communities in collaboration with Advanced Personnel Management (APM), Uniting Care (Blue Care), and Cairns and Hinterland Hospital and Health Service (CHHHS).
- Facilitated training workshops delivered by Leading Age Services Australia (LASA) on the implementation of home care reforms in Mackay, Townsville, and Cairns, and on Thursday Island.
- Facilitated training workshops delivered by Decision Assist on 'Connecting Aged and Palliative Care' to improve outcomes for older Australians.
- Hosted 'Sexualities and Dementia' workshops, delivered by Dementia Training Study Centres.
- Involved in 'Across Cultures' workshop delivered by Diversicare.
- Major partners with CHHHS in the development and delivery of the Open Arch Project.
- Major partners with Mackay Hospital and Health Service (MHHS) in the development and delivery of the Emergency and Community Connect (ECC) Project.
- Major partner with MHHS in the 'Care at the End of Life' project.

Key outcomes

- The Aged Care Program serves as a significant platform for regional dissemination of aged care information and support, and plays a leading role in the aged care industry throughout the NQPHN footprint.
- Twenty-seven participants attended the first ever NQPHN Aged Care Forum delivered on Thursday Island in the Torres Strait.
- 50,000 '3 Easy Steps to NDIS' booklets produced and distributed Queensland-wide to PHNs, HHSs, and local councils.





MEET Kim

Providing a wealth of information to our aged care service providers

Kim Pierce, Account Manager for Aged Care at Cootharinga North Queensland, believes that Northern Queensland Primary Health Network (NQPHN) has provided those working in the aged care sector in North Queensland an enormous helping hand in accessing local conferences, education and training events, and networking opportunities.

As an organisation, Cootharinga aims to provide support throughout the community to improve disability services in north Queensland.

Kim liaises with NQPHN's Aged Care Co-ordinator in Townsville.

"Melissa is excellent! Whenever I need to verify information, or need to find some additional information, she is always so helpful," Kim said.

Kim is currently putting together the aged care program, which is a new service for Cootharinga.

"The aged care sector has a lot of reform, so it's wonderful to have an organisation like NQPHN which



can co-ordinate a lot of this relevant information and deliver it effectively through email, newsletters, or from Melissa herself,” Kim said.

“Working in a not-for-profit sector means there isn’t a lot of money available for staff to go travelling around Australia for conferences and events, so it’s really great that NQPHN offers everything locally, where it’s needed most.

“NQPHN has presented us with terrific networking opportunities and provided essential information

and education through multiple training events and a national conference.

“These events have given me opportunities to speak with the Aged Care Quality Agency and the Complaints Commissioner in the region without having to travel too far.”

Kim believes that the support and resources delivered by NQPHN contribute immensely to enhancing the quality of aged care services in northern Queensland.

Alcohol and Other Drugs

379

people participated in alcohol and other drugs co-design workshops



15

AOD youth clinical services commissioned

Program overview

Northern Queensland Primary Health Network's (NQPHN's) Alcohol and Other Drugs (AOD) Program aims to implement the organisation's AOD Activity Work Plan.

The program focuses on:

- improving planning and collaboration
- systems strengthening
- drug and alcohol treatment service
- AOD workforce development
- Aboriginal and Torres Strait Islander service capacity and treatment services.

Key achievements

- Conducted further service mapping and needs analyses in the Cape York Peninsula region to augment the community consultations and co-design workshops conducted from June 2016 across the rest of the NQPHN footprint.
- Commissioned multiple AOD services across the region to commence in 2017-18 including:
 - service development contracts with Northern Peninsula Area, Yarrabah, Townsville, and Palm Island
 - the Mackay ICE project for withdrawal and rehabilitation services
 - Cleveland Youth Detention Centre pre- and post-transition program in Townsville
 - case management and care co-ordination services in Mackay, Isaac, Whitsunday, Burdekin, Charters Towers, Cook Shire, Mareeba Shire, and Tablelands
 - AOD Youth Clinical Service in Cooktown, Rossville, Hopevale, Wujal Wujal, Bloomfield, Laura, Weipa, Lockhart River, Napranum, Thursday Island, Bamaga, Pormpuraaw, Aurukun, Kowanyama, and Coen
 - AOD withdrawal and rehabilitation services in Townsville, Mackay, and Cairns.
- Transitioned four additional AOD service contracts from the Department of Health.

- Identified ongoing service needs and gaps throughout the NQPHN footprint.
- Engaged with Queensland Network of Alcohol and other Drug Agencies (QNADA), other Primary Health Networks, and local communities to address AOD needs.

Key outcomes

- Improved sector engagement and collaboration through QNADA-led initiatives.
- Focused on specific service delivery models utilised by Aboriginal Medical Services.
- Improved engagement by Townsville Aboriginal and Islander Health Services (TAIHS) in the upskilling of their primary healthcare workforce and the delivery of AOD training sessions in Townsville and on Palm Island.
- Developed an action plan and AOD training schedule for the Northern Peninsula Area Family and Community Services program in Bamaga.
- Assisted Gindaja Treatment and Healing Indigenous Corporation in Yarrabah to establish the frameworks to develop and implement a new model of care in line with recommendations from a service review.
- Planning and preparation for Mackay ICE program and Cleveland Youth Detention Centre launches with Lives Lived Well.



Digital Health



My Health Record

2,000+

clinicians and support staff trained in using the My Health Record system

5,000+

individual and group provider engagements

1,700+

community engagements attended by the My Health Record team

10,000+

people engaged during these events

Uploads during the My Health Record trial period:



discharge summaries



shared health summaries



prescription documents



dispense documents

My Health Record advertising campaign reached:


306,064

people via TV


301,800

people via radio


209,174

people via social media

Program overview

Digital systems and technology are a critical health service enabler and My Health Record is a valuable resource available to health professionals to enhance health care. It sees a pivotal shift in health care, as it puts the patient at the centre, and in control of their health information.

Northern Queensland Primary Health Network (NQPHN) was selected as one of only two regions in Australia to conduct the opt-out trial of the national My Health Record digital record system. NQPHN was funded to implement the Commonwealth's initiative and trial the opt-out model of My Health Record on a regional level.

The participation in the trial aimed to achieve the following:

- test public reaction to an opt-out model for My Health Record
- identify barriers to implementation that would need to be addressed prior to a national roll-out of the opt-out model.

Key achievements

The NQPHN My Health Record team was established to deliver the implementation of the opt-out trial from Mackay to the Torres Strait. The team consisted of a group of trainers and co-ordinators who were aligned to the four Hospital and Health Service (HHS) regions in Torres and Cape, Cairns, Townsville, and Mackay.

The implementation of the My Health Record opt-out trial was centred around the patient journey with a focus on integration of care between primary and acute settings.

Activities of the implementation plan included educating consumers about the benefits of the record, how they can use it, and information on the choice to opt-out.

Alongside a consumer engagement strategy was a systematic approach to the training of healthcare providers, resulting in an increased knowledge and understanding of how to view and contribute clinical information to the system.

Training and information sessions were delivered to general practitioners, nurses, practice managers and their practice staff, allied health providers, pharmacists, specialists, and public and private hospitals, as well as some Residential Aged Care Facilities (RACFs).

NQPHN knew that the success of My Health Record was dependent on all of the relevant health providers understanding and using My Health Record.

In October 2016, NQPHN successfully completed the trial, with a summary of the outcomes from the My Health Record opt-out trial published in a brochure and distributed to all providers.

Key activities during the trial:

- mapped different healthcare providers and their digital health readiness
- healthcare provider registrations, face-to-face training, and further engagements
- individual and community-focused information sessions and engagements
- communication campaigns to consumers using different channels including social media, print, and radio
- worked closely with Queensland Health facilities and private hospitals to support the use of the My Health Record system
- engaged with vulnerable and hard-to-reach groups
- disseminated consumer and health care provider focused resources including brochures and fact sheets.

Key activities post-trial:

- NQPHN continued supporting My Health Record and digital enablement across all health professions, settings, and services, as a mechanism to deliver a more efficient and integrated health care system across the footprint
- delivered refresher training sessions for general practices aimed at encouraging activity among those GPs not yet uploading and viewing
- ongoing work with the General Practice Liaison Officers in Mackay and Cairns
- 'My Health Record, every day business' campaign disseminated internally and externally to encourage adoption and use
- good news stories collected and shared across the NQPHN website and social media platforms, as well as promotional materials to increase meaningful use
- lessons learned from the trial shared with other PHNs at the national PHN Digital Health Officers conference in Canberra in November 2016—presentations about the trial also delivered

at the Australian Pharmacy Professional Conference in March 2017, National Rural Health Conference in April 2017, and myPHN Conference 2017

- My Health Record transition to Business as Usual (BAU) plan developed and embedded into NQPHN's Practice and Provider Engagement Support Program
- GP and pharmacy engagements delivered via NQPHN mainstream activities such as workforce development and practice support teams
- statistics showed a continued increase in provider uploads and viewing from healthcare providers.

Key outcomes

The project activities increased the uptake of the My Health Record system by health care providers, and raised awareness of My Health Record among individuals across the NQPHN footprint, with 9 out of 10 people in North Queensland having a record created.

The evaluation, key lessons, and information gathered by the teams from within these trial sites informed the Federal Government about various aspects on the implementation of My Health Record nationwide. North Queensland healthcare providers played a key role in \$374.2 million being allocated in the Federal Budget for the national roll-out of the opt-out model by the end of 2018.

The opt-out rate for the trials was 1.9 per cent. The opt-out site achieved better outcomes in terms of participation and understanding the use of the My Health Record system. The trial highlighted the value of My Health Record as an electronic health record for patients and their healthcare providers involved in their care. It also highlighted a number of significant improvements to the My Health Record system in terms of use and accessibility.





“ We often find ourselves asking patients which medication they’re on [...], so to access their medication information is a real timesaver for us, and results in better personalised service for that patient. ”

Bonnie

*Community Pharmacist and My Health Record user
Atherton Tablelands*

MEET Sandra

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Carer Sandra uses My Health Record to put her husband's health first

Sandra Oui is an Aboriginal and Torres Strait Islander Elder who was born, and still resides in, Townsville.

Sandra first came in to contact with My Health Record at her local hospital, when it was known as the Personally Controlled Electronic Health Record (PCEHR).

Her husband has multiple chronic health conditions, and on one of their many visits to hospital, it was recommended that they register for a digital health record.

"We often have to repeat my husband's medical history and medications, so to have a summary of his health on the computer that his treating healthcare providers could access 24/7 was a no-brainer for me, and we signed up on the spot," said Sandra.

"It saves us time by not having to repeat information, and he can receive better care from his providers as they are able to make more informed decisions.

"Plus the bonus of having both our medical history follow us wherever we go was another reason I signed us up."

Sandra also works for the Townsville Aboriginal and Torres Strait Islander Corporation for Women as an Aged Care Co-ordinator.

Sandra was keen to promote this important form of information sharing with local residents, so at the next community event for her organisation, she invited Northern Queensland Primary Health Network's Digital Health Team to come along and talk about My Health Record.

"I'm always chatting to people about My Health Record," said Sandra.

"A lot of our clients are Aboriginal or Torres Strait Islander people, and when they hear my story and how it works for me, they can easily see how it can support them as well.

"Everyone needs to get involved. People need to ask their GPs to upload a health summary to their record, and GPs should make uploading a health summary for their patients part of their everyday business.

"Our health is our first and foremost priority".



Health Promotion

 **27** projects funded across 21 of the 31 LGAs in our region

4,296  people reached through involvement in commissioned projects

 **40** contracts commissioned by the Health Promotion Program

Program overview

Northern Queensland Primary Health Network's (NQPHN's) Health Promotion Program aims to prevent people in North Queensland from becoming unwell, and focuses on preventing obesity and chronic disease.

The team works with health providers and the broader community to enable consumers to take control of their own health through a range of commissioning and capacity-building initiatives.

Our Health Promotion Program is working towards the following objectives:

- more people in the healthy weight range
- more people choosing water and healthy food options
- more people physically active, engaging in walking, and incidental activity
- more people tobacco and drug-free
- more people actively seeking ways to reduce harm from alcohol
- enhance approaches to embed resilience and social inclusion within communities, focusing on young people.

Key achievements

Improving the health of the health workforce (Healthy Workplace Grants)

The health and community services industry is one of Australia's most important employers, employing over a tenth of the working population.

Compared to the national average, people working in the health and community services sector are more likely to be physically inactive and have a higher waist circumference (Department of Health, 2012).

NQPHN is committed to improving the health and wellbeing of the health workforce, and commissioned a Healthy Workplace Grants program, where 11 health and community service organisations received small grants aimed to reduce sedentary activity in the workplace.

These workplaces all show an ongoing commitment to creating a healthy and well workplace, so they may perform their best at improving the health of the community.

Active Healthy Northern Queensland Grants Program

The Active Healthy NQ Grants Program aims to improve health outcomes and minimise risk of chronic disease in the northern Queensland community.

The grants program provides funding for health promotion and illness prevention initiatives which aim to change community attitudes and behaviour, and create environments that support people to make healthier choices.

NQPHN commissioned 27 projects within the program, with the aim of building community capacity and strengthening community action and involvement in health promotion and prevention initiatives.

These initiatives focused on improving nutrition, increasing physical activity, and improving mental health and wellbeing.

Approximately 4,300 people were directly involved in the projects delivered, with many more influenced by the ongoing impact of the programs following the funding period.

For more information, visit the Active Healthy NQ website at www.activehealthynq.com

Key outcomes

Healthy and happy living on Hamilton Island

This project was a whole of community approach to improving health and wellbeing on Hamilton Island in the Whitsundays. This project aimed to increase physical activity, improve food literacy and cooking skills, and improve community connectedness and resilience.

The program reached 1,135 people, and was successful in improving skills and knowledge of food literacy, while also improving the number of people undertaking regular physical activity.

An additional outcome of the project was that there has been a community culture shift, with the local supermarket reporting an increase in people requesting fresh fruit and vegetables following the project implementation.

Enhancing Tai Chi skills in rural communities

This project aimed to build capacity in local rural communities in northern Queensland to deliver a Tai Chi for diabetes program, and increase access to community-based physical activity programs.

This project was delivered in the rural towns of Charters Towers, Clermont, and Hughenden, where local community members were identified and trained in the Tai Chi program.

As a result, 20 local community members have been trained to deliver the program, and the positive benefits for both the trainers and the communities is ongoing.

Aspire to be Deadly Program (Cairns and Hinterland, and Torres and Cape regions)

This is a sports-based program designed to improve fitness and develop sporting skills at the same time, as well as empowering young women to increase their confidence and self-worth, and be empowered to make healthy life choices.

The program is being delivered in 12-week sessions in eight communities in the Cairns and Hinterland, and the Torres and Cape regions.

Positive results were achieved in various locations, with mothers joining their daughters in the training sessions. The program team and teachers at the hosting schools helped facilitate engagement with the participants.

Tackling sugary drinks consumption in Cape York

Apunipima Cape York Health Council has been contracted to undertake a research project investigating effective strategies to reduce consumption of sugar-sweetened beverages in Cape York.

The project is co-funded by NQPHN and Queensland Health, and is being delivered in three remote Indigenous communities (Wujal Wujal, Mapoon, and Napranum).

To date, the project has achieved great success in engaging community and key stakeholders, and a series of videos and social marketing materials were developed to accompany project delivery.

The project is due for completion in June 2018.



HEALTHY choices

Making the healthy choice an easy choice in remote Indigenous communities

Soft drinks are contributing significantly to increasing weight and chronic disease problems among Aboriginal and Torres Strait Islander people in Cape York.

High consumption of sugary drinks is associated with a number of health problems, including obesity, type 2 diabetes, heart disease, and dental caries.

In 2016-17, Apunipima Cape York Health Council, the community controlled primary health care service provider in Cape York, shared some feedback with Northern Queensland Primary Health Network (NQPHN) which arose from consultations with community members who highlighted a need to raise awareness around the poor health outcomes associated with consumption of sugary drinks.

This was particularly highlighted by Elders and school teachers, who had witnessed first-hand the amount of sugary drinks being consumed by community members, particularly young people.

NQPHN responded by providing funding to assist Apunipima to tackle the issue and deliver the Healthy Communities Project, designed to engage Aboriginal Shire Councils and local decision makers in creating supportive environments for health and wellbeing, with a focus on healthy drink and smoke-free environments.

“The project aims to address the high rates of sugary drink consumption by increasing awareness about negative health effects of sugary drinks, decreasing exposure to sugary drinks by modifying availability, and increasing availability of and promotion of water as an alternative healthy choice,” said Barb Smith, NQPHN Health Promotion Lead.

“A large focus of the project is working closely with Aboriginal Shire Councils to ensure sustainable strategies to reduce sugary drinks are developed and implemented that are truly driven and owned by the community.”



The project is a multi-phase initiative incorporating social marketing, community-driven decision making, and implementation of supportive environment strategies within communities.

The project is being piloted across three remote Aboriginal and Torres Strait Islander communities in Cape York (Mapoon, Napranum and Wujal Wujal).

The project also aims to minimise the harms caused by tobacco smoke through creating and strengthening smoke-free spaces, events, and policies. These activities complement the National Tackling Indigenous Smoking program and Don't



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Make Smokes Your Story campaign work that Apunipima is also delivering across Cape York.

This project has strong community support and during consultations an Elder was quoted as saying “We need to be a strong community. No sugary drinks and no smoking.”

A key component is the locally-tailored social marketing campaign, “Sugary Drinks Proper No Good—Drink More Water Youfla”, which aims to help children, young people, and adults become more aware of the poor health outcomes associated with consumption of sugary drinks. The campaign also

aims to encourage community members to make a change, and choose water over sugary drinks. This will complement the National Rethink Sugary Drink campaign.

Learnings from engaging Aboriginal Shire Councils and local decision-makers in the health sector will also be documented as part of this project. These learnings will assist other remote Aboriginal and Torres Strait Islander communities in facilitating their own community-led actions to help create supportive environments for health. Final results from the project will be disseminated in late 2018.

HealthPathways



4

HealthPathways (HPs) delivered across all 4 HHSs



Launch of HPs in Cairns and Hinterland and Torres and Cape HHSs

80

live pathways



Increase in the number of page views relating to aged care on Mackay and Townsville HPs

HPs promoted to:

3,388 health providers at 151 events (not including practice visits)

About HealthPathways

The Mackay, Townsville, and Cairns HealthPathways programs provide support to health practitioners to assess and manage a wide range of medical conditions using evidence-based practice.

Through broad consultation, Northern Queensland Primary Health Network (NQPHN) together with healthcare providers, consumers, and clinical councils, have identified health system communication, connectivity, and navigation as a critical priority.

To ensure northern Queensland health care providers have access to leading contemporary evidence-based clinical care pathways, NQPHN has partnered with local Hospital and Health Services (HHSs) to ensure the region-wide provision of HealthPathways.

HealthPathways is a web-based information portal of agreed guidelines to manage specific diseases or conditions between the primary and secondary services that have been localised by a GP editor and subject matter experts, who are specialists in their professional field. A pathway includes information for assessment, management, and local referral services for patient care.

The HealthPathways program supports health professionals in navigating patients through the local health system and was designed in Canterbury, New Zealand.

NQPHN has invested in the development of HealthPathways, and actively participated in the successful establishment and implementation of HealthPathways across the NQPHN region with local HHSs to support system-wide change.

Additionally, NQPHN is committed to working collaboratively with local HHSs, focusing on systems improvements that support enhanced patient outcomes.

Benefits of HealthPathways

For patients:

More patients get the best treatment with less waiting time and more educational resources about their condition.

For GPs:

Support with information on referral and pre-referral workshops and educational resources.

For specialists:

Improved quality referrals, more appropriate referrals, and management of long waiting times.

For Hospital and Health Services:

More appropriate use of inpatient, outpatient, and community services. A stronger primary care sector with the breakdown of health care silos, and collaboration resulting in further reforms.

For NQPHN:

Stronger primary care, clinician engagement in finding systemic problems and opportunities, a local adaptation of evidence-based health care. 'My patient' becomes 'our patient', and HealthPathways nurtures a community of health service reformers.

NQPHN has also developed activities and initiatives that are an extension and enhancement of HealthPathways, partnering with local HHSs to co-design integrative activities and projects that will build on, strengthen, and enhance work already underway ensuring:

- region-wide approaches—consistency and seamless processes
- consolidation of work already underway
- sustainability and growth for a range of programs and initiatives that have been shown to affect positive system and consumer outcomes
- a focus on systems improvements.



*Image courtesy HealthPathways Mackay

Testimonials



Danielle Bell

Director/Principal Physiotherapist, Active Physio

“HealthPathways offers an invaluable source for all health professionals to access information about local services, enabling prompt and accurate referrals. We have been happy to contribute our expertise and local knowledge to this worthwhile cause.”



Dr David Farlow

Executive Director Research and Innovation and Clinical Dean, Mackay HHS

“HealthPathways offers an invaluable resource for all health professionals streamlining patient access to acute health care. HealthPathways assists in bridging the gap between primary and secondary care.”



Dr Aaron Kennedy

GP/Clinical Editor, Cairns

“HealthPathways brings together all the clinical resources I need, and the local services my patients need, in one place. This saves time and helps us both make more informed healthcare choices. Being locally developed and driven means the pathways are relevant and responsive to my local clinical context. It is now a rare day that I don’t use HealthPathways.”

70% increase in number of pathways in the Mackay HHS

21% increase in number of pathways in the Townsville HHS

Indigenous Health

Number of Aboriginal and Torres Strait Health Workers currently completing **NQPHN-funded qualifications** across the NQPHN footprint:



20 bursaries for health workers to attend myPHN Conference 2017 and pre-conference workshops

21% increase in 715 Health Check completion

NQPHN identified a large body of work when mapping all health workers and other staff undertaking training for upskilling in Certificates III and IV in Primary Health Care across the Cape and Torres region:

Certificate IV in Primary Health Care



Certificate III in Primary Health Care



74,857

services delivered through integrated team care for Aboriginal and Torres Strait Islander people at risk or with an existing chronic condition



Program overview

The Northern Queensland Primary Health Network (NQPHN) Aboriginal and Torres Strait Islander Health Workforce Development Program aims to contribute to improved service delivery across health services in the NQPHN footprint, through increasing capacity and strengthening capability within the Aboriginal and Torres Strait Islander workforce.

The program is an enabler to empowering the Aboriginal and Torres Strait Islander workforce to deliver healthcare to northern Queenslanders, by northern Queenslanders.

Key achievements

- Roll out of new students for Certificate III and Certificate IV training to increase Aboriginal and Torres Strait Islander Health Worker upskilling across the region.

- Membership of Cape and Torres Regional Health Partners (RHP) Workforce Group for collaboration to enhance service capability in rural and remote areas.
- Encouraged participation of Aboriginal and Torres Strait Islander Health Workers to attend workforce development events across their region.
- Offered funded opportunities for Aboriginal and Torres Strait Islander Health Workers to attend myPHN Conference 2017 and health worker specific pre-conference workshops, with a significant uptake for both.
- Implemented monthly meetings with key staff from TAFE Queensland North and NQPHN for monitoring.
- Continuous improvement of reporting and financial monitoring processes.

Key outcomes

- Enhanced outcomes for health worker upskilling through improved service provision by TAFE Queensland North. NQPHN administration and time management improved through effective reporting processes and training outcomes oversight.
- Improved approach for roll out of new students of Certificate III and Certificate IV qualifications.
- Membership of Regional Health Partners group contributed to increased and enhanced client services and staff retention in rural and remote areas through:
 - review of current service capability, systems, resources, and processes to support service delivery
 - mapping of numbers of staff currently undertaking training in primary health care qualifications across the region inclusive of gender and location, informing future workforce planning and upskilling
 - development of effective induction, annual mandatory training programs, and ongoing opportunity for upskilling
 - partnership approach to developing Cultural Capability Framework for training program across all streams.
- Strengthened relations with Aboriginal and Torres Strait Islander Health Workers attending education events across the region.
- Health workers attended myPHN Conference 2017 and pre-conference workshops and contributed to the review of the 'Good Medicines, Better Health' program with the National Prescriber Service (NPS), including the development of a publishable resource to provide information and online links to support health workers for medicines and medicines management.

MEET Sue

Graduate Sue ready to make a difference in her community

Sue Gibuma grew up in the Torres Strait and always had an interest in health care and the ambition to make a difference in her community.

Sue is one of the first graduates of the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) through TAFE Queensland North, fully subsidised by Northern Queensland Primary Health Network (NQPHN) and Torres and Cape Hospital and Health Service.

As a further boost and to further assist successful applicants, NQPHN provided laptops to those students fulfilling criteria relating to remote residence and lack of computer/IT access.

This qualification will enable Sue to be employed in a variety of settings, such as in General Practice and Aboriginal Medical Services, and she is also now eligible for national registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

“I was first interested in the course to be able to receive my Australian Health Practitioner Regulation Agency (AHPRA) registration,” Sue said.

Since completing the course, Sue has started in a role in remote primary health care as an Indigenous Women’s Health Worker, which enables her to work across all program areas such as women’s health, chronic care, acute care, emergency care, and anything the community presents with in a remote primary health care setting.

“You need to be strong to deal with all the challenges you face working in community health, but while completing this course I have felt very supported,” Sue said.

Sue is currently thoroughly enjoying working and continuing her learning at the Horn Island Primary Health Care Centre.



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COLOUR FUN RUN

In September 2016, Northern Queensland Primary Health Network (NQPHN) organised a community fun run in the Torres Strait to promote a healthy, active lifestyle and reduce the incidence of disease in the local community.

The family-friendly Thursday Island Colour Fun Run featured an afternoon five kilometre walk/run along the ring-road of Thursday Island, and finished with a celebration of music, prizes, entertainment, and health information stalls.

The event achieved its aim of getting more than 500 people including families, children, students, and adults to participate in an activity focusing on the benefits of leading a positive lifestyle.

“This event was another demonstration of our commitment to closing the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Australians,” said NQPHN CEO Robin Moore.

“Our team, along with members of the fun run working group, worked hard to put together an event that appealed to everyone regardless of fitness level and promoted a healthy, active lifestyle.”

The event was also supported by local stakeholders including Torres Shire Council and Torres and Cape Hospital and Health Service.



Maternal and Child Health



79

face-to-face service provider consultations undertaken

Up to

6,000

pregnant women

& 30

general practices targeted in an alcohol education program in the Cairns and Townsville regions

Program overview

The Northern Queensland Primary Health Network (NQPHN) Maternal and Child Health Program works to address gaps in maternal and child health service provision, particularly in rural and remote communities, by implementing innovative and locally-tailored solutions, based on community need.

We aim to:

- improve access to sexual and reproductive health services
- improve access to our health promotion programs before and during pregnancy
- increase access for mothers and fathers to affordable, high-quality antenatal and postnatal services
- improve mothers', fathers', and carers' access to positive parenting information and support services
- ensure that children are in good health and meet key development milestones, laying the foundation for long, healthy lives
- improve access to child health services that are evidence-based, and provide co-ordinated early health diagnoses, and quality treatment services.

Key achievements

- Comprehensive maternal and child health service mapping completed, including service delivery gaps and barriers preventing patients from accessing services.
- Established a Maternal and Child Health Networking Group in Cairns. Maternal and child health providers that service both the Cairns and Hinterland, and the Torres and Cape Hospital and Health Services areas are welcome to attend this bi-monthly meeting to network and provide updates and information on their respective services.

- Awarded health promotion grants as part of the Active Healthy North Queensland Grants Program—Round 4 to two exciting projects:
 - **Gurriny Yealamucka Health Services—Baby Baskets Program (Yarrabah)**
The program focuses on health promotion activities aimed at women to prevent alcohol, smoking, and illicit drug use before and during pregnancy. It encourages women to seek support, and provides antenatal and postnatal resources and information in the form of baskets and bags.
 - **Hello Sunday Morning—DayBreak Program (Cairns and Townsville)**
The program focuses on delivering general practice education and community health promotion campaigns aimed at reducing alcohol use during pregnancy, and providing targeted health information and alcohol reduction/abstinence support through the Daybreak app. The program will reach 5,500–6,500 women through its marketing campaign and support 500–600 women through the health intervention arm of the program.
- Provided funding for an Antenatal Outreach Program that will provide culturally appropriate antenatal and health promotion education to pregnant Aboriginal and Torres Strait Islander women in the Gordonvale, Cairns West, and Kuranda areas.
- Co-commissioned the Aboriginal and Torres Strait Islander Family Wellbeing Strategy in partnership with NQPHN's Mental Health and Alcohol and Other Drugs Program and the Queensland Government Department of Communities.

A photograph of a woman with dark hair, wearing a black top with white stripes, holding a newborn baby wrapped in a white, fluffy blanket. The woman is looking down at the baby with a gentle expression. The background is slightly blurred, showing what appears to be a hospital or clinic setting with white linens.

Key outcomes

- The comprehensive maternal and child health service mapping provided a solid foundation of current services within the region, and common themes in relation to service delivery gaps and barriers that exist which prevent patients from accessing services across the regions. The information can be used as the initial step of service delivery gap identification and will be built upon by further work including ongoing stakeholder consultations and the commissioning of an Early Childhood Services Review in 2017-18.
- Representatives from a range of service providers including Queensland Health, not-for-profit organisations, community organisations, other State Government departments, and Aboriginal Medical Services attended the Cairns Maternal and Child Health Networking Group. As a result, improved networking, knowledge of other services and programs, information sharing, and service linkages among service providers was achieved.
- Up to 6,000 pregnant women and 30 general practices targeted in the Townsville and Cairns regions in an alcohol education program as part of the Hello Sunday Morning project, with 600 women expected to be provided with alcohol support.
- Pregnant Aboriginal and Torres Strait Islander women in the Gordonvale, Cairns West, and Kuranda areas will have access to culturally appropriate antenatal and health promotion education within their own communities. Currently in the initial stages, Mookai-Rosie Bi-Bayan who successfully tendered for the program, have undertaken collaboration with a range of local key stakeholders to ensure the program is designed and tailored to suit each of the communities it will be delivered in.

MEET Mookai Rosie Bi-Bayan



Making a real difference to mums, bubs, and families

Of the joys and challenges people face in life, none is more extraordinary than having a baby.

As well as physical, financial, and social changes, many women experience emotional changes during pregnancy. Mixed emotions are a normal and necessary part of preparing to become a parent.

It can be helpful for both expectant mums and dads to learn about ways to help themselves and others through this time of change.

The Northern Queensland Primary Health Network (NQPHN) Antenatal Outreach Program rolled out across the Cairns region to include communities such as Gordonvale, Cairns West, Edmonton, and Kuranda.

The program aims to provide culturally appropriate clinical antenatal education and health promotion for Aboriginal and Torres Strait Islander families who would not have otherwise attended any antenatal education.

Mookai-Rosie Bi-Bayan, who successfully tendered for the program, undertook collaboration with a range of local key stakeholders to ensure the program is designed and tailored to suit each of the communities it is delivered in.

Over six weeks, one session a week is held in each location, with transport provided by Mookai Rosie Bi-Bayan for families to attend.

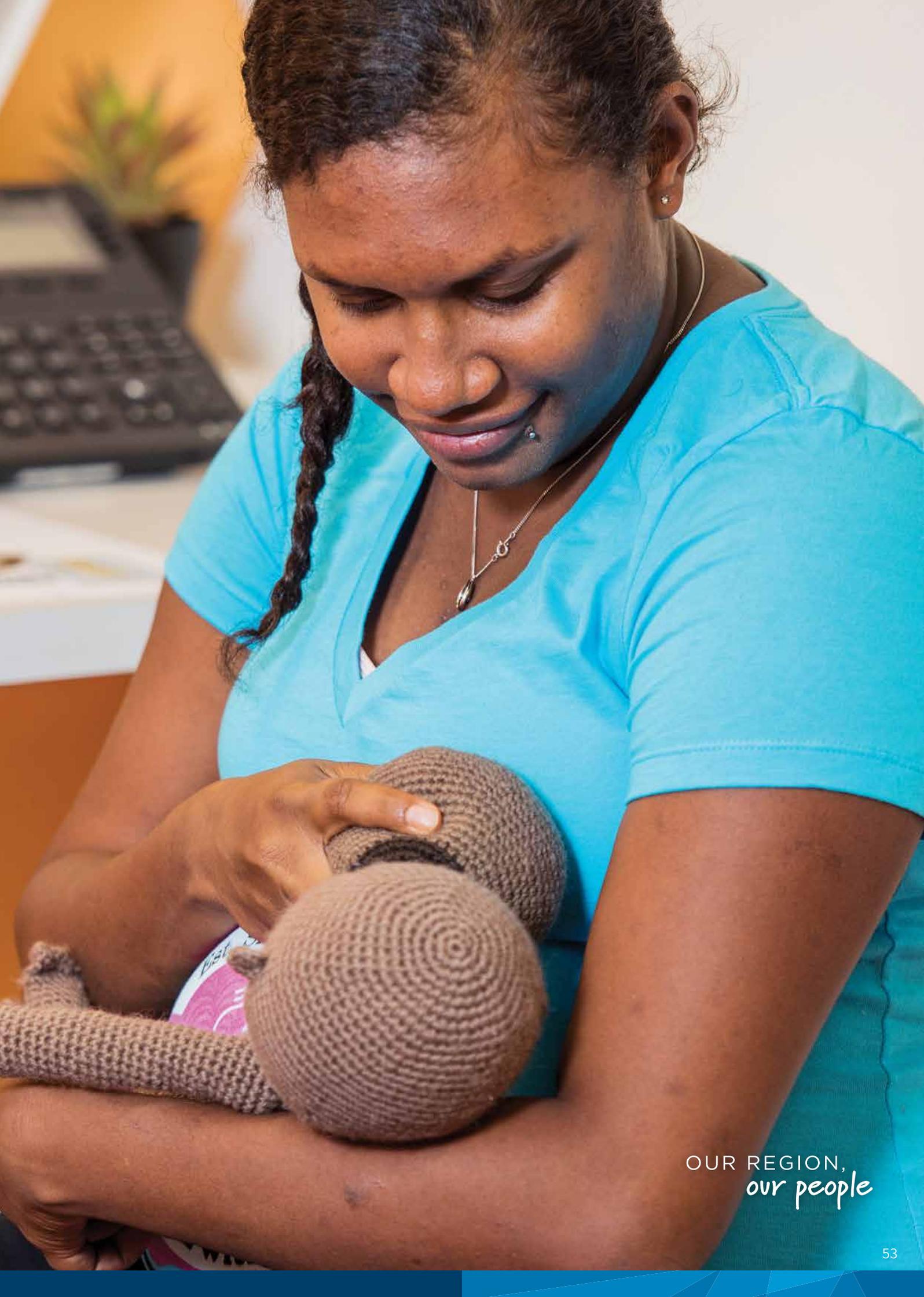
Throughout the sessions, mums-to-be learn about understanding the human body signs, the labour process, pain management and coping strategies, assisted births, breastfeeding, immunisation, and more.

Debbie Towns, Health Team Leader at Mookai Rosie Bi-Bayan in Cairns, said she has received lots of great feedback from the community and other organisations about the education that is provided during the sessions.

Families are also encouraged to come along, with a 'pregnant apron' designed for the dads to wear to see just how much weight is involved during pregnancy.

"I am expecting my fourth child, and it's absolutely amazing how much I have learnt," program attendee Francine said.

"During the sessions I am learning things I'm amazed I didn't know already—I'm really enjoying the education."



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Mental Health

52 primary mental health services commissioned and/or on-funded in the Cape and Torres, Cairns and Hinterland, Townsville, and Mackay regions

20 Mental Health Nurse Incentive Program (MHNIP) positions funded in general practices

37,749 funded mental health services delivered, including **12,332** services through headspace



Program overview

Mental health and suicide prevention is a key local, state, and federal issue, and Northern Queensland Primary Health Network (NQPHN) has strongly engaged with the community, private, and other public organisations to support services and initiatives that promote better mental health.

A significant focus has been the development of community-based suicide prevention plans, stakeholder preparedness for transition to stepped care, and capacity development within Aboriginal Medical Services.

Reform of primary mental health is a priority for Primary Health Networks, and NQPHN is preparing for the next phase of system reform. Particular target groups within the reform agenda are those people who live in remote and very remote locations, people experiencing homelessness, people who have multiple co-morbidities, and young people who are vulnerable and at risk within our communities.

Key achievements

- In addition to funding clinical suicide prevention services via the Access To Allied Psychological Services (ATAPS) program, NQPHN funded community-based responses to suicide prevention guided by the evidence-based Life-Span model from the Black Dog Institute.

- NQPHN funded the development of community-based suicide prevention action plans for the Torres and Cape, Cairns and Hinterland, Townsville, and Mackay Hospital and Health Services. The plans for Mackay and Townsville are now completed, endorsed, and will be funded for implementation. The Cairns and Hinterland, and Torres and Cape plans are progressing well.
- The official launch of the Townsville Community Suicide Prevention Action Plan 2017-2020 attracted more than 300 attendees and led to the development of community partnerships which will support implementation and further engagement.
- NQPHN is one of the 12 national suicide prevention trial sites focusing specifically upon the needs of ex-Australian Defence Force members and their families. Significant community interest in this particular area led to the development of a large reference group in Townsville along with an active steering committee chaired by Lieutenant General John Caligari AO, DSC (Retired).
- With a focus on early intervention and prevention, NQPHN funded five Aboriginal Medical Services for the delivery of perinatal and infant primary mental health services. These assist in the early identification and intervention of primary mental health services for families experiencing mental health and substance misuse issues.



- NQPHN funded ongoing, existing programs such as ATAPS, Mental Health Services to Rural and Remote Areas, and the Mental Health Nurse Incentive Program, while the region engaged in a process of interactive procurement.
- headspace activity increased across the NQPHN footprint, with new services commencing in 2017-18. A successful proposal from headspace in Cairns funded outreach to the Cassowary Coast and Tablelands regions for the delivery of both clinical and community engagement actions, while the funding also provided an Indigenous Community Engagement Officer for the centre. Following a successful proposal from headspace centres in Mackay and Townsville, a trauma-informed clinic for young people with severe and complex presentations will assist in addressing a long-standing gap in service delivery for young people aged 12-25 years.

Key outcomes

- Community suicide prevention action plans developed and being implemented within two communities.
- Directly-funded mental health service within Aboriginal Medical Services for the delivery of infant and peri-natal mental health activities.
- Expansion of headspace service models including trauma-informed care to provide longer term, intensive intervention, addressing complex needs.
- Preparing the sector for a co-design process leading to the transition to stepped care across the NQPHN community.
- Expansion of ATAPS model supporting the delivery of services via digital technology to remote communities in Cape York and the Torres Strait.
- Provision of funding for translation and interpreting services for Cairns ATAPS services to address gaps for clients from diverse backgrounds accessing psychological services.

MEET Adriel

Helping suicide prevention in Townsville

The people of Townsville have long been concerned about the growing impact of suicide in their community.

The effects of suicide are far-reaching and can impact family, friends, and colleagues.

Local opportunities to influence decision making and to share personal experiences with suicide have been limited... until now.

With the help of Northern Queensland Primary Health Network (NQPHN), the Townsville Suicide Prevention Network formed the Lived Experience Reference Group and Lived Experience training to provide a platform for members to come together to discuss and advance issues of concern relating to suicide prevention, intervention, and postvention.

Adriel Burley is a member of the Townsville Suicide Prevention Network and is passionately working collaboratively towards lowering the rate of suicide in North Queensland and raising awareness within the community.

Initially, participants from Cairns and Mackay were invited to join the Lived Experience training in Townsville, where a screening process was conducted to safeguard participants' self-care and preparedness.

"Almost 150 members of the public chose to participate in the intervention training, and local businesses became involved in fundraising to ensure the training was equitable and accessible," said Adriel.

"Together, people with personal experiences, intervention carers, and bereaved persons provided invaluable insight that allowed for healing and recovery through translating experience in aspects of lived experience advocacy."

Following on from the training, mentoring and social connections are continued regularly through the Lived Experience Reference Group.

Crisis intervention, follow-up care, and support, training and education were seen as important components in any evidence-based suicide prevention strategy.

The efforts of the Townsville Suicide Prevention Network have been recognised throughout the Townsville community and throughout Queensland.

"The Townsville Suicide Prevention Network is an organisation bringing our community together on a journey to help recognise those who need help and ultimately reduce rates of suicide in our community," Member for Thuringowa Aaron Harper said.

"I know this because of my previous career as a paramedic. Not only have I responded to countless suicide attempts and, sadly, those who have succeeded, but I have also lost some good mates in the Ambulance Service along the way. That is why I commend, and I am determined to work with, the Townsville Suicide Prevention Network."

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Practice Support

PRACTICE SUPPORT VISITS



hours spent in general practice support visits

> 1,518

total hours (multiple staff per visit)

> 1.2 HRS

spent on average per practice



1,146

practice support visits across the NQPHN region, including:

292

rural practice support visits

588

urban practice support visits

266

primary care providers (other than GPs)



How valuable was your practice visit?

Average score of **4.57 OUT OF 5**



How relevant was the support information provided to your practice?

Average score of **4.6 OUT OF 5**

90.2%

of practices had their expectation entirely met.

ACCREDITATION

100% 

practice accreditation status recorded in Customer Relationship Management (CRM) tool



87.5%

of practices accredited in the NQPHN region

PRACTICE SUPPORT DATA PROGRAM

62% of grouped 'data capable' practices contracted to the data program

92% data submissions received from participating grouped data capable practices

Program overview

Northern Queensland Primary Health Network (NQPHN) recognises that general practice lies at the heart of primary health care, and as such, we are committed to providing support and assistance to practices to ensure our community has access to the best possible health care services.

Our Practice Support Program provides a wide range of support to general practices, including general practitioners, practice employed nurses, practice managers, and practice staff, as well as other primary care providers, to promote multi-disciplinary care and optimal clinical outputs.

NQPHN aims to improve the quality of care provided to patients by providing information and assistance on accreditation, Enhanced Primary Care (EPC), and the use of MBS item numbers, Practice Incentive Payments (PIP), systems management, immunisation, specialised health areas, and business management resources.

Key achievements

- NQPHN contracted 108 grouped data-capable practices to the data program—an increase of four per cent in three months.
- Mackay achieved a 100 per cent data submission rate from participating grouped practices.
- Thirty per cent increase in the use of Scheduler V3 installations to participating practices.
- NQPHN practice data reports presented at the national PEN user group meeting, and the Rural Doctors Association of Queensland (RDAQ) Conference.
- Practice support visits to 1,146 urban, rural, and primary care providers across the NQPHN footprint.
- Visit to Thursday Island and Bamaga to provide practice and accreditation support.
- Delivered clinical software training to all general practices across the NQPHN region.
- Development of the General Practice Set-up and GP Induction Plan.
- Increasing practice digital implementation and capabilities, including use of the Viewer and My Health Record.
- Continuous Quality Improvement (CQI) activities with 34 general practices targeting diabetes, maternal and child health, and chronic obstructive pulmonary disease.
- Rapid Child and Maternal Health CQI activity—participating practices produced improvements in data quality around the recording of smoking status, ethnicity, and alcohol consumption, and increased the awareness of the effects of smoking and alcohol consumption before and during pregnancy.

NQPHN provided support to practices and the community following Tropical Cyclone Debbie

- Supported providers to be able to continue to provide their services to the community.
- Delivered resources to Disaster Recovery Centres.
- Visited practices in affected areas post-cyclone.
- Offered access to the Employee Assistance Program—free of charge—to practice staff, with instructions on how to access the program.
- Royal Australian College of General Practitioners (RACGP) Emergency Response Planning Tool (ERPT) offered free to all general practices across the NQPHN region.
- Debrief network meetings for practice managers in affected areas.

Key outcomes

- The increase in the use of Scheduler V3 by participating grouped practices on the data program had an enormous impact across the NQPHN footprint, resulting in the submission rates exceeding the target of 90 per cent. This enabled access to over 430,000 de-identified active patient's clinical records which we analysed to produce more accurate and meaningful reports, to assist in the delivery of primary health care.
- NQPHN worked with other PHN data experts to discuss strategies on how we can best position the PHNs to be the data custodians and preferred agency to assist reforms in primary health care in each region.
- Practices received valuable support delivered by a highly-skilled Practice Support Program.
- Software training for Medical Director and Best Practice encompassed a comprehensive session on the importance of data cleansing, and why it is important in general practice to assist with the best patient outcomes.

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MEET Dr Rajendra Awal

Sarina practice always looking to improve service to patients

For years Awal Medical Centre has been a trusted general practice for the people of Sarina.

With the help of Northern Queensland Primary Health Network (NQPHN), Awal Medical Centre was selected for a \$300,000 Federal Government grant to enable the practice to provide additional infrastructure and appropriate space to enable rural and regional health practitioners to maintain and increase the level of services locally.

Dr Rajendra Awal, GP at Awal Medical Centre, said that with the help of the grant, they plan to make much-needed additions to the clinic to benefit the community and healthcare professionals.

“An additional three consultation rooms will be built, which will help in having the ability to continue to recruit registrars for training, and medical students

will be able to receive adequate training from the supervisors as well,” Dr Awal said.

“Also planned for the practice is a dedicated training room with computers and projectors to provide teaching and training opportunities for a range of health professionals and students within the practice.

“Last but not least, an extended waiting room will be constructed which will be able to double after-hours as a conference room to help educate and promote health literacy within the community.”

Director and Practice Manager Yogita Awal personally thanked NQPHN for its assistance in the grant application process.

“I would like to thank NQPHN all for the support they gave us, and for providing a letter of support for the application as well,” she said.



Telehealth



telehealth hubs located in Ayr, Charters Towers, Clermont, Collinsville, Dysart, Hughenden, Ingham, Moranbah, and Richmond



Up to **14** delivered consultations per month

296 

licensed Vidyo users

480+

calls per month

Calls made by up to **98** different users per month



10 NEW

Vidyo licenses issued monthly (on average)

5

Average number of helpdesk calls the Telehealth Program resolved per week



Educational and networking events provided weekly via videoconferencing



Program overview

Northern Queensland Primary Health Network's (NQPHN's) Telehealth Program focuses on adopting proven evidence-based approaches and solutions to leverage existing health system structures to improve the effectiveness of health service delivery to our communities.

NQPHN leads and supports telehealth services in the region through partnerships, advocacy, and capacity building. The Telehealth Program is the enabler that assists the connection of patients and health care providers throughout the continuum of care, using technology as part of a suite of tools to enable access to quality health services, in addition to enhancing primary health care services by enabling access to professional development, support, and education from a distance.

It incorporates telehealth as a medium for health care delivery and support for:

- clinical service delivery, clinical supervision, and case conferencing and review
- education, training, and continuing professional development
- practice and primary health care provider support and quality improvement
- networking, peer support, and meetings.

Telehealth provides a viable solution to increased demand for care at a distance, including for care at home.

As the number of the Australian ageing population with chronic conditions starts to tax the capacity of existing primary health care services, telehealth will be a major contributor to supporting both health and social care, as well as the quality of life of elderly people living at home and in care.

Key achievements

The Telehealth Program addressed these challenges by:

- facilitating change in everyday operations for health care professionals and patients
- using patient-centred telehealth to assist with involving and engaging health professionals and patients in the overall digital health strategy
- enhancing the development of interdisciplinary and cross-sectoral collaboration across the health sector
- formulating strategies and business models for telehealth.

NQPHN funded telehealth hubs in nine rural sites in the Mackay and Townsville hinterland, with two additional hubs available for future deployment.

These provided users with supported access to telehealth technology without the need to simultaneously engage their GP—therefore freeing up resources within rural practices, and providing an access point for the delivery of telehealth services from community organisations, Non-Government Organisations (NGOs), and allied health providers. The hubs further addressed the issue of limited access to affordable bandwidth in rural areas. By providing an internet connection of suitable quality for video links, the hubs made telehealth consultations accessible to rural residents where telehealth at home is not an affordable option.

NQPHN also funded Vidyo licences and access to Vidyo infrastructure to provide free licenses to health professionals, enabling them to connect to each other in both the public and private sector.

The telehealth program supported health professionals and educators to use the software with training, user resources, and helpdesk facilities.

This provided an incentive to establish telehealth consultations across the sector, and is particularly useful in connecting to Queensland Health. Additionally, Vidyo provided a medium for NQPHN to deliver training, education, and networking to health providers across the NQPHN footprint.

Key outcomes

- Telehealth hubs were used to access a variety of services—both public and private—including psychology, oncology, neurology, cochlear implant, dietetics, speech pathology, psychiatry, assistance with domestic violence, and teleschool for the deaf.
- Hubs are best utilised where there are service providers who are funded to deliver telehealth services in the area. NQPHN-funded telehealth hubs delivered their services free to consumers, and, in particular, gave access to services for those users who are unable to afford the high cost of bandwidth suitable for videoconferencing in rural areas, and

those less confident with using technology to access services.

- Free access to Vidyo infrastructure and software for GPs and other health services incentivised them to use telehealth models of care more effectively. GPs provided patient-end support to clients accessing specialist services via telehealth, and this improved quality of care by facilitating accurate and timely communication between health providers.
- Allied health providers used Vidyo to supply telehealth services to clients in areas where such services are not available face-to-face, including Weipa, Bamaga, Cooktown, Darnley Island, and Thursday Island, as well as in the Cairns, Mackay, and Townsville hinterland.
- Vidyo was used weekly across NQPHN to provide training, networking, and education to health providers across the NQPHN footprint, making meetings and educational events much more accessible to providers working in rural and regional areas.
- Vidyo was also used in a collaborative project with NQPHN, Queensland Ambulance Service, Mackay Hospital and Health Service, and local GPs to reduce presentations from Residential Aged Care Facilities (RACFs) to emergency departments (EDs). Telehealth consultations with EDs allowed more residents to be assessed and treated in their RACF, reducing the need for transport to hospital, and avoiding lengthy and uncomfortable waits for clients in EDs.



MEET Kaitlyn

Kaitlyn is using technology to help people doing it tough in remote areas

Kaitlyn Matthews is dedicated to providing support to the delivery of mental health services to those communities most in need - regardless of the distance and challenges involved.

Kaitlyn works for Health Reimagined, which delivered the Access To Allied Psychological Services (ATAPS) program in North Queensland on behalf of Northern Queensland Primary Health Network (NQPHN).

Throughout NQPHN's footprint, Health Reimagined successfully delivered 10,631 mental health sessions, developed 124 referral pathways, and delivered services to 77 locations across North Queensland, many of them remote areas of our footprint.

More than 60 Health Reimagined-contracted psychologists and mental health professionals delivered ATAPS services in the region following 3,121 ATAPS referrals.

Many of these sessions were delivered via video link using telehealth, a vital way of connecting remote patients with key support services.

"Health Reimagined is committed to working directly with NQPHN, Queensland Health, peak bodies, general practitioners, and primary and secondary health care providers to improve mental health service delivery for individuals, families and communities within rural and remote regions," Kaitlyn said.

"With these strengthened partnerships, innovative ideas, up-to-the-minute data and continual education, we are working towards increasing the efficiency and effectiveness of primary mental health care, suicide prevention services, and capacity building in rural and remote regions."

Health Reimagined developed partnerships with Queensland Health (Torres and Cape, and Cairns and Hinterland Hospital and Health Services) to utilise telehealth facilities to deliver mental health sessions via video-link and telephone in the Torres and Cape region. They also developed referral pathway

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opportunities and further ATAPS promotion to communities within the region.

NQPHN provided these video links (through a Vidyo licence) which were utilised at Queensland Health facilities on Thursday Island and Darnley Island, and in Bamaga, Weipa, and Cooktown.

E-mental health resources, ATAPS, and referral information is heavily promoted to all Queensland Health facilities, councils, schools, and community centres within the Torres and Cape region, as well as Cairns and Hinterland.

Health Reimagined, on behalf of NQPHN, has also developed strong referral pathways and partnerships with Queensland Health to improve mental health service delivery in communities that need it most.

And as Kaitlyn knows, telehealth is the vehicle to reach those doing it tough in some of the remotest areas of Queensland.

Workforce Development

Number of primary care and other service providers at workforce development events:

2015-16:

3,388

2016-17:

3,862



INCREASE OF:

474

[14%↑]



217

workforce development events across the region

78

Townsville

75

Mackay

64

Cairns

Strong advances in engagement of previously disengaged groups such as dentists



100+ attendees



Conference registrations:

302 → 459
2016 2017



52%



increase in trade and sponsorship

6

pre-conference workshops

Program overview

Northern Queensland Primary Health Network's (NQPHN's) Workforce Development Program aims to meet the needs and build the capacity of the primary health care workforce by supporting primary health care providers and their teams to provide the right care, in the right place, at the right time.

The strategy acknowledges that access to ongoing education opportunities supports maintenance of continuing professional development for retention of registration, and additional opportunities to retain currency of knowledge for ongoing business sustainability and improvement.

The program is designed to provide health professionals with the skills and knowledge

they require to enhance the overall health of our communities by addressing the many social, economic, and environmental factors which contribute to health outcomes for the communities and individuals we serve.

The NQPHN Workforce Development Program provides a platform to improve attraction and retention rates for skilled staff, and facilitate new research, health reforms, and advances in technology in the region.

NQPHN is committed to building a highly-capable workforce, providing strong leadership and strategic direction for enabling high performance and safety in the delivery of primary healthcare services across northern Queensland.

Key achievements

- Created workforce development event calendars based on feedback and input from service providers, the 2016 NQPHN Health Needs Assessment, Federal Government funding objectives, federal and state initiatives, and ongoing reform to meet the needs of the following key streams:
 - GPs
 - pharmacists
 - dentists
 - nurses (incorporates health workers)
 - allied health professionals
 - practice staff.
- Increased promotion of HealthPathways in the Mackay region, with attendance of a General Practice Liaison Officer and HealthPathways team member at all related workforce development events. Links to related HealthPathways included on event flyers and sent out as pre-reading prior to events, with instructions for primary health providers to download an icon for connection to the HealthPathways site on smartphones (same model to be introduced in Cairns, and options investigated for Townsville).
- Delivered the highly successful myPHN Conference 2017.

Key outcomes

- Workforce development events calendars supported primary care providers to plan professional development opportunities in advance and identify key staff to attend.
- Promotions to regional Hospital and Health Services (HHSs) resulted in increased attendance by HHS staff, strengthened relationships, and generated conversations and thinking around continuous improvement of service integration.
- Improved knowledge and understanding of HealthPathways provided learning, guidance, and knowledge building for both long-term and new service providers within the region. Distribution of links to relevant HealthPathways enhanced learning outcomes and localised knowledge for service providers.
- The myPHN Conference 2017 built strong relationships with key stakeholders including:
 - regional service providers
 - HHSs
 - the national PHN group
 - federal and state health organisations and government departments.

MEET Jackie

Volunteer Jackie inspires next generation

Dr Jackie Stuart is committed to donating her time and efforts to primary care education and the training of primary care providers.

Graduating from Dentistry at the University of Queensland in 1986, Jackie practiced as a general dental practitioner in Mackay for 28 years.

After being diagnosed with bowel cancer in 2012, Jackie developed a condition called peripheral neuropathy, which is a common side effect of extended chemotherapy sessions.

This caused Jackie to permanently lose feeling in her hands and feet, preventing her from continuing her work as a dental practitioner.

Instead of accepting the fact that she could no longer do her part in the industry, Jackie used her hardship as motivation and strived to find a way in which she could use her knowledge to the advantage of others.

“Being who I am, I was not content to only suggest solutions to the problems found in my research, but I also needed to actually “make a difference” and thus my voluntary role as a lecturer has developed,” Jackie said.

Jackie currently volunteers her time as a lecturer to present to general medical practitioners, pharmacists, and all allied health professionals including speech pathologists, occupational therapists, nurses, aged care providers, and drug and alcohol counsellors.

“After my diagnosis, I have kept my energies focused on giving back to the community,” she said.



OUR REGION,
our people

Dr Stuart has volunteered her time to be involved in many of Northern Queensland Primary Health Network's training events, travelling all around the region from Mackay, Townsville, and Cairns to passionately deliver education and knowledge to general medical practitioners.

Jackie has now embarked on a PhD project with the topic being "The relationship between the primary care network and dental practitioners and the applications for technology."

The findings from this research project have found that primary healthcare providers are often faced

with patients with emergency dental presentations, and these non-dental health care providers are often ill equipped to deal with these issues.

This type of dental education program for non-dental professionals has not been delivered before, and Jackie seems to have found a definite gap that, with the help of NQPHN, can be addressed in the education of these important healthcare providers.

At myPHN Conference 2016, Dr Stuart was awarded the NQPHN Dentist of the Year award for the endless time and effort she has contributed to truly make a difference in dental education in North Queensland.

“ In one weekend, delegates were able to get up to speed on crucial primary health topics... ”



myPHN Conference 2017

myPHN Conference 2017: Transforming healthcare together attracted a sell-out 450 delegates and more than 40 expert health speakers from across the nation in an event hosted by Northern Queensland Primary Health Network (NQPHN).

The second annual conference, held in Cairns, explored the ever-changing landscape of health across Australia, focusing on current health reforms, the future of digital health, and what they mean for healthcare providers and the wider community.

The opening ceremony saw Australia's most iconic female Indigenous entertainer Christine Anu perform two songs, and the Honourable Ken Wyatt MP, Minister for Aged Care and Minister for Indigenous Health, officially opened the prestigious event.

Conference Chair, Professor Brian Dolan, led the interactive two-day program which also included pre-conference workshops, a myPHN networking event where Anu also performed, and a sold-out digital health breakfast.

Key streams included social determinants of health, partnerships in primary health, and digital and data innovation.

myPHN Conference Steering Committee Chief Executive Officer Robin Moore said the conference delivered unique opportunities for health providers to access keynote speakers addressing a wide range of key health issues.

"It was a real coup for us to be able to attract such an array of health experts," said Mr Moore.

"In one weekend, delegates were able to get up to

speed on crucial primary health topics by listening, engaging, and connecting with fellow health industry professionals.

"myPHN Conference 2017 provoked conversations and new thinking in health service delivery.

"myPHN Conference 2017 was the national primary health event of the year, with a bigger and even better program to help prepare healthcare providers for the future."

myPHN Conference 2017 attracted a wide range of health professionals, including:

- general practitioners
- pharmacists
- dentists
- nurses
- allied health professionals
- Aboriginal and Torres Strait Islander Health Workers
- medical administrators
- policy makers
- medical educators
- local government and community advocates
- medical allied health and nursing students.

"The conference was all about working together to improve the patient journey, ensuring that patients receive the right care, at the right time, and in the right place," said Mr Moore.

Some of the expert speakers who presented at the conference included:

- **Professor Brian Dolan** (Director at UK-based organisation Health Service 360 and leader in health systems reform)
- **Michael Moore** (CEO at Public Health Association of Australia)
- **Janet Quigley** (Acting First Assistant Secretary, Department of Health).





Disaster management

Northern Queensland Primary Health Network (NQPHN) has an active role in disaster preparedness and recovery. Under our Disaster Management Plan, we aim to work closely with Hospital and Health Services, general practices, pharmacies, and other healthcare providers on disaster preparedness and recovery activities, as well as wider stakeholders, and assist in co-ordinating the continuity of primary health care services in the event of a disaster.

Disaster Risk Reduction workshops for primary healthcare providers (November 2016)

Extreme weather-related disasters are becoming increasingly frequent, due largely to a sustained rise in the intensity, severity, and frequency of cyclones, floods, and storms. There is a need to focus on disaster risk reduction strategies and resources for

the most vulnerable, such as those with chronic diseases and other ongoing medical problems. This is a risk because the immediate interventions after a disaster can have a significant influence on the health consequences in the longer term. The people at greatest risk after a disaster, particularly in developed countries, are those with underlying cardiovascular and respiratory diseases, undergoing cancer treatment, unstable diabetes and mental health conditions, and renal diseases.

To help address this challenge, NQPHN and the United Nations Office for Disaster Risk Reduction (Office for Northeast Asia and Global Education and Training Institute—UNISDR ONEA-GETI) partnered to deliver a series of workshops in Cairns, Mackay, and Townsville for general practitioners, pharmacists,

nurses, allied health practitioners, practice managers and staff, and other healthcare and government representatives involved in disaster management.

The training materials used by UNISDR ONEA-GETI for the private sector were tailored for local primary healthcare providers, with the aim of facilitating integration of the primary healthcare sector into disaster management.

NQPHN were privileged to welcome Sanjaya Bhatia, Head of UNISDR ONEA-GETI (*pictured below*), to Australia as one of the workshops' key facilitators.



Tropical Cyclone Debbie (March 2017)

On 28 March 2017, Tropical Cyclone Debbie made landfall near Airlie Beach, just north of Proserpine, as a Category 4 system, and was branded the most dangerous cyclone to impact Queensland since Cyclone Yasi in 2011.

Winds up to 265km per hour caused significant damage around the Bowen and Whitsundays region, plus other damage extending to Ayr and Mackay.

NQPHN played an active role throughout the cyclone event, from preparation when it formed as a tropical low, through to recovery and post-cyclone efforts.

NQPHN undertook the following activities:

- The establishment of the NQPHN Disaster Response Group.
- Regular attendance at Townsville and Mackay Local Disaster Management Groups meetings by relevant General Managers.
- Regular SMS updates to NQPHN staff with latest information and instructions.
- Distribution of email blasts (eblasts) to all practices and pharmacies providing pre-cyclone advice (e.g. cold chain of vaccines, selected practices to be mobilised, consideration of vulnerable patients etc.).
- Liaised closely with Mackay Hospital and Health Service (MHHS) to establish transfer of emergency department (ED) patients

to practices, information on after-hours services, and shared list of open practices and pharmacies for the MHHS Facebook page.

- Contacted practices across the region to identify practices that could immediately have patients diverted from Mackay ED, and which were bulk billing practices, and after-hours providers. NQPHN then provided this information to MHHS ED, with ED patients offered GP services as an alternative to reduce demand.
- Worked closely with the Whitsundays Local Disaster Management Group (LDMG) to provide information to all general practices in the region, and sent a list to the LDMG of open practices, as well as developing a public information fact sheet about accessing services to reduce ED presentations.
- Delivered social media marketing to public on GP and pharmacy services available, encouraging access to general practice instead of ED where appropriate. Almost 35,000 people in the region were reached via this Facebook campaign.
- Liaised with ABC Tropical North radio to broadcast a community service announcement regarding open GP and pharmacy services, which broadcast in the days post-cyclone.
- Provided practices with crucial post-cyclone information through ongoing eblasts on disaster management and critical updates, including from the local Public Health Unit. These eblasts reached almost 200 practices across the MHHS district.
- Established a free counselling services program for all general practice staff to access in affected areas to provide additional confidential wellbeing support—at no cost to staff or practice.
- Provided feedback to the State Health Emergency Coordination Centre (SHECC) regarding Airlie Beach GPs most affected by the cyclone, and provided direct support to three local GPs.
- Organised post-cyclone care packages to health care providers affected by the cyclone (*pictured opposite*).





Financial report
2016-17



NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED

ABN 35 605 757 640

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2017

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Company Information

General Information

The financial report covers North Queensland Primary Healthcare Network Limited as an individual entity.

The financial report consists of the financial statements, notes to the financial statements and the directors' declaration.

The financial report was authorised for issue, in accordance with a resolution of directors, as per the date of the directors' declaration. The directors have the power to amend and re-issue the financial report.

North Queensland Primary Healthcare Network Limited acknowledges the traditional custodians of the land on which we live and work and pay respects to Elders past, present and future.

Vision

Northern Queenslanders will live happier, healthier, longer lives. To ensure people of Northern Queensland access primary health care services that respond to their individual and community needs, and are relevant to their culture, informed by evidence, and delivered by an appropriately skilled, well-integrated workforce.

Strategic direction

The Company was established on 21 May 2015 and began operations on 1 July 2015 as a not for profit registered charitable company limited by guarantee. The Company is a member based organisation with all members being separate legal entities with a demonstrated involvement in primary health care.

The Company's principal purpose is to work with community-based general practitioners, dentists, pharmacists, nurses and allied health practitioners in Northern Queensland to improve and coordinate primary health care across the local health system for patients requiring care from multiple providers.

The Company acknowledges the support of the Australian Government Department of Health.

Principal activities

Mental Health

Lead mental health and suicide prevention planning, commissioning and integration of services at a regional level to improve outcomes for people with or at risk of mental illness and/or suicide.

Integrated Team Care

Commissioning the prevention and management of chronic disease for Aboriginal and Torres Strait Islander people, through general practice and Aboriginal Medical Services.

Drugs and Alcohol Treatment Services

Commissioning services to reduce and treat illicit drug use, improve physiological health, and improve social functioning for people attending treatment for substance misuse.

Provider and Practice Engagement Support

Engagement and support for primary health care providers, including general practice, allied health, pharmacy and dentists.

Other activities

Directed to meet the needs identified in the NQPHN Health Needs Assessment, including: My Health Record Opt Out Trial, Maternal and Child Health, Chronic Disease Management, Afterhours Services, Workforce Development and Health Promotion.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 \$	2016 \$
Revenue			
Commonwealth funding	4	43,801,956	24,200,335
Interest		564,690	165,320
Members' application fee	3(a)	-	62,454
Other		1,405	56,904
Total Revenue		<u>44,368,051</u>	<u>24,485,013</u>
Expenditure			
Board and governance		228,688	274,491
Commissioned contracts		31,780,167	16,050,286
Communications/IT		889,391	569,782
Community/Provider engagement and workforce development		574,796	450,899
Consultancy fees/Professional services	5	808,756	643,317
Depreciation and amortisation	8,9	233,797	168,231
Employee benefits costs	6	7,881,380	4,476,342
Low cost capital items		133,585	230,847
Motor vehicle costs		97,991	50,577
Occupancy costs		320,847	229,739
Travel and accommodation		713,156	420,241
Other expenses		411,157	429,149
Total Expenditure		<u>44,073,711</u>	<u>23,993,901</u>
Operating result		<u>294,340</u>	<u>491,112</u>
TOTAL COMPREHENSIVE INCOME		<u>294,340</u>	<u>491,112</u>

The accompanying notes form part of these financial statements

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2017

	Notes	2017 \$	2016 \$
Current Assets			
Cash and cash equivalents		29,532,407	3,788,724
Investments		60,579	12,057,636
Receivables	7	<u>1,434,693</u>	<u>35,503</u>
Total Current Assets		<u>31,027,679</u>	<u>15,881,863</u>
Non Current Assets			
Property, plant and equipment	8	504,367	199,163
Intangible assets	9	<u>260,267</u>	<u>271,131</u>
Total Non Current Assets		<u>764,634</u>	<u>470,294</u>
Total Assets		<u>31,792,313</u>	<u>16,352,157</u>
Current Liabilities			
Trade and other payables	10	11,838,458	3,467,456
Unearned revenue	11	<u>19,168,403</u>	<u>12,393,589</u>
Total Current Liabilities		<u>31,006,861</u>	<u>15,861,045</u>
Total Liabilities		<u>31,006,861</u>	<u>15,861,045</u>
Net Assets		<u>785,452</u>	<u>491,112</u>
Members Equity			
Accumulated surplus		<u>785,452</u>	<u>491,112</u>
Total Members Equity		<u>785,452</u>	<u>491,112</u>

The accompanying notes form part of these financial statements

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017

	Total \$
Accumulated surplus	
Balance at 21 May 2015	-
Operating result	491,112
Balance at 30 June 2016	<u>491,112</u>
Balance at 1 July 2016	491,112
Operating result	294,340
Balance at 30 June 2017	<u>785,452</u>

The accompanying notes form part of these financial statements

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 \$	2016 \$
Cash flows from operating activities			
Receipts from Commonwealth funding		52,972,199	36,593,924
Members' application fee	3(a)	-	62,454
Interest received		564,690	165,320
Payments to suppliers		(4,382,535)	(1,399,093)
Payments for commissioned contracts		(27,065,879)	(14,700,496)
Payments to employees		(7,815,117)	(4,291,435)
Net cash from operating activities	13	14,273,358	16,430,674
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		1,405	54,211
Payment for purchase of property, plant and equipment		(427,139)	(313,596)
Payment for intangible assets		(100,998)	(324,929)
Net movement in term deposits		11,997,057	(12,057,636)
Net cash from/(used in) investing activities		11,470,325	(12,641,950)
Net increase in cash and cash equivalents		25,743,683	3,788,724
Cash and cash equivalents at beginning of year		3,788,724	-
Cash and cash equivalents at end of year		29,532,407	3,788,724

The accompanying notes form part of these financial statements

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

1. Basis of accounting

(a) Reporting entity

North Queensland Primary Healthcare Network Limited (the "Company") is domiciled in Australia. The Company's registered office is at 36 Shields Street Cairns. The Company is a not-for-profit entity primarily working with community-based general practitioners, dentists, pharmacists, nurses and allied health practitioners in Northern Queensland to improve and coordinate Primary Health Care across the local health system for patients requiring care from multiple providers.

(b) Statement of compliance

The financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements ("AASBs") adopted by the Australian Accounting Standards Board ("AASB") and the Australian Charities and Not-for-profits Commission Act 2012.

(c) Basis of measurement

The financial statements have been prepared on the historical cost basis.

(d) Functional and presentation currency

These financial statements are presented in Australian dollars, which is the Company's functional currency.

(e) Use of judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Company's accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis.

Management is not aware of any judgements, assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment within the next financial year.

(f) Economic dependency and going concern

These financial statements have been prepared on the going concern basis which contemplates the continuity of normal business activities and the realisation of assets and settlement of liabilities in the normal course of business.

The Company is a not-for-profit entity and is reliant on government funding in order to continue its operations. Management has no reason to believe that the required funding will not be forthcoming for the foreseeable future. However, should future government funding be significantly reduced or curtailed, it is unlikely the Company would be able to continue its operations at current levels.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

2. New and amended accounting standards

(a) New and amended standards adopted

This year the Company has applied AASB 124 *Related Party Disclosures* for the first time. As a result the Company has disclosed information about related parties and transactions with those related parties. This information is presented in Note 14.

(b) Standards issued but not yet effective

A number of new standards and amendments to standards are effective for annual periods beginning after 1 July 2016, and have not been applied in preparing these financial statements. The following new standards may have an impact on the Company's financial statements, although any such impact has not yet been assessed:

AASB 9 *Financial Instruments* becomes mandatory for annual periods beginning on or after 1 January 2018 (with early adoption permitted) and includes revised guidance on the classification and measurement of financial instruments, a new revised credit loss model for calculating impairment on financial assets and new general hedge accounting requirements. It also carries forward the guidance on recognition and derecognition of financial instruments from AASB 139.

AASB 15 *Revenue from Contracts with Customers*, AASB 1058 *Income of Not-for-profit Entities* and AASB 2016-8 *Amendments to Australian Accounting Standards - Australian Implementation Guidance for Not-for-profit Entities*.

AASB 15 will replace AASB 118 *Revenue*, AASB 111 *Construction Contracts* and a number of interpretations. AASB 2016-8 provides Australian requirements and guidance for not-for-profit entities in applying AASB 9 and AASB 15, and AASB 1058 will replace AASB 1004 *Contributions*. Together they contain a comprehensive and robust framework for the recognition, measurement and disclosure of income including revenue contracts with customers. NQPHN is still reviewing the way that income is measured and recognised to identify whether there will be any material impact arising from these standards.

AASB 16 *Leases* becomes mandatory for annual periods beginning on or after 1 January 2019 (with early adoption permitted) and in essence requires a lessee to:

- recognise all lease assets and liabilities (including those currently classified as operating leases) on the statement of financial position, initially measured at the present value of unavoidable lease payments;
- recognise amortisation of lease assets and interest on lease liabilities as expenses over the lease term; and
- separate the total amount of cash paid into a principal portion (presented within financing activities) and interest (which entities can choose to present within operating or financing activities consistent with presentation of any other interest paid) in the statement of cash flows.

The Company does not plan to adopt these standards early.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

3. Significant accounting policies

(a) Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the Company and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Commonwealth funding

Funding is provided predominantly by the Commonwealth Department of Health for specific primary health services purchased by the Department in accordance with a standard funding agreement. Funding is based on an agreed range of activities per the standard funding agreement and a nation wide price by which relevant activities are funded. The standard funding agreement will be reviewed periodically and updated for changes in activities and prices of services delivered. At the end of the financial year, where the Company has received Commonwealth funding in advance of the services being performed, these funds are carried forward as unearned revenue.

Interest

Interest revenue is recognised on a proportional basis taking into account the interest rate applicable to the financial asset.

Members' application fee

In line with Clause 7.4(d) of the Constitution all members paid an application fee currently set at \$10,409 per member.

(b) Commissioned contracts

The Company under its Agreement with the Commonwealth Department of Health is not a provider of health services direct to the public. Rather, it identifies areas of need in primary health care and commissions health service providers to provide direct services to the public to address these identified areas of need.

These commissioned payments to service providers are made on the basis of properly commissioned arm's length contracts and are payable in accordance with the milestones contained in the service schedule or upon completion of the service.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

3. Significant accounting policies (Continued)

(c) Income tax

The Company is a charitable institution under subsection 50-5 of the Income Tax Assessment Act 1997, and is therefore exempt from paying income tax.

(d) Cash and cash equivalents

Cash and cash equivalents includes deposits held at call with financial institutions and term deposits with original maturities of three months or less that are readily convertible to cash and which are subject to an insignificant risk of changes in value.

(e) Property, plant and equipment

Each class of property, plant and equipment is carried at amortised cost.

Depreciation is calculated on all non-current assets using the straight line method based on the expected useful life of the asset. The depreciation rates used were in the range 2.5% to 30%.

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

Items of property, plant and equipment with a cost or other value equal to or in excess of \$10,000 are recognised for financial reporting purposes in the year of acquisition. Items with a lesser value are expensed in the year of acquisition.

(f) Intangible assets

Intangible assets with a cost or other value equal to or greater than \$10,000 are recognised in the Statement of Financial Position. Items with a lesser value are expensed. Each intangible asset, less any anticipated residual value, is amortised over its estimated useful life to the Company. The residual value is zero for all the Company's intangible assets.

The Company's intangible assets are recognised and carried at cost less any accumulated amortisation and accumulated impairment losses.

Costs associated with the development of computer software have been capitalised and are amortised on a straight-line basis over the period of expected benefit to the Company. The amortisation rates average 30%.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

3. Significant accounting policies (Continued)

(g) Receivables

Receivables are amounts owed to the Company at year end and are recognised at the amount due at the time of the transaction. It is predominantly made up of amounts due from the Department of Health in relation to program amounts expended in the current financial year from 17/18 funding.

(h) Impairment of assets

At each reporting date the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that these assets have been impaired.

(i) Leases

Leases are classified at their inception as either operating or finance leases based on the extent to which the risks and rewards incidental to ownership of the leased asset lie with the lessor or the lessee. The Company has no finance leases.

Payments made under operating leases, where substantially all the risks and rewards remain with the lessor, are recognised as expenses on a straight line basis over the term of the lease.

(j) Employee benefits

Wages and salaries

Short-term employee benefits are expensed as the related service is provided. Liabilities for wages and salaries and annual leave expected to be settled within one year of the reporting date have been measured at the amounts expected to be paid when the liabilities are settled, plus related on costs.

Sick leave

Current trends indicate that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlement is recognised. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

3. Significant accounting policies (Continued)

(j) Employee benefits (continued)

Long service leave

The liability for long service leave will be recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least one year after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

No liability for long service leave has been recognised as the liability would not be significant given the majority of employees have less than two years service at balance date and none more than 26 months.

(k) Superannuation

The Company contributes employer superannuation on behalf of employees earning greater than \$450 per month. The Company is not legally obligated to contribute greater than the superannuation guarantee levy.

(l) Trade and other payables

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

(m) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The net amount of GST recoverable from, or payable to, the Australian Taxation Office is included in other receivables or other payables in the Statement of Financial Position.

(n) Members' liability

The Company is a company limited by guarantee. Accordingly each member of the Company undertakes to contribute to the assets of the Company in the event of it being wound up. The amount of any such contribution is limited to \$10.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED TO 30 JUNE 2017

	2017	2016
	\$	\$
4. Commonwealth funding		
Primary Health Networks - Operational & Flexible/Innovation	13,932,439	10,828,229
Primary Health Networks - After Hours Primary Health Care	2,166,623	994,237
Indigenous Australians' Health Programme	9,027,156	6,575,848
Ageing and Service improvement	-	109,979
Operational Mental Health and Suicide Prevention, and Drug & Alcohol Activities	17,016,259	5,199,746
My Health Record Opt-Out Participation Trial	1,659,479	492,296
	<u>43,801,956</u>	<u>24,200,335</u>
5. Consultancy fees/professional services		
Professional services - corporate	234,836	223,978
Professional services - health needs assessment	303,013	294,196
Professional services - program	225,079	81,338
Professional services - commissioning	45,828	43,805
	<u>808,756</u>	<u>643,317</u>
6. Employee expenses		
Employee benefits		
Salaries and wages	6,464,801	3,716,095
Annual leave expense	441,321	248,952
Employer superannuation contributions	537,875	287,660
Other employee benefits	95,358	45,223
	<u>7,539,355</u>	<u>4,297,930</u>
Employee related expenses		
Workers' compensation premium	23,169	19,005
Other employee costs	318,856	159,407
	<u>7,881,380</u>	<u>4,476,342</u>
7. Receivables		
Department of Health receivable	1,404,826	-
Sundry receivables	20,191	8,694
GST receivable	6,935	-
Prepayments	2,741	26,809
	<u>1,434,693</u>	<u>35,503</u>

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

8. Property, plant and equipment

	Leasehold improvements	Office equipment	Computer hardware	Total
	\$	\$	\$	\$
2016				
Cost				
Balance 21 May 2015	-	-	-	-
Additions	142,462	46,731	124,403	313,596
Balance 30 June 2016	142,462	46,731	124,403	313,596
Depreciation				
Balance 21 May 2015	-	-	-	-
Depreciation for period	83,262	8,556	22,615	114,433
Balance 30 June 2016	83,262	8,556	22,615	114,433
Carrying amounts				
At 30 June 2016	59,200	38,175	101,788	199,163
2017				
Cost				
Balance at beginning of year	142,462	46,731	124,403	313,596
Additions	290,745	-	136,394	427,139
Balance at end of year	433,207	46,731	260,797	740,735
Depreciation				
Balance at beginning of year	83,262	8,556	22,615	114,433
Depreciation for period	67,722	13,155	41,058	121,935
Balance at end of year	150,984	21,711	63,673	236,368
Carrying amounts				
Balance at end of year	282,223	25,020	197,124	504,367

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

9. Intangible assets

	2017	2016
	\$	\$
Computer software		
Cost		
Balance at beginning of year	324,929	-
Additions	100,998	324,929
Balance at end of year	<u>425,927</u>	<u>324,929</u>
Amortisation		
Balance at beginning of year	53,798	-
Amortisation for period	111,862	53,798
Balance at end of year	<u>165,660</u>	<u>53,798</u>
Carrying amounts		
At 30 June	<u>260,267</u>	<u>271,131</u>

10. Trade and other payables

Trade payables	1,690,869	634,263
Accrued expenses	5,533,317	1,917,238
Commonwealth funding repayable	4,271,566	362,752
GST payable	-	368,295
Liability for annual leave	342,706	184,908
	<u>11,838,458</u>	<u>3,467,456</u>

11. Unearned revenue

Unearned revenue represents future funding received in advance, current year funding held to meet future activity commitments, current year funding to be acquitted in the future and uncommitted funding approved for carryover by the funder.

Primary Health Networks - Operational & Flexible/Establishment & Transition	4,652,756	3,307,924
Primary Health Networks - After Hours Primary Health Care	7,184,924	4,137,258
Indigenous Australians' Health Programme	179,245	751,921
Primary Mental Health	3,651,255	2,924,067
Ageing and Service improvement	-	154,203
Drugs and Alcohol Treatment Services	3,128,862	306,630
My Health Record Opt-Out Participation Trial	371,361	811,586
	<u>19,168,403</u>	<u>12,393,589</u>

Made up of:

Future funding received in advance	2,981,628	2,924,067
Current year funding held to meet future activity commitments	8,227,838	756,847
Funding designated for activities to be acquitted in future years	5,313,342	5,883,877
Uncommitted funding approved for carryover by the funder	2,645,595	2,828,798
	<u>19,168,403</u>	<u>12,393,589</u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

12. Operating lease commitments

The Company leases a number of buildings and motor vehicles under operating leases. The leases typically run for a period of one to five years, with options to renew after that date.

Operating lease commitments being for rent of office space and motor vehicles:

	2017	2016
	\$	\$
Payable - minimum lease payments		
- not later than 12 months	444,605	185,710
- between 12 months and 5 years	877,105	1,159,558
	1,321,710	1,345,268

13. Cash flow information

Reconciliation of Cash Flows from Operating Activities

Operating result	294,340	491,112
Non cash flow items in surplus:		
Depreciation and amortisation	233,797	168,231
Gain on sale of property, plant and equipment	(1,405)	(54,211)
Changes in assets and liabilities:		
Decrease/(increase) in receivables	(1,399,190)	(35,503)
Increase in trade and other payables	8,371,002	3,467,456
Increase in unearned revenue	6,774,814	12,393,589
Net cash from operating activities	14,273,358	16,430,674

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED TO 30 JUNE 2017

14. Transactions with key management personnel and related parties

(i) Remuneration of Board Members

Remuneration expense for Board Members comprise Base remuneration; Committee Chair sitting fees; Committee member sitting fees; and Superannuation The amounts detailed below represent expenses in the Statement of Comprehensive Income.

The following persons were directors of North Queensland Primary Healthcare Network Limited during the period 1 July 2016 to 30 June 2017:

	Committee	2017		Total
		Remuneration	Superannuation	
		\$	\$	\$
Mr Trent Twomey	Board Chair, Member all Committees	40,222	3,821	44,043
Mr Luckbir Singh	Chair - Nomination Committee	20,960	1,991	22,951
Dr Vladislav Matic	Nomination Committee	20,127	1,912	22,039
Ms Ranees Crosby (ceased 21 May 2017)	Nomination Committee	18,175	1,727	19,902
Ms Ruth Faulkner	Chair - FARM Committee	20,960	1,912	22,872
Mr John Nugent	FARM Committee	20,127	2,058	22,185
Dr Richard Malone	Chair - Clinical Council South	20,960	1,991	22,951
Dr Rodney Catton	Chair - Clinical Council North	20,960	1,991	22,951
Mr Anthony Mooney, AM (commenced 22 May 2017)	Nil	1,923	183	2,106
		184,414	17,586	202,001
			2016	
Mr Trent Twomey	Board Chair, Member all Committees	35,000	3,325	38,325
Mr Luckbir Singh	Chair - Nomination Committee	20,000	1,900	21,900
Dr Vladislav Matic (ceased 27 September 2015)	Nomination Committee	4,615	438	5,054
Dr Vladislav Matic (commenced 18 November 2015)	Nomination Committee	12,308	1,169	13,477
Ms Ranees Crosby (commenced 1 January 2016)	Nomination Committee	10,000	950	10,950
Ms Ruth Faulkner	Chair - FARM Committee	20,000	1,900	21,900
Mr John Nugent	FARM Committee	20,000	1,900	21,900
Dr Richard Malone (commenced 24 July 2015)	Chair - Clinical Council South	15,385	1,462	16,846
Dr Rodney Catton	Chair - Clinical Council North	20,000	1,900	21,900
		157,307	14,945	172,252

NOTES TO THE FINANCIAL STATEMENTS
 FOR THE YEAR ENDED TO 30 JUNE 2017

14. Transactions with key management personnel and related parties (continued)

(iii) Related party disclosures

AASB124 *Related Party Disclosures* takes effect from 1 July 2016 for the Company. Material related party transactions for 2016-17 are disclosed in this note. The Company does not have any subsidiaries, associates or joint ventures with other parties and therefore no related parties of this kind to declare. No guarantees have been provided.

Other related parties include NQPHN members, the close family members of Key Management Personnel (KMP) and any entities controlled or jointly controlled by KMP or their close family members. Close family members include spouse, child and dependent of a KMP or their spouse. Details of transactions between the Company and other related parties are disclosed below. NQPHN did not enter into any transactions with entities controlled by a KMP.

The following transactions were entered into with NQPHN Members. All transactions were at arm's length and were in the normal course of the Company's operations. All transactions are disclosed net of GST.

NQPHN members	2017	
	Transaction Value	30 June 2017 Balance Payable
Cairns and Hinterland Hospital and Health Service	\$ 801,621	\$ 224,516
Townsville Hospital and Health Service	280,000	180,000
Torres and Cape Hospital and Health Service	469,500	287,500
Mackay Hospital and Health Service	353,231	200,000
Pharmacy Guild of Australia	135,224	86,073
Australian College of Remote and Rural Medicine	84,000	-
Development Services		
	2,123,576	978,089

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED TO 30 JUNE 2017

15. Events after balance date

The Board is not aware of any events which have occurred subsequent to balance date which would materially affect the financial statements at 30 June 2017, or the Company's state of affairs in future financial years.

16. Financial instrument fair values

The Company's financial instruments consist of deposits with banks, short term investments, accounts receivable and payable.

	2017	2016
	\$	\$
Financial assets		
Cash and cash equivalents	29,532,407	3,788,724
Investments	60,579	12,057,636
Receivables	1,431,952	8,694
	<u>31,024,938</u>	<u>15,855,054</u>
Financial liabilities		
Trade and other payables	11,383,458	3,467,456
	<u>11,383,458</u>	<u>3,467,456</u>

Net fair values

The carrying values of financial assets and liabilities approximate their fair values.

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED

ABN 35 605 757 640

DIRECTORS' DECLARATION

The directors of North Queensland Primary Healthcare Network Limited declare that in their opinion:

- a there are reasonable grounds to believe that the Company is able to pay all of its debts as and when they become due and payable; and
- b the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - (i) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its performance for the financial year ended on that date; and
 - (ii) complying with Australian Accounting Standards - Reduced Disclosure Requirements; and
- c Commonwealth government monies expended by the Company during the financial year have been applied for the purposes specified in the relevant Letter of Offer and the Company has complied with the terms and conditions relating to Commonwealth government funding received.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*:

Chairperson



Mr Trent Twomey

Date



October

2017

INDEPENDENT AUDITOR'S REPORT

To the Members of North Queensland Primary Healthcare Network Limited

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of North Queensland Primary Healthcare Network Limited

In my opinion, the financial report:

- a) gives a true and fair view of the company's financial position as at 30 June 2017, and its financial performance and cash flows for the year then ended
- b) complies with the *Australian Charities and Not-for-profits Commission Act 2012*, the *Australian Charities and Not-for-profits Commission Regulation 2013* and *Australian Accounting Standards*.

The financial report comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the directors' declaration.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the *Australian Auditing Standards*. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and with the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General of Queensland Auditing Standards*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the company for the financial report

The company's directors are responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, the *Australian Charities and Not-for-profits Commission Regulation 2013* and *Australian Accounting Standards – Reduced Disclosure Requirements*, and for such internal control as the company's directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The company's directors are also responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the company or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the company.
- Conclude on the appropriateness of the company's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the company's directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



D J Olive
as delegate of the Auditor-General



Queensland Audit Office
Brisbane

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