



Adelaide Hills
Division of General Practice Inc.

Annual Report 2010

www.ahdgp.org.au



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Adelaide Hills Division of General Practice Inc.



Population approx.- 70,000
Division area – 1,274sq kilometres

Adelaide Hills Division of General Practice Inc.
Association No. A0022686X
A.B.N. 33 453 119 459
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telephone (08) 8406 7700 fax: (08) 8406 7777
email: ahdgp@ahdgp.org.au
website: www.ahdgp.org.au

AHDGP Board Members

Board Meetings held from July 09-June 10 (10 meetings)

Dr Dick Wilson	Chair	attended 10 Board Meetings
Ms Annette Grist	Non-GP Board Member	attended 9 Board Meetings
Mr Philip Huestis	Non-GP Board Member	attended 10 Board Meetings
Dr Michal Wozniak	General Board Member	attended 7 Board Meetings
Dr Philip Johns	General Board Member	attended 8 Board Meetings
Dr Sarah Lucy	General Board Member	attended 8 Board Meetings
Dr Bruce Mugford	General Board Member	attended 3 Board Meetings
	<i>Commenced Apr 2010</i>	
Dr Boris Eskandari-Marandi	General Board Member	attended 2 Board Meetings
	<i>Resigned from Board October 2009</i>	
Dr Paul Lehman	General Board Member	attended 3 Board Meetings
	<i>Resigned from Board February 2010</i>	

Finance Sub-Committee

Mr Philip Huestis (Chair)
Dr Paul Lehmann
Dr Sarah Lucy
Dr Bruce Mugford
Mr Kevin Wisdom-Hill
Ms Georgie Fiedler

Governance and Planning Sub-Committee

Ms Annette Grist (Chair)
Dr Michael Taylor
Dr Michal Wozniak
Dr Boris Eskandari-Marandi
Mr Kevin Wisdom-Hill

Medical Director Dr Michael Taylor

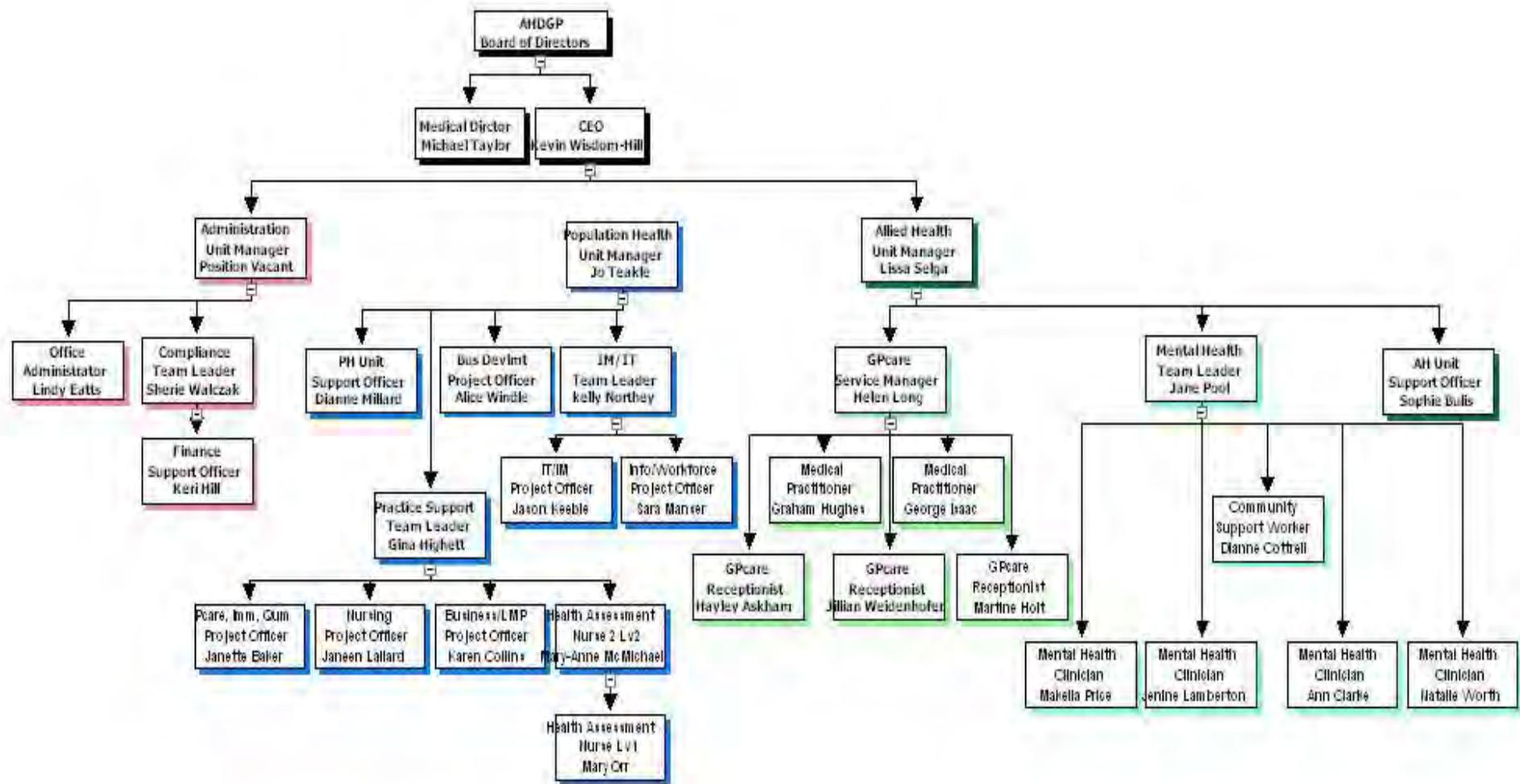
Representative on :

GPcare Governance
Mental Health Program Management Group
Better Care in the Community
GPET
SA Inner Country Health Chair
CHSA Health Advisory Council
SA Clinical Senate
Child Health Clinical Network
Rural Palliative Care Initiative for AGPN
Adelaide Hills Health Advisory Council

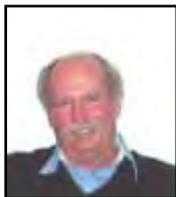
AHDGP Staff

Alice Windle	<i>Corporate Programs Manager</i>
Ann Clarke	<i>Mental Health Clinician</i>
Dianne Cottrell	<i>Community Support Worker—Mental Health</i>
Dianne Millard	<i>Program Support Officer—Population Health Unit</i>
George Isaac	<i>GPcare GP</i>
Gina Highet	<i>Practice Support Team Leader</i>
Glenys Williams	<i>Better Care in the Community-Project Officer</i>
Graham Hughes	<i>GPcare GP</i>
Hayley Askham	<i>Reception Support—GPcare</i>
Helen Long	<i>GPcare Team Leader</i>
Jane Pool	<i>Mental Health Team Leader</i>
Janeen Lallard	<i>GP+ Referral Liaison Officer</i>
Janette Baker	<i>Rural Palliative Care / QUM / Immunisation Project Officer</i>
Jenine Lamberton	<i>Mental Health Clinician</i>
Jenny Smith	<i>Local Health Alliance Liaison Officer</i>
Jill Weidenhofer	<i>Reception Support—GPcare</i>
Jo Teakle	<i>Population Health Unit Manager</i>
Karen Collins	<i>Organisation Support/LMP Project Officer</i>
Kelly Northey	<i>Information Manager</i>
Keri Lohenet	<i>Finance Support Officer</i>
Lindy Eatts	<i>Office Administrator</i>
Lissa Selga	<i>Manager Project Development, Allied Health & GPcare</i>
Makella Price	<i>Mental Health Clinician</i>
Martine Holt	<i>Reception Support—GPcare</i>
Mary Orr	<i>Health Assessment Nurse</i>
Mary-Anne McMichael	<i>Health Assessment Nurse</i>
Natalie Worth	<i>Mental Health Clinician</i>
Sara Manser	<i>Information and Workforce Support Officer</i>
Sherie Walczak	<i>Compliance Team Leader</i>
Sophie Bulis	<i>Program Support Officer—Allied Health Unit</i>
Tracey Simounds	<i>Health Assessment Nurse</i>

Division Structure



Chair's Report



Dr Dick Wilson

The Adelaide Hills Division of General Practice continues to serve its members well. How do we know?

Member surveys and practice visits give us a good idea of what our GP members think.

I would like to see more direct contact and active participation from our members but general practice is a time-stressed occupation and the busy GP finds little spare time for the Division while trying to get the work/lifestyle mix right.

The year has been one of enormous political manoeuvring. The National Health and Hospitals Reform Commission and the Primary Health Care Strategy implementation seem to be moving at a lamentably slow pace, not helped by the diversion of a Federal election held in August 2010.

Just prior to the election was a most stunning occasion when the Federal Minister for Health, The Honourable Nicola Roxon visited Mt Barker to present the Division with \$7m towards the Integrated Health Care Centre (IHCC).

The somewhat bemused CEO and Medical Director could not believe their luck! (We're not a marginal seat after all)

And following close on the heels of this announcement was a letter from Country Health SA supporting the allocation of some land adjacent to the Mt Barker Hospital on which to locate the IHCC!

The IHCC is a 2-3 year process. It now behoves the Board and the management of the Division to move forward in a consultative and focussed manner to develop a solution that meets the needs of the membership and our growing community.

The Board has been looking at links with General Practice Network South (GPNS), a much bigger Division than ours and one with whom we already share some projects. A consultancy set up to look at forming closer links with GPNS determined that, in the current political climate, both Divisions should continue to work together but not, at this stage, look to more closer ties.

Some of the highlights of the year include:

- *GPcare, the after-hours service based at Mt Barker Hospital, has become self-sustaining after 4 years of operation with the number of consults rising from 3500 in the first year to over 6000. Special thanks go to all those involved in running this valuable service.*
- *Mental health service delivery has increased by 65% as a result of efficiency gains and increased funding*
- *90% of practices within the Division are supporting the collection of practice data which, when pooled and analysed, helps practices with their own funding submissions*
- *The commencement of the Health Assessment Service in June 2010 provided to practices by enrolled and registered nurses*

Special mention must go to our dedicated and hard-working staff, most ably led by CEO Kevin Wisdom-Hill. Along with the Unit Managers, the troops work long and hard to deliver the goods to you, the members. The Division have to keep on top of the grant applications while spending the money in an accountable and efficient way. The politics of the Division/General Practice requires constant monitoring with both staff and Board needing to be kept apprised of every development.

I would particularly like to thank Clive Harrison for his 7 years of service to our Mental Health team. We wish him well, especially his prolonged holiday in Italy.

Another person to have given sterling service is Amy Cotton who has left us after 5 years to focus on raising her 3 children.

To my fellow Board members, may I thank them and congratulate them for their diligence and hard work. Sadly, Annette Grist, who has chaired the Governance and Planning Sub-committee so ably, will be leaving the Board after 6 years service. Annette has demonstrated an excellent grasp of governance matters and her wise counsel will be a loss to the organisation. Paul Lehmann resigned from the Board in May 2010 but we hope that this is not a permanent decision as he will be warmly welcomed back at any time.

A new non-medical Director joined the Board in September to fill a vacancy. Mr Keith Evans brings an immense knowledge of the health system to the Division and we welcome him from Drug and Alcohol Services SA from where he had recently retired.

And last but by no means least, the Medical Director, Michael Taylor has continued to serve the Division and the Board with his political savvy! He has an insatiable appetite for looking after the Division's interest at all times and he is devoted to seeing that the Adelaide Hills gets the best medical service possible. To quote our mantra:

“Supporting local general practitioners and their practices to enhance the health status of the local community.”

Please read this Annual Report and please feel free to comment, praise or criticise any aspect that might spring to mind!

**Dick Wilson
Board Chair
AHDGP**

Finance Committee Report for Financial Year July 2009 – June 2010



Philip Huestis, Chair

The Division had a surplus of \$278,707 for the year which is an improvement from the previous year's surplus of \$26,195. The Division is in an enviable cash position. It should be noted that this improved financial outcome was the result of bringing retained earnings into the profit and loss statement.

Funding for the Division by the Federal Government is guaranteed until June 2012. There are a great number of proposed changes that have been outlined by the Federal Government but it is unknown which initiatives will be funded first and how they will impact on Divisions. Until the direction of the Federal Governments initiatives are known and implemented, the finances will have to be managed very closely. The consistent favourable financial performance of the Division should stand it in good stead for whatever initiatives are implemented by the Federal Government.

The proposed Integrated Health Care Centre for which financial support has been pledged by the Federal Government will be a significant financial planning project for the Division. The Division will have to manage this financial challenge in a careful and considered manner so as not to expose the Division to financial risks.

The end of year audit was completed by the external auditor and no material issues were identified.

The Finance Committee has reviewed the way that it monitors its financial results and as a result, the Finance Committee now holds quarterly meetings to review and discuss in more detail the financials and financial policies and procedures of the Division.

It was reported last year that the GPcare service was trending to increased operating costs. This trend was monitored by the Finance Committee who requested the Chief Executive Officer to examine how costs could be decreased. It is pleasing to report that the CEO cut costs and in doing so increased the surplus of GPcare.

I would like to thank Dr. Sarah Lucy for her diligence and commitment to Committee business throughout the financial year. Sherie Walczak, the Division's financial officer, has demonstrated a solid grasp of Division finances and continues to provide reliable and accurate financial reports. Sherie is a valued member of the Division and she is thanked for her continued support. Keri Hill has provided another year of secretarial support and we thank her for her work that is essential to the successful functioning of the committee.

Kevin Wisdom-Hill has provided sound financial management of the Division over the year. Kevin has improved the Division's financial position compared to last year and he is thanked for his financial stewardship.

**Philip Huestis
Chair, Finance Committee**

For a full set of annual financial statements, go to our website www.ahdgp.org.au

Adelaide Hills Division Of General Practice INC
ABN 33 453 119 459
Financial Position As At 30 June 2010

	Note	2010 \$	2009 \$
Current Assets			
Cash assets	3	978,792	839,368
Receivables	4	263,812	445,502
Other	5	7,952	8,867
Total Current Assets		<u>1,250,556</u>	<u>1,293,737</u>
Non-Current Assets			
Property, plant and equipment	6	15,010	5,897
Total Non-Current Assets		<u>15,010</u>	<u>5,897</u>
Total Assets		<u>1,265,566</u>	<u>1,299,634</u>
Current Liabilities			
Payables	7	91,851	107,603
Current tax liabilities	8	0	242
Provisions	9	81,204	104,724
Other	10	750,658	1,023,919
Total Current Liabilities		<u>923,713</u>	<u>1,236,488</u>
Total Liabilities		<u>923,713</u>	<u>1,236,488</u>
Net Assets		<u>341,853</u>	<u>63,146</u>
Equity			
Retained profits		<u>341,853</u>	<u>63,146</u>
Total Members' Funds		<u>341,853</u>	<u>63,146</u>

Adelaide Hills Division Of General Practice INC
ABN 33 453 119 459
Income and Expenditure Statement
For the year ended 30 June 2010

	2010	2009
	\$	\$
Income		
OBF core funding	321,074	314,163
OBF project funding	772,546	836,662
Other project funding	1,344,080	958,304
Reimbursements	10,570	60,490
Patient fees	522,864	472,280
Sponsorship	4,100	11,760
Memberships	0	2,605
B'fwd from previous year	396,367	265,813
Insurance recoveries	0	4,622
Interest received	13,166	12,183
Other income	73,237	6,394
Profit on sale of equipment	0	4,557
Total income	<u>3,458,004</u>	<u>2,949,833</u>
Expenses		
Accreditation	3,727	4,612
Advertising and promotion	14,083	5,011
AGM	0	1,254
Audit fees	10,200	11,200
Bad debts	0	4,256
Bank Fees And Charges	3,917	3,802
C'fwd to next year	484,941	396,367
Cleaning/rubbish removal	3,485	2,925
Computer hard/ware	22,885	19,613
Computer soft/ware	7,753	14,621
Conference/seminar costs	47,344	32,022
Consultants fees	244,794	193,178
Delivery	300	11
Depreciation	3,712	3,270
Donations	0	500
Electricity	5,827	4,861
Holiday pay provision	(7,677)	5,477
Insurance	8,510	6,130
Internet/website	3,024	3,844
Lease payments	12,181	14,457
Legal fees	1,325	1,680
Long service leave provision	4,340	3,547

Adelaide Hills Division Of General Practice INC
ABN 33 453 119 459

Income and Expenditure Statement

For the year ended 30 June 2010

	2010	2009
	\$	\$
Materials & supplies	2,092	7,017
Meeting expenses	30,636	21,734
Office equipment/furniture	4,293	23,567
Postage	5,003	4,812
Printing & stationery	23,422	19,152
Relocation expenses	0	17,122
Rent on land & buildings	72,668	65,730
Recruitment	5,488	429
Repairs & maintenance	0	3,732
Research & development	15,000	0
Salaries - ordinary	1,534,028	1,441,593
Remuneration- Board	31,062	21,561
Salaries-Medical Director	89,152	61,327
Remuneration-Practice Support	77,821	49,757
Remuneration - Steering Committee	107	4,793
Remuneration-Aged Care	0	1,126
Remuneration-GP Roster	273,395	299,794
Security	1,553	167
Staff amenities	8,679	7,883
Staff training	25,318	31,479
Sundry expenses	2,054	26,509
Telephone	29,267	33,302
Travel, accom & conference	41,725	38,667
Uniforms	17,666	0
Workcover	14,197	9,747
Total expenses	3,179,297	2,923,638
Profit from ordinary activities	278,707	26,195
Net profit attributable to the association	278,707	26,195
Total changes in equity of the association	278,707	26,195
Opening retained profits	63,146	36,951
Net profit attributable to the association	278,707	26,195
Closing retained profits	341,853	63,146

Governance and Planning Committee Report



Annette Grist, Chair

In 2010 the GAP Committee continued to focus on a number of key areas.

Board Performance Review and Development

Building on the work from 2009 regarding performance review and development, a regular Board self-evaluation process was initiated in 2010. This involved each meeting being reviewed by a nominated Board member against a number of criteria including meeting processes and discussion content. In addition to this, a formal self-evaluation was undertaken by all Board members. This was a valuable process and it is anticipated that this will be conducted annually.

Succession Planning

Role descriptions were developed for both non-GP and GP Board members. Clarity in the role is vital to enable effective performance review and development of the Directors.

AHDGP Membership Structure

This has been an ongoing topic of discussion for the Board for a number of years however, within the current climate of discussions of various structures and frameworks for the health sector, it has received greater attention. Broad discussion regarding the breadth of membership has continued and whilst much will depend on the outcome of the recent election and any subsequent changes to the health reform agenda, this will remain a topic that will require much consultation with the current membership base to inform the direction of the Division in this regard.

2010 will see the end of my term as a Director on the AHDGP Board. I have been a member of the Board since 2004. I have had the pleasure of seeing strong growth in the Division over this time, not only in the number of services provided and the skilled workforce that enables this but also in its leadership and governance at both the Divisional office and Board level. Specifically to GAP, thanks are extended to Michal Wozniak (Board member), Michael Taylor (Medical Director), Kevin Wisdom-Hill (Chief Executive Officer) and Lindy Eatts for their participation and assistance throughout 2010.

Annette Grist
Chair GAP

Medical Director's Report



Dr Michael Taylor, MBBS DCCD FRACGP

The last 12 months have seen a continuation of previous programs and services as well as new work and partnerships. This has occurred in a period of health reviews and possible significant change for the Division and General Practice.

We now have a new Federal Government and I believe we will get some significant changes to Divisions and Primary health care in our region. It has always been my hope that the Primary Health Care organisations would bring some equity in health spending to regional and rural communities as well as separating hospital funding from primary care funding. Of greater significance to this Division and the Adelaide Hills Community is the announcement of funding for our Integrated Health Care Centre (IHCC).

The IHCC has been a concept for 3-5 years and to now receive funding (albeit partial) is exciting and a great opportunity for the Division to ensure the Hills community get an asset focused on health, education and the integration of Primary care in our region. We have the opportunity to expand existing general practice care, add special interest sessions, expand visiting specialist services and integrate with other members of the Primary health sector. All of this in an environment with a focus on educating and training the next generation of medical students and hopefully rural proceduralists in a multidisciplinary setting. The training of allied health students, nurses and doctors will be a priority for this centre and we look forward to developing strong partnerships with universities and regional training providers.

The business of the Division is set by the Board in the strategic directions that they require management to work towards.

These are

1. Connecting with our membership
2. Developing creativity and productivity that leads to a sustainable organisation
3. Consolidation and expansion of existing programs
4. Develop new markets that support the Vision and Mission of the Division
5. Develop partnerships and networks through effective collaborations

This year we have continued to work in many areas and I recommend you look through this annual report and see the depth and breadth of our involvement from communication, direct service delivery, programs, education and population health.

It was great to be able to see our Practice data used to educate us about our population. The Practice Health Atlas was collected in 60% of our practices and aggregated with the Southern Division and Murray Mallee to produce a Regional Health Atlas. Our practices also continued to receive support in the Pencil data extraction tool allowing them to search their records for specific health issues and assist in best managing the business of general practice.

Finally I would like to thank Kevin Wisdom-Hill for his support and Lissa Selga and Jo Teakle our unit managers for their work.

Michael Taylor

Chief Executive Officer's Report



Kevin Wisdom-Hill

Everyone else has summarised outcomes and achievements for the year so I thought I would focus on indicating how our progress over the past year will contribute to our direction over the next few years.

As you would be aware, the State has put forward a Development Plan Amendment (DPA) to rezone 1300 hectares around Mt Barker for housing and industrial development with a view to increasing the population by 20,000 over 5-10 years. I won't dwell on the community's concern over the proposal however, from a primary care perspective this is likely to mean increased demand on existing services for some years to come and we will all be impacted by the ultimate outcome of the DPA process.

The return of the Labor government, its commitment to health reform and an increased emphasis on regional support will provide opportunities that we want to be able to respond to. The Board's current position is that we wish to remain a member-focussed GP organisation but with a strong influencing stake in any resulting PHCO (or Medicare Local) to ensure primary care is increasingly better supported. Over the past few years we have been working with the membership to improve practice data quality – this remains an ongoing important strategy as it will provide strong leverage for general practice in the reforms – particularly the emphasis for population health planning by PHCOs / Medicare Locals. It is this improved data that has helped to support practices with their individual funding submissions and attracted up to \$7,000,000 from the Commonwealth for the development of the Integrated Health Care Centre (IHCC) at Mt Barker. The IHCC is intended to be a primary care focussed facility supporting the increasing health needs of our growing community and to act as a catalyst for improved State and Commonwealth service delivery to our region and will take 2-3 years to realise. We expect to undertake extensive consultation with the membership and broader community in late 2010 to help determine what form the facility will take.

In June we also commenced the staged roll-out of our Health Assessment service which employs nurses to undertake assessments on behalf of practices that lack the internal capacity to keep up with the demand and opportunity that exists. Again this service was developed out of the analysis of practice data that showed a huge demand / supply gap at the practice level. By helping to bridge that gap we can enhance patient care and help improve the practice's bottom line. Initially we are focussing on the over 75's Item 707; as we improve the process then we will seek to broaden the service across all practices. In the long term we hope to be able to provide a broad range of practice nurse support services to practices.

We have also developed 2 new referral templates: a common referral template for community health services and an improved mental health electronic referral template. Whilst both should save practitioners' time, the mental health template will also enhance quality and safety by

automatically populating our database and removing the need to enter data manually (this will be rolled out during the year).

All of the above will offer both opportunities and challenges to both AHDGP and the membership and we will strive to engage you in the varying debates. A panel debate at our AGM at Mt. Lofty House on 12th October provides a great opportunity to have some discussion around the health reform agenda and the IHCC and I would urge all members to consider putting it in their diary.

Finally, I would like to thank all the staff for their ongoing commitment over the year. As we continue to expand our services so our numbers grow and that brings its own challenges. I should like to specifically recognise the 3 staff who left during the year: Clive Harrison, Clinical Consultant Mental Health Nurse, Amy Cotton, our Researcher and Jane Barnett, Project Officer. They all made strong contributions to the organisation within their respective roles and we wish them well for the future. I'd also like to congratulate Alice Windle and Kelly Northey on the arrival of their children Emma and Lochie.

As always, we welcome input from you. Michael Taylor and I are regularly out visiting practices so please feel free to invite us to one of your practice meetings, alternatively I encourage you to let us know how we can best support and represent your needs – please feel free to use the feedback link on our web-site (ahdgp.org.au).

Kevin Wisdom-Hill
CEO

South Australian Inner Country Health Network 2009/10

The SA Inner Country Health Network (SAICHN) was implemented as a trial concept to develop, test and refine the “look” of a GP Plus network that would allow improved communication and relations between general practice and Country Health SA. The official network began in 2009, after a significant amount of preliminary work to set up governance structures and frameworks.

Part of the framework is to maintain one overarching body - the Network, with membership of senior CHSA executive, the four General Practice Division CEO’s, GP rep’s and a consumer representative. This group is supported by local alliances who meet and work together on local issues, as well as report and contribute at the Network level.

A full formal review has not been conducted but an interim review highlighted the following:

Local alliances have been meeting on a monthly basis with Mt Barker, South Coast and KI meeting as a single group. We have developed a single referral template for GPs to use, enhanced the feedback loop from Community Health Services and GPs, worked on defining how Palliative Care services will look in our area and more recently on an Arthroplasty clinic proposal for Mt Barker and South Coast.

We have had a focus on data management with the aim of producing a Health Improvement Plan for our population. Aggregated GP data from approx 65% of the region has been collated into a regional health atlas. This data is now being compared with State data to identify chronic disease status of our population. The individual practice data have been communicated back to practices, with workshops run to highlight how this can drive change and improved chronic disease management. Some of you will remember the workshops on data and those run by Tony Lembke applying data to practices.

This has all occurred at a time of possible health reform in Primary Care. Whatever the ultimate boundaries of PHCOs or Medicare locals, I believe what we have done and learnt over the last year will be to our advantage.

A focus on patients, facilitated communication between General Practice and Community Health, a strategy around data, chronic disease and education and a focus on better health outcomes through local access will need to be core work for a PHCO.

I would like to thank Rhona Parker-Benton, the Executive Officer of the Network and also Jenny Smith our Local Alliance Officer for all their work and support. I would also like to thank and acknowledge all the work and enthusiasm provided by the Executive, the Network and Local Alliances.

**Michael Taylor
Chair SAICHN**

Workforce Support and Education

Drs Dick Wilson & Michael Taylor, Alice Windle, Sara Manser, Helen Long & Dianne Millard

In October and November 2009, the Adelaide Hills Division of General Practice conducted a comprehensive GP Consultation. Fifty-five GPs across the Division took part in interviews and provided valuable feedback on education, practice support and communication services provided by the Division. The feedback received gave clear direction for the Workforce Support team and the method of education and communication delivery.

Regular education events and workforce support activities were presented over the year. To meet the current needs of General Practice, sessions on topics such as Pandemic, MBS Item Number changes, Mental Health Act changes, CPR refresher training, Medico-legal and the Expanded Flu Program were presented in a timely manner. Other education highlights are listed below:

Continuing Professional Development for GPs



The Division once again hosted a multidisciplinary Diabetes Forum (picture) in conjunction with the Hills Diabetes Network with presentations from Dr George Stolz and Dr Neil Gehling.

Mental Health Professionals Network sessions also provided an opportunity for multidisciplinary education and discussion, held in three different rural locations.

“Unlock the potential of your Practice data” was held over 2 evening sessions looking at business models for Practices based on patient data.

Division Orientation & Workforce Support

In February 2010, individual Division Orientation visits were provided to Registrars new to the Division. This “personal” approach has been well received and repeated for the new round of Registrars in August 2010.

Funding through the SA Inner Country Health Network (SAICHN) together with General Practice Network South (gpns) enabled rural GPs, Practice Nurses and Practice Managers to attend a 2 part series called “Building and leading high performing inter-professional teams in General Practice”.

Throughout the year, a range of services, resources and grants to support rural General Practitioners and their families have been promoted via the Division website and newsletters/mailouts.

Practice Managers Network

During the year guest speakers attended lunch and breakfast meetings for Practice Managers. These meetings have had good response. The “All in Challenge” Team Building workshop, held

in April 2010 was extremely well attended by over 50 Practice Managers, Practice Nurses and Reception staff.

Practice Managers continue to make contact on a regular basis for assistance covering a variety of issues. The network is valued and continues to grow in a positive manner thanks to the strong leadership of Helen Long; Practice Manager Liaison.

Nursing in General Practice

Jo Teakle and Gina Highet

The aim of the Nursing in General Practice (NIGP) program is to build the capacity of the nursing workforce with an emphasis on the increased value of the role nursing plays in general practice, supporting extended roles and promoting effective recruitment and retention strategies.

AHDGP has 37 nurses working in General Practice. The Practice Nurse Network has continued to strengthen in the 2009-10 year, with regular meetings to provide continuing professional development in conjunction with educational and networking opportunities.

These educational meetings have covered a wide range of clinical updates used in General Practice including Wound Care, Diabetes, Advanced Care Directives and Asthma Management.

In addition to regular Practice Nurse Network meetings held by the Division, funding from General Practice South Australia (GPSA) for the Nursing in General Practice program enabled 13 Practice Nurses from 9 practices to attend professional development courses and workshops. This included:

Practice Nurses from the following General Practices applied for funding:

- Adelaide Hills Medical Clinics
- Hills Medical Service
- Mt Barker Medical Clinic
- Stirling Central Medical Clinic
- Stirling Medical Centre
- Mt Barker/Balhannah Medical Centres
- Gumeracha Medical Practice
- Strathalbyn Medical Clinic
- Piccadilly Surgery

Training opportunities included:

- Respiratory Management Course (WCH)
- Australian Practice Nurse Association conference (APNA)
- Medical Director software training (HCN)
- Wound Management Seminar (Smith & Nephew)
- State Diabetes Refresher day (FMC)
- Women and Children's Health Seminar

This has provided our Practice Nurse Network with Practice Nurses who are accredited and skilled in a diverse range of clinical areas and enhances their role in General Practice.

GP Plus Practice Nurse Initiative

Jo Teakle, Mary-Anne McMichael and Gina Highet

The GP Plus Practice Nurse Initiative, which operates across a partnership of five Divisions of General Practice located within the Adelaide Health Service (AHS) region, formerly CNAHS, (ANEDGP, ANDGP, GPpA, AWGPN, and AHDGP), has enjoyed significant success during the third year of its operation, having commenced in January 2007. In this time numerous project outcomes have been achieved and the program is now well established, with effective systems demonstrably underpinning the initiative success.

The 2009-10 year provided the opportunity to offer alternative models of engagement to General Practices across all five Divisions. General Practices were provided with a support package within the initiative, allowing for practices to access training for existing Practice Nurses that would enhance and expand their role within General Practice in the area of Chronic Disease Management.

Rounds 6, 7 and 8 of the GP Plus Practice Nurse Initiative involved 4 General Practices and 4 Practice Nurses who attended specific CDM training. Two rural practices and 2 Practice Nurses were also able to participate in the training providing an educational networking opportunity resulting in peer support.

Key Achievements include:

- Increase in the capacity to manage chronic disease systematically
- Increased uptake of Medicare CDM and EPC item numbers by many of the participating practices
- Access to a Mentor Nurse to assist and support Practice Nurses who are responsible for coordinating chronic disease management in the practice
- Commencement of Chronic Disease Clinics – Diabetes within General Practice
- Practice Nurses progressing to the Advanced Practice Nurse role
- Systematic approach to Recalls, Chronic Disease Registers and Care Planning

We would like to acknowledge the General Practices for their continued participation in this initiative. We look forward to working with eligible practices in Phase 3 of the GP Plus Practice Nurse Initiative which commenced in July 2010 for a 12 month period.

Rural Palliative Care Project

Janette Baker



The AGPN Rural Palliative Care Project (RPCP), funded by DoHA received further funding earlier in 2010 and now continues until 30th April 2011. The role of the Zone Coordinator, which is being implemented by the Adelaide Hills Division of General Practice (AHDGP), is to provide support and guidance to the participating rural divisions of general practice in achieving the aims of the Rural Palliative Care Framework.

Key Achievements of the RPCP include:

- Building relationships via teleconferences with the 40 rural and remote Divisions of General Practice across Australia involved in the project.
- GPs, PNs, General Practice staff, Allied Health Professionals and community members in the RPCP regions have received information and education regarding Palliative Care matters.
- Publications, journal articles and templates for the RPCP have been developed by participating Divisions.
- Resources developed have been uploaded onto the AGPN website, Network Resource Centre (NRC), to be shared across State and National departments and organisations.
- GPs and PNs (within the participating Divisions and AHDGP) have received information about National Palliative Care programs, including CareSearch, PCOC, PEPA, and Palliative Care Australia, with the aim that this may lead to GPs and PNs completing clinical placements/education in the future and up skilling in Palliative Care.

Highlights for AHDGP include:

- Presenting at the Inaugural International Advance Care Planning Conference, March 2010.
- Organising and leading the RPCP Orientation Day for new Project Officers, June-July 2010.
- AHDGP continued involvement in local and state Palliative Care and Cancer Policy and Procedure planning days with SA Health departments.

Immunisation

Mary Orr and Janette Baker

Adelaide Hills Division of General Practice (AHDGP) has maintained its commitment to increasing immunisation rates thereby decreasing the incidence of vaccine preventable diseases within both our local and broader regions. Most important to the Division has been the ongoing relationship with General Practice to provide timely and accurate immunisation information and resources; and to assist practices to manage immunisation activities efficiently, whilst complying with National and State program goals.

The Immunisation Coordinator continued to support practices with immunisation rates below 90% with regular contact including practice visits, assistance with data cleaning and recall systems, and utilising the ACIR Field Officer to assist practices with timely transfer of immunisation information.

Practice Support also included:

- Ongoing support regarding the Australian Childhood Immunisation Schedule and reporting requirements
- Assistance with immunisation data collection and cleaning
- Assistance regarding adult and travel vaccinations
- Cold chain management and reinforcing cold chain guidelines (Strive for Five)
- Education sessions for GPs, PNs, practice managers and practice staff including Pandemic Influenza preparation

Key Highlights for AHDGP included:

- The Division has continued to preserve and strengthen relationships with local and state organisations, service providers and consumer/carer groups to promote and support quality immunisation practice. Key partners include Adelaide Hills Immunisation Network, Mt Barker Hospital Midwifery Unit, Adelaide Hills and Mt Barker Councils, Child and Youth Health and Aged Care facilities.
- Development, publication and distribution of the award winning “4 Year Old” Immunisation postcards in conjunction with local stakeholders.
- Attendance at the Public Health Association (PHA) and Australian General Practice Network (AGPN) Immunisation Conference, Pre Conference Seminar Day.



Mary Orr received a —Bgt Practice” award from Immunisation Section (Communicable Disease Control Branch) for the innovative development of the —4Year Old” postcard.

Due to the cessation of SAICU funding at 30 June, 2010 the Division would like to acknowledge Mary Orr for her contribution in the role of Local Immunisation Coordinator. The Division continues to support practices to deliver the immunisation program supported through DoHA GPII funding with Janette Baker taking on the Immunisation Resource role.

Country Practice Nurse Initiative

Jo Teakle and Gina Highet

The Country Practice Nurse Initiative (CPNI), funded by Country Health SA, was a new program which commenced in November 2009. The principal aim of the CPNI is to enhance the existing role of practice nurses in general practices operating in the Country Health jurisdiction in the areas of CDM, through skill development, focusing local resources on CDM, promoting integration with other local health service providers, support and ultimately enhancing quality patient care.

Key Achievements to date include:

- The development of a Diabetes Annual Cycle of Care package for General Practice.
- Four practices were assisted in the implementation of the Diabetes Annual Cycle of Care package, including in-house MD Training, assistance with PenCAT to establish Diabetes Registers, and Care Planning.
- Three rural Practice Nurses attended the GP Plus Practice Nurse Initiative training program.
- One new Practice Nurse attended the AGPN “Orientation to General Practice” hosted by GPSA.
- Promotion of AHCHS programs to assist in CDM, including “Moving Towards Wellness” program.
- Access to a Mentor Nurse to assist and support Practice Nurses who are responsible for coordinating chronic disease management in the practice.
- Integration with the Better Care in the Community (BCC) and SA Inner Country Health Network (SAICHN) activities (see page 17), including assisting the Local Liaison Officer with roll out of a Common Referral template to assist with referrals to AHCHS.

Quality Use of Medicines



Janette Baker

The primary feature of the NPS program with the Adelaide Hills Division of General Practice is the provision of Educational Visiting for GPs. The 2009-2010 year included GP visits on “Antiplatelet and anti-coagulation therapy in stroke prevention” and “Therapeutic choices for menopausal symptoms”. As in previous years, the number of GP visits exceeded the target outlined in the NPS contract as indicated below:

2009-2010 –Antiplatelet and anticoagulant therapy in stroke prevention”

10 GPs, 12 pharmacists and 12 PNs attended the visits

2009-2010 –Therapeutic choices for menopausal symptoms”

65 GPs, 1 hospital intern, 4 pharmacists, 2 reception staff and 1 PN attended the visits

Key Achievements of the NPS Program:

- Case study workshops on antiplatelet and anticoagulation therapy in stroke prevention and therapeutic choices for menopausal symptoms were held in 2009-2010. These sessions were well attended by GPs, Pharmacists and Practice Nurses and aged care facility nurses.
- NPS case studies, clinical audits and RADAR have been promoted to health professionals on an ongoing basis.
- NPS consumer resources are provided and discussed during consumer information sessions.
- Poster presentation by the AHDGP NPS Facilitator at the NPS National Medicines Symposium, Melbourne, March 2010

Home Medicines Review (HMR) Program

Key Activities have included:

- Working with practices with ongoing support for a practice nurse led system for coordinating HMRs
- Working with the Mt Barker Hospital Discharge Planning Officer to develop and implement a pathway for identifying HMR candidates on discharge from hospital
- Promoting use of the PEN Clinical Audit Tool as a mechanism for systematically identifying candidates for HMR. A HMR PDSA case study has been integrated into the Data Quality Package which was rolled out to practices
- Continued facilitation of a quarterly QUM Network for GPs, practice nurses and pharmacists in Woodside and Lobethal.
- Providing consumer information sessions, in collaboration with a pharmacist. This included presenting at the Adelaide Hills Community Health Service Falls Prevention „Stepping On“ Group
- Collaboration with the Adelaide Urban Divisions, NPS Facilitators to provide education opportunities for Accredited Pharmacists and GPs

A change in roles within the Division included a change of project officer towards the end of November with Alice Windle moving on to other Division programs, and Janette Baker taking on the QUM Facilitator position.

Funding for the HMR Facilitators Program ceased as at 30 June 2010, whilst the HMR program continues in General Practice. The Division would like to acknowledge Alice Windle & Janette Baker for their excellent work with this program. The Division will continue to support General Practice in all Quality Use of Medicines areas.

Hills Schools HealthCreate



Jane Barnett & Sara Manser

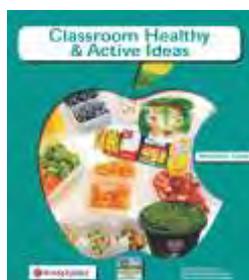
The Hills Schools HealthCreate project was funded by the Australian Government Department of Health & Ageing's "Healthy Active School and Community Grants" Program. The project ran from July 2009 to June 2010.

This was the first time the Division had received funding to work with schools in promoting a healthy active lifestyle for children, and provided an excellent opportunity to make the connection between school and General Practice. A steering Group was formed which included representatives from AHCHS, Mt Barker Council, General Practice, consumer and school representation. After consultation with local primary schools, Mt Barker South Primary School was nominated for the trial program, working with Year 4 and 5 students.

Key Achievements included:

A five week program was developed and implemented in Term 1, 2010 that consisted of the following activities focusing on nutrition and exercise. The sessions included: **Taste a Rainbow, Super Snacks; Reading Food Labels, Body Senses and Fun Fitness.**

The Project Officers ran three of the sessions, a practice nurse developed the „Body Senses“ session and a karate teacher presented „Fun Fitness“.



A Resource Folder was developed which included all documents, information, resources and a DVD needed to run the program. The folder was presented to the Adelaide Hills Region of the Department of Children's Services (DECs) to be distributed to local schools and used as a resource guide so the program can be implemented across the Adelaide Hills. The program was well received and the evaluations indicated that the students were taking more notice of food labels, referring regularly to the Rite Bite Food Spectrum („traffic lights“ guide) and bringing healthier food to school.

A physical activity guide „Let's Be Active – Family Friendly Activities in Mt Barker“ was developed in conjunction with the students and with support of the District Council of Mt Barker. 4000 copies of this free booklet were printed and distributed to Primary Schools, Council, Library, Mt Barker Family House, Families SA and General Practice. The Council have included the guide in their „New Families“ pack.



Allied Health Unit

Mental Health

Lissa Selga, AHU Manager & Jane Pool, Mental Health Team Leader

Mental Health Referrals and Service Delivery

The demand for mental health services continued to grow in 2009-2010 with the service receiving an average of 40 referrals from General Practitioners, per month. The large team of Allied Health Professionals had a total of approximately 200 open clients at any one time. Regular clinics were conducted at Stirling, Mt Barker, Nairne, Strathalbyn, Gumeracha and Woodside. These were held in a range of different settings including private rooms, the Adelaide Hills Community Health Service, local Hospitals and a GP surgery. Clinics at Stirling, Nairne, Mt Barker and Strathalbyn were expanded over the 12 month period to cope with demand. Approximately 90 counselling sessions were provided across the region each week.

There were a total of 7 different programs delivered around the region:

- *More Allied Health Services (MAHS), re-named the Rural Primary Health Services Program (RPHSP)*
- *Better Outcomes in Mental Health Care (BOiMHC)*
- *Local Focus (Generic program)*
- *Suicide Intervention Program*
- *Perinatal Program*
- *GP Mental Health Shared Care in General Practice*
- *Aged Care Access Initiative (ACAI)*
- *Mental Health Support for Drought Affected Communities*

Staffing

This year has seen some significant changes in the AHDGP Mental Health Team. Clive Harrison, Mental Health Nurse, resigned after 8 years of commendable service to the Division and mental health in the area. Lynn van Eldik (contracted Psychologist) also ceased work with the Division this year and sincere thanks also go to Lynn for her work with the Division over a number of years.

With a continued increase in demand for mental health services, the Unit was restructured to meet increasing referral and clinical governance demands. Jane Pool was appointed to the role of Mental Health Team Leader in March and has put in a concerted effort into building a new team. Sophie Bulis continued in her Program Support Officer role, providing substantial clinical administration support to the team. A number of new salaried clinicians were recruited: Ann Clarke (Social Worker) joined in March and came with a wealth of experience in country mental health. Makella Price (Psychologist) also began in March with experience in mental health services for those with sensory impairment. Jenine Lamberton (Social Worker) joined the team in April as a new graduate with a background in general nursing. Paul Cafarella (Psychologist), Steve Hunt (Mental Health Nurse), Sue Parkinson (Psychologist) and Natalie Worth (Clinical Psychologist), continued to provide contract counselling services. Dianne Cottrell continued to implement the Mental Health Support for Drought Affected Communities, building partnerships with a broad range of service providers and community groups.

MAHS/RPHSP

This service continued to be available to clients with mental health issues who live in the rural region of the AHDGP catchment. The service is aimed at those unable to access counselling due to affordability or availability in the rural areas.

Local Focus

Interventions provided under this program comprised evidence-based focussed psychological strategies. These include psycho-education, cognitive-behavioural therapy and interpersonal therapy. Patients may have up to 6 sessions, with the option of a further 6 sessions after GP review (ie a maximum of 12 sessions within a 12 month period). The target group of this program include patients with acute episodes of anxiety and depression, as per the ICD-10 classification, who are low income earners and are unable to access private service providers.

Suicide Intervention Program (SIP)

This program provided a responsive service to patients who presented to their GP with suicidal thinking or a history of suicide attempts and/or self harm. This is one of 13 pilot programs across the nation. On average the Allied Health Unit received 6 referrals per month for this program and provided a much needed opportunity for an early intervention approach for people with these issues.

National Perinatal Depression Initiative

In the past 12 months the Allied Health Unit expanded the amount and type of perinatal services offered to General Practice. Natalie Worth (Clinical Psychologist) was recruited to provide one to one counselling for women with or, at risk of, Post Natal Depression. With the assistance of Jenine Lamberton, Natalie developed a group program, "*Baby and You*", which was developed and run in the first half of 2010. The majority of women attending the group also remained in one-to-one counselling with an Allied Health Unit clinician. Referrals were accepted from GPs via the GP Mental Health Care Plan (Item 2710/2702). The response to the group was fantastic with 10 women beginning and 9 completing the group. Significant improvements in mood were one of the many positive outcomes for the women who attended. This group will be conducted again in 2010-2011.

Mental Health Shared Care with General Practice

This State funded project enabled AHU Mental Health Clinicians to support GPs treating patients with chronic, complex mental health issues and (often) co-morbidities, such as substance abuse. Mental Health Clinicians provided care to patients with a severe or disabling mental health disorder, or those at risk of developing a mental health disorder and who require early intervention.

Clinicians provide specialist assessments, interventions and reviews, consultation, advice on on-going management and support/referral pathways. They participate in case discussions and care planning within multi-disciplinary teams. The program is unique in its flexibility to meet the needs of patients as there is no set number of sessions for treatment.

This program was available to all practices within the Adelaide Hills area via a referral to the Allied Health Unit that includes a GP Mental Health Care Plan.

Aged Care Access Initiative

In the 2008/2009 budget the Federal Government announced that the funding under the Aged Care GP Panels Initiative would be redirected to support primary care service provision in residential aged care facilities through the Aged Care Access Initiative. AHDGP conducted a needs assessment/consultation that revealed a need for increased access to mental health services for residents. In the 2009/2010 financial year mental health services were provided to 4 Residential Aged Care Facilities, through a psychology company, Psych Access. Interventions included one to one counselling, staff education and support, family assessments and a men's group.

Mental Health Support for Drought Affected Communities

This program has a focus on building the capacity of rural and remote drought affected communities to respond to the psychological impact of drought. The Community Support Worker continued to work closely with different groups in the community (families, community groups, health professionals and service providers), to improve awareness and knowledge about maintaining their physical and mental health and well being. This work included producing the "Sowing the seeds for a healthy community" booklet which provided suggestions for a healthy lifestyle as well as pointers for assistance through challenging times and beyond. It included ways to look out for others who may be "doing it tough". The booklet was widely distributed through the area and was well received. This program has received an additional 12 months funding to June 2011.

Feedback

Feedback from consumers across the Divisional Mental Health programs (gained via surveys completed by the client at the completion of therapy) and referring GPs, continued to indicate high levels of satisfaction with services provided.

Partnerships

Developing and strengthening partnerships with the AHU's key partners continued to be a focus in 2009-10. This work was undertaken by the entire team and ranges from operational/clinical partnerships to more strategic activities. The Commonwealth Department of Health & Ageing, State Department of Health and Country Health SA – Mental Health, are all key partners. More locally the AHU works closely with, and acknowledges the support of, the Adelaide Hills Community Health Service, all Hospitals in the region and the Community Mental Health Team. These partnerships are focussed on delivering the best possible service to our General Practitioners.

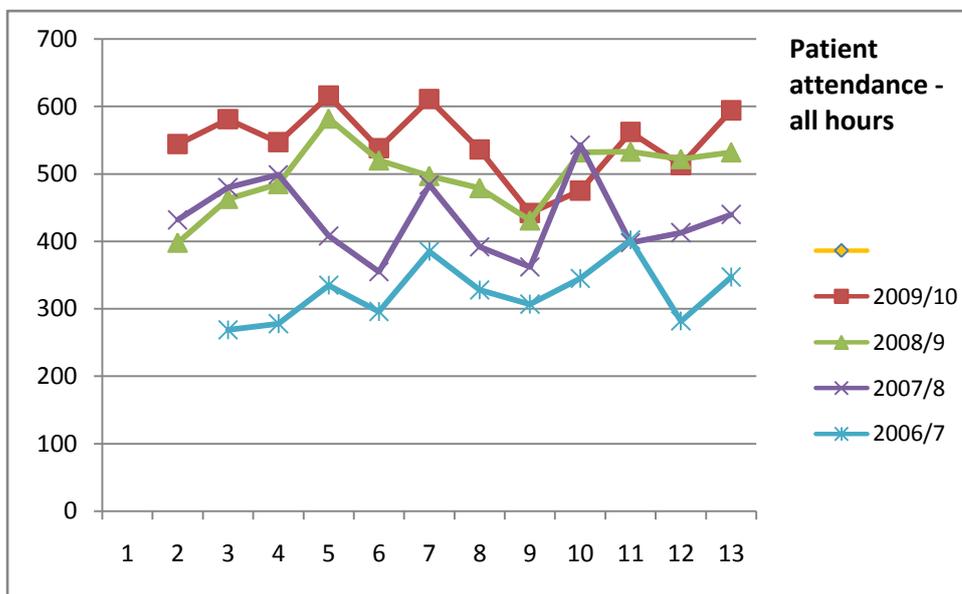
Our sincere thanks to our GPs, the AHU Team, our partners and all contributors, past and present.

GPcare After Hours Services (Lissa Selga & Helen Long)

GPcare has completed another busy and successful year with 28 rostered doctors seeing 6,559 patients (up 9% for the year and 85% since 2006). The flu epidemic certainly brought many extra patients to GPcare during the winter months and the instigation of an extra shift on Sundays from 10am to 2pm for August and September proved to be most productive. Although average wait times were up to 25 minutes, feedback from patients, GPs and hospital staff continues to demonstrate that GPcare is a well-accepted, practical solution to the community's immediate after hours needs. Looking ahead, forecast population growth for the region means that demand is likely to exceed our capacity in terms of physical and human resources and this will continue to be a key platform for the Division in its support for general practice over the coming years. Negotiations with Mt Barker District Soldiers Memorial Hospital and Country

Health SA progressed well with an agreement reached on the reception area upgrade. A new, casual employee, Ms Martine Holt, was also employed to relieve staff on leave which has been much appreciated. GPcare also hosted Medical Students from the Flinders University Rural Clinic School, Hills Fleurieu, through liaison with Brett Gillanders, PRCC Administrator. GPcare had 4 students based at Strathalbyn spend time at GPcare during the reporting period. The students were very appreciative of the experience they gained at GPcare and have all been delightful.

Many people continue to contribute to GPcare's success. Led by Helen Long, the GPcare team continued their hard work and ongoing commitment to the service and the community it serves. Jill Weidenhofer, Hayley Askham, Martine Holt, Dr Graham Hughes and Dr George Isaac are to be commended. The Mount Barker District Soldiers Memorial Hospital continues to support the service and thanks must go to Maria Hoorenman, Cate Goodall and their Nursing and Administrative staff. Thanks also goes to those GPs and Registrars who participated in the roster and continue to make GPcare one of the most well supported and successful after hours services in South Australia.



Stirling After Hours Service

The Commonwealth Department of Health & Ageing provided funding through the General Practice After Hours (GPAH) Program, to fund this service. The objective is to support a viable, high quality after hours on-call service to the community serviced by the Stirling GP Co-operative. Key outcomes were the adoption of a seven day shared roster, utilisation of HealthDirect as part of a demand management process and a significant reduction in GP workload after hours whilst still maintaining an appropriate level of care at every stage of the patient's primary care continuum. The eight practices, and 25 GPs, involved in the Stirling After-Hours service provided an average of 70 consultations per month for the period ending 30th June 2010. The current system appears to work well despite the absence of new GPs wishing to take on after-hours services. The service will continue to be funded into 2010-2011. Thank you to Helen Long for her efforts in taking over the management of the service this year.

Australian Better Health Initiative

ABHI Primary Care Integration Program (PCIP) July 2008 – June 2010

Janeen Lallard

This year saw the second and final year of the ABHI Primary Care Integration Program at the Division. The Primary Care Integration Program (PCIP) commenced in July 2008 with the overarching national aim of promoting solutions to primary care integration between General Practice and other local health care providers therefore assisting in delivery of more „seamless“ patient care. The program objective was to encourage more integrated patient centred care by supporting general practice to incorporate integrated primary care into their core business.

AHDGP set strategies to support local solutions to integration which included supporting General Practice to:

- *Engage with the work of the Better Care in the Community (BCC) Program and other State funded primary care initiatives.*
- *Better link with other primary care providers and across programs, especially impacting CDM.*
- *Utilise tools and strategies that will assist in better identifying and managing patients with a chronic disease (eg clinical audit tool/PHA/disease register/recall & reminders/care planning).*

PEN Clinical Audit Tool (PEN CAT)

Support to General Practice through a collaborative approach by the IM and PCIP programs involved education and support around use of the PEN Clinical Audit Tool.

The AHDGP Data Quality Package was developed to support use of the PEN CAT and enhance practice knowledge on the importance and the benefits of quality practice data.

Data Quality Package

The package involves use of „PDSA Cycles of Improvement“ demonstrated in chronic disease case study examples. Practices were encouraged to identify target populations to increase the uptake of care planning and/or health assessments.

Visits to 14 practices were undertaken. A follow up phone survey to practices in June 2010 revealed 13 practices were using PEN CAT, with PMs and PNs being the most frequent users. Practices reported back that support from the Division was the greatest area of need.

Two „hands on“ workshops were held, including computer access and education by Gary Holzer – Health Informatics Consultant. Both Practice Managers and Practice Nurses attended these sessions.

The PEN CAT remains an important and useful tool for General Practice, and AHDGP continues to support practices with both IT issues and education as required.

Engaging with the work of the CHSA funded GP Plus Services “Better Care in the Community” (previously Out of Hospital Strategies) saw merged work of the these two programs to better facilitate and streamline integration. This work has been reported in the “Better Care in the Community” program report.

GP Plus Services – Better Care in the Community

Glenys Williams & Janeen Lallard

Adelaide Hills „Better Care in the Community“

“Keeping people, living with chronic disease, well and out of Hospital”

The Better Care in the Community (BCC) project (previously Out of Hospital Strategies) has finished its second year of funded activity by CHSA and is a partnership between AHDGP and the Hills, Southern Fleurieu & Kangaroo Island Health Cluster. The project focuses on improving integration and access to care for people with endocrine, cardiovascular and respiratory illnesses. It aims to reduce both bed days and hospital admissions for these clients and assist with the facilitation of transfer of care between metro hospitals and the Adelaide Hills hospitals. It involves the Division and general practices, allied health services, hospitals, the ambulance service and relevant non-government organisations.

Project activity within the Division has included a change of project officer towards the end of the financial year and heartfelt thanks go to Janeen Lallard who has managed the project before moving on to other Division programs. Division personnel from many Division programs have collaborated on the project to ensure a strong emphasis on the project’s aims. Work has been undertaken to provide thorough data recording and reporting from a number of sources relevant to the project, including Medicare, GPcare, hospitals, PEN CAT and monthly reporting to CHSA on activities of the program, including clients seen (both BCC and the Rapid Intensive Brokerage Service – RIBS) and recording both bed days saved and admissions avoided, where possible.

BCC workshops have been valuable learning experiences as well as productive networking opportunities. They have included project officers from across the sites learning about data analysis, addressing the country patient journey through a Patient Liaison Network Forum and a chronic disease service mapping exercise, jointly with the Country Practice Nurse Initiative (CPNI) Coordinators.

A number of resources have been developed collaboratively between the Division, local hospitals, SAICHN and allied health service personnel that aim to improve and increase the patient pathways between health services within the Hills area. They include a tool for the hospital to use to identify patients to practices who may be eligible for a GPMP and/or HMR; a Common Referral Tool that is installed into general practice software and streamlines the process needed when referring a patient to community health services; an integrated electronic discharge summary that is sent to practices from hospitals regarding patient admissions; and a resource for health service personnel that outlines when and how a number of GP Services packages can be offered, including TCPs, CHL and RIBS packages. The resources have been well received across services.

The project has been addressing the best possible method of ensuring appropriate involvement of ATSI activity and the Project Officer has been working with the SA Inner Country Health Network (SAICHN) Local Liaison Officer and the Aboriginal Liaison Officer from AHCHS to investigate how to improve ATSI identification rates and to implement cultural awareness training across health services.

With ongoing funding from CHSA, this project will continue to evolve and provide an excellent opportunity for improving chronic disease health pathways and outcomes in the Adelaide Hills.

Prevention of Type 2 Diabetes Program & Lifestyle Modification Program (LMP)

Janeen Lallard



Background

In 2008, as part of the COAG National Reform Agenda and in recognition of the disease burden of type 2 diabetes in Australia, the Council of Australian Governments implemented the “Prevention of Type 2 Diabetes Program”.

The Commonwealth Government committed to:

- *The development of the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK)*
- *MBS Item –Diabetes Risk Review 40-49 years”, now a target group of the MBS Timed-based Health Assessment Item numbers, supporting GPs to address diabetes prevention*
- *GPs being able to refer to an accredited & Australian Government subsidised Lifestyle Modification Program (LMP), supporting patients to undertake sustained lifestyle & behaviour changes to reduce their risk*
- *Landmark intervention studies in China, the US and Finland have found that sustainable lifestyle interventions in people at high risk of developing Type 2 Diabetes led to significant reductions in the incidence of diabetes – by up to 58%*

Divisions of General Practice have been funded to provide or contract the provision of LMPs and manage referrals.

Progress to date

The Adelaide Hills Division of General Practice offered the accredited AGPN program “Reset Your Life”, for GP referral of eligible patients. Currently the Division has 3 trained facilitators including: a Registered Nurse, a Psychologist, and an Exercise Physiologist (from EFM Health Clubs).

The “**Reset Your Life**” program consists of a series of **7 group education and motivation sessions** over 6 months which include:

- What is pre-diabetes and diabetes
- Physical activity and healthy weight
- Healthy eating
- Prevention of cardiovascular disease
- Staying motivated, positive thinking, smoking cessation
- Stress management
- Goal Setting to improve health

The Division recognized the flexibility required to engage the target population of 40-49 years of age and offered this program as evening sessions.

Outcomes

Our first program got underway in November 2009, with 4 referrals and 3 male participants completing the 6 month program with positive results and feedback.

One male participant lost 9.9kgs in weight and 8.5cm from his waist measurement. He reported positive behaviour change resulting from the sessions on “Staying motivated & Positive Thinking” and “Stress Management”. These sessions were co-facilitated by an AHDGP Mental Health Clinician.

GPs receive a comprehensive feedback letter when a participant completes the program.

Lifestyle Modification's exciting future...

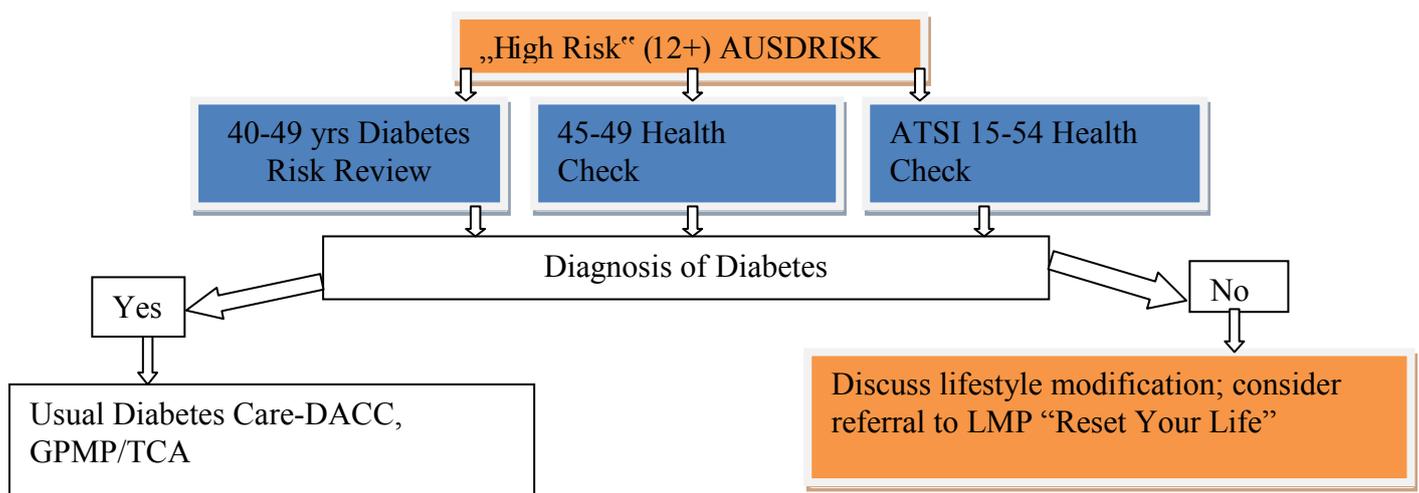
Earlier this year, the Australian Government's Department of Health & Ageing made some changes to facilitate increased uptake of diabetes risk assessment & referral to LMPs for the 40-49 year olds.

- *The AUSDRISK 'High Risk' score was reduced from 15 to 12!*
- *AHDGP was successful in securing a "Seed Grant" to increase support to General Practice through promotion of the AUSDRISK and health assessments for eligible patients and provision of Lifestyle Modification Programs.*

AGPN launched a national media marketing campaign titled "Get a New Lease of Life", which included TV adverts encouraging people in their 40's to visit their GP. To view the TV adverts visit www.newleaseoflife.com.au

During the next 12 months AHDGP will continue to support General Practice in the identification, health assessment information, and referral of eligible patients (40-49 years), at high risk of developing Type 2 Diabetes, to our local Lifestyle Modification Program.

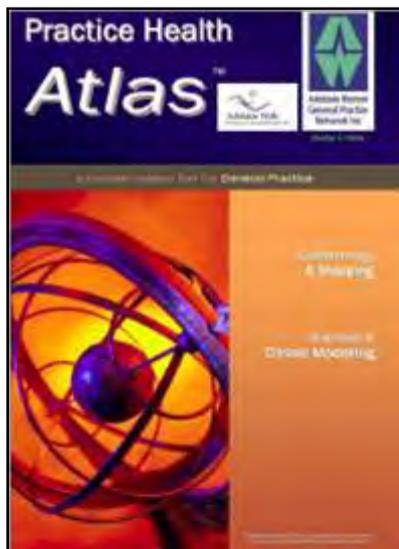
LMP Referral Pathway



Information Management and Information Technology

Kelly Northey

The past year has seen a continuation of IM and IT services both internally and externally within the Division.



The existing *Practice Health Atlas Service* linked to the GP Plus Nurse Program has been further built on this year by the completion of the Regional Information Management Strategy funded by the SA Inner Country Health Network. The aims of this project were to:

- *Engage General Practices in health information and data management from the AHDGP & MMGPN by providing Practice Health Atlas and other PEN Clinical Audit Tool strategies & education.*
- *Develop the region's internal data warehousing capacity to support a –Health Information Warehouse”*
- *Provide regional health information by bringing together general practice data from across the region.*

Overall the project has produced its deliverables meeting these objectives on time and within budget, successfully providing a Regional Health Atlas proof of concept which has been since further funded to reflect data from across the entire SA Inner Country Health Network which it aims to use towards informing the development of the region's Health Improvement Plan.

Despite this success, it is also recognised that the collection and provision of regional general practice data is only one piece in the data puzzle amongst many different sources available. The challenge will be finding efficient, useful and meaningful ways to integrate these various data sources to provide the full picture of a region's health status over time.

Internally, the demand for *Information Technology Systems* support continues to increase as we continue to increase staff numbers and utilize the systems already implemented to a greater degree.

The Division has utilized the skills of GP partners Adelaide's IT Officer Jason Keeble for several days per week to address this in addition to rolling out the Division's new E-Referral system being trialled within the Allied Health Unit to streamline the referral process for GPs and data collection internally.

The Division hopes to complete this E-Referral trial and extend it to other Division referral services in the next twelve months.

Acknowledgments

The AHDGP gratefully acknowledges the support of :

4Life Training
Abbott Laboratories
Adelaide to Outback
Adelaide Plastic Surgery Associates
Australian College of Rural and Remote Medicine
Avant
Adelaide Hills Community Health Service
Commonwealth Department of Health and Ageing
Country Health SA
CSL Pharmaceuticals
General Practice South Australia (GPSA)
IMVS (Institute of Medical & Veterinary Science)
Gribbles Pathology
Janssen Cilag
Medicare Australia
MDA National
Merck Sharp and Dohme
MIGA
Mount Barker
Mount Barker District Soldiers Memorial Hospital
Mundipharma
National Prescribing Service
Novo Nordisk
Royal Australian College of General practitioners
Royal Flying Doctors Service
Rural Doctors Workforce Agency
SA Department of Health and Ageing
Stirling and Districts Hospital
Strathalbyn District Soldiers Memorial Hospital
Sturt Fleurieu General Practice Education and Training
Workcover SA



It is our vision to be recognised as a key partner in innovative health and wellness solutions in the Adelaide Hills Community.

Our mission is to support local general practitioners and their practices to enhance the health status of the local community.