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ACTML is leading a collaboration of ACT Health, Southern NSW Medicare Local and Southern NSW Local Hospital District to implement the New Zealand derived HealthPathways system improvement process. HealthPathways promotes more efficient and effective patient journeys in health care and supports enhanced integration between the primary health care and secondary/tertiary health care sectors.

**PRACTICE SUPPORT**
ACTML provided almost 1,000 visits to general and allied health practices to provide assistance and resources relating to education about chronic disease management, health promotion activities, improving data quality and the use of practice data to improve health service provision, accreditation support and quality improvement activities.

**NURSING IN GENERAL PRACTICE AND IMMUNISATION PROGRAMS**
ACTML expanded and enhanced the Practice Nurse Orientation Program which contributed to improved retention of Practice Nurses. ACTML’s Immunisation Program continued to support and promote best practice in childhood immunisation.

**NEWACCESS**
Over 450 referrals were made to the NewAccess program, funded by beyondblue and Movember, which provided easily accessible, free and quality mental health services for people with mild depression and anxiety.

**HEALTH IN MIND**
ACTML received over 1,300 referrals enabling people with mild to moderate mental health conditions to receive free psychological treatment.

**PARTNERS IN RECOVERY**
The PIR program assisted 148 adults with severe and persistent mental illness with complex needs, their carers and families, to access cross-sectoral support, including education and housing.

**HIV PROGRAM**
ACTML’s HIV Program provided direct client support provided by the Program’s nurse or counsellors, advocacy and care coordination in addition to provision of networking and education events for a wide range of clinicians.

**AFTER HOURS PROGRAM**
ACTML continued to provide solutions to urgent after hours primary health care needs in the ACT community by supporting residents to access effective after hours primary health care services in the general practice and pharmacy settings.

**EHEALTH**
ACTML’s eHealth Program has improved capacity in the primary health care sector to use and adopt available eHealth systems and services, increase eHealth literacy and capacity.

**HEARTLINK**
ACTML worked with a cluster of general practices to identify Canberra at high-risk of developing cardiovascular disease over the next five years and to facilitate access to lifestyle modification services and programs to reduce their risk.

**FACTS AND FIGURES**

**HEALTHPATHWAYS: WHOLE SYSTEM WORKING**

**CLOSING THE GAP AND CARE COORDINATION SUPPLEMENTARY SERVICES PROGRAM**
ACTML’s Aboriginal Outreach Worker Betty Callow was recognised for her work and contribution to the community, winning the individual high achiever award at the 2014 ACT and Region Indigenous Excellence Awards.

**GENERAL PRACTICE AGED DAY SERVICE**
GPADS received over 3,000 referrals since 2011 to the mobile, bulk-billing GP service to provide an acute assessment to a housebound or Residential Aged Care Facility resident when their usual GP was unable to see the patient in a timely manner.

**AGED CARE SUPPORT INITIATIVE**
ACSI enabled targeted allied health services to be delivered to low-care, Commonwealth-supported residents of Residential Aged Care Facilities (RACF) and recipients of low level home care packages within the community.

**HEALTH PROMOTION PROGRAM**
The Population Health Program completed a Comprehensive Needs Assessment (CNA). The CNA was a collaboration with ACT Health in order to incorporate the ACT Chief Health Officer’s Report 2014. It included an analysis that will provide the basis for future planning, investment, program and service development.

**EDUCATION**
ACTML’s Education Program provided almost 100 multidisciplinary events resulting in over 3,500 attendances by GPs, Practice Managers, Practice Nurses and Allied Health professionals.

**OUTER METRO RELOCATION INCENTIVES GRANT (OMRIG) ACT**
Two general practices in the Gungahlin region were awarded OMRIG ACT establishment grants to establish a practice or work in outer metro areas.

**KAREN HEALTH LITERACY PROJECT**
The Karen Health Literacy project aims to improve the health literacy of Karen-speaking refugees, with a focus on prevention and self-management of chronic disease. Four Karen people have been trained as bilingual community facilitators. Health literacy sessions have been designed and new project resources developed.
MEMBERSHIP MATTERS
Our multidisciplinary and cross-sectoral membership provides a strong backbone for ACTML. Approximately 1,250 GPs, nurses, allied health, consumer and carers organisations, peak bodies and non-government community organisations are our translation partners and key informants.

The results of our first independent membership feedback survey, conducted by Survey Matters in September 2013, showed positive results. Members identified the two most critical functions of ACTML as being kept up-to-date with information and developments in the primary health care sector along with professional development and educational opportunities. I’m pleased to report that member satisfaction for both these areas was rated the highest of all areas by both GPs and Practice Nurses. 91% of GPs have attended professional development and rate it highly in terms of relevance and format. Over the past year, we have continued to improve our services for all members.

Following the survey, we have developed a refreshed Membership Engagement Strategy to respond to issues and opportunities raised in the survey. We have been working to ensure ACTML member services are responsive, relevant, and offer a value proposition to each of the ACTML membership classes. And that ACTML members are connected, influence ACTML decisions and outcomes, take pride in ACTML’s achievements and are advocates for the organisation.

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ACTML has many advisory committees and working groups in which a diversity of our membership participate.

TRUSTED SOURCE OF COMMUNITY HEALTH INFORMATION
The past year has seen our highest media presence with over 120 items reported by both local radio and print media outlets, and also by national publications such as Medical Observer. Over 60 media releases were issued covering new ACTML programs, budget platforms and responses, national report analysis, along with a range of community health messages, such as World Mental Health Day.

I have also reached the community in new ways by speaking at additional events such as the ‘Take 1 step’ beyondblue business event, International Women’s Day at Government House and Companion House sponsorship dinner.

GOVERNMENT RELATIONS
ACTML continues to have a productive relationship with ACT Government Ministers and senior staff in relevant Directorates due to the work of our CEO, Leanne Wells and her executive team. We made a submission to the ACT Government Budget, calling for strategic investment in clinically-led initiatives that can contribute to making the health system more efficient and effective such as HealthPathways. I am delighted to report that ACT Health is contributing 50 per cent of the funding to this flagship initiative.

INNOVATIVE SOLUTIONS
ACTML brings together existing services to respond to unmet need in the local community. We’re not creating a new service and we are not duplicating. We are adding value by coordinating existing support and ensuring clients can tap into the services they need using our local knowledge.

The then Minister for Mental Health and Ageing, Senator Jacinta Collins, launched Partners in Recovery which aims to improve the lives of Canberrans living with severe and persistent mental illness with complex needs. ACTML is leading a group of mental health, community and consumer peak bodies to support Canberra’s most vulnerable community members who have fallen through the cracks for decades. ACTML is partnering with six Canberra agencies to deliver the program: Anglicare, CatholicCare, Mental Illness Fellowship Victoria, Northside Community Service, Richmond Fellowship and Woden Community Services.
Minister for Ageing Shane Rattenbury launched the ‘Be My Voice’ Advance Care Planning (ACP) Community Awareness Campaign. ACTML working with ACT Health’s Respecting Patient Choices to encourage Canberrans through a print, TV and website campaign to ensure their end of life wishes are known by completing an ACP.

ACTML was the official health promotion partner of the Canberra Centenary Trail. I joined the ACT Chief Minister, Ms Katy Gallagher MLA, to launch the Canberra Centenary Trail at which we encouraged all Canberrans to walk or cycle part of the Canberra Centenary Trail to see some of Canberra’s most iconic locations and enjoy some outdoor physical activity.

ACTML is becoming imbedded in the implementation of key local plans. In June 2014, I joined with Acting ACT Chief Health Officer Dr Andrew Pengilley at a joint press conference to advise how the ACT health sector is well prepared for winter and how ACT residents can assist with minimising the impact of infectious disease over the winter months.

JOINT PLANNING WITH ACT HEALTH AND THE LOCAL HOSPITAL NETWORK COUNCIL

ACTML has been working on the agreed joint priorities with ACT Health and the Local Hospital Network Council:

- improved communication, coordination and service re-design in relation to chronic disease management
- responsive services for hard to reach populations
- early childhood checks and health promotion and illness prevention.

ACTML has taken these areas forward to achieve systemic change. It has required new ways of working with the ACT Government that featured a partnership approach and solid general practice and primary health care leadership.

GP WORKFORCE SCOPING STUDY

ACTML released the results of the ‘2013 GP Workforce Scoping Study’ with the ACT Chief Minister Ms Katy Gallagher MLA. Canberra faced GP shortages in 2009 but the study showed that this situation has eased. There are good numbers of potential future Canberra GPs in the training pipeline, but there is a need to monitor GPs planning to retire or move. In response to the survey, ACTML is advocating for government-funded initiatives that promote general practice as a rewarding and stimulating setting in which to work in order to attract and retain GPs in Canberra.

TRAINING FOR GP REGISTRARS WINS NATIONAL AWARD

We were thrilled that Coast City Country GP Training (CCCGPT) won the innovation award from General Practice Education and Training (GPET) for “Recognising and Supporting the General Practice Teaching Team”. This was a collaboration of work done by ACTML through Rashmi Sharma and Jenny Permezel, ANU Medical School, the Pharmaceutical Society of Australia and CCCGPT in producing Resource Kits for Practice Nurses and Community Pharmacists who Teach.

Finally, I wish to thank our CEO Ms Leanne Wells for her passion and drive, Board members for their guidance and dedication, and our staff for their innovation and commitment. We are cautiously confident about our future, of the need to uphold our value to our members and our relevance to the system.

Dr Rashmi Sharma
Chair
I am pleased to present ACTML’s Annual Report for 2013/14. I am very proud of our achievements over the past 12 months as Canberra’s chief primary health care organisation. ACTML is implementing a range of initiatives to improve the capacity of the primary health care system, to provide responsive services to general practice and primary health care clinicians and to coordinate targeted programs and services for the community.

I wish to thank our staff who are committed to implementing our strategic vision. Our staff once again participated in a survey of our organisational culture which revealed a culture of ambition. Our staff embrace change, even in an uncertain environment.

Our commitment to continuous quality improvement was recognised and validated by the achievement of two forms of accreditation. The organisations received a three year continuation of ISO 9001:2008 accreditation and also received full accreditation under the Medicare Local Accreditation Scheme.

WE KNOW THE HEALTH NEEDS OF OUR LOCAL COMMUNITY

ACTML has an unmatched ability to do a ‘deep dive’ into the health needs of our local community. ACTML was proud to join forces with the ACT Chief Health Officer to produce ‘Connecting Care’ – our comprehensive needs assessment. Our work added additional insights to the CHO Report by ‘drilling down’ into the profile of some particularly high need groups. This was launched in September 2014 and showed some very serious trends in the areas of obesity, heart disease, stroke, vascular disease, mental health and behavioural problems. ACTML analysed data, consulted with clinicians and consumers to hear first-hand from those who work in the health and related systems and those who use them. This gave us valuable insights into where we can improve.

LINKING WITH KEY SECTORS IN ADDITION TO HEALTH

ACTML is increasingly being recognised as a key stakeholder for sectors other than health. ACTML has been working in collaboration with the ACT Government and the community sector to co-design the Human Services Blueprint to ensure tailored local services are easily accessible by those who need them most. I’ve been a part of the development of the ACT Government’s Human Services Blueprint in association with community leaders. The Blueprint aims to make services more available and responsive to the needs of local people which acknowledges we’re now faced with the ‘new morbidities’ which are social problems with health consequences. ACTML initiated a partnership with the Child and Family Centres to co-locate and integrate primary mental health care services with those offered by the Centres.

A COMMITMENT TO TRANSLATING EVIDENCE INTO PRACTICE.

ACTML jointly invested with the ANU’s Australian Primary Health Care Research Institute (APHCRI) to engage a GP Adviser, PHC Implementation. This role is a first for Australian primary health care organisations and is designed to support all ACTML’s programs and services to translate the most up-to-date evidence and knowledge into practice.

A COMMITMENT TO CLINICAL LEADERSHIP AND CONSUMER EMPOWERMENT

ACTML recognises that health systems can change and improve when clinicians are engaged and consumers empowered. ACTML is leading the introduction of HealthPathways: Whole of system working ACT and Southern NSW in collaboration with ACT Health, Southern NSW Medicare Local and Local Health District. HealthPathways will launch in February 2015 providing general practices, specialists and other health care providers with pathways that include both clinical components and local referral options across both private and public sectors. Clinical reference groups involving GPs and specialists are working on topics across several clinical streams to develop the pathways and to address areas where system improvement can be achieved.

A Clinical Leadership Development Program is in design with input and advice from the General Practice Advisory Committee and will be available in mid-2015. Its implementation will support GPs with activities such as driving practice and system improvement.

ACTML has increased consumer information to improve health literacy by arranging for Tonic Direct screens to be featured in 16 general practices across the ACT. ACTML’s new branded consumer newsletter “Health Buzz” is distributed to consumers quarterly through participating general practices.

DIVERSIFICATION OF INCOME STREAMS FOR COMMUNITY BENEFIT

An innovative new program called NewAccess and funded by beyondblue and Movember was launched by Senator Jacinta Collins, the then Federal Minister for Mental Health and Ageing.
ACTML is the first Medicare Local in Australia to trial the program. Since October 2013, NewAccess has been providing free-of-charge early intervention services toCanberrans with mild to moderate depression and anxiety before their condition worsens. NewAccess has added to the mix of referral services available to GPs, other primary health care providers and others such as workplace EAP providers. This program is ACTML’s first to attract major non-government and philanthropic funding. Clyde Rathbone used his own personal story at a community launch of the NewAccess Program at National Capital Motors to encourage Canberrans to seek help early.

COMMUNICATION WITH MEMBERS AND STAKEHOLDERS
ACTML has continued to ensure members and key stakeholders are aware of key issues affecting them and the local primary health care sector through our fortnightly newsletters. Recipients of our stakeholder newsletter “Health InterACTion” grew to over 2,500 along with receivers of our practice bulletin “2/52” growing to over 1,600. Our social media presence also increased through facebook and twitter. We now have over 1,200 twitter followers with many retweets from high profile third party endorsers such as politicians and organisations.

FUTURE THINKING SYMPOSIUM
Our inaugural ‘Future Thinking – Medicare Local Health and Social Care Innovation Symposium’ with Murrumbidgee Medicare Local was held in November 2013, facilitated by Dr Norman Swan of the ABC Health Report. Over 100 frontline service providers, policy advisers and managers from the health and social sector discussed solutions crucial regional health and social care issues, with 100% of delegates reporting they would attend future Symposia.

STRATEGIC INTEGRATED MARKETING
ACTML’s increasing presence in the community has positioned us well for opportunities for new partnerships. The ACT Chamber of Commerce partnered with ACTML to increase awareness of mental health support available to employees with mild to moderate anxiety and depression and the importance of seeking help early.

ACTML has increased its engagement with the community. ACTML launched the ‘Taking Our Pulse’ survey at a health expo in August 2013 with local Canberra identity Rob de Castella. This survey created a direct discourse with the community about health and wellbeing and added insights to our 2014 health needs assessment. It also enabled ACTML to further develop brand awareness through a series of Community Health Expos across Canberra.

ACT PRIMARY HEALTH NETWORK: WELL PLACE, COMPETITIVE AND COMMITTED
The May Federal Budget saw the Australian Government announce the decision to replace Medicare Locals nationally with a smaller number of Primary Health Networks (PHNs) from 1 July 2015. One PHN has been confirmed for the ACT.

ACTML welcomed this announcement as an opportunity to continue to grow and evolve Canberra’s chief primary health care organisation. ACTML will respond to the Approach to Market when it is released and is well placed, competitive and committed to co-designing the ACT PHN with clinicians, stakeholders, consumers and government.

Our future is strong and together we can ensure patients receive the best continuity of care. However, we must remain reminded at all times that a primary health care organisation such as ACTML can only have an influence in the system if we have the cooperation and support of clinicians and consumers. If we are successful in our bid to form ACT’s Primary Health Network, we will work to continuously improve our relationship with and the services we provide clinicians and consumers.

Ms Leanne Wells
Chief Executive Officer
**ACT MEDICARE LOCAL STRATEGY 2013-2017**

**ABOUT US**
ACT Medicare Local (ACTML) is a primary health care organisation. We have been established to:

- make it easier for patients to access the services they need, by linking and better coordinating care between local general practitioners (GPs), nursing and other health professionals, hospitals and aged care, Aboriginal and Torres Strait Islander health organisations and community services
- work closely with the ACT Health Directorate and the services it provides, the Local Hospital Network Council and non-government organisations (NGOs) as key partners to make sure that primary health care services and hospitals work well together for their patients
- identify where the ACT community is missing out on services they might need and coordinate services to address those gaps
- support local primary care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards
- be accountable to the ACT community to make sure the services are effective and of high quality.

**OUR VISION**
Connected health care meeting the needs of the ACT and the surrounding region

**OUR MISSION**
To connect people to coordinated and integrated primary health care, recognising the importance of social determinants of health

**OUR VALUES EPICCC:**
Enterprise, Performance, Integrity, Conviction, Collaboration

**OUR KEY RESULT AREAS**

1. **HEALTH NEEDS**
   Health needs are clearly identified and mutually understood with partners to enable locally focused service responses based on equity principles

2. **WHOLE PERSON, WHOLE SYSTEM**
The experience of users of health programs and services is improved through ‘whole person, whole system’ integrated approaches

3. **BEST PRACTICE**
Primary health care teams have access to information and support that assist clinical and system outcomes and efficiency

4. **ORGANISATIONAL LEVERAGE**
ACTML is a learning organisation that operates with maximum effectiveness, impact and efficiency
Membership to the ACT Medicare Local is divided into three classes - GP, Organisation and Primary Health Care Clinician.

**GP CLASS**
Membership in the GP Class of the ACT Medicare Local is limited to Registered General Practitioners who are practising in the Australian Capital Territory. GPs who practice in NSW and were members of the ACT Division of General Practice on 2 August 2011 are eligible to continue to be members of the ACT Medicare Local provided they renew their membership before the 2011 AGM which will be held in November.

**ORGANISATION CLASS**
Membership in the Organisation Class of the ACT Medicare Local is open to:
- Peak Bodies: a body that represents persons eligible to be members of the ACT Medicare Local
- Service Providers: a body that provides Primary Health Care in the ACT through employees or contractors, one or more of whom are eligible for membership of the ACT Medicare Local (this includes practices)
- Consumer Organisations: a body that represents consumers of the Primary Health Care services in the ACT.

**PRIMARY HEALTH CARE CLINICIAN CLASS**
Membership in the Primary Health Care Clinician (PHCC) Class of the ACT Medicare Local is limited to PHCC’s who are Registered Health Practitioners (through the Australian Health Practitioner Regulation Agency (APHRA)) practising in the ACT who are not General Practitioners. Primary Health Practitioners who work in primary health care but are not registered through AHPRA can also apply to become members but should contact the ACT Medicare Local office before applying.

**A LIST OF ELIGIBLE PRACTITIONERS IS PROVIDED BELOW.**
- Aboriginal Health Workers
- Audiologists
- Chiropractor
- Dental Practitioner
  - Dentist
  - Dental therapist
  - Dental hygienist
  - Dental prosthetist
  - Oral health therapist
- Dietitians
- Exercise physiologists
- Medical Practitioner
- Midwife
- Nurse
  - Registered nurse (including Nurse Practitioners)
  - Enrolled nurse
- Occupational therapists
- Optometrist
- Osteopath
- Pharmacist
- Physiotherapist
- Podiatrist
- Psychologist
- Speech pathologists
- Social Workers
WHAT ARE WE DOING TO CONNECT CARE

HEALTHPATHWAYS

The New Zealand derived HealthPathways system improvement process is being implemented in the ACT and Southern NSW. HealthPathways promotes more efficient and effective patient journeys in health care and supports enhanced integration between the primary health care and secondary/tertiary health care sectors. HealthPathways reflects the referral lines or ‘pathways’ which link patients to the best treatment, local service or specialist.

It is a methodology with proven results and a common sense user interface around which to develop an efficient health system. Over time it has resulted in significant improvements in the way general practice and hospitals share the care and clinical management of patients. HealthPathways is jointly developed by GPs, specialists and other primary health care providers and this collaboration is key to its success.

The Australian health system is undergoing significant reform. This has occurred against a backdrop of formidable challenges; an ageing and growing population, rapid innovations in technology that drive increased health capabilities and costs and a significant growth in the burden of chronic disease. This is magnified by a fragmented health care delivery system that has poor mechanisms to create efficient pathways of care, thereby wasting significant resources, causing delay for patients and frustration for clinicians.

Over the past year, HealthPathways has:
- hosted a HealthPathways Planning Seminar and Practical Workshop conducted by New Zealand HealthPathways team held in April 2014.
- received support from Coast City Country General Practice Training – provision of GP Clinical Editors; funding for development of a HealthPathways education and training curriculum.
- a four party agreement to collaborate in the implementation of HealthPathways in the ACT and Southern NSW - ACTML, ACT Health, SNSWML and SNSW Local Health District.
- established a HealthPathways team including Clinical Leads and GP Clinical Editors.
- determined initial health pathway priorities – diabetes, COPD, heart failure, liver conditions, breast cancer follow-up and back pain.

Over the next year, HealthPathways will:
- consolidate of HealthPathways in the ACT and Southern NSW (execution of four party agreement between ACTML, ACT Health, SNSWML and SNSW Local Health District).
- hold a Foundation Forum to develop basic foundations for joint working, such as vision, scope and principles.
- be officially launched and go ‘live’ (GP and clinician access) in the ACT and Southern NSW.
- expand clinical topics for health pathway development.
- support associated GP and clinician familiarisation and education.
PRACTICE SUPPORT

ACTML’s Practice Support Program works with practices to improve patient outcomes through provision of education, training, resources, advice and information. This support extends to general practices and allied health practices.

The Practice Support team respond to enquiries from practices and facilitates education and professional networking meetings for clinicians and non-clinical practice staff. ACTML also supports local primary care providers including GPs, practice nurses and allied health providers to adopt and meet quality standards.

Over the past year, Practice Support has:

- conducted almost 1,000 visits to practices providing assistance, resources and education on a broad range of topics including chronic disease management, health promotion activities, improving data quality and the use of practice data to improve health service provision, accreditation support and other quality improvement activities
- recruited and worked closely with local practices on an Improvement Foundation quality improvement project focussing on prevention and management of Coronary Heart Disease
- facilitated regular networking meetings and education for GPs, allied health providers, practice nurses and practice managers
- provided up-to-date resources and information to practices on relevant MBS items and developed a popular desktop guide to frequently used item numbers
- supported practices to advertise vacancies via ACTML’s website and facilitated the recruitment of overseas trained doctors by responding to queries about recruitment processes
- provided alerts to new policy decisions that impact on practices.

Over the next year ACTML’s strong emphasis on practice support will continue. Primary care practices in the ACT, like their peers in other parts of Australia and internationally, experience constant daily pressures that both shape their interest in practice improvement and impact on their capacity to strategically develop and improve their practices. ACTML plans to add to the value of the services provided by the Practice Support team by adding an additional tier of services that focus on practice development and coaching.

“Practice Support has conducted almost 1,000 visits to general and allied health practices providing assistance, resources and education.”
NURSING IN GENERAL PRACTICE AND IMMUNISATION PROGRAMS

ACTML’s Nursing in General Practice and Immunisation Programs aim to support nurses working in general practice by providing practice visits, up-to-date information, current resources and education to help maintain their skills. There is a particular focus on supporting and promoting best practice in childhood immunisation.

Nurses in general practice often work in isolation and without peer support. The general practice setting requires a diverse range of skills and these need to be kept up-to-date and often extended. Accessing appropriate education and support from peers can be challenging for practice nurses.

Changes to the immunisation schedule, and the cessation of the general practice incentive for immunisation, have necessitated extra support for practices to maintain ACT’s high coverage rate for childhood immunisation.

Over the past year, the programs have:

• continued expansion and enhanced delivery of a tailored Orientation Program for Practice Nurses. Feedback about this program continues to be outstanding and provision of support for new Practice Nurses has resulted in improved retention.

• provided education events and networking meetings for Practice Nurses on topics such as chronic disease management, diabetes, health check education, asthma and respiratory management.

• developed new resources to support the National Immunisation Program changes.

• developed Aboriginal and Torres Strait Islander specific resources for 45 practices registered for the Closing the Gap initiative.

• provided immunisation resources to all ACT preschools and child care centres to help promote the immunisation schedule to parents.

Over the next year, the programs will fully integrate with the functions of the Practice Support team. There will continue to be a focus on increasing the skills and capacity of Practice Nurses through the provision of quality orientation programs, continuing education, in-practice support and networking opportunities.
NEWACCESS

NewAccess is an early intervention pilot program, funded by beyondblue and Movember, which provides easily accessible, free and quality services for people with mild depression and anxiety. The program delivers a model of support for people who are not currently accessing existing mental health services. This includes ‘hard to reach’ groups such as men and indigenous people, where access to traditional services is often lower.

The service, provided by Access Coaches, has a strong evidence-base having been proven in the UK. Access Coaches receive comprehensive training through Flinders University that is equivalent to the UK training. The aim is to ensure that the NewAccess model works within the Australian context, is achieving the required results, and is cost-effective.

Research suggests that only 46% of Australians with anxiety and depression access treatment. Men are less likely to seek support than women. People do not seek support for a range of reasons. It can be a matter of where they live and lack of services, the cost of treatment, or the stigma that they feel is associated with a mental health ‘problem’. Some people feel that they aren’t ‘sick enough’ to see a doctor and some are unaware of their support options.

Over the past year, NewAccess was launched and successfully implemented in the ACT. Specifically:

- over 450 referrals were made to the program, most of these were self-referrals. About 20% of clients heard about NewAccess from their GP.
- 38% of referrals accessing NewAccess were men.
- five Access Coaches were recruited, trained and have since delivered Access Coach services.
- all coaches reached and maintained full service capacity.
- a partnership was established with ACT Government resulting in a large increase in referrals.
- co-location trials were piloted at Brindabella Business Park and Charnwood Capital Chemist.
- over 60% of clients achieved recovery within two sessions, this was measured utilising the GAD and PHQ, clinically validated outcome tools which were utilised in trials in the UK.

Over the next 12 months there will be a focus on refining the NewAccess model, exploring new partnerships and plans to embed it in the Primary Health Network environment. The purpose of the two year pilot is to demonstrate that the program meets a service gap and to have the program picked up nationally.
HEALTH IN MIND

Health in Mind (formerly ATAPS) is part of the Better Outcomes in Mental Health Care Initiative (BOiMHC) funded by the Department of Health. This program provides access to effective treatment for people with diagnosed mild to moderate mental health conditions, with financial barriers to gaining treatment, who can respond well to focussed psychological strategies.

Cost is a significant barrier for accessing needed psychological services. ACTML’s Health in Mind (HiM) providers deliver sessions at no cost to the client. In addition, HiM provides services for ‘hard to reach’ groups that may not be able to access services under Better Access due to financial barriers. These groups include culturally and linguistically diverse communities and people who are homeless or at risk of homelessness.

HiM also provides services to:

• people who have self-harmed, have attempted suicide or are at-risk of suicide
• Aboriginal and Torres Strait Islander Peoples
• children under 12
• women with perinatal mental health conditions.

Over the past year, the program has:

• completed a review of the service delivery model to identify gaps and opportunities for improvement to ensure the service effectively meets the needs of the ACT community
• developed and implemented a new service delivery model in response to the review findings featuring a centralised intake, clinical lead position, a panel of contracted providers and a small in-house team of clinicians
• received over 1,300 referrals enabling people with mild to moderate mental health conditions to receive free psychological treatment
• seen an increase in referrals from a greater number of local GPs resulting from the simplified referral process.

Over the next 12 months there will be a focus on further refining the new service delivery model and promoting the program and referral pathways to referrers.
PARTNERS IN RECOVERY

Partners in Recovery (PIR) aims to support adults with severe and persistent mental illness with complex needs, their carers and families, through a recovery model providing holistic support. PIR works with multiple sectors, services and supports that a person may require to facilitate greater collaboration, coordination and integration. PIR in the ACT is funded to support over 430 Canberrans over the three-year funding period.

Individuals with severe and persistent mental illness with complex needs often fall through ‘system gaps’ and require intensive support to effectively address their complex needs. PIR was developed to support this vulnerable community which commonly becomes disconnected from social or family support networks or clinical and community support. Often this group is not connected with any services at all.

Over the past year:

• 148 people have participated in PIR, exceeding targets for this financial year. Most referrals were either self-referrals or came through the housing, tenancy and community not-for-profit health sectors.

• PIR was successfully developed and implemented in the ACT due to strong relationships and good will with our PIR Consortium and operations partners.

• collaboration, robust planning and program management has resulted in strong program uptake demonstrated by the number of referrals, high level of interest from ACT providers and the program being well accepted as it meets a community need.

• PIR’s team of support facilitators have developed a detailed understanding of local system blockages and gaps through their daily interactions with participants. This intelligence has been complemented by PIR Consortium partners and other stakeholders. This information is being used to guide the development of strategies to address broader system issues through the use of PIR flexible funds.

• PIR has well-developed relationships with partner organisations and across the nation through the Flinders University capacity building project.

• a partnership with ANU has been formed to develop a local evaluation framework for the program in the ACT to complement the national PIR evaluation.

In the next 12 months:

• strong relationships with the NDIA and NDIS in the ACT will be further developed to ensure shared understanding and support to the participants we work with jointly

• identified and emerging service system blockages and gaps will be tackled in a manner that is sustainable

• strategies will be identified to access limited services such as psychology and psychiatry in a timely fashion for PIR participants

• effective demand management strategies will be developed and refined to enable access to the program for the individuals referred

• fidelity of the support facilitators’ unique role will be maintained ensuring case management or ‘hands on’ support work does not detract from the coordination focus

• continued training, regular supervision and support will remain a focus for the PIR support facilitation team to ensure staff are appropriately skilled and avoid burn-out.

The Partners in Recovery program assisted 148 adults with severe and persistent mental illness with complex needs, their carers and families, to access cross-sectoral support, including education and housing.

Turning his life around

A participant who is part of PIR has a severe and persistent mental health issue and has suffered from substance misuse since his early teens. In just 3 months, with his PIR Support Facilitator, he has found independent housing through a local agency, started painting as an artist, undertaken volunteer work and is cooking BBQ’s for local community luncheons. His life has turned around and he now looks at life with confidence and an outward focus.
Our HIV Program’s nurse and counsellors provided direct client support.

Over the last year, the HIV Program has:

• maintained the partnership with Canberra Sexual Health Centre and the AIDS Action Council to provide sexual health screening for priority populations.

• facilitated ten HIV Clinical Care meetings. These were attended by a range of health professionals (including doctors and nurses from both hospital and general practice settings), allied health workers, staff from ACT Health, Department of Health and members of community organisations. Topics included counselling in HIV, HIV and the kidney, HIV-related lymphoma and feedback from AIDS 2014.

• continued to provide specialised counselling capacity for people with HIV, their friends and families, as well as those at risk of acquiring HIV.

• implemented point of care HIV testing (including an ongoing quality assurance program) in a general practice setting. This is currently the only location for HIV point of care testing in the ACT.

• participated in the CAHMA’s layperson (or peer) administration of naloxone education and access program to prevent adverse outcomes from opiate overdose.

In light of the rise of new diagnoses, the HIV Program will help broaden the ways in which people can access HIV testing in general practice and outreach settings. It will also help to increase the uptake of anti-retroviral therapy through education and improved access to treatments. The program will continue to promote safer sexual and injecting practices through education in clinical and outreach settings and support for local public health initiatives.
AFTER HOURS PROGRAM
As part of a national initiative, ACTML has been tasked to provide solutions to urgent after hours primary health care needs in the ACT community by providing residents with accessible and effective after hours primary health care services.

Over the past year, the After Hours Program has:

- embedded a local After Hours Incentive Payment Scheme for general practices to ensure continuation of after hours general practice service provision and a seamless transition from Commonwealth funding to financial incentives through ACTML. Participation in the scheme is very high with 95% of eligible practices participating.

- continued the Know Your Options consumer awareness campaign which commenced in December 2012 with www.afterhoursact.com.au attracting more than 4,000 unique visitors. A television, print and social media campaign further extended its reach. Through a partnership with the Health Care Consumers Association of the ACT more than 220 ‘hard to reach’ people have received face to face education and information.

- targeted small grants to support primary health care services to increase their quality and accessibility during the after hours period. Two grants were awarded to ACT general practices, Winnunga Nimmityjah Aboriginal Health Service was supported to pilot an after hours medical clinic two evenings per week for six months and five community pharmacies were grant recipients.

- continued the Patient Transport Assistance Scheme in collaboration with Canberra After Hours Locum Medical Service (CALMS). This has facilitated patients’ access to CALMS during the after hours period.

- provided a targeted continuing professional development program of GP education on clinical topics relevant to the after hours period. Community Pharmacists were updated in a half day workshop on triage, management and referral of common after hours presentations which was developed and facilitated by Pharmaceutical Society of Australia, ACT Branch in partnership with ACTML. Ten Residential Aged Care Facilities were supported with onsite workshops to update staff clinical handover skills.

Over the next year ACTML will continue to support general practice to provide quality, accessible after hours services to patients through continuation of the After Hours Incentive Payment Scheme. To improve after hours primary health care access for vulnerable groups, ACTML will continue the Patient Transport Assistance Scheme in collaboration with CALMS. The Know Your Options consumer awareness campaign will be further developed. Ongoing needs assessment and service mapping will inform future program strategies and activities.

“ACTML continued to provide solutions to urgent after hours primary health care needs in the ACT community by supporting residents to access effective after hours primary health care services in the general practice and pharmacy settings.”
ACTML’s eHealth Program has improved capacity in the primary health care sector to use and adopt available eHealth systems and services, increase eHealth literacy and capacity through the provision of education, and improve the quality and management of data within practices in preparation for the personally controlled electronic health record (PCEHR).

The average Australian has 22 encounters with the healthcare system each year, ranging from visits to the GP, pharmacist, allied health professional and hospital. Currently, information collected at each of these interactions is held by healthcare providers and not readily shared with either consumers or other providers. The PCEHR connects key health information, enabling more streamlined communication between healthcare providers, greater continuity of care and fewer adverse health events.

Over the past year, the eHealth Program:

- provided training to staff within general practices on accessing and using the eHealth record system.
- assisted allied health practices to connect to the eHealth record system and provided staff with training on accessing the Provider Portal (for the eHealth record system).
- attended a number of community events (e.g. Multicultural Festival, Control and Choice Expo, World’s Biggest Playgroup) to assist consumers to register for their own eHealth record and answered consumer questions about eHealth.
- provided support and advice to other Medicare Locals sharing resources both directly with them and via the Australian Medicare Local Alliance eHealth Forum.
- continued engagement with Residential Aged Care Facilities (RACF), allied health and specialists to get them connected to eHealth.

Though funding for the eHealth program has ceased, ACTML continues to maintain the eHealth Essentials blog [www.ehealth-act.com.au](http://www.ehealth-act.com.au) as a resource for both providers and consumers and offers ongoing support through the Practice Support team.

"ACTML’s eHealth Program has improved capacity in the primary health care sector to use and adopt available eHealth systems and services, increase eHealth literacy and capacity."
ACTML worked with a cluster of general practices to identify Canberrans at high-risk of developing cardiovascular disease over the next five years and to facilitate access to lifestyle modification services and programs to reduce their risk.
GENERAL PRACTICE AGED DAY SERVICE (GPADS)

The GP Aged Day Service (GPADS) was established in 2011 to assist the ACT general practice community deliver timely quality primary care to aged care residents and individuals home bound by their illness.

The GPADS concept was driven by an ACT-wide GP shortage and strain on the Emergency Department (ED). The program supports GPs, helps prevent unnecessary ED presentations, and provides timely intervention for a vulnerable population with complex health needs. A secondary aim of GPADS is to support Canberra GPs in a way that increases their capacity to deliver services to aged care clients. Over 3,000 referrals have been received since the inception of the service.

Over the past year:

• GPADS provided cover that enabled GPs to take leave in the knowledge that their residential aged care patients would continue to receive quality care in a timely fashion (accounting for 50% of GPADS services).

• an independent review found high levels of satisfaction with the service among a range of stakeholders

• GPADS was showcased as an innovative approach to aged care in an Australia-wide KPMG case study publication

• GPADS has retained a team of eight highly skilled GPs who are passionate about aged care

The priorities for the year ahead include continuing to support local GPs, to deliver quality care to GPADS clients and to streamline processes for increased efficiency within the program including the introduction of a central intake option.

“GPADS received over 3,000 referrals since 2011 to the mobile, bulk-billing GP service to provide an acute assessment to a homebound or Residential Aged Care Facility resident when their usual GP was unable to see the patient in a timely manner.”
ACSI (AGED CARE SUPPORT INITIATIVE)

ACTML's Aged Care Support Initiative (ACSI) aims to improve access to allied health services for low-care, Commonwealth-supported residents of Residential Aged Care Facilities (RACFs) and recipients of low level home care packages within the community.

ACSI enables low care residents to access allied health services promoting ongoing wellbeing and independence.

In May 2013 the ACT Local Hospital Network Council identified the need for an increase in community engagement and awareness about end of life issues specifically advance care planning. ACSI promotes the concept of Advance Care Planning within the broader ACT community by raising awareness and providing education for health professionals and Residential Aged Care Facilities (RACF).

Over the past year:

• ACSI enabled 151 allied health services to be delivered to low-care, Commonwealth-supported residents of RACFs and recipients of low level home care packages within the community.

• ACSI collaborated with the ACT Health Respecting Patient Choices (RPC) Advance Care Planning (ACP) Program to develop the ‘Be My Voice’ ACP campaign and website, which was launched by Minister for Ageing, Shane Rattenbury.

• an associated outreach program run by RPC proved successful with 94 attendees. The outreach sessions linked ACP facilitators with community members to provide more information about, or assistance with, the completion of their advance care plan.

• website analysis showed steady interest in the site, and RPC continues to monitor referrals and ACP documents lodged.

• two RACF specific ACP facilitator training workshops were sponsored by ACTML and a GP education event was well received.

The “Be My Voice” website is a flexible platform enabling continuing community, RACF and GP engagement with the ACP process on a local level. Further development and promotion of the website and education is planned for 2014/15.

ACSI enabled targeted allied health services to be delivered to low-care, Commonwealth-supported residents of RACFs and recipients of low level home care packages within the community.
ACTML’s Health Promotion Program commenced in 2012/13. It focuses on prevention of chronic disease and aims to enhance and embed evidence-based promotion and prevention activity in primary health care and community settings. The Program worked closely with ACTML’s Population Health Team to provide a focus on chronic disease prevention as part of the 2014 Comprehensive Needs Assessment.

As part of primary health care, health promotion and prevention strategies follow a continuum that seeks to keep people healthy, intervene early where health risks are identified and to work with people with diagnosed illness to prevent complications.

Preventable risk factors common to a number of chronic diseases include eating nutrition-poor and fatty foods, lack of physical activity and long periods of sedentary behaviour, smoking and risky alcohol consumption.

**Over the past year the Health Promotion Program:**

- developed a draft chronic disease health promotion and prevention plan.
- established a project to improve health literacy and connection with ACT primary health care services of the Karen-speaking refugee community.
- participated in the ACT Centenary Program as a key health partner.
- designed and implemented a weekly drop-in GP clinic for the homeless at the Early Morning Centre, with funding from ACT Health.
- adopted the ACT Government Healthier Work Program at ACTML as a trial.
- collaborated with ACT Health to expand the utility of the Kindergarten Health Check, including linking the outcomes into general practice.
- engaged with ATODA to implement activities as part of the "under 10% program".
- commenced the Connect up 4 Kids Project to support primary health care providers develop pathways to engage with parents with children at risk of obesity, with funding from ACT Health and in partnership with UC, Nutrition Foundation ACT and the Physical Activity Foundation ACT.
- undertook a joint community workshop with the ACT Community Services Directorate in Weston Creek to address sub optimal results for physical activity from the AEDI.
- commenced work with the ACT Government and the Murdoch Institute to review and strengthen the early childhood system of care in the ACT.

The Program plans to continue its ACT Government-funded programs in childhood development, obesity, homelessness and refugees. No new work will be undertaken as the Commonwealth Government cut out ACTML’s health promotion and illness component in the 2014/15 budget.
POPULATION HEALTH PROGRAM

ACTML’s Population Health program aims to identify and improve the health of the people in the ACT by addressing the needs of those in the community, particularly those who are most disadvantaged.

The program provides evidence about the changing needs of the population and how these are influenced by determinants of health as well as existing service gaps. This information is used as a basis for prioritising and planning improvements to primary health care.

Over the past year, the Population Health Program has:

• completed a Comprehensive Needs Assessment (CNA) – this is comprised of four documents and includes an Overview; ACT Chief Health Officer’s Report 2014; Population Health Supplementary Profile and CNA Analysis.

• undertaken extensive stakeholder engagement as part of the CNA process resulting in a strengthened relationship and collaboration with a number of stakeholders, particularly those who represent vulnerable groups in the ACT.

• incorporated many of the priority issues/needs and associated strategies that emerged from the CNA as part of the 2014-15 Annual Plan.

The Population Health Reference Group, established as an advisory committee of the ACTML Board, provides strategic advice on the Population Health Program.

Over the next year, the Population Health Program will:

• explore collaborative opportunities with a broad range of stakeholders from both the health and community sector.

• implement the GP data project - QData (Quality Data-Improved Outcomes Initiative) – this initiative will involve the collection of practice data that will lead to better patient management and patient outcomes and eventually provide more detailed data for services planning.

• implement a number of strategies to address issues/needs identified in the CNA.

The Population Health Program completed a Comprehensive Needs Assessment (CNA) which included an analysis that will provide the basis for future planning, investment, program and service development.
EDUCATION PROGRAM

ACTML’s Education Program has continued to provide high quality events and professional networking opportunities to health professionals of the ACT and surrounds. Almost 100 multidisciplinary events were delivered in the past 12 months. As ACTML’s membership has grown, so too has attendance by allied health professionals, Practice Managers and Practice Nurses together with GPs at networking meetings, workshops and education events with over 3,500 attendances across all events.

An external review of the Education Program conducted in late 2013 recommended the development of key education themes to inform the learning and development opportunities. The aim is to ensure that education themes and topics reflect the clinical issues, complexity and challenges being managed by GPs and other primary health care clinicians in their day-to-day practice.

Over the past year, the Education Program has:

• delivered events on topics such as plastering, eHealth, ocular emergency and Parkinson’s Disease.

• hosted regular Perform CPR events to allow GPs to fulfil CPD requirements, alongside their practice staff and allied health professionals for accreditation purposes.

• hosted regional Community Health Centre Forums which gave insight of the multidisciplinary services available.

Partnerships with organisations such as Arthritis ACT, Program of Experience in the Palliative Approach (PEPA) and the National Disability Insurance Agency ensured key speakers delivered on topics relevant to these organisations and of benefit to our membership.

Next year ACTML will introduce the first phase of an Enhanced Education Program. This will include education aligned with topic areas of greatest interest to ACT clinicians a regular Education eBulletin, a number of Active Learning Modules and learning opportunities available in contemporary formats for development and networking.

Our Education Program provided almost 100 multidisciplinary events resulting in over 3,500 attendances by GPs, Practice Managers, Practice Nurses and Allied Health professionals.
The Outer Metro Relocation Incentive Grants Program (OMRIG) is a federal initiative to encourage eligible general practitioners, GP registrars and medical specialists, who currently work in inner metropolitan areas to relocate to, and remain in, outer metropolitan areas. This includes medical practitioners who are currently working part-time or who are temporarily out of the workforce. An incentive grant under this program is also available for medical professionals to establish a practice in an outer metro area. In 2013/14 the government devolved responsibility for the administration and assessment of OMRIG grants to Medicare Locals.

For the purposes of this Program outer metropolitan regions are defined by the Australian Government and include the areas of Gungahlin, Belconnen, Weston Creek and Tuggeranong.

To support access to this financial incentive for doctors ACTML developed a web page, advertising material and a dedicated email address to support implementation of this program as well as advertising its availability through regular communications such as fortnightly electronic newsletters such as 2/52.

In 2013/14 two general practices in the Gungahlin region were awarded establishment grants. ACTML will continue to implement this program in 2014/15.

Two general practices in the Gungahlin region were awarded OMRIG ACT establishment grants to establish a practice or work in outer metro areas.
KAREN HEALTH LITERACY PROJECT

The Karen Health Literacy project aims to improve the health literacy of Karen-speaking refugees, with a focus on prevention and self-management of chronic disease. The Karen have settled in Canberra after fleeing Burma, some arriving after long stays in camps on the Thailand border.

The project has also engaged with primary health care professionals to enhance their capacity to communicate with this particular group and other people with low health literacy.

Evidence indicates that people from culturally and linguistically diverse (CALD) backgrounds and people with low English abilities may have poorer health outcomes.

Over the past year, the Karen Health Literacy Project has:

- recruited and trained four Karen people as bilingual community facilitators.
- surveyed eighty-one Karen adults to ascertain health literacy levels.
- conducted health literacy sessions for the Karen community designed using survey results.
- developed project resources, including “Health services for new arrivals – Understanding the ACT Health system” and a Karen version of the audio visual original produced by Northern Territory Medicare Local in eight languages “Healthy living in Australia and introduction for new arrivals”.

Primary health professionals and supportive health environments play a major role in increasing health literacy for refugees and all people who may have little or no English and are new to Australia’s health system. Cross cultural sessions tailored to primary health professionals will be designed to ensure “Refugee Ready” GP practices.

"The Karen Health Literacy project aims to improve the health literacy of Karen-speaking refugees, with a focus on prevention and self-management of chronic disease."
COMMUNITY ADVISORY COMMITTEE

Early in this year, the decision was made to review the Community Advisory Committee function, operations and membership in light of best practice and evidence based community, consumer and carer participation models. A discussion paper incorporating a proposed way forward was prepared and discussed robustly by the existing committee. At the conclusion of the meeting, the committee recommended to ACT Medicare Local that the Community Advisory Committee be disbanded in its current form and reconstituted using the proposed best practice model.

The work to redevelop the committee and reconstitute the membership was commenced and then put on hold in light of the Commonwealth decision to introduce Primary Health Networks with a Community Advisory Council integral to the governance model of the new entity.

GENERAL PRACTICE ADVISORY COMMITTEE

ROLE OF COMMITTEE

In recognition of the ongoing importance of general practice in primary healthcare, the role of the GP Advisory Committee is to assist the ACTML Board to perform its duties and to fulfil its responsibilities in relation to GP engagement and support.

In broad terms, the function of the Committee is to:

- assist the Board with its communication with GPs
- advise the Board on strategies to strengthen and promote GP engagement and participation
- advise the Board and CEO on priority areas and issues requiring GP participation
- participate in strategic planning and service development processes
- consider any matter referred to it by the Board or CEO.

COMMITTEE MEMBERS 2013/14

Dr Rashmi Sharma (Chair), Isabella Plains Medical Centre, ACTML Board
Dr Charles Sleiman, Brindabella Family Practice
Dr Paul Buckley (until Feb 2014), Isabella Plains Medical Centre
Dr Rachel Liang (until Oct 2013), Isabella Plains Medical Centre
Dr Siew Lo (until May 2014), Florey Medical Centre
Dr Jenny Thomson, ANU Medical School
Dr Suzanne Davey, Kambah Village Medical Practice
Dr John Norgrove (from March 2014), Annie Lim’s Family Practice
Leanne Wells, ACTML CEO

MAKEUP OF COMMITTEE

The GPAC comprises up to nine members from the following categories: GP class Director of ACTML Board; GP Advisors and other GPs appointed by the Board; ACTML CEO.

ACHIEVEMENTS

The GPAC met three times in 2013/14 and advised the Board and Executive on a range of policies, programs and service development. The GPAC is also tasked with providing advice to the Board in regard to allocating a reserve pool of funds quarantined from ACT Division of General Practice (ACTDGP) to be used to support the objects of ACTDGP.
PRIMAR Y HEALTH CARE ADVISORY COUNCIL

ROLE OF COMMITTEE
The Primary Health Care Advisory Council is a large representative forum that considers significant primary health care issues in the ACT community. The Council is designed to ensure different points of view are fed into ACTML Board deliberations. The Council will receive reports from ACTML on topics such as population health issues, service provision, service gap identification and potential solutions and primary health care programs. The Council acts as a ‘sounding board’ for new ideas and will itself provide possible policy and service responses to identified issues.

ACHIEVEMENTS
The Council met in February 2014. At this meeting, the Council provided input into the ACTML Membership Engagement Strategy, the development of the Comprehensive Needs Assessment 2014 and future directions of PHCAC.

COMMITTEE MEMBERS 2013/14

<table>
<thead>
<tr>
<th>GP class</th>
<th>Charles Sleiman</th>
<th>Ian Pryor</th>
<th>David Poland</th>
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<tr>
<td>Primary Health Care Clinician (PHCC) class</td>
<td>Michael Badham</td>
<td>Judy Buchholz</td>
<td>Fiona Kalmar</td>
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<td>Service Provider class</td>
<td>Richard Bialkowski</td>
<td>Angela Ingram</td>
<td>Anne Kirwan</td>
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<td>Peak Body class</td>
<td>Dianna Howell</td>
<td>Jennifer Manson</td>
<td>Bill Kelly</td>
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<td>Consumer Organisation class</td>
<td>Dee McGrath</td>
<td>Marcia Williams</td>
<td>Darlene Cox</td>
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CLINICAL GOVERNANCE COMMITTEE

ROLE OF COMMITTEE
The Clinical Governance Committee aims to facilitate improved patient health outcomes by ensuring that effective mechanisms are in place for monitoring and managing the quality of clinical care and services provided by ACTML and for meeting identified targets for quality.

COMMITTEE MEMBERS 2013/2014

Dr Rashmi Sharma (Chair), ACTML Chair
Dr Paresh Dawda, General Practitioner
Ms Sally Hall, Academic and Expert Advisor
Ms Jane Docherty, Practice Nurse
Ms Liz Abbott, Physiotherapist
Mr Russell McGowan, Consumer
Ms Leanne Wells, ACTML CEO
Prof Deborah Browne, Academic and Expert Advisor

MAK EUP OF COMMITTEE
The Council comprises of up to five ACTML members from the following classes: GP; PHCC; Service Provider; Peak Body; Consumer Organisation; and other co-opted members as stipulated in the ACTML Constitution.

ACHIEVEMENTS
The Council met in February 2014. At this meeting, the Council provided input into the ACTML Membership Engagement Strategy, the development of the Comprehensive Needs Assessment 2014 and future directions of PHCAC.
COMMITTEES
ADVISING THE ACTML BOARD

FINANCE AND AUDIT COMMITTEE

ROLE OF COMMITTEE

The role of the Finance and Audit Committee is to assist the Board to perform its fiduciary duties and to fulfill its responsibilities in relation to the efficient governance and performance of ACTML by reviewing, advising and making recommendations to the Board.

In broad terms, the functions of the Committee are to set the overall corporate ‘tone’ for:

- quality financial reporting
- sound business risk practices
- ethical behaviour.

COMMITTEE MEMBERS 2013/14

Ms Lesley Piko (Chair), ACTML Board
Dr Felicity Donaghy, ACTML Board
Dr Martin Liedvogel (from November 2013), ACTML Board
Dr Alexander Stevenson (to November 2013), ACTML Board
Ms Leanne Wells, ACTML CEO

MAKEUP OF COMMITTEE

The Finance and Audit Committee comprises up to three other members of the Board and the CEO.

GOVERNANCE COMMITTEE

ROLE OF COMMITTEE

The role of the Governance Committee is to assist the Board to perform its duties and to fulfill its responsibilities in relation to the efficient governance and performance of ACTML by reviewing, advising and making recommendations to the Board on its governance and oversight responsibilities.

In broad terms, the functions of the Committee are to set the overall corporate ‘tone’ for:

- Governance
- Board operations and policies
- Constitutional oversight.

COMMITTEE MEMBERS 2013/14

Ms Gayle Ginnane (Chair), ACTML Board
Ms Naida Fletcher (until August 2013), ACTML Board
Ms Linda Spurrier (from November 2013), ACTML Board
Dr Mary Webb, ACTML Board
Ms Leanne Wells, ACTML CEO

MAKEUP OF COMMITTEE

The Governance Committee comprises the Committee Chair who is appointed by the Board, at least one other director, the CEO, and other directors as approved by the Board.
POPPULATION HEALTH REFERENCE GROUP

ROLE OF GROUP
The Population Health Reference Group aims to provide strategic advice and encourage functional networks to inform ACTML’s Population Health Program. In broad terms, the functions of the group are to provide advice on:

- ACTML population health planning program strategic directions
- ACTML health promotion and illness prevention strategic directions
- the identification of information and data sets that will create a better understanding of the population health needs, service gaps and priorities in the ACT
- information to support the enhancement of the understanding of the clinical and business aspects of primary health care practices relating to population health
- the development of general practice clinical surveillance data
- stakeholder engagement and communication strategies for the population health program
- analytical reports that are developed for the population health program
- the development of appropriate data governance policies and structures.

MAKEUP OF GROUP
The group consists of a range of representatives, including experts from the primary health care, community and population health sector in the ACT, in addition to ACTML staff.

ACHIEVEMENTS
The group provided input to the 2014 Comprehensive Needs Assessment (CNA), which was launched by the ACT Chief Minister and Health Minister in September 2014.

COMMITTEE MEMBERS 2011/12
Assoc Professor Kirsty Douglas (Chair), ACTML Board
Dr Rashmi Sharma, ACTML Board
Prof Gabrielle Cooper, University of Canberra/ACTML Board
Dr Paul Kelly, ACT Chief Health Officer
Joanne Greenfield, ACT Health
Prof Rachel Davey, Centre for Research and Action in Public Health (CeRAPH), UC
Phil Ghirardello, ACT Health
Joan Scott, ACT Health (till Feb 2014)
Lisa McGlynn, AIHW
Dr Ian McRae, APHCRI
Darlene Cox, Health Care Consumers Association (HCCA)
Dr Rosemary Korda, National Centre for Epidemiology and Population Health (NCEPH), ANU
Merryn Hare, ACT Health (from March 2014)
Dr Ana Herceg, Winnunga Nimmityjah Aboriginal Health Service
Angie Bletsas, ACTCOSS
Leanne Wells, ACTML CEO
Dr Rashmi Sharma  
Chair, GP Class Director, elected 22/11/11  
BSc (Hons) 1st class Clinical Pharmacology (London), MBBS (London), DRANZCOG, FRACGP, Graduate Certificate in Higher Education  
Principal in a large multidisciplinary teaching practice in Isabella Plains, GP educator, and FRACGP Quality Assurance Examiner. Rashmi is a member of the Commonwealth Pharmaceutical Benefits Advisory Committee and Drug Utilization Sub Committee, Board member of Coast City Country GP Training, a member of the ACT Local Hospital Network Council, and an Adjunct Associate Professor at the ANU Medical School.

Dr Felicity Donaghy  
GP Class Director, elected 22/11/11  
MBBS, FRACGP  
GP since 1991, Principal of Garema Place Surgery since 2010, FRACGP Examiner, previous Board member and Chair of the Education Committee at the Sutherland Division of General Practice 1999-2002.

Prof Gabrielle Cooper  
PHCC Class Director, elected 22/11/11  
B Pharm, DHP, PhD, MAICD, MPSA, MSHPA  
Professor of Pharmacy in the Faculty of Health at the University of Canberra having established the Discipline of Pharmacy in 2004. Member of the ACT Clinical Senate, the ACT Branch Committee of the Pharmaceutical Society of Australia and a range of other professional committees with a focus on optimal medication management and improved communication between consumers and care providers.

Prof Kirsty Douglas  
Co-opted Director, appointed 16/2/12  
MBBS, MD, FRACGP, DipRACOG, Graduate Certificate in Higher Education  
Professor of General Practice at ANU, Director of the Academic Unit of General Practice at ACT Health, and part time Senior Medical Officer at Winnunga Nimmityjah Aboriginal Health Service. Executive of Australasian Association of Academic Primary Care and recently completed five years’ service on the Medical Services Advisory Committee. As a clinician Kirsty worked for 12 years as a private GP in Canberra prior to joining Winnunga in 1997.

Ms Gayle Ginnane  
Co-opted Director, appointed 16/2/12  
BA, BEcon (Qld), M Defence Studies (NSW), Grad Dip Strategic Studies (JSSC), FAICD  
Independent director on a number of Boards, both commercial and not for profit, in the voluntary, government and private sectors. CEO of the Private Health Insurance Administration Council until May 2008 with broad experience as a senior manager in an insurance and regulatory environment, and an in depth understanding of governance, risk management and finance.

Dr Lesley Piko  
Co-opted Director, appointed 16/2/12  
BBus, Dip Acc, MBA, PhD, FCPA, FAICD  
Lesley has worked as a qualified accountant in public practice and not-for-profit organisations and has also held several directorships. Lesley's PhD thesis put forward a new career development theory based on the behaviour of general practitioners working in Australia.
Dr Mary Webb  
Consumer Director, elected 29/11/12  
BSc (Hons) (Melbourne), PhD (ANU), Accredited Editor (Institute of Professional Editors)  
Freelance editor and writer, with a background in biological research and science education. She is currently on the ACT Disability Advisory Council and the Multiple Sclerosis (MS) Limited ACT Advisory Board, and has previously been on a number of committees/boards, including Lake Ginninderra College Board from 2008 to 2011. Interested in disability matters, preventative health care and helping to build strong communities. Mary was named 2012 ACT Volunteer of the Year for her service to people with MS.

Ms Linda Spurrier  
PHCC Director, elected 28/11/13  
Registered Nurse  
Employed as a Practice Nurse at Gordon Family Practice for the past four years, and was awarded the ACT Primary Health Care Nurse for 2013. Previous to practice nursing, Linda worked for 13 years in the Emergency Department at The Canberra Hospital.

Dr Jeffrey Harmer AO  
Co-opted Director, appointed 1/6/13  
BA (Hons) (UNSW), Dip Ed (UNSW), PhD (UNSW), HonD (University of Canberra), FAIM, FIPPA, FANZSOG  
With a career in the public service spanning 33 years, Jeff has occupied a range of executive positions including Managing Director of the Health Insurance Commission, Secretary of the Department of Education, Science and Training, and Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs. In 2009, Jeff was voted the inaugural Australian Government Leader of the Year, and in 2010 he was made an Officer of the Order of Australia (AO) in the Australia Day Honours List for the significant achievements in his public service career. Jeff holds a range of Board appointments, with a number of not-for-profit organisations, and was Chair of the Advisory Group for the Australian National Disability Insurance Scheme in the lead up to its introduction in July 2013, and is co-Chair of the Ministerial Council on Child Care and Early Learning.

Dr Martin Liedvogel  
GP Class Director, elected 28/11/13  
B.Med, FRACGP  
Practice Principal of Fisher Family Practice since 2006. Fisher Family Practice is a teaching practice. Martin is a GP Supervisor and Medical Educator with Coast City Country GP Training and is a FRACGP Examiner. Advisory Committee.

Ms Naida Fletcher  
PHCC Director, re-elected 29/11/12, resigned 18/8/13  
Registered Nurse, Practice Nurse at the Plaza Medical Centre (a private General Practice in Woden). Surveyor for GPA Accreditation Plus.

OTHER DIRECTORS during 2013/14

Dr Alex Stevenson  
GP Class Director, elected 29/11/12, resigned 28/11/13  
MBBS FRACGP  
GP at Isabella Plains Medical Centre and a lecturer in the Academic Unit of General Practice at the ANU.

Ms Naida Fletcher  
PHCC Director, re-elected 29/11/12, resigned 18/8/13  
Registered Nurse, Practice Nurse at the Plaza Medical Centre (a private General Practice in Woden). Surveyor for GPA Accreditation Plus.
ACTML STAFF
2013/14

Rosemary Agnew
Lauren Anthes
Vladimir Aleksandric
Emily Austin
Dianne Bozzato
Marie Bennett
Margo Byrne
Mitch Brakenridge
Eleanor Baylis
Robyn Bell
Marcia Barber
Clyde Chatfield
Tanya Clancy
Bernadette Cording
Gabrielle Cooper
Lynn Cheong
Gabrielle Curwood
Betty Callow
Bill Caddey
Liz Deaves
Sam Darasouk
Samantha Davidson Fuller
Paresh Dawda
Mark Elliott

Alison Elliott
Joanne Gunn
Eleonor Pritchard
Frances Green
Andrea Gledhill
Daniel Gowing
Judith Gleeson
Philip Habel
Melissa Hobbs
Deborah Hammett
Janelle Holstein
Jill Karlson
Anne Knobel
Ryan King
Roz Lemon
Mary Lourens
Martin Liedvogel
Deb Milner
Christine Mayberry
Ellen McGruder
Jason Morrissey
Callum Mouncey
Dawn Nusa
Bronwyn Parsons

Sharmaine Perera
Jenny Permezel
Pushpan Pitigala
Sarah Patrick
Matthew Pirani
Leah Peut
Lona Rethman
Hailey Shaw
Paula Sharp
Meriel Schultz
Liam Shanahan
Prudence Spence
Carla Spyropoulos
Katrina Smithers
Angelene True
Helen Taylor
Kerry Weller-Lewis
Tracy Wu
Leanne Wells
Trisha Wong
Helen Walker
Glentin Yin
FINANCIAL HIGHLIGHTS
By Dr Lesley Piko, Finance and Audit Committee Chair

On behalf of the ACT Medicare Local Board, I would like to present the audited 2013/14 financial reports to members. The financial statements and notes are in accordance with Australian Accounting Standards and the Corporations Act 2001 and have been audited by Moore Stephens, Accountants & Advisors.

I am pleased to report that ACTML is in a sound financial position. The audited financial statements show that the income for the financial year was just over $11.6 million with expenditure totalling $11.4 million, leaving an operating surplus of $156,931 (2012/13, surplus $32,352).

The Federal Budget announcement in May 2014 that Medicare Locals will be replaced by Primary Health Networks (PHNs) from 1 July 2015 through an open, contestable process was a significant event. While ACTML will be responding to the Government’s PHN Approach to Market, we have been vigilant in assessing the risks and impacts of this policy change should our bid be unsuccessful. Our due diligence has included securing commitment from the Commonwealth Department of Health and seeking additional independent financial risk management advice.

Table 1: INCOME BY FUNDING SOURCE

<table>
<thead>
<tr>
<th>Source</th>
<th>2013-14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth Department of Health</td>
<td>$9,285,630</td>
<td>$5,410,610</td>
</tr>
<tr>
<td>ACT Health</td>
<td>$890,425</td>
<td>$865,600</td>
</tr>
<tr>
<td>Other</td>
<td>$1,442,207</td>
<td>$738,104</td>
</tr>
<tr>
<td>Total</td>
<td>$11,618,263</td>
<td>$7,014,314</td>
</tr>
</tbody>
</table>

Table 1 shows the sources of our income. The total income in 2013/14 increased by 66 per cent compared to the previous year. The main increase was due to the Partners in Recovery Program and New Access Program commencing 2013-14. The Commonwealth Government continued to provide the majority of our funding, which is used to coordinate a range of programs and services to the ACT community and the ACT’s general practice and primary health care workforce. Commonwealth Government funding also supports the day to day operations of ACTML. Funding is also attracted from ACT Health and non-government sources. During 2013/14, ACTML delivered 20 specifically funded programs in addition to our main ‘core’ funding agreement with the Commonwealth. The four largest programs are Partners in Recovery, GP Aged Day Service, NewAccess and Access to Allied Psychological Services.

Table 2: TOTAL EXPENDITURE BY CATEGORY

<table>
<thead>
<tr>
<th>Source</th>
<th>2013-14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff salaries and on-costs</td>
<td>$4,434,615</td>
<td>$2,945,950</td>
</tr>
<tr>
<td>GP/Incentives/Grant payments</td>
<td>$1,448,929</td>
<td>$354,972</td>
</tr>
<tr>
<td>Operating costs</td>
<td>$5,577,787</td>
<td>$3,681,041</td>
</tr>
<tr>
<td>Total</td>
<td>$11,461,332</td>
<td>$6,981,963</td>
</tr>
</tbody>
</table>

Table 2 shows the expenditure by category. Total expenditure has increased by 64 per cent compared to the previous year. Staff costs have increased due to increase in staff numbers associated with the expansion of program delivery and coordination of new services and a reduction in the use of consultants and contractors. GP payments have increased due to payments under the After-hours – stage 2 practice incentive scheme. The increase in operating costs is due to new expenditure for new programs such as NewAccess and Partners in Recovery.
FINANCIAL MANAGEMENT

The Finance and Audit Committee consists of Board directors Dr Felicity Donaghy, Dr Martin Liedvogel and I. We are ably supported by ACTML staff and the CEO, Leanne Wells. The Committee meets monthly to review the financial statements for the full Board. The Financial Management team continued to have stable staffing in the past year. I would like to extend my thanks to the Committee and particularly the staff for their professionalism and commitment to continuous improvement in what has been a year of growth and continued change.

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$11,076,686</td>
<td>$6,692,315</td>
</tr>
<tr>
<td>Other Income</td>
<td>$541,577</td>
<td>$321,999</td>
</tr>
<tr>
<td>Program Costs</td>
<td>$(11,461,332)</td>
<td>$(6,981,962)</td>
</tr>
<tr>
<td>Profit/(Deficit) for the year</td>
<td>$156,931</td>
<td>$32,352</td>
</tr>
</tbody>
</table>

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$4,164,673</td>
<td>$5,328,554</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>$180,739</td>
<td>$2,588,630</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>$165,134</td>
<td>$275,187</td>
</tr>
<tr>
<td>Other assets</td>
<td>$105,583</td>
<td>$164,825</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$4,616,129</td>
<td>$8,357,196</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>$785,000</td>
<td>$1,480,387</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>$2,579,337</td>
<td>$5,970,584</td>
</tr>
<tr>
<td>Provisions</td>
<td>$487,039</td>
<td>$298,403</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$3,851,376</td>
<td>$7,749,374</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>$247,255</td>
<td>$125,075</td>
</tr>
<tr>
<td>Reserves</td>
<td>$517,498</td>
<td>$482,747</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>$764,753</td>
<td>$607,822</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITOR’S REPORT

TO THE MEMBERS OF ACT MEDICARE LOCAL LIMITED


We have audited the accompanying financial report of ACT Medicare Local Limited (the Company), which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the period then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration.

Directors’ Responsibility for the Financial Report

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

Auditor’s Responsibility

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

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of ACT Medicare Local Limited, would be in the same terms if given to the directors as at the time of this auditor’s report.
Opinion

In our opinion the financial report of ACT Medicare Local Limited is in accordance with the Corporations Act 2001, including:

i. giving a true and fair view of the Company’s financial position as at 30 June 2014 and of its performance for the period ended on that date; and

ii. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

Emphasis of Matter

Without modifying our opinion, we draw attention to Note 15 in the financial report which indicates that the Company’s major funding contract with the Department of Health (the Department) will terminate on 30 June 2015. The Department has acknowledged its obligation to fund reasonable costs incurred by the Company that are directly attributable to this termination. The directors of the Company have relied on the Department’s formal acknowledgement of its obligations to prepare the Company’s financial report on a going concern basis. This termination of the Company’s major funding contract indicates the existence of a material uncertainty that may cast significant doubt about the Company’s ability to continue as a going concern and therefore the Company may be unable to realise its assets and discharge its liabilities in the normal course of business.

Ian Hollow
Director
Moore Stephens

Dated at Canberra: 18th day of September 2014