



gp links wide bay
general practice, **delivering better health**



2008 Annual Report

“To Enhance and Support General Practice”

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MISSION, VISION, VALUES AND OBJECTIVES

The Mission

The agreed mission statement is: *To Enhance and Support General Practice*

The Vision

The agreed vision statement is: *GP Links Wide Bay will navigate Primary Health Care forward*

The Agreed Values and Principles

The agreed values that will drive the behavior of GP Links Wide Bay are:

Accountability (which includes ethics and integrity)

Collaboration (which includes engagement)

Responsiveness (which includes identifying and responding to need)

Quality (which includes effectiveness and efficiency)

Leadership (which includes listening, discerning, negotiating and delivering)

Relevance (which includes building relationships between GPs, practices and stakeholders)

Goals and Measurement

Goals

GP Links Wide Bay will be robust and viable

Measurement - an annual budget of \$10 million by 2012

GP Links Wide Bay will increase its membership

Measurement - 2,400 associate members and 150 GP members by 2012

GP Links Wide Bay will build equity to increase strength and flexibility

Measurement - \$2 million in equity by 2012 (in any form)

GP Links Wide Bay will contribute to local health service delivery

Measurements - evidence GP Links Wide Bay has contributed health delivery through:

- Clinical skill development for general practitioners and practice staff have increased
- Facilitation of quality improvement in general practice
- Collaborate with relevant partners to improve the GP/PHC workforce
- Contribute to local health service delivery through the provision of allied health services with a focus on integration with general practice

Play the key role in leading general practice

Measurements - evidence GP Links Wide Bay has led GP through:

- Business skill development for GPs and practice staff
- Active communication with general practice that has been well received

- Leading changes and reforms that benefit general practice
- Engaging relevant organisations to improve conditions for general practice Linking health care in the community
- Assisting GP to navigate primary health care reforms
- Members valuing GP Links Wide Bay

ACKNOWLEDGEMENTS

GP Links Wide Bay acknowledges the generous funding and sponsorship provided by the following organizations:

FUNDING BODIES

Australian Government Department of Health and Ageing
 National Prescribing Service
 Pharmacy Guild of Australia
 General Practice Queensland
 Improvement Foundation Australia
 Headspace National Youth Mental Health Foundation
 Queensland Health Fraser Coast District Health Service, Queensland Government
 Statewide Services Queensland Health, Queensland Government

SPONSORSHIP

Abbott	Fertility Solutions	Novartis
Alzheimer's Australia	Glaxo Smith Klein	Queensland Medical Laboratories
Astra Zeneca	Hepatitis Council of Queensland	Rebif
Bayer Healthcare	Janssen-Cilag	Roche
Biogen Idec	Lifeline	Sanofi/Aventis
Bluecare	Medicare Australia	Schering-Plough
Central Queensland Population Health	Merck Sharp & Dhome	Servier
CSL	Multiple Sclerosis Society of Queensland	The University of Queensland
De Puy (Orthopaedic Division)	National Asthma Council Australia	University of New England Partnerships
Family Planning Queensland	National Breast and Ovarian Cancer Centre	

GOVERNANCE AND STAFFING

2007/2008 BOARD OF DIRECTORS

Dr Paul Neeskens	Chair	Mr Danny Green	Member
De Elaine Dunn	Secretary	Dr John Potter	Vice Chair
Dr Ishri Ajesh	Treasurer	Dr Preshy Varghese	Member
Mr Shane Dawson	CEO (ex officio – non voting)		

Board Member's Meeting Attendance							
Board Meetings	PN	JP	ED	IA	PV	DG	SD
18/09/2007	√	√	√	√	√	√	√
24/10/2007	√	√	√	√	√	X	√
28/11/2007	√	√	√	√	√	√	√
30/01/2008	√	√	√	√	√	√	√
23/04/2008	√	√	√	√	√	X	√
23/07/2008	√	√	√	√	√	√	√
08/10/2008	√	√	X	√	√	X	√
	7	7	6	7	7	4	7

Executive Meetings	PN	JP	ED	IA	SD
13/02/2008	√	X	√	√	√
19/03/2008	√	√	√	√	√
16/04/2008	√	X	√	√	√
14/05/2008	√	√	√	√	√
18/06/2008	√	√	√	√	√
09/07/2008	√	√	√	X	√
17/09/2008	√	√	X	√	√
20/08/2008	√	√	√	√	√
	8	6	8	7	8

STAFF AS AT 15TH NOVEMBER 2008

Shane Dawson	CEO
Janelle Anderson	Diabetes Educator
Kaylene Baretta	Reception/Administrative Assistant
Sandra Batchelor	Reception/Administrative Support – Headspace/GPLWB
Dr Suzy Baudoef	General Practitioner Headspace
Danny Carswell	Manager – Corporate Services
Lynne Clark	Program Administrative Support
Gina Clement	Program Manager – Information Management/ABHI
Vivien Clift	Education Services
Danielle Costelloe	Reception/Administration Support – Headspace/GPLWB
Sue Derry	Executive Support Officer
Steve Dobson	Youth and Drug Counselor - Headspace
Cyleece Feher	Primary Care Partnerships, Contract Management
Mitchell Grambauer	Manager – Business Development
Belinda Grant	Training Officer – Headspace/GPLWB
Glenn Hoffmann	Contractor – APCC
Lesley Hawkins	Contractor – Drought Initiative
Martin Ridge	Program Officer - GPHLO/ABHI
Ilze Roux	Healthy Lifestyles
Dr Shaun Rudd	GP Hospital Liaison
John Shearer	Manager – GP Services
Hilton Simmonds	Headspace CSIM
Inga Simpson	Youth Services - Headspace
Carolyn Wilson	Membership Services

Vacant
Vacant
Vacant
Vacant

Manager – Allied Health Services
Counselor – Aboriginal AAD Worker/Headspace
Accounts Officer
Healthy Lifestyles – North Burnett

CHAIR REPORT TO AGM 2008

It is with pleasure I report to the Annual General Meeting 2008.

The last year has been one of change and challenges for our organization.

In October 2007 we formally changed our name from the "Wide Bay Division of General Practice" to "GP Links Wide Bay". The new name reflects an emphasis on linkages, communication, relationships, and collaboration as we seek to achieve our mission of supporting and enhancing general practice. Of special importance is building communication and relationships between General Practice and other health service providers especially QLD Health.

In parallel with name change has been the recruitment of our CEO Mr Shane Dawson. Shane has worked in Divisions of General Practice since 1996 and in that time has the honour of having been the CEO of 3 different Divisions of General Practice. Shane thus brings a wealth of experience of changing role and style of Divisions from the initial Project Funding days, to block grant funding, then to Outcomes Base Funding and most recently to Multi-Purpose Agreements (MPA) with clinically based key performance indicators.

In June 2008 the Board undertook a specific facilitated Strategic review. The key outcomes were

- Mission: To support and enhance General Practice
- Vision: GP Links Wide Bay will navigate Primary Health Care forward
- Values: Accountability, Collaboration, Responsiveness, Quality, Leadership and Relevance,

with a set of measurable goals about budget, equity, membership, service delivery and leadership.

The changing role and capacity of Divisions of General Practice has positioned them squarely in the Government eye and also firmly at their ear. It is important to note that GPLWB is a legally autonomous organization that will exist with or without Commonwealth approval or funding. It is our choice, not our obligation, to agree to contracts to deliver services. The Commonwealth does have a right to expect deliverables on contracts. The corollary is that Government is currently listening closely to Divisions largely through the national Divisions body AGPN. GP Links Wide Bay has been seeking to discern the issues relevant to its members and to use its representation at State and National levels to seek relevant outcomes.

A key challenge in the last year and the next will be our approach to the GP Superclinic Program. Although a lack of detail has hampered any genuine assessment of the proposal, GPLWB will continue to monitor and disseminate relevant information and is looking to participate in whatever manner best suits the community and GP practices of Bundaberg.

2007-2008 has seen our annual budget increase from \$1.5M to \$2.6M. The bulk of this growth does not relate to our core MPA, but still is largely from the Commonwealth Government. It remains an important objective of the Board to expand and diversify its funding base whilst maintaining a focus on services and programs that are relevant to GPs, General Practice, Primary Health and the Community. Some examples of new activity are the Youth Mental Health initiative "Headspace", increased capacity for Diabetes education and the QLD Health funded GP Liaison program

Lastly, I recommend to you to consider the proposal to move our organization from one of an Incorporated Association under State Law, to that of Company Limited by Guarantee under Federal Law. The Board has reviewed the issues thoroughly and considers that such a change will best suit the future needs and opportunities of GP Links Wide Bay Inc.

A handwritten signature in black ink, appearing to read 'P Neeskens', with a long horizontal stroke extending to the right.

Dr Paul Neeskens
15 November 2008
Chair, Board of Directors
GPLINKS WIDE BAY

CHIEF EXECUTIVE OFFICER'S REPORT

The 2007/08 year has been a time of refocusing for GP Links Wide Bay.

There has been a determined focus by both the Board of Directors and the staff in ensuring the organisation is listening in terms of both relevancy and service delivery.

The Board of Directors and the staff have worked tirelessly to deliver the organisation to the membership in terms of responding to members' needs and requirements and where practical and possible, delivering meaningful service outcomes.

We have seen a name change from Wide Bay Division of General Practice to GP Links Wide Bay. The Board of Directors and staff revisited the Mission and Vision of GP Links Wide Bay in 2007/08.

The Mission is now succinct and reflective in what this organisation is about: *"To support General Practice"*

In conjunction with the change of name GP Links Wide Bay has a redeveloped web site. The web site now contains significant information that is a useful introduction to GP Links Wide Bay and its services. The web site provides a range of valuable and practical links and in 2008/09 will include a range of "member only" access services.

GP Links Wide Bay has witnessed substantial activity and growth both from a budget and service provision. The organisation is embarking on service delivery actions that will enable General Practice to get on with the "business of medicine" which will see the Division deliver a valued resource for the membership.

GP Links Wide Bay has become an accredited organisation under ISO 9002. This extends the organisation into a range of quality frameworks both from policy and operational perspectives. The organisation must adhere to quality operational and performance standards on an annual review cycle to maintain accreditation status.

The level and structure of education and professional development have been key focuses and important delivery facets of the organisation. There has been a planned professional approach to the delivery of the education portfolio ensuring that what is delivered is relevant and continues to be of high standard and quality.

There also been increased engagement and focus on practice nurse and practice managers in terms of education and networking. The Division has conducted these and all education activities in conjunction with a range of service providers to widen the scope and service delivery of the education portfolio.

In 2007/08 GP Links Wide Bay has enrolled in the Australian Primary Care Collaboratives (APCC). The Division currently has three General Practices participating in the APCC program which has provided extensive involvement from the practices in positively reviewing practice delivery methods, mechanisms and data management. All practices have described their participation as positive, constructive and worthwhile. The Division will continue to expand participation with a further three practices in 2008/09 through to 2009/10.

Through the generous time provided by local General Practitioner members, GP Links Wide Bay has continued participation and support for the Overseas Trained Doctors mentorship program. This has proved valuable in orienting and supporting the OTD Workforce. The organisation also continues proactively to support the RACGP fellowship exam program.

The issue of workforce support and recruitment will take a higher profile with succinct action and support for practices in their recruitment needs in attempting to do what we can to support and secure sustainable General Practice workforce.

GP Links Wide Bay is the auspice for Headspace Fraser Coast with locations at Maryborough and Hervey Bay. Headspace is a structured program delivering early mental intervention to young adults between the ages of 12 to 25 years through a national program over 30 sites. Headspace Fraser Coast is in its infancy, however signs are evident that it will develop into a valuable access program to the General Practitioners in the Fraser Coast region.

GP Hospital Liaison was established this year exclusively covering the Fraser Coast Health District. This program employs a General Practitioner up to 14 hours per week supported by a part time project officer. The activities of the position provide improved communication between the hospitals, General Practice and the community. The position will tackle the key areas of hospital based programs, referral and delivery, improved discharge planning, avoidable admissions and providing the important perspective of General Practitioner contribution to the hospital management. This position is funded by Queensland Health through the Fraser Coast Health Services District.

GP Links Wide Bay is continuing to enhance and deliver a range of services that will be provided to members. In 2008/09 there will be a validation of the GP Links membership lists. There will be the implementation of a range of services that the Division will deliver to the known membership. The organisation will be ramping up General Practice engagement which will bring membership in to contribute to the activities real and practical ways.

Validation of the membership will secure accurate information for the exclusive use of health information communications. This will provide the basic platform for the delivery of essential information such as discharge plans, medication discharge and other essential health information between General Practitioners, hospitals and other health providers through secure electronic messaging systems.

GP Links Wide Bay this year also became the auspice for the Statewide CHIC - Primary Care Partnerships. This program is seeking to secure collaboration across the range of community based service providers specifically dealing with the issues of duplication and common structure of service delivery and communication.

In 2008/09 there will be some interesting challenges in which GP Links will be required to be engaged in the future.

There is the overarching national review of the health system. This is being conducted by the National Health and Hospitals Reform Commission (NHHRC). There has been an initial report released by the NHHRC to which the Board of Directors GP Links Wide Bay provided a succinct and candid response on behalf of the membership. There has also been the recent release of the first discussion documents of the National Prevention Strategy and also the Primary Health Care Strategy.

All of the above activities have the capacity to change the way health is delivered in this country and it is important that GP Links Wide Bay contributes to and shapes the discussion.

GP Links Wide management will ensure that information is accessible to all members. The Board of Directors, GP Links Wide Bay will continue to monitor and contribute to the health reform process on behalf of the membership.

The Super Clinic for Bundaberg will emerge as a significant issue for this region. It is important that GP Links Wide Bay continues to be involved as a key contributor in shaping the method and service delivery of the Super Clinic.

GP Links Wide Bay will continue to assert that the Super Clinic must deliver appropriate and relevant services which do not compete with existing General Practice. However, it is imperative that the service must add considerable value to General Practice and the community.

Finally I wish to thank the hard working staff of GP Links Wide Bay. There has been an extraordinary amount of work undertaken to establish the foundations on which to take this organisation forward in the coming years. I personally thank them for their dedication and loyalty.

I wish to thank the Board of Directors for their leadership. In particular, Dr Paul Neeskens who has embraced the position of Chair of the Board of Directors with enthusiasm. This has been a particularly difficult year in reshaping the organisation agenda and bringing back relevancy of the organisation to the membership. I believe we are now in a firm position to move forward and continue to build upon the achievements of 2007/08.

A handwritten signature in black ink, appearing to read 'Shane Dawson', with a large, stylized loop at the end.

Shane Dawson
Chief Executive Officer
November 2008

PROGRAMS

CONNECTING HEALTHCARE IN COMMUNITIES INITIATIVE

Aim: To establish partnerships to minimise duplication, improve integration and service coordination and potentially increase the capacity of the health system, to improve the health of residents within the region.

Actions taken:

- Inaugural meeting, lead by GP Links Wide Bay, held in November 2007 to engage agencies in the development of the Wide Bay Fraser Coast Partnership Council
- GP Links Wide Bay appointed as the auspicing body for Partnering Funds
- WBFC PC meetings held April 2008
- Endorsement of Membership Proforma developed and disseminated to all members
- Leading Agencies Executive representatives identified and endorsed
- Terms of Reference developed
- Chair and Secretariat appointed
- Membership Contact Sheet developed and updated regularly
- Email tree developed and updated regularly
- Development of:
 - WBFC PC Terms of Reference
 - Endorsement of Membership Proforma
- Coordination of meeting arrangements
 - The calling of items for discussion and distribution of Agenda for meetings
 - Recording of minutes and distribution to all members
 - The provision of any updates and/or information from Central Area CHIC partnership progress e.g Communiqués and other correspondence
 - Venue, catering and resources etc.

Outcomes:

- Extensive membership of various agencies that include: Queensland Health, Division, Combined Health Agency Group (a multi-agency group representing Blue Care, Spiritus, Queensland Health Community Health, RSL Care and Ozcare), Regional Council, Community Health Council, Private Hospitals, Indigenous Organisations and community groups.
- Supported member agencies participation in Partnership Council through development of appropriate arrangements and feedback mechanisms
- Supported Partnership Council operations through provision of secretariat support and operations for collaborative input
- Developed strategies to support communication of Partnership Council activities to relevant local partnerships/agencies and the Central Area CHIC Partnership.

Activities

Additionally, the following activities being undertaken by the Wide Bay Fraser Coast Partnership council include:

- A Local Initiatives Mapping exercise to identify areas of interest for collaboration that reflect existing health service provider and community health issues.
- A quality Health Needs Assessment will be undertaken to develop a resource that all agencies can access that provides evidence about the health status of our region. The resource will be beneficial in supporting funding proposals, targeted service planning and resource allocation. This will also provide an opportunity for cross-sectoral partnership. The WBFC PC will be involving Universities, OESR to source data and

develop the resource.

Service Delivery and Innovation Projects

The Wide Bay Fraser Coast Partnership Council held a workshop on 15th August 2008 to evaluate eight project proposals to make recommendation of which project proposal(s) would be submitted to Queensland Health Central Health for endorsement and release of funds.

AUSTRALIAN BETTER HEALTH IN COMMUNITIES INITIATIVE

Aim: Establish a diabetes primary care integration program within the Wide Bay and Fraser Coast region.

Actions taken:

- A Wide Bay Diabetes Advisory Group has been established from attendees of the Diabetes Continuity of Care Workshop held in Bundaberg in January 2008.
- The DAG provides support to progress the objectives / activities within the ABHI PCI project.
- The DAG consists of a range of stakeholders who are considered experts in the management and care of patients with Type 2 Diabetes.
- This Group reports to the Wide Bay Fraser Coast Partnership Council (*Connecting Healthcare in Communities Initiative*)
- A Terms of Reference has been drafted for endorsement at the next DAG meeting.
- A Diabetes Advisory Group Evaluation Strategy for the DAG have been developed
- The Diabetes Advisory Group identified that communication and self management were key issues to address that would improve diabetes coordination of care.
- A common solution to address these key issues was agreed through the development of a Diabetes Patient Self-Management Record Book. This resource would also address
 - Role clarity
 - Did Not Arrives (DNA)
 - Avoidable Hospital Admissions
 - Education for Health Providers and consumers
- A Diabetes Working Group has been established to develop this resource.

Outcomes:

- Established a key stakeholder engagement strategy to ensure the sustainability of the project
- Established mechanisms for diabetes coordination of care
- Several recommendations identified and agreed for inclusion in the Diabetes Primary Care Integration Program.
- Improved linkages with existing initiatives and strategies to maximise efforts/outcomes and minimize duplication.
- Increased awareness and a better understanding of local needs were achieved in relation to improving the management of patients with diabetes type 2.
- Funding proposal submitted through Australian Better Health Initiative (ABHI) successful

PARTNERSHIP BETWEEN GPLWB, WIDE BAY AND FRASER COAST HEALTH SERVICE DISTRICTS

Aim: To improve collaboration and partnership between general practice and the Health Service Districts within the Division boundaries, and consequently, primary health care services to residents within the Wide Bay and Fraser Coast region.

Actions taken:

- Establishment of an Avoidable Hospital Admissions Working Group in collaboration with Wide Bay Health Service District to develop preventive models of care involving hospitals and community agencies which focus on people with chronic and complex conditions and give priority to high volume and/or frequent users of the acute public hospital system.
- Development of a Service Agreement between GP Links Wide Bay and Fraser Coast Health Service District developed and implemented for GP Hospital Liaison Officer project to optimise the quality and continuum of patient care through the liaison between the Wide Division of General Practice, general practitioners across the Fraser Coast and the Hervey Bay and Maryborough Hospitals and improve local service planning, timely and appropriate exchange of patient health information, and integration of care for patients, families and communities.
- Quarterly meetings held between Health Service Districts District Managers and GPLWB CEO.

Outcomes:

- GP Hospital Liaison Officer recruited August 2008
- GP Hospital Liaison recruited July 2008
- COPD/Cardiac Case Management Model of Care developed and submitted to WBFC Partnership Council to be considered for CHIC Service Delivery and Innovation Funding
- Service Agreement between GP Links Wide Bay and Fraser Coast Health Service District executed June 2008
- "Collaborating for Better Health Outcomes " Memorandum of Understanding signed by two Health Service Districts and GP Links Wide Bay November 2007

QUEENSLAND HEALTH ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH ACTION GROUP AND WIDE BAY SUNSHINE COAST INDIGENOUS REGIONAL HEALTH FORUM

Aim: To enable, facilitate and support effective participation of Aboriginal and Torres Strait Islander peoples in local decision making processes concerning the planning, development and provision of health services with the Wide Bay region.

Actions taken:

- Division attends WBSC Indigenous Regional Health Forum held up to 6 meetings per year
- Division input into a Maternal Child Health Model of Service Delivery for Fraser Coast region
- Provided information about potential new initiatives, research and information.
- Division attended meeting to review and draft Terms of Reference
- Division attends Bundaberg ATSI Health Action Group meetings held bi-monthly.

Outcomes:

- Increased mutual understanding of each other's activities and challenges faced within improving access to health care services for Indigenous people.

CHRONIC KIDNEY DISEASE MANAGEMENT PROJECT

Aim: To establish sustainable network links between the District Health Service and GPs to raise awareness of renal disease, early detection and intervention strategies and timely referral to a specialist and collaboratively develop early identification strategies, referral tools and ongoing communication strategies for use by GPs

Actions:

- The promotion of CKD Management at NiGP Network meetings

- Memorandum of Understanding was developed between Wide Bay Fraser Coast DHS and Wide Bay DGP for the CKD Management Project
- Attended Chronic Kidney Disease Steering Committee meetings held bi-monthly to progress the activities outlined in the MOU
- Established a Working Group to develop early identification strategies, referral tools and ongoing communication strategies for use by GPs
- Engaged a GP Advisor to provide advice to the project
- Developed a GP CKD Management Tool (CDRom) and paper-based templates
- Facilitated two CPD and CNE Events in Hervey Bay and Bundaberg as a platform to launch the CKD Management Project and GP CKD Management Tools.

Outcomes:

- GP CKD Management Tool (CDRom) endorsed by Kidney Health Australia.
- Encouraging Practice Nurses to conduct CKD Screening opportunistically.
- Increased knowledge of Practice Nurses in early detection strategies.
- General Practitioners have ongoing involvement in the management of their clients with kidney disease
- Adoption of educational tools and referral guidelines by the GP's
- Development of patient education tools
- Establishment of a multidisciplinary (MD) CKD clinic to appropriately manage patients
- Partnership model of care is developed between GP's and the CKD management team

A COLLABORATIVE MULTI-PHASE EARLY DISCHARGE SUMMARY PROJECT

Aim: To facilitate and implement timely distribution of Discharge Summaries to General Practice

Actions taken:

- Results from the Hospital Discharge Summary Audit and GP Survey has provided a benchmark to measure the Compulsory LPI
- A GP Survey and Hospital Discharge Summary Audit were undertaken in May 2008 to measure the effectiveness of the timely distribution of Discharge Summary.
- Met with Wide Bay Health Service District to determine level of Division support required.
- Disseminated all GPs Division Membership Form to ensure database is accurate and determine PKI status
- Initiated scoping work on GP clinical management software
- Initiated scoping work on hospital IM/IT software

Outcomes:

- Development of the Compulsory Local Performance Indicator to measure against 8 key indicators (based on the GPAC Guidelines) with each Health Service District.
- Developed an Action Plan of agreed responsibilities to implement project
- GP database updated
- GPs PKI status identified
- Provision of an updated GP listing from Division database and a listing of PKI registered GPs to the WBHSD

KORRAWINGA ABORIGINAL PRIMARY HEALTH CARE CENTRE & INDIGENOUS WELLNESS CENTRE

Aim: To support both organisations to improve health outcomes of ATSI with diabetes by ensuring patients are registered on a Register/Recall/Reminder System.

Actions taken:

- Regular liaisons with Korrawinga Aboriginal Corporation and IWC.
- Provision of information on Chronic Disease Management and Enhanced Primary Care guidelines and requirements

Outcomes:

- Developed an effective partnership to enable support to improve health outcomes of ATSI patients with diabetes.

CONTRACT MANAGEMENT

- Streamlined reporting structures and schedules
- Monitor and report performance of agreed outcomes for all contracts
- Prepare and submit all performance / progress reports

DIVISION ANNUAL SURVEYS

Designed, compiled, collated and analyzed the Division's Annual Survey that collected information needed to report against the National Performance Indicators Annual Report to Department of Health and Ageing for 2007-08.

Survey's were designed for GP's, Practice Nurses, Practice Managers and RACFs.

Development of Proposals / Tenders

- ABHI Primary Care Integration – Diabetes
- Mental Health Drought Support for Affected Communities
- QH Chronic Disease Indigenous Health positions

MEDICAL SPECIALIST OUTREACH ASSISTANCE PROGRAM (MSOAP)

The Medical Specialist Outreach Program (MSOAP) was announced as part of the Federal Government Regional Health Strategy 2000/2001. MSOAP aims to improve the access to medical specialists to people in rural and remote communities through support for outreach services.

During 2007-08 the GP Links funded the following medical specialists under the MSOAP initiative:

- General Physician to Mundubbera, Eidsvold, Biggenden and Gayndah
- Dermatologist to Bundaberg
- Ophthalmologist to Mundubbera
- Neurologist to Bundaberg

GP Links applied for the following new specialist services: Urologist, Vascular, Oncologist / Palliative Care, Rheumatologist, Haematologist, Endocrinologist, Psychiatrist, Gerontologist, ENT. Due to federal government funding cuts, all new programs went unfunded.

The existing 4 specialists continued to be funded until June 2008

PRACTICE SUPPORT

GP Links has provided practice support through:

- Assistance to practices to recruit and access practice nurses
- Identification and facilitation of access to effective Continuing Professional Development for nurses and practice managers working in general practice
- Provision of regular communication and updates to practice nurses and practice managers through regular practice nurse / manager forums, Division newsletter, establishment of email networks, establishment of fortnightly Practice Manager and Practice Nurse Newsletters and regular information on the website
- Coordination of informal mentor networks for Practice Nurses and Practice Managers
- Practice visits to support immunization/vaccination initiatives
- Distribution of resources to promote immunization
- Provision of advice and resources as required for example: practice nurse position descriptions, contact with recruitment agencies, accreditation information, medicare item number explanations and updates and some clinical advice,

NURSING IN GENERAL PRACTICE (NIGP)

GP Links continues to support NiGP with continuing nurse education and the Practice Nurse networking forums held in Bundaberg and Hervey Bay bi-monthly. Maryborough nurses attend Chapter meetings. This has generally been the environment for their professional development and some of the topics covered included:

- Cultural awareness
- Pap smear provider course and ongoing mentoring circle via teleconference
- Sterilisation and Infection control
- Wound management
- Chronic kidney disease management

WORKFORCE

GP Links has supported Wide Bay general practices who are endeavouring to recruit International Medical Graduates (IMGs) through posting vacancies on the website and preparing letters of support to relevant government agencies. Further GP Links provides letters of support to the Medical Board of Queensland for IMGs seeking to renew their registration.

IMG mentoring workshops have been regularly provided throughout the region throughout the year to provide support for IMGs sitting for their AMC or RACGP Fellowships exams.

MEMBERSHIP

Upon notification of a new GP, GP Links has provided onsite orientation support. Associate membership numbers have dramatically increased through the membership of Practice Nurses and Practice Managers and several allied health professionals.

EDUCATION AND TRAINING PROGRAM

The GP Links Wide Bay is committed to providing and supporting an ongoing education and training program to enhance the role of General Practice. The program aims to respond to the needs of General Practice by developing and facilitating activities that will assist our members in

maintaining and enhancing their quality of care. The program is designed to cater for all members of General Practice: GPs, Practice Managers, Practice Nurses and Practice Staff.

During the past year, GP Links has maintained RACGP accreditation and its affiliation with ACRRM, so that educational events may be accredited to earn CPD and PDP points.

Division staff have facilitated access to 2 Category 1 events and 35 Category 2 events, as well as the AGM. Many non-accredited events have also been facilitated, these events include information sessions, workshops and seminars on topics such as Medicare, Industrial Relations Reforms, Immunisation Updates, Psychopharmacology, Palliative Care and Infertility. Educational activities have been well-supported and feedback from participants has indicated that the sessions have been well presented and have met the educational objectives.

International Medical Graduates participated in a comprehensive program that included an orientation to general practice in an Australian context, workshops and case studies to enhance skills and knowledge, as well as a mentoring program to assist in their preparation for RACGP exams. GP Links oversaw two written exams for RACGP which enabled 17 general practitioners to sit locally for their written examination.

Recognizing the value for Practices to build the capacity of their staff, GP Links has facilitated workshops and education sessions that provide ongoing professional development for Practice Managers and Practice Staff. In a joint venture with the University of New England Partnerships, GP Links has offered the Diploma of Practice Management to 10 Practice Managers. The Diploma has been delivered by individual module workshops which has enabled face-to-face tuition by national presenters.

To foster a team care approach to the provision of primary health care, GP Links has ensured that, where appropriate, some educational activities have been structured to allow GPs, Practice Nurses and Allied Health Professionals to participate collectively. Practice Nurses have also been offered specific workshops to augment their nursing skills and the workshops have been accredited for CNE points.

TRAINING EVENTS 2008			
Event Title	Audience	Location	Agency
Communication Skills Workshop	GPs	Bundaberg	National Breast Cancer Council
Information session OTD & Registrars	OTDs & Registrars	Bundaberg	
Information session OTD & Registrars	OTDs & Registrars	Maryborough	
Information session: UNE Partnerships	Practice Managers	Bundaberg	AAPM/UNE Partnerships
Improving drug use in heart failure	GPs & AHPs	Bundaberg	NPS/HMR
Immunisation Update	GPs & Practice Nurses	Maryborough	CQ Population Health
Immunisation Update	GPs & Practice Nurses	Hervey Bay	CQ Population Health
Immunisation Update	GPs & Practice Nurses	Bundaberg	CQ Population Health
Hip replacement surgery	GPs & AHPs	Bundaberg	
Better Access Module 1	GPs & AHPs	Bundaberg	AGPN, DoHA, GPQ
Medicare Information	GPs & Practice Nurses	Bundaberg	Medicare
Medicare Information	GPs & Practice Nurses	Maryborough	Medicare
Dip PM Module 1	Practice Managers	Bundaberg	UNE Partnerships
Dip PM Module 5	Practice Managers	Bundaberg	UNE Partnerships
RACGP written exam	GPs	Bundaberg	RACGP
Better Access Module 1	GPs & AHPs	Hervey Bay	AGPN, DoHA, GPQ
IR Reforms Information Session	Practice Managers	Bundaberg	AMAQ
MS: The mystery disease	GPs & AHPs	Hervey Bay	MS Queensland
Bowel Cancer Screening Focus Group	GPs	Bundaberg	GPQ

TRAINING EVENTS 2008			
Event Title	Audience	Location	Agency
Dip PM tutorial	Practice Managers	Bundaberg	UNE Partnerships
Cultural awareness	GPs, OTDs, Practice Nurses	Bundaberg	GPQ
Cultural awareness	GPs, OTDs, Practice Nurses	Maryborough	GPQ
Psychopharmacology workshop	GPs & AHPs	Bundaberg	
Back to Basics ALM	GPs	Maryborough	St Stephen's Hospital
Hepatitis C workshop	GPs, Practice Nurses, AHPs	Hervey Bay	Bundaberg Base Hospital
Hepatitis C workshop	GPs, Practice Nurses, AHPs	Bundaberg	Bundaberg Base Hospital
Infertility Explained	GPs	Bundaberg	Fertility Solutions
PAP Smear provider module	Practice Nurses	Bundaberg	Family Planning Queensland
Cervical Screening Update for GPs	GPs	Bundaberg	Family Planning Queensland
Cervical Screening Update for GPs	GPs	Hervey Bay	Family Planning Queensland
Cervical Screening Workshop	OTDs	Bundaberg	Family Planning Queensland
Improving drug use in heart failure	GPs & AHPs	Bundaberg	NPS/HMR
Better Access Module 3	GPs & AHPs	Bundaberg	AGPN, DoHA, GPQ
Dip PM Module 2	Practice Managers	Bundaberg	UNE Partnerships
Dip PM Module 4	Practice Managers	Bundaberg	UNE Partnerships
Hepatitis C course for GPs	GPs	Hervey Bay	HIV & HCV Education Projects
The shoulder – Rotator cuff pathology:	GPs & AHPs	Bundaberg	
Diabetes SWEET project	GPs, Practice Nurses, AHPs	Bundaberg	Bundaberg Base Hospital
Prospect: Osteoporosis study	GPs	Whole division	Monash University
Teaching on the Run	GPs	Bundaberg	BBH
Increasing childhood immunisation	Practice Staff	Bundaberg	Medicare
Increasing childhood immunisation	Practice Staff	Hervey Bay	Medicare
Patient Service Skills	Practice Staff	Bundaberg	AMAQ
DiVeRT: Domestic Violence Response Training	Practice Nurses	Bundaberg	Lifeline
Better Access Module C	GPs & AHPs	Hervey Bay	AGPN, DoHA, GPQ
Where is asthma therapy going?	GPs	Hervey Bay	AstraZeneca
Assessing symptoms that may be ovarian cancer	GPs	Bundaberg	National Breast & Ovarian Cancer Centre
Dip PM Module 3	Practice Managers	Bundaberg	UNE Partnerships
Dip PM Module 6	Practice Managers	Bundaberg	UNE Partnerships
Positive strategies for a healthy practice	Practice Managers	Bundaberg	AMAQ
Fragmented memories: Core skills in dementia assessment & management	GPs, Practice Nurses, AHPs	Hervey Bay	Bluecare
Box Education & training	GPs, Practice Nurses, AHPs	Bundaberg	Hepatitis Council of Queensland
Basic Life Support	GPs	Maryborough	St Stephen's Hospital
Wound care seminar: Leg ulcer workshop	Practice Nurses	Hervey Bay	
See no evil, hear no evil	GPs	Hervey Bay	St Stephen's Hospital
Diabetes management in general care setting	Practice Nurses	Hervey Bay	Queensland Health
Diabetes management in general care setting	Practice Nurses	Bundaberg	Queensland Health
Dermatology Overview	GPs	Hervey Bay	
Dermatology Overview	GPs	Bundaberg	

TRAINING EVENTS 2008			
Event Title	Audience	Location	Agency
Dip PM Module 7	Practice Managers	Bundaberg	UNE Partnerships
Dip PM Module 10	Practice Managers	Bundaberg	UNE Partnerships
AVERT Training	GPs	Bundaberg	
Continence Promotion course	Practice Nurses	Bundaberg	Bluecare
Flashes & Floaters: Vitreo-retinal conditions stripped bare	GPs	Maryborough	St Stephen's Hospital
Education course in HIV medicine	GPs, Practice Nurses, AHPs	Bundaberg	UQ
Seminar: Dr Andrew Galbraith, Cardiologist	GPs & Practice Nurses	Bundaberg	Bundaberg Base Hospital
PEPA: Gp update in palliative care	GPs	Outside Division	CPCRE
Sterilisation workshop	Practice Nurses	Bundaberg	
Sterilisation workshop	Practice Nurses	Hervey Bay	
Bootcamp	Practice Nurses	Outside Division	
Osteoporosis: For whom the bell tolls: time to get serious about osteoporosis	GPs, Practice Managers, Practice Nurses	Bundaberg	

QUALITY USE OF MEDICINES

The Quality Use of Medicines (QUM) combines the NPS educational program and the Pharmacy Guild's HMR program. Since October the immunization programme has been incorporated into QUM.

The NPS program provided evidence-based, independent prescribing information to GPs Registrars, Pharmacists, and Practice Nurses.

Summary of NPS Divisional Topics 2007/2008

<i>Delivered as individual academic detailing</i>	<i>Early use of Insulin and oral antidiabetic drugs*</i>	<i>Preventing Osteoporosis and reducing fracture risk</i>	<i>Analgesic Choices in Persistent Pain</i>
GPs	45	60	16
Registrars	10	10	10
Pharmacies	21	21	10
Nurses	3	5	7
PGY1	1	7	15

NPS Topics delivered in conjunction with the IMG Mentoring Programme are as small group case studies.

Topic	IMG Participants in Bundaberg	IMG Participants in Maryborough
Analgesic Choices in Persistent Pain	6	6
The Effective use of Antidepressants	NA	6
The Selective use of antibiotics	NA	6
Early use of Insulin and oral antidiabetic drugs	2	3

Divisional Case Studies. One divisional case study was held on “Improving Drug use in Heart failure.” With a HMR focus. It was attended by 9 GPs and 11 Pharmacists.

Immunization: In October the Immunization programme has been incorporated into the Quality use of Medicines, since then the programme has been promoted to 18 GPs during Practice visits.

All pharmacies were visited on the following topics:

- Early use of Insulin and oral antidiabetic drugs.
- Preventing Osteoporosis and reducing fracture risk.

The Benefits of the NPS visit are:

- Eligibility for RACGP QA and CPD points
- Access to independent summary of latest evidence and therapeutic guidelines to help GPs keep abreast of pharmaceuticals, save time on reading and translating information into day-to-day practice-which translates to quality prescribing for your patients
- Access to PIP payments

The Division has continued to promote the uptake of Home Medicines Reviews (HMRs) through practice visits, case studies, GP and pharmacist educational events and community information sessions.

MORE ALLIED HEALTH SERVICES (MAHS)

During the past year the Division has extended the More Allied Health Services program to meet identified needs, informed by consultation with eligible practices, and within the bounds of available resources. The allied health professionals employed by the Division during the past year have been: Diabetes Educator, Occupational Therapist, 2 x Podiatrists and Physiotherapist. These health professionals have provided outreach services on referral from General Practitioners. Close liaison and collaboration continues with the District Health Services to ensure these additional services complement those existing services in the region. The total number of patient visits for the twelve months was 2661.

Outside the RRMA 3 districts of Bundaberg and the Fraser Coast, there are 18 Practices with a total of 47 GPs. All practices refer patients to MAHS, with a total of 19 GPs within those practices referring patients to the Diabetes Educator, Podiatrist, Physiotherapist and Occupational Therapist. This indicates that 40% of GPs access MAHS.

Number of patient visits by service type:

- 913 - Diabetes Education
- 50 - Occupational Therapy
- 569 - Podiatry
- 512 - Physiotherapy

The Division conducted a survey in May 2008 to all GPs, AHP and consumers participating in the MAHS program to gauge participation satisfaction.

Revision of the MAHS budget against MAHS service delivery, the Diabetes clinics schedule was capped to maximise other MAHS services within budget. Psychology clinics were transferred to

the BOiMHC program to maximise other MAHS services within budget.

DIABETES EDUCATION

Diabetes education provides clinical services to referred patients on an individual and or group basis. This services include secondary preventative or educational intervention for clients with newly diagnosed or an existing chronic disease state. Emphasis is placed on improving clients self efficiency in the management of their health.

The WBDGP diabetes services also conduct presentations focusing on diabetes prevention and health promotion for local community awareness groups.

Health promotion has been delivered at Diabetes Support Groups, Diabetes Awareness evenings, Healthy Lifestyle Awareness Community events, and Women's Forums.

Specific education and information has also been given to General Practice staff, RACF staff education as well as Hospital Staff on various aspects of diabetes care throughout the Wide bay Division.

An Agreement was established between the Friendly Society Private Hospital and the Division for the provision of a Diabetes Educator to see Gestational Diabetes patients as required.

The development of a Diabetes Referral Pathway in collaboration with the Indigenous Wellness Centre enabled GPs to refer to Private, MAHS or ATSI Diabetes Educators.

Planning and facilitated a "Clean and Check Day" with patients and Chemists to clean and check their monitoring equipment.

Establishment of a Diabetes Service in Bundaberg made available to GPs for Enhanced Primary Care referral commenced from January 2008. 200 consultations have been delivered this financial year.

IMMUNISATION

The Immunisation Program has been pro active in supporting general practices by:

- Practice visits to support immunisation/vaccination initiatives
- Development of resources to promote immunization
- Promotion of Community Immunisation Workshops to General Practice
- An Immunisation Survey was disseminated to all General Practice in the region to determine level of support required from the Division.
- Increasing Childhood Immunisation Coverage Rates - A Guide for Practice Staff workshop was held in Bundaberg and Hervey Bay promoted by the Division in collaboration with Medicare Australia and General Practice Queensland.
- A Centralised Resource Database developed for General Practices to obtain resources located on the Division's website.
- Data loggers loaned to general practices to assist with the recording of fridge temperatures and collection of data for accreditation. Information received from AGPAL and GPA on accreditation is distributed to all practices on a regular basis.

MENTAL HEALTH SUPPORT FOR DROUGHT AFFECTED COMMUNITIES

A Community Support Worker was engaged under this program. The majority of the CSW's involvement since commencing in 2008 was directed at establishing the project by linking with key organizations and identifying the target communities to be addressed by the project whilst ensuring there is no negative impact on existing service delivery in the communities.

The Community Support Worker provided crisis counselling and community outreach activities in Childers, Biggenden, Eidsvold, Mundubbera, Gin-Gin, Gayndah and Mount Perry.

HEALTHY LIFESTYLES

The Fraser Coast Program Coordinator has conducted a Lighten Up to a Healthy Lifestyle program consisting of 10 sessions over 9 weeks (March – June 2008) in Hervey Bay. A total of 17 people participated in the program that was completed 5th June 2008. Additionally, the Program Coordinator (Healthy Lifestyle) Fraser Coast has co-presented Facilitator Training with Population Health held in Bundaberg attended by 15 participants consisting of 1 x Fraser Coast, 2 x North Burnett and 11 x Bundaberg.

Extensive promotion of the Healthy Lifestyle Program to local health and health-related services and community groups has been undertaken in Fraser Coast including a mapping and scoping exercise to determine current services in Maryborough, Hervey Bay and North Burnett to establish networks and referral pathways. Consequently, a Fraser Coast Healthy Lifestyle Services Directory has been drafted. To further increase awareness of the Healthy Lifestyle program promotion of the Lighten Up program have been included in the Division's Monthly Newsletter to General Practice.

Aim: To work in partnership to provide opportunities for community involvement to promote and support optimal chronic disease risk factor management within Bundaberg and North Burnett.

Actions taken:

- The Division supported the following community activities through the Healthy Lifestyle Group:
 - Community Link Directory
 - 10,000 Steps Program
 - Nutrition Week / Healthy Lifestyle Week
- Annual Review of Healthy Lifestyle Group conducted in June 2008
- Working groups established and implemented to progress priorities identified in Action Plan
- Division attends meetings held bi-monthly.
- Identified priorities to include in Action Plan.
- Division participated in Healthy Lifestyle Week by conducting BMI and BP assessments by the Divisions Diabetes Educator at the CBD Health Awareness Day to the Bundaberg community

Outcomes:

- Improved awareness and engagement across the community with regard to health and wellbeing
- Increased opportunities for community involvement
- Enhanced communication linkages
- 2007-08 Action Plan developed and implemented
- Increased community awareness of the benefits of having a health lifestyle

BETTER OUTCOMES in MENTAL HEALTH CARE INITIATIVE (BOiMHCi)

The *Better Outcomes in Mental Health Care (BOiMHC) Program* was introduced in July 2001 with funding of \$120.4M over 4years, with further funding of \$142.7M provided in 2005 to continue the program until 2008-09. Under the BOiMHC program, GPs needed to undertake specific training in order to undertake the 3 Step Mental Health Plan for their patients including referral for an initial 6, and up to 12, focussed psychological services with mental allied health professionals, contracted with the Division under the Access to Allied Psychological Services (ATAPS). Under these arrangements the patient received psychological counselling at no cost. During 2007-08 12 allied health/psychologists were contracted to the Division to provide focussed psychological services, and 485 psychological services were provided to 137 patients.

In November 2006, the Department of Health and Ageing introduced the Better Access Mental Health initiative. No longer were GPs required to undertake specific mental health training in order to refer patients for allied mental health services. Between November 2006 and April 2007, the 3-Step Mental Health Plan was phased out. In November 2006, three new MBS Mental Health Items (Mental health consultation, care plan and review) were introduced. In addition, psychologists were able to register with Medicare to receive rebates for sessions with patients referred to them by GPs or psychiatrists. Access to allied mental health services through ATAPS was continued, with the Division using its contracted psychologists primarily for children and youth.

A brokerage model between the Division and Youth Services Bundaberg was established to enhance Youth Psychology services in Bundaberg. This was funded under the BOiMHCi.

PRACTICE SUPPORT

The *Allied Health Professionals Service Providers for Enhanced Primary Care Register* paper-based version is updated annually by mailing each Allied Health Professional an EPC Register Renewal Form within the Wide Bay and Fraser Coast Districts.

Extensive research is also conducted to capture any new AHPs within the area to invite them to participate and/or register for Medicare.

The Directory is disseminated to each General Practice within the Wide Bay and Fraser Coast District. The Register is also regularly updated upon notification from AHP's throughout the year.

Enhanced Primary Care

Group and one-on-one consultations were conducted to General Practice staff.

An average of 2 training sessions were conducted per month through practice visits and/or group sessions that contained the following topics:

- Mental Health
- Enhanced Primary Care
- GP Management Plan and Team Care Arrangement implementation processes into General Practice
- Health Assessments

The following resources were developed and/or disseminated to General Practices within the Wide Bay:

- MBS Cheat Sheet developed and disseminated. A quick reference guide of MBS item numbers that is updated 6-monthly for GP's.

- DAQ Diabetes Week promotional material
- Diabetes Management Handbook 07/08
- Chronic Disease Management Specific GP Management Plan and Team Care Arrangement templates
- Mental Health GP Management Plan and Referral Template
- Chronic Kidney Disease Resource (CDRom & Booklet)

Assistance to GPs and Practice Staff was also provided via telephone, facsimile and email for enquiries received in response to the following areas:

- Diabetes Education
- Asthma Action Plans for school aged children
- Enhanced Primary Care Guidelines
- Medical Benefit Schedule Guidelines – Chronic Disease and Mental Health
- Health Assessments
- RACF
- 45 year old Health Check
- GP Management and Team Care Arrangement Plan Guidelines – Chronic Disease and Mental Health

HEADSPACE

headspace Fraser Coast is one of 20 new **headspace** centres as a part of the Australian National Youth Mental Health Foundation. The overall **headspace** mission is to deliver improvements in the mental health, social wellbeing and economic participation of young Australian's aged 12-25. To this end, **headspace** aims to be the focal point for youth mental health issues across the country. This includes providing funding to improve services for young people who may be experiencing mental health and/or drug and alcohol issues and the latest information about these important health issues for young people.

Business Goals and Objectives

headspace Fraser Coast has a number of business goals that will be implemented from the commencement of operation. The aim is for these goals to be attained (or significantly progressed) at the end of an 18 month cycle.

Goal One – To create opportunities for youth involvement within the community.

Goal Two – To increase the services provided in the community that assist with smooth and successful transition for young people moving from adolescence to adulthood.

Goal Three – To create community awareness of mental illness, reducing associated stigma.

Goal Four – To develop and implement social re-engagement and the opportunity for positive and sustainable outcomes for young people.

Goal Five – To develop opportunities for social inclusion of young people in the community.

Goal Six – To create synergy between youth mental services to provide a seamless approach for young people.

TREASURER'S ANNUAL REPORT 2007-2008

Dear Members of GP Links Wide Bay, Funding Partners, Sponsors, and well wishers, it gives me great pleasure to present to you the Treasurer's report for the 2007-2008 Financial year. This has been my second year as the Treasurer of this organisation. During this financial period the organisation has shown significant growth in terms of its budget and range of programs and services provided.

These expanded areas of programs have resulted in 3.77 fold increase in the total assets of the organisation at the end of this financial reporting period. Since most of the new programs have started towards the end of the financial period, large sums of monies will be rolled over to the 2008/09 financial period.

New programs leading to major increase in funding in 2007/08 include Headspace for Fraser Coast (in conjunction with the Youth Mental Health-Allied Health services program), Australian Better Health Initiative (ABHI), Connecting Healthcare in Communities (CHIC), GP Hospital Liaison Officer for Fraser Coast (GPHLO), Mental Health Support for Drought Communities Program and the Healthy Lifestyle Program in Fraser Coast.

Principal Activities

The principal activities of GP Links Wide Bay (GPLWB) throughout the year remained focussed on supporting its members and their practices and promoting high standards of care in general practice for the benefit of the community. This was achieved through education, training and provision of allied health workforce to disadvantaged communities within the Division whilst ensuring that general practice and general practitioners remained recognised as the principal source of primary health care service providers and co-ordinators within the Division and beyond.

Funding of the Organisation

The GPLWB derives funding under two different streams.

The core funding is derived from the Department of Health and Ageing (DoHA) under the Divisions Program. This type of funding is "**Outcome Based Funding**" (**OBF**). There are set targets that need to be achieved with the provided funding. In May 2006 WBDGP negotiated a new Multi-Funding agreement (MFA, single contract with multiple schedules, to June 2008 with annual plans). This ensured a core grant funding until 2008.

The previous contract with DoHA finished on 30th June 2008. The new 3 year contract is now in place with a similar range of programs with the addition of Australian Better Health Initiative (ABHI) program and the replacement of the Aged Care GP panel program with a 12 month Aged Care Access transition Program.

In the 2007-2008 the Core Funding was \$581,438.00. This funding was \$ 40,212.36 less than in the 2006-2007 period. However when including the Grants funding a substantial amount [\$560,799.00] of DoHA funding was still unspent as the programs under the Multi-Funding agreement have a longer life span. Most of these funds will be used for the allocated programs in the next financial period.

The second stream of funding is known as “**Special Grants**”. This is further subdivided into specific activity programs.

- Activities supported by DoHA like- More Allied Health Services (MAHS \$249,760), GP Immunisation Initiative (\$24,352.47), Workforce Support for Rural GPs Program(\$34,996.44), Better Outcome in Mental Health Initiative (\$165,173.00), Aged Care GP Panel Activities (\$63,014.56) and the Aged Care GP Support Work (\$15,547.26) and the new initiative of Aged Care Panel- Allied Health (\$52,888.20). The above activities are all part of the Multi Funding Contract. The other new initiatives of DoHA were Mental Health Support for Drought Affected Communities (\$64,982.00) and the Youth Mental Health-Allied Health program (\$21,672.00)
- Activities not supported by DoHA funding. These include Quality Use of Medicines (QUM: NPS (\$58,296), Home Medicines Review (HMR: Pharmacy Guild \$39,206.09), Nursing in General Practice Program (GPQ \$15,550.00), Capacity for Local Partnerships (Qld Health \$33,332.72), Healthy Lifestyle programs (Qld Health under the Australian Better Health Initiative \$82,275.00), Local Partnerships Grant (Qld Health \$72,400.00). New initiatives under this category include CHIC (Qld Health \$3,007.75), Headspace (National Youth Mental Health Foundation \$147,557.00) and MSOAP Partnership (GPQ \$6,000.00).

Results of Operations

Over the year, the GPLWB net assets have increased from \$501,834.88 to \$1,893,869.61. This is a 3.77 fold increase over this financial period.

The organisation is pleased to report a surplus of \$28,527.66 compared to a surplus of \$18,702.83. This is a 50% increase over the previous financial period. This surplus was achieved by prudent and clever financial and organisational management for this financial year.

\$1,349,070.25 in unspent Grants funding will be rolled over into 2008/2009 Financial Year. This is made up of \$560,799 in DoHA Grants of which \$5,000 is for MAHS, \$143,252 of committed but unspent funding for open referrals for the Better Outcomes Program, \$56,775.00 for Australian Better Health Initiative, \$57,060.00 from Aged Care GP Panel funding into Aged Care Access program, \$4,104.00 for Immunisation, \$51,072.00 in committed but unspent funds of Core Funding, \$4,708 Workforce Support Grant and \$238,828.00 for Youth Mental Health-Allied Health.

Special Grant Funding to be rolled into 08/09 program delivery includes, \$416,15.25 of CHIC funding, \$95,400.00 for the new GPHLO project,(Fraser Coast), \$3,850.00 for Better Access training, \$8,179.00 from the Home Medication Review Management and \$36,800.00 from the Quality Use of Medicines Program, \$29,890.00 for Mental Health Support for Drought Communities, \$177,443.00 for Headspace,\$18,595.00 for Healthy Lifestyle and \$1,200.00 for Immunisation Population Health.

New grant funding for programs like Aged Care Panel Allied Health, Australian Better Health initiative, CHIC, GP Hospital Liaison Program, Headspace, Healthy Lifestyles, Mental Health Support for Drought Affected Communities program and Youth Mental Health program have allowed the Division to fund new programs within the Wide Bay.

A different approach in the management of invested funds and interaction with our bank including most transactions being made using electronic banking has lead to an increase in interest received from \$21,729 to \$43,471.41. Other revenue received during the year included \$1,143.09 from Diabetes Clinic Patient Co-payment, \$8,485.50 from Medicare Income Diabetes Clinic, \$2,915.42 from Office Space rental, \$4,060.64 from Sponsorship and \$17,967.09 from other funding.

An increased need to provide an Audited Financial report for each individual Grant and the variations in audit requirements across programs has lead to an increase in Audit fees from \$13,000.00 in 06/07 to \$21,672.00 in 07/08. There was a substantial increase in legal fees for the 2007/08 year compared to 06/07. This was largely the result of entering into two new contracts namely, Headspace (in Bazaar Street, Maryborough) and the soon to be opened premises at Fraser Shores.

There was a slight increase in banking fees from \$1,057.79 in 06/07 to \$1,269.79. Computer consumables have increased from \$8,577 to \$11,165.20 with the major contributor being new software licenses. Telephone and internet cost have also increased substantially during this financial period as a result of the upgrade of ADSL connections and in increase in the use of mobile devices.

New lease agreements for the buildings in Maryborough and Bundaberg were negotiated during the 2006/07 year with the Maryborough Lease being extended for 12 months and Bundaberg for a further 3 years. The lease of the Maryborough office finished in September 2008 and will now be located to Fraser Shores Building. Headspace has its own office space in Bazaar Street, Maryborough. Leasing of these two new premises along with the increased cost of Bundaberg Office space rental (100% increase under the new contract) has doubled the rental expenses from \$35,418.00 in 2006/07 to \$77,179.18 in 2007/08.

The most significant increase in expenditure for 2007/08 (\$88,959.09) was the full depreciation of all assets with a purchase value of less than \$5,000 to comply with the new DoHA contract.

Payments to Board Members in 2007/08 were \$103,533. This is a modest increase from \$90,200 in 06/07 period. Of the \$103,533 payments to the Board, \$43, 579 can be allocated to work within programs by Board members. General Practitioners that were not members of the Board were paid a total of \$21,250 for their involvement in Division programs.

The GPLWB financial records have been audited and the audited report presented to the Board in October 2008. The report is appended for your perusal and discussion and comments are welcomed.

I submit the attached report for your consideration and endorsement.

Dr. Ajesh Ishri

Treasurer

MBBS, FRACGP, Master of Health Management, Master of Epidemiology, Master of Health Social Science, Diploma in Frontline Management.