

Innovation and Impact

ANNUAL REPORT 2022



The Primary Health Network acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.



**FIRST NATIONS
HEALTH**

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ABOUT US

With a vision for Healthy People and Healthy Communities the PHN is a not-for-profit organisation funded by the Australian Government. We work with health care providers across the Hunter, New England and Central Coast regions to commission programs and services designed to improve the efficiency and quality of primary health care and create a positive impact in our communities.

We're pleased to share just some of our stories of Innovation and Impact from the last twelve months in this year's Annual Report.

OUR PURPOSE

To deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities

OUR VALUES

Respect

We listen to and value the perspectives of others and use them to inform and strengthen everything we do.

Integrity

We employ the highest ethical standards demonstrating honesty, transparency, open communication and fairness.

Innovation

We invest in new and better ways to improve the health system so people stay well and out of hospital.

Cooperation

We work with others towards common goals, encouraging collaboration, support and compassion.

Accountability

We keep our promises and take ownership to get things done. We interact constructively.

Recognition

We acknowledge and share individual and team achievements and successes.

Our year in numbers

Your ally
in health

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST
in partnership with

PRIMARY
HEALTH
NETWORK



17,000+

health professionals participated in

166 PHN education related events



1.4 million

doses of COVID-19 vaccines (50% of all vaccination episodes) delivered by general practice across our region



\$4 million+

grant funded activities supported via nearly

700 grants across a broad range of primary care providers



\$80 million

of services commissioned to address health needs of our region's communities



\$325,000

in flood recovery grants provided to support mental wellbeing and resilience of flood affected communities



133,500+ clients, including

18,000+ First Nations clients received mental health support across



14 commissioned service programs

\$1.2 million+

in GP grant funding to address workforce shortages saw

9 GPs relocate to rural and regional areas and

18 GPs relocate to the Central Coast

\$1 million+

invested in grants provided to GPs, allied health and residential aged care facilities to improve digital health capability

892,000+

page views on Hunter New England and Central Coast HealthPathways

100,000+

milestone figure of secure electronic referrals reached using the SeNT eReferral system



2022 will be my last year as Chair of the HNECCPHN as I will be stepping down at the AGM. I'd like to take a moment to reflect briefly on my time as the inaugural Chairperson of the Hunter New England and Central Coast PHN, on the challenges and achievements of the last seven years and on our firm vision at the outset to focus on innovation in primary care at both a program and systems level.

Innovation and Impact is a fitting theme for this year's report as we celebrate and showcase the opportunities created by our staff and teams to explore new and pioneering ways to achieve better health outcomes for the people in our communities.

The past year has not been without its challenges as we continue to navigate through the evolving landscape of COVID-19 and natural disasters such as bush fires and major flood events.

To meet the health and wellbeing needs of our flood affected communities we distributed some \$325,000 in Flood Recovery Grants. It has been gratifying to see the many wonderful initiatives supported by these grants. Some of which are showcased in this report.

There is so much to recognise across our geographically dispersed PHN. As you read through the achievements and highlights in this report, I'm sure you'll be impressed by the range and the impact of our work.

As the PHN works to close out the 2018-2023 Strategic Plan it is pleasing to see the considerable achievements and significant progress made against the key strategic objectives and implementation roadmap over the past four years.

This progress is made possible by the commitment of many. I express my sincere thanks to my fellow Board members. Along with the Board I acknowledge and appreciate the hard work and dedication of our CEO, Richard Nankervis, the Executive team, our PHN staff, our Clinical Council, committee and community members.



As part of our Board renewal process Dr Grahame Deane AM and Graham McGuinness OAM retire at this year's annual general meeting. Both Directors have been on the Board since the PHN's foundation in 2015. Their significant clinical and strategic influence has led to continuous improvement in primary care for residents across the Hunter New England and Central Coast Regions.

Being the first Chairperson of the Hunter New England and Central Coast PHN has been a privilege and honour. As I conclude my term and retire as Chairperson can I encourage you to stay innovative – to seek pattern changing and courageous ideas, to execute them effectively, and as always to continue to put people at the centre of all that you do.

I do hope you enjoy reading this year's annual report.

Jane Schwager AO

Chairperson

CEO REPORT

It is a privilege to present our 2021-2022 annual report profiling the seventh year of operation of the Hunter New England and Central Coast PHN.

Whilst it has been another year navigating uncertain times marked by the changing landscape of COVID-19 and the challenges of multiple floods, I am continually heartened by the resilience displayed by primary care providers across the region, as well as by the efforts of the PHN team.

It is timely in this year's report to reflect and celebrate Innovation and Impact across our PHN activities. Innovation is embedded in our philosophy, values and strategy, and the Innovation timeline included in this report highlights just some of the notable achievements undertaken by the PHN since 2015. The timeline is accompanied by stories that showcase our achievements and impact in 2021-2022.

In this year's Covid Impact Survey, primary care clinicians reported that their two areas of most concern were the emotional and mental health of primary care workers, and management of chronic health conditions. These results were unsurprising. Workforce shortages and pressures, driven by a range of factors, created a perfect storm for GP burnout and fatigue. The PHN has found itself increasingly addressing workforce issues, including through the successful implementation of several incentive schemes to recruit GPs to our region. In the past 12 months, our incentives have supported the recruitment of 27 new GPs to the region.

Similarly, we know that with lockdowns and isolation came a dramatic decline in health screening and chronic disease management. We expect that the impact of this will be seen in years to come, and we are supporting primary care to address rebuild in this area. On a positive note, it's excellent to see the uptake of telehealth and other digital tools. The PHN has invested \$1,000,000 over the past 12 months to provide 200 general practices, allied health practices and residential aged care facilities with \$5,000 digital health grants. These grants have gone a long way to improving general digital health capabilities.



In the midst of the ongoing challenges this year presented our teams identified a number of exciting opportunities which resulted in flagship projects and activities such as the inaugural Allied Health Conference #WeCareTogether which saw 15 of the region's allied health professionals showcasing a variety of informative topics to a large and broad audience.

This and other stories of our innovation and impact are shared in this report and demonstrate our agility and adaptability in the face of change.

Throughout the year, our engagement with our people and communities has seen a record number of health professionals participating in educational events along with surveys and our Peoplebank consultations. This engagement lies at the heart of the successful delivery of our vision for Healthy People and Healthy Communities.

At this year's annual general meeting we farewell the PHN's inaugural Chairperson, Jane Schwager AO, as her seven-year tenure comes to an end.

Jane's pragmatic and driven approach has led us through some challenging times, including the pandemic, and she leaves us in great shape. The PHN Board and Executive have always felt fully supported by Jane. As CEO, I've greatly appreciated the way she has kept the Board looking up and out and always focusing on innovation. Jane has been an excellent leader, an excellent mentor and an excellent friend and we thank her for the significant contribution she has made to the PHN.

We also farewell two of our Directors, Dr Grahame Deane AM and Graham McGuinness OAM. Both Directors have been on the Board since the PHN's foundation in 2015. We thank them for their advice and friendship and wish them all the very best for their next endeavours.

Richard Nankervis

CEO



Innovation and Impact

Since the PHN's inception in 2015 Innovation has sat at the heart of our work and drives our desire to effect change at both a program and systemic level.

Innovation is embedded in the PHN's philosophy and mission. As one of our Values it sits alongside our Purpose to deliver new and locally relevant solutions that measurably improve health outcomes for our communities.

Innovation and Impact is a fitting theme for this year's report as we celebrate and showcase the opportunities created by our staff and teams to explore new and pioneering ways to improve the health system so that people stay well and out of hospital.

Our Innovation timeline highlights some of the notable achievements undertaken by the PHN since 2015.

INNOVATION TIMELINE

2015

- Primary Health Networks established

- Innov8 online hub & Peoplebank
- Health Planning Compass
- Commissioning maps
- Collaborative innovation grants
- eReferral development
- Diabetes Alliance clinics
- Pilots – Low Intensity Mental Health and Indigenous
- Family Wellbeing

2016

- Healthy Weight Strategy and Primary Care model development
- Cervical Screening Course
- Inaugural Pitch Night
- Centre for Innovation in Regional Health Application & Establishment
- Mental Health & Drug & Alcohol Capacity Building Strategy
- National Health Care Homes trial
- Projects – Aged Care eHealth, Ambulance Alternate Pathways
- Pilots – Black Dog eClinics, Wellnet Chronic Disease
- Scholarships – Aboriginal Health Worker
- Baseline Commissioning Competency Review completed

2017

- Aboriginal Cultural Framework development
- Primary Mental Health Stepped Care Redesign
- Pitch Night
- Central Coast Mobile Imaging commencement
- New Practice Networks – AoD, headspace
- Pilots – Rural ENT Telehealth-enabled clinic, We Yarn suicide prevention, Mental Health Transitional Packages, Patient Reported Measures, Patch'd
- Scholarships program – including Medical Practice Assist
- Hosted Inaugural Commissioning Showcase (coming up to its 4th year, and now a NSW/ ACT Commissioning Network joint event)

2018

- Headspace funding boosted
- PHN hosts Youth Mental Health Forum
- Launch of Rural Communities Strategy
- Supports General Practice to participate in Quality Improvement Activities
- Care Navigation Pilot
- Early Start Pilot
- Dynamic Simulation modelling used to explore suicide prevention in the region.
- After Hours Needs Assessment

2019

- Commissioning performance measures quality initiative
- PHI national data storage and analysis implementation
- eReferral rollout
- Aboriginal Healing Forums and Indigenous Mental Health redesign
- Rural Workforce proposal completion
- Emergency Operations Centre
- PPE distribution and logistics
- Livestream Webinar implementation
- Capacity Tracker development and implementation
- Allied Health strategy development
- Counselling support – General Practice and Allied Health
- National policy papers – Telehealth, Distribution Priority Areas
- Grants – Telehealth, GP Wellbeing
- Re-assessment of Commissioning Competency Review

2020

- Pilots – Domestic Family Violence, Movement Disorder Nurse
- Primary Care Quality and Innovation Awards
- Primary Care Sharing Success Strategy
- COVID-19 Innovation Showcase
- General Practice and Allied Health Wellbeing Grants
- Central Coast Sea Change grants and marketing campaign
- Q-KPI's development

2021

- Bush GP Grants
- Digital Health Grants
- Inaugural Allied Health Conference
- Care Navigation Program – Ezidi Community
- Primary Care Domestic Family Violence Program
- Movement Disorder Nurse Pilot
- RACF Digital Health Grants – Telehealth Carts
- Too Deadly for Diabetes
- Commissioning Innovation Showcase

2022



2021-2022
Achievements

INNOVATION IN ACTION

#WeCareTogether

The PHN hosted its inaugural Allied Health Conference #WeCareTogether on 24 May 2022.

Allied health professionals, nurses, business owners, and program managers showcased models of best practice and demonstrated practical quality improvement ideas that could be applied broadly across diverse allied health professions to enhance person-centred care.

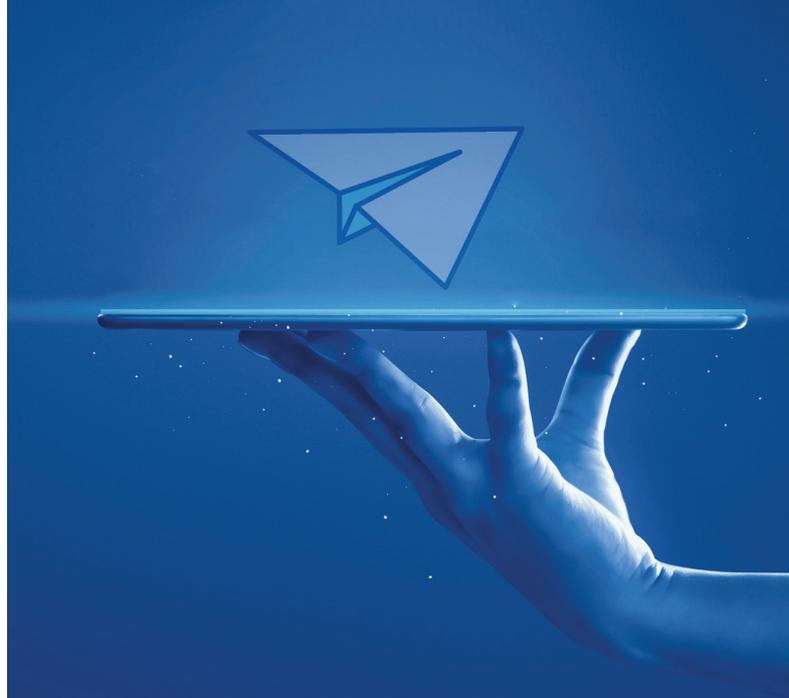
The conference was a hybrid event, with face-to-face attendance and presentations from three locations across the Hunter New England Central Coast region, and online. Presentations were live streamed from the in-person audience hub location to the virtual online attendees and to the two non-presenting hub locations. One hundred and two people attended the conference face-to-face, and 49 online.

Based on the ABC series *You Can't Ask That*, the PHN asked some controversial questions to break down myths and explore the scope of practice of medical professionals to work better together, and these were showcased at the conference.

A key takeaway message for the PHN was that many attendees were previously unaware of the support and training opportunities now offered to allied health professionals by the PHN.



- [#WeCareTogether View on Youtube](#)
- [View "You Can't Ask That" video series](#)



Digital health success | 100,000 SeNT eReferrals

In the first half of 2022 the SeNT eReferral system, launched in 2016, clocked up 100,000 referrals electronically transmitted to over 450 Hunter New England Local Health District and private health providers across the region, providing security, reducing errors and saving both administrative and clinical time.

SeNT eReferrals is a component of the Integrated Care Enablers partnership between the PHN and Hunter New England Local Health District, exploring how digital health technology can be utilised to connect primary care and tertiary care, to deliver better health outcomes for our communities.

Over 95 per cent of eligible general practices in the region are currently accessing the SeNT eReferral system.

The PHN's CEO, Richard Nankervis, said the milestone was a significant step towards achieving the PHN's digital health strategy. "Since the COVID-19 pandemic began, we've experienced a significant increase in the availability and use of digital technologies in healthcare, including telehealth and My Health Record along with e-Referrals".

Hunter New England Health Chief Executive, Michael DiRienzo said the e-referral process was a key priority for the district and was pleased to have championed this for the benefit of patients.

Several of the region's practices, including Mayfield Medical Connection and Appletree Family Practice have each processed more than 2,500 SeNT eReferrals. The clinical areas most popular with eReferrals include maternity, gynaecology, and gastroenterology.

- [100,000 electronic referrals has HNE region leading in digital technology - view on thephn.com.au](#)

Digital health grants

In December 2021, the PHN's Aged Care team launched a virtual health capabilities self-assessment for residential aged care facilities (RACF). This self-assessment was designed to support the PHN's digital health strategy by initially encouraging foundational capability for virtual care video consultations and to announce the upcoming grant funding.

Two grant streams were offered to RACFs, the first being the \$5,000 Health-e Together Digital Health Grants and the second being the RACF telehealth bundles. The Health-e Together grants were available for RACFs to use at their discretion, while the telehealth bundles included a specially developed telehealth trolley worth \$5,000.

The timing of the self-assessment and grant announcement coincided with a region-wide outbreak of the COVID-19 Omicron variant, by the end of which all RACFs in the region (comprising over 13,000 beds) had experienced at least one outbreak. This further demonstrated the importance of digital capabilities and the availability of telehealth in RACFs.

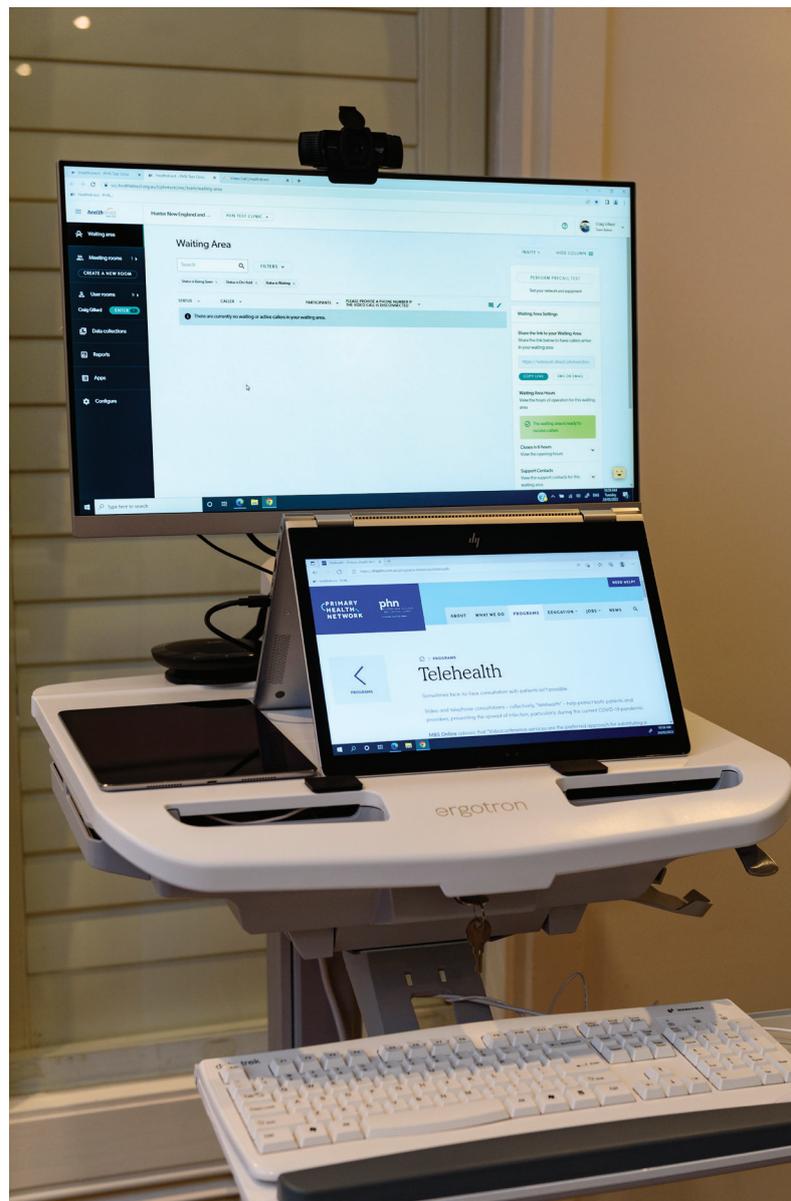
The assessment results facilitated a phased approach to the delivery of the telehealth bundles, based on the needs of each RACF. RACFs with a greater need included those with less than 50 beds, standalone facilities or those owned by a small community organisation, and those with no dedicated IT provider.

Janean Cole, Group Manager Residential Care Services at Northern Coalfields Community Care Association said the telehealth trolley they received through the PHN significantly reduced time frames for the clinical review of their residents.

"The telehealth trolley has been invaluable for our residents, particularly during COVID. Telehealth means that our residents are able to access consultations for symptom management in a timely manner, which not only saves time and travel but has prevented many hospital admissions and therefore the risks associated with hospitalisation including infections and falls."

Of the approximate 190 RACFs in the HNECC PHN footprint, 129 facilities (80 per cent) received a grant or telehealth bundle.

- [Telehealth - view on thephn.com.au](#)



Developing state-wide HealthPathways for implementation of SafeScript NSW

SafeScript NSW is a real time prescription monitoring system. It was rolled out during 2021-22 and allows prescribers and pharmacists to access real-time information about their patient's prescription history for certain high-risk medicines. Its aim is to improve clinical decision making and reduce the incidence of harm.

Hunter New England Community HealthPathways worked in partnership with eHealth NSW to assist with the development of NSW Community HealthPathways to support the implementation of SafeScript NSW.

They collaborated with subject matter experts in the areas of Pain, Drugs and Alcohol, Mental Health, General Practice and Pharmacy to develop a suite of pathways that articulated the program and informed prescribers and pharmacists to support patients who may be identified as at risk of harm. This included the development of an information page and clinical support pages for use in both pharmacy and general practice settings.

The SafeScript NSW program has now been rolled out to all of NSW and the pathways have been attached to all NSW community HealthPathways programs. HNE HealthPathways continues to inform the program's evaluation.

Primary Care Domestic Family Violence Program

Domestic Family Violence (DFV) is well recognised in Australia as a social issue, but what is less understood is its significant health impacts. DFV is the leading contributor to the burden of disease for women aged 18-44 years of age, higher than smoking, obesity, and alcohol misuse. The PHN is leading a range of initiatives focused on getting help to people experiencing domestic and family violence, faster.

Through partnering with the NSW state-based Women's Domestic Violence Court Advocacy Service (WDVCAS), the PHN is building bridges between the primary care and specialist DFV sectors, training general practice teams to recognise, respond and refer their patients who are experiencing DFV.

The PHN has developed a Domestic Abuse and Violence (DAV) GP Action Plan, designed to enable clinicians to identify patients at immediate risk, plan, manage, record and refer them to support services via an exclusive primary care pathway for patient triage and support.

Funding for the pilot program has been extended by four years, allowing the PHN to build on the work already completed.

- [Learn more - view on thephn.com.au](#)

Movement Disorder Nurse Specialist (MDNS) Pilot

The PHN received Commonwealth funding to deliver a Movement Disorder Nurse Specialist (MDNS) pilot program in the New England North West region.

The primary care model delivers a hub and spoke nurse outreach program for people living with Parkinson's disease in rural and remote regions, providing individualised support for patients and their carers around how to best manage their condition.

The pilot program additionally provides education and capacity building opportunities for local primary care practitioners in best practice and care for people living with Parkinson's disease.

- [Learn more - view on thephn.com.au](#)



Community HealthPathways
Hunter New England

IMPACT IN OUR COMMUNITIES

Care Navigation Program – Ezidi Community

Following a successful pilot, the Care Navigation program will continue to provide support to the Ezidi community, resettled in Armidale, for an additional 12 months.

In 2018, the regional town of Armidale was chosen to provide refuge to 600 Ezidi refugees from Northern Iraq and surrounding countries who had fled persecution from ISIS. While the community presented with high levels of trauma, grief, depression, injury, ill-health and disability, the barriers around successful integration was largely overcome with a trial of the Care Navigation program.

Care Navigation assists refugees to identify their health goals, build skills and increase their knowledge. The concept was taken from a framework developed for an international cancer care program and adapted to the unique circumstances of the Ezidi people.

With few of the Ezidi refugees understanding English and many without any literacy in their native language, the Navigator utilises images, translators and animated videos to help people understand Australia's complex health system.

A Care Navigator assists clients by working with them to manage appointments, obtain referrals onto support groups or other organisations, and increase their health literacy to manage or improve their health outcomes.

The service started as a 12-month pilot, however, following the success and engagement in Armidale of both the Ezidi community and general practices, the Care Navigation program has been extended until 30 June 2023.

- [Care Navigation Program extended following successful integration of Ezidi refugees - view on thephn.com.au](#)
- [PHN Care Navigation Armidale - view on YouTube](#)



DVA partnership

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

The activity is one of many actions resulting from a national PHN submission to the Royal Commission into Defence and Veteran Suicide. The partnership, comprised of the Hunter New England Central Coast PHN, Northern Queensland PHN and the DVA, is the first of its kind and a direct result of the recommendations made in the report submission.

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

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

Pathway development and revision processes will be informed using the outcomes from the consumer workshops and surveys.

FIRST NATIONS HEALTH INITIATIVES

The PHN values the contributions that all First Nations people and communities make to generating new ideas and innovative solutions to improve health. Improving the health outcomes for First Nations peoples, and reaching Closing the Gap targets, continue to be PHN priority areas of focus across the Hunter, New England and Central Coast regions.

COVID-19 information for First Nations communities

The PHN recognises the increased health risks and challenges of COVID-19 for First Nations communities across our region. In addressing these the PHN developed resources to assist First Nations people to access reliable information about the COVID-19 vaccines, and to identify health services to manage and treat COVID-19 related illness.

The First Nations COVID-19 Information page contains First Nations-specific information, tips, and resources to help protect the community against COVID-19. The First Nations Health Access Team also developed several unique resources for Primary Care Providers including general practitioners, Aboriginal medical services, pharmacies and Integrated Team Care providers and First Nations community members, including:

[First Nations SMS Messages](#) developed for Primary Care providers to promote direct access to credible COVID-19 vaccine information and support. The culturally sensitive messages can be sent to First Nations patients to assist decision making and reduce the confusion created by many social media messages.

[VAX FAX WITH DANE SIMPSON](#) is a series of short yarns featuring Dane Simpson and local experts busting some myths and getting the facts about COVID-19. The videos are available on the PHN Facebook page alongside other COVID-19 updates and information.

[Support and wellbeing information](#) and advice to help cope emotionally, physically and financially during the pandemic.

- [COVID-19 information for First Nations communities - view on thephn.com.au](#)

Too Deadly for Diabetes

Indigenous people have higher rates of diabetes compared to the non-Indigenous population. Around 7.9 per cent of First Nations Australians live with diabetes according to self-reported data. Within the HNECC PHN region 5.4 per cent of the population (65,183) identify as Indigenous and 73 per cent of Indigenous people within our region have at least one long term health condition.

The PHN commissioned an Integrated Team Care (ITC) program to provide care coordination to First Nations people in the region living with complex chronic disease. Not all indigenous clients are eligible for the ITC program, and this has contributed to the development of a significant cohort of Indigenous people living without support until their chronic disease worsens. Promisingly health outcomes can often be resolved by modifying individual lifestyle choices, which is why the PHN commissioned the program Too Deadly for Diabetes.

Too Deadly for Diabetes is a 10-week educational and support program delivered through Aboriginal medical services. The PHN partnered with Yerin Eleanor Duncan Aboriginal Health Services on the NSW Central Coast, and Tobwabba Aboriginal Medical Service in Forster during 2022, to offer the research-based program to their local communities.

The Too Deadly for Diabetes program was designed and is delivered by Exercise Physiologist, Sports Scientist and Researcher, Ray Kelly, a Gomerioi man. The program offers participants access to a meal plan and exercise program in conjunction with targeted education and motivation. It works alongside local allied health professionals to target sustainable weight loss and reductions in blood pressure and blood glucose levels as desired health outcomes.

Patients participating in the program have reported a reduction in blood sugars, blood pressure, and in some cases changes to medication.

- [Too Deadly for Diabetes - view on YouTube](#)

MPOWER project empowers school students

In 2021 the PHN partnered with One Vision Productions to deliver a pilot project aimed at First Nations young people that used creative arts to help them reignite their passion for school, develop positive relationships, and learn valuable tools to assist them with their mental health and wellbeing.

The MPOWER Project, developed by One Vision, comprised both teacher training and student workshops incorporating hip hop/rap, dance, meditation, breath work and group exercises to build positive peer-based relationships and find new tools and strategies to support the students' social, emotional, physical, and spiritual wellbeing.

Initially targeting First Nations young people, it was determined that MPOWER would benefit all students by providing a unique opportunity to encourage relationships and break down barriers. The PHN-funded project was delivered to primary school and junior high school students in nine schools in regional and remote areas of the Hunter and New England region. Following the workshops, schools were provided online classroom modules and teacher training to support their continuing education with students to enhance their mental health.

The MPOWER Project also comprises a TV platform offering students access to fitness and healthy eating information, self-help strategies and dance classes. A soon to be released MPOWER app will also allow students to record and share music in a peer-to-peer community. The accompanying video dramatically showcases the popularity and impact of the student workshops and provides telling feedback from student participants and teachers alike.

- [MPOWER NSW Pilot Program - view on YouTube](#)

Journey to Culture

Journey to Culture was a 10-week workshop program aimed at young First Nations children in the Mid-Coast region. It was delivered by Police Citizens Youth Clubs (PCYCs) in Taree and Kempsey in partnership with the PHN.

Throughout the program the children participated in a range of activities, led by several local elders, to increase their knowledge and understanding of their Dunghutti culture. The weekly sessions offered learning about traditional dancing, traditional art and language, singing in language and storytelling. In line with cultural traditions, the boys and girls were separately taught their different customs and roles and encouraged to develop a strong connection with their cultural heritage.

Journey to Culture was funded through an Alcohol and Other Drugs Healing Forum grant from the PHN. The collaboration with the PCYCs has not only supported cultural connection, but also addressed an identified need arising from the Taree Healing Forum, held previously in the region. Following on from this project there has been a Collaborative established to address further needs of young people in the community and the gaps in services for First Nations people.



RECOGNISING SUCCESS

2022 Primary Care Quality and Innovation Awards

The 2022 PHN Primary Care Quality and Innovation Awards brought together a diverse range of primary care providers, professionals and practices from across the sector for a gala event on 24 June at the Newcastle Exhibition and Convention Centre.

From general practices and their after-hour care services to Rural Primary Health Services, mental health services, allied health providers, Aboriginal medical services, and residential aged care facilities, it was a night of celebrating innovation across the healthcare sector.

The PHN was delighted with the high quality of nominations and the strong response received this year across all categories. Congratulations to all winners and finalists.

An event highlight was a magnificent First Nations art exhibition. It was a privilege to be able to support and showcase a collection of such high calibre as part of the Awards this year.

A special thank you to our Sponsors EBOS Healthcare and Honeysuckle Health. We could not have put on such a wonderful evening without such support.

And lastly, thank you to our commissioned services team who showcased some of the amazing programs running in our region.

The 2023 Awards will be held on Friday 23 June.



- [Primary Care Quality and Innovation Awards - view on YouTube](#)
- [2022 Quality and Innovation awards wrap up - view on thephn.com.au](#)

Commissioning Innovation Showcase

An annual event on the PHN calendar, the Commissioning Innovation Showcase brings PHNs from across the country together to learn and share their commissioning experiences.

The 2022 event was held at Newcastle's picturesque Merewether Surf House on 16 and 17 March and hosted by the NSW/ ACT Commissioning Network with the support of Rebbeck Consulting.

The Showcase is designed on the premise of "by PHNs for PHNs" to ensure that themes and topics remain contemporary in the Australian context of health care commissioning, and that there are opportunities to learn in a collegial environment. The program aligns industry-leading keynote speakers with each theme so learning from international commissioning excellence and across Australia is brought together in the PHN context.

The keynote opening address was given by Professor Stephen Duckett, Director of Health and Aged Care Programs at the Grattan Institute and Chair of Eastern Melbourne PHN.

Key themes of the Commissioning Innovation Showcase included:

- Value - Measuring, driving, and evaluating outcomes for health improvement
- Engagement - Engaging communities and clinicians to improve services
- Integration - Wrapping healthcare around individuals' needs
- Digital - Accelerating behaviour change through digital innovation

Since its inception in 2017, the Showcase has become a unique and important event for PHNs to enhance commissioning learnings across the network, fostering deeper interactions and knowledge sharing.



- [Commissioning Innovation Showcase 2022 - view on YouTube](#)
- [Commissioning Innovation Showcase 2022 - view on thephn.com.au](#)

SUPPORTING OUR COMMUNITIES - RESPONDING TO DISASTERS

Disaster Response – Flood Recovery Grants

In May 2022, the PHN provided \$325,000 in grants to communities in the Hunter New England and Central Coast regions in the wake of devastating flooding events.

Flood Recovery, Community Wellbeing and Resilience Grants of between \$5,000 and \$50,000 were provided to non-government organisations (NGO's) and community groups to deliver projects and initiatives to promote mental wellbeing and resilience.

The grants, funded by the NSW Government and facilitated by the PHN, received over 30 applications, with 12 projects being selected for funding.

The PHN Chief Executive Officer, Richard Nankervis said the grants could not have come at a better time. "The past few years have been challenging for our communities across the Hunter New England and Central Coast as a result of the numerous natural disasters such as bush fires and major flood events."

"The PHN is pleased to facilitate the allocation of grant funds to support social and emotional wellbeing and support resilience building for communities and individuals."

Projects that received funding were located in Narrabri, Central Coast, Marlee, Wollombi Valley, Gunnedah, Moree, Yarramalong, Cessnock, Singleton and Muswellbrook.

The target groups ranged from youth, financially disadvantaged, culturally and linguistically diverse, First Nations and the general population.

- [\\$325,000 in Flood Recovery Grants to Promote Wellbeing for Hunter New England and Central Coast Residents - view on thephn.com.au](#)

COVID-19 Emergency Response Initiative

The PHN COVID-19 Response activities continued throughout 2021-22 and expanded to include providing support for primary health care providers to enable them to deliver 1.4 million COVID-19 vaccinations, representing 50 per cent of all COVID-19 vaccinations delivered across the region.

The PHN worked with vaccination providers including Health Care Australia, International SOS and Aspen Medical to facilitate the COVID-19 vaccination program for the residential aged care and disability sectors. Under the COVID-19 Vulnerable Population Measure, the PHN collaborated and formed partnerships with both the Central Coast and Hunter New England Local Health Districts to coordinate home visits to deliver COVID-19 vaccinations and establish a series of pop-up vaccination clinics supporting the homeless community.

As the COVID-19 vaccination levels increased and some public health restrictions eased, the Australian Government introduced the Living with COVID-19 Primary Care Package. The package was announced to support the safe management of COVID-19 positive patients by their GP in the community and included provision of Personal Protective Equipment (PPE) Bundles and Pulse Oximeters for remote patient monitoring. The coordination of PPE distribution by the PHN significantly increased during this period with 425 bundles assembled and distributed to GPs, Aboriginal Community Controlled Health Services, GP Respiratory Clinics and Vaccinating Pharmacists.

Throughout 2021-22 the PHN continued to deliver a series of regular COVID-19 education webinars and rapidly developed localised clinical health pathways to support the introduction of access to COVID-19 antiviral medication through General Practice.



WELLBEING SUPPORT IN PRIMARY CARE

GP Long Lunch

Being a doctor can be stressful, with daily challenges likely to impact individual health and wellbeing. Following the success of the inaugural GP Long Lunch in 2021, which was initially undertaken as an activity of the Central Coast Doctor Wellbeing and Support Project, this year's lunch was held in May 2022.

Hosted at the Central Coast's scenic Glenworth Valley, the Long Lunch provided an opportunity for GPs to come together in a relaxed, natural environment, and learn more about self-care and support strategies to enhance their health and wellbeing.

PHN Chief Executive Officer, Richard Nankervis attended the event and reflected on the importance of providing emotional support to GPs. *"The day is all about providing learning, reconnecting, and enjoying a break which is really valuable. GPs across the region have been working so hard and contributing so much and it's terrific to be able to give back."*

The GPs in attendance provided positive feedback about the day, including:

I'm happy and excited to be here to spend some time in a beautiful place, to be with others, share experiences, learn from peers, and take a moment to reflect on ourselves.

-Dr Ameeta Patel GP Gwandalan Summerland Medical

To catch up with colleagues and friends in a non-clinical setting, to talk about managing the stresses of general practice and how to support each other is critical.

-Dr John Fogarty GP Point Clare Medical Practice

Today, I'd like to share some of the things I learnt over 30-40 years of general practice but also in the past year since I have retired, it's given me a different perspective.

-Dr George Miller Retired GP

- [GP Long Lunch 2021-22 - view on thephn.com.au](#)

- [GP Long Lunch - view on YouTube](#)



COVID-19 Impact Survey for Primary Care

The negative impacts of COVID-19 continued to be widely felt across the region's primary care sector throughout 2021-22. The ongoing impact of COVID-19 on the emotional and mental health of primary care staff and the management of chronic health conditions were identified as the two areas of most concern according to the results of the PHN's COVID Impact Survey undertaken in April 2022.

Throughout the pandemic the PHN conducted three surveys of general practices and primary care providers, aiming to assess COVID-19's ongoing impact, and to provide rationalisation for a range of ongoing support activities.

In responding to the additional impacts of COVID-19 on general practice and allied health providers, the PHN offered a range of supportive strategies and services including:

Continuing access to a free and confidential counselling service

Staff Wellbeing and Telehealth Support Grants Programs recognising the unique and persistent challenges faced by primary care providers and staff working in Residential Aged Care Facilities (RACF)

Targeted provision of PPE and primary care support that addressed the identified needs of individual practices and health providers

Resilience and Wellbeing coaching for general practice staff.

- [COVID Impact Survey - view PDF](#)

Professional education and scholarships

The PHN continued to provide a comprehensive program of continuing professional education opportunities throughout 2021-22 with more than 17,000 health professionals participating in 166 education related events. These included both webinars and in-person events offering information on a range of topical issues including:

- Managing COVID-19 care in practices and the community
- GP recruitment strategies
- Stress management for health professionals
- Management practices in primary care
- Identifying and responding to Domestic and Family Violence
- Implementing Digital Health and Quality Improvement strategies.

In addition, the PHN offered scholarships and subsidised education and training to healthcare professionals to improve their skills and knowledge in key areas. For example, in collaboration with [UNE Partnerships](#) the PHN offered practice staff free access to short courses in infection prevention and control and communication skills.

Recognising the frequent challenges faced by GPs in non-rural areas to fund their own professional development, the PHN also offered 70 Central Coast GPs a scholarship opportunity to upskill in Skin Cancer detection and management

- [70 Central Coast GPs receive scholarships to upskill on skin cancer - view on thephn.com.au](#)

BUILDING OUR REGIONAL WORKFORCE

Rural Registrar Incentive Program

The towns of Inverell, Moree and Gunnedah welcomed seven general practice (GP) registrars in February 2022 following a successful incentive program.

The program, led by the PHN in collaboration with GP Synergy, funded scholarships to attract and appropriately place registrars throughout the region.

The aim of the Rural Registrar Incentive Program was to identify and overcome barriers for registrars wishing to experience regional practice to assist in alleviating the workforce shortage.

The scholarships provided financial assistance for the registrars, as well as ongoing education, training, and wellbeing support.

Originally offering six scholarships, seven were granted due to demand. Two registrars elected to base themselves in Inverell, two elected Moree and three chose Gunnedah. At the time, none of the towns had hosted a GP registrar in over six months.

The PHN Chief Executive Officer, Richard Nankervis said that while registrars had become scarce, the demand for them continued to grow.

“Registrars provide our regional areas with clinical expertise and support that general practice requires to supplement their existing services.

“The Rural Registrar Incentive Program reinforces the PHN’s commitment to improving regional and rural health.”

- [Seven GP Registrars headed to the North West - view on www.nbnnews.com.au](#)



Moree NSW. Photograph: Destination NSW

General Practice Workforce Incentive Fund

The General Practice Workforce Incentive Fund facilitated Central Coast workforce recruitment, retention, and wellbeing during 2021-22 through a variety of activities and programs.

An Advisory Group of General Practitioners (GPs) met regularly to discuss ideas and endorse project plans with PHN management reviewing plans and approving investment.

The target was the recruitment of 20 new GPs to the Central Coast, which was achieved through recruitment activities by individual practices as well as by offering additional financial incentives through Sea Change program grants.

Outreach activities including school open days were held to encourage school and university students to consider a career in general practice in the hope of improving GP numbers over the longer term. The University of Notre Dame Sydney and University of Newcastle medical students were encouraged to undertake placements with Central Coast GPs. A financial incentive to assist with fuel and accommodation costs encouraged mentoring relationships that could lead to future jobs in supportive general practices.

A Vertical Integration Pilot has strengthened relationships between the PHN, training provider GP Synergy and the universities, while fostering peer-to-peer education with medical students, junior medical officers, registrars and GPs.

Central Coast GPs and registrars reported high-level satisfaction with financially supported professional development that extended their expertise in counselling skills, identification and treating skin cancers, and being able to offer additional services.

Bush GP Grants

In a bid to recruit six new general practitioners to the state's rural and remote communities, the PHN committed over \$250,000 in March 2022 to the Bush GP Grant program. The funding was available to general practices in the Upper Hunter Plains, New England North West and Manning regions.

The grants contained three funding streams including:

Recruitment Starter Grants - \$2,500 Recruitment Starter Grants designed to support General Practice in their recruitment activities.

GP Incentive Grants - Provided to the General Practice upon the signing of a new GP from outside of the HNECC PHN region for a two year/ minimum three days per week contract.

Welcome Ambassador Grants - To increase retention, each practice receiving the GP Incentive Grant would be allocated a Welcome Ambassador service.

The grants were fully subscribed demonstrating that financial incentives motivate GPs and Registrars to relocate and that DPA status and Health Workforce Certificates are key issues that need ongoing review.

The GPs recruited through the grants program have headed to Wee Waa, Narrabri, Quirindi, Tamworth, Glen Innes and two to Taree.

These grants are one of the many PHN initiatives aimed at addressing the maldistribution of the medical workforce and encouraging doctors to live and work in regional, rural and remote communities.

- [Grant funding attracts seven new GPs to new england and manning regions - view on thephn.com.au](#)
- [Funding boost to lure GPs to the bush - view on www.nbnnews.com.au](#)
- [Bush GP Relocation grants - view on YouTube](#)



ADDRESSING OUR COMMUNITIES' HEALTH NEEDS

PHN launches Core Needs Assessment identifying region's health needs

The Core Needs Assessment 2022-25 (CNA) provides the basis of the PHN's understanding of the health needs of people living in the region, including differences experienced by population groups. It is the product of an exhaustive research and consultation process by the PHN's Health Intelligence and Performance team and is used to inform the way it plans and commissions health services.

The health needs and service gaps identified have been grouped under nine overarching themes including: Health and Wellbeing of First Nations People; Maternal, Child and Youth Health; Older Persons Health; Primary Mental Health Care and Suicide Prevention, and Health Workforce and Service Capacity.

Stakeholder and community consultation was an important process for the needs assessment.

Two surveys were developed to capture the perceptions and viewpoints of the community and of stakeholders who work within the primary care sector or are partners of the PHN.

The 'Have Your Say' Stakeholder survey was distributed to the PHN's networks of commissioned service providers, Aboriginal medical services, allied health networks and via the PHN's General Practice newsletter. There were 108 responses to the stakeholder survey.

The 'Have Your Say' Community survey was distributed via PeopleBank, the PHN's social media channels and through the networks of the Community Advisory Committees. There were 236 responses to the community survey.

Both groups identified mental health and suicide prevention as the largest overall health concern facing the community. The second overall health concern as identified by both groups was alcohol and drug use.

The results of the CNA will be used as a decision making and prioritisation tool that ensures all PHN work, projects and commitments are addressing the region's health needs.

- [Core Needs Assessment 2022-25 - view on thephn.com.au](#)
- [PHN launches core needs assessment identifying regions health needs - view on thephn.com.au](#)
- [Health planning reports profiles - view on thephn.com.au](#)

Winter is Coming

The PHN launched its first consumer facing campaign this year, focusing on awareness and preparedness for the influenza/COVID-19 combination season expected to occur throughout winter 2022. The campaign leveraged off the highly popular television series Game of Thrones, being titled, Winter Is Coming.

The purpose of the campaign was to ask people if they were 'Winter Ready' and featured a variety of tools promoted through numerous channels.

The key messages of the campaign were:

- Be prepared (winter-ready kit)
- Be armed (vaxed), flu shot/booster timings, high-risk/vaccination
- Be your own champion - basic infection control and know your options for after-hours care.

The consumer campaign was housed on a dedicated consumer microsite which featured tabs for each of the key messages. Radio ads were produced and aired across popular local stations. Prominent local general practitioners (GPs) were recruited to film short ads which were run through social media, a paid social campaign ran across the region and general practices were provided posters and flyers with QR codes linking to the campaign microsite.

A health professionals toolkit was also developed which featured health pathways, vaccine and other advice relevant when treating patients with influenza.

The campaign was well received with over 1,000 community members visiting the microsite over the three-month period.

- [Winter Health Tips - view on YouTube](#)



Stakeholder engagement

In developing and implementing projects that address the health needs of our diverse communities, the PHN is informed and guided by its Board, Community Advisory Committees and Clinical Councils. The members of each group reside and work in all areas of the PHN region and provide a much-valued perspective on local primary health care needs. Our groups continued to inform the PHN's COVID-19 response and communications as the evolving pandemic created new priorities and concerns.

The PHN's Peoplebank community engagement website provides an online platform through which stakeholders can engage with the PHN's projects and initiatives. Adopted in 2016 as a consultation tool, it offers communities and individuals the opportunity to participate in conversations about improving local health outcomes across the region. During 2021-22 the site had more than 153,000 visits and served a key role in enabling communities and organisations to access funding support from the several grants programs offered during the period.

Price benchmarking identifies service value

The PHN made significant advances in the 2021/22 financial year to better understand the value of commissioned services. This has included a series of price benchmarking exercises, where the unit price of services was measured against other services within the program, and also against similar external services.

Through an initial engagement with PricewaterhouseCoopers (PwC), the PHN was able to benchmark the unit price of Primary Mental Health Services and Youth Complex Services with the National Disability Service price schedule, Workers Compensation price schedules, the Medicare Benefits Scheme and the Department of Veterans Affairs.

This provided valuable insights that continue to support the PHN's maturity as a healthcare commissioner. It has provided a framework for assessing whether services are delivering value for money while also informing service design and contract development, tender evaluations and contract negotiations.

Other opportunities for the PHN include:

- Improving data quality and consistency through ongoing education and support
- Redesigning data collection and reporting to consider other relevant data points
- Focusing on client experience as a measure of quality
- Considering enhanced and systematic data collation process

- Benchmarking against other Primary Health Networks
- Advocating to the Australian Government for further program enhancements and additional funding
- Strengthening relationships with our service delivery partners to share the outcomes and insights from the exercises.

Extensive capacity building was also an element of the initial exercises which has given the PHN the opportunity to replicate the exercises internally to compare the unit price of each of the programs commissioned.

Opening of headspace Taree

headspace Taree opened its doors in April 2022, providing a vital new support service for young people in the area. Key figures who successfully advocated for the needs of the Taree community on a state and federal level met to open the centre.

The opening of headspace Taree was the culmination of effective collaboration between all levels of government, the local community and a number of stakeholders. The service removes barriers including the cost and time associated with travel for young people wishing to access mental health services, and reinforces the PHN's commitment to improving regional and rural health.

The opening of the headspace centre demonstrated the increased awareness and investment in youth mental health, which is crucial to supporting young people experiencing depression, substance abuse and other mental health issues, particularly in regional areas where access to services can be difficult. headspace Taree will provide young people a safe and welcoming space to connect with youth health professionals to support their mental health needs.



Richard Nankervis and David Gillespie speak at the new Headspace in Taree

OUR BOARD



Jane Schwager AO
CHAIRPERSON

Jane has led both government departments and national not-for-profit organisations and is now working independently as a Board Director and Tribunal member.

Previously Jane worked in the Departments of Health, Community Services, Ageing and Disability and Treasury in the NSW Government. Her roles included Director General of the NSW Department of Ageing and Disability and the NSW Social Policy Directorate.

Jane's achievements have been acknowledged through a number of awards including an Order of Australia (AO) in 2009 for services to not-for profits and government, a recipient of a 2003 Centenary Medal for Services to Australian Society in Business Leadership and a recipient of the Harvard Club of Australia Non Profit Fellowship in 2001.



Dr David Briggs AM
DEPUTY CHAIRPERSON

David has a Bachelor of Health Administration, Master of Health Management (hons), PhD (UNE) and an honorary Doctorate in Public Health (Naresuan University, Thailand).

David is a Fellow of the Australasian College of Health Service Management, a Foundation Fellow of the Hong Kong College of Health Service Executives, Adjunct Professor, Faculty of Medicine and Health, University of New England, Adjunct Professor, ASEAN Institute of Health Development, Mahidol University, Thailand and Honorary Editor in Chief of the ASEAN Journal of Health Development.

David has extensive senior management experience in the public health sector, which includes Chair, New England Medicare Local, CEO of a large Area Health Service, General Manager of a District Health Service, and CEO of a 300-bed acute regional referral hospital. He has had extensive experience in both rural and community health services and in the accreditation of health and aged care services. David is currently engaged in consultancy, research and publications in the health sector, most recently in primary health care, in the Asia Pacific as well as Australia. In 2020

David was recognised as a Member of the Order of Australia (AM) for significant service to health services, medical administration and to education.



Dr Grahame Deane AM

Grahame is a Rural Procedural General Practitioner with over 40 years' experience in rural general practice (MBBS, DACOG, FRACGP, FACRRM, DRANZCOG (Advanced)).

He has vast experience as a Board Director including over 15 years as a Director on the Barwon Division of General Practice (10 years as Chair), 10 years as a Director on the NSW Rural Doctors Network (3 years as Chair), a past Director of the Australian Rural Workforce Agency Group and a past Director of Gunnedah Rural Health.

Grahame has 35 years of experience as GP Registrar Supervisor and 32 years as a supervisor of Medical Students. He was the Inaugural recipient of the Dr Aloizos Medal for Outstanding Individual Contribution to the Divisions Network (National) and is a recipient of the RDAA Australian Rural Doctor of the Year (2011) and is a Member of the Order of Australia (2012).



Graham McGuinness OAM

Graham has a Bachelor of Health Administration degree, a Post Graduate Diploma in Personnel Management & Industrial Relations. He was a past President and is a current Fellow of the Australian

College of Health Service Executives.

Graham has extensive Board Director and consultancy experience at the executive level with over 50 years' experience in the healthcare industry, including the previous positions of CEO Central Coast Area Health Service, CEO Brisbane Waters Private Hospital and NSW Manager Nova Health.

Directorships include:

- Former Board Director of the Central Coast Local Health District
- Chair of the Central Coast Community Care Association (an aged care organisation).
- Chair of Adelene Retirement Village
- Chair of Employment & Training Australia.

- Board Director of Regional Development Australia
- Board Director of PACE Limited
- President of 1 Field Regt Vietnam Veterans Association with a strong interest in Veterans' Health

Graham was awarded the Medal of the Order of Australia (OAM) for service to medical administration and to the community of the Central Coast in 2012.



Dr Trent Watson

Dr Trent Watson is CEO of Ethos Health, a multidisciplinary health and safety business based in Newcastle and the Hunter region. Trent combines this work with a number of appointments including Conjoint

Senior Lecturer in the School of Health Sciences, University of Newcastle, Chair of the NSW Mineral Council Obesity subcommittee and media spokesperson with the Dietitians Association of Australia.

Trent was a former Director (2012 – 2015) and Chairperson (2014 – 2015) of the Hunter Medicare Local. Trent completed his undergraduate studies and PhD in nutrition and dietetics at the University of Newcastle, and has continued his research interests in workplace health, with a special interest in obesity, obesity-related lifestyle disease, and fatigue.



Elizabeth Ward

Elizabeth Ward is a Physiotherapist, AHTA Accredited Hand Therapist and President of the NSW Physiotherapy Council (HPCA). She is a PHN Board member, a member of the PHN Central Coast Clinical

Council and of the Central Coast LHD Clinical Council. She is a member of the PHN Allied Health Reference Group and holds positions in other PHN committees..

Elizabeth has completed a Bachelor of Science (UNSW), Post Graduate Diploma of Physiotherapy (USyd), Master of Public Health (USyd) majoring in health care management and health promotion, Master of Health Science (Physiotherapy) (USyd), and is a Graduate of the Australian Institute of Company Directors. Elizabeth is Practice Principal and Director of Coastal Physiotherapy Group Pty Ltd and Coastal Hand Clinic. She is a Director of Core Health Pty Ltd, and Partner, Erina Sports and Spinal Physiotherapy.



Michael DiRienzo

Michael is the Chief Executive of Hunter New England Health and is responsible for all services across the Hunter New England Local Health District from small rural community health centres to major tertiary referral hospitals. He holds a Bachelor of Commerce degree (UoN), and an Adjunct Professor Practice, Newcastle Business School (UoN).

With over 17,000 staff and an expenditure budget of \$2.3 billion per annum, Hunter New England Health provides services to a community of approximately 1 million people across an area of 130,000 square kilometres. Michael is a Board Director with the Hunter Medical Research Institute, a Board Member, NSW Regional Health Partners, and a Council Member, the University of Newcastle.



Dr Anita Watts

Anita is a proud Wiradjuri woman, currently working part time as a GP in a large mainstream urban general practice in Newcastle.

From 2005 to 2019 Anita was a Senior lecturer at the University of Newcastle, teaching Aboriginal and Torres Strait Islander Health with a special interest in the provision of health care to underserved communities.

She previously worked in the Aboriginal Community Controlled Sector and continues to work in close partnership with community-controlled health organisations.

Anita is the current NSW and ACT representative of the Aboriginal and Torres Strait Islander Health Council of the Royal Australian College of General Practitioners (RACGP) and was a previous board member of the Australian Indigenous Doctors Association.



Edwina Sharrock OAM

Edwina is the founder of Birth Beat, an online service specialising in childbirth education, first aid and antenatal classes, delivered both online and face-to-face. She is a registered nurse, and has been

a registered midwife for 13 years.

Edwina was a founding member of the PHN's Hunter New England Rural Clinical Council and has a distinguished list of achievements, including

being named as one of the Australian Financial Review's 100 Women of Influence, NSW Telstra Small Business Woman of the Year in 2019, and recently Australia's fellow of the Cartier Women's Initiative - an annual international entrepreneurship program.



Scott McLachlan

Scott is the Chief Executive of the Central Coast Local Health District and has held leadership roles in health, both private and public health systems, for over 20 years.

Having been raised in country NSW he understands the highly complex landscape of the health care environment and the unique challenges of health care delivery in Australia. He is passionately motivated every day to head up improving health outcomes for the community through authentic engagement, strong collaboration with clinicians, strategic partnerships and fostering and leading innovation.

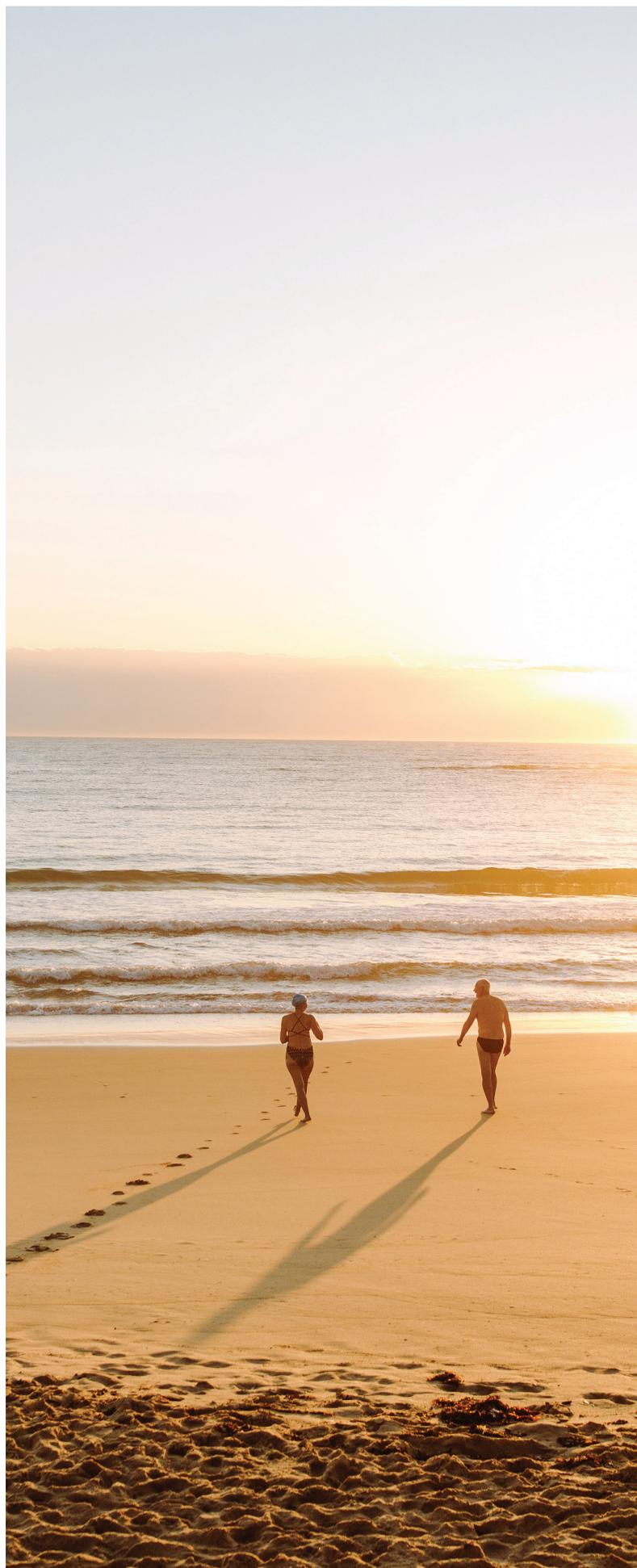


Bradley Twynham

Brad is a Technology Entrepreneur and Innovator, Strategy Consultant and Investor/Board Director with over 25 years working and consulting in the areas of enterprise technology adoption and enterprise operating model transformation.

Brad has previously acted in roles ranging from CEO to Corporate Development to Technology Strategy Consulting and is currently an investor in a number of companies focused on preventative health care. He sits on a number of Boards and acts as a Board Advisor.

Brad is a Senior Lecturer at Western Sydney University in the Bachelor of Entrepreneurship Program and is the Entrepreneur in Residence at several high profile Technology Startup Incubators. He is a Board Member of the Central Coast Montessori Primary School, and a member of The Institute of Company Directors and Director Institute.



\$79.4m

GRANT REVENUE

\$1.45m

TOTAL EQUITY

Financials



HNECC Limited

ABN 51 604 341 362

Financial Statements

For the Year Ended 30 June 2022

HNECC Limited

ABN 51 604 341 362

Statement of Surplus or Deficit and Other Comprehensive Income For the Year Ended 30 June 2022

		2022	2021
	Note	\$	\$
Revenue from contracts with customers	4	79,381,832	74,256,756
Other income from ordinary activities	4	142,638	236,748
Program services expenses		(63,161,621)	(59,438,635)
Employee benefits expenses		(11,443,311)	(10,466,462)
Other operating expenses		(1,593,219)	(1,238,930)
Software expenses		(1,842,481)	(1,850,020)
Occupancy expenses		(295,435)	(37,924)
Board expenses		(332,201)	(317,560)
Depreciation and amortisation expense		(258,154)	(814,946)
Motor vehicle expenses		(131,709)	(116,787)
Consumable expenses		(259,834)	(300,722)
Travel and accommodation expenses		(214,182)	(118,618)
Finance costs and interest paid		(2,510)	(8,192)
Surplus / (deficit) before income tax		(10,187)	(215,292)
Income tax expense	2(a)	-	-
Surplus / (deficit) after income tax		(10,187)	(215,292)
Other comprehensive income		-	-
Total comprehensive income		(10,187)	(215,292)

The accompanying notes form part of these financial statements.

HNECC Limited

ABN 51 604 341 362

Statement of Financial Position As at 30 June 2022

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	19,326,400	16,142,192
Trade and other receivables	7	1,258,680	673,061
Other assets	8	1,669,194	1,142,227
TOTAL CURRENT ASSETS		22,254,274	17,957,480
NON-CURRENT ASSETS			
Property, plant and equipment	9	-	61,547
Right-of-use assets	10	190,930	68,329
Other assets	8	85,792	61,015
TOTAL NON-CURRENT ASSETS		276,722	190,891
TOTAL ASSETS		22,530,996	18,148,371
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	6,819,181	5,471,111
Lease liabilities	12	177,057	77,498
Employee benefits	13	1,092,928	928,853
Contract Liabilities	14	12,712,606	9,980,972
TOTAL CURRENT LIABILITIES		20,801,772	16,458,434
NON-CURRENT LIABILITIES			
Lease liabilities	12	18,290	8,734
Employee benefits	13	263,811	223,893
TOTAL NON-CURRENT LIABILITIES		282,101	232,627
TOTAL LIABILITIES		21,083,873	16,691,061
NET ASSETS		1,447,123	1,457,310
FUNDS			
Accumulated Surplus		1,447,123	1,457,310
TOTAL FUNDS		1,447,123	1,457,310

The accompanying notes form part of these financial statements.

HNECC Limited

ABN 51 604 341 362

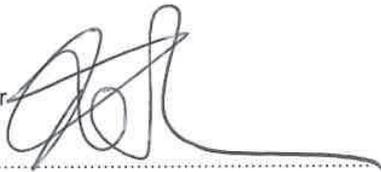
Directors' Declaration

The Directors of the Company declare that:

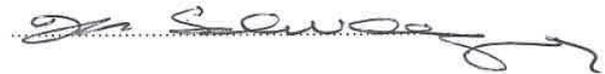
1. The financial statements and notes, as set out on pages 15 to 35, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - (a) comply with *Australian Accounting Standards - Simplified Disclosures*; and
 - (b) give a true and fair view of the financial position as at 30 June 2022 and of the performance for the year ended on that date of the Company.
2. In the Directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Directors.

Director



Director



Dated 17 October 2022

HNECC Limited

ABN 51 604 341 362

Auditor's Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2022 there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.



Cutcher & Neale Assurance Pty Limited
(An authorised audit company)



M.J. O'Connor
Director

NEWCASTLE

10 October 2022

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Newcastle 130 Parry Street Newcastle West NSW 2302 **T** 02 4928 8500 **F** 02 4926 1971 **E** cnrmail@cutcher.com.au **M** PO Box 694 Newcastle NSW 2300
Sydney Suite 1102, Level 11, 20 Berry Street (PO Box 281) North Sydney NSW 2059 **T** 02 9923 1817
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Innovative thinking. Traditional values.

HNECC Limited

ABN 51 604 341 362

Independent Audit Report to the members of HNECC Limited

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of HNECC Limited (the Company), which comprises the statement of financial position as at 30 June 2022, the statement of surplus or deficit and other comprehensive income, the statement of changes in funds and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Directors' Declaration.

In our opinion, the accompanying financial report of the Company is in accordance with the *Australians Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2022 and of its financial performance for the year ended; and
- (ii) complying with *Australian Accounting Standards - Simplified Disclosures* and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (including Independence Standards) (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the Directors of the Company, would be in the same terms if given to the Directors as at the time of this auditor's report.

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

Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for the other information. The other information obtained at the date of this auditor's report is limited to the Directors' report.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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HNECC Limited

ABN 51 604 341 362

Independent Audit Report to the members of HNECC Limited

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Directors 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 - Simplified Disclosures* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.

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- Conclude on the appropriateness of the Director's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the Directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.



Cutcher & Neale Assurance Pty Limited

(An authorised audit Company)



M.J. O'Connor
Director

NEWCASTLE

18 October 2022

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