

# primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

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Primary Health Matters is produced by Primary Health Tasmania twice a year. It shows how innovation in primary health and social care is making a difference and contributing to healthy Tasmanians, healthy communities, and a healthy system. It focuses on the work of Primary Health Tasmania's member and partner organisations, as well as our own activities.

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### Message from the CEO

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#### Can you imagine becoming a primary care giver at the age of 10?

When all your mates are on the soccer fields, building cubby houses, and generally being kids, your focus is on responsibilities you wouldn't normally have to take on for another decade or so.

Jaeyden Wardle (story page 12) has no resentment about his role because it means his mother, who has a chronic condition, is able to remain at home.

But it's important we're aware that there are an estimated 150,000 young carers like Jaeyden around the country, making a valuable contribution that often goes unrecognised.

Anyone, at any time, can become a carer.

National Carers Week is 15-21 October, but let's not wait till then to show our support for and appreciation of unpaid carers.

Two thirds of Tasmanians don't have the level of health literacy needed to make health decisions and manage their health and wellbeing.

That's a pretty startling figure.

Health literacy isn't just about being able to understand information you are told by a doctor or read in a patient leaflet. It's also about knowing how to ask the right questions, how to advocate for yourself or someone you care for, and how to navigate the health system.

All of us who work in the health and social care sector have a role to play in understanding and addressing issues around health literacy.

Our story on page 16 is about a new toolkit available to help organisations become health literate.

I was pleased to accept an invitation recently to become an ambassador under the "Hello, my name is ..." campaign, an initiative of Tasmania's Health Literacy Network which Primary Health Tasmania is a member of.

The campaign encourages health professionals and others working in the sector to introduce themselves to their patients and colleagues as a first step towards improving communication between people and members of their health care team.

You can watch a video about the campaign at https://youtu.be/1FP08I695Bs

One of the remits of Primary Health Networks around the country is to address gaps in after hours service provision.

A series of stories on pages 4 to 7 outline three Tasmanian projects looking at innovative solutions to after hours care needs.

Happy reading!

**Phil Edmondson** CEO **Primary Health Tasmania** 



#### **CHRONIC CONDITIONS: DIABETES**

# Smart programs for healthy living

**PEOPLE living with type 2 diabetes will be better** equipped to manage their condition thanks to a series of short courses being rolled out across Tasmania.

An initiative of Diabetes Australia, the SMART programs recognise that lifestyle modification requires a significant personal effort as well as ongoing consultation with a medical practitioner.

The programs are among a number of targeted, evidence-based services delivered by Diabetes Tasmania to improve the health of people with type 2 diabetes in both urban and rural areas throughout the state.

The SMART courses are funded by the Australian Government through Primary Health Tasmania's rural primary health program (in 21 local government areas) and the National Diabetes Services Scheme. The National Diabetes Services Scheme is an initiative of the Australian Government administered with the assistance of Diabetes Australia.

Laura Scott, a dietitian who is helping facilitate the courses in Tasmania, says they will encourage and enable active participation in self-care by providing a form of support, information and communication.

**ShopSmart:** Learn how to navigate the supermarket and interpret nutrition panels on food packaging.

MeterSmart: Learn how to read a blood glucose monitor and how to interpret and use the results.

FootSmart: Understand how diabetes can affect feet and how to improve foot health.

CarbSmart: Learn about the different types of carbohydrates and how to best use them to manage your diabetes.

"The programs will help empower people with type 2 diabetes to make everyday decisions related to their health and wellbeing," she says.

"Lifestyle changes such as maintaining an optimal body weight, engaging in physical activity and adopting a healthy diet are all essential for the management of type 2 diabetes.

"But each of these activities requires commitment by someone living with diabetes, and this requires a level of knowledge, self-management and behaviour change."

The topic-specific SMART programs educate people with type 2 diabetes on a particular aspect of their self-care.

Laura says they are modelled on the **DESMOND** (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) program philosophy, which is that if a person understands their illness, they are more likely to make positive behavioural changes to manage their condition.

"A major part of this is challenging people's beliefs around their illness and encouraging them to understand how their current behaviours are impacting on their illness," she says.

In Tasmania ShopSmart is now on offer, with CarbSmart, MeterSmart and FootSmart coming soon.

Each course runs for two to three hours and is delivered in a group setting in different local government areas across the state. The courses will be available nationally from July.



Laura Scott discusses food choices for people with diabetes

"People can self-refer or be referred by their GP, practice nurse or allied health practitioner," Laura says.

"They can attend the sessions individually or bring a family member or friend along for moral support.

"The sessions are designed to be structured around achievable objectives which need to be met.

"Rather than the facilitator lecturing to the group, we ask open-ended questions to foster engagement and discussion among participants so they can learn from each other.

"Evidence shows that if someone is doing particularly well with their diabetes management, the people in their immediate social circle are more likely to be motivated to do well as well."

People with type 2 diabetes can access these services upon diagnosis or as part of long-term management of their condition, and as needed to manage any complications.

All the SMART programs end with a goal-setting session. Each participant walks away with a plan which they can use in their daily lives.

#### For more information, contact Diabetes Tasmania on (03) 6215 9000.

Diabetes Tasmania is a member of Primary Health Tasmania

**AFTER hours primary health** care is community-based medical care for people whose health condition can't wait for treatment until regular services are next available.

The after hours period is:

- ✓ before 8am and after 6pm week days
- ✓ before 8am and after 12 noon Saturdays

#### ✓ all day Sundays and public holidays.

Primary Health Networks (PHNs) including Primary Health Tasmania receive Australian Government funding to work with local stakeholders to plan, coordinate and support after hours health services.

PHN activity focuses on addressing gaps in after hours service provision, addressing the needs of 'at risk' populations, and improving service integration.

During 2016-17, Primary Health Tasmania funded three pilot projects aimed at improving access to after hours care in the community. The projects profiled in this magazine are funded to June 2017.

Other Primary Health Tasmania initiatives to improve access to after hours care include:

- a statewide campaign to increase awareness of options for medical care after hours, including the website: www.tasafterhours.com
- funding GP Assist to provide a telephone-based after hours medical support service, linking Tasmanian consumers and health professionals to a local on-call GP through the healthdirect helpline.

For more information about Primary Health Tasmania's after hours program, contact Meghan Mann at mmann@ primaryhealthtas.com.au or on 1300 653 169.

## Huon Valley practice offers after hours access

**PEOPLE in the Huon Valley** needing urgent medical care outside of normal business hours now have the option to see their regular GP as an alternative to presenting to the hospital emergency department.

Dr Alexandra Seidel, GP and Managing Director at the Huon Valley Health Centre, says the practice has extended its opening hours to 8am-8pm weekdays and 9am-4pm Saturdays, helping to fill a gap in the availability of high quality after hours services in the community.

"The Huon Valley Health Centre is the only practice open after hours in the Huon Valley region, and just one of a handful of practices open after hours in southern Tasmania."

"There used to be a shared after hours roster operating in the area, but following changes to government payment systems, this was simply no longer viable for a lot of GPs."

The Primary Health Tasmania funding is being used to support the extra costs associated with the practice remaining open later, including covering the salaries of an on-site receptionist and nurse

"We have up to seven GPs currently participating in our after hours roster, in addition to five nurses and receptionists who have come on board since the project started in November last year," Alexandra says.

"The majority of patients we see are regulars of the practice – out of the 670 appointments we have had to date, only five per cent of presentations have come from outside of the Huon Valley."

Alexandra says the benefits of the after hours clinic are two-fold.

"Obviously, having an after hours service in place is helping to take the pressure off our ambulance service and the hospital emergency department," she says.



Dr Alexandra Seidel

"But the service is also reducing the need for people living in the Huon Valley region to travel all the way into Hobart to access medical treatment within that time period.

"The majority of these cases are not acute or life-threatening, with just 13 of our 670 after hours patients referred to the emergency department after being seen at the clinic."

She says research conducted as part of the project has shown that if the practice did not offer the extended opening hours model, 53 patients would have chosen to visit the hospital emergency department, and four said they would have called an ambulance.

Alexandra says the practice is looking at ways to help ensure the sustainability of the after hours model when the pilot funding ends.

"We have no doubt that the program has a viable future," she says.

"At this stage, it is likely that we will continue offering the Saturday extended hours given our patients' demand for the service, and we anticipate that this growth will continue."

For more information, visit www.huonvalleyhealthcentre.com.au or call (03) 6264 2800.

#### AFTER HOURS CARE

### Telehealth: The new frontier in mental health

**DR James Freeman first began** offering video consultations to patients six years ago from his practice in the Hobart suburb of **Battery Point.** 

Some of his patients were located thousands of kilometres away.

Today he leads a team of medical practitioners whose collective goal is to provide timely, quality care to patients on their terms by allowing consultations to occur where and when it suits them.

James is the founder of GP2U, which he says is Australia's only dedicated online medical practice.

GP2U uses a software-based system to deliver prescriptions, pathology requests, specialist referrals and secure provider-to-provider messaging.

The telehealth model, James explains, involves a link-up between a patient and their GP in one geographic location and their specialist in another, via webcam technology - cutting the time, cost and stress often associated with travelling long distances for appointments.

In June 2011, the practice extended its telehealth services to include mental health care.

"Telepsychiatry can be as effective as face-to-face consultations in achieving improved health outcomes for patients," James says.

"It does this by removing some of the major barriers to accessing medical or psychological services - such as cost and availability – for people living in rural or remote areas, and in other situations where face-to-face consultations are impractical."



Dr James Freeman

A project launched by GP2U in December 2016 is seeking to address the needs of vulnerable people experiencing urgent mental distress in the after hours period, using telehealth services.

The free, statewide telephone support service is available from 6-10pm Monday to Friday, and 2-8pm on Saturday and Sunday.

Under the model, GPs experienced in mental health care and psychologists are on call to help community-based healthcare providers and their vulnerable clients, offering immediate clinical support through telephone and video consultations.

These health professionals can also write urgent prescriptions and put them in touch with specialists and other support services on a case-by-case basis.

Community care organisations can refer their vulnerable patients to the service if there is an urgent after hours need.

GPs and mental health professionals who are concerned that their patients with mental health issues may deteriorate overnight can also make a referral.

Importantly, each consultation involves the development of a tailored care plan, designed with input from the patient, and the patient is linked back to their regular GP if they have one. GP2U provides a clinical handover and notes back to the person's regular GP the next business day.

James says the model was not designed to be a "take-over" service: "We are not looking to replace the current health delivery models."

The project aims to address the needs of people who need after hours support for urgent mental health issues but whose medical situation is not classified as severe enough for emergency purposes.

"Other than sending them to the hospital emergency department where they could face long delays, there is no immediate access to this kind of help or treatment," he says.

Although it is still early days, James says the service has been warmly received. But like many new service delivery models, some of the finer details require ironing out.

"There is no doubt that we have a massive gap in service delivery for Tasmania's vulnerable populations and in the after hours period," he says.

"The solution? It's a matter of working on that until we find a good balance that will work in the real world."

For more information, visit www.gp2uafterhours.com.au or contact GP2U CEO Sam Holt at sam.holt@gp2u.com.au or GP2U founder Dr James Freeman at james@gp2u.com.au

"Many of the individuals and families we see at the clinic come from a crisis background and have a long history of displacement - this makes them hard to reach by traditional methods."

**Dr Columbine Mullins** 

**Moreton Group** Medical Services

# Mobilising health care for vulnerable Tasmanians

MORETON Group Medical Services has embarked on a project that is linking the homeless and vulnerable with better access to after hours medical care.

Operating from 6-10pm Monday to Friday within the greater Hobart area, the MGMS mobile health clinic is available free of charge to people accessing emergency and transitional accommodation, homelessness services, foster care, supported accommodation and disability services.

MGMS Medical Director and GP Dr Columbine Mullins helped launch the initiative in November last year, describing it as a way of providing community-based medical care in a non-judgemental environment where people feel safe and secure.

"Our aim is to support organisations and their clients, many of whom have complex needs that impact greatly on their health and who are often unable to access mainstream health services," Columbine says.

"Many of the individuals and families we see at the clinic come from a crisis background and have a long history of displacement - this makes them hard to reach by traditional methods.

"If they have come from a women's shelter or bridge program, for instance, it is likely they do not have access to a regular GP.

"Some people only use a shelter for a temporary period, during which time they rely on the services of a support worker before making their transition back into the community or relocating to another service provider."

Columbine says people who fall into this category of 'secondary homelessness' often face a number of barriers that

Dr Columbine Mullins with Greg, who is currently homeless and visits the after hours clinic for blood pressure monitoring

PRIMARY HEALTH MATTERS

affect their access to appropriate and affordable healthcare.

"We already know there are clear links between homelessness, poverty and poor public health outcomes," she says.

"A number of our patients do not have the ability to drive or the money to pay for a medical appointment, while others face more silent barriers such as illiteracy or social and behavioural issues which make it difficult for them to access support."

One client, who Columbine saw in an interim housing situation at a women's shelter, shared that since she suffers from panic attacks, it's hard for her to get out to see the doctor.

She says she appreciates that the clinic can come to her, as otherwise she wouldn't be able to get care.

The mobile health clinic operates on a rostered basis at various locations throughout southern Tasmania, based on identified need.

It is staffed by a GP and an assistant support worker, with patients bulk billed through Medicare.

"We see about fifteen people a week on average, but this number is increasing daily," Columbine says.

"Some of these patients are returning for follow-up appointments, which is pleasing given our focus on preventive health."

The project involves collaboration with a range of community groups including Anglicare, the Bridge Program, the Salvation Army, Loui's Van, Small Steps, Colony 47's Mara House, and the Hobart Women's Shelter

"We have systems in place so that those who are linked in to those services can call us up and we can see them," Columbine says.

"They might come to us for the identification and treatment of tonsillitis, a mental health referral, chronic disease management or simply because they need a script refilled.

"If we are unable to see them that evening, and the patient's case is not terribly urgent, we will try to schedule an appointment for the following night."

Columbine says the after hours model is proving valuable for clients, especially those who may be tied up with Centrelink during the day or struggling to arrange transport options so their children can get to and from school.

"Importantly, for a lot of our patients, this service has enabled them to get some processes in place a lot sooner than would normally have been the case if they were on their own," she says.

"We can establish linkages for them to see a psychologist or activate referral pathways to allied health specialists."

She says awareness around the program is growing and the feedback from service providers has also been very positive.

"They have described it as useful and they are pleased to have someone to call for support."

Moving forward, Columbine says the focus is on building more links with community mental health services and social workers.

"We plan to continue the program post pilot funding, but we may look to vary the way the clinic operates," she says.

"The idea is to certainly continue offering it and eventually increase the level of service provided.

"There are also particular pockets of need in the south of the state where we could look to improve the service."

For more information, contact **Moreton Group Medical Services** on (03) 6278 3029.



Lewis with his support worker Leigh Evans (left) and case manager Lee Curran

# Lewis given a new lease on life

#### WHEN Lewis\* was admitted to the Launceston General Hospital in 2015, he carried with him just one vital piece of information his name.

He did not know his residential address; he had no recollection of any family or history; he didn't even have a birth certificate or personal document in his possession.

Lewis, who was 84 at the time, was discovered living alone in his home on Tasmania's north west coast.

Lee Curran, Clinical Care Manager at Anglicare Tasmania, said Lewis was emaciated, malnourished and confused - "it was clear that he wasn't coping".

"It was initially suspected, due to his lapses in memory, that Lewis had dementia, but there was no current assessment that confirmed this," she said.

"Unfortunately, it seemed as though Lewis had fallen through the cracks."

Shortly after he was diagnosed with dementia, Lewis was transferred to the Community Dementia Service within the Tasmanian Health Service.

With assistance from the community dementia team, in January 2016 he moved into his own small unit at an independent living facility in Launceston, where he receives support and still lives today.

Around the same time. Lewis was assessed for a level four Home Care Package – the highest level of care available – and it just so happened that Anglicare had one available.

The Australian Government's Home Care Packages Program helps people live independently in their own home for as long as possible.

The Government provides a subsidy to an approved home care provider for a package of services and case management to meet a person's individual needs.

and Anglicare has been able to negate some of the impact of his dementia."

Lee Curran

Anglicare is one of the approved home care providers in Tasmania.

As Lewis's case manager at Anglicare, Lee is clinically trained to understand her client's dementia diagnosis.

Together with the Community Dementia Service, Lee helped develop a structured support plan for Lewis to help him make a positive transition to independent livina

"The plan addressed his nutrition and overall wellbeing by establishing structured routines to enable Lewis to live independently within the community," Lee says.

She says a typical day for Lewis includes a visit from a primary support worker who comes by his house at 9am each day.

"His carer assists him with brushing his hair, cleaning his teeth and polishing his glasses, before they have breakfast and set off for a walk," Lee says.

#### DEMENTIA

"After preparing a light lunch with some assistance, Lewis has a rest, takes his medication, eats dinner, and then is helped into his bedclothes before going to sleep.

"Sometimes Lewis and his support worker go shopping for groceries or run a couple of errands but for the most part his routine is the same every day."

Lewis attends a community day centre on a Thursday afternoon, where he likes to play golf, take a walk in the garden or simply listen to stories being read.

An avid country and western fan, Lewis says he also enjoys listening to music and having a chinwag with fellow guests over a beer – the highlight of his week is happy hour on a Friday night.

"My support worker, Leigh, is very helpful ... He takes me shopping, which is very handy, especially when I need to buy long johns, and sometimes we go on bus tours to visit different places," Lewis says.

"I am very pleased that I've got Leigh and 'lady Lee' around, and I am happy to live in my own home."

Lee says Lewis has come a long way since he first entered his service with Anglicare.

"He is now leading a good life, his health has improved, he has secure housing, and Anglicare has been able to negate some of the impact of his dementia," she savs.

Lewis continues to live with chronic illness and requires regular medical and allied health appointments. As his case manager, Lee ensures that Lewis is supported to achieve his health outcomes.

"Lewis's long-term memory still functions at a high level, but if we ever got to the point where he forgot where he was in his own home, we would need to consider permanent placement in an aged care facility," she says.

"But we'll cross that bridge when we come to it."

#### More information about the Australian Government's Home Care Packages is available at www.myagedcare.gov.au/ help-home/home-care-packages

Anglicare is a member of Primary Health Tasmania

\*Lewis's surname has been withheld for privacy reasons

# Dementia in Tasmania

#### AN ESTIMATED 10,200 Tasmanians were living with dementia in 2016.

Dementia is not a single disease but a collection of symptoms that are caused by disorders affecting the brain. Alzheimer's disease is thought to account for about 50-75% of cases of dementia worldwide.

Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life.

While most people with dementia are older – it is more common after the age of 65 – it can happen to anyone. It's not a natural part of ageing.

age of 65.

In the early stages of the condition, close family and friends may notice symptoms such as memory loss and difficulties with finding familiar words.

In the mid stages, difficulties may be experienced with familiar tasks such as shopping, driving or handling money.

In the latter stages, difficulties extend to basic or core activities of daily living, such as self-care activities including eating, bathing and dressing.

Tasmania's Wicking Dementia Research and Education Centre is at the forefront of research and support for issues confronting people with dementia and their carers.

Projects are being carried out in Tasmania and nationally across research fields such as neuroscience, medicine, nursing, psychology and sociology, health, economics and policy.

The Wicking Centre aims to:

- and social behaviour
- and their carers
- dementia
- dementia within the community.

Sources and more information:

Australian Institute of Health and Welfare www.aihw.gov.au/dementia Alzheimer's Australia www.fightdementia.org.au Wicking Dementia Research and Education Centre www.utas.edu.au/wicking

Around 6% of people with dementia in Tasmania in 2016 were under the

In 2013, an estimated 71% of Australians with dementia lived in the community, while 29% lived in cared accommodation. Men were more likely to live in the community than women (78% compared with 68%).

• better understand the diseases affecting the brain that cause progressive decline in functioning affecting memory, problem solving skills, function

• develop evidence-based models of care provision for people with dementia

• explore the trajectory of brain and functional changes in ageing through

• provide educational programs to build knowledge and understanding of

Alzheimer's Australia Tasmania provides support, information and education to help people living with dementia, their families, their carers, and health professionals working in the field of dementia care.

To access the services offered by Alzheimer's Australia Tasmania, call the National Dementia Helpline on 1800 100 500.

# Flinders including the Furneaux Group of islands



#### Geography

Second largest Tasmanian local government area (LGA) by area, and smallest by population

Largest settlement is Whitemark (170 people)\*

The municipal area covers more than 60 islands off the northeastern tip of Tasmania, the largest being Flinders Island

#### Population

783 people – 48% female, 52% male #

Median age 52 (state average 40) \*

16.2% of population identify as Aboriginal (4% for Tasmania)\*

Unemployment rate 6.6% (state

average 6.6%) \*\*

Median weekly household income \$830 (state average \$948)\*

34.6% of eligible population completed year 12 or higher (state average 39.6%)\*

12.5% health care card-holders (state average 9.6%) ^

#### Illness and dea

Potentially avoidable hospitalisations are close to the state average +

Potentially avoidable deaths are significantly higher than the state average ^^

### services \*\*\*

Flinders Island Multipurpose Centre provides GP, hospital, emergency department, pharmacy, aged residential care, audiology and palliative medicine services

Flinders Island receives a wide range of visiting health services

Cape Barren Island receives visiting women's health, dietitian, diabetes nurse educator and psychologist services

The Flinders Island Aboriginal Association and Cape Barren Island Aboriginal Association deliver a range of primary health services throughout the islands, such as youth services, aged care services, visiting GPs and physiotherapy

Images courtesy of Flinders Council

\* 2011 Census

ABS, June 2015

Department of Employment, March 2016

Department of Health and Human Services, 2014

Department of Health and Human Services, 2007-11

- ^^ Department of Health and Human Services, 2009-13
- \* Primary Health Tasmania data



#### care

### Primary Health Tasmania supporting Flinders

Consulting service providers and community representatives on rural primary health needs and priorities to inform service commissioning

Commissioning the Flinders Island Aboriginal Association to coordinate the care of Aboriginal residents living with chronic health conditions

Commissioning the Royal Flying Doctor Service Tasmania to deliver services for people living with chronic conditions including dementia, heart disease, musculoskeletal disorders, lung disease and mental illness

Commissioning Diabetes Tasmania to provide education, self-management and consultation services for people with, or at risk of, type 2 diabetes

Commissioning Anglicare Tasmania to provide drug and alcohol treatment services to residents

Commissioning Cornerstone Youth Services to provide services to support young residents with, or at risk of, complex and severe mental illness

Working with the Flinders Island Multipurpose Centre and the Flinders Island Aboriginal Association to map the patient journey to improve coordination of care



# Labour of love for young carer

AT JUST 17, Devonport teen Jaeyden Wardle has already been a primary carer for almost half his life.

He has been caring for his mother, who has a chronic medical condition, since he was 10 years old.

"I manage our finances for shopping and bill paying," Jaeyden says.

"I cook, clean and do the washing. I look after mum's medication, which is guite a complex task, and keep an eye out for her so I know she is ok.

"I organise and attend appointments and communicate with all those who are involved in caring for Mum. I support her emotionally when these appointments are tough.

"When there is something our family needs, I contact service providers and find out what is available."

Young people like Jaeyden, called young carers, make up a significant part of the support 'workforce'.

They are people under the age of 25 who provide care and support to family members or friends who have a disability, mental illness, chronic condition, terminal illness, or who are aged and frail.

They are not employed by an organisation to provide a service – they do it as part of their day-to-day lives and often see what they are doing as normal.

#### CARERS

Janine Arnold, CEO of Carers Tasmania, says the significance of the role that young carers play cannot be understated.

"In some cases, the fact that they have taken on this role enables the person they care for to stay in the home environment," she says.

"The kind of work young carers do can depend on a few different factors, such as if they are the primary or secondary carer, their level of maturity or age, and the condition the person they care for suffers from.

"But it is common for many young carers to help with medication, take on domestic duties, babysit siblings or mind the person, do personal care work, attend appointments or go into hospital with the person, and interpret or advocate for the person."

There are an estimated 84,000 carers in Tasmania. The exact number of young carers is difficult to determine as young people tend not to identify as a carer, but national data suggest there are almost 150,000 carers under 25 across the country.

Janine says because of their caring duties, young carers experience many challenges their peers do not.

They can struggle to stay engaged in school, experience isolation from friends and social activities, may have to work to supplement family income to cover medical costs, and can feel like they are missing out on important experiences in growing up.

These challenges can have a serious impact on young carers' mental and emotional wellbeing.

Tiredness, stress, anxiety and depression are common – 47% of young carers frequently feel weary and lack energy, 15% report feeling angry and resentful, and 61% report feeling a number of negative impacts at one time.

Jaeyden says caring is emotionally and physically draining: "I need to make sure I take some care of myself.

"Having friends to talk to is very important, but I have lost some along the way. I think being self-aware and knowing I have to be emotionally strong keeps me going.

"Finding time to fit in all that I need to do is hard. It's a real balancing act. And finding time to be a 'normal' 17-year-old can be hard."

Jayden receives support from Carers Tasmania's young carers program, which provides counselling, carer awareness activities, bursaries, peer support and social activities to help young carers as they navigate this demanding role.

Carers Tasmania is a not-for-profit organisation dedicated to supporting carers of family members and friends.

It aims to enhance carers' wellbeing, promote their rights and needs, and achieve recognition of the value and contribution carers provide.

"Carers Tasmania provides a range of support to young carers including helping the young person connect with other services and information to support them with their caring responsibilities, one-on-one counselling, and knowing that there is somebody on their side willing to listen and support them through the difficult nature of their caring role," Janine says.

"A big benefit of being involved in Carers Tasmania as a young carer is knowing that there is an organisation dedicated to supporting you through your caring responsibilities and providing you with practical and emotional support when times get tough."

> do is hard. It's a real balancing act. And finding time to be a 'normal' 17-year-old can be hard."

"Finding time to fit in all that I need to Jaeyden Wardle

Despite the challenges of being a young carer, Jaeyden feels the role has helped him develop many skills his peers don't have.

Young carer Jaeyden Wardle



Janine Arnold

"I have learned how to do so many things people my age aren't even thinking about, like how to communicate with service providers and medical professionals, and daily living skills like budgeting, which will no doubt be useful," he says.

With Carers Tasmania's support, last year Jaeyden was appointed as a Tasmanian representative on the Australian National Young Carer Action Team, which allows him to use his lived experience to raise awareness about young carer issues.

"Every young carer and their situation is different and even though we are young, we need to be treated as both an important person in the life of the person needing care and as an individual," he says.

At the end of the day, one of Jaeyden's biggest rewards is that he has been able to keep his mum at home with the family.

"I am really happy that because of my care, mum hasn't needed to go into a nursing home."

#### For more information, contact Carers Tasmania on 1800 242 636 or at www.carerstas.org

Carers Tasmania is a member of Primary Health Tasmania



improving outcomes for patients, so close working relationships between pharmacists and general practitioners should be encouraged."

**Andrew Ridge** 

#### WHEN THE CHEMISTRY IS RIGHT:

# Integrating pharmacists into general practice

#### PATIENTS at the Huon Valley Health Centre are still getting used to seeing a pharmacist working alongside the GPs and nurses.

But when Andrew Ridge joins a consultation to explain a newly prescribed medicine or makes a home visit for a medication review, the benefits of this new way of working become clear.

Andrew joined the southern Tasmanian practice as a clinical pharmacist in April 2016.

Unlike community pharmacists, he does not dispense medicine in this role, but provides advice to both GPs and patients to maximise the safe and effective use of medicines.

"My role is not to replace the doctor or the local community pharmacist," Andrew says.

"Clinical pharmacists work to coordinate and maintain high standards of evidence-based prescribing in general practice.

"Generally, there is very little direct collaboration between pharmacists and doctors in a general practice setting, and medication misadventure is a significant cause of poor health outcomes and adds to the burden on the health system.

"Having a pharmacist work alongside the GP allows another health professional to review therapy and to make recommendations where appropriate.

"The doctor remains responsible for the overall management of the patient, but can use the pharmacist as an additional resource."

This multidisciplinary approach aligns with some of the broad principles of the Australian Government's Health

#### **GENERAL PRACTICE: NEW WAYS OF WORKING**

Care Homes initiative, which is being rolled out in Tasmania and nine other states across the country. It encourages multidisciplinary involvement with the GP retaining oversight of patient management.

Clinical pharmacists can play a valuable role in this multidisciplinary approach, such as identifying medication that may be causing or worsening health problems, preventing duplication of treatment, and monitoring for side effects.

Andrew says his job involves a mix of time on the road and in the practice, and his activities support patients, GPs and the practice more broadly.

"Interactions with doctors and nurses range from a simple drug information inquiry to researching and providing immediate advice on treatment options," he says.

"Provision of on-the-spot patient education occurs, especially if there is a new medication or device being prescribed.

"Establishing a dedicated time for questions and answers about medicines is appreciated by patients. If this can occur in their own home, patients find it convenient and non-threatening."

Andrew says home visits to review patients' medicines and how they are taking them have become particularly satisfying now that he is working alongside the referring GP.

"Identification of at-risk patients, those who have cognitive or social challenges affecting their use of medication, or those with complex polypharmacy is more easily done from within the practice, and allows for targeted service delivery," he says.

GP feedback on reviews and patient management allows Andrew to tailor the services to the needs of the patient.

At a practice level, Andrew has conducted audits on drug treatment patterns and provided feedback on areas where improvements could be made.

Areas that have been addressed include opiate use in chronic non-cancer pain, monitoring digoxin levels in at-risk patients, and use of oral steroids for croup in children.

In the future, the practice hopes to focus more on patients who have been recently discharged from hospital, to ensure continuity of care – including through good medication management.

One of the challenges Andrew encountered when taking up the new role was finding a niche in the general practice team.

"I found this guite daunting at the outset, but I have been constantly encouraged, challenged and stimulated by working in a welcoming, multidisciplinary team," he says.

Andrew says the role of clinical pharmacist in general practice is still a developing pathway for pharmacists, and he hopes to contribute to its growth.

As a teaching practice, the Huon Valley Health Centre is well positioned to be part of this growth.

"We hope to expand our teaching role to offer placements to final year pharmacy students within the coming months. This will expose students to the kind of activities that are involved in this role, and hopefully fuel interest in this career path," Andrew says.

Andrew Ridge with GP Dr Alexandra Seidel



He says the remuneration of clinical pharmacy services remains an issue.

"Until a consistent and predictable source is found, mixed funding models may have to be considered," he says.

Andrew encourages other pharmacists to continually expand their skill set and keep their clinical skills current if they would like to follow this career path.

"Having a full time pharmacist embedded in general practice may not be feasible for all practices, but an arrangement whereby specific services are provided may be an option," he says.

"A collaborative approach to health service provision has the goal of preventing harm and improving outcomes for patients, so close working relationships between pharmacists and general practitioners should be encouraged."

For more information, contact Andrew Ridge on 0447 096 396 or at a.ridge@huonvalleyhealthcentre. com.au



"Everyone's got their own lingo and they've got all these acronyms. It gets taken for granted that you know what they're talking about." Kathy O'Brien

# Dropping the jargon for better health outcomes

KATHY O'Brien says in the mental health sector, it can feel like everyone's speaking a foreign language.

The Peer Worker with Wellways Tasmania has been a consumer in the mental health system for more than 20 years, and has been involved with a number of agencies.

"Everyone's got their own lingo and they've got all these acronyms. It gets taken for granted that you know what they're talking about," she says.

Kathy is part of a team at Wellways that has been working to improve the organisation's ability to deliver services that are more accessible and information that is not loaded with jargon or medical terms. "The first time I heard about health literacy was when I was approached to join the project. I went in not knowing anything at all," she says.

"But immediately I realised that health literacy is everywhere and is a part of everything we do. I guess I just didn't have a name for it."

Wellways works with people who live with severe and enduring mental illness and their families, and focuses on programs that support rehabilitation and recovery.

People in the program have often experienced stigma, disempowerment and social isolation, so feeling capable of understanding information is crucial to them.

Tim Henry, Northern Area Manager at Wellways, says the health literacy project was a good opportunity to make sure the organisation was "walking the talk".

"We aim to be really inclusive and accessible as a service," he says.

"Our clients are used to dealing with very clinical services, so we need to make sure our processes are as health literate as possible, and that we support them to be as literate about their own health as they can."

This health literacy is a critical component of good health and wellbeing not just at Wellways, but across the health and community service sector.

Simone Zell, Sector Development Officer at the Tasmanian Council of Social Service (TasCOSS), says health literacy impacts on health outcomes.

"Lower levels of health literacy make it harder for us to understand health information, harder for us to explain to service providers what's going on, harder to access services ... it means we have poorer health generally," she says.

"Research tells us that two in three people in Tasmania don't have the level of health literacy needed to make health decisions and manage their wellbeing.

#### HEALTH LITERACY

"We acknowledge that health literacy is everyone's business, and as the peak body for community services, we want to help organisations work in ways that make it easier for people to access health and community services."

This became the impetus to help organisations become more aware of health literacy issues and how they can address them.

TasCOSS received funding and support from Primary Health Tasmania to develop a toolkit for organisations to navigate the process of becoming more health literate through a codesign project involving eight pilot organisations around the state.

The project was also supported by the Tasmanian Department of Health and Human Services, the University of Tasmania, the Tasmanian Health Service and the 26TEN literacy and numeracy network.

Wellways Tasmania was approached by TasCOSS last year to be one of the pilot organisations, and Kathy became involved from the dual perspective of consumer and peer worker.

"I did feel overwhelmed at first. I was sitting at a table with academics, managers and professionals and I felt a bit underqualified to be there," she says.

"But there was so much support from Wellways and TasCOSS. Every time I had an idea or an experience I was so well supported and encouraged in sharing it."

### Health Literacy Network

The Health Literacy Network is a group of Tasmanian health and community service organisations working to build a health literate Tasmania.

To get involved, contact Di Webb at diane.webb@dhhs.tas.gov.au or on (03) 6777 1984. The project involved health literacy training for the pilot sites, testing tools and resources, then collating learnings from pilot sites and literature to inform the development of the toolkit – the Health Literacy Learning Organisations toolkit, or HeLLO Tas! toolkit.

At Wellways, Kathy brought her new learning and skills back, and with support from TasCOSS, trialled tools from the toolkit and added a health literacy lens to the processes and communications at Wellways.

Since then, peer workers have been upskilled in making the initial intake assessment phone call more health literate for potential clients.

Wellways' consumer and carer working group is being consulted about documents and practice to make sure they are as consumer-focused as possible, and this group is being upskilled using health literacy principles to be able to provide feedback to the organisation.

Kathy has even pushed to make changes to an accredited training course to make the language in their presentations and documents more accessible.

Tim says having Kathy as a champion in the office meant that at every meeting she was asking a question that wouldn't have been asked previously.

"What it added was a lens to ask questions about a lot of our processes," Tim says.

"I've noticed that our clients feel more able to advocate for their needs and more able to actively participate in some of our organisational processes. I think it's because we're explaining things differently and they are becoming more skilled.

"It's also given Kathy a huge amount of confidence and ability to share her story and bring people along on their recovery journeys.

"She's able to give clients options and tools of their own."

The toolkit is broken up into six areas based on an evidence-based model from New Zealand.

It contains research, assessment tools, checklists, templates, resources and guides to help organisations figure out



Simone Zell

where to start, and take them through the process of becoming more health literate.

Organisations can also link up with other services embarking on their health literacy journeys through the Health Literacy Network (see below).

Simone says it can seem overwhelming, because there is a lot to it.

"But you can start anywhere, and from this process we've learned that it just takes starting somewhere," she says.

"Even picking one small thing like changing a pamphlet or making a commitment to seeking feedback from clients. It's part of an ongoing quality improvement process."

Tim agrees.

"There is a lot of literature out there and it can be overwhelming," he says.

"We had some concerns about how much information we had to absorb and how much we had to do. But the toolkit gave us a great starting place.

"We have committed to keep the discussions happening and keep the lens active.

"It's not about dumbing it down. It's about making sure we're communicating in a way that enables clients to actively participate, and allows them to feel more control in their own journey."

The toolkit is available online at www.hellotas.org.au

For more information, contact Simone Zell at TasCOSS at simone@tascoss.org.au or at (03) 6231 0755.

### Australian Psychological Society

The Australian Psychological Society (APS) is the leading organisation for psychologists in Australia, representing more than 22,000 members.

The APS advocates for the discipline and profession of psychology, supports high standards for the profession, promotes psychological knowledge to enhance community wellbeing, and provides support to members in their professional lives

It also advocates to ensure that the funding of mental health and community wellbeing programs remain a priority.

The APS Institute provides professional development in the form of webinars, workshops and eLearning.

There are more than 200 active member groups within the APS nationally including 42 branches, nine colleges representing specialty areas of practice, two divisions including the Division of General Psychological Practice, and 48 interest groups covering a range of topics.

Each state has a State Committee which provides a focal point for accessing and coordinating APS resources, and provides local leadership, collegial support and advice.

In Tasmania there are 409 individual APS members including students and psychologists working in private practice, government, non-government organisations and primary health settings.

**APS State Chair: Bev Ernst** 1800 333 497 (national) bevernst@bigpond.com www.psychology.org.au



### The Heart Foundation

#### The Heart Foundation is a charity dedicated to fighting the single biggest killer of Australians – heart disease.

The Heart Foundation acts as a strong voice in advocating for health promotion and heart disease prevention, early intervention, and better management of heart disease to improve the heart health of Australians.

The organisation works closely with research bodies, governments and non-government organisations to advance evidence-based research, improve lived environments to promote heart health, improve heart disease management, and advocate for health policy change.

For example, the Tasmanian division worked with the Premier's Physical Activity Council to develop the Healthy by Design guidelines, which provide design considerations for walking and cycling routes, streets, local destinations, open spaces, public transport and strategies for fostering community spirit.

Heart Foundation Walking helps connect Tasmanians with local walking groups, recognising the benefits of walking in looking after heart health. People can also join a virtual walking group where participants can track their progress online.

The Heart Foundation has collaborated with Primary Health Tasmania on a number of recent initiatives including the Healthy Food Access Tasmania project and the heart failure project.

The Healthy Food Access Tasmania project encourages coalitions of producers, suppliers, markets and government authorities to work together at a local level to improve the availability of healthy food in the neighbourhoods most likely to experience food insecurity.

A portal (www.healthyfoodaccesstasmania.org.au) links to tools, resources and case studies that can help communities improve food security in the regions.

The heart failure project aims to reduce preventable hospital readmissions for people with heart failure through education and support for general practices.



Primary Health Tasmania has around 40 Tier 1 members which are statewide health and social care organisations.

**Tasmanian CEO: Graeme Lynch (pictured) Board President: Kate Hanslow** (03) 6220 2203 tas@heartfoundation.org.au www.heartfoundation.org.au



## **Primary Health** Tasmania

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital.

We are one of 31 Primary Health Networks (PHNs) established nationally on 1 July 2015 as part of the Australian Government's Primary Health Networks Program.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice – as the cornerstone of the health care system - and other community-based providers to deliver the best possible care for Tasmanians.

We are driving a collaborative approach to ensure people moving through all parts of the health system receive streamlined care.

### **Our Executive**



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The full membership list is available at www.primaryhealthtas.com.au/about-us/getting-involved

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#### Your feedback matters

If you have feedback about this magazine or story ideas for future issues, we'd like to hear from you. Please email us at comms@primaryhealthtas.com.au

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