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primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

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Tasmanian health workers growing their skill sets
Telehealth lessons from Antarctica

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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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From the CEO

IT'S a question you probably get asked for the first time in a classroom: "What do you want to be when you grow up?"

When you're a kid, the idea of pursuing a career seems linear and straightforward. You pick a job. You get qualified to do it. Someone hires you for it. The rest, as they say, is history.

Except when it so often isn't. Ask anyone a few decades out from their school days and they may well tell you they've ended up somewhere they didn't expect.

That was certainly the case for me. Before I worked in the Tasmanian health sector, you could find me in front of a whiteboard, teaching kids about Shakespeare and semicolons.

Back then, I couldn't have pictured where I've ended up today. But that's the beauty of opportunity – you never know where you'll go if you seize it.

In this edition of *Primary Health Matters*, we meet local healthcare practitioners who have jumped at the chance to broaden their skill sets and expand their own understanding of what it means to be a nurse, pharmacist, GP and more.

These dedicated health workers have, at some point, seen the importance of rising to the challenge – whether that's trying to avoid unnecessary hospitalisations by delivering care in the home, or being ready to respond to an emergency when they're more than 100km from Hobart or Launceston.

They've adopted a flexible approach to their careers and, in doing, helped meet the healthcare needs of Tasmanians in rural and remote areas.

Flexibility has also been a guiding principle for our Aboriginal health services, also featured in this issue.

When we commissioned services designed to support social and emotional wellbeing, we asked community-led organisations to share their knowledge, so we could really understand the best way to cater to their needs.

It's a lesson we can all appreciate, especially in the broader health sector. Things aren't always set in stone, and if we take the time to listen, learn and adapt, it can deliver real outcomes.

Phil Edmondson
CEO
Primary Health Tasmania

Helen Bridgman (far left) with community and Primary Health Tasmania representatitves involved in the trial

Tasmania's part in the national suicide prevention trial

THE Break O'Day municipality lays claim to some of Tasmania's most picturesque spots, from the white sands of Binalong Bay to the rolling plains of Fingal Valley.

But the community has felt the impact of suicide in recent years, drawing attention to the obstacles faced by Tasmanians who need support but sometimes don't know where to get it.

An Australian Government-funded suicide prevention trial – which runs until June 2019 and is being overseen by Primary Health Tasmania – aims to identify how we can work together as a community to prevent suicide.

Break O'Day trial coordinator Helen Bridgman agrees the region is an idyllic environment, but says socioeconomic factors can undermine the wellbeing of its residents.

"If you're less able to engage with the community – for whatever reason, whether it's you're not fit enough, or unemployment – it's a very difficult situation," she says.

"All those things pile on top of each other, and people can end up cut off and isolated from others."

Break O'Day is one of three local trial sites, along with Launceston and three north west region municipalities (Burnie, Central Coast and Devonport).

At Break O'Day, Helen coordinates a working group that includes representatives of local health clinics, allied health services, the Tasmanian Health Service, local government, neighbourhood houses and people with lived experience.

Each site also features a local host organisation to help working groups identify ways to reduce suicide in their communities: St Helens Neighbourhood House in Break O'Day, Launceston City Council in Launceston and Relationships Australia for the north west.

They will all use the Black Dog Institute's LifeSpan approach to suicide prevention – a model that combines nine evidence-based strategies to develop a "safety net" for vulnerable people in a community.

Davina Dressler, from the Institute, says LifeSpan aims to bridge the gap between research and practice to ensure prevention methods are best-placed to have a tangible effect.

Notably, it also targets a cross-section of local groups such as frontline community and health workers to encourage a collective and collaborative method of suicide prevention.

It's hoped the local trial activity – which will focus on men aged 40-64, as well as men and women over the age of 65 – will yield lessons that can be applied to other Tasmanian communities.

Helen says the Break O'Day working group has plans to build on some good work already being done with "community champions", who receive formal training about how to best navigate sensitive conversations.

"We want to expand that to service providers and provide them structured support for people that agree to become community champions," Helen says.

"The more people in the community who can have those conversations is a good thing, because it makes the community stronger." ■

Want to know more? Contact Grant Akesson on 6213 8200 or gakesson@primaryhealthtas.com.au

Suicide in Australia

- Suicide is the leading cause of death for Australians aged 15-44
- There has been a 20% increase in the number of suicides in Australia over the last decade
- About 75% of suicides are by males
- Suicide rates of Indigenous Australians are at least twice that of non-Indigenous Australians

Source: Black Dog Institute

On country participants during a trip to the takayna, or Tarkine coast (Image courtesy of Vica Bayley, The Wilderness Society)

"You can talk about things in a room, at a table or on a lounge, but you cannot get that sense of connection or cultural confidence with each other unless you're on the land."

Sharnie Read (see page 6)

Primary Health Tasmania's work for Aboriginal social and emotional wellbeing

WHEN Primary Health Tasmania started looking at commissioning mental health services for Aboriginal and Torres Strait Islander people, our research pointed to a need for a strong focus on social and emotional wellbeing.

To do this, we needed to build our understanding about how resources could best be used to improve social and emotional wellbeing by turning to local Aboriginal communities themselves.

Primary Health Tasmania worked with seven organisations to co-design services aimed at building resilience and empowering people to have a role in managing their mental health.

Australian Government-funded activity encompasses a range of culturally appropriate events, from on country experiences and grief and loss workshops, to mental health first aid courses.

Programs designed to build the capacity of service providers to better support the social and emotional wellbeing of Aboriginal clients were also commissioned.

They aim to help strengthen different organisations' health-related knowledge.

The following organisations have been commissioned to deliver services to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander people:

- Cape Barren Island Aboriginal Association (north east)
- Circular Head Aboriginal Corporation (north west)
- Flinders Island Aboriginal Association (north east)
- Karadi Aboriginal Corporation (south)
- Rural Health Tasmania (north west)
- South East Tasmanian Aboriginal Corporation (south)
- Tasmanian Aboriginal Centre (statewide).

"These programs were crafted by listening to the expert advice of these organisations, most of which are Aboriginal community-controlled organisations," Primary Health Tasmania's Susan Powell says.

Adopting a co-design approach that included the learnings of established local organisations was critical to giving the programs the best chance of success for Aboriginal people taking part in them, she says.

"We asked them to propose services they thought had the best chance of improving the social and emotional wellbeing of local Aboriginal people, based on what they know is needed and will work," Ms Powell says.

Want to know more? Contact Susan Powell on 6213 8200 or spowell@primaryhealthtas.com.au

On country participants during a trip to the takayna, or Tarkine coast (Images courtesy of Vica Bayley, The Wilderness Society)

> **"I could just totally unwind. It's just funny it took a 27 kilometre hike for me to do it."**
>
> **Cheryl Rose**

Cheryl Rose reconnected with her Aboriginal heritage hiking in the state's north west

A fresh start back on country

LAST year was a tough one for Cheryl Rose. Her partner was undergoing cancer treatment and couldn't work, meaning her income alone had to sustain them, and another family member was in the throes of a severe mental illness.

She felt strung out and guilt-ridden, like she wasn't doing enough.

"It can be exhausting trying to make sure everyone's happy," the Burnie-based mother of two remembers.

"You just try to do everything, as well as try to get some sleep and not worry about what's happening."

She needed a circuit breaker.

She found it in takayna, otherwise known as the Tarkine in Tasmania's north west, hiking in the lush wilderness and reconnecting to her Aboriginal heritage with her sons at her side.

"I knew if the boys were there with me I didn't have to worry about them, and I could just totally unwind. It's just funny it took a 27 kilometre hike for me to do it," the 47-year-old laughs.

But she did more than just hike. Cheryl pushed herself to climb a cliff face and crawl through a cave on her belly, despite limited experience and a bit of a bad back.

She watched as her younger son pitched in by carting water for the group, snorkelled with Wilderness Society rangers and mixed with people who, though strangers at first, have now become friends.

Cheryl says going on country gave her and her sons the confidence to make small but significant changes to their daily lives, such as joining the gym and enrolling in a TAFE course.

It was the challenge her family needed – "fresh ground" after a really hard year.

"For a lot of Aboriginal people, going out on country isn't just going out camping," explains Tasmanian Aboriginal Centre project facilitator Sharnie Read.

"It's actually going out and immersing yourself in the cultural landscape – not just pulling up and setting up a tent."

"This kind of approach to our people's health really does work."

rrala milaythina-ti (strong in country) are the palawa kani words chosen by the community to name the project the Tasmanian Aboriginal Centre is carrying out.

Since it kicked off in August last year, participants ranging from six to 73 years old have gone on trips to popular walking routes like the Three Capes Track and remote and culturally significant sites at Louisa Bay.

Sometimes they go away just for the day, but more often than not Sharnie says the experience of spending three or four nights away from the dreaded "busyness" of suburban life can work wonders.

Generally keeping groups to a manageable size of about 20, program staff have also tried to explicitly recruit members of Aboriginal communities who struggle with social and emotional wellbeing.

When they're out on the land, Sharnie says people share stories and knowledge about everything from bush tucker to the spiritual message embedded in the contours of a nearby mountain range.

It's a seemingly simple act that helps an individual feel valued, and like they're part of something bigger than themselves.

"You can talk about things in a room, at a table or on a lounge, but you cannot get that sense of connection or cultural confidence with each other unless you're on the land," Sharnie says.

It's a view supported by research into factors that protect Aboriginal social and emotional wellbeing, with connection to land, spirituality and kinship networks said to act as a "source of resilience" and "unique reservoir of strength and recovery" during times of stress [1].

Participants from the program's Three Capes Track trip echoed this sentiment when they described feeling reassured by the three-day venture, with one describing the group-based therapy as a "massive" help to the community.

"This is the sort of stuff that works for us, in keeping us true and healthy, and staying together," he says.

For another participant, the takeaway improvement was in their ability to interact productively with others.

"I don't think I would've sat down and had a yarn with 22 other people. We connect more out here, on country, than anywhere else," she says.

Sharnie says there are a number of individuals who, for various reasons, could be said to be difficult to manage or communicate with. She recalls one female participant who, despite a reputation for volatility, was deemed a prime candidate for the program.

(continues page 8)

Cape Barren Island mental health first aid

WITH fewer than 100 residents, the Cape Barren Island community can stake a genuine claim to the oft-overused qualifier "tight-knit".

It's a title that typically means looking out for your neighbours, helping them when you can and taking pride in the place you all call home – in this case, 478-square kilometres off Tasmania's north east coastline.

But there's another side to being part of such a close community that is sadly linked to locals forging supportive and valuable bonds.

It's the grief and trauma that comes from losing someone you know, directly or otherwise

"There was a motorbike accident that killed the rider and a member of our community – a good mate – found this person on the road," Cape Barren Island Aboriginal Association general manager Denise Gardner says.

"That just devastated everybody. It was a whole community in trauma and grief."

Three-quarters of the island's population is Aboriginal and, according to Denise, can encounter difficulties when dealing with community-wide feelings of loss.

This can come from traffic accidents to natural events like bushfires, or the passing of widely beloved elders.

"We will always come together, like when long-standing residents on the island die, it affects us all," she says.

"It wasn't just six people affected by death, it was 86. So it's a case of finding tools to help you overcome that."

They found some in the form of mental health first aid training, provided by an instructor with an Aboriginal background who was able to tailor the content so it was delivered in a culturally appropriate way.

This was critical to the two-day event's success because it ensured the participants, whose ages ranged from 18 to 65, didn't have to endure a "bunch of academics" without clear links to their own experiences, Denise says.

"We can sniff you out at a mile if we thought someone was coming here and providing training who wasn't (culturally aware)," she says.

The training used the established mental health first aid acronym – ALGEE (Assess for risk of suicide or harm, Listen non-judgmentally, Give reassurance and information, Encourage appropriate professional help and Encourage self-help and support strategies) – to get across practical techniques for community members to put to use.

Jane Ferbrache, a nurse on the island, says she's already seen a change in the way people who have undertaken the training respond to others in need of help.

"When you see someone who is emotionally distressed and the other person is asking questions that were gleaned from that workshop – you can see it's imprinted and the person has done what they needed to do," she says.

She agrees the training's success is a direct consequence of the right instructor finding the right way to get the message across.

"It is a small population, so it needs to be subtly different. But it also needs to be fun," she says.

For Denise, the foundation of the training and its impact on her community can all be summed up in a single phrase – one that's a welcome alternative to the hackneyed "tight-knit".

"Each other helps each other." ■

Want to know more? Contact the Cape Barren Island Aboriginal Association on 6359 3533 or go to www.flinders.tas.gov.au/aboriginal-organisations

Image courtesy of Vica Bayley, The Wilderness Society

Sharnie Read

(continued from page 7)

The woman was nervous, and took some convincing, but eventually came on a trip and "blitzed it".

"She made comments on the last day about how she can go to doctors, she can go to counselling and sit in groups with people she doesn't know, she can even go camping on her own," she says.

"But nothing made her feel spiritually more connected, supported and healthier than what this trip had done for her."

Reclaiming a sense of ownership of Tasmania's celebrated wilderness can be the first step to someone staking a similar claim over their health and wellbeing, Sharnie explains.

"We've taken people like that out in large groups, and gotten four days into it, and seen them be able to really communicate easily and freely, and walk away feeling recharged and more connected," she says.

"And then to see them a week later, they're still glowing from that experience and seemingly not having the same issues with others."

It's hoped the program will also offer preventive benefits by fostering links between the older and younger participants, reducing the risk of harmful dislocation from the environmental and social elements of one's Aboriginal heritage.

Sharnie recalls on one trip, two teenage girls were taken under wing by two older women for an impromptu lesson about their own genealogical history and the cultural touchstones of the natural world around them.

She says the positive feedback she's received isn't unexpected.

> **"I don't think I would've sat down and had a yarn with 22 other people. We connect more out here."**

It has informed each activity and will be formally fed into a research project running alongside the program to explore outcomes and identify ways for the Tasmanian Aboriginal Centre to incorporate on country activities to build the social and emotional wellbeing of community and individuals.

Data in a variety of forms (from photographs to video compilations, to more conventional written or verbal remarks) has been gathered by the community, to build up a rich picture of the program's community-wide effect.

Researcher Axel Meiss describes the methodology as "groundbreaking" because it will present the community's experience of the trips in its own way, stepping away from a traditional approach that relies on an external party interpreting the process from the sidelines.

"There's a lot of really good research from the mainland, but very little of this type for Tassie," he says.

"It's really important to do this research with local communities – we wouldn't brush every white Australian with the same stroke either, so it's important not to do that here."

And while it's early days, he says the findings so far suggest the building blocks of an Aboriginal individual's wellbeing goes beyond the usual distinctions of physical and mental health.

"From an Indigenous point of view, there are at least five components we've noticed so far: emotional, social, spiritual, cultural and community wellbeing," he says.

"So it is a lot more complex." ■

Want to know more?
Contact the Tasmanian Aboriginal Centre on 1800 132 260 or feedback@tacinc.com.au

[1] *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*

Image courtesy of the University of Tasmania

University of Tasmania student Matthew Etherington, alongside a fellow student

Student champions mental health life lessons

IT'S a stereotype that pops up every now and then, whether it's on TV or in the opinion pages of a newspaper: the Millennial with their eyes glued to the neon screen of their smartphone, oblivious to the world around them.

It's a characterisation clearly intended to imply – if not accuse – today's young people of a ceaseless self-absorption that blinds them to the needs and feelings of others.

It's also a generalisation University of Tasmania student Matthew Etherington rejects entirely.

The 23-year-old – who is kept busy with criminology, international relations and law subjects – launched the university's inaugural mental health first aid training course last year.

More than 100 people completed the program, which will run again this year and aims to upskill students so they can help their peers in the case of a mental health emergency.

These scenarios may range from coming across a peer in the throes of a panic attack, to knowing how to talk to a friend about a suspected eating disorder.

The goal is simple: give students the practical tools they need to recognise and support those struggling with an invisible illness and, in doing, boost the university community's overall resilience and wellbeing.

Matthew says while today's youth may be more comfortable talking about their problems compared to previous generations, these discussions can still be limited to friends, parents and teachers.

"Young people want to help more than they ever have, but they don't necessarily have the skills to do so," he says.

Mental health first aid training is about taking that first step and building on it, so the conversation can advance to the appropriate clinical level.

"It's great to have that conversation and encourage a culture where people are talkative. It's also hugely important that people know how to have that difficult conversation if someone is struggling so that they can reach help," he says.

Matthew says the training tried to challenge participants' preconceived notions of what an "ideal conversation" with someone struggling with their mental health looks like by emphasising the role of active listening.

That said, they were also encouraged to be frank when the time called for it.

"A common misconception is that you don't address suicide directly. Through the training we were given certain phrases that were direct, without being tactless," he says.

It's hoped the training will help disarm some of the unique mental health risks faced by young people, such as sexuality, rural isolation and the pressures faced by Tasmania's international student population.

Students can also take the lessons of the training course with them into their approaching professional lives, Matthew says.

In particular, Matthew says an artwork depicting a forlorn young woman sitting in a paddle boat with a dog at her side resonated with attendees because it summed up what the workshops were all about.

"At all times, she's got her hands on the oars herself and is deciding which direction she's going in, even if she's not feeling great," he says.

"The dog is simply watching out for her." ■

Want to know more?
Go to www.bit.ly/2Hs3mX7

Tegan Spencer works as an extended care paramedic (ECP)

Testing their boundaries:
How Tasmania's health workers are broadening their skill sets

THINK of the phrase "health professional", and a few images might pop into your head.

A doctor with a stethoscope resting on his lapel. A nurse making notes in a patient chart. A pharmacist bundling up a rattling packet of medication in a white paper bag.

They're some of the foundational roles in any state's health workforce, and fulfil distinct but important functions in an individual's healthcare journey.

But what if they're not enough?

Tasmania's population is one of the most regionally dispersed in the country and, while many cherish the benefits of being surrounded by such beautiful landscapes, residents must often contend with unique barriers to health treatment and support.

This puts equally unique pressures on health professionals, who in some cases choose to broaden their skill sets to meet the specific needs of the people they care for.

For some, like GPs in rural and remote parts of the state, it's a matter of knowing how to keep someone stable until an ambulance or helicopter arrives.

For others, it's simple but effective things, like providing advice that means one less trip into town for an elderly customer.

These multi-skilled practitioners crop up across a range of disciplines and, as the following case studies show, are often passionate and driven workers who have spied gaps in service delivery and stepped forward to do their bit to fill them.

They do this in a number of ways, such as volunteering for state-run trials of broadened roles in their established field, or pursuing extra qualifications of their own volition.

As we find here, the job titles vary in terms of freshness and familiarity: a rural generalist GP, a diabetes educator pharmacist, a community rapid response nurse who splits her time with the local intensive care unit, and a personal trainer turned exercise physiologist.

Unsurprisingly, some of these job types can be met with caution or concern from within the sector, and questions posed about their impact on patient safety.

Some GPs in particular have alluded to so-called "scope creep" taking place in the pharmacy realm, according to HR+ CEO Peter Barns.

"There's always this turf war about what a pharmacist should and shouldn't do," he says.

"But I think there's enough work for everybody to be too concerned about that."

However, Peter says some roles intended to be an innovative addition to the suite of health disciplines, while still around, didn't necessarily take off like planned.

"I remember 20 years ago, the silver bullet for the future was going to be nurse practitioners," he says.

Raising and embedding awareness, it seems, still poses a valid challenge to practitioners stepping out of the conventional perimeters of their profession.

As some of our case studies report, the function and purpose of their role simply isn't well-known enough to be fully embraced across different disciplines.

Likewise, there are even challenges to pinning down what these titles mean in terms of uniforms standards and training for those who see their overall merit.

For example, in the case of rural generalism, it's taken more than 20 years for Australia's two colleges to agree on a basic definition, meaning a national training pathway is finally on the cards.

But in other instances, such roles have been welcomed as a time-saving measure that frees up one practitioner to focus on people with pressing health needs, such as preventing unnecessary hospitalisation.

Ultimately, these case studies seem to suggest the traditional boundaries of each profession haven't been abandoned so much as expanded, changing and evolving to meet the fresh challenges of healthcare in Tasmania. ■

Tegan Spencer, extended care paramedic

GROWING up in Penguin, Tegan Spencer wasn't really interested in the stories her paramedic father and emergency nurse mother brought home from work.

"I'd be like, 'stop talking about work because I don't know what you're talking about'," she says.

She had no intention of following a medical career path but, after finding a science degree less than enticing, Tegan changed the course of her studies and took up a student position with Ambulance Tasmania.

By 2009, she was a fully fledged paramedic and, a few years after that, became curious about a new role being trialed in the state's north – an extended care paramedic (ECP).

ECPs have advanced training and additional skills in patient assessment and delivery of medical care, enabling them to treat patients who don't need to go to a hospital emergency department in their home.

In essence, they help people with common medical issues, such as blocked catheters, and can refer patients to other health providers if need be.

To become an ECP, you must already be an intensive care paramedic and undertake a 10-week training course.

When it was decided the role would be put on permanently in the state, Tegan jumped at the chance to try something new.

"It's a higher clinical level and I'm always looking for new challenges to expand my clinical repertoire," she says.

She concedes there are still challenges when it comes to educating other health professionals about the role and its focus on preventing unnecessary hospitalisations.

"I think most emergency department staff or anyone working in the hospital system knows there's a lot of people there that don't necessarily need to be," Tegan, who is based in Hobart, says.

"If we can get the ones that don't need to be there, and direct them to the avenue of the health system that they actually need to be in, I think it would make a big difference."

She also finds it much more satisfying to play a hands-on role in treating a patient with straightforward medical needs herself, rather than transporting them to a busy hospital waiting room.

"It's more about getting the patient what they need from the health system rather than just looking at basically options of staying home or going to the emergency department," she says.

"It's about trying to think of that bigger picture." ■

Adham Hnaidi, pharmacist and diabetes educator

WHEN an elderly diabetic woman with a malfunctioning blood monitoring machine arrived at Adham Hnaidi's Claremont pharmacy, he knew what he had to do.

The woman was flustered and worn out after a morning spent commuting back and forth from central Hobart, broken down device in tow, looking for help.

Adham had already taken an interest in the condition but, now more than ever, felt like he needed to step up to meet the demand of people with diabetes in his local area.

"I decided to push for more diabetes services in the pharmacy," he says.

It was a decision that ultimately saw him add a postgraduate course from Curtin University to his Pharmaceutical Society of Australia training, before completing an eight-month credentialing process to become a fully fledged diabetes educator.

For him, obtaining these extra qualifications was simply the practical thing to do: pharmacists invariably see patients more often than their treating physicians, as they make regular visits to replenish their medications.

Now working with local doctors and nurses, Claremont Pharmacy provides diabetes care to hundreds of patients through the Claremont Diabetes Program which gives patients access to additional one-to-one visits at no cost.

"The benefit we've seen to patients is the easy access to us, and on our end, communication with doctors and nurses has improved a lot," he says.

"People with chronic and complex conditions such as diabetes require a multifaceted approach. It's very difficult for one person to do it all."

These interactions provide the opportunity for someone with a simple question or concern about their diabetes management to get an immediate, informed response without clogging up a doctor's diary.

In this sense, Adham says pharmacists are underused as a "good tool" for doctors in a patient's diabetes management journey, even if it's a matter of acting as a mythbuster and providing sound information.

"You can't do it alone. You always have to work with other health professionals and as pharmacists, we are perfectly positioned to provide screening and ongoing support," he says.

"We need that teamwork." ■

Dr Molly Shorthouse, rural generalist and GP

WHEN Dr Molly Shorthouse started working at St Helens in early 2017, her career had already taken her to Hobart, Melbourne, Darwin, Brisbane, Arnhem Land and Papua New Guinea.

And just like her varied geographic footprint, she's pursued a professional path encompassing a wide range of skills and experiences.

As a rural generalist with advanced training in psychiatry, Molly has built on her general practice foundations to acquire skills in obstetrics, anaethestics and emergency medicine.

She decided to pursue these extra qualifications after on-the-job experiences: a string of difficult night shifts led to RANZCP training in psychiatry in Melbourne, while her time in Papua New Guinea strengthened her resolve to work in rural and remote communities.

It didn't take long in Arnhem Land for Molly to realise there was a "massive community need" for mental health services, so she undertook cognitive behavioural therapy training, set up a clinic in the local hospital and started seeing patients once a week.

"I just responded to a community need initially, not realising this is one of the premises of rural generalism," the now-president of the Rural Doctors Association of Tasmania says.

Unlike a GP with a special interest, a rural generalist has increased emergency skills training to equip them to deal with urgent medical situations in geographically remote locations, Molly explains.

Simply put, they're the "Swiss Army knife of medicine".

She hopes it's a job description the coming wave of junior doctors will find enticing, bolstered by Tasmania's ever-growing reputation as the "outdoor Mecca of Australia".

"I hope many will see that rural generalism is the best speciality in medicine," she says. ■

Future or current rural generalists seeking more information are encouraged to go to:
www.rdaa.com.au/rdatas

Stephen Stone, exercise physiologist

THERE was no such thing as an exercise science degree in Tasmania when Stephen Stone was growing up in the north west country town of Smithton.

In fact, the idea of becoming an accredited exercise physiologist (AEP) didn't occur until he was in his 20s, working as a personal trainer and group fitness instructor.

He'd collaborated with a few AEPs while running his own fitness clinic and eventually, despite a full-time job and a young, expanding family, he decided he wanted to give it a go.

He enrolled in the University of Tasmania's inaugural course in 2007 and four years later was a fully qualified AEP.

Now, Stephen works with the Royal Flying Doctor Service, where he's involved in the primary health care program, which targets people with chronic health conditions such mental illness, cardiovascular disease, COPD and dementia.

He's also developed an exercise and education-based therapy program called Prime Mover, which is designed for people living in rural and remote Tasmania with stable heart and lung conditions.

Moving away from commercial fitness has exposed Stephen to a range of clients with unique health needs and challenges.

"One of my first clients with the Royal Flying Doctor Service was a wonderful lady in her 80s who unfortunately was having some difficulty managing her cardiac conditions. She'd lost her confidence with her balance and cardiovascular endurance," he says of the George Town local.

"So we got her back participating in an appropriate and effective exercise program at her local gym and once I was happy with that, I then created a structured program through the exercise prescription software we use."

"Because she is quite tech-savvy, I helped her download the PhysiTrack™ app onto her phone so she can follow her exercises in video and audio format and also provide progress feedback to me through the app."

Ultimately, the 2017 Exercise and Sports Science Australia Industry Awards' Accredited Exercise Physiologist of the Year says his job does not just focus on one aspect of a person's health, but supports them physically, mentally and socially. ■

Naomi O'Shea, community rapid response service and ICU nurse

AFTER more than a decade as an intensive care nurse, Launceston local Naomi O'Shea was used to seeing hospital patients struggling to keep up with a never-ending swirl of practitioners.

"There's so many influences in a hospital, so many people coming to see them all the time," she says of the patient experience.

"But when you're in someone's house they just focus on you and appreciate anything to enlighten them."

Launched in June 2016, the Community Rapid Response Service (ComRRS) provides treatment for people who need short-term intermediate care that can be safely delivered in the community or in the home.

There are plans for phased roll out of the service across the state.

It's all about trying to avoid unnecessary hospitalisations by providing treatment in a more flexible way, and is founded on the principle that a patient's care is shared between their GP, the ComRRS nurse and other health professionals.

For Naomi, signing on as an after hours ComRRS nurse has been a "game changer" in terms of broadening her professional scope while also affording a varied and stimulating workload.

"I felt like I was able to focus on the holistic approach rather than just the bandaid type of treatment that comes from only seeing someone very short term," she explains.

"People are so receptive to having you in their house."

But she's also deliberately kept a foot in both camps since starting her ComRRS role in September 2016 and still works regular shifts at the intensive care unit.

She's even noticed a change to her on-the-ward habits since taking on the newer job.

"It's opened up my eyes – now I ask people questions like 'where do you live? What support do you have at home'?" she says.

Before she signed up, Naomi says her ComRRS colleagues had already worked hard to get the service up and running by keeping local general practices involved and informed.

And she's glad they did.

"I just find it so rewarding. People are just so thankful." ■

Central Coast

Geography [1]

Spans 932 square kilometres

The Blythe River forms the LGA's western border

Largest settlement is Ulverstone (6465 people)

Population [1]

21,362 people – 51.4% female, 48.6% male

85% of the area's population live along the coast

Median age 46 (state average 42)

People aged 65 years and over make up 22.3% of the population (state average is 19.4%)

Aboriginal and Torres Strait Islander people make up 6.9% of the population

Health risk factors [2]

62.6% of population have inadequate fruit consumption (state average 59.6%)

91.9% of population have inadequate vegetable consumption (state average 91%)

Data profiles for every Tasmanian local government area are available at **www.primaryhealthtas.com.au**. Just search on the full LGA name.

[1] Central Coast Council, Annual Report 2015-16, ABS, 2016 Census

[2] DHHS, Tasmanian Population Health Survey 2016

[3] DHHS, Epidemiology Unit Data 2017 and Social Health Atlas of Australia: Local Government Areas Compiled Based on Data Provided by Australian Childhood Immunisation Register, 2015

[4] As listed publicly in the National Health Services Directory. Doesn't include visiting services

Illness and death [3]

22.1% of people aged 18 or older have three or more chronic diseases (state average 21.5%)

93.2% of children are fully immunised by age 5 (state average 92.4%)

Primary health service centres [4]

4 general practices

5 pharmacies

2 dental practices

3 psychology practices

3 residential aged care facilities

Note: *a number of allied health services are also available*

Primary Health Tasmania supporting the Central Coast

Commissioned services and other activity including:

- diabetes education and support services
- mental health and wellbeing services
- services for Aboriginal people with chronic health conditions
- alcohol and other drug services

Working with the community as a trial site location for Tasmanian component of national suicide prevention trial (read more on page 3)

Images courtesy of Central Coast Council

Image courtesy of Australian Antarctic Division

Is there anybody out there? Telehealth lessons from Antarctica

Tasmania could learn valuable lessons about delivering telehealth services by considering how Australia's Antarctic practitioners have used it throughout history.

ON the afternoon of 2 November, 1961, a 40-year-old diesel mechanic at Antarctica's Mawson station was struck by a dizzy spell while lugging a bag of briquettes to the yard.

He took a moment's rest and, when he felt a bit better, went straight to bed.

Within weeks, he was lying in a Dettol-scrubbed hut about to undergo emergency brain surgery.

The station staff poised to operate had improvised the necessary tools from dental equipment and nearby Kirschner wire, sterilised on the kitchen stove in a pressure cooker. A rather unlucky Weddell seal was also shot and used as a dummy patient.

"Neither the medical officer nor anyone else at Mawson had had any previous experience in neurosurgery," a Medical Journal of Australia article published in 1965 observed.

Instead, all they had was the counsel of a Melbourne neurosurgeon channelled to their frosty outpost by radio-telegram, advising a "fatal outcome was imminent" unless surgery was done to relieve the pressure on the man's brain.

Evacuation, at this point, wasn't an option.

Over two months, the mechanic underwent two procedures at the station on the edge of the Antarctic plateau, before his ongoing deterioration meant Soviet and American aircraft were enlisted to help him return to Australia.

More than 50 years later, the isolation faced by workers at Australia's Antarctic stations still poses a significant challenge for medical officers and others entrusted with monitoring and managing the health of their staff.

But it's one they no longer need to rely on crackling radio-telegrams to overcome.

These days, Australian expeditioners based at Antarctic stations practise telehealth by using modern telecommunications techniques to send and receive medical information, education and advice over distances.

The benefits of telehealth are clear in instances where it is difficult, or impossible, for a patient to travel to their care provider. For example, if you're on a property hundreds of kilometres from a specialist, or bunkered down to endure the cold blast of an Antarctic winter.

Australian Antarctic Division (AAD) chief medical officer Dr Jeff Ayton says a recent boost to the bandwidth capacity has helped improve the delivery of telehealth services to the Antarctic stations by reducing the delay to the transfer of data following input at either end of an exchange.

Ultrasound imagery, point-of-care testing devices, remote monitoring and real-time telecommunications all benefit from the faster bandwidth rate, with general practice, dental work pathology testing and X-rays among the most regular treatment requirements. Antarctic doctors may also need to provide secondary or tertiary care with management of suspected acute appendicitis usually occurring each year.

But while reports of robotic surgery equipment at Antarctic outposts may be eye-catching, Jeff says the real star of telehealth is a more common, cost-effective tool.

"The mainstay of telehealth is actually a telephone, right across any facility," he says from the ADD's Kingston facility, about 15 minutes' drive from Hobart.

"People often forget the basics of telehealth is voice communication and that you don't have to have a video for everything.

"It also relies on a trusted relationship. The specialists have to be willing to trust the person on the other end, and that needs to be coordinated."

A well-maintained database of shared electronic medical records is also critical to the success of the AAD's telehealth services, Jeff stresses, because it allows distant experts and specialists to share the same medical and health information ahead of a long-distance consultation.

This means they can distil their telehealth message to the communicative essentials, ensuring quality and safety of care when the time comes to beam it to an offshore colleague via satellite signal.

These elements – fast-enough telecommunication speeds, established and trusting relationships, shared electronic health records – have been developed and refined by the AAD over decades. The question now is: can Tasmania do the same?

Dr Jeff Ayton and colleague using telehealth equipment at the Kingston facility (Image courtesy of Australian Antarctic Division)

In Jeff's opinion, yes. But first, a few things have to change.

"There needs to be a cultural change – that telehealth is just another way of delivering health services," he explains.

Another challenge is the turnover rate of health practitioners in rural and remote areas, given strong, trusting relationships between providers communicating down a phone line or via video conference take time to build up.

"Without continuity of care and a rural generalist healthcare workforce with the right skills, in these underserved areas, it is a challenge to build those trusted relationships with the distant referral specialists," Jeff, who is also the chair of the Australian College of Rural and Remote Medicine's Telehealth Advisory Committee, says.

On the question of shared medical records, he says the expanded use of My Health Record could see the system become a "good backbone" for telehealth-enabled conversations between GPs and specialists involved in the same patient's care.

Despite the obvious benefits to patients living in rural and remote Tasmania, Jeff says the Apple Isle's stable population and limited offshore referrals also make it an "ideal use case" for broader digital health implementation, single shared health record and digital innovation research.

"The mainstay of telehealth is actually a telephone, right across any facility."

Dr Jeff Ayton

"You've got a population of 550,000 people who are generally stable on the island, and have been so for generations, the environment is well-known and there are limited offshore referrals," he says.

Of course, the push for more embedded telehealth habits could naturally grow as today's medical students and interns – that is, the so-called digital natives – graduate to professional postings.

But for his part, Jeff hopes it doesn't take that long.

"It would be sad if we have to wait for a generational change to happen … but (they) are the future," he says. ■

Want to know more? Go to www.bit.ly/2HsakLL or go to the Australian Antarctic Division on 6232 3209

Dr Eve Merfield counting penguins during one of her postings to Antarctica

My Antarctic adventure: Dr Eve Merfield

AN off-duty Dr Eve Merfield first got the idea of a professional venture to Antarctica when she was surging towards the icy continent aboard a tourist ship.

"I met the doctor on the ship and thought, 'I've got more experience than he has, I don't know why I'm paying to do this trip and he's not'," the Dover Medical Centre GP says.

She'd already held a variety of positions in emergency medicine, including a 10-year run in Queensland, before relocating to Tasmania and moving into rural general practice.

Holiday stints on tourist vessels eventually turned into three winter postings to Macquarie Island in the sub-Antarctic and Antarctica's Casey station between 2005 and 2012 as an expedition medical officer.

"You're not just the doctor," she says of her experiences on the Australian Antarctic Division sites.

"You're the nurse, the cleaner of the surgery, the maintainer of all the equipment, the psychologist, and everything else."

Telehealth was a key ally in this regard and Eve says some marked technological advancements were made over the course of her postings.

"When I first got to Casey we had to take our X-rays to a dark room and dip them in chemicals to actually develop the film," she recalls.

By the time she wrapped her last stint on Macquarie Island, fully digitised X-ray images could be beamed back to radiology facilities in Tasmania instantaneously.

It's a practice she thinks could be developed on a local level.

"Telemedicine, I think, is massively underutilised back in normal practice," she says.

"The number of times we've said if outpatients could be run via telemedicine that would save our rural patients having to drive all the way to Hobart for a five-minute appointment."

While she didn't have any major incidents during her postings, Eve says the medical officer is constantly aware that one may happen at any time.

This clinical preparedness and self-sufficiency has proven helpful back in rural Tasmania, where emergency services aren't always immediately on hand.

"At Dover, we can often wait over an hour to get an ambulance for a sick patient here," she explains.

"Some people would find that worrying – but when you've had to wait eight months for somebody to come, you tend to be a bit less worried about that."

Taking care of yourself as you care for others in extreme conditions is also important, and Eve says simple things like volunteering around the camp can help build rapport.

"I used to help the plumber with different things, I used to go help the scientists count penguins or put chips into seals. I even helped dig out the dam," she says.

"If people see you're willing to help, that helps your relations generally on station." ■

Sue's colleague Hayley Rubens is also on board with the #hellomynameis cause

Nice to treat you: #hellomynameis in Tassie's north west

SUE Robertson was more accustomed to treating patients than being one when her eye started to hurt late one night.

The irritation became so severe, the Burnie-based nursing co-director took herself off to the local emergency department to get some help.

She was greeted by a blurry figure bearing eye drops but not, Sue noticed, an introduction.

"I wouldn't have known if they were the cleaner," she says.

"Me being me, I pointed it out and they were just mortified. It shows you're human, and you just forget sometimes."

It's a small thing, to say hello to someone. But in the often intimidating confines of a hospital, or when you're a person entrusted with another's care, the little things can go a long way.

That's why Sue and other healthcare workers in the north west area have seized on the #hellomynameis initiative, which aims to break down barriers between practitioner and patient with simple gestures like introducing yourself, or wearing a name badge.

The campaign was borne of the experience of Dr Kate Granger as a patient in a UK hospital in August 2013, where she was being treated for post-operative sepsis.

During her stay she and her husband Chris Pointon observed that many staff delivering her care didn't stop to introduce themselves along the way.

"It felt incredibly wrong that such a basic step in communication was missing. We decided to start a campaign, primarily using social media initially, to encourage and remind healthcare staff about the importance of introductions," she recalled.

When Dr Granger sadly died in July 2016, Chris kept up the #hellomynameis legacy and continues to campaign for improved communication and compassion between healthcare providers and their patients.

For Sue, the campaign's rollout across primary health services under her management since early 2017 has been about encouraging staff to see introducing themselves as the first step to breaking down feelings of unease a patient may have when receiving care.

"It's a very simple, low-cost initiative – it's communication 101," she says.

"It's definitely not a deliberate omission when someone doesn't say their name. But it's like occasionally forgetting to put your indicator on – people just forget sometimes."

The benefits of the north west's experiences with #hellomynameis show in responses to a staff survey from the region, with workers praising the campaign's role in starting and maintaining conversation.

"It promotes conversation and reiterates person-centred care," one remarked, while another highlighted practical aspects like the large, easy-to-read print on the name badges.

Sue agrees elderly clients, who may forget a carer's name, appreciate something as simple as a well-displayed badge to ensure they feel comfortable seeking help, or clarification about an aspect of their care.

> **"It's a very simple, low-cost initiative – it's communication 101" across any facility."**
>
> **Sue Robertson**

Clinical nurse educator Shonel Davey, who works in Burnie's North West Regional Hospital, agrees #hellomynameis is a simple, effective way to remind yourself of the "person behind the diagnosis".

This is especially important when dealing with children and their care on the paediatrics ward, where Shonel works, given families often endure periods of extreme stress as they await treatment outcomes.

She says the campaign has also helped disrupt rituals like the corridor-centric "nursing huddle" handover chat in favour of getting back to bedside manner basics.

"It was important to take some of the bedside handover back to the bed, and be having those conversations in front of the patients and their families and including them," she says. ■

Want to know more? Go to www.hellomynameis.org.uk

Sarah Simms and her GP Antenatal Shared Care Pregnancy Record

New mums, old tricks

Small and easy to use, the GP Antenatal Shared Care Pregnancy Record is helping expectant mums in Tasmania's north track their pregnancies with pen and paper.

ABOUT four months after she and her husband started trying for a second child, Sarah Simms handed her daughter Lucy a book and told her to give it to her dad.

So You're Going To Be a Big Sister, the title read.

"We were very excited. At the time, it had felt like a long four months," the 32-year-old remembers.

As a registered nurse and mother of one, Sarah had a good idea of how pregnancy typically unfolds and the assortment of appointments a woman must keep on top of during the gestational period.

But as a self-confessed fan of "old school" diary keeping, she decided to use a hard copy resource to stay on top of it all: The GP Antenatal Shared Care Pregnancy Record.

The little pink booklet addresses a wide range of concerns that arise during pregnancy, such as diet guidance, and provides a physical record for different health practitioners to document test results and other appointment observations.

A woman receives it at her first antenatal visit with her GP.

It's all part of supporting GP antenatal shared care in northern Tasmania. In essence, this is the sharing of the care of a pregnant woman by a GP with either the Launceston General Hospital obstetric team (including registered midwife, hospital doctor and specialist obstetrician) or a private specialist obstetrician.

Sarah says the record also helps her keep another important caregiver in the loop – her husband.

"It helps me when I come home, to have something physical to look back on," the Launceston local says.

It serves as a long-range snapshot of a woman's pregnancy, while also acting as a sort of pregnancy passport when a woman travels or interacts with other caregivers, Sarah's obstetrician Dr Emily Hooper says.

"I think it's a great resource because it's a combined point where the caregiver and the patient meet together," she explains.

"It empowers people because they have all the information at their fingertips."

Emily says first-time expectant mothers can often come into her rooms completely overwhelmed by the range of advice provided online and the tests they are expected to have.

"It's nice to have this little book that gives consistent information, as well as giving people an idea of things like what tests they're going to receive," she says.

Aptly, it took Dr Anne Wilson nine months to review and redevelop the record, which contains information that has been extensively researched and cross-referenced.

The record aims to provide guidelines for a high standard of care for a woman during her pregnancy and also help to facilitate collaboration and continuity of care across the relevant healthcare disciplines.

Before hitting the printers and being made available in northern Tasmania, it was also peer-reviewed by 16 GPs, three obstetricians, a sexual health physician and a endocrinologist, among others.

Anne says the record fits easily into the average handbag, meaning a pregnant patient is more likely to have it with her most of the time for planned and unplanned visits to the GP or hospital.

"Also, the woman keeps the booklet at the end of her pregnancy as a memento and to refer back to whenever she wants to," she says of the resource, which was developed with Primary Health Tasmania's support.

That's certainly Sarah's plan.

"It's a lovely thing to look back on," she says. ■

Want to know more? Contact Russell Bowden on 6213 8200 or rbowden@primaryhealthtas.com.au

DEMENTIA

Australian-first online dementia training for GPs

KEYS in the microwave. Out-of-date food stockpiling in the house. Missed appointments.

Sometimes they're just silly mistakes. Sometimes they're not.

More than 400,000 Australians are living with dementia and by 2050, that figure is expected to grow to a million.

It's a critical issue for a country with an ageing population and especially pressing for a state like Tasmania, where it's estimated one in five residents will be 65 years or older by 2020.

It's an unfortunate projection, and also one that puts pressure on the current crop of health professionals to be able to detect and diagnose dementia in its early stages.

But they're not alone.

An Australian first, General Practice Training Tasmania's Dementia Care Training and Education Program (DCTEP) delivers quality training and education in dementia care to practitioners working in primary healthcare settings.

Comprised of four interactive online modules, the program is designed to give participants the skills to recognise, diagnose, monitor and manage dementia.

While the resource in particular empowers GPs to make a timely dementia diagnosis, GPTT's Rohan Kerr says there are benefits for anyone who undertakes the training.

"It could be a reception staff member who notices someone has missed their last two appointments, or the GP themself might have a patient asking for scripts that were renewed just a few weeks ago," he says.

Launching the resource's national rollout in Hobart earlier this year, Federal Aged Care Minister Ken Wyatt said dementia literacy among health professionals, the community and aged care sector was still "alarmingly low".

"Given the increasing prevalence of dementia it is essential that we detect it earlier and manage it better," he said.

"This is especially important in rural and remote communities, where there can be long waiting times for appointments with public specialists."

Rohan says there are huge advantages to diagnosing dementia at the earliest point possible, such as drafting up a will and filling in details of an advanced care plan.

While these tasks are challenging, he says they become infinitely more traumatic for the individual and their family once the illness has affected their capacity to give informed consent.

"The whole thing is emotive for everyone – you feel sorry for the person and their family," he says.

"But the earlier you address it and get things in place, the easier it is." ■

Want to know more? Go to www.gptt.com.au

Anglicare Tasmania

ANGLICARE'S mission is to support people to experience the fullness of life. The health and wellbeing of Tasmanians is an important element of this.

Anglicare is proud to support older people to remain living independently in their own homes and involved in their local community. Anglicare has been involved with the National Disability Insurance Scheme since it was first trialled and offers disability supports that best match people's goals and choices. It is also the state's most experienced preferred provider for the MAIB, providing specialised support for people following a motor vehicle accident.

With over 800 staff across Tasmania, Anglicare's team features allied health workers, a clinical team of nursing staff, and psychologists. Anglicare's support staff receive regular training about preventive health measures such as oral health, foot care, and nutrition and hydration for older adults. It can deliver support in people's homes around wound management, continence care, dementia assessment or managing medications.

Anglicare also offers tailored treatment for people wanting to address alcohol or other drug-related issues. This is funded by Primary Health Tasmania. Its mental health services include residential and recovery support services, and it is the lead agency for Partners in Recovery which supports people with severe and persistent mental illness who have multiple and complex needs.

Anglicare helps people to find and maintain housing, provides financial counselling, and assists people affected by gambling.

A not-for-profit organisation, Anglicare works in each region of the state. Guided by the values of hope, respect, justice and compassion, it has served Tasmanians for over 35 years. ■

CEO: Chris Jones
1800 243 232
connectsupport@anglicare-tas.org.au
www.anglicare-tas.org.au

AnglicareTAS
Choice, support and hope

HR+

HR+ exists to improve the health and wellbeing of Tasmanians, by supporting the recruitment and retention of health professionals in primary health care.

HR+ is funded by both the Australian and Tasmanian governments to ensure Tasmanian communities have access to the highest quality general practitioners and nursing and allied health professionals working in sustainable and viable practices.

It also provides support to people living with a disability who are accessing services under the National Disability Insurance Scheme. These services include plan management, coordination of supports and assistance to recruit and manage a team of support workers for those participants who choose this option.

While its scope includes all of Tasmania, HR+ maintains a principal focus on rural and remote areas where the line between a high quality service and no service at all is often a fine one.

It also provides a range of activities and programs including engaging with undergraduates to promote rural careers, supporting hospital-based doctors to experience general practice, offering a tailored marketing/recruitment/orientation and follow-up service, providing grants, facilitating continuing professional development events and supporting practice managers and other staff to ensure the administrative infrastructure is the best it can be. HR+ also manages the John Flynn Placement Program and the Health Workforce Scholarships Program in Tasmania on behalf of the Rural Workforce Agency Network.

HR+ works closely with Primary Health Tasmania to coordinate practice support activity and to collaborate on workforce planning. This ensures both organisations are using their skills and expertise in the right places at the right times. ■

CEO: Peter Barns
6332 8600
feedback@hrplustas.com.au
www.hrplustas.com.au

H+R | Improving the health & wellbeing of Tasmanians

Primary Health Tasmania has 33 Tier 1 members which are statewide health and social care organisations.
The full membership list is available at **www.primaryhealthtas.com.au/about-us/getting-involved**

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 healthcare 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

Phil Edmondson
Chief Executive Officer

Executive assistant: Donna Harman
Email pedmondson@primaryhealthtas.com.au
Phone (03) 6341 8700

Mark Broxton
General Manager – Service Solutions and Performance Management

Email mbroxton@primaryhealthtas.com.au
Phone (03) 6341 8700

Susan Powell
General Manager – Planning, Design and Evaluation

Email spowell@primaryhealthtas.com.au
Phone (03) 6213 8200

Scott McKay
General Manager – Business and Finance

Email smckay@primaryhealthtas.com.au
Phone (03) 6341 8700

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1300 653 169

info@primaryhealthtas.com.au
www.primaryhealthtas.com.au

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South / Central	Level 4, 15 Victoria Street, Hobart TAS 7000	**Phone** (03) 6213 8200
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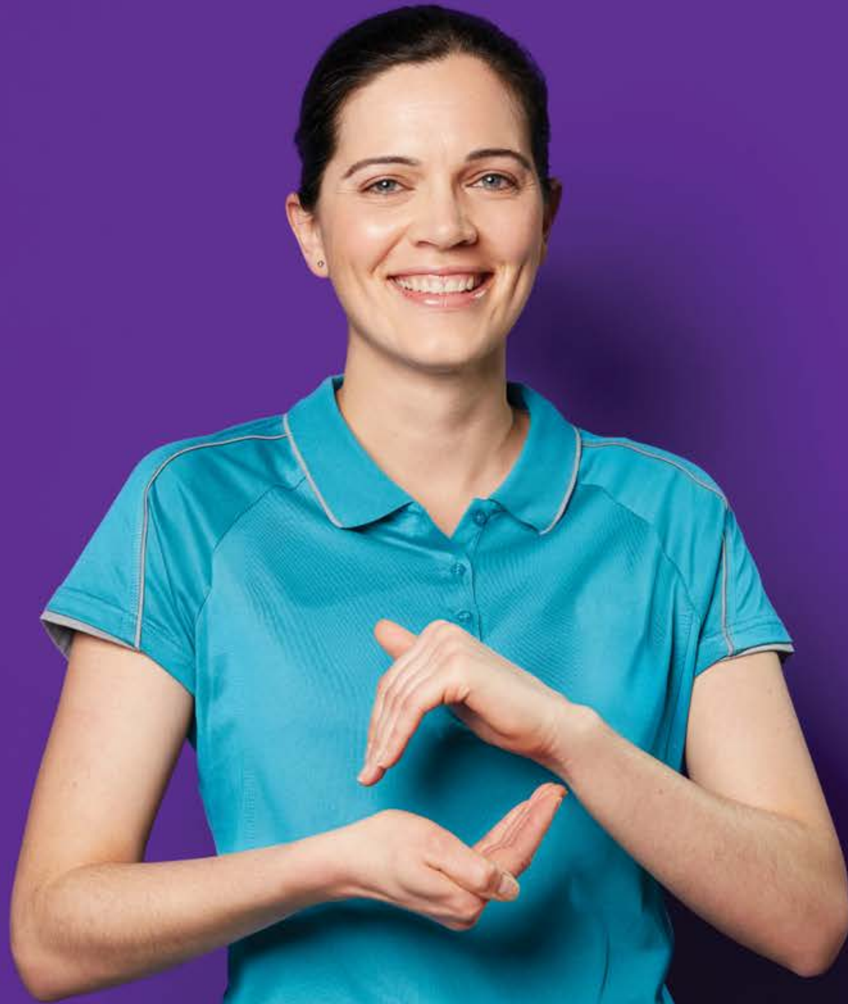

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