

PRIMARY

SUMMER 2017

# pulse



## Chasing the boom

PAGE 4

**phn**  
NORTH WESTERN  
MELBOURNE

An Australian Government Initiative

PAGE  
**6** Children  
and  
families

PAGE  
**12** Dying  
words

# A new voice for primary health care



Adj/Associate Professor  
Chris Carter | CEO

#### North Western Melbourne Primary Health Network (NWMPHN)

Website: [www.nwmpnh.org.au](http://www.nwmpnh.org.au)  
Telephone: (03) 9347 1188  
Email enquiries: [nwmpnh@nwmpnh.org.au](mailto:nwmpnh@nwmpnh.org.au)  
Fax: (03) 9347 7433

Street address:  
Level 1, 369 Royal Parade  
Parkville, Victoria 3052

Postal address:  
PO Box 139, Parkville, Victoria 3052  
ABN 93 153 323 436

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Welcome to issue four of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

**A**FTER MANY CHALLENGES, SUCCESSES and a whole lot of work, we've reached that time of the year again; a time when we will hopefully all have a chance to take a break and spend more time with our families and loved ones.

Our families are central to our health, for better and for worse. That's why we are investing substantial time and effort into identifying the key health issues facing families and children, and what role we can play in improving their health and wellbeing.

***"Of course, we also need to place equal importance on addressing the health issues people face as these long and happy lives draw to a close."***

The picture that is emerging is one of diverse needs and experiences with the health system in our region, depending on the area you live in and the community groups you belong to.

Access to quality healthcare services varies widely across our region, and despite efforts to address it, this remains a major source of health inequality. All children and families should have the same health opportunities, whether they live in the growth corridors of the outer west or the apartment towers of inner Melbourne.

The feature story starting on page four explores the challenges we all face to achieving this goal, but also highlights the work that is already happening to improve access and quality of care in the areas of greatest need.

What this work is revealing is that while existing maternal and early childhood health programs are a critical piece of the puzzle, we also need to take a broader view that encompasses youth mental health, school health, specialist care, capacity building and more to engender true and lasting change.

This more holistic approach to improving the health of families and children will give young people in our region the best start to what will hopefully be long, healthy and happy lives.

Of course, we also need to place equal importance on addressing the health issues people face as these long and happy lives draw to a close.

There is currently a lot of debate in the community and in Parliament about what decisions people should be allowed to make when their life is ending. What we are focused on is making sure that whatever options are available to people, they are fully aware of those options and have made their wishes known to their families, loved ones and health professionals.

The feature beginning on page 12 explores the issues around end-of-life care and how advance care planning can help guide both practitioners and patients through the process.

## *In this issue*

Remember that we are always here to help if you or your practice need personal support for this or any other topic – the contact details provided with each article will put you directly in touch with the relevant program officer at NWMPHN.

That's all from me for this issue, and for the year in Primary Pulse. I hope you've found the magazine informative and enjoyable and we look forward to returning with more primary health and PHN news, views and analysis in March 2018.

Wishing you all a safe and healthy festive season and a happy new year.



Australian Government

**phn**  
NORTH WESTERN  
MELBOURNE

An Australian Government Initiative



page 4 —  
**Chasing  
the boom**

page 6 —  
**Children and  
families —  
supported  
initiatives**

page 8 —  
**Commissioned  
services**

page 11 —  
**Profile: Pauline  
Petschel**

page 12 —  
**Dying words**

page 14 —  
**Out & about**

*Front cover - Chasing  
the boom*

# Chasing the boom

Rapid population growth in Melbourne's outer western and northern suburbs is presenting unique challenges for local health systems.

NEIGHBOURHOOD  
LEVEL



Dr Dan Uthman from Active Medical in Caroline Springs says some local families are missing out on health care.

**A** LITTLE OVER 20 YEARS AGO IN 1996, the City of Wyndham had a population of 73,695. While Wyndham stretches across a large part of Melbourne's south west, most of those 73,695 lived in the established centres of Werribee and Hoppers Crossing.

Places like Point Cook and Tarneit were barely suburbs with only around 650 residents each; just 56 people called Truganina home.

It's no secret that Wyndham, along with similar 'growth corridor' areas like Melton and Hume, has grown substantially since then, with the

population tripling to 230,000. But the growth in certain parts of the City has been nothing short of astronomical.

Approximately 35,000 people now live in Tarneit and 50,000 in Point Cook, a 50-fold and 76-fold increase respectively. 20,631 people now live in Truganina, an increase of nearly 37,000% in two decades. Meanwhile the populations of Werribee and Hoppers Crossing have increased by only 20–25% in the same period.

The concentration of growth in areas that effectively did not exist until recently is stretching the ability of the local health system to adapt. Child and family health services are particularly

under strain, with many new residents in the region either families with young children or young couples looking to start a family.

NWMPHN CEO Adj/Associate Professor Christopher Carter said getting timely access to quality health services can present serious challenges for families in the outer west and north.

"Population growth has been so rapid that health infrastructure development has been unable to keep up," A/Prof Carter said. "More services are being developed all the time, but many local families still face long wait times and/or substantial travel to access health care and advice.

"This can lead to people missing out on important services for themselves and their families, which can have a direct impact on health and other outcomes."

Raphael Sammut is the Practice Manager at Active Medical, a multi-disciplinary health centre in the heart of Caroline Springs, one of the earliest large scale urban developments in the City of Melton. He says local families often struggle to balance health needs with the demands of work and school.

"People don't want to miss out on health services, but they can't prioritise that necessarily above work or school all the time and that becomes a conflict," Mr Sammut said.

"The demand is always for appointments first of all after school, and then after work. If patients can get in and they don't have to pull their kids out of school or take time off work that's always a priority."

Active Medical has recently received a grant from NWMPHN to extend their services further into the after hours period, helping the local health system to better reflect community needs.

Mr Sammut said having extended service hours would make it easier for all families to stay up to date with their health, especially those with specific health needs.

"You can't say to a patient it's going to take five visits for your family to get caught up on your immunisations, but we need your child to miss out on school each time," Mr Sammut said.

"So we need to be able to increase our services to make it all work and complement work and school requirements."

The importance of finding ways to improve access and support better family and child health outcomes in our region is reflected by children and families being one of the principle areas of focus for the Better Health Plan for the West (BHP4W).

NWMPHN is the auspice organisation for BHP4W, which is a partnership between health and government organisations working collectively to deliver better health and improved wellbeing with people and communities in Melbourne's west.

"The partnership recognises that not all children have access to the same positive living and learning

environments as others, often because of their socio-economic circumstances," A/Prof Carter said. "This disparity puts some children at greater risk of health, social and economic disadvantage throughout their lives."

Key priority areas for potential future work include addressing the burden of developmental delay, mental health and family violence, with a need for coordinated activities to strengthen and integrate the health system to better meet the health and development needs of all children and families in our region.

A recent health profile of children and families in the NWMPHN region highlights some of the challenges facing the partnership, with high levels of several health risk factors for children in Wyndham, Hume and Melton.

Childhood obesity rates are between 25 and 40% higher than national averages, while breastfeeding rates and adequate intake of fruit are low. Reported family violence incidents are also substantially higher than the Victorian average in both Hume and Melton.

The 2015 Australian Early Development Census show the issues extend beyond health. Results for the Census are recorded across five developmental domains, with children considered vulnerable in a domain if their results are in the bottom 10%.

Hume, Wyndham and to a lesser extent Melton all had substantially higher proportion of children classified as vulnerable in at least one developmental domain than the Victorian average.

Physical health and wellbeing and social competence were consistently among the most concerning results for children across the growth corridor region, two developmental domains that could clearly be affected by not engaging regularly with health and social services.

Active Medical GP Dr Dan Uthman (*pictured*) said that as well as limited access, lack of engagement with general practice and maternal and child health services may be due to a preconception that services will be unavailable.

"I've had a few patients in the last week that were surprised that they got appointments the same day," Dr Uthman said. "Around 50% of patients just want to get an appointment the same day and they think that's not feasible, because when they call other practices they tell them they are booked out."

***"You can't say to a patient it's going to take five visits for your family to get caught up on your immunisations, but we need your daughter to miss out on school each time."***

"They want to see a doctor but they think 'well, they are all booked out, I can't see the doctor so maybe I'll do it later'. And later will never come."

Supporting existing and new health services to better connect with their community and absorb the growing demand will only become more important as the population continues to grow. The number of young people under 17 is expected to nearly double in the growth corridor areas by 2031.

"With 94 babies being born every day in Wyndham alone, this is an issue that isn't going to go away anytime soon," A/Prof Carter said.

"That's why we need a coordinated approach between service providers, funders, governments and the community to make sure everyone is able to get access to the care they need for their family, regardless of where they live in our region."

*For more information on child and family health, please contact Cherie Salmon on 03 9347 1188 or [cherie.salmon@nwmpnhn.org.au](mailto:cherie.salmon@nwmpnhn.org.au)*

# Children and families

Supported initiatives

Nurse Jeanette George (left) helps run school holiday health clinics for refugee and asylum seeker families.

NEIGHBOURHOOD LEVEL



Helping improve health outcomes for children and families is a core area of focus for NWMPHN. This suite of supported initiatives represents the steps we have already taken to support positive change in our region.

## Youth mental health and wellbeing

**M**ENTAL HEALTH IS THE MOST CRITICAL health issue for young people right across Australia. In our region, NWMPHN is supporting a wide range of services and programs to help young people stay mentally well and connected to their community.

These include new service partnerships targeting first episode youth psychosis; face-to-face, phone based and online counselling and support through CAREinMIND™; and the establishment of a new headspace centre serving Melton and the surrounding region.

The youth psychosis service partnerships each focus on a different at-risk group of young people, including young Aboriginal people, those who are homeless or at risk of homelessness, and 12–14 years old experiencing psychosis for the first time.

North Western Melbourne PHN CEO Adj/Associate Professor Christopher Carter said the \$1.5m for the partnerships is the first Commonwealth funding targeted specifically towards treating youth psychosis locally in Melbourne's north and west.

"These services are all about improving access to treatment for young people at a real crisis point," A/Prof Carter said. "By using techniques like assertive outreach and telehealth we can help those people get assistance that works for them."

The new headspace centre in Melton will also provide a much-needed boost for youth mental health in the region when it opens next year.

headspace offers early intervention services for 12 to 25 year olds across the key areas of mental health; related

physical health; social and vocational support; and alcohol and other drug use.

A/Prof Carter said establishing the new service was an important step towards addressing high mental health needs in Melton.

"Melton has the highest rates of psychological distress of any local government area in Victoria, with 20.7% of people reporting high or very high psychological distress – nearly double the state average," A/Prof Carter said.

*For more information on our mental health programs visit [nwmpnhn.org.au/priority-area/mental-health/](http://nwmpnhn.org.au/priority-area/mental-health/)*

## Doctors in Secondary Schools program

NWMPHN is currently recruiting for the third stage of the Doctors in Secondary Schools program, which places GPs and practice nurses into local



secondary schools to help boost health access and outcomes for students.

Both GPs and practice nurses need to be part of an accredited practice, with a strong preference for health professionals with interest and experience in adolescent health.

Students can make appointments to see the GP just as they would outside of school, but without having to take extra time out of class or work around their parents schedules to do so. 'Drop in' times are also often available, letting students come to the GP as needed. All appointments are bulk-billed.

Dr Erin Gordon provides GP services at Mount Alexander College (MAC) in Flemington for four hours each Tuesday morning. Dr Gordon said the whole school community has welcomed her and the program.

"It's a pretty amazing opportunity and I think we are really privileged to be able to be a part of the school community," she said.

DISS program funding guarantees pay for the GPs involved whether they are seeing students or not, but there hasn't been any problem filling the appointment book at MAC.

"We've probably been seeing around 12-14 young people each session, and that's just in the four hours that I'm here and then Amelia sees other young people during the time that she's here," Dr Gordon said.

*For more information about the program, available positions and participating schools, please contact Lisa Nottelmann on 03 9347 1188 or [diss@nwmpnh.org.au](mailto:diss@nwmpnh.org.au).*

### Tiny Hearts First Aid

NWMPHN is funding infant and toddler first aid training sessions for parents and parents-to-be at various locations in Melbourne's northern and western suburbs, running until mid-2018.

Run by Tiny Hearts First Aid, the 3.5 hour sessions will teach parents how to respond to a range of medical situations, from choking, to burns, allergies, injuries, drowning and more, as well as including infant, child and adult CPR.

"The program also provides parents with an understanding of what health care options are available, particularly in the after-hours timeframe," Tiny Hearts CEO Nikki Jurcutz said.

"The program aims to enhance the knowledge, skills and confidence of parents to make more informed and appropriate decisions when it comes to the health of their children."

NWMPHN is funding 1500 free tickets for the first aid workshops, with 12 dates and times available to ensure as many people as possible can attend. Participants will also receive ongoing support to manage their child's health through the Tiny Hearts app.

Parent and carers who live in the NWMPHN region can register their interest for the training sessions at [tinyheartsfirstaid.com/northwestmelbourne](http://tinyheartsfirstaid.com/northwestmelbourne)

### Refugee school holiday clinics

Supported by NWMPHN, cohealth in Fitzroy will be helping improve child and family health among some of our most

vulnerable communities by running school holiday clinics for refugee and asylum seeker families throughout 2018.

One in every 10 patients at cohealth Fitzroy identifies as a refugee or asylum seeker, and with appointments for large family groups difficult to accommodate outside of school hours the school holiday program enables non-urgent health screening at a convenient time.

Specialised nurses and support workers assess physical and mental health needs, check for vitamin D and iron deficiencies, and give catch up vaccinations.

They also help people find nutrition advice, dental services, and other health and social services such as maternal and child health and housing.

Nurse Jeanette George (*pictured*) from cohealth said the holiday sessions "helped staff build relationships with local families and identify children who could benefit from early intervention services and follow up visits".

cohealth Fitzroy provides specialist health services for refugee and asylum seekers and interpreters can be arranged to support people who need them.

*For more information, call cohealth Fitzroy on 9411 3555 and ask for the Refugee Health Nurse or go to: [cohealth.org.au/health-services/refugee-health/](http://cohealth.org.au/health-services/refugee-health/)*

**"Melton has the highest rates of psychological distress of any local government area in Victoria, with 20.7% of people reporting high or very high psychological distress – nearly double the state average."**

# Commissioned Services: 2017 highlights

## Improving health literacy through bicultural workers

### Type

Refugee health

### Where is it?

Hume, Brimbank and Melton

### Funding

\$300,000

## Tackling high rates of hepatitis B and C

### Type

Blood borne viruses

### Where is it?

Brimbank, Maribyrnong, Hume, Melbourne

### Funding

\$250,000 across six programs

## Alcohol and Drug Services

### Type

AoD

### Where is it?

Hume, Wyndham, Melton, Brimbank, Moorabool

### Funding

\$2.4m total across four services

## CareFirst chronic disease management

### Type

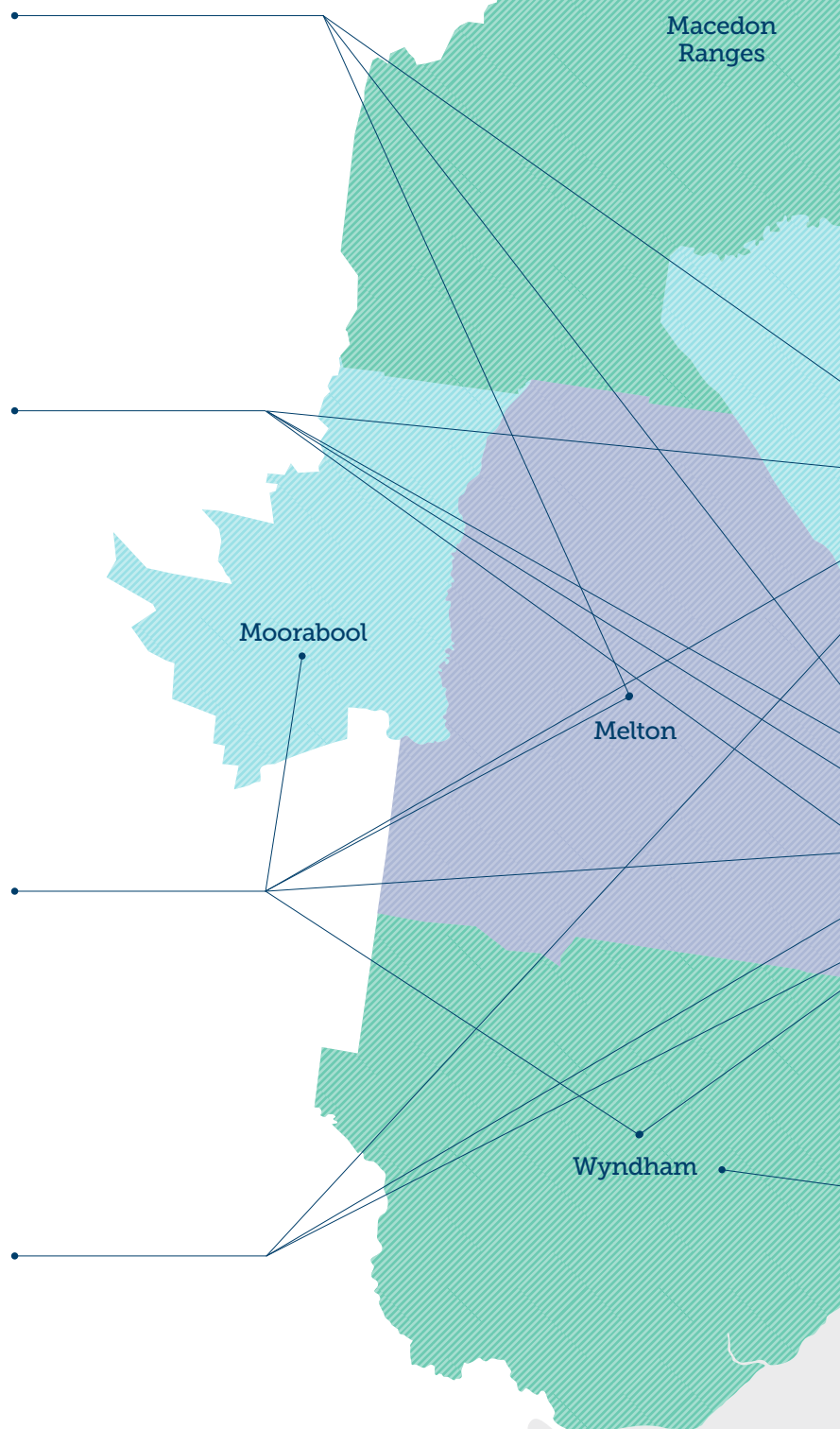
Chronic disease

### Where is it?

Brimbank, Hume, Moreland

### Funding

\$1m





### Wellbeing Support Services - On the Line

**Type**

Mental Health – Wellbeing Support

**Where is it?**

Across the region

**Funding**

\$225,000

### Youth Intensive Support

**Type**

Mental health

**Where is it?**

Various, including CBD and via telehealth

**Funding**

\$1.5m across three services

### Improving Access to After Hours Primary Care Services

**Type**

After Hours

**Where is it?**

Various across the region

**Funding**

\$2.3m

### Improving access to palliative care for Residential Aged Care Facilities

**Type**

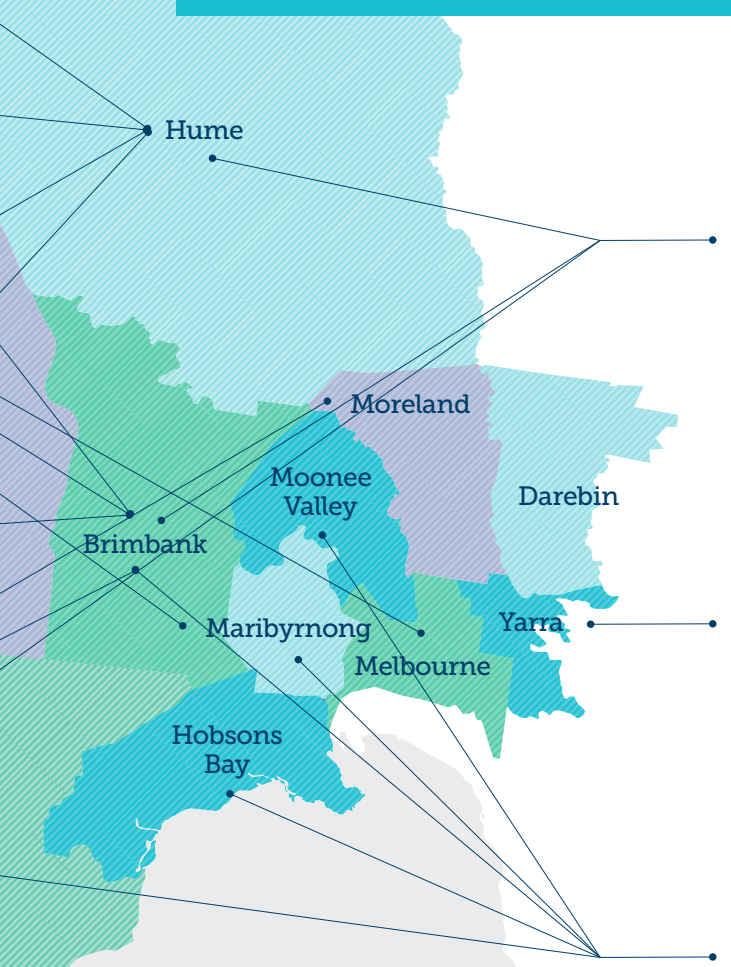
Older Adults

**Where is it?**

Across the region

**Funding**

\$250,000



### Intensive Support Service - Mental Health Nurse Trial

**Type**

Mental Health – Intensive Support

**Where is it?**

Hume, Brimbank and Wyndham

**Funding**

\$127,000

### Reaching Out

**Type**

AoD

**Where is it?**

Fitzroy (Yarra)

**Funding**

\$796,000

### Doctors in Secondary Schools (DISS)

**Type**

Children and Families

**Where is it?**

Moonee Valley, Maribyrnong, Brimbank, Hobsons Bay, Wyndham

**Funding**

\$278,000

# Are you a GP looking to help young people live a healthier life?



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and Training



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[www.education.vic.gov.au/about/programs/health/Pages/doctors-secondary-schools.aspx](http://www.education.vic.gov.au/about/programs/health/Pages/doctors-secondary-schools.aspx)

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VICTORIAN  
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# Pauline Petschel

In this issue we speak to Maternal and Child Health Nurse Pauline Petschel about her passion for maternal and child health and integration with general practice.



## **Tell us something about yourself and the work that you do for Wyndham City Council?**

I've been coordinating the Maternal and Child Health and Wellness Team at Wyndham City Council for the past eight years. I originally come from country Victoria, and when you're a maternal and child health nurse in the country you're very important. However here in Wyndham you get the advantage of multiculturalism. You see the most beautiful babies from all around the world, and it really is a rewarding job. No day is the same.

## **What do you enjoy most about your work?**

I'm a bit of a change agent, I like to look at how we do things and how we can do them better. I also enjoy bringing the team along with the changes that inevitably happen, and being open to any suggestions about what we could be doing better. For example, the work that we're doing with NWMPHN in integrating maternal and child health into general practices.

## **Tell us about your role in implementing the project 'Integrating Early Years Health Care in to General Practice'?**

The philosophy here in Wyndham is that we would like to have a one point of entry for families to access all services. Our premise for wanting to integrate maternal and child health into Tarneit general practices is that there is a significant number of families that don't access the service.

We have a lot of local families that don't understand what we provide, and believe that you only go to a doctor if you're sick. Due to our service being on a wellness model, it's difficult for some families to understand the concept of checking on their child's development.

We are now giving the nurses that work from the maternal and child health offices in Tarneit the opportunity to work out of a general practice, and if someone contacts the practice for an appointment for a child that is under 5 years old, the receptionist can prompt them to see a maternal and child health nurse at the practice itself.

This also provides the advantage of the nurse being able to put the child straight through to a GP if they identify a problem. It would be magic if we could get this to work, not just from our point of view but from our clients' point of view as well.

## **What has your experience partnering with NWMPHN on this project been like?**

Partnering with NWMPHN has been great, and I am also on their clinical council which is very interesting. I can make things happen, I'm an enabler, however I'm not too good with administration, so this has been a great partnership.

It has been inspiring meeting with the general practices and experiencing their enthusiasm for the project, there is obviously an appetite for a project like this out there. All in all, I'm sure there will be some challenges, but we're up for it.

# Dying words

How can we help people plan for their future health care and the end of their lives, when death and dying remain such taboo topics in Australia?

NEIGHBOURHOOD  
LEVEL



## **I**N THE END, WE ALL HAVE TO GO.

But it can seem at times that people would rather die than talk about death.

It's hard to draw any other conclusion when statistics show that 75% of us have not had end of life discussions, despite 60% of people thinking we don't talk about death enough.

This hesitancy has real life consequences. Studies show that around half of all Australians don't have a valid will, meaning they have no control over how their assets will be distributed after they die.

Rules have just changed in Victoria meaning in most cases a person's domestic partner will receive their entire estate if they die without a will. While this could make the process clearer and easier for partners, there's no guarantee that it will reflect the wishes of the person who has died.

The financial implications of not planning for death are relatively clear,

even if many people still do not act to prevent them. But avoiding end of life planning can also have serious health consequences. And unlike the problems caused by not having a legally binding will, the person will still be around to endure them.

As most health practitioners would know, when a person loses the capacity to participate in decision making discussions around their own health care those decisions must be made by their loved ones and the people treating them.

North Western Melbourne Primary Health Networks CEO Adj/Associate Professor Christopher Carter said that in many cases this meant making decisions without knowing what the person receiving care would want.

"This can add a huge amount of stress to what is often already a very difficult time," A/Prof Carter said.

"Loved ones may struggle to make decisions for fear of making the wrong

choice, or they may make decisions based on their own preferences and beliefs, which may be different to the person receiving care.

"This can also create conflict with other loved ones who have a different opinion, and make it difficult for health professionals to provide the best care in a timely way."

Advance care planning can help avoid this situation, by letting a person's loved ones and doctors know their medical decisions and treat them accordingly when they are no longer able to voice these decisions.

Just as a will is a clear means to provide financial clarity after death, advance care planning is a crucial way to minimise confusion and conflict around health choices while a person is still alive.

From 12 March 2018 a particular type of written advance care plan known as an advance care directive (ACD) will become legally binding in Victoria.

Under the new legislation, ACDs will allow a person to:

- › Make an instructional directive (which will provide specific directives about treatment a person consents to or refuses).
- › Make a values directive, which will describe a person's views and values. A medical treatment decision maker (MTDM) and health practitioners will be required to give effect to a values directive.
- › Appoint a medical treatment decision maker (who will make decisions on behalf of a person when they no longer have decision making capacity).
- › Appoint a support person (who will assist a person to make decisions for themselves, by collecting and interpreting information or assisting the person to communicate their decisions).
- › In the event of a patient not having decision making capacity medical practitioners will be obliged to make reasonable efforts to locate an ACD and the patients' MTDM

The new laws aim to reduce confusion around end of life care, with clear obligations for health practitioners and any nominated MTDMs caring for people who do not have decision making capacity.

However while advance care planning has clear benefits and will soon be backed by legislation, very few people are doing it. Less than 10% of people currently have an ACD in place before they die.

As the Advance Care Planning Manager at the Royal Melbourne Hospital, Jo-Anne Slee's role is to promote the use of advance care planning in the hospital context. She says people have different motivations for planning for their future care, which need to be taken into account when trying to improve uptake.

"For some people it is about 'autonomy' – a continuation of them making their own decisions once the capacity to do that has been lost," Ms Slee said. "For many others it is about 'relieving burden' on family and loved ones – making it easier for them to know and understand the person's wishes.

"I have definitely had people express immense relief to have discussed and documented their values, beliefs and preferences – something less for everyone to have to worry about in a time of crisis."

Ms Slee said there is support available for people who want to make an advance care plan, and for practitioners who want to help more of their patients go through the process.

"There are lots of resources available to help people reflect on what's important to them, discuss their values and preferences with loved ones and document these in some way."

A/Prof Carter said health practitioners have a key role to play in getting more people to think about their future health needs.

"Health practitioners are constantly having conversations with people about how their health is now, and how it has been in the past. Turning some of those conversations to the future is a simple step that could have a powerful impact.

"It's a win-win for practitioners – they get the clarity they need to provide the most appropriate care, and the person gets peace of mind that their wishes and values will be respected."

Starting these conversations doesn't have to be hard—it can be as simple as asking who they would appoint to make decisions for them when they are unable to do so. And the earlier and more often we do that the greater chance everyone has of living, and dying, on their own terms as much as possible.

In the end, isn't that what we all deserve?

*For more information on advance care planning, please contact Margo Roest on 03 9347 1188 or [margo.roest@nwmphn.org.au](mailto:margo.roest@nwmphn.org.au)*

## Focus on: Palliative Care

Increasing uptake of advance care planning is likely to significantly enhance patient and practitioner experience, but planning and expressing preferences for end of life care is only one side of the equation.

Improving access and coordination of palliative care is also required to make fulfilling many of these plans possible, and to allow people to receive the right care, at the right time and in their preferred location.

A key point of disconnect is between discharge from hospital and palliative care engagement once home. This disconnect can be in communication between services, but also in the communication between health care providers and the patient regarding goals of care—acknowledging and discussing the terminal phase of care.

NWMPHN is working with palliative care providers to improve mechanisms for communication and coordination, to smooth these transitions and improve consistency of care.

Some primary care practitioners have indicated that although they have a strong interest in palliative/end of life care, it

is not part of their regular work, and so have voiced concern regarding their level of understanding of how to best care for a palliative patient.

NWMPHN has been working hard to help support these practitioners with the development of resources and tools to support them in their care provision

There is a comprehensive suite of palliative care management and referral pathways available through HealthPathways Melbourne, including pathways covering symptom control, pain management and emergencies, as well as contact details for local palliative services.

Regular training is also being provided for practitioners in our region to improve their palliative care awareness and knowledge, as well as to help them implement strategies for communicating with all their patients and their families about prognosis, goals and preferences for care.

*For more information on palliative care please contact Kerrie Cunningham on 03 9347 1188 or [kerrie.cunningham@nwmphn.org.au](mailto:kerrie.cunningham@nwmphn.org.au)*

# Out & about



## Brimbank and Melton Suicide Prevention Project launch

**L–R:** NWMPHN CEO Adj/A/Prof Christopher Carter, Melissa Yu from Roses in the Ocean, Wesley LifeForce group manager Tony Cassidy, Melton mayor Sophie Ramsey, NWMPHN Chair Dr Ines Rio and Brimbank mayor John Hedditch.

*Health and community service organisations and the local community turned out in force for the launch of the Brimbank and Melton Suicide Prevention Project.*

*The project will see Wesley LifeForce establish a community-led support network covering Brimbank and Melton, which will direct locally appropriate responses to counter the elevated risk of suicide in the region.*

*Brimbank Mayor Cr John Hedditch and Melton Mayor Cr Sophie Ramsey both spoke about the importance of the project to their communities, and Melissa Yu from Roses in the Ocean shared her own experience of suicide to show how community awareness and support is crucial.*

*The launch was followed by the first community consultation session for the project, which will run for the next four years.*

## Children and Families



NWMPHN staff running the event included Cherie Salmon (furthest at left) and Maggie Arnold (second from right)

Five general practices from Tarneit and Truganina recently came together with the City of Wyndham Maternal and Child Health Service to co-design the model of care for integration of maternal and child health into primary care. The group came up with some great ideas which will help guide the process of giving local families better access to child health and development services.

## Demystifying Palliative Care over Brunch

Palliative care experts including Dr Annie Chiu (pictured right) gave GPs an overview of the area and the latest developments, in a relaxed environment over brunch at Werribee Mansion.

The education session was part of a project to improve coordination of care for patients requiring palliative care through building capacity and improving networks between GPs and specialist palliative care services.



## RMH Virtual Fracture Clinic



Senior members of the Royal Melbourne Hospital Orthopaedic Trauma team, including Thomas Treseder (pictured left), took GPs and other health professionals through the latest in best-practice fracture management at a recent evening training session. The session was highly interactive, with a series of consultant led presentations and case studies and workshopping of fracture management scenarios and questions.

***Improving  
health outcomes  
for everyone in  
our community***