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WINTER 2019

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Going beyond consultation



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Acknowledgments

North Western Melbourne PHN acknowledges the people of the Kulin Nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their elders – past, present and emerging.

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Editor: Jeremy Kennett

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Welcome to issue 10 of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

We believe person-centred care has the greatest potential to achieve the quadruple aim – better health outcomes, better patient and practitioner experience, alongside improved efficiency and sustainability.

We're also staunch supporters of community participation and engagement when it comes to commissioning health services and programs. After all, it's difficult to create a person-centred health system without asking people what they want and need.

We engage with our community in a multitude of ways, from the Community Advisory Council that informs our Board and Executive, to the numerous formal and informal groups that help us design services. Then there are the thousands of subscribers and followers that communicate with us through our social media and newsletters; and our People Bank, a growing group of local community members helping us to improve health in our region.

The value we get from this engagement is immense and we could not be more grateful to everyone who gives us their time and passion to help make the services we fund more inclusive, responsive and effective.

“Getting a better understanding of our community benefits everyone in the health system ... The more you know about the community, the better you can serve them.”

But as we work ever harder to create and promote the person-centred care model, we have to ask ourselves: is engagement and consultation enough? Is it delivering the outcomes that both we and the community need it to? And if not, what more can we do?

In this issue we examine the benefits and challenges of community engagement, looking at how our organisation and others are working to better include the community in the design, delivery and evaluation of health services. We check in on the successes and challenges faced by community-developed activities, such as our LGBTIQ suicide prevention trial. And we look at some innovative new models of community engagement, which are moving the action out of the boardrooms and onto the streets.

In this issue

Whatever way you do it, community participation is good for us all. Creating stronger relationships and getting a better understanding of our community benefits everyone in the health system, from large health organisations and service providers right through to sole-GP practices. The more you know about the community, the better you can serve them. And a well-served community means better health outcomes and a stronger system for everyone.

Stay warm and healthy this winter. Don't forget you can sign up to all of our communications, including our new general practice newsletter, at www.nwmpn.org.au/subscribe You can also register your interest to join our People Bank at www.nwmpn.org.au/working-with-our-community

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Left: Dying Well Community Panel participant Nora Refahi.

Front cover: Maria Magno is boosting cancer screening in her community.

Photos: John Donegan

More than talk

Jeremy Kennett

Far from the days of 'doctor knows best', it would now be hard to find a health organisation without some type of formal community engagement mechanism. But while there is more consultation than ever before, consumers report the system is still often failing to respond to their needs. It begs the question: are current approaches to community consultation working?

A S CEO OF THE HEALTH ISSUES Centre, which has the tagline 'Consumer Voices for Better Healthcare', Danny Vadasz is a champion of the power and impact of community engagement. But after a recent period of organisation wide self-analysis, Mr Vadasz said it became apparent there were inherent limitations with existing models of community consultation.

"We've spent 30 years recruiting interested consumers and developing their capacity to participate in advisory committees and other formal roles," Mr Vadasz said. "But what's become inescapable is that the cohort that we're dealing with is pretty narrowly defined."

Consumer representatives are almost always retired, tertiary educated women, with backgrounds in health, education or the public service, according to Mr Vadasz.

"That's not to criticise those people. But it's to say we're having conversations with a very narrow band. And with all the best intentions in the world, they do not have the

capacity to represent the views of the rest of the 99% of the population who don't fit into that categorisation."

Data from the International Association for Public Participation shows community participation can drive positive impacts in health, when it is done well. This includes:

- › Improved experiences of care
- › Lower risks of post-treatment complications and reduced hospital and medical visits
- › Increased quality and safety of services
- › More responsive services and better outcomes

NWMPHN CEO Adjunct Associate Professor Christopher Carter says the potential positive outcomes, combined with a strong belief that communities have the right to influence decisions that impact their health, makes community engagement core to all PHN activities.

But he also acknowledges the organisation's approach needs to

evolve to meet the changing needs and preferences of health consumers and our diverse communities.

"The challenge now is to find ways to move beyond the standard approach to participation," A/Prof Carter said. "We need to engage the people and groups who haven't always had the opportunity to be involved and then give them real opportunities to help us create a truly person-centred health system."

As a long-standing member of NWMPHN's Community Advisory Council, Mr Vadasz has been helping the organisation develop a new community engagement plan to better connect with the many different communities in our region.

"We are now actively adjusting our approach to community participation, and the advice and support of Danny and others on our councils has been critical to this process," A/Prof Carter said. "This includes changes to how we consult, engage and co-design at each step of our commissioning cycle."

"We understand it will take some time for these changes to start having an



Health Issues Centre CEO Danny Vadasz says many people in the community are missing out on having their say.

Photo: John Donegan.

impact, but we are committed to giving our community new and more effective ways to engage with us.”

One key push is for consumer participation to become less about feedback and review and more about creating and tailoring the health services they receive.

Jenny Ryan, Director of Maternity Services at the Royal Women’s Hospital, says the benefits of consumer participation have grown as consumers have been able to become more actively involved in design and delivery of services.

An example is in the restructuring of their pregnancy clinic, which Ms Ryan is working on with a consumer partner through NWMPHN’s Collaborative Pairs program.

“To have her input on what suits the woman who wants to have her baby at the Women’s, what time the clinic is available, what is important to women when they come to the hospital for pregnancy care [is invaluable],” Ms Ryan said.

“We as health providers think we know it all. But it’s really important for the consumer to have their input and to give a different lens.”

This active approach to community participation can also encompass consumers developing reports and recommendations for organisational or government action, or even directly delivering services or support to their own community.

While welcoming a more meaningful role for consumers in health design and delivery, Mr Vadasz says the focus also needs to be on ensuring as many people as possible are able to contribute.

“Community participation models should recognise that not everyone has the skills, time or inclination to participate at all points along the way to decision making – nor are there enough seats at the table to include more than a few in the final decision,” he said.

“That should not preclude any consumer from expressing their needs, concerns and aspirations nor

from influencing the final decisions made on their behalf.”

Like our health system, community engagement and participation are quickly evolving, with a range of individual and adaptable approaches taking precedence over a ‘one-size fits all’ model. So perhaps ‘are current approaches to community consultation working?’ is not the right question to ask.

Instead we need to keep asking what are the best community engagement tools for our projects and practice, and then tailor our approach to ensure we deliver the best health outcomes and experiences possible.

“Community engagement isn’t going to become any less important in the health system of the future,” A/Prof Carter said. “It’s incumbent upon us, as designers, providers and funders in the health system, to find the most effective and inclusive ways to make it work.”

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Participation in action



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Participation in action

Dying Well Community Forum

It was the promise of a more active and tangible approach to engagement that inspired local health consumer Nora Refahi to get involved in the Dying Well Community Forum, run by NWMPHN towards the end of 2018.

“It was an amazing opportunity for me to share my knowledge and experience professionally, and also personally.”

The Dying Well forum didn’t just ask consumers what they thought about palliative and end of life care programs. It asked them to define

what ‘dying well’ meant to them, and then to write a report with actionable recommendations to make that concept a reality.

For Ms Refahi, who has been involved in palliative care as a carer for her father and as a volunteer, the experience was a revelation.

“That was one of the best experiences of my life,” Ms Refahi said. “It was so inclusive. It was a group of people that came together in our world consistently committed . . . to basically work at outcomes for the same issues.

“I’m passionate, passionate, passionate about palliative care and it was an amazing opportunity for me to share my knowledge and experience professionally, and also personally.”

Over the course of several days participants worked together to create and debate proposals for improving end of life care and related topics, with the help of an experienced group of facilitators. Their final report was written during the forum itself, and later presented to the NWMPHN executive for action.

Following further exploration and assessment of the Community Panel Report, NWMPHN has prioritised six of the Panel’s recommendations covering recruitment and training, education and communication, access to medication and care

options and helping Aboriginal and Torres Strait Islander people experience end of life care with dignity and cultural respect.

NWMPHN is collaborating with subject matter experts and the community to plan and deliver activity that responds to each of the six recommendations.

NWMPHN Executive Director of Systems Craig Walker said it was not only the recommendations in the Dying Well report, but the passion and engagement of community participants that had the most impact.

“Seeing something that’s gone from the scoping stage, right through the process, to then see people still passionate at the end, still wanting to talk about the project, the learnings, the impact of where it could be taken to, that was probably the key piece for me,” Mr Walker said.

Mr Walker said the experience has inspired him to look at how consumer engagement can work not only in designing services, but also in shaping the process that underpins how, when and why we commission those services.

“I think that’s a fantastic initiative and it would be a good approach to be able to do that. Because once again, particularly on some of the topics that we need to get consultation on,



the standard consultation models probably don't work.

"So you need to take a step back and ask how do we engage a more diverse range of attitudes and opinions? What's the best method to build an inclusive engagement process?"

Collaborative Pairs

Another project taking a different approach to building the engagement process is Collaborative Pairs, which reframes consumer engagement as a direct, one-on-one partnership between individual health consumers and health professionals.

A consumer and a provider take part in the program as a pair, working together on a shared challenge, project or idea to improve health care in north western Melbourne. The program focuses on the relationship between the pairs and building the skills needed to work together.

Jenny Ryan, Director of Maternity Services at the Royal Women's Hospital, says the experience of working with her consumer 'pair', Briony Swart, has reinforced the need to be inclusive and consultative when delivering health services.

"Language is really important," Ms Ryan said. "Instead of the health care workers saying, 'well, this is what you have to do, this is what we do here', it's about inviting them into a

conversation and saying, 'well, this is what I would recommend. How do you feel about this?'

"We certainly have the principles that guide us in health, like putting the consumer at the centre, making sure you practice evidence-based medicine, making sure you're achieving the optimal clinical outcomes. But at the same time, you've got to give women choice. And unless we know what they want, we can't even offer them a choice."

Ms Swart said working with the Royal Woman's Hospital through Collaborative Pairs has given her the chance to give something back to the organisation, after receiving substantial and complex care at the hospital through her pregnancies.

"I think I've used the pregnancy pathway at the Women's from both being ... really easy and low risk, through to high risk and difficult and still experiencing great quality from either angle," Ms Swart said.

"I think the recognition that I have a lot to offer from those personal experiences as a patient is fantastic. And I think we should see more of that in all industries.

"To me, it just makes sense. There's a wealth of knowledge and opinions and valuable contribution from people who have struggled through health troubles, but also who've experienced the good side."

Community-Led Cancer Screening

With a range of activities now moving consumer engagement past consultation and into co-design and development, a project like the Community-led Cancer Screening Project could be the next logical step.

As part of the project, local communities in Brimbank and Wyndham have been engaged to identify barriers to screening and prioritise and co-design intensive community-based activities to improve cancer-screening rates. The project is particularly focused on improving screening rates for Culturally and Linguistically Diverse

and Aboriginal and Torres Strait Islander communities.

But Brimbank local Maria Magno wasn't just involved in the design of the project – she is delivering it out in her local community.

"When we go to the Filipino store, when we go to the choir or the play group, they can personally relate to me because I'm Filipino," Ms Magno said. "They are more comfortable talking to me about their difficulties or about their questions regarding cancer screening, and at the same time, it's easier for me to approach them too."

Like her fellow health consumer Briony Swart, Ms Magno believes community members are a great and underused resource that can help health professionals and programs better meet the needs of their patients.

"It's different when you're just thinking about the project," Ms Magno said. "But when you actually look at which community you want to touch, you want to know more about them and see how it's actually going to work. And that's where I think having someone from whatever background that is part of the design and implementation of the project can really help."



Brimbank local Maria Magno (left) is working with NWMPHN's Jarnia Cameron to increase cancer screening rates in the Filipino community.

Photo: John Donegan

Susan Cadman is looking forward to working with local LGBTIQ groups and advocates to prevent suicide.
Photo: John Donegan



Trialling change

NORTH WESTERN MELBOURNE PRIMARY

Health Network's LGBTIQ suicide prevention trial is moving into an exciting new phase as a range of commissioned services and activities become operational.

These include delivering frontline training for GPs, nurses, hospital staff and receptionists in creating LGBTIQ-friendly health environments and providing comprehensive after-care for people who have attempted suicide. The trial is also supporting LGBTIQ elders to become mentors for young people and their families through their coming out journey.

Newly appointed Program Officer for Suicide Prevention Activities, Susan Cadman, said the organisations providing these interventions include Mind Australia, Drummond Street Services, Thorne Harbour Health and Livingworks.

"These providers are all members of the LGBTIQ community and are very involved in work surrounding the community, so they have a lot of experience and are going to do really great work," Ms Cadman said.

A lot of the credit for developing the innovative range of services rests with the NWMPHN LGBTIQ Suicide Prevention Taskforce, made up of representatives of LGBTIQ

"Suicide is a very sensitive space ... so it's nice to be able to invest in a proactive approach through prevention."

organisations and advocacy bodies, along with those with lived experience of suicide.

The taskforce has played a pivotal role in guiding NWMPHN through planning and designing the trial, providing valuable knowledge and insight on the needs and experiences of both consumers and service providers.

Ms Cadman said she is looking forward to working with the taskforce to further develop the trial activities, having recently moved back to Melbourne after 12 years at the Department of Health in Canberra.

"I am very aware of suicide prevention and suicide rates within the LGBTIQ cohort and was really pleased to find a role that focused on addressing these issues," Ms Cadman said.

"Suicide is quite a difficult area and a very sensitive space, so it's nice to be able to focus on and invest

in a proactive approach through prevention."

NWMPHN's LGBTIQ suicide prevention trial is one of 12 across the country taking a population-based approach to suicide prevention, as part of the Federal Government's National Suicide Prevention Trial.

With still a year left to go of the trial, the taskforce will be coming together again in the coming months to strengthen partnerships with the LGBTIQ sector and consumers to establish an innovative approach to suicide prevention and build strong sustainable relationships.

NWMPHN will also be commissioning more activities, focusing on media campaigns, developing family support materials and peer leader support. More information will be available on these upcoming activities soon.

This trial is critical to establishing better support to those in vulnerable situations and NWMPHN would like to thank everyone that has been involved in the project thus far.

Contact Susan Cadman, Program Officer for Suicide Prevention Initiatives, or Dan Brown, Director of Mental Health and Wellbeing, on 03 9347 1188 for more information about the trial and related activities.

Working together to reduce suicide



US-based trainer Natalie Burns delivering CAMS training to local mental health professionals.
Photo: Tessa Van Der Riet

THE PLACE-BASED SUICIDE PREVENTION

trial in the Macedon Ranges is moving forward in its goal to reduce and prevent suicide in the local region, with key governance groups now established and beginning to deliver activities for the community.

The new Macedon Ranges Suicide Prevention Collaborative was formally launched by Macedon Ranges Mayor Janet Pearce on 21 February, bringing together all members of the trial's governance groups and other key stakeholders to begin setting the agenda for suicide prevention activities in the region.

The Collaborative is now in place as the key governance group for the trial, with membership including community health groups, emergency and social services, PHNs, government representatives and local community members and groups such as the Macedon Ranges Suicide Prevention Action Group.

Collaborative members bring both individual and organisational insights to inform the development and delivery of the local action plan. The Stewardship and Reference groups within the Collaborative have met and are already implementing activities for the community, including:

SafeTALK training

SafeTALK trains people to be alert to people who may be at risk of suicide and know how to connect them with resources. Training was delivered in May and June and future dates are being considered. You can register your interest by contacting Macedon Ranges Health on 5428 0300 or emailing healthcare@mrh.org.au

Workforce Development

Equipping the mental health workforce to deliver high quality and effective treatment and support for people experiencing suicidality is a priority. Mental health professionals in the Macedon Ranges area have been invited to participate in specialist training in Collaborative Assessment and Management of Suicidality (CAMS).

CAMS training provides a unique philosophy of clinical care where patient and provider work together to assess the patient's suicide risk and use that information to plan and manage suicide-specific, driver-oriented treatment.

A first wave of training is currently underway with additional opportunities to be made available in the coming months.

Our Voice in Action

In April lived experience organisation Roses in the Ocean delivered Our Voice in Action training to a small group of people with lived experience of suicide who reside in the Macedon Ranges. All participants were either currently involved or wished to become involved in local suicide prevention planning and action.

Over two days the training helped build their capacity to meaningfully participate in suicide prevention activities. It also helped empower participants to effectively draw upon their lived experience and develop additional skills to inform, influence change and enhance existing activities.

Partnering in local delivery

NWMPHN is investing in locally based resources to support the work of the trial through partnering with and funding Macedon Ranges Health to engage a local project officer. The project officer will provide greater capacity to support the planning, design and delivery of actions emerging from the work of the Collaborative, in line with the Macedon Ranges suicide prevention action plan.

Everyone and their dog came along to a previous #CroakeyGO in Albury, NSW.



Hitting the streets to talk mental health

Ruby Selwood-Thomas

The mental health system in Victoria doesn't have a front door. Or more accurately, it has many front doors, which might open to a general practice, or a specialist counselling service, or even a public hospital emergency department.

WHICH DOOR A PERSON WALKS through to seek help can play a big role in the type of care they end up receiving. And while NWMPHN and others are working hard to improve coordination across the numerous providers that make up the mental health system, for many consumers and carers the journey to find appropriate and effective care is a difficult one.

To gain a better understanding of this journey and inform the development of our Regional Plan for Mental Health, NWMPHN will conduct a walking journalism project known as a CroakeyGO on Thursday 1 August.

CroakeyGo was developed by Croakey, a public health news project that has a strong social media presence and is widely read by politicians, policy makers, researchers and practitioners in the health and mental health sector.

This innovative project centres around a walk to local mental health facilities, including general practice and community health services in Fitzroy and Carlton. Everyone in NWMPHN's region is invited to attend, either in person or by following on the day through social media.

Croakey journalist Melissa Sweet said the CroakeyGO movement provides a platform for community members and professionals to walk and talk with experienced health journalists and experts, producing social media content together and creating discussions through the platform.

"CroakeyGO is a collaborative participatory process, where we bring people together to walk and talk through a particular area, such as mental health," Ms Sweet said. "It is the idea of spending time with people and having conversations



hear the stories of consumers and providers about their experience and role in the system.

The planned stops, the articles and social media produced and the conversations on the day will all directly contribute to shaping NWMPHN's approach to mental health commissioning, as well as identifying system pressure points and opportunities to improve integration between services.

Rebecca Thorpe, local journalist and staff member at the Victorian Aboriginal Community Controlled Health Organisation, will be helping Ms Sweet facilitate the project through promoting the walk and conducting interviews with participants on the day.

"I'm really hoping that the project will get people along that have lived experience with mental health issues so they can share their stories with us, whether they are affected personally, or they are carers or family members," Ms Thorpe said.

"I also really hope that we get along professionals from all aspects of the health system. It would be great to get policy workers alongside the practitioners and the patients and maybe even get some politicians and decision makers along and involved."

Ms Thorpe became involved in the Croakey project when she travelled to Albury last year to attend a CroakeyGO and was blown away by the level of community engagement and interest.

"The CroakeyGOs are really interesting because people stop you on the street and engage with you to find out what you're doing and from there they want to get involved," Ms Thorpe said.

NWMPHN is aiming to gain insights for our Regional Plan for Mental Health through the walk, directly connecting with community members and mental health professionals, including people with lived experience, family, friends and carers, peer workers and service providers.

This Regional Plan will be a joint effort, with NWMPHN collaborating with key mental health stakeholders to ensure the plan is owned by the entire region.

Julie Borninkhof, NWMPHN's Deputy CEO and a clinical psychologist, said the CroakeyGO project will improve how we help people experiencing mental health issues.

"Through collaborating with Croakey and commencing our own first CroakeyGO, NWMPHN hopes to raise the profile of our services, share our knowledge, make new connections with the community and publicly showcase our work – resulting in findings to improve mental health care in our catchment," Ms Borninkhof said.



Croakey
founder
Melissa
Sweet.

"The role of the PHN is to commission primary health services, with mental health being given the highest amount of funding over the years. However, it is also our role to strengthen integration between support services and listen to community voices to help identify how we can better achieve our mental health goals."

NWMPHN's first CroakeyGO will be held on 1 August from 10:00am. Come along and help us improve mental health services in north western Melbourne.

To find out more, visit our website at www.nwmpnh.org.au/croakeygo or register at info@Croakey.org

in order to build relationships and provide useful services to participants, along with taking photographs, tweeting and posting our findings on social media."

Ms Sweet said primary care was a critical part of the health system and she is looking forward to collaborating with NWMPHN.

"Working with NWMPHN has been a great opportunity to learn about what they do. Croakey really thanks and acknowledges them for supporting public interest journalism and this participatory community engagement process.

"Mental health is such an important topic and we see this as a really good opportunity to meet people with great experience and expertise in this area, including people with lived experience."

The CroakeyGO walk aims to follow in the footsteps of a patient's journey through the mental health system and the route will involve visiting some key locations where people access mental health services. At each location we will stop and

Commissioning change

The Royal Commission into Victoria's Mental Health System is due to deliver an interim report later in 2019. The following is an edited extract of North Western Melbourne Primary Health Network's interim submission, including responses to some of the key questions posed in the submission process.



How can the Victorian community reduce the stigma and discrimination associated with mental illness?

Stigma and discrimination can only be reduced if the Victorian community are intrinsically involved in the process. Historically there have been many good prevention and intervention campaigns that have addressed discrimination, but they've been driven at a policy level rather than from a community and a consumer and lived experience level. There's a real opportunity to do some co-development and co-design with community to ensure that their language and voice is being used.

What's already working well in the system and what ideas do you have to better prevent mental illness and to support people getting early treatment and support?

Being able to access free or subsidised treatment through GP mental health plans has had a real impact on improving access to mental health care. For many people this meant they were able to experience mental health care where before they would never have had the opportunity.

As a PHN we've also seen a dramatic increase in the number of people accessing services through our stepped models of care. The ability

of PHNs to scale up services and increase people's access to quality care quickly has been very important.

What is also working well is the focus on youth mental health, particularly through schools. But as a sector we are starting too late.

In Victoria, the Doctors in Secondary Schools program has been very successful in supporting mental health for that cohort, but the need is in primary school. If you talk to primary school principals, they are crying out for support, but the focus and funding is all going towards young people over the age of 12.

What ideas do you have to prevent suicide?

The suicide prevention services we provide as a PHN ensure that people are contacted, assessed and connected to supports quickly, which is fundamental.

The focus needs to be on how we recognise the need for support earlier and enable that support to be accessed earlier, rather than preventing suicide at the crisis point. This focus is shown through the work that's happening in terms of the place-based and population-based suicide prevention trials, which are approaching suicide and risk from a broader perspective and engaging

community, breaking down stigma and recognising suicide isn't always a mental health issue.

What areas and ideas for change would you like the Royal Commission to prioritise?

We need to continue the shift towards a more person-centred model of care in mental health. Putting the onus onto often vulnerable people to navigate and meet the requirements of a complex, fragmented system is a recipe for failure.

At a state level, the mental health system primarily focuses on the most acute and most complex needs. We need to start providing better access to support at an earlier stage to prevent progression of symptoms, rather than waiting until need has increased in severity and complexity. We also need to ensure mental health is looked at as part of a person's holistic health needs, including their physical health, social connection and life circumstances such as housing and financial issues.

Another key area is workforce development. More money needs to be allocated towards the workforce development and integration that is needed to make services fully effective and sustainable.



Commissioners, Royal Commission into Victoria's mental health system. L-R, Professor Bernadette McSherry, Professor Allan Fels, Penny Armytage (Chair), Dr Alex Cockram.

Photo: Supplied

The stories behind the submission

Getting input from people with lived experience of mental illness is crucial in guiding our approach to mental health commissioning and system reform. But 'lived experience' isn't just something that happens outside organisations.

Our Deputy CEO Julie Borninkhof drew on her own experience of losing a friend to suicide in shaping our submission, especially around the impact of not treating people as individuals with a spectrum of needs.

"A friend of mine had been suicidal on and off throughout her life," Ms Borninkhof said. "She's also had a drinking problem. She got really drunk one night and decided to take her own life by throwing herself down a set of stairs.

"She ended up in an emergency department, where they just immediately focussed on her drinking and drove her through an alcohol and other drug pathway. They didn't address the suicidality; didn't contact her therapist."

Ms Borninkhof said failing to look at the broader needs and drivers of behaviour contributed to a terrible outcome. "She kept saying 'this is

my therapist, contact them; this is my therapist, contact them. But they drove her into an alcohol and drug addiction service and she ended up taking her own life because all anyone wanted to address was her drinking."

Jag Dhaliwal, our Executive Director for Service Development and Reform, also shared the experience of close family friends to highlight how system fragmentation has real health impacts.

"A friend's teenage son was admitted to a Melbourne tertiary hospital when he was suicidal," Mr Dhaliwal said. "After the acute phase he was discharged back to his home town and the family were told a local hospital community team would be in contact.

"They didn't know who would be coming, when they would be coming and what the focus of the contact would be. And so eventually when

"Putting the onus onto often vulnerable people to navigate a complex, fragmented system is a recipe for failure."

someone from the community team came in, there was no context for what they would be working through and how they would engage."

Mr Dhaliwal said the lack of coordination led to the teenager disengaging from care and trying to escape to attempt suicide again.

"He just didn't click with the clinician from the community team so couldn't therapeutically engage with him, but there was no pathway to call the rules out and get someone else quickly."

From the family's perspective, this resulted from the lack of a warm managed transfer between services.

"They basically went from this island over here where they were told that someone at the other destination would meet them at some point, but there's no transition."

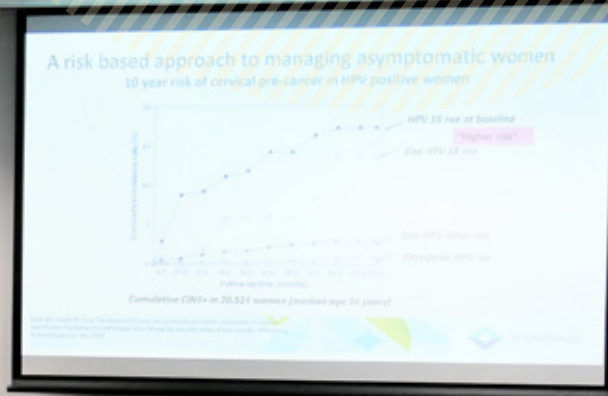
Both executives agreed that to prevent situations like this we need to place the individual at the centre of their own care, with services responding in a coordinated way to their needs.

"We also need to focus on the whole person and their personal and health circumstances, not just one aspect of their situation that can be most easily treated," Ms Borninkhof said.

Out & about

Wendy Pakes from the Victorian Cytology Services took GPs through the best evidence-based approaches to cancer screening.

Photo: Julie Sucksmith.



Innovation in cancer screening

GPs and practice staff from throughout the NWMPHN region came together in May to learn from leading cancer specialists about evidence-based approaches to national cancer screening programs.

The session was a hit, with five local specialists sharing their knowledge and expertise about using the Quality Improvement methodology in primary health care settings. Health professionals can access a new Cancer Screening QI Toolkit at nwmpnhn.org.au/cancerQItoolkit

For more information please contact Angela at angela.ouroumis@nwmpnhn.org.au

HBV s100 Prescriber Accreditation



The Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program recently held an interactive prescribing course in partnership with Hepatitis Victoria and the Chinese Health Promotion Coalition, training and accrediting general practitioners to prescribe Hepatitis B s100 medication. The VHHITAL team conduct these interactive trainings twice a year for interested GPs. For more info, please contact Allison at allison.burgess@nwmpnh.org.au

Professor Ben Cowie from the Doherty Institute (top row, fourth from left) and GP Dr Lester Mascarenhas (bottom row, third from left) are helping to boost the number of GP s100 prescribers. Photo: Aggie Geromanolis

Advance Care Planning

Advance Care Planning week kicked off with three interactive education sessions led by specialists including Dr Jo Silva, Jo Slee and Anne Marie Fabri. The sessions focused on why Advance Care Planning is important, along with when, how and where to refer patients to palliative care services. At the end of the session, participants were able to confidently discuss Advance Care Planning with patients and their carers or family. For more information please contact Cik at cik.lee@nwmpnh.org.au



Dr Jo Silva was one of the presenters spreading the word about the importance of having Advance Care Planning conversations with patients. Photo: Dr Cik Lee.

SafeScript



Pharmacists from all over the NWMPHN catchment came together in early May to learn more about the implementation of SafeScript in Australia, a clinical tool that provides access to a patient's prescription history for high-risk medicines. The sessions, led by Dr Paul Grinzi and pharmacist Angelo Pricolo, left participants with a deeper understanding of how and when to use the new system. For more information please contact Rachael at rachael.ball@nwmpnh.org.au

Learning about Safescript had the crowd out of their seats at NWMPHN's Parkville offices. Photo: Joe Manners.

NIGHT NEVER



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