

PRIMARY

WINTER 2018

pulse



One step
at a time

PAGE 10

phn
NORTH WESTERN
MELBOURNE

An Australian Government Initiative

PAGE

4

Making
health a
priority

PAGE

8

Living with a
blood-borne
virus

A new voice for primary health care



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Editor: Jeremy Kennett

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

WHEN WE TALK ABOUT IMPROVING the health system, whether that be improving access to services, the quality of those services, or the experiences people have in the system, we usually talk about doing it for the benefit of everyone in our community. It's even right there in our vision for our organisation – to improve the health of everyone in our region.

But as much as we believe in this goal, working to improve the health of everyone in our region isn't always the best, or fairest, thing that we can do. Not everyone gets the same opportunities when it comes to health, and improving everyone's health equally does nothing to close these gaps.

Health inequality isn't just about where a person lives, or the amount of money they earn. In this issue we examine some of the barriers to good health faced by people from priority population groups, including people from culturally and linguistically diverse (CALD) backgrounds, Aboriginal and Torres Strait Islander people, people experiencing homelessness and people from the LGBTIQ community.

In many cases these barriers exist because our health system isn't equipped to manage the specific health needs of these groups, because of a lack of culturally appropriate services or communications and language issues. Sadly, racism and discrimination are also issues in our health system, with many people reporting they avoid seeking health care as the result of negative experiences.

We are supporting a range of initiatives aimed at improving health outcomes for priority populations within our region, many of which are highlighted in this issue.

People from priority populations are already more likely to face greater health challenges than the general population, from very high rates of suicide and mental health issues in the LGBTIQ community to increased prevalence of chronic hepatitis B in some CALD communities. If people from these groups are unable to get the help they need, either because services are unavailable or inappropriate, or because they feel actively excluded from services, then these gaps will only get wider.

We are supporting a range of initiatives aimed at improving health outcomes for priority populations within our region, many of which are highlighted in this issue. But while new targeted services and initiatives are welcome and needed, they aren't nearly enough to overcome these barriers on their own.

In this issue

The vast majority of people from diverse cultural backgrounds will end up receiving care in mainstream health services, and there is a lot we can all do to make the broader health system more accessible, appropriate and welcoming for them.

Whether that means formal cultural awareness training for your staff, investing in a diverse workforce, or something as simple as assisting patients to use interpreters in your practice, every bit helps us create not just a better health system for our community, but a fairer one too. And that's what improving the health of everyone in our region is really all about.



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MELBOURNE

An Australian Government Initiative



page 4 —

**Making health
a priority**

page 6 —

Priorities in action

page 8 —

**Living with a
blood-borne virus**

page 10 —

One step at a time

page 12 —

**Profile:
Good Council**

page 14 —

Out & about

*Front cover:
Uncle Mervyn Brown and
Auntie Marlene Cameron
step out for good health.
Photo: Leigh Henningham*



Making health a priority

*Jeremy Kennett with
Tim Young*

Young or old, rich or poor, no-one is immune from the effects of illness or injury. But the challenges faced by many priority population groups in our region show the playing field is far from even when it comes to good health.

People from LGBTIQ communities often face barriers to accessing health services.

LOOKING AT UNCLE Mervyn 'Merv' Brown now, you'd find it hard to believe that less than a year ago he was so unhealthy he could barely get out of his chair. An Aboriginal elder of Palawa and Bunurong descent, he is approaching his 80th birthday and thinks he has at another ten years in him.

But before he started a walking group with friends Auntie Marlene Cameron and Uncle Gary Davidson, he had a laundry list of serious health problems that had robbed him of any quality of life.

These included things like carpal tunnel syndrome, arthritis and cancer, among others.

"I used to sit all day," Uncle Merv said. "I got to the stage where I could hardly get out of a chair. You rot away. It's as simple as that."

Living with chronic health conditions is an all too familiar experience for Aboriginal and Torres Strait Islander Australians, and not only those who have reached Uncle

Merv's advanced years. Poor health can come for any of us, but it is a disproportionately frequent visitor for Aboriginal people, who are likely to experience significantly poorer health and life outcomes across all ages and stages, from pregnancy through to premature mortality.

In just about every category, from cancer to chronic kidney disease to hearing loss and disability, rates for Aboriginal people are significantly higher than their non-Aboriginal peers. Aboriginal people have a life expectancy 10 years lower than non-Aboriginal people, and are seven or more times more likely to die of diabetes, kidney disease, violence, and rheumatic and valvular heart disease.

North Western Melbourne Primary Health Network (NWMPHN) CEO Adjunct Associate Professor Christopher Carter said that while the region has a relatively small Aboriginal population, the major health inequalities they experience means specific intervention are required to ensure they can get the health services they need.

“Aboriginal people in our community need to be able to access culturally appropriate services that are responsive to their individual needs and circumstances,” A/Prof Carter said. “One of the easiest things practices can do to start making their services more accessible is learning the best way to ask a patient if they are of Aboriginal or Torres Strait Islander descent.”

“This simple question helps Aboriginal people access targeted services and allows organisations like Primary Health Networks to direct related funding and support to where it’s most needed.”

Aboriginal people are not the only priority population group in our region facing major health inequality. People from a culturally and linguistically diverse backgrounds, people experiencing homelessness and the LGBTIQ community all face specific health and access issues.

Even when services are available, language, cultural or other barriers to accessing care can mean people from priority populations can’t get the care they need. Stigma and discrimination can also play a part.

For the LGBTIQ community, being made to feel unwelcome or misunderstood when seeking health care may prevent people from getting help when they need it, putting their long term physical and mental health at risk.

Brenda Appleton, chair of Transgender Victoria, said this can particularly be an issue for trans and gender diverse people, with many having experienced discrimination in health settings.

“For trans, gender diverse and non-binary people there is often a feeling that when we visit a medical professional we are training them, rather than them providing a service,” she said.

“It can feel as if they don’t respect our bodies, our identity, our privacy and our pronouns. We frequently hear of people being deliberately misgendered or laughed at by receptionists in medical clinics and GP practices.”

To help make primary care a more welcoming and inclusive environment NWMPHN has supported the development of ‘Primary Health Care for Trans, Gender Diverse and

Non-binary People’, an online training module for GPs, practice nurses and medical students.

The module helps practitioners become familiar with and sensitive to the diverse terminology, experiences, health issues, standards, and referral pathways with respect to trans, gender diverse, and non-binary (TGDNB) clients.

It includes the key issues in hormone management and surgical options for gender affirmation and advice on providing care for common psychosocial issues among TGDNB patients.

Brenda Appleton said the new resource would be a welcome support for medical providers, who generally receive little or no training on understanding these issues.

“This can make our community reluctant to access needed services for their health and wellbeing, especially in rural and regional settings,” she said. “I hope GPs and other medical providers will access this informative resource and meet the needs and expectations of those whose gender identity does not meet society’s expectations.”

“We do not expect special treatment but do want to be treated with dignity and respect.”

With strong support from general practice the new training module can be another small step towards a more equal health future. But health inequality is such a complex and entrenched issue, with so many contributing factors, that even with the best of intentions and resources overall progress can be slow.

When some community groups are four or five or seven times more likely to get an illness, or die of a condition than others, it is clear that equality will not be achieved overnight on a national scale.

But beneath the headline figures, small changes are possible and indeed are already happening. It might be a practice manager organising cultural awareness training for her staff, to make their services more welcoming. It might be nurses

being funded to work the streets of Melbourne at night, providing health care, support, and most importantly, connection, to people living rough in our city. Or it could be as simple as a single step, and then another, taken with friends.

Local initiatives like these aren’t going to do much to shift the national figures. But they could be enough to change a life. Before he started walking, Uncle Merv thinks he only had a year or two left. Now he can see a future.

“We do not expect special treatment but do want to be treated with dignity and respect.”

“I want to be around,” Uncle Merv said. “Hopefully I’ll be around for a while yet.”

Turn to pages 6 and 7 for an overview of more NWMPHN services supporting priority populations in our community. You can also read Uncle Merv’s full story in a feature length profile on pages 10 and 11.

More information on the ‘Primary Health Care for Trans, Gender Diverse and Non-binary People’ online training module is available by contacting Dr Ruth McNair at r.mcnair@unimelb.edu.au

Priorities in action

WE SEE MEETING THE HEALTH needs of priority populations as a core part of every program or service we commission. This suite of priority population focused services is just a small sample of work we do to make sure all people, regardless of background, can access better health, every day in every way.

Mental health and AOD support

Mental health and alcohol and drug (AOD) use are key issues for priority populations in our region, as they are for the broader community. We are supporting a range of initiatives with a focus on keeping people from diverse groups healthy and connected with their community.

One well established program is the queerspace mental health counselling service, offered through Drummond St services in Carlton. Staffed by queer identified practitioners, counsellors, facilitators and community engagement workers, queerspace provides a safe and supportive space to obtain information and access services aimed at improving the health and wellbeing of the queer and LGBTIQ communities.

Q Health is another specialised service for LGBTIQ communities in our region, offering free one-on-one, couple and family counselling to anyone that identifies as same-sex attracted or gender diverse, and is experiencing AOD issues. Q Health is managed by Merri Health, and can be accessed at both Drummond St Services and through Merri Health in Coburg.

Q Health is part of a broader push to improve access to AOD care for diverse and hard to reach groups across our region, including young Muslim people and their families in Broadmeadows and Pacific Islander and African young people and their families in the outer western suburbs.

NWMPHN CEO Adjunct Associate Professor Christopher Carter said the services are helping more people get the help they need, delivered locally, in a way that is accessible and appropriate for them.

“With experienced drug and alcohol treatment providers working alongside trusted community organisations, these partnerships provide culturally appropriate, informed and welcoming care to people who might otherwise slip through the cracks.”

Bedaya Sehaya Refugee Healthy Living program

Newly arrived refugees in Hume, Brimbank and Melton are getting a better understanding of Australia’s health system and the services they can access thanks to the Bedaya Sehaya Refugee Healthy Living program.

Commissioned by NWMPHN and delivered by cohealth, the program trains Syrian and Iraqi bicultural workers to deliver information about the health system to refugee communities in a culturally appropriate way.

The program uses Arabic and Assyrian-speaking health workers to help new arrivals understand the health services they are entitled to receive and how to access them, as well as spreading general health messages and awareness among their communities.

People from a refugee background are affected by distinct health issues related to their experiences both before and after arriving in Australia, and may need additional support to access the health system.

That’s why bicultural workers have been engaged in both the design and delivery of the program, giving it



NWMPHN is improving health in culturally and linguistically diverse communities through a range of targeted initiatives.

the best chance of overcoming the language, cultural and experiential barriers that may be preventing people from getting the care they need.

School holidays clinics for refugees and asylum seekers

In partnership with NWMPHN, cohealth in Fitzroy are continuing their long running refugee and asylum seeker health clinics during each school holiday period throughout 2018.

These clinics are crucial for the large local refugee and asylum seeker community, giving them more convenient access to care which is tailored to meet the specific health needs of their community.

The health clinics are staffed by specialised nurses and support workers who can assess physical and mental health needs, check for vitamin D and iron deficiencies, and give catch up vaccinations.

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: <http://www.cohealth.org.au/health-services/refugee-health/>

Doctors in Secondary Schools program

Beginning little more than a year ago, the Doctors in Secondary Schools program has already established itself as a key health access point for young people from priority populations across Victoria.

Now in its final stages of implementation, the program places GPs and practice nurses into local secondary schools to help boost health access and outcomes for students.

Many of the 100 schools chosen for the program have high concentrations of students from culturally and linguistically diverse, refugee and asylum seeker, and Aboriginal and Torres Strait Islander backgrounds.

One such school is Mount Alexander College in Flemington, which is located in one of the most culturally diverse pockets in our region. School administrator Carmel Nielsen says the program has helped highlight the importance of good health for their school community.

"We have a very diverse community, so we may have young people where it's not very common that they go to a GP if they are feeling unwell, so this is a really great opportunity for them," she said.

Dr Erin Gordon is the DISS GP at Mount Alexander College, and says one of the first things she did was meet with the various parents groups at the school about the program and her role with the students.

"The first month was about finding our feet and meeting some the key community groups for this school, so the African Parents Group, meeting the parents, meeting the kids," Dr Gordon said.

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

For more information about the program, available positions and participating schools, please contact Lisa Nottelmann on **03 9347 1188** or diss@nwmpnhn.org.au



North Western Melbourne has some of the highest rates of chronic hepatitis B in the country, as well as substantial rates of hepatitis C and HIV in various parts of our region. This makes improving the quality of blood-borne virus care and access to services one of our key priorities.

WHILE WE ARE WORKING WITH a range of providers and organisations to make that happen, it's important to regularly take a step back and listen to the experiences of people living with blood-borne viruses, and how they think the system could work better for them.

Joel – Living Positive

"I'm 33, from inner city Melbourne and have been living with HIV for the past eight years. I would have to say there are really good health care arrangements in Melbourne, and living in the inner city I have been able to access these easily. In the beginning, shortly after being diagnosed with HIV, I lived in Brisbane and found

Living with a blood-borne virus

Joel faced discrimination from a major hospital in Brisbane over his HIV diagnosis.

there wasn't much of a diversity of services and health care arrangements available. Along with this, I experienced stigma and discrimination from a major hospital. They didn't believe that I had HIV and took a test without my consent, regardless of the fact that my treating doctor worked at that same hospital. Looking back and reflecting on the treatment I received in Brisbane, I realise just how good the services are in Victoria. I have a fantastic relationship with my current GP, we have built a real rapport and he is very in tune with my needs and is a great listener. I do believe however, that people living in regional and rural areas of Victoria really don't have the same level of access and support that we benefit from in the city, so there is definitely an inequity of access for those that live further out and I would really like to see some extra support go to those populations."

Katherine – Hepatitis Victoria

"I'm 30, living in Melbourne and was diagnosed with hepatitis B 15 years ago. When I was first diagnosed I was living in Asia in my home country, and since coming to Australia I have experienced a variety of good health care services. I have a medical background, I was a doctor in my home country, so I have been lucky to be able to understand my condition and communicate with my medical practitioners in ways that others diagnosed with hep B may not be able to. When I first arrived in Melbourne, I found it a little difficult to access health care. I originally saw a GP who referred me on to see a variety of specialists, however getting an appointment was difficult as I found most of them were fully booked and didn't have the capacity to take on new patients. Eventually I was connected with the specialist I have now, and our relationship has grown into a very good one. My case is very straightforward, and with my medical background I find it very easy to communicate with my specialist as I am able to give her all the information she needs about my history living with hep B. In my experience however, I think it would be great if our family doctors could manage our disease, rather than a specialist. This would make life a lot easier for those living with my condition."

Andre – Hepatitis Victoria

"I'm 59, living in inner Melbourne and was diagnosed with hepatitis C in early 2000. When I was originally diagnosed, GPs were very dismissive of my condition. I came across GPs that were not hepatitis literate, who would often contradict information I was given, who wouldn't listen to what I had to say and who would even occasionally be judgemental towards me. However, while my health care experience was not exactly a positive one to begin with, it has grown to become very positive now. When I first discovered my hep C, I began seeing a vast range of medical professionals for treatment, including both my GP and specialist. I have been able to change this over the years however, and I now receive all my treatment from just my local GP. This has been very convenient for me, primarily because my GP knows my entire history, but also because I have a fantastic relationship with them. I have managed to end up with the best possible GP that I could imagine. They have provided me with much greater care, including out of hours care. I want people that have my condition to not have to experience judgement when they seek help and support, and I believe that accessibility to services should be improved throughout Victoria."

The VHHITAL program

Improving access to blood-borne virus care and simplifying the process for patients are two of the major goals of the Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program.

Delivered through a consortium comprising of NWMPHN, The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine, Alfred Health and the Doherty Institute, VHHITAL provides wide-ranging education and training sessions to general practitioners for the diagnosis, treatment and management of blood borne viruses such as HIV, hepatitis B, hepatitis C and sexually transmitted infections.

In the first 12 months of the program, VHHITAL delivered 27 events with over 800 participants and accredited 23 new s100 prescribers. However, regional and rural areas of Victoria still need to be prioritised, as the care and support services available in these regions does not yet meet demand.

"I want people that have my condition to not have to experience judgement when they seek help and support, and I believe that accessibility to services should be improved throughout Victoria."

VHHITAL is helping to fill these gaps by supporting rural GPs to participate, delivering sessions in areas such as Mildura and Warrnambool and ensuring webinar options are available for the training sessions when possible. There is a long way to go, but change is happening – for example around 30% of hepatitis C treatment is now being prescribed by GPs in Australia, with numbers continuing to grow.

To view the upcoming VHHITAL education and training sessions, visit our events page at <https://nwmphn.org.au/news-events/events/>

More time with family is just one of the benefits regular walking has brought to Uncle Merv's life.

Photo: Leigh Henningham



One step at a time

Tim Young

Last year, one warm day in late Spring, three Aboriginal elders arrived at the start of a trail that meanders around the footy oval at Wyndham Vale Reserve in Melbourne's outer west.

THEY LOOKED OUT AT THE PATH IN FRONT of them, each in their own way desperate and deeply unwell. The plan was simple yet seemingly impossible: they would walk.

They would start together and finish together. They would help each other and leave no one behind. They would walk. They would walk and, step by step, reclaim their health and their lives.

If there's a leader of this little mob, it's Uncle Mervyn 'Merv' Brown.

He lives nearby in Hoppers Crossing and is a proud elder of Palawa and Bunurong descent.

Now months off his 80th birthday, Merv was a meat inspector by trade, though it's been 25 years since he took a package and retired. The money was good and it would last a while, but the sudden loss of routine left him listless. In many ways, his life just stopped.

"I used to sit all day," he said. "I got to the stage where I could hardly get out of a chair. You rot away. It's as simple as that."

As the rot began to spread, Merv began collecting an impressive list of ailments: Carpal Tunnel Syndrome, arthritis and two bouts of cancer, just to name a few. Perhaps unsurprisingly, depression followed. Over time, Merv sank deeper and deeper into his chair.

But then salvation appeared in the form of a friend. Merv met Auntie Marlene Cameron five years ago at a

community kitchen and the pair hit it off. In recent years, her health had also been slipping away.

Recovery following a heart surgery was slow and difficult. She spent most days alone at her home in Altona Meadows, didn't see her kids much, started putting on weight and began walking with a stick. She was also depressed.

It was during a visit to Merv's house late last year that Marlene said she'd finally had enough. She suggested the pair go for a walk. Sick and tired of being tired and sick, he agreed.

Before setting off, it occurred to them they had a mutual friend whose health was also in steep decline, so they dropped in on Uncle Gary Davidson.

"He was really bad," said Merv. "We could hardly walk amongst the three of us but he seemed to be the worst."

Their first time around the oval was agony. Each took their turn giving in to pain and frustration only to find strength and renewal from an encouraging word or a helping hand.



"It was a real big struggle," said Merv. "If anyone wanted to stop we'd just stop. We wouldn't rush ahead or try to walk fast. We looked after one another that way."

"We made that deal that no one would go by themselves."

"We'd go so far and I'd have a stitch and my knees would be hurting," said Marlene. "The first couple of weeks it was like that and then we started doing it on our own."

There began a routine that sees them walk four or five times per week. The group has tried to encourage others to join in, but no one else has stuck it out.

To make sure they stay on track, the trio also takes a weekly physiotherapy class at IPC Health at Wyndham Vale and has learned a lot from the centre's dietician. Some days they'll just meet there for a coffee and a chat with the friendly staff.

"They support us really well there," said Merv. "We get lots of good advice."

For her part, Marlene has dropped almost 10 kilograms since the walking began. She's also dropped the walking stick.

Peaking at 140 kilograms, lap band surgery helped Merv lose his first 32 kilos, and he's shed a further 14 kilos thanks to the walking. He says eating well is also crucial and helps both body and mind.

These days, the group finds great pleasure in the simplest of encounters. Meeting at the local shopping centre for a wander and a cup of coffee is described with almost transcendental joy.

Not that long ago, Merv couldn't walk from his car to the front door. Now he can walk four or five kilometres "no worries" and speaks with disdain about the mobility scooter he used to rely on. It now gathers dust in his garage.

"Buzzer it!" he said. "Yesterday I done a bit of shopping (and) walked around. Loved it. Had my lunch there and everything."

"I could never do that before. Didn't have a bloody hope in hell. I was battling to walk 50 metres, that's the god's honest truth."

Merv is putting his newfound vigour to good use by spending more time with his family, which includes 10 grandchildren and 15 great-grandchildren. Unfortunately, poor health seems to run in the family.

"My youngest daughter, two of her kids get migraines badly," he said. "And her little boy, he's 5. He's starting to get them now." Another child has multiple sclerosis. Two others have Attention Deficit Hyperactivity Disorder.

"I want to be around. Hopefully I'll be around for a while yet," he said. "I reckon I'll live another 10 years."

"Before, I reckon I had maybe a couple of years left in me. And that's what this walking's done."

Profile

Good Council

Ruby Selwood-Thomas

Working as a psychologist in Melbourne's western suburbs for 17 years, Kaye Frankcom witnessed first-hand the massive growth in demand for mental health services, as well as the desire for system reform both in the community and in the workforce.

MS FRANKCOM WAS WELL PLACED to make a direct contribution to the mental health of her clients, but she wanted the opportunity to have a say and provide input on the mental health needs of the community on a much larger scale. Her desire to reform the system led her to North Western Melbourne Primary Health Network's Clinical Advisory Council.

"The Clinical Advisory Council gives me the opportunity to have a say in public policy that I wouldn't otherwise get, due to me being in private practice," Ms Frankcom said. "I am one of the few private practitioners on the Council, and through this I am able to help provide input to the PHN regarding the experience of clinicians in the catchment, and in my particular case, about the mental health needs of the community."

"The PHN really wants to hear what clinicians have to say, and the Council provides a gateway for this."

The Clinical Advisory Council plays an essential role in helping to guide NWMPHN's work and ensure our efforts to strengthen primary health care and connect services across the health care system are successful. Established in September 2015, the Council consists of 13 clinical leaders and representatives whose focus is to provide support and advice to NWMPHN to ensure our communities' needs are being met.

Members of the Council are appointed for their individual skills and experience in guiding reform in primary care, along with their expertise in clinical engagement and their ability to work collaboratively.

Dr Ines Rio, Chair of both the Clinical Advisory Council and the NWMPHN Board, explained that the Council has come a long way since its establishment in 2016.

"The brief for the creation of the Clinical Advisory Council was that NWMPHN must work in

close collaboration with clinical representatives in our catchment in order to devise a sustainable framework for clinical engagement across our region," Dr Rio said.

"We have successfully achieved this, with a council of 13 diverse medical professionals that have been able to provide expert advice on population health priorities, service improvements, efficient use of existing health resources and generally improving health outcomes and the health care experience."

Similarly to Kaye, pharmacist Angelo Pricolo joined the Clinical Advisory Council because he wanted to have greater input into the primary health care system.

"I am involved in the Council as it is an opportunity to be able to make the wider PHN more aware of the underutilisation of pharmacy in primary health care," Mr Pricolo said. "Through my position on the Clinical Council I am able to try and open the





Left to right: A/Prof Ralph Audehm, A/Prof Kwang Lim, Dr Kudzai Kanhutu, Kaye Frankcom, Dr Ines Rio (Chair), Samantha Read, Tung Le.

Photo: Leigh Henningham

eyes of the Council and the PHN to the opportunities that are, in some instances, overlooked.”

Being the only pharmacist on the Council, Mr Pricolo is able to provide expertise and advice that can benefit not only our PHN, but other PHNs across Australia.

“If you look at the Clinical Councils across the country, there aren’t a lot that have a pharmacist. As we have such a large PHN I think it’s important to have input from the pharmacy sector, because if we have more initiatives that include pharmacy then there’s a possibility that some of the other PHN’s that don’t have direct input from pharmacists can learn from us.”

The members of the Clinical Council represent the entirety of the clinicians in our catchment, rather than the interests of their employing organisations. Through this, the members are able to give advice and expertise on the unique needs of the

region and the areas they believe are in need of attention.

“I have a special interest in addiction medicine, and through this I have become focused on the need for safe injecting rooms. Recently I helped set up a safe injecting room in Richmond, and I have been able to utilise the Clinical Council, and furthermore the PHN, to promote this initiative and get the word out,” Mr Pricolo said.

While the establishment of both a Clinical Advisory Council and a Community Advisory Council was a compulsory component of all PHNs, in NWMPHN’s case at least they have proven to be especially beneficial to the organisation.

Dr Rio believes the diversity of the members involved on the Council is integral to its success and unity. “We have such a vast range of members, from general practitioners such as myself, to pharmacists, psychologists, maternal child health nurses and other various medical professionals.

This is why, I believe, our Clinical Advisory Council has shone in terms of supporting the development of engagement activities, and ensuring they are cost effective and locally relevant to the areas of work NWMPHN are currently commissioning. Having a diverse range of opinions and voices is both interesting and challenging, and I believe the Council is better for it.”

The Council meets four times a year to respond to issues, provide clinical insight and direction and discuss medical practitioner engagement to support NWMPHN’s objectives. The Clinical Council has met twice this year, in March and June, and will meet again later in the year to continue their important work advising the NWMPHN Board.

Out & about

Bunnings flu clinics make getting vaccinated easy

Plenty of tradies were among the crowd getting vaccinated at Bunnings in June.

Nearly 250 people have got the best protection against influenza thanks to free pop up flu clinics at local Bunnings stores in early June.

Many of the people vaccinated at Bunnings Altona and Broadmeadows had never had a flu shot before and commented to staff that it was the easy access at a convenient spot that inspired them to get protected.

The Bunnings clinics are part of a broader NWMPHN flu vaccination campaign targeting vulnerable and hard to reach groups in our region, including middle-aged men and people experiencing homelessness. The vaccines provided at the clinics had already been allocated before the Victorian Government announced it would reserve remaining flu vaccines.

More pop up clinics at homeless shelters, community health centres and other Bunnings stores are planned once more flu vaccines are available.

Let's Talk About Cancer pop-up shop – Caroline Springs



Western Health volunteer manager Jo Spence (left) and Western Health volunteer John Castellias are getting Caroline Springs talking about cancer.

The Let's Talk About Cancer pop up shop opened its doors in Caroline Springs in June, after the great success of the inaugural store in Sunshine earlier this year.

Open at CS Square between 5 and 30 June, the new shop has been continuing to spread the word across the western suburbs that talking about cancer doesn't have to be scary and could even save your life.

Hundreds of local people took the opportunity to start a conversation about cancer with the onsite cancer nurses and trained volunteers, covering information about risk factors, potential lifestyle changes, how to get screened for cancer and where to get more information.

Follow the Facebook page at www.facebook.com/talkaboutcancerVIC/ to get the latest news and find out about future pop up shops.

Consumer and carer representative networking event



Left to right: Betty Tellis, Brenda Nowlan, Judy McCahon, and Coral Reid from The Royal Victorian Eye and Ear Hospital.

Nearly 50 consumer and carer representatives from a wide range of health organisations came together to network and share learnings with others in their field at the latest North and Western Metropolitan Region Consumer and Carer Representative Networking Event.

Now in its third year the event is going from strength to strength, with 100 per cent of attendees planning to come back next year.

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