

PRIMARY

SUMMER 2018

pulse

Around the clock care

PAGE 4

phn
NORTH WESTERN
MELBOURNE

An Australian Government Initiative

PAGE

8

A chronic
need

PAGE

10

Fringe
without
benefits

A new voice for primary health care



**Adjunct Associate Professor
Chris Carter | CEO**

North Western Melbourne Primary Health Network (NWMPHN)

Website: nwmpnh.org.au
Telephone: (03) 9347 1188
Email enquiries: 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

Unsubscribe

To unsubscribe from Primary Pulse,
please contact news@nwmpnh.org.au

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 the owners past and present.

Disclaimer

While the Australian Government Department
of Health has contributed to the funding of
this material, the information contained in it
does not necessarily reflect the views of the
Australian Government and is not advice that
is provided, or information that is endorsed,
by the Australian Government. The Australian
Government is not responsible in negligence
or otherwise for any injury, loss or damage
however arising from the use of or reliance on
the information provided herein.

Editor: Jeremy Kennett

©NWMPHN 2018

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

AT THE END OF OCTOBER WE
marked Drop the Jargon Day,
which promotes the importance
of using plain language; especially
for people in the health, community
services and local government sectors.
It's more than just a feel-good initiative.
If people can't understand what
medical professionals are saying to
them, then they can make very poor,
even life-threatening decisions about
their health.

Beyond the potential dangers of
technical and medical jargon, it was
corporate and government buzzwords
that raised the most ire. 'Shifting
paradigms', promoting 'interoperability',
getting 'granular' and much more were
decried as meaningless. Even one of
our favourites, 'patient-centred care',
made the blacklist.

The real shame of using words and
phrases like this isn't just that they
are irritating. It's that they often
obscure good, meaningful work
which is making health better for the
community.

One of our key objectives is to improve
care coordination, integration and
access, which to some may fit the
definition of jargon. But all it really
means is that people know what

***"Simply having
a range of high-
quality services isn't
enough."***

services are available, that they can use
those services and that related services
work together to provide consistent,
effective care.

Simply having a range of high-quality
health services in a particular region
isn't enough, if local people don't know
about them or struggle to access them.
Inner city Melbourne has an abundance
of care options day and night, yet
many people are still going to hospital
emergency departments for ailments
that could be managed in primary care.

In this issue we examine the issues
affecting after hours care in our region,
looking at how we can reduce the
potential overuse of hospitals through
a combination of raising awareness
of other options and improving
coordination between services that are
available in the after-hours period.

We also look out into our fast-growing
suburban and outer regions where
access to services is the major issue.

nwmpnh.org.au

In this issue

We're supporting local service providers and encouraging new services into these growth corridors. But despite our best efforts, there's a long way to go before people in outer areas have the same health opportunities as people in the inner city. In the state electorate of Melbourne, there is one general practice site for about every 2000 people. In the outer suburban electorate of Yuroke, it's closer to one site per 10,000 people.

Health equity might be another jargon term, but it is a goal that we are absolutely committed to. With the help of our partners and the networks we are building right across our region, as well as the support of people like you, it is a goal we can achieve.

This is the last Primary Pulse magazine for the year. We hope you have a safe and happy festive season and we look forward to sharing our work with you again in the new year.

phn
NORTH WESTERN
MELBOURNE

An Australian Government Initiative



page 4 —

Around the clock care

page 8 —

A chronic need

page 10 —

Fringe without benefits

page 12 —

Partners in progress

page 14 —

Out and about

Left: Dr Azin Malekzadeh.
Photo: Jeremy Kennett

Front cover: Belinda Fitzpatrick with her son Callan and husband Damien.
Photo: Clare Kinsey



Around the clock care

Jeremy Kennett

IT'S LATE AT NIGHT. YOUR LITTLE ONE should have been asleep long hours ago, but a nasty sounding cough has been waking her every few minutes. Now she feels feverish and won't let you go. It will be hours before your GP opens in the morning. What do you do?

Or maybe you're at home, cooking dinner after a long day at work. You let your phone distract you while you're chopping vegetables, and before you know it you're chopping your finger too. It hurts a lot and there's blood everywhere. The local medical centre shuts at six, and it's 8pm now. Where can you get help?

For many people in situations such as this, the answer is simple – go to a hospital emergency department. But while it might be simple, it's not always easy, especially for people presenting with 'low acuity', meaning less urgent, conditions and concerns. Waiting for a number of hours to be seen, only to be sent home

after being assessed, is a common occurrence for these people.

Medical situations can happen at any time of the day or night, and our health system doesn't just stop when the sun goes down. There are numerous options for after hours medical care outside of hospital emergency departments, including general practices with extended opening hours, GP locum services, phone helplines and even nurse services at some late-night pharmacies. So why are so many people ending up in emergency?

Dr John Cheek is the Deputy Director of Emergency at the Royal Children's Hospital. He said research done by the hospital shows over 70 per cent of parents say they attend the emergency department for a medical reason.



The Royal Children's Hospital Melbourne

"Because they thought their child was critically unwell, or they'd been to another medical provider and been told to present to the emergency department, or they wanted a second opinion," Dr Cheek said.

"Of that group, the largest by far is that they thought their child is critically unwell. That's not always the case, but that's what the parents thought when they made the decision."

Royal Children's Hospital data shows children aged 0-4 are the highest users of the emergency department and are also the most likely to present with a lower urgency concern. The most common conditions they present with are coded as minor injury, fever and abdominal pain, showing a gap between how the patients' families and the hospital see the seriousness of a condition.

About 45 per cent of parents surveyed also picked a GP access reason for coming to emergency, such as believing there were no appointments available at their GP.

"Saying that clinical reasons are the only reasons they present after hours is not true and saying GP access is the only reason they present after hours is also not true. Like everything it's a combination of a multitude of factors."

Presentation data also shows that parents may be choosing to go to the Royal Children's Hospital not only instead of primary care after hours options, but also in preference to other hospital emergency departments.

The Royal Children's Hospital receives 57 per cent of the lower acuity hospital presentations for 0-4 year olds in the NWMPHN region, suggesting many people are bypassing their local hospital to go to the Children's instead.

More than half of parents in the recent study said they had not tried to contact a GP or other health provider before going to emergency.

"Trying to stop these patients from coming is not necessarily what I'm all about," Dr Cheek said. "But I think that group needs to be aware there are other options in the community that might service their needs in a more efficient manner, and then they can make the choice."

"And if people are still choosing one over the other, then as a health system we need to resource their choice appropriately, but they need to know about the choices first."

Raising awareness of other after hours options isn't just about saving money by keeping people out of hospital. Dr Cheek said that simple, low acuity presentations can be dealt with very affordably in the emergency department.

"We know from large population-based studies that low acuity patients presenting to emergency don't actually take up very much clinician time, and don't actually cost very much money to treat," Dr Cheek said.

But while low acuity presentations might not cost the health system a lot of money, that doesn't mean going to hospital is the best things for these patients and their families.

"When you look at the patient experience, is it okay to come to emergency department and wait four or five hours for care? I would say no."

"It's usually the low acuity patients, the category four and five patients, who although they're not a big drain on our resources, tend to have the worst experience in the emergency department. It's a problem, because it's a problem for them."

Some of the better known after hours options besides emergency departments are phone helplines like NURSE-ON-CALL, which can provide advice and support for medical enquiries 24 hours a day, or locum GP services, which can visit patients in their own home.

NWMPHN CEO Adjunct Associate Professor Christopher Carter said that one option which may be overlooked

Continued Page 6



From Page 5

is getting after hours care at their usual general practice.

"People may assume that their own GP is unavailable because it's in the evening or a weekend, but many practices are now opening extended hours, or will have a relationship with an after hours provider to support their patients when they are not open," A/Prof Carter said.

An upcoming awareness campaign from NWMPHN will promote Health Direct, which provides comprehensive information about health services in a particular area, as well as a symptom checker to help people decide what to do in a medical situation.

"People can use the Health Direct app to filter for services that are open now near them, giving them the widest range of options for medical care at any time of the day or night."

However, the information available through Health Direct is only as good as that being provided by local health services to the National Health Services Directory (NHSD).

"It's really important that providers regularly update the NHSD as their service offerings and hours change, so people can access up-to-date and relevant information for their area via Health Direct."

Another after hours option that might not always be top of mind for either people or practitioners is the local pharmacy. Many pharmacies are open on evenings and weekends and being able to fill a prescription or get simple advice can be the difference between being able to stay close to home and ending up in hospital.

The potential for pharmacies to fill a gap in after hours care has been recognised through the establishment of 20 Supercare pharmacies around the state. Supercare pharmacies are open 24 hours a day year-round and have trained nurses onsite each evening between 6pm and 10pm to provide medical advice and care.

Ascot Vale Pharmacy was one of the first four Supercare pharmacies to open in July 2016, and owner Jane Mitchell says the late night hours and nurse service have proved

to be popular with local parents of young children.

"As a mum with young children myself I understand that things always seem to happen in the middle of the night," Ms Mitchell said.

"It's about giving people another opportunity to access free health information before sometimes they take that next step to go to a doctor or an emergency department."

This proved particularly useful during the thunderstorm asthma crisis in November 2016, with the pharmacy able to act as a triage and filter for severely overstretched emergency services.

"We saw over 100 people come through and the nurse and the pharmacist were able to help those people where it wasn't an emergency and also prioritise people who did need emergency care."

The thunderstorm asthma incident was a critical example of the need to strengthen all parts of the after-hours health system, so people are still able to get timely care even when hospitals are beyond capacity.

But improving service availability and accessibility is only one side of the equation. Effective after hours care depends on people making informed decisions about what to do in a medical situation and being confident in their ability to make those decisions.

Tiny Hearts is one provider making it easier for parents to make good choices in what are often highly stressful moments. They provide training courses in infant and child first aid, teaching parents and

***"I do think that
in the case of
an emergency, I
would be ready
and willing to act."***

Belinda Fitzpatrick and husband Damien have become more health conscious since their son was born premature.

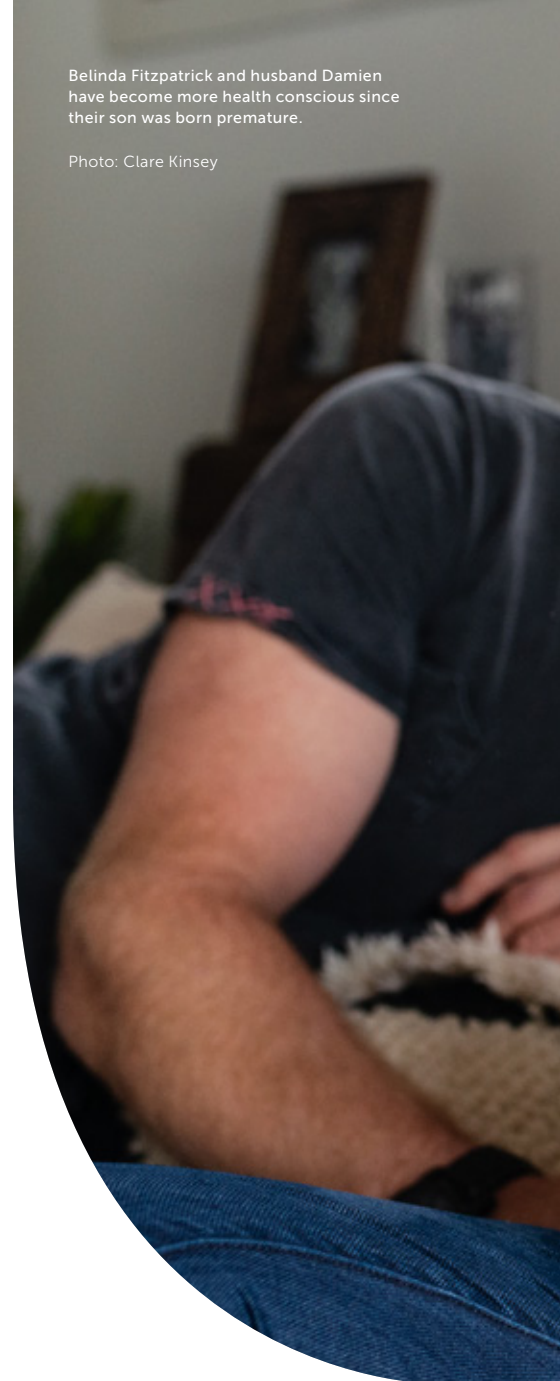
Photo: Clare Kinsey

caregivers how to respond in a range of medical situations, as well as learning about the after hours health care options available in their area.

NWMPHN has been funding sessions for people living in our region since 2017, and recently announced funding for further sessions until May next year.

Melton mum Belinda Fitzpatrick said the training course gave her a much greater ability to respond appropriately in an emergency.

"Understanding what you can do yourself at home, identifying helpful hotlines and GPs right through to being confident about when you might need to visit a hospital or even call an ambulance - the session





covered the whole spectrum of support," Ms Fitzpatrick said.

Ms Fitzpatrick's son Callan was born eight weeks premature, which has inspired her and her partner to take a proactive role in protecting their son's health and be ready in case of emergency.

"Until the session, I think I would have thought twice about whether I could actually administer first aid that could save his life. Similarly, I don't think I could ever have intervened in an emergency situation concerning a nephew, friend or member of the public.

"It's about giving people another opportunity to access free information before they ... go to a doctor or an emergency department."

"While I hope I never need to find out, I do think that in the case of an emergency, I would be ready and willing to act."

Free classes are still available from January next year for residents of north and west Melbourne. Classes will be held in Melton and Sunshine and are available in both English and Mandarin. More information is available at tinyheartfirstaid.com/northwestmelbourne

Health providers can register their service on the National Health Services Directory or update their details by visiting about.healthdirect.gov.au/register-your-service. The Health Direct app is also available on both the Apple App Store and via Google Play for Android devices - healthdirect.gov.au/health-app

A chronic need

Michael Coulter

The burden of chronic disease weighs heavily on north western Melbourne. Many potentially preventable hospitalisations in the region are due to chronic diseases, with the proportion likely to grow as our population ages.

THERE IS A HIGH INCIDENCE OF diabetes and blood-borne viruses, and high mortality rates from cardiovascular disease in some areas. Contributory factors such as smoking, obesity and poor diet are also prevalent.

Limiting the impact of chronic conditions is a priority, and North Western Melbourne Primary Health Network has funded initiatives to both engage patients in self-care and support health professionals. But it is easy to lose sight of the physical, social, emotional and financial impacts on those battling chronic disease, and the frustrations they can face dealing with the health system.

To better understand those impacts and improve the lives of people experiencing chronic conditions, NWMPHN is supporting the WHOLE You project. The project works with people with chronic conditions and examines the relationship between chronic physical conditions and mental health issues.

People with conditions such as diabetes, COPD, and chronic pain, among others, often also experience issues such as depression or anxiety. And the relationship between physical and mental conditions is complex.

An important part of the WHOLE You project is understanding how people manage and cope with their chronic conditions. To do this NWMPHN undertook research in Hume, Melton and Wyndham, speaking with people who live with a physical chronic condition and with low-intensity mental health needs.

NWMPHN has also spoken to providers in these areas to understand their experiences. The process has provided us with important insight that is informing chronic conditions commissioning.

Some of the consistent themes that have emerged are feelings of isolation, frustration with the health system and the difficulty of adjusting to a limited lifestyle.

The value of taking time

General practitioners are the most common first point of contact for general health concerns, and many participants said they received very good care from their local GP for their conditions. GPs who were willing and able to take time with their patients and fully examine their needs were especially highly praised, while there was criticism for those who seemed to rush their patients through.

"I trust my GP implicitly. You can just stay with him as long as you like and talk to him, he doesn't restrict you to 10 minutes. He gets in trouble all the time"

"I have a great faith in my clinic. They are wonderful folks there and they listen. Often you'll get an extended visit, instead of a short visit which is 'hello, what's your name, here's your script, get out', that's the Medicare system. One lady listens, she reads between the lines, she hears what you're really saying."

Some participants also highlighted the importance of health professionals taking a proactive interest in their chronic disease patients.

"If GPs and health professionals were to reach out in some way, perhaps via a push SMS or follow a link, to see 'maybe he's feeling a bit down, perhaps he should come in', or is there anything you want to discuss when you next come to see me. I might forget to say something but if it's there on the screen I'll remember."

Frustration and misunderstanding

Several participants expressed frustration with their experience of the health system, often related to their perception that health professionals were not listening to their concerns, or not explaining their treatment decisions.

"Even when I had my first heart attack I never had anyone talk to me or explain why it happened or say you need to do something. I've said to my doctor 'I don't know why I waste my time coming to see you. I say things to you and you just ignore me ... you never acknowledge me or answer me.' He says sometimes it's a bit too hard."





Edith James, 77, living with diabetes for 25 years

"There's more support available now than when I was diagnosed in 1994. I remember when I first did the glucose challenge test and my doctor said 'you are on borderline'. I personally feel he should have sent me to a dietitian to check the food but he didn't, he didn't tell me I should watch out for this or that, and within 12 months I was there, I had to go on tablets. At that time, there wasn't that support, but now you've got all these health professionals.

"I see my specialist every 12 months, or sometimes if my sugars are high he'll say I want to see you in six months. I've got Vicki, who's a diabetes educator at the community hub in Niddrie, and I also see a podiatrist. The only person I don't see is a dietitian - I did see go to see one a few years ago but I wasn't very happy. I thought I could go on a diet myself, just watch what I'm eating.

"My concern has been is how do you know your patients have diabetes? How do you decide to send them for a blood test or a glucose challenge?

"If diabetes is not detected in time, you've got all these complications. I think people in the community are not aware of it. We're told 250 people are diagnosed every day, but I'm sure there's more than that."

That's not fair for me. Tell me, explain what's happening and why."

Social impacts and isolation

But the most consistent concern raised by participants was about the impact their condition was having on their lifestyle and their personal relationships. Estrangement from friends and family was a common theme, with increasing social isolation sapping their ability and motivation to manage their condition.

"This is very painful and holding me back from having an active life. I used to be quite a social person - my grandchildren want to do things and I can't with them. I get really angry and frustrated, I yell and scream, because sometimes the pain is so intense the slightest thing sets me off."

"It just gets to you. There's no release from this battle I've got. I have less friends than I ever have because I can't get out I can't see them. All my

work friends have drifted away. What I do find is I'm being isolated. I'm a gregarious person, and I'm very limited here."

A new approach

NWMPHN is already responding to the impact of social isolation highlighted by the WHOLE You project, launching a 'social prescribing' trial for people with complex issues that cannot be managed by traditional medical care alone.

Social prescribing enables GPs to refer patients whose health is being affected by non-medical factors, such as social exclusion, housing, financial stress or health literacy, to a range of community services that can help address these concerns.

NWMPHN is funding IPC Health, in collaboration with Victoria University and Brimbank City Council, to develop and test the model. A Community Link worker at the IPC Health Deer

Park centre will work to better connect GPs and patients with local non-clinical services, which could include anything from volunteering to arts and sporting clubs. It's part of a broader push towards a more holistic and personalised approach to health.

"You can't cure social isolation, or poor eating or exercise habits, with a pill or a procedure. Yet these things have a huge impact on our health," NWMPHN CEO Adjunct Associate Professor Christopher Carter said.

"We need to look beyond just the medical solutions if we are going to make real progress in reducing rates of chronic and complex health conditions in our community."

NWMPHN is helping GPs to be proactive in addressing risk factors for people with chronic conditions through a new quality improvement program. Please contact Sonia Zahra on 9347 1188 or sonia.zahra@nwmpnhn.org.au for more information.



Fringe without benefits

Jeremy Kennett

There have always been more health services in the inner city than in the suburbs on the northern and western fringes of metropolitan Melbourne. On one level, this seems to be just common sense.

THE DENSELY POPULATED INNER suburbs are able to support more general practices and other primary health services, and all

the major statewide hospitals are also found close to the city.

But the recent population boom in the outer metropolitan regions has changed the equation, casting the growing health gap between inner and outer areas into sharp relief. For example, the state electorate of Melbourne is the most populous in the North Western Melbourne Primary Health Network region, with around 135,000 people calling the area home.

The electorate of Yuroke, which covers outer northern suburbs like Craigieburn, Greenvale and Kalkallo, has just over 100,000 people. If primary health services were distributed evenly according to population, it would have around 30 per cent fewer services available than Melbourne. But on a proportional basis, there are five times as many GPs in the electorate of Melbourne as there are in Yuroke.

These are examples from the extreme end of the scale. The electorate of Melbourne has a high concentration of many types of health services, at least partly because it also provides services to vast numbers of people who visit the city for work and play every day. And even within the inner

city areas, there are pockets where access to services is more difficult.

Whatever way you slice the figures though, access to primary care services is more limited in the outer suburbs. As many of these areas continue to experience unprecedented population growth, the challenge is likely to grow.

Active Medical Practice Manager Raphael Sammut has seen the impact on his local community of Caroline Springs firsthand. As one of the first 'new' suburbs established on what was then beyond the western edge of Melbourne more than 20 years ago, Caroline Springs is better serviced than many newer communities nearby. But there are still around half as many dentists, pharmacies and general practice sites in the local area as the Victorian average.

This puts pressure on established services like Active Medical, which Mr Sammut says is compounded by the demographic profile of the region.

"One of the key things that we've identified is that this area in particular is made up of working families, and the demand is always for appointments after school and after work," Mr Sammut said. "People don't want to miss out on opportunities for health services, but they can't



Dr Azin Malekzadeh says her patients appreciate being able to get treatment in their own language.

necessarily prioritise that above work or school."

Active Medical recently received funding from North Western Melbourne Primary Health Network to increase access to culturally appropriate services for vulnerable groups, including refugees and asylum seekers.

The funding has also allowed Active Medical to increase its opening hours in the evenings and weekends, which Mr Sammut says gives local people, especially those from vulnerable groups, a better chance to access health services. The practice has also hired staff that are able to care for patients in their own language.

Dr Azin Malekzadeh speaks Arabic and Farsi as well as English and has been seeing refugee patients at Active Medical for around a year. She says having in-language health services has helped the local refugee community connect with the Australian health system and available services more broadly.

"It's very good, I'm happy to work with them and I think they are happy as well," Dr Malekzadeh said.

Many of the doctor's patients did not have a regular GP before coming to see her and have now become regular patients of the practice.

"Most of them have just arrived in Australia. They come here for their refugee health assessment and then

follow up on their health and everything they need here."

It isn't only general practice services that are stretched outside of the inner city. Mental health services in particular are struggling to meet demand, with rates of psychological distress substantially higher than Victorian averages in many urban fringe areas.

Jo Shokralla is a mental health nurse working out of a GP Clinic in Broadmeadows, as part of as part of NWMPHN's Intensive Support Service (ISS).

"There's a lot of people with complex and severe mental health issues who don't exactly qualify, or have been discharged from the public mental health services. They go home and they have no support to be at home and continue being well and on their recovery path."

This is where mental health nurses working for the ISS come in, bridging the gap between in-patient public mental health services and less intensive types of mental health care.

"My role is to monitor people's mental state, to monitor their risks, to link them in with community services and provide them with the support they need to continue functioning day to day."

Ms Shokralla says there is a significant shortfall in mental and physical health services available in places like Melton and Broadmeadows, which becomes much worse outside of the main centres.

"Not everybody lives in the centre town of Melton or the central area of Broadmeadows. I have had clients come from the outskirts of Broadmeadows for example, up near Wallan, and that's where it becomes very tricky," she said.

NWMPHN recently committed \$420,000 to extend the ISS into the local government areas of Hobsons Bay, Melton and Moorabool, to ensure intensive mental health services are available where they are needed most.

Ms Shokralla says there is a lot of demand for services like the ISS, but many GPs aren't making referrals yet.

"The referrals I get are the ones where the GPs don't know where else to go,"

she said. "But they don't have to do so much on their own before they refer."

When GPs make the leap and refer patients to the ISS program, they are quick to see the benefits.

"They feel a lot more comfortable having conversations about even what to prescribe, whereas before a lot of GPs I find don't even want to go there.

"Once the patients come back to them with feedback about the support their getting, then the GPs become a lot more comfortable including the mental health nurses as part of the team."

"People don't want to miss out on ... health services, but they can't necessarily prioritise that above work or school."

Introducing programs like the ISS into new communities, and supporting local practices to extend their services, are some of the small steps being made to improve access to health outside the city. But as the population boom continues, much more is needed to ensure health services can keep up.

NWMPHN is advocating for a coordinated approach through forums like the Better Health Plan for the West initiative, which is focusing on improving child and family health throughout Melbourne's west.

"In 20 years' time there will be nearly 500,000 people in the City of Wyndham alone," NWMPHN CEO Adjunct Associate Professor Christopher Carter said.

"We need a coordinated strategy for health development, involving governments at all levels right on through to members of the community, to make sure everyone in our region is able to access high-quality health services, wherever they live."

As an established part of our local health system, we are now able be part of challenging conversations within the sector as it works to change for the better. Reform is never easy, but by working through the issues and challenges together we have established partnerships that are already delivering tangible results, for the system and the community.

Partners in progress

Department of Health and Human Services

Key joint project: Place-based suicide prevention trials.

"Working collaboratively with North Western Melbourne PHN to develop localised videos for the place-based suicide prevention trials has been a great experience."

"The team provided the basis for a strong working relationship and showed incredible energy and enthusiasm during the making of these videos."

Dr Bruce Bolam, Chief Preventive Health Officer (pictured left)



Western Health

Key joint project:
Discharging Wisely

"Western Health have had a mutually beneficial partnership with the NWMPHN in our Diabetes Clinic 'Discharging Wisely' Project.

"Over 12 months we have increased the number of new patients we see in our hospital clinic and reduced waiting times.

"We have also been able to assist and empower GPs and diabetes educators through upskilling via practice visits, and an interactive evening seminar."

Dr Dev Kevat – Endocrinologist (pictured above)



Melbourne Health

Key joint project: PRoACT project to reduce avoidable admissions at Royal Melbourne Hospital for aged care residents.

"The PHN partnered with Melbourne Health on a multi-dimensional pilot program aimed at improving the quality, safety and consistency of care for Residential Aged Care Facility residents.

"The collaboration has demonstrated that enhanced RACF staff education can directly contribute to a reduction in emergency department presentations and increase the time to readmission."

A/Prof Genevieve Jui, Director – Allied Health

Transgender Victoria

Key joint project: Development of 'Primary Health Care for Trans, Gender Diverse and Non-binary people' online training module.

"I welcome this new resource as most of our medical providers receive little or no training on understanding the issues faced by trans, gender diverse or non binary people.

"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."

Brenda Appleton – Chair

Out & about

headspace national CEO Jason Trethowan (left) and Melton Mayor Bob Turner (right) were on hand to help Senator Jane Hume open the new centre. Photo: Shawn Smits

headspace Melton launch

headspace Melton officially opened its doors on Monday 29 October, lighting the way for improved mental health care for young people in the area.

Senator Jane Hume officially opened the centre, with NWMPHN's Chair of the Board Ines Rio making an engaging speech on the need for services such as headspace.

Among the VIP guests were Mayor Bob Turner and headspace CEO Jason Trethowan, who joined Dr Rio and Senator Hume in speaking about the new centre and its integral work in providing early

intervention services for young people across the key areas of mental health.

Melton has the highest rates of psychological distress in Victoria, with 20.7% of the community reporting high psychological distress.

headspace Melton was commissioned and funded by NWMPHN and is the sixth headspace in our region, joining centres in Werribee, Sunshine, Glenroy, Broadmeadows and Collingwood.

Thank you to everyone who attended the launch and all those involved in the opening of the new headspace.

MyHR Melbourne University open day



NWMPHN's My Health Record team recently held an information stall at Melbourne University's open day, encouraging students to learn more about the program and the benefits of having a personalised record.

The day was a huge success, with the team engaging directly with 776 individuals in total. A large number of these young students were not even aware of the My Health Record until they stopped to have a chat.

NWMPHN staff helped spread the My Health Record word at Melbourne University.
Photo: Eileen Khaw.

Masterclass for Medical Receptionist and Administrative Staff



Medical receptionists and administrative staff came together on Thursday 1 November for an engaging education session on why excellent quality care starts and ends with the reception team.

The session covered the key areas associated with the delivery of quality care and services within medical practices including e-Health, Accreditation 101, Triage and more.

Practice Manager Margaret McPherson (third from left) and Brett McPherson (second from right) with NWMPHN staff at the masterclass.



**24/7
support
for the everyday
stresses of life,
phone or online**

Free phone and online counselling available 24/7
for anyone who lives, works or studies in the north,
central or western suburbs of Melbourne.

**Call 1300 096 269 or
visit careinmind.com.au**



TIS
TRANSLATING
AND
INTERPRETING
SERVICE

phn
NORTH WESTERN
MELBOURNE
An Australian Government Initiative

CAREinMIND Wellbeing Support Service is funded by
North Western Melbourne Primary Health Network and
delivered by On the Line.

CAREinMIND™