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Hearing the good news in a pandemic



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Acknowledgments

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Editor: Jeremy Kennett

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Welcome to issue 14 of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

IT CAN SEEM STRANGE TO BE TALKING about the positives to come out of the COVID-19 pandemic, when many parts of the world are still facing severe rates of death and disease. We are fortunate in Australia to have so far avoided the worst of the health impacts – good fortune built on the hard work and coordination of our health systems, governments, essential workers and the general public following physical distancing and other rules to keep us safe.

But there are positives to come out of this crisis, some obvious like less traffic and pollution, and others more subtle, only becoming plain as we contort our work and personal lives to fit the new reality.

As CEO of North Western Melbourne Primary Health Network, I spend much of each working day in meetings and conversations, working with our staff and stakeholders to make health care better in our region. The shift to a full working from home model hasn't changed that much – only now there are screens between us all.

But as someone who lives with a hearing issue, the shift to video-conferencing for meetings has vastly improved my working environment. People don't mumble, they enunciate their words, they rarely talk over each other and they raise their voices slightly (sometimes a little too much) to make sure they can be heard.

Some of these things can be put down to the limitations of the technology itself. When people talk over each other through videoconferencing

"I hope and believe this accidental empathy is spreading faster than the virus."

programs, the result is a wall of noise that no-one can understand. So they don't do it. Microphones and speakers vary in their quality, so people know they need to talk clearly and with adequate volume.

Many people are now getting a taste of what it is like to live with an auditory system that is less than perfect, and they are adjusting accordingly.

I hope and believe this accidental empathy is spreading faster than the virus. Parents who tried to keep their children's education on track while keeping their own lives in order have gained a vast appreciation for the work of teachers. Doctors and nurses have long been heroes for many, but who would have thought last year that we now would be singing the praises of the brave supermarket workers and others who risked their safety to keep us fed and comfortable while we sheltered at home?

The great work-from-home experiment is turning the whole concept of work on its head, proving that flexible arrangements and productivity are not incompatible. Workplaces will hopefully become more balanced and satisfying places in the future as a result.

In this issue we look at the impact of COVID-19 on our health system,

In this issue

both at the frontline and for things like mental health, alcohol and other drug care, and suicide prevention. There are certainly challenges and issues that are being exacerbated by the crisis. But what we are seeing is that there are also opportunities, ways of connecting with people that may never have been tried but that now will be carried forward into a hopefully COVID free future.

In Australia, our hard-won health victories are beyond fragile, resting on a delicate web of personal responsibility, government direction, robust health systems and a good dose of luck. Our economy is far from unscathed, the full damage yet to be fully revealed but already very real for millions.

But we will recover. And if we can bring with us the things we have learned during the pandemic, we can not only get back the world we had before – we can build one that is better.

Chris Carter is CEO of North Western Melbourne Primary Health Network and President of Better Hearing Australia (Vic).



An Australian Government Initiative



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Left: Chris McNamara from CatholicCare

Front cover: Naomi Carter from VAADA

Photos: Leigh Henningham, 1826 Photography

A forced change for the better

COVID-19 compressed years of change into weeks or days, creating both challenges and benefits for health services and the communities they serve.

Jeremy Kennett



NEWSPERS OF THE NOVEL CORONAVIRUS had been in the back of many people's minds for weeks, building steadily as the situation in some countries overseas went from concerning to outright dire. But when the Commonwealth and State Governments moved to shut down vast swaths of society and institute physical distancing in late March, it became very real, very quickly.

The initial focus was on hospitals and general practice, the frontline for both testing and treatment of COVID-19. But for providers in the broader health system, and their clients, the impact was just as immediate and dramatic.

Face-to-face counselling sessions went from standard practice to a rarity. Group therapy sessions were banned. Mental health, alcohol and other drug, family violence, suicide prevention services – all had previously relied largely on in-person support, which in most cases was now not possible. Support via Zoom, Teams, FaceTime and the good old telephone shifted from being a niche option offered by some services, to just about the only game in town.

It happened at lightning speed. In early April, telehealth became an option for Medicare subsidised services. Just one week later, over 70% of NWMPHN supported CAREinMIND™ mental health counselling services were being delivered via telehealth, with figures climbing from there. Things that had been in planning for months or even years were suddenly required in days, if not hours.

"That's exactly right and it was days," said Louise Flynn, Manager at suicide postvention service Support After Suicide. "Within days, we changed the way we operated."

Counselling and group support are core business for Support After Suicide, which provides care and support for family and friends after a loved one has died by suicide. COVID-19 required immediate adaption to ensure their vital services could continue.

"We pretty quickly suspended our face-to-face counselling and group support, and we moved quickly to phone support using FaceTime and through Zoom," Ms Flynn said. "We did cancel groups for two weeks. But

then we thought it was going to be too long a break for people. So from the beginning of April we started quite a few of our groups again via Zoom as well."

Ms Flynn said people had really appreciated the support and connection, with many facing increased anxiety and concern as their normal supports became unavailable.

"Not being able to meet up with friends, not being able to exercise in the same way, or catch up for coffee with supportive people.

"So that isolation and not having their supports and coping mechanisms available to them has meant increased stress and distress."

Trying to institute rapid and far-reaching changes to protect themselves and their clients while dealing with increased demand and anxiety is a common theme for service providers swept up in the pandemic.

Naomi Carter has had an overview of how this is playing out across the alcohol and drug (AOD) treatment



Chris McNamara says the switch to telehealth has gone more smoothly than expected.

Photo: Leigh Henningham

sector in her workforce development and engagement role at the Victorian Alcohol and Drug Association (VAADA).

“There are still a lot of agencies providing outreach where they can, where it’s safe,” Ms Carter said. “And obviously residential and detox services are still running. But again, with physical distancing in place. So that’s meant that the sector has had to rely on digital health.”

Results have been largely positive, especially for support delivered by telephone as opposed to video conferencing. But there have also been a number of challenges, beyond just which technology to use in each situation.

“It’s not just about going ‘look here’s a new platform, here’s a new database, here’s a new interface’ that we’re going to engage with clients with.

“It is a real shift in how you engage. There’s different skills that are required, different techniques that are required, there’s a different level of presence and connection that’s required where you’re not having the usual nonverbal kind of signs or ability to establish rapport.”

“We had to transition all of our workforce to working from home ... to be honest it all happened really seamlessly.”

Chris McNamara, Senior Manager of Community Services at CatholicCare, managed a range of challenges for the agency’s staff and AOD clients, brought on by the changes made to keep delivering services as well as the direct impact of the virus itself.

“The vast majority of all our client contact was face to face in offices,” Mr McNamara said. “We obviously weren’t able to do that, so we had to transition all of our workforce to working from home, which we had to do quite quickly.”

Given the scale of the disruption, Mr McNamara said the biggest surprise has been how smoothly the transition had gone so far, for both clients and staff.

“We had to make sure that the technology was up to scratch, that people had safe spaces to work from. We also were very committed to maintaining service delivery, so we had to make sure that clients knew that we were open.

“But to be honest it all happened really seamlessly. To see a workforce go from being in an office space to being working from home, really without a glitch, has been fantastic.”

But while adaptation has gone better than expected, Mr McNamara said he is seeing increased impacts and demands for services from people already facing disadvantage before the crisis began.

“We had a team meeting yesterday and we were talking about a lot of the Burmese community that we work with, [many of whom] worked at the Cedar Meats abattoir that went down.

“A lot of those people might have been on migrant visas or in the casual work force. So they’re having to rely on our emergency relief

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'It's made people refocus on what's important'

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program for basic food. They're in a really bad, really difficult space at the moment."

As people across our region lose jobs and spend more time at home, increasing financial and emotional pressure is starting to affect wider health and social issues.

"[People are] having more arguments and disagreements with their partners and their family so we're starting to see some of the family violence increase and alcohol use increase," Mr McNamara said.

Laura Humphreys is a psychologist in Richmond, where she sees a mix of private clients as well as people from more vulnerable groups, often referred through publicly funded

programs including NWMPHN's CAREinMIND mental health services.

She agrees it is these people that have been impacted most by both the changes to services required by COVID-19, as well as the fear of contracting COVID and associated lack of support.

"Particularly the young people that are homeless we're seeing a big impact because they've got less access to their usual support workers, so that's definitely making some of them much more vulnerable." Ms Humphreys said. "And for our clients with complex disabilities they've been really terrified by COVID."

Fears around contracting COVID-19 may have led some people to avoid visiting their GP, leading to a drop off in people accessing broader health services requiring a GP referral at the peak of the pandemic. The number of new CAREinMIND referrals more than halved between the middle of March and the middle of April, before recovering by the end of May.

For others, it is the shift to a primarily telehealth-based that has limited their ability to access care.

"I guess the other group we're seeing impacted a little bit differently are our clients who have symptoms of paranoia, who are finding telehealth

really not suitable for them," Ms Humphreys said.

"And of course a lot of the health care system has moved to that, so we've had to try and find ways we can have some clients come into the clinic, if possible, because they are very vulnerable to having no supports at all at the moment."

Through the challenges and the uneven way that COVID-19 has affected our community, there have also been unexpected benefits for clients and providers. Many of these benefits have come from the forced introduction and normalisation of practices that might otherwise have never been trialled.

"It's [telehealth] been really positive for clients, especially for clients that maybe have trouble coming to the appointments or missing appointments," Mr McNamara said. "Our amount of no shows has actually reduced dramatically.

"So for those clients that maybe have a little bit of social anxiety or just have had difficulties in their life coming to appointments, it's been really great."

Most of Laura Humphreys's counselling work is now delivered through a screen.

Photo: Leigh Henningham





Louise Flynn says the pandemic has broken down the barriers of distance for some people.

Photo: Leigh Henningham



Laura Humphreys said it's also helped some of her clients open up more about things they weren't able to speak about in person.

"I spoke to someone yesterday, who was saying that she can say things on the phone, she can tell me bits of her history we haven't been able to get to before.

"There are some people that kind of works really well for. I think the majority will be keen to come back to in person sessions, but there will be a group who would like to stay with telehealth."

It's understandable that most people just want things to go back to how they were before COVID-19, whether that will actually be possible or not. But for many working in AOD, mental health, suicide prevention and related areas, there are important lessons and practices to carry forward from this time.

Louise Flynn from Support After Suicide said the way the pandemic has broken down the barriers of location and mobility to access support will be something her organisation will learn from.

"We ran a community information session and we did that on Zoom," Ms Flynn said. "And there were definitely people there who haven't been to an information session here in Richmond because it's a long way for them to come.

"It's something that we've thought about, but never quite got around to doing. . . all of a sudden we have to do it, the pandemic has put us in the position of having to do it. And we've found that it's been quite successful."

For Naomi Carter at VAADA, the lessons have gone beyond practical things to a revaluation of the way we work and act in our society.

"This has really stripped back what's important. And I think there's a clarity ... that this time has exposed, that a lot of institutions, a lot of processes, a lot of politics have been flawed.

"It's made people refocus on what's actually important and that's people. And that's the people we serve, the people we work with, the people we work for.

"And even in terms of practice, a lot of people are providing not just AOD support but psychosocial support to people, and really reaching out to

clients to make sure that they're feeling connected and not isolated.

"So it's almost as though service delivery has become much more holistic and much more person centred around this as well."

Pandemics are never good or welcome things. But they are often catalysts for great change. We didn't get to choose whether the COVID-19 pandemic would up-end our lives. But we can choose how we will put our lives and our health system back together in its wake.

If that enables a system that is more person-centred, more compassionate and more accessible to all, then we might just be able to stretch out the silver lining to the COVID-19 cloud.

All interviewees are involved in programs and services commissioned by North Western Melbourne Primary Health Network. We thank them for their time and their great work continuing to support our shared community during this crisis.

Why GPs have never been more important

Dr Ines Rio



It's hard to comprehend how much has changed since my last article. We have all seen our lives upended by a global health crisis worse than any in living memory and we are all struggling to find our way forward in a world where many of the old rules simply do not apply.

THE COVID-19 PANDEMIC has presented enormous challenges for every level of the health system. While Australia's early lockdown and strict physical (social) distancing measures have so far spared us the terrible scenes witnessed in Europe and the United States, preliminary modelling suggested that tens of thousands of Australians could lose their lives to the coronavirus. With that spectre looming over us, the focus was on preparing hospitals for the expected wave of patients: cancelling elective surgery, setting up isolation wards and increasing intensive care capacity.

Unfortunately, it felt as if the role of general practice and primary healthcare was overlooked in the rush to boost critical capacity. In

the first stages of the pandemic, GPs found themselves dealing with mixed messages, a lack of personal protective equipment (PPE) and confusion about where we fitted in to the national COVID-19 strategy.

Our response, however, was eloquent testimony to the flexibility of general practice. We showed how nimble practices, big and small, could be in adapting to unprecedented challenges.

Within weeks or even days, we had identified the issues and acted on them. Clinics completely overhauled their operations, instituting triage methods to ensure separation of infectious patients, redesigning service delivery to ensure the safety of doctors and staff, setting up drive-through COVID-19 testing and embracing remote consultations.

GPs also reached out to Primary Health Networks and Local Hospital Networks to discuss opportunities for an integrated care response. The result was a model of care that allowed clinics to maintain and even expand their offering.

One of the game-changers that made that response possible was,

of course, the temporary addition of telehealth consultations to the Medicare Benefits Schedule.

Remote consultations are undoubtedly an important tool in a pandemic environment that has been embraced by both patients and GPs. I foresee telehealth becoming an integral part of the patient-centred medical home, the evidence-based model that puts the patient and the GP together at the heart of an interconnected web of services.

While nothing can, or should, replace the face-to-face appointment, we should urge the Federal Government in the strongest possible terms to retain the telehealth benefit. However, this should be in an enhanced version that is clearly linked to a patient's usual general practice and provided as one part of the suite of services that quality and comprehensive general practice provides to its patients.

While we have so far succeeded as both a nation and a health system, we don't yet know where the pandemic will eventually lead.

We know, however, that we are heading into a very different



world. Until an effective vaccine or treatments are available, the potential for further COVID-19 outbreaks remain. So the welcome fact that we have not yet seen a wave of infections in Australia does not mean we never will. If we do, how does general practice fit into that world?

My answer is that in the era of COVID-19, general practice has never been more important. Not only will we continue doing what we've always done, we can play a crucial role in making sure our hospitals can cope with whatever is thrown at them.

To do this, GPs will increasingly be dealing with people who would otherwise have gone to the emergency department and continue caring for these people in the community. In the event of future outbreaks, it is likely we will be managing many of the less serious cases of COVID-19, perhaps over 80 per cent of total infections. With the right support and advice, that is not only possible, but desirable.

So what do we need to play our part? We need clarity and recognition for our role and timely support. To achieve this, general practice needs

“Australia still faces the creeping burden of chronic, lifestyle and mental health illness.”

to have a seat at the big table in planning responses.

We need full PPE to keep doctors, their staff and patients safe. We need ready access to specialist opinion to help us manage cases that are more complex but don't necessarily require inpatient treatment or referral. Tools such as the HealthPathways website are invaluable. We need clarity of healthcare system roles and efficient interfaces for patient flows, communication and shared care arrangements.

So much has changed, but some things remain the same. Along with the COVID-19 crisis, Australia still faces the creeping burden of chronic, lifestyle and mental health illness, many of which will have been exacerbated by our time in lockdown.

There has been a worrying drop-off in the number of people presenting

for routine care for conditions including cancer and heart disease. We need to get the message out that GPs are still there to help, that it is safe to come to us; that prevention and early diagnosis is important and that the coronavirus is not the only disease that needs management.

General practitioners have always been on the frontlines of medical care and nothing about this pandemic should change that. We have shown how quickly we can adapt and that's a lesson that must be taken forward as we plan for the future.

With the right support, planning and communication, general practice can be our first and best line of defence and response.

This story was first published in AMA Victoria's VicDoc magazine. Dr Rio is Chair of AMA Victoria's Section of General Practice and Chair of NWMPPHN.



Peer support program for low-level mental health issues

Peer support workers bring the benefit of personal experience to mental health care.

Photo: Shutterstock

NORTH WESTERN MELBOURNE PRIMARY Health Network (NWMPHN) has awarded \$660,000 to three initiatives led by cohealth, Foundation House and Orygen, to help build peer workforce roles in primary mental health through low-intensity mental health services.

It is estimated that by 2021, over 260,000 people living in north western Melbourne will have mild to moderate mental health needs.

The providers will use the funding to develop approaches that employ mental health peer workers to provide care and support for people in their communities. These Peer Work Projects will provide low intensity supports, contributing to mental health stepped care services delivered across the NWMPHN region.

Peer Support Workers draw on their own lived experience of mental health recovery to support people to better understand their conditions and to find the supports that will best meet their needs.

Peer workers base their support more on knowledge of community support and resources rather than treatment approaches based on psychiatric models. Peer support workers do however receive professional development, training, and supervision and are aware of the need to assist people to access treatment if recommended.

cohealth will be focusing on a specialist LGBTIQ+ mental health peer work program, Orygen will be taking a family peer work development approach and Foundation House will be focusing on peer work for Syrian and Iraqi people from a refugee background. The projects will aim to deliver inclusive and culturally responsive care and be delivered by people from diverse backgrounds

NWMPHN CEO Adjunct Associate Professor Chris Carter said NWMPHN recognises peer support as an effective approach.

“For someone experiencing mild to moderate health conditions, receiving appropriate offers of support at the right time can be hugely beneficial and might avoid the need for more intensive support and care,” A/Prof Carter said.

Mardi Stow, Manager of Community Capacity Building Program at Foundation House, said opening up conversations about mental health and providing information about available services can increase the possibility of earlier interventions.

“Normalising mental health issues within the community and drawing on community members who have accessed mental health services effectively to share their experiences, will build trust within the community and open up conversations about mental health issues so that individuals are more prepared to seek help,” Ms Stow said.

This funding will ensure innovative approaches to low intensity mental health support are delivered to those at need in our community.

For more information on the NWMPHN stepped care approach to mental health, visit our website: nwmpnhn.org.au/health-systems-capacity-building/system-of-care/

Dr Jill Tomlinson says COVID-19 is a major opportunity for digital health.

Photo: Penny Stephens

Will COVID-19 drive digital health adoption in specialist practices?

Dr Jill Tomlinson

IN THE SETTING OF COVID-19 AND physical distancing, Australian general practices have adopted telehealth practices at unprecedented rates. But how are non-GP specialists placed for such change, given relatively low levels of digital maturity when it comes to aspects such as electronic information systems, secure messaging, electronic referrals, electronic prescribing and cybersecurity standards?

As there is no overarching specialist body it is difficult to compare the adoption of telehealth services by specialists, or assess the difficulties posed by reliance on paper-based systems in a COVID-19 world. However, with data suggesting that referrals to specialists have fallen significantly, and with restrictions on elective surgery resulting in a substantial drop in income and workload for procedural specialists, there has arguably never been a better time for specialists to engage in rapid digital health change adoption.

The Australian Digital Health Agency (ADHA) is currently working on a Specialist Toolkit with the aim of providing digital health improvement modules for non-GP specialists in the COVID-19 setting. The Toolkit

will allow specialists to assess their practice's digital maturity and formulate a plan for digital health adoption. Some areas for consideration are listed below. While cardiologists and surgeons have been identified as the initial targets, we hope that the modules will be relevant to multiple specialist groups.

Digital health elements specialists may wish to consider:

- › **Cybersecurity review:** Increase the protections that your practice has from cybersecurity attacks or hardware/software failure.
- › **Electronic clinical information system:** Benefits include secure sharing of electronic information, quick access to records, reduced medical errors, assisted prescribing, enhanced privacy/security of patient data, decreased paperwork, reduced duplication of testing and streamlined audit options.
- › **Telehealth (telephone or video) consultations:** Allows practitioners to reduce the number of face to face consultations undertaken during the COVID-19 pandemic.
- › **Secure Messaging:** Reduces the likelihood of unauthorised

interception of patient letters and results. Reduces the use of paper files, printers, scanners and postage.

- › **My Health Record access:** Allows timely access to patient information including shared health summaries, discharge summaries, prescription and dispensation records, pathology and radiology reports.
- › **Electronically Assisted Prescribing and ePrescribing readiness:** Improved efficiency and reduced errors in prescribing and dispensing medication.
- › **SafeScript integration:** Aims to reduce the misuse of drugs of addiction by alerting pharmacists and prescribers to patient's medication history before they prescribe or dispense controlled medications.
- › **Electronic referrals:** Reduces reliance on paper referrals and can ensure efficient inclusion of patient information, including current and past medical history, current medications, allergies and investigations.

Dr Jill Tomlinson is a Melbourne plastic, reconstructive and hand surgeon and Chair of the Australian Digital Health Agency's Specialist Toolkit Steering Group.

It's OK to see your GP

Ruby Selwood-Thomas

COVID-19 HAS IMPACTED OUR LIVES in many ways, from the fear of getting the disease itself, to the restrictions placed on all of us to limit the spread and prevent the health system from getting overwhelmed. But while as a nation we've been remarkably successful at minimising the direct health impacts of COVID-19, the pandemic may yet have a sting in its tail.

One of the most worrying impacts of the pandemic has been that far fewer people are attending regular appointments and getting routine checkups and tests. Federal Health Minister Greg Hunt said overall pathology tests were down 40% at the height of the pandemic, while HBA1C tests for diabetes fell as much as 75%.

While patients, especially those with chronic conditions, may have been avoiding GPs and other health services out of fear of getting COVID-19, the long-term consequences for their health and the broader system could be severe.

North Western Melbourne Primary Health Network (NWMPHN) is currently campaigning about this very issue – encouraging patients not to put off their medical appointments or ignore other symptoms.

While face-to-face appointments in a doctor's office may seem daunting to some at this time, general practices have put measures in place to ensure patients are in a safe, comfortable environment when they visit.

Practice Nurse Emma Thompson from Bacchus Marsh Medical Centre said her clinic has been experiencing

a drop-off in regular patient visits since COVID-19.

"A lot of patients won't want to come out for bloods until the pandemic's settled," Ms Thompson said.

"However you're more likely to suffer from complications of your disease rather than consequences of coming in to the doctor. You're less likely to catch COVID from the doctor than you are to have a secondary complication [from your existing illness]."

Dr Ravin Sadhai, a general practitioner at Bacchus Marsh Medical Centre, said that since the pandemic, some patients have been ignoring medical issues as they are simply too scared to visit the practice.

"I've seen in the last few weeks lots of people with skin cancers and I have taken three or four skin cancers off," Dr Sadhai said. "If these were picked up a little bit earlier, we probably may not need to actually remove them."

As well as supporting patients to attend appointments by telehealth where appropriate, practices have been instituting strict physical distancing rules and rigorous cleaning measures to make face-to-face visits as safe as possible.



Practice manager Paul Kochskamper said his practice has a range of physical distancing measures in place, such as tape on the floor to tell patients where to stand, separation of the waiting room chairs and temperature checks of staff.

"All of our staff, doctors, clinical and non-clinical actually get their temperatures checked every morning," he said. "As per the guidelines, anything above 38 [celsius] they will be automatically sent to the respiratory clinic, get tested and sent home until a negative result has come through."

All staff at Bacchus Marsh Medical Centre wipe down their desks at handover, along with wiping down the EFTPOS machines after every use. There are also nurses walking around the clinic wiping down high touch areas such as handles and buttons to try and minimise the risk.

Signs are also located throughout the clinic, advising patients not to enter if they have any of the symptoms of COVID-19.

Dr Sadhai said patients need to be reassured that they can still come into clinics as normal and have their routine check ups, blood tests and preventative health measures performed safely.



Staff at Bacchus Marsh Medical Centre perform a drive-through COVID-19 test.

Photo Leigh Henningham

COVID-19 response: how NWMPHN swung into action

“I think it’s about reassurance and understanding that in general we don’t have a big spread of COVID in the community.

“A doctor’s clinic is probably one of the safest places and people are still going to supermarkets and shopping centres but not coming to health clinics, which makes no sense sometimes.

“So I think it’s important to recognise that we are a safe haven. If you need to come in for a face to face consult, it is very safe here.”

Whether you need to attend a clinic in person or via your phone or computer, GPs and the whole general practice team are still there to support you – even if things are done a bit differently.

It’s particularly important for people with long-term health conditions to not put off contacting their care providers, whether they are due for a check-up, feeling unwell, or have a flare-up. Preventing a small risk of COVID-19 now might end up with a much bigger risk down the track.

To find out more, visit: nwmpnhn.org.au/seeyourgp

With the recent uptick in cases, it is more important than ever to get tested and isolate even with very mild symptoms. Find your local testing site at dhhs.vic.gov.au/getting-tested-coronavirus-covid-19

Keeping the health system functioning has been critical to the successful response to COVID-19 in Australia so far.

NWMPHN staff have been working hard to support general practices, pharmacies, commissioned service providers and other health professionals in our region to continue providing safe, high-quality care throughout the pandemic.

Examples include:

- › Delivering 82,100 surgical masks and 22,200 P2 masks to general practices, pharmacies, Aboriginal Community Controlled Organisations, allied health providers and nurse practitioners
- › Moving to virtual practice support to provide support around the introduction of telehealth, MBS items, flu vaccination, Pencat and PIP QI
- › Education via webinar rather than face-to-face education events
- › Providing HealthDirect telehealth platforms for

practices and providing education on incorporating telehealth into practice workflows

- › Sending regular email updates on COVID-19 to our health professionals
- › Sending weekly updates to our commissioned services providers and regular updates to our CAREinMIND™ providers
- › Updating our COVID-19 website hub daily
- › Creating three “From the primary care frontline” videos showing how our practices have adapted
- › Producing the ‘It’s OK to see your GP campaign’ - visit nwmpnhn.org.au/seeyourgp
- › Updating HealthPathways Melbourne with a range of COVID-19 specific information. To view the pathways, visit melbourne.healthpathways.org.au
- › Organising flu vaccinations for residential aged care facilities, including staff, residents, and volunteers

Out & about

Blueprint for better mental health

WE ARE WORKING WITH OUR community to develop a Blueprint for integrated mental health, alcohol and other drugs and suicide prevention in our region.

This plan will examine what works and what doesn't in mental health, alcohol and other drugs and suicide prevention in our region, and identify opportunities to improve mental health services and access.

We have been running workshops, interviews, surveys and focus groups with people in our region to find out what they think. While the COVID-19 pandemic has slowed down our

face-to-face engagement, we have continued to work digitally to ensure the Blueprint reflects the needs and aspirations our community.

One of our key engagements just before the start of the pandemic was with a group of people experiencing homelessness in inner Melbourne, through the Council to Homeless Persons in Collingwood.

John, Nigel, Jody and Dave (pictured, above) shared their experiences with the mental health system, as well as changes they would like to see in the future.

Jody said there needs to be a plan for people that goes beyond diagnosis to include practical steps to adapt and live with their illness.

"What I needed was to actually have my mental illness identified, but then understand it, then learn how to live with it, and then actually in my own home modify my life to be able to live the fullest life I could and I needed all of those stages to get me there."

We are currently in the process of analysing data and to date we have listened to over 500 community members, including people with lived experience, their family and friends and health providers.

Find out more at blueprintforhealth.org.au

NWMPHN in the COVID-19 era

Education, training and face-to-face planning sessions with the health community are integral to the work we do at North Western Melbourne Primary Health Network.

Since the rise of the COVID-19 pandemic we have shifted to a digital training and engagement model, continuing to support safe and high-quality care, while playing our part in combating the spread of the virus.

Since going digital, we have held 20 webinars for hundreds of health providers across our region and beyond.

COVID-19 telehealth webinar for mental health providers



WITH THE RAPID ADOPTION of telehealth services in response to COVID-19, the Victorian Tasmanian Primary Health Network Alliance identified a need to offer practical tips and strategies to optimise the use of online technologies for mental health consultations.

The Alliance partnered with the Mental Health Professional's Network to deliver a webinar featuring an interdisciplinary panel of mental health expert practitioners sharing their wisdom and providing guidance in the what, how, when, and why of delivering mental health services by telephone and/or videoconferencing.

The panellists shared practical strategies for improving outcomes for both practitioners and clients, including establishing and maintaining a therapeutic relationship via telehealth.

The webinar was a great success, with over 2,000 psychologists, GPs, social workers and others from around the country logging in. 417 attendees came from the NWMPHN region, the most of any PHN region in Australia.

More than 1,000 attendees provided feedback, with nearly 99% saying it achieved the goals of:

- › Improving Improved awareness of the opportunities, challenges and risks in conducting mental health consultations by telephone and/or videoconferencing.
- › Providing practical tips and strategies to support good outcomes for the practitioner and the client.
- › Increasing confidence in using telehealth to establish and/or maintain the therapeutic relationship.

A full recording of the webinar is now available on the MHPN website: mhpn.org.au

It's OK to see your GP



By phone or video consultation



For your mental health and wellbeing...



In person if needed

CALL YOUR GP or HEALTH SERVICE

**Now more than ever,
it's important to keep your health
and wellbeing on track.**

Leaving home to get medical and other care is allowed. You may also be able to speak with your GP by phone or video.

So keep your physical and mental health on track and ring your GP or health service today.