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SOUTH EASTERN
MELBOURNE

An Australian Government Initiative

Annual Report 2018



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Australian Government

Our catchment



South Eastern Melbourne Primary Health Network (SEMPHN) acknowledges the Wurundjeri and the Boon Wurrung peoples, the traditional custodians of the land and waterways our catchment covers. We pay our respect to their cultures, their Elders past, present and future, and continue to uphold their ongoing relationship to the land.



I've been involved with the South Eastern Primary Health Network for some time now, and I've seen how it invests in the health needs of our local area, especially by assisting GPs to work to the best of their ability. We've been really pleased with the improved access to free mental health services, thanks to SEMPHN.

Cathy Hermans, Practice Manager, Berwick Healthcare

Our region

The South Eastern Melbourne Primary Health Network (SEMPHN) works on behalf of the Australian Government to support primary health providers and to commission new and existing services that will enable patients to get the best care possible in a timely and effective way.

We do not deliver frontline healthcare services. Instead, our purpose is to ensure that people within our catchment have access to primary healthcare services that meet their individual and community needs, determined by our own evidence, and are delivered by an appropriately skilled, well-integrated primary health workforce.

Our catchment stretches from St Kilda to Sorrento to Bunyip, including the major population hubs of Clayton, Dandenong, Moorabbin, Caulfield, Cranbourne, Frankston and Pakenham.

Total population of 1.5 million

Around 7500 people identify as Aboriginal and/or Torres Strait Islander

2000 general practitioners (GPs) and 500 practices

320,000 people or 23% (approx.) born in a non-English speaking country

Largest population is the City of Casey

87% of people aged over 65 reported having at least one chronic condition; 60% reported two or more

Cardinia and Casey have the highest proportion of children under 5 years

More than 36,000 people aged over 65 live on the Mornington Peninsula

Mornington Peninsula and Bayside have the highest proportion of people over 65 years

1 in 4 people have a mental health issue

Our year

We've had a busy year of commissioning new and existing services, visiting general practices across the catchment, hosting a range of events, and supporting initiatives funded by state and federal government.

"SEMPHN delivers on its mission of helping us to innovate and improve our evidence-based services to our clients. They understand our culture, and it's refreshing to see a government organisation which is not afraid to get out and listen to our challenges, and provides funding to address the needs of complex clients. The SEMPHN funding is helping us to achieve our vision where we are breaking the cycle of disadvantage by offering a range of evidence-based complimentary services in South Eastern Melbourne."

Ray Blessing, Chief Executive Officer,
TaskForce Community Agency

\$54.4 million into programs,
including \$29 million into
mental health

100% of practices received
a face-to-face visit about
My Health Record

We entered into 117 contracts

Population Level Analysis and
Reporting (POLAR) system
installed in 163 general practices

\$2.7 million on increased
opening hours for practices
in areas of high need

First General Practitioner
symposium held in June,
attended by 70 GPs

21 practices signed up to trial
Health Care Homes, equalling
350 patients

1300 health professionals
attended our education events

Our practices and pharmacies
received more than 1200 visits
from our team

Launched our Mental Health
Stepped Care Model

From the Board Chair, Graeme Samuel



"With one in four people across our catchment having mental health issues, we're changing the way services are delivered and accessed based on our own evidence."



Click here to view Graeme's end of year video message.

Primary Health Networks (PHNs) are now truly part of the Australian healthcare system, and three years in, it's great to be at a point where we are starting to see our impact.

The last year has not come without its challenges, such as negotiating budget changes and restructuring our activities, but the entire team at SEMPHN has worked its way through with fantastic results.

The trial of Health Care Homes (HCH) for managing chronic disease was a new challenge and concept for practices to grasp this last year and, with the support of our HCH team, we now have the most practices enrolled of any Primary Health Network.

Our role in the healthcare system is to determine what's needed for our community, and in doing so, change to services is inevitable. With one in four people across our catchment having mental health issues, we're changing the way services are delivered and accessed based on

our own evidence. As a result, we were very pleased to launch the Mental Health Stepped Care Model and the Mental Health Intake service, which is discussed later in this report. These changes in mental health are designed to improve the quality and access to services for our community.

We want people to stay well and out of hospital, which is why relationships with our hospital networks are so important. We've established great relationships with The Alfred, Monash Health and Peninsula Health and look forward to an ongoing partnership.

It takes a resilient and knowledgeable leader to undertake the work SEMPHN needs to do, and I congratulate Elizabeth Deveny, Chief Executive Officer (CEO), and her team for the huge amount of work they've delivered. Through Elizabeth's leadership, SEMPHN is recognised at both state and federal levels as being a pioneer among Primary Health Networks. An example includes Nellie, a text messaging program that is helping patients to manage

their own health and wellbeing better. Lifelong diabetic Stuart lost more than 10 kg and reduced his hospital visits thanks to this Australian-first service.

I would also like to commend the commitment and expertise of the Board, Clinical and Community Councils. We have a fantastic mix of skills, backgrounds and ethnicities working superbly with the outstanding management team at SEMPHN.

A handwritten signature in black ink that reads "Graeme Samuel".

Graeme Samuel
Board Chair

From the Chief Executive Officer, Dr Elizabeth Deveny



"We are building new relationships and deepening existing ones so that we can make best use of what we all have for the benefit of the community."



Click here for Elizabeth's end of year video message.

As a Primary Health Network, we are breaking new ground. Primary Health Networks are new to the Australian health system, which means we're paving a new way for primary health.

It's been a busy year, with 98.5 per cent of our funds allocated to programs over the last year, an office consolidation, the roll-out of a new model for mental health care and a SEMPHN-hosted GP symposium.

We launched our Mental Health Stepped Care Model on 10 October, World Mental Health Day. This is a new model of care that will identify service gaps and ensure each person gets the right care for them in a timely and accessible way. We are using the model to guide the commissioning of services across the region.

For primary health practitioners, the model allows us to offer patients better care for their mental health needs through a system that is efficient and easy to navigate. For the community, this change means access to the mental health support you need to aid recovery. For service

providers, it means a stronger service system capable of delivering better health outcomes.

We will soon be launching Reset Life, a free treatment service that is a first for Victoria. This provides much-needed after-care for people on their recovery journey. The first site for this program is Frankston and the program will be delivered by Peninsula Health.

In September, we started the work to consolidate three offices – Mornington, Dandenong and Heatherton – into one location. Having all staff under one roof comes with many benefits, such as reduced travel time between locations, better collaboration across teams and reduced overheads. The re-location occurred in April, and we are now all enjoying working as one at 15 Corporate Drive, Heatherton.

It was also a pleasure to join around 70 South Eastern Melbourne GPs at our first GP symposium. The last time I've seen that many GPs under one roof was over seven years ago. It was a very interactive day, and most importantly, it was great to see colleagues connecting with colleagues.

We operate on a relatively small budget, compared to overall health funding, which is why supporting our primary health workforce is vital. We've invested around \$10 million into general practice over three years because a well-equipped workforce allows us to focus on the services gaps for our population.

We are building new relationships and deepening existing ones so that we can make best use of what we all have for the benefit of the community. Whether you are a staff member, carer, service provider, researcher, client or practitioner, I'd like to thank you for your support over the past 12 months, and encourage you to continue to work with us over the next year.

I'm proud of what the team at SEMPHN has achieved this year, with the support of the Board, Community Council and Clinical Council.

A stylized, handwritten signature in dark ink, appearing to read 'Elizabeth Deveny'.

Dr Elizabeth Deveny
Chief Executive Officer

We commission new and existing services that will enable patients to get the best care possible in a timely and effective way.



Allocating funds based on evidence

Commissioning is a strategic approach that seeks to ensure services meet the health needs of the population and contribute to the improvement and innovation of services and systems. SEMPHN uses commissioning to help meet our objectives of improved efficiency, effectiveness and coordination in primary health care.

Ultimately, the aim of commissioning is to enable SEMPHN to allocate available resources in ways that best address our region's needs. These are identified by our needs assessment, a mix of local statistical data and qualitative information. The purpose of the needs assessment is to identify key issues and primary healthcare priorities in the region.

The commissioning process is often described in terms of a cycle: planning, delivering, monitoring and reviewing health services. The cycle includes the following:

- identifying and understanding needs in consultation with providers/practitioners and the community
- determining how best those needs can be met and what activities or outcomes should be sought

- assessing how existing providers might be able to meet needs
- building capacity among current and potential providers so they are better able to meet needs
- encouraging new services and/or new providers/practitioners where necessary
- negotiating and managing contracts for services with providers
- reviewing and evaluating providers' performance and achievements
- incorporating knowledge and experience gained into future commissioning activities
- providing feedback and intelligence to the provider community to build longer term sustainability.

The SEMPHN Commissioning Framework has been established to provide guidance on planning and implementing health commissioning responsibilities under the funding agreement with the Commonwealth Government.

Evaluating our work

Evaluation is vital in determining whether the programs we have commissioned have succeeded or not. Over the past year, we have developed a methodology to track the progress of ongoing programs as well as evaluating projects that naturally come to an end.

Led by our Systems Outcomes team, the methodology is based on proven evaluation concepts and theories and is designed to focus predominately on

revealing outcome and impact. Some of the key components of our evaluation process include regular and quality reporting by the provider and SEMPHN project manager, interviews between our data team and consumers, and

looking at how much money the project saved in preventing hospitalisations and ambulance call-outs. A full analysis is then pulled together to establish the formal evidence on whether something has worked, and why or why not, allowing us to continue funding the things that work and learn from the things that didn't.

It's been a busy year, with 98.5 per cent of our funds allocated to programs over the last year.

The simple text messages saving lives

Stuart Wood has two devices inside his body to stop clots entering his heart, and he's had type 2 diabetes for most of his life.

Yet, thanks to a simple SMS service, he says he's never felt healthier.

Stuart, and his wife Sylvia, are success stories of Nellie – a simple text message service that we introduced from the United Kingdom (known there as Flo) after investigating its success in patients.

Nellie is a text messaging program designed to help patients to manage their own health and wellbeing.

Nellie is an SMS service tailored to an individual, based on their health needs and clinical action plans, following consultation with their GP. The clinician can choose a lifestyle program to lose weight, for example, or a clinical program such as managing blood sugar. Automated messages containing an action for the patient are then sent as needed to prompt the patient to go for a walk or to send back blood sugar levels, and inform and motivate. Responses are then viewed by their GP or nurse.

Sylvia had a dramatic knee reconstruction three years ago, which led to less physical activity. And with active grandchildren to mind each week, they both opted to use Nellie to become more active and lose weight.

It's called Nellie because the beauty of the text messaging service is that you feel as though you're being contacted by a person you know. In Stuart and Sylvia's case, they say that when a message pops up from Nellie, they picture it coming from their grandmother.

This psychology means that they feel they need to go walking when Nellie messages, so their walking has now graduated from around the block to hour-long walks along Frankston Boardwalk.

"When Nellie sends a text message to ask if you've been for a walk, you're tempted to reply yes, then not do it, but you feel guilty afterwards. I always end up going for a walk because I truly feel like it's my grandmother telling me to do it. We've also been able to discover our surroundings more and have uncovered places we didn't know were there", Stuart said.

Fast-forward six months and the couple's results speak for themselves. Sylvia has lost 7 kg, she has continued to walk, pain free, to the shops instead of driving, and says she has more energy, especially for her two-year-old grandson.

Stuart's results have quite possibly saved his life. He's lost more than 10 kg, and, he's reduced his insulin intake drastically from over 30 units per day to 5, a result that has stunned his clinician.

"I feel so much better with less insulin. I don't feel as though I need to snack. And to think, I just needed that little push", Stuart said.

Nellie is an extremely accessible option because it doesn't require a downloadable app or smartphone. It is the most researched and effective tool of its kind.



A new approach to mental health

Around 40 per cent of our community (over 300,000 people) have mental health needs.

We've identified significant service gaps within our region, resulting in the investment of nearly \$25 million to improve the access and quality of these services.

We know that one in eight GP appointments relate to mental health and only half of those in need currently seek help.

GPs and practice staff are usually the first responders for mental health concerns, making their role of connecting patients to mental health providers vital in improving the mental health of our community.

One in four people have a mental health issue.

Mental Health Stepped Care Model rolls out

In partnership with primary care providers, support services and consumers, we developed our Mental Health Stepped Care Model, which aims to ensure each person gets the right care in a timely and accessible way.

The Mental Health Stepped Care Model responds to local needs across our catchment and is based on national, state and local

population data. It groups areas of common need, along the spectrum of mental health disorders, ranging from low-intensity short-term issues to complex and enduring mental illness. Services and interventions are then matched to the areas of need.

This model provides a structure for mental health services, which are provided by a range of different government, community and private providers. SEMPHN only directly funds a small proportion of these.

One of our key focuses is to improve access and health outcomes for traditionally underserved groups, including children, the culturally and linguistically diverse (CALD), migrant communities, Aboriginal and Torres Strait Islander people, people at risk of suicide, and other hard-to-reach groups.

This model provides a single point of access for consumers, GPs and other health providers via telephone during business hours.

Access & Referral makes it easier

As part of this model, we now manage all referrals for our mental health commissioned services. When a referral is received by our intake team, eligible patients are passed on to the service provider in the client's preferred

location; for example, where they live or work. Referrals for SEMPHN-funded mental health services can be made by anyone including GPs and other primary health providers, schools, social services, other organisations and self-referral.

Help for people with mild to moderate mental illness

As part of our Mental Health Stepped Care Model, Accessible Psychological Interventions (API) services were introduced across the catchment for people with a Health Care Card (or who can't afford similar services).

API includes a range of short-term psychological interventions in individual, family and group formats, matched to people's needs; for example, cognitive behaviour therapy, skills training, psycho-education, relaxation strategies and other evidence-based interventions.

Referrals are particularly encouraged from nine priority groups, including people who have experienced family violence, people experiencing homelessness and people with substance use disorders.



Flexible support for people with severe and complex mental illness

Mental Health Integrated Complex Care (MHICC) services were commissioned so that consumers with severe mental illness and complex needs could get flexible, longer term coordination of their care. Services can include clinical nursing services, family support and liaison, care coordination and liaison (clinical and non-clinical), and help to access psychiatric and psychological care.

MHICC services are for people who live or work in the SEMPHN catchment, have a Health Care Card (or can't afford similar services) and aren't eligible for the National Disability Insurance Scheme (NDIS).



Help is here for our most vulnerable youth

Earlier this year, we developed two pilot programs for young people with severe and complex mental health issues which are being delivered by headspace Narre Warren and headspace Frankston.

headspace Narre Warren implemented the RISE (Recovery, Improve, Support, Empower) program for youth aged 12 to 16 years with severe anxiety and depression who have stopped going to school.

When 15-year-old John was initially accepted into the RISE program, he had zero attendance for term 3 and a 50 per cent attendance in term 2 in 2017. Since starting the RISE program, he has successfully transitioned to an alternative-learning centre which he attends three days a week. John has developed confidence to get his first job and is now working on the days he is not at the education program. His mum said there have been many positive outcomes for John. "His confidence levels have risen enough for him to get back to school, to go to work and even make friends. It was like he needed help

to find his way and RISE helped him do that", she said.

headspace Frankston has started the eXtend Recover program, a service for young people aged 12 to 25 years who have complex post-traumatic stress disorder (PTSD) and/or severe depression and who are resistant to treatment.

Eighteen-year-old Gary entered the eXtend Recover program after a history of emotional and physical abuse by his father left him with anxiety and depression. His friendships had broken down, and he had lost trust in a lot of people. Gary was referred to the eXtend program and was provided regular psychiatry review with medication to assist with his mood and anxiety. He also benefited from trauma-based counselling, self-esteem and confidence-building sessions, group and individual therapy, and he has accepted social opportunities to regain his trust and acceptance of others. He participated in a cooking group, where he was able to make some new friends. Gary is now three

months into the program, and is still actively participating and would like to continue with the program to improve his coping and social skills, and to better manage his anxiety.

We are proud to have funded five headspace centres – Narre Warren, Dandenong, Frankston, Bentleigh and Elsternwick – resulting in a total of 7184 young people receiving a service from one of these centres in the last financial year.

We are proud to have funded five headspace centres – Narre Warren, Dandenong, Frankston, Bentleigh and Elsternwick.



Preventing suicide in our community

Suicide prevention is a shared focus of the Victorian Government's Department of Health and Human Services and the Primary Health Networks, an Australian Government initiative.

We are committed to reducing the rates of suicide, and suicide attempts, across our catchment area, especially in Frankston, Dandenong and the Mornington Peninsula.



A snapshot of our work

- **Jesuit Social Services was commissioned** to provide counselling to those bereaved by suicide. In addition, the service supports health professionals who are providing support to clients bereaved by suicide. Support has since been provided to 229 clients with a total of 1120 counselling sessions and 93 clients attended group programs totalling 684 hours.
- **More than 300 health professionals were trained** by SANE Australia in suicide prevention across our catchment.
- **The Refugee and People Seeking Asylum Taskforce was established** in Dandenong in response to escalating concern from local stakeholders and community members of an increase in the vulnerability of a number of refugee and people seeking asylum populations.



Mornington mum encourages community to speak up about suicide

Kate McLoughlin wishes she could grab her son, Zach, one more time to hug him and tell him everything is going to be okay.

But that opportunity was taken away forever when Zach made an 'impulsive decision' to end his life when things, in his mind, seemed to be getting too tough. "He had racked up a few fines, lost his licence and he was having a particularly bad day that day and, for him, this was the solution to find his peace."

As Kate's voice begins to break, she says, "I know he didn't want to die, but in those moments this was his way for the pain to be over. As a mother, I just wish I could have been there to tell him it was going to be okay, and that in the scheme of things these challenges were minor and fixable. But Zach was spontaneous, so when his mind was made up, that's it, he did it", Kate says.

Zach's death came completely out of the blue. He was the 'teddy bear' of the family, affectionate, vibrant and, by all accounts, loved life. He was training to be a builder and had hopes of working in Dubai.

He had lost two mates to suicide and, Kate says, he was really angry at them for doing that. He also lost another mate to cancer, which spurred Kate to talk openly to Zach about death and suicide.

"I thought we had it covered. We talked about it openly, and he seemed to have it all together. I never saw it coming", Kate adds.

The silver lining in all of this, she says, is sharing her story to prevent others losing their life, and the subsequent impact on families across not only her local community, but Australia.

Frankston and the Mornington Peninsula have some of the highest rates of suicide in the state. As part of a renewed approach to suicide prevention across Australia, and in 12 locations across Victoria, lived experience workshops are being held in Mornington to give a voice to those who have had first-hand experience with suicide.

Kate was involved in the first workshop, and gained valuable skills to articulate her story so she can help others and, as a result, she is helping to shape the way people view and tackle suicide in communities across the Mornington Peninsula.

The workshops are funded by us but are delivered by Roses in the Ocean, a leading organisation in suicide prevention. Its aim is to equip those with lived experience of suicide the skills to be able to share their story to make a change in the way suicide is viewed and understood in the local community.

Healthier communities

We've undertaken a number of preventative projects to help build our community's protection from cancer and disease.

Child immunisation

We delivered a childhood immunisation project for children under the age of five to increase immunisation rates to 95 per cent. Four local councils were commissioned to deliver a number of activities, over a period of three months, to increase immunisation rates in their municipality. These activities

included training for nurse immunisers from local general practices, cleansing Australian Immunisation Register data and establishing a text message recall and reminder system. At the completion of the project, a number of learnings were highlighted which are now used by councils to update their existing policies and procedures to better address immunisation gaps.

Cardinia and Casey have the highest proportion of children under 5 years.

Adult immunisation

The Vax Reach Immunisation project was established last year, in conjunction with Monash Health, to identify hard-to-reach and disadvantaged populations. The pilot program provided influenza vaccines to 676 people across the SEMPHN catchment. The pertussis vaccine was also provided to pregnant women within this group.

Improving Cancer Screening in the Community

The Improving Cancer Screening in the Community project was a collaboration with Cancer Council Victoria and SEMPHN to improve screening participation across our catchment. The main aims of the project were to increase cancer screening for breast, bowel and cervical cancer in general practice, to ensure health professionals are up to date with renewed guidelines and screening recommendations for the National Cervical Screening Program and National Bowel Cancer Screening Program, and to increase cancer screening participation in the Aboriginal and/or Torres Strait Islander communities. To achieve these objectives, an SMS recall and reminder system aimed at those at risk was implemented in 27 general practices across our region. More than 10,000 text messages to patients were sent and as a result, 2175 appointments were booked. In addition, 684 cervical screens were undertaken in the immediate period after the text messages were sent.



Improving access to health services

People are busier than ever so it can be hard for people to get to the doctor when it suits. We've funded a number of initiatives to make it easier for people to get the health care they need, when they need it.

Doctors in Secondary Schools initiative

Alongside other Victorian Primary Health Networks and the Victorian Government, we are making sure young people are getting the health support, advice and treatment they need so they can reach their full potential. The Doctors in Secondary Schools (DiSS) initiative provides school-based health services for 100 Victorian secondary schools. DiSS provides modern clinical facilities onsite at schools and one session per week where a GP and practice nurse are onsite to provide primary care for students. The program contributes to the school's existing student wellbeing programs to help increase health literacy and preventative health. Eighteen secondary schools within our catchment are participating in the program.

Extended hours for patients

Though the distribution of grants, we have helped to improve access to after-hours general practice care over the Christmas and Easter holiday periods. Specific areas include the southern Mornington Peninsula, which is helping to take pressure off an overloaded Rosebud Emergency Department, and for all months across the outer urban and inner regional areas of our catchment.

The grants aim to give practices the headstart they need to offer after-hours services permanently. After-hours primary care typically refers to care outside 8 am to 6 pm weekdays, outside 8 am to 12 noon on Saturdays and all day on Sundays and public holidays. 'Hot-spots' were identified and around \$2.7 million worth of grants have been distributed to practices across the region to support them to stay open longer.

Right: Officer Medical Centre received an after-hours grant earlier this year.



Tackling alcohol and other drugs

Across our region, in the last year 140,000 people reported consuming alcohol at risky levels, 126,000 people reported illicit drug use and more than 11,000 people reported using methamphetamine. We are committed to reducing the harm caused by risky alcohol and other drug use and the impact this can have on individuals and their loved ones.

Highlights

- **36 additional GPs and nurse practitioners** can now prescribe pharmacotherapy
- **17 additional pharmacies** can now provide pharmacotherapy services
- **72 alcohol and other drug clinicians** attended our presentations about pharmacotherapy

Reducing opioid dependence

Pharmacotherapy, also known as opioid replacement therapy (ORT), is an effective evidence-based treatment for opioid dependence. The Area 4 Pharmacotherapy Network is a state-funded initiative led by SEMPHN working in partnership with Eastern Melbourne Primary Health Network.

Our pharmacotherapy team's core work is to increase the number of pharmacotherapy prescribers (GPs and nurse practitioners) and dispensing pharmacies across SEMPHN's catchment so that there is greater access for patients who require this treatment.

Our team, which is made up of trained health professionals, has provided professional development opportunities and workplace support and mentoring to primary healthcare providers over the last year. They also made more than 800 visits to general practices and pharmacies.

In February, codeine became a prescription-only medication. Codeine is commonly used to help manage mild to moderate pain and is sometimes subject to misuse and dependence.



Ray Blessing and Fiona Mulligan (TaskForce) are thrilled to have received funding.

Our team was instrumental in equipping GPs and pharmacists for this change. The team developed special information packs and pharmacy bags which were delivered directly to pharmacies. The team also held dedicated training events and provided presentations for those working in the alcohol and other drug sector.

Community agency given the task

TaskForce, a community alcohol and other drug agency, was commissioned to deliver three alcohol and other drug programs to reduce adolescent use of alcohol and improve service access to treatment options for alcohol and other drug use.

- The alcohol and other drug liaison outreach workers (ADLOW) service was established to improve service access to treatment options for drug use in the cities of Port Phillip and Greater Dandenong.
- Alcohol Wellbeing and Risk Education (AWaRE) was established to reduce adolescent use of alcohol within the local government areas (LGAs) of Bayside, Cardinia and Mornington Peninsula. It is a six-week interactive educational program, targeting students in Years 8 to 10.
- Breaking the Barriers is a parenting support program for mothers experiencing alcohol and other drug use and/or on pharmacotherapy. The program focuses on providing intervention with the mother and intensive support for her children and significant other, as the family works towards stability and social and economic participation in the community.

Family counselling

Family Connections Counselling Service has been contracted to provide professional and confidential support to families and friends impacted by someone's drug and

alcohol use in the SEMP HN catchment. This family-focused approach offers a supportive environment to identify client's needs and explore some of the challenges they may be facing while working together to overcome them. This specialist individual and family counselling model gives clients the opportunity to redevelop their relationships, drawing on the skills and strengths they already possess.

ResetLife set to launch

Residents in South Eastern Melbourne will have access to a new, free treatment program for alcohol and other drugs treatment program from August 2018. This is the first of its kind in Victoria to help tackle harm caused by alcohol and drug use. The new service is part of an Australian Government National Ice Action Strategy funding package for services across our catchment related to alcohol and other drug use.

This intensive outpatient treatment program has a strong evidence base. It was developed in the 1980s by the US Matrix Institute on Addictions in response to the cocaine and methamphetamine epidemic, and has been very successful in patients around the world.

Katrina turns her life around after overcoming drug use

I became involved with TaskForce in October 2017 following ongoing substance abuse issues that led to the removal of my children by the Department of Human Services Child Protection.

TaskForce was an organisation recommended to me by my solicitor. To use her words, 'TaskForce may help you change your life'. And they have helped me do just that.

With the ongoing support and assistance from my counsellor, I have managed to remain abstinent from illicit substances for almost six months, I got a house and they have linked me with different organisations to help me furnish and purchase whitegoods. I have also gained full-time employment. Most importantly, I have rebuilt broken-down relationships and created a strong foundation for a healthy and balanced life that I can now start to build upon. My children were returned to my care on the 11 May 2018. TaskForce has been an integral part of my recovery thus far and it is my intention to continue my involvement with them to ensure the success of my recovery.

Katrina, a TaskForce program participant

Combating chronic disease

Chronic disease is on the rise in Australia. One in two Australians now have a chronic disease – such as diabetes, arthritis or heart and lung conditions – and one in four have at least two chronic health diseases.

The Health Care Homes model is designed to help Australians better manage their conditions by giving them access to

coordinated, integrated care that is tailored to their needs.

We are among 10 Primary Health Networks to trial the model and currently have 21 practices participating and 350 patients enrolled.

GPs taking part in the Health Care Home trial now have increased flexibility to coordinate

and follow up on the care of their patients with chronic conditions. This includes: consultations with practice nurses, pharmacists or physiotherapists; monitoring a patient's test results; providing repeat prescriptions or referrals; or checking in with patients between visits to the practice.

87% of people aged over 65 reported having at least one chronic condition; 60% reported two or more.

SEMPHN CEO, Elizabeth Deveny, said: "Previously, practices were not remunerated when they did that extra leg work for their patients with chronic conditions. By paying practices a bundled monthly payment for each patient, this trial gives practices the ability to provide those additional services and the follow-up care which is so important in managing chronic conditions".

Practices funded to do more

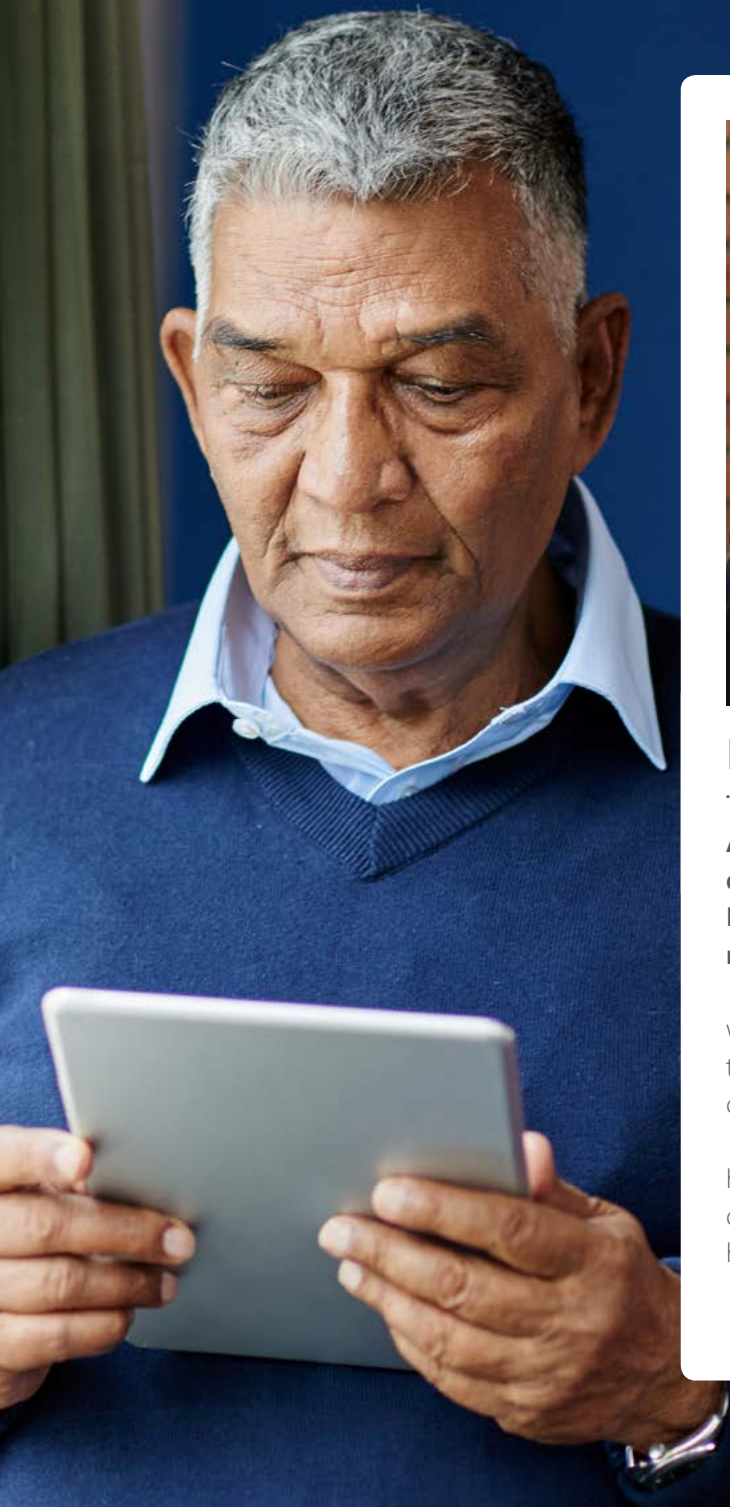
Last year, grants totalling \$3 million were awarded to 31 practices in our catchment to help them better manage and coordinate the care of those suffering from chronic or complex conditions. As part of the grants, practices received training and support to improve health systems, care coordination strategies for the patient and techniques to improve the health literacy of patients, and their families, to promote self-care. The feedback has been very positive from practices, with many stating they have now made permanent changes to the way they manage these patients.

In addition to these, six general practices, one community health service and one drug and alcohol rehabilitation service were successful in applying for a grant to expand their current care coordination model for patients with complex health needs to specific priority population groups within the SEMPHN region. The majority of the services targeted patients over 65 years of age and culturally and linguistically diverse groups.

Practice Coaching to support chronic disease care

Practice Coaching is an online training tool developed by SEMPHN which empowers general practices to enhance frontline chronic disease care by building capacity in the following areas:

- chronic disease management
- health assessments
- health literacy
- disease prevention and early intervention.



Lesdon Avenue Medical Centre's success

A small practice in Cranbourne has made a real difference for its patients thanks to SEMPHN's Health Care Homes funding and the work of their receptionist, Jasmine Devlin.

Thanks to the Health Care Homes program, the practice was able to offer Jasmine more employable hours, which in turn enabled her to develop strategies to improve patient care and the overall efficiency of the practice.

Jasmine says SEMPHN's support has been the key to how she transformed the practice. She developed patient care systems that were easy for all staff to use, even if she had to step out of the clinic.

Jasmine was able to decrease the workload of the sole GP, Dr Steven Ward, by keeping track of patient's needs, as assessed in their care plans, and following through in a timely fashion.

"We find that patients are listening to us more", Jasmine said.

"The benefit of easily and systematically being able to follow through on patient's care plans makes a difference for the practice and the patients. Patients have been eager to return to the practice for valuable consults or advice", she adds.

Above: Lesdon Avenue Medical Centre staff – Jasmine Devlin (Receptionist), Dr Steven Ward (GP) and Fiona Kidd (Practice Manager).

Education opportunities for our workforce

This year we provided 34 education events to 1375 primary health professionals as an opportunity to upskill, gain new information, keep up to date with the latest medical information and network with health industry colleagues. Our aim is to support this workforce by providing the access to the range of educational events they want.

During this financial year, we delivered 19 accredited events, which were attended by more than 250 GPs.

Based on feedback, directly from health professionals, we delivered events on the following topics:

- chronic disease management
- health coaching and motivational interviewing
- practice administration and quality improvement
- advanced care planning and palliative care in primary health
- working with patients from a refugee background
- practice software
- youth mental health.

In addition, we delivered education activities based on our own projects and as specified by the Australian Government.

We were also an accredited provider of the Royal Australian College of General Practitioners' (RACGP) Quality Improvement and Continuing Professional Development (QI&CPD) Program. During this financial year, we delivered 19 accredited events, which were attended by more than 250 GPs from across our catchment.

SEMPHN hosts its first GP symposium

In late 2017, the RACGP announced that mental health is now the number one condition dominating GPs' time.

Around the same time, we surveyed GPs across our catchment to find out what they would like to learn more about at a SEMPHN-organised symposium. The overwhelming response was mental health and young people.

On 2 June, we brought together a stellar line-up of speakers, who specialise in youth mental health, to offer our GPs additional tools and information that could help them when faced with a young person suffering

from mental illness. The key speakers were Dr Michelle Telfer from the Royal Children's Hospital, Dr Richard Newton, Clinical Mental Health Director at Peninsula Health, and eating disorders specialist Dr Suzy Redston. The day was also about bringing colleagues together, and was attended by almost 70 GPs. From the feedback we received, GPs said they would change the way they would engage with young people and the questions they would ask. They also said they felt better equipped to identify the early signs of mental illness and they really liked Dr Telfer's refresher course on the HEADSS tool, an assessment method when engaging young people.

"Excellent topics covered.

Thank you to SEMPHN for providing this day, and for all the hard work that has gone into facilitating this day."

South Eastern Melbourne, GP

Key speakers at the 2018 GPs symposium



Dr Richard Newton
Clinical Mental
Health Director,
Peninsula Health



Dr Suzy Redston
Clinical Director,
Austin Health



Dr Michelle Telfer
Head of Adolescent
Medicine, Royal
Children's Hospital



Dr Elizabeth Deveny
Chief Executive Officer
SEMPHN

"It was also a pleasure to join around 70 South Eastern Melbourne GPs at our first GP symposium. The last time I've seen that many GPs under one roof was over seven years ago. It was a very interactive day, and most importantly, it was great to see colleagues connecting with colleagues."



Refugee health

We coordinate a working group called Supporting Primary Care in Refugee Health, which aims to support primary care practitioners and services working with refugees in our community. This group was instrumental in the development of the Refugee Health Practice Coaching Modules, which practitioners can use to support their practice in completing a Refugee Health Assessment, developing immunisation catch-up schedules and working with interpreters. Since the module was released, 226 practitioners have completed the module to improve their capacity to work effectively with asylum seekers and patients with a refugee background.

Engaging with the primary health workforce

Collaboration and a strong relationship with our region's primary health workforce and community are very important to SEMPHN. We are doing this through our provider support officers (PSOs), practice network events, newsletters and communication, technology support, and our clinical and community councils.

Our PSOs are the link between general practice, the Department of Health and SEMPHN. They are regularly out visiting practices to provide information about our activities and opportunities, and giving general support to help them improve their practice systems and internal processes to ultimately improve the delivery of care to their patients.

Our purpose is to ensure that people within our catchment have access to primary healthcare services that meet their individual and community needs.

Practice Network events

Held in St Kilda, Dandenong and Frankston, Practice Networks are an opportunity for practice managers and practice nurses to gain peer support and training. More than 85 practice managers and 147 practice nurses attended these bi-monthly events over the last year. Around 220 practice managers and 150 practice nurses are also now using an online forum, which was set up on Basecamp by SEMPHN as a virtual discussion platform to keep colleagues connected.

Direct communication

Over the last year, we've sent 151 EDMs (electronic digital mail) including newsletters, invitations to special events and Board applications, with only 0.1 per cent of recipients requesting to unsubscribe. Within our catchment, 310,416 stakeholders have received at least one form of communication from us, which is up by 65 per cent on last year.

My Health Record

Prior to its launch, the My Health Record (MHR) team visited 342 pharmacies and 474 general practices from late January until the end of June as part of awareness activities for the My Health Record Expansion Program. The visits gave providers an update on how to use the MHR system as well as technical and registration support.

The team also applied design-thinking methodology to develop resources for providers to help achieve our aspirational goal of 100 per cent awareness. Since the My Health Record team began their activities, 25 new general practices and 89 new pharmacies have been registered to participate in the MHR system, and the team are now transitioning to the second phase of the project.



Our provider support officers are the link between general practice, the Department of Health and SEMPHN.

Executive Leadership Team

Led by Dr Elizabeth Deveny, the Executive Leadership Team (ELT) oversees our business activities in fulfilling organisational goals, strategic planning development and overall decision-making.



Dr Elizabeth Deveny

Dr Elizabeth Deveny is an experienced and well-respected senior executive with a strong commitment to providing sustainable health outcomes for all Australians, and a demonstrated ability to build and maintain positive, productive partnerships with key stakeholders and the broader community. Before her appointment at SEMPHN, Elizabeth was chief executive of Bayside Medicare Local (BML) from its formation in 2012. She currently sits on many boards and committees, which include the Australian Digital Health Agency (ADHA), where she is also Chair for the Privacy and Security Committee, the Australian National Advisory Council on Alcohol and Other Drugs and the Ministerial Development Advisory Panel.



Cam Battaglia

Cam Battaglia joined SEMPHN as chief operating officer in July 2016 and is responsible for system outcomes, service innovation and workforce development. He has a Bachelor of Business (Accounting) and extensive commercial and not-for-profit senior management experience. Most recently, as CEO of St Vincent de Paul Cam was responsible for all strategy, governance and operations, including overseeing program delivery, over 10,000 members and volunteers, and an annual turnover of some \$40 million.



Kiera Mansfield

Kiera Mansfield joined SEMPHN in November 2016 as general manager of service innovation. Her role is to ensure SEMPHN achieves its mission to improve access to key primary healthcare services across the region, including bringing SEMPHN's commissioning principles to life through the Service Innovation team's activities. Kiera is also responsible for the SECADA consortium and the Partners in Recovery program. She has over 25 years' leadership experience in sectors such as banking and telecommunications and as national manager of stakeholder engagement and compliance for headspace.



Andrew Hanson

Andrew Hanson joined SEMPHN in June 2016 as the general manager of workforce development. In this role, Andrew is responsible for provider support, eHealth, Health Care Homes and Area 4 Pharmacotherapy Network consortia. He has extensive operational, management and consultancy experience in a range of healthcare settings and has held senior leadership roles with Alfred Health, Rural Ambulance Victoria and several private companies. Andrew has a Bachelor of Business and is also an Associate Fellow of the Australasian College of Health Service Management.



Chris Wood

Chris Wood joined SEMPHN in December 2015 as system redesign analyst. A qualified actuary, he was previously the director of performance measurement and improvement with the National Health Performance Authority. In his current role, Chris is responsible for data collection and analysis, as well as ensuring that SEMPHN delivers its services through evidence.



Tony James

Tony James joined SEMPHN in July 2015 and is currently the general manager of human resources, a role that sees him responsible for human resources and occupational health and safety. Holding an Advanced Diploma of Business (Human Resources), Tony brings to the role his human resources experience in health and higher education sectors. Most recently, he held senior human resources roles for the Bayside Medicare Local and RMIT University.



Richard Langley

Richard Langley joined SEMPHN as general manager of corporate services in September 2017 and is responsible for finance, information technology, risk management, facilities management and general administration. Richard has extensive finance, shared services management and consultancy experience across a wide range of industries. He has held senior roles with Toll, EY, Australia Post and ANZ, as well as serving as a Victorian divisional councillor for CPA Australia. He is a CPA with a postgraduate qualification in Change Management and Consulting.



Melissa Le Mesurier

Melissa Le Mesurier joined SEMPHN as general manager of strategic relations in April 2016. She is responsible for stakeholder engagement, communication, events, media relations and management of issues.

Originally trained as a newspaper journalist, Melissa has over 25 years' experience in corporate communications, having held senior leader roles at Medibank Private, Kraft Foods and Link Group. She has a Bachelor of Arts and is the former chair of the Royal Children's Cystic Fibrosis Research Trust (1999 to 2009).

Board of Directors

The South Eastern Primary Health Network's Board of Directors provides strategic leadership and advice.



Professor Graeme Samuel

Professor Graeme Samuel AC is SEMPHN's inaugural chair, and has led the National Competition Council and the Australian Competition and Consumer Commission (1997 to 2011).

His current roles include Dementia Australia (president), National Health and Medical Research Council (NHMRC) (member) and chair of the NHMRC National Institute for Dementia Research, NHMRC Health Innovation Advisory Committee, Data Governance Australia, Airlines for Australia and New Zealand and Lorica Health. He is Professorial Fellow in the Monash Business School and Monash University's School of Public Health and Preventative Medicine.

In 2010, he was made a Companion in the General Division of the Order of Australia, for eminent service to public administration through contributions in economic reform and competition law, and to the community through leadership roles with sporting and cultural organisations.



Dr Alison Roberts

Dr Roberts is a senior executive with experience in influencing evidence-informed policy and practice. She also has experience across primary health care, population health, parenting and the wellbeing of children.

Trained as a pharmacist, Alison is a local bayside resident and holds a PhD in change management. She is currently CEO of Airlines for Australia & New Zealand. Prior to that, she served in a range of Pharmaceutical Society of Australia roles over 15 years, most recently as executive director of policy, advocacy and innovation.

As well as receiving appointments to various Ministerial Advisory Committees over the past decade, Dr Roberts has served on the board of the Parenting Research Centre, the Raising Children Network and was formerly on the board of Bayside Medicare Local. Alison is passionate about leading effective knowledge translation and implementation to improve outcomes.



Mr Craig Bosworth

Craig Bosworth is a senior executive whose experience covers a range of sectors across primary care, mental health, compensable and private health insurance, aged care and the NDIS.

He graduated as a physiotherapist, becoming a director of Olympic Park Sports Medicine Centre before working for organisations such as the Transport Accident Commission (TAC), Worksafe, Medibank Private, Healthways Australia and Healthdirect Australia. He has also been chief of staff to the Federal Minister for Health, Aged Care and Sport. Most recently, Chris was interim CEO for Aged and Community Services Australia (New South Wales, Queensland and Australian Capital Territory). He is a past director of Comcare, Multicultural Arts Victoria and the NSW Ministerial Advisory Board for Preventive Health.



Professor Danielle Mazza

Professor Danielle Mazza is the head of Monash University's Department of General Practice. Widely published in academic journals, she is the author of the GP textbook *Women's health in general practice*.

Throughout her career, Danielle has made significant contributions as a researcher and educator to advance general practice and primary health care in Australia in the fields of preventative care, women's sexual and reproductive health, and the early detection of cancer.

She is a member of the RACGP's National Expert Committee on Quality Care, has led or been a member of several evidence-based guideline development groups and provides expert advice on implementation as a member of numerous professional, government and policy groups.

A practicing GP in Brighton, Danielle also has expertise in the use of routinely collected general practice data to inform population health and policy and practice.



Dr Hung Nguyen

Dr Hung Nguyen is a GP in private general practice in Glen Waverly and in an Aboriginal Community Controlled Health Service.

Hung is on the board of directors for Therapeutic Guidelines Limited and Health Education Australia Limited. He is the inaugural censor for the RACGP National Faculty of Aboriginal and Torres Strait Islander Health. He is also councillor on the AMA Victoria Council as well as the Victorian Clinical Council, where he is also on the Executive Committee.

Through his appointments, Hung is concerned with positive patient journeys through the healthcare system and patient engagement in the quality improvement process in health care.



Dr Julie Thompson

Dr Julie Thompson is a GP practicing in Warragul.

Julie has over 20 years' experience as a director on health-related local, regional, state and national boards, including community health, hospital, aged care and divisions of general practice. She has broad experience in health service reform, such as mental health, chronic disease management and primary care, and three years as chair of Australian Divisions of General Practice.

Julie is currently a director of Healthdirect Australia and member of the Clinical Governance Advisory Group (CGAG). She also chairs the National Quality Management Committee for BreastScreen Australia. Julie continues to advocate for improved access to multidisciplinary team-based care and a more integrated approach to primary care for various chronic illnesses, building on her involvement in early discussions on enhanced roles for general practice nurses.



Dr Michael Cross

Dr Michael Cross has worked as a GP at Mornington for three decades.

Michael chaired both the former Frankston-Mornington Peninsula Medicare Local and its predecessor, the Peninsula GP Network, and was on the board of governance for The Bays Hospital in Mornington.

He has a long-standing commitment to improving general practice and primary care in general. His 30 years as a Mornington GP gives him a clear understanding of the primary health needs of Frankston and the Mornington Peninsula. Dr Cross has a particular interest in social justice and the social determinants of health.



Dr Michael Nolan

Dr Michael Nolan has spent 35 years providing comprehensive team care to patients in the Cheltenham area.

He has been a GP and a practice owner and has more than 20 years' experience on local, state and national health organisation boards, leading to his view that Australia's health system should be focused on primary care.

Michael's experience gives him a deep and nuanced understanding of the region's primary health and the potential paths to enhanced primary care performance. He brings high-level governance skills and strengths in change management, team building and primary healthcare funding strategies.

Clinical Council

The Clinical Council is made up of local health professionals and provides advice to the Board from a clinical perspective.



Anne Doherty

Anne Doherty is a mental health professional as well as an experienced senior health executive. She has held a range of senior positions at Monash Health since 2007. Anne is currently the general manager of the Monash Sector.



Dr David Shap

Dr David Shap is a GP and has been a partner in a Hampton general practice for 20 years, having previously worked overseas and qualified at the University of Cape Town. In Australia, David received his Fellowship from the RACGP in 1993 and teaches both medical students and GP registrars. His particular interests are geriatrics and aged care, as well as asylum seeker health.

David was previously a board member of Bayside Division of General Practice, as well as head of the GP Education Committee of the Bayside Medicare Local. He is committed to GP Continuing Medical Education, as well as mechanisms to improve communication between GPs, hospitals, allied health and community health sectors.



Dr George Somers

Dr George Somers is principal GP and owner of Emerald Medical Centre. He was instrumental in establishing the Sherbrooke and Pakenham Division of General Practice, and set up the Disaster and Emergency Medicine Program (DEMP). He is an adjunct associate professor at Monash University's School of Rural Health and helped set up the Gippsland Medical School as the coordinator of clinical skills.

George is developing his practice into a centre of clinical and academic excellence based on the Patient Centred Medical Home (PCMH) model. He sits on the RACGP Expert Committee, General Practice Advocacy and Funding and the RACGP Working Party on the Medical Home.



Dr Iain Edwards

Dr Iain Edwards is physiotherapist and director of integrated care and dental at Peninsula Health. He is chair of Guide Dogs Victoria's Consumer Advisory Council and the Peninsula Model Chronic Disease Alliance. He also sits on Monash University's Physiotherapy Course Steering Committee.



Dr Jagdeesh Singh Dhaliwal

Dr Jagdeesh Singh Dhaliwal is a GP in South Eastern Melbourne and GP adviser in healthcare technology and strategy to East Melbourne Primary Health Network.

He has over 20 years' experience as a GP partner in the United Kingdom (UK) and has served as deputy director of postgraduate medicine at Keele University's School of Medicine, honorary associate professor in health services management at the University of Warwick and as a consultant medical adviser in healthcare technology strategy to global companies.

Jag was awarded an MSc in Health Care Management with distinction from the University of Warwick.



Michelle Lynch

Michelle Lynch is a pharmacist with over 20 years' experience in public and private hospital pharmacy operations and management, community pharmacy and consultancy in the wider health space. She is passionate about the pivotal role of pharmacists in primary and acute healthcare teams to deliver the best outcomes to patients.

Michelle is a board director of the Pharmaceutical Society of Australia and is currently the National Vice-President. She also holds positions on the editorial board of the Australian Pharmaceutical Formulary and the newly formed Australian Advisory Council on the Medicinal Use of Cannabis. Michelle is currently responsible for Ramsay Pharmacy National Hospital Pharmacy Operations.



Dr Kim Wong

Dr Kim Wong is head of nephrology and general physician at Peninsula Health. Kim is enthusiastic about improving the region's renal services, including general nephrology and chronic kidney disease care, haemodialysis and peritoneal dialysis services, post kidney transplant care, hypertension investigation and management.

Kim graduated from the University of New South Wales in 1987 and completed training as a nephrologist in New Zealand, Scotland and Singapore under the Royal Australasian College of Physicians. He is the deputy chair of the Senior Medical Staff Association and the chief medical information officer at Peninsula Health.

Kim has a strong clinical information technology interest and hopes to create a well-connected clinical fraternity to provide excellent compassionate care closer to where patients live.



Sue White

Sue White is general manager of community and clinical care at Inner South Community Health Service. She has 25 years' experience working with disadvantaged communities both in Australia and overseas.

Sue has held management positions since 1999 in both the health and welfare sectors and has a passion for reducing inequity in health by addressing the factors that create disadvantage. She has a keen interest in research, homelessness and health, advocacy, policy and health equity. Sue is a registered nurse and holds a Graduate Diploma in Community Health.



Anne-Maree Kaser

Anne-Maree Kaser is the CEO of Windana Drug & Alcohol Recovery. Bringing three decades' experience in health and community services, Anne-Maree joined Windana in 2013 and now presides over a significantly expanded organisation, leading a team of 140 to deliver residential and community-based alcohol and drug treatment programs in locations across Victoria.

Priorities in her role include expanding the reach and impact of Windana's residential and community-based services, advocacy on alcohol and other drug issues, lobbying for expansion of the alcohol and other drug service system in Victoria, careful fiscal management, and building relationships with donors, volunteers, internal staff, government agencies and other business partners.

Community Council

Community-focused is a core value at SEMPHN, which is why the Community Council was established. This Council provides a regular voice from the community.



Janette Donovan

Janette Donovan is an advocate for health consumers. She is a member of the Chronic Illness Alliance and experience as a board director of several organisations. Jan is a member of the Board of the Consumers Health Forum of Australia and chairs the Finance, Audit and Risk Committee. She focuses on health service needs around chronic and mental illness and is interested in maternal and child health as well as the health and social issues of marginalised people.



Marlene Dalziel

Marlene Dalziel is a health promotion practitioner with a background in social planning and community development across local government and the primary healthcare sector. Marlene has previously served as a member the board of management for Kooweerup Regional Health Service. She brings to the Council an understanding of both aged care services and acute hospitals, in addition to her experiences in primary healthcare work.



Marita Scott

Marita Scott has 30 years' experience in a diverse range of community and health services including aged, child, youth, family, disability, mental health and asylum seekers. She has held a range of executive and sector leadership roles such as those related to Primary Care Partnerships, the Executive Committee of the Case Management Society of Australia and board member of the Centre for Excellence in Child and Family Welfare. Key areas of interest include influencing public policy and reform for better outcomes.



Ian Gould

Ian Gould has worked as a researcher, research leader, and research and development executive with the Victorian Department of Agriculture and CSIRO in agriculture, agricultural engineering, food science and human nutrition. He has recently retired from the CSIRO Division of Animal, Food and Health Sciences.

In the LGBTIQ community, Ian's contributions include the Committee of Management of the Victorian AIDS Council and Gay Men's Health Centre, deputy chair of Victorian's Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing, the Committee of the Victorian Gay and Lesbian Rights Lobby, and the Youth Affairs Council (YACVic) Healthy Engaged Youth (HEY) Grants Advisory Committee. He is currently a director of the Gay and Lesbian Foundation of Australia (GALFA), a wellbeing-focused philanthropic fund.



Thu Nguyen

Thu Nguyen joined SEMPHN in August 2017 as a Community Council member. Thu had previously worked in the Victorian Department of Health and the Australian Red Cross Blood Service. She is currently working as a business manager at Monash Health.



Jack Nagle

Through his personal experiences with addiction, Jack Nagel is extremely passionate about using the destruction of his past as his greatest asset to give hope to people suffering from addiction, and educating the community with the sometimes confronting and shattering reality of addiction. Jack works with various leading addiction treatment centres in Australia, has appeared on national television regularly and worked with government. He has positively influenced thousands of lives through his personal and professional knowledge of substances, addiction and how to turn a chaotic nightmare into a fulfilling dream.



Our values

Collaboration

Community focused

Accountability

Respect

Excellence

Solution focused

Our vision

Become a trusted facilitator that is able to build strong productive relationships across the primary health system. These relationships will allow us to work together to build healthier lives in our community and make the best use of limited public and private resources to improve the quality of services available to health care providers.

Our purpose

The South Eastern Melbourne Primary Health Network exists to build the capacity and understanding of the primary health system to enable improved health outcomes for individuals within its region.



An Australian Government Initiative

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