



Australian Government
Department of Health



An Australian Government Initiative

Primary Health Network

Needs Assessment Reporting Template

This template must be used to submit the Primary Health Network's (PHN's) Needs Assessment report to the Department of Health (the Department) by **30 March 2016** as required under Item E.5 of the Standard Funding Agreement with the Commonwealth.

Name of Primary Health Network

South Eastern Melbourne

When submitting this Needs Assessment Report to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Report has been endorsed by the CEO.

Section 2 – Outcomes of the health needs analysis

This section summarises the findings of the health needs analysis in the table below. For more information refer to Table 1 in '5. Summarising the Findings' in the Needs Assessment Guide on www.health.gov.au/PHN.

Additional rows may be added as required.

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Social Determinants of Health	<p>High dependence on pensions and government support</p> <ul style="list-style-type: none"> Greater Dandenong 78.9 per 1,000 Frankston 70 per 1,000 Victoria – 54.9 per 1,000 	<p>Community indicators across a number of domains, including basic information relating to unemployment, mortgage and rental stress and homelessness, provide insights to risk factors that impact health and health care access.</p> <p>ABS, Census of Population and Housing: Estimating homelessness, 2011</p>
	<p>Delay in accessing medical care due to lack of affordability high in :</p> <ul style="list-style-type: none"> Frankston 24.2% Kingston 23.6% Greater Dandenong 22% Victoria – 13% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
	<p>High proportion of single parent families in:</p> <ul style="list-style-type: none"> Frankston 26.6% Mornington Peninsula 22.7% Greater Dandenong 22.3% Victoria – 19.6% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>

Outcomes of the health needs analysis

	<p>High percentage of families receiving rental assistance in:</p> <ul style="list-style-type: none"> • Greater Dandenong 28.1% • Frankston 22.8% • Cardinia 19.1% • Victoria – 16.4% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
	<p>Family violence rate per 1000 population high in:</p> <ul style="list-style-type: none"> • Frankston 17.9 per 1000 • Greater Dandenong 15.2 per 1000 population • Cardinia 14.9 per 1000 population • Victoria – 10.8 per 1000 population 	<p>Domestic violence and relationship issues is the highest reason attributed to causing homelessness in Victoria.</p> <p>Australian Bureau of Statistics, Census of Population and Housing: Estimating Homelessness, 2012 Australian Institute of Health and Welfare, Specialist Homelessness Services 2012-13, 2013</p>
	<p>The number of homeless people in the catchment is 6,455 which is 28% of the state's homeless population. The areas of greater level of homelessness within SEMPHN are:</p> <ul style="list-style-type: none"> • Greater Dandenong 25% (1,634 people) • Port Phillip 24% (1,564 people) • Casey 14% (932 people) • Mornington Peninsula 12% (277 people) • Victoria – 22,773 people 	<p>ABS, Census of Population and Housing: Estimating homelessness, 2011</p>

Outcomes of the health needs analysis

	<p>Children who are developmentally at risk physical health and wellbeing high in:</p> <ul style="list-style-type: none"> • Greater Dandenong 17.3% • Port Phillip 14.5% • Frankston 13.9 % • Victoria – 11.1% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
	<p>Children with language and cognitive skills (school-based) developmentally at risk high in:</p> <ul style="list-style-type: none"> • Greater Dandenong 17.6% • Cardinia 11.8% • Casey 11.5% • Victoria – 9.9% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
	<p>Children developmentally at risk in emotional maturity at school entry high in:</p> <ul style="list-style-type: none"> • Greater Dandenong 19.0% • Frankston 15.1% • Cardinia 14.8% • Victoria – 13.5% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>

Outcomes of the health needs analysis

	<p>Full time participation in secondary school education at age 16 was low in:</p> <ul style="list-style-type: none"> • Frankston 76.1% • Cardinia 77.8% • Greater Dandenong 78.8% • Victoria – 87.8% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
	<p>Teenage fertility rate high in:</p> <ul style="list-style-type: none"> • Frankston 16.81 per 1,000 • Greater Dandenong 16.81 per 1,000 • Port Phillip 12.55 per 1,000 • Victoria – 10.38 per 1,000 • Victoria Aboriginal – 62.8 per 1,000 	<p>The teenage fertility rate is the number of live births to women aged 15 -19 years during a calendar year per 1,000 women in this age group.</p> <p>Victorian Child and Adolescent Monitoring System (VCAMS) http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx</p>

Key Outcomes – Social Determinants

1. There areas of Greater Dandenong and Frankston that have significant social disadvantage with higher than the Victorian average population who are dependent on financial assistance, experiencing family violence and delay accessing medical care due to lack of affordability.
2. There are very high rates of homelessness in Greater Dandenong and Port Phillip.
3. The rate of teenage pregnancies within the Aboriginal community in Victoria is very high, further information is required to quantify the Aboriginal fertility rate within the SEMPHN region.

<p>Health Behaviours</p>	<p>Poor nutrition and inadequate fruit and vegetable intake was higher for males in:</p> <ul style="list-style-type: none"> • Casey 67.7 % • Cardinia 64.1 % • Frankston 63.7% • Victoria – 55.4% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
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Outcomes of the health needs analysis	
<p>Poor nutrition and inadequate fruit and vegetable intake was higher for females in:</p> <ul style="list-style-type: none"> • Casey 52.5% • Cardinia 51.2% • Mornington Peninsula 51.1% • Victoria – 51.2% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
<p>Smoking rate aged over 18 per 100 population was high in:</p> <ul style="list-style-type: none"> • Frankston 22.5 per 100 • Cardinia 20.9 per 100 • Mornington Peninsula 20.7 per 100 • Greater Dandenong 20.1 per 100 • Victoria – 18.3 per 100 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
<p>Smoking during pregnancy high in:</p> <ul style="list-style-type: none"> • Cardinia 20.5% • Frankston 18.6% • Casey 15.6%. • Victoria – 11.4% 	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
<p>Alcohol Consumption at levels considered to be a high risk to health, age standardised rate reported higher for:</p> <ul style="list-style-type: none"> • Frankston 3.2 • Cardinia 3.2 • Mornington Peninsula 3.1 • Victoria – 3.0 	<p>While overall alcohol consumption has decreased across the catchment risky alcohol consumption continues to be a burden for health services and selected areas. Emergency department presentations for 2012-13 increased by 9% per annum.</p>

Outcomes of the health needs analysis

	<p>Obesity in males reported higher for:</p> <ul style="list-style-type: none"> • Cardinia 26.7 ASR per 100 • Frankston 26 ASR per 100 • Casey 25.9 ASR per 100 • Victoria – 24.5 ASR per 100 <p>Proportion of overweight and obese 5-17 yr old boys in Australia is stable or decreasing. 5-12 year olds: 21.8% (2008) to 22.2% (2012) 13-17 year olds: 31.8% (2008) to 26.1% (2012)</p>	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
	<p>Obesity in females reported higher for:</p> <ul style="list-style-type: none"> • Frankston 31.8 ASR per 100 • Greater Dandenong 31.5 ASR per 100 • Cardinia ASR 31.2 per 100 • Victoria 27.2 per 100 <p>Proportion of overweight and obese girls in Australia is increasing: 5-12 year olds: 23% (2008) to 27.7% (2012) 13-17 year olds: 25.4% (2008) to 26.2% (2012)</p>	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (October 2016).</p>
	<p>Eating disorders affect 59,203 people within the catchment, only one in six will get treatment. This includes the following disorders:</p> <ul style="list-style-type: none"> • Anorexia Nervosa 1,689 (3%) • Bulimia Nervosa 7,056 (12%) 	<p>Eating Disorder Victoria presentation to VPHNA MH leads (October 2016)</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> Binge Eating Disorder 27,720 (47%) Other eating disorders 22,738 (38%) 	
Key Outcomes – Health Behaviour Populations within Frankston, Cardinia and Casey experience above the Victorian average for: <ol style="list-style-type: none"> Smoking and in particular the number of women who smoke while pregnant. There are increasing levels of eating disorders throughout the region. 		
Mental Health	Mental and behavioural problems high in <ul style="list-style-type: none"> Frankston 13.9 per 1,000 Mornington Peninsula 13.4 per 1,000 Greater Dandenong 12.4 per 1,000 Victoria – 12.7 per 1,000 	Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016) Additional information on Mental Health Needs within the SEMPHN region is available from the SEMPHN Mental Health Needs Assessment November 2016
	Persons who have a high degree of psychological distress , ASR per 1000 population high in: <ul style="list-style-type: none"> Greater Dandenong 14.4 per 1,000 Frankston 12.7 per 1,000 Mornington Peninsula 12.2 per 1,000 Victoria – 11.4 per 1,000 	Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016) Additional information on Mental Health Needs within the SEMPHN region is available from the SEMPHN Mental Health Needs Assessment November 2016
Mortality	Potentially avoidable deaths highest in: <ul style="list-style-type: none"> Port Phillip 187.1 per 100,000 Greater Dandenong 181.2 per 100,000 Frankston 176.6 per 100,000 Victoria 148.2 per 100,000 	Potentially avoidable deaths comprise premature deaths caused by conditions or diseases that are commonly accepted as being potentially avoidable. The greatest number of premature deaths occurs due to cancer followed by circulatory diseases
Potentially Preventable Hospitalisations	Potentially Preventable Hospitalisations per 100,000 included: <ul style="list-style-type: none"> All PPH hospitalisations 	Potentially Preventable Hospitalisations (PPH) are an admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • SEMPHN 2,395 • Australia 2,436 <p>Acute and Vaccine -preventable</p> <ul style="list-style-type: none"> • SEMPHN 1,243 • Australia 1,325 <p>Chronic conditions</p> <ul style="list-style-type: none"> • SEMPHN 1,167 • Australia 1,122 	<p>primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals).</p> <p>There were 2,395 per 100,000 age standardised PPH for South Eastern Melbourne 2013-14 comprising 36,108 PPH of which 13,986 were same day presentations, the average length of stay was 5.8 days.</p>
Chronic Conditions Prevalence	<p>Prevalence of Chronic Conditions within SEMPHN region:</p> <p>There were 24,078 people over 18 years with COPD in the SEMPHN region 2011-13, the prevalence per 100 highest in:</p> <ul style="list-style-type: none"> • Frankston 2.0 • Mornington Peninsula 2.0 • Cardinia 1.9 • SEMPHN – 1.9 • Victoria – 1.9 	<p>Estimated age standardised rate per 100 was available for COPD, asthma and diabetes.</p> <p>Source: Torrens University - Public Health Information Development Unit (http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks)</p>
	<p>There were 137,910 people over 18 years with asthma within the SEMPHN region 2011-2013, the prevalence per 100 highest in:</p> <ul style="list-style-type: none"> • Cardinia 13.0 • Mornington Peninsula 12.1 • Frankston 11.6 • SEMPHN – 10.2 • Victoria – 10.9 	<p>Source: Torrens University - Public Health Information Development Unit (http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks)</p>

Outcomes of the health needs analysis		
	<p>There were 46,447 people over 18 years with diabetes within the SEMPHN region, 2011-2013 the prevalence per 100 highest in :</p> <ul style="list-style-type: none"> • Greater Dandenong 8.3 • Casey 5.3 • SEMPHN – 4.5 • Victoria – 4.7 	<p>Source: Torrens University - Public Health Information Development Unit (http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks)</p>
<p>Potentially Preventable Hospitalisations SEMPHN priority areas.</p> <p>Chronic Conditions</p>	<p>Potentially Preventable Hospitalisations for all chronic conditions highest in:</p> <ul style="list-style-type: none"> • Casey South 1,582 per 100,000 • Frankston 1,411 per 100,000 • Cardinia 1,348 per 100,000 • SEMPHN – 1,167 per 100,000 	<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14.</p>
	<p>Potentially Preventable Hospitalisations for angina in SEMPHN:</p> <ul style="list-style-type: none"> • SEMPHN 134 per 100,000 • Hospitalisations 2,093 • Bed days 4081 • Same day 41.6% • 2.6 days ALOS 	<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA</p>
	<p>Potentially Preventable Hospitalisations for asthma in SEMPHN:</p> <ul style="list-style-type: none"> • SEMPHN 129 per 100,000 • Hospitalisations 1,767 • Bed days 3,724 • Same day 39.7% • ALOS days 2.8 	<p>Asthma is the most common reason for children being admitted to hospital, presenting to their doctor or hospital emergency department, and for missing days at school, 15.7% reported having a written asthma action plan.</p> <p>Proportion of children with asthma slightly higher in Southern Melbourne compared to metropolitan Victoria: Southern Melbourne Area: 11.2% Metropolitan Victoria: 11%</p>

Outcomes of the health needs analysis

		<p>Victorian Department of Education and Training, The Victorian Child and Adolescent Monitoring System (VCAMS) http://www.education.vic.gov.au/about/research/Pages/vcams.aspx (accessed October 2016)</p> <p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA</p>
<p>Potentially Preventable Hospitalisations for bronchiectasis in SEMPHN:</p> <ul style="list-style-type: none"> • SEMPHN 21 per 100,000 • Hospitalisations 337 • Bed days 2419 • Same day 18.9 • ALOS days 8.6 		<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA</p>
<p>Potentially Preventable Hospitalisations for Congestive Heart Failure high in:</p> <ul style="list-style-type: none"> • Casey South 267 per 100,000 • Dandenong 248 per 100,000 • Cardinia 226 per 100,000 • SEMPHN 203 per 100,000 • Hospitalisations 3461 • Bed days 22,942 • Same day 16.1% • ALOS days 7.3 		<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14.</p>
<p>Potentially Preventable Hospitalisations for COPD high in:</p> <ul style="list-style-type: none"> • Casey South 360 per 100,000 		<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14.</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> Frankston 314 per 100,000 Port Phillip 268 per 100,000 SEMPHN 222 per 100,000 <ul style="list-style-type: none"> Hospitalisations 3551 Bed days 20,310 Same day 14.3% ALOS days 6.2 	
	<p>Preventable Hospitalisations for diabetes complications were highest in:</p> <ul style="list-style-type: none"> Cardinia 271 per 100,000 Frankston 225 per 100,000 Casey South 203 per 100,000 SEMPHN 160 per 100,000 <ul style="list-style-type: none"> Hospitalisations 2,403 Beddays 13,741 Sameday 9.7% ALOS days 7.9 	<p>Australian Institute of Health and Welfare 2014. Type 2 diabetes in Australia's children and young people: a working paper. Diabetes Series no. 21. Cat. no. CVD 64. Canberra: AIHW.</p> <p>Age-standardised incidence rate of type 2 diabetes among adolescents aged 10-19 has increased from 5 per 100,000 in 2002-03 to 6.4 per 100,000 2011-12</p>
	<p>Potentially Preventable Hospitalisations for Iron deficiency anemia in SEMPHN:</p> <ul style="list-style-type: none"> SEMPHN 247 per 100,000 Hospitalisations 3707 Bed days 5,486 Same day 3.9% ALOS days 3.5 	<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA</p>
	<p>Potentially Preventable Hospitalisations for acute conditions were highest in:</p> <ul style="list-style-type: none"> Cardinia 1,426 per 100,000 	<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14.</p>

Outcomes of the health needs analysis

<p>Potentially Preventable Hospitalisations</p> <p>Acute Conditions</p>	<ul style="list-style-type: none"> • Dandenong 1,425 per 100,000 • Casey South 1,395 per 100,000 • SEMPHN 1,108 per 100,000 <ul style="list-style-type: none"> • Hospitalisations 16,212 • Bed days 55621 • Same day 39.2% • ALOS days 5.4 	
	<p>Potentially Preventable Hospitalisations for Cellulitis is highest in:</p> <ul style="list-style-type: none"> • Cardinia 253 per 100,000 • Casey 233 per 100,000 • Glen Eira 194 per 100,000 • SEMPHN 189 per 100,000 <ul style="list-style-type: none"> • Hospitalisations 2,857 • Bed days 13,280 • Same day 16.5% • ALOS days 5.4 	<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14.</p>
	<p>Potentially Preventable Hospitalisations for convulsions and epilepsy is highest in:</p> <ul style="list-style-type: none"> • SEMPHN 148 per 100,000 • Hospitalisations 2,078 • Bed days 5,623 • Same day 41.1% • ALOS days 3.9 	<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA</p>
	<p>Potentially Preventable Hospitalisations for dental conditions:</p>	<p>National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14.</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • SEMPHN 287 per 100,000 • Hospitalisations 3,330 • Bed days 3,880 • Same day 87.1% • ALOS days 2.3 	Data not available by LGA
	<p>Potentially Preventable Hospitalisations for gangrene:</p> <ul style="list-style-type: none"> • SEMPHN 50 per 100,000 • Hospitalisations 771 • Bed days 9,152 • Same day 24.3% • ALOS days 15.4 	National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA
	<p>Potentially Preventable Hospitalisations for pelvic inflammatory disease:</p> <ul style="list-style-type: none"> • SEMPHN 24 per 100,000 • Hospitalisations 771 • Bed days 9,152 • Same day 24.3% • ALOS days 3.2 	National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA
	<p>Kidney and Urinary Tract Infections were high in:</p> <ul style="list-style-type: none"> • Cardinia 367 per 100,000 • Casey 352 per 100,000 • Dandenong 343 per 100,000 • SEMPHN 296 per 100,000 • Hospitalisations 4,542 	National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14.

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • Bed days 17,061 • Same day 33.6% • ALOS days 5.2 	
Potentially Preventable Hospitalisations Vaccine preventable	Potentially Preventable Hospitalisations for total Vaccine preventable conditions were highest in: <ul style="list-style-type: none"> • SEMPHN 139 per 100,000 • Hospitalisations 2,056 • Bed days 12.862 • Same day 23.9% • ALOS days 7.9 	National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA
	Potentially Preventable Hospitalisations for pneumonia and influenza (vaccine preventable): <ul style="list-style-type: none"> • SEMPHN 54 per 100,000 • Hospitalisations 808 • Bed days 6,211 • Same day 9.5% • ALOS days 8.4 	National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA
	Potentially Preventable Hospitalisations for other vaccine preventable : <ul style="list-style-type: none"> • SEMPHN 86 per 100,000 • Hospitalisations 1,258 • Bed days 6,721 • Same day 32.9% • ALOS days 7.5 	National Health Performance Authority 2015, Healthy Communities: Potentially preventable hospitalisations in 2013 –14. Data not available by LGA
Stakeholder engagement	Stakeholder engagement response to management of chronic disease: Priority client group	PHN Stakeholder engagement survey November 2016

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Seniors 33% • Health care card holders 21% • ATSI 9% 	
	<p>Stakeholder engagement response to management of chronic disease:</p> <p>Major challenge to access:</p> <ul style="list-style-type: none"> • Lack of affordable medical services 69% • Lack of awareness of existing services 61% • Lack of affordable transport 59% • Shortage of allied health services 52% • Gaps in Health literacy 50% • Distance to health care services 42% • Lack of available after hours appointments 35% • Poor past experiences 35% • Lack of available appointments 30% • Shortage of culturally appropriate services 21% • Shortage of GPs 19% • Concerns related to privacy 19% • Shortage of Aboriginal health workers 14% • Lack of accommodation during treatment 14% • Communication difficulties (e.g. experiences of people with hearing or intellectual disabilities) 11% 	<p>PHN Stakeholder engagement survey November 2016</p>
	<p>Stakeholder engagement response to management of chronic disease:</p>	<p>PHN Stakeholder engagement survey November 2016</p>

Outcomes of the health needs analysis		
	<p>Major challenge to provision of services:</p> <ul style="list-style-type: none"> • Inadequate staffing 33% • Inadequate training 31% • Inadequate training leading to knowledge gaps 24% • Lack of standard guidelines 24% 	
<p>Key Outcomes – Potentially Preventable Hospitalisations</p> <ol style="list-style-type: none"> 1. Greater Dandenong had the highest rate of diabetes in the region. 2. The highest rates of PPH for chronic disease were for iron deficiency anemia, COPD, Congestive Heart Failure, Diabetes complications. 3. The areas of Frankston, Dandenong, Casey and Cardinia have high aged standardised rates for both chronic and acute conditions. 4. The acute condition kidney and urinary tract infections accounted for the highest rate of PPH in the region. 5. High rates of admission for cellulitis and iron deficiency anemia require further investigation to identify the population affected, cause and management. 6. Stakeholders have reported the main barriers to accessing health care for the management of chronic disease is prevented due to affordability, transport, appropriate hours of appointment, lack of awareness of existing services and gaps in health literacy. 7. Stakeholders have reported the main barriers in the provision of services for the management of chronic disease is staffing skills, training and standard treatment guidelines. 		
<p>Screening and Cancer detection</p>	<p>The incidence rate for malignant cancer diagnosis per 100,000 population, (LGA rank) Cancer Council 2013</p> <ul style="list-style-type: none"> • Mornington Peninsula 789.9 (14) • Bayside 667.2 (23) • Kingston 603.4 (33) • Victoria – 522.0 	<p>Department of Health and Human Services http://www.health.vic.gov.au/modelling/planning/lga.ht</p>
	<p>Breast Cancer Screening females aged 50-69 participation lowest in:</p> <ul style="list-style-type: none"> • Port Phillip 49.0% 	<p>High participation in cancer screening programs is needed to reap the greatest benefits in terms of reducing illness and death from these cancers. In both 2013–2014 and 2014–2015, almost 1.5 million women aged 50-69 had a screening mammogram through Breast Screen Australia, which is around 54%</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • Frankston 51.5% • Greater Dandenong 52.1% • Victoria – 55.9% <p>Breast Screening outcomes females aged 50-69 : Cancer detection ASR based on women screened over a 24 month period highest in:</p> <ul style="list-style-type: none"> • Port Phillip 81.7 per 10,000 • Stonnington 71.8 per 10,000 • Frankston 63.5 per 10,000 • Victoria – 60.7 per 10,000 	<p>participation. Participation of Aboriginal and Torres Strait Islander women was lower at 37% in 2013–2014. Participation has been 54% or 55% for all years between 2010–2011 and 2014–2015. (AIHW)</p> <p>Incidence of breast cancer in Australia is lower for Indigenous women than for non-Indigenous women at 214 compared with 278 new cases per 100,000 for women aged 50–69, despite this, mortality from breast cancer is similar at 45 and 43 deaths per 100,000 women, respectively.</p> <p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016)</p>
	<p>Cervical screening participation females aged 20-69 lowest in:</p> <ul style="list-style-type: none"> • Greater Dandenong 54.5% • Frankston 55.2% • Cardinia 57.3% • Casey 57.4% • Victoria – 60.0% <p>Cervical screening outcomes for low grade abnormality was high in:</p> <ul style="list-style-type: none"> • Port Phillip 59.0 per 1,000 • Stonnington 50.7 per 1,000 • Frankston 45.0 per 1,000 • Victoria – 43.0 per 1,000 	<p>In 2013-2014, more than 3.8 million women participated in cervical screening. This was 57% of women aged 20-69. The age-standardised participation of 58% has not changed over the past few years, with age-standardised participation in 2011-2012 and 2012-2013 also at 58%. National participation rates for Aboriginal and Torres Strait Islander women are not available due to Indigenous status information not being collected on pathology forms in all jurisdictions, although there is evidence that this population group is under-screened.</p> <p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016)</p>

Outcomes of the health needs analysis

	<p>Cervical screening outcomes for high grade abnormality was high in:</p> <ul style="list-style-type: none"> • Port Phillip 18.7 per 1,000 • Frankston 15.7 per 1,000 • Mornington Peninsula 14.4 per 1,000 • Victoria 13.6 per 1,000 	
	<p>Bowel cancer screening rates were low in:</p> <ul style="list-style-type: none"> • Casey 29.5% • Glen Eira 29.6% • Port Phillip 29.6% • Victoria 33.5% <p>Positive screening results were highest in:</p> <ul style="list-style-type: none"> • Greater Dandenong 8.2% • Frankston 8.1% • Cardinia 8.0% • Victoria 7.1% 	<p>Participation rates in bowel cancer screening across Australia were higher for women than men and generally increased with increasing age. About 37% of the 2.2 million people invited from January 2013 to December 2014 returned a completed bowel cancer screening kit for analysis. This overall participation rate was higher than in recent years. The percentage of positive screening tests returned for males 7.8% was higher than females 6.5% for Victoria.</p> <p>Colonoscopies promote earlier detection of bowel cancer and general practitioners play a pivotal role in referring people for colonoscopies. General practitioner recommendations have also been shown to positively influence participation in bowel cancer screening using faecal occult blood tests. . (Australian Commission on Safety and Quality in Health Care 2015)</p> <p>The rate of colonoscopy was 3,323 per 100,000 compared to the Australian rate of 2,355 per 100,000.</p> <p>Bowel cancer detection highest in Greater Dandenong, Frankston and Cardinia</p>
<p>Key Outcomes – Cancer screening and detection</p> <ol style="list-style-type: none"> 1. Breast cancer screening participation lower than the Victorian average and cancer diagnosis rates are high in Port Phillip, Stonington and Frankston 2. Cervical cancer screening participation low in Greater Dandenong, Cardinia, Casey and Frankston and high grade abnormalities were high in Port Phillip Frankston and Mornington Peninsula. 		

Outcomes of the health needs analysis

3. Bowel cancer screening rates are low in Casey, Glen Eira and Port Phillip with the highest percentage of positive screening results reported in Greater Dandenong, Cardinia and Frankston.
4. There are over 40% more colonoscopies performed in the SEMPHN region compared to the Australian rate which requires further investigation.

Immunisation	<p>Percentage of 1 year old children fully immunised was low in:</p> <ul style="list-style-type: none"> • Greater Dandenong 88.4% • Port Phillip 89.8% • Casey North 90% • SEMPHN – 90.7% • ATSI – 85.1% <p>Not fully immunised 1,726 children, 25 ATSI children</p>	<p>Vaccination provides a direct benefit to the individuals who are vaccinated. When there is high vaccine coverage there is less disease circulating and unvaccinated people also benefit from indirect protection. The disease which requires the highest level of vaccine coverage to achieve herd immunity is measles as it is highly infectious. It is estimated that coverage of 92-94% is required for herd immunity from this virus². For this reason the national aspirational immunisation coverage target has been set at 95%. This target provides sufficient herd immunity to prevent transmission of other vaccine preventable diseases and supports Australia’s contribution to achieving measles elimination in the Western Pacific Region. (DHHS)</p> <p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016)</p>
	<p>Percentage of 2 year old children fully immunised was low in:</p> <ul style="list-style-type: none"> • Port Phillip 86.7% • Greater Dandenong 87.1% • Casey North 87.8% • SEMPHN – 89.0% • ATSI – 90.1% <p>Not fully immunised 2,086 children, 13 ATSI children</p>	<p>Immunisations are provided by general practitioners and council immunisation services, there is variation between local government areas with the provision of immunisation, the areas with the highest number of Council provided immunisations were Stonnington and Port Phillip.</p> <p>The rate of immunisation for ATSI children is higher than the SEMPHN rate for 2 year old immunisations. Two year old Immunisations 6% under target.</p> <p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016)</p>

Outcomes of the health needs analysis

	<p>Percentage of 5 year old children fully immunised was low in:</p> <ul style="list-style-type: none"> • Greater Dandenong 88.8% • Port Phillip 89.6% • Stonnington-West 89.7% • SEMPHN – 92.1% • ATSI – 89.3% <p>Not fully immunised 1,336 children, 5 ATSI children</p>	<p>Since the introduction of the No jab no play Act 2015 services have experienced high demand for immunisations in particular catch up vaccinations for migrant families have increased. There has also been reported lag in Australian Childhood Immunisation Register (ACIR) data uploads causing immunisation rates to be slightly lower than expected.</p> <p>No Jab, No Pay no planning for migrant children G. Paxton et al Royal Children’s Hospital Melbourne, Victoria 2016</p> <p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016)</p>
	<p>HPV vaccine coverage females aged 12-13 in mid 2013 who received the third dose by 2016 low in:</p> <ul style="list-style-type: none"> • Cardinia 70.4 % • Greater Dandenong 75.3% • Casey 75.7% • Victoria – 81.3 % <p>Not fully immunised 2,986</p> <p>HPV vaccine coverage males aged 12-13 in mid 2013 who received the third dose by 2016 low in:</p> <ul style="list-style-type: none"> • Frankston 63.0 % • Cardinia 64.1% • Casey 64.9% • Victoria – 73.8 % <p>Not fully immunised 4,647</p>	<p>The number of girls immunised against the human papillomavirus (HPV) has improved slightly (3%) between 2012-2013 however South-Eastern Melbourne has the lowest rate in the State. In 2013 the program was extended to include boys and in 2016 the Secondary School Vaccine Program changed to include the following vaccination schedule to all year 7 students.:</p> <ol style="list-style-type: none"> 1. Diphtheria, tetanus & pertussis (dTp) vaccine (one dose) 2. Human papillomavirus (HPV) vaccine (three doses) 3. Varicella (chickenpox) vaccine (one dose) <p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks 2011-13 (2016)</p>

Outcomes of the health needs analysis		
	Influenza vaccination target groups: People with chronic conditions ATSI Pregnant women	Uptake for influenza vaccinations for over 65 year olds is 75% nationally compared with 36% of at risk population groups. SEMPHN Immunisation of at risk population groups project summary 2016
Key Outcomes – Immunisation <ol style="list-style-type: none"> 1. Immunisation coverage for infants is below target in Greater Dandenong, Port Phillip and Casey North 2. Immunisation coverage for 5 year olds is below target in Greater Dandenong, Port Phillip and Stonnington, further investigation is required to ascertain if low participation in screening programs in Port Phillip is due to high numbers of conscientious objectors, low participation in Greater Dandenong attributed to a high refugee population. 3. Ascertain the level of influenza within the region and the uptake of immunisation by at risk population groups. 		
At Risk Population	Healthy Ageing leading health issues for over 65 Leading causes of disability in Australia for people over 65: <ul style="list-style-type: none"> • Musculoskeletal conditions (arthritis & chronic back pain) • Circulatory system diseases (heart disease, stroke, hypertension) • Respiratory conditions (Asthma & COPD) • Diabetes • Dementia • Mental illness 	Victorian Department of Health, Victorian Admitted Episode Dataset accessed with POLAR explorer tool. October 2016
	Hospital presentations for chronic disease presentations to emergency department for over 65+ for semi urgent and non- urgent triage: <ul style="list-style-type: none"> • Cellulitis 207 per 100,000 • Congestive heart failure 129 per 100,000 • COPD 86 per 100,000 	Victorian Department of Health, Victorian Admitted Episode Dataset accessed with POLAR explorer tool. October 2016

Outcomes of the health needs analysis

	<p>Hospital presentations for chronic disease presentations to emergency department for over 65+ for emergency and urgent triage:</p> <ul style="list-style-type: none"> • COPD 680 per 100,000 • Congestive heart failure 531 per 100,000 • Angina 299 per 100,000 	
	<p>Hospital presentations to emergency department for over 85+ for semi- urgent and non- urgent triage:</p> <ul style="list-style-type: none"> • Infection 439 per 100,000 • Cellulitis 382 per 100,000 • Congestive heart failure 374 per 100,000 <p>Hospital presentations to emergency department for over 85+ for emergency and urgent triage:</p> <ul style="list-style-type: none"> • Congestive heart failure 1,426 per 100,000 • COPD 845 per 100,000 • Angina 393 per 100,000 	<p>Victorian Department of Health, Victorian Admitted Episode Dataset accessed with POLAR explorer tool. October 2016</p>
	<p>Leading causes of deaths in Australia for people over 65, 2011-13:</p> <ul style="list-style-type: none"> • Circulatory system diseases • Cancers (lung & colorectal cancers) • Respiratory conditions • Dementia & Alzheimer's 	<p>Alzheimers Australia at https://vic.fightdementia.org.au/vic/research-and-publications/reports-and-publications/annual-reports 2009 Survey of Disability, Ageing and Carers</p> <p>AIHW National Mortality Database</p>

Outcomes of the health needs analysis

	<p>Permanent admission to residential aged care per 100,000 in Victoria:</p> <ul style="list-style-type: none"> • 65-69 (210 per 100,000) • 70-74 (472 per 100,000) • 75-79 (1220 per 100,000) • 80-84 (3106 per 100,000) • 85+ (7371 per 100,000) 	<p>High level residential aged care places per 1000 population aged over 70 were low in Mornington Peninsula 31.4 Kingston 35.6., and Cardinia 35.2. Low level residential aged care places where below Victorian 45.8 and the Australian average 43.9 in Stonington 32.0, Frankston 36.0 and Glen Eira 38.5.</p>
	<p>Palliative Care Public acute hospitals with hospice units</p> <ul style="list-style-type: none"> • Victoria - 26 <p>Specialist palliative care physicians</p> <ul style="list-style-type: none"> • 0.5 per 100,000 population • 0.7 Nationally 	<p>The rate of palliative care separations from Victorian was 26.4 per 10,000 compared with 19.2 Nationally. The number of palliative carer related separations is increasing at a rate of 8.6 per annum in Victorian public hospitals compared with 5.0 Nationally and 10.6 in private hospitals compared to an annual decline of 0.9 Nationally.</p>
	<p>Health Issues for Indigenous populations The estimated Aboriginal and Torres Strait Islander [ATSI] population living in the SEMPHN region was over 7,500 in 2015 (0.5%) with the majority of the population residing in the Cities of Casey, Frankston and Mornington Peninsula, and a moderate proportion of the population residing in Cardinia, Greater Dandenong, Kingston and Port Phillip. The ATSI population has a much younger age structure with 55% under the age of 30.</p>	<p>Data Archive 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey http://www.phidu.torrens.edu.au/data-archive/atsi-sha/2007onwards/phidu_atsi_data_2013_ia_aust.xls</p>
	<p>Body Mass Index for Indigenous population 2 years and over</p> <ul style="list-style-type: none"> • Underweight (BMI< 25) 50.4% (45.1 Australia) 	<p>Data Archive 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey http://www.phidu.torrens.edu.au/data-archive/atsi-sha/2007onwards/phidu_atsi_data_2013_ia_aust.xls</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Overweight (BMI 25.00-29.99) 22.0% (25.9 Australia) • Obese (BMI 30.00+) 27.6% (29.0 Australia) 	
	<p>Prevalence of profound or severe disability for indigenous community high in:</p> <ul style="list-style-type: none"> • Mornington Peninsula 8.1% (78 people) • Greater Dandenong 7.4% (37 people) • Frankston 6.8% (93 people) • SEMPHN – 3.6% 	<p>Data Archive 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey http://www.phidu.torrens.edu.au/data-archive/atsi-sha/2007-onwards/phidu_atSI_data_2013_ia_aust.xls</p>
	<p>Humanitarian Arrivals high in:</p> <ul style="list-style-type: none"> • Greater Dandenong 59% • City of Casey 36% <p>Barriers to accessing services Humanitarian arrivals:</p> <ul style="list-style-type: none"> • Access • Health Literacy • Language barriers • Health assessments physical and psychological • Complex care co-ordination • Community Support • Waiting times <p>Predominant Health Issues:</p> <ul style="list-style-type: none"> • Immunisation 	<p>Humanitarian entrants between 2001-2011 were predominantly from Sudan, Iraq, Afghanistan and Burma/Myanmar while more recently from 2010-2015 most entrants came from Afghanistan, Iraq, Burma/Myanmar and Iran. In 2014, over one-quarter of people on Bridging Visa E lived in Dandenong or Doveton. (Humanitarian arrivals in Melbourne 2016)</p> <p>Data from the top 10 Humanitarian Settlement Local Government Areas in Victoria shows the City of Greater Dandenong as being first, with the City of Casey being fourth in national intake. (Asylum seekers integrated care pathway SEML 2012)</p> <p>There were 5,485 humanitarian arrivals to the SEMPHN catchment between 2011 and 2016, 62% were male and 38% female 65% were aged between 18-64 and 36% were 17 or younger. The top 5 countries of origin were Afghanistan, Iran, Pakistan, Burma and Thailand with refugees from Afghanistan accounting for 52%. English proficiency was recorded as poor for at least 35% of refugee arrivals however the number is likely to be higher due to the high number of non-responses to the question. (PHIDU). The common</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Dental • mental health • tuberculosis exposure • musculoskeletal conditions • optometry • skin conditions • ENT • Gastrointestinal • hepatitis 	<p>languages spoken by humanitarian migrants include Dari, Arabic, Hazaraghi, Burmese</p> <p>Local refugees account for 6% of emergency department presentations and 7% of hospital admissions. They are 23% more likely to present to an emergency department and 47% more likely to be admitted to hospital than other residents. Hospitalised refugees have a significantly higher rate of mental health conditions (i.e. depression, anxiety and psychosis), obstetric complications (i.e. foetal death in utero and stillbirth) and infectious diseases (i.e. tuberculosis). Most refugee related primary care is delivered by general practice and refugee health nurses, with support from public emergency services and medical specialists.(SAPCRU 2011) (SEML2012)</p> <p>Nationalities that service providers are working with and are most concerned about on TVP include:</p> <ul style="list-style-type: none"> - Tamil - Burmese /Rohingya - Afghan (less concerned as they seem they are a well-connected community) <p>Draft Asylum seeker action plan 2015</p>
	<p>Rate of Tuberculosis in the region high in :</p> <ul style="list-style-type: none"> • Greater Dandenong 18.9 per 100,000 • Casey 8.4 per 100,000 • Stonnington 7.1 per 100,000 • Victoria – 6.3 per 100,000 	<p>While the prevalence of Tuberculosis (TB) in Australia is relatively low, an estimated one third of the world’s population have been infected by TB (WHO, 2016). As a result, Australia’s migrant population are at a much greater risk of infection, with 88% of people diagnosed with TB in Australia in 2013 being born overseas. Anecdotal evidence suggests that the lack of Medicare rebates for TB testing is a major barrier for migrants and refugees needing to access these services, which can cost up to \$100. Other barriers include the stigma of being diagnosed with TB and concerns around the transmission of the bacteria. Due to the low prevalence of TB, there is also a general lack of awareness among health practitioners about pathways of care for TB and a</p>

Outcomes of the health needs analysis		
		lack of confidence around managing the infection Mantoux testing for TB is only available in 4 sites in the catchment which is an additional barrier for access as the test requires at least two visits. (Victorian Tuberculosis Program).
	<p>People living with a profound or severe disability high in:</p> <ul style="list-style-type: none"> • Greater Dandenong 6.2% • Mornington Peninsula 4.8% • Frankston 4.6% • SEMPHN – 4.4% • Victoria – 4.7% 	Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (PHIDU 2011)
	<p>People living with a profound or severe disability aged 65+ high in:</p> <ul style="list-style-type: none"> • Greater Dandenong 25.5% • Casey 21% • Glen Eira 21% • SEMPHN – 12.1% • Victoria – 13.7% 	Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (PHIDU 2011)
	<p>People living with a profound or severe disability aged 65+ high in:</p> <ul style="list-style-type: none"> • Greater Dandenong 25.5% • Casey 21% • Glen Eira 21% • SEMPHN – 12.1% • Victoria – 13.7% 	Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (PHIDU 2011)
Key Outcomes – Health Needs		

Outcomes of the health needs analysis

1. Presentations to emergency for over 65 year olds was highest for COPD, cellulitis and congestive heart failure with emergency presentation rates for over 85 year olds double the rate for cellulitis and three times the rate for congestive heart failure.. Further investigation is required to ascertain the living arrangements and support available for older presenters to emergency department and how many are frequent presenters.
2. Demand for palliative care services in Victoria is increasing compared to a decline in demand for palliative care services Nationally, for information is required to quantify the demand and gaps within the SEMPHN region.
3. The area of Greater Dandenong receives the highest number of humanitarians in the National intake and are 23% more likely to present to an emergency department and 47% more likely to be admitted to hospital than other residents.
4. Humanitarian arrivals have complex health needs and require ongoing support to access and navigate the health system.
5. Greater Dandenong has one of the highest rates of Tuberculosis in Victoria including permanent residents, students, refugee and humanitarian arrivals.

Section 3 – Outcomes of the service needs analysis

This section summarises the findings of the service needs analysis in the table below. For more information refer to Table 2 in '5. Summarising the Findings' in the Needs Assessment Guide on www.health.gov.au/PHN.

Additional rows may be added as required.

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Presentations to Emergency Department/Admissions	Key drivers to attending an Emergency Department: Long term health conditions Multiple chronic conditions Cost barriers to attending a GP Living in regional locations Age older compared to younger	National Health Performance Authority 2016, Healthy Communities: Use of emergency department and GP services in 2013–14
	After hours presentations to emergency department for (PPH) chronic conditions was high for: <ul style="list-style-type: none"> • Asthma • Angina • Hypertension • Congestive Cardiac Failure • Chronic obstructive pulmonary disease (COPD) 	Victorian Department of Health, Victorian Admitted Episode Dataset accessed with POLAR explorer tool. October 2016
	Emergency presentations for chronic conditions were highest for: <ul style="list-style-type: none"> • Asthma 169.5 per 100,000 • Asthma (childhood) 110.7 per 100,000 	Victorian Department of Health, Victorian Admitted Episode Dataset (VAED) accessed with POLAR explorer tool. October 2016

Outcomes of the service needs analysis		
	<ul style="list-style-type: none"> Chronic obstructive pulmonary disease 150.5 per 100,000 Congestive heart failure 111.2 per 100,000 Angina 86.0 per 100,000 	Presentations to emergency departments within the SEMPHN region were higher after hours than business hours for Adult and childhood asthma and Chronic obstructive pulmonary disease.
	<p>Inpatient separations per 1000 population above average in:</p> <ul style="list-style-type: none"> Mornington 516.4 Frankston 472.6 Bayside 490.6 SEMPHN – 435.2 Victoria – 425.5 	Victorian Department of Health, Victorian Admitted Episode Dataset accessed with POLAR explorer tool. October 2016
	<p>Primary care type ED presentations per 1,000 population, highest in:</p> <ul style="list-style-type: none"> Cardinia 125 Bayside 106 Casey 99 SEMPHN 90 Victoria – 108 	Victorian Department of Health, Victorian Emergency Minimum Dataset (VEMD) accessed with POLAR explorer tool. October 2016
Access to primary and specialist care	<p>The average number of GP attendances per person age standardised per 1,000 2014-15 was highest in:</p> <ul style="list-style-type: none"> Casey South 7.5 Casey North 7.0 Frankston 6.7 Cardinia 6.7 Dandenong 6.6 Australia – 5.7 	<p>The average number of GP attendances varied per person across the region ranging from 4.4 in Stonnington East to 7.5 in Casey South.</p> <p>AIHW Healthy Communities accessed October 2016 http://www.myhealthycommunities.gov.au/primary-health-network/phn203</p>

Outcomes of the service needs analysis

	<p>GPs per 1,000 Population</p> <ul style="list-style-type: none"> • Cardinia 0.7 • Kingston 0.8 • Casey 1.0 • Frankston 1.0 • Greater Dandenong 1.1 • Glen Eira 1.2 • Mornington 1.2 • Port Phillip 1.7 • Bayside 1.8 • Stonnington 1.8 • SEMPHN – 1.2 • Victoria – 1.2 	<p>AIHW Healthy Communities accessed October 2016 http://www.myhealthycommunities.gov.au/primary-health-network/phn203</p>
	<p>The average number of after-hours GP attendances per person per 1,000 was high in:</p> <ul style="list-style-type: none"> • Casey-South 1.02 • Casey-North 0.89 • Dandenong 0.69 • Frankston 0.65 • Cardinia 0.65 • Australia – 0.43 	<p>The average number of after-hours GP attendances varied per person across the region ranging from 0.31 in Stonnington to 1.02 in Casey South.</p> <p>AIHW Healthy Communities accessed October 2016 http://www.myhealthycommunities.gov.au/primary-health-network/phn203</p>
	<p>The percentage of GP attendances bulk-billed</p> <ul style="list-style-type: none"> • Greater Dandenong 92.7% • Casey 90.8 % • Cardinia 87.8 % • Frankston 83.7% 	<p>AIHW Healthy Communities accessed October 2016 http://www.myhealthycommunities.gov.au/primary-health-network/phn203</p>

Outcomes of the service needs analysis

	<ul style="list-style-type: none"> • Kingston 77.9 % • Glen Eira 73.5 % • Mornington 72.1% • Port Phillip 69.3% • Stonnington 59.5% • Bayside 56.9 % • SEMPHN – 80.5 % • Australia 84.3% 	
	<p>The number of specialist attendances per person below the national average below the national average was lowest in:</p> <ul style="list-style-type: none"> • Casey-South 0.76 • Cardinia 0.84 • Casey-North 0.88 • Dandenong 0.89 • Australia – 0.92 <p>The number of specialist attendances per person above the national average highest in:</p> <ul style="list-style-type: none"> • Bayside 1.39 • Stonington East 1.37 • Glen Eira 1.31 • Stonington West 1.25 • Mornington Peninsula 1.21 • Kingston 1.07 • Port Phillip 1.00 • Frankston 0.97 	<p>The average number of specialist attendances varied per person across the region ranging from 1.39 in Bayside to 0.76 in Casey South.</p> <p>AIHW Healthy Communities accessed October 2016 http://www.myhealthycommunities.gov.au/primary-health-network/phn203</p>

Outcomes of the service needs analysis

**Special Needs Groups
Refugee and Humanitarian**

- Humanitarian refugee or new migrants - barriers to access primary health care include:
- Interpreter service support and reliance on informal interpreting strategies from family and community for translating appointment and medical information.
 - Transport to and from appointments when relying on unfamiliar transport system.
 - Appointment waiting times
 - Access to longer appointment for complex care needs, co-located integrated care services limited the need to travel to multiple services.

The health service needs of recent humanitarian refugees in Melbourne identified language difficulties as one of the greatest challenges as a key barrier in health care access. There are inadequate resources available to identify bilingual General Practitioners, despite a large number of bilingual GPs in Melbourne. **Additional literacy** and health literacy support for humanitarian migrants has been suggested an approach to help address this barrier. Training for health professions to build their knowledge and skills in working with humanitarian refugees and interpreters..

Monash University Southern Academic Primary Care Research Unit
<http://med.monash.edu.au/sphc/research/sapcru/>(SAPCRU 2011)

Rites of passage: improving refugee access to general practice services.
 The Royal Australian College of General Practitioners 2015

Service Needs – Key Outcomes

1. Primary care type emergency department presentations was above the Victorian and SEMPHN average for Cardinia.
2. Cardinia has the lowest number of general practitioners per 1,000 population
3. Humanitarian arrivals experience multiple barriers to accessing health services including interpreter support, transport and care co-ordination of complex care needs
4. Access to high quality general practice data is a key gap in this needs assessment. The PHN has begun a process with general practices across the region to install a population health analysis and reporting tool (POLAR) on their systems in order to improve their, and the PHN's, understanding of the health needs of their patients.