



NETWORK CONNECT magazine

Connecting the Network



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Cover image: Federal Minister for Health and Ageing, The Hon Nicola Roxon MP addressing delegates at AGPN's National Forum in Perth.
Forum photography: WaikayLau.com



The Australian General Practice network (AGPN) represents a network of 110 local organisations (General Practice networks), as well as eight state and territory based entities. More than 90 percent of General Practitioners, and an increasing number of allied health professional and practice Nurses, are members of their local general practice network. The Network is involved in a wide range of activities, including health promotion, early intervention and prevention strategies, chronic disease management, medical education and workforce support. For further information about AGPN please contact the Communications Team.

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AGPN acknowledges the financial support of the Australian Government Department of Health and Ageing.

AGPN Master Classes 2011

AGPN will be running a series of Master Classes in 2011 that will further assist the Network to transition to Medicare Locals.

Master Classes will offer intensive programs involving expert presenters and facilitators.

A selection of Master Classes scheduled for 2011 are listed below.

Master classes are only open to AGPN members and other leaders involved in the establishment of Medicare Locals.

For the full list and more details on dates, cost and registering go to AGPN's Event's webpage

<http://www.agpn.com.au/about-us/agpn-events>



Finance: Focus on Finance – Dare to be Excellent Thursday 24 – Friday 25 February

The Sebel Albert Park Melbourne

Strategy Development: Setting Direction and Driving for Results Wednesday 9 – Thursday 10 March

Citigate King George Square Brisbane

Marketing and Communications: Leading Change through Brand, Positioning and Awareness Tuesday 5 – Thursday 7 April

The Sebel Albert Park Melbourne

Collaborative Working: Partnerships and Engaging Communities Tuesday 3 – Wednesday 4 May

Citigate King George Square Brisbane

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Chair's Message

Dr Emil Djakic
Chair AGPN

The introduction of Primary Health Care organisations (PHCOs) will enable higher quality, better connected care and improve the health and wellbeing of the *whole* Australian community.

Nowhere else is the need to improve connected care required more than addressing the unacceptable mortality and morbidity differences between Indigenous Australians and the rest of our community.

Identifying the health service gaps and strengthening service delivery will be very much the core business of PHCOs that are identified as encapsulating Indigenous health programs within their catchment.

The AGPN wishes to maintain the expressed principles of the Council of Australian Governments (COAG) in Closing the Gap in life expectancy, where COAG has called for Indigenous health to be everybody's business and the need for primary health services that can deliver.

To this end AGPN sees the need to allow for flexibility in design and implementation of PHCOs which is essential to reflect the differences which already exist between health systems in different states and territories, as well as between metropolitan, regional, rural and remote Australia and population group needs such as our Indigenous Australians.

AGPN is lobbying to ensure the Network is enabled to implement strategies to address inequities. This includes enabling general practice networks and other important service infrastructure such as Aboriginal Community Controlled Health Services to work in true partnership.

AGPN National Forum: Overview

Rachel Yates, AGPN Director of Policy

AGPN's National Forum 2010 – Connecting Care: Big ideas/Local solutions wove together not only the big ideas of primary health care (PHC) reform with the practicalities of local PHCO implementation, but also connected ideas from several years of debate within the Network. The result: a Forum tailored to a Network that is ready, willing and able to transform into PHCOs as the platform to achieve Australia's overall vision for PHC.

Several key messages emerged throughout the Forum which we would do well to heed as we transition. Some reaffirmed that we are heading in the right direction. Professor Chris Ham reminded us that resources have to shift out of hospitals to support care in the community and that primary care needs to function at scale to make this happen – the corner shop can't survive. Moving beyond this to a PHCO approach is essential to support new models of care able to deliver better outcomes.

Others emphasised areas for development. We heard how leadership, at professional, governance and management

levels will be critical to the reform process and must be cultivated and nurtured. We also heard about the importance of measuring what we do and the importance of setting and measuring the right goals: we must ensure that expectations about PHCOs are clear and achievable – expanding over time as we gain momentum – but at every point, realistically matched to the capacity and resources provided.

Yet others provoked us to look at our overall vision for PHC – reminding us that PHCOs are an important plank in achieving our vision – but are not the vision itself. Professor Kathy Eager and Professor Ian Hickey both ably demonstrated that while we may have taken the first step towards a better system, there is still much more to do.

Dr Clement Malau (PNG) asked why not a bipartisan health strategy in Australia? The willingness to engage shown by all parliamentarians who spoke at the Forum this year made this seem almost possible.



AGPN's National Forum 2010 Big ideas/Local solutions



Health and Social Care Leaders' Forum

Leanne Wells, Executive Director Policy and Business Development

AGPN has been working hard pursuing its vision for comprehensive primary health care and its mental health agenda following two roundtables of experts.

At October's AGPN and *beyondblue* roundtable on mental health, four specific primary health care (PHC) programs were identified as solutions to help the Federal Government release its grip on the acute sector and to get mental health more firmly embedded in the primary care setting.

AGPN Chair, Dr Emil Djakic said the expert group also fully supported a 100 per cent "ownership" for PHC funding and policy directions by the Commonwealth – a significant investment for the primary health care sector.

The four specific program solutions included:

- Developing models of enhanced, multidisciplinary sub-acute care that is linked systematically with appropriate levels of step-up and step-down services
- national implementation of a community access program based on a successful UK scheme: Improving Access to Psychological Therapies (IAPT or the 'Doncaster Model')
- a national Positive Parenting program supported by a social marketing strategy to promote enhanced parenting skills

- expansion of the Access To Allied Psychological Services (ATAPS) and the Personal Helpers and Mentors (PHAM) Program with more formal links between these two programs.

By November, AGPN further articulated its commitment to a comprehensive PHC agenda with other key organisations by hosting a Health and Social Care Leaders' Forum, facilitated by Dr Norman Swan.

This was an opportunity for leaders in primary health care, community and public health, health promotion, health service development and academia to 'brainstorm' and share their expertise about their broader vision for primary health care.

Overall, there was strong support for structural reform, particularly the introduction of primary health care organisations – or Medicare Locals.

Most importantly, there was strong consensus that for Medicare Locals to succeed, this new infrastructure must be capable, high capacity, partnership-driven and enabled to deliver integrated health care solutions.

Medicare Locals must also operate under a forward-looking and ambitious national policy framework for comprehensive primary health care. The ideas generated by participants for such a policy framework will shortly be compiled into a draft Joint Statement.

CEO's Message

Mr David Butt
CEO AGPN

At the time of writing AGPN has just emerged from its very successful National Forum 2010 and the Network has just submitted its responses to the Federal Government's *Medicare Locals Discussion paper on Governance and Functions*.

We're getting down to the nitty gritty of primary health care reform and by the time this edition is published I am anticipating major changes and implementation processes to be underway.

The development of Primary Health Care Organisations (PHCOs) or Medicare Locals is in a way a three-ring circus between the Network, bureaucracy and the broader health sector, and the juggling act is getting tricky. Each process, discussion paper, and invitation to apply requires the utmost of all involved. It is a demanding time for anyone within the primary health care sector, particularly for those within the General Practice Networks and State Based Organisations.

I take my hat off to those who have contributed to this detailed process with such grace and of course while there are different views out there, their contribution is equally significant because all factors and opinions must be considered during this time of change.

Before too long the evolution of PHCOs will begin to take hold. Network Connect looks forward to sharing the progressive stories and articles about this new paradigm in primary health care with the Network, general practice, other associated health professional sectors and the broader community.

Delegates cut to the chase with Roxon

Karen Warner,
Network Connect Editor

It is not often Federal Ministers offer to take questions from the floor at national events, and if they do, it's usually one or two to be courteous. However, at the AGPN National Forum in November, the Federal Minister for Health and Ageing, Nicola Roxon stayed on after her keynote address for nearly an hour taking on the questions for which delegates were keen to have answers.

"Why Medicare Locals?" The answer wasn't necessarily what delegates wanted to hear but the Minister did cut to the chase: "I do understand

the reasons that you as an organisation don't like that, there is some argument that if you want government funding then we get some rights about branding in the way that we choose," the Minister said.

"What about flexible funding, just how flexible will it be?" The Minister stated that while the Government is keen to provide for flexibility "it wouldn't be command and control but it's not going to be about handing over a bucket of money and saying do what you like".

If the audience's response to the Minister's address and subsequent question and answer session was anything to



Federal Minister for Health and Ageing Nicola Roxon's keynote address at AGPN's National Forum 2010

go by, clearly there is a mutual respect being shared between both sectors as the leaders in each corner of the health reform process continue to size each other up and then shake hands at the end of it all.

Dr Emil Djakic, Chair AGPN

"Our imperative remains to provide solutions not questions...we should be pleased and proud that it is our agenda that has been taken up by Government, not the other way around".



Dr Emil Djakic, AGPN Chair speaking at AGPN's National Forum 2010

David Butt, CEO AGPN

"There is a clear scale of urgency to the change we face...In our environment, we are going to see an increasingly rapid turnaround on everything – we need to act hard and fast to 'suck it up' or risk being done to".



Mr David Butt, AGPN CEO speaking at AGPN's National Forum 2010

AGPN National Forum 2010: Big ideas/Local solutions

Photos taken at the AGPN National Forum 2010 courtesy of Waikay Lau Photography www.waikaylau.com



AGPN National Forum 2010: Big ideas/Local solutions

Photos taken at the AGPN National Forum 2010 courtesy of Waikay Lau Photography www.waikaylau.com



HESTA recognising PHC professionals

To highlight the excellent work and contribution primary health care professionals provide to the community, HESTA Super Fund in conjunction with AGPN launched its inaugural HESTA Primary Health Care Awards at the National Forum in November.

HESTA Super Fund CEO Ms Anne-Marie Corboy said the awards are designed to recognise innovation and leadership – two fundamental elements of a skilled and responsive health workforce.

"It enables us all to celebrate excellence in primary health care and acknowledge the commitment of the primary health care workforce, to ensuring quality, connected care for patients," Ms Corboy said.



HESTA Super Fund CEO, Ms Anne-Marie Corboy launching HESTA's Primary Health Care Awards

AGPN CEO David Butt said the Network was flattered that HESTA wanted to pursue this award which comes at time when the call for leaders and innovative thinkers will be needed throughout the health reform process.

"Just as the reforms promote greater integration, coordination and organisation between general practice and others who make up the primary health care workforce, these awards recognise the role of all those who are usually the first the community turns to when they are sick or injured," Mr Butt said.

ME Bank has donated \$25,000 in prizemoney for the awards which will culminate in a gala dinner at AGPN's National Forum 2011 being held in Melbourne.

Nominations open in March 2011, and can be made online at phcawards.com Register now for updates.



#agpnforum...twitters

drmarcustan... Roxon taking questions with aplomb. Regardless of her politics she always seems to present well.

ergpa... Prof Christopher Ham tells us to think of hospitals as cost centres whose use is to be avoided at all costs

drmarcustan... not hearing any major objections so far to PHCOs from Southcott MP so long as it is built upon Divisions network. Ummm...ok :-)

GPAG2010... Back in the office Monday morning – so many ideas and a clearer direction regarding primary health care. Thx for the conference

AGPN National Forum 2010: Highlights



Dr Clement Malau, Secretary for Health PNG

"A growing number of WHO Member States and the world's political and international health leaders recognise the urgent need to make a major, sustained commitment to strengthening health systems. This renewed political interest represents the important opportunity needed to make sustainable improvements that benefit across disease areas and health programmes, and redouble global efforts to meet the challenge of achieving the Millennium Development Goals".



Professor Chris Ham, The King's Fund UK

"The ageing population and increasing burden of chronic diseases demands new models of care ... Primary care needs to be at the forefront with the emphasis on team working".



Prof. Kathy Eager, Director Centre for Health Service Development, University of Wollongong

"Identify groups of people missing out on primary health care or services that local areas need, and better target services to respond to these gaps".



The Hon. Mark Butler MP, Federal Minister for Mental Health and Ageing

"Those who might tell you, you can either have mental health reform or ageing reform on the one hand or you can have broader health reform, I think are selling a bad ware... and in terms of the health reforms in both of these sectors the role of the Primary Health Care Organisations is going to be critical".



Father Chris Riley AM, CEO Youth off the Streets

"You are the frontline for young people coming to you for help particularly for mental health and as you would know, 20 percent of young people between the ages of 12 to 25 every year seek mental health treatment - that's a damn lot of kids".

Dr Andrew Southcott MP, Shadow Parliamentary Secretary for Primary Healthcare

"All Australians would share the goal of keeping our population healthy and keeping patients out of hospital. We believe that General Practice has the track record to do this. We believe that for the Government's proposed primary healthcare organisations to be successful they need to build on what is already there. It would make no sense to duplicate the existing infrastructure of the GP Networks".

AGPN National Forum 2010: Feedback



Seshu Boda, Vice Chair York Peninsula GPN

Seshu Boda, Vice Chair of York Peninsula GPN

"It's been a very good Forum providing quite good clarity about where we are heading and what we need to start doing".

Patrice Cafferky, Chair South East Primary Health Care Network

"I congratulate AGPN on an excellent program ... I think we're in a strong position to inform [the Government] about where we're going ... they're on the right page and I was impressed with Nicola Roxon's ability to articulate the primary health care agenda".

Jon Goodman, General Practice Gold Coast

"I really liked the focus on the future and how to get there. I think it's been great to get all



Patrice Cafferky, Chair South East Primary Health Care Network and Jon Goodman, General Practice Gold Coast

the pollies in the room and I liked the focus on population health and the presenters have been top quality".

Chairs and CEOs get a media grilling

Karen Warner, Network Connect Editor

People love the media when it makes them look good and their message is spreading well. But what happens when it creeps up on you and suddenly you're in crisis management mode?

At AGPN's Communications concurrent at the National Forum delegates were keen to promote their PHCO until it turned out their organisation had employed an unqualified health worker who subsequently ended the lucrative career of a professional footballer.

After interviewing a few CEOs and grilling them, media specialist Donna Cole said the mock interview highlighted an organisation's vulnerability.

"Keep the message tight, set up a hotline for concerned patients and admit that you are co-operating with investigators," Ms Cole said.

Peter Eizenberg from the North East Valley Division of General Practice thought the session was provocative and stimulating.

"It made me think that anything could happen anytime. Even though we run our organisations that occasionally employ these service providers, this could happen," he said.

After this concurrent Peter agreed PHCOs should think about their media needs.

"I think it will be important to get a media adviser," he said.

"I thought I knew as much as I needed to know [about communications] but I think I have underestimated what I really need to be aware of," he said.



Building partnerships to create culturally secure health services

Jennie Parham, Principal Network Adviser Mental Health

Identifying and resolving Indigenous health issues can sometimes land in what's called the 'third space'.

"Working in the 'third space' is when the Aboriginal and non-Aboriginal ways of working intersect," said Ms Valerie Swift-Otero, Manager of the Aboriginal Health Team, South Metropolitan Public Health Unit, WA.

Ms Swift-Otero along with Ms June Doyle from the Aboriginal Health team provided an insight into their unique ways of managing partnerships within and beyond Indigenous communities for the Population Health and Community Development concurrent.

Ms Swift-Otero said the Public Health Unit had been committed to doing it differently by engaging in the following activities:

- cultural awareness training
- workforce development
- recruitment- by using Aboriginal networks and Aboriginal community members to advertise positions. (As a result they had 30 applications for eight positions)
- working across teams and in the 'third space'.

"Most of the work the Public Health Unit engages in is in the third space," she said.

For most members of the audience, this 'third space' was a new concept.

"One of the significant achievements of the Team

has been to establish District Aboriginal Health Action Groups," Ms Swift-Otero said.

"These groups have involved bringing Aboriginal and mainstream providers together. It has not been about consulting with Aboriginal people exclusively, but the other way round with Aboriginal people calling a meeting with mainstream providers," she said.

"The meetings have involved the Aboriginal people identifying the issues and then working with the providers to come up with some solutions and priorities for action," Ms Swift-Otero said.

Ms Doyle said the District Aboriginal Health Action Groups provide a way for members of Aboriginal communities and health service providers in the South Metropolitan Health Service to:

- agree on local priorities for Aboriginal Health
- agree on how health services will be delivered to Aboriginal people

"The focal point has been building relationships which have been helped by creating opportunities for the issues to be voiced and local solutions to be found and this has required respect on both sides," Ms Doyle said.

"The key take home message is that Aboriginal mortality rates are still significantly high and Aboriginal people have a shorter lifespan than non-Aboriginal people so we need to reflect and be aware of how we can work together and do things differently to prevent Aboriginal deaths," Ms Doyle said.



Ms Valerie Swift-Otero & Ms June Doyle, Aboriginal Health Team South Metropolitan Public Health Unit, WA

Research will help drive reform

Robert Wells, Director, Australian Primary Health Care Research Institute

The Federal Government has issued a challenge to the primary health care research community to provide strong evidence for improved service delivery. The Government's health reform agenda is under way with some exciting new initiatives, including more flexible arrangements for practice nurses and improved service support through Medicare Locals. Research that analyses how primary health care systems work and investigates optimal service arrangements will be crucial as these significant reforms are rolled out.

The Australian Primary Health Care Research Institute (APHCRI), which was established in 2003, has been funded until 2015 to commission and undertake research that will help shape the future health system. A major part of the Institute's research program will be its Centres of Excellence in Primary Health Care Research, which were announced late last year.

The multi-institutional Centres will receive \$2.5 million over four years and provide support for research teams to pursue collaborative research, consolidate existing research capacity and develop capacity in primary health care research. The Centres of Excellence program provides funding for innovative, high quality and multidisciplinary primary health care research. Established investigators with strong track records in various domains of primary health care research, including access and equity and chronic disease management, will be collaborating with emerging researchers who are developing their track record. It is anticipated that a further round of applications for new Centres will be called for in early 2011.

For more information about APHCRI's research program, visit www.anu.edu.au/aphcri



Exchanging business at the Forum

Forums are excellent places to network but they are also a business setting for delegates to explore the latest developments and innovations on offer from sponsors and exhibitors.

Justine Waters Head of Health Leadership Development at Bupa Australia, the principal partner of the Australian General Practice Network (AGPN) National Forum, said they were very pleased with the 2010 Forum, their fourth sponsorship with AGPN.

"We see our partnership as an exchange between us and the delegates to generate the dialogue on how we can collectively improve the health of Australians," Ms Waters said.

"We're keen for AGPN members to understand the breadth of Bupa in Australia, from our private health insurance portfolio under the brands HBA, MBF and Mutual Community, through to our aged care facilities, chronic disease prevention and management programs, to our philanthropic foundation's work investing in health research, education and innovation," she said.

"For example, at this year's Forum delegates heard about Professor Ian Hickie's youth mental health research through the Bupa Health Foundation and they may want to tap into that research," she said.

From a business perspective, Ms Waters said that Bupa needs to see tangible outcomes from the Forum.

"Bupa is a long-term proud supporter of the Forum but we also need to demonstrate that our involvement makes a difference. It's everything from the interactions we have had, delegate numbers, to the marketing value," she said.



Professor Ian Hickie, Bupa Medical Panel Advisory member

Primary Mental Health – Efficiency and Access

Jennie Parham, Principal Network Adviser Mental Health

One of the key aspects throughout this process of health reform is how mental health services and the service model options fit into the primary health care sector.

Health design, delivery and integration – the title of Concurrent session 4B included a session by Dr Dan Ewald, Director of General Practice NSW and Strategic Adviser for the Northern Rivers General Practice Network, who provided an overview of the Low Intensity CBT model – better known as the “Doncaster model” – which has been developed in the UK as IAPT (Improved Access to Psychological Therapy).

“beyondblue is developing this model of mental health delivery with AGPN in Australia and Northern Rivers has been contributing to beyondblue’s feasibility study,” Dr Ewald said.

“I am a strong advocate for the model which I believe is essential in an area like Northern Rivers,” he said.

A low intensity service model includes the following components:

- brief advice clinics
- group sessions
- web-based and book based CBT tools
- coaching in areas such as: careplan and monitoring, social support, social activities, exercise prompting, guidance through the system and encouragement.

Dr Ewald differentiated Low Intensity from High Intensity by describing it as coaching.

“High intensity workers are psychologists, social workers, nurses who currently provide traditional face to face or telephone therapy in ATAPS, Better Access, MHNIP and specialist mental health services,” he said.

“Low Intensity workers are a new workforce that can be recruited from a range of occupations and settings,” he said.

The Low Intensity mental health care models will add to the options for GPs, other mental health therapists, and patients. This will allow more flexibility, better acceptability, better

access and efficiency. LI mental health care services will have very strong quality assurance and monitoring and strongly adhere to evidence based service delivery.

“I’m confident that this model could help the redesign of a rural mental health service,” Dr Ewald said.

“ I am a strong advocate for the model which I believe is essential in an area like Northern Rivers”



Dr Dan Ewald, Director General Practice NSW, Strategic Adviser, Northern Rivers General Practice Network

Introducing the National Transition Project Team

The National Transition Project has been funded by the Department of Health and Ageing [DoHA] to assist the Divisions network to make the transition to Medicare Locals by July 2012.

The project will be governed by an Advisory Committee comprising Network members and members of the National Primary Health Care Partnership. The Committee members are:

- Kevin Arlett, Chair, Townsville General Practice Network
- Jenny Beange, Chair, General Practice NSW
- Ann Maree Liddy, CEO General Practice Queensland
- John Rasa, CEO General Practice Victoria
- Kim Hosking, A/CEO General Practice SA
- Chris Pickett, CEO, Pilbarra Health Network
- Claire Hewat, Chair National Primary Health Care Partnership
- Lynne Littlefield, Executive Director, Australian Psychological Society
- Paul Mackey, Policy Director, Pharmaceutical Society of Australia
- Belinda Caldwell, CEO, Australian Practice Nurse Association
- Carol Bennett, CEO, Consumers Health Forum
- Gordon Gregory, CEO, Rural Health Alliance

The detailed project plan is still to be developed and approved by the Advisory Committee but the work will be under the following broad themes:

- Support of preparation for the Invitations to Apply (ITA)
- National Stakeholder Engagement & Partnership
- Generic Governance, Legal & Accounting Advice
- Organisational & Skill Development
- Standards & Guideline Development; Clinical Governance; Integration; Health Promotion; Community Engagement
- Development Workshops
- Partnership Facilitation/mediation
- On Line Clearing House and Forum

The work will be delivered by the National Transition Project Team and Field Support staff deployed by State Based Organisations (SBOs).

The National Transition Project Team includes:

Terry Findlay – Director

Terry was formerly the Chief Operating Officer for AGPN and has an extensive background in primary care planning and management. He has been involved in change management process including establishing primary care organisations through re-organisations and mergers. Terry will be responsible for the overall project delivery, evaluation and national stakeholder communication and liaison.

Jan Ridd – Senior Project Manager

Jan is a specialist project planner and manager with almost twenty years experience in the health care industry.

She has worked in a number of areas within the Network having responsibility for a variety of program and project areas over a number of years. Jan will be responsible for overall planning, reporting and accountability requirements as well as the specific areas of web based forums/clearing house, governance, organisational development and legal/accounting advice.

Jane Bacot-Kilpatrick – Project Manager

Jane is currently the Principal Network Advisor for Chronic Disease Self Management and will progressively move to work full time on the transition project from June 2011. Jane has a background in health service management with particular expertise in information and clinical governance. Jane will focus upon contract management, standards, clinical governance, service integration and health promotion guidelines.

Kelly McTaggart – Project Consultant

Kelly will be familiar to the Network from his former role as Division CEO in North Queensland. Through his company, Productive Partnerships Australia, Kelly will focus on facilitating partnerships, community engagement, co-ordination and liaison with Divisions, SBOs and Field Support staff.

A Field support function for Divisions will be delivered by SBOs. They will coordinate state level planning and initiatives linked to relevant national activities.

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