



METRO NORTH BRISBANE

Connecting health to meet local needs

2011-12 Annual Plan

www.mnbml.com.au

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1 Organisational overview

1.1 Medicare Local contact information

Medicare Local name:	Metro North Brisbane Medicare Local
Medicare Local legal name (if different):	Partners 4 Health Limited
ABN:	55 150 102 257
Postal address:	PO Box 845 LUTWYCHE QLD 4030
Street address:	Suite 2, Centro Lutwyche Shopping Centre, 543 Lutwyche Road, Lutwyche QLD 4030
Phone:	07 3630 7300
Fax:	07 3630 7333
Email:	info@mnbml.com.au
Website:	www.mnbml.com.au
Branch office information:	Dependent upon budget approval

1.2 Medicare Local region characteristics

Geography

- Approximate area of 4,000 km² across three regional council areas – Moreton Bay Region Council, Brisbane City Council (northern suburbs), Somerset Regional Council (partial).
- Communities in the region are predominantly urban (metropolitan) but include regional communities in the outer reaches of the catchment.

Socio-economic status

- The majority of the region (73%) records a SEIFA Index of Relative Socio-economic Disadvantage **at above that of the Australia average.**¹
- **Pockets of lower socio-economic status** exist across suburbs along the eastern corridor of the Medicare Local – Chermside, Nudgee Beach/Virginia, Caboolture, Deception Bay, Pinkenba/Eagle Farm, Morayfield and Redcliffe as well as regional populations including Kilcoy and Bribie Island.¹

Population

Table: Population characteristics²

Population of Medicare Local	Number
Total population	853,377
Aged 65 and over	101,313
Indigenous population	13,654
Population born NES countries	62,502
Estimated unemployed	11,406
Pensioner concession card holders	110,575

Over 65s¹

- The Metro North Brisbane Medicare Local has a significant **ageing population**; around **12 per cent** of the population is aged 65 years and over.
- There are areas throughout the region with a high percentage of the local population over 65, including the Brisbane suburbs of Pinkenba/Eagle Farm (17%), Chermside (17%), Stafford Heights/Mitchelton (14%) and New Farm (14%) as well as parts of the northern catchment, Deception Bay and Kilcoy (14%). Areas in the Moreton region including Redcliffe, Bridgeman Downs/Boondall, Bribie Island and Caboolture record high numbers of over 65s (>5,000 people).

Aboriginal and Torres Strait Islander people

- The 13,654 strong Aboriginal and Torres Strait Islander population is dispersed across the region.¹
- Overall, the Indigenous population in the region is relatively young in age. Almost 60 per cent (56%) of the population is aged 24 years and under and only 2.8% of the population are over 65 years.³
- Significant population groups of 500 or more people are located in:
 - Bracken Ridge/Sandgate
 - Bridgeman Downs/Boondall
 - Caboolture
 - Deception Bay
 - Morayfield

- Pine Rivers
- Redcliffe
- Stafford Heights/Mitchelton

Pacific Islander populations

- The region hosts significant pacific islander populations from New Zealand (Maori), Samoa, Papua New Guinea, Fiji, Cook Islands and Tonga.
- Data from a 2009 Queensland Health project shows populations of Maori, Samoan, Papua New Guinean and Fijian peoples dispersed across the catchment and a large community-reported Tongan population in the Redcliffe area.⁴

Cultural diversity

- **Seven per cent** of the Medicare Local population was **born in a non-English speaking country**. The top five countries of birth of this group are Philippines, Italy, Germany, China and India.^{1,3}

Refugee settlement

- The Medicare Local is a substantial settlement area for people granted humanitarian and refugee visas. Around **211 humanitarian and refugee entrants** settled across the region in 2010. Of these, 29 per cent originated from Burma, 15 per cent from Bangladesh and 10 per cent from Sri Lanka.⁵

Homelessness

- **Significant proportions (19%)** of Queensland's 26,782 homeless people are located within the Metro North Brisbane Medicare Local region. The inner Brisbane city area accounted for 41 per cent of homeless people in the Medicare Local region.⁶

Homeless by Statistical sub-division:

	Inner Brisbane	Northwest inner	Northwest Outer	Pine Rivers	Redcliffe City	Caboolture Shire
Number	2070	774	1047	312	182	663

- In Queensland, there was a high proportion of young homeless (16% teenagers, 12-16 years and 10% young adults 19-24 years).
- Families (including children under 12 years) made up around 11 per cent of the homeless in Queensland. In Queensland, men outnumbered women, 58 to 42 per cent with males outnumbering females from age 25 onwards.⁶

Health/disease status of the local population

Risk factors

- ABS data (2006) indicates that around **40 per cent** of the population over 18 years of age has **at least one health risk factor** (smoking, harmful use of alcohol, physical inactivity, obesity).³
- **Physical inactivity** was by far the most commonly reported risk factor, followed by being overweight.³
- A 2010 report by Queensland Health on the self-reported health status of people living in the Metro North Health Service District shows **prevalence of risk factors amongst our population to be consistent with the rest of Queensland** (except*).⁷
 - This data shows that **over half the population** is considered **overweight or obese** and has high incidences of **high blood pressure** and **high blood cholesterol**.

Percentage Metro North residents, aged 18 years+ self-report:⁷

Have diabetes/high blood sugar	7.4%
Have adequate vegetable intake	9.6%
Consumes alcohol at high risk levels	10.9%
Smokes daily	13.5%
Have high blood pressure	25.9%
Have high blood cholesterol	28.9%
Weight classified as overweight or obese	53%
Physical activity at level sufficient for health benefit	55.3%
Have adequate fruit intake	58.9%
Perform at least 3 sun protective behaviours (winter)*	27.8
Perform at least 3 sun protective behaviours (summer)	55.4

Chronic disease

- Across the region there appears significant prevalence of **musculoskeletal system diseases** (including arthritis), **respiratory diseases** (including asthma) and diseases of the **circulatory system** (including hypertension).³

Condition	Total population	% total population
Musculoskeletal	236,404	27.7
Arthritis	114,448	13.4
Respiratory	218,515	25.6
Asthma	92,488	10.8
Circulatory	120,400	14.1
Hypertension	62,943	7.4

Immunisation

- Childhood immunisation rates for children 12 to 15 months old is **91.3 per cent**; above the national benchmark of 90 per cent.³
- Areas around inner Brisbane have slightly lower rates, as do small areas in the north eastern corridor.

Aboriginal and Torres Strait Islander people

- High rates of smoking, at risk alcohol consumption, diabetes, cardiovascular disease, cancers, communicable disease, kidney disease and preventable injury are well noted concerns amongst Aboriginal and Torres Strait Islander communities.
- The Metro North Health Service District reports high rates of smoking during pregnancy amongst Aboriginal and Torres Strait Islander women as a concern to address locally.⁷
- In the 12 months July 2009 to June 2010, 461 Aboriginal and Torres Strait Islander Health Assessments MBS item 715 were claimed throughout the region.

Pacific Islander populations

- Health risks for Pacific Islander populations tend to be greater than that of the wider Australian population.

- In Queensland it is known that hospitalisation rates are higher for people from Samoa, the Cook Islands, Tonga and Fiji. Pacific Islander people also have poor access to mainstream health services.⁴

Health Services Access

- The Metro North Brisbane Medicare Local aligns with the planned Metro North Local Hospital and Health Network.
- Region encompasses the current Metro North Health Service District and is a part of the state-wide Children's Health Services.
- Six public hospitals service the area, including three of Queensland's major public hospitals – Royal Brisbane and Women's, Royal Children's and The Prince Charles Hospitals – which provide a total of more than 2,200 public beds.^{8,9}
- The region has 11 Community Health Centres offering services across the Brisbane North and Moreton Bay communities including drug and alcohol programs, Indigenous health services, counselling and support groups, refugee health services, child health, rehabilitation programs, HACC, diabetes services, oral health, cancer screening, allied health, aged care assessment services and more.
- Eleven private hospitals, including one of Queensland's largest, provide more than 1,500 beds across the region. The region also includes 17 facilities classified as day hospitals.^{10, 11}
- Across the region there are 95 residential aged care facilities offering high care and low care, dementia care, independent living units, respite and hostel services. Around 60 per cent of facilities offer high care and/or low care beds.^{12, 13}

Health services	
General practices	268
Public hospitals	6
Community Health Centres	11
Residential aged care facilities	95
Private hospitals	11
Day hospital facilities	17

1. Australian Bureau of Statistics, 2007. Census data 2006.
2. Medicare Locals Population Health Profiles, Baseline data, July 2011
Second release, using final ML boundaries.
Produced in association with Australian General Practice Network (AGPN) as part of the National Transition Project being managed by the AGPN to support Network members in the transition period.
3. Australian General Practice Network. (2011) National Transition Project: Medicare Locals Population Health Profiles, Baseline data, January 2011 (collated).
4. Queensland Government, 2009. Pacific Islander and Maori Health Needs Assessment, viewed 10 March 2011, http://www.health.qld.gov.au/multicultural/health_workers/hlth-status-pac-isl.pdf
5. Australian Government Department of Immigration and Citizenship, 2011. Settlers By Country of Birth (Settlement) by Migration Stream (by Statistical Subdivision) and Settlers By Statistical Sub-Div (Name) by Migration Stream. Reports generated 23 March 2011, using Settlement Reporting Facility http://www.immi.gov.au/settlement/#sr=step_1
6. Chamberlain C & MacKenzie D 2009. Counting the homeless 2006: Queensland. Cat. no. HOU 205. Canberra: AIHW. <http://www.aihw.gov.au/publication-detail?id=6442468260>
7. Queensland Health. Self Reported Health Status 2010: Metro North HSD Summary Report. Queensland Health: Brisbane. <http://www.health.qld.gov.au/ph/Documents/epi/srhs2010metronorth.pdf>
8. Queensland Health, 2011. Queensland Health Service District Profiles, viewed 8 March 2011, <http://www.health.qld.gov.au/wwwprofiles/default.asp>
9. Australian Government Australian Institute of Health and Welfare, 2010. My Hospitals, viewed 9 March 2011, <http://www.myhospitals.gov.au/browse/qld/brisbane>
10. Queensland Health, 2011. Licensed private health facilities as at 11 January 2011, viewed March 2011, http://www.health.qld.gov.au/privatehealth/docs/phfacilities_list.pdf

11. Private hospital websites: <http://www.healthscopehospitals.com.au>, <http://www.holyspiritnorthside.org.au>, <http://www.uhealth.com.au/sawmh/>, <http://www.newfarmclinic.com.au/>, <http://www.northwestprivatehospital.com.au/>, <http://www.uhealth.com.au/wesley/>, <http://www.toowongprivatehospital.com.au>
12. Commonwealth Respite and CareLink Centres, n.d. Search for services database, viewed 14 March 2011, http://www9.health.gov.au/ccsd/usr_general/frm_gen_adv_search.cfm
13. Aged Care Australia, n.d. Find an aged care home, viewed 9 March 2011, <http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/aged+care+home+finder>
14. Medicare Australia, July 2009-June 2010, Divisions of General Practice Statistics Reports: Aboriginal and Torres Strait Islanders Peoples Health Assessment, GPpartners and Redcliffe-Bribie Island-Caboolture Division of General Practice.

1.3 Organisational structure and internal governance

The Metro North Brisbane Medicare Local proposes to operate from two offices, one located at our existing premises in Lutwyche, and one to be established in North Lakes, subject to funding approval from the Department of Health and Ageing of Capital Expenditure. These offices would ensure a local presence across our region and provide for greater connection and responsiveness to the local communities and stakeholders.

1.4 Board membership

Position on board	Name	Expertise	Profession	Date of Appointment
Director	Dr Patricia Baker	General Practice; Corporate Governance	GP	28/03/2011
Director	Dr Anita Green	General Practice; Corporate Governance	GP	28/03/2011
Director	Prof Philip Davies	Health Policy; Federal Government	Professor	28/03/2011

Transitional arrangements for Board appointments

The full seven member Board of Directors will be in place following the AGM which is being held on 30 August 2011.

The Medicare Local has worked with leading governance consultants to develop a robust process to consistently achieve a well-balanced, skills- and competencies-based board both now and into the future.

The Initial Board

- A 3 member board is in place (see details in table above) until the first AGM of the company (being held on 30 August 2011)
- Each member of the Initial Board will stand down progressively over 3 AGMs, as per the Constitution

The Full Board

- Full 7 member board; 3 elected by Members, 4 appointed by Board
 - 2 elected directors from the initial board (1 of 3 stands down at AGM)
 - 1 director elected by the members at the first AGM to be held Tues 30th August 2011
 - 4 directors to be appointed by the 3 elected members from candidates recommended by the Independent Nominations Committee

- One third to retire each year on rotational basis
- Directors serve a 3 year term with maximum of 3 total consecutive terms
- Directorship positions open to all candidates (whether Members or not)
- All candidates must pass Independent Nominations Committee process to be eligible for election or appointment to the Board

The transition process involves several key concepts specifically designed to ensure the Medicare Local is governed by a highly skilled competencies-based board:

- Independent Nominations Committee
 - comprising at least 3 people, at least 2 of whom are 'independent', in the sense that they are not then currently members of the board or management of the Medicare Local nor of a member organisation of the Medicare Local
 - key roles of committee are to
 - a. call for and receive applications for directorships annually;
 - b. vet all applications against agreed standards and board composition matrix;
 - c. produce list of approved candidates for election by the Members or appointment by the Board
- Board Composition Requirements
 - an agreed policy outlining the specific competencies required within the board and the number of directors expected to bring that competency
- Director Eligibility Criteria
 - an agreed policy outlining the competencies (i.e. formal and informal skills, experience, networks and qualities) required of all directors of the Medicare Local (e.g. governance and financial literacy at a board level)

1.5 Company membership

Membership structure

The Medicare Local has an organisational membership base open to “organisations with a recognised role in primary health care leadership relevant to the Metro North Brisbane Medicare Local region”. The Membership of the Medicare Local is inclusive and open to all such organisations that wish to join the Metro North Brisbane Medicare Local both now and into the future.

Members represent a wide and diverse range of primary care organisations and practitioners across the Medicare Local catchment.

Category	Number of Organisational Members	Number of Individual Members
Allied Health - Assistance Services	1	N/A
GP Training	1	N/A
Nursing - Community	6	N/A
Nursing - Respite	1	N/A

Category	Number of Organisational Members	Number of Individual Members
Peak Organisation - Aged Care	1	N/A
Peak Organisation - Carers	1	N/A
Peak Organisation - Ethnic communities	1	N/A
Peak Organisation - General Practice	2	N/A
Peak Organisation - Health industry training	1	N/A
Peak Organisation - Health Promotion	1	N/A
Peak Organisation - Indigenous Health	1	N/A
Peak Organisation - Local Government	1	N/A
Peak Organisation - Mental Health	1	N/A
Peak Organisation - Pharmacy	1	N/A
Peak Organisation - Physiotherapy	1	N/A
Peak Organisation - Refugee Health	1	N/A
Peak Organisation - Social Work	1	N/A
Peak Organisation - Women's Health	1	N/A
University	1	N/A

1.6 Company objects

The ultimate objects of the Company are to improve the health of the local community and achieve measurable health outcomes through, amongst other things:

- a. encouraging and supporting improvements in the delivery of primary health care services to patients including initiatives aimed toward improving disease prevention and management, raising patient awareness and improving access to appropriate services;
- b. improving the planning of primary health care services to identify health needs of the community, develop locally focussed and responsive health services and address service delivery gaps;
- c. promoting primary care and the centrality of general practice for the delivery of effective integrated health management for the local community;
- d. providing support to clinicians and health service providers to improve their patient care;
- e. establishing effective collaborations to deliver more coordinated, integrated, flexible and locally responsive health services;
- f. promoting a culture of efficiency, accountability and continuous improvement in the delivery of primary health care services;
- g. raising money to further the aims of the Company and to secure sufficient funds for the objects of the Company;
- h. receiving any funds and distributing these funds in a manner that best attains the objects of the Company; and
- i. doing all such other things as are incidental or conducive to the operation of the Company and otherwise for the attainment of all or any of the above objects of the Company.

1.7 Key stakeholder relationships

Metro North Brisbane Medicare Local has developed a range of stakeholder engagement mechanisms in collaboration with its Consultative Committee (comprising nearly 40 key partner organisations):

Patients and consumers (including Aboriginal and Torres Strait Islander representatives)

Community Consultative Committees & Local Health Forum

The Medicare Local will expand existing Community Consultative Committees which are:

- Multiple, geographically-based consumer committees to gain widespread community input throughout the Medicare Local catchment
- Modelled on seven existing community committees ranging from Caboolture to Keperra and with two additional committees to be established

Consultation will also continue with the Metro North Local Health Forum, providing a platform for Aboriginal and Torres Strait Islander community engagement.

Whilst traditionally focussed on issues related to the planning, delivery and evaluation of local community health care services, these Committees have recently undergone an extensive evaluation which shows that the Committee members wish to expand their scope to include the greater primary care services.

It is an ideal opportunity, therefore, for the Medicare Local and the Local Health and Hospital Network, to work together to grow the influence of these well-established community input mechanisms to include a greater role in the planning and evaluation of the broader primary care services in the Medicare Local region.

Clinicians, health services providers and their representative bodies (across the spectrum of primary care, and where relevant secondary and acute care and Aboriginal and Torres Strait Islander representatives)

Partnership Planning Council

A key part of the joint governance structure across the Medicare Local and Local Health and Hospital Network is the Partnership Planning Council. The Partnership Planning Council will be made up of a large number of members with widespread representation of local health service deliverers as well as cross-sectoral agencies.

The Council will have a key role in analysing local health service data, identifying service gaps & planning more coordinated, integrated service delivery.

As such, this Council is one of the key features of the Metro North Brisbane Medicare Local and will use as its foundation, the existing networks, linkages and input mechanisms from its constituent organisations. It is expected that many of the Members of the Medicare Local will join the Partnership Planning Council; however, it is likely that many smaller organisations from across the catchment will also be involved in due course.

The Medicare Local will continue involvement in Close the Gap and other local programs aimed at improving Indigenous health outcomes, to strengthen and expand relationships with other service providers in the area who work more directly with this population group.

See also: Lead Clinicians Group

Partners Program

To ensure healthcare providers and other interested parties stay informed about the development of the Metro North Brisbane Medicare Local, a Partners Program has been established to provide regular updates to interested parties, and collect professional details for potential publication in any referral directories that will be created.

Local Hospital Networks

Joint governance arrangements have been agreed between the Medicare Local and Local Health and Hospital Network including:

- Partnership Planning Council
- Community Consultative Committees
- Lead Clinicians Group
 - These structures allow a wide range of health service delivery organisations, primary health care peak bodies, multidisciplinary clinicians, community members and consumers to be involved with planning and leadership functions of the Medicare Local, thus promoting effective linkages and better integration.

Terms of reference for these groups are to be jointly developed and agreed by the Medicare Local and Local Health and Hospital Network, with shared secretariat and leadership functions.

Local Lead Clinician Groups (once established)

The Lead Clinicians Group is part of the joint governance arrangement proposed to exist across the Medicare Local and Local Health and Hospital Network.

The inclusion of the Lead Clinicians Group into the overarching governance structure of the Medicare Local (and Local Health and Hospital Network) creates an avenue for meaningful involvement and engagement of local clinicians.

This is a key structure to ensure clinical leadership, engagement and coordination, particularly in health service planning across the geographic catchment for the Metro North Brisbane Medicare Local.

It is expected that the group will include clinicians from across the diverse range of primary health care related disciplines.

Community organisations

Community organisations are able to participate in the Medicare Local through involvement in the Partnership Planning Council, the Community Consultative Committees or by becoming formal Members of the company. In the context of company Membership, community organisations will have the ability through their vote to shape the composition of the board of directors, and thus influence the direction and governance of the organisation.

State/Territory government

The Medicare Local will continue the good relationships developed with appropriate State Government Ministers, Shadow Ministers, members of the Legislative Assembly, State Government Departments, and departmental executive and staff. These relationships are cultivated by our Executive Management team and through our Media Liaison Officer.

Researchers and educators

The Medicare Local will leverage our experience and strong relationships with local research organisations to continue to provide quality evaluation and academic leadership. The engagement of tertiary education institutions to undertake evaluations has positioned a number of our projects for national recognition and publication in leading medical and other journals.

The Medicare Local maintains excellent working relationships with vocational, tertiary and post-graduate education funders and institutions, and will continue our work to address workforce issues such as adequate training opportunities and ongoing workforce security for general practice staff and general practitioners, and, access to allied health for residents of aged care facilities.

Local universities have also taken up Membership of the company.

Other key stakeholders

The Medicare Local's Partnership Planning Council will include organisations and representatives from other sectors outside health, such as disability services; housing and homelessness services; multicultural services; alcohol, tobacco and other drug services; transport services; maternal, child and family services; health workforce services; local government; and emergency services.

The Medicare Local will maintain an excellent relationship with funders at all levels by maintaining open lines of communication; being flexible; meeting deadlines; and exceeding expectations.

1.8 Subcontractors

Name	Program	Services	Value	Tender process	Other contracts/arrangements	Conflict of interest
TBA	TBA	TBA	TBA	TBA	TBA	TBA

2 Medicare Locals Core Funding Program

2.1 Key activities

Strategic Objective 1

Improving the patient journey through developing integrated and coordinated services

SO 1.1. Hospital and Health Service Collaboratives

Continue collaborative relationships with local public and private hospitals, community service providers, and aged care providers, to improve patient access and integrated care with health services in the southern region of the catchment. This established collaboration includes regular meetings with hospital and health service executives and Medicare Local staff to progress a schedule of agreed actions to meet common objectives. Over the next 12 months we aim to establish similar relationships with services in the Moreton Bay area. These services include general hospital, mental health, women's and newborns', children's and aged care.

Success Measures

- 1.1.1. Number of Hospital Collaborative meetings held
- 1.1.2. Number of discrete services engaged
- 1.1.3. Number of new relationships established
- 1.1.4. Diversity of service providers engaged

SO 1.2. eHealth Initiatives

Building on projects already under way, the Medicare Local aims to expand the number of healthcare providers using eHealth to improve the electronic sharing of patient clinical information. Activities include the promotion of eReferral, eDischarge, data quality improvement, and implementing systems for the transfer of clinical information between the hospital and community settings to improve integration between hospital and community health providers.

Success Measures

- 1.2.1. Number of specialist outpatient services connected through secure messaging
- 1.2.2. Number and type of electronic information exchanged with the Royal Brisbane and Women's Hospital
- 1.2.3. Number of patients with shared electronic health summary

SO 1.3. Engagement structures (ref. Section 1.7)

- Partnership Planning Council
- Community Consultative Committees
- Lead Clinician Groups
- Partners Program

Success Measures

- 1.3.1. Establishment of engagement structures
- 1.3.2. Membership of each group (size and diversity)
- 1.3.3. Number of forums held

SO 1.4. Patient facing service directories

Metro North Brisbane Medicare Local has a number of established service directories which until now have been primarily used by health care professionals. Over the next 12 months we aim to assess a number of existing patient facing service directories and partner with the most appropriate provider to secure a comprehensive directory accessed via the Medicare Local website and promote it to the community.

Success Measures

- 1.4.1. Identification of appropriate service directory
- 1.4.2. Service directory accessed from the Medicare Local website
- 1.4.3. Promotion of service directory to community

SO 1.5. Communication Strategy

We aim to use local media and generate communication tools, including newsletters, a website, and face-to-face engagement, to promote new and existing services, programs, and innovative models of care to health service providers and the community to assist choice and access to services that meet the needs of the client. See also Objectives 2 & 4 for visiting strategy.

Success Measures

- 1.5.1. Establish a community portal on the website
- 1.5.2. Establish a service provider portal on website
- 1.5.3. Number of publications

Strategic Objective 2

Provide support to clinicians and service providers to improve patient care

SO 2.1. Chronic disease prevention and management

Chronic disease program coordinators will provide a broad range of practice support to improve uptake of best practice across the primary care sector.

Data quality improvement tools will be offered to providers interested in undergoing quality improvement processes. This will form the basis for building registers and implementing systems to improve coordinated, integrated care to patients either at risk of or who have developed chronic conditions.

Chronic disease program coordinators will monitor and provide feedback to participating providers. Resources including evidence based guidelines will be promoted through practice visits.

To meet safety and quality standards, medical software training will be offered to providers and their staff in the practice setting to support chronic disease management and data quality. Those identified as requiring intensive training will be offered formal training sessions.

To integrate providers and models of care the Metro North Brisbane Medicare Local chronic disease coordinators will facilitate two "Diabetes Connect" education sessions in collaboration with General Practice Queensland to increase the capacity of primary care providers to support patients with diabetes.

Success measures

- 2.1.1. Activities to build capacity of general practice to improve data quality.

- 2.1.2. Activities to increase awareness and understanding of pathways and management for patients at risk or who have chronic disease.
- 2.1.3. Activities to promote uptake of chronic disease management and prevention activities.

SO 2.2. Accreditation support

To meet safety and quality standards, the Metro North Brisbane Medicare Local will:

- Collaborate with health provider accreditation bodies to promote accreditation to unaccredited practices.
- Meet with RACGP to discuss strategies to improve community understanding of safety and quality standards.
- Provide practice support to improve uptake of best practice and meet safety and quality standards through assisting general practices with all aspects of accreditation including assistance with patient surveys, policy and procedure review and mock accreditation visits including recommendations for improvement.
- Liaise with allied health associations to identify areas where the Metro North Brisbane Medicare Local may support uptake of accreditation standards across primary care.
- Partner with Queensland Ambulance service to offer CPR and First Aid training to all primary care providers in the Metro North Region

Success measures

- 2.2.1. Activities to build capacity of general practice to maintain accreditation standards.
- 2.2.2. Activities to promote safety and quality standards to broader primary care providers.
- 2.2.3. Activities to increase awareness and understanding of accreditation standards to the community.

SO 2.3. Practice management

The Metro North Brisbane Medicare Local provide primary care providers with support to improve uptake of best practice by providing information on a broad variety of practice management issues via various methods of communication including face to face visits.

Hold quarterly practice management meetings open to all primary care practice managers to identify common needs and discuss issues such as privacy and confidentiality, occupational health and safety, risk management and information security. These events will also be a platform to discuss methods and models for integrated care for programs such as Coordinated Veterans Care, telehealth and better access for children with disability.

Collaborate with the Australian Association of Practice Managers to identify areas where both organisations can work together to reach the common goal of supporting effective practice management.

Success measures

- 2.3.1. Activities to increase awareness and understanding of best practice guidelines.
- 2.3.2. Collaboration with Practice Management associations.
- 2.3.3. Activities to promote programs relevant to local health needs.

SO 2.4. Communicable disease

Hold regular meetings with public health units, local government agencies, health service district, Indigenous health, refugee health and local immunisation providers in both Brisbane and Moreton Bay regions to discuss strategies to monitor and improve access to immunisation services, improve community awareness of vaccine preventable disease and support current and future national and state immunisation projects.

A variety of communication methods including on-site visits will be available to all providers wishing to access information and resources on vaccine preventable disease, communicable disease and infection control guidelines. Preferred methods of communication will be collected from primary care providers in the Metro North district to ensure timely dissemination of local and state health alerts.

Success measures

- 2.4.1. Collaboration with stakeholders.
- 2.4.2. Activities to increase awareness and understanding of communicable disease and infection control guidelines.
- 2.4.3. Progress toward developing a health alert distribution list for broad range of primary care providers.

SO 2.5. Nursing in general practice

Support nursing in general practice by providing GPs with support regarding existing financial incentives and expanded roles for nurses in primary care. Support nurses new to general practice by providing an orientation visit including resources to assist with treatment room nursing.

Support general practice nurses and Aboriginal health workers to take on a greater role in patient education, care coordination and monitoring chronic disease via onsite visits and two nurse network educational meetings which will demonstrate an e-learning training package to support chronic disease nurse item numbers. Those who undertake the learning package will be provided with over the phone support and mentoring during their course of study.

Two nurse network workshops will be held to support the Coordinated Veterans Care program. Aboriginal health workers, community nurses and general practice nurses will collaborate on implementation strategies and models of care for veteran's affairs patients.

A further two nurse network meetings will be held to discuss the "Better Start for Children with Disability initiative", the "Helping Children with Autism program" and the new "Health and Wellbeing Check for 3 year old children".

Success measures

- 2.5.1. Activities to build capacity of general practice to employ and retain nursing staff.
- 2.5.2. Activities to increase awareness and understanding of the diverse roles for nurses in general practice.
- 2.5.3. Activities to support educational activities and networking opportunities to nurses in general practice.

SO 2.6. eHealth

Support practices in the Medicare Local region to improve eHealth best practice procedures. The Medicare Local will help practices implement eHealth technologies and change management processes to improve their ability to securely exchange patient information

electronically. eHealth initiatives are designed to help the patient journey through the health system with the right information about the right person available at the right place at the right time.

We will support and grow the wider uptake and adoption of eHealth initiatives across the Medicare Local to improve the secure electronic exchange of health information and improve the information technology capability of Primary care.

Success measures

- 2.6.1. Activities to increase awareness and understanding of best practice guidelines for eHealth.
- 2.6.2. Activity to support practices to send and receive electronic referrals/discharge summaries / letters.

Strategic Objective 3

Identification of the health needs of local areas and development of locally focused and responsive services

SO 3.1. To demonstrate capacity and expertise in data collection and analysis, including maintenance of a population health database and capacity to input into population health profiles, the Medicare Local will:

- Assess the organisation's capacity and expertise in data collection and analysis; and build capacity where required, whether internally or through externally contracted sources
- Investigate the intention and elements of a population health database
- Identify data sources relevant to the identification of health needs of our local area
- Establish a central index of relevant data sources, including relevant data sets and profiles.

Success Measures

- 3.1.1 The Medicare Local has access to the capacity and expertise required, whether internally or externally, to undertake data collection and analysis, maintain a population health database and input into population health profiles
- 3.1.2 The Medicare Local has established a central index of relevant data sources

SO 3.2. In order to conduct local needs-based population planning, including the analysis of service gaps and identification of evidence-based strategies to improve health outcomes and the quality of service delivery in our local area, the Medicare local will:

- Establish a Partnership Planning Council (see section 1.7) to facilitate forums for service provider input into service mapping, gap analysis and formation of evidence based strategies to address gaps.
- Establish Community Consultative Committees (see section 1.7) for community and consumer input into local health service needs analysis
- Establish Lead Clinician Groups (see section 1.7) for clinician input into clinical service area gaps and evidence based strategies to address the gaps.

Success Measures

- 3.2.1 A Partnership Planning Council, Community Consultative Committees and Lead Clinician Groups are established
- 3.2.2 Forums facilitated for each of these groups

SO 3.3. To facilitate joint service planning with Local Hospital Networks and other organisations to facilitate a reduction in inappropriate or inefficient service utilisation and avoidable hospitalisations, the Medicare Local will:

- Establish a Partnership Planning Council (see section 1.7) in collaboration with the Local Health and Hospital Network
- Invite relevant organisations to forums facilitated by the Partnership Planning Council to realign existing resources to avoid duplication, reduce inefficient service utilisation and limit avoidable hospitalisations

Success Measures

- 3.3.1. Partnership Planning Council established in collaboration with the Local Health and Hospital Network
- 3.3.2. Number of service planning forums conducted

Strategic Objective 4

Facilitation of the implementation and successful performance of primary health care initiatives and programs

Programs and services transitioned from Divisions of General Practice

Metro North Brisbane Medicare Local has successfully and seamlessly transitioned all programs from GPpartners to the new Medicare Local company, Partners 4 Health Ltd. The trading name Metro North Brisbane Medicare Local was registered by Partners 4 Health Ltd with the Queensland Office of Fair Trading on 28 June 2011.

Metro North Brisbane Medicare Local is also working closely with the CEO and Board of Moreton Bay General Practice Network to smoothly transition programs and services in a staged manner, with completion of transition due by 1 October 2011.

SO 4.1. Closing The Gap Program

Over the next 12 months the Closing the Gap Indigenous Health Program Officer (IHPO) will continue to focus on key areas and the Medicare Local will plan to employ an additional IHPO position in the northern region of the district after October 2011 when it is expected that the Moreton Bay General Practice Network's Closing the Gap Schedule will be transferred to the Medicare Local.

Additionally, the Medicare Local will continue to employ an Indigenous Outreach Worker (IOW) for the southern region of the Medicare Local and plan to fill the position in the northern region of the district after October when it is expected that the Moreton Bay General Practice Network's Closing the Gap Schedule will be transferred to the Medicare Local. The IOWs will focus their efforts on Identifying and providing practical assistance to Indigenous Australians who would benefit from improved access to health checks and/or health services as required.

SO 4.2. General Practice Immunisation Incentives

The Metro North Brisbane Medicare Local has two immunisation program coordinators who will continue to focus on key areas in both the Brisbane and Moreton Bay regions over the coming 12 months, including activities to:

- a. Monitor the number and proportion of general practice immunisation incentive practices within the region that achieve 90% or greater immunisation coverage.
 - Collect local immunisation data via Australian childhood immunisation register. Analyse and report results to each general practice on a quarterly basis.
 - Offer onsite assistance to practices who have immunisation rates below 90%
 - Promote general practice immunisation incentives to unregistered practices via articles in publications and fact sheets disseminated by area representatives.
- b. Promote best practice in child immunisation for all general practices within the Metro North Brisbane region.
 - Offer vaccine management audits in line with strive for five vaccine management guidelines. Provide feedback including recommendations for improvement.
 - Provide information on pre vaccination screening, consent, vaccine administration, vaccines for special risk groups including Aboriginal and Torres Strait islander people and post vaccination requirements including anaphylaxis management via four education events in partnership with Brisbane and Moreton Bay public health units.
- c. Promote data quality for reporting child immunisation.
 - Offer immunisation data quality audits. Provide feedback including recommendations for improvement.
 - Provide troubleshooting service to practices experiencing difficulties in online reporting of immunisation data
 - Provide templates and resources to assist with data quality
 - Work with both Australian childhood immunisation register liaison and the QLD Health Vaccination Information & Vaccination Administration System (VIVAS) data officers to identify and support practices experiencing difficulties in reporting immunisation data
- d. Develop and implement strategies to support general practices within the Metro North Region to improve reported childhood immunisation coverage and manage groups of children identified as being difficult to immunise.
 - Provide support to immunisation providers for implementation of appropriate reminder systems to promote timely immunisation
 - Offer in practice support to follow up overdue reports
 - Collaborate with Brisbane and Moreton Bay public health units, local government agencies, health service district, Indigenous health, refugee health and local immunisation providers at regular meetings held four times per year in Moreton and Brisbane region to identify population groups difficult to immunise and implement health promotion strategies to increase uptake

Success Measures

- 4.2.1 Overall immunisation rates of region (a)
- 4.2.2 Activities to promote herd immunity (a)
- 4.2.3 Activities to increasing awareness and understanding of best practice guidelines (b)
- 4.2.4 Activities to increase awareness and understanding of immunisation data quality (c)
- 4.2.5 Collaboration with immunisation stakeholders (c)
- 4.2.6 Collaboration with local health services (d)
- 4.2.7 Activities to promote immunisation to hard to reach groups (d)

Facilitation and coordination of local initiatives

SO 4.3. Coordinated Veterans Care (CVC) Program

The Metro North Brisbane Medicare local has a high number of department of veteran affairs pensioners and treatment card holders residing in the region (17,943 Brisbane, 9,532 Moreton Bay - Ref: The Department of Veterans' Affairs local government area statistics for April 2011).

Given these statistics, our chronic disease program coordinators will be facilitating and coordinating this initiative in our region to improve the wellbeing and quality of care for chronically ill Gold Card holders.

The Metro North Brisbane Medicare Local will:

- Promote CVC program to general practice, allied health providers and community nurses via face to face visits, articles in publications and media releases.
- Support general practice to implement systems including the preparation required to provide this program.
- Promote the Australian General Practice Networks online and face to face chronic disease management training to general practitioners, practice nurses, Aboriginal health workers and community nurses to support the CVC program.
- Include community nursing programs, allied health and social assistance services available to veterans via our patient facing service directories.

Success measures

- 4.3.1 Activities to build capacity of general practice to deliver CVC.
- 4.3.2 Activities to increase awareness and understanding of CVC programs.
- 4.3.3 Collaboration with local health services.

SO 4.4. Healthy Eating, Activity and Lifestyle (HEAL) Program

A 2010 report by Queensland Health on the self-reported health status of people living in the Metro North Health Service District shows that over half the population is considered overweight or obese and has high incidences of high blood pressure and high blood cholesterol.

To address this in our region we plan to improve the focus on prevention and early intervention in primary health care by:

- Supporting Moreton Bay Regional Council to implement the "Healthy Eating, Activity and Lifestyle" program in this region.
- Provide general practitioners in this area with information and tools which will assist in identifying patients eligible for referral into this program.

- List local session details on patient facing service directories and in publications.
- Work with Moreton Bay Regional Council to promote HEAL programs at local community events.
- Support Brisbane City Council in their funding application to implement the HEAL program in the Brisbane region.

Success measures

- 4.4.1 Activities to build capacity of general practice to identify and refer patients into HEAL programs.
- 4.4.2 Activities to promote the uptake of Lifestyle modification programs.
- 4.4.3 Collaboration with local health services and council.

SO 4.5. Telehealth

The Metro North Brisbane Medicare Local region incorporates a large number of outer metropolitan classified general practices. To address some of the barriers to accessing specialist services in these areas we will aim to improve service delivery, clinical efficiency and efficacy by:

- Promoting telehealth to general practitioners, and to Aboriginal and Torres Strait Islander health providers in eligible geographical areas.
- Support practitioners by providing information and resources on installation of telehealth equipment, eligibility criteria, MBS items and associated incentives using a variety of methods of communication including face to face visits.
- Liaise with the Local Health and Hospital Network to identify common goals for the implementation of collaborative telehealth services.

Success measures

- 4.5.1. Activities to build capacity of general practice to deliver telehealth services.
- 4.5.2. Activities to promote telehealth services to general practice, and Aboriginal and Torres Strait Islander health providers.
- 4.5.3. Collaboration with Local Health and Hospital Network.

SO 4.6. Early years prevention and intervention

The Metro North Brisbane Medicare Local takes in many suburbs experiencing fast population growth. In the year to June 2010, Griffin, in the Moreton Bay region, had the largest and fastest population growth of 12.8% (population estimates by Local Government Area, 2001 to 2010). Just over seven per cent (7.1%) of the population in the Moreton Bay region is aged between 0-4 years. (Ref: Australian Bureau of Statistics, Census of Population and Housing 2006)

The Medicare Local will raise awareness and build health provider capacity to support early intervention to assist children with disability and autism, and support prevention of childhood health issues. Primary care providers will be provided with information and resources to support uptake of “Better Start for Children with Disability initiative”, the “Helping Children with Autism program” and the new “Health and Wellbeing check” for 3 year old children.

Success measures

- 4.6.1 Activities to build capacity of general practice to deliver Better Start for Children with Disability initiative”, the “Helping Children with Autism program” and the new “Health and Wellbeing check” for 3 year old children.
- 4.6.2 Activities to promote the uptake of follow-up Specialist and Allied Health services.

Strategic Objective 5

Be efficient and accountable with strong governance and effective management

- 5.1. See section 1.4, The full board of 7 skills-based directors is planned to be in place following the company’s first Annual General Meeting to be held on 30 August 2011.
- 5.2. The manner in which GPpartners has transitioned to become the Metro North Brisbane Medicare Local has retained our considerable staffing expertise which gives us the capacity to continue to effectively and efficiently manage program resources.

The executive and senior management team includes a range of staff who collectively possess over 40 years of experience in Divisions of General Practice, and who have a proven track record of managing and delivering on innovative programs and projects.

In order to build our capacity to deliver on new goals including greater community engagement and health service planning, we are recruiting a range of new roles including:

- Community Liaison Coordinators
- Partnership Planning Coordinators
- Area Managers

These roles will be based at both offices, Lutwyche and North Lakes. Additionally, the Medicare Local has a number of staff who are undertaking or have completed the Diploma in Population Health.

We will also implement uniform program management systems and processes in the Moreton Bay region based on the successful systems already employed in our Lutwyche offices.

- 5.3. See sections 1.4 and 1.7, which illustrates the joint planning structures that will sit between the Medicare Local and the Local Health and Hospital Network, namely:
 - Partnership Planning Council
 - Community Consultative Committees
 - Lead Clinicians’ Group

2.2 Transition arrangements

As of 1 July 2011, the Metro North Brisbane Medicare Local was fully operational, having executed the Medicare Local Deed with the Department of Health and Ageing (DoHA) on 30 June 2011.

All funding, staff, corporate knowledge, and defined assets transferred from GPpartners to the Medicare Local on 1 July 2011 under a Transition Deed executed on 2 June 2011.

The Medicare Local is in the process of working with funders to ensure a smooth transition of all contracts. Only 'Closing the Gap' remains outstanding in terms of DoHA programs previously funded under the Multi Purpose Funding Agreement between DoHA and GPpartners.

We are currently awaiting Medicare Local logos, branding and style guidelines, which will allow us to complete the transition to our new Medicare Local corporate image.

The Metro North Brisbane Medicare Local area also completely encompasses the Moreton Bay General Practice Network area, and a small portion of RHealth around Kilcoy. The Medicare Local is working with both of these Divisions to ensure a smooth transition for programs including Immunisation and Closing The Gap.

The Immunisation program has already transitioned to the Medicare Local from Moreton Bay and will transition on 1 July 2012 from R Health. Subject to timely receipt of a program schedule, the Closing the Gap program will transition from Moreton Bay on 1 October 2011, and from RHealth on 1 July 2012.

2.3 Additional Program information or Program material

Not required for first Annual Plan.

3 Medicare Local After Hours Program

3.1 Key activities

Development of the stage one plan to address priority gaps in access to after hours care

1. Undertake stage one needs assessment for the Metro North Brisbane Medicare Local in line with the requirements specified in Medicare Locals – Guidelines for after hours primary care responsibilities until 30 June 2013 through but not limited to:
 - Utilising already existing Community Consultative Committees
 - Holding local forums in our regional areas
 - Reviewing local hospital after hours attendance, trends and patterns (public and private)
 - Reviewing current population health information
 - Reviewing local council information on transport and planning
 - Reviewing current After Hours arrangements in our GP practices
 - Reviewing current trends in After Hours in consultation with the After Hours provider service.

Success measures

- 1.1. Number of consultative forums held.
 - 1.2. Trends in after hours access identified.
 - 1.3. Profile of the characteristics of the Medicare Local developed including:
 - 1.4. GP after hours profile
 - 1.5. Population Health profile
 - 1.6. Transport profile
 - 1.7. Service Capacity Mapping undertaken.
 - 1.8. Issues/gaps identified.
2. Participate in Medicare Local After Hours Program workshops as arranged by the Department of Health and Ageing

Success measures

- 2.1. Number of workshops attended.
3. Develop a consultative stage one plan for after hours care in line with the Medicare Locals – Guidelines for after hours primary care responsibilities until 30 June 2013 through establishing a consultative reference group by inviting participation from (but not limited to):
 - Local Health and Hospital Network representation across the four main public hospitals (Adult and paediatric)
 - Representation from private hospital providers within our district
 - GP practice representation
 - Local After Hours service provider representation

- Consumer representation
- Queensland Ambulance Service
- Local council representation
- Aged Care Queensland representation (Retirement Villages and Residential Aged Care)
- Information Technology representation
- Local Centrelink representation (population needs/trends)
- Local University representation (research based)

Success Measures

- 3.1. Consultation process identified and developed
- 3.2. Issues and gaps prioritised
- 3.3. Approaches to address prioritised after hours gaps identified
- 3.4. Effectiveness and appropriateness of approaches assessed
- 3.5. Most suitable gaps to be addressed identified
- 3.6. Implementation Plan developed
- 3.7. Risks associated with implementation assessed