



Annual Report 2009–2010

Together we can build a better health system

# General Practice Queensland

Annual Report 2009–2010

## VISION

quality  
health  
for all

## OUR MISSION

leading  
improvements  
in primary  
health care

## OUR VALUES

### ethical

our reputation and credibility mean  
everything to us

### collaborative

we work in ways that connect us to others and  
harness our collective potential

### energised

we thrive on challenge and relish opportunity

### high performing

we strive to do well and take pride in our work.  
mediocrity is not an option

### effective

we want to make a difference

### proactive

we anticipate future trends, adapt to our  
changing environment and focus on solutions

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# Acronyms and Abbreviations

ABHI	Australian Better Health Initiative	HCQ	Health Consumers Queensland
ACAI	Aged Care Access Initiative	HFTA	Healthfirst Training Australia
ACQ	Aged Care Queensland	IHPO	Indigenous Health Project Officer
ACTDGP	ACT Division of General Practice	IUIH	Institute of Urban Indigenous Health
ADTRU	Alcohol and other Drugs Training Unit	LMP	Lifestyle Modification Programs
AGPN	Australian General Practice Network	MHNIP	Mental Health Nurse Incentive Program
APCC	Australian Primary Care Collaboratives	MSAC	Medical Services Advisory Committee
ATAPS	Access to Allied Psychological Services	MSOAP	Medical Specialists Outreach Assistance Program
CCSS	Care Coordination and Supplementary Services	MSOAP-ICD	Medical Specialists Outreach Assistance Program – Indigenous Chronic Disease
CDSMP	Chronic Disease Self-Management Program	NeHTA	National eHealth Transition Authority
CHAG	Combined Health Agencies Group	NiGP	Nursing in General Practice
COAG	Council of Australian Governments	PHCO	Primary Health Care Organisations
COPD	Chronic Obstructive Pulmonary Disease	PHCRED	Primary Health Care Research, Evaluation and Development
CPCRE	Centre for Palliative Care Research and Education	PIM	Partners in Mind
CRH	Collaborative Research Hub	QAIHC	Queensland Aboriginal and Islander Health Council
CSCF	Clinical Services Capability Framework	QATSIHP	Queensland Aboriginal and Torres Strait Islander Health Partnership
DMHS	Division of Mental Health Services	QHIP	Queensland Health Immunisation Program
DoHA	Department of Health and Ageing	QPHCN	Queensland Primary Health Care Network
ECCQ	Ethnic Community Council of Queensland	QSMA	Queensland Self-Management Alliance
EOLA	End of Life Alliance	RFDS	Royal Flying Doctor Service
GPAC	General Practice Advisory Council	RTO	Registered Training Organisations
GPNLG	General Practice National Leadership Group	SMI	Severe Mental Illness
GPNSW	General Practice NSW	USOAP	Urban Specialists Outreach Assistance Program
GPQ	General Practice Queensland		
GPSA	General Practice South Australia		

# About GPQ

General Practice Queensland (GPQ) is the peak representative body for 17 divisions of general practice including:

- 1 Brisbane South Division
- 2 Capricornia Division of General Practice
- 3 Central Queensland Rural Division of General Practice
- 4 Far North Queensland Division of General Practice
- 5 General Practice Gold Coast
- 6 GP Connections
- 7 GP Links Wide Bay
- 8 GPpartners
- 9 Ipswich and West Moreton Division of General Practice
- 10 Mackay Division of General Practice
- 11 Moreton Bay General Practice Network
- 12 North and West Queensland Primary Health Care
- 13 RHealth
- 14 South East Alliance of General Practice
- 15 SouthEast Primary HealthCare Network
- 16 Sunshine Coast Division of General Practice
- 17 Townsville General Practice Network

Our divisions link approximately 4,200 general practitioners, 1,300 general practices, 1,755 practice nurses as well as other practice staff and allied health providers in Queensland.

**GPQ** promotes the central role of general practitioners in the primary health care sector. It ensures that key stakeholders and general practice work together through established and inclusive channels of consultation and communication.

Established in 1997, GPQ advocates for and lobbies on behalf of divisions and informs health policy development for the advancement of the primary health care in Queensland. GPQ also aims to influence primary health care outcomes through the implementation of a wide range of initiatives in collaboration with key stakeholders and engagement with the community.



together we can build  
a better health system



# Chairman's Report

It is my pleasure to present my inaugural Chairman's Report after my election to the role in October 2009.

The year provided us many uncertainties and challenges; from the proposed national health care reform agenda through to the robust negotiations witnessed in the final stages of the COAG (Council of Australian Governments) Health Agreement. A week before the end of the financial year saw a change of Prime Minister, a looming federal election and both political parties positioning themselves with differing health agendas and policies. As a response, the Board established a reform taskforce and focussed on the dissemination of accurate and current information to divisions.

During the year, GPQ provided representation and advocacy on behalf of the Queensland divisions especially pertaining to preparedness for reform. GPQ facilitated many meetings and forum discussions and embarked on an effective communication strategy to keep members fully informed. We showed leadership in the way we influenced federal policy by being an active participant of the General Practice National Leadership Group (GPNLG) and working with AGPN who took the lead with the federal government interventions. We have shown leadership in the way we have been increasingly involved with the state government and especially Queensland Health.

This year, GPQ re-signed a 'commitment to partnership' agreement with Queensland Health which marked a significant commitment to work together in the improvement of health outcomes for Queenslanders. We continued to have meaningful and productive dialogue with the Department of Health and Ageing (DoHA) and took on a leadership role in regularly bringing together primary care stakeholder in a highly significant strategy which will augur well for the Queensland divisions as we transform into broader primary care organisations over the coming years.

Despite the challenges and uncertainties, GPQ continued to thrive – a background of strong governance culture, significant strategic decisions taken by the Board and an organisation driven by commitment and best practice principles saw GPQ viewed as a credible and high performing organisation. This led to numerous new business development opportunities, an inflow of funding from various sources and an increase in total activities despite the struggle to balance this expansion with the available human resources. We responded by remaining focused on our mission and priorities at all times – together we build a better health system.

I want to recognise the outgoing Chair, Dr John Kastrissios, whose name is synonymous with the organisation. I was fortunate enough to serve as a director under his leadership and his monitoring made me even more confident to step up and continue his outstanding work on behalf of our members. Thank you also to my current fellow directors and to Dr Eddie Roos who resigned as director through the year as well as Dr Rebecca Barnes and Dr Mick Donohue who both retired at the end of October at the Annual General Meeting and did not seek re-election. The demands placed upon each director were high, yet they readily accepted the challenges, showed true commitment and supported me solidly during the year.

Lastly, I will take this opportunity to recognise the important milestone achieved by our tireless CEO, Ann Maree Liddy, who has now completed 10 years of dedication and service as CEO to the Board. We are grateful to her and to the able team that she leads for making this year yet another success story for GPQ.

This Annual Report outlines many of the activities that I have mentioned and I commend it to you.

**Dr Dilip Dhupelia**  
Chair, General Practice Queensland

This year, GPQ re-signed a 'commitment to partnership' agreement with Queensland Health which marked a significant commitment to work together in the improvement of health outcomes for Queenslanders

# Board of Directors

**1 Dr Dilip Kumar Dhupelia**  
**Director, appointed 27/10/07**  
 Qualifications: LRCPs (Ire), Dip Obst ACOG FRACGP, FAICD  
 Experience: Medical Director, Practice Services, Policy, Strategy & Resourcing Division at Queensland Health  
 Special responsibilities: Board Chair from October 2009; Member of Finance and Governance Committees



**2 Dr Fiona McGrath**  
**Director, appointed 31/10/09**  
 Qualifications: MBBS Dip RANZCOG  
 Experience: General practitioner in Kawana  
 Special responsibilities: Chair of the Finance Committee



**3 Professor Susan Jean Dann**  
**Director, appointed 10/03/08**  
 Qualifications: PhD Management, MPubAdmin, BA, CPM, MAICD, FAMI  
 Experience: Marketing consultant  
 Special responsibilities: Chair of the Governance Committee



**4 Dr Kenneth Richard Conolly**  
**Director, appointed 27/10/07**  
 Qualifications: MBBS, FACRRM  
 Experience: General practitioner in Ravenshoe, Herberton and Malanda  
 Special responsibilities: Member of the Governance Committee



**5 Dr John Theodore Kastrissios**  
**Director, appointed 27/10/07**  
 Qualifications: MBBS  
 Experience: General practitioner in Springwood  
 Special responsibilities: Board Chair to September 2009, Member of Finance Committee



**6 Dr Ann McBryde**  
**Director, appointed 11/10/08**  
 Qualifications: MBBS  
 Experience: General practitioner in Chapel Hill  
 Special responsibilities: Member of the Governance Committee



**7 Mr Mark Tucker-Evans**  
**Director, appointed 27/10/07**  
 Experience: Executive Director – Council on the Ageing Queensland; Chair – Health Consumers Queensland  
 Special responsibilities: Member of the Governance Committee



**8 Dr Eduard Otto Roos**  
**Director, retired 05/03/10**  
 Qualifications: BMedSci, MBChB, FACRRM, FRACGP, FAICD  
 Experience: General practitioner in Withcott, Toomelah Aboriginal Clinic  
 Special responsibilities: Member of Finance Committee



**9 Dr Michael Francis Donohue**  
**Director, retired 31/10/09**  
 Qualifications: MBBS, FACRRM, Dip RACOG  
 Experience: General practitioner in Yeppoon  
 Special responsibilities: Former Chair of Governance Committee



**10 Dr Rebecca Therese Barnes**  
**Director, retired 31/10/09**  
 Qualifications: MBBS, FRACGP  
 Experience: General practitioner in Buderim  
 Special responsibilities: Former Chair of Finance Committee



**Company Secretary**  
**11 Mr David John Phillips** held the position of Company Secretary for the period of 2009–2010.  
 Mr Phillips has worked for General Practice Queensland Limited since his appointment as Business Manager on 22 August 2001.



## Meetings of Directors

During 2009–2010, 11 meetings of directors were held. Attendances by each director were as follows:

Type	Date	Attendee	Attended
Face to face	26 July 2009	Dr Dilip Dhupelia (Chair from October 2009)	10 (11)*
Face to face	30 July 2009	Dr John Kastrissios (Chair to September 2009)	11 (11)*
Face to face	12 and 13 September 2009	Professor Susan Dann	11 (11)*
Teleconference	17 September 2009	Mr Mark Tucker-Evans	11 (11)*
Teleconference	21 October 2009	Dr Ann McBryde	11 (11)*
Face to face	01 November 2009	Dr Kenneth Conolly	10 (11)*
Face to face	06 December 2009	Dr Eduard Roos	5 (11)*
Face to face	13 February 2010	Dr Fiona McGrath	6 (6)*
Face to face	02 March 2010	Dr Michael Donohue	6 (6)*
Teleconference	18 April 2010	Dr Rebecca Barnes	5 (6)*
Face to face	30 May 2010		

\*Number in bracket indicates number of meetings eligible to attend

## Finance Committee

During 2009–2010, seven Finance Committee meetings were held. Attendances by each director were as follows:

Type	Date	Attendee	Attended
Teleconference	26 August 2009	Dr Fiona McGrath (Chair from November 2009)	3
Teleconference	23 September 2009	Dr Rebecca Barnes (Chair to October 2009)	3
Teleconference	21 October 2009	Dr Dilip Dhupelia	5
Teleconference	20 January 2010	Dr John Kastrissios	7
Teleconference	02 March 2010	Dr Eduard Roos	3
Face to face	24 March 2010	Mr Len Scanlan (Independent Member)	7
Teleconference	19 May 2010		

## Governance Committee

During 2009–2010, six Governance Committee meetings were held. Attendances by each director were as follows:

Type	Date	Attendee	Attended
Teleconference	11 August 2009	Professor Susan Dann (Chair from November 2009)	4
Teleconference	13 October 2009	Dr Michael Donohue (Chair to October 2009)	2
Teleconference	02 December 2009	Dr Kenneth Conolly	3
Teleconference	01 February 2010	Dr Dilip Dhupelia	3
Teleconference	12 April 2010	Dr John Kastrissios	1
Teleconference	07 June 2010	Dr Margaret Marsden	3
		Dr Ann McBryde	6
		Mr Mark Tucker-Evans	5



## Board Highlights

### Changes to the Constitution

The Board proposed changes and sought a resolution from members to allow for non general practitioners to be elected according to skills, knowledge, experience and enthusiasm. This resolution reflected the best practice governance framework for not-for-profit organisations ensuring that the Board is one of leadership rather than representation. This amendment also demonstrated a stronger integration with other primary health care professionals and gave the Queensland network meaningful structure to influence the nature and quality of health care in the future.

### Visits to divisions

The Board focused on a series of face to face meetings with division CEOs, Board Chairs and Board Directors to develop a shared understanding of the potential impact and opportunities in a health care reform environment. Discussions aimed at ensuring open dialogue to help facilitate and manage elements of reform including structures, membership and governance within a local operating context.

### Board Taskforce

Established in March 2009, the Taskforce continued to meet throughout 2009. The Taskforce provided advice and guidance for Board deliberations around health care reform. A key output was the dissemination of the discussion paper, titled *Positioning the Queensland Divisions Network in a Reform Environment*; this paper provided a framework for discussions around future options for divisions and GPQ.

### Chairs Leadership Connection

The Chairs Leadership Connection continued to provide support and guidance to division Board Chairs. The value of the group was determined by the ongoing participation of Chairs at the three face to face meeting and teleconferences during the year. Facilitated by Board Matters, Chairs Leadership Connection provided an important mechanism to consolidate networking and leadership functions between all Queensland Board Chairs.

The Board proposed changes and sought a resolution from members to allow for non general practitioners to be elected according to skills, knowledge, experience and enthusiasm

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# Policy and Advocacy Highlights



## 2009

### July

- Queensland Divisions Forum: *Divisions of General Practice vs Divisions of Primary Health Care: Opportunities and Challenges* – provided an opportunity to determine the next phase of development in light of international health care reform experiences.

### August

- Responded to *Social Development Committee, Queensland Parliament* inquiry into the impact of chronic disease.
- Reworked GPQ's *Position Statement – Indigenous Health* reflective of COAG initiatives.

### September

- Managed the *General Practice Advisory Council (GPAC), Workforce Summit* on behalf of the GPAC partners, attended by over 90 stakeholders and division delegates.
- Members of GPQ voted for constitutional changes at a Special General Meeting to allowing for directors to be elected according to the skills, knowledge and experience.

### October

- Collated and developed materials for divisions to facilitate discussions in considering the *National Health and Hospitals Reform Commission Report* recommendations and the establishment of primary health care organisations.
- Commitment to Partnership* meeting with Queensland Health – focused on Queensland Health's Framework for engaging general practice and the renewal of the Commitment to Partnership between the two organisations.
- Hosted an inaugural *Primary Health Care Stakeholders Roundtable* – identified opportunities and challenges provided by the national health care reform agenda.
- Queensland Divisions Forum: *Shaping Primary Health Care for all Queenslanders* – discussed and debated the role and function of primary health care organisations (PHCOs) and what they might look like in a Queensland setting.
- Released an updated version of *GPAC Continuity of Care Planning Framework* and supporting resource manual.

### November

- Attended and organised for seven divisions to join a *study tour to New Zealand* – incorporated meetings with Independent Practitioners Association Council of New Zealand, Ministry of Health; Primary Health Organisations, District Health Boards, and general practices.
- Developed and launched a *GPAC website, www.gpac.com.au*.
- Provided input into *Australian General Practice Network Blueprint: Connecting Care – A blueprint for improving the health and wellbeing of the Australian population – the role and function of Primary Health Care Organisations* document.

### December

- Hosted the second *Primary Health Care Roundtable* – gained a shared understanding of the impact of the national health care reform agenda on primary health care related organisations.

## 2010

### February

- Held a strategic planning session to identify the future role of GPAC.
- Hosted the third *Primary Health Care Roundtable* – focused particularly on formalising the partnership and recognising the value of the regular meetings as an opportunity to share information and knowledge.

### March

- Commitment to Partnership* with Queensland Health re-signed for a further three years.
- Commitment to Partnership* meeting with Queensland Health – focused on the national health care reform agenda and the launch of the re-signed Commitment to Partnership.
- Held inaugural *GPQ GP Representation Orientation and Training* session for GP representatives.
- Presented at the Health Consumers Queensland Forum regarding the primary health care under the national health care reform agenda.
- Queensland Divisions Forum: *Our future; moving forward with health reform* – investigated and discussed PHCOs boundary work undertaken by Carla Cranny and the KPMG transition plan process.

### April

- Facilitated a series of discussions with division CEOs around key elements of the health care reform agenda.
- Met with the Queensland Health Director General and Deputy Premier to discuss the implications of the health care reform process.
- Attended the Prime Ministers launch of the National Primary Health Care Strategy (the Strategy) at the Royal Brisbane Women's Hospital.
- Invited to attend a briefing with the Premier of Queensland to discuss health care reform and the impact of the COAG agreement.

### May

- Formally accepted the Director General's offer to become an early reform adopter in the lead up to the December 2010 COAG meeting.
- Formed an internal Implementation Team to support the work around health care reform.
- Hosted the fourth *Primary Health Care Roundtable* – formalised partnerships with stakeholders and agreed to establish the Queensland Primary Health Care Network (QPHCN).
- Initiated regular meetings with key staff at the *Department of Premier and Cabinet* to facilitate an ongoing relationship around the implementation of the health care reform agenda.
- Presented at the *Health and Community Services Council – Workforce Innovation Conference* regarding GPAC workforce capacity.
- Queensland Divisions Forum: *Moving Forward with Health Reform* – focused on PHCOs boundaries, membership and governance issues and the role of a national primary health care organisation.

### June

- Committed to a new GPAC agreement for two years.
- Established the *Queensland Divisions Network Transition Group* to ensure divisions are actively engaged in discussion to inform and guide the transition and implementation of health care reform.
- Facilitated a meeting with Queensland Aboriginal and Islander Health Council (QAIHC) as well as representatives from Queensland Health and the Department of Premier and Cabinet regarding health care reform.

Image: Royal Brisbane Women's Hospital, National Primary Health Care Strategy launch, April 2010. Left to right: Dr Dilip Dhupelia, Dr John Kastrissios, Mr David Phillips, the Hon Kevin Rudd MP and the Hon Nicola Roxon MP.



Image: Study tour to New Zealand, November 2009.  
 Left to right: Matt Carrodus, Gaylene Coulton, Dr David Rowlands,  
 Dr John Kastrissios, Amanda Adams, Patrice Cafferky, Mark Tucker-Evans,  
 Ann Maree Liddy, John Lamb, Jean McRuvie

## Program Highlights

### Australian Primary Care Collaboratives

- Worked with the Improvement Foundation (Australia) Ltd and divisions to rollout the Australian Primary Care Collaboratives (APCC):
  - APCC wave one practices reached the 18-month milestone, having achieved significant improvements in the systems of care they provide to patients.
  - 27 practices from five divisions implemented improvement activities in the areas of Access and Care Redesign, Diabetes and Coronary Heart Disease.
  - 23 practices from four divisions implemented improvement activities in the areas of Chronic Obstructive Pulmonary Disease (COPD) and Chronic Disease Prevention and Self Management.
  - 14 practices from three divisions delivered the APCC program in their local area during round one.
  - 17 practices from four divisions delivered the APCC program in their local area during round two.
  - three practices from one division participated in APCC's virtual workshops during round one.

### Aged Care

- Delivered a total 10,391 allied health sessions (individual and group) as part of the *Aged Care Access Initiative (ACAI)* – an increase of 63% over the results reported in 2008–2009.

### Chronic Disease

- *Australian Better Health Initiative (ABHI) Primary Care Integration Program* – coordinated a workshop in collaboration with Primary Health Care Research, Evaluation and Development (PHCRED) to inform design and implementation of appropriate evaluation frameworks and enhance reporting skills to highlight project outcomes.
- *Brief Intervention Workshops* – coordinated and delivered six workshops targeted at locations across Queensland to support the uptake and promote referral pathways (a need identified through the Joint Working Group of Queensland Health and GPQ representatives). Outcomes were presented at the Queensland Health Chronic Disease Forum in May 2010.
- *Chronic Disease Self-Management* – advanced the integration in local communities with 184 practitioners receiving training in health coaching techniques; 222 practitioners in motivational interviewing techniques; 38 practitioners completing the Flinders Certificate of Competency in Chronic Condition Self-Management and; the training of two division program coordinators to deliver the Stanford Chronic Disease Self-Management Program (CDSMP).
- *Chronic Disease Self-Management Forum* – held by GPQ in collaboration with the Queensland Self-Management Alliance (QSMA) to provide an overview of the chronic disease self-management training opportunities and to explore mechanisms for integrating self-management approaches into the provision of health care services.

- *The Map* – developed and launched a Chronic Disease electronic interactive map that enables users to identify chronic disease activities occurring in divisions across Queensland; The Map was showcased at the AGPN Forum in November 2009 – [www.gpqld.com.au/map/](http://www.gpqld.com.au/map/).
- *Prevention of Type 2 Diabetes* – supported the promotion and implementation of the program across Queensland. Submitted a letter to AGPN to advocate for the expansion of the program parameters to enhance uptake and prevent onset of Type 2 Diabetes. While there is yet to be a change in the parameters, the program was enhanced with new funding through seed and pilot grants to increase target group participation in Lifestyle Modification Programs (LMP). LMP Seed Grant workshops were conducted for all divisions.

### Closing the Gap

- *Closing the Gap Statewide Workshop* – convened by GPQ with representatives from DoHA, QAIHC, the Institute of Urban Indigenous Health, AGPN and divisions.
- *Closing the Health Gap Update* – launched a fortnightly electronic update with information about initiatives, funding opportunities, events, information and resources relating to Aboriginal and Torres Strait Islander people – distributed to 268 contacts.
- *COAG Closing the Gap Working Group* – attended monthly meetings convened by DoHA State Office to support program establishment and implementation in Queensland.
- *APCC* – progressed the implementation of the Closing the Gap Collaboratives in partnership with QAIHC and the Improvement Foundation. Participated in an Expert Reference Panel to inform the development of relevant measures for this initiative. Initial topics addressed included access and chronic disease.
- *Institute of Urban Indigenous Health (UIIH)* – consulted to support planning and implementation of a range of measures under Closing the Gap in South East Queensland.
- *Indigenous Health Project Officer (IHPO) measure and Outreach Workers* – appointed a Closing the Gap Program Coordinator who engaged with divisions and key stakeholders to identify models and approaches that can be used to support divisions and practices to improve access to mainstream primary health care services for Aboriginal and Torres Strait Islander people.
- *Queensland Aboriginal and Islander Health Partnership* – participated in monthly meetings that progressed discussions on statewide planning.
- *QAIHC* – liaised extensively on the implementation of Closing the Gap initiative.
- *Statewide division IHPO Workshop* – attended by 27 employees representing 15 divisions; the workshop was highly evaluated with participants recognising the value of cultural safety training, networking and program support.



## eHealth

- *iHealth Care Directory (the Directory)* – listed over 91% of general practitioners and over 1,800 allied health and specialists in Queensland.
- *Secure messaging* – 87% of general practitioners listed on the Directory adopted Medical-Objects as their preferred communication modality. An average total of 250,000 messages were received electronically by health providers – this was a 37% increase over the past 12 months.
- *2010 GP Census* – coordinated the implementation of the census – 15 of 17 divisions participated with the 2010 response rate exceeding 2009.
- Developed a *Queensland Division eHealth Strategic Framework*.
- Established a *Queensland Divisions eHealth Steering Group and Data Quality Group*.
- Hosted 48 delegates at an eHealth Strategic Workshop.

## Immunisation

- *Vaccine Management* – developed and launched a new website [www.vaccinemanagement.gpqld.com.au](http://www.vaccinemanagement.gpqld.com.au)
- Presented at the *New Zealand Immunisation Conference*.
- Participated in a *Queensland Ministerial Roundtable* discussion regarding improving immunisation services for Queenslanders.
- Exhibited at the *Pregnancy Baby Child Expo* at the Brisbane Convention Centre – distributed 500 information packs.

## Mental Health

- *activate: mind & body:*
  - commenced branding, website development and resources development for clinicians, consumers and carers of those with a severe mental illness (SMI);
  - established a Statewide Steering Committee to provide strategic direction and project support;
  - formed four project working groups – 1) Prevention Promotion and Early Intervention, 2) Primary Health Care, 3) Evaluation Advisory Group and 4) Public Mental Health; – consulted with consumers and carers throughout the project.
- *Access to Allied Psychological Services (ATAPS)*
  - advocated that consultation with divisions regarding changes to ATAPS and the delivery of services must be targeted and responsive.

- *Comorbidity program:*
  - hosted 34 delegates at the first statewide workshop;
  - provided support and guidance to divisions with their local priorities and activities on how best to integrate it with the comorbidity pilot work;
  - prepared a set of recommendations for AGPN regarding future activity and direction.
- *Mental Health Nurse Incentive Program (MHNIP)* – convened a statewide meeting to discuss key issues facing the network including credentialing processes, ongoing funding, implementation of the guidelines, Medicare and workforce capacity.
- *National Suicide Prevention Strategy* – secured funding from DoHA which was matched by the Queensland Health Mental Health Directorate for the Post Discharge Care of Patients Presenting to the Emergency Department with Deliberate Harm or Suicide Attempt project.
- *Partners in Mind (PIM):*
  - secured funds from Queensland Health to lead the implementation of the Queensland Framework for Primary Mental Health Care in five new sites, building on the achievements of the existing seven sites;
  - secured additional funds from Queensland Health Mental Health Directorate to undertake an external evaluation of the expanded PIM project;
  - convened a PIM workshop to support the expansion of the project;
  - established a Statewide Steering Committee;
  - completed a review of the Queensland Framework for Primary Mental Health Care.
- *Mental health team* – met with General Practice South Australia (GPSA) to provide an overview of the partnership between the GPQ and Queensland Health Mental Health Directorate.
- *Mackay Mental Health Network Strategic Planning Day* – presented regarding the national ATAPS review and informed the development of the *activate: mind & body* project resources.

## Nursing in General Practice

- *Pandemic planning train the trainer workshop* – attended by 60 division staff to address pandemic planning, preparedness, infection control and use of personal protective equipment. GPQ and divisions showcased resources developed to assist with pandemic planning in practices.
- *Nursing in General Practice (NiGP) Orientation Workshops* – hosted 75 delegates at a workshop which was highly evaluated for applicability of learning to the workplace.
- Facilitated a train the trainer session for 14 division staff on managing triage – evaluations showed a high level of satisfaction.
- Committed funding to support research by James Cook University in the investigation of barriers and enablers for practice nurses in implementing new skills and knowledge following completion of the pap smear provider course.
- Supported the implementation of a Project between Ozcare (the nominated CHAG representative) and General Practice Gold Coast to link community nursing and general practice. This trial will explore how general practice can access and better utilise the services provided by community nurses.

## Outreach Services

- **Medical Specialists Outreach Assistance Program (MSOAP)**
  - Appointed an additional Program Coordinator for the Outreach Services team.
  - Provided 116 individual private services to 54 locations throughout rural and remote Queensland.
  - Contracted 36 specialists providing endocrinology, respiratory, Ear Nose Throat, gastroenterology, ophthalmology, paediatrics, general physician, dermatology, gynaecology, psychiatric and urology services.
  - A total of 9,969 patients received services across Queensland.
  - Apunipima Stakeholder Forum – stakeholder consultation convened in Cairns to support ongoing implementation of the MSOAP and planning for the commencement of the MSOAP – Indigenous Chronic Disease measure.

### Medical Specialists Outreach Assistance Program – Indigenous Chronic Disease (MSOAP – ICD)

- Funding awarded to GPQ as a long standing provider of outreach private medical specialist services to include general practice and allied health professionals for the delivery of services to Aboriginal and Torres Strait Islander people in high risk rural and remote communities.
- 61 pilot services were delivered.
- Contracted 10 medical specialists, general practice and allied health professionals to deliver services in collaboration with the rural divisions of general practice.
- Delivered 61 pilot services to Indigenous communities across Queensland including endocrinology, respiratory physician, general practice, physiotherapist, podiatrist, diabetes educator and dietitian services.
- A total of 420 patients received services between April – June 2010.

### Urban Specialists Outreach Assistance Program (USOAP)

- Funding awarded to GPQ for the delivery of new outreach medical specialist services to Aboriginal and Torres Strait Islander people in urban areas.

### Care Coordination and Supplementary Services (CCSS)

- Commenced the establishment of the program which supports access to care coordination and multidisciplinary team care, including medical specialists for Aboriginal and Torres Strait Islander people.

## Population Health

- Launched a Population Health Update, a fortnightly electronic update with information about population health issues including those associated with Aged Care, Chronic Disease, Immunisation, Nurse in General Practice, and Quality Use of Medicines distributed to 282 contacts.
- Played a critical and important role in the dissemination of H1N1 Influenza information through the development of an update and webpage to provide urgent and important Public Health Alerts to divisions of general practice for distribution to general practices.
- Facilitated a Pandemic Modelling and Planning meeting to develop and discuss models for general practice to assist in assessing patients in vulnerable communities.
- Provided advice to Queensland Health and key stakeholders on the impact of the pandemic on general practice.

## Other

- Division Profiles – created and maintained profiles for 17 divisions with significant data and analysis.
- Registered 1,158 delegates at 22 events.
- Distributed 336 communiqués to 881 contacts.
- Consolidated the number of regular program updates from 8 to 5 every fortnight.
- 119,532 visits to the GPQ website.
- Created three new websites and four new webpages at [www.gpq.qld.gov.au](http://www.gpq.qld.gov.au).
- Staff delivered 27 presentations at conferences and workshops.
- Engaged Footprints Market Research to conduct a stakeholder satisfaction survey – 46% of stakeholders responded and a member satisfaction survey – 54% of members responded.

# Primary Health Care Leadership

Throughout 2009–2010, GPQ continued to provide leadership within the national health reform environment through policy development, advocacy and representation for its member divisions and general practice.

GPQ provided leadership and support to divisions by:

- providing resources, briefing papers and policy analysis to help facilitate discussions around health reform at a local level;
- creating and maintaining health care reform webpages with policy and resources information from the Commonwealth, AGPN and GPQ;
- visiting divisions to progress CEO and Board Chair consultations;
- establishing a Queensland Divisions Network Transition Group.

## Queensland Divisions Forums

The Queensland Divisions Forums were high profile events throughout the year that helped sustain debate and discussion around key aspects of the health reform. Attendances levels at the Forums were significant reflecting the strategic importance and value by divisions and key stakeholders.

### July Forum 2009

The July Forum targeted division members only. It provided an opportunity to discuss, debate and determine the next phase of development for the divisions evolving into PHCOs following the learning of health care reform experiences in the United Kingdom and New Zealand that were presented at the March 2009 Forum.

### October Forum 2009

The October Forum had two key themes *Closing the Health Gap: Everyone's Business* and *The Blueprint for Primary Health Care Organisations*.

*Closing the Health Gap: Everyone's Business* addressed Aboriginal and Torres Strait Islander health and implementing the COAG 'Closing the Gap' measures. It explored how divisions and general practice can work together with the community controlled sector as well as local communities to support the rollout of this initiative and improve access to services.

The dissemination of a discussion paper before the Forum helped facilitate deliberations about *The Blueprint for Primary Health Care Organisations* including the role and function of PHCOs and what they might look like in a Queensland setting. These conversations provided GPQ with advice to feedback to AGPN for their submission of the *Blueprint: Connecting Care – A blueprint for improving the health and well being of the Australian population – the role and function of Primary Health Care Organisations* (November 2009).

### March Forum 2010

The March Forum provided an opportunity to examine and discuss the PHCOs boundary work undertaken by Carla Cranny and the KPMG transition plan process. The Forum was facilitated by Heather Wellington and identified a number of actions. These actions helped GPQ prioritised activities that included the development of briefing papers for divisions including key discussions points for Board directors and a stock take of division activities undertaken in light of the primary health care reform agenda.

### May Forum 2010

The May Forum focused on boundary issues, membership and governance for PHCOs and the role of the national organisation for PHCOs. The Queensland Health Director General also provided a keynote address including an invitation to GPQ and divisions to support the development of a vision statement to position Queensland as an early adopter in the reform process in the lead up to the December COAG meeting. Following the Forum, GPQ wrote to the Director General and formally accepted the offer to work towards Queensland becoming an early reform adopter as well as forming an Implementation Team to support the work around health care reform.

## Primary Health Care Network (Roundtables)

In late 2009, GPQ hosted a series of Primary Health Care Roundtables designed to connect organisations and share information relating to the national health reform agenda. It was through coming together regularly that organisations recognised the importance of the partnership and the discussions that were taking place. As a result, participants agreed to formalise the Queensland Primary Health Care Network (QPHCN).

### First Roundtable Summary (October 2009)

This inaugural Roundtable discussion provided an opportunity for a range of primary health care related organisations to come together and identify the opportunities and challenges provided by the evolving national health reform.

### Second Roundtable Summary (December 2009)

This Roundtable discussion offered participants an opportunity to gain a shared understanding of the impact of the national health reform agenda upon primary health care related organisations.

### Third Roundtable Summary (February 2010)

This Roundtable discussion focused particularly on formalising a partnership and recognising the value of the regular meetings as an opportunity to share information and knowledge.

### Fourth Roundtable Summary (May 2010)

This Roundtable discussion formalised the work and named the group – Queensland Primary Health Care Network. The network agreed that GPQ would continue to provide both the Chair and the Secretariat function until the end of 2010, after which this arrangement would be reviewed. Discussions also focused on research and evidence for multidisciplinary team care arrangements in the primary health care setting, as facilitated by briefing papers authored and tabled by Dr Kylie Armstrong, Senior Research Fellow (Primary Health Care) Collaborative Research Hub through Griffith University and GPQ.

## Other highlights for 2009–2010

- Regular meetings with Deputy Premier and the Director General of Queensland Health focusing on health reform.
- Meetings with the policy team at the Department of Premier and Cabinet and with the Premier's Health Adviser to facilitate an ongoing relationship around reform.
- Targeted presentations at key stakeholder forums – Health Consumers Queensland Forum (March).



# Policy and Advocacy Influence

As a peak body for primary health care in Queensland and uniquely placed at the interface of both Commonwealth and state governments, GPQ continued to provide governments with an influential voice on behalf of general practice and divisions to inform and influence policy.

## Commonwealth Government

Key areas of input to policy development included working with AGPN and other SBOs to inform and shape DoHA policy. Highlights for 2009–2010 included:

- implementing the COAG, Closing the Gap measures;
- implementing the COAG Mental Health initiatives;
- mapping of SBOs roles and functions;
- responding to discussion papers focused on the role and function; governance and membership of PHCOs;
- participating in the ClinEdQ – Workforce Workshop to inform DoHA of key priorities and potential solutions for building professional pre-entry clinical training capacity in Queensland, particularly in regional and rural areas.
- reviewing arrangements for COAG Section 19(2) Exemption for non-admitted services (July 2009) which increases small communities' access to primary health care.
- submitting a response to the MBS Quality Framework regarding the formalisation of the process for listing and evaluating MBS items not considered by the Medical Services Advisory Committee (MSAC).
- supporting the National Primary Health Care Strategy to better tackle the health challenges of the 21st century;
- utilising DoHA's Better Access funding under spend to support divisions to rollout mental health skills training.

## Queensland Health

The Commitment to Partnership between Queensland Health and GPQ was re-signed for a further three years in March 2010, demonstrating the importance of this relationship to both parties.

Throughout the year, GPQ engaged regularly with Queensland Health with regards to the provision of statewide policy advice. GPQ contributed to a number of state policy development processes and partnership meetings.

### Mental Health Directorate

#### activate: mind & body

GPQ in collaboration with Queensland Health identified the barriers which prevent mental health clients from receiving adequate physical and oral health care. In response to these findings, the *activate: mind & body* project was subsequently funded by the Queensland Health Mental Health Directorate.

### Partners in Mind

As a consequence of the successful outcomes of the Partners in Mind (PIM) initiative using a partnership approach to support the practical implementation of the Queensland Framework for Primary Mental Health Care, additional funding was provided to facilitate a statewide rollout of this initiative. The focus of the initiative is to increase the capacity of general practice, primary care and public mental health sectors to meet consumer needs and better integrate the mental health care services provided. To support this expansion, the PIM Implementation Guide has been redeveloped. It will be used by the designated PIM sites to guide the development of local implementation plans and the formation

of local Steering Committees which include representation from both project partners, the Queensland Health Mental Health Services and divisions.

### National Suicide Prevention Project

The project aims to prevent suicide by addressing the need for improved discharge planning, referral and support for people at risk of deliberate self harm or suicide, who present to hospital Emergency Departments. A roundtable with the identified partners including local divisions – GPpartners and Brisbane South Division Ltd and the Division of Mental Health Services (DMHS) was held in late 2009 to inform the implementation of the Project.

### Chronic Disease Strategy Unit

#### Non-Government Chronic Disease Coordinators

GPQ has previously been funded by Queensland Health for Non-Government Chronic Disease Coordinators. As members of the Non-Government Chronic Disease Leadership Team, the Coordinators worked collaboratively with the Queensland Aboriginal and Islander Health Council (QAIHC), the Ethnic Community Council of Queensland (ECCQ) and the Non-Government Combined Health Agencies Group (CHAG). The outcomes of this partnership resulted in ongoing funding to GPQ with a renewed focus on further enhancing partnership development at state and local levels to advance opportunities for chronic disease prevention and management.

### Brief Interventions Project

Through a need identified by the Joint Working Group of Queensland Health and GPQ representatives, GPQ was funded to deliver Brief Interventions Workshops at targeted sites across Queensland. The results of the evaluations indicated that the Chronic Disease Risk Factors – Brief Intervention Project had demonstrated the success of the workshops in changing behaviour and encouraging the uptake of brief interventions with increased referrals and documented referral pathways.

### Centre for Health Care Improvement

#### Improving Access Pathways – Managing Aged Care Referrals Project

GPQ provided ongoing in kind support to the 11 Queensland divisions of general practice who received funding directly from Queensland Health to roll out the Improving Access Pathways to Specialist Outpatient Clinics project. This funding was a result of previous discussions and an ongoing partnership between GPQ and Queensland Health. The project supports the development of systems and processes to improve referral processes and reduce long wait times, while providing timely and clinically appropriate care. A workshop to evaluate and capture the outcomes from the local level partnerships between divisions and Queensland Health Districts was held in April 2010 with key recommendations provided to Queensland Health.



### Immunisation Program

GPQ continued its collaboration with the Queensland Health Immunisation Program (QHIP) through the Queensland Vaccine Management Project. This project aimed to improve vaccine management through general practices across Queensland. Although not designed as a phased approach, this successful partnership (which commenced in 2007) has resulted in funding for a third phase. This phase saw the development and launch of a vaccine management website with information for vaccine service providers in general practice and in Queensland Health facilities.

### Other Queensland Health highlights for 2009–2010

- GPQ maintained its involvement with the Centre for Palliative Care Research and Education (CPCRE) through membership of two key committees:
  - CPCRE Advisory Committee – key activities included providing input into the future directions consultancy, and planning for the Ninth Annual CPCRE Research Conference;
  - CPCRE General Practice Advisory Group – the key activity was reviewing the process and criteria for the palliative care education initiative 2010–2011 grants round.
- attending regular meetings with key Queensland Health personnel including the Director General and the Deputy Director General policy, planning and resourcing;
- advising through four GP representatives into a *Queensland Health Sub-Acute Demand and Supply Analysis* study;
- coordinating a response to a *Pregnancy Shared Care record around Maternity Shared Care*;
- delivering general practitioner representation on nine *Queensland Health Statewide Clinical Networks* – aimed at examining potential service improvements and integration across the care continuum;
- hosting the *Improving Access Pathways to Specialist Outpatient* projects evaluation workshop in collaboration with divisions and Queensland Health hospitals to develop and identify recommendations and future priorities;
- maintaining membership of the *Palliative Care – End of Life Alliance (EOLA)* to assist in developing a set of draft recommendations for end of life care provision in Queensland and a statewide model of care for service delivery;
- participating in the *Dual Diagnosis Coordinators* state meetings;
- presenting a divisions perspective on chronic disease prevention and management at the *Chronic Disease Strategic Planning Day* to assist in the identification of future priorities;

57% of members and 50% of stakeholders ranked collaboration as excellent or very good

- presenting at the *Queensland Health Service Planners Forum* regarding engaging with general practice;
- presenting at *Ed-LinQ* to provide an overview of the youth targeted mental health programs in which Queensland divisions are involved;
- providing an update from divisions on the comorbidity program and identifying opportunities for integration and linkages with the *Alcohol and other Drugs Training Unit (ADTRU)*;
- providing feedback on the draft *Medication Services and draft Cancer Services* modules of the Clinical Services Capability Framework (CSCF) for Public and Licensed Private Health Facilities (2005). Recommendation made regarding connecting the modules with primary care and general practice and the Continuity of Care Planning Framework;
- undertaking the dissemination and collation of an inaugural *satisfaction survey for Queensland Health* to measure division satisfaction with the Queensland Health District CEOs using an agreed set of performance indicators.

### Other policy highlights for 2009–2010

- Assisting in the establishment of a writing group to support the development of a consultation paper in collaboration with Queensland Health, QAIHC, Royal Flying Doctor Service (RFDS), Aged Care Queensland (ACQ) and Health Consumers Queensland (HCQ);
- Establishing a GPQ Clinical Governance Sub Committee;
- Participating in a scoping workshop between GPQ, Queensland Health and Queensland Aboriginal and Islander Health Council to identify preliminary issues for joint action in the reform environment;
- Reviewing GPQ's Representation Policy;
- Reworking GPQ's Position Statement – Aboriginal and Torres Strait Islander Health policy in light of COAG Initiatives.

# Partnerships

GPQ continued to pursue effective strategic partnerships to facilitate the continual development of innovative health care solutions.

## Queensland Aboriginal and Islander Health Council

GPQ continued to retain a strong working relationship with Queensland Aboriginal and Islander Health Council (QAIHC) and other members of the Queensland Health Aboriginal and Torres Strait Islander Health Partnership. The partnership with QAIHC exists at a number of levels across both organisations including Board, CEO and program staff. GPQ and QAIHC undertook a number of joint activities to address health and access issues including actively participating in meetings, forums and work groups to address key issues in the implementation of the COAG, Closing the Gap measures.

## Queensland General Practice Alliance

In 2009–2010 the Queensland General Practice Alliance continued to provide input into Queensland Health policy and service delivery issues. This included:

- Framework for Engaging General Practice;
- Hospital Outpatient and Ambulatory Services Governance;
- Nurse Practitioner Drug Therapy Protocol and Credentialling and Scope of Practice discussion papers;
- Swimming pool safety laws – proposed GP reporting requirements for immersion incidents for the Department of Infrastructure and Planning.

## Collaborative Research Hub

As part of GPQ's commitment to ensure a nexus between health service research and practice, the Memorandum of Understanding with Griffith University for the Collaborative Research Hub (CRH) continued to be a very important partnership. This innovative partnership is the first of its kind in Australia and had many highlights for 2009–2010 including:

- publishing three articles in international peer review journals;
- developing the website to include policy briefs, evidence, research briefs and resources;
- writing Briefing Series 2 (2010) Supporting an Integrated Health Care System - a summary of the key areas of investigation undertaken including multidisciplinary team based care, use of knowledge networks to influence policy and practice and the role of GP liaison officers in supporting the GP-hospital interface;
- preparing of two grants;
- developing evaluation support tools and frameworks for divisions;
- facilitating a joint workshop with PHCRED to support capacity building in research and evaluation;
- supporting program and service delivery in divisions through knowledge base and innovation;
- partnering with General Practice Victoria, University of Melbourne and Health Workforce Australia to support the emerging Workforce Knowledge Network aimed to support research and development into collaborative ways of addressing workforce capacity in general practice;
- participating in four conferences and statewide meetings.

## General Practice Advisory Council

The General Practice Advisory Council (GPAC), as a culmination of the work conducted in the priority area of Building Workforce Capacity in General Practice hosted a General Practice Workforce

Summit in September 2009. This Summit brought together all GPAC partners and their host organisations as well as representatives from Queensland divisions of general practice, the University of Melbourne, the Health and Community Services Workforce Council and the Rural Doctors Association. The Summit was very well received and provided the GPAC partners with a set of 19 recommendations.

## General Practice Network Leadership Group

Throughout the financial year, GPQ continued to actively participate in *General Practice Network Leadership Group (GPNLG)* that facilitates joint planning and strategy development between SBOs and AGPN. Achievements included continued engagement with key national policy and decision makers in the areas of health care reform, mental health and Aboriginal and Torres Strait Islander people health.

## Health and Community Services Workforce Council

GPQ partnered with Health and Community Services Workforce Council to explore workforce development opportunities for Queensland divisions to enhance organisational workforce capacity. GPQ was represented at the Statewide Health Skills Formation Strategy Industry Leaders Group and also contributed to the planning for the 'Chronic Condition Self-Management Support Workforce Forum' facilitated by the Health and Community Services Workforce Council. This forum provided the opportunity to identify a collective industry approach to building capacity in the 'support' or 'assistant' workforce. In addition, GPQ partnered with Healthfirst Training Australia to expand capacity to undertake a population health planning role.

For a comprehensive summary of GPQ partnerships please visit [www.gpqld.com.au](http://www.gpqld.com.au)

'Thank you . . . for the opportunity to participate in the GPAC workforce summit. I felt it was a success and an opportunity to see how SBO can not only mobilise key workforce stakeholders, but facilitate and gain consensus about future directions for GPAC, well done'

**Dr Lucio Naccarella**  
Medicine, Dentistry and Health Sciences  
The University of Melbourne

# Representation

GPQ representatives continued to provide an influential voice on a single or recurring basis at a range of committees, state level clinical networks, service planning and advisory groups.

Highlights for 2009–2010 included:

- hosting an inaugural GP Representation Orientation and Training session;
- providing representation on nine clinical networks and 13 policy advice and statewide Planning Groups;
- securing ongoing funding from Queensland Health for GP Representatives for the next 12 months.

For a comprehensive summary of GPQ representation please visit [www.gpqld.com.au](http://www.gpqld.com.au)

GPQ acknowledges the tireless efforts and contributions of all representatives on committees, advisory groups and at forums, meetings and workshops



# Promoting Access and Equity

GPQ, together with divisions, continued to focus on the need to increase access to appropriate, affordable and timely primary health care that is equitably distributed across Queensland.

## Aboriginal and Torres Strait Islander Health

### Closing the Gap

GPQ provided high level liaison and planning in relation to the COAG Closing the Gap initiative. The appointment of a Closing the Gap – Program Coordinator in January 2010, provided statewide leadership to divisions in rolling out the measures funded under the initiative.

### Indigenous Health Project Officer

GPQ continued to engage the Indigenous Health Project Officers (IHPOs) and Outreach Workers across the state to identify ways in which different models and approaches can be used to support divisions and practices to improve access to mainstream primary health care services for Aboriginal and Torres Strait Islander people. An annual plan for 2010–2011 was submitted and included a needs analysis in support of the IHPO measure.

### Indigenous Health Project Officers Workshop

In February 2010, the Program Coordinator facilitated a two day workshop for all newly appointed Indigenous Health Project Officers in divisions as well as Project Officers from SBOs in New South Wales, Victoria and the ACT. Queensland Aboriginal and Islander Health Council (QAIHC) provided cultural and safety training on the first day while the second day focused on the development of priorities and the needs assessment of each division. The workshop was the first to be held nationally and was rated very highly by all participants who acknowledged the value of cultural safety training, networking and program support.

### Face to face National Workshop

Support was provided from GPQ for the face to face national workshop attended by all newly appointed Indigenous Health Project Officers and Outreach Workers. This workshop provided further clarity in relation to prioritisation and alignment of tasks for staff within the network.

### Queensland Aboriginal and Torres Strait Islander Health Partnership

As part of the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP), GPQ continued to participate in monthly meetings to progress statewide discussions and planning in relation to Closing the Gap. In June 2010 the meeting was attended by the Queensland Deputy Premier who reaffirmed the government's commitment to transition to community control, particularly in Cape York, Gulf of Carpentaria and Yarrabah.

In addition, GPQ collaboratively engaged with each QATSIHP member to align activities. Relationships were strengthened with the Queensland Aboriginal and Islander Health Council (QAIHC), with the state and Territory Officers of OATSIH and the DoHA, and with the Queensland Health Aboriginal and Torres Strait Islander Health Strategy Unit. Liaison with QAIHC were extensive and discussions moved from the implementation of the Closing the Gap initiative to the implications of national health reform for both the Community Controlled Sector and divisions across Queensland.

### Other highlights for 2009–2010

- Contributing to an SBO Interim Plan and Needs Assessment to inform the implementation of the Closing the Gap initiative;
- Engaging QAIHC in the delivery of an introduction to cultural safety training for GPQ staff;
- Hosting a COAG Closing the Gap session at the 2009 October Divisions Forum;
- Providing feedback to AGPN to inform the development of a generic Position Description for Indigenous Outreach Workers;
- Using GPQ's The Map (formally known as The Chronic Disease Map) to better understand the incidence and prevalence of chronic disease amongst Aboriginal and Torres Strait Islander populations across Queensland.

### Outreach Services

#### Medical Specialists Outreach Assistance Program

The Medical Specialist Outreach Assistance Program (MSOAP) ended its ninth year of funding. Due to the high volume of service planning work needed by the MSOAP team, an additional MSOAP – Program Coordinator was appointed. Highlights for 2010 included:

- contracting 36 specialists providing endocrinology, respiratory, Ear Nose Throat, gastroenterology, ophthalmology, paediatrics, general physician, dermatology, gynaecology, psychiatric and urology services;
- providing 116 individual private services to 54 locations throughout rural and remote Queensland. Locations spanned from the Torres Strait Islands in the North, Cunnamulla in the South and Mount Isa in the West;
- providing services to a total of 9,969 patients across Queensland.

#### Medical Specialists Outreach Assistance Program Indigenous Chronic Disease

The Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease (MSOAP – ICD) is an expansion of the existing MSOAP program. Under MSOAP – ICD specialists, doctors and allied health professionals are provided to rural and remote, Indigenous communities in Queensland to target chronic disease. Proposed services for 2010–2011 were endorsed by the State Advisory Forum and GPQ received a special mention from DoHA regarding the high standard of work which the organisation displays and the comprehensive service planning and review processes which are undertaken. Other highlights for 2009–2010 included:

- submitting feedback regarding the draft MSOAP – ICD Program Guidelines;
- completing an extensive consultation and statewide service mapping exercise which informed the service planning and delivery of pilot services during 2009;
- contracting 10 medical specialists, GPs and allied health professionals to deliver services in collaboration with the rural divisions of general practice;
- delivering 61 pilot services to Indigenous communities across Queensland including endocrinology, respiratory physician, GP, physiotherapist, podiatrist, diabetes educator and dietitian services;
- providing a total of 420 patients services between April and June 2010.



## Mental Health

### activate: mind & body

The activate: mind & body project (formally known as Improving the Physical Health of People with a Severe Mental Illness project) made steady progress this year towards the development of improving current systems in place to provide care for those with a severe mental illness (SMI).

A set of recommendations arising from a previous consultation undertaken by GPQ in collaboration with Queensland Health, identified the barriers which prevent mental health clients from receiving adequate physical and oral health care. In response to these findings, the activate: mind & body project was subsequently funded by the Queensland Health Mental Health Directorate.

The first phase of the project has involved the development of resources to support the care of those with a SMI receive in the primary care setting, the execution of a brand strategy and the development of a website. A key feature of the project has been the engagement of consumer and carer groups who attended focus groups in Cairns, Mackay, Toowoomba and Brisbane to inform the development of the project branding. In preparation for the implementation phase, planning commenced with divisions and other key stakeholders to support the rollout of the activate: mind & body handbook and website targeted at clinicians, consumers and carers. An expansion of the iHealth Care Directory to include mental health services is also underway.

A statewide launch of the activate: mind & body website will be undertaken to coincide with Mental Health Week and the 2010 October Divisions Forum.

## Aged Care

GPQ received continued funding to manage and deliver of the Aged Care Access Initiative (ACAI) – Allied Health Services Incentive Component from 1 July 2009 to 30 June 2011. ACAI has been positively received and broadly supported by a range of stakeholders throughout Queensland. All divisions have established strong productive relationships with residential aged care facilities and in several cases developed collaborations with tertiary institutes or other aged care industry partners to implement innovative service delivery models and address workforce challenges. Since its implementation in 2008, Queensland divisions have more than doubled the number of allied health services provided to eligible residents in residential aged care facilities.

## Other highlights for 2009–2010

- Developing 3,000 postcards and 1,500 posters for dissemination on the Prevention of Type 2 Diabetes to Queenslanders.
- Promoting HPV immunisation in Cairns to reach girls aged 18 to 27 through the Cairns Post, local radio, Facebook and Google AdWords.
- Providing funding to support Ozcare and the General Practice Gold Coast division to enhance communication and facilitate referrals between general practice and community nursing services in the local community.

# eHealth Solutions

eHealth solutions are a major reform enabler. GPQ, has partnered with divisions and key stakeholders to ensure close alignment of priorities and the development of eHealth foundations and solutions.

## iHealth Care

Of all the developments in eHealth in Queensland, iHealth Care has played a critical role in providing the foundations of eHealth. This project has seen unprecedented developments in health provider connectivity throughout the state, transforming the way GPs and other health professionals in Queensland operate and view the benefits of eHealth.

### The Directory

Over the year, the iHealth Care Directory (the Directory) continued to provide a comprehensive register of health provider and service details in Queensland.

Currently 90% of GPs in Queensland have consented and are listed on the iHealth Care Directory with a further 1800 allied health and specialists also listed.

To ensure that the Directory was of the highest possible standard and complied with current best practice, GPQ commissioned an evaluation of the Directory in late 2009. The review, conducted by Direkt consulting, focused on the processes used for data capture and data quality management; and the processes used to provide support to the Directory users. The final report outlined process enhancements and these recommendations have been developed into an Action Plan for implementation in 2010.

### Secure Messaging

The secure messaging subsidy provided through iHealth Care concluded on 30 June 2010. During the past two years this initiative provided much needed direction, integration and connectivity for general practice and primary health care in Queensland.

The majority of GPs (87%) who have joined iHealth Care also adopted Medical-Objects as their preferred communication modality. A total of 8,874 health providers in Queensland had Medical-Objects installed as of March 2010, which represents a 37% increase since March 2009.

Usage of the Medical-Objects software also increased dramatically. In March 2010, a total of 246,790 messages were received electronically by health providers, a 37% increase since August 2009 with a further 245,851 messages sent by health providers in Queensland, a 34% increase since August 2009.

## eHealth Strategic Workshop

The eHealth Strategic Workshop, held in July 2009, brought together divisions CEOs, GPs and senior program staff as well as representatives from DoHA, AGPN, NeHTA and Queensland Health. The workshop focused on the strategic eHealth priorities at the national, state and local level. Key outcomes of the workshop included a plan to develop a Queensland Divisions eHealth Strategy, and a commitment to work together more collaboratively when liaising with Queensland Health.

## Queensland Divisions eHealth Strategic Framework

As a result of the eHealth Strategic Workshop, GPQ took the lead in developing an eHealth Strategic Framework for the Queensland divisions. Aligning closely with the National eHealth Strategy and the recently released NeHTA Strategic Plan (2009–2012), the Queensland Divisions eHealth Strategic Framework aims to provide local contextualisation of the national eHealth plans and strategies. A set of guiding principles as well as four main goals supported by strategic activities was developed, distributed to divisions for comment, finalised and endorsed by the GPQ Board in late 2009.

## Queensland Divisions eHealth Steering Group

A key achievement during this financial year has been the establishment of the Queensland Divisions eHealth Steering Group. The group comprises of representatives from GPQ, division CEOs and GPs. The first meeting was in January 2010 and bimonthly thereafter. The group has focused on the implementation of the Queensland Divisions Network eHealth Strategic Framework, eHealth policy development and sourcing funding for the development and promotion of sustainable eHealth solutions for general practice and primary health care.

## Data Quality Group

In addition to the eHealth Steering Group which provides overall strategic advice and direction in eHealth, a new Data Quality Group (DQG) comprised of key division program managers and coordinators and chaired by a division CEO, was formed. This group meets bimonthly and evolved from the Data Collection Working Group which was formed in 2008. The DQG focuses on data issues with the aim of building knowledge and a shared understanding of data quality, collection and analysis.

## GP Census 2010

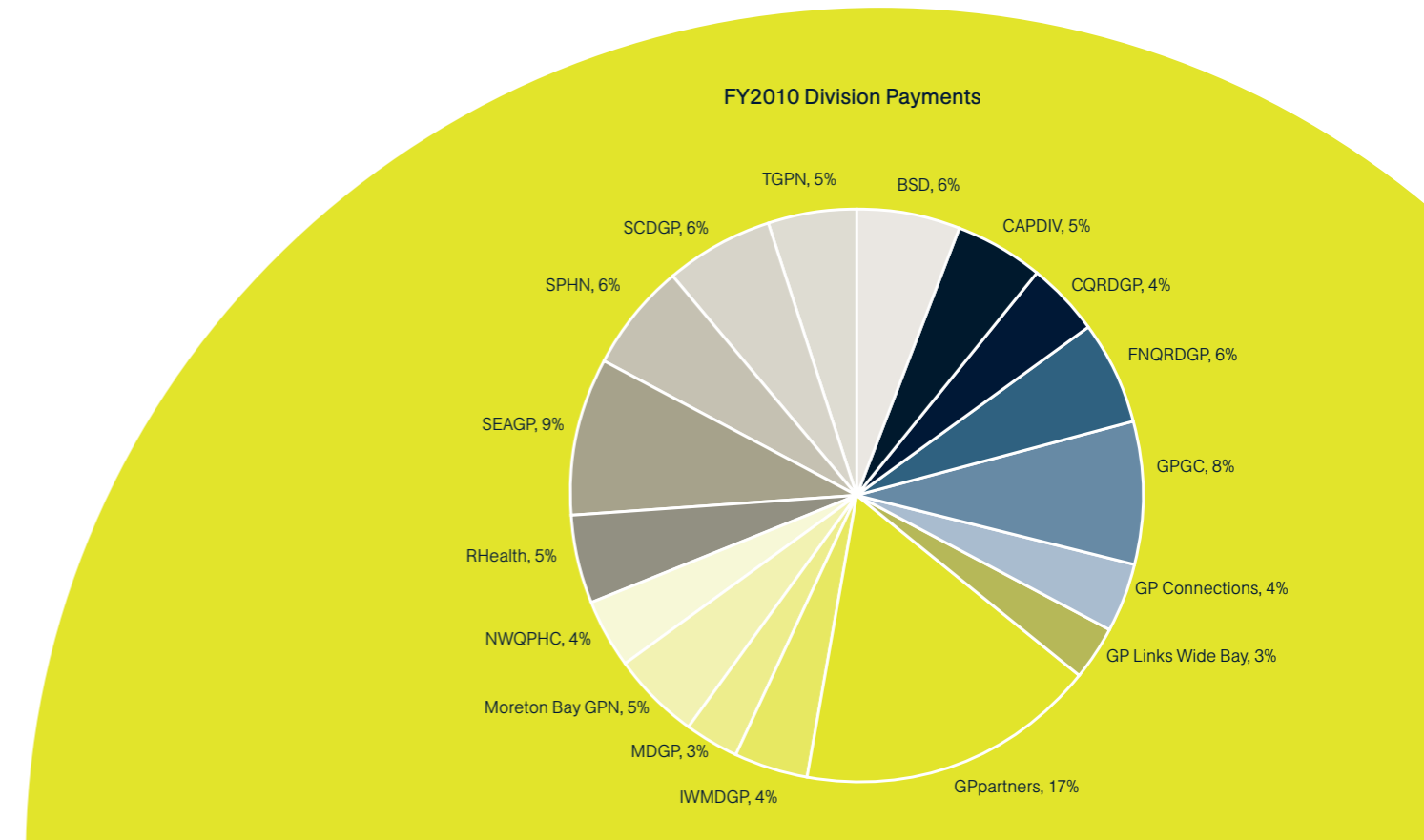
GP Census 2010 was successfully deployed in May. GPQ again coordinated its implementation in collaboration with AGPN. This year, 14 of 17 divisions participated, with three divisions participating for the first time. The response rate for GP Census 2010 was 39% for GPs and 58% for practices compared to 36% and 50% for GPs and practices respectively in 2009. GP Census provides GPQ and divisions with information that helps inform strategic planning and activities. For example, 2009 data illustrated that 68% of GPs received electronic discharge summaries from public hospitals; of GPs who send information electronically, 84% send to specialist, 41% to Queensland Health facilities and 37% to allied health professionals; and almost all practices receive information electronically from pathology (97%) and radiology (93%).

# Member Services

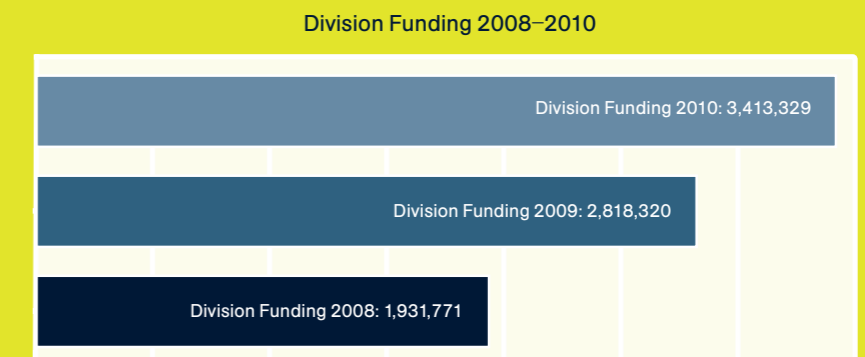
Throughout 2009–2010, GPQ continued to ensure that its operational planning and allocation of resources best supported its members. GPQ worked collaboratively to build a stronger, more comprehensive and integrated primary health care network by providing financial, human resource and corporate governance support to divisions.

## Financial Support

GPQ secured a total funding of \$3.4 million for Queensland divisions. Funding was sourced from both the Commonwealth and Queensland state governments. 2009–2010 division payments are illustrated below:



Over the past three years funding to divisions has increased by 21% from 2008 to 2010 as illustrated below:



## Engagement Activities

During 2009–2010, GPQ established a Members Services & Development workgroup to look at efficiencies and integration across programs to meet member needs. The workgroup reviewed services to identify opportunities for improvement resulting in the streamlining of regular contact with member divisions. Face to face meetings, division visits and phone contact proved invaluable for GPQ in understanding the work and local operating contexts as well as providing the opportunity for GPQ to brief divisions on work being undertaken at a state and national level. The member activity table below demonstrates the quantity of interaction between GPQ and divisions each quarter:

## Division Profiles

GPQ created, maintained and distributed Division Profiles to each of the 17 divisions. The profiles provided a holistic statistical snapshot of program activities in each divisions. Divisions were able to access the data to inform funding submissions, reports and need needs assessments.

## Human Resources

With the transition to the Fair Work Act and Modern Awards federal jurisdiction, GPQ provided human resource advice frequently and directly to divisions. GPQ sought the support of Livingstones Australia, a specialist industrial relations company, who donated their services to present to divisions at the March 2010 Divisions Forum. The presentation focused on the Fair Work Act, Modern Awards and the National Employment Standards. In addition, GPQ created a Human Resource Management webpage for the CEOs (Members only) section. Regular articles regarding important human resource management information were distributed through the GPQ Update such as advice on changes to workers compensation in Queensland, the income thresholds, modern awards, minimum wage and paid parental leave.

**'I would like to compliment the team on their hard work. I know this (Division Profiles) would have taken considerable time to produce. An incredibly useful data source – thank you'**

**Vicki Poxon**  
Chief Executive Officer  
Brisbane South Divisions

### Number and Type of Activity with Divisions

Quarter	Visits	Teleconferences	Meetings	Workshops	Total
Jul – Sep 2009	17	12	3	11	43
Oct – Dec 2009	22	15	8	5	50
Jan – Mar 2010	25	7	7	4	43
Apr – Jun 2010	13	22	7	9	51
<b>TOTAL</b>	<b>77</b>	<b>56</b>	<b>25</b>	<b>29</b>	<b>187</b>

## Membership and Stakeholder Satisfaction Survey

GPQ engaged the services of Footprints Market Research to conduct an inaugural satisfaction survey of members and stakeholders. Both groups were invited to provide their ratings and feedback through an online research survey. Each survey attracted a good response rate with – 46% of stakeholders and 54% of members responding. Representation across all areas of the network and sector were particularly encouraging. The outcomes were useful in identifying areas of service excellence, areas for improvement and some unmet need areas for members and stakeholders.

### Key findings from member survey

A total of 249 members were invited to complete the survey with 133 members responding. This represented a very robust response rate of 54%. Of members who responded to the survey, 18 occupy top level positions – Board Directors or CEOs, totalling 37% of all responses. The majority of responses were given by members in other positions. Key findings from the member survey included:

- 67% top level positions and 72% other positions perceived GPQ's values to be well delivered, particularly with regards to professionalism;
- 61% top level positions and 68% other positions rated GPQ very well for its communication and information dissemination;
- 61% top level positions and 64% other positions rated GPQ very well for its delivery events such as forums, workshops, meetings and seminars;
- 51% of members visit the GPQ website at least once a month,
- 24% top level positions and 39% other positions rated the content highly.

### Key findings from stakeholder survey

A total of 123 stakeholders were invited to complete the survey with 57 stakeholders responding. This represented a very robust response rate of 46%. Key findings from the stakeholder survey included:

- 80% perceived the role GPQ plays is primarily as a peak body representing and liaising between the divisions and government bodies;
- 92% believed that GPQ is 'quite effective to very effective' as a facilitator between their own organisation and the divisions;
- 87% are satisfied with the quality of the working relationship they have with GPQ;
- 88% believed that GPQ delivers on promises and understands their organisation;
- 72% believed that GPQ added value to the work of their organisation, particularly as a support for their operations and as a key communicator/liaison for the divisions; and
- stakeholders were positive about GPQ's performance across all areas of its organisational values with professionalism rating particularly well. Other areas, including leadership, collaboration and being proactive, were also highly rated. A similar trend can be found with GPQ's operational delivery of specific services. High ratings were to be found for GPQ's performance on advocacy, support, collaboration and communication.



## National Shared Financial and Human Resources Business System

The implementation of the National Shared Financial and Human Resources Business System designed by GPQ went "live" this financial year. The system offers financial, payroll and human resource management application for users within the national Divisions of General Practice Network. GPQ's resources were utilised extensively while providing set up support and training for the four initial system users. These users were:

- 1 Australian General Practice Network (AGPN)
- 2 ACT Division of General Practice (ACTDGP)
- 3 General Practice NSW (GPNSW)
- 4 General Practice Tasmania.

All users completed the relevant training and are now in stand alone operations. Branding of the system is being explored in the new financial year and GPQ has received further enquiries from divisions in relation to the purchase and participation in the system.

**71% of members and 76% of stakeholders ranked professionalism of GPQ and its staff as excellent or very good**

## Training

### Australian Institute of Company Directors

Responding to the request from division Boards and CEOs for relevant, high-quality professional development, GPQ collaborated with the *Australian Institute of Company Directors* to offer two courses specifically targeted for division board directors, CEOs and executive staff. These specific designed courses provided participants with a unique opportunity to share learning and experiences relevant to divisions.

### Population Health

In early 2010, significant progress was made towards the promotion and implementation of two Population Health courses (Certificate IV and Diploma of Population Health) through an auspiced Registered Training Organisations (RTO) arrangement with Healthfirst Training Australia (HFTA). Population health was chosen as the focus of the training services given its identification as a health planning need in the national health reform process. As a result, GPQ recruited 20 students – 17 from divisions and three from other organisations – for commencement in July 2010. GPQ was successful in securing access to the Productivity Places Program, an employer incentive and subsidised training scheme. This decreased the cost of training access by 75% for division employees.

### Orientation workshops

Throughout 2009–2010, GPQ delivered, *Divisions Network Demystified*, an orientation workshop for all new staff members to divisions, to 19 staff members from eight divisions. GPQ was invited to deliver the workshop to 9 staff members onsite to Capricornia Division of General Practice as well as to 11 staff members at SouthEast Primary Healthcare Network. GPQ also delivered *Unravelling Divisions*, an orientation workshop for stakeholders who work with divisions, to 32 delegates from a variety of health and community organisations.

### Community Engagement

GPQ provided tailored community engagement training workshops to 37 division staff as well as continued development of resource materials to support work in the area of community engagement.

# Human Resources



The Human Resource Management Indicators for the 2009–2010 financial year have recorded an excellent outcome. These included:

- a 92% employee retention ratio – four new employees were recruited during the year to fill vacancies and resource positions for new business. GPQ was able to maintain an establishment full time equivalency average of 30.48 employees across 36 positions;
- a 77% satisfaction rating from employees was recorded from the 2009 Employee Engagement Survey;
- increased retention ratio combined with the engagement survey outcome has allowed GPQ to stabilise and grow its knowledge and internal resource capabilities;
- during the year the industrial basis for GPQ (and divisions) workforces was changed, with the migration from the state to the federal industrial relations system under the Fair Work Act. GPQ was instrumental in advising and informing divisions of the compliance and policy change impacts for human resource management.

## Rewards and Recognition

Congratulations to:

### 2009

#### **Individual Excellence Award**

Karen Hale-Robertson, Senior Program Leader – Mental Health

#### **Best Work Team or Work Group Award**

Beyond Fun Work Group

#### **Five Year Continuous Service Award**

Cathy Beck, Program Coordinator – Mental Health

Tim Heywood, Program Coordinator – Policy

### 2010

#### **Individual Excellence Award**

Roma Bevis, Finance Officer

#### **Runner Up Individual Excellence Award**

Kay Trotman, Program Coordinator – MSOAP

#### **Five Year Continuous Service Award**

Michelle Melnikoff, Team Leader – Corporate Services

Kay Trotman, Program Coordinator – MSOAP

#### **Ten Year Continuous Service Award**

Ann Maree Liddy, Chief Executive Officer

David Phillips, Business Manager