

**PRIMARY
HEALTH
QUARTERLY**



DECEMBER 2021

- Health practitioners as top SOCIAL MEDIA INFLUENCERS • COVID-19 and your heart
- COVID pressure? Head to Health • Multicultural focus • DFV and the law
- Axe the fax • It's Christmas: Zoom in on exercise and healthy eating

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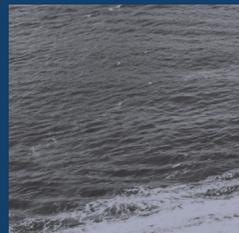


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Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians and Sovereign People of the land across which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present and emerging.

A MESSAGE FROM OUR

OUTGOING CEO

If you would like to share your news, thoughts, professional perspective or lived experience which is relevant to the primary health care space, please let us know at editor@cesphn.com.au

Dr Michael Moore
Outgoing CEO



A message from our outgoing CEO, Dr Michael Moore – December 2021

Since our spring PHQ was issued, the COVID-19 landscape has changed again. Another variant, Omicron, has emerged, reminding us of the importance of vaccinations and vigilance. Fortunately, most of us are fully vaccinated, COVID cases and hospitalisations are down, we have emerged from lockdown and vaccine boosters have been approved and are underway.

Right now, we are in a better place than we were three months ago. But that is not to say we can relax when it comes to this pandemic. COVID loves complacency and it is evident from overseas outbreaks how important it is to continue to be careful.

The mental health of our communities deteriorated during the COVID years and remains a serious concern. CESPHN provides a resources package for health professionals and information for our community to access help in dealing with mental health issues. We have also partnered with other NSW PHNs to create mental health campaigns in many community languages, encouraging our community to take care of their mental health. Both the Commonwealth and the NSW governments have provided additional short term funding to all NSW PHNs to provide extra mental health services. This will be particularly important in the lead-up to Christmas.

Speaking of the holiday season, this edition of Primary Health Quarterly also includes an article on strategies for our teenage population to stay mentally and physically healthy over the holiday season and how to reach out to our TEAMS program for extra support.

There are still some people in our community who are resistant to the idea of COVID vaccination and as a result we have created, along with other NSW Primary Health Networks, a suite of videos and other media about the benefits of vaccination to inform and reassure those groups that are most affected by misinformation. In the New Year we will be working with practices to help them efficiently identify and recall patients who are yet to be, or are late to be vaccinated against COVID.

And my other news is: I will be stepping down as CEO of Central and Eastern Sydney PHN, at the end of December 2021. I advised the Board of my intention to do this at the beginning of the year and I have been in discussion with them since then to plan an orderly transition. I am glad to report that recruitment is well underway for a new CEO who will commence in early 2022. My plan initially for 2022 is to take time off to travel and see family in the UK and Europe who we haven't seen for some years now.

I have enjoyed working at CESPHN immensely. I joined the organisation when it started in July 2015 and I am very proud of how well and how far we have progressed from our beginnings just six and a half years ago. I am particularly proud of how our staff made the rapid transition to hybrid working, and how well they stepped up in the COVID years of 2020 and 2021, determinedly continuing business as usual as well as dealing efficiently and effectively with all the additional and extensive demands of a global pandemic.

One of the parts of this role I have enjoyed the most is working with all our friends and supporters, the primary health workforce, the local health districts and networks, our university partners and the community organisations that make up our diverse region. I am particularly grateful to those of you who have contributed your ideas and enthusiasm to our Clinical and Community Councils, Clinical Leaders Network, our advisory committees and our member organisations. The Board has been a constant source of guidance and support and a pleasure to work with. While I may not miss the many night time meetings, I will definitely miss you all!

I look forward to seeing Central and Eastern Sydney PHN continue to work towards better health for all in our region in the years to come. All the best to all of you for 2022 and beyond.

A handwritten signature in black ink that reads "Michael".

Dr Michael Moore

COVID-19 HEALTH PRACTITIONER INFLUENCERS: Our new wave of SOCIAL MEDIA STARS reveal 'six years of medical school' FACTS TRUMP 'university of life' fiction!



In 2017, Sydney-based GP, Dr Maria Li recognised that a lot of medical concerns she addressed during consultations arose on a regular basis. Similar questions and similar answers.

This sparked an idea.

With her phone in hand and a bookcase as a backdrop, she began filming YouTube videos answering her most frequently asked medical questions.

"I wanted to find a way for the information I was imparting to reach a broader audience than just my own patients," said Dr Li.

Dr Li now has Instagram, TikTok and Twitter accounts and collaborates with other health professional influencers around Australia.

The popularity of and interest around medical and health professionals on social media continues to grow. Research published in the Journal of Medical Internet Research found 76 per cent of respondents used social media at least 'a little' to learn more about COVID-19.

Mustafa Dahir is a Narellan based pharmacist and University of Sydney post-graduate med student who is popularly known as '@pharmustafa' on the video app TikTok. He decided to start making videos as a form of entertainment during the 2020 lockdown and, since then, has amassed an enviable 260,000 followers. He organises his content into three categories: pharmacy videos, COVID-19 information videos and skits/entertainment videos.

"It's so important to me because I have earned myself this large platform to both counteract medical misinformation (within my scope) and empower people to make good health choices," said Mustafa.

"I'm also able to bring positive attention to important topics relevant in the community, like COVID-19, weight management, mental health and common medical ailments such as migraines."

Health misinformation on the internet and social media has been a concern throughout the COVID-19 pandemic.

This motivated the Australian Medical Association to launch a Position Statement on Health Literacy in January 2021.

The statement called for an Australian Government-funded campaign to counter misinformation and for social media companies to “acknowledge their responsibility and work actively to counter health misinformation on their platforms”.

AMA President Dr Omar Khorshid said: “The internet has the potential to significantly magnify health misinformation campaigns, as people can easily absorb misinformation delivered directly to them through advertising, celebrity influencers, and people in positions of power”.

The AMA’s Position Statement on Health Literacy was also supported by Consumer Healthcare Products (CHP) Australia.

One of Mustafa’s most popular videos gained over 6M views, 852k likes, 18.4k comments and 11.7k shares. It was responding to medical misinformation about the COVID-19 vaccine on TikTok.

Dr Preeya Alexander, a Melbourne-based GP, medical educator and mother of two, also found her engagement on Instagram increased throughout the pandemic. She too began posting health information online to help combat medical misinformation.

“I think people have been flooded with health information – sadly, often from unqualified sources and the traction on my own account has increased as people have tried to separate myth from fact particularly around topics like vaccination,” said Dr Alexander.

Dr Alexander began posting medical content and evidence-based health tips on social media in 2016, and now has a following of almost 62,000 people on Instagram. She is also signed with a talent and content agency called The Lifestyle Suite who represent leading health and lifestyle experts and are dedicated to creating evidence-based and credible health information. She would encourage more health professionals to get onto social media and share their knowledge to audiences more widely.

“The more science based, and evidence-based voices the better! Particularly on topics like vaccination. The argument often thrown around on social media is that ‘health professionals are quiet’ trying to suggest that this means there are issues around vaccine safety or efficacy. I think the more solid, reliable voices we have out there to counteract the nonsense and hogwash the better!” said Dr Alexander.

She warns however of the risks of putting yourself out there on social media as a health professional.

“I get some horrific messages in my inbox given how often I discuss vaccination (particularly in the pandemic) and sadly that has led me to involve the police several times, given the kinds of threats made,” she said.

Mustafa also believes the challenges in being a social media ‘influencer’ while working in the health field should be considered before creating content, as it is common to receive ‘rude and disrespectful comments’ from anonymous users.

“It is important to operate within AHPRA guidelines and ensure you uphold the same professionalism you would expect to find in the workplace,” said Mustafa.

“These comments motivated me to create some positivity in the TikTok world and build a pharmacy theme page that highlighted the crucial and vital roles of a pharmacist in healthcare.”

Dr Maria Li also believes there are some cons to taking your expertise as a health professional online: “The time taken to brainstorm and produce content, maintain the accounts, and engage and interact with followers can be significant, and is unpaid,” she said.

In saying that, Dr Li encourages anyone with an interest in content producing to give it a go – after clearing it with your MDO!

To hear more from these medical professionals, follow their social media accounts:

Dr Maria Li:

- Instagram: <https://www.instagram.com/doctormariali>
- Youtube: <https://www.youtube.com/channel/UCger5mTdSanNATU48gN-0rw>
- Twitter: <https://twitter.com/doctormariali>
- TikTok: <https://www.tiktok.com/@doctormariali>

Mustafa Dhafir:

- TikTok: <https://www.tiktok.com/@pharmustafa>

Dr Preeya Alexander

- Instagram: <https://www.instagram.com/thewholesomedoctor/>

Q & A

With Peter Valpiani...
CEO Haymarket Foundation,
CESPHN Community Council member



1. What does the Haymarket Foundation do and are these services more important around Christmas?

The Haymarket Foundation provides a range of specialist Homeless, Alcohol & Other Drugs, and Primary Healthcare services to those experiencing homelessness in inner Sydney.

For many of us, Christmas this year will be a special time spent with our family and friends that we've missed during lockdown. For others, Christmas is a difficult and lonely time typified by a decline in mental health and increased substance use. We try to bring a little joy each year with activities such as a Christmas party at our crisis accommodation service, hampers for people in temporary accommodation, and trips to the beach.

2. Can you tell us a bit about your own career trajectory? What were your goals as a child and what are they now?

Since I was a child, I've always wanted a career that helped make the world a better place. While most of my family chose a career in health, I initially chose education, starting my career delivering literacy programs in remote Aboriginal communities in Cape York.

While continuing to work as a literacy teacher in Redfern and Ashfield with Rev. Bill Crews, I developed an interest in how community impact could be scaled through effective program design and evaluation. I transitioned from a classroom teacher to the Chief Operating Officer of the Exodus Foundation, supporting Bill's efforts to help those experiencing homelessness.

I deeply enjoy designing and evaluating new models of care that make a difference to people's lives, as well as contributing at a sector level in my roles on the CESPHN Community Council and as a Director at Network of Alcohol and Drug Agencies (NADA).

3. How long have you been at the Haymarket Foundation and what changes have you noticed during this time?

I've been in the Chief Executive role at the Haymarket Foundation for just over four years and have noticed change, both within the organisation and throughout the community.

The internal changes that I'm most proud of are the adoption of holistic, integrated models of care throughout the organisation and the adoption of value-based healthcare evaluation frameworks.

Externally, COVID-19 had led to delivering services through digital platforms and has also increased collaboration between services.

4. How has COVID-19 affected the community the Haymarket Foundation supports and what do you think the long-term effects will be?

COVID-19 had a significant impact on people experiencing homelessness, however there are some silver linings.

The impacts of the pandemic are pronounced in our community, as self-isolation is difficult when you are homeless or living in insecure accommodation. Many in our community also lost employment during the lockdowns. This was compounded by the digital literacy divide.

We were, however, able to secure additional accommodation in hotels for clients during lockdowns, in which we were able to demonstrate the success of 'Housing First' models of care. In this, we use stable housing as a basis point to wrap around health and social supports.

5. CESPHN funds the Chippendale based Waiting List Support Service (WLSS). Can you explain what this is and how it benefits our community?

This service helps vulnerable members of our community to both access and remain engaged in Drug and Alcohol treatment throughout central and eastern Sydney. Our team of case managers and counsellors work with people at all stages of their recovery journey to identify what treatment options are best for them, and then provide ongoing counselling while they are waiting to enter treatment, helping to keep motivation and engagement high. This service benefits our community by improving access to service.

6. CESPHN also funds The Haymarket Drug and Alcohol Counselling Service (based in Woolloomooloo). Can you also explain what this is and how it benefits our community?

The Haymarket Foundation's Drug & Alcohol Counselling Service provides free, non-time limited psychological interventions to vulnerable people in the Central and Eastern Sydney PHN region who are struggling with substance misuse. Delivered by Clinical Psychologists, the service does not require a referral or a Medicare card and works on a long-term basis to help clients achieve their treatment goals.



While restrictions ease, ...mental health remains a concern

A new Multicultural Community Wellbeing Campaign urges all NSW community members to “stay connected” and seek mental health support if needed.

This campaign is part of the Australian Government Department of Health’s boost to mental health funding for PHNs (Primary Health Networks), with \$2 million to provide targeted support and to work with CALD communities and leaders in impacted areas.

Armed with Australian Bureau of Statistics information that one in five Australians reported high or very high levels of psychological distress linked to the COVID-19 pandemic, the campaign has been shared extensively on social media.

Community members shared messages in numerous

languages to ‘stay connected’ and seek support for mental health even as COVID-19 restrictions lift.

University of Sydney Associate Professor, Lexine Stapinski, from the Faculty of Medicine said: “It’s important to acknowledge that people with social anxiety may struggle to adjust as we emerge out of lockdown”.

Professor Ian Hickie who is the Co-Director of Health and Policy at the University of Sydney’s Brain and Mind Centre, believes many people may require ongoing support and mental health care as we return to ‘normal’.

“For those who have experienced greater psychological injury than others (particularly young people) we need to provide real and ongoing social support, and better access to high quality mental health care.”

The NSW PHN and Multicultural Health Communications Service campaign also includes a partnership with Settlement Services International, recruiting CALD Youth Ambassadors to create their own social media videos encouraging CALD youth to seek mental health support from services like Head to Health and headspace.



GPCANSHARE GP CANCER SUPPORT LINE

1 8 0 0 G P L I N E

1 8 0 0 4 7 5 4 6 3

The GP Cancer Support Line is a phone service available to GPs and Practice Nurses to provide information on cancer services within SESLHD, SLHD and SVHN, and help manage the care of cancer patients and their families, including enquiries such as:

SERVICE NAVIGATION	SYMPTOM MANAGEMENT
INFORMATION AND RESOURCES	PSYCHOSOCIAL CARE
CANCER TREATMENT	RAPID ACCESS FOR URGENT PRESENTATIONS
SURVIVORSHIP CARE	PALLIATIVE AND SUPPORTIVE CARE

Advice is available 8am to 6pm, Monday to Friday (including public holidays) and provided by St Vincent’s Hospital Sydney.
Please note that this is not an emergency service. In case of emergency, please ring 000.

Building CESPHN's cultural responsiveness



The central and eastern Sydney region is characterised by cultural and linguistic diversity, with about 40 per cent of our residents speaking a language other than English at home.

It is important that we are responsive to the needs of our multicultural community. To make this happen, we have formed an organisation wide working group to improve cultural responsiveness across all areas of work. By improving culturally inclusive service operation and delivery, we aim to make it easier for people from Culturally and Linguistically Diverse (CALD) backgrounds in our region to understand and use available health services and information to improve their health and well-being.

CESPHN will be using the Framework for Mental Health in Multicultural Australia (the Framework) to evaluate our cultural responsiveness and enhance how we are working with CALD communities and organisations in our region.

About the Framework

Created as part of The Embrace Project delivered by Mental Health Australia, in partnership with the Federation of Ethnic Communities' Councils of Australia and the National Ethnic Disability Alliance, the Framework is a free, nationally available online tool that allows organisations and individual practitioners to self-reflect, evaluate, and work to enhance their cultural responsiveness.

The Framework consists of a tailored set of modules and self-reflection tools that support registered users to build on strengths, assess how they are performing against national standards and address areas for improvements. All of this can be done in a self-paced way.

We encourage organisations and individual practitioners to look at the Framework for Mental Health in Multicultural Australia and the Embrace Project to get the conversation started today.



Helping adolescents think, eat and move in a healthier direction this Christmas

The Christmas period and summer holidays are often filled with celebrations with family and friends. It can be challenging to make healthy choices. How we, as health professionals, talk to adolescents about this time can have a meaningful impact on how they approach it.

If adolescents talk about eating a lot of 'junk' food at Christmas or feel concerned about their ability to make healthier choices, it is important to reiterate that blame or guilt are not helpful for changing our behaviour.

A few strategies which adolescents may find helpful to mindfully enjoy the Christmas and summer season are:

- Eat a healthy meal that fills you up before you go to a party or celebration.
- Choose a few of your favourite 'sometimes' foods and enjoy a small portion of these.
- Try to find some healthy choices and enjoy them as well. Look for options with fruit, vegetables and wholegrains in them.
- Provide some healthy options at your own celebrations, or bring a healthy plate to share when you go to a party e.g., popcorn, mini sandwiches, fruit skewers, wholegrain crackers with cheese, homemade pita chips and dip.
- Plan active social activities to catch up with family and friends this Christmas e.g., a day at the beach, a family bike ride or games at the park.

For further support, adolescents can be referred to the Think, Eat and Move (TEAM) program. The program

empowers adolescents to enjoy celebrations in a healthy way and supports them to improve their health and wellbeing through evidence-based advice.

The TEAM program is a free, online healthy lifestyle program for adolescents aged 13-17 years living, studying, or seeing a health professional in central and eastern Sydney. Funded by Central and Eastern Sydney PHN, the program aims to educate, empower and encourage adolescents to make healthier eating and activity choices and develop lifelong healthy habits. A key feature of the program is weekly phone coaching sessions with a health professional to help support and guide participants throughout the eight-week program.

The program eligibility criteria have recently been expanded. It now includes all adolescents with a chronic health condition (e.g., diabetes, insulin resistance, heart disease, kidney disease, depression, anxiety), adolescents who are above a healthy weight, and adolescents at increased risk of diet and lifestyle related chronic diseases (assessed via a screening questionnaire).

Participant outcomes to date have shown an increase in fruit and vegetable consumption, coupled with a decrease in sugary drink intake and improvements in weight status.

Referrals can be made via Best Practice and Medical Director, or via our interactive referral forms. For more information or to make a referral or enquiry, please contact info@betterhealthcompany.org or visit www.thinkeatandmove.org.



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Immigration, Domestic and Family Violence and the Law:

We speak to senior lawyer Jessica Schulman at the Immigration Advice and Rights Centre (IARC), about the role of GPs in this mix.

IARC, is a community legal centre in New South Wales specialising in Australian immigration and citizenship law, and has a special focus on the intersection between domestic and family violence (DFV) and immigration law. Over 40 per cent of legal services are delivered to people on temporary visas experiencing family violence.

Each day I see clients who have experienced domestic and family violence that in some way affects their visa status. Many of my clients are the mothers of Australian children. They have upended their lives in their home country to settle in Australia with their families. For women on temporary visas, DFV can look very different to that experienced by Australian women.

IARC addresses these issues with free and independent immigration advice and assistance and has been doing so since its inception in 1986. Clients are on low incomes and frequently experience other forms of disadvantage including low level English language skills, disability and experience of torture, trauma and family and domestic violence.

Every story is different, but almost all the women I have assisted, have experienced immigration related abuse, a unique form of coercive control. This violence usually takes the form of threats to cancel their visas, have them deported, and separate them from their children. These threats are used by abusive partners to exploit and control women on temporary visas to prevent the reporting of abuse and serves to establish a fear of police and the legal system.

The problem is significant. Monash University recently conducted a national study in partnership with Harmony Alliance, focusing on migrant and refugee women's safety and security in Australia. They surveyed over 1,000 women and found that 40 per cent of women on temporary visas have experienced DFV.

In addition to navigating a complex immigration system, women on temporary visas are often unable to access Centrelink, childcare subsidies, Medicare or housing. Denial of access to these services is often the reason behind why women choose to stay in an abusive relationship rather than risk becoming homeless, destitute, or having their children taken from them.

In our experience, the first person our clients talk to about the abuse they are experiencing is their doctor. This can often be much less intimidating than talking to the police.

Domestic Violence NSW (DVNSW), the state peak body for specialist DFV services in NSW, has developed Best Practice Guidelines to provide direction for services and individuals working with victim-survivors of DFV. They underline the importance that a victim-survivor disclosing DFV is met with empathy, respect and without judgement. Practicing in a trauma-informed way ensures your response to disclosures of DFV are appropriate in the circumstances and help the victim-survivor feel safe and supported.

Patients on temporary visas who disclose DFV need confidential and expert legal advice about the possible consequences to their visa, and what their options are should they decide to leave a relationship. You can always refer your patient to IARC for free, confidential expert legal advice.

In some circumstances, a person may continue to be eligible for a permanent visa if the relationship with their visa sponsor has ended and during the relationship, they experienced family violence perpetrated by their sponsor.

Claims of family violence must be supported by evidence, with strict rules in place defining what evidence is acceptable. The Department of Home Affairs accepts evidence from certain professionals including medical practitioners.

If you are asked to provide evidence that a patient experienced DFV, your evidence must be provided as a medical report, hospital report, discharge summary or statutory declaration that is made by either a registered medical practitioner or registered nurse performing the duties of those roles. The evidence must:

- identify the alleged victim, and
- detail the physical injuries or treatment for mental health that is consistent with the claimed family violence.

Other kinds of professionals who can provide evidence in support of a claim of family violence include registered psychologists, social workers and refuge workers.

If you have been asked to provide evidence on behalf of a client's claim of family violence for the purpose of their visa, and you're not sure what to do, you can always refer your patient to IARC, and we can provide you with guidance.

How to refer - IARC's referral form along with a third-party authority form can be found at www.iarc.org.au/referral. Service providers can also contact our intake team on **02 8234 0700** or info@iarc.org.au. Clients can reach us directly at www.iarc.org.au/help or by calling us on **02 8234 0700**.

Domestic financial and economic abuse



Churchill Fellowship awardee Rebecca Glenn founded the Centre for Women's Economic Safety (CWES) to raise awareness of economic abuse as a form of domestic and family violence.

Mother, entrepreneur and finance journalist Bianca Hartge-Hazelman has, for the past five years, been busy raising awareness around

women's finance and gender equality through data, content and conversations.

CESPHN Board Member and 3Bridges Community Non-Executive Director Peggy Huang, discusses the pervasiveness of domestic financial abuse with them.

Rebecca Glenn

1. Tell me about the Centre for Women's Economic Safety (CWES)?

CWES exists to raise awareness and understanding of domestic economic abuse and advocate for social and systemic change in support of women's economic safety and opportunity. My experience working in domestic and family violence (DFV) has made me passionate about addressing the nexus of women's economic inequality and safety.

2. What's the link between economic abuse and domestic/family violence?

Economic abuse is a form of domestic and family violence that is often hidden. Like other forms of coercive control, economic abuse is a pattern of behaviours that restricts a person's options and threatens their financial security. It can include not being allowed access to money or bank accounts, being coerced into debt, or having employment sabotaged.

Given financial insecurity is one of the leading reasons women stay with or return to an abusive partner, it is vital we address this aspect of DFV.

3. What can you tell us about the prevalence of economic abuse? Are there any populations that are most at risk?

Women with a disability experience particularly high rates of economic abuse. According to data from the Australian Bureau of Statistics Personal Safety Survey, 16 per cent of women have experienced economic abuse.

Economic abuse impacts women from all socio-economic backgrounds and cultures. Women and children are

overwhelmingly the victims of DFV and those who use violence are overwhelmingly male.

4. What are the signs of economic abuse? What should health/social and community practitioners look out for?

Signs that someone may be experiencing economic abuse include:

- They seem never to have enough money
- They appear anxious about spending anything
- They report having conflict with their partner about money
- They don't know anything about their financial situation
- They seem fearful of their partner
- They've left their paid employment, and this seems out of character
- They're concerned about the impact of their partner's behaviour on their job.

Bianca Hartge-Hazelman

1. Tell me about the Financy Women's Index (FWI). How is it related to women's health outcomes?

Each quarter this index measures and tracks financial progress and economic equality across seven areas that are important to the advancement of Australian women. By better supporting the financial progress of women, they are better equipped to make decisions and afford the lifestyle that benefits their health.

2. What impact has COVID-19 had on financial equality, and how has this been captured in the FWI?

The FWI has shown that COVID-19 has exacerbated existing financial inequalities between men and women. We have seen inequalities worsen in the workplace and in wages and the concern is that the longer the pandemic continues, the longer it will take for women to recover.

3. What key messages do you have for anyone in the health sector?

I would like to see greater financial incentive for people working in the health sector so that it rewards a hardworking predominately female sector. I believe this would also go a long way in helping to reduce the sector's gender pay gap and the average gender pay gap.

More information:

- <https://cwes.org.au/>
- <https://ndh.org.au/>
- <https://economicabuseawareness.org.au/>



Meet our Community Council: Jenny Smith

Jenny Smith is a valued member of Central and Eastern Sydney PHN's Community Council.

As part of the Community Council, she is involved in discussions on how CESPHN can better serve the community members of our region.

1. Tell us about yourself and some of your achievements to date

I am a consumer representative on CESPHN Community Council and Mental Health & Suicide Prevention Advisory Committee. My other positions include One Door Mental Health Consumer Consultative Committee, Sydney Local Health District Lived Experience Advisory Panel, Mental Illness Fellowship of Australia and Being Leadership Academy Codesign Committees.

I am a Raise Foundation Youth Mentor at Burwood Girls High School where I spend two hours a week for 23 weeks mentoring a young person in Year 9 who would benefit from some extra support.

I was named Burwood Council's Adult Volunteer of the Year in 2021 and last year won the Westfield Local Heroes Award.

2. What motivated you to get so involved and what important role do you see Lived Experience representatives have in creating change?

I have experienced mental illness first-hand and have also seen family members experience mental health challenges. Lived Experience representatives are there to contribute their own perspective to guide and inform change and improve services, programs and policies. We are experts through experience.

3. You're part of CESPHN's Community Council. What is involved, and would you encourage people to join?

Yes, I would encourage people to join, especially consumer representatives. It's a great group of people that either work in the health/community services sector or they are carer/consumer reps. We discuss a lot of different subjects such as primary healthcare, mental health, the COVID pandemic and issues concerning residents in the central and eastern Sydney area.

4. What has been a highlight of your work with the CESPHN Community Council?

Discussing the impact on COVID-19 for people in our region – vaccinations, telehealth, mental health, and lockdowns.

5. What commitments are involved with the Community Council?

Attending five meetings per year and the annual CESPHN strategy workshop.



Project GROW: Practice support and training

CESPHN's Primary Care Enhancement Project: Project GROW, is strengthening the role of primary health professionals to meet the complex needs of people with intellectual disability.

Jenny Denford and Clare Woods are GROW's Service Navigators, and they are commencing in-person practice support visits. The aim of GROW practice support visits is to provide practice staff with education and resources to increase practice accessibility for people with intellectual disability, and to identify service gaps and provide guidance on referral pathways.

In 2022, Project GROW will offer CPD training to all primary care providers on intellectual disability health. This training is being developed by the Council for Intellectual Disability (CID). The training will be comprised of clinical case study discussions and information about practical practice reasonable adjustments.

To find out more about the training we spoke with Jack Kelly and Laura Naing - two members of the CID Health Team that have developed the training. Both Laura and Jack identify with having a lived experience of intellectual disability.

1. Why is this training important (to you)?

Jack: It will show health professionals different ways to help a person living with intellectual disabilities. It will mean that I could get better health care.

Laura: It will help doctors understand people with intellectual disability and how to work well for better health. Everyone wants good healthcare to stay safe and healthy. We want to live longer and enjoy life!

2. What's the most important message you want primary health care providers to hear?

Jack: Health professionals should listen to a person with an intellectual disability and their carers. They should listen to their concerns and take these on board.

Laura: People with intellectual disability want to feel safe and comfortable when they access healthcare. We want respect and compassion. The things that can be learned from the resources and training will help people with intellectual disability, but also anyone!

3. What's been the best part of working on this project?

Jack: Being able to share our background living with disabilities and to share our experiences in the health system. Also, knowing that we are creating resources that will help the project in the long term.

Laura: Facilitating focus groups and working together with the team to make easy read resources like definitions and My Health Matters folder. I enjoy the most sharing my lived experience to the Royal Commission and the Cognitive Impairment Advisory Group.

If you would like more information about Project GROW and the CID training, or to subscribe to the quarterly GROW newsletter, please visit the project website or contact the project team.

General enquiries – intellectualdisability@cesphn.com.au

Jenny Denford – Service Navigator for South-East Sydney region j.denford@cesphn.com.au

Clare Woods – Service Navigator for Sydney region c.woods@cesphn.com.au

Breast cancer screening services re-opening in Sydney

BreastScreen NSW aims to improve the survival rates of women with breast cancer by providing free screening mammograms to women aged 50-74. Women aged 40-49 and women aged 75+ are also eligible to attend.

BreastScreen NSW is part of the national BreastScreen Australia program, which is jointly funded by the Commonwealth, State and Territory governments. This service aims to detect breast cancer early, before it has a chance to spread. **Early detection of cancer increases the treatment options available and improves the chance of survival.**

During the latest COVID-19 state-wide lockdown, the BreastScreen NSW service was forced to close. Due to staff being redeployed to provide critical assistance to the pandemic response, as well as the ongoing risks posed by the virus to the community, this vital population screening health service was forced to take the extreme measure of ceasing all breast screening.

BreastScreen teams are now enthusiastically focused on reopening all sites in a safe and client focused manner.

1 in 7 women in NSW will develop breast cancer.



The reopening of the clinics has been gradual, with the decision to open each clinic made on a case-by-case basis according to the level of risk and operational considerations posed by the COVID-19 Delta strain in the area. As clinics open their doors again, BreastScreen are prioritising women who had their appointment cancelled during the closure, to rebook their appointment as soon as it is possible in their local area.

BreastScreen NSW are requesting that women wait to be invited via letter, call or text before contacting them on 13 20 50.

COVID-19 vaccination and safety measures

BreastScreen NSW will have in place important measures to protect staff and women attending screening against the risk of transmission. In line with advice from NSW Health, BreastScreen NSW strongly encourages women to be vaccinated against COVID-19. It is now mandatory for all NSW Health staff to be vaccinated.

If you have any questions or require support, please visit BreastScreen NSW website or call BreastScreen NSW on 13 20 50.



My Health Record: Integrating Care

How community health organisations can provide integrated care for their patients

The COVID-19 pandemic has changed the way we work, live, and interact with people. Integrated care uses the power of technology, data and information flows to share patient information, enabling effective relationships across healthcare sectors that create linkages to care coordination.

Central and Eastern Sydney PHN are currently working with the Australian Digital Health Agency (ADHA) to help community health organisations get digitally connected for better integrated health care. The first step is access to the My Health Record system which can give you access to patient information. Community health or allied health organisations who want to be able to receive and share vital information on patients at the click of a button can contact CESPHN's Digital Health team at digitalhealth@cesphn.com.au. We can support this and other digital health initiatives such as telehealth and secure messaging free of charge.

Below is a case study that highlight the benefits of incorporating the My Health Record system into your organisation:

Case – Shirley

Shirley is in her 50s with a long history of schizophrenia. She prefers a nomadic lifestyle, and couch surfs or lives in short term accommodation where she can also take her dog, Digger. She does not see a regular GP or psychiatrist. Shirley has been in several hospitals over the past few years including in Sydney, Goulburn and Canberra.

The COVID-19 pandemic has made it more difficult for Shirley to travel and she has become more anxious and

distressed. She thinks she is “trapped” in Sydney. She also feels unsafe in her current accommodation and needs assistance to find more permanent arrangements. Shirley doesn't trust male doctors, but a friend has told her about an organisation which supports adult mental health. She goes to see them and is referred to a psychologist. Shirley doesn't want to keep telling her story and can't remember the names of the medications she is taking.

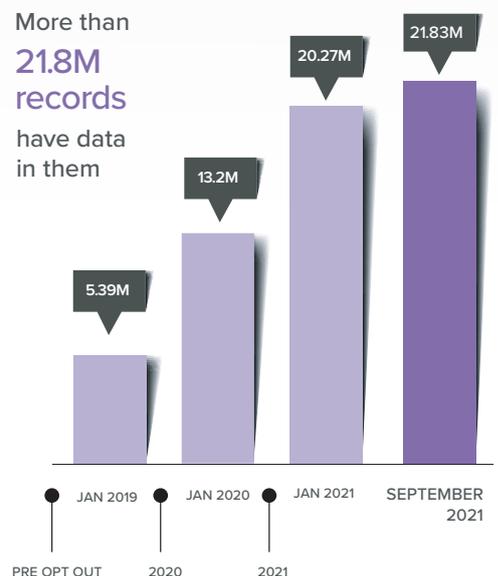
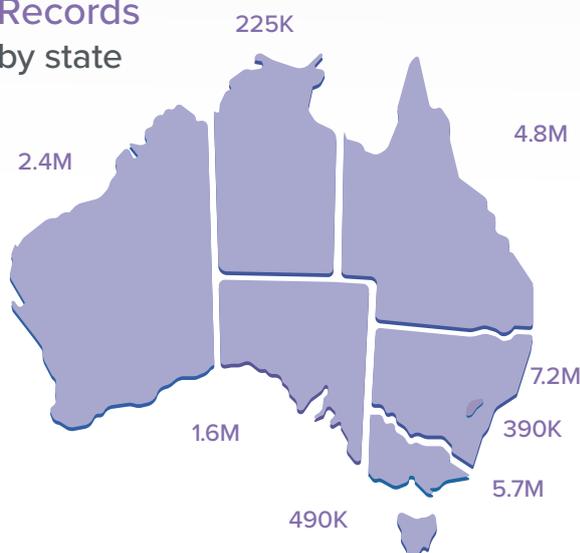
Her psychologist can look up her My Health Record via their software. Here she can see Shirley's most recent discharge summary which contains a detailed overview of the events leading up to Shirley's hospital admission, as well as the treatment that followed, including details about changes to her medication. As a result, there is more focus on discussing future efforts to manage her mental health, rather than going over past details. It also saved the psychologist from having to chase up the hospital for the discharge summary or ask Shirley for details she did not feel like providing.

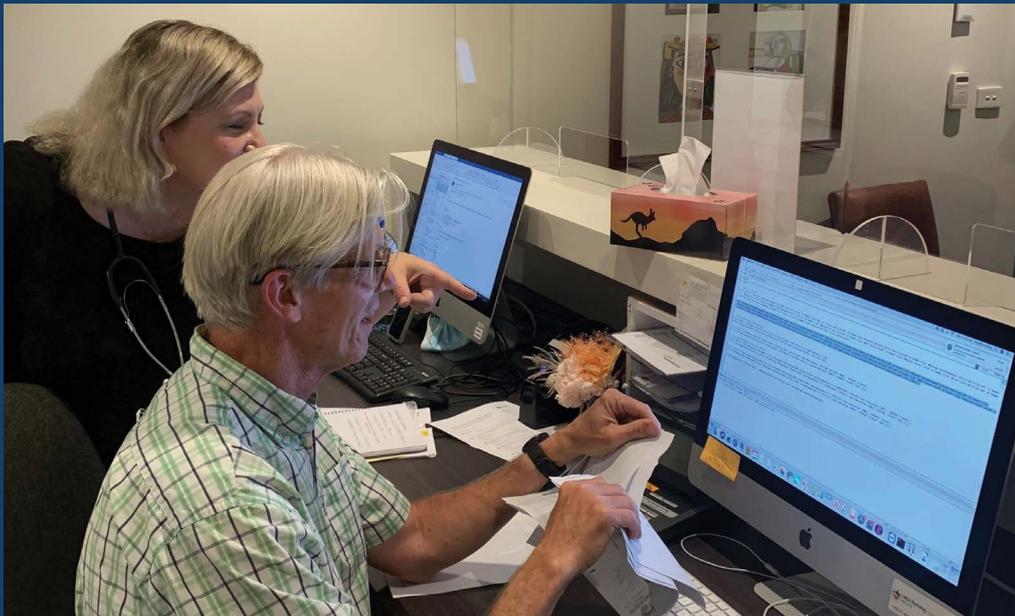
After a few sessions with the psychologist Shirley reported feeling better, and the organisation helped her find more suitable accommodation. The psychologist uploads an event summary to the My Health Record for future records. Shirley also decided to take a few herbal supplements which she feels help her mood, and she is happy she can access her own My Health Record (via MyGov) and add into the notes the names of these supplements so that all her providers are aware of them. Next time she visits a GP all the pertinent information is available prior to reissuing prescriptions.

CESPHN can provide education and training on the benefits and use of My Health Record, as well as assist organisations with template policies for use of this initiative. We can also discuss with you other initiatives such as secure messaging and telehealth which can help you provide holistic care to your patients.

When you have a My Health Record, your health information can be viewed securely online from anywhere, at any time even if you move or travel interstate. You & your healthcare providers can also access your health information from any computer or device that's connected to the internet.

Records by state





Is it time to axe the fax?

Digital health initiatives for improved communication and patient care

Healthcare continues to move towards integrated digital systems. In the past 18 months, we have seen huge leaps in the use of technology with telehealth, electronic prescribing, and electronic pathology, often driven by necessity in the setting of a global pandemic. But even as we move to the 'COVID normal' models of increased face to face care, clinicians are encouraged to embrace technology to improve communication and patient care.

Secure Messaging and My Health Record

GPs and healthcare providers in the South Eastern Sydney Local Health District (SESLHD) may be aware that hospitals in the region no longer fax discharge summaries or inpatient admission and discharge notifications. Instead, they are available in the patient's My Health Record and are provided via secure messaging solutions.

Sydney Local Health District (SLHD) also provides hospital discharges via My Health Record and secure messaging and expanded their offering of eReferrals through Healthlink Smartforms for over 50 ambulatory and specialist care services in the region.

Secure messaging allows the communication of patient information between providers in a secure manner through vendors such as Argus, Healthlink and Medical Objects. Secure messaging can also be used for referrals to allied health and specialists, receiving reports, and providing care through commonly used referrals such as RMS Fitness to Drive, My Aged Care, Australian Hearing and Oculo Optometrists.

My Health Record has become key for clinicians in accessing patient information with over 23.1 million Australians with a record. As a standard, all public hospitals in NSW upload hospital discharges to the My Health Record system.

Electronic prescriptions

Amendments were made to NSW Poisons and Therapeutic Goods Regulation in April 2020 to allow prescribers to send an image of a prescription via fax or email without the need to provide the hard copy of a prescription to the pharmacy. This amendment has been extended for a final time until December 31, 2021. After this date, previous legislation will apply, which states that an emergency prescription can be provided to a pharmacy by phone or fax (no email) and the hard copy prescription must be sent (by mail or delivered to the pharmacy by hand) within 24 hours (Clause 36).

To ensure prescriptions can be delivered to patients during telehealth consultations without faxing and posting multiple prescriptions after this time, electronic prescriptions can be enabled within your clinical software. Electronic prescriptions are sent via text or email to the patient directly, without the need to contact the pharmacy.

E-requesting pathology

Many pathology providers are embarking on the ability to electronically order pathology. Some of these are pathology forms which can be edited and emailed, others can be set up within your clinical software to enable e-ordering of pathology with a click of the mouse. *CESPHN have created a handy chart to help you and your patients.*

For more information or assistance in setting up any of these digital technologies so you can "Axe the fax" please contact digitalhealth@cesphn.com.au

Q and A with practice manager, Aitor Banuelos who runs a specialist practice of Sydney surgeons

1. Do you still have a fax and why?

We still use a fax because there are still enough practices who only receive and send correspondence by fax. We always ring new practices to check if they have an email address for appointment correspondence or if they use one of the electronic medical encryption services such as Healthlink or ARGUS. If the practice has that information on their letterhead, we will store that information in our software address book and note that this is their preferred method of communication.

2. What do you use instead of a fax?

We use ARGUS to send out all results and correspondence whenever possible. The electronic encryption service requires payment for each service to send correspondence, but you can receive it for free. There are seven at present, though ARGUS and Healthlink seem to be the most popular. All blood results, scans and Xray results are received electronically from all the providers (via Healthlink or Argus).

3. What do you prefer using and why?

For anything sensitive, ARGUS. It is literally two clicks on the keyboard once an address has been linked to a doctor's name. Faxes need to be printed off and sent. It wastes paper and time standing at a machine waiting for the received tone. Also, any information received via fax needs to be scanned into the patients' file and then destroyed. We hardly ever send via mail. Again, time consuming, paper wastage and costly. Once the cost of postage went from 0.70c to \$1.10 we fast

forwarded to doing everything electronically whenever possible. Some specialists' letters may have up to 4 people copied in on them. Therefore, one consult could be four letters, four envelopes, four stamps. Postage takes about two weeks per letter. Now a box of 100 stamps will last our practice about two years.

4. How did the changeover from fax to electronic go – was it easy and could it have been made simpler?

A phone call or email will get you an ARGUS or HealthLink ID almost immediately. It is just a matter of typing all new Drs addresses into the software. All medical software has this capacity. If I ring a practice and ask for an email or ARGUS address, and they say that they only use fax, I do remind them that it is 2021.

NOTE: If consent has been obtained and risks of sending healthcare information are understood by both the patient and the practice, then emailing is deemed to be okay. Best practice in sharing confidential information particularly for blood results, scans and reports is to request to see the patient in person and provide hard copies to the patient as part of the consultation. My Health Record will have this information automatically uploaded to the system if the person has an MHR. Currently 23.1 million Australians nationally have an MHR. For provider-to-provider transfer of information, Secure messaging is the suggested solution



headstart

Local mental health support for Central and Eastern Sydney

headstart.org.au



Start with Headstart

Making it easier to find local mental health services near you

There are a variety of mental health services available in the central and eastern Sydney region. However, it can be difficult to know what is right for you and your needs.

Headstart is a digital platform that makes it easier for anyone experiencing or caring for someone experiencing mental health issues. It enhances the experience of finding local mental health services and resources.

Contents of the platform were co-designed by people with lived experience, the PHN and Local Health District staff.

If you are a healthcare practitioner looking for services to refer your clients to, Headstart can help. Alternatively, the option is available to promote your services on Headstart by completing [this form](#).

How it works: Headstart can filter services based on the person's needs, age, cultural background, location, and health conditions. If you are unsure where to begin, Headstart can also make recommendations and provide you with relevant information based on your region or selected criteria such as age, gender, cultural backgrounds, and more.

TIP: Accessing and browsing Headstart, together with your client during their appointment, can help to ensure that the services you are referring them to **matches their needs**.

The platform is free, anonymous, easy to access and is available at any time anywhere.

Whether you are a medical professional or a patient, [access Headstart here](#).

Practice Manager Katrina Otto reflects on practice management during COVID



Since the day most of us working in general practice heard the word 'COVID-19' we've been operating in survival mode.

And what an incredible job we've done, showing up day after day, month after exhausting month, vaccinating and keeping people well.

I've been helping to manage a practice – O'Connell Street Clinic, in Sydney. We were called a 'hotzone' but to me it felt a bit like a warzone. The CBD of Sydney was completely empty except for us essential workers and a few security guards tasked with keeping the streets safe. Change became our only constant and as a nation we focused on numbers like never before. How many positive cases, how many tests, how many ventilators, how long could we cope?

Data and technology

Data became linked to our safety, freedom and travel and technology became more important than ever before. Who were our patients most at risk? Who met the criteria for vaccines? Who met the criteria for MBS payments or telehealth?

Throughout COVID-19 our data helped us focus on our most vulnerable patients. We reached out where we could but, let's face it, preventive health management - especially for practices in the 'hotzones' - was a luxury we did not have.

Heart Health Checks – ...now is the time

It is now time to address pre-emptive health checks, use our practice data, identify those care gaps in our patient population and reimplement our systematic preventive health approach. Heart health is high on the checklist. **Data tells us 27,000 fewer heart health checks were performed during the pandemic.** Scary!

Improving use of technology for patient management

At O'Connell Street Clinic we have a 'tech stack' which adds on to our practice software and helps us streamline systems and improve efficiencies. For example:

1. Pen CS – to identify patients most at risk
2. Cubiko – item number optimisation
3. HotDoc – sending 'broadcast' messages to our patients.

Practice management

As a Practice Manager, three major considerations right now are:

- re-engaging our existing and new patients
- improving efficiency of telehealth and;
- staffing.

Team-based care

At O'Connell Street Clinic we have found the inclusion of a qualified Medical Practice Assistant (MPA) to be especially helpful for care planning and sustainability. When it comes to heart health checks and care planning, our MPA:

- works with nurses to identify patients at risk
- co-ordinates appointments
- communicates with patient and carers
- records observations
- prepares documentation for GP and;
- processes billings.

Quality improvement

Given that cardiovascular disease claims the life of one person every 13 minutes and accounts for 1,600 hospitalisations per day, it's not hard to be motivated to focus on heart health once again.

There are practice incentive payments for quality improvements (PIPQI) and of course demonstrated 'continual quality improvement' is a major aspect of general practice accreditation. Most helpfully, the Heart Foundation has developed a toolkit with all the resources we need to support our refocused approach on heart health.

Katrina Otto is the 'Owner of Train IT Medical - a medical software training company and co-Practice Manager of O'Connell Street Clinic'.

Head to Health Pop Up Services – the place to head to when you are feeling anxious.

Call 1800 595 212 Monday to Friday 8.30am to 5pm.

The response to COVID-19 created a set of circumstances we have not experienced before. Initially our concerns were about the unknown nature of the virus and its effects, progressing to real fears for our loved ones, both here and overseas, particularly those who might be older or have underlying health issues.

Responses from governments led to restrictions and lockdowns that impacted our ability to see family and friends, our ability to go to work or even maintain a job and may have pushed us into roles for which we had not been trained - such as home schooling.

All these factors have impacted our health and wellbeing and challenged our resilience and our ability to maintain positive mental health.

Head to Health Pop Up services have been developed to support the mental health of people in NSW, of all ages, struggling because of restrictions and lockdown. If you or someone you care about is experiencing mental distress, now is the time to reach out, even if you've never felt like this or asked for help before.

The first step is to call the 1800 595 212 where a trained mental health professional will talk with you about your personal concerns to identify the support you need. They will work with you to develop a package of support services that respond to your individual situation. That might involve referring you to existing mental health services or to a Head to Health Pop Up mental health hub.

If you are advised to receive services from a Head to Health Pop Up hub, you can choose from face-to-face services and/or telehealth appointments. All the hubs follow COVID-safe guidelines, and the services are free.

There are 10 Head to Health pop up hubs in NSW, two in the CESP HN region at Hurstville and Lakemba.

The place to head when you're feeling down.

Learn More

HEAD TO HEALTH

phn
NEW SOUTH WALES
An Australian Government Initiative



Co-morbid mental health and drug and alcohol issues: Online and telephone resources and online training

We speak with Dr Hester Wilson

The COVID-19 pandemic has been a time of great uncertainty and heightened stress for many, including primary care clinicians.

As practitioners, this challenge has included responding to the changes with digital health and managing the vaccine rollout, as we continue to deal with the everyday issues in our practices.

We have seen patients experience increased mental health issues and many turning to (or turning back to) alcohol and/or drugs to help them cope. Assisting those presenting with this has stretched all of us working in the primary care space, including psychological and other support services.

Fortunately, most people will report mild to moderate issues e.g., alcohol use and mild anxiety disorder. **For this group, online Mental Health and Drug and Alcohol web-based programs, information and other resources can help them to understand and manage their conditions.** A [package of these resources](#) is now available on the CESP HN webpage.

The resources have all been reviewed by doctors, nurses, allied health and consumer workers from South Eastern Sydney Local Health District (SESLHD) Mental Health and Drug and Alcohol Services, and with primary care clinicians from CESP HN.

This ensures the directory only includes evidence-based programs that we know are appropriate for our communities.

The package includes:

- Online and telephone services,
- Information,
- Screening tools,
- Care pathways, and;
- Webinars.

Other resources in the package can be provided to patients and carers for information, support, and self-management e.g., online and telephone counselling and crisis support, fact sheets, carer assistance, peer support and apps.

We have also provided a compilation of mental health and drug and alcohol online training options for clinicians. These are listed under mental health, drug and alcohol and comorbidity training.

The training is intended to assist in developing knowledge and skills for different aspects of providing care to patients with mental health and substance use disorders.

Some patients experience severe, complex problems with multiple co-occurring conditions.

This group will need specialist support so please work in collaboration with mental health and drug and alcohol services in SESLHD. Ask for help when you need it and remember that a multidisciplinary team approach will help with stabilising and recovery.

Both packages are now available on the [CESPHN website](#)

The packages were developed as part of the Comorbidity Clinical Pathways Project for which SESLHD Drug and Alcohol Services received funding from the [Mindgardens Neuroscience Network](#).



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