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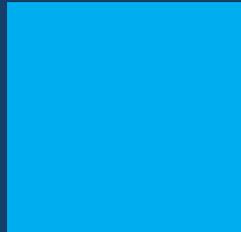
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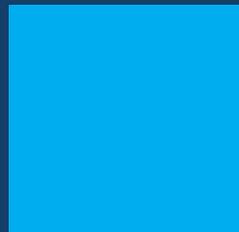
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A MESSAGE FROM OUR

CHAIR &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 Wright
Chair



Nathalie Hansen
CEO



What a rollercoaster start to 2022! Two years have passed since we first went into lockdown in Australia but over December and January we saw the arrival of large numbers of COVID-19 positive patients in the community. Many people living in Central and Eastern Sydney have been affected by COVID-19 and as health care professionals we have been at the centre of supporting our population. During that time, millions of Australians have spent time in isolation either due to being sick with COVID, being a close contact, or quarantining after travelling.

We recognise and thank everyone for your extraordinary effort in continuing to provide care during these incredibly difficult times. While we still have many people contracting COVID-19, our hospitalisation rates are slowly reducing and the vast majority of affected individuals are making a full recovery, particularly if they are vaccinated.

CESPHN began the year with the launch of our [Strategic Plan for 2022-24](#). The plan outlines our three key goals of improving the integration of care, improving practice in primary health care and commissioning local health and wellbeing services in our region. The plan also lists the strategies we will be implementing to address our goals and highlights priorities for the next three years. We look forward to working with all our stakeholders on making the plan a reality.

Right now we are focused on improving booster rates, responding to issues around long COVID, addressing serious residential aged care challenges, streamlining access to mental health services, and improving opportunities for all healthcare workers to access digital technology.

Mental health continues to be a top priority, and we investigate mental health apps and platforms that may be of use to your patients. Headstart is a navigation tool to help find services, and we are proud to be collaborating with South Western Sydney PHN to offer this tool with links to information in a variety of languages for our multicultural communities. We are also encouraging referrals to Head to Health, a service that supports the mental health of people across NSW. The free hotline – 1800 595 212 – can be accessed by anyone experiencing anxiety, depression, or mental health concerns of any kind.

Reflecting our current focus, the articles in this issue of Primary Health Quarterly include an interview with rheumatologist Dr Denise Tong. Dr Tong responds candidly about how she has adapted and fast tracked her learning of digital technology to provide safe and secure digital health services for her patients.

We are also concerned about potential lags in cancer diagnoses, particularly as practices have been focusing on treating COVID and providing COVID vaccinations. We have focused increased attention on our GPCanShare program and speak to a clinical nurse consultant and a GP about the benefits of this program.

Engagement with allied health professionals is a key priority for 2022, and we are pleased that our Allied Health Engagement Strategy will be launched later this month. The aim of the strategy is to allow for increased support of the allied health professionals in our region to ultimately drive practice improvement and greater integration. We will be expanding our CPD offering, improving our own internal allied health data and increasing participation in quality improvement activities such as My Health Record, secure messaging and telehealth.

Central and Eastern Sydney PHN look forward to working towards better health for all in our region in 2022.

Dr Michael Wright
Chair

Nathalie Hansen
CEO



Interview with the new CEO, Nathalie Hansen

What do you enjoy about working for CESPHN?

I have been with the organisation since it started in 2015. The staff who work for CESPHN are amazing and bring with them a diversity of experiences and a passion for making a difference. I enjoy the variety of work we do and the fact that I am constantly learning.

The role of primary health networks has never been more important to ensuring our local health and social care systems work effectively and that primary health professionals working at the frontline are supported.

Can you tell us more about your background and why you think it led you onto your career path in health?

My parents are Belgian migrants, and I grew up in Sydney, Papua New Guinea and Perth. When I completed university, my first graduate job was based in Canberra with the Department of Health. This was in the early 90s and my first job was working on the divisions of general practice program, the precursors to primary health networks. I then spent many years working as a health planner identifying community needs and service gaps. This gave me a good understanding of how the health system works and the linkages with employment, housing and education.

There are so many different facets to health and with every new role, there are new challenges. I spent about six years working in rural health where I learnt first-hand about the challenges of attracting and retaining workforce. I was involved in planning numerous multipurpose services (combined hospital and aged care services) across NSW. I then worked on funding drug and alcohol treatment services where I worked closely with community organisations.

After twenty years working for the federal Department of Health, I took the opportunity to work at the more local level as a manager for the Inner West Sydney Medicare Local. Working in a smaller organisation gave me the opportunity to build up skills in a wide range of areas such as marketing and communications and governance. Health is incredibly diverse and varied. I value the opportunity to better understand and meet community needs that this work allows.

How is CESPHN supporting the primary health workforce and what can we expect in the future?

Succinct, easy to access information has been crucial to ensuring busy primary health professionals know where to turn for support. Our practice support team are there to provide support and our website and weekly e-newsletter play a key role in keeping people informed. During the past year at CESPHN, we spent a lot of time

creating a [services guide](#) that outlines very clearly exactly what we do and how we can help. Many GPs, nurses and allied health professionals are now comfortable with reaching out for free assistance when it comes to learning about and using digital technology. In 2022, we are launching our allied health engagement strategy with numerous initiatives planned to better support this important workforce.

CPD has seamlessly moved online. Is this the new normal?

Health professionals are traditionally very busy people, running practices and focusing on the best help they can give their patients. While moving online has meant less face-to-face socialising and networking, it has saved travel time and made events more accessible. It is the new normal to do CPD events online but this year we also hope to return to offering a range of face-to-face events. Stay tuned.

What are you most proud of during your time so far at CESPHN?

I have witnessed extraordinary collaboration between our staff, primary health care professionals, community organisations, and our partners in the local health districts and specialty health networks as we have addressed the cavalcade of issues linked to COVID. Forty per cent of our community speak a language other than English and as a French speaker, I am one of them. For those who are not fluent in English, this has been an added challenge when sharing information about COVID testing, isolating, maintaining COVID safety, and vaccinating. Supporting people whose mental health has suffered has been very important. I am immeasurably proud of our response and of the response of our community when it came to sharing vital information for everyone to understand.

Finally, what else can we expect from CESPHN during the coming year?

While COVID restrictions have eased, CESPHN will be promoting mask wearing, physical distancing and vaccinations including boosters. Boosters, we can see from overseas experience, are vital as we move forward. During 2022, we expect the majority of COVID patients to be cared for at home with the support of general practice. Our focus will turn to the issue of long COVID.

It will be important to turn our attention to addressing other health issues that may have been neglected during COVID. CESPHN is funding a range of programs to improve cancer care, mental health, drug and alcohol use and aged care that will help ensure better health and wellbeing for the residents of our region.



WentWest 'Checking in on your mental health' afternoon tea 2021

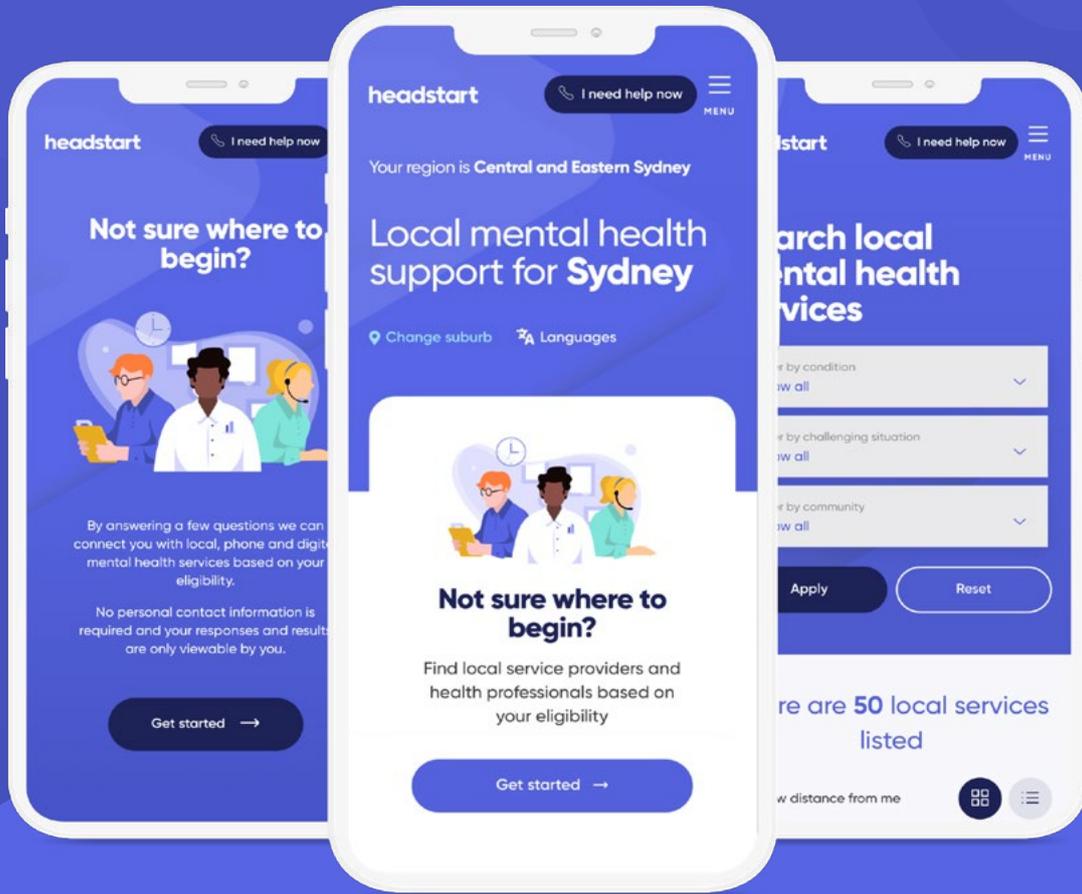


Reconciliation Action Plan (RAP) launch 2020



Allied Health Strategy Forum 2019

Local mental health support for Central and Eastern Sydney



Find service providers specific to your needs



Access resources relevant to your region



Get support for a specific mental health condition

就近获得精神保健支持

Trova supporto locale per la salute mentale

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就近獲得精神保健援助

Encuentre apoyo local de salud mental

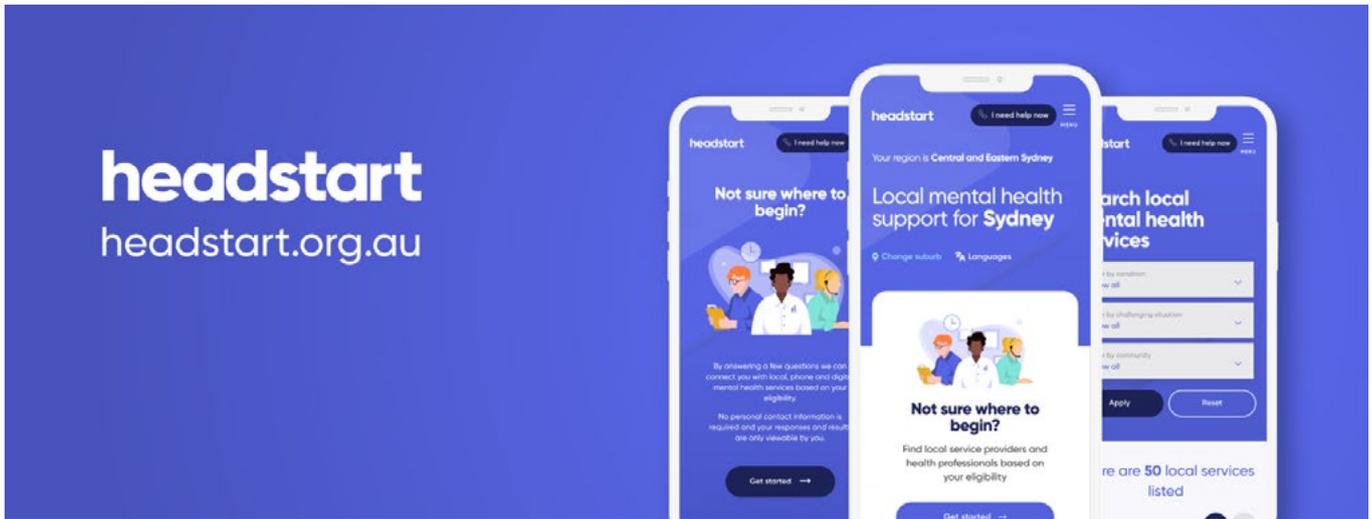
اعثر على دعم للصحة العقلية في منطقتك



headstart.org.au

headstart

This service is supported by Central and Eastern Sydney PHN



headstart on ‘Harmony Week’ for multicultural communities

[Harmony Week](#) (21 March to 27 March 2022) is traditionally a time to collaborate and celebrate cultural diversity and multiculturalism of Australia.

To celebrate, mental health service navigation platform, [Headstart](#), has launched new features to help the multicultural community find and access appropriate mental health and wellbeing services.

Funded by CESPHE, Headstart provides information on in-person services provided locally by not-for-profit organisations that can be accessed by self-referrals or through a GP. There is support available for everyone.

Headstart makes it easy to search and find services based on specific needs. It works by selecting a specific condition or challenging situation that best fits the relevant circumstances. The platform then matches services that can help. For people unsure about where to begin on the platform, there is a short questionnaire to help narrow down local services to the ones most relevant to the person.

What’s new?

- A [support for multicultural communities section](#), which will allow users to find and connect with local service providers and health professionals that can provide culture-specific and faith-based support. This section can be found under the ‘Support for anyone’ tab at the top of the website.
- Headstart has also translated basic mental health resources into **14 different languages**.

These pages are considered excellent conversation starters about mental health.

Getting ‘APPy’: Finding and using e-mental health programs and phone apps

Health related digital tools and apps may not be appropriate for all patients, but many find them helpful. They range from registering step counts, activity, gait steadiness, snore scores, sleep cycles, heart rate, respirations, blood oxygen levels and mental health.

The choice is vast and it can be difficult to find tools and apps which are reliable, trusted, and easy to use. This can be a particular challenge for people with mental health concerns.

CESPHN commissioned the popular [headstart](#) navigation platform which has now evolved into offering a growing number of language resource links for CALD communities.

Here are some more free digital mental health tools and apps that have been shown to improve mental health through evidence-based research.

HeadGear

[HeadGear](#) is a free smartphone app that can guide patients through a 30-day mental fitness challenge designed to build resilience and wellbeing and help with depression and anxiety. Each day your patient will be prompted to complete a 5 to 10 minutes activity or challenge which cover topics such as breathing exercises, coping strategies to reduce stress, and sleep. HeadGear is also personalised, which means people can determine their own set of actions for building mental health and wellbeing.

Smiling Mind

Developed by psychologists and educators, [Smiling Mind](#) is a free app that will allow people to practice daily meditation and mindfulness exercises anytime, anywhere. Prior to a meditation session, the app prompts users to answer wellbeing check in questions. This will help people to keep track of their wellbeing and whether practicing mindfulness has improved different areas in their life over time. The program is suitable for those who have never practiced mindfulness before as well as those who are familiar with it.

MyCompass

[MyCompass](#) is a free e-mental health tool that can help people to better self-manage mild to moderate symptoms of depression, anxiety, and stress. MyCompass can help people to better understand and track their thoughts, feelings and behaviours and learn new strategies to improve their wellbeing. The program requires people to commit to it for a minimum of seven weeks to gain the full benefit.

Raising Healthy Minds

Developed by the Raising Children Network, [Raising Healthy Minds](#) app can provide parents with information on diverse ways to support their child’s mental health and wellbeing. The free phone application aims to build parents’ mental health literacy to increase their ability to recognise early signs of social and emotional problems in their children and support their children to get help early if needed. App users will receive evidence-based information tailored to a child’s age, and practical tips to encourage positive behaviour and emotions in children as well as ways to look after personal well-being as parents.

THIS WAY UP

[THIS WAY UP](#) offers a range of self-guided, and clinician supervised courses that can equip people to better manage their mental health and wellbeing. Patients can access THIS WAY UP online courses independently or for free through a clinician. GPs, psychologists, and other mental health professionals can also access the THIS WAY UP platform and use these courses in their care and support for their patients.

How can I help my patients to use these apps?

- Familiarise yourself with the tool or application.

MENTAL MUSCLE IN YOUR POCKET

...the fitness app for your mental health.



- Email your patient a link of the program or give them a printed flyer.
- Explain and show the patient how the tool works, how they can use it in their daily life, as well as any time commitments needed from the patient for the program to work.
- Follow up with your patients on their use of the program. Some programs may allow you to prescribe and monitor your client's progression throughout the course, others are available as self-help. Determine which would best meet your patients' needs.
- Attend CESPHE CPD events on e-mental health. CESPHE frequently offers webinars on e-mental health and how clinicians can integrate it into their practices. Refer to the [CESPHE events](#) page for more information.

If you would like to know more about e-mental health or find other digital mental health resources, [Head to Health](#) is a great place to find resources from trusted providers.



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Sharlene McKenzie receives Medal of the Order of Australia (OAM)

Ms Sharlene McKenzie OAM was awarded the Medal of the Order of Australia, for service to the Indigenous communities of south east Sydney.

Sharlene is a Wiradjuri woman, Aboriginal Community consultant, advocate and mediator, and the chair of CESPHN's Community Council. She has had a significant impact on the connection of Aboriginal and Torres Strait Islander communities in the central and eastern Sydney area to different health and wellbeing services in the region.

She is a valued member of the CESPHN community and is heavily involved in informing and advising on our programs and services in all areas, as well as running Cultural Awareness training workshops for all our staff.

'I am very humbled and grateful to receive this acknowledgment of my work and look forward to continue the collaborative work moving forward to give community and individuals a voice in bringing about understanding and choice in their lives,' said Sharlene.

We congratulate Sharlene on this wonderful and well deserved achievement and recognise the pivotal work she does in the community, and in our organisation, to achieve our collective vision of better health and wellbeing for all.



FREE ASSISTANCE WITH DIGITAL HEALTH FOR MEDICAL SPECIALISTS



Central and Eastern Sydney PHN is now offering your practice assistance with digital health.

Medical Specialist Practices are now able to receive digital health support in addition to the service we already deliver to over 16,000 providers across general practice, pharmacies, allied health and aged care providers in the CESPHN region and it is free of charge.

Digital health can be the point of difference in enabling easier, faster, secure sharing and access to patient information, resulting in a more efficient, integrated healthcare system. During the past two years, significant adaptations in digital health have been required in the health sector and CESPHN recognises the pressure this has imposed on many practices. This free service is one way that CESPHN is supporting healthcare practices in our region.

Some of the services we can support you with include:

- Provider Digital Access (PRODA),
- secure messaging,
- My Health Record,
- electronic prescriptions, and
- e-Pathology ordering.

MY HEALTH RECORD

The My Health Record system is now able to upload specialist letters via clinical software providers. It can be accessed in two ways through:

- conformant clinical software – further details listed [here](#), or
- the National Provider Portal – further details are listed [here](#).

The main benefits of connecting to My Health Record for medical specialist practices in surgery includes access to:

- medicines view,
- medicare documents,
- shared health summaries,
- discharge summaries,
- pathology, and
- diagnostic imaging.

SPECIALIST TOOLKIT

The [Digital Health Specialist Toolkit](#) developed in support of the Australian Medical Association (AMA), the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS), the Cardiac Society of Australia and New Zealand (CSANZ), the Australian Association of Practice Management (AAPM), and the Australian College of Rural and Remote Medicine (ACRRM) has been especially designed to assist with specialist connections to an array of digital health initiatives.

NASH PKI CERTIFICATES EXPIRING AND MEDICARE WEB SERVICES CHANGES

Services Australia is upgrading their digital health systems to ensure patient and provider information are secure, stable and up to date with industry standard technology. These changes will have an impact on healthcare provider organisations in two main ways:

- Accessing digital health services such as the My Health Record, electronic prescribing, secure messaging and the Healthcare Identifiers (HI) service.
- Claiming channels for Medicare Online (including AIR and DVA), Electronic Claim Lodgement and Information Processing Service Environment (ECLIPSE), Pharmaceutical Benefits Scheme (PBS) Online and aged care online/web services.

All healthcare provider organisations will be required to renew their NASH PKI certificates and transition their web services to PRODA by Sunday 13 March 2022.

To understand how we can support you further please contact Bradley on 02 9304 8684 / b.ovien@cesphn.com.au, Chelsea on 0427 277 575 / c.whiting@cesphn.com.au or Fiona on 02 9304 8717 / f.wu@cesphn.com.au.



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Dr Denise Tong talks about digital health

1. What digital health initiatives are you currently using?

With the persistent nature of the COVID-19 pandemic, it has become essential that my practice adapted to digital health to provide safe and secure digital health initiatives. My company currently uses My Health Record, electronic prescribing, electronic pathology, and secure messaging. We also have access to NSW Health digital health results and reports.

2. How has using secure messaging, e-Prescribing and e-Pathology helped you and your patients?

The last two years have seen a massive shift in patient attendance from face-to-face meetings, towards telehealth consultations. My patients mostly have chronic autoimmune conditions that make them immunocompromised and many of them do not feel safe coming into the office to attend the consultation. Having access to e-Prescribing and e-Pathology has assisted my patients in getting their prescriptions and blood tests forms in real time, whereas previously they would have had to attend the clinic in person or wait for the post-delivery (which during the lockdown often took up to a week to arrive). This expedited the treatment of my patients. To my surprise, even my older patients have advocated for me to deliver their scripts digitally, so that they can electronically ask their chemist to dispense their medications, which can then be delivered to their homes via contactless home delivery services (and avoiding their need to go out during the pandemic).

3. How are you using My Health Record and how does it benefit your practice?

My Health Record is helpful on several fronts. Firstly, in assessing new patients, it is vital to review their past medical history. Patients may forget past medical events and by clicking into My Health Record I can access these events and find relevant information that may help me diagnose autoimmune conditions (which are often multisystem in nature). Secondly, patients may have had recent hospital admissions and cannot describe the investigations or treatments provided. I would be able to find their discharge summary from the hospital in My Health Record. Lastly, many patients have pathology or radiology investigations by their primary care provider or other treatment specialists. By reviewing these investigations which are already performed, I can potentially reduce the number of investigations I have to order, hence reducing the waste of patient's time and cost to Medicare.

4. Which section of My Health Record do you use most often and why?

I use the Pathology section most often, to avoid test duplication.

5. Tell us a time when My Health Record was able to make a difference to a patient's care?

A patient presented to me with multiple joint pains. From her GP's referral, I could see her GP noted recurrent nose bleeds for which she had been sent to an ENT surgeon. From My Health Record, I could see she had many years of strange symptoms, including recurrent abdominal pain and chest infections which had required multiple admissions. The discharge summaries showed that every time, the patient had high inflammatory levels (ESR and

CRP), and one random Antinuclear Antibody blood test which was positive (2 years ago), but which was not picked up. The MHR also showed me a CT chest where she was noted to have a granuloma. Having these bits of information assisted me in formulating that this patient may have a vasculitis, an autoimmune condition causing blood vessel inflammation. After ordering a new set of blood tests, the patient was confirmed to have a vasculitis (Granulomatosis with polyangiitis), a condition that affected her abdomen, caused recurrent chest infections and a granuloma in her lung, polyarthritis, and recurrent nose bleeds. She was treated accordingly and is now progressing well.

6. Any advice for medical specialists for digital transformation?

I would highly recommend more medical specialists to come on board with digital health. The COVID-19 pandemic has changed the way we practise medicine. It is essential we make use of digital health technology in a safe and secure way to make work easier for us and our patients. At the beginning of my company's digital transformation, we had no idea what to do. The PHN provided us with free support to set up the new Medicare security certificates, My Health Record, e-Pathology, e-Scripts and secure messaging systems. The transformation had its challenges but the knowledge and support from the PHN has made this transition significantly easier.



AIR: IMMUNISATION RATES HEADING NORTH IN THE EAST



2021 will go down in history as a remarkable year in the immunisation space. COVID-19 vaccinations took centre stage with general practice freeing up every nook and cranny within their practices to host vaccination clinics for not just one but two different COVID-19 vaccine types. At the start of 2022, that number doubled to four vaccine types and booster variations and all with a myriad of rules surrounding eligibility, storage and more.

Added to that, general practices continued to maintain the timely vaccination of the population with the comprehensive National Immunisation Program (NIP) schedule of vaccines. Reporting to the Australian Immunisation Register (AIR) of all vaccines administered in Australia became mandatory in the first half of 2021, enabling a more accurate assessment of immunisation rates across all ages, including the Influenza vaccines.

In late 2020 in conjunction with South Eastern Sydney Local Health District (SESLHD) and Sydney Local Health District (SLHD), CESPHN devised and implemented a program to identify and address areas of low or declining immunisation rates within the central and eastern Sydney region.

Whilst the overall immunisation coverage rates for the region were encouraging, there were areas identified that required additional support.

Of particular focus in 2020-21 was the eastern suburbs area, as well as Strathfield and Canada Bay Local Government Areas (LGAs).

A comprehensive strategy consisting of three main components was developed that aimed to improve coverage rates:

- The two LHDs contacted families of overdue children directly where contact details are available through the AIR data.
- CESPHN provided practice specific immunisation overdue reports from the AIR to general practice.

- CESPHN ran an awareness campaign to early childhood education centres and primary schools in target areas to remind parents of the importance of timely vaccination.

Extensive support was provided to general practice with their monthly overdue reports to assist practices follow up children, amend data errors, or identify children no longer in the country. Preventative actions at the practice level were also discussed and implemented such as reminder systems and improvements with processes for recording immunisation encounters on the AIR.

Canada Bay and Strathfield LGAs rates responded quickly with improvements seen over the first two quarters following the project commencement and we were quickly able to move these areas to the second phase of the project encouraging practices to access overdue reports directly from AIR utilizing the AIR010A report. CESPHN continued to provide reports on a bimonthly basis for approximately 12 months to assist practices continuing to follow up overdue children on a regular basis.

The eastern suburbs area required a more intensive focus having experienced significant ongoing barriers to successfully chase up overdue children. It was quickly realized that the high transient population experienced in these areas had a significant impact on rates. CESPHN worked with practices to implement strategies to identify children who had left the country and confirmed a process of notifying these children to AIR for removal from overdue reports.

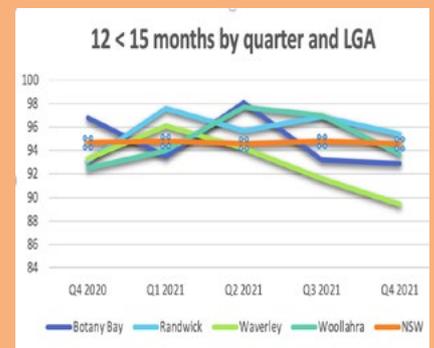
The results were so promising that we have expanded the project starting Q1 2022 to now include overdue children living in the Botany LGA.

Although coverage rates experience variations from one quarter to the next with varying influencing factors, we have seen an overall trend for improvement in rates across most age groups.

How are the immunisation rates in the CESPHN region compared to other PHN regions?

All PHNs are ranked according to their immunisation coverage rates. Annualised childhood immunisation coverage rates were recently released for the period 1 October 2020 to 30 September 2021. CESPHN are now ranked 11 out of 31 PHNs for 1-year-olds, having moved up 9 ranks since project commencement in Q4 2020. For the 2-year-old cohort we moved up 6 ranks, to 21/31 and for the 5-year-old cohort we moved up 1 rank to 29/31. **This is an outstanding improvement and a reflection of the combined efforts of the LHDs, CESPHN and general practice.**

AIR based coverage at 12 to less than 15 months of age, by quarter and LGA					
LGA	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Botany Bay	96.8	93.5	98.1	93.2	92.9
Randwick	93.1	97.6	95.7	96.9	95.4
Waverley	93.3	96.1	94.2	91.6	89.4
Woollahra	92.5	94.0	97.7	97.0	93.7
NSW	94.7	94.8	94.6	94.8	94.6



AIR based coverage at 24 to less than 27 months of age, by quarter and LGA					
LGA	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Botany Bay	93.8	92.9	94.3	92.3	95.7
Randwick	91.2	89.6	92.8	91.1	91.3
Waverley	91.4	91.0	89.3	92.3	91.5
Woollahra	89.8	91.6	93.9	87.0	92.1
NSW	92.6	91.7	92.9	92.7	92.7



AIR based coverage at 60 to less than 63 months of age, by quarter and LGA					
LGA	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Botany Bay	90.7	92.1	93.0	93.6	91.5
Randwick	90.6	89.9	88.6	90.9	91.2
Waverley	88.8	92.7	94.2	92.6	89.4
Woollahra	90.3	91.9	90.2	92.2	93
NSW	95.1	95.3	94.7	94.9	94.5





My COVID-19 story: Julie Ross



Many people that test positive for COVID-19 experience mild symptoms and recover at home. Julie Ross is the former principal of Kogarah high school and now the Principal, School Leadership for the Department of Education. Here is her COVID recovery diary.

29 December 2021

Driving home from Canberra, where I had popped down to visit a friend, I called my 19-year-old son. He is sick with a temperature, sore throat, etc. He works in hospitality. Plans to get tested in the afternoon. I pop in with some groceries, make him a chicken soup, collect clothes, and leave to partner's place - he is away; I am always wearing a mask.

My son goes to get tested at Prince of Wales hospital testing clinic. He texts later, the queue is cut five people after him, telling them they won't get in today. Anger, aggression, he is nervous. "Head down and stand firm," I tell him. Do not get involved in the argument. Finally, he texts "I'm in, waiting for the testing nurse." Relief. Make an appointment using the [HotDoc app](#) to have my booster shot.

30 December 2021

Morning swim with my 25-year-old daughter. We pass a chemist on Hall St with Rapid Antigen Tests. We purchased two twin packs: each cost \$33.

Pop into Bondi Junction that afternoon, after having used one of the RATs returning a negative result. Booster at 4.15 pm. Return home. By 7.00 pm a headache hits, temperature soars to 38 degrees, throat is itchy. In bed before 7.30 pm. Terrible sleep, body aches, legs are restless all night, tossing and turning. Assume it is a response to the booster.

31 December 2021

My partner is home today. Wake about 8.00 am feeling groggy, but my temperature has subsided. Niggling headache remains and nasal drip starts, throat a little scratchy. My muscles are still a little achy, but nothing compared to last night.

Take a Rapid Antigen Test before heading out to the airport to pick up my partner - Negative result. Decide to not attend a friend's soiree and stay home instead. As it turns out, the soiree was cancelled - too many people nervous about mixing and pull out. Feel tired but manage to stay awake until midnight to see the new year in. Kiss, kiss, good night.

1 January 2022

New year morning swim at Bondi. We arranged a picnic in Centennial Park with friends. It is a windy day, but we feel safe being outdoors. I feel tired, but still assume it is in response to the booster. Later that day the headache returns. An irritating cough develops, and my throat is itchy.

2 January 2022

I am awake feeling sore and still tired. Do another RAT which returns a positive result. Jump in the car at 8.45 am and head down to Bondi St Vincent's testing clinic. The queue is long but moves through quickly. Both my partner and I are there. It only takes about 65 minutes to get through, the process is ordered and efficient. We are told it could take up to 5 days for the results and we are to isolate until we receive the results. Return home, change the bedding, and set up the second bedroom. I am tired and my throat is sore.

3 January 2022

6.33 am: Partner's results are back – Negative.

11.35 am: My results are back - Positive. I'm sent a link to the facts page and information about what to do if in an emergency - call 000. We read the factsheets thoroughly and begin the clock on the 7-day countdown.

1.36 pm: Another message from NSW Health asking me to complete a form with personal info and where I am isolating. It also contains information on how to self-isolate and information for household members, those over 65 and children under 16.

I'm tired. Sleep is elusive and then fitful. I'm hot, I'm tired, my legs hurt.

4 January 2022

I want to sleep, sleep and sleep. I'm tired. Feeling exhausted. Like you do when you first bring a baby home from the hospital and your mind is foggy and all you want to do is sleep. The niggling headache is constantly there, and the body aches are a permanent feature in the background. I drink copious amounts of herbal tea brought in by my partner who looks like a surgeon in his mask. Ibuprofen helps. The neighbour drops off a couple of sleeping tablets which I take and sleep for 16 hours.

5 January 2022

Another text arrives from NSW Health telling me I'm a low risk of serious illness. It ALSO introduces a new word; "deisolation." I will receive a message seven days from my testing date notifying me when I can deisolate. And once again there is a link with fact sheets which clearly spell out what is required. With rule changes from the NSW state Government, the factsheets are comforting, something in black and white clearly explaining what I must and must not do. As a teacher of migrant children, I appreciate the clear information.

Later partner starts to display symptoms, sore throat, itchy eyes. Oh dear!

6 January 2022

Partner drives to the Bondi Testing Centre drive-through at about 8.30 am. The queues have gone, and he goes straight through. A text message informs him that the current processing time is 48 hours. By the time he is back his headache has hit and his temperature is up.

He takes to his bed and drinks tea and paracetamol is administered.

I take to the internet and buy N95P2 masks.

7 January 2022

5.51 am: His results are in - Positive

All the same information is sent for him. Isolate, factsheets, call GP if you feel worse.

7.40 am: Another text from Health - complete the form, self-isolate, do not leave home etc. A number to call if you have questions.

By now he has a temperature of 38.9 degrees, is wracked with pain, aching all over, in bed with blinds drawn and trying to sleep.

I take another RAT - still positive. I am tired but put on a load of washing and try to cook something.

The day passes with the kettle boiling and untold pots of herbal tea being made.

Chicken soup is made but appetites are missing.

Cold compresses are ferried between the freezer and his head. He describes it as "Rats chewing at his brain". Paracetamol not helping the head.

The day passes watching cricket, but not really, trying to read, but not really. The brain fog is annoying. A game of backgammon with us both in the living room wearing masks. Listless, fatigue, hot, cold, aching, headache, sleep.

8 January 2022: Saturday morning

I feel human at last. For me this is Day 6. I still feel tired but can function. Can read and not have to go back over the same page twice, feel like getting up and stretching and doing a little exercise. Nothing much, just some stretches.

His temperature is down to 36.6 degrees. Compared to yesterday he is a lot better. His throat is sore, and the cough sounds like an old man in an infirmary. The headache is significantly reduced but still there. The fatigue is there.

9 January 2022

Up and about. A bit more energy and all symptoms seem to have abated. Take the garbage out and climb back up two flights of stairs and I am exhausted. Patiently await the "Deisolation" text.

My partner's still tired and has a nap after making his bed.

Appetite has returned and lunch can be enjoyed, finally. He is still not particularly hungry but has some soup anyway.

Afternoon nap required, although I haven't done anything. Cricket is boring but it is the only thing I can concentrate on.

10 January 2022

1.05 am: Text from Health. Thanking me for my understanding and taking the necessary action to protect the community. I am allowed to leave isolation if I have not had any symptoms for 72 hours. Does that include fatigue?? Not sure, but I don't have a fever, I am not coughing, my nose isn't runny ... I'm outta here!!!

Do you have COVID-19? [Here is what you should do!](#)



LEEP: Creating connections – both technological and human.

During the pandemic, one of the few ways to communicate was online, heightening feelings of isolation for the technologically challenged. Volunteers at LEEP have been an important link when it comes to connections, both technological and human.

What does Leep do?

Leep NGO is a not-for-profit that provides free one-on-one digital mentoring with a trained volunteer Tech Mate. These sessions are run either face-to-face or remotely (via phone or video) and fit around the learner's availability.

What sort of people reach out to Leep and why?

We mainly assist people aged 65 and over, but also help people living with disability and First Nations Australians. We call these people 'Learners', as they reach out to us to learn to use a new device or to update their existing skills. Many of the people we help are fearful of making mistakes online, and we provide them with peace of mind and an increased level of confidence.

What sort of people volunteer at Leep?

Our volunteer Tech Mates come from all walks of life. Many have a tech background, but it's not a requirement. We have a mix of retirees and people in their 20s, 30s and 40s – anyone above 18 years old is eligible to become a Tech Mate!

Is mental health improvement due to the engagement and interaction an added benefit?

We see that our sessions improve the mental health of both our Tech Mates and our learners. People crave the social interaction and sense of connection. There's also the tangible reward of

volunteering (for Tech Mates) or the satisfaction of learning to use a device (for learners). In fact, during lockdown, when face-to-face sessions couldn't take place, our Tech Mates and learners continued to connect on the phone.

Does LEEP help people in the CESP HN area who are disadvantaged, First Nations or from CALD communities?

We primarily work in western NSW and western Sydney, but we have volunteers from all over Australia who can run remote sessions. We are also always prepared to recruit local volunteers and begin face-to-face and/or group sessions based on need. We assist many people from First Nations and CALD backgrounds, and many of our volunteers speak multiple languages. We also specifically recruit based on language requirements in order to assist our learners. We're always on the lookout for volunteers who speak languages other than english!

What are the most common questions you're asked?

Recently, we've had a lot of people needing help to download their vaccine certificate onto their mobile phone. We've also been teaching people how to set up their Apple ID and to download apps. A lot of people have asked for app recommendations for reading and playing games on their devices. We create step-by-step articles for commonly asked questions. These are available on our [website](#). We also post tips and tricks on our Instagram, so that's a great account to follow (@leep_ngo).

How can Leep be contacted?

Free call 1300 163 106. Alternatively, email Leep at hello@leep.ngo. Anyone interested in volunteering can call, email or submit an EOI here: www.leep.ngo/tmeoi. Leep is also on [Facebook](#) and [Instagram](#).



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‘Head to Health’ is here to help

[Head to Health](#) was developed in August 2021 in response to increased demand for mental health support throughout the COVID-19 pandemic. The service is free and available for people of all ages living in NSW and the ACT and can be accessed by calling 1800 595 212. Primary care providers can also refer to the service through this number.

The Head to Health clinics in the CESP HN region are in Hurstville and Lakemba and are operated by mental health organisations. Hurstville is run by Neami National and Lakemba by One Door Mental Health.

Extensive mental health [video campaigns](#) have highlighted the importance of accessing mental health help.

James Huynh, Head to Health Hurstville’s Clinical Service Manager at Neami National said the COVID-19 pandemic had resulted in an increase in those seeking mental health support, though, “this is not proportional to the limited number of mental health support services available, resulting in some services having lengthy waitlists or closing off their books”.

“Head to Health was established to provide immediate care without lengthy waitlists, minimum eligibility requirements or a referral needed from a doctor,” he said.

Anyone with mental health concerns is encouraged to either call the phone line or attend a ‘Pop-Up’ clinic in person and a trained professional will be available. If needed, they will refer them on to the best support service for them. The service has a no-wrong door approach, and this includes primary care workers that may need additional mental health support outside of work.

“Our service is not limited to therapy but can also provide support tailored to the individual’s needs. We have provided support in accessing social and community services in the local area,” said James. “We also have a peer support worker who is someone with lived experience to provide

HEAD TO HEALTH

support and help bridge the gap of stigma in the community.”

Chris Jones, the Head to Health Lakemba’s Program Manager at One Door says the service can help people with financial assistance, housing, and extra services like psychiatry, coordination of medication with pharmacies, helping clients get to and from appointments, and linking them with NDIS support services, if required.

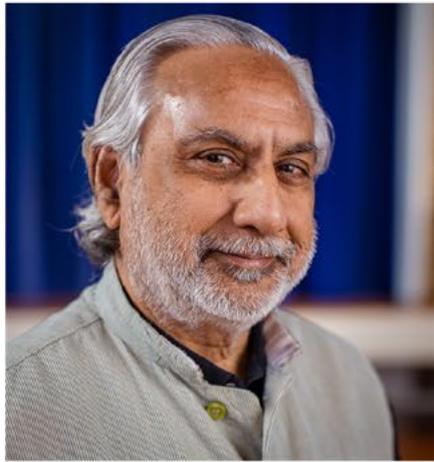
“Many people who are suffering quietly with anxiety or are impacted by the pandemic don’t know where to start in how to access a service – particularly a free service,” he said.

“Head to Health is unique for its ease of referral via a central intake approach, its comprehensive initial assessment and access to a skilled and experienced multidisciplinary team. Additionally, the program doesn’t require a GP Mental Health Plan for entry. It works with all ages and diagnoses, provides support for short to medium term support needs and will work closely with partner services should clients require longer term support.”

If your practice would like to learn more about the Head to Health, please get in contact with CESP HN’s mental health team who will be glad to assist.

“I cannot thank you enough for your support through one of the most challenging times for me. I owe my good recovery to counselling sessions with you and Head to Health’s support when I needed it most”.

“The best part of being involved in this service was their ability to be flexible with sessions. If you’re sick and you can’t come in, you can do phone consultations or communicate via email.”



NOT
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NewAccess: Getting people back on track

NewAccess is a free and confidential coaching program that helps participants to cope with daily life challenges. Unlike many mental health services, NewAccess does not require a referral and is quick and easy to access. NewAccess can support people to use practical tools and strategies to manage unhelpful thoughts and get back on track. The service is available via phone, video call or face to face.

How it works: NewAccess coaches work with participants to help them develop knowledge, practical skills, and strategies to improve their mental health and wellbeing.

All new participants complete an initial assessment with one of the NewAccess coaches, where they can talk about the challenges and life issues they would like to focus on. After that, using Low-intensity Cognitive Based Therapy, coaches work with participants for up to 5 sessions (30 minutes weekly) to understand more about the issues and support them to use tools and strategies to address these issues to improve their mental health and wellbeing.

Who can use the program: People can access the program if they live in the central and eastern Sydney region. The NewAccess [website](#) gives details about area accessibility.

The program is suitable for people with mild to moderate anxiety and depression and can be helpful for those who are hesitant to engage with mental health services for the first time.

People who are currently seeing a psychologist or psychiatrist or are dealing with severe or complex mental health presentations, do not have access to this program.

Kate's story

"My anxiety and stress were affecting my sleep, work and relationships. So, I took the opportunity to get support. After only five weeks, my breathing troubles, low mood and overall peaks of anxiety dulled to being almost non-existent. I am truly a happier person, and my life is much more fulfilled, as I can now be more present and live in the moment."

"My Access coach gave me the confidence and support I needed. This is not an all-talk program – it is highly practical and effective. I would recommend NewAccess to anyone experiencing anxiety or stress."

To find out how NewAccess may help you, your clients or someone you know, go to NewAccess website www.beyondblue.org.au/newaccess/ or call 02 9477 8700 to enquire.

Co-occurring mental health and drug and alcohol support

Central and Eastern Sydney PHN have recently launched [a new webpage](#) providing up to date information and capacity building resources for clinicians working within the mental health, alcohol and other drugs and primary health sectors.

The information has been collated in partnership with a range of mental health and drug and alcohol organisations, Local Health Districts, general practitioners, universities, allied health and community representatives.

Co-occurring mental health and substance use disorders are common. More than 1 in 3 people with a substance use disorder also have at least one mental health disorder, and the rates are higher among people in substance use treatment. People with co-occurring mental health and substance use often have a variety of other medical, family, and social issues. Because of this, there is a need for the workforce to adopt a holistic approach to the management and treatment of occurring mental health and substance use disorders that focus on treating the person.

Questions, feedback, recommended resources, training or information to include on this webpage is welcome. Email Drug Health Program Officer, Esther Toomey (e.toomey@cesphn.com.au).

GP Cancer Support Line: Supporting GPs through the patient's cancer journey with a focus on holistic care

At St. Vincent's hospital in the heart of Sydney, cancer Clinical Nurse Consultant (CNC), Simone Ray is taking sneak peaks at her mobile. "Sorry if I look distracted, I just need to make sure I don't miss a call," she apologises. Besides her work as a cancer nurse, Simone Ray dedicates her time and expertise to answering phone calls from health practitioners working within the CESPHN catchment. She gives specialist cancer care advice and information.

"I could see that empowering and supporting colleagues who have to be across so many specialities would be a really valuable contribution" she said.

The GPCanShare Cancer Support Line is a service commissioned by CESPHN and delivers support and advice in conjunction with the GPCanShare shared care management service. The phone line acts as an access point for timely support.

This includes detailed, up-to-date treatment information, symptom management support and advice, rapid referral pathways and assistance with cancer service navigation. It also includes rapid access for urgent presentations, psychosocial care connections and survivorship care.

"GPs are time poor and as someone who's working in the cancer sphere, I can interpret and lead them through the services available," she said.

Simone Ray has helped numerous GPs and practice nurses with a plethora of cancer-related questions, some of whom have patients with complex issues.

Dr Karen Spielman from Paddington Family Practice said she was concerned about a patient 'falling between the cracks'.

"I felt relieved that the service would ensure my patient's needs were met quickly and appropriately and with care and sensitivity, and importantly for me, they communicated with me in a timely and comprehensive manner."

One of the key benefits of the support line is time-efficiency.

"It can be hard to get through to the right person and it can be time consuming, frustrating, lots of run arounds, and devastating if the patient misses the right care," says Dr Spielman. "This is an awesome model putting GPs at the centre of care coordination with respect and kindness."

The phone line is the much-needed connection between the GP and tertiary cancer care, where the CNC helps consider the patient's psychosocial and socio-economic circumstances when navigating their options. The information the nurses provide enhance the referral process, add detail, and increase support for priority and at-risk populations.

For further information on both services refer to the [cancer management](#) page of the CESPHN website. The phone line is available to GPs and practice nurses working within the CESPHN region from 8.00 am to 6.00 pm Monday to Friday, including public holidays.

GPCANSHARE IMPROVING CANCER CARE FOR ALL



Simone Ray, CNC GP Cancer support line



Dr Karen Spielman, Paddington Family Practice



The GPCanShare Cancer Nurse Specialist team: (from the left) Mary Hayes, CNC Medical Oncology, Simone Ray, CNC GP Cancer Support line and Susan Stapleton, CNC Haematology and BMT at the Kinghorn Cancer centre.

For advertising enquiries please contact
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