

Where is it available?

Each PHN looks after a specific area of the community. Central and Eastern Sydney PHN has a boundary that covers 13 Local Government areas (LGAs) that include:

- Burwood
- Bayside
- Canada Bay
- City of Sydney
- Sutherland Shire

- Georges River
- Inner West
- Woollahra
- Waverley
- Randwick
- Strathfield
- Canterbury-Bankstown

Contact Us

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Central and Eastern Sydney PHN acknowledges the traditional custodians of the land on which we work and pay respect to elders both past and present

Central and Eastern Sydney PHN gratefully acknowledges the financial and other support of the Australian Government Department of Health.

If you would like support from the Aboriginal Health Team, speak to your GP or call Central and Eastern Sydney PHN on 02 9799 0933



Aboriginal and Torres Strait Islander Care Coordination Program

Understanding the role of Care Coordination for Aboriginal and Torres Strait Islander people



An Australian Government Initiative

What's the aim?

The care coordination and supplementary services (CCSS) program is for Aboriginal and Torres Strait Islander people.

Care Coordinators work with your doctor to help coordinate your care, organise and communicate with appropriate health service providers and may be able to provide some financial assistance for clients to access required health services.

What can they help with?

Care Coordinators are clinically trained and qualified staff (e.g. nurses or Aboriginal health workers) who can:

- Work with you to help you understand and manage your health needs
- Let you know about and connect you to community based services
- Assist with organising the right health services for you
- Coordinate and if needed pay for travel to appointments
- Coordinate payment for specialist doctors and other allied health services e.g. physiotherapist, podiatrist or diabetes educators and in some cases may be able to pay for approved medical equipment.

What information is collected?

The care coordinators will need to collect some information about you such as your address, contact details and why you would like or need assistance.

Care coordinators maintain a strict confidentially contract so your privacy is protected.

None of your information is exchanged with any other service without your consent.

Is this service for me?

If you:

- Are Aboriginal and or Torres Strait Islander
- Currently have a chronic disease such as; diabetes, cancer, renal, heart or respiratory disease
- Have a doctor working in the catchment area of Central and Eastern Sydney PHN

If you think you could use assistance to manage your chronic disease, talk to your doctor about whether you can be referred to the Central and Eastern PHN care coordinator.

Your doctor should complete a health assessment or care plan with you before referring you to this service.

How to access the service

Your usual doctor should refer you to your local care coordinator.

If your doctor feels that care coordination can help you they can forward a referral on your behalf.

The care coordinators will get in contact with you to book an appointment to come and see you. The visit can be made in your own home or another location if you prefer.

Care coordinators work with you and your doctor to develop the best treatment plan.

Managing a chronic disease can be difficult. The care coordinator will assist you to try to get your health care under control.

When is the service available?

Care coordination assistance is available weekdays, between 9am – 5pm

What's the cost?

There is no cost for any of the services care coordinators provide.