`

Central Coast Division of General Practice

ANNUAL REPORT
2008-2009

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The Central Coast Division of General Practice is a not-for-profit Company Limited by Guarantee, primarily funded by the Australian Department of Health and Ageing.

Central Coast Division of General Practice Limited
Annual Report 2008 – 2009

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Cover Photo – Somersby Falls (Central Coast)

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Introduction

Role of Divisions

The Divisions of General Practice Program was established in 1992 by the Commonwealth Department of Health and Ageing as part of its General Practice Strategy. Divisions are non-for-profit organisations that were developed to enhance communication and integration between GPs and the wider health system. They have since evolved and now also aim to improve the health of the community by encouraging GP collaboration with other health professionals in the delivery of quality health care. There are currently 110 Divisions across Australia, with 33 Divisions in NSW. Over 90% of GPs are members of their Division of General Practice.

The Central Coast Division of General Practice (CCDGP) was established in 1998 and incorporates Gosford City and Wyong Shire local government areas. As of August 2009 there were 310 GPs across 95 practices on the Central Coast. The Division provides a number of programs and services to assist GPs and their staff to support practice systems and patient care.

Mission

To meet the needs of GPs and the community in the provision of quality health care on the Central Coast.

Core Business Principles

Improving Patient Health Outcomes
CCDGP will enhance the knowledge and skills of GPs in order to achieve better health outcomes for the patient.

Enhancing the Role of the GP
CCDGP will assist GPs to enhance their capacity and skills in order to achieve maximum patient / community benefit.

Improving GP Work Environment
CCDGP will aim to make prompt improvements in GPs' job satisfaction, including ensuring that a GPs working life is reasonable and acceptable.

Increasing the GP Resource Base
CCDGP must aim to increase the resource base of general practice. These resources may be financial, service or material.

Establishing Partnerships
CCDGP will promote and facilitate the development of 'real' working partnerships in order to achieve agreed results, by all partners.

Equity of Access to Divisional Activity
All CCDGP activities and / or results of activities must be made accessible to all GPs and their patients.

Sustainability of Programs
CCDGP will clearly identify how resources can be mobilised to sustain programs in the long term.

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NSW Central Coast - General Practice Workforce Profile

As at 31 August 2009

General Practice Profile

As at August 2009, there were 310 GPs working on the Central Coast of which 213 (69%) were Male and 98 were Female. There was a higher proportion of GPs in Gosford - 181 GPs (58%), compared with Wyong – 131 GPs.

There is also a noted increase in the number of GPs in the Wyong Shire as practices in this area have access to workforce initiatives such as Area of Need and District of Workforce shortage. The average age of GPs has increased to 54.5 years.

TYPE	Gosford	Wyong	Total
GPs - Active			
TOTAL#	**181** (58%)	**131** (42%)	**310**
FTE GP ^	135.8	101.5	237.3
Estimated Population	163,957	146,589	310,546
FTE GP to pop ratio ^	**1:1207**	**1:1444**	**1:1309**
Gender: Male	116	97	212(68%)
Female	65	33	98 (32%)
GPs – Registrar	**8**	**2**	**10**
PRACTICE STAFF			
Practice Nurses	**83**	**86**	**169**
Practice Managers	**49**	**35**	**84**
Other Practice Staff	**202**	**151**	**356**

– Two GPs work across the 2 Local Government Areas (LGA)
^ – currently based on estimated Practice FTE

Practice Profile

A total of 95 practices exist on the Central Coast with 54% located in the Gosford LGA. Solo practices (n=37) still remain the most common practice arrangement (39% of total practices) followed by thirty five 2-4 GP practices (37%). There are fewer large size GP practices in the Wyong shire.

GP Practices						
LGA	**Solo**	**2-4**	**5-9**	**10+**	**Total**	**Perc (%)**
Gosford	19	18	11	3	**51**	**54%**
Wyong	18	17	7	2	**44**	**46%**
Total	**37**	**35**	**18**	**5**	**95**	100%
(%)	*39%*	*37%*	*19%*	*5%*	*100%*	

Practices with:	Gosford	Wyong	Total
GPs	51	44	**95**
Practice Nurses	29	31	**60**

Population Profile

LGA	Gosford	Wyong	Total
Total persons *	**163,957** (53%)	**146,589** (47%)	**310,546**
% growth over last year	0.6%	1.7%	1.1%

* Estimated Residential Population – June 2008 (ABS website)

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Board and Staff

As at 30 Sep 2009

CCDGP Board of Directors

Dr Phil Godden	Chair
Dr Ian Charlton	Vice Chair
Dr Stuart Anderson	
Dr Penny Caldicott	
Mr Peter Coomber	Treasurer
Dr Penny Druce	
Mr Graham McGuinness	
Dr George Miller	
Dr Suresh Badami (resigned 16.2.09)	

Finance, Audit and Risk Committee

Mr Peter Coomber	Treasurer
Dr Stuart Anderson	
Mr Graham McGuinness	

Bridges Board of Directors

Dr Stuart Anderson	Chair
Dr Penny Druce	Clinical Director
Dr Nelson Lau	
Dr Natalie Cordowiner	
Mr Peter Coomber	

Management

Chief Executive Officer

Mr Bill Parker (from 4 March 2009)

General Manager

Paul Hussein

Finance Manager

Sandi Spierings

Integration Manager

Jennie Sadler

Practice Support and After Hours Manager

Michelle Bradbury

Mental Health & Aged Care Manager

Michelle Mead

Executive Support Officer

Della McCay

Administration

Accounts / Payroll Officer

Debra Hassen

Reception / Administration Officer

Sarah Collins

Programs and Services

APAC Shared Care		Lynsey Stanley
Aged Care		Michelle Mead
Antenatal Shared Care		Lyndall Mollart
Cervical Screening		Amy Bernleitner
Chronic Disease Management		Jennie Sadler
	Respiratory Watch	Jennie Sadler
	Lifestyle Officer	Lyndell Crawford-Round
	Aboriginal Health- CDSM	Paul Brandy
Continuing Professional Development		Michelle Bradbury
Diabetes Clinics		Brad Rochester
Home Medication Review		Sandy Vincent
		Amy Bernleitner
Mental Health	BOMH / Better Access	Zona Gabriel
	GPLO / Shared Care	Sarah Fenton
Palliative Care	Project Officer	Robyn Moore
Practice Support	Management	Michelle Bradbury
	Practice Support Officer	Kelly Williams
		(Sally Gangemi on maternity leave)
	Practice Support Officer	Brendan Chandler
	Practice Support Officer	Melissa Wilkinson
	Project Support/Admin	Natalia Barker
Quality Prescribing Program		Sandy Vincent
		Amy Bernleitner
Information Management Officer		Sybilla Harrold
Workforce	General	Paul Hussein
	Locums	Michelle Bradbury

The following employees left:

Ms Kimberley Booth & Ms Donna Day on 29 August 2008

Ms Megan Roberts on 3 October 2008

Mr Paul Warwick on 10 October 2008

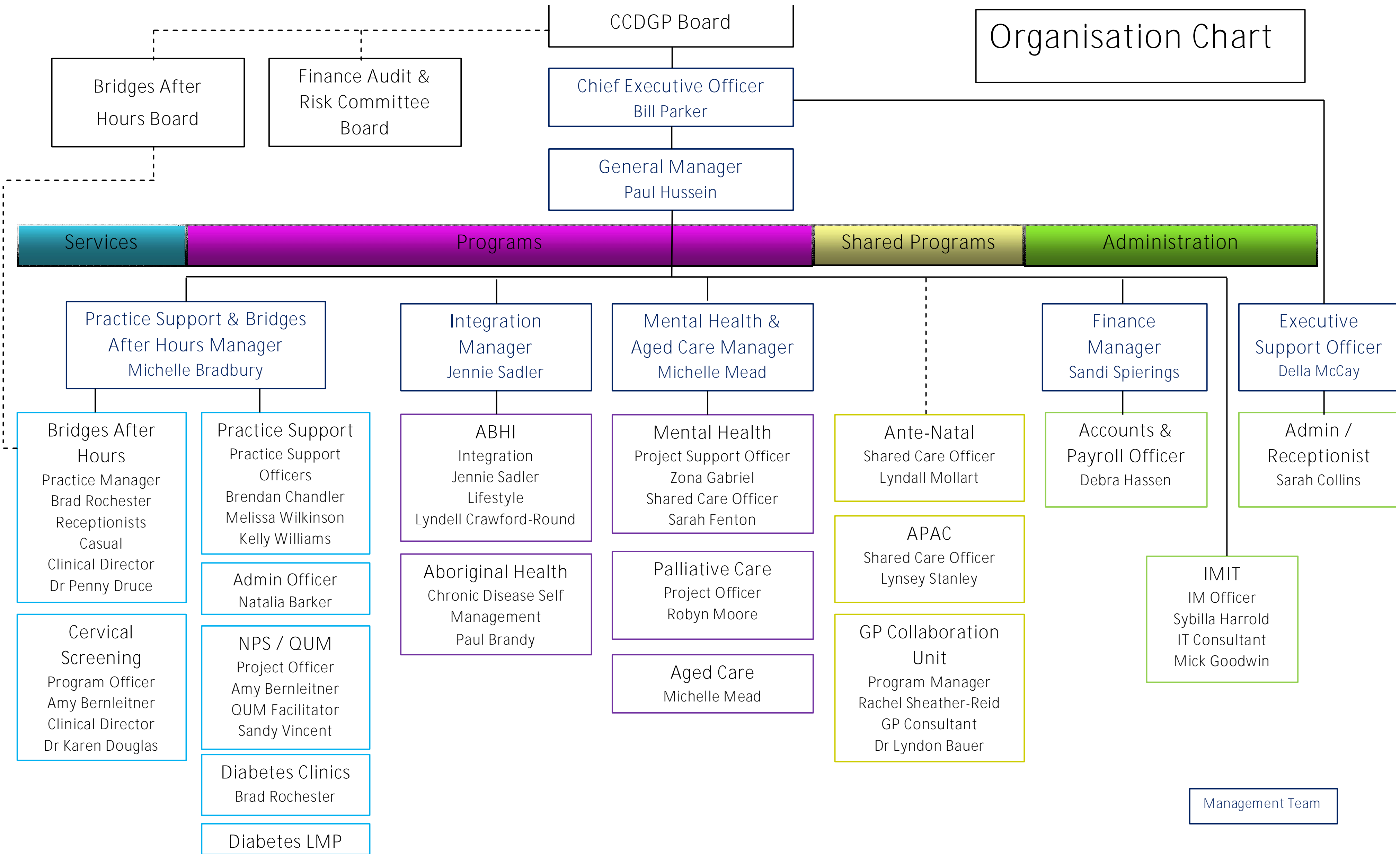
Ms Maureen Samsely on 22 May 2009

Ms Maree Parry-Lea on 17 July 2009

Ms Barbara Dettman on 29 July 2009

Subsidiaries / Collaborative Programs

The Bridges GP After Hours Service	Brad Rochester
	Michelle Bradbury
GP Collaboration Unit	Dr Lyndon Bauer
	Rachel Sheather-Reid
headspace	Bill Parker



Organisation Chart
CCDGP Board
Bridges After Hours Board
Finance Audit & Risk Committee Board
Chief Executive Officer
Bill Parker
General Manager
Paul Hussein
Services
Programs
Shared Programs
Administration
Practice Support & Bridges After Hours Manager
Michelle Bradbury
Integration Manager
Jennie Sadler
Mental Health & Aged Care Manager
Michelle Mead
Finance Manager
Sandi Spierings
Executive Support Officer
Della McCay
Bridges After Hours
Practice Manager
Brad Rochester
Receptionists
Casual
Clinical Director
Dr Penny Druce
Practice Support
Practice Support Officers
Brendan Chandler
Melissa Wilkinson
Kelly Williams
ABHI
Integration
Jennie Sadler
Lifestyle
Lyndell Crawford-Round
Mental Health
Project Support Officer
Zona Gabriel
Shared Care Officer
Sarah Fenton
Ante-Natal
Shared Care Officer
Lyndall Mollart
Accounts & Payroll Officer
Debra Hassen
Admin / Receptionist
Sarah Collins
Admin Officer
Natalia Barker
Cervical Screening
Program Officer
Amy Bernleitner
Clinical Director
Dr Karen Douglas
NPS / QUM
Project Officer
Amy Bernleitner
QUM Facilitator
Sandy Vincent
Diabetes Clinics
Brad Rochester
Diabetes LMP
Aboriginal Health
Chronic Disease Self Management
Paul Brandy
Palliative Care
Project Officer
Robyn Moore
Aged Care
Michelle Mead
APAC
Shared Care Officer
Lynsey Stanley
GP Collaboration Unit
Program Manager
Rachel Sheather-Reid
GP Consultant
Dr Lyndon Bauer
IMIT
IM Officer
Sybilla Harrold
IT Consultant
Mick Goodwin
Management Team

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Chairman's Report

It is with pleasure that I submit my annual report on behalf of the Board of Directors of Central Coast Division of General Practice. This is, in fact, my fourth report as Chair of this company, and each successive year has brought significant growth but also significant maturing and development as an organisation. I am honoured to be part of the governance of this organisation.

This past year has again seen a change at the helm of our Division. The year began with the departure of our CEO, Paul Warwick leaving Mr Paul Hussein in his role as General Manager to steer the ship whilst we sought a CEO. We were privileged to have Trish Rowlinson, the CEO of GP Northside, in a part time role as CEO at the end of 2008 and the Division benefited greatly from her experience. Trish was with us for a couple of months and then again Paul Hussein carried the load while we recruited a permanent CEO. We have been very fortunate to have Mr Bill Parker appointed as CEO from early this year. Bill has been on a very steep learning curve but has rapidly taken in the Division and general practice landscape, a doubly difficult job given the changing landscape that it is. I am grateful to Trish, Paul and Bill for their leadership and wisdom over this last 12 months.

Last year I predicted significant change for general practice. This has not eventuated and perhaps our GEC (global economic crisis) can be blamed for the lack of action. I am even more certain though, with the release of the National Health and Hospital Reform Commission report 2 months ago and then this month, the Government's draft Primary Health Care Strategy that there will be significant change. These changes will be to both general practice and to Division land. In terms of the latter, the reports are suggesting the need for larger primary care organisations which will plan for, manage and in some cases provide primary health care to the community. Whilst this is a daunting task, as a Board we are keen to be at the table as changes occur. It is important that the vital and core role of general practice continue to be nurtured and protected, despite any morphing of our Division into a larger primary care organisation. We can only do that if we positively seize the opportunities and we direct the morphing.

The Division is now a multimillion dollar organisation and a quick glimpse of our website will give an idea of the many staff we now employ, the many projects we are involved in and the scope of our involvement in both your practices and in the community. The website will also give you an idea of the advocacy work our Division has been involved in this year. We have had a significant growth in media contacts, in politician meetings and in interactions with Area Health. We are continually pushing the primacy of general practice in caring for the community and the key role good primary care plays in keeping people healthy.

As many of you will be aware from our media releases and involvement, we have been disappointed with the reduction in funding for headspace this year. As a result the Board has taken the view that in order to minimize our risk we ought to relinquish our role as lead agency for this project. This is disappointing but we felt we were left with no choice. Last year we were in a similar situation with our Links practice in North Wyong, and undoubtedly in the future we will face similar situations. While disappointing, it is really a reflection of the nature of project work. Fortunately there are exciting new projects and funding in areas around Aboriginal health and Aged Care and I am confident more will follow this year.

Bridges After Hours service has also continued to grow. This year it is almost viable without government subsidy. The Bridges Board under the chairmanship of Dr Stuart Anderson is to be commended for their work and oversight. Similarly our Finance Audit and Risk Committee under the chairmanship of Mr Peter Coomber has again overseen the excellent work of our finance department. Our Division is in a solid financial situation and your Board is careful to ensure we remain that way.

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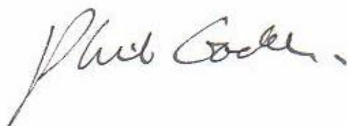
In closing, it would be remiss of me if I did not express appreciation to my fellow Directors. They are a committed, skilled, and enthusiastic board who, while not being afraid to debate issues strongly, nevertheless are united and supportive and I believe have each contributed greatly to the good governance of our organisation.

I know I am like a dripping tap constantly harping on change but perhaps it is that as I age I need to convince myself more than you that change is a positive thing.

> *"..Why is it that, as we grow older, we are so reluctant to change? It is not so much that new ideas are painful, for they are not. It is that old ideas are seldom entirely false, but have truth, great truth in them. The justification for conservatism is the desire to preserve the truths and standards of the past; its dangers, of which we are seldom aware, is that in preserving those values, we may miss the infinitely greater riches that lie in the future…"* Dale E. Turner



Phil Godden
Chairman

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CEO's Report

I am really pleased to write my first report as CEO for the Central Coast Division of General practice (CCDGP). From my commencement it was very clear that we have a dedicated, committed, professional and respected team of staff backed by a robust, forward thinking and capably led Board of Directors.

I would like to particularly recognise the extraordinary amount of work undertaken by Dr Phil Godden, Chair on behalf of the Division in attending a plethora of meetings; advocating with politicians, community stakeholders and others as well as the many activities Phil undertakes on our behalf. I would also like to acknowledge Paul Hussein and the fantastic Division staff for making my transition to the Division so smooth and enjoyable.

Financially the Division is in a sound position with adequate reserves in funding to take us into the future. There was competent delivery of all contractual arrangements and favourable analysis of all components of corporate financial activity by external auditors LBW and Partners.

In terms of Quality again the Division demonstrated outstanding capabilities. An external surveillance audit was undertaken by external auditors SAI Global Limited in March 2009. The audit report indicated that there were no non conformances or areas of concern identified that certification in accordance with ISO 9001:2000 should continue and that quality processes were well embedded throughout the organisation.

The GP Survey was completed by Ultra-feed Pty Ltd in June 2009. The survey results indicated that GPs in general were satisfied with most aspects of Division programs and services. The areas where GPs indicated that they would like to see more activity were GP Workforce and GP advocacy. In terms of both of these issues Dr Phil Godden and I have been actively advocating to State and Federal political representatives on a regular basis and will continue the push to improve the situation on the Central Coast. This is particularly important considering the number of medical school graduates will increase from 1355 in 2006 to 2920 in 2012 and GP training places will also increase by 33% to 800 at around the same time. GPs will need infrastructure and support to take advantage of this opportunity on a local level in order to attract trainees and now is the time to work on this important issue . We have established a Marketing and Communication Committee to progress issues identified in the GP Survey with GP representation and this will ensure that identified issues in the GP survey are progressed and actioned.

The most significant reform that we have seen in the Australian Healthcare system in generations is underway. The following reports were released:

- National Health and Hospitals Reform Commission(NHHRC) final report
- Towards a National Primary Healthcare Strategy (A discussion paper for the Australian Government)
- Building a 21st Century Primary Healthcare System (A draft of Australia's first National Primary Healthcare Strategy)
- Primary Healthcare Reform in Australia Report to Support Australia's First National Primary Healthcare Strategy

The Government has invested significant time and energy preparing the groundwork for Healthcare reform and it would be reasonable to expect significant action from the reports. There is recognition in these reports that investing in Primary healthcare is the key to improving the Australian health system and that GPs are the cornerstone of an effective primary healthcare system. They see Primary healthcare organisations (PHCO) that evolve from or *replac*e Divisions of General Practice as the vehicle to drive reform in planning, organising, purchasing and possibly delivering primary healthcare solutions to the community. The Division's role as a PHCO is contestable. However, as we represent the interests of GPs we believe that Divisions are the logical choice for PHCOs and we are ready to accept the significant challenge to transition into this role so that GP interests are represented and progressed at this time of significant change.

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We need to ensure that all GP needs are clearly articulated to the Government and that we align the Division to take every possible advantage when any negotiations occur in relation to Primary Health Care changes and that we reach a self determined Division Network solution.

We are in the midst of the most significant change in the Division's 15-year history. Our commitment to GPs is that we will align to best advantage, lobby, advocate and ensure that GP interests are well represented and always paramount in all future developments.

Bill Parker
CEO

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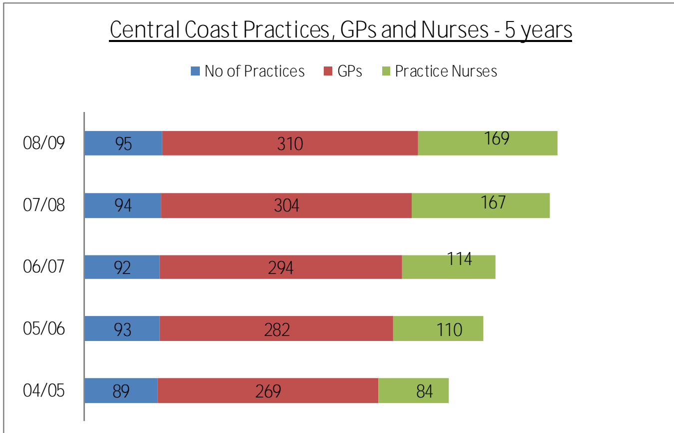
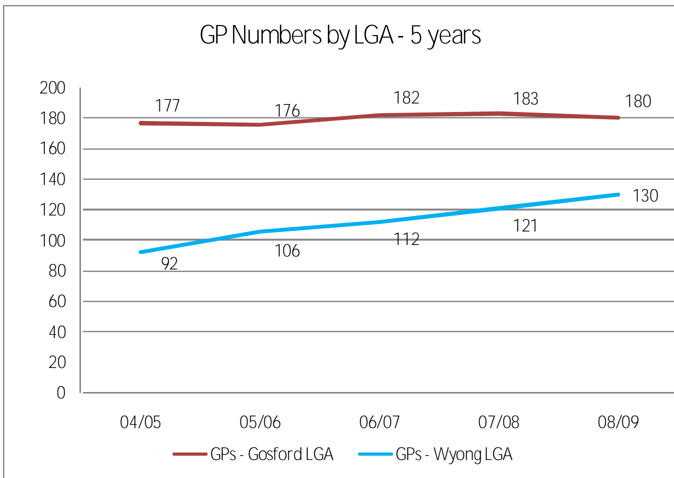
Trends in General Practice Activity

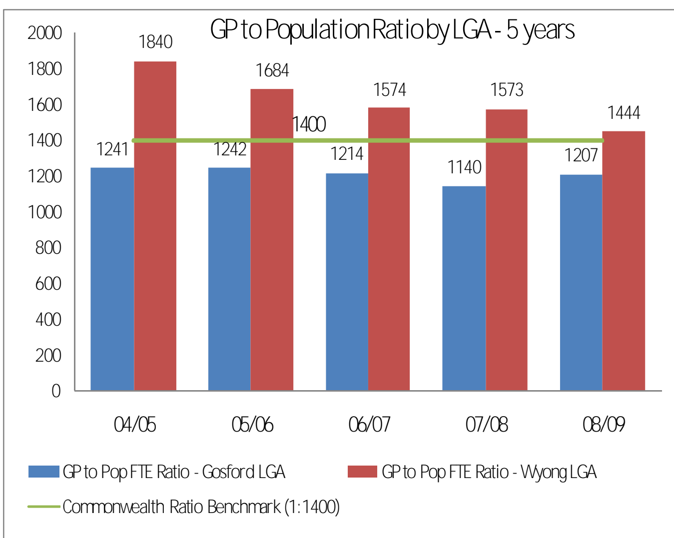
WORKFORCE



- Notable increase in GPs, particularly in the Wyong Shire (see next graph) however the region remains under-resourced
- Increase in General Practice Nurses (PN incentive only applies to Wyong Shire)
- Number and size of Practices have remained constant



- GP increase in Wyong LGA as practices can access District of workforce shortage and Area of need exemptions (allows placement of medicare restricted doctors)
- GPs in Gosford shire continue to service patients from the Wyong shire



Challenges

- GP to Population Ratio for Wyong is decreasing closer to the estimated national benchmark.
- Workforce information and funding for workforce planning and sustainability is not provided by the Government
  (NB: GP to Pop Ratios needs to be locally estimated)
- Ageing GP population with over 30% planning to retire in the next 3-5 years (based on recent GP survey)
- The average age of GPs is 54.5 years
- Increasing expectations and demands on GPs - primary provider, complexity of patients.

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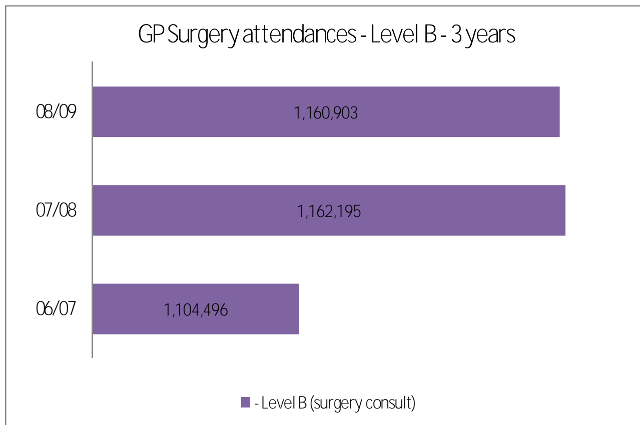
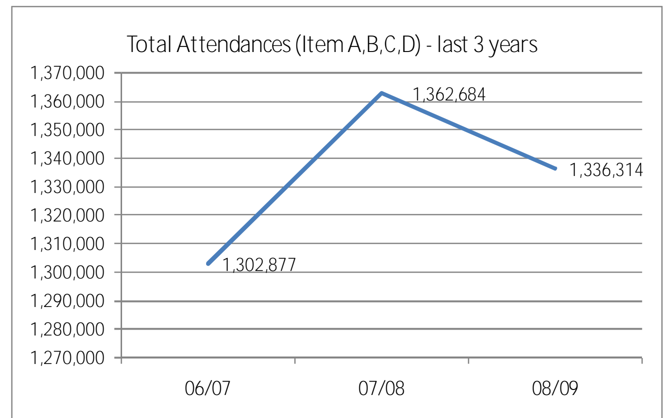
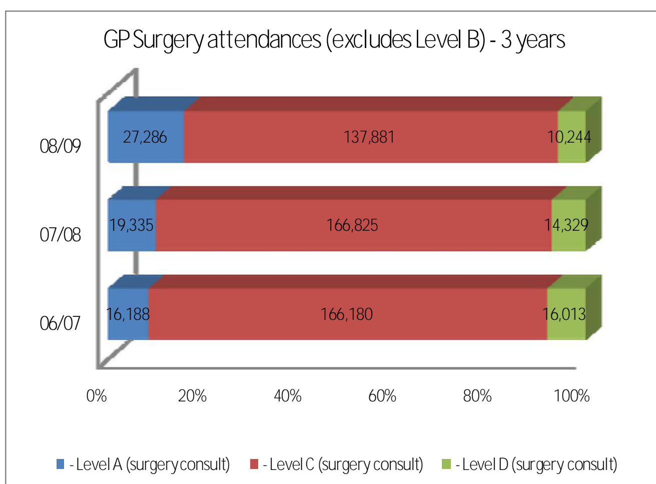
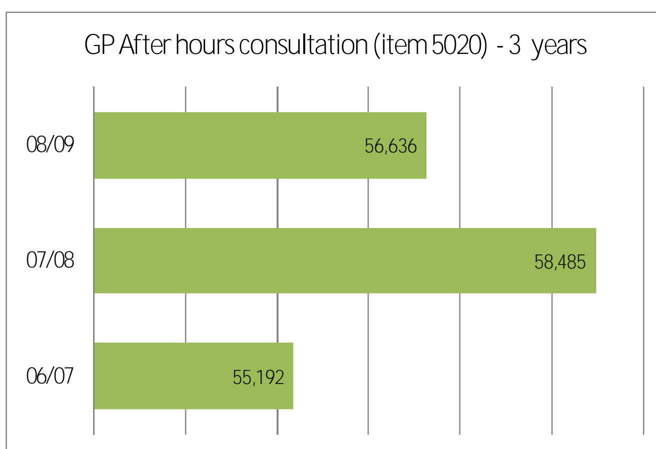
MEDICARE INFORMATION





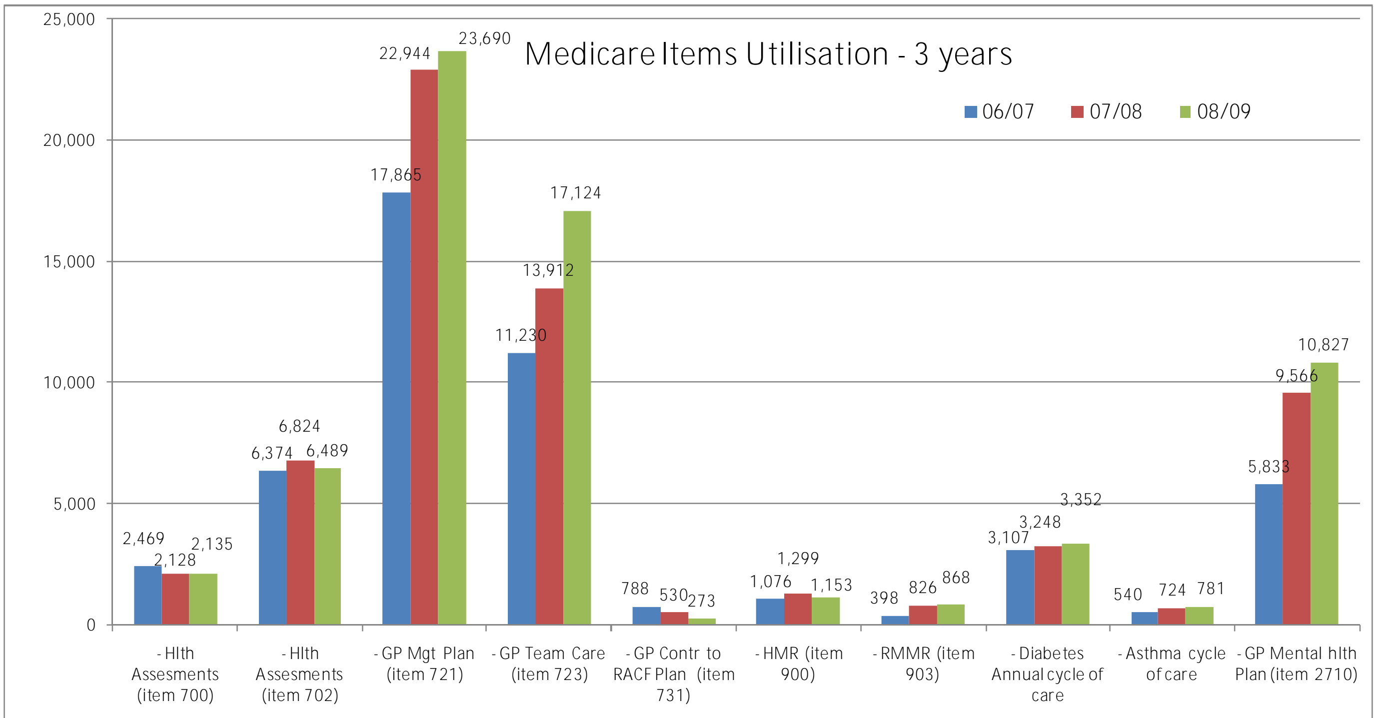


- GPs have provided an overall 3% increase in surgery consultation to patients in the last 3 years (as seen above)
- There has been a notable decrease in longer consultations (including level B) and an increase in short (Level A) consultations.
- One of reasons for this trend is may be the threat of increased medicare audits.



- After hours consultation trends are similar to the surgery consultation increasing by 2.6% in the last 3 years
- Of interest is the recent decrease of 3.1% in the last 2 years

MEDICARE INFORMATION



- There has been an increase in the utilization of enhanced service items.
- A notable decrease is associated with GPs contribution to RACF plan
- Significant increases in GP management plans ,Team care arrangements and Mental Health Plans

<u>Challenges</u>

- There is considerable time spent in conducting enhanced services
- Restrictions remain for the number of team care providers
- Limited scope of items: acknowledging of GP / staff efforts, prevention activities
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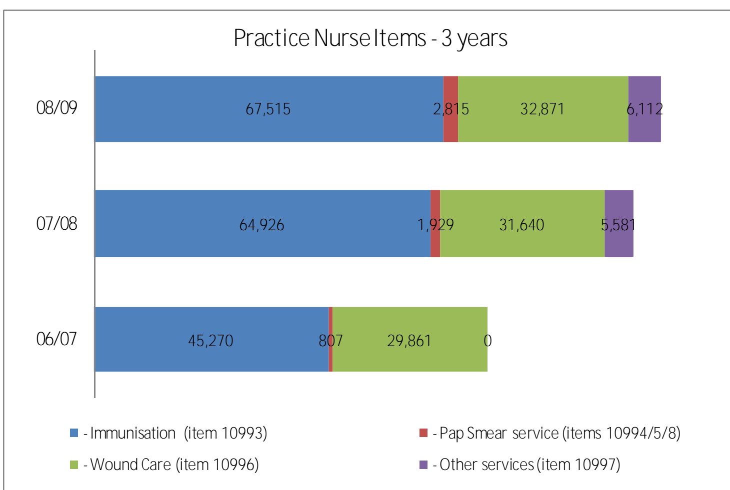
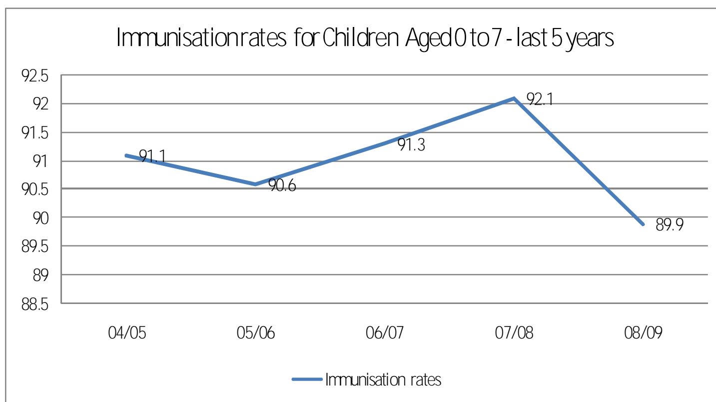


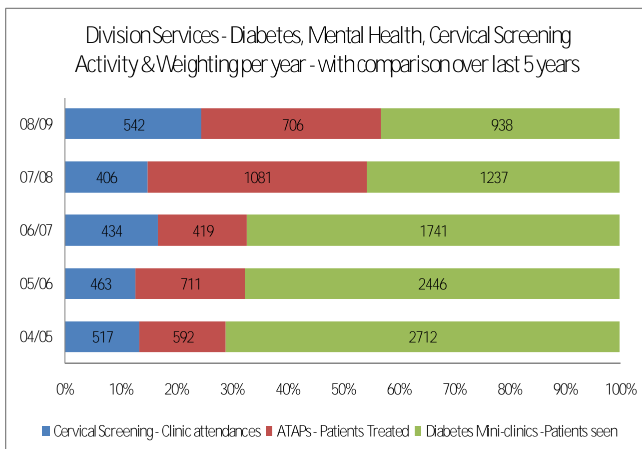
- Increase in utilization of items related to practice nurses items
- There is an insufficient range of practice nurse specific item numbers relating to current practice
- Remuneration of PN items is very low when considering time and consumables required.

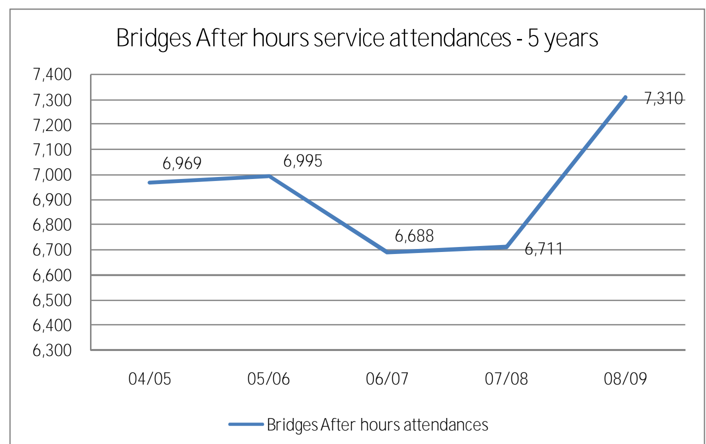
MEDICARE INFORMATION

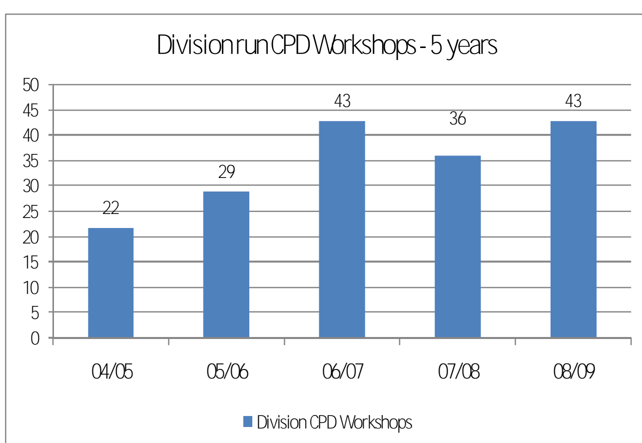


- Immunisation rates have been increasing with the exception of the last 12 months
- Factors relating to the decrease include changes to data processes, delays in immunising 4 year olds.

DIVISION SERVICES







- Constant demand for Division clinical services by GPs.
- High uptake with the Mental Health ATAPS program, however challenges with capped and irregular funding levels
- Bridges activity continues to increase
- CPD events indicated high levels of satisfaction with GPs and practice staff(based on recent GP survey)

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Facts on General Practice

Primary care and community health services

Seeing a doctor is a very common health-related action in Australia: the 2004–05 National Health Survey indicates that, over any 2-week period, almost one in four Australians visited a doctor (ABS 2006). Further, around 85% of the population see a doctor at least once in a year (Medicare Australia 2005)

General practice activity

Who accounts for most general practice work?

The workloads of GPs are changing in terms of the patients with whom they spend most time. Between 1998–99 and 2006–07, encounters with patients aged 45–64 years increased from 24.4% to 28.2% of total encounters recorded. The proportion of patients 75 years and over also increased, from 11.7% to 15.2%. There was a decrease in the proportion of younger patients. Specifically, encounters with patients aged under 1 year fell from 2.4% to 1.8% of all encounters, those with patients aged 1–4 years fell from 5.7% to 4.1%, and those with 5–14 year olds fell from 7.7% to 5.6%. There was also a significant decrease in the proportion of patients aged 25–44 years (from 26.0% in 1998–99 to 23.3% in 2006–07) There has been a slight but significant trend towards an increase in the proportion of encounters that were with males, although females still accounted for 56% of all GP encounters in 2006–07.

Source: Britt et al. 2008, Beach Survey 2007/08 - General practice series no. 22. The BEACH survey (Bettering the Evaluation and Care of Health) is run by the Australian General Practice Statistics and Classification Centre. From April 2006 to March 2007, 930 GPs provided details for 93,000 patient encounters.

Why do people see a general practitioner?

For every 100 GP–patient encounters, patients presented with an average of 151 reasons for their encounters (RFEs) in 2006–07. The RFEs are the patients' reasons for seeing the doctor, as stated or implied by the patient to the GP. Almost half the patient RFEs were descriptions of symptoms or complaints, about 20% were described in terms of a known diagnosis (for example, 'about my diabetes'), and the balance were requests or need for a service of some type (such as referrals, tests and administrative procedures). About half the RFEs related to the respiratory, musculoskeletal, skin, circulatory or digestive systems.

Table 7.8: GP consultations: 20 most frequent patient reasons for encounter, 2006–07

Patient reason for encounter	Per cent of total RFEs	Per 100 encounters
Check-up	9.7	14.6
Prescription	7.8	11.8
Test results	4.6	6.9
Cough	3.8	5.8
Immunisation/vaccination	2.9	4.3
Throat complaint	2.2	3.3
Back complaint	2.1	3.2
Rash	1.9	2.8
Upper respiratory tract infection	1.6	2.4
Hypertension/high blood pressure	1.4	2.1
Depression	1.3	1.9
Fever	1.2	1.8
Abdominal pain	1.2	1.8
Administrative procedure	1.1	1.6
Headache	1.0	1.6
Skin complaint	0.9	1.4
Ear pain	0.9	1.4
Weakness/tiredness	0.9	1.4
Diarrhoea	0.9	1.3
Knee complaint	0.8	1.3

Source: Britt et al. 2008.

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Between 1998–99 and 2006–07, the rate at which patients present to GPs citing a need to get test results doubled, and requests for prescriptions rose 40%. The rate at which patients gave reasons associated with symptoms such as abdominal pain, headache and ear pain fell by 15–20% over these years.

What problems do GPs manage?

GPs managed an average 1.5 problems at each patient encounter in 2006–07. The number of problems managed increased with age from 118 per 100 encounters among babies (under 1 year) to more than 170 with the elderly (75 years and over). Problems related to the respiratory system, the skin, the cardiovascular system and the musculoskeletal system together accounted for about 60% of all problems managed.

Table 7.9: GP consultations: 20 problems most often managed, 2006–07

Problem managed	Per cent of total problems	Per 100 encounters
Hypertension	6.4	9.6
Check-up	4.4	6.6
Upper respiratory tract infection	3.9	5.8
Immunisation/vaccination	3.2	4.7
Arthritis	2.5	3.7
Diabetes	2.5	3.7
Depression	2.5	3.7
Lipid disorders	2.3	3.5
Back complaint	1.8	2.6
Oesophageal disease	1.5	2.3
Asthma	1.5	2.3
Acute bronchitis/bronchiolitis	1.5	2.2
Prescription	1.5	2.2
Contact dermatitis	1.3	1.9
Anxiety	1.2	1.7
Gastroenteritis	1.1	1.7
Urinary tract infection	1.1	1.6
Sleep disturbance	1.1	1.6
Test results	1.0	1.6
Sprain/strain	1.0	1.5

Source: Britt et al. 2008.

Between 1998–99 and 2006–07, there were statistically significant increases in the management rates of some problems including hypertension, diabetes, lipid disorders and oesophageal disease; and a marginal increase in the management rate of osteoarthritis. Over the same period there was a statistically significant decrease in the management rate of asthma and no significant change in the management rate of depression.

Some acute problems are being managed less often than they were previously. Acute problems less frequently managed in 2006–07 than in 1998–99 include upper respiratory tract infections, acute bronchitis, otitis media, tonsillitis and allergic rhinitis.

How do GPs manage the problems?

GPs have a range of management techniques available to them including use of medications by prescription, direct supply (of some vaccines and product samples), or advice for purchase over-the-counter (OTC); providing advice and counselling; undertaking procedures; referring to other services; and conducting or ordering investigations.

The most common management form was medication (prescribed, GP-supplied, or advised). For an 'average' 100 GP–patient encounters, GPs provided 83 prescriptions, 30 clinical treatments, undertook 15 procedures, made 8 referrals to specialists and 3 to allied health services, and placed 42 pathology test orders and 9 imaging test orders (Table 7.10).

There were 102 medications recorded per 100 encounters, or 68 per 100 problems managed. The vast majority of these (82.1%) were prescribed, one in ten was advised for OTC purchase and 8% were supplied to the patient by the GP. Medications were prescribed at a rate of 83 per 100 encounters or 56 per 100 problems managed, at least one being prescribed for 47% of problems managed. There was a significant decrease in the rate of prescribed medications, from 94 per 100 encounters in 1998–99 to 83 in 2006–07.

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Table 7.10: GP consultations: management activities, 2006–07

Management type	Number per 100 encounters	Number per 100 problems
Medications	101.5	68.4
Prescribed	83.3	56.1
GP-supplied	8.9	6.0
Advised OTC	9.4	6.3
Other treatments	44.7	30.1
Clinical (advice/counsel)	29.5	19.9
Procedures	15.2	10.2
Referrals	12.2	8.2
Specialist	8.0	5.4
Allied health	3.1	2.1
Hospital	0.4	0.3
Emergency department	0.2	0.1
Other medical services	0.1	0.1
Other referral	0.4	0.3
Pathology	42.4	28.6
Imaging	9.0	6.0
Other investigations	1.1	0.7
Total management activities	**210.9**	**142.0**

Source: Britt et al. 2008.

The use of clinical treatments in managing problems rose from 31 per 100 encounters in 1998–99 to 39 per 100 in 2004–05. However, it then fell sharply to 29 per 100 in 2005–06 and remained at that level in 2006–07. This probably reflects recent increasing reliance on practice nurses to undertake some of these clinical activities independently of the GP–patient consultations, and the introduction of MBS items for practice nurse services. GPs are undertaking more procedures, with numbers increasing from 12 per 100 encounters in 1998–99 to 15 in 2006–07. Between 2000–01 and 2006–07, the rate of pathology test ordering increased by 40%, from 30 orders per 100 encounters to 42. There was also a smaller but significant increase in the rate of imaging tests ordered, from 8 per 100 encounters in 2000–01 to 9 in 2006–07.

Source: Australia's Health 2008: Australian Institute of Health and Welfare (AIHW)

General Practice on the Central Coast

The following health indicators on the NSW Central Coast add to the burden and complexity of work for General Practitioners (Source: Chief Health Officers Report 2006):

- The socio-economic status of the Central Coast population is lower than the NSW average. Wyong SEIFA index is 967 and Gosford is 1012.
- Experience poorer health, have higher mortality rates and high rates of behavioural health-risk factors such as smoking and obesity, and have poorer access to GPs, primary care, and diagnostic and specialist health care than the rest of the NSCCH population.
- The majority of the area's Aboriginal and Torres Strait Islander (ATSI) population in the NSCCH catchment reside on the Central Coast. This includes a higher proportion of children and a relatively small proportion of older people.
- Smoking levels amongst Central Coast residents is approximately one in four males and one in five females - twice as high as for Hornsby Ku-ring-gai or North Shore Ryde residents, and well above the NSW average.
- Risk-drinking behaviour amongst residents of NSCCH is above the NSW average particularly amongst young people (15-24 years) and females.
- Increasing prevalence of Mental health and Drug and Alcohol related conditions on the Central Coast
- The burden of chronic disease and avoidable acute conditions is increasing across NSCCH.

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Programs and Services

The Divisions Programs and Services are categorised under 5 main areas of focus:

- **Corporate Governance:** to promote a quality organisation in developing all internal business systems,
- **Integration:** to support continuity of care through programs and services,
- **Access:** to optimise GP access to programs and services,
- **Population Health:** a regional approach to improving Chronic Disease Management, and
- **Quality and Evidence:** to promote evidence based programs and services.

Corporate Governance

Alongside its fiduciary and statutory responsibilities the Board of Directors is also responsible for developing and monitoring progress of its Strategic Plan. To this end, the Board developed the current plan in March 2007; it having a 2-3 year focus.

Of the five key strategic directions progress has been made in each, over and above the meeting of all contract deliverables required by funders during the year. Key progress includes:

- Governance initiatives mentioned through this report
- Systems improvement; quality improvement; policies; risk management
- Stakeholder engagement – politicians, NSCCAHS, OATSI, Eleanor Duncan A.M.S, General Practitioners and their staff
- Integration – Diabetes, Aged Care, ABHI, Chronic and Ongoing Care, Mental Health, headspace project
- Education – sponsored CPD, Training Calendar options
- Communications – newsletters, media, implemented Divisions Information System (DIS)
- Practice Support Program – increased engagement with GPs and their practices; very positive feedback, training, Practice Manager Network, Award winning RCNA Poster

The Strategic Plan is currently under review, with the Board Planning Day held in September 2009, and a new Strategic Plan will be completed in the near future.

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Integration

Acute Post Acute Care

The NSCCH Acute Post Acute Care (APAC) GP shared care service allows GPs accessing the APAC service to "share'' the care of a patient with an acute/post acute condition in their home setting to prevent patients being admitted to hospital unnecessarily. The Program enhances patient care options and opens new avenues for which General Practice can access patient care effectively.

Aged Care

The Aged Care Access Initiative (ACAI) supports primary care service provision in residential aged care facilities. This year the focus was to decision to provide Psychological services for Aged Care residents. Residents moving into institutionalised care can often experience unnecessary distress and a feeling of a loss of independence. This can also cause a sense of grief and loss. Under this program, development to other additional Allied Health services such as Physiotherapy and Exercise Physiologists will also be a service option for residents in the near future.

Antenatal Shared Care

The Antenatal Shared Care program is a joint initiative of NSCCH and the Division. The program aims to provide education and ongoing support for GPs providing pregnancy care by developing evidence based protocols, guidelines and resources; improving knowledge and understanding about antenatal care and services; and improving communication links between GPs and maternity services.

GP Collaboration Unit

The GP Collaboration Unit is a joint partnership between NSCCH and the Division providing effective collaboration between both organisations and local GPs, resulting in a more integrated approach to service delivery. The GP Collaboration Unit aims to promote partnership and establish best practice collaborative programs and activities in the key areas of communication, facilitation and health service planning.

headspace

The headspace initiative aims to change the way mental health services are delivered to young people on the Central Coast, with an emphasis on youth-friendly environments and improved accessibility. headspace is a collaborative partnership between the Division of General Practice and various NSCCH Services including Children's and Young Peoples Mental Health Service, Youth Health, Adult Mental Health, and Alcohol and Other Drugs as well as other relevant stakeholders in the region. Although CCDGP has relinquished its role as the lead agency from 1 July 2009 the Division will remain a consortium member.

Palliative Care

The Palliative Community Care Planning project aims to promote and strengthen General Practitioners in their primary care role to plan and coordinate optimal palliative care in community care settings, and to support the community-based carers' for persons with palliative care needs (including end of life care).

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Access

After Hours

The Bridges After Hours GP Service located at the Erina Community Health Centre continues to provide an After Hours service for patients of General Practitioners in the Central Coast region. The service has been in operation for over 7 years, providing after hours GP access to all members of the community. All GPs on the Central Coast are eligible to participate in the service and new doctors are welcome to join the practice.

Cervical Screening

The Cervical Screening Outreach Clinic was established in March 2004. The aim of the service is to provide an outreach clinic to women in the Wyong Shire for pap smears and breast checks. The service operates out of the Wyong Central Community Health Centre one day per week, with local GPs currently volunteering their time on a rostered sessional basis. The service is 100% bulk billing.

Mental Health – Access to Allied Health Services (ATAPS)

The Access to Allied Psychological Services program has been operating since July 2003. It is designed to provide GPs registered under the BOMH initiative with support from Allied Health Professionals for people with a mental health disorder. The target group is people from a low socio-economic background, who are unable to pay for private counselling services.

The Central Coast Division also targeted patients at risk of Suicide/Self harm - one of three pilot sites in NSW. The ATAPS program also extended its service to patients with Peri-natal Depression.

Mental Health GP Liaison and Shared Care

The Mental Health project aims to improve the quality of care for people with Mental Illness on the Central Coast. The program involves two services, a GP Liaison Officer and a Shared Care program. The GP Liaison Officer provides information and support to GPs in response to GP enquiries. The Shared Care program aims to improve the continuity of care for current Mental Health clients which involve face-to-face collaboration between the GP Liaison Officer, the client and the GP to formulate a care/relapse management plan.

Workforce

GP Workforce issues remain one the major challenges faced by the Central Coast region. The Division supports general practices in identifying opportunities for accessing workforce initiatives such as District of Workforce shortage and Area of Need programs. The Division plays a direct role in promoting recruitment at the practice level and advocating at higher levels for workforce initiatives that enhance recruitment.

Locums

The Division also supports our practices in identifying and promoting GP Locums. The Division liaises with GP locums and determines their conditions and scope of availability ensuring sufficient information is provided to interested practices.

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Population Health

Chronic Disease Management

The Chronic Disease Management program focuses on increasing support to GPs and promoting chronic disease clinical pathways and appropriate referral mechanisms. It aims to benefit both GPs and patients to improve quality of life for people with chronic disease and their carers, promote self-management and prevention activities.

Diabetes

The Central Coast Diabetes Program is a joint initiative of the Division and the NSCCH Diabetes education centre. The aim of the program is to implement best practice guidelines for the management of Diabetes in General Practice which benefits both GPs and patients. The target group for the program is people with Diabetes Type 2. General Practice-based mini clinics are held in which the Division co-ordinates a Diabetes Educator / Nurse, who conducts a comprehensive diabetes assessment for each patient, as well as providing one-on-one patient support and guidance in collaboration with the GP.

Respiratory Watch

Respiratory Watch provides information and education for GPs, Practice Nurses, Pharmacists and members of the community. Through the education process the project strives to encourage health professionals to increase the number of written asthma action plans and COPD intiatives.

Integration

The Division's ABHI integration project is a joint project between the GP Network Northside (GPNN) - lead agency, the Central Coast Division of General Practice and the Northern Sydney Division of General Practice. The project aims to improve the management of patients with chronic illness, reduce avoidable hospital admissions and, where patients are admitted to hospital, ensure that the treatment provided is consistent with that patients existing primary health care plan.

Lifestyle

The Central Coast Lifestyle Program assists GPs and PNs to provide Lifestyle Management for patients with existing chronic disease and those at high risk of developing chronic disease, maximising current MBS Item number frameworks. The program will also provide a list of integrated referral pathways covering the variety of physical activity programs available for community to general practice

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Quality and Evidence

Home Medication Review

The Home Medication Review (HMR) program is a collaborative initiative between the Australian Divisions of General Practice and the Pharmacy Guild of Australia, funded through the Commonwealth Department of Health and Ageing. The program involves a Medication Management Review (MMR) Facilitator to inform, facilitate and support GPs, pharmacists, practice staff, other health professionals and patients in the HMR process. The aim of the program is to maximize an individual patient's benefit from their medication regimen and prevent medication related problems through a team approach.

Practice Support Program

The goal of the practice support program is to build the capacity of general practice and encourage ongoing improvements through support to GPs, practice staff and practice nurses. The program also facilitates the provision of a wide range of opportunities for GPs and practice staff to continue their education through workshops, clinical audits, clinical attachments, GP Forums and GP Groups.

There are four main focus areas within Practice Support:

Practice Nursing and Immunisation

This program covers nurse employment, education funding opportunities and capacity building of nurses in general practice. The Immunisation program is a joint initiative of the Division and NSCCH that provides support and resources to assist GPs and nurses in their efforts to deliver immunisation services to their patients.

Information Management

This program assists GPs in improving the collection of clinical notes in the practice systems, efficient use of patient recalls and reporting, utilisation of the Government initiative 'Broadband for Health', the development of software templates as tools for general practice and the use of secure electronic communication through Central Reports.

Practice Management and Accreditation

This program provides support, information and education to GPs and practice staff on all aspects related to general practice covering topics such as Business Management, Accreditation, EPC and Chronic Disease Management and sterilisation.

General Practice Support

This program covers development and training within and for general practice providing CPD educational activities and networking opportunities. The GP locum service delivers information and access to GPs available for locum support.

Quality Prescribing Program

The Division's Quality Prescribing Program (QPP) service has been conducted successfully in partnership with the National Prescribing Service (NPS) for the past 9 years. The service aims to provide GPs with independent, up-to-date, evidence based information on selected therapeutic topics. This program aims to promote appropriate, safe and cost effective prescribing by GPs; improve health outcomes for the community by providing GPs with independent and up-to-date information on drug therapeutics and improve communication between local pharmacists and GPs. Participation by GPs is remunerated under the Practice Incentive Program (PIP) scheme.

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Treasurer's Report

It is with great pleasure that I present my second Treasurer's Report for CCDGP. Once again, the group has had a good year financially, despite global economic difficulties.

Quality improvement and good outcome processes under ISO 9001 were ratified by a surveillance audit in 2009. The audit, conducted by SAI Global, identified that the organisation works diligently to incorporate industry best practice and is committed to the quality process. Our Auditors, LBW & Partners, also made comment that our internal control systems were robust and operating effectively.

The Bridges After Hours Services Limited subsidiary continued towards long term viability, increasing activity and providing a valued service to the community. The company is almost self sustaining after 7 years and is no longer solely reliant on grant funding and the parent company to maintain viability.

Table 1 shows the sources of income for our consolidated group, with Table 2 indicating our major expenditure categories. Consistent with last year, the Commonwealth Department of Health and Ageing remains our main source of funding, with headspace the second largest contributor. As mentioned in the accounts, the Board of CCDGP has taken the decision not to continue as the Lead Agency for headspace and the impact on funding by taking this action will be minimal.

I would also like to point out, that as can be seen in Table 2, our staff are the core of our business and the success we have enjoyed over the years would not have been possible without their dedication and drive.

Table 1: Income By Funding Source

Source	Amount	%
Commonwealth Department of Health and Ageing	$1,994,592	50%
headspace	$782,099	19%
National Prescribing Service	$109,321	3%
Other	$1,129,840	28%
Total	$4,015,852	100%

Table 2: Expenditure by Category

Source	Amount	%
Staff Salaries and On-Costs	$2,297,848	57%
GP Payments	$228,128	6%
Program Costs	$760,002	19%
Other Costs	$737,372	18%
Total	$4,023,350	100%

Financial risk management and statutory compliance for the group was carried out via the Finance, Audit and Risk Committee which consists of both Board members and staff.

I wish to thank all of our funders and sponsors, our external Auditors - LBW and Partners, our members, staff and associates for their continued support and look forward to working with you all again in the coming year.

Peter Coomber
Treasurer

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Consolidated Financial Summary

The following statements form a consolidated summary of the Central Coast Division of General Practice Limited, The Bridges GP After Hours Services Limited and North Wyong Primary Health Care Network Limited. A complete set of financial statements and independent audit reports for the consolidated and individual entities are available to Division members on request.

Income Statement for year ended 30 June 2009

	Consolidated		Parent	
	2009	2008	2009	2008
	$	$	$	$
Revenue	3,911,758	3,883,996	3,350,530	2,748,995
Other income	104,094	116,622	89,540	99,921
Employee benefits expense	(2,297,848)	(2,357,966)	(1,923,918)	(1,550,276)
Depreciation, amortisation and impairments	(35,053)	(74,689)	(28,197)	(33,071)
Allied Health	(470,392)	(544,143)	(470,392)	(525,677)
Insurance	(31,177)	(29,173)	(11,650)	(10,499)
CCH staff secondment	(195,918)	(167,514)	(195,918)	(167,514)
General practitioners	(112,098)	(100,787)	-	-
Rent	(86,779)	(76,587)	(81,632)	(71,448)
GP Consultants	(116,030)	(75,355)	(116,030)	(75,355)
Medical supplies	(11,762)	(19,850)	-	-
Telephone	(32,716)	(28,321)	(25,026)	(21,419)
Postage, printing & stationery	(68,280)	(58,100)	(66,599)	(49,343)
Subscriptions	(8,688)	(5,567)	(8,038)	(5,007)
Other operating expenses	(556,609)	(495,569)	(471,955)	(286,997)
(Loss)/Surplus before income tax	(7,498)	(33,003)	40,715	52,310
Income tax expense	-	-	-	-
(Loss)/Surplus for the year	(7,498)	(33,003)	40,715	52,310

Balance Sheet for year ended 30 June 2009

	Consolidated		Parent	
	2009	2008	2009	2008
	$	$	$	$
ASSETS				
Current assets				
Cash and cash equivalents	1,816,165	2,175,494	1,750,209	2,051,758
Trade and other receivables	739,044	247,013	725,828	243,909
Other assets	30,274	28,122	24,841	21,604
Total current assets	2,585,483	2,450,629	2,500,878	2,317,271
Non-current assets				
Property, plant and equipment	135,631	67,888	130,467	45,430
Total non-current assets	135,631	67,888	130,467	45,430
TOTAL ASSETS	2,721,114	2,518,517	2,631,345	2,362,701
LIABILITIES				
Current liabilities				
Trade and other payables	256,205	281,632	392,049	454,339
Short-term provisions	229,649	325,037	227,626	304,795
Other Liabilities	1,450,695	1,120,523	1,437,172	1,070,522
Total current liabilities	1,936,549	1,727,192	2,056,847	1,829,656
Non-current liabilities				
Other long-term provisions	19,885	19,147	19,885	19,147
Total non-current liabilities	19,885	19,147	19,885	19,147
TOTAL LIABILITIES	1,956,434	1,746,339	2,076,732	1,848,803
NET ASSETS	764,680	772,178	554,613	513,898
EQUITY				
Retained earnings	764,680	772,178	554,613	513,898
TOTAL EQUITY	764,680	772,178	554,613	513,898

Statement of Recognised Income and Expense
for the year ended 30 June 2009

	Consolidated	
	Retained Earnings	Total
	$	$
Balance at 1 July 2007	805,181	805,181
Operating surplus/(loss) for the year	(33,003)	(33,003)
Balance at 30 June 2008	772,178	772,178
Operating surplus/(loss) for the year	(7,498)	(7,498)
Balance at 30 June 2009	764,680	(7,498)

	Parent	
	Retained Earnings	Total
	$	$
Balance at 1 July 2007	461,588	461,588
Operating surplus/(loss) for the year	52,310	52,310
Balance at 30 June 2008	513,898	513,898
Operating surplus/(loss) for the year	40,715	40,715
Balance at 30 June 2009	554,613	40,715

Cash Flow Statement for the year ended 30 June 2009

	Consolidated		Parent	
	2009	2008	2009	2008
	$	$	$	$
Cash from operating activities:				
Receipts from customers	3,737,229	4,650,423	3,235,261	3,509,658
Payments to suppliers and employees	(4,110,526)	(3,960,008)	(3,513,116)	(2,778,350)
Interest received	104,094	116,622	89,540	99,921
Net cash provided by (used in) operating activities	(269,203)	807,037	(188,315)	831,229
Cash flows from investing activities:				
Proceeds from disposal of property, plant and equipment	30,004	-	-	-
Purchase of property, plant and equipment	(120,130)	(45,199)	(113,234)	(42,349)
Loans from related parties	-	-	-	230,000
Net cash provided by (used in) investing activities	(90,126)	(45,199)	(113,234)	187,651
Net increase (decrease) in cash held	(359,329)	761,838	(301,549)	1,018,880
Cash at beginning of financial year	2,175,494	1,413,656	2,051,758	1,032,878
Cash at end of financial year	1,816,165	2,175,494	1,750,209	2,051,758

Acknowledgements

The Central Coast Division of General Practice would like to thank all the Division staff, GPs and practice staff for their contribution to the Division's Programs and Services.

We would also like to thank the many local service providers and stakeholders (including contract providers to the Division) who provide valuable support to General Practitioners and their patients.

The following Organisations are also recognised for their ongoing contribution and support throughout 2008/2009.

Funders

- Australian General Practice Network
- Cancer Institute NSW
- Department of Health and Ageing (Federal)
- GP Network Northside
- GP NSW
- National Prescribing Service
- headspace National
- Northern Sydney Central Coast Area Health Service
- The Pharmacy Guild of Australia

Additional Partners

- MedNetwork Systems
- Eleanor Duncan Aboriginal Medical Centre
- Mingaletta Aboriginal & Torres Strait Islander Corporation
- Wyong Shire Council

Sponsors

- Bayer Australia
- Coast Ultrasound
- CSL Biotherapies
- Davies Campbell de Lambert
- Douglass Hanly Moir Pathology (also AGM sponsors)
- Glass Dome Coffee House
- Glaxo Smith Kline
- Janssen-Cilag
- MedTronic Australasia
- National Asthma Council
- Nestle
- Smith and Nephew
- Wea Hunter