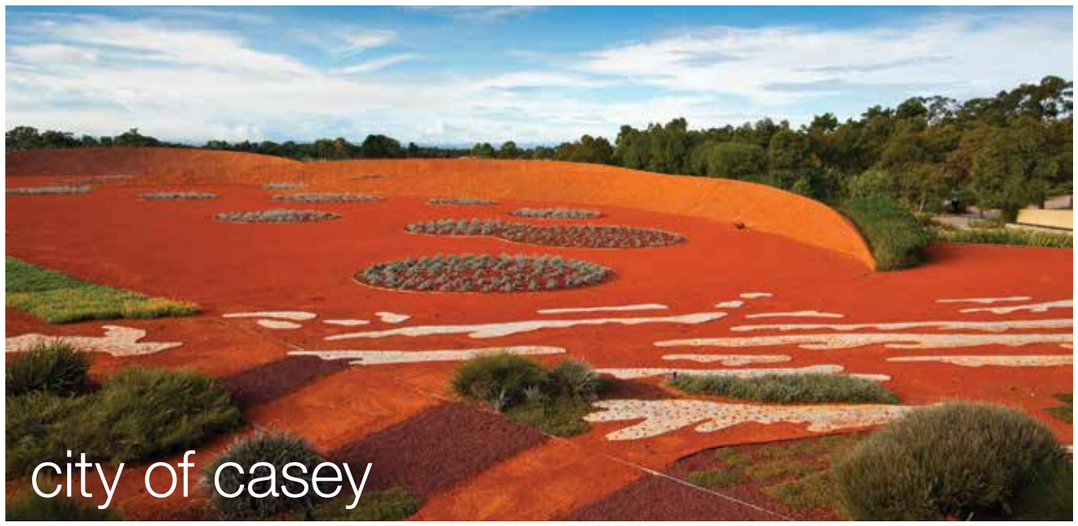
annual report 2014

...a shared commitment.

medicare local
SOUTH EASTERN MELBOURNE
Connecting health to meet local needs



contents

about us

We are one of 61 Medicare Locals who have been established by the Australian Government to coordinate primary health care delivery, address local health needs and fill identified service delivery gaps.

The Commonwealth has set five strategic objectives by which all Medicare Locals have to achieve within their allocated catchment. Through on the ground engagement, we strive to be the lead coordinating organisation for primary health care in south eastern Melbourne as guided by the five strategic objectives:

Strategic Objective 1

Improve the patient journey through developing integrated and coordinated services.

Strategic Objective 2

Provide support to clinicians and service providers to improve patient care.

Strategic Objective 3

Identify the health needs of local areas and develop locally focused and responsive services.

Strategic Objective 4

Facilitate the implementation and successful performance of primary health care initiatives and programs.

Strategic Objective 5

Be efficient and accountable with strong governance and effective management.

We aim to partner locally with all primary health care providers; supporting them to connect and share information they need to responsively and effectively treat and manage individual patient's conditions. This coordinated approach helps to reduce the duplication of services and improve the quality and safety of health care delivery.

As a not for profit organisation, we connect with general practices, hospitals and health services, mental health services, allied health professionals, local and state government, the education sector, workforce agencies, and community groups.

We work closely with each community in our catchment to build partnerships that will improve the health and wellbeing of the local population with the aim of keeping people well and out of hospital.

vision

Our vision is for integrated primary health care that enables our diverse community to achieve optimal health and wellbeing.

...a shared commitment.

values

workforce

full time

51%

part time

44%

casual

5%

our board

The South Eastern Melbourne Medicare Local board is a skills-based board and is comprised of nine directors. The directors collectively have the skills (industry and professional), knowledge and experience to effectively govern the organisation.

Dr Hung The Nguyen, Dr Nicholas Demediuk, Mr Martin Wischer, Dr Sally McDonald

Dr Brett Ogilvie, Professor Helen Keleher, Mr Alex Johnstone, Mr David Cowlishaw (Absent: Peter Waters)

our executive team

Anne Peek
Chief Executive Officer

Greg Young
Director Stakeholder Engagement & Workforce Development

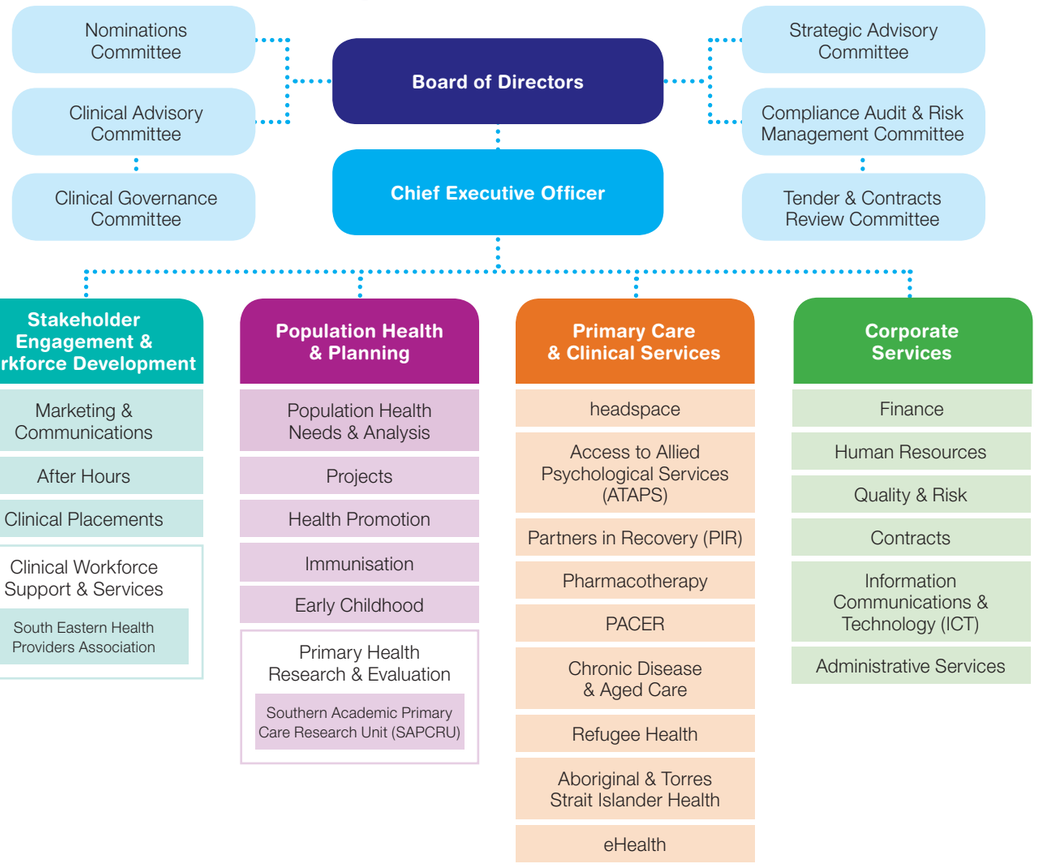
Mary Mathews
Director Population, Health & Planning

Christine Crosbie
Director Primary Care & Clinical Services

Jeff Pearse
Director Corporate Services

Debra Allen
Director Finance

organisational structure



our catchment

The geographic area of South Eastern Melbourne Medicare Local covers over 1,820 square kilometres and has an estimated population of over 475,000. The population is projected to increase rapidly, reaching 663,615 by 2026.

The catchment includes three Local Government Areas (LGAs) of City of Greater Dandenong, City of Casey and Shire of Cardinia – each with distinctive demographic and socio-economic characteristics:

- Greater Dandenong is Victoria's most culturally diverse LGA as well as being its most disadvantaged. It has one of the largest settlements of migrants and refugees in Australia.
- Casey is expected to grow significantly over the next 20 years. The city has a relatively young age distribution and high levels of cultural diversity.
- Cardinia is the largest, most rural and sparsely populated of our 3 LGAs meaning the population experiences geographic challenges accessing health services. Cardinia also has a young age distribution and high projected growth.

City of Casey	260,404
City of Greater Dandenong	142,591
Shire of Cardinia	75,573
Total Population	**475,568**

population

0.6% indigenous population

40.6% 193,105 people were born overseas

49.0% low socio-economic status

37.5% speak a language other than English at home

English	63.52%	Arabic	1.49%	Dari	1.24%
Vietnamese	3.59%	Punjabi	1.42%	Spanish	1.13%
Sinhalese	2.05%	Greek	1.36%	Serbian	1.12%
Khmer	1.73%	Cantonese	1.35%	Tamil	0.98%
Mandarin	1.49%	Italian	1.32%	Other	10.73%

chronic disease risk factors

15% adult daily smokers

39% aged 15+ who do not meet physical activity guidelines

60% persons overweight or obese

52% don't meet fruit and vegetable guidelines

numbers

3 local government areas

2 emergency departments

~550 private allied health providers

148 general practices

48% of general practices have a practice nurse

615 general practitioners

40% of general practitioners speak a language other than English

89% of general practitioner attendances are bulk billed

44 aged care facilities

73 pharmacies

1 Aboriginal health service

engaging our community

Small Grants Program

Following on from the success of the 2013 SEMML small grants program, the program continued in 2014 to support and acknowledge the significant contribution made by local community groups and health providers in improving the health of south eastern Melbourne residents into 2014.

The small grants program aimed to:

- foster and encourage innovation in the delivery of health promotion and prevention at a community level,
- use and develop the capacity, knowledge, networks, and skills in the community to deliver local health promotion and prevention initiatives,
- support and build on the work already done by local community services, and
- raise awareness of local health promotion and prevention needs and issues at a community level.

Totalling around $170,000 the grants support 12 not-for-profit organisations in community based health promotion and prevention projects. Local schools, community organisations and health services are among the diverse range of successful organisations that share the funding. These innovative projects assist in addressing the needs of some of the most vulnerable members of our community. Through health promotion activities the community itself is taking action in partnership with SEMML to improve overall health and wellbeing.

Greg Young promoting after hours services

Small Grants recipients

Organisation	Project name
City of Greater Dandenong	Family Health Services at Playgroup
Avocare Ltd	Food For Everybody
Emerald Centre for Hope and Outreach Inc	‘Ready2Go’ Heatwave and Emergency Relocation Project
TaskForce Community Agency	Preserving for Life
Richmond Football Club	Tiger PAW in the South East
City of Casey	CALD and newly arrived residents immunisation pack
Cardinia Shire Council	Preventing Violence against Women in Cardinia Shire
The United Vietnamese Buddhist Congregation of South Eastern Melbourne	Cultivating Wellbeing in the Vietnamese Community
Noble Park English Language School	FEAST Project (Friends Eating and Sharing Together)
Eelam Tamil Association Victorian Inc	Prevention of Suicide and Self-harm Project (PSSP)
Self Help Addiction Resource Centre Inc	Expansion and development of the Cranbourne Family Drug Help peer support group
Koo Wee Rup Regional Health Service	Women Living Well in Koo Wee Rup

Community Engagement

SEMML is committed to community participation in the planning, delivery and evaluation of our programs within our local communities.

A variety of activities and events were scheduled throughout the year, these included but were not limited to hosting a:

- two day site at the Dandenong Show in November 2013
- two day site at the Berwick Show in Feb 2014
- one day site at the Pakenham Show in March 2014

The SEMML team handed out free SEMML show bags containing after hours health care information, eHealth and headspace material.

Over the 5 full days the SEMML team were committed to:

- learning more about our communities
- promoting and signing up show goers for an eHealth record
- promoting headspace Dandenong services
- increasing the awareness of local after hours health care services
- providing information on other local health service information

Key health weeks such as National Diabetes Week, World Immunisation Week and World No Tobacco Day were celebrated and the SEMML team were out and about in the community providing key health information.

Health Literacy

SEMML recognises the impact of low health literacy on health outcomes and is committed to addressing the health literacy barriers of clients and our communities. SEMML is also committed to creating and maintaining an organisational environment that supports staff to develop and enhance their health literacy skills in order to empower clients and community members to improve their health. Health literacy is now one of SEMML’s top priorities and we have embedded policies and procedures to ensure that all communication materials are compatible with health literacy principles and promote clear messages in an appropriate language and format.

Key advisory groups continue to support SEMML in ensuring that the community engagement strategy is relevant to the needs of our community and that the communication materials are presented in a way that would engage the community.

Left to right: Anne Nunan, Nick Teo, Thalia Chiotelis and Vicki Baddeley

Community Participation Group

South Eastern Melbourne Medicare Local

- Anne Peek, Greg Young, Krystal Hall

Community members

- John Collingwood, Shirley Constantine, Thelma Da Silva, Rachael Flanagan, Kim Hasan, Sera Heras, Dani Rothwell

Youth Advisory Group

- Abdullah Barati, Asghar Karimi, Clare Amos, Dani Rothwell, Dievdonne Hargirimana, Grace Vittor, Jake Downward, Jessica Pham, Kristel Krella, Larisa Terauds, Laura De Losa, Loren Bertoncello, Madison Moore, Matt Spencer, Matthew King, Samuel Dzungavira, Sanduni Madawala, Sarah Ardiente, Sofar Didier, Taylor Bekkers, Yi-En Quek

from the Chair and CEO

Dr Nicholas Demediuk Chair **Anne Peek Chief Executive Officer**

South Eastern Melbourne Medicare Local (SEMML) has continued to operate in a dynamic and fast changing policy environment throughout 2013/14. Despite uncertainty, we have maintained adherence to our vision and guiding principles with a strong focus on improving health outcomes for our community.

2013/14 has been a year of consolidation together with rapid growth. So much has been achieved. Our approach has been, and will continue to be, one of partnering, supporting, identifying opportunities and focusing on achievement of the best health and wellbeing outcomes for our diverse communities.

The release of the Federal Government's budget in May leads to significant changes for primary care in Australia. The 61 Medicare Locals will be replaced by Primary Healthcare Networks taking effect from July 2015. While we recognise the changes that are upon us, there is an unwavering commitment from the board, management and staff to continue and build on the work we have commenced. The difficult issues in health care continue and need to be addressed in a collaborative and enabling way. We have every intention of being part of the future to ensure this is achieved.

2013/14 has been a year of consolidation together with rapid growth. So much has been achieved. Our approach has been, and will continue to be, one of partnering, supporting, identifying opportunities and focusing on achievement of the best health and wellbeing outcomes for our diverse communities. You will see throughout this report many outstanding achievements. By no means exclusive, the following are examples of how and why SEMML has become embedded as a valued member of the health care sector and the community in general:

- A diverse range of partnerships that provide services and programs such as integrated health care pathways for refugees and asylum seekers settling in our region; a partnership with the police and Monash Health that provides a mental health response in the community rather than a client being transported to an emergency department for assessment and support; development of a chronic disease pathway with Monash Health specifically addressing diabetes, chronic kidney disease and hepatitis b; a partnership with local governments to enhance population health planning, as well as to identify and tackle common issues such as health literacy.
- Our 'fair broker' role supporting service providers as the lead agency of headspace Dandenong, headspace Narre Warren, secada – South Eastern Consortium of Alcohol and Drug Agencies and South Eastern Melbourne Partners in Recovery.
- Work with the Afghan community to improve understanding of health and our complex health care system, as well as facilitate access and navigation of health and social care services; a clear demonstration of the importance of community engagement.
- A high level of engagement from general practice, allied health and other service providers.
- A clinical leadership program building capacity and future leaders in general practice and allied health; recognising the need to support our current workforce and develop and nurture our future health workforce.
- The values and culture of SEMML as demonstrated in the benchmarking survey 'Best Practice Australia' showing a culture of success with 88% staff engaged and agreeing SEMML is 'a truly great place to work!' Our team is comprised of highly skilled and much valued staff at all levels of the organisation.
- A highly dedicated and skilled board with a strong governance structure involving committees and advisory groups that build capacity and enable effective oversight, accountability, strategy and policy.

To our many stakeholders, including general practitioners and other service providers, partnering organisations, and members of the community, thank you for playing an active role in all the work we do and providing ongoing support and encouragement.

Finally we acknowledge and thank the board and staff for a year that brought with it many challenges. Their commitment and loyalty are outstanding. With challenge comes opportunity and we confidently look to the future to further strengthen primary care and continued services to our local community.

Dr Nicholas Demediuk
Chair

Anne Peek
Chief Executive Officer

our members

South Eastern Melbourne Medicare Local (SEMML) has partnerships and effective working relationships with various organisations in the region. We work collaboratively to meet the needs of the local community and to ensure that people receive the right care, in the right place, at the right time.

We are grateful to our company members and key stakeholder members for the ongoing contribution to the success of our organisation.

Company Members

Company Membership of SEMML is limited to invitation determined by the board and incurs no cost. Our company members represent key sectors in our community and have a substantial interest or involvement in the provision of primary health care within the Greater Dandenong, Casey and Cardinia catchment.

- South Eastern Health Providers Association
- Dandenong and District Aborigines Cooperative Ltd.
- Ermha Inc.
- Koo Wee Rup Regional Health Service
- Royal District Nursing Service
- Southern Migrant and Refugee Centre
- Monash Health
- Monash University
- Mission Australia
- St John of God Healthcare

Representatives from our Company Member organisations are appointed to the Strategic Advisory Committee (SAC). Membership of the SAC also allows for ex-officio representatives from: our three Local Government Areas, City of Greater Dandenong, City of Casey and Shire of Cardina; Victoria Police; Southern Metropolitan Region Department of Health; Blairlogie Living and Learning Inc. and The Valley Private Hospital.

Key Stakeholder Members

Nineteen key stakeholder member organisations' have joined SEMML.

- Arthritis Victoria
- Australian Locum Medical Service
- Australian Multicultural Community Services Inc.
- Australian Practice Nurses Association
- Belvedere Aged Care
- Cancer Council Victoria
- Capital Radiology
- Care Connect
- Heart Foundation
- Heartscope Ltd.
- Leading Nutrition
- Mental Illness Fellowship Victoria
- Mind Australia – South/East/Gippsland
- MonashLink Community Health Service
- South East Palliative Care
- Southern Melbourne Integrated Cancer Service
- St John of God Pinelodge Clinic
- WAYSS Limited
- YSAS Dandenong

after hours

Mark Caldwell After Hours Program Manager

Building upon the success of last year's after hours program, SEMML continued the implementation of various strategies to increase access to after hours primary care services for the community.

SEMML contracted 104 accredited general practices to remain open in the after hours period and distributed over $1.34M in incentive funds to assist in the provision of this access. The Australian Locum Medical Service maintained the extended provision of services to the outer parts of the SEMML catchment, with a particular focus on the Koo Wee Rup and Emerald regions.

The Refugee Liaison Nurse at Dandenong Hospital Emergency Department saw 946 clients over the past 12 months, 57% of patients presenting within business hours and 43% presenting during the after hours period. 58% of patients were referred onwards to another service, with primary care, mental health, maternity and other community services being the most common.

This year saw the expansion of the after hours portfolio to now include the PACER program and the Mobile X-ray service.

PACER (Police, Ambulance and Clinical Early Response)

PACER has been rolled out throughout the SEMML catchment in partnership with Monash Health and Victoria Police. PACER places a Mental Health Nurse from the Monash Health CATT, with an on-duty police officer. This allows for an appropriate response to circumstance involving mental health concerns to be provided in an immediate way. PACER aims to reduce unnecessary presentations at the Emergency Department (ED), as well as police time spent with clients that could be better managed in the community.

Since its commencement in November 2013, PACER has attended to 737 clients. Of these clients, 65% threatened suicide or self-harm and the majority were seen in the City of Casey. Only 24% of clients were taken to the hospital or the ED which has resulted in considerable time and financial savings for both the ED and the police. 76% of clients were managed in the community and, if needed, were referred to community based services with no requirement to be taken to the ED.

Mobile X-ray Service

SEMML has funded the Mobile X-ray service in an attempt to reduce unnecessary transfers from Residential Aged Care Facilities (RACFs). This funding included enabling Aged Care Imaging to extend their services into the SEMML catchment and provide imaging services at no cost to the client or the facility. Since the commencement of this service in March 2014, Aged Care Imaging provided a total of 75 X-rays to residents of 18 different RACFs.

After Hours Steering Committee and After Hours Working Group

South Eastern Melbourne Medicare Local

- Anne Peek
- Greg Young
- Rose Griffiths
- Mark Caldwell

General Practice

- Dr Nick Demediuk
- Joe Van Spaandonk
- Jennie Gysberts
- Dr Leon Shapero
- Dr Catherine Jeffery
- Dr Anna Dowling
- Dr Fouad Dawood

Southern Academic Primary Care Research Unit

- Prof Grant Russell
- Nilakshi Gunatillaka

South Eastern Health Providers Association

- Mary Saunders
- Christine Prendergast

Monash Health

- George Osman

clinical leadership

Greg Young Director Stakeholder Engagement and Workforce Development

SEMML's Clinical Leadership Development Program was derived from a larger workforce strategy to support and develop the clinical workforce in the SEMML catchment. SEMML recognises the contribution of the current group of clinical leaders, of which there are 40, actively involved with SEMML's activities and programs.

The aim of the clinical leadership program was to develop 'beacon' practices that will be the active voice, the early adopters, the mentors and leaders and the training and teaching practices. The program was about:

- providing a leadership learning program for identified clinical leaders that work within general practice and allied health;
- improving and building capacity for clinical placements across the catchment; and,
- supporting practices to build capability and capacity to meet future demands

SEMML was committed to the program so as to:

- prepare and build a future workforce,
- build a strong and vibrant workforce, and
- to ensure the south east is seen as the preferred catchment for employment

The program design involved 3 components and 10 multidisciplinary private practices and clinics in the SEMML catchment:

- 7 general practices
- 1 chiropractic clinic
- 1 physiotherapy clinic
- 1 psychology clinic

Component 1:

Business Development

The program included a business development component provided by Medical Business Network. This involved one on one consultancy and support to practices and clinics where Medical Business Network:

- Observed how the practice or clinic functioned
- Provided recommendations for improvement and change leading to increased operational and financial efficiency
- Developed of a 12 month business plan
- Supported the implementation of business plan over a 10 month period

Component 2:

Leadership Development

The leadership development component was provided by Tracey Ezard and included a 30 hour program to up-skill clinical staff and the practice manager to build emotional and learning intelligence and drive transformation through planning change with a strategic team approach. This included:

- 30 hours leadership training over 5 sessions
- Topics included: leading change, emotional intelligence, difficult conversations, culture and people styles
- Participants gained valuable knowledge and practical skills to use day to day as well as positioning themselves as leaders in their chosen profession

Component 3:

Best Practise Clinical Placements - Clinical Co-ordinator SEMML

The best practise clinical placements component was led by SEMML's clinical coordinator and involved:

- Working with existing practices offering placements
- Working with practices who are interested in offering placements
- Identifying the current barriers and enablers for delivering and supporting clinical placements, and
- Identify opportunities for expanding clinical placements.

SEMML employed a clinical placement co-ordinator to play a key role in supporting practices to work toward or further enhance best practise clinical placements.

Feedback from a participant

"I have been around a while and have attended a few leadership courses. I feared that this might be more of the same, but attended the first session knowing I still had a lot to learn. I am now looking forward to the remaining sessions. This gnarly old 'super doc' is really enjoying and valuing what I am learning." GP

clinical workforce support services

Mary Saunders and Stephanie Axton Clinical Workforce Support Managers

The Clinical Workforce Support Program has delivered an expanded range of support services for primary health care providers, and has worked closely with all SEMML programs to meet the needs of general practices and allied health in the South Eastern Melbourne Medicare Local catchment.

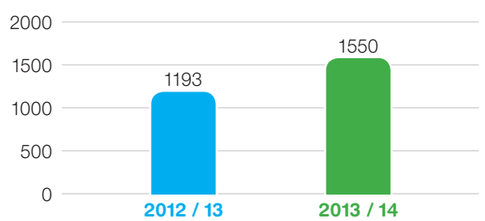
The services provided include:

- Delivering education and training for primary health care providers and their staff.
- Facilitating networking opportunities and communication between health care providers.
- Providing support and resources to address issues relevant to primary health care providers including accreditation and information management support.
- Consolidating multiple lines of communication – website updated regularly; weekly electronic newsletter and monthly newsletter.

Highlights and successes for 2013/14

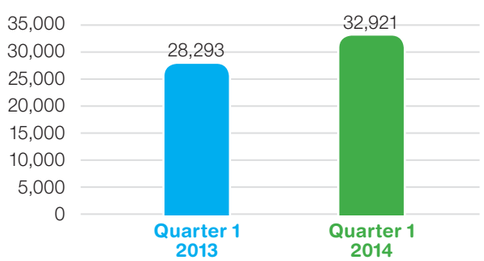
- Increase in the number of education and training events, including both Category 1 and 2 activities for GPs. These events covered clinical and non-clinical topics to address the needs of all local primary health care providers and their staff. A total of 68 events went held in 2013/14. Participation in education and training events increased to 1,550 attendances in 2013/14 (a 29.9% increase compared to 2012/13). The number of allied health providers attending education events has increased steadily in 2013/14.

Event attendances



- Introduction of small group education and training initiatives that broaden the program's reach and increase opportunities for sharing of knowledge and experiences between practices and providers. Topics have included care planning, health assessments, practice incentive payments, accreditation.
- Ongoing role-specific practice nurse and practice manager meetings held quarterly.
- Over 90% of the 148 general practices in SEMML's catchment received one or more support services through the Clinical Workforce Support Program in 2013/14. 87.2% of practices received onsite practice visits covering areas such as quality improvement activities, use of Medicare items and Practice Incentive Payments to improve care for patients with chronic disease.
- A comparison of Medicare data for the SEMML catchment for the First Quarter in 2013 and in 2014 indicates:
  - 27.5% increase in the number of diabetes cycle of care items claimed
  - 10.5% increase in the number of asthma cycle of care items claimed
  - 16.4% increase in uptake of care planning Medicare items to support management of patients with chronic disease
  - 26.5% increase in the number of practice nurse items claimed for monitoring and support of patients with chronic disease
  - 20.1% increase in the number of health assessments undertaken enabling earlier identification and prevention of chronic disease.

Increase in care planning Medicare items claimed



- The number of general practices registered for accreditation increased in 2013/14. A proactive model for providing support activities at milestones in the lead up to accreditation was implemented to assist in integrating accreditation as a core activity for practices. 77 practices received support and resources to assist with accreditation in 2013/14. Of those, 56 received one or more on-site practice visits.
- Increased participation in the Practice Information Management Support Program. 79 practices are now utilising the PEN data extraction tool to identify and implement quality improvement activities. Participating practices are also provided with aggregated de-identified practice data for benchmarking purposes (12.9% increase in practice participation in 2013/14).

Participation in education and training events increased to 1,550 attendances in 2013/14 (a 29.9% increase compared to 2012/13). The number of allied health providers attending education events has increased steadily in 2013/14.

Clinical Workforce Support Team (from left to right): Tanya Heaney – Voogt, Mary Saunders, Christine Prendergast, Stephanie Axton, Laura Creaton and Alex Heaney. Absent: Annemarie Zamudio

population health & planning

Mary Mathews Director Population Health and Planning

During 2013/14, SEMML successfully completed a Comprehensive Needs Assessment (CNA), to help inform the development of locally focused and responsive primary health care services for our region.

The broad objectives of the CNA were to:

- Assess the health status of the population and identify the key health issues and needs;
- Identify the population groups or localities most affected and/or health inequities present;
- Review the current capacity, gaps and opportunities within the primary health care system, and;
- Consider the evidence around strategies to address the identified needs.

The Strategic Advisory Committee (SAC) had oversight of the health needs assessment process and, on the basis of the findings, recommended priorities for implementation to the SEMML board.

This task was assisted by our Population Health Working Group, which was convened to provide advice and guidance on the scope of the needs assessment, data collection and analysis, community and stakeholder consultation and criteria for priority setting.

The Strategic Advisory Committee (SAC) had oversight of the health needs assessment process and, on the basis of the findings, recommended priorities for implementation to the SEMML board. As a result, strategies to address the following priorities were included in SEMML's 2014/15 Annual Plan:

- After hours primary health care
- Aged care
- Chronic disease management
- Clinical workforce support
- eHealth
- Immunisation
- Maternal health and early childhood development
- Mental health
- Persistent (chronic) pain
- Refugee and asylum seeker health

Population Health Working Group

South Eastern Melbourne Medicare Local

- Mary Mathews
- Louise Richardson
- Sharron Anderson
- Jill Kelly

City of Greater Dandenong

- Emma Bruce
- Rachael Duncombe

City of Casey

- Lisa Innes

Shire of Cardinia

- Georgia Davies-Jackson

South Eastern Health Providers Association

- Mary Saunders

Royal District Nursing Service

- Karen Atley

Monash Health

- Michelle Ravesi

Department of Health - VIC

- Andrea Hay

SAPCRU

Prof Grant Russell Director Dr Jenny Advocat Deputy Director

The Southern Academic Primary Care Research Unit (SAPCRU) represents a collaboration between Monash Health, the School of Primary Health Care at Monash University and the South Eastern Melbourne Medicare Local.

Formed in 2010, SAPCRU aims to conduct and facilitate regionally relevant primary care research surrounding community needs in south east Melbourne. Co-located with SEMML in Dandenong, SAPCRU has two research themes: primary care reform and refugee health.

At the beginning of the 2013/14 year, the unit became the Australian lead in a $5 million Australian-Canadian Joint Centre of Research Excellence [Innovative Models Promoting Access-to-Care Transformation (IMPACT)]. IMPACT aims to give governments, health services and health consumers in both countries a rich understanding of key elements in optimising access to community based primary health care for those in need. Although SAPCRU is responsible for the delivery of the wider program of work, a small team in the unit has forged partnerships with community members, policy makers and providers to help identify and map a response for priority primary care access related need in our region.

SAPCRU was involved in a range of refugee related research activity during 2013/14. We continue to host the region's Refugee Health Research Consortium and completed work on a proposed national model of primary care delivery for individuals from refugee backgrounds. An ambitious project generated a compendium of tools to measure the performance of services seeking to improve the delivery of primary care to refugees. We explored whether refugee status influenced Monash Health presentations to regional emergency departments, and explored how the SEMML / Monash Asylum Seeker Integrated Healthcare Pathway influenced asylum seekers' knowledge and understanding of the Australian health system.

Co-located with SEMML in Dandenong, SAPCRU has two research themes: primary care reform and refugee health.

SAPCRU's primary care reform activities involved evaluating the performance of Medicare Locals (with partners at University of NSW's and Ernst & Young), an assessment of the impact of SEMML's plan to modify after hours primary care services in its catchment and a controlled trial of a mindfulness intervention in patients with Parkinson's Disease. We evaluated the roll out of a telehealth initiative with the Royal District Nursing Service and, in collaboration with our partners at the University of NSW, began two studies investigating integration of eHealth and access in integrated primary health care centres in NSW, SA and Victoria.

SAPCRU Team (from left to right): Dr I-Hao Cheng, Professor Grant Russell, Ms Nilakshi Gunatilaka, Dr Samantha Chakraborty, Dr Riki Lane, Dr Jenny Advocat, Dr Sayed Wahidi, Ms Brooke Vandenberg

immunisation

Anne Nunan Immunisation Program Manager

SEMML's immunisation program aims to support and encourage the provision of safe, effective and timely vaccinations through general practice and Local Government services. The program has a strong focus on the whole of life immunisation process with immunisations funded for children, adolescents, adults and the elderly.

This year, particular focus has been directed towards refugee and asylum seeker immunisations and services, as well as other vulnerable groups at risk of developing serious complications from vaccine preventable disease.

2013/14 highlights and success:

- Almmunisation coverage for childhood immunisations remained above 90% for all cohorts.
- Ongoing support continues to be provided to GPs and practice nurses to ensure quality immunisation services. Education events and resources were delivered in combination with up to date information on vaccine preventable diseases and vaccine delivery, including cold chain audits.
- Kindergarten/preschool mail out to 240 centres containing resources promoting completion of the 4 year old immunisation and 4 year old health check for this critical age group.
- Collaboration with key stakeholders through the Immunisation Taskforce. This taskforce has continued commitment from City of Greater Dandenong, City of Casey, Shire of Cardinia, Department of Health Southern Region, Cancer Council (HPV Program) and Department of Health Immunisation section. The primary focus has been on marginalised and newly arrived communities, timely 4 year old immunisation, and communities and adolescent vaccination.
- Review of Refugee and Asylum Seeker Immunisation Services provided to Noble Park English Language School by the City of Greater Dandenong Immunisation Services - funded by SEMML and Department of Health Southern Region.
- Celebration of World Immunisation Week through a promotion of the benefits of immunisation to the Dandenong Community on market day.

Immunisation Taskforce

South Eastern Melbourne Medicare Local

- Anne Nunan
- Jill Kelly

General Practice

- Dr Catherine Jeffrey
- Dr Graeme Downe

Department of Health

- Chelsea Taylor - Victoria
- Monica Bensberg - Southern Metropolitan Region

Networking Health Victoria

- Kate Russo

City of Greater Dandenong

- Lisa Beck

City of Casey

- Julie Johns

Cardinia Shire Council

- Paulette Gardner

early childhood development

Sharron Anderson Early Childhood Development Program Manager

In the SEMML catchment we have more than 35,000 0-4 year olds, 7.4% of the total population (compared to the state average of 6.4%). There were 8,056 births notified in 2012, and we expect this number to grow significantly as a result of the 'growth corridor' effect: young families, new developments, higher than average fertility rates catchment wide.

An early childhood plan was developed and the plan focused on three main areas;

1. Strengthen the relationships between maternal and child health nurses and general practitioners to maximise the health and wellbeing of children.
2. Improve integration of oral health promotion, prevention and early intervention for 0-5 years.
3. Support families, communities and services to better provide for the needs of all young children and their families.

The early childhood development program involved a project where a maternal and child health nurse was co-located within a general practice in Cranbourne that has a high population of children. This project has improved access to the maternal and child health nurse by providing after hours appointments for families in the City of Casey and provided an opportunity for collaborative practice between GPs and the maternal and child health nurse.

> The early childhood development program involved a project where a maternal and child health nurse was co-located within a general practice in Cranbourne that has a high population of children. This project has improved access to the maternal and child health nurse by providing after hours appointments for families in the City of Casey...

GPs have reported a high level of satisfaction with the co-location project highlighting the ability for thorough service provision. GPs have highlighted that secondary consultation related to baby and toddler growth and development issues was made possible by having the nurse co-located at the practice. The maternal and child health nurse reported seeking secondary consultation with the GPs related to a clinical issues for their clients and by having access for these consultations has helped strengthen their relationship.

Through the small grants program, SEMML funded a research project to inform the development of an oral health promotion intervention to improve maternal and child oral health in the refugee and asylum seeker communities. Results of the research will contribute to the evidence base about access to dental services during pregnancy for refugee and asylum seeker communities. As part of the research, 25 members from the Afghan and Sri Lankan communities participated in interviews about their oral health attitudes and beliefs. Additionally, 29 clinicians and administrative staff across Monash Health dental and maternity services participated in the maternity sector focus interviews. A journal article is currently being prepared for publication.

Active participation in early years partnerships have been crucial in building collaboration with the early years services across the catchment. These partnerships provide a platform for an integrated service response to address issues related to early childhood priorities and strategies including Australian Early Development census which is a population measure of children's development as they enter school.

Early Childhood Development Advisory Group

South Eastern Melbourne Medicare Local

- Sharron Anderson
- Dr I-Hao Cheng

General Practitioners

- Dr Leonora Anderson
- Dr Gowri Ratnavelar
- Dr Brett Ogilive

Maternal & Child Health Nurses

- Ann Graham
- Bernie Harrison
- Cathie Arndt

mental health

Ron Marshall Mental Health Program Manager

Access to Allied Psychological Services (ATAPS)

The ATAPS program continues to provide free or low cost psychological services to GP patients, who, because of a variety of circumstances such as cost, language barriers or homelessness, would not otherwise be able to access services provided by allied health practitioners. The ATAPS suite of programs includes general counselling for anxiety and depression, peri-natal counselling for patients with post-natal depression, a suicide prevention program and a child mental health service for children up to the age of 12.

As always, demand exceeds supply. However, through careful management we have been able to provide over 5,000 sessions of service during the 2013/14 year.

As always, demand exceeds supply however through careful management we have been able to provide over 5,000 sessions of service during the 2013/14 year. One particular aspect to our program that reflects our local community needs is the ability we have to provide interpreters for our clients in a variety of languages.

The implementation of new software programs has improved our client record systems and our ability to generate reports but as always we keep the requirements of GPs to access the system at a minimal level ensuring that service requests remain simple and efficient.

The ATAPS program has an advisory group that meets regularly and provides direction and problem solving ideas for the consideration of the management team. The advisory group has representation from the GP profession, community health and private allied health providers. We intend to expand the group to include representatives from the primary education sector as well.

Lisa Shore and Carlyn Setia from the mental health team.

Partners In Recovery

A new, targeted mental health initiative also commenced this year. SEMML is the lead agency for a consortium of 15 organisations which collectively make up South Eastern Partners in Recovery (SEMPIR). Partners in Recovery has a dual role of working with a targeted group of people as well as with the service system in place to support this group.

Eligible clients are referred through a centralised intake and allocated a support facilitator who will then work with them to help them access the services they need. This group of clients are often referred to as those who have fallen through the gaps and have severe and persisting mental health issues with complex needs. Our support facilitators are employed by selected hosting organisations from the consortium and come together to form a multidisciplinary team from drug and alcohol, housing, employment and mental health services.

SEMPIR aims to establish referral pathways between organisations, improve collaboration and partnerships, and ultimately build a 'safety net' for people. This recovery focused, client centred model started taking referrals in February and has steadily built up referrals whilst spreading the word about what the new service has to offer.

Where and when the service system doesn't work well and where there are gaps or barriers to accessing care for this group, SEMPIR has a mandate to look at creative solutions using flexible funding and the power of the consortium to influence positive change to meet the overall aims. Service system reform for this client group naturally lends itself to improving the service system for other people with mental health issues and the broader sector delivering care. It reduces 'silos' and provides a clarity of role for people working in the field. Workers in drug and alcohol services for example can then get on with doing the job they are employed to do, rather than trying to deal with the complexity of needs a client has, such as housing, employment, relationship and social issues. By building safety nets for clients through the improved referral pathways and increased collaboration, SEMPIR has the potential to influence the service sector for many years to come.

Continued...

Partners in Recovery team (from left to right): Sharyn Gissara, Tess Atkinson, Michael Sillekens, Natalie Moxon

mental health (cont.)

Ron Marshall Mental Health Program Manager

headspace

The headspace Dandenong centre has completed its first full year of operation since opening in May 2013. The centre provides a friendly, no wrong door, youth service for those aged 12-25 years with a range of general health, mental health, drug and alcohol or education and/or training issues. Since opening, the centre has integrated and expanded its service pathways to include a range of services from headspace centre staff, general practice, consortium partner's organisations, and 8 part-time private allied health providers. Over this period we have, on average, seen around 55-60 new clients each month.

The community engagement team has worked hard to raise awareness of mental health issues and access to headspace services amongst the community. In our first year of operation we were also fortunate to successfully bid for a headspace National Service Innovation Project grant. The project focussed on engagement with asylum seeker and refugee youth in recognition of the high prevalence of mental health issues and low help seeking behaviours within this population. The project aims to improve the mental health of young Afghan people by improving their access to mental health services. Headspace Dandenong now has staff with the knowledge and expertise that will potentially assist other headspace centres around the country to engage asylum seekers and refugees. To date a variety of innovative strategies have been utilised to engage the Afghan community and increase awareness of available services at headspace Dandenong. These include employing bi-cultural community engagement workers, establishing free english classes run by volunteers from the community, outings, assisting and promoting local Afghan sporting teams, as well as information sessions with new arrivals. As the project comes to completion towards the end of 2014, recommendations will be made to assist the centre to continue some of these strategies.

The project focussed on engagement with asylum seeker and refugee youth in recognition of the high prevalence of mental health issues and low help seeking behaviours within this population.

Over the coming year we also look forward to starting up the new headspace Narre Warren centre and, integrating the co-located headspace Youth Early Psychosis services.

headspace Dandenong team

Mental Health Advisory Group

South Eastern Melbourne Medicare Local
> Anne Peek, Christine Crosbie, Ron Marshall

General Practice
> Dr Jacob Dessauer

Allied Health
> Rachelle Mortenson

Monash Health
> Caryn Tocker

headspace Dandenong Consortium

South Eastern Melbourne Medicare Local
> Christine Crosbie, Ron Marshall, Liz Rowe

Independent Chair
> Andrew Simmons

Mind Australia
> Heather Thompson, Glen Prewett

Ermha Inc.
> Alys Boase, Kerry-Anne Housley, Peter Waters

Jesuit Social Services
> Daniel Clements, Sally Parnell

YSAS
> Ipsita Wright, Warren Eames

Monash Health
> Clare Manninghall

Shire of Cardinia
> Emma Firth

City of Greater Dandenong
> Katharina Verscharen

City of Casey
> Mark Bekerman

AMES
> Shroug Mohamed

Mission Australia
> Tracey Janda

PIR Consortium:

South Eastern Melbourne Medicare Local
> Anne Peek, Christine Crosbie, Ron Marshall

Care Connect
> Andrea Kincade, Jane Gallo

Dandenong District Aborigines Cooperative
> Andrew Gardiner

Ermha Inc.
> Peter Waters, Alys Boase

Hanover Welfare Services
> Dione Healey

Mental Illness Fellowship
> Sean Hegarty

Mission Australia
> Tracey Janda

Mind Australia
> Heather Thompson

South Eastern Health Providers Association
> Mary Saunders

South East Alcohol and Drug Services
> Deb Stuart

Monash Health
> George Osman, Vrinda Edan

Southern Migrant Resource Centre
> Jenny Semple

Stepping Up Consortium
> Shelley Cross

WISE Employment
> Edna Yeo

chronic disease

Campbell Rule Chronic Disease and Aged Care Manager

The chronic disease program continues to address the needs of people with chronic disease in Melbourne's south east. Through innovative and coordinated activities and services, the program provides clear pathways of care for people with conditions such as diabetes and chronic kidney disease.

The Diabetes Coordination and Assessment Service (DCAS) continued to support primary health care providers and people living in the catchment who have, or are at risk of, diabetes. DCAS care coordinators, made up of diabetes nurse educators and dietitians, help general practice link people to an appropriate range of services based on individual needs through triage, assessment and referral. 929 clients were referred to DCAS in all. Services resulting for clients included 781 individual appointments booked into the Diabetes Cardiovascular Advisory Clinic (DCAC) and 401 attendances booked into Monash Community "Healthy Options" Diabetes groups.

Throughout the year SEMML worked closely with Monash Health and Koo Wee Rup Regional Health Service (KRHS) to increase care coordination and services for people living in Koo Wee Rup and its surrounding communities.

DCAS now provides the link between local general practitioners and a range of services for people with diabetes, including the new Koo Wee Rup Diabetes Service. This service also incorporates a new clinic staffed by Monash Health Endocrinologists (Diabetes Specialist Doctors) and KRHS Diabetes Nurse Educator, with access available to a Dietitian. The new Koo Wee Rup Diabetes Service has been well utilised and feedback from clients has been very positive.

SEMML continues to deliver the diabetes prevention program, Life!, across the catchment. The Life! program has expanded its focus to address prevention of heart disease and stroke as well as diabetes. SEMML is working with the National Heart Foundation and Stroke Foundation on a project to implement the new expanded eligibility.

SEMML was successful in attaining a grant to seed three General Practice Nurse-led Chronic Kidney Disease (CKD) clinics. With the support of Kidney Health Australia and Monash Health's Renal Nurse Practitioners, we are busy creating a model of care that routinely identifies people with, or at risk of early CKD, provide them with appropriate advice and education within general practice, and link them to the appropriate services based on individual needs. DCAS care coordinators will play a part in helping link clients into services across the catchment, including community health services and other specialist services.

DCAS continue to promote the use of secure messaging through the addition of the ability to receive referrals via ReferralNet as well as the Argus platforms.

Koo Wee Rup Diabetes Service Operational Working Group

South Eastern Melbourne Medicare Local
> Campbell Rule

Monash Health > Linda Raineri

Koo Wee Rup Regional Health Service
> Karen Herbert

Koo Wee Rup Diabetes Service Steering Committee

South Eastern Melbourne Medicare Local
> Christine Crosbie, Campbell Rule

Monash Health
> Jenny Wong, Linda Raineri

Koo Wee Rup Regional Health Service
> Terrona Ramsay, Karen Herbert

Chronic Kidney Disease Practice Nurse Clinics Project Advisory Committee

South Eastern Melbourne Medicare Local
> Christine Crosbie, Campbell Rule, Marie Hunt

Monash Health > Dr Andy Lim, Annette Bezzant, Prof Peter Kerr

General practice > Dr Tereza Ghaly, Sarsha Kalker, Dina Dawood

Community representatives
> Suzie Loyd, Thelma Da Silva

Kidney Health Australia > Dr Maria Ludlow

HARP Joint team meeting

South Eastern Melbourne Medicare Local
> Campbell Rule, Linda Hughes

Monash Health
> Dr Jenny Wong, Linda Raineri, Nancy King, Dr Jenny Ng, Dr Indra Jayasuriya, Rena Chand, Teresa Orsini, Chris Rassmussen, Margarita Makoutonina, Michaela Smale

aged care

SEMML's aged care services supports aged care service providers, especially Residential Aged Care, Home and Community Care (HACC) providers and general practitioners.

The Welfare Follow Up project trialled a phone call follow up of people discharged from hospital who had refused HACC services. Agencies involved included Monash Health, mecwacare (HACC provider in Cardinia Shire), Dandenong HACC and Casey HACC. Though uptake was lower than expected, working together increased the agencies' understanding of each other's services and processes. SEMML and the agencies involved continue to work together on improving service coordination for clients.

The SEMML funded Falls Prevention Program, Balance2Live, continued to be delivered to residents of aged care facilities. Nineteen 12-week Balance2Live programs ran over 2013/14. The average attendance was 20 residents with 380 aged care residents taking part overall. The average monthly falls reduction reported by the Residential Aged Care Facilities' after the Balance2Live program delivery was 49.5%.

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SEMML's aged care program and local aged care services worked together to enable aged care facilities access to an X-ray service outside business hours. This mobile service visits facilities themselves, avoiding unnecessary transfers to hospital. In the first five months following service commencement in February, 42 residents across 13 facilities received X-rays at their residence.

The SEMML Aged Care Advisory Group established the adaption of the Grampians Dementia Pathways Tool by Federation University Centre for eCommerce and Communications. This online tool provides service providers with relevant evidence based information, guidance, and tools, along with a local service directory and local resources to enhance early assessment, diagnosis and treatment. The Dementia Pathway Tool will help ensure a responsive and structured approach to helping people concerned about cognitive decline.

SEMML delivered valuable education to general practitioners, practice nurses and allied health on aged care topics, including dementia, falls prevention, palliative care and advanced care planning.

Aged Care Advisory Group

South Eastern Melbourne Medicare Local
> Christine Crosbie
> Anne Peek
> Elaine McDonnell
> Campbell Rule
> Paul Macdonald

Monash Health
> Kellie Hammerstein
> Yvette Harding
> Helen Stubbs
> Lynn McLauchlan

Residential Aged Care Facilities
> Carol Davies
> Beverly Stehn
> Andrea Goldsmith

General Practice
> Dr Catherine Jeffrey
> Dr Sally McDonald

Koo Wee Rup Regional Health Service
> Terrona Ramsay

Geriatrician > Dr Irene Wagner

Royal District Nursing Service > Kylie Hall

Peninsula Health > Kim Dobson

City of Greater Dandenong Council
> Lucille Flanagan

Southern Migrant and Refugee Centre
> Bill Collopy

Commonwealth Carers Respite Centre
> Alison Wright

Mecwacare Cardinia > Wendy Matthews

City of Casey > Sarah Rosse

Southern Metro Region Palliative Care Consortium > Sharon O'Hehir

Alzheimers Australia > Stefanie Colella

medicare local
SOUTH EASTERN MELBOURNE
Connecting health to meet local needs

our team

refugee health

Dr I-Hao Cheng Refugee Health Program Manager

South eastern Melbourne is a principle site for refugee and asylum seeker resettlement in Australia. The Refugee Health program adopts a dual approach to improve health outcomes for these people. The Refugee Health team support and integrate local primary health care services, whilst at the same time work to improve community health literacy. By doing this, the program not only enables greater access to services, but also improves the delivery of care offered by local providers.

Program staff continued to provide direct support to local service providers caring for refugees and asylum seekers. This included telephone and email correspondence, education and awareness events, and information provided via website, newsletters and other resources. Practice visits were expanded to include involvement of the Monash Health Refugee Health Fellow and settlement and humanitarian service providers.

Pathways for refugees and asylum seekers requiring primary care services were further refined and consolidated. Asylum Seeker Integrated Healthcare Pathway was expanded in collaboration with the Red Cross, AMES Settlement and Monash Health. The pathway provides health screening and triage at community orientation sessions, and facilitates appropriate access to general practice, community health and emergency care for asylum seeksers.

The Afghan Community Engagement team recruited and trained 10 Afghan community volunteers to deliver health information sessions in local community settings. The aim of these sessions is to improve understanding of physical and mental health, as well as enable access to local primary health care services. Over 300 Afghan community members participated and demonstrated increased health awareness and confidence in accessing health services. The Afghan volunteers received an outstanding team achievement award at the 2014 Victorian Minister for Health Volunteer Awards. These outcomes were achieved in collaboration with local Afghan community leaders and numerous stakeholder organisations.

The program oversaw full day discussions of the work of the region's Refugee Health Research Consortium and its member organisations at the SEMML Primary Health Care Forum. This fostered energetic discussions around refugee and asylum seeker health research, translating research findings into health system improvement and the development of strategic partnerships.

Staff working on refugee health program activities (from left to right): Irene Stavrou, Sharron Anderson, Dr Sayed Wahidi, Akhtar Sharifi, Kathy Desmond, Dr I-Hao Cheng, Maria Strongylos, Larissa Popowski, Anna Brazier, Jill Kelly, Miriam Decker, Sahema Saberi Absent: Mitchell Bowden, Rose Griffiths, Lawerance Belshaw, Anne Nunan, Michael Sillekens, Saleha Hussain Hazara

Refugee Health Program Advisory Group

South Eastern Melbourne Medicare Local
- Dr I-Hao Cheng
- Miriam Decker
- Dr. Sayed Wahidi
- Christine Crosbie

Monash Health
- Jacqui McBride
- Mark Timlin
- Andrew Block

AMES Settlement
- Mirta Saponja
- Sam Blake

New Hope Foundation
- Danielle Joffe
- Theresa Ssali

Red Cross
- Bryan Rackhan

Asylum Seeker Resource Centre
- Rosa Misitano

Southern Migrant and Refugee Centre
- Marilyn Greeff

Foundation House
- Roslyn Leary

City of Greater Dandenong
- Lian Tunks

Springvale Community Aid and Advice Bureau
- Albert Aliander

Ermha Inc.
- Marnie Last

General P ractice
- Dr Trevor Adcock
- Dr Fouad Dawood
- Dr Elspeth Young
- Dr Philip Westmore

aboriginal & torres strait islander health

Chris Edmonds **Aboriginal and Torres Strait Islander Health Program Manager**

The Closing the Gap program has achieved major successes over the past twelve months including participation in the delivery of Soul Sista's Health and Wellbeing workshops in collaboration with Bunurong Healthy Lifestyle Team and Monash Health. More than twenty community members participated in the twelve month program. Evaluation of the workshops was extremely positive, with the majority of participants reporting increased levels of physical activity, water consumption, and motivation to make healthy lifestyle changes.

Closing the Gap team participated in more than 25 community events and forums with more than 600 community members in attendance.

Closing the Gap team participated in more than 25 community events and forums with more than 600 community members in attendance. These events provided opportunities to establish and consolidate relationships with the Aboriginal community and promote SEMML outreach and Care Coordination and Supplementary Services (CCSS). Additionally, SEMML's eHealth and Closing the Gap teams facilitated information sessions for community members to educate and assist registration for an eHealth record.

Aboriginal & Torres Strait Islander Health Team (from left to right): Caroline Atkinson, Jason Anthony, Chris Edmonds

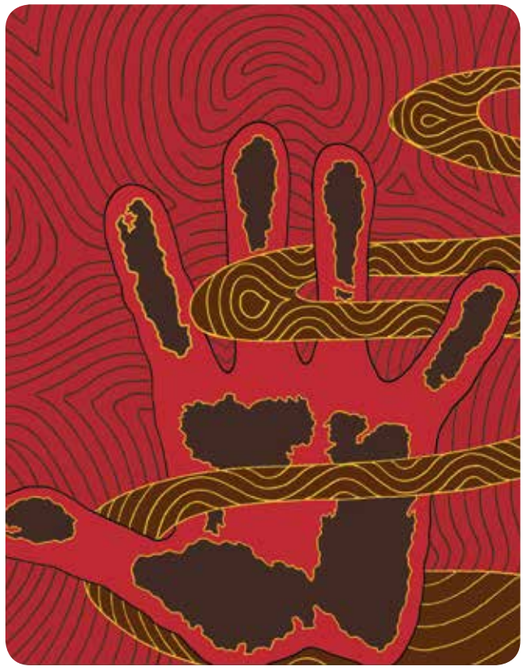
Cultural Safety Training was delivered to 25 primary health care providers including GPs, practice nurses and allied health practitioners. Evaluation of the training was extremely positive with the majority of respondents indicating the learning objectives were completely met. 81% of respondents indicated they felt better equipped with strategies that can be implemented in their practice, while 90% stated they had a better understanding of Aboriginal history and its contemporary relevance.

Support was also provided to general practice via practice visits, phone and email correspondence. This support aims to increase awareness and understanding of Closing the Gap measures, reduce barriers to Aboriginal and Torres Strait Islander community members accessing services and improve the capacity of mainstream service to deliver culturally safe services.

Having achieved the goals of SEMML's first Reconciliation Action Plan (RAP), a second 'Innovative' RAP was developed and endorsed in January by Reconciliation Australia. SEMML is on track to achieve the goals outlined in the 'Innovative RAP'. One of the goals was to conduct a community event. In February the 'Indigenous Footy Night' was held at Shepley Oval. Eighteen boys attended the Kickstart Trials, over 40 children registered for Koorie Auskick, and over 150 people attended the event which promoted health messages including the importance of participating in physical activity.

A great deal has been achieved in the Outreach program. SEMML's Outreach Officer has worked tirelessly to promote the service throughout 2013-14. More than 190 outreach contacts have been made over the past 12 months. In addition, a brochure was developed to promote the service to GPs and the community.

The CCSS program has also seen a number of key successes. More than 700 clinical and non-clinical services were provided, an increase over the past twelve months. As a result of the high quality care provided, the program has discharged a number of patients who are now self-managing. The number of allied health and specialist services purchased and brokered was more than 120. SEMML hopes to appoint another Care Coordinator to meet the increasing demand for this service.



Closing the Gap Advisory Group

South Eastern Melbourne Medicare Local
- Christine Crosbie
- Chris Edmonds

General Practice
- Dr Hung The Nguyen

Dandenong & District Aborigines Cooperative Ltd.
- Andrew Gardiner
- Amali Aluthgamage

Monash Health
- Michelle Ravesi
- Lesley Gardener

Larter Consulting
- Peter Larter

eHealth

Paul Macdonald eHealth Program Manager

This year's eHealth activities placed a strong emphasis on consumer awareness raising and registration for the Personally Controlled Electronic Health Record (PCEHR).

Our team attended many local community events providing eHealth information and registering consumers for an eHealth record. Our most successful engagement with consumers occurred at immunisation clinics, where we conducted PCEHR Assisted Registrations..

Many parents were enthusiastic about having an eHealth record, seeing benefit in having easy access to their children's immunisation history and having their children's allergies, medications and diagnoses easily shared with the health care professionals involved in their care.

> We also identified challenges related to our culturally diverse and non-English speaking communities' access to and use of an eHealth record. There are clear benefits to them and their health care providers in having access to their medical history, where language may otherwise have been a barrier.

We also identified challenges related to our culturally diverse and non-English speaking communities' access to and use of an eHealth record. There are clear benefits to them and their health care providers in having access to their medical history, where language may otherwise have been a barrier.

SEMML addressed the challenges by funding and arranging the translation of eHealth essential information into our predominant community, asylum seeker and refugee languages.

We continue to work closely with a number of migrant, asylum seeker and refugee support services, providing them with training on the eHealth record system and supporting them to conduct Assisted Registration events for their respective communities.

In 2013, the Commonwealth announced that a review of the PCEHR was to be conducted. As a result, GPs' willingness to upload shared health summaries to the system dramatically diminished due to the uncertainty.

The review panel delivered their findings in May 2014, including 38 recommendations and an expression of strong commitment to the future success of the record system.

We await the government's response to the recommendations and are hopeful that the review panel's strong endorsement of the system encourages general practice to confidently drive the system's adoption and use by their patients.

SEMML, in partnership with Frankston-Mornington Peninsula Medicare Local (FMPML) procured a common client information management system that will be used by all SEMML clinical services, including Access to Allied Psychological Services (ATAPS), Partners in Recovery (PIR), headspace, Aboriginal and Torres Strait Islander Coordinated Care Supplementary Services (CCSS), and the Diabetes Coordination and Assessment Service (DCAS).

This system is fostering the use of secure messaging by SEMML program teams and external providers referring into SEMML or receiving referrals from SEMML. The system is scheduled to have conformant eHealth record system capability in the next quarter.

SEMML has made a number of eHealth tools available to health care providers at no charge for a trial period. We are encouraged by the adoption and use of secure messaging, clinical information systems, registration with the Healthcare Identifier (HI) Service and PCEHR, and access to the PCEHR Provider Portal by Allied Health Professionals. We see this as a wonderful achievement that we will continue to build upon in the months and years to come.

SEMML provided Residential Aged Care Facilities (RACFs) in our catchment with a detailed Telehealth resource kit. The SEMML eHealth team provided direct support to facilities conducting their first Telehealth consultations with GPs and specialists, enhancing their ability to take advantage of MBS Telehealth start-up incentives.

SEMML's Aged Care and eHealth teams will continue to support the use of Telehealth in Aged Care and hope to see Telehealth embedded as common practice in many services.

Our future challenges and most valuable opportunities lie in promoting and supporting the adoption of secure messaging by SEMML partners and external organisations. Discussions continue with both public and private hospitals within our catchment, ensuring that opportunities to utilise secure messaging and the PCEHR are worked towards and embraced at the earliest possible opportunity.

SEMML continues to engage with the Department of Health and the National eHealth Transition Authority (NeHTA) in consultation processes aimed at improving eHealth system usability, approaches to education and change management, and the streamlining of necessary administrative processes. This will ensure SEMML is in a position to communicate the most up to date eHealth information on behalf of our consumer and health care provider communities.

> Our future challenges and most valuable opportunities lie in promoting and supporting the adoption of secure messaging by SEMML partners and external organisations.

eHealth Advisory Group

South Eastern Melbourne Medicare Local
- Anne Peek
- Christine Crosbie
- Jo Wood
- José Peregrina
- Kath Griffin
- Larissa Popowski
- Lawerance Belshaw
- Paul Macdonald
- Peter Zingiris
- Rob Fairmaid
- Vicki Baddeley

South Eastern Health Providers Association
- Mary Saunders

Southern Academic Primary Care Research Unit
- Joanne Enticott

Monash Health
- Philip Nesci
- Bruce Waxman

Bunurong Health Service
- Amali Aluthgamage

SMICS
- Amanda Eddy

Bupa Aged Care
- Andrew Ratcliffe

Bayside Medicare Local
- Brendon Wickham

Frankston-Mornington Peninsula Medicare Local
- David Hutcheson

South East Palliative Care
- Marnie Grace

RDNS
- Paul Ryan

Mind Australia
- Sally-Anne Davies

General Practice
- Dr Greg Wyatt
- Joe Van Spaandonk

Allied Health
- David Curnow
- Rachelle Mortensen

Pharmacy Guild of Australia
- Anthony Tassone

corporate services

Jeff Pearse Director Corporate Services

SEMML's Corporate Services team conduct enterprise with support services based on specialised knowledge, best practice and technology to serve the Medicare Local and its programs so that it can efficiently and effectively achieve its goals and objectives.

Finance

Highlights:

- 2013/14 Financial Statements were approved by SEMML's Auditors as giving a 'true and fair view' of SEMML's financial position and management in accordance with the Corporations Act 2001 and Australian Accounting Standards.
- All Department of Health and other funding agency financial reports were submitted on time and approved.

Our Finance team is responsible for managing the financial operations and obligations of SEMML. This includes payroll, accounts payable and receivable, budgeting, preparation of presentation of financial reports to the Board and Executive team, adherence to statutory obligations and the acquittal accountabilities to the Department of Health and other funding bodies.

Financial reports are presented monthly to the Board and bi-monthly to the Compliance Audit Risk Committee (CARM). Management reports are presented monthly to the Executive Committee.

People and Culture

Highlights:

- Headcount of 80 people at 30 June 2014 (66 full time equivalent).
- Recruitment and assimilation of 26 people.
- Employee Engagement score of 88% (2014 Meeting Expectations Benchmarking Study conducted in Australian Medicare Locals).
- Annual voluntary staff turnover of 10%
- Review and strengthening of SEMML's Core Values.
- Development and implementation of a SEMML Capability Framework and professional development planning.

2013/14 was a particularly productive year consolidating and continuously improving of our people systems and developing some innovative people programs and initiatives. A highlight was the development of a comprehensive talent management framework that included a 'purpose fit' Capability Framework by a staff working group. This was an important next step in our people management maturity in supporting our people in achieving their career goals and full potential at SEMML.

Staff were also heavily involved in the review and strengthening of our core values, developing a code of conduct and actively participating in the enhancement of the SEMML culture. In addition to achieving the highest employee engagement score across all Medicare Locals who participated in a Best Practice Australia Benchmarking Study, SEMML was successful in maintaining its 'Success' Culture rating. Everyone at SEMML is proud of this outstanding achievement.

A Health and Wellbeing Working Group was established which has been diligent and proactive in establishing a number of diverse work-life balance and healthy lifestyle activities.

2013/14 was a particularly productive year consolidating and continuously improving of our people systems and developing some innovative people programs and initiatives.

Information Management

Highlights:

- Implementation of 'cloud' based information management systems.
- Implementation of a clinical services Client Information System.
- Establishment of the Information Management Reference Group.
- Development of a Knowledge Management Framework.

SEMML's ageing information technology systems were replaced with new cloud based information technology with improved security and back-up systems, including Microsoft Office 365 and full remote access. An Information Management Maturity Framework (IMMF) assessment was undertaken and a comprehensive action plan established to continuously improve information management within SEMML.

An Information Management Reference Group with representation across the organisation ensure that

continued...

Heather Simpson, Irene Stavrou, Jeff Pearse, Ashlee Bieniak, Vicki Baddeley Absent: Maria Strongylos, Alison Killin

Karen Knaus, Debra Allen, Rob Loats, Deb Trott, Tess Vague Absent: Caron Hill

corporate services (cont.)

Jeff Pearse Director Corporate Services

business and information system development is business lead, relevant, cost effective and managed within a corporate framework. Joint planning, collaboration and consultation are key success factors in our approach to the effective provision and management of information and communications.

Contracts Management

Highlights:

- Administered and managed in excess of 350 contracts and agreements.
- Development and implementation of SEMML's procurement framework.

SEMML's service delivery model is partially dependent on the commissioning and sub-contracting of health services. SEMML has dedicated specialist skills and experience to partner with Directors and program managers to implement robust procurement and contract negotiation and management processes. We place significant emphasis on making decisions that are financially responsible, meet our statutory obligations, are transparent, fair, equitable and which deliver 'value for money' for our funding bodies.

With over 350 contracts and agreements of various types to manage, contract management has become a requisite skill for many staff and our Contracts Manager is largely responsible for developing and improving competence.

Premises and Office Facilities

Highlights:

- Management and administration of three office locations.
- Planning and negotiation for a further two office sites.
- Increased office space negotiated at 314 Thomas Street Dandenong.
- Reception and customer services for in excess of 3000 visitors.

With an increasing headcount and service offerings, our premises and office administration teams provide office environments that are comfortable, effective, clean, safe and welcoming to visitors. Further development and expansion of our Thomas Street offices included some large scale office moves that were executed effectively and with minimum disruption to services. Our administration support teams aalso provide outstanding customer services to our Board, stakeholder groups, clients, suppliers/ service providers and other members of the public.

SEMML's service delivery model is partially dependent on the commissioning and sub-contracting of health services. SEMML has dedicated specialist skills and experience to partner with Directors and program managers to implement robust procurement and contract negotiation and management processes.

Quality and Risk Management

Highlights:

- Full accreditation achieved April 2014.
- Received commendation for organisational prioritisation and commitment to quality and safety activities.
- Strengths identified in, oganisational culture, planned approach through significant organisational growth, stakeholder recognition of SEMMLs leadership in service integration, leading improved client outcomes and understanding and prioritizing health needs of community.
- Further development of the risk and incident management (TickIt).
- Maintenance and enhancement of the Enterprise Risk Register with 'high' and 'very high' risks regularly reviewed by the Executive Committee and reported quarterly to CARM and six monthly to the Board.
- All incidents, hazards and near misses recorded, managed and assessed for impact on risk.
- Roll out of a consolidated and compliant Occupational Health and Safety Management System.
- Implementation of internal audit framework.
- Development of emergency management toolkits for all staff.

SEMML places significant effort on ensuring robust risk management practices are in place and understood by staff and other stakeholders. We are diligent at identifying potential risks and developing mitigation strategies and actions to minimise exposure. In addition, SEMML also dedicates significant effort to developing and refining disaster recovery plans.

financial statements

...for the year ended 30 June 2014

South Eastern Melbourne Medicare Local ABN 14 154 821 182

medicare local
SOUTH EASTERN MELBOURNE
Connecting health to meet local needs

directors' report

for the year ended 30 June 2014

Directors' Report

Your directors present their report on South Eastern Melbourne Medicare Local Ltd for the financial year ended 30 June 2014.

Directors

The names of the directors in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Nicholas Demediuk	Chair	
Martin Wischer	Deputy chair	
Hung The Nguyen		
Helen Keleher		
Peter Waters		
Sally McDonald		
Brett Ogilvie		
Alexander Johnstone		
David Cowlishaw		

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Information on Directors

The names of each person who has been a director during the year and to the date of this report are:

Nicholas Demediuk

Position	GP
Experience	General practice, corporate governance.
	Knowledge of local community & health care providers.

Peter Waters

Position	CEO
Experience	Mental health, corporate governance, business management
	Knowledge of local community & health care providers

Hung The Nguyen

Position	GP, Academic Researcher
Experience	General practice
	Aboriginal Health
	GP Education & training
	Cultural competency
	Corporate governance

Helen Keleher

Position	Academic Researcher
Experience	Public Health
	Population health planning
	Nursing/allied health
	Education

Martin Wischer

Position	General Manager, Royal District Nursing Service
Experience	Community nursing
	Corporate governance
	Business Management
	Knowledge of local community & health care providers

Sally McDonald

Position	GP
Experience	Aged care/Palliative care
	General Practice
	Governance experience
	Knowledge of local community & health care providers

Brett Ogilvie

Position	GP
Experience	General practice
	Governance experience
	Workforce education and support
	Knowledge of local community & health care providers

Alexander Johnstone

Position	Accountant
Experience	Finance/accounting
	Corporate governance
	Risk management

David Cowlishaw

Position	Director
Experience	Banking/Finance
	Corporate governance
	Risk management
	Knowledge of local community & health care providers

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

The accompanying notes form part of these financial statements.

South Eastern Melbourne Medicare Local ABN 14 154 821 182

directors' report

for the year ended 30 June 2014

Principal activities

The principal activity of South Eastern Melbourne Medicare Local Ltd during the financial year was to assist in the provision of primary health care services to the community.

No significant changes in the nature of the entity's activity occurred during the financial year.

Short term objectives

The company's short term objectives are:

- to encourage and support improvements in the delivery of primary health care services to patients including initiatives aimed toward improving disease prevention and management, raising patient awareness and improving access to appropriate services;
- to provide support to clinicians and health service providers to improve their patient care; and
- to raise money to further the aims of the Company and to secure sufficient funds for the objects of the Company.

Long term objectives

The company's long term objectives are:

- to improve the planning of primary health care services to identify health needs of the community, develop locally focused and responsive health services and address service delivery gaps;
- to promote primary care and the centrality of general practice for the delivery of effective integrated health management for the local community;
- to establish effective collaborations to deliver more coordinated, integrated, flexible and locally responsive health services; and
- to promote a culture of efficiency, accountability and continuous improvement in the delivery of primary health care services.

Strategy for achieving the objectives

To achieve these objectives, the company has adopted the following strategies:

- develop service responses that facilitate the care of the whole person through an understanding of the interplay between the biological, psychological and social determinants of health and the need to provide comprehensive continuing care;
- advocate and work to address the social and structural factors, including inequity and exclusion, which contribute to ill health and poor wellbeing;
- facilitate the participation of consumers, carers and community members in all facets of their health and wellbeing and in the work of the Medicare Local;
- build strong and effective partnerships with the local agencies through a shared understanding and commitment to person centred care and professional respect across the disciplines;
- promote the delivery of high quality, accessible, effective and safe services to the communities within the catchment; and
- ensure the delivery of services that are culturally appropriate.

Members' guarantee

South Eastern Melbourne Medicare Local Ltd is a company limited by guarantee. If the company is wound up, the Constitution states that each member that is a body corporate is required to contribute a maximum of $50 towards any outstanding obligations of the company.

At 30 June 2014 the collective liability of members was $3,950 (2013: $450)

Operating results

The deficit of the company amounted to $72,539 (2013: Surplus $ 605,261).

Significant changes in state of affairs

The following significant changes in the state of affairs of the company occurred during the financial year:

The Federal Government announced the termination of funding for all Medicare Locals effective from 30 June 2015.

At this stage the company may be forced to wind up its operations, pay all of its outstanding commitments and obligations to suppliers as well as entitlements and redundancies to staff. The company is in the process of estimating the final costs for liabilities and other commitments that would arise if the company wound up from 30 June 2015.

The Federal Government has issued a letter stating that they will fund all reasonable costs incurred by Medicare Locals that are directly attributable to termination of the funding agreements. These costs will include staff termination costs and those contracts (such as leases), where such costs cannot be mitigated or avoided.

Meetings of Directors

During the financial year, 14 meetings of directors were held. Attendances by each director during the year were as follows:

Directors' Meetings

Names	Number eligible to attend	Number attended
Nicholas Demediuk	14	13
Peter Waters	14	12
Hung The Nguyen	14	12
Helen Keleher	14	9
Martin Wischer	14	11
Sally McDonald	14	14
Brett Ogilvie	14	14
Alexander Johnstone	14	12
David Cowlishaw	14	13

financial statements

for the year ended 30 June 2014

Auditor's Independence Declaration

The auditor's independence declaration in accordance with section Section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2014 has been received and can be found on page 45 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director: .....

Nicholas Demediuk

Director: .....

Alexander Johnstone

Dated 24 September 2014

Auditor's Independence Declaration under Section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* to the Directors of South Eastern Melbourne Medicare Local Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014, there have been:

(i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

ACCRU MELBOURNE

Chartered Accountants

R A LANE
Partner

24 September 2014

The accompanying notes form part of these financial statements.

The accompanying notes form part of these financial statements.

financial statements

for the year ended 30 June 2014

Statement of Comprehensive Income

	Note	2014 $	2013 $
Revenue	2	14,390,005	7,696,673
Other income	2	-	1,091
Administrative expenses	3	(9,843,484)	(4,024,244)
Program expenses		(3,168,720)	(2,321,940)
Occupancy costs		(453,056)	(363,643)
Other expenses		(997,284)	(382,676)
Total comprehensive income/(loss) for the year		**(72,539)**	**605,261**

Statement of Financial Position

	Note	2014 $	2013 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	5,955,227	5,731,162
Trade and other receivables	5	211,065	145,099
Other assets	7	-	99,083
TOTAL CURRENT ASSETS		6,166,292	5,975,344
NON-CURRENT ASSETS			
Property, plant and equipment	6	446,863	628,369
TOTAL NON-CURRENT ASSETS		446,863	628,369
TOTAL ASSETS		**6,613,155**	**6,603,713**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	757,229	1,435,939
Employee benefits	10	476,159	303,320
Other liabilities	9	4,801,180	4,175,807
TOTAL CURRENT LIABILITIES		6,034,568	5,915,066
NON-CURRENT LIABILITIES			
Employee benefits	10	-	37,521
TOTAL NON-CURRENT LIABILITIES		-	37,521
TOTAL LIABILITIES		**6,034,568**	**5,952,587**
NET ASSETS		**578,587**	**651,126**
EQUITY			
Reserves		131,603	63,851
Retained earnings		446,984	587,275
TOTAL EQUITY		**578,587**	**651,126**

The accompanying notes form part of these financial statements.

South Eastern Melbourne Medicare Local ABN 14 154 821 182

Statement of Changes in Equity

2014	Retained earnings $	Special Purpose Reserve $	Total $
Balance at 1 July 2013	587,275	63,851	651,126
Surplus/(deficit) attributable to members of the entity	(72,539)	-	(72,539)
Transfers from retained earnings to special purpose reserve	(67,752)	67,752	-
Balance at 30 June 2014	**446,984**	**131,603**	**578,587**
2013	Retained earnings $	Special Purpose Reserve $	Total $
Balance at 1 July 2012	45,865	-	45,865
Surplus attributable to members of the entity	605,261	-	605,261
Transfers from retained earnings to special purpose reserve	(63,851)	63,851	-
Balance at 30 June 2013	**587,275**	**63,851**	**651,126**

Statement of Cash Flows

	Note	2014 $	2013 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from government and other funding bodies		15,724,375	11,837,126
Payments to suppliers and employees		(15,545,750)	(7,158,593)
Interest received		204,512	181,464
Net cash provided by (used in) operating activities	14	383,137	4,859,997
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment		(159,072)	(657,306)
Net proceeds on disposal of property, plant & equipment		-	1,091
Net cash used by investing activities		(159,072)	(656,215)
Net increase (decrease) in cash and cash equivalents held		224,065	4,203,782
Cash and cash equivalents at beginning of year		5,731,162	1,527,380
Cash and cash equivalents at end of financial year	4	5,955,227	5,731,162

The accompanying notes form part of these financial statements.

South Eastern Melbourne Medicare Local ABN 14 154 821 182

notes to financial statements

for the year ended 30 June 2014

The financial statements are for South Eastern Melbourne Medicare Local Ltd as an individual entity, incorporated and domiciled in Australia. South Eastern Melbourne Medicare Local Ltd is a not-for-profit company limited by guarantee.

1 Summary of Significant Accounting Policies

Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

(a) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset.

Plant and equipment that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, is depreciated on a reducing balance basis over the asset's useful life to the company commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Furniture & Equipment	20-50%
Motor Vehicles	25%
Leasehold improvements	33-50%

The assets' residual values, depreciation methods and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income.

(b) Impairment of non-financial assets

At the end of each reporting year, the company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Value in use is either the discounted cash flows relating to the asset or depreciated replacement cost if the criteria in AASB 136 'Impairment of Assets' are met. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

(c) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less which are convertible to a known amount of cash and subject to an insignificant risk of change in value, and bank overdrafts.

(d) Employee benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting year. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

(e) Income tax

No provision for income tax has been raised as the company is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

(f) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

(g) Revenue and other income

The company recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the entity and specific criteria have been met for each of South Eastern Melbourne Medicare Local Ltd's activities as discussed below.

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.

Grant revenue

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

Continued...

notes to financial statements

for the year ended 30 June 2014

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

South Eastern Melbourne Medicare Local Ltd receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of comprehensive income.

All revenue is stated net of the amount of goods and services tax (GST).

(h) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(i) Adoption of new and revised accounting standards

During the current year, the company adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory. The adoption of these Standards has not had a significant impact on the recognition, measurement and disclosure of transactions.

(j) New accounting standards for application in future periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these Standards, but does not expect the adoption of these standards to have any significant impact on the reported position or performance of the company.

(k) Going concern

The Company is dependent on the Federal Government for the majority of its revenue used to operate the business.

The Federal Government have advised that they will only continue funding for the company's current program operations to 30 June 2015. As stated in the Directors' Report, the Federal Government has issued a letter stating that they will fund all reasonable costs incurred by Medicare Locals that are directly attributable to the termination of the funding agreements. These costs will include staff termination costs and those contracts (such as leases), where such costs cannot be mitigated or avoided.

Without the Federal Government's funding to 30 June 2015 or support to fund termination costs there is a significant uncertainty that the Company will be able to operate as a going concern.

2 Revenue

	2014 $	2013 $
- Interest revenue	178,504	78,680
- Operating grants	14,128,235	7,605,908
- Other revenue	83,266	12,085
Total Revenue	**14,390,005**	**7,696,673**

Other Income

Net gain on disposal of property, plant and equipment	-	1,091

3 Administrative and employee expenses

Administrative and employee expenses for the year includes the following specific expenses

Employee benefits expense	5,807,976	3,425,395
Auditor's remuneration	19,750	18,750
Depreciation	336,971	115,585
Net loss on disposal of property, plant and equipment	3,607	-

4 Cash and Cash Equivalents

Cash on hand	700	700
Cash at bank	5,954,527	5,730,462
	5,955,227	**5,731,162**

5 Trade and Other Receivables

CURRENT		
Trade receivables	123,334	103,507
Deposits	51,980	33,750
Other receivables	35,751	7,842
	211,065	**145,099**

At 30 June 2014 there are no balances within trade receivables that contain assets that are impaired and are past due. It is expected these balances will be received when due. Impaired assets are provided for in full.

Continued...

notes to financial statements

for the year ended 30 June 2014

6 Property, Plant and Equipment

	2014 $	2013 $
Motor vehicles		
At cost	95,709	49,819
Accumulated depreciation	(40,583)	(16,656)
Total motor vehicles	**55,126**	**33,163**
Office equipment		
At cost	523,401	554,666
Accumulated depreciation	(328,742)	(263,931)
Total office equipment	**194,659**	**290,735**
Leasehold improvements		
At cost	345,817	339,785
Accumulated depreciation	(148,739)	(35,314)
Total improvements	**197,078**	**304,471**
Total property, plant and equipment	**446,863**	**628,369**

(a) Movements in carrying amounts of property, plant and equipment

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Motor Vehicles $	Office Equipment $	Leasehold improvements $	Total $
Year ended 30 June 2014				
Balance at the beginning of year	33,163	290,735	304,471	628,369
Additions	45,890	100,000	13,182	159,072
Disposals - written down value	-	(2,983)	(624)	(3,607)
Depreciation expense	(23,927)	(193,093)	(119,951)	(336,971)
Balance at the end of the year	**55,126**	**194,659**	**197,078**	**446,863**

	Motor Vehicles $	Office Equipment $	Leasehold improvements $	Total $
Year ended 30 June 2013				
Balance at the beginning of year	11,233	46,516	28,899	86,648
Additions	26,306	328,055	302,945	657,306
Depreciation expense	(4,376)	(83,836)	(27,373)	(115,585)
Balance at the end of the year	**33,163**	**290,735**	**304,471**	**628,369**

The accompanying notes form part of these financial statements.

7 Other Assets

	2014 $	2013 $
CURRENT		
Prepayments	-	99,083

8 Trade and Other Payables

CURRENT		
Unsecured liabilities		
Trade payables	117,130	698,220
GST payable	11,059	43,007
Sundry payables and accrued expenses	629,040	694,712
	757,229	**1,435,939**

9 Other Liabilities

CURRENT		
Government grants received in advance	1,875,119	3,686,846
Committed funds	2,555,520	377,850
Funds held on behalf of SAPCRU	185,722	111,111
Funds repayable to government	184,819	-
	4,801,180	**4,175,807**

10 Employee Benefits

CURRENT		
Long service leave	182,964	114,827
Annual leave	293,195	188,493
	476,159	**303,320**
NON-CURRENT		
Long service leave	-	37,521

11 Interests of Key Management Personnel

The totals of remuneration paid to the key management personnel of South Eastern Melbourne Medicare Local Ltd during the year are as follows:

Short-term employee benefits	866,199	658,535
Long-term benefits	16,600	-
Post-employment benefits	79,665	59,268
	962,464	**717,803**

Continued...

The accompanying notes form part of these financial statements.

notes to financial statements

for the year ended 30 June 2014

12 Financial Risk Management

The main risks South Eastern Melbourne Medicare Local Ltd is exposed to through its financial instruments are credit risk, liquidity risk and interest rate risk.

The company's financial instruments consist mainly of deposits with banks, accounts receivable and payable.

(a) Credit risk

The company has no significant concentration of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of Trade and Other Receivables are provided in Note 5.

(b) Liquidity risk

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. At 30 June 2014 the company does not believe it is exposed to any material liquidity risk.

(c) Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. At 30 June 2014 the company does not believe it is exposed to any material interest rate risk.

The table below reflects an undiscounted contractual maturity analysis for financial liabilities.

Financial liability maturity analysis

	Within 1 Year 2014 $	Total 2014 $
Financial liabilities due for payment		
Trade and other payables (excluding GST)	746,290	746,290
Total contractual outflows	**746,290**	**746,290**

The timing of expected outflows is not expected to be materially different from contracted cashflows.

(d) Net Fair Values

The company has assessed the fair value of asset and liabilities as at 30 June 2014 and believes there are no differences between the carrying values and fair values of those assets and liabilities.

13 Capital and Leasing Commitments

(a) Operating lease commitments

	2014 $	2014 $
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable - minimum lease payments:		
- no later than 1 year	328,952	342,737
- between 1 year and 5 years	98,872	356,158
	427,824	**698,895**

Operating leases have been have been taken out for rental of premises and photocopier. Lease payments are increased on an annual basis to reflect market rentals.

14 Cash Flow Information

Reconciliation of result for the year to cashflows from operating activities

	2014 $	2014 $
Surplus/(deficit) for the year	(72,539)	605,261
Non-cash flows in surplus:		
- depreciation	336,971	115,585
- net loss/(gain) on disposal of property, plant and equipment	3,607	(1,091)
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(65,966)	1,289,658
- (increase)/decrease in prepayments	99,083	(82,269)
- increase/(decrease) in trade and other payables	(678,710)	1,245,517
- increase/(decrease) in other liabilities	625,373	1,621,889
- increase/(decrease) in employee benefits	135,318	65,447
Cashflow from operations	**383,137**	**4,859,997**

Operating leases have been have been taken out for rental of premises and photocopier. Lease payments are increased on an annual basis to reflect market rentals.

15 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

16 Contingent Liabilities

Staff termination costs payable at 30 June 2015 are estimated at $676,284 assuming no staff transition to a Primary Health Network. A provision has not been raised at 30 June 2014 due to the uncertainty surrounding actual redundancy payments.

17 Company Details

The registered office of the company is:

South Eastern Melbourne Medicare Local Ltd
314B Thomas Street
Dandenong Vic 3175

Continued...

notes to financial statements

for the year ended 30 June 2014

Responsible Entities' Declaration

The directors of the Company are the responsible persons and the responsible persons declare that:

1. The financial statements and notes, as set out on pages 7 to 20, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:

   (a) comply with Australian Accounting Standards; and

   (b) give a true and fair view of the financial position as at 30 June 2014 and of the performance for the year ended on that date of the entity.

2. In the responsible persons' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director: .....

Nicholas Demediuk

Director: .....

Alexander Johnstone

Dated 24 September 2014

The accompanying notes form part of these financial statements.

Independent Audit Report to the Members of South Eastern Melbourne Medicare Local Ltd

Report on the Financial Report

We have audited the accompanying financial report of South Eastern Melbourne Medicare Local Ltd, which comprises the statement of financial position as at 30 June 2014, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the responsible entities' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012.

Opinion

In our opinion the financial report of South Eastern Melbourne Medicare Local Ltd is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(a) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulation 2013.

Emphasis of Matter

We draw attention to Note 1 (k) to the financial statements which describes the cessation of funding from 30 June 2015.

Our opinion is not qualified in respect of this matter.

R A LANE
Partner

24 September 2014

ACCRU MELBOURNE
Chartered Accountants

The accompanying notes form part of these financial statements.

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