



General Practice Network NT

17 May 2010

To: the Senate Community Affairs Reference Committee

Information on General Practice Network NT

Prepared by: Alison Faigniez, CEO

Contact: 08 8982 1072

General Practice Network NT (GPNNT)

GPNNT is a registered, not-for-profit company limited by guarantee. Voting members of GPNNT comprise GPs, Nurses and Allied Health professionals while health administrators, primary health care organisations consumers and other medical professionals.

GPNNT offers a range of programs to provide and enhance effective, integrated primary health care services. Improved access to co-ordinated multidisciplinary services is a key objective of the Division's programs. GPNNT also provides a range of GP, health professional and general practice/health centre support services, primarily in the form of Continuing Development and education programs.

As the NT Rural Workforce Agency, GPNNT offers GP recruitment and retention services to primary health care clinics and practices across the NT. This includes the recruitment of International Medical Graduates with support in attaining Australian general practice qualifications and registration; a locum service and a high school general practice exposure program.

GPNNT also represents NT primary health care services and professionals at the national level and with NT bodies, including the NT government. GPNNT contributes to the development of policy and ensures that programs are tailored to the unique and challenging NT environment. Over the last year, the CEO and Chair have been closely involved in the development of the AGPN "Blueprint for PHCOs" in response to the National Health and Hospitals Reform Commission and Primary Health Care Reports.

GPNNT is governed by a Board of Directors comprising 5 general practitioners, 2 primary health care professionals and a consumer, with one position reserved for an appointed representative of AMSANT, the peak body for Aboriginal Medical Services in the NT. As at May 2010, GPNNT workforce consists of 75 employees, based in two offices, one in Darwin and one in Alice Springs.

The future direction for GPNNT has been set by the Board of directors and is described through the four objectives and priorities in the 3 year Strategic Plan. The annual Business Plan describes the actions to be taken and measures of achievement to address the priorities. In addition, the vision, mission and values of GPNNT are enshrined in these plans.

Vision for GPNNT: Excellence in Primary Health Care for the Northern Territory.

GPNNT Mission: To lead and strengthen primary health care to improve the health of all Territorians

Mental Health Programs

The Mental Health Unit is part of the GPNNT Health Services Branch and is funded to provide the following mental health services:

Access to Allied Psychological Services Project (ATAPS)

ATAPS enables GP's under the Better Outcomes in Mental health Care (BOiMHC) program to refer patients with mental disorders to psychological services. It supports the GP to remain the central point for the development of a care plan, and the ongoing day to day care of patients.

Patients with high prevalence mental health disorders can be referred to allied health professionals for six sessions of evidence based mental health care, with a further option of another six sessions pending a mental health review by the referring GP. The service model adopted by GPNNT is on a contracted fee for service arrangement with the Psychologists.

This national program has recently been reviewed and a new funding agreement is due to commence from 1 July 2010.

Tamarind Centre GP Clinic

A private General Practice Clinic is contracted to provide services one morning a week at a Darwin based Northern Territory government mental health service. The clinic is available for Tamarind Centre clients who self refer or who are referred by their case manager. The model is geared towards ensuring a more holistic approach where physical health is addressed alongside mental health.

Central Australian Mental Health Services (CAMHS) GP Clinic

A Private GP is contracted to provide services one morning a week, each fortnight, at the Department of Health & Families (DHF) mental health service. Clients can self refer, or are referred by their case managers. This model is geared towards ensuring a more holistic approach, where physical health needs are addressed alongside mental health

Better Access to Mental Healthcare Initiative

The *Better Access* initiative facilitates General Practitioners to work closely and collaboratively with psychiatrists, clinical psychologists, social workers, and occupational therapists through Medicare incentives, thereby increasing community access to mental health professionals and team-based mental health care.

Mental Health in Rural & Remote Areas - Katherine

The aim of this program which is funded to June 2011 is to increase access for people with a mental illness to allied mental health services in rural and remote areas by engaging a combination of Psychologists, Mental Health Nurses, Mental Health Social Workers, Aboriginal Mental Health Workers, Aboriginal Health Workers and Mental Health Occupational Therapists. The model of service includes the contracting of Katherine West Health Board, and Katherine Region Allied Health & Regional Services to employ mental health professionals who are supported by Psychologists engaged by GPNNT.

Mental Health in Rural & Remote Areas – Central Australia

The aim of this program which is funded to June 2011 is to increase access for people with a mental illness to access allied mental health services in the three community clusters of Yulara/Docker River/Mutitjulu; Hermannsburg/Areyonga/ Wallace Rockhole and Mt Liebig/Haasts Bluff/Papunya and Kintore. The service model requires three qualified professional supported by Cultural Consultants to

coordinate services through the relevant remote health centres. The service is supported by fee for services private Psychologists engaged by GPNNT.

Mental Health in Rural & Remote Areas – East Arnhem

The aim of this program which is funded to June 2011 is to increase access for people with a mental illness to allied mental health services in four major rural communities by engaging a combination of Psychologists, mental health social workers, Aboriginal mental health workers, Aboriginal health workers, and mental health occupational therapists. The model of service includes the contracting of Aboriginal medical services to employ Mental Health Professionals who are supported by psychologists engaged by GPNNT.

Aboriginal Mental Health Worker Program

This program employs Aboriginal Mental Health Workers where most of the workers are located at the community clinic as a part of the Primary Health Care team, working closely with the resident staff and with visiting mental health teams. They also collaborate with the alcohol and other drugs team and with community service groups to provide a holistic response to the complex issues faced by their clients.

Primary Health Care Co morbidity

This network pilot was established to build partnerships with the alcohol and other drug sector and the mental health sector at national and state levels and to encourage multidisciplinary approaches to the management of people with co morbidity. With heightened emphasis on mental health and substance use (co-morbidity), and multidisciplinary approaches to care, this program has added an additional role to the Australian General Practice Network and Divisions of General Practice - that of outreach, liaison and negotiation with allied health professionals outside of general practice setting. This program ceases at the end of May 2010.