Murray PHN Central Victoria region covers six Local Government Areas (LGAs) of Gannawarra, Loddon, Campaspe, City of Greater Bendigo, Mt Alexander, and Macedon: which is shared with North Western Melbourne PHN.

The population of the six LGAs is approximately 225,834 with a total land mass of 21,221 sq km. The Central Victoria region has 69 general practices (including three Aboriginal Medical Services), one large regional health service, 13 small rural health services and two bush nursing hospitals. The Central Victoria office is located in Bendigo.

<table>
<thead>
<tr>
<th>LGA</th>
<th>Population</th>
<th>Land mass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gannawarra Shire</td>
<td>11,800</td>
<td>3733 sq km</td>
</tr>
<tr>
<td>Loddon Shire</td>
<td>7,365</td>
<td>6695 sq km</td>
</tr>
<tr>
<td>Campaspe Shire</td>
<td>36,881</td>
<td>4519 sq km</td>
</tr>
<tr>
<td>City of Greater Bendigo</td>
<td>106,971</td>
<td>2999 sq km</td>
</tr>
<tr>
<td>Mt Alexander Shire</td>
<td>18,102</td>
<td>1528 sq km</td>
</tr>
<tr>
<td>Macedon Shire</td>
<td>44,715</td>
<td>1747 sq km</td>
</tr>
</tbody>
</table>

Staff profile

There are a number of different positions and areas of responsibility within the Central Victoria office. The team work together to support general practice while enhancing the health experience of the community through facilitating integration of the health system. The Central Victoria team has a wide range of experience in health, health promotion, education, service system redesign and project management.

Central Victoria Regional Manager
Janice Radreku
This role provides leadership to the team as they work in partnership with general practice, community services and hospitals to support population health planning and delivery of effective and efficient health service. Janice has spent 18 years working within health services in the Central Victoria area through a range of senior management roles spanning across hospital, community and the general practice environment.

Medical Advisor
Dr Ewa Piejko
The Medical Advisor ensures the needs of general practice are identified and addressed.

Clinical Editor
Ann-Marie McKinnon and Dr Elspeth Harrison
This role is instrumental in progressing the Murray HealthPathways program, working with regional teams to research and draft pathways, facilitate work groups with the relevant specialist or experts, and provide primary health clinical leadership.
Health Systems Coordinator
Chris Fishley
The health system is complex and multi-faceted and often presents as confusing to the patient and to the general practice workforce. The primary purpose of this position is to coordinate the development of HealthPathways and work with all health services within the Central Victoria region to assist in identifying key relationships and systems that need to be coordinated in order for the patient to better navigate the health system.

Primary Health Services Coordinator
Donna Dullard
This position works with services that the Murray PHN has contracted to provide services to the community. The position monitors and reports the outcomes delivered by the organisations who provide the contracted service.

Primary Care Coordinators
Emma Newton and Bree Hayes
Primary Care Coordinators support general practice to improve front line health service delivery. The positions support quality improvement initiatives and coordinated care.

Workforce Development Officer
Emma Healion
This position works to ascertain and understand the professional development needs of general practice. The Workforce Development Officer coordinates CPD events, and looks at emerging themes in the primary care health sector.

Aboriginal Outreach Worker
Kevan Horder
This position works collaboratively with a range of stakeholders to provide support to Aboriginal and Torres Strait Islander people, empowering them to access services of their choice. The Aboriginal Health Outreach Worker will convey clear messages and support strategies to address identified gaps in service delivery.

Indigenous Health Project Officers
Emma Newton and Bree Hayes
The Indigenous Health Project Officers support activities within the Aboriginal and Torres Strait Islander health program. With a strong focus of working collaboratively with agencies to strengthen and implement strategies to improve Aboriginal and Torres Strait Islanders access to mainstream primary care of their choice.

Administration Support
Josie Young
Administration Support is the first point of contact for enquiries at Central Victoria reception.

Cassie Bennett
Administration Support for HealthPathways.

Jade Gribble
Administration Support for projects.
Bowel Cancer Project Coordinator
Nerida Firman

Partners in Recovery (PIR)
The PIR program supports people experiencing severe and persistent mental illness with complex needs by getting the multiple sectors, services and supports they may come into contact with to work in a more collaborative, coordinated, and integrated way to improve the pathway to recovery.

- Manager – Alistair Bonsey
- PIR Coordinator - Jodie Rasmussen
- PIR Coordinator – Sharlene Green
- PIR Coordinator – Bernie Binns

Regional Advisory Council Coordinator
Megan Connelly
This role provides a senior secretariat function to the clinical and community advisory councils to contribute to the regional PHN presence in liaising with key stakeholders and other local clinical and community advisory structures.

Projects

Quality improvement in general practice
The Primary Care Coordinators will work with the general practice team to support the development and implementation of quality improvement initiatives.

Current initiatives include, nurse led clinics, data capture and integrity via CAT4, chronic disease management, My Health Record implementation, recall and reminder systems, and immunisation.

Bowel Cancer screening and early detection project | Phase two
This project commenced in January 2016 a planned end date of November 2016. The project aims to increase bowel cancer screening and early detection through a sustainable and integrated service system that is person centred, accessible and timely. There are three components to the model that will be delivered as one coordinated and integrated project:

- community engagement
- general practice
- colonoscopy services

Murray PHN project partners and stakeholders include the Department of Health and Human Services, Bendigo Community Health Services, and Bendigo Health. The project will be delivered across the City of Greater Bendigo and Loddon Shire local government areas.

Chronic opioid use
Working with Heathcote Primary Health and Heathcote Health Service, the focus is on the pharmacotherapy of the utilisation of opioids for chronic pain. The Central Victoria team will be working with other key stakeholders to ensure that the local health service system is reviewed to facilitate sustainable change.
**Stop Mental Illness Stigma**

Nearly half (45%) of Australians will experience a mental illness at some stage of their life. Despite this, people living with mental illness will often experience stigma and discrimination from friends, family, employers and the community as a whole. The Stop Stigma (the Charter) project is working with external organisations on implementing the Stop Stigma charter. The Charter is about working towards reducing mental illness stigma through a series of commitments which are seen as the major components to address in reducing stigma. The Charter was developed through a joint project with the Hume and Loddon Mallee Murray PIR programs, led by Murray PHN. More information: murrayphn.org.au/stopstigma

**Murray HealthPathways**

Murray HealthPathways is a health system coordination process that brings together GPs, specialists and other health professionals to confirm optimal assessment, management and specialist referral decisions within a local context. HealthPathways aims to reduce variations of care, particularly for patients with complex and/or chronic conditions and improve the quality and timeliness of referral processes and care coordination. HealthPathways provides evidence based best practice guidelines and local referral templates for clinicians resulting in a practical on-line manual used at the point of care, primarily by GPs. Included are resources for the clinician, as well as educational resources for the patient.

**Benefits**

- The right treatment and/or specialist care with shorter waiting times
- GPs can share patient educational resources aimed at self-management with patients
- A more efficient way to access assessment and management options to assist evidence based medicine
- Locally relevant information
- Information on how to refer to local services
- Reduction in referrals to specialists for those patients who can be managed in the community
- Decreased waiting times in specialist clinics
- Improved referral information and diagnostics provided by GPs.

**Cancer survivorship**

Murray PHN is the host agency for the cancer survivorship project and is in partnership with multiple agencies to ensure implementation.

**Aim**

To enhance continuity of cancer survivorship care across the health sector in Southern Mallee and Northern Loddon regions by implementing a whole-of-system approach.

**Objectives**

- To improve access to health and community services for cancer survivors across the region across all tumour streams
- To increase the capacity of primary and community health agencies to support cancer survivors
- To create and maintain effective and sustainable agency partnerships across the regions

This will be achieved by developing a shared model of care, implementing patient centred cancer survivorship care plans, coordinating pathways of care, building capacity across the primary and community health professionals through education and training, in addition to implementing screening and risk stratification tools to guide patient care, establishing IT
systems to improve patient access to services, and leveraging existing or establishing new clinical leadership, and community structures to improve support, and enhance project sustainability.

Strategies are required to be implemented across all components of the patient’s pathway that includes:

1. Prevention and early detection
2. Presentation, initial investigation and referral
3. Diagnosis, staging and treatment and planning
4. Treatment
5. Follow-up care and recovery
6. Recurrence, residential and Metastatic Disease
7. End of life care

**Geographical scope**

The scope of the project includes the Southern Mallee, Northern Loddon and Campaspe regions. As agreed by project partners, capacity building activities, such as cancer survivorship training, will be made available to the acute, primary and community services across the entire Loddon Mallee region. Other project interventions such as:

- quality improvement strategies
- IT
- redesign of health services and community activities piloted in the Campaspe, Loddon, Buloke and Gannawarra Shires. This includes the townships of Boort, Birchip, Charlton, Donald, Echuca, Inglewood, Kerang, Korong Vale, Kyabram, Pyramid Hill, Quambatook, Rochester, Wedderburn, and Wycheproof and with potential to roll out to other townships should time and resources allow.

**eReferral project**

The Loddon Mallee eReferral project will implement an electronic eReferral system that will establish robust referral pathways between hospitals, GP clinics and community centres. The project aims to:

- Enhance referral content
- Improve the speed of referral processing
- Reduce manual handling
- Incorporate relevant Australian and International standards
- Improve patient and professional satisfaction
- Improve patient safety
- Improve patient outcomes
- Reduce the number of inappropriate referrals

This project will be implemented under a regional partnership encompassing Murray PHN and Bendigo Health, Loddon Mallee Rural Health Alliance (LMRHA), and Bendigo Loddon Primary Care Partnership (PCP). The project will pilot an electronic referral system to enable sending and receiving between pilot regional health services, GP clinics and community health centres from the following locations:

**Bendigo**

Bendigo and District Aboriginal Co- Operative
Bendigo Health

**Bendigo Primary Care Centre**

Healthworks Bendigo, Golden Square, Kangaroo Flat, and Kennington Strathfieldsaye Primary Health
Castlemaine
Botanical Gardens Health
Castlemaine Health
Lyttleton St Medical Clinic
Mostyn St Clinic

Echuca
Echuca Moama Family Practice
Echuca Primary Care Clinic
Echuca Regional Health Services
Njernda Aboriginal Corporation
Rich River Health Group

Rochester
Campaspe Medical Practice
Elmore Primary Health
Rochester and Elmore District Health Service

Kerang
Fitzroy Street Medical Clinic
Gannawarra Family Clinic
Kerang District Health
Kerang Medical Clinic
Northern District Community Health Service

Aged care forum
This forum brings together key stakeholders from general practice, aged care facilities, acute health services, in-reach services, pharmacy representation and ambulance services in order to identify access issues and the development of strategies to address these issues.

Continuing Professional Development (CPD)
A range of CPD events are facilitated based on health priorities and local needs. The CPD calendar can be found on our website murrayphn.org.au or by subscribing as a registered stakeholder or receiving our weekly newsletter.