

THE NT INTERVENTION

There have been about 7600 child health checks done by OATISH teams during Phase 1 of the 'intervention' in the NT, with an overall target of 17,000.

AMSANT will soon receive funding to assist with the coordination of Phase 2, which is principally concerned with 'follow up' and the provision of specialist services.

Theresa Roe theresa.roe@amsant.com.au has been appointed as AMSANT's project manager for Phase Two, with three more project workers to be employed soon in Darwin and Alice Springs. Other AMSANT staff involved in Phase 2 are the two Public Health Medical Officers, **Dr Tanya Davies** and **Dr Liz Moore**, and the two Corporate Support Officers, **Simon Stafford** and **Graham Dowling**.

Primary health care component

The work will include completion of outstanding child health checks and follow-up of conditions detected in the earlier child health checkups. Each ACCHS will negotiate their own plan of how they would like this to be done. The funding for the staffing and related logistics will be provided by OATSIH. External staff employed could include doctors, nurses, Aboriginal Health Workers, allied health professionals, liaison officers, drivers and administrative staff.

ENT component

Most ACCHSs will be funded to have an Ear Health Coordinator who will work with patients and families on ear health and also liaise with visiting specialist services. Additional audiology and ENT surgical consultations and operating time are being provided by DHCS (funded through OATSIH). These services will be available to all children, regardless of whether their ear health problem was identified in a child health check. Some interstate surgeons are

will be the same as the current system in each region (mobile dental vans in the Centre, and visits to the established dental rooms in the Top End), but with increased resources and increased staffing for an increased number of visits.

Alcohol

Five services (four ACCHSs and one NGO) are providing AOD services for Phase 2. A clinical director, Dr Jeff Brownscombe, will provide clinical support to the external staff employed as well as to permanent staff. There has also been an expansion of 'sobering



AMSANT continues to engage with the Commonwealth on the 'intervention' to help bring new focus and resources to Aboriginal primary health care.

interested in making a long-term commitment to increasing ENT services in Central Australia and to working with primary health care practitioners on improving ENT health.

Dental services

It is recognised that many children with dental problems were not detected from child health checkups. Therefore all children (and adults with emergencies) are eligible for dental services in Phase 2. The model

up shelter' and rehabilitation capacity and additional funds for staff training.

Child Special Services

Child Special Services funding from OATSIH is available for services and projects which address child abuse-related trauma and related health issues in prescribed communities and town camps in the NT. Funding is available for projects up to 30 June 2008.

REGIONALISATION *Where to now?*

AMSANT and its member services continue to engage with OATSIH about the 'regionalisation' process and how it can benefit health planning, budgeting and the tracking of service delivery in the NT.

At recent meetings with OATSIH's working group in Alice Springs, members stressed that they must continue to control their own services and asked for more information about the benefits of regionalisation, the different models being considered, consultation with communities and timelines.

OATSIH says a new briefing paper on regionalisation with a draft map of

proposed boundaries will be circulated to services in coming weeks.

AMSANT EO, John Paterson, says that regionalisation presents opportunities for reforming and improving primary health care delivery but services needed to be reassured that their viability and autonomy will be maintained under such changes.

"The Commonwealth is committing \$100 million extra funding over two years to primary health care in the Territory so we need to work with them creatively to get the best impact for that investment," Patto says.

"AMSANT must be convinced that our member services will not be disadvantaged in any way under the regionalisation plan."

THERE'S A JOURNO ON THE PHONE!



What do I do?

As we know, Aboriginal health is often a hot item in the media ... but usually when something's going wrong or the government has mucked up somehow.

Health services get phone calls from the media—journalists, producers, film-makers, photographers—from time to time, to get your opinions on different matters. That's a good thing because it means you can give your opinion—and that of your Board, staff, community or clients—to a wide audience of people.

AMSANT EO, John Paterson has had a lot of experience with the media and he encourages you to contact the AMSANT Media Officer, Peter Bonner, if you do get any inquiries.

"While most journalists are ethical and true people, some may try and trick you or 'lead' you into making a comment you're not 100% sure about," he says.

"All our member services are independent groups and are of course free to talk to the

UPCOMING MEETINGS

Phase 2 Child Health Checks,

14th March, Diarama Village, Alice Springs Contact Theresa Roe at AMSANT on 8944.6666.

AMSANT Executive Meeting,

15th April, Central Australian Aboriginal Congress, Alice Springs
Contact Bronwyn Netluch at AMSANT on 8944.6666.

AMSANT General Meeting,

16th and 17th April, Desert Sands in Alice Springs
Contact Bronwyn Netluch at AMSANT on 8944.6666.

AMSANT I.T. Meeting,

17th April, Desert Sands in Alice Springs
Contact Greg Henschke at AMSANT on 0400.448.159.

AMSANT PIRS Meeting,

17th and 18th April, Desert Sands in Alice Springs
Contact Greg Henschke at AMSANT on 0400.448.159.

AMSANT Public Health Network Meeting,

18th and 19th April, Desert Sands in Alice Springs
Contact Dr Tanya Davies at AMSANT on 8944.666 or 0417.508.065.



media. I only ask that you get in touch with Pete first so he can advise you how you can use the media to best get your message across."

AMSANT's Media Officer, Peter Bonner, can be contacted 24 hours a day on 0407.000.592 or peter.bonner@amsant.com.au



Brian Pedwell, David Lines and Eric Thomas from Katherine West showed great leadership when they gave a presentation on 'cultural security' at last year's Kakadu Camp.

LEADING THE WAY

The AMSANT Leadership Planning Group is finalising its 2008-2011 operational plan for the consideration and final approval of the AMSANT Committee in April.

A two-day December meeting of the group in Darwin was facilitated and sponsored by Oxfam Australia and mapped out the future development and direction of the AMSANT leadership program.

AMSANT Chair, **Paula Arnol**, says that only the flexibility and support of members ensures the program's success as the group is drawn from health services right across the NT.

Paula says that 'leadership' is the number-one priority in AMSANT's strategic plan and she's pleased the group is forging ahead with its own ideas, energy and priorities.

The group hopes to consolidate on the success of last year's Kakadu Camp and build the leadership skills and opportunities for all potential leaders in the community controlled health sector.

"Oxfam has pledged its support to AMSANT's work so we'll continue to strengthen and expand our growing partnership," Paula says.

Anyone interested in the AMSANT Leadership Program can contact Sharon Manhire at AMSANT on 8944.6666 or sharon.manhire@amsant.com.au

WEB-SITE UPGRADE

The redesign and construction of AMSANT's new website is nearing completion and should be 'live' and operational by mid-April.

Considerable effort and thought has gone into the project to better inform the general public about the challenges of Aboriginal health in the NT and

AMSANT's role in improving the capacity of our health services.

Members will be advised of the new website, as soon as it's up-and-running.

Since late-2007, AMSANT has employed **Dr Tanya Davies** (Darwin) and **Dr Liz Moore** (Alice Springs) as Public Health Medical Officers to apply a quality improvement approach to Aboriginal primary health care and to disseminate 'best practice' guidelines and new research findings.

The key PHMOs roles are to:

Provide guidance, advice and expert opinion to AMSANT member services and their staff on issues such as supporting clinical staff, assisting with GP and staff recruitment, evaluation, data collection and systems approaches to improving quality of care.

Lead and manage the AMSANT Public Health Network.

Represent AMSANT's members on clinical groups such as the Preventable Chronic Disease Strategy; Chronic Disease Network; Flinders University NT Clinical School Advisory Committee; Hot Spots GP recruitment; Immunisation; Medicare NT local working group; MSOAP (Steering Group and regional committees); Palliative Care Steering Group; Prison Health Project; Renal Clinical Reference Group; Rheumatic Heart Disease; Visiting Optometrists Scheme, and others.

Develop public health policy and issues. The PHMOs advise the AMSANT EO and Board on public health and primary

health care policy. They also work across agencies to improve public health programs and delivery, in conjunction with other AMSANT member services and staff.

AMSANT's PUBLIC HEALTH MEDICAL OFFICERS

It's worth noting that the 'NT intervention' has dominated the PHMO role in the last six months, especially in relation to the Australian Government Child Health Check Initiative.

There is now an AMSANT project manager, **Theresa Roe**, for coordination of Phase 2 of the 'intervention' but the PHMOs will continue to be heavily involved.

A new position at AMSANT has been created to further support our member services. **Britt Puschak** has been appointed as AMSANT's Public Health Administration and Project Support Officer and is based in AMSANT's Alice Springs office.

Britt will provide administrative support to the AMSANT PHMOs and will also develop primary health projects as required.

Tanya and Liz encourage you to ring them any time for advice or support. They can be reached at the AMSANT offices - Darwin 8944.6666 and Alice Springs 8953.3551 or 8953.3557.



At the AGM in Darwin in September, Jack Little and Joseph Cox from Katherine West were presented with momentos in honour of their 10 year's service on the Board. Jack (right) is pictured with AMSANT Acting Chair, Eddie Mulholland and AMSANT EO, John Paterson.

PUBLIC HEALTH NETWORK (PHN)

The Public Health Network is a forum for health professionals working in the community controlled sector as well as others with Aboriginal primary health care expertise. The PHN is hosted by AMSANT and is supported by our public health medical officers in Darwin and Alice Springs. The broad aims of the network are:

- To improve Aboriginal health outcomes by encouraging a quality improvement approach to primary health care
- To improve the quality of primary health care provided by the sector by disseminating 'best practice' guidelines and new research findings
- To inform clinicians of changes to the health service sector, including changes to specialist services and the allied health sector
- To obtain feedback from clinicians about barriers to providing primary health care including funding and staffing issues and wider health system issues so that this information can be used by AMSANT for advocacy and policy work
- To provide information to clinicians about AMSANT's current policy and advocacy work and to obtain input from clinicians into this work

The group decided from the start that the PHN was to be a forum to discuss issues in common across the NT—but not to be a lobby group in itself. Issues raised by the PHN are taken by members back to their employing organisations to be addressed through their own processes.

Teleconferences are held every month with periodic face-to-face meetings. They are now taking place on the first Thursday of every month from 4pm to 5:30pm. There will also be a face-to-face meeting the 18th and 19th of April, focusing on quality systems and audit processes for chronic disease systems.

Issues discussed by the PHN include: Child Health Checks, PIRS (Patient Information Recall System), Medicare, PATS, MSOAP, Quality and Safety, Clinical Governance, the Aboriginal Health Forum's 19 KPIs, GP recruitment, alcohol policy, pharmacy and various research proposals.

To get your name added to the PHN mail-out list or to seek further information, please contact

Dr Tanya Davies (AMSANT PHMO in Darwin) tanya.davies@amsant.com.au

Dr Liz Moore (AMSANT PHMO in Alice Springs) liz.moore@amsant.com.au

Britt Puschak (AMSANT Public Health Administration and Program Support Officer) britt.puschak@amsant.com.au



AMSANT Chair, Paula Arrol, encourages clinicians to join the PHN (see story to left).

STI WORKSHOP

An STI workshop was held in Alice Springs in February to discuss current and emerging primary health care and public health approaches to STI control, and the role of research in reducing the unacceptably high rates of STIs in central Australia.

AMSANT, in conjunction with the National Centre in HIV Epidemiology and Clinical Research and DHCS, hosted the event which attracted a strong number of primary health care clinicians, public health practitioners and people working on sexual health policy.

Information on the prevalence of STIs and existing control programs was presented and the workshop discussed examples of best practice where sustained reduction in STI prevalence had been achieved through a combination of clinical and public health approaches.

Important elements included community support and involvement in programs, adequate resourcing, dedicated STI positions, training of staff, opportunistic and organised screening programs, availability of condoms and education of young people.

PIRS SUPPORT

All AMSANT staff welcome our new Central Australian PIRS Support Officer, **Kaye Bransgrove**, who started work in AMSANT's Alice office on 14th February. Kaye comes from a Medicare background and is well known to many AMSANT member services. She and **Greg Henschke** are working together to assist and support you in all aspects of PIRS.

All PIRS inquiries can be directed to Kaye (central region) on 8953.3551 or 0488.006.680 and/or Greg (Top End) on 0400.448.159.

They are there to help you with all PIRS issues—reporting from PIRS, KPIs, Communicare, Ferret or MD, PIRS privacy or security policies, data entry, Medicare, E-Health etc—and in liaising with groups such as DoHA, OATSIH, DHCS, PIRS vendors and SAMSIS.

AMSANT has been meeting with DoHA officials about the most efficient way to report on the Phase 2 'child health checks and follow-up activities'. This will be determined over the next few weeks and services will be advised by DoHA on reporting requirements.

Phase 1 CHCs continue with Ferret having implemented the child health checks onto a template while Communicare's template will be available soon. Health services can use their PIRS child health check template to enter data into their PIRS, or use other recording methods such as the 708 template.

Many services have received funding from DHCS for a data entry officer to be employed to enter Phase 1 child health check data into PIRS. AMSANT has also been granted a small amount of funding to assist those services that haven't received their own funding.

Negotiations are continuing with DHCS and the Top End Division of GPs to have SEMS (secure electronic messaging service) implemented into all of our service's PIRS so that electronic referrals for Phase 2 specialist and dental follow-up can be sent to DHCS and for the electronic reports to be sent back into PIRS.

**The AMSANT PIRS meeting
will be held at
Desert Park, in Alice Springs,
on the 17th and 18th April.**

**SMART,
SAFE AND
SECURE**

AMSANT is fast developing the new Managed Health Network (MHN) that will enable member services to access patient information recall and intranet systems, all hosted in a world's best practice data-centre.

The network is moving into production rollout mode and **David Murtagh** and **Barry Garside** at AMSANT have spent the last few months concentrating on development and internal training.

"In the next few weeks we will be doing a specialised test of the authentication system," David says. "The system will be used to achieve the highest possible data security for the network, with an identification device that is used in banks and other high security environments; this has created an unprecedented data security environment for remote health services.

"We have also begun expanding services through the network, including email, word processing, accounting and other office programs. These systems will allow organisations to put their whole computer environment into a single data-centre."

Using the MHN framework, AMSANT has started a project to develop pilot intranet sites for two member organisations (Katherine West and Nganampa) and an extranet site for AMSANT and its members.

The AMSANT extranet will allow member services to share information about activities and developments in the Aboriginal community controlled health sector. As the platform is the same as the pilot intranet sites—Microsoft Sharepoint—it will also provide a collaborative workspace for member services and other stakeholders (subject to permissions) to discuss and develop issues, share information, and generally network within the sector.

The pilot intranet sites are scheduled to be in production by the end of April while the AMSANT extranet will follow shortly thereafter.

**For further information
contact David Murtagh
(MHN manager)
on 8944.6666 or at
david.murtagh@amsant.com.au**