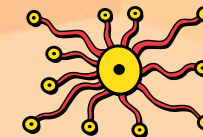


Nganampa Health Council

Annual Report 2015



Governance

Continuing our record of delivering high quality primary healthcare

Jamie Nyangu

Chair

John Singer

Executive Director

David Busuttill

Health Services Manager

Paul Torzillo

Medical Director

Despite operating in one of the most challenging service delivery environments in Australia, Nganampa Health Council continues to maintain a high quality health service that has resulted in a number of sustained health improvements for our members. The Health Council continues to improve and extend its programs and services in innovative ways to meet emerging population health challenges. A range of these are discussed in this report and include:

Record levels of completed health checks and patient management plans.

Outstanding outcomes in our comprehensive Sexual Health Program, with high levels of client participation and sustained low levels of infections; by any measures the leading edge program of its type in remote Australia.

Extended visiting specialist services.

Accredited, high quality residential aged care and palliative care.

Quality, well integrated chronic disease management programs.

A robust Women's Health Program with increasing levels of completed women's health checks and screening rates.

A high quality suite of environmental health programs delivering significant positive impacts on living conditions.

Royal Australian College of General Practitioners accreditation renewed

This year we successfully maintained our accreditation. We were particularly complimented on the high quality and completeness of our client health records. This is testament to the importance we place on information management, both to ensure clients receive a high level of care, and to ensure our performance can be measured, managed and improved.

Promoting training, professional development and employment for Anangu

The Health Council recognises the importance of employing Anangu and of the benefits that thereby accrue for the organisation and its members. A range of training is offered, including supporting Anangu to undertake formal post-secondary studies. There have been a number of recent success stories in this regard, some of which are highlighted later in this report.

Extending Medical Officer coverage

In recent years, we have been successful in both increasing our Medical Officer coverage and ensuring their workload is more sustainable. A range of strategies have assisted with this including recruiting an additional fulltime Medical Officer, developing a pool of regular locums who can provide coverage during periods of leave, redistributing workloads and using charter flights to reduce travel time. Evaluation shows that these measures are contributing to improved health care provision.



The Fred Hollows Foundation Collaboration

Through a continuing collaboration with The Fred Hollows Foundation (TFHF) a position to coordinate eye health services has been established. The role includes screening children for trachoma and adults for trichiasis, eye health promotion, and adding value to the specialist ophthalmology and optometry visits through coordination and liaison with clinic teams and clients to ensure priority clients are reviewed. Early evaluation data indicates that this position has resulted in improved trachoma screening rates and more effective specialist visits. It is planned to purchase a digital retinal camera to allow images to be transmitted for offsite examination. Challenges we face with introducing digital medical equipment are discussed later in the report.

Risk Management

Over time, the Health Council has successfully reduced the number of serious vehicle accidents that our employees are involved in. We are pleased to report that this trend continued in 2015 with no serious accidents. In addition there is some evidence that the installation of reversing cameras is reducing the number of reversing accidents.

Many of our risk management activities have focused on clinical safety and governance. We are improving those systems that allow us to better monitor workloads and performance and provide feedback to staff. We undertake regular and special audits of specific activities to ensure that the services provided are of a high quality. Our clinical services are highly protocolised with the suite of Remote Primary Health Care Manuals used. This year we commenced using these online. Clinicians report that the online manuals make it easier for them to access required information.



Thanks to our committed and skilled staff

The Board wish to thank all staff for their contributions throughout 2015. In a large, complex and remote health care organisation coordination, delivery, evaluation and development of services is far from straightforward, especially in an uncertain policy and funding environment. In particular, sustaining high quality management and administrative systems and staffing are critical. Administrative staff in the Umuwa and Alice Springs offices played an important role throughout the year in providing clinical and public health staff with the resources and support necessary to do their work effectively.



Achieving clinical excellence

Delivering best practice clinical and population health services and programs is Nganampa Health Council's core business.

Nganampa Health Council Strategic Plan

Royal Australian College of General Practitioners (RACGP) Accreditation through AGPAL

The Health Council's clinics achieved RACGP re-accreditation against the 4th Edition of the RACGP Standards through AGPAL. The process provided the impetus to review and improve clinical practice, systems and standards maintained by the clinics.

While efforts are made to maintain the RACGP standards between survey rounds there is always work that needs to be done to bring each clinic into line with the standards. Clinic and office staff worked hard to achieve the excellent report the organisation received from the surveyors. Program coordinators also contributed to the process by reviewing and updating the policies and procedures relating to their work.

Clinical Education

Orientation to the clinics and remote area nursing can often make a big difference to early experiences for new nurses and their retention. Finding a way to improve this aspect of clinical education in a sustainable and effective way is a challenge. Often experienced clinic staff struggle to find the time to provide adequate orientation for new community health nurses. Program nurses have provided on-site orientation to their programs which has been a successful advance in the orientation of new clinic nurses.

This year the Health Council facilitated the International Trauma Life Supports courses – both Paediatric and Adult and the Trauma Nursing Core Course. Nurses recently recruited to the clinics attended the Pharmacotherapeutics Course for Remote Area Nurses at the Centre for Remote Health in Alice Springs. The Outreach Midwives and Women's Health nurses conducted

a workshop at Umuwa that dealt with antenatal care, emergency obstetrics care and infant feeding early this year.

The theoretical side of core clinical competencies and Occupational Health and Safety competencies are increasingly being covered through online learning provided by the organisation.

There continue to be regular Communicare Clinical Information System and Program online workshops and teleconferences throughout the year. Program Coordinators visit clinics and provide support by phone throughout the year.

In addition, clinical safety and continuous quality improvement are supported by real time surveillance of practice as documented in the clinical record, regular multidisciplinary regional clinical meetings and annual performance appraisal. Nurses are required to, and frequently

exceed, the 20 CPD points required to meet annual national registration requirements.

Visiting Specialists

Visiting specialists make a vital contribution to the delivery of quality comprehensive health care for Anangu. As well as direct services, all visiting teams offer professional development and secondary consultation and support for front line clinical teams.

The Paediatric Team, led for many years now by Dr Anne Chang and supported by Paediatric Nurse Carmel Hattch and Registrars from Alice Springs Hospital, visit regularly. This year a total of 262 children were assessed and reviewed (142 females and 120 males) over the course of three visits to the APY Lands. After the visits, the Paediatric Nurse takes a key coordinating role in booking follow up appointments for further investigations or treatment as indicated.



She also helps establish breast feeding for new mothers following delivery and provides case management, health education and monitoring where children are failing to thrive.

Podiatrist Sara Jones and podiatry students visit regularly, including to the aged care facility Tjilpiku Pampaku Ngura. During three visits to the APY Lands in 2015 a total of 313 clients were assessed and treated. These visits also include an Anangu Health Worker (AHW) training component.

Two audiologists from Australian Hearing Services visited the APY Lands three times this year examining identified children's ears and testing their hearing as well as checking aided children and adults. They continue to work with AHWs reinforcing previous training and updating their skills in ear health management. We currently have three trained ear health AHWs on the APY Lands.

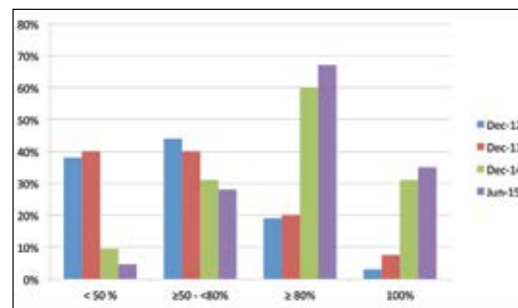
The Cardiology Team visited three times in 2015 and consists of Cardiologist Dr Christopher Zeitz, Clinical Practice Consultant Renee Henthorne and an echocardiographer. The Nganampa Health Council Cardiology Coordinator arrives the week before each visit to work with clinic staff, inform patients and provide health education. In 2015, there were 102 cardiology consultations and 92 echocardiograms performed.

Specialist visits promote timely consultations and tests, prompt feedback and improved ongoing clinical management. The visiting cardiology program has improved awareness,

prevention and management of rheumatic heart disease (RHD):

- During each cardiology visit and whenever administering monthly prophylaxis every opportunity is taken to provide patient education.
- Continuing in-service education has been provided to health staff by experts covering prevention, differential diagnosis, management and prophylaxis.
- Improved liaison with Northern Territory (NT) and South Australian (SA) RHD registers, Alice Springs Hospital and other organisations has allowed better monitoring and follow-up of prophylaxis.
- The Health Council has also worked with SA RHD register and others to create an education calendar with stories and photographs from across the APY Lands and other SA communities.

As indicated in the graph below, these initiatives have resulted in a significant improvement in compliance with prophylaxis over the first two years of the program.



Percentage of Nganampa Health Council clients (listed as current) receiving BLA prophylaxis at each rate (< 50%, ≥50- <80%, ≥ 80% and 100%) of the prescribed dose (every 4 weeks) 2012-2015.





Women's Health

The Women's Health Program continues to employ two APY Lands based midwives who drive the work. Having both key staff residing on the APY Lands has resulted in improved health care delivery which can be evidenced from the statistics discussed in this report.

Every two years, Breast Screen SA mobile service provides three days of screening at Marla. This is a logistically challenging exercise with some women having to travel in excess of 1,000 kilometres. In March 2015, a total of 94 women were screened, representing over 60% of the target population. This is an excellent outcome and special thanks need to go to all the staff involved, as well as Breast Screen SA for their support.

This year the Program contributed to the management of approximately 80 pregnancies and 75% of antenatal women resident on the APY Lands were seen in the first trimester. In the past few years the program has had an increased

emphasis on performing dating ultrasounds on the APY Lands and in the past year this was performed for the majority of antenatal women.

The Program has been successful at increasing the number of well women's checks that are completed. A total of 370 pap smears were performed and approximately 77% of women resident on the lands have had a pap smear completed in the past two years. A range of strategies have been used to achieve this result including providing training to more female nurses. A quality control audit was undertaken with feedback provided to practitioners.

This year saw the resignation of Robyn Pitt who for a number of years was the driving force behind the Program and its impressive and sustained achievements are due in large part to Robyn's efforts over many years. She will be missed.

Social and Emotional Wellbeing

The Social and Emotional Wellbeing (SEWB) Program has several components. The Health Council employs two Mental Health Nurses who are both based at Umuwa and travel regularly to all the communities on the APY Lands. Tony Shepherd provides services at Fregon, Amata, Nyapari and Pipalyatjara while David Walsh provides services at Iwantja, Mimili and Pukatja. These staff coordinate and support adult psychiatry visits and participate in an annual Guardianship Board visit. The tertiary level psychiatry services are provided from both Alice Springs and Adelaide and the Health

Council enjoys strong working relationships with mental health services and networks in both jurisdictions. The Mental Health Nurses play a critical role in providing secondary consultation and support to front line clinical teams across the Lands. They represent the lynchpin to integrated and coordinated SEWB service delivery. This year the mental health nurses provided services to 222 individuals on over 1,500 separate occasions.

Social Worker Sanya Yorth, provides emotional and practical support through assessments, counselling, liaison and advocacy for Anangu clients in Alice Springs. Referrals may be sourced from Medical Officers, Nurses, Midwives and the Hospital Liaison Team to support attendance at medical appointments and to advocate with agencies that provide income support, housing and other essential services. Karen Nicolaysen, a social work student from the University of Sydney, successfully completed her four month university placement. Her main learning task was to conduct routine psychosocial assessments for antenatal clients attending appointments at Alice Springs Hospital so as to identify potential enhancements to our outreach and support services.

The Hospital Liaison Team

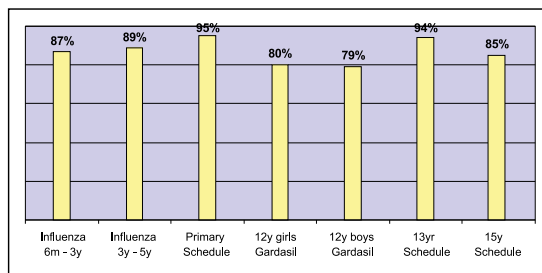
The Hospital Liaison Team is based in Alice Springs. Bronwyn Frank was appointed as the new team leader this year and, together with Tanya Turner and Daniel Forrester, they provide travel and accommodation, translation, and social support services to Anangu who need to travel to Alice Springs for tertiary health care.



Child Health Program

The Child Health Program has a number of components – immunisation, child growth monitoring in children under 5 years of age, and child health checks.

In 2015, more than 95% of children under 7 years of age were fully immunised and child immunisation coverage rates remain well above the national benchmark (see graph below).



% Completion of vaccination course at relevant schedule points at Dec 2015

Child growth checks aim to monitor the child's growth parameters and overall health and well-being. Regular reviews are conducted on child growth charts to facilitate greater efficiency in identifying children at risk and to ensure adequate and timely follow up. A very high completion rate for recalls continues to be sustained. Each year, clinical teams target 5, 10 and 13 year old children for a comprehensive child health check. Overall, 2015 showed an increase over the previous year in the number of completed child health checks in the target population.

Dental Program

The Dental Program provides oral health clinical services and health promotion with 927 clinical examinations and 1,052 visits recorded this year.

The fully equipped mobile dental surgery, which commenced service in 2011, continues to perform well and remains a mainstay of our remote program, essential to facilitating timely and accessible care.

The Program has priority components, including a school dental program, emergency service and special needs care, and adopts a preventive and Minimal Intervention Dentistry (MID) philosophy and clinical approach. Our activity data reflect this approach, with clients receiving priority preventive services such as fluoride varnish applications and fissure sealants, as well as the appropriate therapeutic application of silver fluoride (AgF) to control decay. Tooth brushing programs are supported in all schools across the Lands.

Chronic Disease Program

The objectives of this Program are to:

- Identify risk factors for chronic disease early and provide health promotion messages to address them
- Detect chronic diseases/conditions early to monitor and manage disease progression
- Manage health care for people with established disease to prevent and manage complications

The Program has been successful in meeting these objectives. This year almost 1,000 Health Checks were completed. The number of GP Management Plans totalled 350 and 342 Team Care Arrangements were completed. These plans provide a framework for evidence based patient care with a focus on self-management. In addition visiting specialist teams are an important part of the program as they increase access to care for patients who otherwise would have to travel prohibitive distances for services. Visiting respiratory physician Dr Antony Veale assessed or reviewed 130 clients. In addition 10 patients had sleep studies completed resulting in a diagnosis of obstructive sleep apnoea.

There were 60,943 health contacts recorded in the last financial year, with 15% of these being after hours.

A total of 3,882 individuals were seen and 3,480 of these were Anangu.

There were 223 emergency evacuations.

Advancing Anangu employment and professional development

Anangu Health Worker (AHW) training continues to be delivered in a modular form at Umuwa training centre on a regular basis. We have had a number of external trainers assist with ongoing training or with individualised training in the clinics.

A new initiative during this year was the delivery of a Numeracy and Literacy online program for AHWs in collaboration with TAFE SA. This provided online numeracy and literacy support online every Tuesday through the CENTRA platform. Content was based on the current AHW curriculum and health themes. The program had reasonable participation levels with students showing some improvements in their numeracy and literacy levels.

We continued to deliver Senior First Aid Courses under the auspices of Australian Red Cross. In the future this course will be delivered on the APY Lands through TAFE SA.

As in past years, the main challenges to delivering the AHW Training Program focus around distance, transport, accommodation and cultural obligations. Sourcing secure ongoing funding for AHW Training also remains an unresolved issue.



Lee Lawrie

Lee Lawrie is a Tobacco and Healthy Lifestyle Officer working on the smoking cessation program and with young girls in Pukatja promoting exercise and coaching softball. Lee's softball team won the Grand Final in September 2014 and 2015. Lee also helps out in the clinic when needed. Lee is a registered Aboriginal Health Practitioner who is also currently studying the Bachelor of Nursing part time. Lee holds a current Certificate 4 in Workplace Training and Assessment and has also completed a Diploma in Interpreting this year. Lee has a large family of children and grandchildren who keep her busy outside of work.

"Being an Aboriginal Health Worker has given me a big advantage in doing my nursing and Nganampa Health has released me for my nursing study blocks which has been a great help."

We will maintain, implement and further develop an Anangu Employment Strategy. This will include striving to develop opportunities for Anangu employment within the health service across all workforce categories.

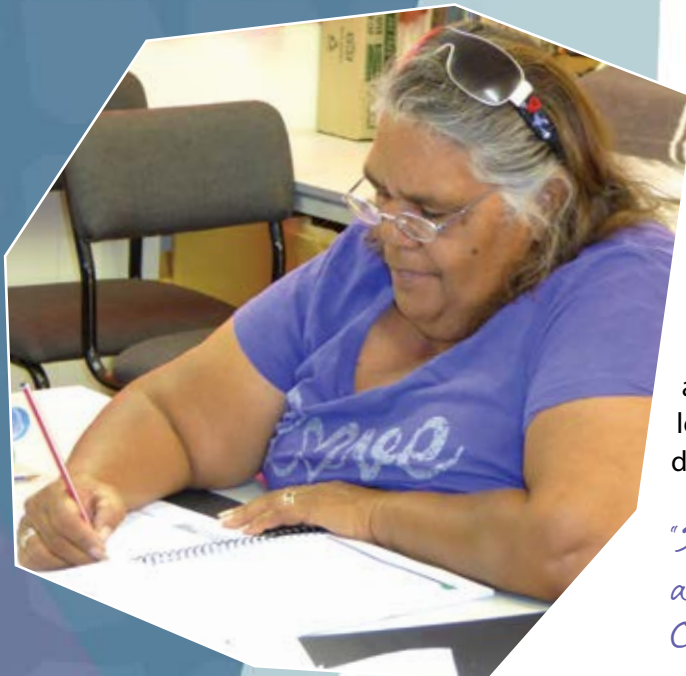
Nganampa Health Council Strategic Plan



Pantjiti Lewis

Pantjiti Lewis is currently working at Pukatja Clinic as an Anangu Health Worker. She has completed Certificate 3 in Aboriginal Primary Health Care and is part way through her Certificate 4. Pantjiti has been seconded to work part time on the Uti Kulintjaku mental health literacy program with NPY Women's Council. This involves her spending 4-5 weeks a year in Alice Springs working on the project. Pantjiti also holds a Certificate 4 in Workplace Training and Assessment. Pantjiti is part of the Ernabella Choir and is involved in the Bible translating project and loves painting at the art centre when she gets a chance. Pantjiti has just returned from a study tour to Israel.

"I really enjoy working as a health worker especially with young girls and women and have also enjoyed working on the Uti Kulintjaku project."



Dianne Strangways

Dianne Strangways is currently working at Iwantja Clinic as an Anangu Health Worker. She recently completed Certificate 4 in Aboriginal Primary Health Care. Dianne has completed the Quitskills smoking cessation training and undertakes smoking surveys within Iwantja community and offers advice and information on quitting. Dianne also has Certificate 4 in Workplace Training and Assessment. Dianne has a large family of children and grandchildren and lots of family obligations as a consequence. In her free time she manages to do beautiful wood carvings of birds which she sells through Maraku Arts.

"I really enjoy being a health worker at Iwantja and I am pleased to have recently finished Certificate 4 after lots of hard study."



Mary Willis

Mary Willis is currently working at Iwantja Clinic as an Anangu Health Worker. She recently completed Certificate 4 in Aboriginal Primary Health Care. Mary has recently updated her Certificate 4 in workplace training and assessment qualifications so that they remain current and has also re registered as a NAATI interpreter. Mary completed the Quitskills smoking cessation training this year and undertakes smoking surveys within Iwantja community and offers advice and information on quitting cigarettes. Mary has successfully stopped smoking and is a good role model for all those trying to give up.

"I really enjoy my work and love interpreting for the Nurses and Doctors and making sure that the patients understand their condition and treatment."

Louise Tucker



Louise Tucker is currently working at Pukatja Clinic as an Anangu Health Worker. Louise has recently completed Certificate 4 in Aboriginal Primary Health Care. Louise has undergone specialised training in Ear Health and she often assists the visiting audiologists and ear health nurse with their specialist visits as well as assisting with the Ophthalmology visits in Pukatja. Louise recently accompanied a number of children down to Adelaide for ear surgery. Louise is qualified to do dating ultrasounds on pregnant women and has a keen interest in Women's Health.

"I really like working in the clinic especially in women's health and working with the Program Coordinators and specialists."



Zibeon Fielding

Zibeon Fielding is currently working at Mimili Clinic as an Anangu Health Worker. He has recently completed the Certificate 4 in Aboriginal Primary Health Care. Zibeon has undertaken many extra courses and is a keen learner. He has recently completed the ear health skills set in Adelaide and had previously done the Quitskills smoking cessation workshops. Zibeon undertakes smoking surveys throughout his community and actively encourages smokers to try to give up. Zibeon is a fit young man and is a good role model for the young men in his community. He coaches the Mimili football team and also plays for them. He works hard within the clinic and often helps the visiting specialist teams, always eager to pick up new skills. Zibeon is also studying nursing part time online with Charles Darwin University.

"I love the challenge of working in the clinic and helping my community."

Nganampa Health Council would like to thank all the staff and friends of the organisation who have donated money to the Scholarship Fund, enabling us to provide a scholarship to Pirpantji.



Pirpantji Rive-Nelson

"Through continued support from Nganampa Health Council I am fulfilling my aspirations of a career in health care. My academic journey began in 2011 with a Bachelor of Nursing at Griffith University in Queensland. Over a three-year period, I concluded my studies, going on to complete a yearlong Registered Nursing Graduate program with the Royal Darwin Hospital in the Intensive Care Unit. I am now undertaking further study in a graduate entry Doctor of Medicine program with the University of Queensland. I am currently unsure of which area of medicine I may end up working in but I am most fortunate and grateful to have the support of the Health Council during this challenging time. However, my focus and motivation remains on improving the health and welfare of our communities and people. My country is around the Kunmanara Bore, Kata Ala, Piralyungka, Watalya area, and my family are spread across the border region. In the future I hope to utilise my profession to benefit our people."



Aged Care Program

Tjilpiku Pampaku Ngura

The aim of the Nganampa Health Council Aged Care Program is to enable aged, frail Anangu to remain on country for as long as possible rather than being hospitalised or seeking residential placement in a distant regional centre. Such a move results in a loss for the older person of family, friends, country and their role in, and contribution to, the cultural and social life of the community.

Opened in 2000, the aged care facility Tjilpiku Pampaku Ngura (a Pitjantjatjara term loosely translating as “home for older men and women”) provides accredited residential and respite care to older Anangu. There are currently 13 places, 10 of which are usually occupied by permanent residents.

A regional service, up to 20 Anangu from communities across the APY Lands currently access regular respite, thereby providing their usual family carers with a break from the daily routine and responsibilities of personal care. Whilst located at Pukatja community in the centre of the APY Lands, the residential care services are regional and referrals for both residential and respite care come from communities across the APY Lands. Respite residents come from communities up to 300km distant from Pukatja and Tjilpiku Pampaku Ngura provides the necessary transport.

We will provide best practice residential aged care at the Pukatja Tjilpiku Pampaku Ngura Aged Care facility.

Nganampa Health Council
Strategic Plan



An important focus of the care provided at Tjilpiku Pampaku Ngura is to ensure residents retain their significant links with family and country and that they are able to continue their creative interests and cultural practices. Regular outings and bush trips are arranged to facilitate this and a purpose fitted bus is maintained. The facility is designed to cater to the traditional living patterns and cultural pursuits and interests of Anangu, with wiltjas (traditional shelters) located in the grounds and attention given in the living areas to maximising options for both indoor and outdoor recreation and socialising. A Home and Community Care Program services the local community. This involves provision of meals and personal care services for eligible clients. This work is currently subcontracted from SA Government.

The majority of the staff at Tjilpiku Pampaku Ngura is Anangu, many of whom have completed, or are completing, formal qualifications in aged and disability care. We collaborate with TAFE SA in the provision of on-site training. Through this collaboration sixteen Indigenous staff have now completed either Certificate III or Certificate IV qualifications in aged and disability care.

Residents have access to high quality clinical care, through an Aged Care Program Registered Nurse. Outside ordinary hours, 24-hour emergency clinical services are provided by nursing staff at the Pukatja clinic and the resident Medical Officer. Residents have access to a range of regularly visiting health services, including podiatry, physiotherapy and oral health. Visiting Allied Health services are provided by the Department for Communities and Social Inclusion. They provide direct services, advice on equipment maintenance and purchase, and secondary consultation and support to staff on appropriate exercise and activity regimes. The Nganampa Health Council dentist visits throughout the year to provide care to residents and staff upskilling.

Palliative care is provided at Tjilpiku Pampaku Ngura and a significant number of Anangu and their families have benefitted from this care since the facility opened. We acknowledge the professional development, equipment support and secondary consultation and advice we receive from the NT palliative care team in Alice Springs.

A capital works grant has recently been received from the Department of Social Services (DSS) to undertake a much needed refurbishment and expansion of the facility.



Key challenges going forward include completing a capital works refurbishment, maintaining and further improving quality assurance systems, advocating with Government for a more realistic and adequate funding base, and better equipping staff to provide quality person centred care to an increasingly high care client group.



STI Control and HIV Prevention Program

We will sustain a comprehensive sexual health program across the APY Lands and continue to work collaboratively with key stakeholders.

Nganampa Health Council Strategic Plan

The Health Council's STI Control and HIV Prevention Program has sustained effective and comprehensive service delivery on the APY Lands for twenty years. Key outcomes include the consistently sustained reductions in, and comparatively low levels of, infection in chlamydia, gonorrhoea and syphilis. Pivotal to the continued success and demonstrated impact of the Program are strong support from the Health Council Board and management, highly skilled Program coordination, integration with other primary health care programs, adequate levels of funding, a comprehensive approach, and intensive screening and monitoring of interventions and outcomes.

In 2015, the chlamydial prevalence rate was 4.6% (49% reduction from 1996), the gonorrhoea prevalence rate was 4.8% (66% reduction from 1996) with a syphilis prevalence rate of 0.1%. This year 1,132 people participated in screening from current and transient status people aged 14 to 40 years of age.

The participation rate from among permanent residents only was 82.2%, and 98% of Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) infections were successfully treated.

The average time to treatment across all chlamydial and gonococcal infections was 5.6 days compared with 8.7 days in 2014.

This year syphilis serology was repeated in all people 25 years of age and under, due to a multijurisdictional outbreak in remote Central Australia. A positive outcome was that 1,060 separate individuals were offered syphilis testing as part of the annual screen in 2015.

Early presentation of symptomatic males to the clinics on the APY Lands provides an important method through which infection in the population can be detected early and treated to prevent spread between population-wide STI screens. Sustained provision of clinical services by appropriately trained and supported gender specific staff create confidence among the population that symptomatic presentations will be effectively and confidentially managed.

The Program maintains a comprehensive syphilis registry with long-term histories of over a thousand people to allow new infections to be identified, and ensure adequate treatment of latent infections.

Regionally and nationally the Program Coordinator Dr Rae-Lin Huang participates as a member on the Multijurisdictional Syphilis Outbreak Group (MSOG) and the Aboriginal Engagement sub-committee of the MSOG, and as a member of the Remote Primary Health Care Manuals Sexual Health Editorial Working Group. She is also an Associate Investigator in the Centre for Research Excellence in Aboriginal Sexual Health and Blood Borne Viruses which has been funded this year by the National Health and Medical Research Council.

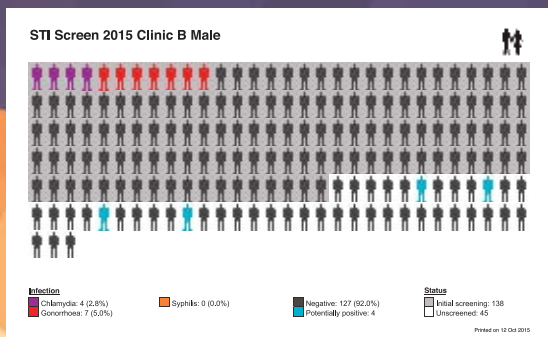


Figure 1: Screentracker representation of male screening in one clinic during the population-wide screen.

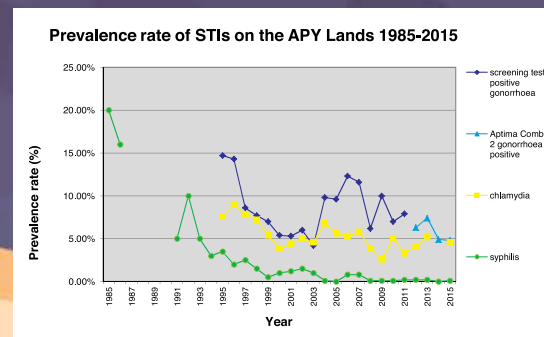


Figure 2

Eye & Ear Health

The Health Council is nearing the transition point between the TTAnGO and TTAnGO2 phase. The trials have been assessing the accuracy, advantages, feasibility, acceptability and cost-effectiveness of point-of-care testing for identifying CT and NG. Initial analysis of data from one of the two local test sites has shown reduction in median treatment time from 8 days to 0 as a result of the implementation of the technology. The poster outlining these results presented at the recent World STI & HIV Conference "New rapid molecular test improves uptake and timeliness of treatment for Chlamydia trachomatis and Neisseria gonorrhoea in a remote Aboriginal health clinic" Huang R, Ward J, Tangey A, Causer L, Guy R was awarded Best Poster Prize at the World STI & HIV Congress held in Brisbane in 2015.

Eye and ear specialist teams visit all clinics on the APY Lands regularly to conduct assessments, reviews, treatments and referrals. The emphasis is on culturally and geographically accessible care that is integrated with other primary health care program work, especially in the areas of chronic disease, child and maternal health and environmental health.

Staffed by Adelaide based ophthalmologists and optometrists, the eye health team has been conducting visits twice yearly across all clinics for approximately twenty years. In 2015 a total of 494 individual clients were reviewed, and 45 clients were referred to either Alice Springs or Adelaide hospitals for further specialist reviews or eye surgery. Eighteen clients had minor treatments completed at clinics. These procedures included retinal laser for diabetic eye disease, epilation of eye lashes and removal of foreign bodies. A total of 141 prescription glasses were ordered. Trachoma education, screening, diagnosis and treatment is also undertaken. Trachoma is the leading cause of preventable infectious blindness in the world. Trachoma is a bacterial infection of the eye that is easily treated but requires a focus on public health education.

In 2015 a total of approximately 650 individual children between the ages of one and fourteen were tested for trachoma. Trachoma was identified in approximately 5.5% of children tested. Treatment is given to the child with trachoma and to all their household members. A major focus of this trachoma service is education to children, carers, family, community members, teachers and health staff. The Fred Hollows Foundation supports the coordination of the eye health work.

Ear Nose and Throat (ENT) visits occur twice a year. This service aims to promote healthy ears and to review children with ear issues with a focus on middle ear disease.

Chronic ear disease in children is both preventable and treatable but if not addressed can lead to long term hearing loss and affect learning. A total of 286 children were reviewed during the past year. Children are identified who require surgical intervention and ten children were referred for ear surgery at Women's and Children's Hospital in Adelaide.

Leo Pinta having his ears checked by Dr David Wabnitz ENT W&CH.
Back (L) to (R) - Ricky Rictor, Richard Nelson and James Pinta.



Gerry Hannan, Program Coordinator, testing William Wells, for trachoma with Nickewa Wells helping with the torch, at Pukatja.



Public and Environmental Health



Collaboration continues with a range of stakeholders attempting to influence health outcomes through improved accessibility and affordability of healthy foods. The Health Council actively supported the Mai Wiru Regional Aboriginal Corporation through attending Board meetings as well as being available to provide ongoing advice to the general manager. We have been fortunate to work with Professor Amanda Lee from the Queensland University of Technology in the production of Market Basket Surveys conducted in all the stores on the APY Lands. A documentary called *"That Sugar Film"* led to The Mai Wiru Foundation being established with the aim of improving nutrition outcomes on the Lands. We were able to provide content in the production of this film.

The SA Government released funds to assess and upgrade landfills on the APY Lands. We were able to provide advice to Government on project implementation and effective engagement with Anangu. Two of the UPK songs that deal with waste management issues have been used in short video productions describing the project and positive waste management practices.

A number of water supplies are still not covered by the Safe Drinking Water Act. This means that there is no formal body responsible for the ongoing management of these supplies. We have continued to work with SA Water to alleviate public health risks that arise from time to time with these supplies.

The Environmental Health Worker Teams continue to provide support for Housing SA contractors when required. The teams also carry out minor repairs and maintenance to houses as well as grass slashing, hard waste removal from yards, hazard identification and control and dog health management. As well as the health benefits to the community, this important program creates meaningful Anangu employment.

We were fortunate to have the services of an economist from the NSW Treasury, on secondment from Jawun, to scope out an Income and Cost of Living Study for the APY Lands. This study, to be undertaken over the next several years, is seen as important step in the development of a Poverty Reduction Plan for the APY Lands.





We will continue to work closely with other stakeholders on the APY Lands to develop regional policy and program responses to key public and environmental health issues.

Nganampa Health Council Strategic Plan



E health

Remote area Aboriginal medical services such as Nganampa Health Council operate in the most challenging e-health environment in Australia. We have limited telecommunication and technical support options, need access to our systems 24 hours a day, share data across multiple locations and deal with highly confidential patient information. Despite these challenges, the Health Council's e-health systems continue to be robust and stable.

The stability of our systems has allowed us to develop solutions that result in improved productivity, accountability, safety and health care.

Our use of telemedicine continues to increase. Video conferencing is used with the Alice Springs Hospital, health services in Adelaide and a growing number of specialist services. The technology has been well accepted by clients and staff.

An internally developed database for managing clients' external appointments and travel was launched. By centralising our management of patient appointments we are able to better manage appointments, provide more information to both our staff and clients, and undertake greater statistical analysis. This database has already resulted in some productivity improvements with plans in place for further refinements.

The Communicare Clinical Information System (CCIS) continues to be our principal e-health resource. During the 2015 accreditation survey we were complimented on our use of this system. This year we commenced transmitting secure patient

correspondence to Alice Springs Hospital and further developed our internal reporting systems.

Our experience clearly demonstrates that e-health systems lead to improved health care and health outcomes for clients. Arguably Aboriginal Australians who live in remote areas have the most to gain from this technology. We are finding however, that commercial organisations are often uninterested in our business as we do not have sufficient scope to be commercially viable. This is particularly the case with digital medical equipment. For digital medical equipment to be truly effective we need the equipment, a means of transmitting and storing the image, a specialist to make a diagnosis, a means of receiving the report back from the specialist and a means of adding the report to the patient health record. Developing systems that perform all these tasks seamlessly is both difficult and expensive. Despite this, we have plans in place to purchase digital electrocardiographs and a digital retinal camera that will allow us to transmit images to external specialists for reporting and diagnosis.

Nganampa Health Council will continue to implement an Information Management and Technology Plan that maximises our capacity to take advantage of developing communication and information technologies.

Nganampa Health Council Strategic Plan

David Busuttill
Health Services Manager

Sally McGrath
Communicare Manager



Financial Summary 2014-2015

FINANCIAL RESULTS

<i>Year Ended 30 June</i>	2014	2015
Operating Surplus / (deficit)	214,606	(181,448)
Members Equity	16,198,290	16,016,842
Cash	4,761,366	4,800,931

<i>Working Capital Calculation</i>		
Current Assets	5,630,835	5,639,828
Current Liabilities	4,791,533	4,258,108
Working Capital	839,302	1,381,720

For the complete financial reports for 2014-2015 go to www.nganampahealth.com.au

Our financial position is strong as shown by our increase in working capital from \$839,302 in 2014 to \$1,381,720 in 2015. This means that the organisation has funds available which can be used in the event of unexpected emergencies and to replace assets when required. In addition, we were able to provide a medical equipment reserve to help cover the cost of future medical equipment purchases.

In an environment of rising cost pressures, and improvements in our medical staffing levels, this is an excellent result and reflects the efforts that our Board and management put into ensuring that our finances are sound.

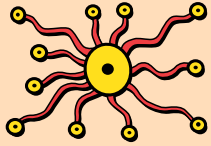
This improved financial position can be explained by a combination of initiatives to increase income and to control expenditure. We are particularly pleased with our efforts to keep motor vehicle expenditure relatively low again this year.

With increases in Government funding uncertain in future years, finding alternative income streams and cost savings will become increasingly important to ensure current levels of service delivery are maintained.

The summary report presented requires some interpretation. The reported operating surplus or deficit is prone to large fluctuations, being sensitive to factors such as one off capital grants and depreciation on our building assets and on its own is not an accurate reflection of the financial health of the organisation.

Debbie Mason
Chief Financial Officer





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You may continue to access Nganampa Health Council's Annual Report at www.nganampahealth.com.au