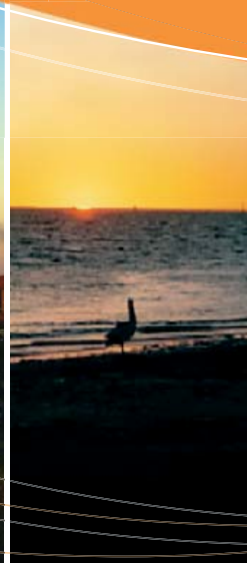


North and West Queensland Primary Health Care

# annualreport

2006 :: 2007

*Primary Health Care Excellence in Rural and Remote North and West Queensland*



## Contact Details ::

Phone :: 07 4725 8868

Fax :: 07 4725 5122

Post :: PO Box 8056, Garbutt BC Qld 4814

Address :: Unit 4-5, 106 Dalrymple Service Road,  
Currajong, Qld 4812

Email :: [admin@nwqphc.com.au](mailto:admin@nwqphc.com.au)

Website :: [www.nwqphc.com.au](http://www.nwqphc.com.au)

## Production ::

Compiled by NWQPHC staff, GPs and practice staff

Design and Layout by Rachel Treasure  
of Treasure Studios

## Copyright ::

© North and West Queensland Primary Health Care  
2007. All rights reserved. No part of this document  
may be reproduced by any means or in any form  
without expressed permission in writing from North  
and West Queensland Primary Health Care.

## Auditor & Taxation Advisors ::

Price Waterhouse Coopers

## Solicitors ::

Guides & Elliot

Wilson Ryan & Grose

## Financial Institution ::

Bendigo Bank

## Acknowledgements ::

NWQPHC acknowledges the following as major  
funding providers: Commonwealth Department of  
Health and Ageing, Office of Aboriginal and Torres  
Strait Islander Health, Queensland Health and  
Disability Services Qld.



Office For Aboriginal and  
Torres Strait Islander Health





## **VISION ::**

*Primary Health Care Excellence in Rural and Remote North and West Queensland*

## **MISSION ::**

*To support enhance and develop the activity of rural GPs in delivering comprehensive, accessible, quality health services to the people of rural northern and western Queensland in collaboration and cooperation with other health service providers, communities and their organisations.*

## **PRINCIPLES ::**

- Participation
- Accountability
- Creative leadership
- Rural health advocacy
- Partnership approach
- Cultural appropriateness
- Building sustainable capacity
- Best practice



# Contents ::

Introduction to NWQPHC	1
Governance Committee	2
President's Report	3
Treasurer's Report	6
Chief Executive Officer's Report	8
Health Services Report	17
Business & Support Services Report	22
NWQPHC Staff ::	
East Coast	25
Central West	26
North West	27
Organisation Chart	29
Contact Us	30
Inspirational Moments	31



## Introduction to NWQPHC ::

# Introduction

- :: We Support approximately 102 GPs (including GPs in private practice, Medical Superintendents, Medical Superintendents with Right to Private Practice, Medical Officers, Aboriginal Community Controlled Health Service and the Royal Flying Doctor Service's).
- :: Divisional boundary covers almost 700 000km<sup>2</sup> of regional and remote north and west Queensland.
- :: Health professionals in the Division provide for the health care needs of approximately 114 000 Queenslanders.
- :: Work collaboratively with key stakeholders including government and community to enhance health outcomes.
- :: Operate via a Place Planning Model, where key staff based out of offices in Longreach, Mt Isa and Townsville provide a single access point for GPs and practice staff.
- :: Operate McKinlay Health Clinic, and in conjunction with Queensland Health and the Diamantina Shire Council, the Diamantina Health service (consisting of clinics in Birdsville and Bedourie).
- :: Activities are structured through the streams of Workforce and Communities, Health Services and Support Services.
- :: Employs almost one hundred staff, about two-thirds of whom provide outreach allied health services and health promotion activities to remote communities, working on collaboration with local GPs and communities.
- :: Founded in 1994 as North Queensland Rural Division of General practice, later amalgamating in 2003 with Central West Queensland Rural Division of General Practice.
- :: Date of incorporation: 26 June 2003.
- :: Receives primary funding from the Commonwealth Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health and Queensland Health.



## Governance Committee ::

As at 30 June 2007

### Office Bearers and Governance Board Members ::

---

President:	Dr Gabriel Roux
Vice President:	Dr Bryan Connor
Past President:	Dr Margaret Culpan
Treasurer:	Dr Brenton Trezise
Secretary:	Dr Viney Joshi

### Local Area Network Representatives ::

---

Dr David Cairncross  
Dr Peter Dowd  
Dr Dennis Pashen

### Consumer Representatives (Full voting rights) ::

---

Cr Ron McCullough  
Mrs Joan Heatley  
Vacant

### Advisor Members ::

---

#### *Audit & Risk Sub Committee::*

Dr Brenton Trezise  
Dr Viney Joshi  
Mr Kelly McTaggart - NWQPHC Staff Advisory  
Mrs Evelyn Edwards - NWQPHC Staff Advisory  
Mr James McEvogue - Price Waterhouse Coopers

#### *Workforce & Communities Sub Committee ::*

Dr Margaret Culpan  
Dr Sheilagh Cronin  
Dr Peter Dowd  
Dr Ross Nable Phd

Governance Committee



## President's Report :: Dr Gabriel Roux

President's Report

*After* several years as an ordinary member of the Board of North and West Queensland Primary Health Care, in 2007 I took the considerable leap up to take on the position of Chair of the organization; a challenging role despite the collective experience and wisdom of the Board behind me and the support of the CEO and operational staff.

Consultations with the immediate past president and others left me with four objectives to pursue during the course of the year.

Firstly I believed it imperative that we conduct an independent review of the Board and CEO and their functions. To this end we contracted the services of Price Waterhouse Coopers (PWC) who conducted the review during the second half of the year, culminating in a Board face to face meeting in July at which the final report, including recommendations were received. It is not surprising to hear that whilst PWC found that "NWQPHC and its individual directors have a solid foundation for strengthening the corporate governance practice and personal effectiveness of directors" there were a number of constructive recommendations to be followed through; not the least of these was the recommendation to consider a change to the structure of the Board. This has been on the Board agenda for some time now, even before the review. The PWC recommendation to reconstitute the Board to allow a more diverse representation such as legal and financial expertise was not seen by the current Board as being the most desirable position, preferring to retain the majority GP presence on the Board, however the recommendation to move to a smaller Board with 8 members, the majority of whom are GP's was considered desirable. To this end a Motion on Notice to change the Constitution to accommodate this is on the table at this AGM. Other recommendations around continuation of policy development and improvements in communication and meeting processes have also been acknowledged and are being progressed. I owe my thanks to both the PWC Team who conducted the review and to the individual members of the Board and CEO who participated in the process with exceptional grace and an obvious commitment to continuous quality improvement.

Secondly I wanted to see a stronger connection between NWQPHC and its members through out the year. Whilst this goal is probably an ongoing goal, it is pleasing to see that practices are now receiving a minimum of one visit from their PSO each month. Follow up calls are made each week to "check in" with practices and information distributed regularly via email and fax to keep practices up to date with information, education and training events. Members have commented that they find the level of support from the Division the best it has been for some time.



## President's Report :: *continued*

---

This is supported by the CEO who believes the Practice support team is the best group we have had in these roles in his seven years with the organization. My thanks go to Dr Marg Culpan for her role as Chair of the Board's Workforce and Communities Committee, and her efforts as GP liaison officer in the North West where regular GP meetings have become a feature of the calendar. Nevertheless there is always more that can be done and the consolidation of these efforts over the next year will be important to the Division. I would also like to thank Dr Ross Nable and his staff who have provided the critical link between the practices and the Board through the operational arm of the organization.

My third goal for the organization was to continue the development of the health services delivery by our highly valued allied health teams through a stronger Board focus on evaluation and a renewed focus on the goal of integration with the General Practice group. Considerable effort has gone into the evaluation of our service delivery through the "Measuring what counts" project, now in its second year of development, which is producing a range of measurement tools to measure the effectiveness of our outreach allied health teams; a third round of diabetes audits that will help inform our practice even further, and some additional one off research projects our staff have been involved in. Needless to say it is never enough. Our Vision of "Primary Health Care Excellence in North and West Queensland" remains just that, and the commitment to continually and rigorously evaluate our performance is the ultimate goal. The work of Jo Symons the Executive Officer for Health Services has also been greatly appreciated through out the year.

My fourth goal for the year was to update our Board Strategy, including Financial Strategy and the way in which we report on these, with the view to becoming far more outcomes orientated. Whilst we are yet to complete a formal Strategic Planning process plans for the development of a process for 2007/08 are well underway. Strategic Planning will be the priority for the next year as we move towards the next (2008/2011) Commonwealth funding round. My thanks go to Dr Brenton Trezise and the members of the Audit and Risk Committee (Cr Ron McCulloch, Mr James McElvogue, and Dr Viney Joshi) for the financial guidance and oversight provided to the Board and me over the year. Whilst we are still refining the "Intellicube" software that will enable us to produce streamlined financial reports from our Navision package we are well on target for the next financial year. My personal thanks go to Mrs Evelyn Edwards and her team for their work throughout the year.

In addition, it would be remiss of me not to mention this past year's journey along the road to accreditation that will hopefully bear fruit over the next couple of weeks. This has been a journey of at least two years, with some hard slog and dedication from the whole (almost 100) staff group, to pursue accreditation with the Institute for Health Communities. My thanks go to everyone involved.



## President's Report :: *continued*

---

A good board is like a good cattle crush. It sits at the end of a race, operates like a dream, dominates and controls the yard and its quality dictates the quality of the whole organization. What I like about our board is the dedication and loyalty and support that make for a great atmosphere to work in. The board review demonstrated a yarn for personal and group excellence that overtook my expectations. I want to thank each member for his / her personal commitment and contributions and hope that we will together outsmart the challenge of the future.

A good CEO is a bit like a lonely ranger. He should be able to ride a bolting horse without losing his hat. He should be able to look over his shoulder and tell the rest of the team behind him what lies over the next hill – without having been there of course. Kelly is such a guy. I like your vision and I like your leadership. Thanks Kelly.

Twelve months ago it seemed a simple thing to set and work towards three or four simple goals; however, when forums and regular Chairs teleconferences with the State based Organisation, General Practice Queensland, national forum with the Australian General Practice Network, and accreditation, are thrown in to the mix, not to mention my own commitment to my practice and the community of Cardwell, it is not surprising that there is plenty left to do next year. Dr Margaret Culpan, when she retired from six years as Chair of the organization commented that “everything takes two years” and I think she is right.

Nevertheless, we remain one of if not the biggest Division in the country, committed to the local environment, with a continually growing and developing health service delivery arm, that continues to attract the attention and confidence of Government and other funders. We are one of only three organizations in Queensland to have been offered funding by the Council of Australian Governments (COAG) to pursue the development of enhanced Mental Health Services. This, I believe is a measure of our success.

**Finally I would like to thank my long suffering family and practice staff for their support dedication and hard work along the way.....I look forward to next year.**



## Treasurer's Report :: Dr Brenton Trezise

*It is* with great pleasure that I present the Treasurers Report for 2006/2007 bearing in mind that the Treasurers position is significantly enhanced by an organisation which is run on best practice governance principles under the guidance of an Audit and Risk Committee and a Financial Administrator who extols competencies, communication and has a per chance for innovation.

So let me at the onset thank the members of the committee, in particular Cr Ron McCullough, James McElvogue from Price Waterhouse Coopers, Dr Viney Joshi, Mr Kelly McTaggart and finally but certainly no least Mrs Evelyn Edwards. These people have engaged well and have taken an organisation from \$7.9 million in 2005/06 to \$9.9 million in 2006/07 and if we include approved rollover of unexpired grants in the previous years, this brings funding for 2006/07 to \$13.7 million.

In my 4th year as Treasurer, I would like to submit our General Purpose Financial Report which has been prepared in accordance with the Australian Accounting Standards equivalent to the International Financial Reporting Standards. We have elected to use this format of financial report which differs from past year's Special Purpose Financial Accounts because of a higher level of disclosure and it will most likely be the preferred report required by the Commonwealth for reporting standardisation by Divisions of General Practice in the coming years. It is the opinion of myself and the Audit and Risk Committee that we have reasonable grounds to pay our debts as and when they become due and payable and I present the General Purpose Financial Report to you for approval. This unqualified audit by Price Waterhouse Coopers represents a true and fair financial position of North and West Queensland Primary Health Care Association Inc of \$1.2 million surplus as at 30th June 2007. This surplus is comprised primarily of Capital Assets.

As a separate issue I would like to draw members attention to the fact that there are allocated monies for General Practice support and we encourage them to adopt these monies and to take advantage of these issues through their local Practice Support Officer.

At this point in time I would like to thank Evelyn Edwards and her team for the further development of the Microsoft Navision accounting software program and Intellicube reporting software with a view to finally improving and simplifying the reporting mechanisms for board and members using ratios and other indicators. We are currently modifying the software report designs so that we can further develop this and in the next financial year hope to include an automatically generated cash flow report which in my opinion would be extremely important given the expedient growth that this organisation has experienced.

Treasurer's Report



## Treasurer's Report :: *continued*

---

The Audit and Risk Committee and the Board, have monitored the accreditation process and encourage this process of continuous quality improvement as well as the improvement in communication within the organisation. At the last meeting of the Audit and Risk Committee, our Chief Executive Officer, gave significant reassurances that NWQPHC was well and truly within the timeframe necessary to achieve Accreditation by 30th June 2008. I bring this to the member's attention because failure to achieve Accreditation within this timeframe would almost certainly mean that NWQPHC would not be financed in the subsequent year, with the Commonwealth sourcing other service delivery organisations covering the same geographic distribution to provide the services we currently provide.

**In the final word, it becomes an ever continuous and increasing challenge to meet the capacity of the organisation to run the financials in parallel with the funding offered by governments in the various programs.**



## CEO's Report :: Kelly McTaggart

*NWQPHC* has had a challenging but generally satisfying year, with the continued growth being both a boon and a burden. It has provided the opportunity for better services to more people but has had the burden of enormous strain on our management and administrative processes.

This year has seen us undertake formal, independent reviews of our Board and CEO, and our ICT IM functions, as well as independent audits of our physical environments; all of our work sites, including the remote clinics.

We have recommitted to the place management model with the employment of Sue Fanning the new Area Manager in the North West, and the designation of Jamie Spark as the Area Manager in the Central West. Both of these people have taken a place on the Executive Management group.

All of these have been activities directed at sustaining the organisation's management and organisational structure, something that has been a constant effort through the last six years of growth.

We continue to work on evaluation frameworks, particularly the Measuring What Counts framework for the evaluation of outreach allied health services.

Perhaps the most pleasing outcome for the year has been the improvement in services to GP's and their Practices. An almost completely new team under the leadership of Alison Dumaresq has laid the foundation for what will be an enormously exciting year next year.

### **Governance ::**

NWQPHC continues to be in a strong position, undertaking an independent external review of its Governance structures during the course of this year. PricewaterhouseCoopers provided a comprehensive and balanced process that identified both the strengths for the Board and CEO as well as making recommendations in areas where performance could be improved. A solid foundation for strengthening the corporate governance of the organisation was identified and a number of recommendations for improvement were made, most of which have already been acted upon. This is an indication of the Board's commitment to continuous quality improvement.

CEO's Report



## CEO's Report :: *continued*

---

The march towards accreditation also continues according to plan. The entire staff group as well as members of the Board have been actively involved in the process for the year. Pre accreditation visits from the accrediting body, The Institute for Health Communities have given every indication that we will meet the accreditation requirements during the accreditation visit in October 2007.

Sustained and substantial growth have continued to be both a boon and a burden; a boon in the resultant enhancements to the service delivery models to our GP members and their communities and a burden in the additional administrative load they place on our management group. An outcome from this has been the increasing difficulty we have had in meeting reporting deadlines. Whilst this can easily be rationalised in a number of ways it remains a point of risk as we manage more and more contracts. Improving our performance in this regard will be a high priority for us in the next reporting period.

Nevertheless, NWQPHC is in a strong financial position, improving its internal financial reporting processes throughout the year, with the addition of Intellicube software to the reporting arsenal along with Navision. This will continue into the next reporting period as we continue to streamline internal processes. The Audit and Risk Committee, having completed its first full year of operation continues to provide oversight and advice to the Board and management in relation to financial and risk management issues. An organisation wide systematic risk management framework has been completed to replace the ad hoc, program by program, service by service risk management that existed at the beginning of the year.

NWQPHC has continued with its commitment to collaboration and consultation as the corner stone of its decision making with a number of ongoing consultations and collaborative efforts throughout the year. We continue to be significant participants in the Regional Health Forums within our region and have had representation on many significant bodies including the COAG Mental Health Rural Sub Group and the Premiers Allied Health Recruitment and Retention Task Force.

Much of our progress has been driven by the ongoing maturation of our policy position, both in terms of Board Policy and operational policy and procedures. This process has been facilitated by the introduction and ongoing development of our Intranet Portal, a share point, where all of our policies and procedures are located for extremely easy access. This portal also provides access to Board documents workspace for the Board.

This has been a productive year for the Board in terms of review and continuous quality improvement, and one which lays the foundation for consolidating year next year.



CEO's Report :: *continued*

---

## **Prevention & Early Intervention ::**

NWQPHC continued to support general practice with their prevention and early intervention activities, focused on immunization. It continued to collaborate with the Tropical Population Health Unit, to visit practices several times per year, for the purpose of ensuring each practice was regularly thinking about immunisation and developing ways to ensure high coverage rates were maintained.

Data cleansing was completed for all Divisional practices to assist them in correcting data and improving their overall percentage, ensuring it remained above 90%. Practice accreditation support continued to identify vaccine management issues and assisted practices to implement strategies to ensure cold chain was maintained and recorded.

The Workforce and Communities team established a practice nurse network to provide support and advice on issues of vaccine management and immunisation. Practice nurses were financially supported to complete the Endorsed Immunisation course which provided them with enhanced capacity in their practices to immunise children and maintain recall and reminder registers. One practice provided immunisations to Emergency Response crews in the mining and construction industries as a result of the endorsed provider course being completed by their practice nurse. Another practice is now contracted by the local TAFE to provide staff immunisations annually.

## **Access ::**

### ***Residential Aged Care***

NWQPHC continued to facilitate access and support for GPs to provide optimal care and contribute to the achievement of the best possible health outcomes for older people living in residential aged care facilities (RACFs).

Because of the large geographical area over which NWQPHC operates and as there was already effective cooperation between RACFs and GPs in most communities, a unique approach to Aged Care Panels continued to operate. Whereas most Divisions had only one Panel, in NWQPHC seven continued to operate - Cardwell, Ingham, Ayr, Bowen, Alpha, Barcaldine and Blackall. A new panel for Mount Isa is planned for the coming year.

Support from NWQPHC included: installation of ICT systems and software, for transfer of patient information between the RACFs and general practices; provision of professional training and the establishment of formal communication pathways.

The major barrier to provision of GP services for RACF patients is the shortage of GP workforce in rural and remote communities, especially in solo GP communities.



## CEO's Report :: *continued*

### **Primary Health Care**

NWQPHC have as their mission statement "To support, enhance and develop the activity of rural GPs in delivering comprehensive, accessible, quality health services to the people of rural north and west Queensland in collaboration and cooperation with other health service providers, communities and their organisations."

The way in which this integrated approach to health care provision has been achieved is exemplified by strong relationships being achieved at multiple levels in each of our regions. From the service delivery staff on the ground, to our middle management and executive level, work towards greater teamwork and integrated service provision has been advanced rapidly due to a variety of reasons. The current QHealth environment of partnership arrangements, appointment of stable staff positions at QHealth, good working relationships, dedication of capable NWQPHC staff with direction to work collaboratively and perseverance have contributed towards this advancement.

We have excelled this year in practice support to better integrate our health service delivery with GP services and requirements, and in team based care becoming our benchmark and standard across the division.

Overall the Division continues with the strategy of progressing multidisciplinary, sustainable models of primary health care service delivery by directly employing allied health and other health professional services to address workforce shortages and increasing access to holistic, team based care with the GP as the essential member of the PHC team. The approach in different communities varies according to the needs of that community, and the local nature of service provision. We are fortunate enough to be in the position where our activities in this domain are vast, though predominantly funded by other funding sources. We include a snapshot of our most significant activities to date, particularly those that are funded by the core divisional funding streams.

#### **Key milestones for us this year in increasing access to primary health care services include:**

- Organisational restructures in the NW and CW to better represent our place management philosophy, team based care designed on community need, and to ensure sustainable models of health service delivery are maintained alongside environmental change.
- Formalisation of our Cultural Awareness strategies and increased numbers of Indigenous Cultural Liaison Officer positions from one to three.
- Establishment of a new service delivery hub in Normanton.
- High degree of buy in to a new initiative in Cardwell where detailed local collaborative planning has been critical to create a sustainable and coordinated environment of service delivery around the GP practice as a central focus of health care in the community.
- Success in receiving funding under the COAG Mental Health Services in Rural and Remote Areas Program for two Psychologists to provide services to Mt Isa.



## CEO's Report :: *continued*

---

### ***Social Determinants of Health***

Our Vision statement is 'Primary Health Care excellence in rural and remote North and West Queensland'. Work has continued this year to progress the philosophy of primary health care in all our staff. We are able to continue to offer support to remote health service providers to undertake the Certificate in Remote Health Practice, which has a strong educative component on the social determinants of health. Staff in remote areas receive orientation to these determinants, and we believe the employment of three Indigenous Cultural Liaison Officers and the advancement of our Community Based Worker program this year will only add to our understanding of the context of health in our region.

The pinnacle of our achievements to date in this area has to be recognised as the procurement of a community health centre in Urandangie and upcoming building of an ablution block. In a community with a significant lack of infrastructure and poor service provision from other agencies; this is a considerable achievement in terms of health outcomes. The project includes establishing a hub for service delivery for visiting organisations such as RFDS, Qhealth, Centacare; and access to an outdoor community kitchen, public shower and toilet facility, which are facilities not currently available to most residents of Urandangie.

Developing and conducting community needs analyses with a primary health care approach has been performed this year by our health service staff in conjunction with our evaluation staff. We have also reached the pilot stage of trialling a set of tools designed to measure the impact of remote outreach allied health service delivery "Measuring What Counts". These tools include a comprehensive assessment of all socio economic determinants that impact on people's health and the ability of outreach allied health staff working as a team alongside GPs to influence them.

### **Integration ::**

NWQPHC worked with all hospitals in its area to improve local service planning, timely and appropriate exchange of patient health information, and integration of care for patients, families and communities. However, the extent to which this was successful varied enormously, usually dependent upon existing relationships between individual GPs and QHealth staff. At the macro level NWQPHC continued to collaborate with the Northern Area Health Service Office of QHealth, with good results. In some instances cooperation at this level led to enhanced local service planning, timely, and efforts to implement appropriate exchange of patient information. This was especially so with hospitals in communities where GPLOs operated, in Townsville and Mt Isa.

In general, however, GPs and practices were not satisfied with either systems for timely and appropriate exchange of patient information for discharge notifications or for sharing clinical care between general practice and hospitals.



CEO's Report :: *continued*

---

## **Chronic Disease ::**

### ***Diabetes***

Diabetes continues to be an area of focus for us, with six Diabetes Educators on staff, and Allied Health such as Podiatrists and Dieticians increasing the compliment of staff to work as a team alongside the GP in the management of this chronic disease. Indeed, with a health service delivery staff totalling seventy four, including Allied Health, Health Promotion, Remote Area Nurse, Nurse Educators, Indigenous Cultural Liaison Officers and Community Based Workers, we can enable an enhanced multidisciplinary approach to diabetes in many areas where previously GPs were lacking in services.

This year we have conducted a third Diabetes Audit of information recorded in client charts within GP practices. We will use the results of this audit within a quality improvement framework with the aim to improve our service delivery to practices and for the practices to use to inform them about their own service delivery.

The overwhelming body of work we have completed this year is targeted towards community directed and collaborative diabetes care alongside the one to one and group services we provide to practices. Our practice support staff have this year made a significant achievement in terms of the planned and coordinated support they have provided to practices in terms of systemised Diabetes care.

It is recognised that two Endocrinology visiting services facilitated by NWQPHC to Bowen and the NW have increased availability of appropriate care to local residents. These services have both developed this year, with the service to Mt Isa provided at the local AMS branching out to the remote communities of Camooweal and Burketown, and linking in GPs and RFDS doctors.

### ***Mental Health***

Mental Health is also a focus for us as a national priority area and identified service in need. Again, the Practice Support Officers have been highly active in providing planned and locally tailored training to all practices in the regions.

We successfully blend our ATAPS, MAHS, OATSIH and RHS funding in an accountable and transparent manner to provide mental health services to clients in the most seamless way possible with multiple funding sources. Underspent ATAPS funds were able to be put to good use by increasing psychological services on the east coast in an attempt to manage long waiting lists. A project officer was also employed in the NW to help drive the establishment of an ATAPS service in Mt Isa and Cloncurry. GPs have for the first time in these communities a Psychologist providing services directly from the practice.



## CEO's Report :: *continued*

---

It is with a great sense of achievement that we welcome funding under the Mental Health Services in Rural and Remote Areas Program to employ two Psychologists in Mt Isa. This service will be developed in 07/08, and although fully funded, would benefit from additional funding to compliment the staff already provided for. A further two professional staff are sought (Mental Health Nurse and Indigenous Mental Health Worker) to provide a holistic system of care in the local region and so multiple the impact this service will have. We will work to achieve this next year so as we can continue our reputation in the establishment of viable, sustainable and holistic models of service delivery.

### ***Quality Use of Medicines***

In 06/07 NWQPHC took responsibility from Health Workforce Queensland for delivery of QUM services in its area of operation. Thus, for the first time NWQPHC employed/subcontracted NPS facilitators to provide GPs, practice staff, other health service providers and NWQPHC staff with current QUM information and advice. The main objective of this change in responsibility was to increase the coverage of GPs receiving a service. This objective was achieved, with an increase from approximately 70% by HWQ to 100% by NWQPHC.

## **General Practice Support ::**

### ***Workforce Support for Rural General Practitioners***

A key area of NWQPHC's services was enhancing access by GPs and general practice staff to training, education, mentoring and professional development. In total, GPs were provided with or supported to attend twenty-three activities, including a major annual conference delivered on the weekend of NWQPHC's AGM, in Townsville.

Recruitment and retention of an adequate GP and general practice workforce continued to be a major problem throughout NWQPHC. Unfortunately, it remained beyond NWQPHC's capacity to solve this problem, given that it was experienced at State, National and international levels. Thus NWQPHC did little towards recruitment of GPs, whilst it focused efforts on supporting practices and communities with GP retention. Similarly, NWQPHC supported practices and communities to retain GP registrars and practice nurses.

### ***General Practice Support***

One key strategy used by NWQPHC to enhance retention of GPs and other practice staff was to support practices to improve their capability and viability as businesses. This included ongoing support with practice accreditation, practice staff training and business systems. NWQPHC staff also supported several practices to recruit staff, including practice nurses.



CEO's Report :: *continued*

---

## **Quality Support ::**

### ***Information Management***

The objective for NWQPHC was the development of a general practice workforce skilled and participating in primary health care at the practice level, in collaboration with NWQPHC primary health care allied health and nurse education services. Central to achieving this objective was high quality information management systems, including those required for the exchange of patient information and referrals. During the reporting period the main emphasis was on improving practice ICT systems, patient management software and training practice staff in their use. Within NWQPHC, there was a similar emphasis. Two activities were of particular importance – development of an NWQPHC WAN, and development of software suitable for allied health services. Considerable success was achieved with both of these activities, with NWQPHC staff developing cutting-edge solutions for the organizations unique service delivery operations in rural & remote settings.

### ***Research, Development & Evaluation***

Consistent with NWQPHC's unique service delivery operations, there was an increased emphasis on R, D & E. Several activities were initiated, all with the same twin objectives: continuous quality improvement and documentation of systems and processes. One activity was of particular interest – the development of an evaluation framework for allied health services delivered in remote Australia as it has national significance.

## **Consumer Focus ::**

### ***Community***

A broad range of activities were conducted that incorporated community participation and at a minimum - consultation. From community needs analyses, drafting pilot tools for the 'Measuring What Counts' evaluation framework, Community Panels, employment of Community Based Workers, attendance at Local Health Advisory Groups, fostering community capacity in Urandangie; to broad consultation associated with the establishment of the service delivery hub in Normanton, our organisation was able to rate itself as leading practice in this area in a recent self-assessment conducted for the accreditation review.

## **Workforce Support ::**

### ***GP & Family Support***

NWQPHC has for some time seen that supporting both GPs and their families is an important component of efforts to retain GPs in rural and remote communities. Whilst HWQ receives specific funding for this activity, NWQPHC continued to also provide support. These included providing orientation to communities, information on support services and assistance with the development of professional and personal networks for new GPs to the area.



CEO's Report :: *continued*

---

***Primary Health Care Workforce***

The 2006/07 year has proved challenging for NWQPHC in terms of recruitment and retention of our primary health care workforce. A crisis has been created in Queensland and nationally whereby recent wages rises awarded to state and territory employees in the allied health and nursing fields have been far greater than funding provided under Commonwealth programs. We have navigated the terrain where service delivery levels and staff salary levels have been reviewed and tried to match maintenance of services with market place wages. We are now unable to match current award rises in the nursing and allied health disciplines, and the issue of divisional funding not matching CPI in an environment where some staff award rises have been in the region of 15%, has become far more acute.

We have reviewed our recruitment and retention strategies this year as an organisation to ensure we maximise our previous success in this area in the changing environment. One area where we have become aware of rapid advancements in incentives offered has been in Normanton, where we have had to significantly alter the package we provide to locally based staff in order to meet the market place.

Despite the challenges, we had an organisation wide retention rate of thirty-six months in this reporting period, a notable achievement for an organisation covering over 700,000 sq km of some of the remotest parts of Queensland. Our attention to professional development, mentoring, appropriate line management and support, and application of evidence based retention strategies has allowed us to retain some traction in this area.

***All in all it's been an interesting year and I look forward to the excitement, challenges and rewards that the New Year will bring.***



## Health Services Report :: Joanne Symons

# Health Services Report

The 05/06 reports described, what was for all streams of NWQPHC activity, another year of snowballing expansion. I think if we looked at a graph of organisational growth we would have seen the upslope line level off a little in 06/07 as we 'manage the change' that has occurred alongside this development and allowed us to put a few roots down and consolidate.

Our focus this year has been to reflect on our mission statement "To support, enhance and develop the activity of rural GPs in delivering comprehensive, accessible, quality health services to the people of rural north and west Queensland in collaboration and cooperation with other health service providers, communities and their organisations."

Overall the Division continues with the strategy of progressing multidisciplinary, sustainable models of primary health care (PHC) service delivery by directly employing allied health and other health professional services to address workforce shortages and increase access to holistic, team based care with the GP as the essential member of the PHC team. The approach in different communities varies according to the needs of that community, and the local nature of service provision.

### Key milestones for us this year in increasing access to primary health care services include:

- Organisational restructures in the North West (NW) and Central West (CW) to better represent our place management philosophy, team based care designed on community need, and to ensure sustainable models of health service delivery are maintained alongside environmental change. We now have a Place Manager in situ in the CW- Jamie Spark and NW- Sue Fanning.
- Formalisation of our Cultural Awareness strategies and increased numbers of Indigenous Cultural Liaison Officer positions from one to three.
- Development of the staffing component of the new service delivery hub in Normanton.
- High degree of buy in to a new initiative in Cardwell where detailed local collaborative planning has been critical to create a sustainable and coordinated environment of service delivery around the GP practice as a central focus of health care in the community.
- Success in receiving funding under the COAG Mental Health Services in Rural and Remote Areas Program for two Psychologists to provide services to Mount Isa.
- Addition of a Speech Pathologist to the team in the Central West, second Occupational Therapist and part-time Psychologist in the East Coast office.



## Health Services :: *continued*

---

- Development of a specialist Endocrinology service via Professor Lee Kennedy to Mount Isa, Camooweal, Dajarra and Burketown to provide care for Aboriginal and Torres Strait Islander people.
- The procurement of a building in Urandangie to be used as a community centre, including the upcoming building of an ablution block. In a community with a significant lack of infrastructure and poor service provision from other agencies; is a considerable achievement in terms of health outcomes. The project includes establishing a hub for service delivery for visiting organisations such as RFDS, Qhealth, Centacare; and access to an outdoor community kitchen, public shower and toilet facility, which are facilities not currently available to most residents of Urandangi.

To achieve our Vision of 'Primary Health Care excellence in rural and remote North and West Qld', we have continued to progress the philosophy of primary health care in all our staff. We are able to continue to offer support to remote allied health service providers to undertake the Certificate in Remote Health Practice, which has a strong educative component on the social determinants of health. Staff in remote areas receive orientation to these determinants, and we believe the employment of three Indigenous Cultural Liaison Officers based in the NW and the advancement of our Community Based Worker program this year will only add to our understanding of the context of health in our region.

We have developed and conducted community needs analyses with a primary health care approach this year by our health service and evaluation staff. We have also reached the pilot stage of trialling a set of tools designed to measure the impact of remote outreach allied health service delivery "Measuring What Counts". These tools include a comprehensive assessment of all socio economic determinants that impact on people's health and the ability of outreach allied health staff working as a team alongside GPs to influence them. This project has been conducted with a range of external stakeholders to ensure we develop tools which can be used nationally across remote Australia.

Another significant project this year was the development of an in-house modified electronic health record and statistical information collection software programme suitable to the needs of outreach allied health staff. This hurdle of having appropriate computerised systems to manage the documentation requirements of our service has at times looked insurmountable over the five years we have spent trying to jump it!



## Health Services :: *continued*

---

We are mid way now through implementing what is a highly adapted and ultimately appropriate program that suits our health recording needs, so the first barrier is over. What we know of course that there is always more than one hurdle in a race! So now our basic needs are met we will continue work this year to add richness to the primary health care information management potential of this system.

Diabetes continues to be an area of focus for us, with six Diabetes Educators on staff, and Allied Health such as Podiatrists and Dietitians increasing the compliment of staff to work as a team alongside the GP in the management of this chronic disease. Indeed, with a health service delivery staff totalling seventy four, including Allied Health, Health Promotion, Remote Area Nurse, Diabetes Educators, Continence Advisors, Dementia Advisor, Indigenous Cultural Liaison Officers and Community Based Workers, we are able to enable an enhanced multidisciplinary approach to many chronic diseases such as diabetes in many areas where previously GPs were lacking in services.

The overwhelming body of work we have completed this year is targeted towards community directed and collaborative diabetes care alongside the one to one and group services we provide to practices. Our practice support staff have this year made a significant achievement in terms of the planned and coordinated support they have provided to practices in terms of systemised Diabetes care.

Mental Health is also a focus for us as a national priority area and identified service in need. Again, practice support staff have been highly active in providing planned and locally tailored training to all practices in the regions. We successfully blend our ATAPS, MAHS, OATSIH and RHS funding in an accountable and transparent manner to provide mental health services to clients in the most seamless way possible with multiple funding sources. Underspent ATAPS funds were able to be put to good use by increasing psychological services on the east coast in an attempt to manage long waiting lists. A project officer was also employed in the NW to help drive the establishment of an ATAPS service in Mt Isa and Cloncurry. GPs have for the first time in these communities a Psychologist providing services directly from the practice.

It is with a great sense of achievement that we welcome funding under the Mental Health Services in Rural and Remote Areas Program to employ two Psychologists in Mount Isa. This service will be developed in 07/08, and although fully funded, would benefit from additional funding to compliment the staff already provided for.



## Health Services :: *continued*

---

A further two professional staff are sought (Mental Health Nurse and Indigenous Mental Health Worker) to provide a holistic system of care in the local region and so multiple the impact this service will have. We will work to achieve this in 07/08 so as we can continue our reputation in the establishment of viable, sustainable and holistic models of service delivery.

A broad range of activities were conducted that incorporated community participation and at a minimum consultation from community needs analyses, drafting pilot tools for the 'Measuring What Counts' Evaluation framework, Community Panels, employment of Community Based Workers, attendance at Local Health Advisory Groups, fostering community capacity in Urandangie; to broad consultation associated with the establishment of the service delivery hub in Normanton, our organisation was able to rate itself as leading practice in this area in a recent self assessment conducted for accreditation review.

The 06/07 year has proved challenging for NWQPHC in terms of recruitment and retention of our primary health care workforce. A crisis has been created in Qld and nationally whereby recent wages rises awarded to state and territory employees in the allied health and nursing fields have been far greater than funding provided under commonwealth programs. We have navigated the terrain where service delivery levels and staff salary levels have been reviewed and tried to match maintenance of services with market place wages. We are now unable to match current award rises in the nursing and allied health disciplines, and the issue of divisional funding not matching CPI in an environment where some staff award rises have been in the region of 15%, has become far more acute.

We have reviewed our recruitment and retention strategies this year as an organisation to ensure we maximise our previous success in this area in the changing environment. One area where we have become aware of rapid advancements in incentives offered has been in Normanton, where we have had to significantly alter the package we provide to locally based staff in order to meet the market place.

Our attention to professional development, mentoring, appropriate line management and support, and application of evidence based retention strategies has allowed us to retain some traction in this area. We have bemoaned over the years that whilst therefore are workforce shortages amongst health staff in general, there is also an acute shortage of allied health professionals that have leadership experience suitable to work as team leaders in our remote context.



## Health Services :: *continued*

---

This year we have secured funding to develop and put in place a Leadership Program to identify suitable staff members who may be targeted for leadership training and development. This will assist in career progression and thus retention for our staff, and most of all assist us with one of the the most difficult task we have at present- recruitment of allied health practitioners' suitably skilled and qualified in a remote management context. This way we can create our own pool of skills internally and also assist in the training of the remote allied health leadership workforce in general (as our evaluation would suggest many who leave our organisation remain within the remote or rural health arena in Australia).

Collaboration continues, with the emphasis on achieving the focus of our Mission statement. We undertake this at the multi-level, with a re-energise this year on the local level. It is satisfying to continue our strong relationship with RFDS and to make progress in some areas with Queensland Health. The CWHSD and MIHSD are two districts of note where permanent senior staff have been appointed and positive, constructive relationships have been progressed.

**All in all, a good vintage this year. If we could only gain a bit more body and depth in terms of the acute workforce shortages for medical and many other health disciplines then we might have a Grange on our hands!**



## **Business & Support Services :: Evelyn Edwards**

*The* 2006/2007 year has been one of consolidation for the Business and Support Services Team with business as usual.

### **Financial Overview ::**

This year has seen some larger program fund surpluses at year end than in the past, however the majority of surplus funds in programs directly relates to the Single Funding Agreement (SFA) activities, Home and Community Care (HACC) programs and Capital Works projects. As is the case of most of our programs a large proportion of the SFA and HACC budgets represent salaries and wages and service delivery costs associated with employees delivering their services to communities within the geographic area of NWQPHC. The last year has seen a large rotation of staff in the NW attributed to the natural attrition cycle, pregnancies and various personal reasons. As is commonly the case some Allied Health professions are harder to recruit and attract to a remote area than others resulting in positions staying vacant for some time. The Community Based Worker (CBW) program is also behind anticipated objectives as the last year has been spent developing an accredited course for training of CBW's through the Mt Isa Centre for Rural and Remote Health. Training program development is in the final stages and it's anticipated training will commence in the new year. In addition cost efficiencies have been achieved in a restructure of the teams (based on a cluster model) and the communities they deliver services too.

Capital Works programs have progressed steadily but slowly through the year with all three programs at varying levels of completion (see progress below). Remaining funds for these programs have been fully committed to cover the outstanding costs for unfinished works. All works will be completed by June 2008.

Microsoft Navision, the accounting package implemented in 2005 has performed well with some persistent software programming issues being resolved before year end. In the later part of this year an additional reporting software package called Intellicube has been installed with the objective to produce simplified but informative financial reports to the board. This process is still in it's infancy but hopefully will be finalized by the end of December.

Business & Support Services



## Business & Support Services :: *continued*

---

### **Capital Works Programs ::**

Project Management of the Capital Works programs have consumed a large proportion of my time over the last financial year and certainly it is of a greater advantage to do this in house rather than contracting an external Project Manager. Certainly we've learnt some valuable lessons about the length of time to achieve the objectives given the remoteness, cost, delays in approval process and lack of suitably qualified contractors to undertake the work.

Saying all that, although the three projects are behind schedule for a variety of reasons, they are now progressing well:-

#### ***Mt Isa***

Location of a new demountable building comprising of a meeting/function area for fifty participants, three patient consult rooms, waiting room and disabled toilet facilities located on the current office building site. In addition to these improvements landscaping, sealed car park areas and garages will complete this project to provide improved facilities for the large staff team, their clients and the Mt Isa community. The building is being finalized as we speak with official handover from the builders scheduled for mid October. It is envisaged that the subsequent additional works will then progress and hopefully be finalised by the beginning of 2008. Plans are currently under way by the Mt Isa Staff to hold a "building naming" promotion activity involving the local community, it is anticipated that an opening ceremony will be held to celebrate this long awaited facility upon completion of all works.

Although we are leasing the property and existing office site, we have been able to secure a lease with options to give us a secure location for close to 10 years.

#### ***Normanton***

This project is for the location of a new demountable building which comprises of an office area, two patient consult rooms and a small meeting area to be built on the property of the Normanton Medical Centre owned by Dr Chris Gilford. The location of NWQPHC staff and services in close conjunction with Dr Gilford's general practice ensures that patient coordination and care is at an optimum.

A building company has been contracted from Cairns to complete the project and after lengthy discussions to get the most out of the land available, have commenced building in the last week. It's estimated the project will be completed by the end of December 2007.



## Business & Support Services :: *continued*

---

### *Urundangie*

Funding was provided to purchase an existing property in Urundangie that would give the health service providers and community a venue for service delivery. The building at the corners of Margaret, Hutton & Collins streets was purchased in May 2007 and is a sound structure with multiple rooms that will be converted in patient consult rooms over the coming months. In addition to this purchase, funding was received to build an ablution(shower/toilet) block for the community of Urundangie because there are no other community facilities at this stage. The Centre for Appropriate Technology (CAT) have been contracted to conduct the tender process for the construction of an appropriate building. Progress has been slow because of time constraints for both CAT and NWQPHC however it's expected that this project will be completed by June 2008.

**NWQPHC would like to thank the staff team at the Office of Aboriginal and Torres Strait Islander Health (OATSIH) for the funding, understanding and insight with these projects for without them projects like these would not be possible.**



East Coast

## NWQPHCS :: Staff

### EAST COAST

Chief Executive Officer	Kelly McTaggart	Townsville
Deputy CEO, Executive Officer, Workforce & Communities	Ross Nable	Townsville
Executive Officer, Business & Support Services	Evelyn Edwards	Townsville
Communication and Publicity Officer	Sonia Muller	Townsville
Continence Advisor	Amanda Norton	Townsville
Diabetes Educators	Jenny McWha Karen Carcary	Ingham Townsville
Dietitian	Kylie Coleman	Townsville
ICT & IM Team Leader	Shawn Hardie	Townsville
Information Systems Officers	Damian Wheatley Charlie Provis Kieran Telford Mark Bowman Jesse Gileppa	Townsville
Occupational Therapist	Belinda Wall	Townsville
Physiotherapist	Rebecca Vander Jagt	Townsville
Podiatrists	Ruth Connors Trent Johnston	Townsville
Practice Support Officers	Kate McLeod Heather Kraus Muriel Portier	Townsville
Project Officer	Jenine Bailey	Townsville
Psychologist - Senior Allied Health Professional	Lyn Craill	Townsville
Psychologists	Sally O'Brien Helen Stubbings Judith Putt Bernard Laverty	Townsville
QUM Facilitator - Pharmacist	Carla Scuderi	Townsville
Research Officers	Tilley Pain Christine Leon	Townsville
Support Services	Glenda Krause Peta Cullen Rebecca Rush Wendy Wood Deborah Simpson Janice Sinclair	Townsville
Team Leader, Support Services	Trina Schmidt	Townsville
Team Leader, Health Services	Karen Carcary	Townsville
Team Leader, Workforce & Communities	Alison Dumaresq	Townsville



## NWQPHCS :: Staff

### CENTRAL WEST

Central West

Community Based Workers	Michelle Reay	Bedourie
	Maureen Scott	Windorah
	Teresa Booth	Birdsville
	Marjorie Middleton	Bedourie
Continance Advisor	Joanne de Vries	Longreach
Information Systems Officer	Robert Millar	Longreach
Practice Support Officers	Fiona Cameron	Longreach
	Heidi Balderson	
Registered Nurse Senior Practitioner, Diamantina Health Service	Jo Andrews	Birdsville
Registered Nurses, Diamantina Health Service	Beverly Morton	Birdsville
	Ross Carter	Birdsville
	Carla Gilbert	Bedourie
	Lynette Heaton	Bedourie
Registered Nurses, McKinlay Health Service (Relief)	Sancia Fegan	
	Coral Neisler	McKinlay
Respiratory Educator	Kate Walker	Longreach
Speech Pathologist	Jennifer Lindsay	Longreach
Support Services Officers	Claire Doyle	
	Natasha Burke	
	Deborah Eyre	Longreach
	Melanie Walsh	
Diabetes Educator	Emma Ross	
	Nadine Coker	Longreach
Health Promotion Officer	Clare Hession	Longreach
Team Leader, Health Services, Workforce & Communities	Jamie Spark	Longreach



## NWQPHCS :: Staff

### NORTH WEST

Continance Advisor & PHC Nurses	Sheila Simpkins Dulcie Naumann	Mt Isa
Diabetes Educator	Cheryl Wade	Mt Isa
Dietitians	Katrina Carey Anthony Elliot Mandy Frier Lisa Schulze	Mt Isa
Diabetes Educator	Fiona Wiles	Mt Isa
Dementia Advisors	Jennifer Handyside Jennifer Clarke	Mt Isa
Executive Officer, Health Services	Joanne Symons	Brisbane
Health Promotion Officers	Michelle Costello Elizabeth Trindle	Mt Isa
Indigenous Health Workers	Kerry Major Titjipuaka Andrews	Mt Isa
Information Systems Officer	Kane Provis	Mt Isa
Mentor	Jeanette	Mt Isa
Occupational Therapists	Mark Brown Hana Cooke Tamara Hogan Sarah Robinson Melissa Bock Jennifer O'Driscoll	Mt Isa
Physiotherapists	Deborah Wright Katherine Galligan Shellie Corney Martha Crombie Ken Gilbert Katie Sheridan Alison Stewart	Mt Isa

North West



North West

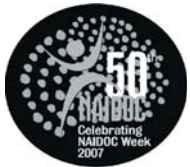
## NWQPHCS :: Staff

### NORTH WEST :: continued

Place Manager	Sue Fanning	Mt Isa
Podiatrists	David Brandts-Giesen	
	Kate Kennett	Mt Isa
	Derek Condon	
Practice Support Officers	Christopher Appleby	Mt Isa
	Glenda Jones	
Project Officers	Catherine Snow	Mt Isa
	Jenine Bailey	
Psychologist - Senior Allied Health Professional	Christine Franklin	Mt Isa
Psychologists	Therese Forbes	
	Lisa Wright	
	Jacqueline Tooley	Mt Isa
	Lara Andrews	
	Hanna Mustonen	
	Namita Trensky	
Research Officer	Torres Woolley	Mt Isa
Support Services	Kylie Haapakoski	
	Beverly Thorpe	
	Karen Crowley	Mt Isa
	Lea Everingham	
	Jay Kaivira	
Speech Pathologists	Claire Stonell	
	Karly Green	Mt Isa
	Melissa Kuhl	
	Joanna Hayes	
Team Leader, Support Services	Julia Hartley	Mt Isa
Team Leader, Health Services	Janet Struber	
	Richelle Dando	Mt Isa
	Karen O'Rourke	
	Ray McLaughlin	

# Organization Chart





# Youth Elder Connect

## Inspirational Moments :: Youth Elder Connect

A group of 20 Indigenous youth aged 13-19, and middle-aged and older Indigenous adults came together during the month of July to celebrate NAIDOC week with 'art', via a project funded by "Outback and Involved" from the Tropical Public Health Unit. Funding was initially secured by NWQPHC OT Melissa Bock, who developed a partnership with Mt Isa based Outback Arts. Together NWQPHC and Outback Arts provided arts-based activities that sought to connect older Indigenous adults with disenfranchised Indigenous youth, as a response to concerns voiced by older Indigenous people in the Mt Isa community. Collaboration with local Indigenous artists Jimmy Taylor and Billy Marshall to create a series of arts-based workshops has enabled Indigenous persons of various ages to connect together within a supportive social environment.

The youth who participated were a-part of the Youth Pathways program at Spinnifex State College, which is an alternative schooling stream that provides additional support to students who are identified as most at-risk of not making a successful transition through school and beyond. Working together and using a combination of skills in both communication and art-techniques, participants helped create a 3-dimensional piece modelled from clay, paint and canvas that portrayed traditional local stories.

NWQPHC views that comprehensive care models require a broadening of perspectives to emphasise and support the need for occupational opportunity through which self-identity, cultural meaning and social connectedness is reinforced and established. Projects such as this may act to enhance social capital; impacting on a community's well being.

Group participants were so proud of their finished product that they independently arranged for display of the art-work during the Family Fun Day NAIDOC celebration; one of the most highly attended NAIDOC events in Mt Isa.



# Inspirational Moments



"Providing multidisciplinary allied health services to Bentinck Island - NWPHC Podiatrist Kate Kennet having a day 'in the office'."



The flies out numbered the community members a million to one but with the great community spirit the community garden begins to take shape.

## Conatct US ::

### DIAMANTINA HEALTH SERVICE - BIRDSVILLE ::

**Address** . Vaughan St Birdsville Qld 4482  
**Postal** . Post Office Birdsville Qld 4482  
**Phone** . 07 4656 3305  
**Fax** . 07 4656 4999  
**Email** . admin@nwqphc.com.au

### DIAMANTINA HEALTH SERVICE - BEDOURIE ::

**Address** . Kepler St Bedourie Qld 4829  
**Postal** . Post Office Bedourie Qld 4829  
**Phone** . 07 4746 1226  
**Fax** . 07 4658 3630  
**Email** . admin@nwqphc.com.au

### LONGREACH ::

**Address** . Suite 6 Eagle Arcade Longreach Qld 4730  
**Postal** . PO Box 256 109 Eagle Street Longreach Qld 4730  
**Phone** . 07 4658 3622  
**Fax** . 07 4658 3630  
**Email** . admin@nwqphc.com.au

### MCKINLAY HEALTH SERVICE ::

**Address** . 1 Wylde St McKinaly Qld 4823  
**Postal** . P O Box 4 McKinlay Qld 4823  
**Phone** . 07 4746 8412  
**Fax** . 07 4746 8483  
**Email** . admin@nwqphc.com.au

### MT ISA ::

**Address** . 53 Enid Street Mt Isa QLD 4825  
**Postal** . PO Box 1127 Mt Isa QLD 4825  
**Phone** . 07 4749 4615  
**Fax** . 07 4743 4858  
**Email** . admin@nwqphc.com.au

### TOWNSVILLE ::

**Address** . 5/106 Dalrymple Service Rd Currajong QLD 4812  
**Postal** . PO Box 8056 BC Garbutt QLD 4814  
**Phone** . 07 4725 8868  
**Fax** . 07 4725 5122  
**Email** . admin@nwqphc.com.au



Contact us