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primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

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Cover image: Ryan Summers, Di Hawkridge and Shannan Maciejewski from the Devonport Medicare Mental Health Centre with peer worker Andrew Eddy (story on pages 14–15).

Primary Health Matters is available online at **primaryhealthtas.com.au/publications**

Primary Health Matters is produced by Primary Health Tasmania twice a year. It shows how innovation in primary health, aged and social care is making a difference and contributing to healthy Tasmanians, healthy communities, and a healthy system.

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Interviewees' second names are sometimes omitted to respect privacy or personal preference.

Primary Health Tasmania acknowledges that the lands we work from are the traditional lands of the Tasmanian Aboriginal Community. We respect their spiritual relationship with their country and honour and respect their ongoing cultural and spiritual connections to the lands we work from.

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Primary Health Tasmania ABN 47 082 572 629

From the CEO

Since commencing as Chief Executive Officer of Primary Health Tasmania earlier this year, I have spent much of my time listening, learning and connecting with people across Tasmania's health system.

I've met healthcare professionals, community organisations, and leaders from across the state. While every conversation has been different, one theme has consistently emerged: connection matters.

Connection sits at the heart of effective health care. It shapes how services are designed, how care is delivered and, ultimately, the outcomes people experience. When people feel seen, heard and understood, health care becomes more than a service—it becomes something that supports people to live healthier, more connected lives.

This theme is reflected throughout this edition of *Primary Health Matters*.

In our story on improving health care for people with intellectual disability (page 3), we see how small changes in communication and understanding can have a significant impact on a person's experience of care.

Connection is also central to the story of the Resilience and Recovery Group at Youth, Family and Community Connections in Burnie (pages 10-11). The relationships participants have built through the program have become an important part of their recovery journeys, highlighting the role that belonging and social connection can play in supporting recovery from substances and broader wellbeing.

Similarly, in our feature on the Care@home chronic condition management service (pages 16-17), patient Neil reflects on the importance of being treated as a person rather than a number. His experience is a reminder that compassionate, person-centred care can help people feel valued, supported and more confident in managing their health.

While these stories are very different, they share a common lesson. Sustainable improvements in health outcomes are often built on human connection—between patients and healthcare professionals, between services and communities, and between people who share experiences and support one another.

As a commissioning organisation, Primary Health Tasmania works to strengthen these connections across the health system. We know that lasting change happens when services are designed around people, informed by communities, and delivered through strong partnerships.

I hope the stories in this edition offer both inspiration and practical insights for those working to improve the health and wellbeing of Tasmanians. ■

Lucy O'Flaherty
CEO
Primary Health Tasmania

Small changes for better outcomes

How one general practice is modelling better care for people with intellectual disability

When Rosie takes her son Dazza to healthcare appointments, one thing stands out.

"A lot of places we go to, they talk to him like he doesn't understand," she says.

"But he does understand—only too well."

Dazza has an intellectual disability, and Rosie says the difference between a good healthcare experience and a poor one often comes down to something simple: whether people take the time to see the person first.

Dazza is passionate about the Carlton Football Club, and will talk anyone's ear off about the team's recent progress in the AFL. He is also quick with a smile or a joke for anyone lucky enough to meet him.

It's clear he feels welcome and seen by the staff at his usual practice, Brighton Regional Doctors.

People with intellectual disability experience significantly poorer health outcomes than the general population and often face barriers accessing appropriate healthcare.

Communication difficulties, sensory challenges, fragmented care and assumptions made by healthcare professionals can all contribute to inequitable outcomes.

One of the biggest risks is 'diagnostic overshadowing'—when symptoms or behaviours are incorrectly attributed to a person's disability rather than investigated as a separate health issue.

Brighton Regional Doctors GP Dr Robbie Luelf says this can happen unintentionally when clinicians become too focused on an existing diagnosis.

"You might assume behavioural difficulties are because of autism," he says, "when there could actually be anxiety, depression or ADHD that should be managed differently."

These assumptions can delay diagnosis, contribute to missed care and prevent people from receiving appropriate treatment.

But healthcare professionals can make a significant difference through relatively small, practical adjustments.

Communication is one of the most important changes.

Speaking directly to the patient, using plain language, focusing on one topic at a time, using visual communication tools and allowing extra time for processing can help people feel included in their own care.

Reception staff also play a critical role in creating a safe and accessible experience from the moment a patient arrives.

Brighton Regional Doctors is one example where staff are working together to understand individual patient needs and make reasonable adjustments where possible.

These adjustments might include offering longer appointments, providing quieter waiting spaces, using visual supports or helping patients wait outside the clinic until their appointment is ready.

GP and practice owner Dr Mary Lumsden says practices do not need to overhaul their systems to make care more inclusive.

"If we know certain patients are going to need longer appointments, it's automatically flagged so they're booked for the right length of time," she says.

"If somebody has particular sensory needs, they might wait in a quieter room or come at the beginning or end of the day when it's less busy."

Annual health assessments are another important tool in improving outcomes.

These assessments help healthcare teams build a clearer understanding of a person's baseline health, identify changes earlier, and ensure preventive care is not overlooked.

For Amy, whose daughter Lily has complex needs, annual assessments help ensure nothing slips through the cracks.

Patient Dazza is interviewed for a Brighton Regional Doctors video

"It's good to do it once a year and make sure we're on top of everything and Lily's getting what she needs from the doctors," she says.

To support primary healthcare providers across Tasmania, Primary Health Tasmania has developed a new video resource with Brighton Regional Doctors through the Australian Government-funded Primary Care Enhancement Program for people with intellectual disability.

The resource shares practical examples of reasonable adjustments and communication strategies healthcare teams can implement in everyday practice.

This is one of a number of resources Primary Health Tasmania has developed to support better care for people with intellectual disability.

Importantly, the message is not that clinicians need specialist expertise in intellectual disability care before they can make a difference.

Often, better care begins with listening, adapting and avoiding assumptions.

"Don't make assumptions," Mary says.

"You pick up a lot about what might actually be going on just by listening."

At Brighton Regional Doctors, small changes are making a real difference for Dazza.

"They're always fixing you up. I'm good as gold," he says.

"I love all the different support, and I love them." ■

Want to know more?
Visit tasp.hn/PCEP-video

Primary Health Tasmania's Lucy O'Flaherty and Susan Powell, Member for Franklin Julie Collins, Kingborough Mayor Paula Wriedt, clinic staff and Ochre Health representatives at the Kingston Medicare Urgent Care Clinic launch

Local clinics with real impact

How Medicare Urgent Care Clinics (UCCs) are supporting communities across Tasmania

Twenty-five-year-old Benji Plant was in the middle of a local club cricket game when he dislocated his shoulder while diving for a catch.

After popping his shoulder back in himself, Benji sat on the sidelines for a couple of hours, weighing up his options. With a non-life-threatening injury, he was reluctant to go to hospital but still wanted reassurance that he hadn't caused any nerve damage.

"I would have been in the hospital for, I'd say, over three hours easily," Benji says.

A fellow club member suggested the newly opened Burnie Medicare UCC instead.

At the clinic, staff assessed his shoulder, confirmed everything was okay and fitted a sling, providing assessment and reassurance in a single visit.

Benji Plant

> **"It was super quick. All the staff were fabulous. They really looked after me."**
>
> **— Benji Plant**

"It was super quick," Benji says. "All the staff were fabulous. They really looked after me."

As a cricket coach, Benji says he now encourages players who experience new or acute sports injuries to consider the clinic, helping keep pressure off local hospitals and receive timely care close to home.

For many Tasmanians, Medicare UCCs have become a trusted option to access care for urgent but non-life-threatening illnesses and injuries, when they are unable to visit their regular GP.

Funded by the Australian Government and established by Primary Health Tasmania and the Tasmanian Department of Health, Tasmania's Medicare UCCs are in Bridgewater, Burnie, Devonport, Hobart, Kingston, Launceston and Sorell. A new clinic is also being established in the Glenorchy-Derwent Park area.

The clinics provide walk-in, extended-hours care for urgent but non-life-threatening illnesses and injuries. They are bulk billed, meaning there is no out-of-pocket cost for patients.

Operating within general practice clinics, Medicare UCCs are staffed by doctors and nurses who assess and treat a wide range of conditions, from burns and minor fractures to infections and respiratory illnesses. Patients don't need an appointment or referral.

Tasmanians should continue to see their regular GP for ongoing or routine health care. Medicare UCCs are there for times when urgent health concerns arise and usual care isn't available.

In the south, Rebecca Ferris visited the Bridgewater Medicare UCC after injuring her foot, unsure at first how serious the injury might be.

Having previously visited the clinic with a family member and hearing positive feedback from a friend, Rebecca felt confident knowing where to go for help.

At the clinic, staff quickly assessed her injury and arranged an x-ray during the same visit, confirming her foot was fractured. She was fitted with a moon boot on the spot and provided a clear plan for recovery.

"It was a really good experience," Rebecca shares. "They could do everything while I was there. It was really an end-to-end service, which was great."

The clinic also arranged a referral to a fracture clinic, with information shared to her regular GP to support continuity of care.

"I think the clinics are a really fantastic idea," Rebecca says. "It takes the pressure off emergency departments and what they do, they do really well."

Injuries like Benji's and Rebecca's are a common reason people attend Medicare UCCs, but the clinic teams say they represent only part of the care provided every day.

Devonport Medicare UCC practice manager, Belinda Livermore, describes a steady stream of patients seeking timely care when urgent health concerns arise and their usual GP isn't available.

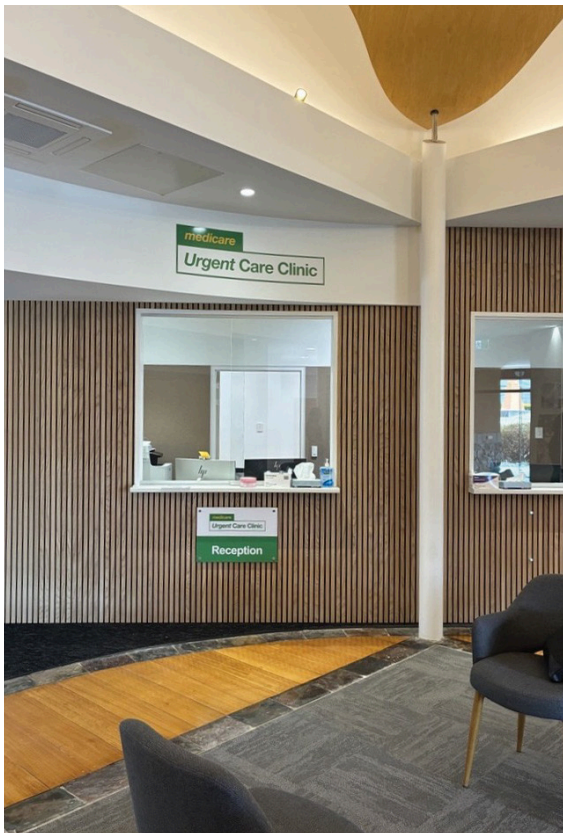
"We see a large number of UTIs *(urinary tract infections)*, respiratory illnesses, and injuries that require suturing; a lot of presentations for patients that can't see their GP, but whose health issue can't wait that long," Belinda says.

At the Sorell Medicare UCC, a similar picture emerges, particularly among families and children seeking assessment, reassurance and guidance.

"We commonly see musculoskeletal injuries and lacerations, as well as children and families presenting for review, assessment and education," urgent care manager Erica explains.

Access to urgent care locally has also changed how both residents and visitors choose to seek help, according to staff at the clinic.

"The clinic is so important for local communities as it provides access for travellers and locals to receive urgent care without travelling to the capital cities, keeping emergency departments for emergencies," Erica says.



Inside the Burnie Medicare Urgent Care Clinic

Medicare Urgent Care Clinics can help with conditions such as:

- minor infections, including acute urinary tract infections (UTIs) and some sexually transmitted infections (STIs)
- minor fractures, sprains, sports injuries, and neck or back pain
- minor cuts requiring stitches or glue
- insect bites, rashes and mild burns
- minor acute eye and ear problems
- acute exacerbation of respiratory illnesses such as asthma, croup and chronic obstructive pulmonary disease (COPD) flare-ups
- gastroenteritis and other sudden illnesses.

For anything that is, or could be, life-threatening, people should always call Triple Zero (000) or go to their nearest hospital emergency department.

Staff at the Sorell Medicare Urgent Care Clinic

"It also provides peace of mind knowing there is an out-of-hours, high-quality healthcare service available when they need it."

Beyond immediate care, Kristy, an enrolled nurse at the Sorell clinic, says the service plays an important role in helping people better understand how and where to seek help within the health system.

This includes supporting patients to identify when urgent care is appropriate, when to see a GP and when emergency care is required—and in some cases, helping connect people who don't have a regular GP with local practices.

Across sites, patient feedback continues to reinforce the value of the service.

"Our nursing team has been stopped in the supermarket by a patient who was very thankful for the care and support received," Kristy says.

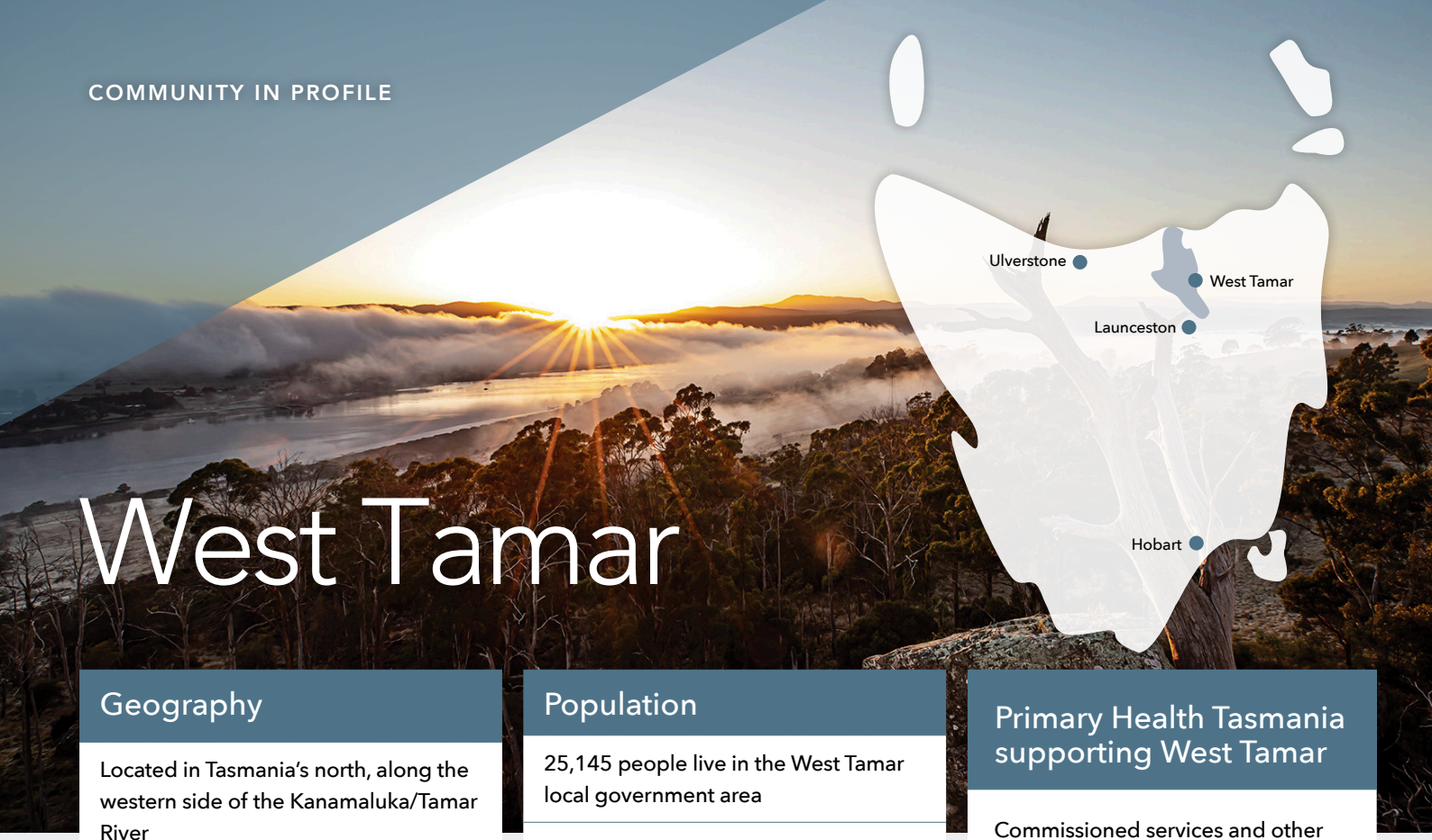
"The feedback has been very positive," Belinda says. "Patients have commented on how great it is to have such good doctors in the clinics that have a strong understanding of patient needs, and how they feel truly heard." ■

Want to know more?
Visit tasp.hn/MedicareUCCs

Medicare Urgent Care Clinics at a glance

- More than 1.8 million visits nationally to Medicare UCCs since commencement.
- Clinics see around 36–41 patients per day on average.
- Sunday and Monday are the busiest days, especially mid morning.
- Three quarters of patients are seen within 30 minutes.
- Most visits are for minor injuries (sprains, fractures, cuts requiring stitches) and acute infections and illness.
- Around 83% of patients are treated and go home after their visit.

Based on national data covering 30 June 2023 to 10 August 2025. References available on request.



West Tamar

Geography

Located in Tasmania's north, along the western side of the Kanamaluka/Tamar River

Spans 709 square kilometres

Major towns in the area include Exeter, Riverside, Legana, Beaconsfield, Beauty Point

Attractions include Greens Beach, the Beaconsfield Mine and Heritage Centre, Grindelwald Swiss Village, Tamar Island Wetlands Centre, Seahorse World, and several wineries

Health profile

38% rate their own health as excellent or very good (in line with the state average)

14% of adults are daily smokers (state average is 15%)

9% of adults experience high or very high levels of psychological distress (state average is 10%)

The leading causes of death among people in West Tamar are coronary heart disease (12%), dementia (8%) and cerebrovascular disease (6%)

Population

25,145 people live in the West Tamar local government area

Median age is 45 (state average is 42)

People aged 65+ years comprise 23% of the population (state average is 21%)

Aboriginal and Torres Strait Islander people make up 2.8% of the population (state average is 5.4%)

Social and economic conditions

62% of the eligible population have completed Year 12 or above (state average is 60%)

The median weekly income per household is $1402 ($1358 statewide)

Health care

84% of people in West Tamar see a GP for their own health each year

On average, 3758 people visit a hospital emergency department each year

94% of children are fully immunised by the age of five (state average is 95%)

Primary Health Tasmania supporting West Tamar

Commissioned services and other activity including:

- alcohol and other drug treatment services
- services for people with chronic health conditions
- mental health and wellbeing services
- suicide prevention services
- psychosocial support
- support to connect vulnerable older people with aged care services.

Community health checks for every Tasmanian local government area are available at **tasp.hn/communitychecks**

Images: Tamar Valley at sunrise and Utzinger Vineyard. Images courtesy of Brand Tasmania.

A Safer Families Centre training session in progress

Braving the conversation

How a pilot program is equipping general practices to better support victim-survivors of family and sexual violence

Asking a patient if they feel safe at home can be uncomfortable.

For Dr Jason Ratcliffe, a GP registrar at the Geeveston Medical Centre in southern Tasmania, recent training helped him reframe that discomfort as part of his duty of care to his patients. This included recognising when someone may be at risk and taking appropriate steps to support their safety.

"In med school, we are taught how to have conversations about suicide awareness, and in the training they likened it to these conversations," Jason says.

"Asking someone if they feel safe in their own home is a really uncomfortable thing to raise.

"It's not just a matter of asking, it's a matter of asking with real intent."

Jason recently completed training delivered by the University of Melbourne's Safer Families Centre as part of the Australian Government-funded *Supporting the Primary Care Response to Family, Domestic and Sexual Violence Pilot*, coordinated in Tasmania by Primary Health Tasmania.

The pilot supports general practices and Aboriginal health services to better recognise and respond to family violence, sexual violence and child sexual abuse.

It has two components: a specialist support service delivered by Engender Equality and Laurel House, and education packages convened by the Safer Families Centre.

The program aims to increase support for GPs and other primary care providers to assist with early identification and intervention, and to strengthen connections between the services helping people affected by violence.

It takes a whole-of-practice approach, supporting GPs and Aboriginal health services, including practice nurses, reception staff, practice managers and allied health professionals, to respond to disclosures, navigate referral pathways and connect victim-survivors with specialist support.

Family, domestic and sexual violence can affect people of any age and gender, although it disproportionately affects women, girls, and gender-diverse people.

Statistics show at least 28 per cent of Tasmanian women have experienced sexual and/or intimate partner violence, while about the same proportion of all Tasmanians have experienced child sexual abuse.

For many victim-survivors, general practice is one of the first places they seek help.

Primary Health Tasmania's Susan Powell says GPs are a crucial entry point to support.

"Research shows GPs are the highest professional group disclosed to by current family violence survivors," Susan says.

"Of those who disclose, approximately one in three survivors who are currently experiencing violence, and one in four who have previously experienced partner violence, will seek help from GPs.

"At least one in 10 women attending general practice will have experienced family violence, which for a full-time GP translates to around five women per week.

"This is why GPs are uniquely placed to identify when family violence is occurring."

The program provides education and upskilling, health system navigation, warm referral pathways and stronger integration between general practice and Tasmania's specialist family and sexual violence services.

Engender Equality CEO Alina Thomas says each participating practice or Aboriginal health service has access to a designated support specialist.

"That support can include tailored presentations, secondary consultations, assistance with referral pathways, advice about documentation and mandatory reporting, and support for staff affected by difficult disclosures," Alina says.

"We're here to support clinics to be able to support their patients."

Laurel House CEO Kathryn Fordyce says GPs play a key role in responding to sexual violence.

"General practice plays such an important role in early identification and support," she says.

"When primary care is safe, affirming and informed, and clinicians feel confident to ask, listen without assumptions and connect people to specialist support, it can make a profound difference for people affected by sexual violence and child sexual abuse."

For Jason, the practical focus of the training was particularly valuable.

"As doctors, we're very solutions-focused people," he says.

"We want to know, 'what can I do?'.

"With my role in society, I can actually make the referrals to help people. So having a very practical conversation was really important.

"It was really great to understand the local resources and network. Now I've got numbers to call."

He says the training also helped him think more carefully about the role of safety, choice and trust in the consultation room.

In one appointment after the training, Jason asked a patient experiencing family violence whether they felt comfortable continuing care with him, given the perpetrator was male and he is also a male GP. The patient chose to continue care with a female GP.

"It's a vulnerable space," Jason says.

"You're asking someone to bare their soul to you and you need to be the right person for them to feel safe to do that.

"I offered that question knowing that might be part of what was going on in the back of their head.

"I said, 'I'll look after you until we can get you in with a female GP'."

Jason says the training helped him understand the importance of making options explicit, so patients did not feel awkward asking to see someone else.

"I probably wouldn't have made that offer, 'would you like to see a female doctor', had I not had reason a couple of weeks earlier to really analyse the kind of care I was giving someone in that space," he says.

The program also recognises the important role of non-clinical staff.

Jason says reception staff are often the first point of contact for people in distress, including people experiencing panic, suicidal thoughts or family violence.

"There's a little bit of care that happens even before they sit down," he says.

"And it's really valuable."

Jason says the training helped reception staff feel more empowered in their role, while also prompting important conversations about how practices can support staff exposed to traumatic disclosures.

"So often reception staff in GP clinics are ignored in this space," he says.

"The value they can add by having more expertise and more comfort in understanding these things is really important."

Safer Families Centre Director Professor Kelsey Hegarty says the education program is grounded in evidence and lived experience.

"Together, we're working to build safer pathways for those experiencing family violence by equipping primary care with the tools and confidence to respond effectively," Kelsey says.

"By embedding trauma-informed approaches, we can help ensure victim-survivors receive timely, compassionate and effective care."

Tasmanian Family and Sexual Violence Alliance CEO Bree Klerk says primary care is often the first—and sometimes the only—service people experiencing violence come into contact with.

GP registrar Dr Jason Ratcliffe

"By building the skills of primary care workers to recognise and act on concerns early, we can reduce harm and improve health and wellbeing over the course of people's lives," Bree says.

For Jason, the message for other GPs is simple: the conversations may be uncomfortable, but they matter.

"It was really good just to give myself that little fire under the bum to make myself take that extra step and instead of tiptoeing around it to say, 'Look, I just need to get better at this for the sake of patient wellbeing'," he says.

"You can affect really powerful change on a person's life as a doctor, which is wonderful in so many different ways."

Jason says family and sexual violence training should be a part of mainstream medicine training.

"Because I think had we been taught to have this uncomfortable conversation, the same time I was taught how to ask someone if they're suicidal, I would never have thought weirdly about it at all," he says.

"But instead, I spent a few years probably dodging the question, to be frank, because I just didn't know how to ask it.

"And as soon as someone provided me with a little bit of room to think about it, and a few examples of how to do it in a fluid and comfortable way, I'm like, 'now I can do it'—and that's all it took.

"I guess in my space, what I can do is just make sure I feel safe to the patient.

"I think that's the most important thing."

Want to know more?
Visit tasp.hn/FDSV

L-R: YFCC's Maddie Sheridan and Damian Collins with group participants Danielle, Jade and Leanne

Resilience and recovery through connection

How connection and support is at the heart of an alcohol and other drug recovery group in Burnie

Each week in a room in Burnie, a small group of people gathers to talk honestly about recovery.

Some are just beginning to consider change. Others are further along. What they share is a commitment to connection, safety and mutual support.

"When I come into this room, the mask comes off and I can let my guard down. I can say what's going on in my life and there won't be judgment, just support," says Danielle, a group participant.

For Danielle and others attending the Resilience and Recovery Group in Burnie, that sense of connection is central to recovery.

Addiction is a health condition often associated with isolation and shame, which can make it harder for people to seek support.

The Resilience and Recovery Group is run by Youth, Family and Community Connections (YFCC) and brings together people at different stages of recovery to support each other through change.

The program is one of the alcohol and other drug treatment services funded by the Australian Government through Primary Health Tasmania.

Danielle says the group has supported people through some of their darkest days.

"I've had a 10-year addiction to methamphetamine, and I was also a polydrug user," she says.

"By the end, it was whatever I could get my hands on.

"In 2023 my life fell apart. I told my family I couldn't keep doing it anymore."

Leanne, another participant, says alcohol addiction had taken over her life.

"My life before now was really hard. I was frustrated with myself, and had made multiple suicide attempts," she says.

"My daughter wasn't living with me. I didn't have a relationship with my sister, and my marriage was close to over. I didn't leave the house for seven years."

Jade says he spent more than half his life using methamphetamine.

"I spent 15 years using meth every day. The only breaks I had were forced on me by prison," he says.

"I was caught up in the court system for a long time."

All three say a turning point was meeting YFCC staff during their time at Serenity House, a sobering-up facility.

Jade says seeing Ella at Serenity House changed his perspective. Ella is a lived experience peer worker he had known during active use."

Ella, together with Maddie, a drug and alcohol counsellor, co-facilitate the group. Lived experience is central to how the group supports participants.

"That's the value of lived experience. Ella understands what it feels like," Maddie says.

"At the core of it is connection. Addiction can be isolating, and the group helps fill that void in a way that feels safe."

The group alternates between peer-led discussion and structured content, responding to what participants need at the time.

Topics include long-term maintenance and mental health support, which Danielle says has been invaluable.

"At first I didn't think the five things that I could see in the room *(a mindfulness practice)* would help," Danielle says.

"But the further I get in recovery, the more I use them. There are lots of situations where I've had to ground myself."

Participants say the group's strength is the support they provide each other.

"There's a lot of love in the room. Sharing our experiences is where the power is. A problem shared is a problem halved," Jade says.

Danielle agrees.

"I can say what's going on in my life and there won't be judgment, just support. I get advice from Maddie and Ella, and I also learn from other group members' experiences."

As their confidence grows, participants say they feel more able to talk about recovery with family, friends and in the community.

The group welcomes people in active use. Participants say this can provide hope for someone who is just starting to consider change, while giving those further along in recovery a chance to model what support can look like.

"The group keeps me accountable. If I relapsed, I'd break my own heart—and break everyone else's heart as well," Danielle says.

"But I know that there wouldn't be judgment, just support."

Over time, participants say the group has become a "chosen family".

"When someone else is doing it tough, you want to help," Danielle says.

"Thinking about other people's struggles also helps me with my own. Seeing everyone's personal growth makes me genuinely happy."

Leanne says the group changed everything for her.

"I would turn my whole week around for this group," she says. "It's been a big reason I'm sober today."

Leanne says she continues to get support for her mental health, and her relationships have improved.

"I have a great relationship with my daughter and my husband," Leanne says.

"I'm still learning about myself, but I'm starting to like me.

"A big win for me recently was going to Kmart, and I've even met people from the group for coffee."

Danielle is coming up to 18 months sober.

"I still have bad days, but I don't reach for substances," she says. "For me now, it's more about looking after my mental health."

Jade says coming to the group sessions every week is important for his mental health.

"Thinking about other people's struggles also helps me with my own. Seeing everyone's personal growth makes me genuinely happy."

— Danielle

"When I've been tempted to use again—like after losing my nan or losing my job—I bring it to the group, and they support me through it," he says.

"I still carry guilt about things I did during addiction, and I think I always will," Danielle says.

"But you can heal through recovery, and through this community."

Maddie says the group focuses on kindness and self-compassion.

"Recovery can be impeded by shame, so we've created a safe space where people can leave that at the door," she says.

"We support people at all stages of recovery. It can be helpful when someone who is further along can sit with someone who is still in active use and offer steady support."

All of the group agrees.

"It's almost like looking in the mirror," Jade says. "You see yourself in the people who walk through the door, and you remember where you were."

Maddie says the aim is not to tell people what to do, but to share tools and support so they can take the next step for themselves.

Now, two Resilience and Recovery Group participants are working towards roles as peer support workers, using their experience to help others through recovery and to model hope in the community.

"I didn't think I had opportunities like this when I was in addiction," Danielle says.

"Now I want other people to know recovery is possible." ■

Want to know more?
Visit yfcc.com.au

Emma Robertson and RJ Webb with Karadi's retinal camera

Windows into health

How an eye health project is shining a light on the health of Aboriginal people

They say that eyes are the window to the soul.

But the Karadi Aboriginal Corporation sees the eyes as windows into people's health.

The idea for Karadi's eye health service was sparked after a team of Karadi staff attended an eye health conference in Melbourne, hearing about what had worked at other organisations, and experimenting with a retinal camera.

Then, thanks to the generosity of the Brian Holden Foundation, Karadi was able to secure its own retinal camera to undertake retinal screening at its health clinic at Goodwood in suburban Hobart.

Retinal screening is a quick, non-invasive imaging test that takes high-resolution pictures of the back of the eye, including the retina, optic nerve and blood vessels. It helps detect and monitor eye diseases and provides insight into overall eye health.

Emma Robertson, health team leader, says retinal screening might seem niche, but it helps paint a broader picture of someone's overall health.

"Retinal screening can pick up diabetic retinopathy," she says.

"You can see bleeds behind the eye, signs of hypertension behind the eye, and macular degeneration, a chronic eye disease that causes central vision loss.

"There's a whole series of conditions, and while we don't diagnose any of those, through the training we've undertaken, you can usually identify whether something looks normal or abnormal within an image."

Karadi works closely with its visiting optometry service, Total Eyecare, which provides training and ongoing support.

"All images are sent to our visiting optometrist for grading. He reviews them and may say there are no signs of diabetic retinopathy, and the client should be screened again in 12 months," Emma says.

"Or he might say that there are signs that require an appointment within three months, or within another specific timeframe, and we can book that in.

> **"It's about offering really low-cost glasses, which is phenomenal because glasses are expensive."**
>
> — RJ Webb

"There's a whole triage process. Some clients may need to go directly to the Royal Hobart Hospital ophthalmology clinic, and he will enact that referral straight through."

Emma says Karadi supports clients throughout the referral process.

"If someone needs to go directly to the Royal, the optometrist handles that referral. We can then follow through that path and support that person through the hospital. We have a good relationship with ophthalmology."

Emma says retinal screening has broader benefits beyond clinical use.

Ease of access is particularly important for people living with chronic conditions.

"It can remind people with chronic conditions, such as diabetes, to get their regular eye checks. This is really important for people with diabetes."

RJ Webb, key driver of the eye health program and the allied health trainee who conducts the retinal screening, agrees.

"The eye program feeds into our chronic disease model of care. If people are diabetic, it helps ensure they're getting their annual diabetic eye checks," RJ says.

"It also improves access by making the Karadi health clinic more of a one-stop shop for a range of screening and health services.

"The clinic is already a culturally safe and trusted space for Aboriginal people. This helps facilitate access for people who might not have otherwise accessed retinal screening."

After establishing retinal screening and partnering with an optometry service, the service moved to include Karadi's Low-Cost Spectacles Program.

"It's about offering really low-cost glasses, which is phenomenal because glasses are expensive," RJ says.

"The pilot started with 80 frames. Now my stand in the waiting room is full.

"We're getting an influx of people booking optometry appointments here or elsewhere, bringing their script and saying, 'I want to have a look at some glasses'.

"It's great to see clients come in saying they need new glasses or an eye test. Sometimes it starts with a yarn and asking when they last had their eyes tested."

RJ says Karadi can provide optometry appointments and order glasses on site.

"Cost isn't a barrier. Glasses are low cost for everyone," RJ says.

Emma says access to glasses can have broader health and safety benefits.

"For people taking medications, not being able to read labels can be a real issue," she says.

"It's also about knowing what they're signing or understanding written information.

"It's about providing the best wraparound services, especially for people who might be reluctant to get their eyes tested or who see it as low on their list of priorities."

Emma recalls a patient in her mid-60s who had never had an eye test due to low literacy.

"She couldn't read letters or numbers, so through advocacy and working with the optometrist, we changed how her eyes were tested using 'tumbling E charts' and hand signals," she says.

The tumbling E chart is designed for people who cannot read, don't write, or do not speak the language used on standard eye charts.

"It's about reducing barriers and stigma," Emma says.

Karadi takes a holistic approach to care, with programs supporting one another rather than operating in silos.

"When we know our clients and have strong relationships, we can check in and ask how they're going," Emma says.

"Sometimes that opens the door to deeper conversations, and we can connect them with counselling or other services."

Karadi also hosts visiting clinical services and provides the Integrated Team Care (ITC) program, which is funded by the Australian Government through Primary Health Tasmania.

"If clients have chronic illness, they can be referred into ITC for wraparound support," Emma says.

"All our programs feed into each other to support people as a whole." ■

Want to know more?
Visit karadi.org.au

Emma Robertson and RJ Webb

L-R: Ryan Summers, Di Hawkridge and Shannan Maciejewski with peer worker Andrew Eddy

A place of calm in the storm

How the Devonport Medicare Mental Health Centre is working with local services to support people in distress

Walking into the Devonport Medicare Mental Health Centre, you feel a sense of calm wash over you.

Himalayan salt lamps emanate a warm, soft glow. Soothing music and the scent from essential oil diffusers create a sense of safety. Fairy lights, warm colours and comfortable seating replace the feel of a traditional clinic.

This all culminates in creating an environment designed to help people feel comforted and safe at a time when they may be overwhelmed and in need of support.

The centre is operated by Stride, whose operations manager Jenny Dodd says the physical environment is a deliberate part of how the service works.

"We really look at it as a comforting space, a non-clinical space," she says.

"A home away from home … with those warm colours and that gentle background noise."

The first thing many people notice when they walk into the Devonport Medicare Mental Health Centre is the atmosphere.

The warmth of the atmosphere is matched by the kind, engaging staff, who greet people gently as they arrive.

But behind the calm environment is something much bigger than the building itself.

The centre is becoming a hub for mental health support in the area—a place that not only provides immediate care, but actively connects people, services and the broader community, says Stride regional manager Di Hawkridge.

"We're not duplicating what other services are doing," she says.

The service, funded by the Australian Government through Primary Health Tasmania, offers free walk-in mental health support to adults experiencing mental health challenges. Family, friends and carers needing guidance and support can also use the service.

There are also Medicare Mental Health Centres in Launceston and Burnie, with another opening in Glenorchy this year.

Adults seeking support can arrive without an appointment, referral or mental health treatment plan and be helped by mental health clinicians and peer workers with lived experience of mental health challenges.

The staff will listen to understand what's happening, provide what's needed in the moment, then work alongside the person to put in place helpful next steps.

Often, the support extends well beyond the walls of the centre itself.

For mental health clinician Ryan Summers, that can mean helping someone navigate a complex system by facilitating "warm handovers" to other organisations once the centre had provided support, as he did with one client recently.

"The other worker came and sat down, all three of us in a room," he says. "I was there as a point of support for my client while they did the onboarding into the new service."

Those connections are a core part of the model.

The team regularly works with GPs, hospitals, alcohol and drug services, housing organisations, family violence services, community groups and other service connections across north-west Tasmania.

Staff say the goal is not simply to refer people elsewhere, but to make those transitions feel safe, supported and human.

Community engagement coordinator Shannan Maciejewski has played a key role in building those relationships since the service opened.

> **"A lot of what we do is helping connect people to the right supports."**
>
> **— Di Hawkridge**

"Shannan's been instrumental in the opening of the service and passing information out to the community and inviting service providers in," Jenny says. "He's really well connected within the community."

Shannan spends much of his time out in the community, meeting organisations, attending events and introducing people to the service.

He recalls building a connection with Youth, Family and Community Connections, an organisation supporting young people, families and individuals across the north-west region, which happens to be located just up the road.

"I reached out and met with them intentionally because we needed to know who we could call on," Shannan says.

Andrew Eddy and Shannan Maciejewski

"Now, if someone needs that support, we know exactly who to contact."

Shannan recently facilitated a session with women from multicultural communities through the Migrant Resource Centre in Burnie.

During the workshop, participants discussed the barriers they faced accessing mental health support.

"They talked about stigma, culture, fear of not being understood and not knowing where to go," he says.

The experience reinforced the importance of meeting communities where they are and tailoring engagement approaches to different groups.

The centre's location in the Devonport CBD has also helped strengthen collaboration between organisations.

"We've had other services physically walk people through the door," Shannan says.

"They'll say, 'I've got someone here who'd like to talk with someone.'"

The team believes those personal relationships make it easier for organisations to refer confidently.

"When services know the people here, they feel comfortable sending someone in because they know what experience they're walking into," Shannan says.

The centre is also increasingly being used as a community space.

Education sessions and group programs are beginning to emerge as part of the service's evolution, with external organisations using the space to deliver mental health support and education initiatives.

Jenny says the vision is for the centre to become more than a one-on-one clinical service.

"We regularly have organisations come in to run sessions like mental health first aid and mindfulness programs," she says.

"We're really embracing the co-location of services and building it as a community space."

The team hopes those activities will help reduce social isolation and strengthen community connections, while also making mental health support feel more approachable and less clinical.

For the team, the work is ultimately about helping people feel less alone while also making the mental health system easier to navigate.

Ryan says sometimes the most important thing is simply helping someone leave with a plan and a sense of connection.

"If someone walks out feeling heard, listened to and acknowledged, that's the best indicator we've done our job properly," he says.

As the Devonport Medicare Mental Health Centre continues to grow, staff hope it becomes known not only as a place people can turn to, but as a trusted part of the north-west community—one that brings services, organisations and people together.

"When someone needs support, they need it now," Shannan says.

"We want people to know we are here for them." ■

Want to know more?
Visit medicarementalhealth.gov.au

Care@home patient Neil Hutton with his wife Kathy

Caring for people at home

How a virtual care program is working alongside general practices to help people with chronic conditions

"Everyone deserves to be treated as a human and not as a number in a system."

As a person living with chronic conditions, Neil Hutton has lots of experience in the healthcare system—and he knows what can make a difference.

After a reaction to blood pressure medication left him with severe swelling, reduced mobility and declining mental health, Neil realised he needed more help.

Everyday tasks had become difficult and his sense of independence began to slip away.

"I felt useless," he says. "I was so close to asking to be put in a nursing home."

That changed when his GP referred him to Care@home's chronic disease management program.

Care@home is a statewide service providing 24-hour, seven-day support to Tasmanians in their own homes, using virtual care technology. It's provided by the Tasmanian Department of Health.

While Care@home began during the COVID-19 pandemic, it has evolved into a broader model supporting both acute and chronic conditions.

Care@home nursing director Monique Johnson says the chronic disease management program focuses on people living with conditions such as diabetes, heart failure and chronic obstructive pulmonary disease, with the aim of supporting people to better manage their health and stay out of hospital.

"We're really in that space of preventive health," she says.

"Supporting people to stay well and prevent things from escalating."

The program typically runs for up to three months and centres on health coaching, goal setting and care navigation, but is responsive to the patient's individual needs.

Patients participate in regular virtual appointments, supported by a multidisciplinary team including nurses, medical officers, social workers, pharmacists and allied health professionals.

Importantly, the service is designed to complement, not replace, general practice.

"We're acutely aware of not replacing GPs," says Care@home medical lead Dr Michelle Hannan.

"The patient's usual GP remains responsible for prescribing and their chronic disease management plan. We're there to provide support around that."

She says the program is particularly useful when patients are returning home after a hospital visit.

"We try to step into that gap that often happens when someone comes out of hospital," Michelle says.

"There can be a delay before they see their GP or receive a discharge summary. We can make sure follow-up happens and keep the GP informed."

Care@home clinicians support patients to prepare for GP and specialist appointments, assist with care coordination and referrals, provide after-hours monitoring and escalation, and ensure communication back to the patient's usual GP.

This helps patients make better use of limited GP appointment time while maintaining continuity of care.

Care@home social worker Katrina McDowall says empowering patients is central to the program.

"Patients can become quite passive in their healthcare journey," she says.

"We help them understand they can be active participants, with questions and priorities when they see their GP."

Katrina helped Neil access urgent in-home support and connected him with longer-term services through My Aged Care.

When Neil entered the program, his needs extended well beyond medical care. He required support with personal care, navigating services, and managing multiple appointments.

At the same time, the clinical team worked with Neil on achievable goals, including increasing mobility and improving his confidence to engage with care.

"We set goals, which I achieved, and I'm still achieving them now," he says.

Health coaching is central to the program. Patients identify their own goals and are supported to work towards them through regular check-ins.

For some, that might mean increasing physical activity. For others, it could involve understanding their medicines, stopping smoking, or accessing community services.

"We don't come in with an agenda," Katrina says.

L-R: Gemma Laver, Monique Johnson and Dr Michelle Hannan

L-R: Nurse unit manager Gemma Laver with Dr Michelle Hannan, Monique Johnson and registered nurse Eliza Beer

"It's about what's important to the patient and how we can support that."

This approach builds both health literacy and confidence, equipping patients to manage their health beyond the program.

"They gave me the knowledge to keep going," Neil says.

"I learnt to live with my problems rather than let them defeat me."

For Neil, one of the most powerful aspects of the program was the relationships he built with staff.

"Every time Katrina called me, we'd be laughing within minutes. It was like talking to a friend," he says.

That connection had a tangible impact on his wellbeing.

"My mental health almost got destroyed," he says.

"But with their support, it improved, and it's still improving today."

His wife, Kathy, has also seen the change.

"He's had an opportunity and he's run with it, and I'm so proud of him," she says.

As demand for chronic disease management grows, services like Care@home offer a meaningful and helpful way to support patients between appointments and across care settings.

By combining virtual care, multidisciplinary support and strong links with general practice, the model addresses common gaps in the system, particularly for patients with complex needs.

"There are so many patients who just need a bit of extra support," Katrina says.

"For those who are ready to make a change but don't know what's next, this program can make a real difference."

For Neil, the impact is clear.

"Just in general, I feel like my life is worth living again." ■

Want to know more?
Visit bit.ly/care-at-home-Tas

Emma Atterbury addresses the first Connect and Learn event in the south

Creating space to connect

How networking is helping allied health professionals build relationships that support everyday practice

Across three early mornings in Tasmania's north, south and north west, allied health professionals arrive before the working day begins, ready for conversation.

They come from different disciplines, practice settings and communities, brought together by a shared interest in connecting with others working in primary care.

These gatherings mark the first round of Primary Health Tasmania's Connect and Learn networking sessions, a new series created to give allied health professionals a space to meet, share experiences, and build relationships that support everyday practice.

Daniella Polita, an occupational therapist at Elevate OT and the Tas Ergonomic Collaborative, is one of those attending to connect with peers across the sector.

"Networking with other allied health professionals plays a really important role in supporting multidisciplinary care, especially in a place-based context like Tasmania," she shares.

Working across different settings, funding models and client cohorts, Daniella says it isn't always easy to see the full scope of what other allied health professionals do, even within the same profession.

Having structured opportunities to connect makes it easier to move beyond professional silos and better understand the realities of others' practice.

For many participants, those early conversations can translate into practical benefits in day-to-day work.

"That shared understanding means we can support more respectful collaboration, clearer communication and obviously better outcomes for clients in our community," Daniella says.

"Knowing where the resources are and being able to direct people to those resources, but also having the connection to be able to direct people to human resources, is better facilitated when we actually connect with people."

She adds that when pathways can be hard to navigate, those relationships become even more important.

"When it's difficult to find pathways, we tend to default to 'I can't help you with that'," Daniella says. "But being able to say, 'I don't work in that area, but I know someone who does' makes a big difference."

Talita Welmans, a clinical exercise physiologist and community engagement and education coordinator at MS Plus, says her interest in the event reflects a broader focus on strengthening care for people with chronic conditions.

"I've been really focussing on how to bring multidisciplinary care together for people with chronic conditions, especially those with neurological conditions, so I was really excited about the event," she shares.

"I'm really passionate about networking and getting to know the practitioners around you."

That connection, Talita explains, supports more informed, patient-centred care.

"Often in my initial assessments for a client, I'm asking them about all sorts of aspects of health and symptoms, some of which clients might not realise is related to their condition or may not think is relevant to exercise physiology," she says.

"But I'm trying to figure out what else is happening so I can refer them to the right sources, if needed.

"For me, it's really important to know where to send clients to and for what information—how we can continue the chain of care and have that patient-centred care really at the forefront.

"Especially as referrals to clinicians and practitioners who have relevant experience in a specific field of interest are better positioned to support those clients long term."

Talita also describes how rare it is to have time and space to connect across roles and settings, saying it's important to build clear communication channels between providers.

For Greg King, a care coordinator with Cancer Council Tasmania who works closely with allied health services, the opportunity to connect face-to-face with practitioners across the state is reason enough to attend.

"I thought it was a good opportunity to connect with allied health professionals and explain our process, what we do, and also get an idea about their referral pathways," he says.

"And on a really human scale, just to meet people who are out and working, because not everyone knows about every other organisation."

Primary Health Tasmania's Emma Atterbury says feedback from the organisation's Allied Health Network Advisory Group highlighted the need for more regular, informal opportunities for allied health professionals to connect, both with Primary Health Tasmania and with one another.

The Connect and Learn series was developed to respond to that need for connection.

Allied health professionals gather for breakfast and connection

"We know allied health professionals are doing highly skilled work in very busy, complex environments," Emma says.

"What Connect and Learn has reinforced is the value of creating time and space for people to connect, to better understand who's working locally, what they do, and how that fits within primary care.

"This series is particularly important in supporting the workforce during a period of significant national reform, including changes to how chronic conditions and mental health care are managed, as well as ongoing improvements to digital health systems."

Alongside networking, the sessions introduce participants to a range of support available for allied health professionals, including Tasmanian HealthPathways, digital health initiatives, education and events, and system navigation support.

"That really increased my awareness of the scope of Primary Health Tasmania, so that I can say, 'there is a pathway', or direct people to the website if I can't direct them to people I know," Daniella says.

Now a quarterly fixture on the events calendar, the sessions will continue to prioritise networking while also creating space for guest speakers and focused discussion on different practice areas and emerging topics, shaped by what allied health professionals themselves want to explore.

Greg says he plans to return: "I definitely want to come to the next one and I encourage other people to go as well." ■

Supporting allied health

An important part of Primary Health Tasmania's work is supporting allied health professionals to strengthen multidisciplinary and team-based care across Tasmania.

Some supports include:

1. **Training and professional development**
   Facilitating professional development through face-to-face sessions, webinars, hybrid events and learning resources via the Learning Hub, with upcoming activities promoted on our events page at **tasp.hn/events**.
2. **Networking and collaboration**
   Supporting professional connection and multidisciplinary care through Connect and Learn networking sessions and the Allied Health Network Advisory Group, which brings together allied health representatives from across the state.
3. **Digital health integration**
   Guidance and tailored support to adopt and use digital health systems, including My Health Record and Provider Connect Australia.
4. **Provider support**
   Offering practical, non-clinical support to strengthen clinical quality and business sustainability, including advice on workflow navigation, regulatory changes, and practice viability.
5. **Tools and resources**
   Supporting allied health professionals with access to Tasmanian HealthPathways, the Tasmanian Health Directory, and other practical tools to support referral pathways, coordinated care and system navigation.

Want to know more?
Visit tasp.hn/for-allied-health

Rach Sylvester and Kate at headspace Eastern Shore

Centring young people

How young people are at the heart of designing their own health services at headspace Eastern Shore

"I just wanted to help make it an inclusive place where even I would feel comfortable coming here."

– Kate

Imagine walking into a job interview and finding a young person sitting on the panel, asking questions alongside senior staff.

It might seem unusual at first. But at headspace Eastern Shore it's intentional, and makes complete sense.

headspace Eastern Shore is the newest of five headspace centres in Tasmania, alongside services in central Hobart, Launceston, Devonport and Burnie.

headspace centres are funded by the Australian Government through Primary Health Tasmania, which has commissioned Each to operate the Eastern Shore service since it opened in December 2025.

When recruiting staff for a service designed for young people, headspace services manager Rach Sylvester and the team wanted young people involved in deciding who would make them feel safe, welcome and understood.

That's where 20-year-old Kate came in.

Kate has played a hands-on role in shaping the service - from helping interview prospective staff to contributing feedback on the look, feel and accessibility of the new centre.

"At the end, I was like, would I feel comfortable talking to them? Do I think young people would feel comfortable talking to them?" Kate says.

"Everyone here passed the vibe check, which is great."

The approach reflects the broader philosophy underpinning headspace services nationally: genuine co-design with young people, not consultation after decisions have already been made.

For Kate, who is studying teaching at university while working as a teacher's assistant in a high school, the opportunity has been both eye-opening and empowering.

"I just wanted to help make it an inclusive place where even I would feel comfortable coming here," she says.

Kate's perspective shaped practical decisions throughout the fit-out of the Rosny Park centre. She helped review furniture, colour palettes and room layouts, thinking carefully about how young people might experience the space.

"We didn't want it to be too overwhelming, but we also wanted it to be calming and somewhere everyone felt safe and comfortable," she says.

Privacy was another key consideration.

Located on a busy road in Rosny Park, the centre initially raised concerns about visibility and stigma for young people seeking support.

"When we came into the blank build, we kind of looked out the window like, 'Oh, everyone can see us in here'," Kate says.

The solution included frosted windows, soundproofed rooms and thoughtful design elements aimed at helping young people feel at ease from the moment they walk through the door.

"I just really liked that the doors automatically open," Kate says.

"It felt really welcoming because it wasn't like you have to wonder if they're open or not. They just open when you walk in."

She says the friendly reception staff and warm environment also help create a different experience from a traditional clinical setting.

"When you come in, it doesn't feel like when you go to other clinics and they're like, 'What's your name? Are you here for an appointment?' The staff are really friendly," she says.

"That first impression is so important. Otherwise, people will just walk out."

Rach says having young people involved in recruitment has strengthened the hiring process in unexpected ways.

"What started as a 'vibe check' actually became really detailed and valuable feedback," she says.

"Kate was giving us amazing insight that was different to what we were thinking, because obviously we're sitting in our own lenses."

The process also highlighted how important it is for staff to communicate respectfully and authentically with young people.

"If they can't comfortably speak to a young person in the interview, how are they going to work with young people every day?" Rach says.

The service has also focused heavily on representation across its workforce, including Aboriginal staff members, LGBTIQA+ staff, and clinicians with diverse backgrounds and identities.

"The staff that you have will bring people like them," Rach says.

Young men are a particular priority group for the service, with national data showing lower engagement rates despite high rates of suicide among young men aged 15 to 24.

The centre itself offers far more than mental health support alone. Services include GP appointments, sexual health support, alcohol and other drug services, and support with education, employment and training.

"When I first started here, I thought it was just for mental health," Kate says.

"I didn't know there was a nurse or a GP or they could help with work and training and all these different things."

Accessibility was also central to choosing the Rosny Park location.

Kate says being close to schools, public transport and other health services makes it easier for young people to access support independently, particularly if family members are not supportive.

"You could just say you're going to Eastlands or going to the movies," she says.

"Whereas if you were going somewhere more isolated, people might ask more questions."

The centre's consortium model continues to keep young people involved in shaping services as the centre grows.

"What started as a 'vibe check' actually became really detailed and valuable feedback."

— Rach Sylvester

Kate is also youth co-chair of the centre's Consortium.

An important part of any headspace centre, the Consortium is a collaborative advisory group bringing together local schools, health services and community organisations to ensure the centre reflects the needs of young people in the region. It supports coordination across services and connection to appropriate care.

"We can say we're doing great, but statistics and data back it up," Kate says.

For Kate personally, the experience has also helped build confidence and professional skills she hopes to take into her future teaching career.

"I feel like I'm so ahead of a lot of my peers because I've actually seen how these services work," she says.

"And now I know where to direct young people if they need support."

The result is a service shaped not just for young people, but with them.

And sometimes, that starts with a young person sitting on the interview panel, asking the questions.

It's an approach that clearly works, as headspace Eastern Shore recently received this feedback from a clinician from a different service.

"I spoke with Sam* this week, and he discussed being comfortable in sessions, and finding it easy to talk," the clinician said.

"Even though that may be minimal, it's a huge step for Sam." ■

Want to know more?
Visit bit.ly/headspaceES

**Client's name changed for privacy reasons.*

Get to know: Angus Thompson

Angus Thompson is a Tasmanian pharmacist who was named Pharmaceutical Society of Australia (PSA) Credentialed Pharmacist of the Year in 2025.

The award recognised his "outstanding contribution to consultant pharmacy, his tireless advocacy for medication review services, and his commitment to supporting the next generation of credentialed pharmacists".

Angus has a portfolio of roles, including with Primary Health Tasmania – as pharmacist consultant and clinical editor with Tasmanian HealthPathways.

HealthPathways is an online information portal developed by Primary Health Tasmania to support primary care clinicians in planning local patient care across primary, community and secondary healthcare systems.

How do you contribute to Tasmanian HealthPathways?

Medicines are the most common intervention used in modern health care. As a result, HealthPathways contains a significant amount of medicines information.

Having a pharmacist write and review this information helps reduce clinical risk and supports healthcare professionals to feel confident that the information is reliable.

Like many of my peers, I feel strongly that wherever medicines are, there should be a pharmacist involved. This applies not just to environments where medicines are prescribed, supplied and administered, but also to resources that support their safe and appropriate use.

I work as part of Primary Health Tasmania's HealthPathways team, reviewing medicines information to ensure it is accurate, contemporary and evidence-based.

What is a credentialed pharmacist?

Credentialed pharmacists (formerly accredited pharmacists) have completed a postgraduate education program to provide medication management reviews, such as home medicine reviews.

At present, around one in 10 Australian pharmacists is credentialed.

How did it feel to be named the PSA Credentialed Pharmacist of the Year in 2025?

It was a huge honour to be recognised by the PSA and my peers in that way.

I have worked as a credentialed pharmacist for 13 years, completing more than 3000 home medicine reviews for Tasmanian patients at the request of their GPs. It is my dream job in many ways, so receiving a national award was very special.

If you knew my café treat of choice, you would understand why I say it was the icing on the carrot cake.

Can you tell us about your different roles as a pharmacist?

I trained in the United Kingdom and have now been a pharmacist for nearly 35 years. My background is diverse—I've also worked as a hospital pharmacist, community pharmacist, educator and general practice pharmacist, which is a role which I really hope takes off in Australia—the benefits are huge.

My typical week includes a day working with Primary Health Tasmania, two days doing home medicine reviews and two days working on the National Prescribing Curriculum Program at the University of Tasmania.

In addition, for several years I have been doing some ad-hoc work with the Australian Pharmacy Council's assessments team and general practice registrar training.

What do you enjoy most about your work?

It's the variety! Each role has its own challenges and rewards, and there are a lot of synergies between them.

My clinical practice gives me the unique buzz that comes from knowing that you have made a difference to someone's life. It also helps my HealthPathways work because it keeps me connected to what is happening in the real world, including common problems and challenges, and highlighting things that we can do better.

At the same time, writing and reviewing Pathways sometimes takes me into clinical areas that are not necessarily my bread and butter. That learning can then become useful when I come across a patient with a condition I am less familiar with. I'm very much of the lifelong learning model, which is so important in pharmacy and health care generally.

Why is system integration important to you?

As my pharmacy roles have been so varied, I have seen first-hand the challenges people face when care is not seamless.

For example, a patient may come out of hospital confused about their medicines, and their GP may identify a risk of medicines misadventure. In my role as a credentialed pharmacist, I can help bridge some of those gaps.

Tasmania also has the benefit of strong personal connections across the health system. Often, if someone says, "We need someone who knows about this", we do know that person—they might be a former student, colleague, or someone we work with now. That makes collaboration easier.

Why are home medicine reviews important?

Medicines misadventure results in around 250,000 hospital admissions per year, and it is estimated that around half of these are potentially preventable.

The average person I see for a home medicine review is 73 years old and taking 12 prescription medicines. That doesn't include over-the-counter medicines, supplements, vitamins or herbal products, which many people also take.

A home medicine review helps establish what the person is actually taking, whether they are taking it in the way their GP or hospital specialist understands them to be, and whether there are any medicine-related problems.

It also is a great opportunity for education. Many people do not fully understand why they are taking certain medicines, especially if they have been on them for years. Helping people understand the purpose of their medicines supports better, safer decisions. It's a privilege to visit people at home and be able to help them with medicines-related issues.

You've also contributed to Primary Health Tasmania's deprescribing guidelines for GPs. What is deprescribing?

There can be a tendency for a person's medicines list to grow and grow, especially as they age and develop more medical conditions. However, the balance of benefits and harms with many medicines tends to become less favourable with ageing, and it is important that each and every one of these medicines is periodically reviewed.

The term deprescribing is thrown around a lot these days, but I prefer to talk about rational prescribing. If the harms of a medicine outweigh the benefits, then deprescribing is likely to be justified. However, it is important to recognise that a review may also identify that it is appropriate to start a new medicine, increase an existing one, or change to one that carries a lower risk of harm.

The key thing is that the review process takes into account the patient's preferences, beliefs, and treatment goals. When a shared decision is made to deprescribe something, it is important to ensure further review to assess the impacts—these may be what we expect, but sometimes they are not. Deprescribing is not a case of one size fits all; it must be individualised. ■

Learn more about deprescribing here:
tasp.hn/deprescribing

Find out more about Tasmanian HealthPathways here:
tasp.hn/healthpathways

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. We are one of 31 similar organisations under the Australian Government's Primary Health Networks Program.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice – as the cornerstone of the healthcare system – and other community-based providers to deliver the best possible care for Tasmanians. We are driving a collaborative approach to ensure people moving through all parts of the health system receive streamlined care.

Primary Health Tasmania resources

Tasmanian HealthPathways

Tasmanian HealthPathways is an online information portal developed by Primary Health Tasmania. It's designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.

HealthPathways aims to guide best-practice assessment and management of common medical conditions, including how to refer people to local specialists and services in the most timely and efficient way.

Learning Hub

Our online **Learning Hub** gives health professionals access to free educational resources and tools developed by Primary Health Tasmania, other primary health networks, and peak bodies. This includes webinar and audio recordings, publications and infographics

Snapshot of priority populations

Primary Health Tasmania's **Snapshot of priority populations in Tasmania** gives an overview of health data and information for underserved communities, such as older people, Aboriginal and Torres Strait Islander people, multicultural communities, LGBTIQA+ people and others.

Your feedback matters

If you have feedback about this magazine or story ideas for future issues, we'd like to hear from you. Please email us at **comms@primaryhealthtas.com.au**

Primary Health Matters is going digital

You can read current and future editions of *Primary Health Matters* online at **primaryhealthtas.com.au/publications**. If you would like to continue receiving a printed copy, please contact us.

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