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*Celebrating over 30 years of Service since 1986*

Funded by: Federal Dept of Social Services – National Indigenous Australians Agency  
NSW Health – Rural Doctors Network – Western NSW Primary Health Network



## BOARD OF DIRECTORS REPORT JULY 2019 TO JUNE 2020

### Introduction

The front page of the Annual Report indicates the first design for the new development spanning both Pitt and Wee Waa Streets. The Directors have engaged a company whose focus is on the design of building that is conducive to the climate, the soil and the way in which we conduct our businesses. The Modules are being constructed interstate and Board members and senior personnel had the opportunity to view the assembly of the development. Further information will be supplied in the body of my report.

As we commence this financial year, Walgett has once again been exposed to several pitfalls of rural living. The lack of continued water flow in the two rivers, the extreme heat and questionable domestic tap water has compounded to daily living. Our communities have persevered to manage the consumption and usage of this 'liquid' gold.

The worldwide pandemic, coronavirus, has changed the way in which WAMS conduct their business. Adhering to health and safety regulations, e.g. the wearing of Personal Protection Equipment (PPE) is an additional expense to our businesses. I sincerely thank all of our staff who have been flexible in providing services to our clients who cannot leave their homes.

### Quality

WAMS recently made a cultural, operational and social decision by moving from the current accrediting agency to a place-based agencies that focuses on the philosophies of local Aboriginal community controlled service delivery. Te Wana has been adapted for both the New Zealand and Australian services and is one of the very few programs with an emphasis on continuous improvement and cultural capability with a specific Aboriginal and Torres Strait Islander focus

We undertook our next cycle of Accreditation in December with Te Wana and were formally advised in the New Year that WAMS will receive twelve months accreditation. During this time they are to respond to the recommendations for change to both governance and business operations.

The organisation known as White Ribbon Australia (WRA) is no longer functioning. We are yet to see what agency shall replace it, if at all. However, WAMS are committed to conducting business along the principles of providing a service that is safe and respectful for both clients and staff.

### Quality in Governance

The Board of Directors continue to adhere to the priorities as indicated in the Strategic Plan. Their focus of community engagement, client services, maintaining human resources in keeping with financial obligations and management is integral to good governance.

To follow on from the overseas visit to view cultural designed educational and training styles, several meetings have occurred to plan a program that is local-based with adaptive learning methods for two streams of training – for Aboriginal people to become Registered Nurses and for community members to understand the effects of drugs and alcohol whilst attaining formal credentials once the course is completed.

We have continued to undertake governance training by MJSP. Due to state and federal government limitations during the first part of 2020, we have had to suspend this training until travel restrictions allow people to move between borders.



## Building Expansions, Maintenance and Renovations

The facility is made up of six smaller buildings that are linked by covered walkways, which can accommodate soil movement. The building was designed with a large degree of flexibility and will cater for more space for clinics, programs and offices. Rooms can easily switch between offices and clinical/consulting rooms. Areas are allocated with allowances for particular needs of programs in various utility rooms. The new exercise therapy room is three times the size of the existing area. A general hall seating 100 people can be used by the public.

The Project Manager commenced his regular on-site visits in June to review the status of the modules that arrived, to have follow up meetings with Council, as well as consulting with Director Cran and myself on the finer details of construction.

We have used local publicity for the message to be conveyed. Staff have had the opportunity to walk staff through the properties during the second stage of the development. It seems that late this year may be the time that we can receive the keys. We wait in anticipation

## Visitors

In the first half of the reporting period, WAMS offered their welcome mat to a range of people and agencies who were keen to garner the views of WAMS and its impact on community and social support within our service areas.

Visitors have dwindled this year due to the pandemic across the world, have been experiencing. However, WAMS have lobbied to various politicians, governing Ministers and those in opposition, to bring to their attention the social difficulties we experience, which have been further exacerbated by the loss of the only local supermarket in June 2020

## Brewarrina Aboriginal Medical Service

BAMS continues to expend their business across the allied health and specialists services. As well as regular Locums. The Manager, Ms Katrina Ward, is committed to ensuring the community members of Brewarrina community receive a sustained the consistent balance of quality client care. The ongoing growth of service delivery by BAMS has influenced WAMS to lobby for a purpose built facility, as well as accommodation for staff. We are hopeful that our requests are favorably received.

## Conclusion

The past twelve months have shown the resilience and endurance of our community. With local upheaval and the unexpected changes to the way we live each day during the pandemic, I wish to pay tribute to the Board and the staff who have been at the forefront of caring for our clients and advocating in the community.

The new financial year shall hopefully see the completion of the development, as well as celebrating the thirty five years of WAMS serving the community. These two milestones are positive achievements for WAMS and for Walgett.

**BILL KENNEDY, CHAIRPERSON  
BOARD OF DIRECTORS**



# Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Financial Statements

For the Year Ended 30 June 2020





## Walgett Aboriginal Medical Service Limited

ABN: 74 014 990 451

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For the Year Ended 30 June 2020

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## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Directors' Report

30 June 2020

The directors present their report on Walgett Aboriginal Medical Service Limited (the Corporation) for the financial year ended 30 June 2020.

### 1. General Information

#### Directors

The names of the directors in office at any time during, or since the end of, the year are:

#### Names

William Kennedy

Bert Gordon

Mary Purse

Donald Cran

George Fernando

Iris Hall

Elizabeth Kennedy

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Principal activities

The principal activity of Walgett Aboriginal Medical Service Limited during the financial year were to:

- foster and strengthen the development of Aboriginal culture and identity;
- provide an accessible medical service to Aboriginal people;
- provide health promotion programs that meet the needs of Aboriginal people;
- assist Aboriginal people to use existing health services effectively; and
- promote understanding among the members of the health system (at all levels), the general community and politicians so that adequate provision is made for the needs of Aboriginal people.

No significant changes in the nature of the Corporation's activity occurred during the financial year.

### 2. Operating results and review of operations for the year

#### Operating results

The loss of the Corporation after providing for income tax amounted to \$(719,497) (2019: \$(240,087)).

#### Dividends paid or recommended

No dividends were paid or declared since the start of the financial year. No recommendation for payment of dividends has been made.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Directors' Report

30 June 2020

### 2. Operating results and review of operations for the year (continued)

#### Review of operations

A review of the operations of the Corporation during the financial year and the results of those operations show doctors fee revenue has remained comparable to 2019, however, contractor expenses has increased \$538,678. This is a result of increases in recruitment costs and the overall turnover of doctors during the financial year.

### 3. Other Items

#### Significant changes in state of affairs

There have been no significant changes in the state of affairs of the Corporation during the year.

#### Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Corporation, the results of those operations or the state of affairs of the Corporation in future financial years.

#### Future developments and results

The directors are not aware of any likely developments that will materially affect the results of the Corporation's operations in future financial years.

#### Environmental issues

The Corporation's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

The directors believe the Corporation has adequate systems in place for the management of its environmental requirements and are not aware of any breach of those environmental requirements as they apply to the Corporation.

#### Information on directors

William Kennedy

Occupation Retired

Bert Gordon

Occupation Local Land Services Field Officer

Mary Purse

Occupation Retired

Donald Cran

Occupation Aboriginal Liaison Officer - NSW Police

George Fernando

Occupation Retired



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 894 451

### Directors' Report

30 June 2020

#### Information on directors (continued)

Iris Hall

Occupation Retired

Elizabeth Kennedy

Occupation Enrolled Nurse - Community Liaison Walgett Health Services

#### Meetings of directors

During the financial year, 11 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
William Kennedy	11	11
Bert Gordon	11	5
Mary Purse	11	11
Donald Cran	11	11
George Fernando	11	5
Iris Hall	11	11
Elizabeth Kennedy	11	11


#### Indemnification and insurance of officers and auditors

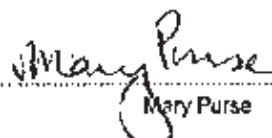
No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Walgett Aboriginal Medical Service Limited.

#### Auditor's independence declaration

The auditor's independence declaration in accordance with Section 60-40 of the *Australian Charities and Not-for-profit Commission Act 2012*, for the year ended 30 June 2020 has been received and can be found on page 4 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director:   
William Kennedy

Director:   
Mary Purse

Dated 24 November 2020





**RYAN &  
RANKMORE**  
CHARTERED ACCOUNTANTS  
ABN 45 783 980 623

**PRINCIPALS**

Kevin Rankmore B Bus. CA, AC.S. ACSA, DipFP  
Roger Estens B Fin. Admin. CA, DipFP  
Tim Lacey B.Com. CA

administrator@ryanrank.com  
www.ryanrank.com

**Walgett Aboriginal Medical Service Limited**

ABN: 78 014 990 451

## Auditor's Independence Declaration

**under Section 60-40 of the Australian Charities and Not-for-profit  
Commission Act 2012**

**to the Directors of Walgett Aboriginal Medical Service Limited**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

**Ryan and Rankmore  
Chartered Accountants**

Kevin Rankmore  
RCA 1656

113-115 Darling Street  
DUBBO NSW 2830

Dated 24 November 2020



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

### Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2020

	Nota	2020 \$	2019 \$
Revenue	4(a)	9,840,500	9,199,360
Other income	4(b)	234,324	313,205
Accounting and audit fees		(67,711)	(92,125)
Accommodation, meals and travel		(363,052)	(410,705)
Board expenses		(27,253)	(18,400)
Consulting and professional fees		(161,026)	(260,968)
Contractors		(2,387,142)	(1,848,464)
Depreciation and amortisation expense	5	(633,290)	(640,911)
Employee expense	5	(5,486,272)	(4,704,552)
Medical and dental supplies		(113,212)	(169,885)
Occupancy costs		(297,057)	(271,823)
Other operating expenses		(481,147)	(469,922)
Program costs		(105,418)	(104,313)
Repairs and maintenance		(233,885)	(485,797)
Telephone, internet and technology		(437,846)	(274,787)
<b>Profit/ (loss) before income tax</b>		<b>(719,497)</b>	<b>(240,087)</b>
Income tax expense		-	-
<b>Profit/ (loss) for the year</b>		<b>(719,497)</b>	<b>(240,087)</b>
Other comprehensive income, net of income tax		-	-
<b>Total comprehensive income for the year</b>		<b>(719,497)</b>	<b>(240,087)</b>

The accompanying notes form part of these financial statements.

# Walgett Aboriginal Medical Service Limited

ANNUAL REPORT 2019/2020



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

### Statement of Financial Position

As At 30 June 2020

	Note	2020 \$	2019 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	6,896,338	9,692,801
Trade and other receivables	7	249,295	250,139
Other assets	8	-	2,311
<b>TOTAL CURRENT ASSETS</b>		<b>7,145,633</b>	<b>9,945,251</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	9	10,858,779	7,992,267
<b>TOTAL NON-CURRENT ASSETS</b>		<b>10,858,779</b>	<b>7,992,267</b>
<b>TOTAL ASSETS</b>		<b>18,004,412</b>	<b>17,937,518</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	10	924,570	426,965
Borrowings	11	100,303	-
Employee benefits	12	579,014	462,169
Other liabilities	13	382,180	387,573
Lease liabilities	14	173,301	192,505
<b>TOTAL CURRENT LIABILITIES</b>		<b>2,159,368</b>	<b>1,469,212</b>
<b>NON-CURRENT LIABILITIES</b>			
Employee benefits	12	96,235	-
Lease liabilities	14	388,301	388,301
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>484,536</b>	<b>388,301</b>
<b>TOTAL LIABILITIES</b>		<b>2,643,904</b>	<b>1,857,513</b>
<b>NET ASSETS</b>		<b>15,360,508</b>	<b>16,080,005</b>
<b>EQUITY</b>			
Retained earnings		15,360,508	16,080,005
<b>TOTAL EQUITY</b>		<b>15,360,508</b>	<b>16,080,005</b>

The accompanying notes form part of these financial statements.

*Celebrating over 30 years of Service since 1986*

Funded by: Federal Dept of Social Services – National Indigenous Australians Agency  
NSW Health – Rural Doctors Network – Western NSW Primary Health Network



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 461

### Statement of Changes in Equity For the Year Ended 30 June 2020

#### 2020

	Retained Earnings \$	Total \$
Balance at 1 July 2019	16,080,005	16,080,005
Profit/ (loss) attributable to members of the Corporation	(719,497)	(719,497)
Balance at 30 June 2020	15,360,508	15,360,508

#### 2019

	Retained Earnings \$	Total \$
Balance at 1 July 2018	16,320,092	16,320,092
Profit/ (loss) attributable to members of the Corporation	(240,087)	(240,087)
Balance at 30 June 2019	16,080,005	16,080,005

The accompanying notes form part of these financial statements.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 461

### Statement of Cash Flows For the Year Ended 30 June 2020

	2020	2019
Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from customers	1,328,616	1,003,033
Receipts from government grants	8,704,858	8,241,626
Payments to suppliers and employees	(10,182,720)	(9,229,558)
Interest received	100,728	170,879
Net cash provided by/(used in) operating activities	19 (48,516)	185,980
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Proceeds from sale of property, plant and equipment	58,000	90,864
Purchase of property, plant and equipment	(2,887,046)	(793,278)
Net cash provided by/(used in) investing activities	(2,829,046)	(702,414)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Proceeds from borrowings	171,346	227,159
Proceeds from finance lease liabilities	(190,550)	-
Net cash provided by/(used in) financing activities	(19,204)	227,159
Net increase/(decrease) in cash and cash equivalents held	(2,896,766)	(289,275)
Cash and cash equivalents at beginning of year	9,692,801	9,982,076
Cash and cash equivalents at end of financial year	6 6,796,035	9,692,801

The accompanying notes form part of these financial statements.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 461

## Notes to the Financial Statements For the Year Ended 30 June 2020

The financial report covers Walgett Aboriginal Medical Service Limited as an individual entity. Walgett Aboriginal Medical Service Limited is a not-for-profit Corporation, incorporated under the *Corporations Act 2001*.

The functional and presentation currency of Walgett Aboriginal Medical Service Limited is Australian dollars.

The financial report was authorised for issue by the Directors on 24 November 2020

Comparatives are consistent with prior years, unless otherwise stated.

### 1 Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profit Commission Act 2012. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared on an accruals basis and are based on historical costs. The amounts presented in the financial report have been rounded to the nearest dollar.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

### 2 Summary of significant accounting policies

#### (a) Revenue recognition

The Corporation has applied AASB 15: Revenue from Contracts with Customers using the cumulative effective method. Therefore, the comparative information has not been restated and continues to be presented under AASB 118: Revenue. No impact is shown in relation to the initial adoption of AASB 15 as the Directors have assessed that there is no material difference in the result of the Corporation between applying AASB 118 Revenue and AASB 15.

In accordance with AASB 15, revenue continues to be recognised when control of the goods and services has transferred to the customers. For such transactions, this is the point in time when the goods are delivered to the customers or the services are received by customers.

Receivables are recognised when items are delivered or services received, as at this point consideration is unconditional since only time needs to pass before payment of that consideration is due.

#### Rendering of services

Revenue in relation to rendering of services is recognised depending on whether the outcome of the service can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the service is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably estimated then revenue is recognised to the extent of expenses recognised that are recoverable.

Revenue from training services is generally recognised once the training has been delivered.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 2 Summary of significant accounting policies (continued)

#### (a) Revenue recognition (continued)

##### Grant revenue

Where grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligations is satisfied.

The performance obligations are varied based on the agreement.

Each performance obligation is considered to ensure that the revenue recognition reflects the transfer of control and within grant agreements there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over the life of the contract.

Where control is transferred over time, generally the input methods being either costs or time incurred are deemed to be the most appropriate methods to reflect the transfer of benefit.

##### Interest revenue

Interest revenue is recognised using the effective interest rate method.

##### Other income

Other income is recognised on an accruals basis when the Corporation is entitled to it

#### (b) Income tax

The Corporation has been granted an exemption from income tax under section 50-20 of the *Income Tax Assessment Act 1997*. The exempt status of the Corporation applies indefinitely or until such time as a change in circumstances warrants a review of the exempt status.

#### (c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payable are stated inclusive of GST. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the ATO is classified as operating cash flows.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 2 Summary of significant accounting policies (continued)

#### (d) Property, plant and equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised in the statement of comprehensive income. A formal assessment of recoverable amount is made when impairment indicators are present.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Corporation and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

#### Land and buildings

Land and buildings are measured using the cost model.

#### Plant and equipment

Plant and equipment are measured using the cost model.

#### Depreciation

Buildings is depreciated on a straight-line basis over the assets useful life to the Corporation, commencing when the asset is ready for use.

Plant, equipment and motor vehicles is depreciated on a reducing balance basis over the assets useful life to the Corporation, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Buildings	2.5% - 10%
Plant and Equipment	4.5% - 40%
Motor vehicles	20% - 25%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.





## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 2 Summary of significant accounting policies (continued)

#### (e) Financial Instruments

Financial instruments are recognised initially on the date that the Corporation becomes party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date the Corporation commits itself to either the purchase or sale of the asset.

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at "fair value through profit or loss" in which case transaction costs are expensed to profit or loss immediately.

Trade receivables are initially measured at the transaction price.

#### Financial assets

Financial assets are subsequently measured at:

- amortised cost, or
- fair value through other comprehensive income.

Financial assets comprising cash and cash equivalents, trade and other receivables and interest bearing deposits are subsequently measured at amortised cost as they meet the following conditions:

- the financial assets are managed solely to collect contractual cash flows; and
- the contractual terms within the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

#### Derecognition of financial assets

A financial asset is derecognised when the Corporation's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for derecognition of a financial asset.

- the right to receive cash flows from the asset has expired or been transferred;
- all the risks and rewards of ownership of the asset have been substantially transferred; and
- the Corporation no longer controls the asset.

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a financial asset classified under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the financial asset reserve is not reclassified to profit or loss, but is transferred to retained earnings.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 830 451

## Notes to the Financial Statements For the Year Ended 30 June 2020

### 2 Summary of significant accounting policies (continued)

#### (e) Financial instruments (continued)

##### Financial liabilities

Financial liabilities are subsequently measured at amortised costs using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or financial liability, that is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

##### *Derecognition of financial liabilities*

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

##### Impairment

The Corporation recognises a loss allowance for expected credit losses on financial assets that are measured at amortised cost

A loss allowance is not recognised for investments measured at fair value through other comprehensive income

##### *Recognition of expected credit losses in financial statements*

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Financial assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at the end of the reporting period.

#### (f) Impairment of assets

At the end of each reporting period the Corporation determines whether there is an evidence of an impairment indicator for tangible and intangible assets. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 2 Summary of significant accounting policies (continued)

#### (f) Impairment of assets (continued)

Where it is not possible to estimate the recoverable amount of an individual asset, the Corporation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Impairment testing is performed annually for intangible assets with indefinite useful lives.

#### (g) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other financial institutions, other short-term highly liquid investments with original maturities of twelve months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

#### (h) Leases

At inception of a contract, the Corporation assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.
- The Corporation has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Corporation has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

#### Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

At the lease commencement, the Corporation recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Corporation believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Corporation's incremental borrowing rate is used.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 2 Summary of significant accounting policies (continued)

#### (h) Leases (continued)

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Corporation's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

#### *Exceptions to lease accounting*

The Corporation has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Corporation recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

#### (i) Employee benefits

Provision is made for The Corporation's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements.

#### (j) Trade and other payables

Trade and other payables are carried at amortised cost and represent the liabilities for goods and services received by the Corporation during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability. Trade and other payables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method.

#### (k) Adoption of new and revised accounting standards

The Corporation has adopted all standards which became effective for the first time at 30 June 2020, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Corporation.

### 3 Critical accounting estimates and judgements

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 3 Critical accounting estimates and judgements (continued)

#### Key estimates - impairment property, plant and equipment

The Corporation assesses impairment at the end of each reporting period by evaluating conditions specific to the Corporation that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

#### Key estimates - employee benefits

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services. As the Corporation expects that most employees will not use all their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows, the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.



## Walgett Aboriginal Medical Service Limited

ABN: 78 614 890 461

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 4 Revenue and other income

#### (a) Revenue from continuing operations

	2020	2019
Note	\$	\$
Dental revenue	12,297	19,103
Doctor's fees	1,117,952	1,116,850
Government grants	8,710,251	8,063,407
	<u>9,840,500</u>	<u>9,199,360</u>

#### (b) Other Income

Rent received	82,935	61,010
Recovered expenses	15,126	29,624
Interest	100,728	170,879
Net gain on disposal of property, plant and equipment	32,665	31,186
Sundry income	2,870	20,506
	<u>234,324</u>	<u>313,205</u>

### 5 Result for the year

The result for the year includes the following specific expenses:

#### Depreciation and amortisation expense

- buildings	9(a) 277,995	369,826
- plant and equipment	9(a) 118,562	140,520
- motor vehicles	9(a) 236,733	140,565
	<u>633,290</u>	<u>640,911</u>

#### Employee benefit expense

- employee wages	4,675,511	4,017,880
- movement in provision for employee benefits	213,080	(4,363)
- recruitment costs	46,058	180,401
- salary reimbursements	(44,719)	-
- staff training	83,673	47,777
- subsidies	-	(909)
- superannuation contributions	400,224	384,861
- workers compensation	112,445	78,905
	<u>5,486,272</u>	<u>4,704,552</u>



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 461

### Notes to the Financial Statements

For the Year Ended 30 June 2020

#### 6 Cash and cash equivalents

	Note	2020 \$	2019 \$
Cash on hand		359	300
Bank balances		6,280,507	9,103,901
Short-term deposits		615,472	588,600
		<u>6,896,338</u>	<u>9,692,801</u>

#### (a) Reconciliation of cash

Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

Cash and cash equivalents		6,896,338	9,692,801
Bank overdraft	11	(100,303)	-
		<u>6,796,035</u>	<u>9,692,801</u>

#### 7 Trade and other receivables

##### CURRENT

Trade receivables		116,856	214,294
GST receivable		132,439	35,845
		<u>249,295</u>	<u>250,139</u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

#### 8 Other assets

##### CURRENT

Prepayments		-	2,311
		<u>-</u>	<u>2,311</u>



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

### Notes to the Financial Statements For the Year Ended 30 June 2020

#### 9 Property, plant and equipment

	2020	2019
	\$	\$
Land and buildings		
At cost	10,296,320	10,137,853
Accumulated depreciation	(3,680,636)	(3,402,541)
<b>Total land and buildings</b>	<b>6,615,684</b>	<b>6,735,312</b>
Capital works in progress		
At cost	3,113,370	-
<b>Total capital works in progress</b>	<b>3,113,370</b>	<b>-</b>
Plant and equipment		
At cost	2,571,125	2,539,510
Accumulated depreciation	(2,079,152)	(1,959,418)
<b>Total plant and equipment</b>	<b>491,973</b>	<b>580,092</b>
Motor vehicles		
At cost	1,041,563	1,088,927
Motor Vehicles	(403,811)	(412,064)
<b>Total motor vehicles</b>	<b>637,752</b>	<b>676,863</b>
<b>Total property, plant and equipment</b>	<b>10,858,779</b>	<b>7,992,267</b>

#### (a) Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Capital works in progress	Land and buildings	Plant and equipment	Motor vehicles	Total
	\$	\$	\$	\$	\$
<b>Year ended 30 June 2020</b>					
Balance at the beginning of year	-	6,739,872	583,435	676,863	8,000,170
Additions	3,113,370	153,807	27,100	249,059	3,543,336
Disposals	-	-	-	(51,437)	(51,437)
Depreciation expense	-	(277,995)	(118,562)	(238,733)	(633,290)
<b>Balance at the end of the year</b>	<b>3,113,370</b>	<b>6,615,684</b>	<b>491,973</b>	<b>637,752</b>	<b>10,858,779</b>





## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 461

### Notes to the Financial Statements For the Year Ended 30 June 2020

#### 10 Trade and other payables

	2020	2019
	\$	\$
<b>CURRENT</b>		
Trade payables	653,012	250,222
Credit cards	5,620	3,677
Accrued expenses	134,362	-
PAYG withholding payable	100,103	67,366
Superannuation payable	31,473	105,700
	<u>924,570</u>	<u>426,965</u>

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

#### 11 Borrowings

<b>CURRENT</b>		
Bank overdraft	100,303	-
	<u>100,303</u>	<u>-</u>

#### 12 Employee benefits

<b>CURRENT</b>		
Provision for employee benefits	679,014	462,169
	<u>679,014</u>	<u>462,169</u>
<b>NON-CURRENT</b>		
Provision for employee benefits	96,235	-
	<u>96,235</u>	<u>-</u>

#### 13 Other liabilities

<b>CURRENT</b>		
Unexpended government grants	382,180	387,573
	<u>382,180</u>	<u>387,573</u>

#### 14 Leases

The Corporation has applied AASB 16 using the modified retrospective (cumulative catch-up) method and therefore the comparative information has not been restated and continues to be reported under AASB 117 and related Interpretations

##### Corporation as a lessee

The Corporation has leases over a range of motor vehicles.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 14 Leases (continued)

The Corporation has chosen not to apply AASB 16 to leases of intangible assets.

Information relating to the leases in place and associated balances and transactions are provided below.

#### Terms and conditions of leases

The Corporation leases motor vehicles with lease terms varying from 2 - 3 years, the lease payments are fixed during the lease term.

#### (a) Lease liabilities

	2020	2019
	\$	\$
<b>CURRENT</b>		
Motor vehicle leases	173,301	192,505
	<u>173,301</u>	<u>192,505</u>
<b>NON-CURRENT</b>		
Motor vehicle leases	388,301	388,301
	<u>388,301</u>	<u>388,301</u>

#### (b) Maturity analysis

##### Minimum lease payments:

- not later than one year	195,895	215,100
- between one year and five years	411,287	411,287
- later than 5 years	-	-
	<u>607,182</u>	<u>626,387</u>

### 15 Capital commitments

Contracted commitments for:

#### Exercise therapy room

Contract sum	4,010,291	-
Less payments made	(3,070,162)	-
	<u>940,129</u>	<u>-</u>

#### Shopfront buildings

Contract sum	1,249,546	-
Less payments made	-	-
	<u>1,249,546</u>	<u>-</u>
	<u>2,189,675</u>	<u>-</u>

Construction is underway of the new development which will house existing programs. The new development will include consolidating existing children's programs, offering private spaces for client services, a boardroom, meeting areas and expansion of a health and fitness area.



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 461

## Notes to the Financial Statements

For the Year Ended 30 June 2020

### 16 Key management personnel remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any director (whether executive or otherwise) of that Corporation.

The total remuneration paid to key management personnel of the Corporation is \$460,203.

### 17 Contingencies

In the opinion of the Directors, the Corporation did not have any contingencies at 30 June 2020 (30 June 2019: None).

### 18 Related parties

#### (a) The Corporation's main related parties are as follows:

Key management personnel - refer to Note 16.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

#### (b) Transactions with related parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

There have been no transactions with related parties during the financial year.

### 19 Cash flow Information

#### (a) Reconciliation of result for the year to cash flows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2020	2019
	\$	\$
Profit for the year	(719,497)	(240,087)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	633,290	640,911
- net (gain)/loss on disposal of investments	(32,665)	(31,186)
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	844	(151,918)
- (increase)/decrease in prepayments	2,311	-
- increase/(decrease) in income in advance	(5,393)	131,211
- increase/(decrease) in trade and other payables	(140,486)	(158,268)
- increase/(decrease) in member shares	-	(340)
- increase/(decrease) in employee benefits	213,080	(4,343)
Cash flows from operations	<u>(48,516)</u>	<u>185,980</u>



## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Notes to the Financial Statements For the Year Ended 30 June 2020

### 20 Events occurring after the reporting date

The financial report was authorised for issue on 24 November 2020 by the board of directors.

No matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Corporation, the results of those operations or the state of affairs of the Corporation in future financial years.

### 21 Statutory information

The registered office and principal place of business of the Corporation is:

Walgett Aboriginal Medical Service Limited  
37 Pitt Street  
Walgett NSW 2832



## Walgett Aboriginal Medical Service Limited

ARN: 73 014 690 451

### Directors' Declaration

The directors of the Corporation declare that:

1. The financial statements and notes, as set out on pages 5 to 23, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - a. comply with Australian Accounting Standards - Reduced Disclosure Requirements; and
  - b. give a true and fair view of the financial position as at 30 June 2020 and of the performance for the year ended on that date.
2. In the directors' opinion, there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director

William Kennedy

Director

Mary Purse

Dated 24 November 2020



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Tim Lacey B.Com. CA  
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## Independent Audit Report to the members of Walgett Aboriginal Medical Service Limited

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of Walgett Aboriginal Medical Service Limited (the Corporation), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Corporation is in accordance with Division 60 of the *Australian Charities and Not-for-profit Commission Act 2012*, including:

- (i) giving a true and fair view of the Corporation's financial position as at 30 June 2020 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by Division 60 of the *Australian Charities and Not-for-profit Commission Act 2012*, which has been given to the directors of the Corporation, would be in the same terms if given to the directors as at the time of this auditor's report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Other information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is included in the directors' report, the detailed profit and loss statement, and the departmental trading profit and loss statements, (but does not include the financial report and our auditor's report thereon).

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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Australia  
Liability limited by a scheme approved  
under the Professional Standards Legislation



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## Independent Audit Report to the members of Walgett Aboriginal Medical Service Limited

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of Directors for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profit Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Corporation or to cease operations, or have no realistic alternative but to do so.

### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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## Independent Audit Report to the members of Walgett Aboriginal Medical Service Limited

- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Ryan and Rankmore  
Chartered Accountants

Kevin Rankmore  
RCA 1656

113-115 Darling Street  
Dubbo NSW 2830

Dated 24 November 2020

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Business Advisors

CHARTERED ACCOUNTANTS  
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# Walgett Aboriginal Medical Service Limited

ANNUAL REPORT 2019/2020



**PRINCIPALS**  
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Tim Lacey B.Com. CA  
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## Walgett Aboriginal Medical Service Limited

ABN: 78 014 990 451

## Disclaimer

For the Year Ended 30 June 2020

The additional financial data presented in the detailed profit and loss statement starting on page 29 and the departmental profit and loss statements starting on page 31 are in accordance with the books and records of the Corporation which have been subjected to the auditing procedures applied in our statutory audit of the Corporation for the year ended 30 June 2020. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than Walgett Aboriginal Medical Service Limited) in respect of such data, including any errors or omissions therein however caused.

Ryan and Rankmore  
Chartered Accountants

Kevin Rankmore  
RCA 1656

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Dated 24 November 2020

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*Celebrating over 30 years of Service since 1986*

Funded by: Federal Dept of Social Services – National Indigenous Australians Agency  
NSW Health – Rural Doctors Network – Western NSW Primary Health Network



## FINANCE AND ADMINISTRATION REPORT JULY 2019 TO JUNE 2020

### Introduction

The Finance and Administration Department has two main functions;

- 1) Maintain the Financial records of the organisation. This includes payroll, prepare the accounts for audit and provide financial reporting to the funding bodies.
- 2) Provide Administrative support to WAMS. This includes but is not limited to; handling accommodation and travel bookings for visiting specialists and staff, coordinating external tradies, purchases, insurance schedules, Asset registers and other files.

Thanks to WAMS' Auditors, Ryan and Rankmore, Kevin Rankmore, Michael McGann and their audit team for all their hard work in getting the audit completed. I also give thanks to Mark Riley for providing additional advice and support during the year.

I would like to acknowledge the following organisations for their ongoing funding;

- The Australian Government Department of Social Services
- The National Indigenous Australians Agency (formerly The Australian Government Department of the Prime Minister and Cabinet)
- The NSW Ministry of Health
- The Western Local Health District
- NSW Rural Doctors Network
- Western NSW Primary Health Network

### Staffing

Current Personnel:

- |                      |                            |
|----------------------|----------------------------|
| • Mathew Baker       | Manager Finance            |
| • Sally Barton       | Team Leader Administration |
| • Mellisa Timmins    | Finance Assistant          |
| • Katherine Thurston | Administration Assistant   |

Past Personnel:

- Amy Brown Administration Assistant

### Overview

WAMS finished the year with total funding and other revenues of \$10 million including \$1.11 million in Medicare. WAMS has spent over \$2.88 million on new capital works and equipment.

### Walgett

It has been a challenging and busy year in Walgett. Work on the Shop Front Development buildings commenced and the development and site works progressed well in spite of COVID related difficulties, border closures and other travel restrictions.

During the three months of an extensive shut down we still managed a modest increase in our Medicare Revenue over the previous year.



With thanks to the Australian Government Department of Social Services and NSW Ministry of Health we saw increases to our funding for Drought relief measures focussing on community programs and mental health workshops. We also saw additional funding for COVID response measures and while it happened in the 2020/21 financial year, we also received funding for the commencement of a Respiratory Clinic and Point of Care COVID 19 testing based in Walgett.

WAMS made application to the NSW Gaming and Racing for yarning circle programs to focus on the impact of gambling addiction. Towards the end of the reporting period we were advised that our submission was successful and contracts were signed to commence the activities in the new reporting period

We also lodged an application to the NSW Ministry of Health Capital grants for funding of security fencing and structural works on the clinic building.

We are negotiating with Australian Government Department of Social Services on separating our regional Healthy for Life activities for Brewarrina and Walgett.

We also worked with the National Indigenous Australians Agency to redesign the Murdi Paaki Drug and Alcohol program and transition to a three year budget.

## Brewarrina

Brewarrina also faced a challenging year. We were successful in lobbying the Australian Government Department of Social Services for an additional \$480,000 over the next three years to meet the growth in health care services.

The department also provided funds to purchase a house in Church Street to expand our ability to accommodate visiting staff. Additional land was also purchased for future expansion plans to construct a purpose built facility.

We successfully lobbied the National Indigenous Australians Agency for management of the SEWB funding.

Brewarrina also received additional funds for both drought relief activities and COVID response strategies from The Australian Government Department of Social Services and The NSW Ministry of Health.

## Conclusion

Overall 2019/20 has been a difficult year with the region coming out of prolonged drought only to face the challenges of COVID19. Walgett and Brewarrina have continued to face these challenges with remarkable solidarity and level headedness for the most part.

I would also like to acknowledge the continuing support and advice of the CEO and that of Mrs. Sally Barton and Mrs. Mellisa Timmins in our administration office. Thank you.

**MATHEW BAKER**  
**FINANCE MANAGER**



## CHIEF EXECUTIVE OFFICERS REPORT JULY 2019 TO JUNE 2020

### Introduction

WAMS economic growth continues as we see the architectural drawings becoming a tangible product. During the reporting period, sketches continued to be modified in accordance with the placement of staff and their programs in the expansions being constructed to accommodate the current businesses, as well as future development. Personnel visited on-site at Adelaide to view the design and construction of the custom-built units that will be transported to Walgett once. Moving towards the financial year, DA lodged to WSC and initial construction of buildings off site commenced with likely completion date during this period.

2019/20 was another year of extreme drought conditions and a severe reduction of food production. In the first half of the financial year, many towns across New South Wales experienced severe water shortages including a critical reduction of the river flows. Walgett was one of many rural townships which have experienced such shortages, both to the town supply, lack of rainfall, as well as the loss of constant flow from the two rivers.

As time moved into the 2019 festive season, the severity of the heat, along with the lack of river flow, resulted in the quality of domestic tap water in question for consumption for some people who were at risk with their chronic health issues. Packaged water was kindly donated to Walgett along with our rural neighbours from many parts of the nation. WAMS were a recipient of such donations. Staff were rostered for several months, each Monday and Friday to assist in the distribution of the water to community members. Having an increase of plastic water bottles, with no local recycling unit, created more waste. WAMS along with other local agencies have lobbied to the local Shire Council for a recycling unit to be available.

Restrictions were imposed on domestic and commercial water use for some nine months of this period. At the beginning of the restrictions, WAMS were grateful to the Walgett Shire Mayor and fellow Councillors for offering a short term arrangement to maintain the produce of the community garden for delivery to clients with a chronic disease.

Additionally, the loss of Walgett's only supermarket in June 2019, has created a disruption of a steady food and water supply. For those who do not have access to private transport are hamstrung in accessing fresh produce at a time of their convenience.

COVID restrictions were announced at the end of March, which had an emotional and social impact on our daily living. This public health issue was another stressor for people living away from suburbia with unlimited access to domestic services. The resilience of staff is recognised and appreciated as we now introduce ourselves to the unexpected world of virtual meetings social distancing and sanitising at all times.

Some communities across the state were fortunate to be a recipient of the "Woolies Basic Box" that was donated by Woolworths. WAMS distributed the boxes to residents living in Walgett, Brewarrina, Collarenebri, Goodooga and Pilliga who were very appreciative to receive the supplementary food parcels.



## Winds of Change (once more)

The Coronavirus, COVID 19, has changed the way we have operated overall in the last quarter of this year. The likelihood of this arrangement shall continue in the next year. Additional PPE was purchased, social distancing was a common practice and working from home was practised.

The funds holder for Commonwealth funding of our sector has changed the cycle in preparation for pending administrative transformations. ACCHO's are being funded in an interim arrangement for the next twelve months reporting period. They have also undergone a name change, now being the Dept. of Social Services.

Additionally, at the last quarter of this period, the Department of Prime Minister and Cabinet changed their name to the National Indigenous Australians Agency, a commitment by the federal Aboriginal Affairs Minister, the Hon. Ken Wyatt. These two changes have left local agencies somewhat bewildered and uncertain in regards to the longevity of their respective businesses.

Commercial air services continue to be limited to our town and not cohesive to our needs. WAMS have an arrangement with a charter company to transport BAMS and WAMS personnel who transit from Dubbo. This private agreement assists us to convey allied health personnel and visiting specialists to WAMS service area for the delivery of comprehensive Primary Health Care to clients.

## Quality

WAMS recently made a cultural, operational and social decision by moving from the current accrediting agency to a place-based agencies that focuses on the philosophies of local Aboriginal community controlled service delivery. Te Wana, was established in 2000 as a quality improvement programme for New Zealand primary health care and community services based on the Australian community sector standards - CHASP then QIC and now the Accreditation Alliance. The name **Te Wana** was gifted by a group of kaumatua (Elders) and means *to challenge yourself to be the best you can be*.

Te Wana has now been adapted for both the New Zealand and Australian services and is one of the very few programs with an emphasis on continuous improvement and cultural capability with a specific Aboriginal and Torres Strait Islander focus. Te Wana supports organisations to reflect on and review their philosophy, governance, policies and practices, service delivery, and their relationships with other providers, funders and wider community.

The month of December 2019 was confirmed for WAMS to undertake their next cycle of accreditation. I wish to sincerely thank both Stephanie Pope, who has diligently guided staff in improving the language of Policies and Procedures as well as overseeing the necessary templates and reporting documents to be updated in alignment with the necessary legislative changes for our overall operations.

## Quality in Operation

The Strategic Plan is a document whereby our governance and operations is influenced for daily, weekly, monthly and annual planning. The five key indicators of Corporate Governance, Human Resources, Client Services, Financial Management, and Community Consultation are the ingredients for our recipe of a productive business.



While White Ribbon Australia ceased their operations at the end of the 2019 calendar year, agencies continued to conduct community and promotional events about violence. WAMS were involved in such activities and participated in community gatherings at Collarenebri, Lightning Ridge and Walgett. We shall continue to promote the importance of positive communications, respectful behaviours and understanding the definitions of violence at staff in-services and future staff development workshops.

### Representing WAMS

I continue to hold membership on the following committees which enable me the opportunity and good fortune to espouse the critical issues in our towns, whilst also celebrating our successes and promoting our evolution.

Bila Muuji Aboriginal Health Service Incorporated	Aboriginal Health and Medical Research Council of NSW	NSW Rural Doctors Network	Western Primary Health Network - member of Aboriginal Advisory Committee
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NACCHO offered me the chance to become a member of the National Water Reform review, representing AMS's across the nation, and bringing to the attention the many social and lifestyle issues of water quality, river management, household water use, etc.

### Visiting WAMS

From understanding the impact of drought, enquiring about the social resilience of the community and the reduction of general services due to the constant financial hardship are an example of questions posed to WAMS. To local people, I believe that such questions are not always seen as a 'problem', but more as a measure of the resilience and innovativeness we have to sustain ourselves in these times. I often wonder

Walgett has been profiled as a locality to visit by many politicians, bureaucrats and interested agencies during this reporting period. Minister Pavey and State member, Roy Butler and departmental bureaucrats, were some of the people who took the time to meet, to converse, to understand the barriers we experience and appreciate our achievements.

### Quality in Culture

The NAIDOC theme of 2019 was "Voice, Treaty, Truth". To pay recognition to NAIDOC and also our identity as Aboriginal people, staff from BAMS and WAMS accompanied by the Directors, spent time on the river. They gathered together for a meal as well as listened to local Aboriginal people recount their history growing up in the region, and relaying stories told to them from their ancestors on life as it was back then.

Corporately, WAMS are in the process of designing a PowerPoint presentation honing in on the history of WAMS as well as the cultural milestones of our town. We have also commenced signs to be displayed in language that are relevant to our business, e.g. to welcome, names of body parts, titles of staff roles.

The Aboriginal (snake) puzzle continues to be on loan for government and non-government departments to utilise the education tool as a cultural footprint and historical measure of our life as we know it. Visitors are often shown the wall display of local history which depicts significant periods as a nation alongside of important milestones in our town.

The Board are in the process of tendering for local artwork that will be used as their corporate uniform for clothing, resources and all manners of advertising materials.



## Collegiate Working Arrangements

Business arrangements that are either formalised by an Memorandum of Understanding, a Service Level Agreement, or with an agreed commitment to working together for the greater good of WAMS service area are both encouraged and welcomed. We have signed with agencies that are local, regional and state entities, which believe will complement the work we undertake for our operations.

At a local level, WAMS are extremely grateful to the Dharriwaa Elders Group (DEG) who have advocated for WAMS on many aspects of our business. From deriving philanthropic support for the Community Garden, to advocating for additional resources for operations. DEG are sincere in their commitment to expanding the economic development of WAMS through the production of fresh produce for clients with a chronic disease. It is anticipated that the next stage of the garden development will invoke cooking classes, expansion of recipients of the produce, composting and a propagating program.

### *Children in Out of Home Care*

The Tri-partite Agreement between FACS and Western Local Health District offer a foundation for the provision of an all-encompassing service to the child in need and their families.

### *Integrated Care Strategy program*

This program offers continuing care for a child's first 200 days of life and support for the family, which is integral to the cognitive and social development of the early growing years.

### *Healthy for Life*

The Too Deadly for Diabetes program has achieved many successes for local people. We were pleased to view on social media the triumphs of local people and others from nearby communities relate their weight loss journeys and improvement in the mental and general well-being.

Another element of this program is the participation of local football teams in the NSW Aboriginal Health Knockout. Men and women compete as a "community" team against other towns, to be the recipients of prize monies (first, second and third) that can be used for physical activity programs or equipment in the respective winners towns.

Regional meetings for the program are hosted across Brewarrina, Bourke, Walgett and Orana haven. The gatherings offer staff to discuss their local activities, network with like-minded people and plan events to accommodate clients.

### *Health Checks – referral pathways*

Health Checks are conducted according to an annual calendar (both confirmed by WAMS and the respective schools) that allow a planned approach to provide comprehensive screening in all aspects of an individual's life, e.g. chronic diseases, hearing, oral health, vision, diet and exercise.

## (NSW) Aboriginal Health and Medical Research Council (AHMRC)

The AHMRC have now moved their premises to the Aboriginal Health College at Little Bay. This decision will reduce the financial impositions of renting in Sydney's CBD and also having property for academic training. The College has commenced offer RTO



courses to ACCHO members as well as other agencies who wish to enrol in such courses.

BAMS and WAMS are members of the state lobby group for ACCHO's. The advocacy of the AHMRC is vital to networking with state national partners working in health and health-related programs. Mr Phil Naden was appointed as Chairperson at the latest members meeting. The regions were designed into four sections of NSW, with two Directors in each region. The BAMS/WAMS region has ten other ACCHO members. I was the second person, along with Phil, appointed as a Director in this region.

### Bila Muuji Aboriginal Health Service Incorporate (Bila Muuji)

Members of the regional consortia are from ACCHO's based at Bourke, Brewarrina, Coonamble, Dareton, Dubbo, Forbes, Orange, Walgett. The members continue to collaborate with companies that have potential benefits for the members, their staff and their clients.

The Chairperson, BAMS Manager and CEO attended the members meeting to listen to the Constitutional changes that are being proposed, as well as the design of the skills-based Board. The re-design of governance to become a skills based board will stand the consortia in good stead to have qualified professionals who are not only Aboriginal people but carry credentials that will give sound governance of the business.

### National Aboriginal Community Controlled health Organisation (NACCHO)

NACCHO have strongly advocated for the identity of the sector and the unique industry of being a locally-governed and locally-operated service. NACCHO lobby with a range of agencies which focus on the social determinants of health – e.g. housing, employment, education and economic progress. These elements are crucial to an individual's wellbeing and human development.

### Community Events/Health Promotion Programs

To promote staff competencies, encourage community involvement demonstrates the commitment of our organisations footprint with partnering agencies. Listed are the many meetings that staff attend when possible.

AECG	SRG	School Awards	Walgett Show
St Joseph's Primary School	Local High and Primary Schools	Community Drug and Alcohol Team	LEMC (commencing March 2020 re COVID)
Walgett Shire Council NAIDOC	Walgett Shire Council Reconciliation	White Ribbon Australia	Walgett Shire Council Sorry Day
Bila Muuji members	ANZAC Day	Domestic Violence	Local Interagency

WAMS and BAMS have a Facebook page offers information on events being held, internal activities of the business and current updates. Radio announcements, the local newspaper, phone messaging and local broadcast emails are additional avenues of promotion. Visitors receive "WAMS Packages" that include the Annual report, Strategic Plan, Profile of Service, Pictorials of report to demonstrate all aspects of works that were undertaken.

We have communications to all Schools for the scheduling of health care programs, student workshops and significant community events. Two mental health workshops





were conducted during this period of reporting. Mr Joe Williams spoke on his personal experiences and sharing his trials both in the sporting world, the media and his family. He presented community sessions which focussed on the importance of living a healthy lifestyle and managing good mental health.

“*Keeping our community safe*”, the mantra of Coronavirus was a message that was practised. We experienced barriers of operation during COVID 19. Staff varied their work roles and supported other local businesses in the health and social support of our residents. Delivering pharmaceutical supplies, assisting DEG in transporting fresh produce to clients, conducting daily “visitors” program and assisting with supermarket delivers are one of many ways we maintained contact with our residents and our clients.

Children’s Day	Youth Week	Meals on Wheels	Walgett Show <i>Cancelled due to Covid</i>	ANZAC Day	Breakfast Club
Seniors Week	Dharriwaa Elders Group	Biggest Morning Tea	Harmony Day	NAIDOC celebrations	Xmas Raffle
Bitumen to Bulldust Festival	Health Checks (High School)	Women’s Health Checks	Children’s Health Checks	Men’s Health Checks	International Women’s Day

### Staff – Recruitment

Another year of departures and welcome greetings. Goodbye and best wishes to;

Dr Paige Darlington	Clinic EEN Cherin Singh	FCPHC RN Sharon Lowe	D & A Worker Ricco Lane
Chronic Diseases Manger Danielle Allen	Outdoor staff Victor Murray	Community Garden Sophia Byers	

The welcome mat was extended to;

Dr Keith Gleeson	Dr Deborah Hough	Kira McKay FCPHC RN
Loretta Weatherall AHW	Gemma Roper, Dietitian	Joseph Gordon AHW BAMS

I extend my continued appreciation to senior Aboriginal Health staff who have acted in management roles during absences of their incumbents, both in the Clinic and the Chronic Diseases teams. Such commitment affirms their understanding of supporting staff each day, directing work roles each day while at the same time meeting deadlines in a timely manner and being responsible to external parties for their enhancement of partnerships.

### Staff – Recognition

It is always exciting to share with staff a milestone of their employment with WAMS. Congratulations to the following staff who reached this achievement.

Twenty years	Phillip Dowse	
Fifteen years	Chris Boney (BAMS)	
Ten years	Reg Rutene	Sarah Dowse
Five years	Nichole Kennedy	Danielle Fletcher    Dee Anna Nixon (BAMS)

At our Christmas celebrations, staff unanimously voted Cherin Singh as Employee of the Year. Cherin’s role in the clinic, her accommodating manner to clients, mentoring



of colleagues and versatility for the daily operations validate her understanding and appreciation of her clinic role.

## Staff – training and development

Staff are afforded the opportunity to expand and enhance their skill bases via annual appraisals of the work. Some Aboriginal health Workers have formalised their training to become Aboriginal health practitioners. Short course, tertiary education is but a variety of such training that is offered.

## Staff – students

Local senior school students are encouraged to experience work in our facility, across clinic, dental, children’s service, community development and administration operations.

Medical and nursing students are scheduled each year to work both at BAMS and WAMS primarily under the supervision and direction of the Doctor or the Nurse. They are also encouraged to experience other aspects of the business and have been known to spend time in other areas of operations as previously mentioned for local students.

## Closing Comments

I am grateful for the ongoing expansion of businesses, the dedication of staff to clients and their colleagues. My sincere thanks to the community who advocate for us, who understand the internal struggles of living and working in isolation, accommodating social changes and maintaining our operations. COVID shall dictate next year and we must be prepared to maintain government regulations for our own survival.

The cusp of the new financial year will see WAMS becoming 35 in this industry, as shall I. One cannot begin to explain how exciting this shall be. WAMS is strong, brave and a true pioneer.

**CHRISTINE CORBY, OAM**  
**CHIEF EXECUTIVE OFFICER**





## HUMAN RESOURCE MANAGERS REPORT

JULY 2019 TO JUNE 2020

### INTRODUCTION:

Recruiting qualified staff to Walgett and Brewarrina continues to be a challenge throughout this reporting period. In my personal opinion it's primarily related to our location within the State, additionally some could also say it's also because of our brief shortage of water and the unexpected hot weather? Regardless of these factors, there continues to be a proactive commitment to sourcing new staff, but nothing will beat employing local community staff from across our service delivery footprint, which I strongly believe in - *local jobs for local people*.

As Human Resources Manager, my ongoing commitment is to ensure the whole organisation continues to have a stable workforce in all areas. This will be an ongoing challenge given Covid19 has really placed an ongoing range of restrictions on how we recruit new staff and where they come from, and factoring in which State or Territory, or even if they come from overseas, and the additional requirement to quarantine or self-isolate for a period of time.

The additional flow-on effect for current staff is that this impacts everyone's ongoing professional development and limited opportunities for staff to attend external conferences/forums/workshops to enhance their current skills. That being said, we have been fortunate to have some training facilitators attend WAMS from non-Covid hotspots to conduct the following training:

Cert IV in Leadership and Management	Fire Extinguisher Use	1 <sup>st</sup> Aid and CPR	GeneXpert for Covid19 Point of Care Testing Program
Early Childhood Oral Health eLearning Program	Covid19 – Respiratory Clinic	1,2 3 Magic & Emotion Practitioner Coaching	Comply with Infection Prevention & Control Policies and Procedure

During the Corvid 19 period staff were not able to travel externally for professional development. This meant it was a time for staff to go on-line and complete their AMSED training Modules. Completion of AMSED modules, along with staff Appraisals will support and compliment any future applications for external training.

Again, I would like to express a continued thank you to all staff, including the Chief Executive Officer and all WAMS Board of Directors for their continued commitment, diligence and patience in progressing WAMS's vision.

WAMS has continued to provide ongoing professional health services to Walgett and wider communities. Staff have continued to show their commitment each day to come to work and improve the health outcomes for Community members throughout 2020 and the challenges it has presented for all of us.



## GARDENING/CLEANING TEAMS:

The Gardening and Cleaning Team staff continue to work well throughout this reporting period. Whilst we have some slight changes to staffing in both teams I sincerely thank each of them for their continued diligence and commitment to get the job done.

### Staff under my management:

GARDENING AND MAINTENANCE	CLEANERS
Ernie Sands - Team Leader Beau Smith - Gardener Matt Dennis – Gardener	Karan Doolan - Team Leader Kerry Kennedy - Cleaner Deborah Fernando - Cleaner Deborah Russell - Casual
	CARETAKER - GILBERT LODGE
	Jenny Larkin until November then it was covered by the Maintenance and Cleaning team covered for the remainder of the year

## CLOSING COMMENTS:

Thank you again for all your support throughout 2020. We have collectively worked through a year like never before. I have every confidence that we will have many good news stories to make up for this year. I sincerely look forward to sharing these with you throughout 2021.

### GAVIN TYE HUMAN RESOURCES MANAGER



*Celebrating over 30 years of Service since 1986*



## SENIOR MEDICAL OFFICERS REPORT JANUARY TO JUNE 2020

### Introduction

This is my first Senior Medical Officers report in my role since my commencement on 2 January 2020. The past six months has been an interesting induction for me into WAMS, and I have adapted and modified my position according to the constant changes in service delivery.

I had inherited this role from Dr Page Darlington who was well respected by staff and patients. I have been significantly challenged since starting the position. The most notable being the COVID 19 Pandemic sweeping the world in early 2020. WAMS have had to adapt to cater for the impact of this epidemic on the local community; its patients and the organisation.

I have worked closely with the Chief Executive Officer and other senior management personnel to ensure that we have:

- Protect patient and staff.
- Prevent the closure of the organisation.
- Provided clinical and social assistance to clients within the WAMS footprint.
- Participate in the Local Emergency Management Committee in a representative and skills base capacity.
- Establish a static and mobile respiratory clinic for the region.
- Establish procedures and policies regarding pandemic management.
- Establish telehealth services to increase access for patient in isolation and remote areas.
- Liaise with external organisations at a regional, state and national level to form collaborative relationships;
  - Commonwealth Health
  - NSW Health
  - Centre for Aboriginal Health
  - NACCHO
  - AHMRC
  - PHN
  - WLHD

I have been involved in reviewing several of the Policies that require modification;

- Client or Practitioner Refusing Treatment or Advice.
- Drug of Addiction Policy and Patient Contract

### Workforce

A significant priority for me is to look of recruitment of more permanent medical work force rather than relying on Locum services. This should in theory improve continuity of care for patients and reduce economic impact employing these Doctors.

WAMS currently has two fulltime General Practitioners, Dr Debra Hough and myself. We are both registered as GP Supervisors with GP Synergy, the General Practice Training Provider



responsible for Registrars placement in NSW. We have assisted BAMS by filling in gaps where Locums were not able to attend due to Covid19 restrictions s well as vacancies during this time.

We are currently seeking to employ at least one GP Registrar who will attract salary support (financial assistance). However, I think it will be difficult to fill, given the shortages of Registrars V's placement in the state. We have also registered with the Regional Vocation Training Scheme for overseas trained doctors as an alternative. This program does not attract salary support for the trainee.

## Meetings

I have attended two Board of Directors meetings. The first meeting was focused on COVID 19 concerns regarding sick leave and working from home. The Board of Directors approved these measure to last until the emergency has been declared over by the NSW Department of Health.

The second meeting discussed concerns regarding medicare billing given the pandemic. It was decided to set KPI's that were achievable to produce a report that the Board could monitor the progress of billings. The Directors were also advised that Medicare billing is impacted by many issues and that these KPI's are a guide only.

I have attended Senior Personnel meetings on a monthly basis which is updating Senior Personnel on last month's progress and what is planned for the next month.

Commencing March, staff have been attending daily morning meetings via zoom. This allows an update for the day's events, to plan together thereby ensuring staff awareness of the ever changing restrictions due to the Pandemic.

We have been providing regular clinics to Goodooga and Pilliga, which is well received by the community. Goodooga clinics have two regular doctors from Sydney. At the closing of this financial year, we resorted to telehealth clinics due to COVID 19 which prevent travelling

It is expected Dr Keenan and Dr Young will recommence their regular services in Goodooga next month. This will depend if we are not impacted by a second COVID 19 outbreak.

## Closing Comments

Thank you again for all your support during my first reporting period at WAMS and I look forward to sharing good news stories and staff achievements with all of you in the future.

Dr Keith Gleeson  
Senior Medical Officer



*Health is Life is Health*

**ALLIED HEALTH**

Walgett Aboriginal Medical Service

# Allied Health Services 2019/2020

Raymond Terrace Therapy | Outback Therapy







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# Overview

## Walgett Aboriginal Medical Service

Raymond Terrace Therapy provides Allied Health services under Outback Therapy to Walgett Aboriginal Medical Service. These services include Physiotherapy, Occupational Therapy and Speech Pathology.

The 2019-2020 period has certainly been an eventful period. With Walgett and surrounds experiencing the effects of harsh weather; drought, bush fire and water shortages. With early 2020 the Coronavirus global pandemic and the introduction of COVID19 social restrictions impacting the community and our nation.

## Coronavirus

With the COVID19 restrictions, this affected the ability of service providers to partake in usual outreach service models in which reduce gaps in services for communities like Walgett who rely on external stakeholders to increase capacity and access. It is these communities that are already vulnerable and face adversities to health and access to services, compounded with COVID19, were at greater risk of health decline.

Raymond Terrace Therapy was able to provide a modified service provision from March 2020 to ensure WAMS clientele and the wider Walgett community continued to have access to services despite the restrictions. The team was able to develop resources for age specific groups. These resources were released and delivered to various group for home programs and engagement.

The provision of our service was dramatically modified to accommodate the provision of Telehealth services on a weekly basis. Utilising the allocated funding and modifying the service from one week a month to a more frequent (2 days weekly) service. This provided resilience and reassurance that these essential services were still available and accessible.

The uptake initially was challenging, as it was a brand-new era, with regular meetings with *Healthy for Life* management and Chronic Disease team, telehealth individual services flourished.

With social restrictions reducing in July, our service was adaptive to resume face to face service provision with a changed model of service. Although services have resumed to the new normal, we are conscious that COVID19 will continue to haunt us until a vaccine or it's eradication. Raymond Terrace Therapy and it's representatives work within a framework that promotes effective infection control, and strategies to reduce the risk of spread of infectious diseases. Our Pandemic and infection control policies have been updated. In adapting the measures, our service is able to provide direct service to Walgett Aboriginal Medical Service, until otherwise deemed unsuitable. We are ready to resume telehealth in the event our service is unable to provide direct services.



# Speech Pathology

## Walgett Aboriginal Medical Service

### Allied Health Therapist

- Klint Goers (Consultant Speech Pathologist) July to Dec 2019
- Vanessa Purcell (Speech Pathologist) Jan 2020 to current

### Service provision 2019 - 2020

- Telehealth
- Paediatric services clinic, in school, home programs and in home
- Speech, language and literacy; assessment and recommendations
- Palliative care
- Clinic, community and home consultation
- Outpatient chronic disease services
- Mealtime management
- Referrals to other services
- Increasing use of Aboriginal Health Workers
- Resource development: Culturally sensitive Activity packs, assessments, resource
- Liaising with and supporting local services; such as schools, preschools, LHD
- Liaison with project officer of Dharriwaa Elders Group

Initially Klint Goers established the program developing a model of service to provide speech pathology for individual consultation and supporting local community needs and partnering with local organisation as representation of WAMS. Community groups include preschools and schools in the local area. In 2020 Vanessa joined our team and continued Speech Pathology service delivery for WAMS. Klint has moved to a Clinical Supervisor and works with Vanessa in a supervision role to continue both her growth as a speech pathologist & guidance over WAMS Speech Pathology service.

In response to COVID19 restrictions Vanessa was able to develop a high standard of home activity packs for different age groups. These resources were culturally and age appropriate, as the COVID pandemic took hold, these resources were used to develop speech and literacy skills within the home. The resources were designed to be used within the home and clinic.

Vanessa continues to adapt the speech pathology service to meet community needs. With paediatric speech services being the greatest area of need, we now seeing a growing need to provide speech pathology services across the lifespan. For example, earlier in the 2020 Vanessa supported a palliative patient through telehealth with the family, carers and Aboriginal Health Workers. This patient presented with swallowing and communication difficulties. A multidisciplinary approach was required. Vanessa was able to work closely with the family and collaboratively with the multidisciplinary team. The patient's needs were met with regards to end of life care and quality of life was maximised. The rapport and trust in the community has been strengthened through this process and we are seeing more referrals in this scope of practice.

Vanessa is passionate to increase individuals' capacity both developmental and academically. Through rapport and community engagement, Vanessa has liaised with the local schools and provided recommendations for literacy programs, for example the phonics evidence-based Fitzroy literacy program.



## The future of Speech Pathology at WAMS

Speech Pathology continues to be in high need for Walgett and also the surrounding communities that are serviced by WAMS. We are aware of the need for speech pathology services in more remote areas serviced by WAMS, such as Goodooga and Collarenebri. Vanessa has begun to provide services in both of these areas. It is a balancing act to navigate service provision for those who are most in need and the best use of resources (Therapist time). We are working collaboratively with WAMS staff to organise local outreach days for assessment and follow up therapy to service cluster groups of referrals on the Speech waitlist.

The waitlist continues to grow and we are providing an adaptive model of service. The future of speech pathology services will continue to develop over time. With the new WAMS facility to become home to allied health services, we envision a more streamlined service delivery, aiming for more outpatient consultation to best utilize therapist time. Being in close proximity with Goonimoo and Mums & Bubs programs will further strengthen connections and relationships with the community and access to paediatric allied health services.



# Occupational Therapy

## Walgett Aboriginal Medical Service

### Allied Health Therapist

- Samara Unwin (Occupational Therapist)

### Service provision 2019-2020

- Telehealth
- Chronic disease management
- Palliative care
- Working with various stakeholders internal and external
- Liaising with and supporting local services; such as MacKillop, schools, preschools, LHD
- Increasing use of Aboriginal Health Workers
- Paediatric – in school, home programs and in home
- Equipment prescription
- Home modifications and environmental reviews
- Clinic, community and home consultation
- Outpatient chronic disease
- Functional assessments and recommendations
- Upper limb management
- Fatigue management
- Funding applications
- Referrals to other services
- Multidisciplinary approach

Samara's reflection *"The Occupational Therapy program was initially started with the focus on paediatrics, but as it has grown and become integrated into the community as we've adapted and diversified to meet the community's needs as a whole. There is such a need within this local community that I think we've done a great job in being open and flexible to meet those needs. With a varying scope of practice and adaptation to practice, the community is well serviced."*

There is limited access to occupational therapy services in the community, with the Lightning Ridge OT service provider on Mat Leave and a new OT service at Walgett LHD. The community need Occupational Therapy is more evident with the communities awareness of what this service can offer being more strengthened. WAMS OT service continues to adapt to local need.

### The future of occupational therapy at WAMS

Samara's reflection *"I would hope that with more community awareness of the Occupational Therapy role and over time greater acceptance, that the role becomes more proactive and less reactive, that we will be able to assist those who have the need effectively and timely."*

The waitlist continues to grow and we are providing an adaptive model of service. The future of Occupational Therapy services will continue to develop and adapt to community need.



# Physiotherapy

Walgett Aboriginal Medical Service

## Allied Health Therapist

- Robert Martinez (Physiotherapist)

## Service provision 2019 - 2020

- Walking program
- Telehealth
- Cardiorespiratory rehabilitation “ Heart Matters”
- Chronic and complex disease management
- Musculoskeletal conditions assessment and intervention
- Acute conditions
- Outpatient chronic disease
- Palliative care
- Complex and chronic pain management
- Team leader for Allied health care team
- Increasing use of Aboriginal Health Workers
- Meetings with management

With physiotherapy being the most established service provided to WAMS, the program continues to attract more referrals. Having 2 cardiac rehab programs running concurrently every Friday. 2020 has seen an additional day, from two days of outreach physiotherapy service to 3 days direct and 2 days remote per month. The additional direct day was required to adapt to increasing demand and referrals for complex needs, including palliative care, increased outpatient capacity and provision for future inclusion of new gym facility and programs. The addition of the remote service provision allows services to be offered via telehealth, patient follow up and team liaison, which in turn strengthens the patient journey if accessing high quality health care services.

## The future of physiotherapy at WAMS

The new facility will be welcomed with providing the means to expand services to include more group and individual therapy services.

Robert Martinez and Annie Dean (AHA) have been collaborating with sourcing new programs that will meet community needs. With “Stepping on” a falls prevention program as a desired program to be offered at WAMS. The program requires facilitators to be trained, although with the COVID restrictions, the training is on hold and we are closely watching this space.

Continue provision of Cardiorespiratory rehabilitation and scope to increase participants.

Continue to provide individual physiotherapy services for acute and chronic health, pain and disability.

Continue to oversee allied health programs and provide recommendations for service provision



*Health is Life is Health*

**BREWARRINA**



## BREWARRINA REPORT JULY 2019 TO JUNE 2020

### Introduction

WAMS continues to maintain the arrangement with DoH to enable the community of Brewarrina to access quality health care by continuing to manage the operations of the Brewarrina Aboriginal Medical Service (BAMS). The BAMS team includes not only qualified and professional staff but also many visiting specialists, allied health professionals and contractors who all work together with a shared goal to improve the overall primary care health outcomes of the local and surrounding communities.

BAMS continues to work toward improvement in providing excellence in quality of service provided by the team and is recognised through being accredited with AGPAL Quality in Practice which will be under review in 2021. The BAMS team continued to strive toward improving their skills and qualifications to provide professional health care services that are welcoming and culturally appropriate for our clientele.

This reporting period was presented with unprecedented challenges with the impacts from the Covid 19 Pandemic becoming paramount in 2020. The way business operated dramatically changed with the introduction of Covid screening, social distancing and deep cleaning becoming standard practice. Unfortunately health outcomes were negatively affected for our community through visiting services being cancelled or reliant on teleconferencing. However, attending welfare checks to boost community spirit, the distribution of food parcels and activity packs assisted in boosting morale. BAMS staff were very adaptive and complying to assisting in supporting community members whilst operating within the NSW Health restrictions and guidelines.

### Visiting services include:

- |   |                    |
|---|--------------------|
| ○ General Practitioner medical clinic locum service   | 5 days a week      |
| ○ Psychologist – Social Emotional Well Being program, | 2 days a week      |
| ○ Drug and Alcohol counsellor                         | fortnightly        |
| ○ Sexual Health clinic                                | quarterly          |
| ○ Women’s Health Clinic                               | 6 weekly           |
| ○ Podiatry  | fortnightly        |
| ○ Ear Nose & Throat Specialist                        | every 3 - 4 months |
| ○ Brien Holden Vision Institute and Outback Eye Team  | quarterly          |
| ○ Dietician and Physio/exercise program               | 3 days a week      |
| ○ Too Deadly for Diabetes Program                     |                    |

### Services Offered:

Triage, assess and refer clients to appropriate health providers		
Wound care	Clinical services as they present	Chronic Disease Management
Follow up referred clients	Medications review & monitoring	Local Medical Transport
School Health Clinics	General medical duties	Outreach clinic Orana Haven
Visiting Health Clinics	Health Assessments	Home visits
SEWB Support	Immunisation clinics	GP Consultations
Health education and awareness promotions	Advocate and coordinate health care & referrals	Case management and review with service providers





## Healthy for Life Program

- Health Check Clinics

Weilmoringle Primary School	Orana Haven Clients	Community members
Gainmarra-Birralelee Pre School	Clontarf Boys Academy	St Patrick's Primary School
	Bre Central School	

- Influenza vaccination clinics

Brewarrina Central School	Community members	BAMS Staff
	Orana Haven	

## Regional Meetings:

Regional Eye Health Partnership	Suicide Prevention Advisory Group "Wallan Bulla"	Bila Muuji Aboriginal Health Service Incorporated
Ear Health Advisory Committee	Q-Fever Advisory Committee	SEWB Advisory Committee
Aboriginal Health Council	PHN / AHMRC Round table	NRT Advisory Committee
WLHD Partnership Planning	RDN Stakeholder Outreach	Premier and Cabinet Ministers

## Local Representation:

Interagency Health Meetings	Ngemba Community Working Party	Suicide Prevention Network Initiative
Integrated Care Program	DV Youth Project	NAIDOC Week Celebrations
Tenant Support Family Fun Day	ANZAC March	Remembrance Day
	Local Emergency Management Meetings	

## WAMS

Senior Personnel Meetings	CQI Meetings	Healthy 4 Life Regional Meetings
Mangers meeting	WHS Meetings	Transport meetings
Chad Program	RN on Country	WAMS Community Garden
FCPHC Meeting	AIMSF Meeting	Respiratory Clinic

## Conferences / Forums Attended

AHMRC Cancer Forum	Immunisation Forum	Rural Doctors. Network Forum
AHMRC AGM	NACCHO AGM	Women's Summit

## Health Promotion

Health Checks	White Ribbon Day	Jeans for Genes
Pink Ribbon	Liver Clinic Day	Diabetes Week
Mental Health Day	Smoking awareness	School Community Garden
Carers Week	Breast Screen	RUOK Day
Community Wellbeing Event	School Flu Vaccine Clinic	Liver Clinic Day
Child restraint day	Men's mental health awareness	Homelessness week
Youth week	Walk About Barber	BAMS Open day 2019

## Staff In-services

Rheumatic Heart Disease	Covid 19 Infection Control	Cold Chain Breach
Drug & Alcohol Updates	Primary Health Eye Care	My Health Record
Financial Assistance	Medicare Claiming	Work Health & Safety
Malnutrition in-service	Malnutrition in-service	Malnutrition in-service
NSPT PMHC-MDS training session	Managing Stress in the Workplace	Working with parents affected by alcohol and other drug use: Considering the needs of children in practice"
Cannabis	Retinal Camera Triaging	



### Training

Deadly Dads Facilitator Work Health & Safety	AMHFA Facilitator Diabetes and the Eye	Deadly Thinking Retinal Photography
Opportunistic chlamydia & gonorrhoea screening	Understanding Childhood Trauma	Chronic Disease Support Program
Trauma Informed Care	Tenant Support Family Fun Day	Accidental councilor
Infant Child Youth and Family (ICYF) Mental Health Service	Reducing the harms from alcohol	Asthma and Spirometry Up date for Aboriginal Health Workers
AGPAL Workshop	Sista Speak Program training	Mental health first aide
Wound Care Management Seminar	Chronic Disease management	Infection Control training
Adult asthma update	Cervical Screening Program	Communicare Super User
Maggie's Legacy	Communicare Training	Promoting Participation in the National screening Program

### External Relationships

Brewarrina Multipurpose Service	Mission Australia	McKillop
Western Local Health District	Brewarrina Central School	St Patrick's School
Brewarrina Shire Council	Weilmoringle Public School	Brien Holden Vision Institute
Ngemba Community Working Party	Orana Haven Drug & Alcohol Rehabilitation Centre	Dubbo Western NSW Eye Health Partnership
Primary Health Network	Brewarrina Police, Fire & Ambulance Services	AHMRC

### Staffing for the period;

- Katrina Ward                                  Manager & Acting CEO (WAMS)
- Bernadette Hertslet                          Endorsed Enrolled Nurse - Clinic
- Dee-Anna Nixon                                Endorsed Enrolled Nurse - Healthy for Life
- Bianca Cochrane-Owers                      Trainee Aboriginal Health Pract. (resigned 24.7.2019)
- Nicole Bennett                                 Senior Receptionist (resigned 15.5.2020)
- Betty Nicholls                                 Outreach worker/Admin support (resigned 14.2.2020)
- Ian Hammond                                 SEWB Support Worker – Trainee (resigned 15.5.2020)
- Megan Kelly                                    Community Development Worker – Suicide Prevention
- Charlene Noye                                 Dual Qualified Dietitian/Exercise Physiologist
- Chris Boney                                    Gardener / Maintenance
- Jenelle Hooper                                Cleaner (casual – left 14.8.2019)
- Bronwyn Moore                                Cleaner (casual)
- Tamika Nichols                                Cleaner (began 15.6.2020)
- Joseph Gordon                                Trainee AHW (started 2.9.2019)
- Mary Copp                                     RN H4L (began 8.10.2019 resigned 20.9.2020)
- Gemma Roper                                 Dietitian (began 18.2.2020)
- Ingrid Beetson                                Receptionist (began 2.6.2020)
- Tammy Biles                                  Receptionist (began 23.6.2020)
- Ashley Griffiths                               Trainee AHW (began 18.11.2019 resigned Feb 2020)

**Administration Staff** are the frontline personnel who often become multi skilled and perform the general office duties which assist in the daily conduct of Clinics and other services.

- Nicole Bennett                                Senior receptionist
- Ingrid Beetson                                Receptionist
- Tammy Biles                                  Receptionist

**Aboriginal Outreach Program** provides an avenue to promote better health and to advocate on clients behalf to access healthcare assistance.

- Betty Nicholls                                Aboriginal Outreach Worker / Admin support



**General Practitioner Clinic** provides a Locum GP service 5 days a week to enabled people to access a doctor in a timely manner and be referred to specialists, medical or surgical treatment and allied health care as required. The visiting GP's also assist with monitoring managing the Primary Health Care and Chronic Disease needs of clients.

- Bernadette Hertslet Endorsed Enrolled Nurse
- Joseph Gordon Aboriginal Health Worker
- Bianca Cochrane-Owers Aboriginal Health Practitioner

**Healthy for Life Program** provides primary health care services to the Brewarrina and surrounding communities including Weilmoringle and Orana Haven Drug & Alcohol Rehabilitation Centre. This team provides the planning and implementation of Health Assessments for individuals and assist clients to access the Chronic Disease Programs such as 'Too deadly for diabetes' and exercise / nutrition programs. Health promotion education and awareness events are also coordinated by the healthy for life team.

- Dee Anna Nixon Endorsed Enrolled Nurse
- Charlene Noye Dual Qualified Dietitian/Exercise Physiologist
- Danielle Fletcher Dual Qualified Dietitian/Exercise Physiologist
- Annie Deane Exercise Therapist
- Gemma Roper Dietitian
- Mary Copp RN H4L

**SEWB / Suicide Prevention Program** provides visiting Psychologists who offers culturally appropriate approaches and therapeutic intervention to healing that are strength-based and empowering. A SEWB support worker and Community Development worker also provided ongoing support and education for community members.

- Ian Hammond SEWB Support Worker Trainee
- Megan Kelly Community Development Worker – Suicide Prevention
- Will Grech Psychologist
- Fran Read Psychologist
- Jo Langham Psychologist

**Drug & Alcohol Counsellor** visits from WAMS and provides services to Brewarrina which includes individual assessment, counselling, education sessions and health promotion activities.

- Reg Rutene Murdi Paaki Drug and Alcohol Network Coordinator

**Auxiliary Staff** ensure the BAMS grounds and premises are well maintained and presented in an inviting and clean manner.

- Chris Boney Gardener/Maintenance
- Jenelle Hooper Cleaner
- Bronwyn Moore Cleaner
- Michaela Skuthorpe Cleaner
- Tamika Nichols Cleaner

### **Staff Personal Development;**

- Katrina Ward - WH&S Mandatory training, Communicare Super User, Cannabis In-service, Trauma Informed Workshop
- Betty Nicholls - WH&S Mandatory training, Communicare Workshop, Opportunistic chlamydia & gonorrhoea screening, Financial development
- Nicole Bennett - WH&S Mandatory training, Communicare Super User, AGPAL Workshop, Financial Development, Understanding Childhood Trauma,
- Dee Anna Nixon - WH&S Mandatory training, Communicare Workshop, Cannabis Workshop, Financial development



- Bernadette Hertslet - WH&S Mandatory training, Communicare Workshop, Opportunistic chlamydia & gonorrhoea screening, Financial development, AGPAL Workshop, Understanding Childhood Trauma
- Bianca Cochrane-Owers - WH&S Mandatory training, Communicare Workshop, Financial development, Cervical Screening program, Chronic Disease Support Program, Trauma Informed workshop, Maggie's Legacy
- Michaela Skuthorpe - WH&S Mandatory training, Opportunistic chlamydia & gonorrhoea screening, Financial development, Communicare
- Megan Kelly – Understanding Childhood Trauma,
- Ian Hammond – Understanding Childhood Trauma, Deadly Thinking facilitator training, AMHFA facilitator training, Cannabis In-service , Deadly Dads facilitator training
- Chris Boney - WH&S Mandatory training, Financial development.

## Summary:

The BAMS team continues to provide culturally appropriate health services for the Brewarrina community and work in partnership with RaRMs Doctors surgery, Local Health Service, Primary Health Network and other health related organisations.

The GP clinic located within BAMS continues to provide quality medical service and primary health care management through engagement of Locum GP's 5 days a week. Through providing a complete and professional service, clients not only receive comprehensive medical intervention and monitoring but they can also be closely managed to improve overall health outcomes for clients of the service.

The visiting GP's work closely with the Healthy for Life team who consciously coordinate adult and child health checks, which continues to be a beneficial tool in identifying and monitoring chronic disease throughout the Brewarrina and Outreach communities. The "Too Deadly for Diabetes Program" also continued and contribute to positive health outcomes through clients achieving significant weight loss results leading to decreased medication dosing and improving the overall management of diabetic and chronic disease symptoms.

Coordination of several immunisation clinics where implemented to increase the uptake of the flu vaccine particularly with the onset of Covid 19 in the beginning of 2020. Covid 19 pandemic also saw the need to adapt practice standards to abide by NSW Health restrictions and guidelines. Staff where flexible in adopting pre-screening measure, promoting social distancing, deep cleaning and frequent use of hand washing and/or the use of hand sanitizer, all of which are becoming accepted as common practice.

BAMS provides an expert Optometry service in partnership with Brian Holden Vision and the Outback Eye Team where access to substantial equipment allows for the Optometry teams to deliver a high standard of care to individual clients, as well as providing follow up treatments and procedures, including fitting of spectacles as required. Other visiting specialist services at BAMS

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# Brewarrina Aboriginal Medical Service

ANNUAL REPORT 2019/2020



include Psychology intervention, Ear Nose and Throat Specialist, Drug and Alcohol Counselling, Podiatry, Women's Health and Sexual Health clinics. Unfortunately, the latter half of the reporting period saw visiting and Allied Health services disrupted and impacted through Covid 19 restrictions and precautions.

The inability for clinicians and health professionals to travel and community LEMC plans restricting access to remote communities saw many clinics cancelled for several months. Where possible telehealth services were substituted to provide a service and BAMS staff maintained physical contact with community members where possible. Community spirit was boosted through the distribution of welfare packs, children's activity packs and food parcels during the heightened period of restrictions.

I would like to wholeheartedly thank and congratulate the dedicated staff at BAMS for their ongoing diligence and commitment to ensuring the best possible health care has been maintained during a very challenge period. Sincere thanks is also extended to the WAMS CEO, WAMS Staff and the WAMS Directors for their continued support offered in my position. I look forward continuing to guide quality primary health care services to members of the Brewarrina and surrounding communities. Including providing professional support to the WAMS team.

**KATRINA WARD**  
**BAMS MANAGER**



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Funded by: Federal Dept of Social Services – National Indigenous Australians Agency  
NSW Health – Rural Doctors Network – Western NSW Primary Health Network



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**CHILDREN'S  
SERVICES**



## GOONIMOO MOBILE CHILDRENS SERVICE REPORT JULY 2019 TO JUNE 2020

### Introduction

Goonimoo Mobile Children's Service continued to provide a Playgroup service visiting small rural towns and isolated communities within the Walgett Shire. The program provided an Early Childhood Educational program in areas where access to other services is limited. Playgroup sessions fostered a play-based learning approach to build on Early Childhood Education and learning as well as role-modelling positive play techniques for children 0-5 years.

During this reporting period, the Child Injury Prevention Program also became a part of Goonimoo's services in August 2019. This project involves a community-led child injury prevention program in partnership between the Walgett Aboriginal Medical Service Ltd (WAMS), the Dharriwaa Elders Group, Walgett (DEG), the University of New South Wales (UNSW), Kidsafe NSW and the University of Wollongong.

One off Projects included funding from New South Wales Health for Drought funding under the Social and Emotional wellbeing grants that Goonimoo delivered a series of four (4) Movie sessions during January 2020 in partnerships with the local Sporting Club, Walgett Shire Council Youth development team and Mackillop Family Worker services. These sessions provided families and young children with an activity as a community to support each other from the worries of the impact of the drought and the extreme temperatures of summer. The Movies provided a cool place where families interacted and enjoyed a meal together.

All Goonimoo's face-to-face services were delivered from July 2019 until March 2020. From March to June 2020, all Goonimoo's playgroup services were suspended due to governing restrictions throughout the COVID-19 pandemic. In absence of face-to-face services Goonimoo developed at home, learning packs for families that were enrolled in Playgroup. These activities were delivered to families via postal and home visits

These activities were designed to meet Goonimoo's Funding KPIs and outcomes of assisting families with activities to role model Play, focusing on School readiness as well as promoting activities for parents/carers and children to engage together to promote positive nurturing relationships.

Goonimoo also continued to advocate the importance of safety through the Child Injury Prevention Program. Focusing on topics that relate to the home as planned from the yarning circles. This was presented in a way that provided parents with informative resources as well as fun activities to engage at home.

Funding for the programs is received from three (3) sources:

- Prime Minister and Cabinet - Locational Supported Playgroup
- Prime Minister and Cabinet - Community Support Programme.
- UNSW - The Australian Prevention Partnership Centre

Play sessions conducted at the following venues

- Collarenebri Preschool
- Collarenebri Central School
- Burren Junction Preschool
- Carinda Public School and Carinda Hall
- Euragai Goondi
- Walgett Community College Primary / Biraleegal Preschool Walgett



## WAMS Referral Services accessed

- Midwifery supporting Mums with antenatal appointments during play sessions
- Social and Emotional Wellbeing Program team for family support and positive behaviour techniques
- Exercise Physiologist and Dietitian for Nutrition Education as well as exercise programs tailored for parents and children.
- New Directions Mums and Bubs Nurse and Aboriginal Health Worker
- Healthy for Life team, Children's Health Checks
- Eye Health Referrals
- Oral Health – Dental team, Dental therapist – Information and check ups

## Referrals to Goonimoo

Referrals have been received from the Local Doctors, Aboriginal Health workers, Schools, Family and Community Services, Mackillop family worker services as well as Mission Australia.

All these children from referrals have been visited by the Programme within the existing Playgroups or through one-on-one home visits where Early Childhood Education has been delivered in a Play-based approach.

## Staffing

### **Children's Services Manager**

Amy Townsend

### **Early Childhood Educators**

Jade Thurston

Katie Shields

Cloe Dowell

Rebecca Cran

### **Child Injury Prevention Project Educator**

Tara Smith

## Community Development Activities

The Biggest Morning Tea - venue Carinda	Goonimoo Open Day
International Women's Day morning Tea	Dental Therapist Visit
Pyjama Day in the Park	Activities at the Walgett Library
Bulldust to Bitumen	Educators Day
Weekly engagement with Elders morning tea yarning circle at Playgroup on Fridays (Friends & Coffee)	Movie Days – January 2020 Drought Relief SEWB days
Reconciliation Week	Sorry Day
National Aboriginal Islander Children's Day	Christmas activities (Including Christmas Art and Craft, and Santa and his Elves) visiting Schools and Early Childhood Services within the community.
Assisting community with drought relief activities	Assistance supporting COVID-19 Care packs
Child Injury Prevention Pool day	Goonimoo Playgroup Open day
Grandparents recognition day	At home learning activities





## Professional Development

- First Aid for Early Childhood Education and Care and CPR update
- Community Early Learning Australia – Managing Risk
- Work health and Safety Training
- Fire Safety Awareness
- Team building
- Inclusive practices
- School readiness
- Mental Health First Aid
- Rhyme time training
- Lifeline Domestic Violence 2 day workshop
- ABSEC Aboriginal Child and Family Conference
- First Nations Peoples Early Childhood Conference
- Child Protection training
- Ongoing AMSED training
- Manager completing training in Leadership and Management
- Lady Gowrie Early Learning Centre visit

## Conclusion

Goonimoo has successfully delivered play sessions across the communities visited with additional services being offered to support families to give children a good start in life through improved early childhood development, care, education and school readiness that support children with successful transitions to school.

Given the operational circumstances during COVID-19 Goonimoo staff continued to reach out and support families during the trying times of despair where families were in isolation and battling with the changes and the lack of community connectedness.

Goonimoo were also fortunate that this provided opportunities for new families that connected with the Playgroup service and received additional support.

The feedback from children and families has been very positive therefore this has led Goonimoo to continue in building up its relationships with families and welcoming more and more families each year.

The team look forward to continuing to build strong community relationships with children, families and community members in promoting the importance of Early Childhood Education through a play-based approach and providing many resources and services that support families with Child Injury Prevention.

## **AMY TOWNSEND CHILDREN'S SERVICES MANAGER**



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**CHRONIC  
DISEASE**



## CHRONIC DISEASE TEAM REPORT JULY 2019 TO JUNE 2020

### Introduction

The Chronic Disease Team encompasses a range of services and continues to focus on the prevalence of Chronic Disease within the Community. The Team conducts various Programs to help identify those in the community who are at risk of having one or more Chronic Conditions. The team provides ongoing patient education, regular review and assessment, and Care Planning which facilitates referrals to other services to assist the people to achieve the best possible health outcome.

### Doctors

A range of Visiting Specialists conduct regular Clinics throughout the year, telehealth services are also available should the specialist not be available on-site. Regular Outreach Clinics are conducted to ensure that patients in outlying communities have access to the service. Health Check Programs are supported by GP's in the Clinic in conjunction with Visiting Locums.

### Transport

Patients are assisted with transport by our Aboriginal Outreach Worker for local appointments. Should transport be required for appointments in other regions this is available through the Clinic Transport Team.

### Programs

**HEALTHY FOR LIFE PROGRAM** provides services to the communities of Walgett, Namoi and Gingie. This team provides the planning and implementation of Health Assessments for Aboriginal people and assisting clients to access the Chronic Disease Programs. The team also conduct weekly visits to the Dharriwaa Elders Group for health monitoring and organising guest speakers on requested topics. Together with Ray Kelly, the team offer a "Too Deadly for Diabetes" Program where participants are supported in a journey to improving their health. Improved the community garden by working closely with DEG and UNSW, due to the current draught situation. H4L staff assist with visiting specialist visits and the school health checks.

**FAMILY CENTERED PRIMARY HEALTH CARE PROGRAM** delivers a GP and Chronic Disease Outreach service to the Goodooga and Pilliga communities. FCPHC outreach programs provides comprehensive and coordinated primary health care to Aboriginal and Torres Strait Islander people in rural and remote areas where mainstream services are limited. This service is supported by Visiting General Practitioners, nurses and health workers and is able to treat acute illnesses, assist in the management chronic illness, perform health assessments, and provides individual care planning for patients.

**DRUG AND ALCOHOL PROGRAM** Coordinator provides services to Walgett, Collarenebri and Brewarrina. This includes individual assessment, counselling, education sessions and health promotion activities.



**SOCIAL, EMOTIONAL WELLBEING PROGRAM (SEWB)** provides a Psychologist who offers culturally appropriate approaches to healing that are strength-based and empowering.

**DIETETIC AND EXERCISE PROGRAM** continues with twice weekly exercise groups for the community. They provide assessment and supervision for individuals with, or at risk of chronic disease and are available via GP referral. The team run a School Program, offering the use of the Exercise Therapy Room to School students with special needs requiring additional support to improve their exercise and wellbeing. The team also delivers an exercise program every fortnight at Orana Haven.

A regular Walking Group has been established and is open to anyone who would to participate. Weekly yoga sessions are also conducted in the CWA Hall. Over the warmer months the Community was able to participate in a Water Exercise Program that was conducted at the Walgett Pool. The Cardiac Rehabilitation Program continues to grow and is an important program within the Chronic Disease Building, now comprising two classes due to growth of numbers.

Cooking programs are also run in 6 week blocks, linking in with MacKillop Community Services.

**ABORIGINAL FAMILY HEALTH** Worker works collaboratively with local organizations to promote awareness of the impact of family violence on individuals, families and the community. The role also offers support and advocacy for those affected in addressing their health and legal needs.

**ABORIGINAL OUTREACH WORKER (AOW)** works independently in the community working alongside other WAMS services. The role includes encouraging and assisting clients to access WAMS and other Health Services and supporting the work of these services by providing home visits and transport. Client and family education is an integral part of the AOW role in regards to reasons for appointments.

**MEDICAL STUDENTS** completing their fifth year of study at the University of Western Sydney have the opportunity to do a five week student placement at WAMS. Students are given a broad range of experiences as they are rotated through the numerous services at WAMS.

## **Issues that have impacted on service delivery**

High Staff turnover and the difficulties experienced in successfully recruiting and retaining appropriately skilled staff was challenging and impeded service delivery. Instability within the Chronic Disease Manager Role negatively impacted the leadership and governance for the team.

In addition to this without the allocation of a permanent fulltime General Medical Practitioner to the Team, the ability to deliver a coordinated and seamless service is difficult. From May 2020, a rotation of WAMS' two permanent doctors on a week-on-week-off basis in the Chronic Disease Building began and has been positively received by staff and patients alike.

The COVID-19 pandemic has significantly impacted service delivery, from March-June 2020. It required the cancellation of many outside specialists and usual group activities. Alternate activities such as welfare checks, food and medication deliveries and telehealth consults were undertaken by staff in place of usual programs.



The resumption of most services began in June, with changes to the way services are delivered, including temperature testing, social distancing, wearing masks for patients, and caps on numbers for group activities. Specialists from 'hotspots' continue to be precluded and this will affect waiting lists in the future.

## Visiting Specialists

Dermatologist	Pediatrician	Podiatrist	Diabetes Educator
Optometrist	Physiotherapist	Occupational Therapist	Cardiologist
Speech Therapist	Ultrasound		

## Telehealth Clinics

Endocrinology Clinic      Cardiology – conducted by telehealth since April 2020 (due to COVID-19)

## Other Clinics

Sleep Apnoea Clinic      Chronic Disease GP (from May 2020)

## Community Participation and Health Promotion Events

RU OK Day	ANZAC	NAIDOC	Meals on Wheels
Flu Clinics – Gingie, Naomi, Police, Council	FPNSW Cervical Screening	International Children's Day	International Women's Day
Breakfast Club	Beat the Heat	School Sports	Council events
Breast Cancer Morning Tea	ECAV Strong Aboriginal Men	Child Care Restraint Information and Inspection Day	Food safety for vulnerable people

## Health Check Programs

School- St Josephs	School – Primary campus	School – Secondary campus	Women's – Walgett and Goodooga
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## Meetings – Internal

All staff and CD staff/daily (COVID 19)	Managers/weekly (COVID 19)	Senior personnel/monthly
Staff/monthly	WH&S/monthly	Quality/quarterly

## Meetings – external

Suicide Prevention	White Ribbon	Interagency	Multi- Purpose Services
Schools	Family Planning NSW	AHMRC	LEMIC (since March)



## **Professional Development**

An internal in-service calendar is an opportunity for staff to be updated with information on the latest medical, health and social related issues pertaining to their work roles.

Nursing and AHW staff need to obtain more support and training in the chronic disease management field to assist GP's with management plans. Further skills development in performing Health Checks is required. Work Instruction Processes for staff Accountabilities in Care Planning Processes and Health Checks need to be refined to maximise Medicare Revenue for the Organisation.

Ear health and wound care are additional areas for which nursing and AHW/AHP staff have requested training, on a background of community need. Succession planning for the Eye Health program has also been considered, with other staff undertaking training in using the retinal camera.

Staff undertaking their Cert IV in Aboriginal and Torres Strait Islander Primary Health Care need to keep up their clinical skills by rotating through the Chronic Disease Building clinic and be mentored by nurses. Some staff have progressed to be Aboriginal Health Practitioners which is a commendable achievement.

## **Staffing**

Danielle Allen	Chronic Disease Manager (ceased February 2020)
Shamie Saunders	Administration Team Leader
Alana Murray	Casual Receptionist (ceased October 2019)
Wayne Beddall	Healthy for Life Regional Coordinator /Acting CDM
Sonia Blair	Registered Nurse Healthy for Life - transferred to Clinic November 2019
Sharon Lowe	Registered Nurse FCPHC – locum (ceased May 2020)
Donald Morgan	Aboriginal Health Worker (ceased July 2019)
Melissa Haley	Aboriginal Health Worker (ceased September 2019)
Sophia Byers	Gardener - Euragai Goondi Community Garden (ceased April 2020)
Danielle Fletcher	Dual Qualified Dietitian/Exercise Scientist/Acting CDM
Annie Deane	Exercise Therapist
Debra Ricardi	Registered Nurse FCPHC– transferred to Clinic Nov 19 back to RN H4L 24 Feb 2020 and commenced RN – FCPHC May, 2020)
Melissa White	Aboriginal Health Worker
Loretta Weatherall	AHW Healthy for Life (commenced November 2019)
Marissa Walford	AHW FCPHC
Nichole Kennedy	Aboriginal Outreach Worker
Whitney Skuthorpe	Aboriginal Family Health worker (acting CPM – June 2020)
Kira Mackay	Registered Nurse FCPHC
Reg Rutene	Murdi Paaki Drug and Alcohol Network Coordinator
Ricco Lane	D & A Aboriginal Health Worker (ceased March 2020)
Jenny Hunt	Aboriginal Health Worker Eye Health
Carl Mason	Public Health Worker
Jake Gillies	Suicide Prevention Officer (ceased January 2020)
Rowena McDonald	Psychologist
Will Grech	Psychologist



## Projects and Research

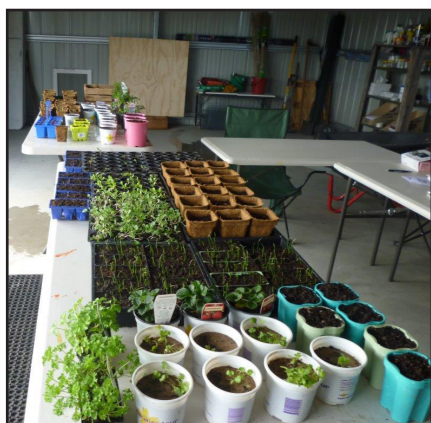
WAMS is working with both DEG and UNSW Impacting Engineer students to develop the local Community Garden. The project aims to deliver water security to the garden by installing 100 wicking beds, allowing for garden maintenance and increasing productivity in our drought stricken region. Working together to establish the garden will be important for food security, creating a community space and producing vegetable boxes for members of the community most in need. Stage 1 is currently in progress, with the garden site having been cleared in preparation for the initial 50 wicking boxes and feed expected in the coming weeks.

## Acknowledgement

The Team have faced a number of challenges throughout the year and there have been a number of staff changes. They are satisfied of the programs that they have delivered over the year and have demonstrated a commitment to health promotion by participating in community events. A number of the AHWs have received Practitioner status and they should be very proud of this achievement. Other AHWs continue to work toward this achievement.

Staff cohesion and willingness to adapt and be flexible to changing conditions and requirements due to COVID-19 has been commendable. The Team have shown professionalism and diligence in continuing to service the community.

## DANIELLE FLETCHER AND WAYNE BEDDALL ACTING CHRONIC DISEASE MANAGERS





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**CLINIC**





## CLINIC REPORT JULY 2019 TO JUNE 2020

### Introduction

The Clinic provides primary health, chronic disease management, dental, antenatal and postnatal care and ongoing care for mothers and babies via a multidisciplinary team, contractors and locums.

### Doctors

Dr Paige Darlington ceased employment at WAMS in December 2019. Dr Keith Gleeson was recruited as Senior Medical Officer in January 2020 and Dr Deborah Hough joined the WAMS team in March 2020. Our permanent GP's have also been supported by a pool of regular locum GP's. The COVID-19 pandemic and the subsequent travel restrictions has resulted in some of these regular locum GP's being unable to attend WAMS from interstate or known hotspots which has put pressure on the remaining GP's and the locum recruitment agencies to find suitable replacements.

From March 2020, many community members commenced teleconsultations with GP's as a way of reducing the risk of contracting COVID-19 if they were to come into the clinic.

### Pharmacy

The Unit is managed by the Senior Aboriginal Health Worker (SAHW). Any staff member who assists in the dispensing of medications must have achieved their Dispensary Assistant Certificate III through the Pharmacy Guild of Australia. Currently there is one staff member who has this qualification. Plans are being made to ensure more staff become qualified to assist with dispensary, however finding a somewhere for staff to undertake this training is proving difficult as the Walgett Pharmacy has not provided this service for some years.

### Transport

The team assists clients to attend out-of-town specialist appointments as far as Orange or Tamworth when clients are unable to transport themselves. Local transport ensures clients can attend appointments with any of WAMS services. By providing this service, WAMS is able to increase the accessibility of medical care for its clients. During the COVID-19 pandemic, out-of-town transport was ceased in an endeavour to keep our staff and community safe. Emergency local transport has been maintained throughout the pandemic.

The transport team teamed up with Walgett Pharmacy to deliver their blister packs to the community to reduce the amount of people having to leave their homes and therefore reducing the risk of exposure to COVID-19.

### Dental

WAMS has operated with locum Dentists during the year as attempts to recruit a permanent dentist continues. The dental clinic was most affected by COVID-19 as it was instructed to close for April and May. WAMS was able to operate with a locum Dentist for the first 2 weeks in June until the Therapist came the end of June.



The Dental Therapist visits three days a month to provide dental care to the children of Walgett. The team visits the local pre-schools and Walgett Primary School to continue their Teeth Brushing program and education. They also visit the Primary School on a monthly basis to provide screening and follow-up care and play an active role during health check weeks throughout the year. NSW Health response resulted in this service being ordered to close until the end of June. We are now also posed with the issue of the border closure between QLD and NSW impeding the Dental Therapist being able to attend.

## Clinic

The Senior Aboriginal Health Worker works with the Clinic Nurse to provide pathology collection, wound care, triage and physical observations for clients before they see the doctor. Our long-term Clinic Enrolled Nurse left WAMS in January 2020. WAMS was able to fill this position internally.

WAMS clinic underwent its three yearly accreditation in October 2019 through Quality Practice Accreditation (QPA) to which it passed with no non-conformities.

Clinic processes were changed significantly from March 2020 due to the COVID-19 pandemic. This included screening patients over the phone when they were booking appointments, screening patients at the front door prior to entering the building, and setting up increased infection control procedures to deal with potentially infectious patients. The clinic commenced closing its doors at 4.00pm to allow time for extra and thorough cleaning to be completed at the end of each day.

## Midwifery – Aboriginal Maternal Infant Health Services (AMIHS)

The Community Midwife and Aboriginal Health Worker provide antenatal and postnatal care at home and at the clinic. The team consult with the Dubbo Obstetric Department or chosen place of birth, as well as work with GP's in a shared care arrangement. This service was also severely affected due to the COVID-19 pandemic, and was reduced to only providing emergency transport. The AMIHS team moved over to the Chronic Disease Building at the commencement of the COVID-19 pandemic to help protect vulnerable pregnant women and their babies from the increased risk of COVID-19 in the clinic building.

## Collarenebri

The Aboriginal Health Worker (AHW) works in Collarenebri four days a week, and in Walgett the other day. The AHW assists with healthcare within the MPS and Doctors Surgery in Collarenebri in a partnership arrangement. They also coordinate multiple visiting services and liaises with the schools to ensure appropriate screening and treatment is carried out at the preschool, primary and high schools. The AHW is also very involved with many community events within Collarenebri promoting WAMS services. During the pandemic, the AHW did not come to Walgett for their one day a week to ensure that the Collarenebri team had adequate staffing to assist in keeping the community as safe as possible.

## Mothers & Babies

WAMS recruited a Child Family Health Nurse in August 2019 on a permanent part-time basis providing developmental milestone assessments, education, breastfeeding support, and



immunisations to children aged 5 and under, and support to mothers/carers. They also coordinated the 2020 influenza vaccination program. The CFHN provides outreach to Collarenebri, Goodooga and the Walgett MPS.

## Students

Fifth year medical student placements from the University of Western Sydney continue to be placed at WAMS on a five week placement throughout 2019 however due to the pandemic the 2020 placements were put on hold.

## Meetings – internal

Staff meetings	Clinic meetings	Quality Meetings
Dental Meetings	Supervision	WH&S
Case Conferencing	Planning meetings for local events at WAMS	Senior Personnel meetings
Medical student presentations		

## Meetings – external

Ministers	Walgett MPS	Community Care Collarenebri
Local leadership group	PHN	AHMRC
Out of Home Care	Funding Bodies	Cancer Council
Integrated Care Strategy	Child Protection/case conferencing	RDN
LEMC		

## Activities conducted

The following complementary programs were delivered to the community of Walgett:

- Oral Health Program (Walgett Community College – Primary)
- Oral Health Program (Walgett Pre-schools – screening)
- NAIDOC involvement
- International Children’s Day
- WAMS support Local Sports activities & Walgett Shire youth events
- Meals on Wheels
- Child Car Restraint information and inspection Day

## Issues that have impacted on service delivery

The COVID-19 pandemic has been the most significant challenge that WAMS and any health service has ever faced. Staff and services have had to pull together to get through such a challenging time.

Due to travel restrictions, social distancing measures and community safety, contractors have been unable to visit, transport has been unable to be provided, and services have been unable to operate. Telehealth and phone/video conferencing became the new norm,



and we have become very reliant of this technology which does pose its own challenges for clients and staff.

Despite having emergency supplies of PPE as part of WAMS' pandemic kit, this was not adequate to deal with the demand required given the frequency of use and national shortage of PPE. This all proved a challenge to ensure that we were providing safe and effective care, whilst still being mindful that PPE was in short supply.

A lot of WAMS clients are regularly being serviced by locums, which is not ideal for the continuity of care, however we have been lucky enough to have had two permanent GP's for the fourth quarter of this year and this has made a significant difference.

One staff member dispenses medications. Difficulty sourcing training, as Walgett Pharmacy is not an RTO.

## Professional Development

An internal in-service calendar is an opportunity for staff to be updated with information on the latest medical, health and social related issues pertaining to their work roles.

Nursing and AHW staff need to obtain more support and training in the chronic disease management field to assist GP's with management plans.

Staff undertaking their Cert IV in Aboriginal and Torres Strait Islander Primary Health Care need to keep up their clinical skills by rotating through the clinic and mentored by nurses.

The COVID-19 pandemic has shown us how important it is to maintain infection control standards and therefore all staff need to be vigilant in ensuring they keep up to date with infection control training.

## Staffing during the reporting period

- Paige Darlington General Practitioner (ceased December 2019)
- Dr Keith Gleeson Senior Medical Officer (commenced December, 2019)
- Dr Deborah Hough General Practitioner (commenced April, 2020)
- Jacqui Burke Clinic Practice Manager (on leave June, 2020)
- Phillip Dowse Senior Aboriginal Health Worker/Acting CPM (June 2020)
- Cherin Singh Endorsed Enrolled Nurse (ceased Dec 2019)
- Sonia Blair Registered Nurse – Clinic (ceased October, 2020)
- Kayla Thurston Team Leader – Dental Team Leader
- Sarah Dowse Dental Assistant
- Gail Kennedy Casual Dental Assistant
- Lynne Turner Dental Therapist
- Ashraf Nesirwan Oral Health Therapist
- Sue Jenkins Collarenebri Aboriginal Health Worker
- Arthur Murray Transport driver



- Richard Sharpley Transport Team Leader
- Deborah Russell Transport Driver (Casual)
- Kylee Tuhura Administration
- Emily Pitt Casual Receptionist
- Elisabeth Ineke Midwife AMIHS
- Selene Dennis AHW - AMIHS
- Cody Hatch NDMB Health Worker
- Belinda Woodham NDMB Register Nurse

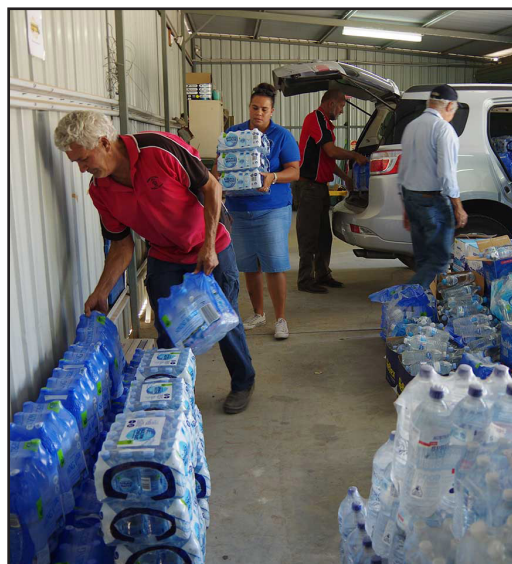
## Meetings

There have been many opportunities to work with local, regional and state-wide stakeholders during the year resulting in great relationships, additions to funding and an understanding of the complexities of the Aboriginal health sector. The COVID-19 pandemic required numerous local meetings of the Local Emergency Management Committee (LEMC) to develop a Local Pandemic Plan and ensure that all local services were providing services in a consistent and safe manner to protect our community.

## Acknowledgement

I would like to acknowledge the staff in the Clinic who have been a pleasure to work with. I have received multiple compliments from clients and health professionals alike regarding the care/service they receive and this comes down to the dedication of the staff to perform their duties in a professional manner. Everyone is willing to step in and help each other out as necessary. Without the staff, we would not be able to provide the quality and quantity of services required to meet the local need and the staff should be acknowledged for this. I took leave in June from this position and wish to thank Phillip Dowse for acting up during my absence.

## JACQUI BURKE CLINIC PRACTICE MANAGER



*Celebrating over 30 years of Service since 1986*

Funded by: Federal Dept of Social Services – National Indigenous Australians Agency  
NSW Health – Rural Doctors Network – Western NSW Primary Health Network



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**DENTAL**



## REPORT ON ORAL HEALTH PROGRAM JULY 2019 TO JUNE 2020

### Aims of the Dental Program

- To provide a culturally appropriate mix of dental health services to Aboriginal people who live in Walgett and surrounding areas
- To improve access to dental services for clients of WAMS
- To build an effective Dental workforce at WAMS
- To Work effectively with local partners in the provision of dental care

### Activities

#### Impact of COVID-19

WAMS has continued to provide oral health services to the people of Walgett and surrounding areas. It provides dental care to Aboriginal and non-Aboriginal people.

The situation since March 2020 has been very challenging due to the impact of the COVID-19 pandemic. The dental clinic was closed from March to May, with dental staff redeployed in other programs at WAMS.

The Dental Consultant provided regular updates for dental management during COVID times including patient and clinic management, and relevant infection control practices. She attended regular Community of Practice meetings established by NSW Health, and accessed pertinent webinars and information provided by the Australian Dental Association (ADA), as well as researching published literature.

As restrictions eased, the dental clinic opened again on 1 June, practising with enhanced protocols according to NSW Health and ADA Guidelines. During this financial year, WAMS engaged the following dentists for a total of 21 weeks:

Dr Michael Prochazka	1-12 July, 25 Nov - 6 Dec, 20-24 Jan, 2-13 Feb
Dr Peter Hill	15-26 July, 17-28 Feb, 1-12 June
Dr Tim Baker	23 Sept - 4 Oct
Dr Gari Watson	28 Oct - 15 Nov
Dr Sheela Sampath	14-18 Oct
Dr Steve Hill	9-20 Dec

We employ an Oral Health Therapist on a part time basis to provide ongoing care and preventive advice to children and their families. Mr Ashraf Nesirwan works at WAMS 3 days per month, however this schedule was also disrupted due to the COVID-19 pandemic.

Mr Ashraf Nesirwan	8-10 July, 26-28 Aug, 23-26 Sept, 28-20 Oct, 25-28 Nov, 9-11 Dec, 13-15 Jan, 24-26 Feb, 16-18 March, 27-29 April
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WAMS engages the services of Mr Alex de Matos a Dental Prosthetist on a sessional basis to provide dentures to people on the waiting list. In total Alex provided 3 days per week for 5 weeks.



Mr Alex de Matos

4-16 Oct, 11-13 Nov, 13-15 Jan, 10-12 Feb, 9-11 March

We are very appreciative to these dental professionals for their commitment to our dental program and their enthusiasm for the organisation and the community. We now have a combined dental team that can provide the best care for the various groups, i.e for children, denture needs, and general dentistry.

We are most grateful to Ms Jenni Floyd, Area Program Manager for Oral Health, Western NSW Local Health District, and to the staff at the Dubbo Community Dental Clinic, who have supported WAMS through funding and staff support.

Recruitment of Dental professionals in rural and remote areas is a national problem, and WAMS continues to be supported by a group of interested Dental professionals who are willing to commit to regular visits to Walgett. WAMS also utilises other avenues of recruitment support such as linking in to professional networks to expand the pool of available and appropriate dental practitioners.

### Performance Measures

In March 2019 WAMS introduced Titanium dental practice management software, funded by the Centre for Oral Health Strategy. Due to the redundancy of OASIS and settling-in issues with Titanium it is not possible to present performance measures for the whole year 2018-2019. Data below are for the period March - June 2019.

The following services by Dentists

Service type	No. provided	No. patients	Service type	No. provided	No. patients
Examinations / Diagnostics incl Radiographs	424	218	Preventive	130	66
Periodontal Treatments	11	8	Tooth Extractions	193	101
Restorations	218	97	Endodontic	15	7
Dentures	11	8	Medications	72	64

The following services by the Oral Health Therapist

Service type	No. provided	No. patients	Service type	No. provided	No. patients
Examinations / Diagnostics incl radiographs	459	262	Preventive	531	201
Restorations	109	48	Tooth Extractions	38	28





Endodontic	12	7		
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Dental practitioners endeavour to practise preventive care and try to restore teeth rather than extracting them. However, the history of dental care seeking behaviour is weighted heavily towards relief of pain and associated tooth extraction/s.

The preventive approach adopted for the child dental program is resulting in fewer extraction cases, with a greater emphasis on restoring and preserving teeth.

### Dental Practice Accreditation

WAMS was successful in renewing its Dental Practice Accreditation with the National Safety and Quality Health Service (NSQHS) in November 2019, on the first submission. The Accreditation is valid until 14 November 2022. This demonstrates WAMS dental team's dedication, team work and a commitment to continuous quality improvement.

### Child Dental Program

With the regular visits by WAMS Oral Health Therapists, WAMS can focus more on preventive programs for preschool and school aged children. WAMS dental team utilises the mobile dental drills to do simple techniques such as fluoride applications and decay treatments at the schools.

The activities include regular screening and prioritising for dental care, implementing a Fluoride varnish application program for under 5's at high risk of dental decay, and supporting school based toothbrushing programs, as well as working with young mothers and carers.

### School Tooth brushing Program

The school based tooth brushing program continues to run at the Koolyangarra and Birraleegal preschools, and at Walgett Community College Primary School. The school tooth brushing program is enthusiastically supported by the staff of the schools.

The Dental Team visits the schools regularly to monitor the program and provide ongoing support. Staff also visit preschools to work with staff and parents on improvement of oral health.

### Coordination with Health Check Programs

The dental team is an integral part of the Health Checks organised by WAMS. These have been run for women, men, pre-schoolers, primary school and high school children. The Team provides a dental check, appropriate dental advice, and organises prioritised referrals for those requiring further care.

The Team participated in the following checks: Walgett High School, Walgett Public School, Birraleegal and Koolyangarra pre-schools.

### Further Oral Health Promotion Activities

Dental staff provided information about dental care and services at WAMS and distributed oral health care kits during NAIDOC week, at the Walgett Show, and at Grawin. They provided oral health sessions to mothers and babies groups, antenatal groups and playgroups, and Elders groups where they provided advice on oral hygiene



and diet. The team is proactive with community education and acknowledge the importance of good oral hygiene messages 'getting out to the public'

### Medicare Child Dental Benefits Schedule (CDBS)

The Dental continues to receive funding from the CDBS for eligible children - under the age of 18 and on Family Tax Benefit A, with an allocation of \$1000 per 2 years for service item numbers.

### Staff training and Support

Staff members, Kayla Thurston and Sarah Dowse have enrolled in the Certificate 4 in Dental Radiography at OTEN. The dental and other health staff attended an Infection Prevention and Control update training session in November, an accredited program conducted by the Dental Assistants Professional Association.

### Consultation and Co-operation

The Dental Consultant continues to support the program in offering best practice dental care to the community serviced by WAMS. The Consultant works actively to recruit and support Dentists, support local staff, and ensure adherence to adequate practice management and reporting procedures. The Directors and staff are extremely grateful for the support the Consultant has provided to promote and recruit resources for the Dental Clinic.

The Western NSW Local Health District provides ongoing support for the WAMS dental program, and there are good referral procedures between WAMS and the Western NSW Local Health District dental clinics, for oral surgery and orthodontic cases. WAMS also has a good communication and referral network with private Dentists in Dubbo.

### Conclusion

WAMS has managed to provide dental care to Walgett and nearby communities, with an increasing emphasis on preventative dental care, and adherence to best practice clinical management, despite ongoing issues with recruitment of appropriate personnel. Acknowledgment must be given to the local dental team in Walgett who continue to demonstrate professionalism and a commitment to best practice dental care.

### Dr SANDRA MEIHUBERS AM DENTAL CONSULTANT





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**DHARRIWAA  
ELDERS GROUP**



At the end of Nov 2019 DEG & Walgett Aboriginal Medical Service convened a group of Yuwaya Ngarra-li collaborators and helpful agencies to provide advice as we proceed our Food & Water for Life project. With mounting drought & climate concerns, and after April's Yuwaya Ngarrali Walgett Food Forum & the June 1999 supermarket fire, we were determined to be water-efficient & ensure our community eats better, more locally grown food. UNSW partners from the Sydney Yuwaya Ngarrali team, including Jacqui Webster from the George Institute and Greg Leslie from the Global Water Institute and UNSW Impact Engineer students joined DEG staff from Walgett's Yuwaya Ngarrali team, directors & staff from DEG & Walgett AMS. While together we work on various town water & food matters with Council, Jessica Spencer NSW Regional Aboriginal Environmental Health Project Officer, Luke Farr, gardener Walgett Community College & Walgett's IGA, TAFE and public schools. We agreed on governance for Yuwaya Ngarrali's Food & Water for Life Working Group and made plans for undertaking a community food project incorporating a more productive and water efficient community garden,



Above: The Walgett Food and Water for Life Working Group physically meeting in the days pre-Covid 19 in the Walgett AMS.

## Food and Water for Life Working Group



Left: Collaborators from UNSW, WAMS and DEG discuss a test garden bed that wicks moisture from a reservoir. The students trialed this water-efficient system at the request of WAMS gardener Sophia Byers who we thank for her generosity and commitment.



Above: DEG & WAMS Chairs with UNSW Greg Leslie meet to discuss current town water emergency – bores not productive enough & firefighting water.



Above: In June 2020 one of Walgett's Food and Water For Life projects began. DEG received financial assistance from the NSW Govt through its "Increasing Climate Change Resilience" program and this was added to by philanthropic funds from the UNSW Philanthropy and volunteer contributions from UNSW Impact Engineer students. The project will install 48 new water-efficient garden beds and shade structures so that the Walgett AMS Community Garden's output will be increased, & more water efficient.

Right: Thanks to a financial contribution from UNSW Global Water Institute, SMK Surveyors surveyed the Walgett AMS Community Garden at the end of June 2020 - the first step in DEG's Yuwaya Ngarrali Water Efficient Community Garden project being undertaken by [Walgett AMS](#) with [UNSW Impact Engineers](#).



Below: DEG's Speaker Clem Dodd in the temporary & limited IGA store that opened months after IGA was lost.

## Food & Water 4 Life projects



Left: a meeting at DEG with James McTavish, Ashley Albury, Christine Corby OAM and Bill Kennedy to work for the Reverse osmosis system for Walgett. Both organisations made a statement 14 Aug 2019 regarding our work towards improving Walgett's drinking water in Yuwaya Ngarrali partnership with UNSW experts.



In response to Minister Wyatt's media statement "Securing the essentials for remote communities" 8 April 2020 DEG announced that with the Walgett Food and Water For Life Working Group "we look forward to shifting some food systems that do not serve us".