Nganampa Health Council

Annual Report 2011

Nganampa Health Council is an Anangu controlled community health organisation delivering comprehensive Primary Health Care to all Anangu resident or visiting the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. It aims to improve the health status of Anangu through the provision of high quality clinical and preventative health care services delivered in culturally appropriate ways.

Nganampa Health Council Annual Report 2011

Contents

Photography
Cyndi Cole and other staff.

Acknowledgement
Thank you to all the staff who contributed to this report through articles, photos, production and distribution.

Contact details
Nganampa Health Council
PO Box 2232
Alice Springs NT 0871

Phone
08 8952 5300

Fax
08 8952 2299

Website
www.nganampahealth.com.au

Facebook
You can now follow us on Facebook.

Design & Layout
Pauline Clack Designs

If you wish to receive paper or pdf Annual Reports, email brenda.masters@palya.org.au

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

This item has been produced using a Clean Green Print process which means all the processes involved with the manufacture of this item are guaranteed to have minimum impact on the environment. For more information on this initiative, please visit www.cleangreenprint.com
Printed by Print Bound Pty Ltd

Management Report

Jamie Nyaningu Chair of the Board
John Singer Executive Director
Paul Torzillo Medical Director
David Busuttil Health Services Manager

The Board met on eight occasions during 2011 and continued to maintain an oversight of key strategic and operational issues. A new three year Strategic Plan was approved, reflecting the diverse and complex nature of the challenges and opportunities confronting the Health Council in the coming years. Managing risk and identifying and tracking appropriate continuous quality improvement processes has become increasingly important in an environment of increasing regulation and public scrutiny of Aboriginal health organisations.

Nganampa Health Council's clinical services are due for reaccreditation in 2012 and, through a separate process, the Aged Care Program will be subject for the first time to accreditation as part of a national quality framework for flexible Aboriginal aged care services. The Board is planning to ensure that the organisation is well prepared for these events.

The Board welcomed two new members during 2011, Ms De Rose from Iwantja community and Mr Schilling from Mimili community. A formal presentation was made to Mr Peter DeRose, outgoing Anangu Public Health Officer, in recognition of his long and valuable service.

Mr John Singer, Executive Director, continued his work as a South Australian representative on the National Aboriginal Community Controlled Health Organisation Board, on the Aboriginal Health Council of South Australia Board, and as a ministerial appointee on the South Australian Health Performance Council, as well as actively participating in the new National Aboriginal Congress. The Medical Director Paul Torzillo continued his work as a ministerial appointee to the National Indigenous Health Equality Council.

During 2011, the Health Council entered into a five-year capacity development partnership with The Fred Hollows Foundation, with an emphasis on improving coordinated care for adults with chronic illness, the timely eye health review and follow up of clients and maintaining high quality maternal and child health services. A particular emphasis of this outcomes focussed partnership is to ensure that the work of the Health Council's Medical Officers is more securely embedded in supportive administrative and clinical systems that thereby enhance their capacity to 'value add' to clinical care. This project is closely monitoring the revenue raising capacity of the Health Council through Medicare billing and the Health Council's capacity to self-fund the project beyond the life of the existing partnership arrangements.

Through a grant from the Rural Doctors Workforce Agency, the Health Council has employed a Chronic Disease Program Manager to oversee our chronic disease management work including coordinating and assisting with some specialist visits. This position has resulted in a significant increase in the number of completed adult health checks and management plans. For example, 285 adult health checks were completed in 2010/2011 compared with only 46 two years earlier. The Health Council will report in detail on this important work in the next annual report.

During the year, the Health Council was awarded funding through the Department of Health and Ageing Health and Hospitals Fund to construct four additional nurse houses on the APY Lands. This project will proceed during 2012 under the Board's direction and on the advice of its Capital Works Program Manager, Mr Paul Pholeros. Housing for additional Aged Care Program staff, including a Registered Nurse and Personal Care Assistants, is currently nearing completion at Pukatja community. The Health Council secured additional rental office space at its Wilkinson Street campus in Alice Springs allowing for the consolidation of its professional staff team there.

The poor quality and unreliability of essential services on the APY Lands continues to be a focus of lobbying with the South Australian State Government. Of particular concern is the absence of any formal system in communities for monitoring and reporting on the safety of airstrips. Despite lobbying vigorously about this issue over the past fifteen years, the Health Council believes that the current arrangements to provide for the inspection and reporting on airstrips are less satisfactory than at any time since the early 1990s, exposing Health Council staff and patients to unacceptable levels of risk. Due to frequent and sometimes lengthy interruptions to power supply at some communities on the APY Lands, the Board has commissioned a study into options for back up electricity supply at clinics, offices and the aged care facility.

With funding from the National Rural and Remote Health Infrastructure Program, the Health Council was able to commission a new mobile dental surgery. The Health Council acknowledges the support of the South Australian Dental Service in the planning and equipping of the new surgery that provides a more reliable oral health outreach service across the APY Lands. The new surgery affords a level of comfort, safety and quality of care well in advance of that previously available. The Hon Warren Snowdon, Minister for Indigenous Health, officially opened the mobile dental surgery at Pukatja in July.

The Board and management team wish to thank all of the staff for their contributions throughout 2011, including a number of administrative and clinical staff that operate largely off site or in a fly in/fly out capacity. The Board will continue to canvas innovative and flexible employment arrangements into the future so as to retain the best possible expertise and technical support in the delivery of high quality comprehensive primary health care services to its Anangu members on the APY Lands.

UPK Uwankara Palyanyku Kanyintjaku: A Strategy for Well Being

Stephan Rainow
Public Health Officer

Overview

The UPK Strategy has always been to secure the physical environment within which people can make healthy life choices. This requires inputs from all levels of government to, for example, agree on responsibilities for the provision of essential services and infrastructure or ensure the provision of essential services such as power, sewage, water and roads alongside new housing construction. Unfortunately governments' capacity for forward planning and coordination has often been far from optimal resulting in families being unable to carry out the Healthy Living Practices (enshrined in the National Partnership Agreements) essential to promoting their health and well being. State governments and the Australian government continue to debate funding and program outcome responsibility in areas such as waste management, maintenance of roads and the upgrading of water and wastewater systems. This leads in turn to serious service delivery and infrastructure deficits and gaps that impact negatively on public and population health.

Environmental Health Workers

Funded primarily by SA Housing during the 2010/2011 financial year the scope of the program has remained broad, flexible and responsive to local demands. Two teams of Environmental Health Workers (EHW) operate across the APY Lands and over the past twelve months have carried out the following works program:

Non-trade repairs [housing]	298
Yards slashed [fire management]	157
Rubbish removed	108
Dog health	63
House / gutters cleaned	16
Door furniture repairs	77
Sanitary drainage repairs	47
Temperature control	64

This is not an all inclusive list as there were many other jobs undertaken e.g. firewood collection, cemetery work, providing assistance to the SA Health Environmental Health Officers and housing contractors, and installing bin stands. The program has proven to be popular with many requests from local people seeking employment.

The Environmental Health Workers had the opportunity to undertake pest control training under the ACAAP program with the Australian Defence Force. Three Pukatja men graduated from an army environmental health course with the possibility of employment once funds become available from SA Health.

This year saw the resignation of Peter De Rose who worked for eight years as the Anangu Public Health Officer. I would like to thank Peter for his long-term commitment and the diligence and expertise he bought to the role. The Board made a special presentation to Peter in acknowledgement of his long and important contribution to the organisation as a whole and to the UPK Program in particular.

Dog Health

FaHCSIA continues to fund this program. Dr Robert Irving together with the EHWs provide the necessary services. Over the last 12 months they have put out 2,952 parasitic control baits, delivered 508 fertility control injections and removed 380 dogs from the overall dog population.

Since 2003 over 12,341 parasitic control baits have been fed to the dogs, 1,873 fertility control injections applied and over 2,250 dogs put down. The program continues to attract a high level of direction, interest and compliance from community members. Dr Robert Irving has been servicing the APY Lands on a continual basis since 1996. This outstanding program has been reliant on the continuity of his expertise and commitment. Fortunately, Robert continues to find his involvement personally rewarding and challenging.

Food Security

It is concerning that after ten years of successful work, governments remain reluctant to fund the Mai Wiru Regional Stores Aboriginal Corporation. This is especially so given that Mai Wiru is an excellent example of community driven policy and program development and implementation. With very high levels of Anangu engagement and direction, Mai Wiru remains critical to ensuring food security on the APY Lands.

The Health Council continues to participate in the governance arrangements of the Mai Wiru Incorporation, provide expert advice and advocacy where requested, and participate in fora that aim to develop state and federal food security policies and strategies.

Climate Impacts

Over the last 12 months the APY Lands has experienced major rain events resulting in local flooding affecting the clinic and aged care facility at Pukatja and staff housing at Pipalyatjara. Mike Last was contracted to assess what is required to mitigate flooding at these sites. He worked with the EHWs and produced flood mitigation plans that are being implemented with support from the EHWs.

Another outcome of the high rainfall has been an extreme build-up of fuel loads in the form of buffel grass, posing a significant fire threat. The EHWs have reduced fuel loads through a slashing program.

Communications

Good public health outcomes rely heavily on good management. This is underpinned by all Anangu having access to relevant information necessary for decisions to be made in a participatory and inclusive fashion. The reintroduction of the HF Radio system on the APY Lands will promote participation and inclusion in decision-making. Mike Last conducted a feasibility study and the Health Council was successful in attracting funds from both FaHSCIA and DPC/AARD on behalf of APY Land Council. Installation will take place in the coming financial year.

Clinical Services

Vivien Hammond, Clinical Services Manager

All clinics continue to deliver high quality primary health care services and respond to acute health needs of the population. As systems for the management of chronic illness improve, clinic staff work hard to manage the consequent increasing workloads.

Program Work and Primary Health Care

Clinics in the larger communities struggle to maintain clinical surveillance activities associated with program work. Attempts to meet the workforce demands in this regard have been made by Program Coordinators and locum nurses with specific skill sets employed to assist with 'catch up'. Improving the clinical surveillance activities in the clinics will continue to be a focus for clinical staff in this coming year.

Program Coordinators continue to refine the necessary screening activities to detect and monitor key indicators for health improvement, chronic illness and prophylactic interventions.

Communicare continues to provide benefits from the improved opportunities it offers for continuity of care since secure and ready access to patient information by Medical Officers, Program Coordinators and clinic teams is assured at all times and from any location.

Clinics

Clinic staff have worked hard to provide the best possible health care to Anangu throughout the year. Locum nurses have filled permanent nurse vacancies and leave periods in clinics during the year. These nurses, many of who are new to remote area nursing have worked hard to acclimatise to the remote and primary health care environment and meet the needs of the community. There were a total of 103 separate locum contracts offered this year to a total of 57 individuals, totalling 390 weeks of nurse locum employment.

Clinical Education

On Friday 26th August the Australasian College of Emergency Nurses (ACEN) ran the first Paediatric International Trauma Life Support course. Eight nurses successfully completed the course. On the following weekend fourteen nurses successfully completed the Trauma Nursing Core Course.

Online Occupational Health and Safety and basic clinical theory update training courses have been used to supplement off site training so as to minimise the amount of time nurses are away from the clinic. Regular Communicare and Program online workshops and teleconferences continued throughout the year. Program Coordinators visit clinics and provide support by phone throughout the year.

Nurses continue to maintain and frequently exceed the 20 CPD points required to meet annual national registration requirements. NHC clinical education activities are endorsed through the Royal College of Nursing, Australia (RCNA).

Visiting Specialist Services

Visiting specialist services include a paediatrician and paediatric nursing consultant, adult physician, audiologists, podiatrists, ophthalmologists, optometrists and adult psychiatrists. Significant administrative and clinical resources are provided by the Health Council to facilitate these visits so that the specialists can work effectively and efficiently. Dedicated nursing services to support specialist visits and ensure follow up and timely referral are now an important component of the Health Council's work.

Since nearly all tertiary level care must be accessed from off the APY Lands at great distance, timely and appropriate access to these services is critical to effective and coordinated care.

The Fred Hollows Foundation Partnership Project

The Fred Hollows Foundation
www.hollows.org

Nganampa Health Council has entered into a five-year capacity development partnership with The Fred Hollows Foundation.

This project, going through to the end of 2014, will track the Health Council's performance against some headline outputs in relation to chronic illness management, child growth monitoring, antenatal care, child immunisation, supplementary nutritional intervention for children with growth failure, and ophthalmology visit coverage and follow up.

A particular emphasis of this outcomes focussed partnership is to ensure that the work of the Health Council's Medical Officers is more securely embedded in supportive administrative and clinical systems that thereby enhance their capacity to 'value add' to clinical care.

The project aligns with The Fred Hollows Foundation's Strategic Framework objective that The Foundation should be an effective partner, facilitator and contributor to collaborative action and advocacy that is delivering measurable improvements to Indigenous health. The Fred Hollows Foundation and Nganampa Health Council are working together to test and document effective models of care so as to advocate for systems reform and develop the evidence base for more effective national health policy and practice.

Whilst working to improve selected health outcomes for Anangu, the project will document the 'critical mass' required at the service delivery end to 'close the gap' in indigenous health inequality in remote Australia as well as documenting the extent to which additional resourcing in the project is sustainable through Medicare billing.

The Health Council reports six monthly to The Fred Hollows Foundation against agreed outputs and a joint Project Management Committee will oversight the project, including arrangements for both formative and summative evaluation.

Anangu Health Worker Education Program

Cyndi Cole and Jennifer Summerfield

Anangu Health Worker education continues to be delivered regularly in modular form at Umuwa training centre. Additionally, we visit clinics to work with new Anangu Health Workers (AHWs) within the first month of their commencement and with other AHWs at least three times a year.

Program activity highlights for the past year were:

Two AHWs, Louise Tucker and Jennifer Summerfield, completed HLT33207 Certificate III in Aboriginal and Torres Strait Islander Primary Health Care. Their graduation ceremony was held at the Annual General Meeting in November 2010.

Five Senior AHWs completed the Workplace Training and Assessment course TAE40110. This was delivered by Graham Williams from the Aboriginal Health Council of South Australia (AHCSA) on the APY Lands with the support of Nganampa Health trainers. The graduates were Dianne Strangways, Mary Willis, Jennifer Summerfield, Louise Tucker and Pantjiti Lewis. This will enable them to act as mentors to other AHWs and assist Cyndi with on the job training and assessment in the future.

The Program remains accredited as a Registered Training Organisation until 2013 in the delivery of Certificate 2, 3, and 4 in Aboriginal Primary Health Care.

Consultant trainer Yvonne Slater continues to work with us intermittently undertaking one on one training with AHWs in clinics. We hope to locate further funding so we can continue this on an ongoing basis as it allows extra support and training to occur through short intensives.

The Program delivers Senior First Aid Courses under the auspices of Australian Red Cross and Cyndi maintains registration as an external trainer with them.

The Program maintains membership in the national network of Aboriginal and Torres Strait Islander Registered Training Organisations. This ensures that the Health Council can participate in national industry discussions, policy developments and networks.

In conjunction with the Australian College of Nurses we delivered a short course to eleven AHWs in three clinics on basic life support and emergency first aid. All students passed their individual and group assessments.

Cultural Orientation

Pantjiti Lewis, Angkuna Tjitayi, Jennifer Summerfield, Robin Kankanpankatja, Iwana Ken, Antjala Robin and Cyndi Cole

The Health Council delivered another successful two day cultural orientation for new non Ananngu staff and family members.

On the first day, participants learnt about the history of the APY Lands and the various Ananngu organisations, about good manners Ananngu way and negotiating cultural differences, and received an introduction to Pitjantjatjara language.

Participants then travelled to a camping spot near Fregon. The night was eventful, surrounded by dingoes, many friendly mice and almost as many owls hunting the mice! The next day was spent out bush with Tjilpi Robin, Antjala Robin and Iwana Ken travelling throughout Robin's country and learning a little about the bush, bush foods and traditional life.

Comments from some of the participants were:

'I really loved Robin showing us the bush animal tracks.'

'Camping under the stars in such beautiful country was great. I felt so privileged to share in Ananngu stories'.

'Tjilpi Robin, Antjala and Iwana were amazing and I enjoyed listening to their stories as we travelled through their country. It helped me to understand a little the importance of country.'

'Iwana makes the best damper'.

Child Health Nutrition, Education and Support

Judy Torzillo

This program continues to assist mothers and carers to improve growth outcomes for children from 0-5 years of age and in particular for children who are failing to thrive.

Children are referred to Alice Springs by our clinic staff and stay at Stuart Lodge with their carer where we assess any nutritional or other issues which are impacting on growth so as to develop an intervention strategy.

We continue to ensure a coordinated approach to providing support to our clients. We work closely with the medical and clinic staff, the Health Council's Social Workers, Mental Health Practitioners, Women's Health team, Hospital Liaison and NPYWC Nutrition team. We have been able to access some specialist services and equipment for our clients who have special needs through the South Australian Novita team and the NT Early Intervention team.

We are fortunate to continue to have the expertise of Carmel Hattch on the nutrition team who also assists with coordination of specialist services and follow-up for children on the APY Lands.

As part of the child health team we have regular monthly online meetings utilising Communicare to monitor progress of all children who are on Growth Assessment Action plans.

Dental Program

Sandra Meihubers, Program Advisor and Simon Wooley, Dentist

- **NHC Dental Program established 1986**
- **Continuity of clinical dental services for 25 years**
- **Prevention focus has seen a decrease in tooth extractions for children**
- **New mobile surgery commenced services this year**

The Dental Program continues to provide regular dental care in communities and homelands from its fixed clinics at Pukatja and Iwantja. This year saw the arrival of the new mobile surgery, with its predecessor finding a new home with Wurli Wurlinjang in Katherine. The new mobile surgery was funded through the Australian Government's National Rural and Remote Health Infrastructure Program.

Dr Simon Wooley continued as the Health Council's dentist for 2010/2011 and Prue Brandon, Jacqui Ide and Angie Caulfield provided dental assistance through the year.

The program was complemented by the dental team of the Army Aboriginal Community Assistance Program (AACAP) that operated from a base at Pukatja between May and August 2010. Eighty-four Ananngu accessed this service for general and emergency care, with twenty three receiving denture services. The efforts of dentist Captain Mike Lines and his team were greatly appreciated.

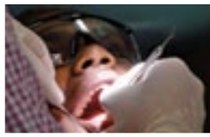
The following table summarises patient visits and the type of dental service provided by the program for the period July 2010 to June 2011 (excluding AACAP).

	Number for children	Number for adults
Individuals seen by dentist	328	227
Visits	380	277
Examinations	335	227
Emergency visits	6	94
Completed treatments	233	154
X-rays	12	133
Preventive services		
Oral hygiene instruction	259	197
Fluoride treatment	287	61
Fissure seals	368	105
Surgical services	1	145
Restorative services	501	88
Silver fluoride treatment	123	
Prosthetic services	-	Via AACAP (see text)

The program's continued emphasis on regular access to clinical dental care with a focus on prevention and early intervention strategies is reflected in data showing a decreasing trend in rates of emergency care for both adults and children compared to 2009/2010.

The program has been working with the Australian Research Centre for Population Oral Health (ARCPOH) to determine the effectiveness of silver fluoride in controlling dental caries in the deciduous ("baby") dentition compared with the use of the atraumatic restorative technique and glass ionomer cements. The study will also be conducted in communities in western New South Wales through Maari Ma Health Aboriginal Corporation.

We are grateful to SADS and the ARCPOH for their continuing support and particularly to Julian Ide the leader of the technical team at SADS, and Kaye Roberts-Thomson for their ongoing enthusiasm for the program. The ongoing invaluable collaboration of NT Health Flynn Drive Dental Clinic and staff, and particularly Dr Meg Simmons, is also gratefully acknowledged.



Child Health

Leila Kennett, Program Manager

The Health Council aims to improve child health outcomes through the delivery of immunisation, school-age health checks, growth monitoring in children less than 5 years of age and trachoma screening.

Program delivery is achieved through a range of strategies including health promotion, disease prevention and through surveillance and screening activities. These strategies focus on improving child health by facilitating early detection, treatment of problems identified and early intervention with appropriate referral to visiting specialist teams and tertiary services. I would like to thank all clinical staff for their hard work in achieving some excellent outcomes in the area of child health. Acknowledgment is given to Stewart Roper who was Acting Program Coordinator in late 2010 and early 2011 and continues to assist with various aspects of program work.

Program Work - Key Points in 2011

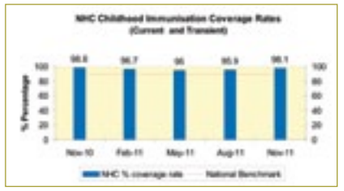
- Childhood immunisation coverage rates maintained well above the national benchmark.
- Childhood immunisation encounters reported to Australian Childhood Immunisation Register (ACIR) within 24 - 48 hrs.
- Increase in the proportion of Aboriginal and Torres Strait Islander (ATSI) Nurse Checks completed by age cohort to 65% (5yr), 93% (10yr), 84% (13yr).
- Increase in the number of completed and claimed ATSI Checks.
- Improved growth monitoring in children under 5 years of age.
- Trachoma screening has commenced, with emphasis on the 4 yr – 9 yr age group.

Immunisation

The Health Council continues to consistently perform above the 90% national benchmark criteria for childhood immunisation coverage rates. Using the 'Healthy For Life' criteria for reporting the proportion of children who are regular (current) clients of the service and were fully immunised up to 14/11/2011, it is possible to demonstrate the continuing excellent level of childhood immunisation coverage rates in all three reportable age ranges:

- 6 mo to < 1 yr: 100% immunised
- 1 yr to < 2 yr: 100% immunised
- 2 yr to < 7 yr: 100% immunised

The following graph illustrates the quarterly General Practice Immunisation Incentives (GPII) calculated childhood immunisation % coverage rates, and compares these rates with the national benchmark. These rates include current and transient clients, up to the age of 7 years.



Immunisation recalls are generated from Communicare. The clinical information system (CIS) facilitates the management of the immunisation needs for all clients. Real time remote access to Communicare, the NT Immunisation Register and the ACIR, enables access to the client's immunisation history, update of records and aims to reduce the likelihood of over immunisation, especially in those clients who frequently receive care across borders in the tri-state region.

All permanent nurses have either completed a vaccine provider's course or are currently enrolled in the NT 'About Giving Vaccines' Providers Course. In addition to Vivien Hammond and Leila Kennett, Registered Nurse (RN) Tara White from Pukatja Clinic has also completed the requirements as a 'Vaccine Assessor' and can now assess the practical component of the vaccine course.

Child Health Checks

The ATSI child health checks aim to improve the health status of children living on the APY Lands and work towards the prevention of chronic disease through the early detection, treatment and follow up of problems identified. Child health checks are managed in two parts:

- Registered Nurse/Aboriginal Health Worker check
- Doctor check

When both parts are combined, this constitutes a fully completed check and forms a comprehensive picture of the child's physiological and socioeconomic status.

Child health checks involve:

- Screening a specific target group (5 yr, 10 yr & 13 yr olds in the community)
- Offering and performing a number of screening tests
- Offering immediate treatment or follow-up by visiting specialists
- Appropriate referrals to tertiary health services
- Disease prevention (e.g. immunisation)
- Health education for the child and their family

There was an increase from the previous year in both the number and proportion of RN completed and fully completed child health checks in 2011. A combined total of 79% of RN checks were completed for eligible children in the designated age cohorts across the APY Lands. Of that group who had an RN check, 49% had a fully completed ATSI check.

The Communicare database operates in real time and is continually being updated with current information collected from child health surveillance and screening activities on children aged 0 – 14 years. Data is collected from a number of sources including the ATSI checks, child growth monitoring, Paediatric, Medical, Australian Hearing Service and Ophthalmology reviews. This information facilitates timely review and prioritised clinical care and the efficient management of resources.

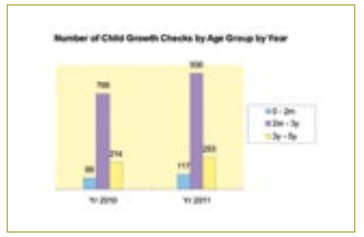
Growth Monitoring in the Under 5s

Growth monitoring and surveillance activities endeavour to strengthen and reorientate child health services towards strategies such as prevention, early detection and early intervention as initiatives to improve child health and wellbeing. Anangu Health Workers play an important role in growth monitoring and with cultural, family and social aspects of planning care.

Child growth checks conducted in children under 5 years of age is a surveillance activity primarily undertaken by clinical staff to monitor the child's growth and overall health and well-being. A component of this check is the early identification of a child who is 'failing to grow'. These children are followed up with a weekly Growth Action Plan to:

- Assess the nutritional status for individual children
- Detect 'at risk' children who need intervention
- Deliver key age appropriate nutritional messages
- Provide support and follow up for mothers and carers

As illustrated by the following graph, there has been an increase in 2011 over the previous year in the number of child growth checks performed in the under 5 age groups.



Regular reviews of child growth charts and management of child growth monitoring data available on the CIS has facilitated greater efficiency in identifying children at risk and in ensuring planning and follow up.

The Health Council vigilantly identifies any child who drops below their predicted growth curve, even if their weight is not markedly abnormal. At any time approximately 25 children might be assigned to a growth action plan. Some of these children will be underweight for age, often due to a multiplicity of factors and interventions are designed to respond to individual, usually complex, circumstances.

Children with severe or intractable growth failure are referred to the Child Health Team in Alice Springs. The Child Health Team provides intensive support in the areas of nutrition, education and training to mothers and carers. This team works closely with clinic staff, the Alice Springs Hospital, the Paediatric Team and the NPYWC Nutrition Workers. Children commenced on a growth action plan are routinely referred to the NPYWC child nutrition program. A Communicare template has been developed for the management of poor growth in children under 5 yrs of age. Regular meetings are held to review children on a growth action plan. This facilitates a more coordinated and responsive approach to children with complex needs.

Trachoma Screening (4 - 9 Years)

The World Health Organisation (WHO) has committed to Global Elimination of Trachoma by 2020. The Australian Government aims to eliminate blinding trachoma from Australia within the next 5 years. In October 2011, the Health Council commenced trachoma screening in children aged 4 – 9 years. Cate Coffey from CDC in Alice Springs provided a training session on Trachoma and screening techniques. To date, trachoma screening and follow-up has been conducted across most communities on the APY Lands and further screening will be conducted in early 2012.

This work will be reported on in detail in next year's annual report.

Women's Health

Robyn Pitt, Program Manager

The Women's Health Program strives to support the provision of the highest standard of clinical care and health promotion/education to women on the APY Lands. Staff orientation, support/mentoring and ongoing education form an important part of the work of the program. All clinical care delivered in women's health follows the guidelines described in the 4th edition Women's Business Manual (WBM). The strength of this program lies in a team approach to care, the support provided by the Program Manager and Outreach Midwife Heidi Crisp to front line Community Health Nurses, Anangu Health Workers and Medical Officers, and clarity and consistency regarding clinical care as prescribed in the WBM.

During the past year the program has managed the progress of forty-six pregnancies of women between the ages of sixteen and thirty-five who are permanent residents on the APY Lands. Thirty-one of these women presented for care in the first trimester. The average birth weight for all babies born at term was 3118g. Seven pregnancies were low birth weight.

Clinic staff have, throughout the year, presented health and lifestyle education to senior schoolgirls. This effort will not be sustainable in a systemic way however due to staff turnover and increasing workloads within clinics. The Women's Health Program is looking at ways to ensure education is delivered to these girls in a more sustainable fashion in the future.

During the past year the biennial breast screen was conducted at Marla by Breast Screen SA. As in past years, there was a high uptake by women in the target group (fifty to sixty-nine years). Sixty of seventy-seven available women were screened and there was one abnormality detected and followed up. This screening exercise is an important preventative health measure and its success is due to strong collaboration between Frontier Services who provided the use of their clinic, Breast Screen SA, and the Health Council's clinical and other program staff. Particular thanks go to staff members Glenda Dixon, Sarah Batty and Kris Hamblen.

Maintaining high rates for women's health checks including cervical screening (especially in older women) is difficult to achieve, as is the case nationally. Barriers to participation include staff turnover, varying skill levels in this area of health care delivery, day-to-day workload pressures in the clinics, low priority given to this examination by women and the belief by older widowed women that this examination is no longer necessary.

The program has taken a number of steps to help improve cervical screening rates of women on the APY Lands. A one-day Cervical Screening Education Workshop is delivered primarily to those nurses accountable for delivery of women's health services in each clinic. Following this workshop time is spent with the Community Health Nurse in the clinic to help reinforce the skills learnt. Ongoing auditing of documentation and results ensures that knowledge gained is applied appropriately with clear benefit for the women. For women between fifty and seventy years of age cervical screening is now offered as an option at the time of the breast screen. Of those women who participated in this year's breast screen, thirty-three were due or overdue for a cervical screen, and of these twenty-three were screened.

The Program maintains a strong collaborative relationship with the Alice Springs Hospital and with the network of maternal and child health providers in Alice Springs, especially the Midwife Group Practice and Congress Alukura.

Women's health remains one of the Health Council's highest priorities. Educated, healthy women with the knowledge and capacity to make strong lifestyle decisions are a cornerstone for the health and wellbeing of future generations. Recognition of this by the Board, management, and many Anangu women themselves, together with the skilled commitment of Anangu Health Workers, Community Health Nurses and Medical Officers, are key to the success of the program.

Aged Care

John Wilson, Program Manager
Tracy Turner, Residential Care Manager

This has been a year of consolidation and planning for Tjilpiku Pampaku Ngura. It has become increasingly clear that the demand for permanent residential care for elderly Anangu is such that permanent residents will likely constitute the great majority of clients in coming years. Presently, capacity is thirteen places and permanent residents, a number of whom have high care needs, now occupy ten of these.

To meet the requirements of the funding body, and to ensure that care of the highest quality is available, it will be necessary in 2012 to recruit additional Personal Care Attendants (PCA) and rearrange staff rosters so that upright overnight care can be provided.

The Commonwealth Department of Health and Ageing (DoHA) has funded new staff accommodation at Pukatja to allow for the recruitment of three additional PCAs. It is anticipated that this housing will be completed in April 2012.

With the recruitment of additional PCAs, the current budget will need to be revised to reflect these increased staffing costs.

During the year Rosemary Hanisch, who had been the Registered Nurse at Tjilpiku Pampaku Ngura, resigned. She was highly skilled and made an important contribution over a number of years. Maia Bird has subsequently been appointed to this role. Maureen Arch left the role of Program Manager mid year. It was especially helpful to have her advice and support, given her long association with the Program. John Wilson has subsequently moved into this role. Tracy Turner continues to provide excellent on the ground leadership as Residential Care Manager.

With the development of a national Quality Assurance Framework for the flexible Aboriginal aged care services, it is expected that next year the Aged Care Program will undergo a formal external assessment of its services against new national standards. In preparation for this, the Quality Improvement Plan and Risk Management Plan have been updated and all of the Program's policies and procedures reviewed, updated and endorsed by the Health Council Board.

With projected increasing demand for residential care, and especially for clients with complex and high care needs, the facility requires a major capital works upgrade. A scope of works has been developed and the Health Council will be working with DoHA to develop and fund a capital works upgrade. In particular, a more expansive and flexible day room area, increased storage for mobility, lifting and other equipment, and improved staff amenities are urgently required.

Once again, the Health Council acknowledges the important collaboration with TAFE SA in the delivery of training to Anangu staff. Sue Light, who has worked as a trainer with Tjilpiku Pampaku Ngura for a number of years, has now moved on to other responsibilities with TAFE. She will be greatly missed and the Health Council wishes to express its thanks for her contribution to Anangu training and employment in the Aged Care Program.

The Program also wishes to acknowledge the ongoing contributions to health care made by visiting specialists Sara Jones (podiatry), Simon Wooley (oral health), Martin Kelly (the Pukatja community Medical Officer) and the clinical team at Pukatja clinic who ensure access to 24 hour emergency care for residents at Tjilpiku Pampaku Ngura.

100th Birthday Party at Tjilpiku Pampaku Ngura for Mr Peter Tjutatja

Mr Tjutatja celebrated his 100th birthday recently at Tjilpiku Pampaku Ngura. A greatly respected man, he worked as a stockman at Kenmore, Lily Creek, Finke and Dianne Station. He also worked as a fencer, shearer, wool packer and stock worker. Mr Tjutatja sang with the Ernabella choir for many years and worked closely with the missionaries in the development of the mission community at Ernabella. He was a renowned hunter, often going out to hunt three times a day. He taught many children about their culture and about hunting. He has three children, seven grandchildren, ten great grandchildren and one great great grandchild. Mr Tjutatja's 100th birthday was recognised by the Australian Government with a letter of congratulation from the Governor General.

Mental Health Program

Over the last four years the Health Council has been funded to deliver a Mental Health Program.

The major focus of this program is clinical: identifying people with significant mental health problems such as depression, psychosis, anxiety, suicidal ideation or chronic substance abuse, and offering assessment, treatment and support. The program funds two Mental Health Nurses and three Aboriginal Mental Health Workers. Three visiting adult psychiatrists who between them visit each of the six main communities at least four times a year support this team.

The program has developed an excellent relationship with the SA Guardianship Board who now make an annual visit to the APY Lands to hold hearings onsite. The Health Council continues to advocate for improved child and adolescent mental health services, and especially the resumption of a specialist visiting child psychiatrist and improved pathways to assessment and care for young people and their families in Adelaide.

This program has significantly improved the Health Council's capacity to respond effectively on the front line to clients presenting with severe mental health problems at community clinics, as well as improving the coordination and delivery of health care for these clients.

The Health Council employs a highly experienced social worker in Alice Springs who provides social and emotional well being services that complement and extend the work of the Mental Health Nurses. Linking closely to the clinically oriented services delivered by these nurses, this position offers crisis intervention, grief and trauma counselling, advocacy, liaison and referral to a range of social services for Anangu in Alice Springs.

Patient Support Services

The Hospital Liaison office continues to provide patient support including booking accommodation, arranging transport and ensuring patients keep appointments. The office provides these services to over 2,200 patients and escorts throughout the year.

An additional plane service is now operating to Amata and Mimili communities and there are discussions for an additional bus service to start in the western communities in 2012. These additional transport services are important. Increased transportation services reduce the time patients need to spend away from home, an important consideration when issues such as schooling are considered.

The Hospital Liaison office is strategically located in the Alice Springs Hospital. Unfortunately in recent years there have been a number of occasions where we have had to vacate this office due to maintenance work. This has been disruptive for both staff and patients. We hope these disruptions can be minimised in future. The Health Council thanks the Hospital and the NT Department of Health & Families for their continued hosting of this service that in turn benefits the Department and families by ensuring that the length of hospital stays are shortened and that appointments for outpatient services are kept.

Over the past year the Health Council has enhanced its patient support services with the employment of a social worker. This position takes referrals from the Hospital Liaison Team and clinical staff and assists with client advocacy, liaison and brokerage services for patients, carers and family members requiring emergency income, housing or social support.

STI Control and HIV Prevention Program

Dr Rae-Lin Huang, Program Manager

The sustained reductions in prevalence of chlamydia and gonorrhoea achieved by the Nganampa Health Council STI Control and HIV Prevention Program span sixteen years, while syphilis reductions span two and a half decades.

Chlamydia prevalence rates over this time have decreased 63%, gonorrhoea rates have decreased 45%, and syphilis by 99%. There has been a significant investment in defining the essential strategies that have led to this impact. Adequate testing and treatment, widespread reach of clinical services to the population during and outside of the annual screening time, and excellent case management are the core interventions that have led to this impact on prevalence rates.

Data from the annual population-wide screening this year show a very high participation rate of 86.4% among permanent residents, 44.6% among regular visitors, and 75.8% overall. In contrast to usually reported trends, the engagement of the male population during the 2011 population-wide STI screen was particularly high and slightly higher than the female population, with a participation rate of 76.8% in 2011. There was a notable increase in screening among 20-24 year old males who are an "at risk" age group, from 65.8% in 2010 to 79.1% in 2011. This trend may be due to retention of experienced, long-term male clinicians in many communities on the APY Lands.

Clinical services

This year the chlamydia prevalence rate among 14-40 year olds is 3.3% and gonorrhoea screening test prevalence is 7.9% with a confirmed, supplementary test-positive gonorrhoea prevalence rate of 4.2%. Syphilis prevalence rate during the 2011 STI screen was 0.2% among the same age group. The very low chlamydia prevalence rate adds evidence to the efficacy of screening and treatment in the community setting. This is particularly notable in contrast to 2010 data from the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS) network, which reports overall positivity of 10.8% among males and 10.4% among females.[1] This highlights the major success of this program in reducing chlamydia rates by comparison with national chlamydia yield rates, including those among the non-Indigenous population in Australia.

The mean interval to treatment for males during the population-wide screen was 4.5 days and 5.8 days among females. 54% of males and 24% of females were treated on the day of testing. The proportion of chlamydia and gonorrhoea infections treated during the 2011 annual screen was 98.9%.

Health hardware and health promotion

A significant investment has been made over the lifetime of the program to educate about safer sexual behaviour, and this continues both in a school setting and in small group and individual counselling sessions which are gender-separated as is culturally appropriate.

Training

The high quality of clinical service delivery measured over more than fifteen years of annual population-wide screening demonstrates the success of the strategy of integrating sexual health clinical work among primary health care work in regular consultations, rather than restricting expertise and resultant care for STIs among a select and small workforce. These excellent outcomes are only attained and maintained through a program delivery culture that embeds sexual health clinical skills within the whole clinical workforce. Critically, the Board and senior management must support the clinical effort with ongoing organisational program review informed by a quality assurance framework. In this way, resources can continue to be strategically focused in the context of local epidemiology and local clinical practices.

Research

The STI Control and HIV Prevention Program has helped contribute to the technical knowledge base of successful strategies for remote Indigenous STI control. Arguably of equal importance, the program has also provided long-term evidence demonstrating that it is possible to sustain high quality clinical services over decades in a remote context in order to achieve STI control. This helps stimulate focused debate not only about the best strategies to reduce STIs, but also the level and kind of resources that are required to achieve long-term and significant health gains.

1 The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2011. The Kirby Institute, the University of New South Wales, Sydney, NSW.

Information Technology and Information Management

David Busuttil, Health Services Manager

Remote area Aboriginal medical services such as Nganampa Health Council operate in the most challenging information technology (IT) environment in the country. We have limited telecommunication and technical support options, need access to our systems 24 hours a day, share data across multiple locations and deal with highly confidential patient information.

Despite these challenges, the IT systems continue to be robust, stable and inexpensive to maintain. Nganampa Health Council has followed the model developed by the AMSNet project that sees the main patient information database housed in a professional data centre in Sydney. IT equipment at remote sites is kept simple and manageable. This model has proven to be effective. Despite having nine local area networks and close to 100 computers, IT support costs are low. This support is outsourced to Phil Craig with the majority of the support provided offsite.

Even with this stability, introducing new systems is challenging. We have however made progress in some key areas. A new video conferencing facility has been installed at Umuwa and is available for patient consults. If this proves to be successful, we will look to expand this technology to other workplaces. A new intranet site has been developed and will be launched shortly.

The Health Council has placed a high emphasis on managing health information and as a result we believe that the clinical information system is as successful as any in remote Australia. Whereas the costs associated with hardware and technology are generally recognised by Government, the costs associated with managing the actual health information are not. The aim is to record every patient contact accurately and in a timely manner to ensure our patient records have integrity. We employ the equivalent of two full time staff to assist with this.

Their tasks include:

- Training new staff. Every new staff member including short-term clinical locum staff receives approximately four hours of initial training and follow-up support on the clinical information system.
- Auditing patient records to ensure they have integrity and to monitor staff performance.
- Reviewing new versions of software prior to upgrade to ascertain the impact on operations.
- Managing incoming correspondence including following up discharge notices not received.
- Managing patient demographic information.

As patient health information will increasingly be shared with other health service providers, this task will become more important as health practitioners without a detailed knowledge of the patient will be increasingly relying on the information that will be provided in shared health records.

The success of future systems will in part depend on the quality of communication systems. For this reason, we have been following the introduction of the National Broadband Network closely. It appears that the APY Lands will benefit little from this and potentially services could worsen. Despite fibre optic cable being available, the APY Lands will, we believe, only receive satellite services. This will not benefit the Health Council. A risk for future developments is that we will be unable to participate in e-health developments that will be considered standard in the rest of the country due to inferior communication technology.

2010/11 Financial Summary

David Busuttil, Health Services Manager
Lily Dy-Irwin, Finance Manager

Nganampa Health Council's financial statements show an improved position from the previous year. The overall financial position is sound with working capital showing a small surplus. This improvement is testament to the importance the Board has placed on strategic financial management throughout the year.

There are two significant reasons for this year's surplus. The first is that we received two sizeable donations that combined amounted to over $200,000. The second is that we have been more successful at generating income through Medicare and similar payments. In total this income now exceeds over $500,000 per annum. These income streams will become increasingly important and an ability to maintain a robust financial position will in part depend on income generation.

In addition to increased income, we have been successful in containing costs in some key areas. An example of this are motor vehicle costs. In 2003/04, the total cost of fuel and repairs and maintenance amounted to $684,000. Seven years later total costs have fallen to $476,000.

Clinical staffing levels (doctors, clinical and program nurses and dental staff) have improved. Especially in respect of doctors, staffing levels remain inadequate. Funding is available to employ an additional full time doctor but recruitment is difficult although some additional locum coverage has been achieved. Several skilled regular locum doctors now provide much needed additional clinical support.

There are a number of financial challenges ahead. The greatest of these is in the area of salaries where wage rises are increasing at a faster rate than funding increases. On salaries alone, the difference between the additional funding received and the additional expenditure incurred amounts to approximately $250,000 per annum.

Nganampa Health Council has building assets that would cost in excess of $40 million if built today. Many of these buildings are now of an age where there is a need for increased maintenance. There is increased risk that major repairs will be needed such as replacing air conditioning systems. We receive no specific funding for building maintenance and total expenditure in this area is inadequate. Without an increase in funds we have available for maintenance, buildings will rapidly deteriorate, shortening their life expectancy and imposing safety risks for staff and clients.

2010/11 Financial Summary cont.

INCOME AND EXPENDITURE STATEMENT FOR YEAR ENDED 30 JUNE 2011

INCOME	Current Year 2010/11	Prior Year 2009/10
RECURRENT-PRIMARY HEALTH GRANTS		
Commonwealth Dept. of Health & Ageing	7,215,846	5,940,764
South Australian Dept. of Human Services	1,543,560	1,496,839
Sub Total Operational Grants	**8,759,406**	**7,437,603**
PROGRAMS		
Commonwealth Dept. of Health & Ageing Programs	3,835,684	4,761,154
Commonwealth Dept. of Health & Ageing Capital Works Programs	1,284	18,473
South Australia Department of Health Programs	537,247	536,156
South Australia Dept. of Families and Communities	237,647	222,070
Other Programs	1,891,854	1,218,310
TOTAL INCOME	**15,263,122**	**14,193,766**
EXPENDITURE		
RECURRENT-PRIMARY HEALTH		
Salaries & Allowances	6,171,527	5,434,078
Recruitment	95,000	35,413
Travel	386,643	340,196
Motor Vehicle Operating	227,725	290,903
Clinic Medical	283,102	250,808
Building Maintenance	318,026	196,054
Administration	651,120	495,159
Drugs & Pharmaceuticals	104,889	91,701
Patient Assisted Transport (PATS)	660,647	665,157
Sub Total Operational Expenditure	**8,898,681**	**7,799,468**
PROGRAMS		
Commonwealth Dept. of Health & Ageing Programs	3,835,684	4,761,154
Commonwealth Dept. of Health & Ageing Capital Works Programs	1,284	18,473
South Australia Department of Health Programs	455,524	507,161
South Australia Dept. of Families and Communities	237,647	286,486
Other Programs	1,318,602	775,535
TOTAL EXPENDITURE	**14,747,422**	**14,148,277**
OPERATING SURPLUS (DEFICIT) Before Unfunded Charges	**515,700**	**45,489**
Unfunded Charges & Provisions		
Depreciation	(1,780,156)	(1,822,213)
Profit/(Loss) on Sale Assets	174,679	91,156
NET SURPLUS (DEFICIT)	**(1,089,777)**	**(1,685,568)**

This is a summary version of the financials.

For a full copy please contact Nganampa Health Council or access our website **www.nganampahealth**.com.au

ASSETS AND LIABILITIES STATEMENT AS AT 30 JUNE 2011

	Current Year 2010/11	Prior Year 2009/10
CURRENT ASSETS		
Cash on Hand	200	200
Bank -Recurrent A/C	91,854	154,668
Bank-Cash Management A/C	761,287	322,299
Bank-Scholarship Fund	49,575	59,890
Bank-Investment A/C	3,027,173	1,603,300
GST Tax Paid	190,615	148,458
Inventory	236,688	240,122
Accounts Receivable	1,021,760	784,238
Prepayments	25,084	0
Total Current Assets	**5,404,236**	**3,313,174**
NON CURRENT ASSETS		
Property, Plant & Equipment (at wdv)	15,209,557	15,470,912
Asset Replacement Fund	979,024	977,800
Rental Security Bond	2,393	2,393
Total Non Current Assets	**16,190,974**	**16,451,105**
TOTAL ASSETS	**21,595,210**	**19,764,279**
Less: CURRENT LIABILITIES		
Accounts Payable	848,082	533,231
GST Tax Payable	475,051	405,754
Annual Leave Provision	559,455	560,679
Long Service Leave Provision	399,072	342,266
Relocation Provision	72,903	75,621
Unexpended Grants	2,895,832	1,763,078
Accruals - Year End Wages	109,459	66,365
Stores - Rebate	40	1,701
Total Current Liabilities	**5,359,894**	**3,748,694**
Less: NON CURRENT LIABILITIES		
Provision for Asset Replacement	979,024	977,801
Long Service Leave Provision	34,230	63,630
Anangu Scholarship Fund	44,484	54,317
Deceased Estate	2,173	0
Total Non Current Liabilities	**1,059,911**	**1,095,749**
TOTAL LIABILITIES	**6,419,805**	**4,844,443**
NET ASSETS	**15,175,405**	**14,919,836**
MEMBERS' FUNDS		
Retained Earnings	14,196,381	13,942,034
Asset Replacement Fund	979,024	977,802
TOTAL MEMBERS' FUNDS	15,175,405	14,919,836

STATEMENT OF CHANGES IN EQUITY FOR YEAR ENDED 30 JUNE 2010

MEMBERS' FUNDS	2010/2011	2009/2010
Opening Balance	14,919,836	15,224,692
Less: Net Surplus/(Deficit) for the Year	(1,089,777)	(1,685,568)
	13,830,059	**13,539,124**
Add: Capital Grants	1,344,124	1,071,612
Add: Transfer to Asset Replacement Fund	1,222	309,100
Total Members' Funds	**15,175,405**	**14,919,836**

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NGANAMPA HEALTH COUNCIL INC

basso & newman chartered accountants

We have audited the accompanying financial report, being a special purpose financial report, of Nganampa Health Council Inc (the association), which comprises the assets and liabilities statement as at 30 June 2011, the income and expenditure statement for the year then ended, statement of cash flows, statement of changes in equity, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation of the financial report and has determined that the basis of preparation described in Note 1 is appropriate to meet the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view, 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 association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's Opinion

In our opinion the financial report presents fairly, in all material respects, the financial position of Nganampa Health Council Inc as of 30 June 2011 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the Associations Incorporation Act 1985.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Nganampa Health Council Inc to meet the requirements of the Associations Incorporation Act 1985. As a result, the financial report may not be suitable for another purpose.

Trevor Basso - Partner
Basso Newman & Co
Chartered Accountants
Adelaide
Dated this 24th day of October 2011

Basso Newman & Co
ABN 31 980 764 316
286 Flinders Street
Adelaide, South Australia
PO Box 7033 Hutt Street,
South Australia 5000
Telephone: (08) 8224 0066
Facsimile: (08) 8224 0670
bnc@bassonewman.com.au
www.bassonewman.com.au

Page 8

Graduates in Workplace Training and Assessment TAE40110

Front Row : Louise Tucker, Dianne Strangways, Pantjiti Lewis, Mary Willis

Back Row: Jennifer Summerfield, and trainers Graham Williams AHCSA and Cyndi Cole