How we can help

Care Coordinators

- Improve your understanding of your chronic health condition and how to manage it
- Educate you about GP management plans and how it can improve your health
- Develop your chronic disease self-management skills (including medication guidance, dietary and lifestyle advice, community engagement options, and support in attending appointments)
- Update and give feedback to your doctor on your engagement
- Access Supplementary Services Funding for the following:
  - Fees associated with health appointments e.g allied health and specialist appointments
  - Travel to attend health appointments;
  - Webster packs for patients with polypharmacy
  - Assisted breathing equipment (spacers, nebulisers, CPAP & CPAP accessories)
  - Blood sugar monitor (glucometer)
  - Medical footwear prescribed and fitted by a podiatrist;
  - Mobility aids (walkers, non-electric wheel chairs, and shower chairs)

Aboriginal Outreach Workers

- Attend appointments with you to your health appointments or other services
- Arrange transport to your health appointments
- Pick up and deliver medications if there are no other options
- Connect you with other Aboriginal and Torres Strait islander organisations and programs

Our aim

Improve the health and wellbeing of Aboriginal and Torres Strait Islander people in our community by collaborating with Aboriginal and Torres Strait Islander community controlled organisations, GPs, specialists, allied health providers, Local Health Districts and other service providers within the Western Sydney region to improve access, service delivery and culturally appropriate health care and services.

Who we are

We are a team of Aboriginal nurses, Aboriginal health practitioners and experienced community workers who reside in the Western Sydney and Greater Western Sydney region.

Supporting our mob with chronic disease

Western Sydney Integrated Team Care

Western Sydney ITC

Who can access the program?

If you:

- Identify as an Aboriginal or Torres Strait Islander person
- Live in Western Sydney Local Health District (including Holroyd, Parramatta, and Blacktown)
- Have a GP Management Plan (721) or willing to get one
- Require support from Care Coordinator, Aboriginal Outreach Worker and/or supplementary funding
- Have one or more of the following chronic diseases:
    - Diabetes
    - Cancer
    - Renal disease
    - Cardiovascular disease
    - Respiratory disease
    - Mental health condition
    - Other (MS, Rheumatoid Arthritis, etc)

How to get on the program

Complete one of the following referral forms:

- **Self**
- **Community**
- **GP**

Send to:

Email:
admin@westernsydneyitc.com.au

Fax:
(02) 8080 0524

Call us:
(02) 8080 0522

The ITC program is funded by the Western Sydney Primary Health Network (WSPHN).

Acknowledgment

We pay our respects to the Traditional Owners of the land, the Darug people and to the Elders past, present and emerging.

Western Sydney ITC