Services Include

- Travel and Accommodation to attend specialist appointments out of local areas.
- consultation fees with health appointments e.g. Diagnostics tests.
- Medical footwear fitted and prescribed by a Podiatrist.
- Assistive breathing equipment e.g. Asthma Spacer, CPAP Nebulizers.
- Blood Glucose Monitoring Equipment
- Mobility Aids e.g. Crutches, Walking Frame, Shower Chair, non-electric wheel chairs.

NOTE: Mobility Aids require an occupational therapist/Physiotherapist report.

Services DO NOT Include

- Services which are not included in the GP Chronic Condition Management Plan.
- Dental Appointments or Dental Work.
- Operations.
- Medications.
- Services available through other programs.
- Continuous glucose monitoring devices e.g. CGM Devices.

CTG Aboriginal Health

Coonamble

Contact: Coonamble AMS
Phone: 02 6822 0000
Address: 17 Tooloon Street Coonamble NSW 2829

Gilgandra

Contact: Gilgandra AMS
Phone: 02 6837 5111
Address: 140 Warren Road Gilgandra NSW 2827

Dubbo

Contact: Dubbo AMS
Phone: 02 6884 7502
Address: 48-50 Wingewarra Street Dubbo NSW 2830

Operating Hours
Mon-Fri 8:30am-5pm
(Closed public holidays and Weekends)

Email:
banma-li@ctgservices.com.au

BANMA-LI

Integrated Team Care Information Brochure

CTG Aboriginal Health

What is the ITC Program?

Banma-Li supports Aboriginal & Torres Strait Islander people living in our service regions of Bogan, Lachlan, Narromine, Warren, Coonamble, Dubbo Regional, Gilgandra, Mid-Western Regional, and Warrumbungle Local Government Areas with chronic conditions (like diabetes, asthma, heart disease, etc.) by providing coordinated care and access to culturally safe healthcare.

What is a Chronic Disease?

A Chronic Disease is a long-term health condition which in not usually curable and cannot get better on its own.

What is a Care Plan?

A Care Plan, also referred to as the GP Chronic Condition Management Plan (GPCCMP), is a personalised document developed collaboratively by clients and their healthcare team. It provides a comprehensive overview of the individual's health needs, goals, and the required care to support their well-being.

Consent

Consent must be given at all times to participate in the ITC (Banma-Li) Program. This means giving permission for to be part of the program.

How can I access Banma-Li?

The Integrated Team Care (ITC) Program is set up in a step by step process. To access this program.

1 Complete ATSI 715 Health Check

2 Complete a (965) GP Chronic Condition Management Plan (GPCCMP)

3 GP Assesses Patients needs for services and will refer patient to Banma-li.

4 Once a referral is received, our team will review the referral and follow up with the patient to confirm the outcome and arrange the appropriate services.

Things to remember

- This program is for planned scheduled care.
- We are not set up to address crisis/urgent care.
- We require a minimum of 72 Hours notice to review, assess and respond to referrals and organise services.
- Allied Health referrals from the GPCCMP should be utilised first before referring to the program.
- Patients living in aged care facilities are not eligible for services.

Referrals and GP Chronic Condition Management Plan are to be updated every 12 months to ensure enrolments into the program.

Eligibility Criteria

Clients of this Program must be of Aboriginal and/or Torres Strait Islander who reside within the our listed service regions (we require confirmation of Aboriginality).

Clients must have completed an ATSI Health Check (715) and a GP Chronic Condition management plan (GPCCMP) (965) with their usual Doctor.

In Exceptional circumstances referrals will be considered on a case by case basis.

Clients of this program must be diagnosed with one of the following Chronic Conditions.

- Diabetes and eye related conditions
- Cardiovascular
- Chronic Kidney Disease
- Chronic Respiratory Disease
- Cancer
- Liver Disease
- Mental Illness (Must have a Mental Health Treatment Plan MHTP)

COONAMBLE ABORIGINAL HEALTH SERVICES

GLAMS

DUBBO ABORIGINAL MEDICAL SERVICE

phn WESTERN NSW
An Australian Government Initiative

The Integrated Team Care Program is only possible thanks to the Western NSW Primary Health Network.