



comprehensive  
care

in association with  
waitemata  
pho

# Waitemata PHO Annual Report 2015





# Contents

<b>1 Introduction</b>	<b>4</b>
<b>2 Chair and Chief Executive reports</b>	<b>7</b>
<b>3 Board and senior staff profiles</b>	<b>9</b>
<b>4 Waitemata PHO Limited financial statements</b>	<b>12</b>
<b>5 Programmes, services and performance</b>	<b>28</b>
<b>6 Business Support Services</b>	<b>42</b>
<b>7 Clinical Directorate and Workforce Development</b>	<b>44</b>
<b>8 Member practices and clinical locations</b>	<b>46</b>
<b>9 Contact information</b>	<b>48</b>

# 1

---

## Introduction

Comprehensive Care in association with Waitemata PHO funds and supports 49 general practice teams, while also delivering health programmes in local communities for all patients enrolled with us through their family doctor. Our healthcare programmes range from support and education for people living with chronic conditions such as diabetes, heart disease and asthma, to supporting the improvement of health for children and for older adults.

We cover an extensive geographical area in the north and west of Auckland, from Titirangi and Devonport to Wellsford. Practices are located in urban and rural settings. They cover the spectrum – from sole practitioners to large medical centres that provide accident and medical services, as well as specialist and other related medical and therapeutic services.

Our enrolled population is slightly older, has a higher proportion of people of European and Asian ethnicity, and a lower proportion of people with high needs in comparison to national demographic measures.

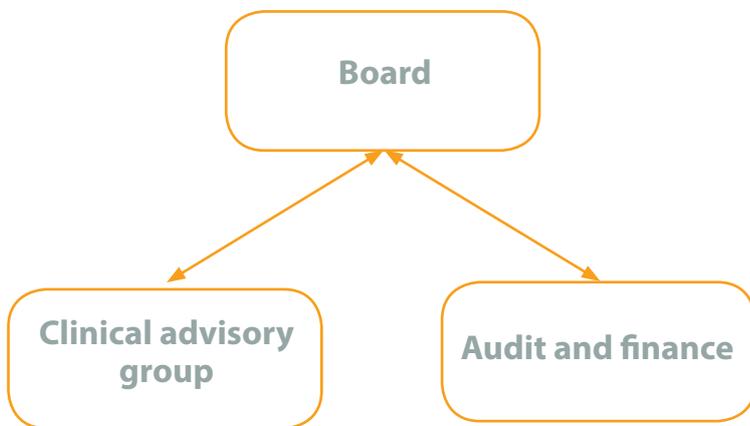
Comprehensive Care continues to develop innovative clinical systems including systematic approaches to care of patients with cardiovascular disease, diabetes and respiratory disease. From these innovations, IT tools have been developed to assist general practices with population health management, screening, gap analysis, risk assessment, care management and patient self-management. These systems of care also assist with integration between general practices, non-government organisations (NGOs) and other health providers in our community.

Our organisation has around 60 staff engaged in providing health care directly and in supporting our affiliated general practices. In addition, over 500 doctors, nurses, allied health professionals and other general practice team members are part of our network supporting patients through family medical centres.

Our values are core to our culture – the way we do things in the organisation. It is very important to us to use these values when working together and with others. Our values are to be Dynamic and Accountable, to show Respect towards all others and to be Trusted.

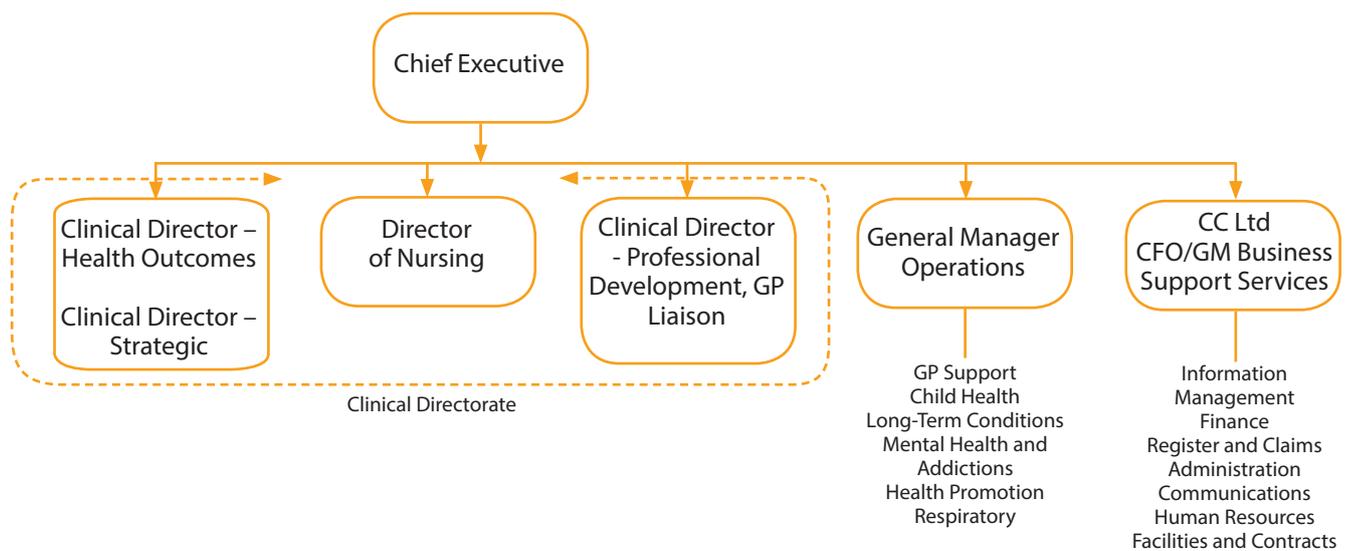
### Governance structure

Waitemata PHO Board addresses its clinical and business responsibilities by getting advice from two specific sub-committees.

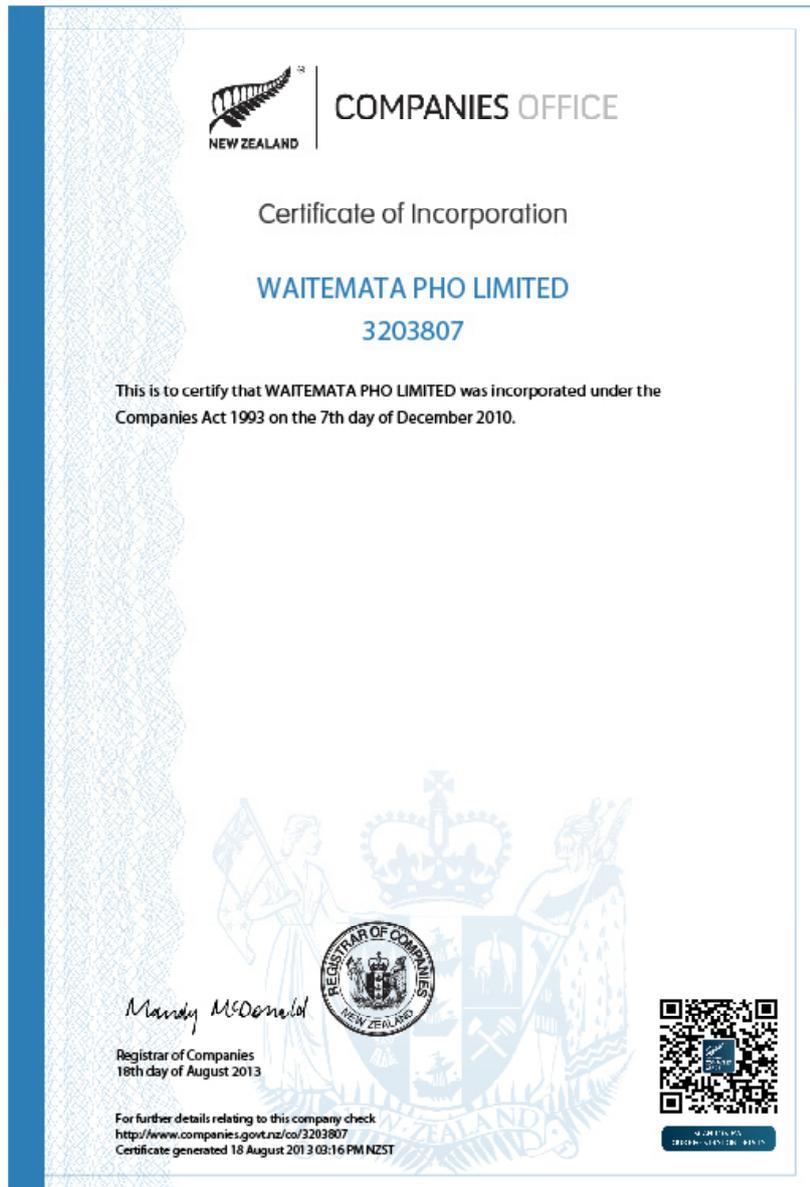


### Organisation structure

Waitemata PHO balances clinical, operational and administrative support and services to member practices and directly to patients. The diagram below is an overview of our organisation structure.



Waitemata PHO is a registered charity. The images to the right depict the registration of Waitemata PHO Limited as a New Zealand company and its charitable status.



# 2

## Chair and Chief Executive reports

### Chair's report

#### Primary Care Development

I am pleased to report that this last year has been one of significant achievement from an organisational point of view. Our mission to improve the health and well being of all by the provision of best care continues unabated and resulted in solid achievements. The Board set demanding but achievable targets for the organisations, and has been very pleased with the results.

Funding for publicly provided primary health services remains under pressure. Our performance overall helps us maintain the confidence of our funders and our operational, business and general practice teams are highly focused on ensuring we achieve what is required of us right across the network. Of note is the network's continuing performance achievement of national health targets. Well done everyone. We must maintain these levels, but they are only one aspect of the clinical quality work that we do together in the network.

Staffing has remained reasonably stable. Our clinical and support staff maintain a strong focus on meeting clinical and contractual targets, and morale is good as we face new challenges in the year ahead. The collaborative "alliance" environment increases expectations of our working relationships with District Health Boards and other PHOs, and we are pleased to report good relations and some important efficiencies and sharing of resources by collaborating on projects with others.

We are focused on ensuring that we are supporting General Practice Teams to sustainably achieve the best possible health outcomes for patients, making sure wherever possible that no-one is missing out. We provide a range of services to our practices and fight hard for resources to pass on directly or through customised support for each practice's particular challenges.

The Board of Directors has added new blood to their ranks and this has helped us with the strategic issues facing the sector – providing improved leadership. We also have two other people contributing to the work of the organisation. One is a GP observer who attends board meetings and provides very valuable reflections, and the other to advise on Māori matters.

I know I speak for the Board in thanking staff and commending their assiduous work; their commitment to our vision of reaching optimal health for all is acknowledged.



**Dr Tim Malloy**

Lastly, I would like to thank all the members of our General Practice Teams for their unflinching commitment to primary health care.

**Dr Tim Malloy, Chair**

## Chief Executive's report

### Taking stock and moving forward with purpose

Last year I entitled my report "Achieving Result and New Challenges". Comprehensive Care and Waitemata PHO have now operated for four full years. We have improved our financial management strength and operational capability each year.

General Practices can benefit from the very positive contributions of our General Practice liaison service and professional development initiatives provided for doctors, nurses, practice managers and practice assistants. We have delivered well for patients as a network of General Practices this year on personal care and in population health gain. We have ongoing challenges to be at or to stay at the top of our game in balancing the workload of acute and management of long term conditions along with preventive care. Fortunately, we have many great examples amongst our practices leading the way in all areas.

Our Board of Directors has continued to guide us through various challenges and in carving out a strategic direction to move ahead with. We continue to support practices with a combined population of approximately 250,000 patients and it's a credit to the hard work of General Practice Teams and our support and clinical staff, especially in those practices that have a very high acute workload.

Our work continues to improve the provision of accurate healthcare information to our practices. Information reporting to support practices to make sure people get the best care at the right time. More useful services are being developed and information reporting for practices is soon going to be enhanced with advanced information management that will be timely and improving in accuracy. It will include more useful health needs information.

We continue our advocacy work through engagement with the Royal New Zealand College of General Practitioners, General Practice New Zealand, New Zealand Medical Association and New Zealand Nurses Organisation. Our work with other PHOs in the region and wider afield has improved and has resulted in some valuable efficiencies and driving improvements in services.

Our population health analysis work, including practice variation analysis, is becoming standard operational activity. We are enhancing existing IT tools, and have developed the Men's Health Tool to assist General Practice. This is being tested, trialled and refined and will be rolled out very soon.

We finished the year positively again with a small surplus as planned. It will be reinvested directly into our work for the 2016 financial year. This is a credit to our entire team. We have also passed external audits for finance and health systems with flying colours. Many practice audits have shown those practices are doing very well. We have been positively reviewed as part of a peer review of our PHO.

We have also started a Business Owners Forum – meeting to work on business aspects of General Practice and our business support services are being enhanced based on input and direction from practice



**John Ross**

owners. These are adding value to General Practices and help you achieve not just better health outcomes but better business outcomes.

As usual, change continues in the sector, creating the need for flexibility and adaptability. We will continue to contribute to the successful delivery of relevant healthcare in our local communities, and in particular to support the General Practice Teams at the heart of these communities.

I appreciate everyone's contribution to making our part of community based primary healthcare as good as it is.

Best wishes for the 2016 financial year.

**John Ross, Chief Executive**

## 3

## Board and senior staff profiles

### Board profiles

#### Dr Tim Malloy, Chair

Tim is also the President of the Royal New Zealand College of General Practitioners. He has had a more than 22-year commitment to rural health, which was recognised by being awarded the Peter Snow Memorial Award in 2010.



Tim leads a rural general practice network based from Wellsford, which covers a large geographical area in Northland and Waitemata and cares for over

13,000 patients.

#### Dr Kate Baddock, Director

Kate is a New Zealand Medical Association Board member and Chair of the NZMA's General Practitioner Council. She has served on various boards for over 15 years and undertaken extensive governance training.

Kate continues to have a passion for sustainable general practice; she also believes that quality primary health care delivered in many different ways can have significant impact on health outcomes. As well as being eight-tenths in clinical practice she is a GPEP teacher and Primex examiner, and in her spare time is a Swimming NZ official.



#### Dr Alison Sorley, Director



Alison has been a GP in the Waitemata region since 1992, working in a wide range of practices, and has been a director of Silverdale Medical Partnership, an innovative group practice, since 2006.

Alison has been a board member of Comprehensive Care and Waitemata PHO since their inception, having previously been a board member of both CHS and Harbour Health.

#### Dr John Arcus, Director

John has extensive governance experience and very good tactical and strategic skills. He is the owner and managing director of a general practice in Beach Haven, and is married with two adult children. John enjoys physical fitness, snow skiing, travel and wine appreciation.



#### Boudine Bijl, Director

Boudine is co-owner and director of 3 practices in Auckland, 1 of which is an A + M clinic.



She is a Registered Nurse and has completed a Postgraduate Diploma in Health Service Management. Boudine is an auditor for the DAA Group and works part time for a PHO in the Waikato region as a clinical projects advisor. Her management experience includes operational management in a rural hospital and elective services management for Waitemata DHB.

## Senior staff profiles

### John Ross, Chief Executive



John is focused on helping organisations secure sound foundations and achieve sustainable transformational change where people can make a difference. He believes it is the people at the coalface – the GPs, nurses and other health care practitioners, and our health care programme providers who know best what is needed to maintain and strengthen the level of service and care. These front-line clinicians are being supported by their administrative and management teams to ensure population health is improved across our Waitemata and Northland communities and patients experience the best care possible. He believes creative solutions are a key to providing quality health care, particularly to the most vulnerable. He is continually looking at ways Comprehensive Care and Waitemata PHO can deliver the best care by working constructively with its stakeholders.

John has worked with many organisations in New Zealand and the wider Asia Pacific region including Shorecare Medical Services, PHARMAC, the Central Regional Health Authority, Hitachi Data Systems, Paxus Consulting Services, Databank Systems, Westpac, TOWER NZ and Vector. He has a Bachelor of Commerce degree from the University of Canterbury, is a member of the New Zealand Institute of Directors, has completed postgraduate studies in health systems law and in emergency management and is a professional member of the Royal Society of New Zealand.

### Stephen Powell, Chief Financial Officer/ General Manager Business Support Services

Stephen has over 15 years of experience in the health sector for his role as CFO and GM Business Support. He began his health career with the Health Funding Authority and later joined Waitemata District Health Board as a Finance and Business Manager, where he managed the finances, budgets and reporting of the health board's key services. During this time, Stephen forged strong working relationships, gaining a good understanding of what is required to deliver quality health programmes to the public, meaning they achieve positive results while working within budget constraints.

He enjoys the challenge of managing the complexity of healthcare funding and discovering new and innovative ways of providing more services to the Waitemata population. Stephen also has experience in change management, developing and implementing systems and processes, human resources, information systems and strategic planning.

He is a member of the New Zealand Institute of Chartered Accountants.



### Craig Murray, General Manager Operations

Craig's experience comes from working for the past 10 years in a variety of management roles within the three Auckland



region District Health Boards. In addition to vaccination campaign project management and service and financial management, his most recent roles were with Waitemata DHB in Planning & Funding and Financial Management for Child, Women and Family Services.

His early training as a physiotherapist has created a strong platform for operational and strategic management in both secondary and primary care arenas. Craig oversees the operations of over 40 health programmes provided to the Waitemata community and enjoys working in a dynamic healthcare environment that improves quality of care to the population. His passion is the implementation and development of robust systems that create effective health care delivery teams.

## Senior staff profiles

### Dr Lannes Johnson, Clinical Director – Medical



Lannes' role is to drive positive changes in primary care and, through research and clinical innovation, bring to light information that will benefit the Waitemata population and the overall wellbeing of New Zealanders.

He has spent 40 years working in general practice, with experience in both rural and urban practices, and continues to be a part-time practicing GP.

Lannes is a Distinguished Fellow of the Royal New Zealand College of General Practitioners and received first class honours in his Masters in Medical Science degree at Auckland University.

His research interests include population health, which aims to improve the health of an entire population by reducing health inequities and improving primary care service delivery. Lannes is also researching the impacts of standardised acute admission rates to hospital and how they can be reduced through preventative care, and developing electronic decision support tools that will aid in the better diagnosis and management of patients. He is a long-standing advocate of improving the health of New Zealand men.

### Rachael Calverley, Director of Nursing and Workforce Development



Rachael has over 20 years of nursing experience. She began her career as a registered nurse in the UK, where she received an honours degree, and worked predominantly in Intensive Care Units and Coronary artery bypass surgery, followed by over 10 years experience in primary care, clinical general practice and education in New Zealand.

Rachael holds a Masters in Philosophy of Nursing and has a commitment to nursing leadership. She is an energetic and passionate person dedicated to working with others to improve health outcomes and support people in reaching their potential (both patients and staff). She thoroughly enjoys strategic planning approaches to frame up change pathways and set new directions for improved service delivery.

Rachael has gained further energy and enthusiasm from the regional and national exposure she has had in leading an executive committee and strategising with a variety of audiences. This has enabled her to develop strong relationships and connections locally, nationally and internationally. In 2013 Rachael was awarded the National Service Award for her nursing endeavours by the New Zealand Nursing Organisation (NZNO). In 2014 she received an award from NZNO for Strategic Leadership. She continues to be committed to communicating the nursing voice.

### Dr Andre George, Clinical Director – Health outcomes



Andre has clinical experience in General Practice and After Hours/Accident and Medical/Urgent Care service provision.

He brings expertise in Public Health, IT and small business operation/project management.

### Dr Ajay Makal, Clinical Director – Professional Development



Ajay is a practising GP (Byron Medical) and has a focus on Continuing Medical Education and facilitating Peer Review Groups.

He has worked in General Practice for the last 5 years and has over 8 years experience working in various hospitals, in New Zealand and in the NHS in England.

### Dr Jenni Waddell, Clinical Director – Strategic



Jenni brings an extensive and solid background in primary health care: founding practitioner and business owner (Belmont Medical Centre) for over 20 years, and Chair of Shorecare for over 3 years.

She was awarded a Distinguished Service Medal by the Royal New Zealand College of General Practitioners in 2011 for her services to General Practice stage 2 education.

# 4

---

## Waitemata PHO Limited Financial statements for the year ended 30 June 2015

### Index to financial statements

4.1 Business profile	13
4.2 Annual report	14
4.3 Statement of comprehensive income	15
4.4 Statement of changes in equity	16
4.5 Statement of financial position	17
4.6 Notes to accompany financial statements	19
4.7 Auditor's report	26

## 4.1 Business profile as at 30 June 2015

<b>Nature of business</b>	Provision of medical services	
<b>Business address</b>	Building A, 42 Tawa Drive, Albany, Auckland	
<b>Postal address</b>	PO Box 302-163, North Harbour, Auckland 0751	
<b>IRD number</b>	106-499-039	
<b>IRD Status</b>	Registered charity, exempt from income tax	
<b>Share capital</b>	100 Ordinary Shares	
<b>Shareholders</b>		<b>Ordinary Shares</b>
	Comprehensive Care Limited	100
	Total shares	<u>100</u>
<b>Directors</b>	DJ Arcus B Bijl-Williams - appointed 13 February 2015 K Baddock T Malloy AM Sorley CE Ryan - resigned 13 February 2015	
<b>Registered office</b>	Building A, 42 Tawa Dr, Albany, Auckland 0632	
<b>Company number</b>	3203807	
<b>Date of incorporation</b>	7 December 2010	
<b>Registered charity no</b>	CC47077	
<b>Auditor</b>	RSM Hayes Audit, Chartered Accountants, 1 Broadway, Newmarket, Auckland 1023	

## 4.2 Annual Report

The directors present their annual report including financial statements of the company for the year ended 30 June 2015.

The directors of the company have authorised these financial statements for issue.

<b>Financial Results</b>	<b>2015</b>	<b>2014</b>
	\$	\$
Total Comprehensive Profit	<u><b>100,534</b></u>	<u><b>90,252</b></u>

### Reporting Exemptions

Pursuant to Section 211(3) of the Companies Act 1993, the shareholders have resolved not to comply with paragraphs (a), and (e) to (j) of subsection (1) of this Section.

### Dividends

No payment of any dividend for this year is recommended by the directors.

### Audit

It is proposed RSM Hayes Audit continues in office as auditor in accordance with the Companies Act 1993.

### Statement of Directors

In the opinion of the directors, the financial statements and notes  
 - comply with New Zealand generally accepted accounting practice and present a fair view of the financial position of the company as at 30 June 2015 and the results of its operations for the year ended on that date.

- have been prepared using appropriate accounting policies, which have been consistently applied and supported by reasonable judgements and estimates.

The directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the company and facilitate compliance of the financial statements with the Financial Reporting Act 2013.

For and on behalf of the Board:



D J Arcus (Director)



K Baddock (Director)

### 4.3 Statement of comprehensive income for the year ended 30 June 2015

	Note	2015 \$	2014 \$
<b>Continuing Operations</b>			
Sales		48,651,828	47,574,736
Cost of Sales		(43,469,744)	(42,184,633)
<b>Gross Profit</b>		<b>5,182,084</b>	<b>5,390,103</b>
Interest Received		81,556	43,405
Finance Expenses		(11)	(202)
Administration and Other Operating Costs		(2,977,760)	(2,991,334)
Employee Costs		(2,185,335)	(2,351,720)
<b>Profit from Continuing Operations</b>		<b>100,534</b>	<b>90,252</b>
Other Comprehensive Income		-	-
<b>Total Comprehensive Income</b>		<b>100,534</b>	<b>90,252</b>
<b>Administration and Operating Expenses include:</b>			
Amortisation		3,082	5,639
Audit Fees	<b>6</b>	3,534	3,000
Contract Fee	<b>10</b>	2,090,004	2,090,004
Depreciation	<b>2</b>	52,795	37,244
Directors' Fees		61,096	53,550
Donations		400	1,288
Rent and Operating Lease Expenses		255,220	230,982

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

## 4.4 Statement of changes in equity for the year ended 30 June 2015

<b>This Year</b>	<b>Share Capital</b>	<b>Retained Earnings</b>	<b>Total</b>
	\$	\$	\$
<b>Balance at 1 July 2014</b>			
Net Profit from Continuing Operations	-	616,695	616,695
Other Comprehensive Income	-	100,534	100,534
Total Comprehensive Income	-	-	-
	<u>-</u>	<u>717,229</u>	<u>717,229</u>
<b>Balance at 30 June 2015</b>	<u>-</u>	<u>717,229</u>	<u>717,229</u>
<b>Last year</b>	<b>Share Capital</b>	<b>Retained Earnings</b>	<b>Total</b>
	\$	\$	\$
<b>Balance at 1 July 2013</b>			
Net Profit from Continuing Operations	-	526,443	526,443
Other Comprehensive Income	-	90,252	90,252
Total Comprehensive Income	-	-	-
	<u>-</u>	<u>616,695</u>	<u>616,695</u>
<b>Balance at 30 June 2014</b>	<u>-</u>	<u>616,695</u>	<u>616,695</u>

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

## 4.5 Statement of financial position as at 30 June 2015

	Note		2015	2014
			\$	\$
<b>Equity</b>				
100 Ordinary Shares	5		100	100
Uncalled Capital			(100)	(100)
Issued & Paid Up Capital			-	-
Retained Earnings			717,229	616,695
<b>Total Equity</b>			<b>717,229</b>	<b>616,695</b>
<b>Non-Current Assets</b>				
Property, Plant & Equipment	2	178,874		192,035
Intangible Assets	3	6,172		2,929
<b>Total Non-Current Assets</b>			<b>185,046</b>	<b>194,964</b>
<b>Current Assets</b>				
Cash & Cash Equivalents	4	1,448,941		1,323,968
Sundry Debtors		5,555		5,258
Accounts Receivable		969,740		667,296
Accrued Income		263,251		504,934
Prepayments		1,746		2,175
Bank of New Zealand - Term Deposit		1,010,849		-
Tax Refund Due		-		1,634
Comprehensive Care Limited	9	-		62,182
Innovation Health Systems Limited	9	78		39
<b>Total Current Assets</b>			<b>3,700,160</b>	<b>2,567,486</b>
<b>Total Assets</b>			<b>3,885,206</b>	<b>2,762,450</b>

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

## 4.5 Statement of financial position as at 30 June 2015 (continued)

	Note	2015	2014
		\$	\$
<b>Current Liabilities</b>			
Bank of New Zealand - Visa	4	3,748	1,377
Sundry Payables & Accruals		1,109,311	1,112,048
Accounts Payable		362,398	216,873
Income In Advance		1,604,644	802,580
GST Payable		87,471	12,877
Comprehensive Care Limited	9	405	-
<b>Total Current Liabilities</b>		<b>3,167,977</b>	<b>2,145,755</b>
<b>Total Liabilities</b>		<b>3,167,977</b>	<b>2,145,755</b>
<b>Net Assets</b>		<b>717,229</b>	<b>616,695</b>

These Financial Statements have been authorised for issue by the Directors.

For and on behalf of the Board:



D J Arcus (Director)



K Baddock (Director)

Date: 25 September 2015

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

## 4.6 Notes to and forming part of the financial statements for the year ended 30 June 2015

### 1. Summary of Significant Accounting Policies

#### Reporting entity

Waitemata PHO Limited ("the company") is a company incorporated and domiciled in New Zealand.

The financial statements of the company are for the year ended 30 June 2015.

The parent company is Comprehensive Care Limited.

#### Basis of Preparation

##### Statement of Compliance

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP) as prescribed by the External Reporting Board (XRB). They have elected to comply with Tier 3 requirements under XRB A1 accounting standards framework. They comply with the New Zealand equivalents of International Financial Reporting Standards (NZ IFRS) and other applicable Financial Reporting Standards as appropriate.

The company is a reporting entity for the purposes of the Financial Reporting Act 2013 and its financial statements comply with that Act. The company qualifies for differential reporting as it is not publicly accountable and there is no separation between the owners and the governing body.

The company has taken advantage of all available differential reporting exemptions.

The financial statements have been prepared in accordance with the requirements of the Companies Act 1993 and the Financial Reporting Act 2013.

##### Basis of Measurement

The financial statements are prepared on the historical cost basis.

##### Presentation Currency

These financial statements are presented in New Zealand dollars (\$), rounded to the nearest dollar.

##### Significant Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

## 4.6 Notes to the financial statements (continued)

### (a) Property, Plant and Equipment

#### Owned Assets

All items of property, plant and equipment are measured at cost less aggregate depreciation and impairment losses.

Where material parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items of property, plant and equipment.

#### Subsequent Costs

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that the future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. All other costs are recognised in the Statement of Comprehensive Income as an expense when incurred.

#### Depreciation

Depreciation is charged at the same rates as are allowed by the Income Tax Act 2007. The following rates have been used:

Clinical Equipment	21%	SL
Leasehold Property Improvements	6 - 40%	SL
Computer Hardware	6 - 40%	SL
Office Equipment	8.5 - 67%	SL
Furniture & Fittings	8.5 - 30%	SL

The residual values of assets are reassessed annually.

Gains and losses on disposal are determined by comparing proceeds with carrying amount. These are included in the Statement of Comprehensive Income.

### (b) Intangible Assets

Intangible Assets are measured at cost.

Significant costs associated with Intangible assets have a benefit or relationship to more than one accounting period and are deferred and amortised over the periods of their expected benefit. The periods being 20 years (5% SL) for Logo and Brand Design and 2.5 years (40% SL) for software.

## 4.6 Notes to the financial statements

### (c) Non-Derivative Financial Instruments

Non-derivative financial instruments comprise investments in shares, trade and other receivables, cash and cash equivalents, loans and borrowings, and trade and other payables.

Non-derivative financial instruments are recognised initially at fair value plus, for instruments not at fair value through profit or loss, any directly attributable transaction costs. Subsequent to initial recognition non-derivative financial instruments are measured as described below.

A financial instrument is recognised if the company becomes a party to the contractual provisions of the instrument. Financial assets are derecognised if the company's contractual rights to the cash flows from the financial assets expire or if the company transfers the financial asset to another party without retaining control of substantially all risks and rewards of the asset.

Regular way purchases and sales of financial assets are accounted for at trade date. i.e. the date the company commits itself to purchase or sell the asset. Financial liabilities are derecognised if the company's obligations specified in the contract expire or are discharged or cancelled.

### (d) Trade and Other Receivables

Trade and other receivables are measured at their cost less impairment losses.

### (e) Impairment

The carrying amounts of the company assets other than inventories are reviewed at each balance date to determine whether there is any objective evidence of impairment. If any such indication exists, the asset's recoverable amount is estimated.

An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount. Impairment losses directly reduce the carrying amount of assets and are recognised in the Statement of Comprehensive Income.

Estimated recoverable amount of investments and receivables carried at amortised cost is calculated as the present value of estimated future cash flows, discounted at their original effective interest rate. Receivables with a short duration are not discounted.

Estimated recoverable amount of other assets is the greater of their fair value less costs to sell and value in use. Value in use is determined by estimating future cash flows from the use and ultimate disposal of the asset and discounting these to their present value using a pre-tax discount rate that reflects current market rates and the risks specific to the asset. For an asset that does not generate largely independent cash inflows, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

## 4.6 Notes to the financial statements

### (f) Provisions

A provision is recognised when the company has a present legal or constructive obligation as a result of a past event, and it is probable that an outflow of economic benefits will be required to settle the obligation. If the effect is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market rates and, where appropriate, the risks specific to the liability.

### (g) Trade and Other Payables

These amounts represent liabilities for goods and services, provided to the company prior to the end of the period, which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

### (h) Revenue Recognition

Revenue is recognised and measured at the fair value of the consideration received or receivable to the extent it is probable that the economic benefits will flow to the company and the revenue can be reliably measured, and all required service delivery criteria have been met.

The company has contracts with the Waitemata District Health Board for the supply of health services. Contracts in progress or still to be completed at balance date may result in revenue received in advance or accrued revenue. These amounts have been recorded on the statement of financial position.

### (i) Operating Lease Payments

Payments made under operating leases are recognised in the Statement of Comprehensive Income on a straight-line basis over the term of the lease.

### (j) Finance Income and Expenses

Finance income comprises interest income, and changes in the fair value of financial assets at fair value through profit or loss. Interest income is recognised as it accrues, using the effective interest method. Dividend income is recognised on the date that the company's right to receive payment is established, which in the case of quoted securities is the "ex-dividend" date.

Finance expenses comprise changes in the fair value of financial assets at fair value through profit or loss, and impairment losses recognised on financial assets (except for trade receivables).

### (k) Employee Entitlements

A liability for annual leave is accrued and recognised in the statement of financial position. The liability is equal to the present value of the estimated future cash outflows as a result of employee services provided at balance date.

### (l) Goods and Services Tax (GST)

With the exception of trade payables and receivables, all items are stated exclusive of GST.

### (m) Charitable Status

The company has charitable status and is not subject to income tax, DIA Charities number CC47077.

## 4.6 Notes to the financial statements

### 2. Property, Plant & Equipment

	Cost	Depn	Accum Depn	Book Value
<b>This Year</b>				
Clinical Equipment	8,150	1,712	3,495	4,655
Leasehold Property Improvements	124,129	14,862	28,306	95,823
Computer Hardware	91,393	27,947	53,528	37,865
Office Equipment	7,324	1,536	5,696	1,628
Furniture & Fittings	57,460	6,738	18,557	38,903
<b>Total Property, Plant &amp; Equipment</b>	<b>288,456</b>	<b>52,795</b>	<b>109,582</b>	<b>178,874</b>
<b>Last Year</b>				
Clinical Equipment	4,648	874	1,784	2,864
Leasehold Property Improvements	120,008	13,444	13,444	106,564
Computer Hardware	59,991	14,784	25,581	34,410
Office Equipment	7,324	1,992	4,159	3,165
Furniture & Fittings	56,852	6,150	11,819	45,033
<b>Total Property, Plant &amp; Equipment</b>	<b>248,823</b>	<b>37,244</b>	<b>56,787</b>	<b>192,035</b>

### 3. Non-Current Assets - Intangible Assets

	2015	2014
	\$	\$
Software	33,348	27,022
Logo / Brand Design	1,155	1,155
	34,503	28,177
Less: Accumulated Amortisation	28,331	25,248
<b>Total</b>	<b>6,172</b>	<b>2,929</b>

### 4. Cash & Cash Equivalents

	2015	2014
	\$	\$
Bank of New Zealand	16,728	43,238
Bank of New Zealand - Call account	918,002	1,280,730
Bank of New Zealand - Rapid Save	514,211	-
	1,448,941	1,323,968

#### Bank Credit Card

Bank of New Zealand - Visa	3,748	1,377
----------------------------	-------	-------

Current Limit : \$20,000

Current Interest Rate: 18.95%

Security: Unsecured

## 4.6 Notes to the financial statements (continued)

**5. Share Capital**

	<b>2015</b>	<b>2014</b>
	\$	\$
<b>Issued &amp; Paid Up Capital</b>		
100 Ordinary Shares	100	100
Uncalled Capital	(100)	(100)
	<u>-</u>	<u>-</u>

At 30 June 2015, share capital comprised 100 Ordinary Shares (Last year: 100).

All shares are uncalled and have no par value.

As the company is a not for profit entity, the holders of ordinary shares are not entitled to receive dividends or distributions of any kind from the company, as stated in the company's constitution.

**6. Remuneration of Auditors**

	<b>2015</b>	<b>2014</b>
	\$	\$
Amounts received, or due and receivable, by the auditor of the company for:		
Audit Fees	<u>3,534</u>	<u>3,000</u>

**7. Commitments for Expenditure****Capital Commitments**

There were no material commitments for capital expenditure outstanding at balance date.  
(Last year \$0)

	<b>2015</b>	<b>2014</b>
	\$	\$
Operating Lease Commitments		
Total lease expenditure contracted for at balance date but not provided for in the accounts:		
Payable:		
Not later than one year	299,951	276,554
Later than one year but not later than 2 years	262,811	276,554
Later than 2 years but not later than 5 years	488,551	708,503
Later than 5 years	37,581	37,581
	<u>1,088,894</u>	<u>1,299,192</u>
Representing:		
Non-cancellable operating leases	<u>1,088,894</u>	<u>1,299,192</u>

Vehicle leases are for a 36 or 45 month period. The final expiry date of vehicles leased is April 2017. Premises leased are for a non-cancellable term of 6 years, expiring 26 August 2019, with 2 further rights of renewal of 4 years each.

## 4.6 Notes to the financial statements (continued)

### 8. Contingent Liabilities

There were no material contingent liabilities at balance date.  
(Last year \$0)

### 9. Intercompany Accounts

	2015	2014
	\$	\$
Current Assets		
Comprehensive Care Limited	-	62,182
Innovation Health Systems Limited	78	39
	<u>78</u>	<u>62,221</u>
Current Liabilities		
Comprehensive Care Limited	405	-
	<u>405</u>	<u>-</u>
Total Intercompany Accounts	<u>(327)</u>	<u>62,221</u>

### 10. Related Party Transactions

The company is a subsidiary of Comprehensive Care Limited. The company has a management contract with Comprehensive Care Limited. During the year Comprehensive Care Limited charged a management fee to Waitemata PHO Limited of \$2,090,004 (Last year: \$2,090,004). Comprehensive Care Limited paid expenses on behalf of Waitemata PHO Limited totalling \$142,343 (Last year \$85,998). Waitemata PHO Limited paid expenses on behalf of Comprehensive Care Limited totalling \$2,535,010 (Last year: \$1,842,385). Waitemata PHO Limited received income on behalf of Comprehensive Care Limited totalling \$51,750 (Last year: Nil). All amounts were reimbursed apart from amount owing at balance date from Waitemata PHO Limited of \$405 (Last year: \$62,182 owing to Waitemata PHO Limited).

Comprehensive Health Education Services Trust Limited (CHEST) is also a subsidiary of the company's parent, Comprehensive Care Limited. Waitemata PHO Limited paid expenses on behalf of CHEST totalling \$9,374 (Last year: Nil). All amounts were reimbursed at balance date.

Directors and related medical practices have balances and transactions with the Company on normal business terms regarding primary health care.

There were no amounts written off or forgiven during the year (Last year: Nil).

## 4.7 Auditor's report



### **INDEPENDENT AUDITOR'S REPORT**

#### **TO THE SHAREHOLDER OF WAITEMATA PHO LIMITED**

We have audited the financial statements of Waitemata PHO Limited on pages 15 to 25, which comprise the statement of financial position as at 30 June 2015, and the statement of comprehensive income, statement of changes in equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

This report is made solely to the company's shareholder, as a body, in accordance with Section 207B(1) of the Companies Act 1993. Our audit has been undertaken so that we might state to the company's shareholder those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's shareholder as a body, for our work, for this report, or for the opinions we have formed.

#### **Directors' Responsibility for the Financial Statements**

The directors are responsible for the preparation and fair presentation of these financial statements in accordance with New Zealand equivalents of International Financial Reporting Standards applying Differential Reporting concessions and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation

## 4.7 Auditor's report



and fair presentation of financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluating the presentation of the financial statements.

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

Other than in our capacity as auditor we have no relationship with, or interests in, Waitemata PHO Limited.

### Opinion

In our opinion, the financial statements on pages 15 to 25 present fairly, in all material respects, the financial position of Waitemata PHO Limited as at 30 June 2015 and its financial performance for the year ended on that date, in accordance with New Zealand equivalents of International Financial Reporting Standards applying Differential Reporting concessions.

A rectangular box containing the handwritten signature "RSM Hayes Audit" in blue ink.

**RSM Hayes Audit**

1 October 2015

Auckland

## 5

## Programmes, services and performance

Forty experienced staff, most with clinical health qualifications, provide the following health services to enrolled patients and the wider community, and support services to member General Practice Teams.

### 5.1 Service provision

#### Care Plus

Care Plus is a subsidised programme that general practice teams can utilise to support patients with the management of their health. The patient has an initial comprehensive assessment, where their health needs are explored in depth. An individual care plan that has realistic, achievable health and quality of life-related goals, including regular follow-ups, is then developed with the patient. The programme provides support in the management of long-term health conditions or end-of-life needs, assists patients with a more in-depth understanding of their conditions, and encourages them to make healthy lifestyle changes.

Care Plus funding is provided by estimating likely need based on demographic characteristics. Waitemata PHO's enrolled patients have a significantly greater need and usage of this programme than our funding provides for.

<b>Care Plus net eligible</b>	12958
<b>Care Plus enrolled</b>	14410
<b>Care Plus enrolment</b>	111.21%



Above: The Quit Bus visited Hato Petera students

## 5.2 Services provided to improve access to primary health care for high need groups

To address health inequality by removing barriers to access, demographically appropriate services are available to those enrolled with Waitemata PHO and who are Māori, Pacific, migrant, refugee or from a lower socio-economic group.

### Community project vouchers

This initiative aims to address inequalities of timely and affordable access for the enrolled population and to also reach the non-enrolled population. A voucher valued at \$35 is supplied to an individual to assist with the cost of the GP visit. The vouchers are held by the following community-based groups: Salvation Army (Glenfield), North Shore Women's Centre (Glenfield), Women's Refuge (North Shore and Rodney), Homebuilders (Warkworth) and Rodney Women's Centre (Warkworth).

### Radiology

Where an x-ray or ultrasound is required by the GP for the wellbeing of the patient and the following criteria are met, the procedure will be paid for by Waitemata PHO.

- The waiting list at the hospital is sufficiently long that the patient may be detrimentally affected if they have to wait
- The patient does not have private medical insurance
- The patient cannot afford to pay for the procedure.

### Skin lesion removal

To allow the patient timely access to general practices for cancerous skin lesion removal. This initiative has been running successfully for more than ten years.

### Terminal care

This service allows patients to access home-based, practice team (GP and practice nurse) services at no cost, lifting the financial burden on patient and whānau in the last months of life. Māori whānau, Pacific aiga and Asian families generally prefer to have family members die at home but often cannot afford the practice team services required. Inequalities exist for these people due to the lengthy waiting time for hospice services, resulting in undue emotional and financial stress on patients and their families.

### Youth sexual health

This funding provides free treatment and advice, including contraception, sexually transmitted infection screening and health education, on sexual and reproductive health for under 23-year-olds, presenting for consultation at a general practice.

In addition, the student health clinics at Massey University have a pivotal part to play in reducing the prevalence of sexually transmitted infections as there are numerous opportunities for contact with students over a sustained period of time. These young people often do not present within general practice. Removing financial barriers for students is one way to encourage attendance at these clinics.

The programme aims to increase the awareness of the target population (identified as students under 25 years) of the risks and impact of sexually transmitted infections, and to encourage the reduction of risky behaviours through early diagnosis and treatment. Additional benefits include increased opportunity to discuss cervical screening and to screen for partner abuse during a consultation.

### 5.3 Health promotion services and activities

Health promotion delivers healthy lifestyle and chronic illness information across the community.

#### Diabetes Week health check event – Tawa Drive Business Park

To support Diabetes Week in November 2014 we provided a free health check event for residents of the 42 Tawa Drive business complex.

Staff from all businesses located on site were invited to have their body mass index, blood pressure and glucose levels checked. A mobile HbA1c diabetes monitor was on site for anyone who had a random glucose reading >8.0 mmol/l. Participants also had the opportunity to meet with the Smokefree Communities Quit Bus team.

In total, 38 checks were provided and summary advice was given where needed.

#### Women’s Wellness Day

The second Waitemata PHO Women’s Wellness Day was held at the AMI netball centre, Northcote, in February 2015. The event provided an opportunity for women to talk with a range of health providers and to attend presentations on nutrition and healthy lifestyles.

Waitemata PHO, supported by Massey University nursing students and a Waitemata DHB primary care nursing team, provided 97 free health checks. Health provider organisations representing a wide variety of services, programmes and activities also participated.

Waitemata DHB Bowel Screening Project, Breast Cancer Foundation and Te Hā Oranga supported, helped organise, and participated in the event.

We were entertained by the fabulous (Beach Haven) Haven Uke Group.

#### Men’s Health Check

Now in its seventh year, the Men’s Health Check event, held at the RSA in Birkenhead in June 2015, continues a partnership with Age Concern North Shore.

This year 92 men participated in a free health check, which included the opportunity to have free spot/mole and gout checks and to talk with health providers.

The health checks were provided by Waitemata PHO registered nurses assisted by a team of Massey University nursing students. In addition, Massey University dietetic masters students provided nutritional advice and smoking cessation support was provided by the Waitemata PHO Quit Bus team.



Above and left: The Men’s Health Check event at Northcote, with Waitemata PHO staff and Massey University nursing students.

## New Direction: Pre-diabetes pilot programme

Diabetes is increasing globally. It is predicted that there will be 552 million people with diabetes worldwide by 2030. Increases in diabetes are strongly linked with increases in obesity rates. In many cases obesity leads to impaired glucose metabolism ('pre-diabetes') which, if left unchecked, may develop into type 2 diabetes.

As general practices carry out more Cardio Vascular Disease Risk assessments, awareness and then diagnosis of pre-diabetes will increase.

As there is currently little or no funding available for primary care to address the increasing number of people with pre-diabetes, Waitemata PHO are piloting an innovative eight-week programme for those diagnosed with pre-diabetes who have completed a Diabetes Self Management Education (DSME) workshop.

Four cohorts, with 10-12 participants each, took part in the pilot between January and August 2015.

Data from each group will be collected and compiled at the completion of the pilot. Data from the first cohort has provided an early indication of the success of the approach taken:

- Eight of the 11 participants completed the programme, with two participants transferring to a later date
- For four (50%) participants, their HbA1c fell below the pre-diabetes threshold of 41 – they are no longer diabetic
- Seven of eight participants experienced weight loss
- Six participants experienced an improvement in BMI

Participants reported positive changes at the end of the eight week programme and have been appreciative of the opportunity to participate in the pilot. Several identified the opportunity as a life changing experience.

It is hoped that the programme will be rolled out by early 2016.

## Programmes provided by Harbour Sport: Active Teens, Warkworth and Pacific Equipped, Auckland North

### Active Teens, Warkworth

This is the second year that the Active Teens programme has been provided by Harbour Sport in collaboration with Mahurangi College, Warkworth. Active Teens was piloted in April 2014 and continues to be delivered at Mahurangi College to participants aged 11–15 years.

The programme works with obese and overweight teens to make



Participants reported positive changes at the end of the eight week programme and have been appreciative of the opportunity to participate in the pilot.

Above: Desiree Lowe, dietitian, presenting at a Diabetes Self Management Education seminar.

measurable body change. Active Teens has a focus on personal accountability and aims to motivate teens in ways that are specific to them. High intensity, boot-camp style training results in health benefits including discipline, focus and a change in attitude about nutrition and fitness.

A total of 32 young people completed Active Teens over four terms. Results showed marked decreases in total body circumference measurements and body fat, and increases in strength, aerobic fitness, nutritional awareness and confidence levels.

Plans to address the withdrawal rate of registrations are in place for the 2015-16 year.

### Pacific Equipped

The Pacific Equipped project, launched in 2013, aims to increase participation in sport and recreation by Pacific youth. Initially targeting Pacific teen girls attending one North Shore secondary school, in term four 2015, coverage was extended to one intermediate school.

A total of 308 girls attended 40 sessions.

Waitemata PHO assists with funding to support the nutritional component of this programme.

### Programmes funded through the North Shore Women’s Centre

North Shore Women’s Centre (NSWC) provides a variety of services and programmes focusing on women’s health issues. Waitemata PHO continues to substantially fund two programmes: “It’s All About Me” and Tai Chi.



#### ‘It’s All About Me’

It’s All About Me is a two-day school holiday programme for girls aged between 11 and 16 years. It is delivered in two age groups, intermediate and secondary, by a skilled facilitator and looks at body image, self-care, self-defense techniques, developing self-awareness and setting personal boundaries.

Forty-one girls attended five programmes this year. Participants came from a range of ethnicities including Pākehā, Māori, Asian and African.

#### Tai Chi

During the past year 139 tai chi classes have been held by NSWC in Beach Haven, Glenfield and Devonport. The classes were attended by 1352 participants aged over 18 who were from a variety of ethnicities including Pākehā, Chinese, and Canadian. Predominately women attended.

Positive results for mental and physical wellbeing included an improvement in risk factors associated with cardiovascular disease and diabetes. Participants reported being less stressed, sleeping better, having greater flexibility and balance, and feeling calmer.

“I really like the focus on empowerment as a female. The people were amazing. I learnt so much.” - ‘It’s All About Me’ attendee, age 14

Above: Attendees at the It’s All About Me school holiday programme.

## **Programme funded through the Women's Centre Warkworth: 'It's All About Me'**

Following the proven success of Auckland North's 'It's All About Me' programme, funding was this year provided to enable the Women's Centre Warkworth to implement the same programme.

One programme, led by the facilitator who runs the Auckland North programme, was delivered to a secondary school age group (12-14). It was a resounding success, with 13 girls attending. Participants came from a range of ethnicities including Pākehā, Māori, Indonesian and Russian.

## **Funded support provided to community events and organisations**

- Devonport/Kaipatiki/East Coast Bays Skate Series
- Bayswater Primary School Kids' Duathlon
- Matakana School – Omaha Classic Fun Run
- Health Link North

## **Promotional activity in partnership with general practice**

- Men's Health Week
- Cervical Screening Awareness Month – including after hours clinics promotions
- Breast Screening Awareness Month
- White Ribbon – Taking a stand against violence towards women

## **Linkages with the community**

- Stand by Me launch, Takapuna
- Raeburn House – Health Presentations to Newcomers' groups, Auckland North
- Community network meetings
- Health Link North Board

## 5.4 Referred services management activities

### Diabetes services

Diabetes services offered include diabetes self management education courses, dietitian led supermarket tours and free consultations with dietitians at clinic locations throughout the Waitemata DHB area.

In addition, people with diabetes who are assessed as being at risk for foot disease have access to the Podiatry Service programme.

As part of our ongoing support for people with diabetes, in conjunction with Diabetes New Zealand Auckland branch, we provide a sharps container service which allows people to safely dispose of used needles and glucose strips.

Providing further education to practice nurses on diabetes/CVD has been a focus this year. We held courses promoting best practice guidelines which aim to reduce the incidence of complications (for example, on earlier insulin initiation). This year the course included a clinical rotation within the diabetes clinic at North Shore Hospital to promote nurses' knowledge and confidence.

### Diabetes Self Management Education (DSME)

The Diabetes Self Management Education three-week course is available for people who have been diagnosed with type 2 diabetes and pre-diabetes. The aim of the course is to improve their understanding of their condition, to empower and enable self-management.

Topics covered include pathophysiology, relevance of exercise, food groups, food labelling, a virtual supermarket tour, meal plans and recipe adaptation, associated complications, foot care, medications, treatment of hypoglycaemia and blood pressure.

### Podiatry

The Podiatry Services programme is a fully funded community-based service for people with type 1 and type 2 diabetes with at-risk diabetes foot disease. At-risk foot disease is classified at the patient's annual diabetes review by a member of the general practice staff using the Waitemata DHB foot risk category guideline. Patients are referred by their GP or practice nurse and are offered an appointment by a community-based podiatrist at time of referral.

### Diabetes eye screening

Diabetes Eye Screening is a fully funded community based service for people with diabetes. Patients are referred to the service by their GP or practice nurse and are seen within three months for their first or follow-up appointment.

Waitemata PHO provides a very successful retinal screening service. The service is run efficiently with a low "did not attend" rate of 5%. In addition to taking our mobile screening service to clinics around our region, we have a retinal screening clinic at our head office which is equipped to do extra clinics as we work towards achieving our targets.

*"Excellent service, many thanks for coming to us and we really appreciate the work you are doing". - Feedback received about the diabetes eye screening service.*

The service is constantly evolving to meet the needs of our patients which we monitor closely through annual surveys and feedback.

## Palliative care

When a person requires palliative care it is a stressful time for them and their whānau. The palliative care package assists in reducing the financial burden of palliative care by providing access to home-based practice team (GP and practice nurse) services at no cost.

Māori whānau, Pacific fono and Asian families generally prefer to have family members die at home but often cannot afford the practice team services required. Inequalities exist for these people due to the lengthy waiting time for Hospice services, resulting in undue emotional and financial stress on patients and their families.

## Mental health

Changes in funding in 2014 limited the provision of free psychological services by the Waitemata PHO Mental Health team.

In response, the team launched a low cost, fee paying service, offering one-on-one and group therapy, and extending its scope.

To ensure that the group therapy sessions are accessible to as many clients as possible, the Mental Health Team offers three groups per week in two locations. In addition, the Mental Health team provides support for Diabetes Self Management Education courses, nurse education and the Smoking Cessation team.

Continued research on outcomes from the services we provide show their effectiveness.

## Quit Bus

Quit Bus is a mobile stop smoking service provided since July 2014, in partnership with Counties Manukau DHB and NGO Transitioning Out Aotearoa. The service continues to grow and receive positive feedback and recognition.

Over the past year, we have regularly attended community events and visited youth organisations, schools and workplaces; these visits reflect the type of service that the community want.

We have also joined with businesses that are supporting their workers to quit smoking, reaching out to industries that employ high numbers of Māori and Pacific people. Gaining the employers' commitment to better health for staff has been the key to taking the service to people during work hours.

Social services such as WINZ and the Monte Cecilia Housing Trust are regularly included in the Quit Bus schedule.

The Quit Bus has become an essential part of stop smoking services in the region.

## Auahi Kore - Weaving Wellness

Auahi Kore Weaving Wellness is an innovative community based project to support and strengthen Auahi Kore with hapu wāhine, whānau and wider whānau (friends) associating smokefree lifestyles with Maori wellbeing, culture and traditions.



Above: Mema having her carbon monoxide test on the Quit Bus at her workplace in West Auckland.

Mema is now proud to be Smokefree!

## 5.5 Consumer satisfaction and complaints summary

### Introduction

We welcome feedback from consumers and community groups as well as the workforce to which we provide services. We receive unsolicited feedback, positive and negative, on services provided directly and on services provided by member general practice teams.

### Workforce development

Training and professional development in the form of Continuing Medical and Continuing Nursing Education sessions is scheduled annually. We seek feedback via satisfaction surveys. Responses include: 'Good resources, thank you', 'more confidence in discussion with patients', and 'may use examples of how to talk with parents when trying to reach with outreach'.

Additionally, we support our GPs through peer review group sessions, which cover clinical, sector updates and regional activity work underway. Our aim is to ensure consistent messaging and information transparency for those working at the coalface.

Nursing leadership development has supported a cohort of nurses to attend a regional workshop in 2015 to assist our aim of recruiting, retaining and developing future nurse leaders. Nursing education for Diabetes, CVD risk assessment and GASP respiratory training has undergone significant review in 2015, with the inclusion of clinical placement and assessment.

Feedback has included: 'Wonderful opportunity to engage and learn with the patient.'

### Diabetes services for patients

Comments from participants in Diabetes Self-Management Education groups included 'Excellent course- interesting and well presented and most beneficial', and 'For a pre diabetic, this course has been a very good wake up and will help me manage my future health'.

The majority of Retinal Screening patients are very appreciative that we provide a mobile service travelling to them, especially for those outside Auckland city, including Wellsford, Warkworth and Red Beach.

### Smokefree services

Client satisfaction surveys at the end of each facilitated group have been very positive. Several staff also received individual feedback about the quality of their interventions and support.

### Psychology services

The Managing Mood groups receive very positive feedback from clients. One client said that the skills he had learnt in the group had immense value. Another client made a belt that illustrated the impact the group has had and the journey she has taken.

### Responses from general practice teams

Unsolicited positive feedback, verbal and written, is frequently provided. We are known as knowledgeable, well-resourced, and helpful in both business (for example, Cornerstone audits) and clinical

(for example, professional development and continuing education) spheres.

Comments like, 'I would like to thank you and your team for the wonderful job you do in supporting us in the practice' are typical.

We continue to work with practices to help them better understand population demographics and funding stream reports. We have also made changes to increase security of data transmission.

In the last 12 months we have made significant improvements in consultation with practices, and in improving response times for fixes and enhancements with IT tools.

### Health promotion

School staff commented on Pacific Equipped: 'The programme has had a big impact on the girls academically. Teachers have noticed positive changes in the girls involved.'

Feedback from It's All About Me participants included: 'I gained skills in self confidence and self-defence which helped me learn about myself' (age 16) and 'I will respect my body. I will use self-defence if needed. Everybody's beautiful in their own way (age 12).

Feedback from parents included: 'I felt a change in her. She seems more open and confident, although she is not one to talk too much about it. I'm glad I sent her and will recommend it to other mothers/girls' and 'she really enjoyed the self-defence and that generated family conversation.'

Tai Chi participants consistently remark on improvements in their health and wellbeing.

## 5.6 Issues and exceptions report

Waitemata PHO has identified risks in the podiatry services provided to our enrolled population with diabetes.

The podiatry service has been significantly impacted by a District Health Board Service Specification change eliminating the ability of podiatrists to charge a consultation co-payment. The PHO consultation payment rate has been increased to offset this co-payment elimination; however this has been undertaken within the constraints of a fixed funding envelope. The demand for diabetic foot consultations is ever increasing and this in conjunction with funding changes has resulted in limitation for patients access to diabetic foot consultations.

During the course of the year access to consultations has been limited to:

- Risk 2-4 diabetic foot only (typical access 1-4)
- Prioritisation to Maori and Pacific enrolled population

Significant threshold management will continue to be applied in this area of critical clinical need to ensure we are operating within our fixed operational budget. Where possible, patients with higher clinical need outside the scope of our existing contract will be referred to secondary care services.

## 5.7 Service levels

Waitemata PHO practices provide services to an enrolled population of 240,592. Each year those patients make 734,959 GP visits and 186,359 visits to nurses and other health professionals. Approximately 250 GPs and 260 nurses provide those services.

		Practice size		
		Less than 5,000	5,000 to 10,000	More than 10,000
<b>GP visits/Enrolled population</b>	Minimum	2.17	1.85	1.62
	Average	3.16	3.15	2.81
	Maximum	4.84	3.83	3.44
<b>Other visits/Enrolled population</b>	Minimum	-	0.00	0.23
	Average	0.37	0.53	1.40
	Maximum	1.96	2.76	2.96
<b>Total visits/Enrolled population</b>	Minimum	2.28	2.68	2.79
	Average	3.52	3.68	4.21
	Maximum	6.20	5.05	6.22

		Practice size		
		Less than 5,000	5,000 to 10,000	More than 10,000
<b>Enrolled population/GP FTE</b>	Minimum	224	1,168	1,280
	Average	1,296	1,500	1,953
	Maximum	2,805	1,994	2,903

## Waitemata PHO fee levels

Fee levels for Waitemata PHO member practices are set, reviewed, and published on our website ([www.comprehensivecare.co.nz](http://www.comprehensivecare.co.nz)) by age band for each practice, and advised to Waitemata DHB in accordance with the Services agreement.

Age bands for fees are under 6 years, 6-17 years, 18-24 years, 25-44 years, 45-64 years, and 65+ years. Fees are \$0 for most under 6 year olds.

From 1 July 2015 most member practices will offer zero-fee visits for children under 13.

Age range	Very Low Cost Access practice	Non VLCA practices
0-6 yrs	\$0	\$0 – \$15
6-17 yrs	\$0 – \$11.50	\$15 – \$48
18-24 yrs	\$15 – \$17.50	\$31 – \$59.50
25-44 yrs	\$15 – \$17.50	\$35 – \$59.50
45-64 yrs	\$15 – \$17.50	\$35 – \$59.50
65+ yrs	\$0 – \$17.50	\$31 – \$59.50

## 5.8 Volume based contracts

Primary Lifestyle Options service performed slightly above contract, an improvement of 9 percent compared with 2013-2014. This achievement is significant in the presence of the resource-intensive and increasing complexity of patients' needs.

This financial year has seen a drop in smoking cessation contracts. Pregnancy Smokefree only attained 34 percent this year, down 39 percent from last financial year. After over performing last year, Asian and Whānau contracts fell slightly below annual contract requirements at 80 percent and 77 percent respectively.

Long-term condition contracts on the whole performed well. Diabetes Self-Management Education (DSME) performance is up 13 percent from the previous year, although it is still below contract requirements.

Diabetes Annual Review and Care Improvement performance has progressively improved since its implementation in 2012 and has exceeded targets.

Volume contracts				
	Contract name	Contract volume	Actual volume	Variance
Smokefree	Pregnancy Smokefree	420	144	34%
	Asian Smokefree	420	334	80%
	Whānau Smokefree	300	231	77%
Lifestyle Options	Lifestyle Options	1333	1738	106%
Long-term Conditions	DSME	508	282	56%
	Palliative Care	81	95	117%
	Diabetes Annual Review	5255	6191	118%
	DCIP	2965	2738	92%
	Podiatry	1199	1423	119%
	Retinal Screening	4460	3702	83%

Key	> 95% Contract	
	85% - 95% Contract	
	< 85% Contract	

### 5.9 Health targets

We have remained on track with health targets this year. Brief advice for smokers exceeded target by 4.1 percent (94.1%). Cardiovascular Disease Risk Assessments (CVDRA) fell short of target by less than one percent (89.4%); however this has improved by 2.4 percent over the course of the year. The target for eight-month-old immunisations has increased from 90 percent to 95 percent this year, and Waitemata PHO fell just short of the new target by 2.9 percent (92.1%).

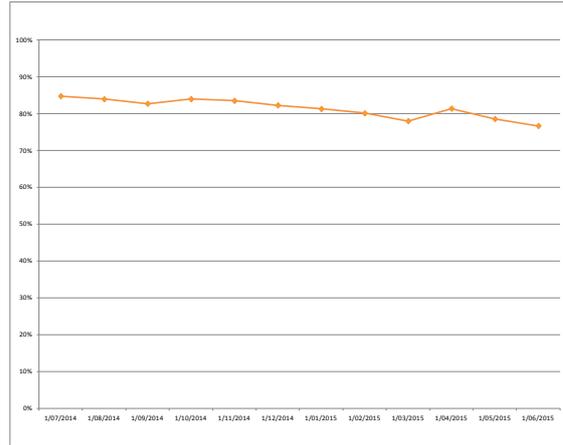
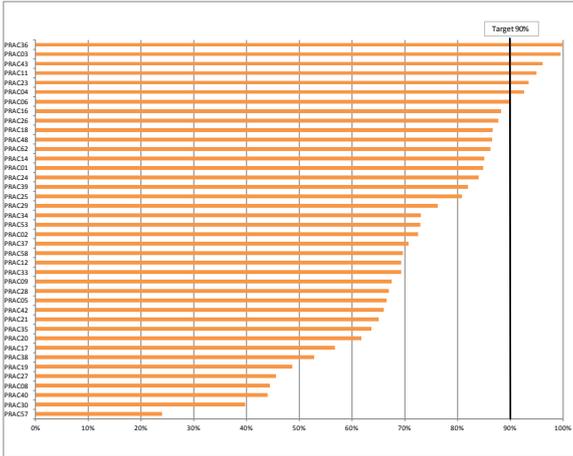
### Health targets summary 2014/2015

Health targets	 <p>Better help for Smokers to Quit</p>	 <p>More Heart and Diabetes Checks</p>	 <p>Increased Immunisation</p>
Target	90%	90%	95%
Waitemata PHO result	94.1%	89.4%	92.1%
Variance to target	4.1%	-0.6%	-2.9%

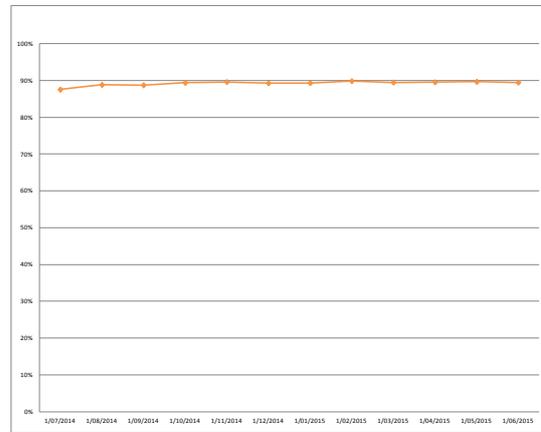
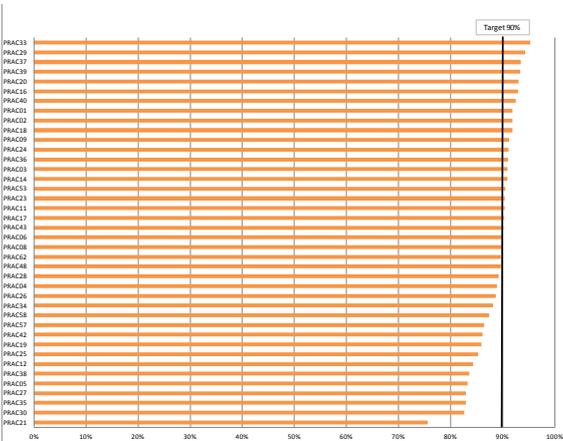
Analysis by practice illustrates which practices did not achieve a particular target, and enables Waitemata PHO to focus resources and support. Although anonymised, the data also demonstrate that different practices have strengths in different areas, facilitating peer support.

Not all practices are included, due to differences in patient management systems.

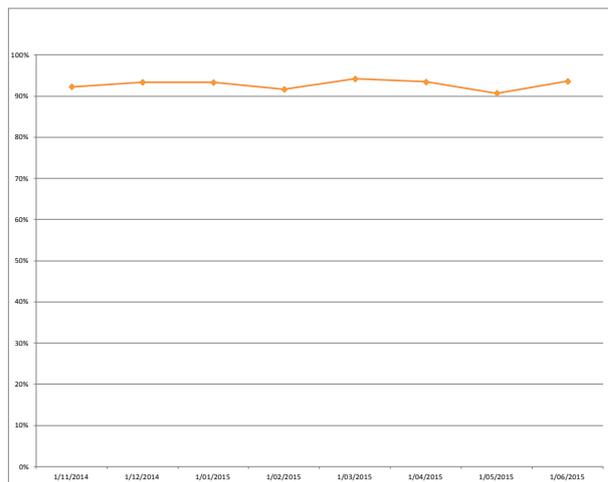
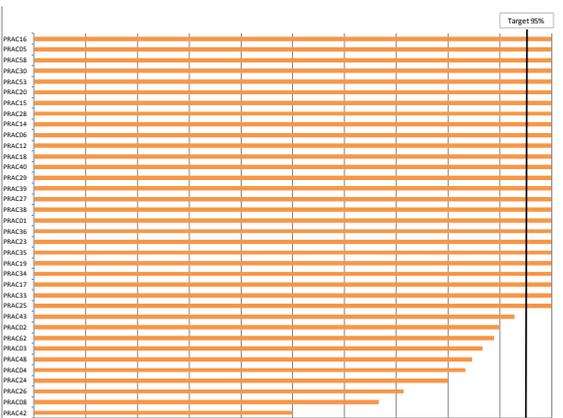
### Unadjusted smoking brief advice, 12 months to June 2015



### CVD risk assessment, 12 months to June 2015



### 2 year olds immunisations, 12 months to June 2015



## 5.11 Collaboration and alliances

### **Auckland Regional After Hours Network**

Waitemata PHO is a member of the Auckland Regional After Hours Network (ARAHN), which supports general practices to meet their contractual obligations to provide full patient access. ARAHN is a partnership of all the DHBs, PHOs and a consortium of A+Ms in the Auckland region, working to improve access and consistency of after-hours services in the region. As a member of the network, we contribute to the funding of population targeted subsidies and telephone triage services to improve service access, and the development of service specifications to meet population needs.

### **District Alliance**

Waitemata PHO remains a member of the District Alliance Agreement: Waitemata and Auckland Districts.

The purpose of the partnership is to create a future health system and design services across Waitemata and Auckland districts as an alliance of DHBs, primary health care partners, Mana Whenua and Mataawaka partners. The strategic approach focuses around patient and whānau determined care and is designed and delivered using a locality framework.

## 6

## Business Support Services

Comprehensive Care provides management and business support services to Waitemata PHO Ltd.

These services include:

- Information management and systems support
- Project management
- Finance (accounts payable, accounts receivable, payroll, general ledger management and annual financial auditing and reporting)
- Register and claims administration and management
- Human resources
- Communications
- Facilities, and
- Contract management (funding and procurement)

The team has led or supported a number of important projects over the past year, especially in the area of information technology.

In December 2014 the Board signed off on the Information Management Strategy which has six key strategies:

- A single source of truth
- Close the loop with stakeholders
- Self service access
- Standardisation
- Governance and control, and
- Rapid deployment and adaption

The business case for implementing the strategy was approved in March 2015 and by June 2015 the infrastructure for the implementation was in place.

In the next 12 months the data extraction and presentation layers are expected to be developed. This will improve reporting transparency for practices; population health analytical capability within the PHO; the timeliness, accuracy and relevance of information available to all stakeholders; and more effective, efficient and integrated information flows.

Between October 2014 and February 2015 we partnered with Enigma Solutions Ltd to submit a proposal in response to a Ministry of Health tender for designing a solution for a prostate cancer decision support tool. While we were unsuccessful in the tender, the work on the proposal with Enigma has forged a relationship that may generate other benefits in the future.

The exciting opportunity to adapt the GASP programme for Australia has gained momentum from November 2014. The customisation of the web form and the adaptation of the training/education programme

is progressing well. Integration with Australian patient management software is still under development.

Project Intuit (the INTegration and Upgrade of IT decision support tools) has also gained momentum through collating and documenting user and business requirements, and evaluating the best platform options for implementing the upgraded design.

In January 2015 the migration to a new register management system was completed.

In March 2015 a new online leave management system that is fully integrated with the payroll system was implemented.

In other areas, the team was pleased to be able to deliver savings for a number of practices when purchasing office supplies and medical refrigerators.

In February/March 2015 a significant amount of work went into completing a self evaluation of how Waitemata PHO meets the minimum requirements of its PHO Service Agreement.

Among other things, in the following year the team will focus on the ongoing development and implementation of:

- The clinical quality reporting framework
- The information management and reporting strategy
- The communications strategy

### **Managing our registers**

A primary function of the PHO is to manage and ensure the accuracy of our enrolment register. Our Practice Liaison team audited one third of our practices in the 2014/2015 year: an intensive process that checks the currency and accuracy of all patient data.

## 7

## Clinical Directorate and Workforce Development

The Clinical Directorate has had some personnel changes this financial year.

Dr Ajay Makal started as Clinical Director, Professional Development and GP Liaison in June 2014. In October 2014 Dr Andre George started as Clinical Director, Health Outcomes and Dr Jenni Waddell started as Clinical Director, Strategic. Rachael Calverley is the Director of Nursing.

Key projects underway include:

**Review of GASP NZ package:** Review of the Giving Asthma Support to Patients (GASP) tool and education package delivered to nurses is underway to ensure alignment with current guidelines.

**Development of the GASPAUS package:** Customisation of the GASP tool and education package for the Australian market is underway.

**Collaborative mental health and addictions credentialing programme for primary health care nurses:** A pilot credentialing programme, adapted from the successfully evaluated Manaia PHO work, has been developed and is being delivered.

The programme provides a centralised learning programme for 30 primary health care nurses from across the three Auckland DHBs. It focusses on supporting nurses with translating knowledge and skills into every day practice.

The content, delivery and future sustainability of the programme will be independently evaluated.

**Professional Development and Recognition Programme (PDRP):**

The Director of Nursing and two nursing assessors from the PHO continue to mark PDRP portfolios.

Participation in marking for the Waitemata DHB Level Four Portfolio Panel is undertaken to ensure a primary health care lens is applied to primary health care submissions.

Additionally, nurses in practice are supported by the Director of Nursing and Nurse Leader - Workforce Development with professional development advice. Other nurses within the practices and PHO also take part in formal supervision and coaching.

**Clinical Quality Group:** This internal group consists of Clinical Directorate, Practice Liaison team and Long-term Conditions team members. The team was assembled in August 2014 to address health target achievements and to focus on CVD risk assessment, smoking cessation brief advice, a review of diabetes volumes, mental health, and immunisations.

Other than targets, areas looked at include clinical pathways, portals,

and complaints.

**Auckland DHB and Waitemata DHB Primary Health Care**

**Nursing Strategic Framework:**

This framework has been worked on by the Auckland DHB and Waitemata DHB Primary Health Care Nursing Reference Group which meets monthly. The framework was presented to the Auckland DHB/Waitemata DHB Alliance Leadership Team and Community and Public Health Advisory Committee with positive feedback. The next step will be to work collaboratively on an implementation plan.

**Leadership study days:**

Waitemata DHB funded 14 nurses from general practice and Waitemata PHO to attend two leadership study days.

**Professional Development**

**and Education:** 19 sessions of Continuing Medical Education/ Continuing Nurse Education were arranged for the 2015 calendar year, based on General Practice survey feedback. Mandatory Child Protection Training for practice teams has been provided at approximately quarterly intervals: a new initiative based on a successful collaborative pilot with Waitemata DHB.

**Peer review groups:** Waitemata PHO hosts nine GP peer review groups, run by Dr Ajay Makal with the support of Dr Andre George and Dr Jenni Waddell. These well attended groups look at clinical topics relevant to general practice,

topical subjects within the sector including development of Clinical Pathways, general practice transparency of information, socialised IPIF practice identifiable data, and have promoted patient portals with the help of Dr Heidi MacRae and her team at Medplus.

**Clinical Advisory Group:** The Clinical Advisory Group, chaired by Dr Jenni Waddell and run by Rachael Calverley, had its first meeting in October 2014. The group comprises PHO staff, DHB staff, GPs, practice nurses, practice managers, an AUT leader, and a consumer.

The group deals with matters escalated to it from the internal Clinical Quality Group. The group is responsible to the PHO Board, and from there, if necessary, to the monthly Auckland-wide Metro Auckland Clinical Governance Forum which Dr Jenni Waddell and Rachael Calverley sit on.

**Primary-secondary care interface:** The Clinical Directorate has been effective in raising the PHO's profile with Waitemata DHB and we are widely represented on Waitemata DHB groups.

**Dynamic clinical pathways:** Along with the Practice Liaison team, Dr Ajay Makal has been involved in training Waitemata PHO practices in Dynamic Clinical Pathways. At 30 June 2015, five practices were enabled for dynamic clinical pathways, with more scheduled later in 2015.

**Palliative Care clinical working group:** Dr Ajay Makal participated in this group which was run by Waitemata DHB. This group looked at Canterbury Pathways and localised it to the Waitemata DHB region and then passed on the final draft to the wider Auckland Regional Clinical Pathways group to be incorporated into a website that will go live later in 2015.

## 8

## Member practices and their clinical locations

Albany Basin Accident and Medical	Unsworth Drive & Upper Harbour Highway, Albany, Auckland
Albany Family Medical Centre	368 Albany Highway, Albany, Auckland
Archers Medical Centre	130 Archers Road, Glenfield, Auckland
Beachhaven Medical	330 Rangatira Road, Beach Haven, Auckland
Belmont Medical Centre	3 Williamson Avenue, Belmont, Auckland
Birkdale Family Doctors Ltd	93 Birkdale Road, Birkdale, Auckland
Birkenhead Medical Centre	4 Rawene Road, Birkenhead, Auckland
Browns Bay Family Doctors	65 Clyde Road, Browns Bay, Auckland
Browns Bay Medical Centre	32 Anzac Road, Browns Bay, Auckland
Byron Medical	2 Byron Avenue, Takapuna, Auckland
Coast to Coast Health Care	220 Rodney Street, Wellsford
Coastcare Accident & Medical Centre	Shop 9, Red Beach Road & Bay Street, Red Beach
Coastcare Birkenhead	121 Birkenhead Avenue, Birkenhead, Auckland
Coastcare Chartwell	31 Chartwell Avenue, Glenfield, Auckland
Devonport Medical Centre	82 Lake Road, Narrow Neck, Auckland
Dodson Medical Centre	4 Dodson Avenue, Milford, Auckland
East Coast Bays Doctors	512 East Coast Road, Windsor Park, Auckland
Family Medicine Birkenhead	29 Birkenhead Avenue, Birkenhead, Auckland
Fenwick Medical Centre	3 Fenwick Avenue, Milford, Auckland
Fred Thomas Health Family Medical Centre	2 Fred Thomas Drive, Takapuna, Auckland
Glenfield Doctors on Chartwell	52 Chartwell Avenue, Glenfield, Auckland
Glenfield Medical Centre	452 Glenfield Road, Glenfield, Auckland
Health+Counselling Centre, Massey University	Student Central, Albany Expressway, Albany, Auckland
HealthZone	17 Antares Place, Rosedale, Auckland
Hibiscus Coast Medical Centre	13 Moana Avenue, Orewa
Integrated Medical Centre	511 South Titirangi Road, Titirangi, Auckland
Kelston Medical Centre*	8 Archibald Road, Kelston, Auckland
Kitchener Road Medical Centre	174 Kitchener Road, Milford, Auckland
Kowhai Clinic	424 Glenfield Road, Glenfield, Auckland
Kowhai Surgery	10 Percy Street, Warkworth
McLaren Park Medical Centre*	83 Bruce McLaren Road, Henderson, Auckland
Medplus	327 Lake Road, Hauraki, Auckland
North Harbour Medical Centre	Unit 16 / 326 Sunset Road, Windsor Park, Auckland
Northcote Point Doctors	73 Onewa Road, Northcote, Auckland
Onewa Doctors	225 Onewa Road, Birkenhead, Auckland

Silver Fern Medical Centre	Unit 12, 5-19 Factory Road, Waimauku
Silverdale Medical	7 Polarity Rise, Silverdale
Snells Beach Medical Centre	Mahurangi East and Dalton Roads, Snells Beach, Warkworth
Sunnynook Medical Centre Ltd	119 Sunnynook Road, Forrest Hill, Auckland
Sunset Road Family Doctors	Unit 3/317 Sunset Road, Sunnynook, Auckland
Takapuna Healthcare	25 Bracken Avenue, Takapuna, Auckland
The Doctors, New Lynn*	19 Delta Avenue, New Lynn, Auckland
Torbay Community Doctors	987 Beach Road, Torbay, Auckland
Torbay Health	1042 Beach Road, Torbay, Auckland
Waiake Medical Centre	1 Hebron Road, Waiake, Auckland
Waitakere Union Health	55 – 75 Lincoln Road, Henderson, Auckland
Warkworth Medical Centre	11 Alnwick Street, Warkworth
West Harbour Medical Centre	86 Oreil Avenue, West Harbour, Auckland
Westview Medical Centre*	5 Glendale Road, Glen Eden, Auckland

\* a member of National Hauora Coalition  
(Waitemata DHB area)

PO Box 104221, Lincoln North, Auckland 0654

# 9

---

## Contact information

**Street address:** Building A, 42 Tawa Drive, Albany, Auckland 0632

**Postal address:** PO Box 302163, North Harbour, Auckland 0751

**Telephone:** 09 415 1091

**Fax:** 09 415 1092

**Email:** [info@comprehensivecare.co.nz](mailto:info@comprehensivecare.co.nz)

**Website:** [www.comprehensivecare.co.nz](http://www.comprehensivecare.co.nz)

**Chief Executive cellphone:** 021 437267





---

Waitemata PHO  
Annual Report  
2015

Published  
October 2015



---

in association with  
**waitemata**  
pho