



in association with
waitemata
pho

Waitemata PHO Annual Report 2016



Contents

1 Introduction	4
2 Chair and Chief Executive reports	8
3 Board and senior staff profiles	10
4 Waitemata PHO Limited financial statements	13
5 Programmes, services and performance	35
6 Business Support Services	51
7 Clinical Directorate and Workforce Development	52
8 Member practices and clinical locations	54
9 Contact information	56

1 Introduction

Comprehensive Care in association with Waitemata PHO funds and supports General Practice Teams. We also deliver health programmes in local communities for all patients enrolled with us through their family doctor. Our health care programmes include support and education for people living with chronic conditions such as diabetes, heart disease and asthma, and supporting improvements for health of children and older adults.

We cover north and west Auckland, from Titirangi and Devonport to Wellsford, with practices 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.

Comprehensive Care also develops innovative clinical systems including systematic approaches to care of patients with cardiovascular disease, diabetes and respiratory disease. IT tools assist General Practice Teams 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 Practice, Non Government Organisations and other health providers in our community.

Our organisation has around 60 staff engaged in providing health care directly and in supporting our member General Practices. 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 - they are the way we do things. It is very important to us to use these values - when working together and with others.

Our mission

Improving the health and well being of all by the provision of best care



Our vision

Reaching optimal health for all



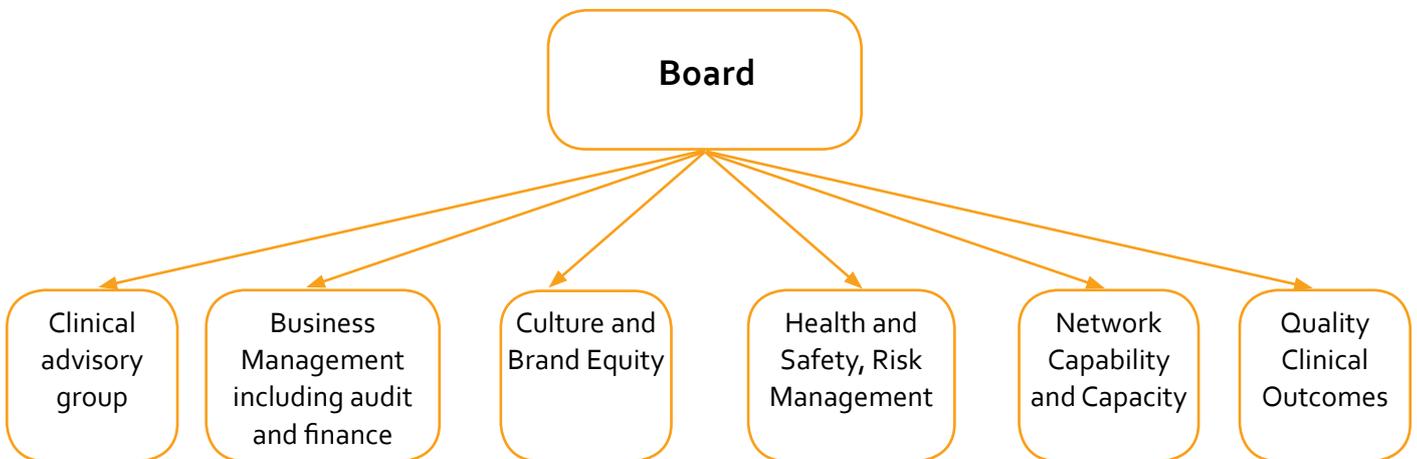
Our values

Our values are to be Dynamic and Accountable, to show Respect towards all others and to be able to be Trusted.



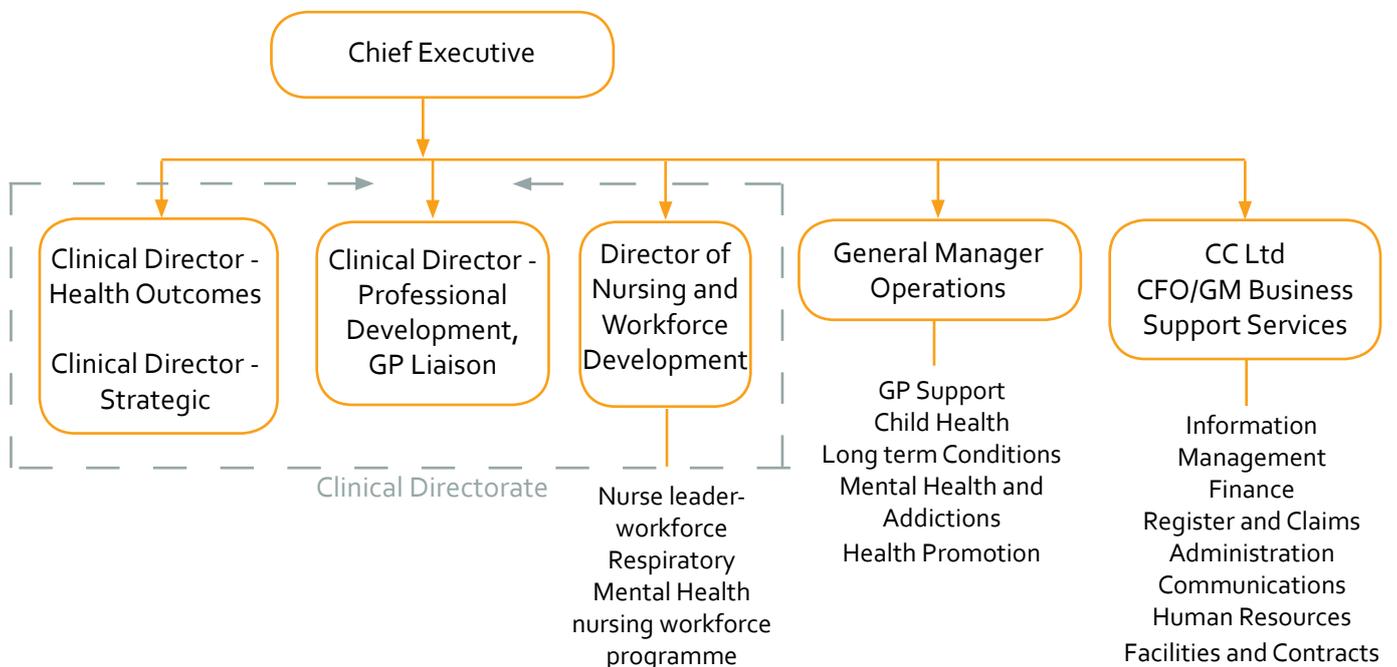
Governance structure

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

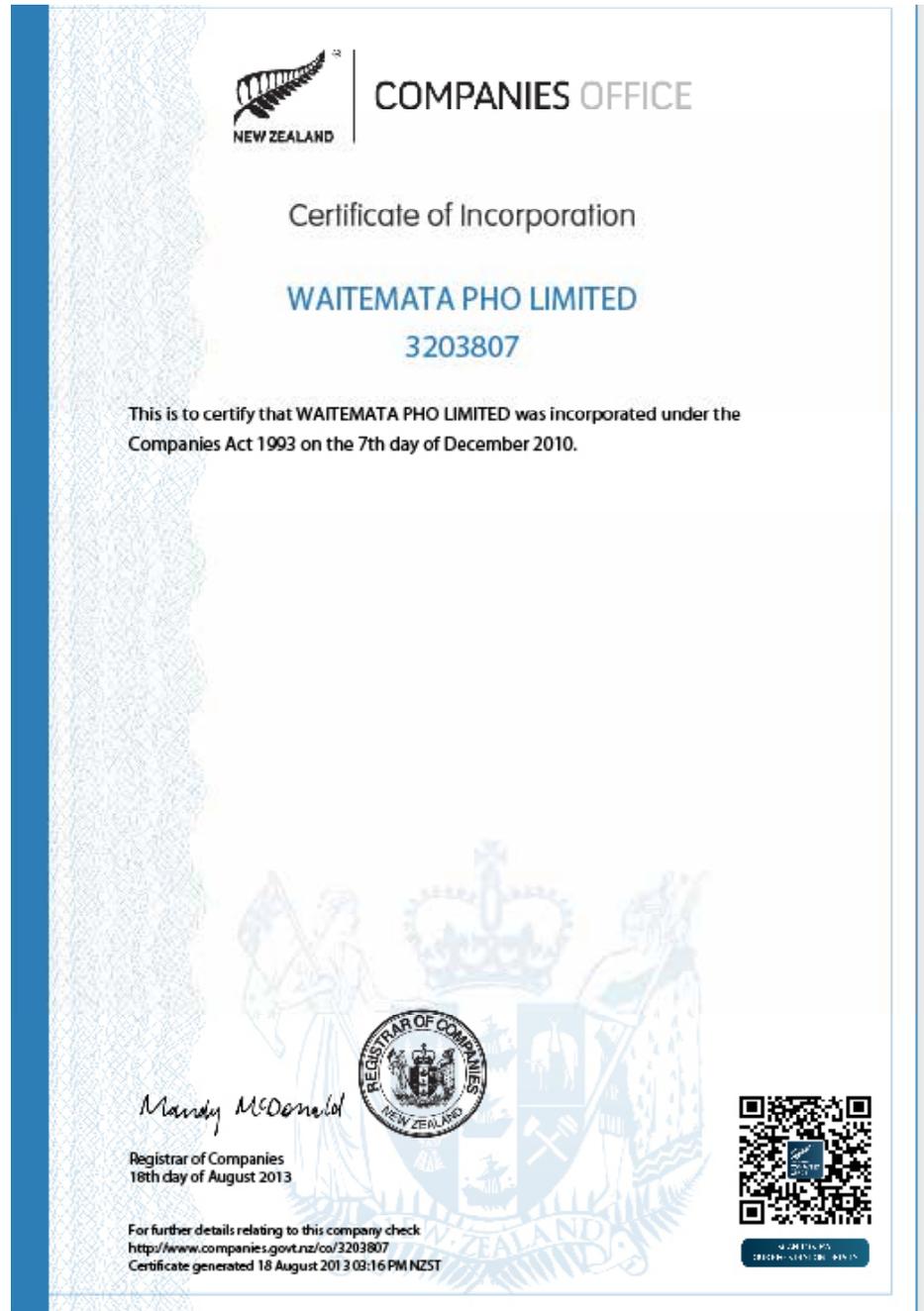


Organisation structure

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.



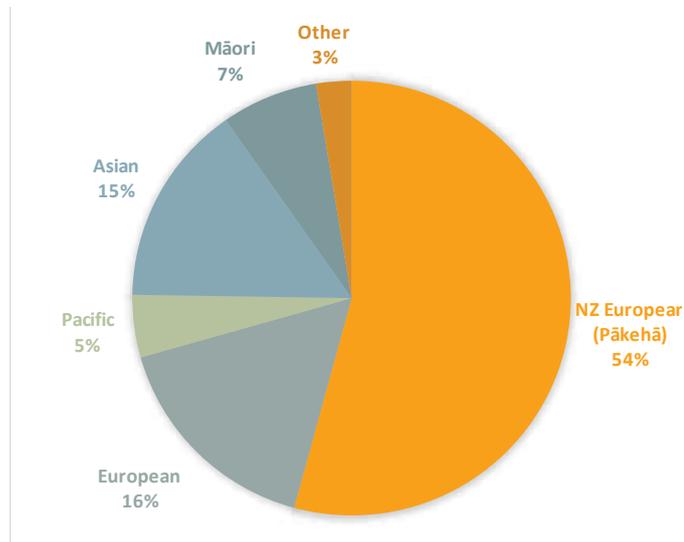
Waitemata PHO is a registered charity. The images to the right depict the registration of Waitemata PHO Limited as a New Zealand company and its charitable status.



At a glance

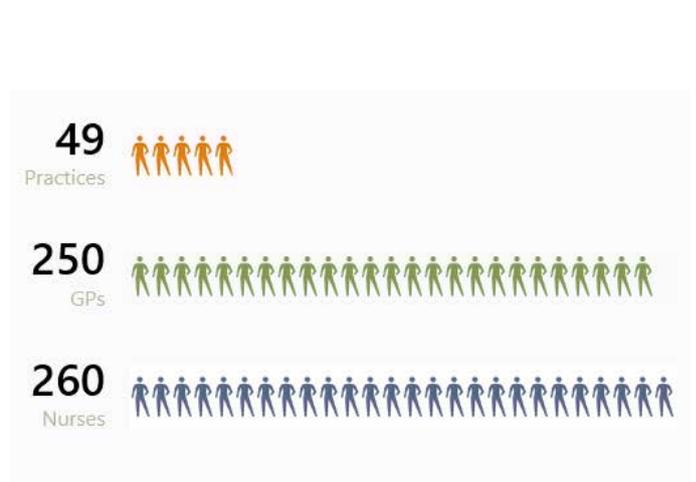
Our population

We provided care for 246,059 enrolled patients, an increase of 2.5 percent over the previous year.



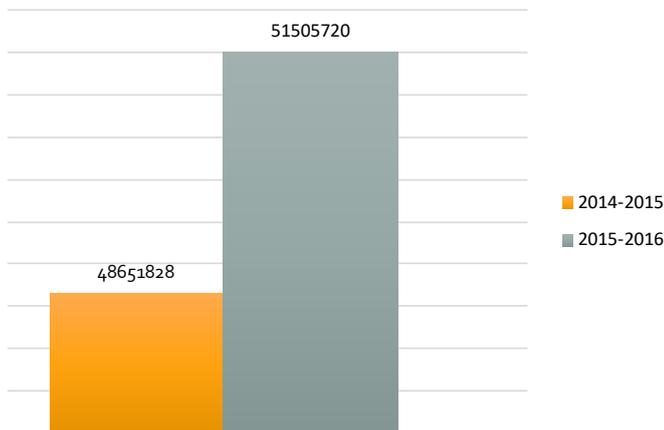
Our membership

We have approximately 250 GPs and 260 nurses providing care to patients in 49 member practices.



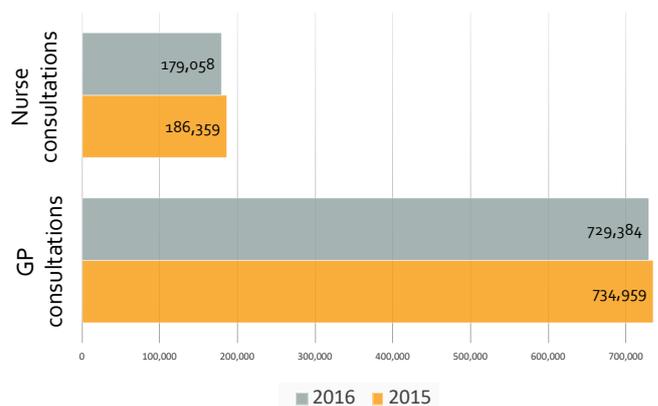
Our income

Income from health service contracts has increased 6 percent this financial year.



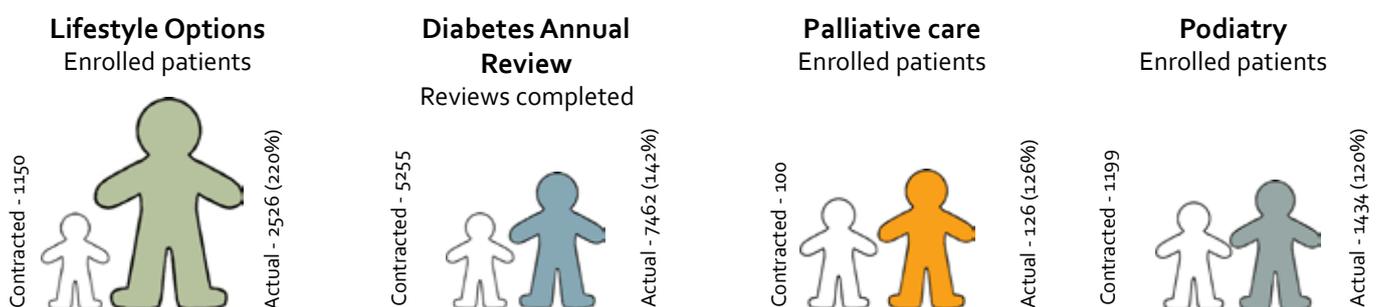
Consultations

Consultations with GPs and nurses remained steady compared with the previous year.



Volume contract performance

Many of our services exceeded contractual requirements



2

Chair and Chief Executive reports

Chair's report

Primary Care Development Continues

Firstly, I thank all the members of our General Practice Teams for their unfailing commitment to primary health care.

The year continued to challenge us with a range of opportunities we have not seen previously. The Healthcare Home model of General Practice enhancement continues to tease us with what it really means, and what it may look like in the future.

Comprehensive Care is consolidating its position as an innovative and solution focussed network, achieving health targets and supporting General Practices across business and clinical requirements.

We have developed a solid relationship with Waitemata DHB and the other Auckland DHBs. In order to provide comprehensive care across the region, we developed a Heads of Agreement with East Health Trust, Auckland PHO, and Alliance Health Plus to work together. The relationship is in its early phases but very positive and the Chairs have been meeting regularly to ensure cohesion in our goals.

We continue to appreciate and support the work that our practices and practitioners undertake every day. IPIF health targets have become 'business as usual' and practices have sustainable systems to ensure we continue to achieve them. The new System Level Measures are being rolled out and we will adapt again.

A major work stream has been to support all practices to maintain or work towards Cornerstone or Foundation Standard accreditation, and we are very pleased with progress to date.

Our Finance & Audit subcommittee meetings are working well. Board members are all working well together – both seasoned members and the more recently appointed board members have contributed strongly, putting in great effort to consider the issues and needs of the diversity of practices.

Comprehensive Care continues to support practices with patient portal implementation. By June 2016, 20 practices were operating a portal or awaiting an install. This means that 51% of the PHO population had the option to use a portal, with 13% enrolled. This does fall short of the Ministry of Health target, but momentum is increasing.

Whilst the portal is without doubt a popular and convenient tool for patients, we need to continue to support practices so that efficiencies are created for the practice, work generated is properly invoiced to the patient, and use of the portal by patients is carefully managed to ensure no additional unwarranted burden to medical staff. We are constantly looking for opportunities to improve the existing model of care to cope with increasing demands on the system.

Given difficulties recruiting skilled practice nurses, our Director of Nursing is developing resources for practices and non-practice nurses on the skills required for general practice nursing, creating a framework for training up practice nurses in house. Our Business Owners Forum meetings have been well attended and Peer Groups provide opportunities to understand how practices are working and what support they need.



Dr Tim Malloy, Chair

Our clinical directors have worked hard all year, running peer groups and Continuing Medical and Nursing Education, supporting our nurses to reach the top of their career goals and expand their scope of practice, representing the PHO and our practices at local and national levels, liaising frequently with our DHB on day to day issues, making sure a General Practice perspective is heard loudly on many matters including practice transparency, Health Pathways, and CVD indicators.

Finally, I wish to thank our CEO, John Ross, and his senior management team for making Comprehensive Care network an organisation to be proud of and that meets its financial objectives, its compliance requirements and assists with the needs of its practices. Well done.

Dr Tim Malloy, Chair

Chief Executive's report

Refreshed Vision

Last year I entitled my report "Taking stock and moving forward with purpose". Comprehensive Care and Waitemata PHO have now been operating for five full years. Our financial, clinical and operational performance continues to be sustainable through the vigilance of our clinical, business and operational teams and through the support of our board and advisory groups.

Our General Practice liaison service continues to provide a wide variety of support to practices with diverse needs. Our professional development initiatives provided for doctors, nurses, practice managers and practice assistants are evolving based on requests and planned support needs. Our General Practice teams have provided care and delivered great services for patients across our network this year. We have continued to provide excellent personal care and population health services notwithstanding the ongoing challenges of acute care, preventive care and planned care and management of long term conditions. Many have excelled in a variety of important ways with one achieving national recognition – congratulations to Albany Family Medical Centre for passing Cornerstone the first time and being cited as one of the best General Practices in New Zealand!

Our Board of Directors has provided guidance with a fresh vision and strategic direction to be the driver of innovative change to make a difference to the health and social outcomes of our diverse and growing population in a challenging and changing world. To achieve that we need to be leaders in the "shift to the left" – to see relatively more resourcing committed to community, general practice and self-care and management – rather than an increased focus on the "right side" of the continuum (ED, Hospital, Tertiary Care, etc.).

Work has already begun towards this vision with an opportunity to jointly develop the Waitemata Primary and Community Service Plan with Waitemata DHB and an agreement with three other PHOs to work together to create better services, greater efficiencies and increased influence across the region and nationally. Likewise, we have strengthened relationships and continue to improve our work in Waitemata with network partners National Hauora Coalition, Coast to Coast Healthcare and Alliance Health Plus. Our IT tools and information reporting for General Practice are continuing to be refreshed and will be rolled out progressively. The final evaluation report of the Collaborative Mental Health and Addiction Credentialing for Primary Health Care Nurses programme is available.

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 and those driving change to do more planned, proactive care for patients.

Our advocacy work continues directly with funders and policy makers and through engagement with the Royal New Zealand College of General Practitioners, General Practice New Zealand, New Zealand Medical Association and New Zealand Nurses Organisation. Working together with these organisations has meant we have been able to bring some collective influence somewhat better than recent years.

We finished the year positively again with a small surplus as planned. It will be reinvested directly into our work for the 2016/17 financial year. This



John Ross, CEO

is a credit to our entire team. We have also passed external audits for finance and minimum standards. Many practice audits have shown those practices are doing very well. Some have struggled and we have provided assistance for a diverse range of issues.

Our Business Owners Forum meets about every three months to work on business aspects of General Practice and our business support services are being enhanced based on input and direction from practice owners. These are adding value to General Practices to help achieve not just better health outcomes but better business outcomes. We are also providing additional support to practices in quality and safety areas. With the changes that will come from the likes of the Ministry of Health's new strategy, the inevitable disruption (and opportunity) from emerging technologies and global developments in health and our own local patient driven demands – we will have many challenges as usual – but we will face them together.

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 2016/17 financial year.

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 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, a large innovative group practice, since 2006.

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

Dr Kate Baddock, Director



Kate is Deputy Chair of the New Zealand Medical Association and Chair of the NZMA's General Practitioner Council. She has served on various boards for over 15 years, and is a member of the Medical Council of New Zealand. She has undertaken extensive governance training and has significant knowledge of Comprehensive Care and its structure and purpose.

Kate has a passion for sustainable General Practice and believes quality primary health care delivered in different ways can significantly impact 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.

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.

Dr Heidi MacRae, Director



Heidi trained and worked in London initially, but has been a GP on the Shore since 2001.

In 2011 she helped establish Medplus in Takapuna, a large new integrated and forward thinking family medical centre. She works as a GP at Medplus and is a director there. Her focus is on ensuring general practice continues to evolve to meet changing needs, to provide best possible patient outcomes and to ensure ongoing satisfaction for patients and clinicians.

Dr John Arcus, Director



John has extensive governance experience and very good tactical and strategic skills. He is the co-owner and clinical 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.

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.

He believes creative solutions are key to providing quality health care, particularly to the most vulnerable. He is continually looking at ways Comprehensive Care and Waitemata PHO can deliver best care by working constructively with 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 Chief Financial Officer 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 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, 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

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 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.

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.

4

Waitemata PHO Limited

Financial statements for the year ended 30 June 2016

Index to financial statements

4.1 Business profile	14
4.2 Annual report	15
4.3 Statement of comprehensive revenue and expenses	16
4.4 Statement of changes in net assets	17
4.5 Statement of financial position	18
4.6 Cash flow statement	20
4.7 Notes to accompany financial statements	21
4.8 Auditor's report	34

4.1 Business profile as at 30 June 2016

Nature of business	Provision of medical services	
Business address	Building A, 42 Tawa Drive, Albany, Auckland	
Postal address	PO Box 302-163, North Harbour, Auckland 0751	
IRD number	106-499-039	
IRD Status	Registered charity, exempt from income tax	
Share capital	100 Ordinary Shares	
Shareholders		Ordinary Shares
	Comprehensive Care Limited	<u>100</u>
	Total shares	<u>100</u>
Directors	DJ Arcus K Baddock T Malloy AM Sorley B Bijl-Williams H A MacRae - appointed 2 February 2016	
Registered office	Building A, 42 Tawa Dr, Albany, Auckland 0632	
Company number	3203807	
Date of incorporation	7 December 2010	
Registered charity no	CC47077	
Auditor	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 2016.

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

Financial results	2016	2015
	\$	\$
Total Comprehensive Surplus	317,930	100,534

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 2016 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)

27 September 2016

4.3 Statement of Comprehensive Revenue and Expenses for the year ended 30 June 2016

	Note	2016 \$	2015 \$
Revenue from non-exchange transactions			
Health Services contracts		51,505,720	48,651,828
		<u>51,505,720</u>	<u>48,651,828</u>
Revenue from exchange transactions			
Interest Received		92,488	81,556
		<u>92,488</u>	<u>81,556</u>
Total Revenue		<u>51,598,208</u>	<u>48,733,384</u>
Expenses			
Cost of Providing Services		45,818,801	43,469,744
Amortisation	11	6,158	3,082
Auditors remuneration	13	5,250	3,534
Depreciation	10	51,582	52,795
Directors fees		73,897	61,096
Donations		515	400
Interest		1,218	544
Management fee		2,090,004	2,090,004
Operating lease and rental payments		260,605	255,220
Other operating expenses		683,183	460,170
Salary and wages		2,289,065	2,236,261
Total expenses		<u>51,280,278</u>	<u>48,632,850</u>
Total surplus/(deficit) for the period		<u>317,930</u>	<u>100,534</u>
Other comprehensive revenue and expenses		-	-
		<u>-</u>	<u>-</u>
Total comprehensive revenue and expenses attributable to the owners of the controlling entity		<u>317,930</u>	<u>100,534</u>

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 Net Assets for the year ended 30 June 2016

	Share Capital	Retained Earnings	Total
	\$	\$	\$
Balance at 1 July 2015	-	717,229	717,229
Surplus/(Deficit) for the year	-	317,930	317,930
Other Comprehensive Revenue and Expenses	-	-	-
Total Comprehensive Revenue and Expenses	-	1,035,159	1,035,159
Balance at 30 June 2016	-	1,035,159	1,035,159

	Share Capital	Retained Earnings	Total
	\$	\$	\$
Balance at 1 July 2014	-	616,695	616,695
Surplus/(Deficit) for the year	-	100,534	100,534
Other Comprehensive Revenue and Expenses	-	-	-
Total Comprehensive Revenue and Expenses	-	717,229	717,229
Movements in Reserves	-	-	-
Balance at 30 June 2015	-	717,229	717,229

4.5 Statement of Financial Position as at 30 June 2016

	Note		2016	2015
			\$	\$
Current Assets				
Cash & Cash Equivalents	5	1,544,565		1,448,941
Short Term Investments		2,053,725		1,010,849
Receivables from Exchange transactions	6	14,878		9,094
Receivables from Non-exchange transactions	7	842,362		1,229,452
Related Party Receivables	15	7,285		78
Prepayments		1,762		1,746
Total Current Assets			4,464,577	3,700,160
Non-Current Assets				
Property, Plant & Equipment	10	135,038		178,874
Intangible Assets	11	13,415		6,172
Total Non-Current Assets			148,453	185,046
Total Assets			4,613,030	3,885,206

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 2016 (continued)

	Note		2016	2015
Current Liabilities			\$	\$
Trade and Other Payables	8	1,410,711		1,317,098
Employee Entitlements		265,971		245,830
Income in Advance -Non Exchange Transactions	9	1,901,189		1,604,644
Related Party Payables	15	-		405
Total Current Liabilities			3,577,871	3,167,977
Total Liabilities			3,577,871	3,167,977
Total Net Assets			1,035,159	717,229
Equity				
100 Ordinary Shares	12		100	100
Uncalled Capital	12		(100)	(100)
Issued & Paid Up Capital			-	-
Retained Earnings			1,035,159	717,229
Net Assets attributable to the owners of the controlling entity			1,035,159	717,229

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



D J Arcus (Director)



K Baddock (Director)

Date: 27 September 2016

4.6 Cash Flow Statement for the year ended 30 June 2016

	Note	2016	2015
Cash flows from operating activities			
Receipts			
Receipts from non-exchange transactions		52,138,865	49,410,022
		<u>52,138,865</u>	<u>49,410,022</u>
Payments			
Payments to Suppliers		48,438,298	45,927,079
Directors fees		82,338	50,655
Operating lease and rental payments		263,400	255,379
Employee costs		2,271,930	2,130,247
Interest Paid		-	11
		<u>51,055,966</u>	<u>48,363,371</u>
Net cash flows from operating activities		<u>1,082,899</u>	<u>1,046,651</u>
Cash flows from investing activities			
Receipts			
Interest received		86,704	72,582
		<u>86,704</u>	<u>72,582</u>
Payments			
Purchase of Intangible Assets	10	14,325	6,325
Purchase of Fixed Assets	9	9,166	39,634
Investing in short term investments		1,042,876	1,010,849
		<u>1,066,367</u>	<u>1,056,808</u>
Net cash flows from investing activities		<u>(979,663)</u>	<u>(984,226)</u>
Cash flows from financing activities			
Receipts			
Proceeds from related party loans		-	62,548
		<u>-</u>	<u>62,548</u>
Payments			
Repayment of related party loans		7,612	-
		<u>7,612</u>	<u>-</u>
Net cash flows from financing activities		<u>(7,612)</u>	<u>62,548</u>
Net increase in cash and cash equivalents		<u>95,624</u>	<u>124,973</u>
Cash and cash equivalents - opening balance	5	1,448,941	1,323,968
Cash and cash equivalents - closing balance	5	<u>1,544,565</u>	<u>1,448,941</u>

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

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016

1. Summary of Significant Accounting Policies

Reporting Entity

Waitemata PHO Limited ("the company") is a company incorporated and domiciled in New Zealand. The company is a charitable organisation registered under the Charities Act 2005.

The financial statements of the company are for the year ended 30 June 2016. The parent company is Comprehensive Care Limited.

The Company has been established as a Primary Health Organisation and operates exclusively for charitable purposes. The objective of the Company is to provide comprehensive, quality primary health care in order to enhance the health and wellbeing of all individuals, families and communities within New Zealand. Accordingly, all income of the Company will be applied to carrying out and fulfilling those charitable purposes.

These financial statements have been approved and were authorised for issue by the Board of Directors on 27 September 2016.

2. Statement of compliance

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP). They comply with Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, the company is a public benefit not-for-profit entity and is applying Tier 1 Not-For-Profit PBE IPSAS as it has expenditure of more than \$30 million. This report is in compliance with Tier 1 Not-For-Profit PBE Standards.

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

3. Changes in accounting policy

For the year ended 30 June 2015, the company prepared its financial statements using the New Zealand equivalents to International Financial Reporting Standards ("NZ IFRS"). These have now been restated to Not-For-Profit PBE IPSAS. The transition has not resulted in any change to the net surplus of the company, and therefore no restatement has been required. Where necessary the 2015 comparative figures have been reclassified to facilitate comparison to the current year.

4. Summary of accounting policy

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

(a) Basis of Measurement

The financial statements are prepared on the historical cost basis as modified by the fair value measurement of non-derivative financial instruments which are measured at fair value.

(b) Presentation Currency

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

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)**(c) 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.

Revenue from non-exchange transactions

The company has contracts with the Waitemata District Health Board for the supply of health services. The entity recognises revenue to the extent that the conditions in the contract have been satisfied. Payments received in advance are recognised as revenue in advance and released to the income statement once the conditions have been met. The contracts have claw back provisions and the funding must be returned should they not be used for the purpose intended.

Revenue from exchange transactions

Interest income is recognised as it accrues, using the effective interest method.

(d) Income tax

Due to its charitable status, the entity is exempt from income tax.

(e) Leases

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

(f) Financial instruments

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions of the financial instrument. The company derecognises a financial asset or, where applicable, a part of a financial asset or part of a group of similar financial assets when the rights to receive cash flows from the asset have expired or are waived, or the company has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party; and either:

the company has transferred substantially all the risks and rewards of the asset; or

the company has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Financial assets

Financial assets within the scope of NFP PBE IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value through surplus or deficit, loans and receivables, held-to-maturity investments or available-for-sale financial assets. The classifications of the financial assets are determined at initial recognition.

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

The category determines subsequent measurement and whether any resulting revenue and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. The company's financial assets are classified as financial assets at fair value through surplus or deficit, loans and receivables. The company's financial assets include: cash and cash equivalents, short-term deposits, receivables from non-exchange transactions and receivables from exchange transactions.

All financial assets except for those at fair value through surplus or deficit are subject to review for impairment at least at each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less any allowance for impairment. The company's cash and cash equivalents, receivables from exchange transactions, receivables from non-exchange transactions and related party receivables fall into this category of financial instruments.

Impairment of financial assets

The company assesses at the end of reporting date whether there is objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a "loss event") and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

For financial assets carried at amortised cost, if there is objective evidence that an impairment loss on loans and receivables carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognised in the surplus or deficit for the reporting period.

In determining whether there are any objective evidence of impairment, the company first assesses whether there are objective evidence of impairment for financial assets that are individually significant, and individually or collectively significant for financial assets that are not individually significant. If the company determines that there is no objective evidence of impairment for an individually assessed financial asset, it includes the asset in a group of financial asset with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is or continues to be recognised are not included in a collective assessment for impairment.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. If the reversal results in the carrying amount exceeding its amortised cost, the amount of the reversal is recognised in surplus or deficit.

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

Financial liabilities

The company's financial liabilities include trade and other creditors, employee entitlements and related party payables.

All financial liabilities are initially recognised at fair value (plus transaction cost for financial liabilities not at fair value through surplus or deficit) and are measured subsequently at amortised cost using the effective interest method except for financial liabilities at fair value through surplus or deficit.

(g) Cash and cash equivalents

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

(h) Short term investments

Short term investments comprise term deposits which have a term of greater than three months and therefore do not fall into the category of cash and cash equivalents.

(i) Goods and Services Tax (GST)

All amounts in these financial statements are shown exclusive of GST except for receivables and payables that are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the Inland Revenue is included as part of receivables or payables in the Statement of Financial Position.

(j) Property, Plant and Equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. Where an asset is acquired through a non-exchange transaction, its cost is measured at its fair value as at the date of acquisition.

Depreciation

Depreciation is charged on a straight line basis over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

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

Depreciation methods, useful lives and residual values are reviewed at each reporting date and are adjusted if there is a change in the expected pattern of consumption of the future economic benefits or service potential embodied in the asset.

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

(k) Intangible Assets

Intangible Assets are measured at cost.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self constructed intangible assets includes the following:

The cost of materials and direct labour;

Costs directly attributable to bringing the assets to a working condition for their intended use.

Amortisation is charged on a straight line basis over the useful life of the asset.

Amortisation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

Software	4.0% SL
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(l) Critical Estimates and Judgements

Revenue Recognition

In determining the appropriate amount of income to defer when certain performance conditions have not been met under a contract term, there is often estimates and judgements made as to the timing and probability of meeting certain conditions over a multiple year contract that crosses the reporting period. These estimates are based on the historical performance under the contract, the expected deliverables over the remaining period and other risk factors. Some estimation is also required to determine the annual performance against MOH targets, which is based on the extrapolation of historical performance with the application of a probability factor.

Development in progress- Intangible Assets

The value of these assets is considered annually for impairment. In doing so the value is reviewed relative to the initial viability plan of each development project and then re-evaluated based on more recent information, including experience gathered from the projects being undertaken and capability of the tools, as well as the external sector, to determine the likely cashflows that will be generate over their life.

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

5. Cash & Cash Equivalents	2016	2015
	\$	\$
Bank of New Zealand - 00 account	35,249	16,728
Bank of New Zealand - 25 account	978,557	918,002
Bank of New Zealand - 97 account	530,759	514,211
	<u>1,544,565</u>	<u>1,448,941</u>
	<u>1,544,565</u>	<u>1,448,941</u>
6. Receivables from exchange transactions	2016	2015
	\$	\$
Accrued interest	14,878	9,094
	<u>14,878</u>	<u>9,094</u>
	<u>14,878</u>	<u>9,094</u>
7. Receivables from non-exchange transactions	2016	2015
	\$	\$
Accounts Receivable	599,580	969,740
Sundry Debtors	3,823	5,555
Accrued Revenue	238,959	254,157
	<u>842,362</u>	<u>1,229,452</u>
	<u>842,362</u>	<u>1,229,452</u>
8. Trade and other payables	2016	2015
	\$	\$
Accounts Payable	444,162	362,398
BNZ Visa	2,080	3,748
Sundry Payables and Accruals	928,380	863,481
GST Payable	36,089	87,471
	<u>1,410,711</u>	<u>1,317,098</u>
	<u>1,410,711</u>	<u>1,317,098</u>
9. Income in Advance - non-exchange transactions	2016	2015
	\$	\$
Contracts - where obligations not yet completed	1,901,189	1,604,644
	<u>1,901,189</u>	<u>1,604,644</u>
	<u>1,901,189</u>	<u>1,604,644</u>

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

10. Property, Plant & Equipment

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
This year						
Clinical Equipment	8,150	5,206	4,655	-	1,711	2,944
Leasehold Property Improvements	124,129	42,681	95,823	-	14,375	81,448
Computer Hardware	92,552	76,637	37,865	5,985	27,936	15,914
Office Equipment	7,044	4,443	1,628	1,790	817	2,601
Furniture & Fittings	57,409	25,278	38,903	(29)	6,743	32,131
Total Property, Plant & Equipment	289,284	154,245	178,874	7,746	51,582	135,038

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
Last year						
Clinical Equipment	8,150	3,495	2,864	3,503	1,712	4,655
Leasehold Property Improvements	124,129	28,306	106,564	4,121	14,862	95,823
Computer Hardware	91,393	53,528	34,411	31,401	27,947	37,865
Office Equipment	7,324	5,696	3,164	-	1,536	1,628
Furniture & Fittings	57,460	18,557	45,033	608	6,738	38,903
Total Property, Plant & Equipment	288,456	109,582	192,036	39,633	52,795	178,874

11. Intangible assets

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Amort	Book Value
This year						
Software	44,873	31,458	5,248	14,325	6,158	13,415
Logo / Brand Design	-	-	924	(924)	-	-
Total Intangible assets	44,873	31,458	6,172	13,401	6,158	13,415

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Amort	Book Value
Last year						
Software	33,348	28,100	1,947	6,325	3,024	5,248
Logo / Brand Design	1,155	231	982	-	58	924
Total Intangible assets	34,503	28,331	2,929	3,325	3,082	6,172

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

12. Share Capital	2016	2015
	\$	\$
Issued & Paid Up Capital		
100 Ordinary Shares	100	100
Uncalled Capital	(100)	(100)
	<u>-</u>	<u>-</u>
	<u>-</u>	<u>-</u>

At 30 June 2016, 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.

13. Remuneration of Auditors	2016	2015
	\$	\$
Amounts received, or due and receivable, by the auditor of the company for:		
	<u>5,250</u>	<u>3,534</u>

Post year end, RSM Hayes provided assistance in the conversion process by reviewing the changes to the new financial reporting framework and advising the Board. The cost of this transition work was \$2,500.

14. Commitments for Expenditure

Capital Commitments

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

Operating Lease Commitments	2016	2015
As at the reporting date, the company has entered into the following operating lease commitments		
Payable:	\$	\$
Not later than one year	267,123	299,951
Later than one year but not later than 2 years	230,087	262,811
Later than 2 years but not later than 5 years	460,173	488,551
Later than 5 years	-	37,581
	<u>957,383</u>	<u>1,088,894</u>
Representing:		
Non-cancellable operating leases	<u>957,383</u>	<u>1,088,894</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.

Contingent Assets and Liabilities

There are no contingent assets at the reporting date. (Last year \$0)

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

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

Related Party Accounts	2016	2015
	\$	\$
Current Liabilities		
Comprehensive Care Limited	-	405
	-	405

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the directors and members of the senior management group. The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, receiving remuneration is as follows:

	2016	2015
	\$	\$
Total remuneration	254,839	115,107
Number of FTE's	2	1

Remuneration and compensation provided to close family members of key management personnel

During the reporting period, total remuneration and compensation of \$0 (Last year \$0) was provided by the company to employees who are close family members of key management personnel.

16. Reconciliation of surplus/deficit with net cash flow from operating activ-	2016	2015
	\$	\$
Reported profit (loss) after tax	317,930	100,534
Non-cash items		
Amortisation	6,158	3,082
Depreciation	51,582	52,795
Loss on disposal of Fixed Assets	1,420	-
Intangible Assets written off	924	-
	60,084	55,877
add/(deduct) items classified as investing activities:		
Interest received	(86,704)	(72,582)
	(86,704)	(72,582)
Movements in working capital items		
(Increase)/Decrease in Receivables - exchange transactions	(5,784)	(8,974)
(Increase)/Decrease in Receivables - non-exchange transactions	387,090	(50,450)
(Increase)/Decrease in Prepayments	(16)	429
Increase /(Decrease) in Trade Creditors and Other Payables	93,613	113,739
(Decrease)/Increase in Revenue in Advance	296,545	802,064
Increase/(Decrease) in Employee Entitlements	20,141	106,014
	791,589	962,822
Net cash flow from operating activities	1,082,899	1,046,651

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

17. Categories of financial assets and liabilities	2016	2015
	\$	\$
Financial assets		
Loans and receivables		
Cash & Cash Equivalents	1,544,565	1,448,941
Receivables from Exchange transactions	14,878	9,094
Receivables from Non-exchange transactions	842,362	1,229,452
Short Term Investments	2,053,725	1,010,849
Related Party Receivables	7,285	78
	<u>4,462,815</u>	<u>3,698,414</u>
Financial liabilities at amortised cost		
	\$	\$
Trade and Other Payables	1,410,711	1,317,098
Employee Entitlements	265,971	245,830
Income in Advance -Non Exchange Transactions	1,901,189	1,604,644
Related Party Payables	-	405
	<u>3,577,871</u>	<u>3,167,977</u>

18. Financial instrument risk

Risk management objectives and policies

The company is exposed to various risks in relation to financial instruments. The company's financial assets and liabilities by category are summarised in note 17. The main types of risks are credit risk and liquidity risk.

The company's risk management policy is to ensure they can continue to adhere to their objectives in the long term in providing comprehensive, quality primary health care in order to enhance the health and wellbeing of all individuals, families and communities within New Zealand.

The company does not actively engage in trading of financial assets for speculative purposes. The significant financial risks that the company is exposed to are as follows:

There were no material changes in the company's risk exposure and risk management objectives and policies during the reporting period.

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

18. Financial instrument risk (continued)

Credit risk analysis

Credit risk is the risk that a counterparty fails to discharge an obligation to the company. The company's maximum exposure to credit risk is limited to the carrying amount of financial assets recognised at the reporting date as follows:

Classes of financial assets	2016	2015
	\$	\$
Carrying amounts		
Cash & Cash Equivalents	1,544,565	1,448,941
Receivables from Exchange transactions	14,878	9,094
Receivables from Non-exchange transactions	842,362	1,229,452
Short Term Investments	2,053,725	1,010,849
Related Party Receivables	7,285	78
	<u>4,462,815</u>	<u>3,698,414</u>

No receivables from exchange or non exchange transactions are required to be impaired. The directors have assessed that all of the above financial assets are not impaired for each of the reporting dates under review and are of good credit quality. The credit risks for cash and cash equivalents, short term investments is considered negligible, since the counterparties are reputable banks with high quality external credit ratings. The carrying amounts disclosed above are the company's maximum possible credit risk exposure in relation to these instruments.

The company's policy is to deal only with creditworthy counterparts. No collateral is held by the company in respect of its exposure to credit risk.

Liquidity risk analysis

Liquidity risk is the risk that the company might not be able to meet its obligations. The company manages its liquidity needs by monitoring forecast cash inflows and outflows due in day-to-day operations. The data used for analysing these cash flows is consistent with those used in the contractual maturity analysis below. Liquidity needs are monitored on a monthly basis projected for the next 3 years.

The company objective is to maintain sufficient cash and marketable securities to meet its liquidity requirements for two months at a minimum. This objective was met for the reporting period.

The company considers expected cash flows from financial assets in assessing and managing liquidity risk, in particular its cash resources, receivables and short term deposits. The company's existing cash resources (including short-term term deposits) significantly exceeds the current cash flow requirements.

	Current	
	Within 6 months	6 to 12 months
	\$	\$
2016		
Trade and other creditors	1,410,711	-
Employee entitlements	221,332	44,639
2015		
Trade and other creditors	1,317,098	-
Employee entitlements	191,777	54,053

4.7 Notes to and forming part of the Financial Statements for the year ended 30 June 2016 (continued)

Financial instrument risk (continued)

18. Interest Rate Risk

The Company has exposure to interest rate risk to the extent there is cash in the bank. The interest earned is as determined by the banker. The key driver of interest income to the company is bank rates and amounts on deposit. A 100 basis point change in the interest rate would affect the group by an annualised amount of interest equal to approximately \$28,000 (Last year: \$19,000).

19. Capital management

In determining its capital management policy, the main objective of the directors is to ensure there are sufficient funds to continue with its main purpose of providing comprehensive, quality primary health care in order to enhance the health and wellbeing of all individuals, families and communities within New Zealand.

Capital for the company consists of its accumulated funds.

20. Events after the reporting date

There were no significant post balance date events. (Last year: Nil)



Independent Auditor's Report

To the Shareholder of Waitemata PHO Limited

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We have audited the financial statements of Waitemata PHO Limited on pages 16 to 33 which comprise the statement of financial position as at 30 June 2016, and the statement of comprehensive revenue and expenses, statement of changes in net assets and statement of cash flows 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 Public Benefit Entity Standards 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 and fair presentation of the 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 overall 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.

We have assisted in the conversion from NZ IFRS to PBE Standards. This involved providing assistance in assessing the impact and providing advice on the implementation of the new Standards. We have no other relationship with, or interests in, Waitemata PHO Limited.

Opinion

In our opinion, the financial statements on pages 16 to 33 present fairly, in all material respects, the financial position of Waitemata PHO Limited as at 30 June 2016, and its financial performance and cash flows for the year then ended in accordance with Public Benefit Entity Standards.

A handwritten signature in blue ink that reads 'RSM'.

6 October 2016

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5

Programmes, services and performance

5.1 Care Plus Services

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.

Care Plus funded population 13,439

Care Plus enrolled population 14,254

Care Plus enrolment 106.06%



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, aiming to increase health knowledge across the community and reduce inequalities.

Programmes provided by Harbour Sport: Active Teens, Warkworth and Pacific Equip'ed, Auckland North

Active Teens, Warkworth

This is the third year the Active Teens programme has been provided by Harbour Sport in collaboration with Mahurangi College, Warkworth. Active Teens started 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 measurable body changes. Active Teens focusses on personal accountability and aims to motivate teens in ways that are meaningful to them.

High intensity, boot-camp style training results in health benefits including discipline, focus and a changed attitudes about nutrition and fitness.

Due to reduced registrations from teens at Mahurangi College, Active Teens was only offered there until April 2016. Springboard, an alternative education provider for at-risk young people who have been removed from mainstream education, hosted Active Teens in terms 2 and 3 of 2016.

Over four school terms, 27 young people participated Active Teens. Eighty percent of participants at the Springboard sessions were Māori or Pacific.

Results showed marked decreases in total body circumference and body fat; positive lifestyle changes, including being smoke free; and increases in strength, aerobic fitness, nutritional awareness, and confidence levels.

Mahu Movers, Warkworth

Mahu Movers is a Healthy Lifestyle Programme for teachers at Mahurangi College that aims build a healthy school community.

The programme encourages teachers to be role models and motivators for students as they experience the benefits of healthy eating and regular physical exercise.

By participating in this programme, teachers are better equipped to engage students who could benefit from Active Teens the most.

The programme started in August 2015. Over three school terms, 39 people participated in Mahu Movers. Results showed marked decreases in total body circumference measurements and body fat, and increases in strength, aerobic fitness, and nutritional awareness.

Participants requested an additional weekly session and Harbour Sport has worked with Warkworth Fitness Centre to implement this.

Plans to address the rate of registrations are in place for the 2016-17 year and will include opening up registrations to neighbouring schools and those with a Green Prescription.

Pacific Equip'd

The Pacific Equip'd 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 four more schools: Northcote Intermediate, Northcote college, Carmel College and Birkenhead College.

A total of 915 girls attended across 88 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-defence techniques, developing self-awareness and setting personal boundaries.

Twenty-seven girls attended four programmes this year. Participants came from a range of ethnicities including Pākehā, Korean, Chinese and Russian.

Tai Chi

During the past year, 148 tai chi classes have been held by NSWC in Beach Haven, Glenfield and Devonport. The classes were attended by 1389 participants aged over 18 who were from a variety of ethnicities including Pākehā, Māori, Chinese, and Russian. Predominately women attended.

Tai Chi was embraced by the Devonport community in 2015, resulting in waiting lists. In July 2015, an intermediate level group was introduced to accommodate those graduating from the beginner level classes. The new classes have been well attended.

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

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', this year funding was provided to enable the Women's Centre Warkworth to implement the same programme in Wellsford.

One programme, led by the facilitator who runs the Auckland North programme, was delivered to 12 girls aged 12-14.

Funded support to community based programme 'Bikes in Schools'

The Bike On New Zealand Charitable Trust's main objective is to enable as many New Zealand children as possible to ride a bike on a regular and equal basis within school, through its national 'Bikes in Schools' programme.

Bikes in Schools is a complete biking package implemented within a school that enables all students to ride a bike on a regular basis. Work was done with the Bikes in Schools project manager to identify two schools in need: Henderson Valley Primary School and Albany Primary School. Funding was provided to help build a bike track at Henderson Valley Primary School and provide a fleet of bikes and helmets for Albany Primary School.

Feedback from the Bikes in Schools programme has shown it raises the confidence, self-esteem and resilience of pupils through a fun activity.

It delivers health and wellbeing outcomes for the pupils and staff by promoting a healthy lifestyle. Results show the children and their extended family biking more often.

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

Links with the community

- Raeburn House – health presentations to Newcomers' groups, Auckland North
- Community network meetings
- Health Link North Board



Above: Bikes in schools participant

5.4 Referred services management activities

Diabetes services

Diabetes services provided include diabetes self-management education courses, dietitian-led supermarket tours and dietitian consultations at clinic locations throughout the Waitemata DHB area. A new initiative, cooking demonstrations to small groups of people with diabetes, has been favourably received.

We are working with a wide range of community groups and our dietitians have presented at Asian forums and are working collaboratively with Harbour Sport Green Prescription services.

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

From February 2016, a free sharps disposal service was available in pharmacies in the Metro Auckland area. However, the cost of sharps containers varies. As part of our ongoing support for people with diabetes, we have continued to provide a sharps container service to allow people to safely dispose of used needles and glucose strips, in conjunction with Diabetes New Zealand Auckland branch.

Diabetes Self Management Education (DSME)

The Diabetes Self Management Education course comprises three 2.5 hour sessions held over consecutive weeks. It is available for people who have been diagnosed with high cardiovascular risk, type 2 diabetes or pre-diabetes. The aim of the course is to improve their understanding of their condition, to empower, and to enable self-management.

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

New Direction

In 2015 the 'New Direction' programme for people with pre-diabetes was successfully piloted with 74% of attendees reducing their HBA_{1c} and 45% no longer pre-diabetic at the end of the course. In 2016, Waitemata PHO have continued to run New Direction quarterly and will seek funding to enable this to continue.

Podiatry

The podiatry services programme is a fully funded community-based service for people with type 1 and type 2 diabetes who have at-risk diabetes foot disease.

At-risk foot disease is determined at the patient's annual diabetes review using Waitemata DHB's foot risk category guidelines.

Patients are referred to the service 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 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 office base in Albany, which is equipped to do extra clinics as we work towards achieving our targets.

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

As well as providing a free service for clients referred to the Mental Health team by their GP, the team has successfully run a low cost, fee paying service this year, offering one-on-one and group therapy.

To ensure that 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.

To increase accessibility, the team has started developing a 3-4 week mindfulness group programme for clients who are unable to attend the Managing Mood group.

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

The Mental Health team now provides two internship placements.

Quit Bus

Quit Bus provided a mobile stop smoking service in partnership with Counties Manukau DHB and NGO Transitioning Out Aotearoa between July 2014 and 30 June 2016.

Quit Bus reflected the needs of the community by regularly attending community events and visiting youth organisations, schools and workplaces.

Alliances were formed with businesses who encouraged their workers to quit smoking. In particular, alliances were formed with industries employing high numbers of Māori and Pacific people.

Gaining a commitment to better health for staff from employers was key in taking the Quit Bus service to people during work hours.

Social service agencies, such as WINZ and the Monte Cecilia Housing Trust, were regularly included in the Quit Bus schedule.

Quit Bus was an essential part of stop smoking services in the region. Due to the outcome of the Ministry of Health's tobacco control realignment process, this service ended 30 June 2016.

Raranga Ora Auahi Kore - Smokefree Weaving Wellness

Raranga Ora Auahi Kore - Smokefree Weaving Wellness was an innovative community based project supporting and strengthening Auahi Kore with hapu wāhine, whānau and wider whānau (friends) associating smokefree lifestyles with Māori wellbeing, culture and traditions.

Due to the outcome of the Ministry of Health's tobacco control realignment process, this service ended 30 June 2016.

Smokefree Pregnancy Services

Smoking cessation support for pregnant women and their whānau was provided via a home visiting service. The service participated in the Waitemata DHB Living Smokefree programme, an incentive based quit smoking programme where women were eligible for up to \$310 in vouchers after they quit smoking.

Due to the outcome of the Ministry of Health's tobacco control realignment

process, this service ended 30 June 2016.

Whānau Smokefree

Funded by Waitemata DHB, the Whānau Smokefree service provided face to face support to families with children aged 16 and under.

Due to the outcome of the tobacco control realignment, this service ended on 30 June 2016.

Asian Smokefree

Asian Smokefree is a language and culturally specific quit smoking service for Asian people.

Asian Smokefree celebrated 10 years of service in April 2016.

From 1 July 2016 our Asian Smokefree service will continue to provide smoking cessation support for Asian people and their families in the Waitemata DHB area.



Above: Asian Smokefree Communities celebrated 10 years of helping the community

5.5 Consumer satisfaction and complaints summary

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', 'may use examples of how to talk with parents when trying to reach with outreach', and 'wonderful opportunity to engage and learn with the patient'.

Psychology services

The Managing Mood groups receive very positive feedback from clients.

"I have been given a new challenge: to ride the waves and learn to surf and this is to change my thinking, yes, my perception of events. To take control so I can be who I truly am. To live life in the moment and to be mindful" - *Managing Mood group participant*

"I now have meaningful and sincere relationships and can face problems rather than running away from them, something I could not even imagine 12 short weeks ago. The gift of the skills this course gave me are literally breath taking and I will be forever grateful" - *Managing Mood group participant*

Thank you so much for the opportunity to take part in this wonderful course. The work that you and your team do is of immense value and the skills I have learnt I will cherish" - *Managing Mood group participant*

Diabetes services for patients

Although they are not counted under the current DSME contract, increasing numbers of people with pre-diabetes attended diabetes self-management education courses and requested further follow up.

The majority of Retinal Screening patients, particularly those outside Auckland city in areas including Wellsford, Warkworth and Red Beach, are very appreciative that we provide a mobile service.

Comments about Diabetes Self-Management Education groups include:

"Wonderful programme, even if it wasn't for a diabetic problem. Awareness of our health with helpful and professional information is prevention. Good choice! Psychologist was really good - our stress is a big cause!" - *Diabetes Self Management Education course participant*

"As a prediabetic, this course has been a very good wake up and will help me take care of my future health." - *Diabetes Self Management Education course participant*

Responses from General Practice Teams

Unsolicited positive feedback, verbal and written, is frequently provided about the Practice Liaison team. The team is seen as knowledgeable, well-resourced, and helpful in both business (for example, Cornerstone/ Foundation Standard assessments) and clinical (for example, professional development and continuing education) spheres.

The Practice Liaison team continue to work with practices to help them better understand population demographics and funding stream reports. Quality improvement is uppermost in encouraging practices with plan, do, study, act (PDSA) activity.

Reconfiguration of the team has not impacted on practice support satisfaction. A dedicated team continue to have regular practice presence and resolve issues in a timely manner.

Health promotion

The health promotion courses we support consistently receive positive feedback.

Comments from Tai Chi participants include:

"This class is excellent for overall health." - *Tai Chi participant, aged 50-64*

"Tai Chi has given me awareness of just how bad my balance has become" - *Tai Chi participant, aged 65+*

"I just started Tai Chi this year and really love it – the exercise, the calmness, the music, the meditative state at times and the total concentration" - *Tai Chi participant, aged 50-64*

'It's all about me' participants said about the course:

"My experience was enjoyable. I learnt how to defend myself. I liked the face masks the best/most and I got to meet 7 lovely people" - *It's all about me participant, aged 11*

"I learnt that if someone is hurting me in a physical way I can use as much force needed to stop them. I also learned techniques to deal with this type of situation" - *It's all about me participant, aged 12*

Teachers at schools attended by students participating in Pacific Equip'd noticed positive changes in their students:

"The programme has had a big impact on the girls academically. Teachers have noticed positive changes in the girls involved" - *School staff on Pacific Equip'd*

Smokefree services

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

Below is some feedback received from referrers and community organisations when they heard our Quit Bus, Smokefree Pregnancy and Whanau Smokefree services were ending on 30 June 2016 due to the outcome of the Ministry of Health's tobacco control realignment process.

"I am really disappointed and would like to thank you and the team for outstanding outreach and support to engage women in smokefree opportunities and cessation. Thank you for all your hard work and dedication." - *Sue Fitzgerald, WDHB Midwifery manager*

"I have seen nothing but positive impacts from your presence at Western Park Village. Your service delivery and best practice quality is second to none regards transitioning residents towards smoking cessation and healthier lifestyle choices, you and the team will undoubtedly be sorely missed. Thank you again for all your hard work, I have always appreciated your ability to connect with residents in a thoughtful and encouraging way, truly a skill not taught but learned by the heart." - *George Millar, Western Park Village manager*

"I really feel for you and your team as I could see how passionate you all were about your mahi and what a difference you had been making. It seemed as though you had a great little team doing great big things with the quit bus. I do hope things work out for the best and wanted to also express my disappointment that we won't be able to work together on the big plans our teams had." - *Simon Bucknell, Healthy Families Activator*

5.6 Issues and exceptions report

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

A District Health Board Service Specification change removed the ability of podiatrists to charge a consultation co-payment. While the PHO consultation payment rate was increased to offset the impact, the action has been undertaken within the constraints of a fixed funding envelope. The demand for diabetic foot consultations continues to increase, and in conjunction with funding changes, has resulted in limitation to patient access to diabetic foot consultations.

Access to consultations in the 2015/2016 year has been limited to

- Risk 2-4 diabetic foot only (typical access 1-4)
- Prioritisation to Māori 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 246,059. Each year those patients make 729,384 GP visits and 179,058 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
GP visits/ Enrolled population	Minimum	1.05	1.56	0.56
	Average	3.04	3.12	2.70
	Maximum	4.92	3.89	3.50
Other visits / Enrolled population	Minimum	-	0.00	0.18
	Average	0.33	0.57	1.26
	Maximum	1.82	2.77	2.35
Total visits / Enrolled population	Minimum	1.11	2.47	2.19
	Average	3.38	3.69	3.95
	Maximum	5.90	5.07	5.72

		Practice size		
		Less than 5,000	5,000 to 10,000	More than 10,000
Enrolled population / GP FTE	Minimum	604	1,352	1,152
	Average	1,551	1,693	1,713
	Maximum	2,998	2,134	2,593

Waitemata PHO fee levels

Fee levels for Waitemata PHO member practices are set, reviewed, and published on our website (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, 6-12 years, 13-17 years, 18-24 years, 25-44 years, 45-64 years, and 65+ years. Fees are \$0 for most under 13 year olds.

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

Age range	Very Low Cost Access practice	Non VLCA practices
0 - 6 years	\$0	\$0 - \$15
6-12 years	\$0	\$0 - \$30
13 - 17 years	\$0 - \$11.50	\$20 - \$49
18 - 24 years	\$15 - \$17.50	\$34 - \$62
25 - 44 years	\$15 - \$17.50	\$37 - \$62
45 - 64 years	\$15 - \$17.50	\$37 - \$62
65+ years	\$0 - \$17.50	\$34 - \$60.50

5.8 Volume based contracts

Challenges continued in the performance of smoking cessation contracts with the exception of Whānau smoke free (97%). Less than optimal results in Pregnancy (57%) and Asian (74%) were driven from challenges of reduced referrals from General Practice and Midwifery.

Diabetes Self Management Education (DSME) and Nutrition and health again faced the challenges of low referral volumes. This position is consistent across the sector and is currently being reviewed under the Diabetes Service Level Alliance Framework.

Other Long Term Conditions contracts and Lifestyle Options continued to perform well and in most cases exceeded target.

The lower performance of Cervical screening is predominantly due to the low dollar value of the fee for service (\$45) with no ability to co-charge patients.

Volume contracts				
	Contract name	Contract volume	Actual volume	Performance
Smokefree	Pregnancy Smokefree	420	238	57%
	Asian Smokefree	420	312	74%
	Whānau Smokefree	300	290	97%
Lifestyle Options	Lifestyle Options	1150	2526	220%
Palliative care	Palliative care	100	126	126%
Cervical screening (additional volume)	Cervical screening	1250	590	47%
Long Term Conditions	DSME	508	163	32%
	Nutrition and health	500	305	61%
	Diabetes Annual Review	5255	7462	142%
	DCIP	2965	2834	96%
	Podiatry	1199	1434	120%
	Retinal screening	4460	4259	95%
	Workforce training	84	97	115%

Key	>95% contract	
	85% - 95% contract	
	<85% contract	

5.9 Health targets

Waitemata PHO continues to demonstrate sustainability in the area of health targets. Immunisation, despite falling short of the target by 1.22%, achieved the overall 93.8% result in the presence of high levels of parental declines (up to 3.6%).

Heart and Diabetes checks (CVDRA) and Smoking Brief Advice continue to perform well. Smoking Brief advice, although slightly under the target by 1.1%, had improved from a mid-year performance of 88%.

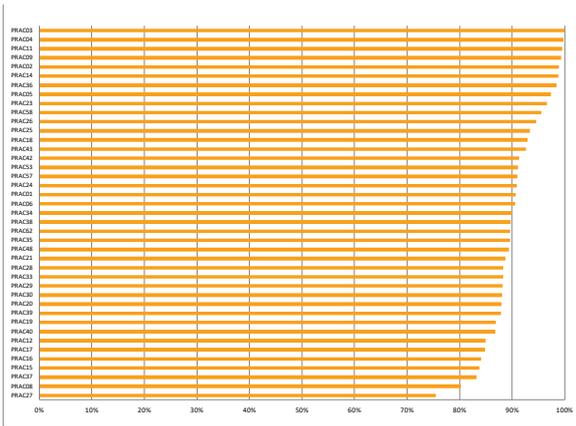
Health targets			
Target	95%	90%	90%
Waitemata PHO result	93.8%	90.6%	88.9%
Variance to target	-1.2%	0.6%	-1.1%

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 actions.

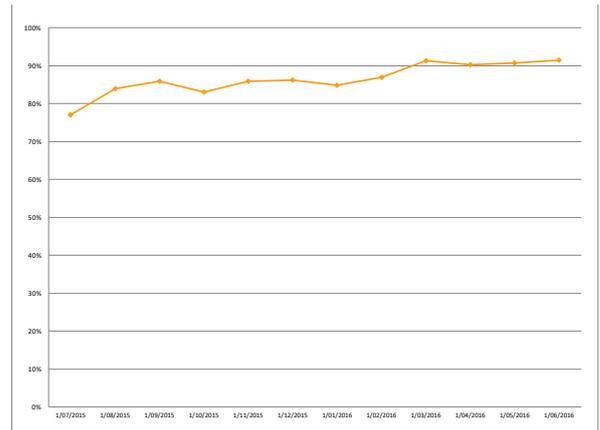
Not all practices are included, due to differences in patient management systems.

Unadjusted smoking brief advice

Total population, June 2016

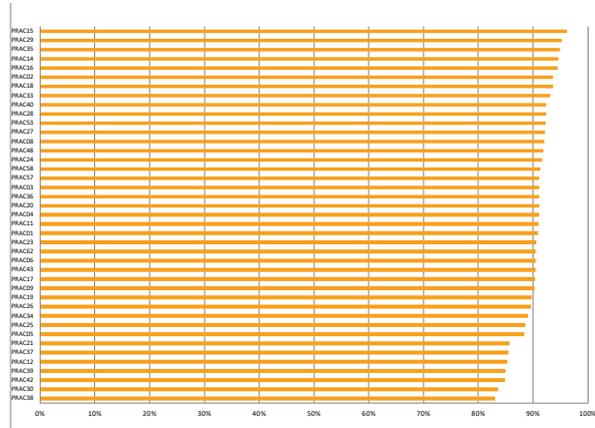


12 month trend, June 2015 - July 2016

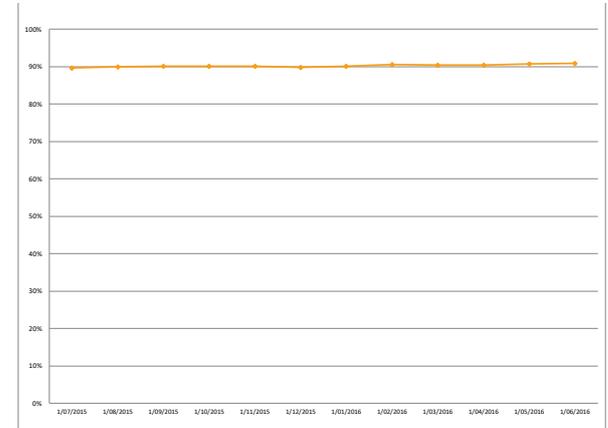


CVD risk assessment

Total population, June 2016

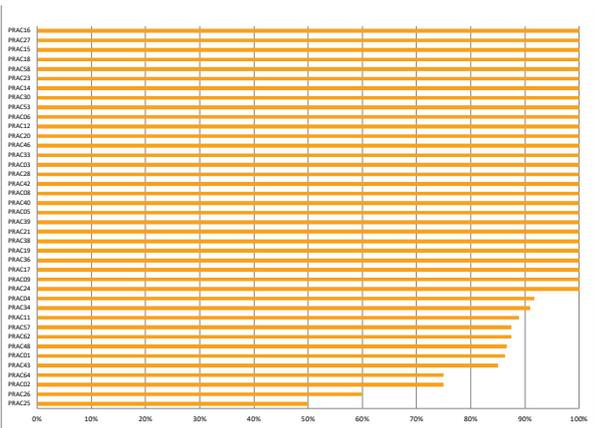


12 month trend, June 2015 - July 2016

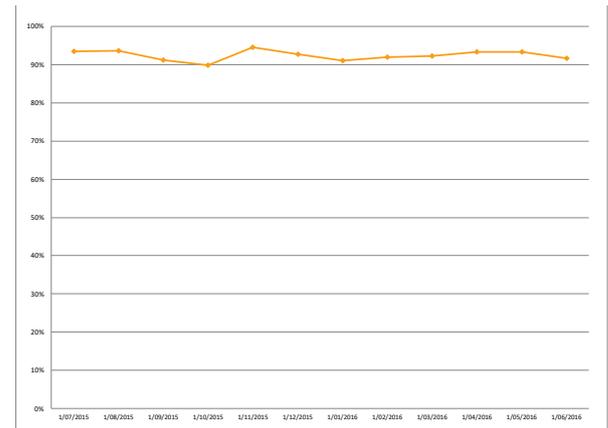


2 year olds immunisations

Total population, June 2016



12 month trend, June 2015 - July 2016



5.10 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, such as:

- Continuing the implementation of the Information Management Strategy: set up of the secure environment for the data repository, definition of the required data to be extracted, proof of concept development of reporting, access and security models. The strategy has the following six objectives:
 1. A single source of truth
 2. Close the loop with stakeholders
 3. Self service access
 4. Standardisation
 5. Governance and control, and
 6. Rapid deployment and adaption
- Continued delivery of Project IntuIT (the INTegration and Upgrade of the CCL IT decision support tools)
- Specification and proof of concept development of a secure Practice Portal for communication to member practices and clinicians which is integrated with a contact management system
- The customisation of the GASP programme for Australia: delivery of training to 30 Australian Practice Nurses, installation of the customised GASP decision support tool, data extraction of consultations completed for research analysis purposes by our Australian partner Asthma Foundation Queensland and New South Wales
- The development and publication of an external newsletter

In other areas, the team is continuing to deliver savings for a number of practices when purchasing office supplies and medical refrigerators.

Among other things, in the next 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 annually audits one third of our practices: an intensive process that checks the currency and accuracy of all patient data. Internally we use industry standard register processing software that provides analysis of practice submitted enrollment registers enabling practices to improve the accuracy of their registers to a consistent standard.

7

Clinical directorate and workforce development

Following the retirement of Dr Lannes Johnson in October 2015 after 7 years of service, Clinical Directorate comprises:

- Dr Ajay Makal, Clinical Director, Professional Development and GP Liaison
- Dr Andre George, Clinical Director, Health Outcomes
- Dr Jenni Waddell, Clinical Director, Strategic
- Rachael Calverley, Director of Nursing and Workforce Development
- Rosey Buchan, Nursing Leader Workforce

Clinical Directorate provide representation and strategic input into regional and internal groups to support clinical providers in our General Practice Teams (GPTs), the PHO population, and communities we work to improve health outcomes for. In addition, Clinical Directorate manage individual queries from clinicians in practices and some complaints.

Clinical Quality Group

This internal group consists of members from Clinical Directorate, the Practice Liaison team and the Long Term Conditions team. Since August 2014, the group has addressed health target achievements and focused on CVD risk assessment, smoking cessation brief advice, reviewing diabetes volumes, mental health, and immunisations.

Other than targets, areas considered include clinical pathways, portals, and complaints.

Clinical Advisory Group

This group, chaired by Dr Jenni Waddell and run by Rachael Calverley, involves internal and external stakeholders including PHO and DHB representatives, GPs, practice nurses, practice managers, an academic leader from AUT, and a consumer. It has been running since October 2014, meeting 6 times per year.

The group deals with matters escalated to it from the internal Clinical Quality Group. The group reports to Waitemata PHO board, and from there, if necessary, to the monthly Auckland-wide Metro Auckland Clinical Governance Forum, at which Dr Jenni Waddell and Rachael Calverley are Waitemata PHO representatives.

Primary-secondary care regional interface

Clinical Directorate have effectively raised Waitemata PHO's profile with Waitemata DHB through representation on regional DHB groups.

Dr Andre George has been involved with Clinical Health Pathways and the Care Connect Governance Group which deals with electronic interfaces between primary and secondary care.

Dr Jenni Waddell, along with John Ross, CEO, sits on the Waitemata-Auckland Alliance Leadership Team which considers collaborations between DHBs and PHOs.

Rachael Calverley is involved with Diabetes Service Level Alliance work across Auckland and Waitemata DHBs and chairs the workforce development stream. She acted as chair of the General Practice Transparency group, looking at quality and performance measures for GPTs in collaboration with valuable GP support from one of our practices.

Rachael has been involved in the CARE project with Dr Andre George, has chaired the Metro Auckland Collaborative Mental Health and Addictions programme for primary health care nurses, and represented nursing and our organisation at MACGF.

In addition, Rachael has been involved in a development plan to support the Auckland and Waitemata DHB strategic framework for nursing.



Above: Dr Ajay Makal, Clinical Director, Professional Development and GP Liaison and Dr Meia Schmidt-Uili, Paediatrician /Clinical Director, Child Health Waitemata DHB, present at Child Protection Training for General Practices, February 2016

Complaints

Clinical Directorate manage the clinical component of complaints and support practice and individual clinician challenges as needed.

Workforce development activities across our General Practice Teams

Across the region, strong relationships are established, and continue to build, among medical clinical directors and nursing directors through Clinical Directorate and nurse group meetings. These relationships help Clinical Directorate understand regional changes in service planning and support consistent messaging to our GPTs.

Professional Development and Education for GPTs

Based on GPT survey feedback, 16 sessions of Continuing Medical Education/Continuing Nurse Education were presented.

CPR for GPTs

Waitemata PHO funds the provision of CPR courses for GPT staff including practice managers, administrative staff, doctors and nurses. We funded 14 level 3-5 courses in the year to 30 June 2016.

Peer review groups for General Practitioners

Waitemata PHO now host eight GP peer review groups following the merger of two smaller groups. Peer review groups are run by Dr Ajay Makal with the support of Dr Andre George and Dr Jenni Waddell. These well attended groups examine clinical topics relevant to general practice, topical subjects within the sector, including development of Clinical Pathways, general practice transparency of information, socialised IPIF (Integrated Performance and Incentive Framework) practice identifiable data and Northern Cardiac Network data. They also promote patient portals with the help of Dr Heidi MacRae and her team at Medplus.

New Entrants to Practice (NETP)

The development of new entrant nurses is supported by the Director of Nursing, a number of our education and training programmes, and collaboration with the Auckland and Waitemata DHB primary health care nursing development team.

Clinical leadership and management (CLAM)

Quarterly CLAM sessions cover topical areas for practice nurse leaders and nursing managers, including Metro Auckland projects, workplace conflict, and funding.

Long term condition education and training for nurses

We have a strong track record with our GASP respiratory improvement training for nurses and our diabetes/CVD education which is aligned to the National Diabetes knowledge and skills framework. These courses, which support improved self-care by patients and the delivery of optimal nursing care and management, continue to attract good nurse attendance.

Training and Development Services - Behavioural Health Training (TADs)

We funded 12 nurses to undertake TADs Brief Opportunistic Interactions training, an approach that supports care for those living with long-term conditions through improved communication.

CARE project for older adults

In collaboration with Waitemata DHB, this project focuses on an integrated model of care delivery involving GPT training to identify, assess and manage care needs.

Collaborative mental health and addictions credentialing programme for nurses

This successful programme, developed and delivered across three DHBs and seven PHOs in Auckland, has supported improvements in the capability and confidence of nurses working with people in primary health care who present with low mood, anxiety, or depression.

Independent evaluation resulted in increased funding, allowing roll out across Auckland from September 2016.

Professional Development and Recognition Programme

We continue to support, direct and assess nurses undertaking portfolios and developing career pathways.



Above: John Ross, CEO, presents Dr Lannes Johnson with a retirement gift after 7 years service

8

Member practices and their 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	217 Shakespeare Road, 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
Hobsonville Family Doctors	124 Hobsonville Road, Hobsonville, Auckland
Hobsonville Point Medical Centre*	3A/160 Hobsonville Point Road, Hobsonville, Auckland
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
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)

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9

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