



Comprehensive Care PHO Annual Report, 2020



Optimal health for all



Tihei mauriora e tu ana I
runga I nga taumata korero.

Ruia,ruia, tahia, tahia, kia
hemo ake tana pukoro, whai
koro.

He kuaka marangaranga kua
tai mai, tau mai, tau mai ra.

Ko. Comprehensive Care
PHO, tenei, tae noa Whāngai
Hauora mana tuu

Whāngai Hauora is the
Comprehensive Care PHO
Maori response to Tiriti.

- John (H M) te Retimana

Ngati Whatua

Front cover photographs

Top: Andrea Probert-Southam, Diabetes Self Management Education Coordinator for Comprehensive Care, teaching children at Belmont Intermediate School about the effect of eating sugar using interactive demonstrations

Bottom left: Kirsty Gover, Health Promotion Manager for Comprehensive Care, donating boxes of toothbrushes and toothpaste to de Paul house

Bottom right: Jacqui Hampton, Programme Manager, Collaborative Mental Health and Addictions Credentialing Programme for Comprehensive Care speaking to the Minister of Health, RH David Clark, about continued financial support for the credentialing programme which increases nurse in confidence and competence, and the tangata whaiora they support in their community.

Back cover photographs

Top: Participants from the Tai chi classes Comprehensive Care support through North Shore Women's Centre

Bottom left: Students who participated in the Pacific Equip'd programme attending a shared dinner with their parents

Bottom right: Comprehensive Care staff member Sian Gilhooley with media crew and parents at a measles immunisation clinic held to combat the measles outbreak in late 2019

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About us

Our purpose is to make a difference to all people, especially vulnerable children, younger, disadvantaged, older, Māori and Pacific people, in their health and social outcomes, by being a driver of quality, innovation, connection and exciting change for healthcare in our community. We recognise the need for our purpose to be responsive to the changing needs of our population.

Comprehensive Care PHO is a community based not-for-profit health organisation.

Our funding comes from the Ministry of Health and District Health Boards to

- Provide health services for people enrolled with us through their General Practice
- Provide health services for the local community
- Fund and support health related activities provided by community groups
- Support General Practice teams which are members of Comprehensive Care PHO

Our activities and programmes are lead by a board of medical and community representatives. Our health programmes are also overseen by an independent Clinical Governance group.

Patients who are enrolled with a general practice that is a member of Comprehensive Care PHO :

- Pay less for doctors' appointments and prescriptions because these are subsidised
- Can access a variety of free or subsidised support services such as diabetes education, stop smoking support, and mental health services.

Some services require a referral from a doctor or nurse; others are available by self-referral. We provide information on our website about our services and how to access them.

We support general practice teams by providing regular professional development opportunities, including seminars, skills training and peer discussion groups.

We develop and maintain clinical and business IT tools to help manage patients' health and health care. We communicate regularly with general practices and assist with administration, IT and business matters.

Our 50 staff are specialists in providing health care directly and in supporting our member General Practices. Over 500 doctors, nurses, allied health professionals and administrative/support people 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. We reflect on our values in our ways of working together and with our stakeholders and member practices.

Our mission

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

Our vision

Tino hauora mō te katoa
Optimal health for all

Our values

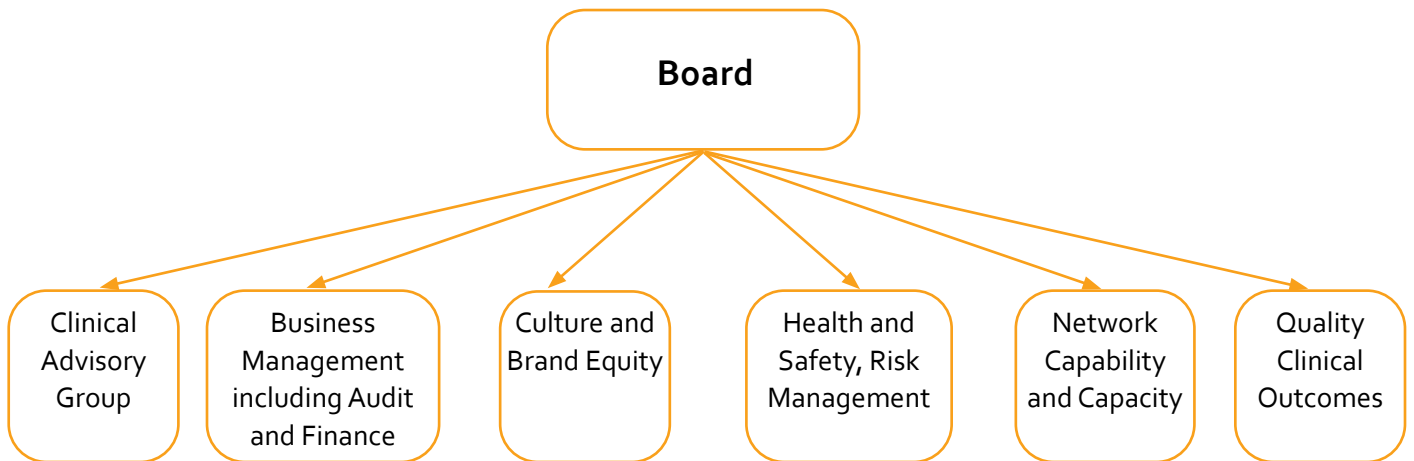
- **Hihiri:** to be **dynamic**
- **Noho haepapa:** to be **accountable**
- **Whakaaro nui:** to show **respect** towards all others
- **Pono:** to be able to be **trusted**

Legal structure

Comprehensive Care PHO is registered charity number CC47077 and New Zealand Business Number 9429031297981.

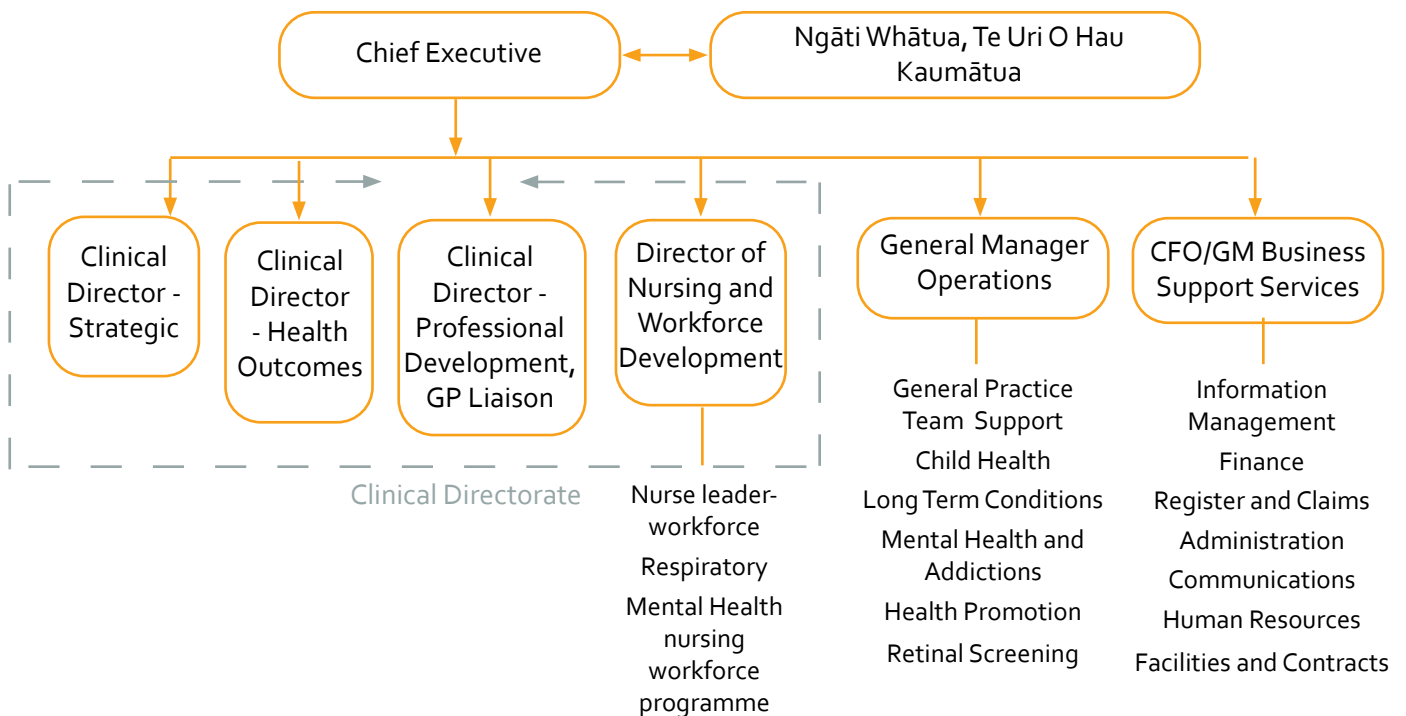
Governance structure

Comprehensive Care PHO Board addresses its clinical and business responsibilities by getting advice from the management team and six sub-committees.



Organisation structure

Comprehensive Care 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.





Māori health

Comprehensive Care PHO is cogniscent of our responsibilities under te Tiriti o Waitangi. We seek to ensure partnership with mana whenua at both governance and operational levels of our business.

We are committed to improving health outcomes for Māori by integrating kaupapa Māori philosophies and perspectives throughout our decision making, aiming to mobilise the appropriate resources to accelerate Māori health.

The Māori Health Plan documents measures for all PHOs in the Waitematā and Auckland DHB areas. Areas of focus include primary healthcare enrolment, child and older adult immunisation, ambulatory sensitive hospitalisation for young children and adults (that is, where health conditions are managed in the community and primary care rather than by admission to hospital), breast and cervical cancer screening, and long term conditions, particularly cardiovascular disease and diabetes. Progress is monitored via the joint Auckland and Waitematā DHB Māori Health Board Advisory Committee – Mānawa Ora.

We are guided by the values underpinning our Whāngai Hauroa framework. The framework ensures we hold the capability to deliver on Māori health care needs and we have the appropriate relationships with mana whenua to achieve tinorangatiranga for all Māori communities within our region.

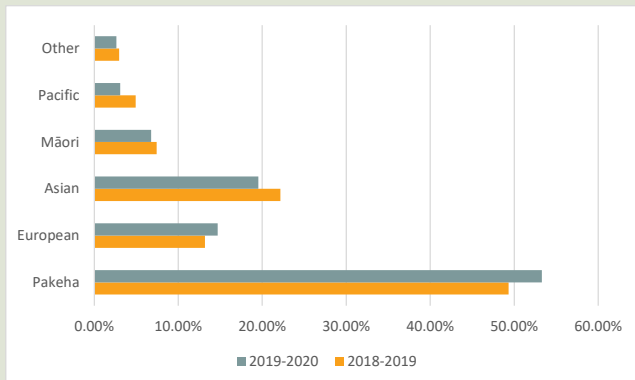
Māori partnerships help us cover the diversity of our population and represent iwi, hapū, whānau, Māori provider networks and Māori community. Participation by tāngata whenua has increased with two members on our Board of Directors, support from our Kaumātua, employment of our Whāngai Development Manager and the subsequent establishment of the tāngata whenua endorsement roopu are collectively advising us on our obligations to Māori as a health outcome for all.



At a glance

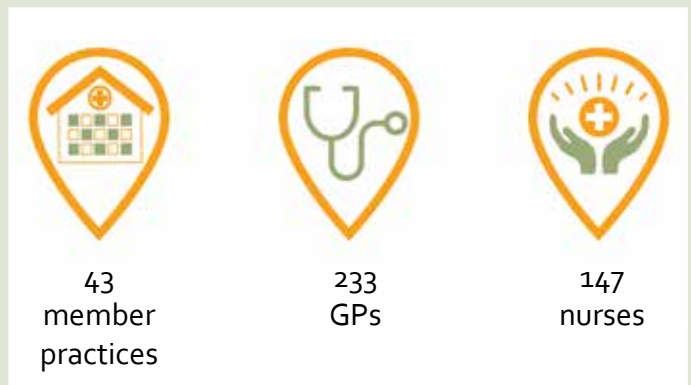
Our population

We provided care for 211,767 enrolled patients with an increase in the number of European and Pakeha people enrolled with our practices.



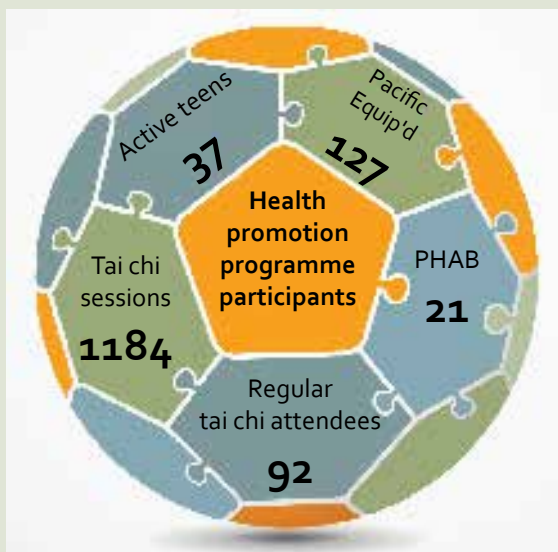
Our membership

We have approximately 233 GPs and 147 nurses providing care to patients across 43 member practices.



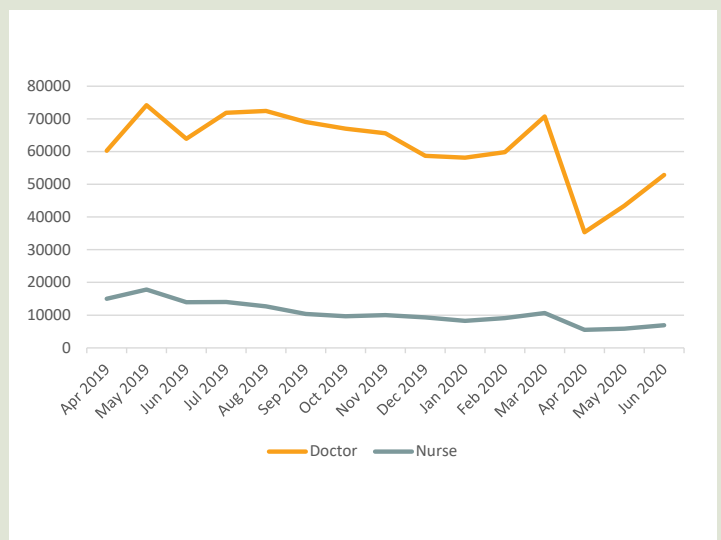
Health promotion

We have reached out to our community with programmes promoting participation in sport and healthy eating.



Consultations

Consultations with GPs experienced a sharp decline in April 2020 as a result of the COVID-19 pandemic.



Volume contract performance

Many of our services exceeded contractual requirements.

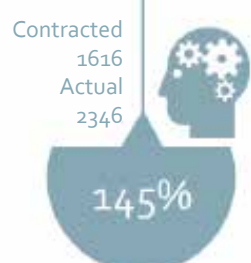
Nutrition and health

Enrolled patients



Mental Health / Lifestyle Options

Enrolled patients



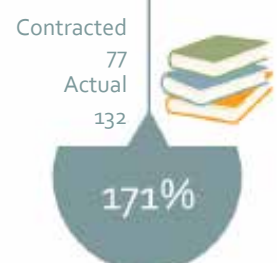
Asian smokefree

Enrolled patients



Workforce development

People trained



Board Chair's report

Dr Heidi MacRae

E TE KAHU KURA E RERE KOE

E nga mana, e nga reo, e nga whanaungatanga, kia koutou katoa a Comprehensive Care tenei nga mihi, a Ritenga Hauora whānui tena koutou katoa

Te hunga ora, nga mihi, aroha nga mihi koakoa hoki, no reira, tēnā koutou tēnā koutou a tēnā koutou katoa.

ANOINT THE BIRD WITH FEATHERS SO SHE MAY FLY

In my person, in my words, in my relationship with all who I Chair I wish to acknowledge Comprehensive Care and its valued Membership Practices I wish to acknowledge all those dearly departed, with all our everlasting love, May joy return to those left behind. I address you without exception.



Heidi trained and worked in London initially, and has been a GP on Auckland's North Shore since 2001. In 2011 she helped establish Medplus in Takapuna, a large integrated and forward thinking family medical centre. She works as a GP at Medplus and is a founding director. In her role with Comprehensive Care, her focus is 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.

The past year has been unforgettable in many ways, the challenges of a global pandemic have massively impacted on each of us, individually and collectively. For me, one of the positives that have come out of this experience was an awareness that one of the most valuable assets of Comprehensive Care is an intangible one, not related to the financials you will find in this document. Our Kaumatua, John Retimana, has always said that the most important asset is our network of people, and I agree. Our value is that we truly are a network of symbiotic primary care teams that work together, collectively, to best serve our community. Our trusted relationships with our patients, our communities, our PHO staff, our DHB and with each other have been invaluable in facing COVID 19.

Despite all the drama, challenges, negative financial impacts, and fatigue, our general practice teams have continued to perform extraordinarily well, providing essential primary care to our communities. Our doctors, nurses and administrators have bravely put aside their own fears and have responded to the needs of those who entrust us to provide care. One network coming together, supporting each other, and standing shoulder to shoulder in this crisis. Our PHO has been the catalyst and the facilitator, helping to support us to do what we needed to.

Last summer, the strategic plan focussed on what we believed were going to be the big issues (Maori health and Whāngai, the Heather Simpson Report, pay equity for practice nurses and healthcare homes), unaware of what was going to unfold before us.

As part of our new strategy, we appointed Craig Murray, former General Manager of Operations, to a new developing innovative business support solutions for practices and forging partnerships and alliances with other PHOs (in anticipation of Heather Simpson's report). Dene Coleman had only

just replaced Craig as General Manager Operations when the first cases of COVID 19 reached our shores. None of you will forget that frightening time back in March, when General Practice went virtual, literally overnight. (What a stunning achievement!). Comprehensive Care had to transition just as rapidly, pivoting from its business as usual to providing completely different support to practices.

Our doctors, nurses and administrators have bravely put aside their own fears and have responded to the needs of those who entrust us to provide care. One network coming together, supporting each other, and standing shoulder to shoulder in this crisis.

I am proud of what the Comprehensive Care team has achieved in our battle with COVID-19. The Emergency Operations Centre, lead by Craig Murray, liaised with the Ministry, DHB, ARPHS and practices. Between March and July 2020, the operations team distributed almost 200,000 gloves, 54,000 masks and 7,000 gowns to general practices. In that initial Alert Level 4 lockdown our Chief Executive John Ross and the Emergency Operations Centre team, fronted 25 Zoom meetings for practice staff to discuss problems and to share technical solutions and provide clinical advice. These virtual showcased our shared experiences, both positive and negative, and this guided us to make the changes that circumstances required.

Enhanced email communications rapidly circulated information to our network, with clinical updates and new Business Essential information including financial advice and ideas on how to best utilise technology to run practices virtually. The PHO also put together an unprecedented support fund of \$324,000 from their reserves to distribute to our

practices for COVID-19 related expenditure.

Our nursing team ran 23 pop-up flu vaccination clinics for practices unable to keep up with demand. Flu vaccines were distributed as rapidly as they could be acquired, and our cold chains were given support (563 cold chain visits were made to practices over 12 months). Our education programme moved online, the COVID disruption assisting us to change our delivery models more rapidly. Our psychologists met the unprecedented demand, virtually and face-to-face, as the enormity of the pandemic's mental health impact emerged. Back in March one of our practices rapidly developed a Community Based Assessment Centre and others followed as Designated Testing Centres, supporting their colleagues who were not able to provide COVID-19 swabbing. Some practices also became Key Practices – ready to stand up and support their neighbours in case of a practice shutdown.

The subsequent move to Alert Level 1 was uplifting, but we know now that New Zealand is not going to escape this pandemic as lightly as we had hoped. With turbulent times ahead Comprehensive Care is ensuring General Practice continues, providing COVID 19 support as required and enhancing the services provided to practices and our

community.

Our Whāngai concept is now offering a new way of thinking, and a new way of improving health outcomes. Through Whāngai we hope that we will achieve genuine cultural competency, enabling us to build solid relationships and trust with Māori organisations and our Māori population. Whāngai will be the enabler towards enhanced services and allow us to deliver care where it is needed most, in a way that will optimise for success. Whāngai has been deliberately created by our Kaumatua John Retimana with encouragement from the Executive Leadership Team and Board of Directors, and is now supported by a Whāngai Development Manager. The Whāngai education and development programme has launched for our Comprehensive Care staff, and will roll out to practices in due course. We hope that Whāngai will be a catalyst for many new health initiatives and aim to ensure that in lifting Māori wellbeing we will also improve the health and wellbeing of all in our community.

A crisis can be a catalyst for change, and we have all seen that in the transition to the virtual ways we now work. The pandemic shows the value of the organisations that represent us. The Royal NZ College of General Practitioners has been outstanding in educating and advising primary care teams throughout our response

to managing COVID 19. GPNZ has also found its voice, and with network connections with almost all our team of 5 million has been advocating more strongly than ever for our practices. Those who joined our virtual Business Owners Forum recently were able to speak directly with GPNZ Chief Executive, Liz Stockley and Chair, Jeff Lowe. Comprehensive Care recognises that advocacy for our practices is of the highest priority, and working to ensure our practices are sustainable and have a thriving workforce is one of our ultimate goals. We are also looking to enhance our relationships with all our stakeholders and develop the services we provide.

Please inform our Chief Executive or Executive Leadership Team, at your earliest discretion, if you have any suggestions to support a brighter future for the Comprehensive Care Whānau.

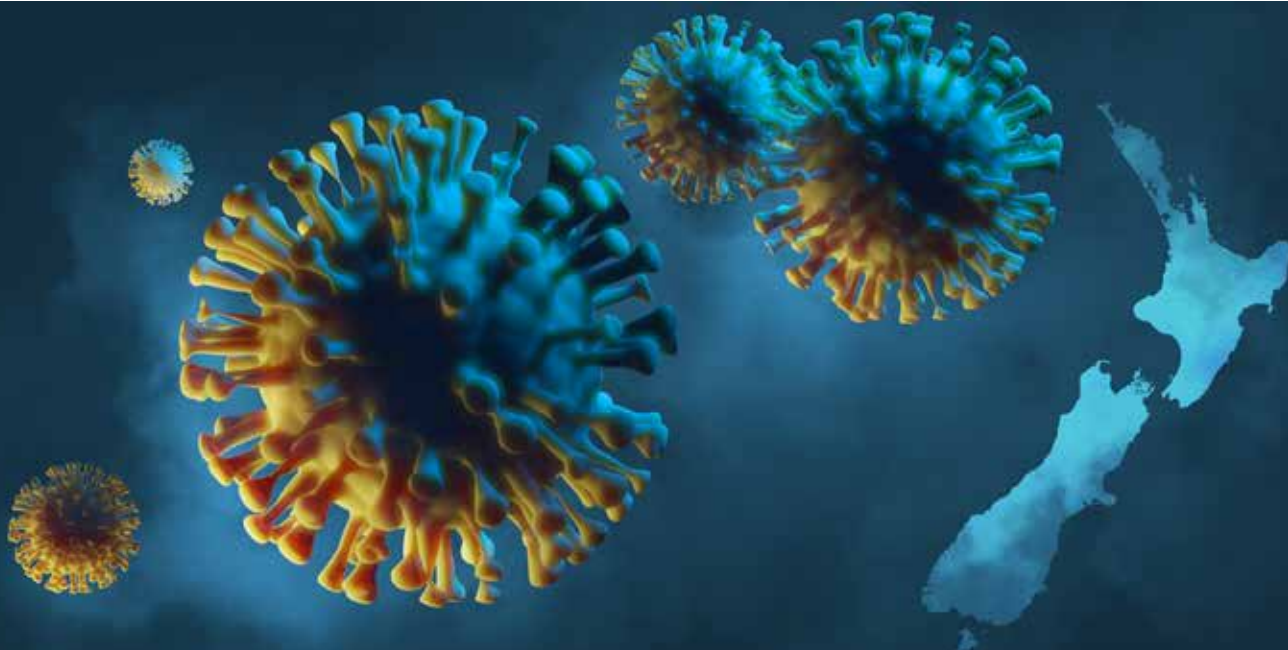
Te aha te mea nui o te ao

He tangata he tangata he tangata
kahuri.

ki te mihi a Whāngai



Heidi MacRae



Chief Executive's report

John Ross



John is focused on helping Comprehensive Care secure sound foundations and achieve sustainable transformational change where people can make a difference. He believes it is the people at the coalface – the patients, 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 to deliver best care by working constructively with stakeholders.

Prior to joining Comprehensive Care, John worked with many organisations in New Zealand and the wider Asia Pacific region including Shorecare Medical Services, PHARMAC, and the Central Regional Health Authority.

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.

The winds of change

I'm delighted to be introducing our 2020 Annual Report following a busy, challenging and successful year providing and supporting the delivery of essential healthcare in the region. We have seen more significant change this year than any before, bringing challenges and opportunities, and revealing areas where we will be strengthening our efforts in coming years.

I'm proud that in a turbulent year Comprehensive Care continued to deliver value to our primary care network of providers, work within the ecosystem to advocate for primary care, grow access to services that will help deliver our vision of optimal health for all and help build sustainable businesses that focus on equitable outcomes.

The most significant impact on our operations this year has been our COVID-19 response. I'm pleased with the early implementation of our emergency management plan, and our capable response to the changing situation with new and dedicated resource that concentrated on pragmatic support to our practices throughout the pandemic alert levels. Our focus from the start of the pandemic response, was to ensure our network had what they needed to operate safely and effectively in an uncertain time. Our clinical and operational teams were able to ensure that our practices had the PPE they needed, which we were able to do initially using our own reserves, and that frontline practice needs were represented at daily Incident Management Team (IMT) meetings. All of this ensured our essential healthcare services adapted to suit Alert Level guidelines as seamlessly and with the smallest impact on people as possible. At the same time, we rapidly mobilised our staff, setting them up to work remotely to ensure our services to providers and practices were also seamlessly maintained.

Throughout the year our

representation on key regional and national forums has allowed us to continue to represent the needs of primary care at a high level and allowed us to champion the outcomes we need. These are forums such as Metro Auckland Clinical Governance, Metro Auckland Data Sharing, Patient After-Hours and Urgent Access, the National PHO Clinical Leaders Forum, the PHO Services Agreement Amendment Protocol (PSAAP) and more.

Our relationships within the ecosystem have been key to our successful role in developing primary care capacity in the area of Integrated Primary Mental Health & Additions. We worked to ensure this new service was also targeted for the needs of our enrolled population, with an additional focus on youth. New funding for this work was triggered by the Mental Health Inquiry and informed by the local Auckland region work done with general practices piloting Health Improvement Practitioners and Health Coaches as part of the general practice team. It will no doubt become a part of our growing framework of primary care treatment and prevention options alongside the current work of GPs and Practice Nurses, our Mindfulness Clinics, Managing Mood Groups, the use of Mental Health Apps and our one-on-one consultations for clients.

This year, we are embracing the concept of Whāngai (to adopt and nurture) as a way to be better able to partner within the healthcare ecosystem and with mana whenua to satisfy the needs of our diverse people. Based on Māori concepts including Manaakitanga, Aroha, and Mahana it provides an approach to engage with Māori in a way consistent with Te Tririti o Waitangi with the aim of supporting optimal wellbeing for Māori and, in-fact, all people groups.

Our strategic pillars for the future will help us to source, deliver and champion modern and accessible

health and wellbeing services with people at its heart. And, it will help us grow a thriving primary care community through efficient, convenient and innovative systems and services. This includes developing innovative business support solutions for practices and forging partnerships and alliances with other PHOs through

We are striving to build an inclusive and high-performance culture, putting people at the heart of our decisions, remaining true to our values and our vision of optimal health for all.

the establishment of a Service Development Manager project role.

Growing the proficiency of our wider team and network will also be a focus, with the establishment of a new a senior level Learning & Development Manager so we can support continuing professional development (CPD) for clinicians as well as the learning and development of management and support office roles. We will also be continuing with and enhancing our education programmes and Peer Groups, Business Owner Forums, Practice Meetings and Workshops.

We must continue to change and adapt to the things that affect us. Things such as the evolution of general practice ownership by non-clinical private investors, the change programme that will inevitably follow a second term government, the critical sustainability issues many practices face, and the global pandemic. Competition for patients, contracts and funding will put general practice under increased pressure to utilize good business management tools, practices, and people. And, it will mean a greater requirement for support from Comprehensive Care to do so. We will continue to find ways to better support our practices to operate safely and sustainably now and into the future. Such as enhancing our support through areas like the fee review process which over this year has not only helped practices by ensuring their fee structures remain consistent with market factors and other indicators but also provided advice on areas of business efficiencies to ensure sustainability.

Another business risk that is arising is when large business or government owned providers are positioned in their target localities their need to buy or build practices will naturally diminish in favour of attracting and enrolling new patients. We have seen signs of this already with telehealth offerings –

both to attract and convert patients and to reduce the need for more real estate to handle higher numbers of patients. Funding models and workforce availability and agility is still a somewhat rate-limiting factor. We will be working with our network to navigate these developments and help seize the opportunities that are emerging.

The significant progress we made in 2019 – 2020 was thanks to all the general practices and networks and our clinical, business, and operational teams who have continued to deliver and support the delivery of essential healthcare in our region, as well as our Board of Directors who have guided our waka. I thank and acknowledge you all.

Kaua e hoki te waewae tūtuki, ā, āpā anō hei te ūpoko pakaru

Do not turn back because of minor obstacles, but press ahead to the desired goal

Kia piki ake te oranga o ngā iwi katoa

May wellness of all people begin now

Nga mihi nui,

John Ross



Our board members

Current members

Jo Bennett, Director



Jo started her administrative career in healthcare at an After Hours Clinic in 2005. She moved into Primary Care in 2012 to take up a Practice Management position. She has been the Practice Manager for over six years at Birkenhead Medical Centre and became a Partner in 2018.

Jo has a background in Personal Training, and enjoys the challenges that Primary Healthcare brings, where no two days are the same.

Jo is passionate about the use of technology to help manage workloads in the industry, to ensure patient outcomes are achieved while providers of healthcare, at all levels, are cared for and valued to ensure longevity, alongside a healthy work life balance.

In her spare time Jo likes to travel and get outdoors whenever possible with her husband and son.

Dr Judy Blakey MNZN, Director



Judy has a background in education, research and community health organisations. She provides health consumer feedback through Waitakere Health Link to the Waitemātā DHB, and has contributed health consumer perspectives to the Health Quality & Safety Commission's expert advisory group that developed the Patient Safety and Continuous Quality Improvement framework. Judy is a member of Precision Driven Health's Independent Advisory Group, and recently joined their NZ Algorithm Hub Data Governance Group.

A member of AUT's Centre for Active Ageing Research Reference Group and Life Member of the NZ Association of Gerontology, Judy is a strong advocate of Auckland/Tāmaki Makaurau applying to join the WHO's global network of Age-friendly Cities and Communities. In the 2018 New Year Honours List Judy was appointed a Member of the New Zealand Order of Merit for services to seniors.

Dr Lynne Coleman MNZN, Director



Lynne has been a GP on Auckland's North Shore for 30 years including 15 years as a GP Obstetrician. She completed a Fellowship in Urgent Care and then worked primarily in urgent care, taking a Clinical Leadership role in this area. Lynne now works as Medical Director at Apollo Medical Centre - responsible for clinical leadership and management, including quality programmes and innovation.

Lynne also has an interest in sports and injury medicine, travelling with elite sports teams including New Zealand's Olympic and Commonwealth Games teams. She was awarded a Member of the New Zealand Order of Merit in 2015 for services to sport and health.

Lynne is a qualified Director and has been a member of the Institute of Directors for 15 years. She has also completed her Chartered Membership of the IoD. She has a long history working on a variety of Boards including Waitemātā DHB and the Wilson Home Trust. She has just completed 12 years as a member of the Sports Tribunal of New Zealand. She is currently a Director of the Shore Care and Apollo Medical boards. Lynne is passionate about primary care and promoting healthy communities.



William Davis, Director

E nga mana, e nga reo, e nga rau rangatira ma tena koutou katoa.

Ko nga maunga whakahi o Tāmaki oku maunga hei purea ai, Mahuhu ki te Rangi raua ko Tainui oku waka, Waikato te awa – “He piko he Taniwha”, te Manukanuka o Hoturoa ratou ko, te Wai o te Mata, te Kaipara oku moana – “Hei huru hapi”. Puatahi ki Ngati Hine ratou ko, Reweti, Orakei, Werewere, Nukuhou oku Marae. Ko Ngāti Whātua, Waikato, Ngāti Tuwharetoa oku Iwi.

Ko William Tamakehu Davis tenei.

William's experience includes directorship and other roles for community and business organisations, including deputy-chair Auckland DHB, Chair of Hospital Administration Committee - ADHB, Director Whai Maia Ngāti Whātua Ōrākei and Director Ahikāroa Enterprises, which offers cultural consultancy, cultural competency trainings and organisational audits.

He has qualifications in Indigenous, Health and Business Studies and is an alumnus of the University of Auckland's Business school.



Dr Clare Dudding, Director

Clare has been a General Practitioner at Torbay Medical Centre for over 25 years and was a GP Obstetrician for 10 years, and spent three 3 years on the Harbour PHO and Comprehensive Care Board in 2008.

She provides a voice for General Practice as a passionate health care provider and as an independent business owner of her own expanding and progressive practice.

Clare believes General Practice should be the hub of quality family healthcare for their community. Clare is mother to three adult children and continues to be an active and regular sport supporter, including a role as treasurer of NZ water ski racing.



Jane-Renee Retimana, Director

Jane has had an extensive career in the public and private sectors. As General Manager Strategy and Corporate Affairs at Payments NZ Ltd, she is the executive responsible for setting and driving corporate and industry strategy, innovation programmes and business development. Jane also leads and oversees corporate communications, marketing, regulatory affairs, and sector engagement. She leads collaborative industry initiatives across a diverse range of stakeholders and works with senior industry leaders to drive 'NZ Inc' outcomes.

She is currently the chair of the Board of Trustees at a local primary school, is a member of the Institute of Directors, is an elected member on the Executive Council for Digital Identity NZ, has formerly served as a Director of the Waitematā PHO and has widespread governance and business experience.

Our senior staff

Dene Coleman General Manager Operations



Dene has an extensive background in healthcare and business management. With experience in strategy, innovation and leadership he has a large history spanning allied health, primary and secondary care, most recently in the surgical directorate of Auckland DHB, in addition to work in the tech sector.

Having a particular interest in efficiency in healthcare delivery, and the development of processes and systems, he has been responsible for the design and implementation of programmes and services across a broad spectrum of patients and organisations.

Dene continues to contribute to health industry development through holding positions on a Health Responsible Authority under the HPCAA. He has a Masters of Health Science and MBA, and is a member of the Institute of Directors.

Dr Andre George Clinical Director - Health outcomes



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

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

Anthony Hawke Whāngai Development Manager



Anthony has wealth of experience in social enterprise and Māori public health services. He believes in the power of strong connection between people and place helps to create environments for sustainable social change. He has a background in stakeholder relationship management, developing high trust, and high yielding movements delivering social outcomes.

As an advocate for innovative, interactive and proactive strategies that empower people to grow using cultural knowledge as a crucial pathway to optimal health for all, Anthony is leading Comprehensive Care's whāngai cultural transformation project. This project aims to tautoko all our healthcare practices, from the inside out, by connecting them to the practices and concepts that can set the blueprint for healthcare providers to help high-risk communities thrive, as well as drive engagement and add value. Building Māori values-based work practices in our organisation can help us all build more effective relationships with workmates as well as the stakeholders working alongside us in our communities to create optimal health for all.

Dr Ajay Makal Clinical Director - Professional Development/GP Liaison



Ajay is a practicing GP and has a focus on facilitating Continuing Medical education and Peer review groups and also providing support and pastoral care where needed to GPs within the network.

He has been in General Practice since 2010 and prior to that has worked in various specialties in the hospitals here in Auckland and in the NHS England for eight years.



Craig Murray
Service Development Manager

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.



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 DHB 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.



John (Hone Mutu) Retimana
Kaumatua

Tena koutou katoa.
Nga mihi nui o te wa nei.
E te hunga mate haere haere haere atu ra.
Ko Tokatoka te Maunga
Ko Pokapoka te Taniwha
Ko te Raki o te Wairoa te Awa
Ko Kaipara te Moana
Ko te Uri o Hau te Hapu
Ko Ngati Whatua te Iwi
Na Naumai te Marae
Ko nga Uri ko te Kotahitanga te Whare Tupuna.
Whanaungatanga a Iwi
Te Rarawa, Ngapuhi, Ngati Whatua, Tainui

I have operated in the role as Kaumatua to Comprehensive Care since its inception.

I am currently developing a Māori Health concept for all called Whāngai. This concept will embrace the entire primary health care policy of DHBs and government.

Hei kona mai tataua.

Farewells

The following senior staff left us during the year. We thank them for their contribution to Comprehensive Care during their time here:

- Rachael Evans, Director of Nursing and Workforce Development
- Dr Jenni Waddell, Clinical Director - Strategic

Programmes, services and performance

Care Plus services

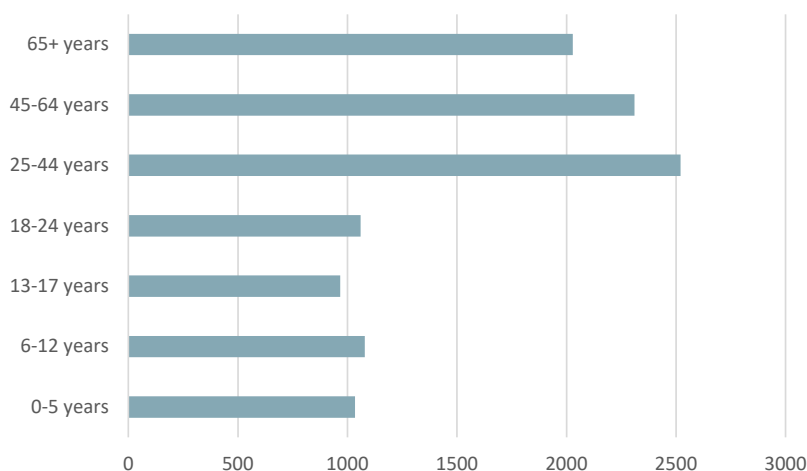
Care Plus is a subsidised programme that general practice teams can utilise to support patients with the management of their health. The patient has an initial comprehensive assessment, where their health needs are explored in depth. An individual care plan that has realistic, achievable health and quality 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.

Comprehensive Care PHO's enrolled patients have a significantly greater need and usage of this programme than our funding provides for.

Care Plus population by age group



Services to improve access to primary health care for high need groups

In line with the Primary Health Care Strategy and to address inequality, Comprehensive Care PHO strives to remove barriers to healthcare for Maori, Pacific people, migrants, refugees and people from lower socioeconomic groups.

Community project vouchers

This initiative aims to reduce the inequalities of timely and affordable access to healthcare for both our enrolled and non-enrolled population. A voucher valued at \$40.25 is supplied to individuals to assist with the cost of the GP visit. The vouchers are held by: Salvation Army (Glenfield), North Shore Women's Centre (Glenfield), Public Health Nurses (Warkworth and Rodney) and Homebuilders (Warkworth).



Terminal care

Our terminal care service enables patients to access home-based GP and practice nurse services at no cost, lifting the financial burden on patients and whānau in the last months of life. Māori, Pacific and Asian whānau generally prefer to have family members end of life care managed at home but often cannot afford the practice team services required. Delayed referral to the service can cause undue emotional and financial stress on patients and their family/whānau. In 2021, we will include further palliative care training and support for health clinicians to be aware of their own unintentional bias to reduce inequity.

Radiology

We offer x-ray and ultrasound services for enrolled patients who meet the following criteria:

- 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

We assist enrolled patients who require timely access to general practices for cancerous skin lesion removal. This initiative has been running successfully for more than ten years.



In areas where access to sexual health services is difficult, vouchers valued up to \$65 assist youth in receiving timely and affordable sexual health care.

Youth sexual health

This funding aims to address barriers for youth accessing sexual health services by providing free treatment and advice, contraception, sexually transmitted infection screening, and health education for under 23 year olds presenting for consultation at our general practices.

Removing financial and other access barriers to students may result in more opportunity for timely intervention, such as via the Massey University Health Clinic. This also enables opportunistic cervical screening and screening for partner abuse.

In areas where access to sexual health services are

difficult, vouchers valued up to \$65 assist youth to receive timely and affordable sexual health care. Vouchers are held by Public Health Nurses in Warkworth and the Orewa/ Whangaparaoa area.

Health promotion services and activities

Health Promotion delivers healthy lifestyle and chronic illness information across the community, aiming to increase health knowledge and reduce inequalities. We do this by providing funding and support to community organisations.

Programmes provided by Harbour Sport

Active teens, Warkworth



90%

Of participants are now confident exercising in front of others

90%

Of participants now feel fitter and stronger

Active Teens helps overweight teens make measurable body changes and reduce their risk of avoidable health conditions like obesity and diabetes. The programme uses fun high intensity, boot-camp style training to create positive changes in discipline, focus and attitudes about nutrition and fitness.

This is the seventh successful year the Active Teens programme has been provided to students aged 11-16 years at Mahurangi College, Warkworth.

This year the programme focussed on younger participants, aged 11-13 years.

The instructors created a fun environment, adapting to changing preferences and invited participants to bring friends. This led to more interaction and growth in learning opportunities.

COVID-19 affected the delivery of the service in early 2020. The Harbour Sport team developed online resources to continue to support the participants during Alert Level changes.

A participant's perspective

"I was referred to the Active teens Mahurangi program by the school nurse and physical education teachers. "My goal was to be more active, find a new sport, increase overall fitness and strength. Also to change (my) snacks and eat better.

I developed not just strength and fitness but also felt more confident in my abilities and now exercise more frequently throughout the week. My new nutritional goal is to help with the cooking at home and get better at preparing snack foods for school lunches."

Pacific Equip'd



Pacific Equip'd is a programme to empower young Pacific women to improve mental health and acknowledge their worth by strengthening their overall wellbeing and to promoting resilience and unity.

The programme aims to increase physical activity and wellbeing for Pacific youth through participation in sport and education about nutrition.

Pacific Equip'd has been running for seven years and supports young women from seven North Shore secondary schools.

We assist with funding to support the nutritional component of this programme.

126

The number of girls who attended Pacific Equip'd

A participant's perspective

"Equip'd was the first step for me in regard to healing. I felt for the first time that I was really seen and heard. I opened up to my struggle with depression, self-harm, suicidal thoughts and the struggle that was going on at home and because of the love that was shown, was all I needed to know that I was going to be okay in life."

Funded support to community based organisation Abuse Prevention Services (APS)

Over the past year, we saw increased levels of family violence in the community as a result of stress and anxiety triggered by the COVID-19 pandemic and Alert Levels 3 and 4.

APS assisted families in the Rodney/Hibiscus Coast area effected by family violence. APS provide education and counselling for victims and perpetrators of family violence, so they can make positive changes to their lives. APS run:

- Living Free which helps women break the cycle of being in abusive relationships, and
- Living Without Abuse , which encourages men to form relationships based on equality and respect.



Her perspective

"I am able to recognising subtle forms of abuse and have the confidence to standing up for myself.

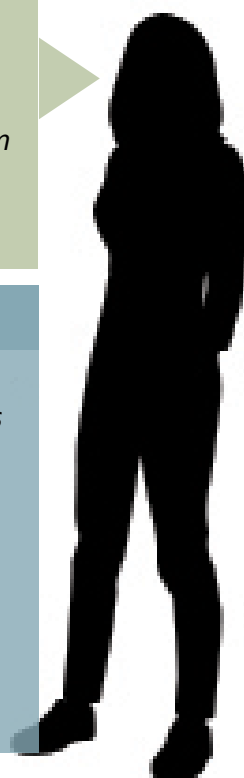
My communication is better, I am learning to speak my truth with less anxiety and fear."

His perspective

"[Living without abuse] helped me develop more self-awareness about my behaviours.

I am now able to make better choices when stressed or angry.

I especially got a lot out of the session on sexual respect. It opened up a good conversation with my partner."



Community grant: PHAB

PHAB's health, nutrition and exercise programme "ACE" (Active Choice Exercise) is co-funded by Comprehensive Care to improve health and nutrition outcomes for youth with disabilities.

ACE focusses on group dynamics and building the group's commitment towards a healthier lifestyle.

The COVID-19 pandemic saw service delivery change from in-person sessions at the PHAB premises to online contact. Group members logged in to a weekly exercise video hosted by their instructor. In addition, many

special additional activities were organised including online quizzes, bingo, teddy bear hunts and treasure hunts.

Attendee numbers in late 2019 were the highest since 2016.

21

The number of active ACE participants

A parent's perspective

My son has autism and dyspraxia. He is currently involved in the Active Choice Exercise program run by Nick at PHAB. He is now generally more aware of what foods are healthy and he also manage to lose a bit of weight at the end of the last ACE sessions.

I think the biggest benefit is him seeing and doing activities with his peers in an environment where he is encouraged and accommodated and not always last or worst. The element of routine is strong in this and as we know that always makes things easier, especially for someone with autism.



North Shore Women's Centre: Tai chi

North Shore Women's Centre (NSWC) offers a range of accessible programmes for women and their families including the Tai Chi programme.

Tai Chi is known to achieve positive results for mental and physical wellbeing and reduces risk of cardiovascular disease and diabetes. Benefits also include reduced stress, better sleep quality, and improved flexibility and balance which helps with falls prevention.

Participants report they are experiencing great health benefits such as better balance, less pain and increased mental health and wellbeing. The majority of the participants are elderly and report

reduced falls.

Classes were unable to be held during COVID-19 Alert Levels 3 and 4, but resumed in mid-June.

A participant's perspective

I sing better, breathe easier. I always feel great for the rest of the week. Wonderful way to start the day. It's great on my joints!

92

Regular attendees at tai chi classes

1184

The number of attendances at Tai Chi classes this year

Community grant: 'Bikes in Schools'



A teacher's perspective

Students enjoy using the bikes in PE sessions, and as students gain more experience and get more comfortable on the bikes, the bike trail adds an exciting component to this.

We are proud to support the local Bike On New Zealand Charitable Trust's new bike track at Henderson Intermediate.

Bike On NZ's work helps to raise the confidence, self-esteem and resilience of pupils through biking, and delivers health and wellbeing outcomes for the pupils (and staff) through active participation. Last year, we helped to fund a

local community bike track at Murray's Bay Intermediate School which opened in November 2019, and work on the new bike track at Henderson Intermediate will begin in late 2020.

Bike On NZ's research shows, health benefits include increased physical fitness, motor skills and coordination. This was supported by the data collected, which

showed an increase in estimated VO₂max (a measure of aerobic fitness). And data collected for each of the intervention schools demonstrated that the percentage of obese children reduces in the applicable schools.*

* <https://bikeon.org.nz/bikes-in-schools-intro/>



McLaren Park Henderson South Community Trust's (MPHS) Youth Studio

We are proud to support the MPHS Community Trust's Youth Studio which supports physical and mental wellbeing for youths.

MPHS Community Trust is a not-for-profit organisation based in West Auckland, offering environmental projects, holiday programmes, Youth Studio, child-centred programmes and women's empowerment.

Our community partnerships help us enhance engagement with vulnerable Māori and Pacific youth who face barriers in their access to health in the Henderson and West Auckland region.

A leader's perspective

It's a safe space where our young people can collaborate, build their sense of self and strong, enduring relationships.

Other health promotion initiatives

Community grants support community events and organisations, including:

- Going Bananas Show
- Burn Support Group
- Fostering Kids
- Kidney Kids NZ
- Heart Kids
- Kids Big Day Out
- Autism NZ

Promotional activities within general practices:

- Cervical screening age update

- Child Protection Policy and training
- Falls prevention, Strength and Balance
- White Ribbon – Stand up and speak out against violence towards women
- World Smokefree Day competition to encourage smoking cessation referrals

Links with the community:

- NGOs
- Community network meetings
- Community co-ordinators

- Waitakere Healthlink

PHO representative on Waitematā DHB groups including:

- Health of Older Persons
- Falls Prevention
- Asian and MEAA Primary Care working group
- TANI- the Asian Network
- MACSOP Cervical Screening Group
- Green Prescription Regional working group

Child health promotion and immunisation

This has been a busy year in child health and immunisation, initially managing the large measles outbreak, the introduction of MMRo, and then maintaining immunisation services and coverage in a COVID-19 environment.

Immunisation

Member practices met Ministry of Health immunisation targets. At 8 months of age 93% of children in our member practices were fully immunised. Unfortunately 3.6% of parents/caregivers declined immunisation.

We are achieving equity for our Pacific population with 93% of children fully immunised, while 88% of our Māori tamariki are immunised. Our work in whāngai principles to engage more Māori aims to improve on these outcomes.

Member practices have adapted exceptionally well to the COVID-19 environment developing initiatives like 'drive-thru' influenza immunisation clinics and 'clean sessions' (ie. holding immunisation clinics first thing in the morning before unwell patients arrive) to maintain patient confidence and ensure continued safe delivery of the

immunisation programme.

Influenza vaccine coverage for people aged over 65 years was equitable with 65% uptake across all ethnicities. Uptake of influenza vaccination in high risk children aged 0-4 years was up nearly 50% on last year, with twice as many high risk Māori tamariki and three times as many high risk Pacific children receiving vaccinations.

To ensure influenza vaccination clinics could be carried out efficiently, particularly during the COVID-19 pandemic, we offered clinical support to practices, institutions like retirement villages, and essential workers. We managed vaccine stock redistribution during shortages, and engaged in strategic groups advocating on behalf of GPTs.

Child Health

We continue to work with regional and national stakeholders on child health initiatives including:

- Incident management for the Measles outbreak, Influenza vaccinations, and the COVID-19 pandemic
- Newborn enrolments in primary care, dental and Well Child Tamariki Ora (WCTO) services

- Rheumatic Fever, Kianga Ora/ Heathy housing
- SLM activities: Antenatal immunisation, influenza vaccinations for high risk groups, and youth health
- Whānau ora work with pharmacies and NGO immunisation providers
- Community engagement activities: Young mothers groups, WCTO education, and midwife engagement

Cold Chain

Cold chain management supports more than 160 vaccination providers across the region with maintaining cold chain standards to ensure vaccine safety and integrity. This is a 6% increase on last year. We have been instrumental in supporting clinical assessments, annual logging, cold chain management and education.

Our vaccine fridge has been used to assist practices experiencing cold chain events and to provide vital capacity for measles vaccines during the outbreak in late 2019 and influenza vaccines during the supply shortage in early 2020.

There were no cold chain failures this year.

93% of Pacific children are fully immunised.



Referred services

Diabetes services

We continue to provide diabetes self-management education courses (DSME), dietitian-led supermarket tours, dietitian consultations and psychologist consultations throughout the Waitematā DHB region to improve the health and wellbeing of diabetes patients.

We work collaboratively with a range of community groups including Harbour Sport, TANI Asian forum and North Shore diabetes support groups. Diabetes New Zealand's Auckland branch has continued to support our sharps disposal service.

Diabetes self-management education (DSME)

DSME is available for people diagnosed with type 2 diabetes, helping them improve their understanding of their condition and empowering them to self-manage their condition.

DSME courses were impacted by the COVID-19 pandemic. Even moving to lower Alert Levels saw reduced uptake due to attendee health concerns.

DSME for young adults offers an introduction to working collaboratively with Waitematā DHB young adults' diabetes service.

People who attend DSME courses are further supported by the provision of dietitian led supermarket tours, individual dietitian consultations, and psychological support.

Dietitian service

We offer free 1:1 consultations with a registered dietitian, a service which is largely utilised by people with type 2 diabetes who request individual appointments with our dietitians after completing DSME.

Our dietitians also run small group supermarket tours to improve and build on label reading skills learned at DSME.

Podiatry

Our fully-funded community based podiatry programme delivered over and above contractual obligations. The service supports people with type 1 or type 2 who have been assessed by their general practice team as being at risk for foot complications.

Patients are referred to the service by their general practice. A contracted podiatrist within the community provides the necessary foot care. The severity of risk determines the number of visits available, generally to a maximum of three per year.

It is now mandatory for practices to conduct a foot check when completing funded diabetes annual reviews. This programme ensures equitable access to foot care.

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.

Our successful and efficient retinal screening service is constantly evolving to meet the needs of our patients, which we monitor closely through annual surveys and feedback. 96% of our patients attend their appointments.

Palliative care

Our palliative care package supports end of life care by reducing the financial burden on whānau through the provision of access to GP and practice nurse services both in the practice and at home at no cost to the patient.



This course is an eye opener. I am now able to understand and appreciate diabetic illness to the full extent.

- Diabetes Self Management Education course attendee

Mental health

The Lifestyle Options Mental Health Team provide services from our Albany office and off-site to ensure accessibility of the service.

The programmes include:

- Four free sessions for clients referred to the mental health team by their GP
- Four 1:1 sessions
- Group therapy
- Telehealth support through online and phone

To ensure group therapy sessions are accessible to as many clients as possible, we hold three Managing Mood groups per week across two locations, which are also open to fee paying clients.

This year there has been a significant increase in GP referrals to our mental health service, resulting in a 20% increase in Lifestyle Options referrals. This increased is attributed to the emergence of COVID-19 combined with increased media awareness about help available for people experiencing mental health issues.

To be able to operate safely during the COVID-19 pandemic, the Mental Health Team held group and

1:1 sessions via zoom or over the phone, which were a great success.

The rollout of Te Tumu Waiora, or the Integrated Model of Care, started with a commitment from four member practices to help implement the programme. The practices were chosen based on their high Māori, Pacific and youth populations. The programme places Health Improvement Practitioners and Health Coaches in practices to deliver immediate short term health support to patients and the practice team.

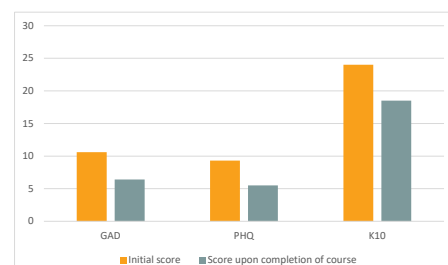
Our online e-therapy wellness programme offers a 12 week online programme that replicates the Managing Mood Group in a virtual environment. Attendees can access the same skills and support, including psychologist input, through a secure community site for peer support, and a robust risk management system. The service is currently being evaluated, and initial data shows improvements in mental health and wellbeing.

We offer internships to psychology students. This helps shape and develop the future workforce. These students benefit from the experience of our Mental Health

team as they gain re-life experience as psychologists.

Our experienced mental health team also support health promotion within the community, Diabetes Self-Management Education courses, nurse education, and the Mental Health Nurses Credentialing Programme.

Improvements in mental health scores in Managing Mood Group participants



Above: Average Managing Mood Group assessments (using GAD, PHQ and K10 measures) at the start and end of the programme show noticeable improved outcomes for participants.

A participant's perspective

I've benefited greatly from your facilitation and insights.

I have particularly appreciated you going the extra mile with phoning me and meeting 1:1. I found it really valuable and it's helped me a lot.

Thanks for being so generous with your time.





Asian Smoking Cessation

331

People enrolled in Asian Smokefree Communities

The Asian Smokefree team are passionate about helping smokers quit and have over 37 years of combined experience to support clients on their smokefree journey.

The team is contracted to ProCare under the "Ready Steady Quit" umbrella and offers a specialised quit smoking service for those

262

People set a target quit date

living in the Waitematā and Auckland regions. Practitioners are highly trained and set targeted quit dates with over 70% of their clients. They speak Mandarin, Cantonese, Korean and English and use WATIS interpreting services for language specific support.

The Coronavirus lockdown period

192

People successfully quit smoking

from March through to May saw a large dip in referrals from primary and secondary care. Thanks to the team's extensive network of contacts in the Chinese, Korean and other communities, they continued to meet targets, supporting clients remotely through phone, email, text and online support.

A participant's perspective

I've tried to quit smoking many times before and have always started smoking again after a few weeks. But thanks to Comprehensive Care's help, I've managed to be smokefree for more than a month now. The stop smoking service has been very beneficial for me and I am quite certain I will now be able to quit smoking for good.

Practice Liaison Services

Our Practice Liaison Team supports our frontline General Practice teams to achieve their targets through:

- Business and professional support
- Practice Manager and

receptionist professional development and education

- Quality standards including Patient Experience Surveys, Cornerstone and Foundation Standards accreditation and Health Care Homes

- Brief advice on smoking cessation

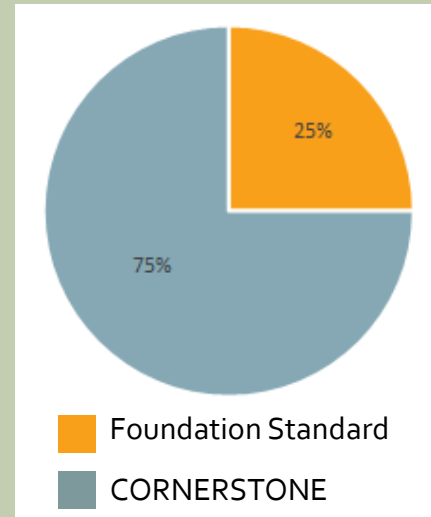
Developing a strong collaborative relationship helps our member practices deliver high quality community care.

Quality assurance activity

All Comprehensive Care PHO practices are registered with Royal New Zealand College of General Practitioners (RNZCGP) for either Cornerstone or Foundation Standard accreditation.

These standards represent nationally consistent benchmarks for practices to measure their quality of care and progress towards equity.

At 30 June 2020, 34 practices have CORNERSTONE accreditation and 11 have completed Foundation Standard accreditation. One Practice transitioned from Cornerstone to Foundation Standard.



Issues and exceptions report

Demand on Comprehensive Care PHO's clinical services continue to exceed contracted capacity. This has resulted in a requirement to threshold manage those with greater clinical need being referred to secondary services. A low limit threshold management is being considered in some areas to manage capacity and financial risk to the PHO.

Service utilisation

The past year saw a decrease in service utilisation with our rate per enrolled patient going from 3.18 in 2018-19 to 2.88 in 2019-20 due to the COVID-19 pandemic restrictions in early 2020. All age bands were represented in the decrease in utilisation.

Annual utilisation analysis for Comprehensive Care PHO

Patients	2018/19	2019/20
Funded patients	254,655	249,872

Utilisation	2018/19	2019/20
GP visits	808,960	808,960
Other visits, including nurse visits	194,656	194,656
Total	1,003,616	1,003,616

Utilisation rate (average visits per patient)	2018/19	2019/20
GP utilisation rate	3.18	2.88
Other utilisation rate	0.73	0.44
Total	3.91	3.33

Utilisation rate by age group	2018/19	2019/20
0-4	4.70	3.44
5-14	2.29	1.77
15-24	2.40	2.29
25-44	2.78	2.55
45-64	3.96	3.61
65+	7.25	6.08

Volume based contracts

Programme	Contract name	Contract	Actual	Performance
Smoking cessation	Asian Smokefree	304	332	109%
Mental health	Lifestyle Options	1616	2346	145%
Palliative	Palliative care	93	141	152%
Long Term Conditions	DSME	460	275	60%
	Nutrition and health	505	539	107%
	Podiatry	1236	2175	176%
	Retinal screening	4460	132	73%
	Workforce training	77	132	171%

■ <85% contract
 ■ 85%-95% contract
 ■ >95% contract

Overall contract performance has been positive with all but two contracts exceeding contracted volumes. Retinal screening and DSME historically do not reach contracted volumes but the 2019-20 year has fallen behind previous performance because we were unable to run these programmes during COVID-19 Alert Levels 3 and 4. The patients who attend these services represent a vulnerable group who are at higher risk of complications from contracting COVID-19.

Comprehensive Care PHO fee levels

Fee levels for Comprehensive Care PHO member practices are set, reviewed, and published on our website by age band for each practice, and advised to Waitematā DHB in accordance with the PHO Services agreement.

With effect 1 December 2018, government initiatives extended health access provisions by providing an additional subsidy that caps standard practice visit charges for Community Services Card (CSC) holders and their dependants aged 14 to 17 years. Eligibility to CSC has also been extended.

Most Comprehensive Care member General Practices have engaged with this change, which is advised on each practice's directory listing on the Comprehensive Care website.

Age bands for fees are set out in the table below. Fees are \$0 for most under 14 year olds.

Age range	Very Low Cost Access practice (VLCA)	Non VLCA practices
0 - 5 years	\$0	\$0 - \$30
6-13 years	\$0	\$0 - \$37
14 - 17 years	\$0 - \$13	\$12.50 - \$57
18 - 24 years	\$15 - \$19	\$18.50 - \$66.50
25 - 44 years	\$15 - \$19	\$18.50 - \$68
45 - 64 years	\$15 - \$19	\$18.50 - \$68
65+ years	\$0 - \$19	\$18.50 - \$64

Collaboration and alliances

We are a member of the Patient Access for Urgent and After Hours (PAUA) Service Level Alliance Team, which supports general practices to meet their obligations to provide Urgent and After Hours patient access. This is a Service Level Alliance of all the DHBs, PHOs, Urgent Care providers and St John Ambulance in the Auckland region, working to improve access and consistency of urgent and after-hours services in the region.

District Alliance

Comprehensive Care PHO is a member of the District Alliance Agreement: Waitematā and Auckland Districts.

The purpose of the partnership is to create a future health system and to design services across Waitematā 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.

Below: Comprehensive Care staff members Sian Gilhooley, Kirsty Gover and Anthony Hawke meeting with Hāpai Te Hauora to discuss national programmes managed by Hāpai Te Hauora



Business Support services

Business support services provide management and support to help ensure the smooth running of PHO and member practice business activities, including:

- 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)

Important projects delivered during the extraordinary circumstances of the COVID-19 pandemic emergency response over the past year, include:

- Staff cultural engagement survey
- Five year strategic planning
- Implementation and support of:
 - IT infrastructure and security for remote working
 - Communications and collaboration platforms for practices and staff
 - Information collation and interpretation for our practice network
 - Additional funding provided by the government and Comprehensive Care to support primary care services delivery
- Cyber security risk assessments and assurance programs
- Continuing improvements and expansion of our Qlik reporting platform in line with specified clinical quality reporting requirements

Among other activities, 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 through Qlikview
- The communications strategy and technology stack development through the PHO Portal, Aku Pānui/My Bulletins

Managing our registers

A primary function of Comprehensive Care 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 analyses of practice submitted enrolment registers, enabling practices to improve the accuracy of their registers to a consistent standard.

Clinical Directorate and Workforce Development

The Clinical Directorate comprises:

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

The Clinical Directorate's role is to provide strategic leadership, support and representation in internal, regional and national clinical quality forums to ensure the delivery of accessible, high-quality healthcare.

Strong relationships have been established across the region and continue to build among medical clinical directors and nursing directors through Clinical Directorate and nurse group meetings. These relationships help the Clinical Directorate understand regional changes

in service planning and support consistent messaging to our general practices. In addition we provide workforce capability development in the form of a comprehensive, annual medical and nursing education schedule, relevant education sessions and new workforce projects to ensure growth and a continuous learning improvement environment for our doctors, nurses and practice administration staff throughout our network practices.

We support clinical providers in our General Practice Teams, the PHO population and the communities we work with to improve health outcomes. The other key activities of the team are to manage and support:

- Practice and individual clinician queries and challenges as needed
- The clinical component of complaints
- Quality improvement activities
- Workforce development education, training and ongoing professional

development for doctors and nurses

Internally Comprehensive Care PHO has two key clinical quality forums. They are:

1. Clinical Quality Group

This internal group consists of members from Clinical Directorate, the Practice Liaison team and other clinical teams, who look after system level measures, public health imperatives, mental health, cardiovascular conditions, diabetes and cervical screening. In addition, the group notes and addresses specific practice complaints, and clinical risk areas of practice breaches.

2. Clinical Advisory Group (CAG)

CAG includes external health and community representatives. The group makes recommendations to the Comprehensive Care PHO Board about health care programmes, education models, potential service changes, and opportunities that could improve health outcomes in the district and throughout our practices. The group develops ideas and makes



recommendations to the Chief Executive and Clinical Directorate about health care provision within the community that resonates with the organisation's strategic direction and includes, but is not limited to, primary care.

Workforce (capability) development

We place high value on our clinical workforce, as they are essential to ensuring optimal health for all.

We support ongoing recruitment, retention and development of clinicians and have a strong track record of lifelong learning investment, through our short courses and clinical training options.

We also offer clinical staff education support, coaching, mentorship, supervision and pastoral care. This enables and maintains positive professional practice and aligned behaviour.

Core activities

GP Peer groups

We host and fund eight GP peer review groups who each meet four times a year.

These well attended groups examine:

- Clinical topics relevant to general practice
- Topical subjects within the sector, including development of Clinical Pathways
- Topics that address system change and outcome such as First 1000 days of life
- Cultural competence
- Case discussions
- Health in the digital age, and more

Clinical Leadership and Management (CLAM) for nurse leaders and managers

Quarterly CLAM sessions cover

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

CPR courses

We funded and delivered 13 level 3-5 courses in the year to 30 June 2020 (two sessions were cancelled due to impact of COVID-19).

We fund the provision of CPR courses for practice managers, administrative staff, doctors and nurses.

Nursing Professional Development and Recognition Programme

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

CME/CNE

With content based on practice survey feedback, nine sessions of Continuing Medical and Nursing Education were presented (four sessions were cancelled due to COVID-19). This includes clinical workshop courses separately for nurses and doctors on a Saturday morning with excellent uptake and feedback.

Short courses

Practice ready clinicians are essential to ensuring responsive teams are able to have an impact on health gains and outcomes for our populations.

Short courses ranging from half a day to three day sessions aim to raise workforce skill, knowledge and confidence.

We collaborated with Dr Rajan Patel, an Auckland based ENT surgeon, to hold a hands-on training course on minor skin surgery.

Diabetes/CVD focused courses for nurses and GPs

We have a strong and positive history with our diabetes/CVD education, 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 attendance.

Diabetes focus groups

Quarterly diabetes focus groups are sponsored by Novo Nordisk and facilitated by our Diabetes/Long term conditions team.

Groups are well attended by nurses and GPs within our network who apply their learnings on a daily basis. Topics covered include case discussions, new insulin pens, guideline changes, patient education and motivational interviewing.

Giving Airways Support to Patients (GASP)-Asthma and COPD courses for nurses

Comprehensive care continues to deliver high quality GASP courses for our network clinicians.

Comprehensive Care PHO has a decade of experience delivering GASP respiratory improvement training for nurses. Delivery of GASP training has extended outside the Auckland region and to Australia.

Collaborative mental health and addictions credentialing programme for nurses

This successful regional 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, depression or addictions.

We have hosted and continued to support a collaborative approach to the ongoing successful delivery of this programme, four years now post pilot. The programme continues to incorporate Tikanga woven throughout alongside a greater understanding of Te

Ao Māori and Pacific mental health and wellbeing. E-learning modules have been incorporated into the programme.

Standalone courses

Standalone courses selected annually or bi-annually are also delivered by Comprehensive Care PHO.

Courses held by other agencies

We support training run by Waitematā DHB and other professional agencies.

Workforce capability projects

Safety in Practice

Safety in Practice (SiP) is designed to create safer more reliable systems, promote a culture of safety, and develop quality improvement tools within primary care by targeting issues of clinical concern and gaining skills through practical experience and collaborative learning. A range of tools and resources, alongside support from improvement and clinical experts, are provided to general practice teams to foster a patient safety culture.

Nine practices participated this year.

The Kare project

The Kare project involves two practices working in collaboration with Waitematā DHB. The focus is an integrated model of care delivery to identify, assess and manage care needs of at risk elderly patients.

New Nurse Entrants to Practice (NEtP)

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

EOC – Emergency Operations Centre for COVID-19

Dr Ajay Makal was the clinical coordinator within the EOC and also part of the Regional Incident Management Team's planning and leadership group. The clinical coordinators' role was to provide:

- Coordinated clinical advice within a regional response framework
- Timely support to practice teams and internal staff
- Advise the EOC team on clinical matters.

A participant's perspective

Excellent presenter. Very engaging and easy to understand. Easy take home points.

- Minor Skin Surgery practical CME/CNE session participant

Below: Participants at the Minor Skin Surgery practical CME/CNE session



Primary-secondary care regional interface

Clinical Directorate widely represent Comprehensive Care PHO on working groups and project teams across the region. The table below shows the distribution of representation amongst members of Clinical Directorate.

Activities/Meetings/Groups	Dr Andre George	Dr Ajay Makal	Dr Jenni Waddell	Rachael Calverley	Rosey Buchan
Alliance Leadership Team (Auckland-Waitemata ALT)			•		
Child Health Steering Group - Northern Region Primary Care			•		
Diabetes Service Level Alliance and working groups				•	
Diabetes Co Design Project and Coaching and Mentorship				•	
Waitemata DHB Professional Development and Recognition Programme Group and Level 4 Panel				•	•
APEX Fast-track programme for new nurses into General Practice				•	•
Clinical Pathways (Interim steering group (CPISG) and Operational steering group (CPOG))	•				
Care Connect Governance Group	•			•	
Practice Information Project		•			
Our Health in Mind	•			•	
POAC Clinical Governance Group			•		
PAUA Clinical Quality Group (Clinical Subgroup)-ON HOLD	•				
Metro Auckland Clinical Governance Forum (MACGF)			•	•	
KARE Project	•			•	
Safety in Practice (PHO representation)	•	•		•	•
Safety in Practice - PHO Facilitators					•
Collaborative Mental Health and Addictions Programme for PHC Nurses				•	•
Primary Care Connections Forum (WDHB)			•		
Clinical Advisory Group	•	•	•	•	
System Level Measures Steering Group		•		•	
Creating the Future planning summit	•				
Regional Primary Health Care Nurse Reference Group				•	•
Regional Standing Order steering group	•			•	
Nurse Executives New Zealand and Northern lead (National group)				•	•
AUT Nursing Advisory Group				•	•
SLM PHO implementation groups				•	
Palliative Outcomes Initiative (POI) - NRA	•				
Northern Region Medication Safety Workshop	•				
Community nurse prescribing				•	•
Primary and Community Care Deep Dive				•	
Auckland Primary Care Leader's Group (APLG)			•		
PHO Clinical Leaders Group (National group of PHO Clinical leads)	•		•	•	
Health Informatics NZ - Clinical Informatics Leaders Group	•				



I'm proud that in a turbulent year Comprehensive Care continued to deliver value to our primary care network of providers, work within the ecosystem to advocate for primary care, grow access to services that will help deliver our of vision of optimal health for all and build sustainable businesses that focus on equitable outcomes.

- John Ross, CEO

Comprehensive Care PHO Ltd Financial Statements for the year ended 30 June 2020

Table of contents to financial statements

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Business profile as at 30 June 2020

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						
Shareholder	<table><thead><tr><th></th><th style="text-align: right;">Ordinary shares</th></tr></thead><tbody><tr><td>Comprehensive Care Limited</td><td style="text-align: right;">100</td></tr><tr><td>Total Shares</td><td style="text-align: right;"><u>100</u></td></tr></tbody></table>		Ordinary shares	Comprehensive Care Limited	100	Total Shares	<u>100</u>
	Ordinary shares						
Comprehensive Care Limited	100						
Total Shares	<u>100</u>						
Directors	Lynne Coleman Heidi McRae Clare Dudding Judy Blakey Joanne Bennett (appointed 13 November 2019) William Davis (appointed 13 November 2019) Jane-Renee Retimana (appointed 13 November 2019)						
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 1 Broadway, Newmarket, Auckland 1023						
Accountant	Hayes Knight Limited 5 William Laurie Place, Albany, Auckland 0632						

Annual report

The Directors present their annual report including financial statements of the company for the year ended 30 June 2020.

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

Financial results	2020	2019
	\$	\$
Total comprehensive surplus/(deficit)	<u>(282,771)</u>	<u>98,501</u>

Reporting Exemptions

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

Dividends

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

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's generally accepted accounting practice and present a fair view of the financial position of the company as at 30 June 2020 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:



LM Coleman (Director)



H MacRae (Chair)

19 October 2020

Statement of Comprehensive Revenue and Expenses for the year ended 30 June 2020

	Note	2020 \$	2019 \$
Revenue from non-exchange transactions			
Health Services Contracts		62,396,126	58,422,858
		<u>62,396,126</u>	<u>58,422,858</u>
Revenue from exchange transactions			
Interest Received		135,954	125,004
		<u>135,954</u>	<u>125,004</u>
Total Revenue		<u><u>62,532,079</u></u>	<u><u>58,547,862</u></u>
Expenses			
Cost of Providing Services		56,999,334	52,958,318
Amortisation	11	5,831	2,570
Auditors remuneration	13	5,754	4,705
Depreciation	10	56,060	54,037
Directors fees		79,258	58,873
Donations		6,095	2,737
Interest		1,861	4,796
Management fee		2,085,000	1,933,000
Operating lease and rental payments		248,296	239,270
Other operating expenses		799,926	734,841
Salary and wages		2,527,436	2,456,215
Total expenses		<u><u>62,814,851</u></u>	<u><u>58,449,361</u></u>
Total surplus/(deficit) for the period		<u><u>(282,771)</u></u>	<u><u>98,501</u></u>
Other Comprehensive Care revenue and expenses		-	-
		-	-
Total comprehensive revenue and expenses attributable to the owners of the controlling entity		<u><u>(282,771)</u></u>	<u><u>98,501</u></u>

Statement of Changes in Net Assets for the year ended 30 June 2020

	Share Capital	Retained Earnings	Total
	\$	\$	\$
Balance at 1 July 2019	-	2,028,262	2,028,262
Surplus/(deficit) for the year	-	(282,771)	(282,771)
Other Comprehensive Care Revenue and Expenses	-	-	-
Balance at 30 June 2020	<u>-</u>	<u>1,745,491</u>	<u>1,745,491</u>

	Share Capital	Retained Earnings	Total
	\$	\$	\$
Balance at 1 July 2018	-	1,929,761	1,929,761
Surplus/(deficit) for the year	-	98,501	98,501
Other Comprehensive Care Revenue and Expenses	-	-	-
Movements in Reserves	-	-	-
Balance at 30 June 2019	<u>-</u>	<u>2,028,262</u>	<u>2,028,262</u>

Statement of Financial Position as at 30 June 2020

	Note		2020	2019
			\$	\$
Current Assets				
Cash & Cash Equivalents	5	1,072,776		1,145,529
Short Term Deposits		3,755,511		3,692,963
Receivables from Exchange transactions	6	26,517		46,431
Receivables from non-exchange transactions	7	598,744		854,859
Related Party Receivables	15	26,717		153
Prepayments		8,280		31,548
Inventory - Clinical Equipment		4,590		7,076
Total Current Assets			5,493,136	5,778,560
Non-Current Assets				
Property, Plant & Equipment	10	151,250		153,895
Intangible Assets	11	17,970		23,510
Development in Progress	11	23,501		-
Total Non-Current Assets			192,721	177,405
Total Assets			5,685,858	5,955,965

Statement of Financial Position as at 30 June 2020 (continued)

	Note	2020	2019
		\$	\$
Current Liabilities			
Trade and Other Payables	8	2,201,952	2,069,674
Employee Entitlements		348,804	322,257
Income in Advance - Non-exchange Transactions	9	1,368,125	1,434,113
Related Party Payables	15	12,244	71,596
Finance Lease		9,242	20,820
Total Current Liabilities		3,940,367	3,918,460
Non Current Liabilities			
Finance Lease		-	9,242
Total Non Current Liabilities		-	9,242
Total Liabilities		3,940,367	3,927,702
Total Net Assets		1,745,491	2,028,262
Equity			
100 Ordinary Shares	12	100	100
Uncalled Capital	12	(100)	(100)
Issued & Paid Up Capital		-	-
Retained Earnings		1,745,491	2,028,262
Net Assets attributable to the owners of the controlling entity		1,745,491	2,028,262

These Financial Statements have been authorised for issue by the Directors.
For and on behalf of the Board.



LM Coleman (Director)



H MacRae (Chair)

19 October 2020

Cash Flow Statement for the year ended 30 June 2020

	Note	2020	2019
Cash flows from operating activities			
Receipts			
Receipts from Non-exchange transactions		62,592,674	58,615,778
		<u>62,592,674</u>	<u>58,615,778</u>
Payments			
Payments to Suppliers		59,743,388	54,564,503
Payments for Inventory		-	7,076
Directors fees		68,827	58,873
Operating lease and rental payments		247,815	242,069
Employee costs		2,500,889	2,429,142
Interest Paid		1,861	4,796
		<u>62,562,780</u>	<u>57,306,459</u>
Net cash flows from operating activities		<u>29,894</u>	<u>1,309,319</u>
Cash flows from investing activities			
Receipts			
Interest received		155,868	116,801
Sales of Fixed Assets		2,203	-
		<u>158,072</u>	<u>116,801</u>
Payments			
Purchase of Intangible Assets		23,792	24,567
Purchase of Fixed Assets		57,197	1,351
Investing in short term investments		62,548	588,898
		<u>143,537</u>	<u>614,816</u>
Net cash flows from investing activities		<u>14,535</u>	<u>(498,015)</u>
Cash flows from financing activities			
Receipts			
Proceeds from related party loans		-	27,826
		<u>-</u>	<u>27,826</u>
Payments			
Repayment of Related Party Loans		96,362	-
Repayment of Finance Lease		20,821	19,034
		<u>117,182</u>	<u>19,034</u>
Net cash flows from financing activities		<u>(117,182)</u>	<u>8,792</u>
Net increase / (decrease) in cash and cash equivalents		(72,753)	820,096
Cash and cash equivalents - opening balance	5	<u>1,145,529</u>	<u>325,433</u>
Cash and cash equivalents - closing balance	5	<u><u>1,072,776</u></u>	<u><u>1,145,529</u></u>

1. Summary of Significant Accounting Policies

Reporting Entity

Comprehensive Care PHO Limited (previously known as 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 2020. 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 in their region. 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 the date indicated on page 45.

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 2020, there have been no changes to accounting policies.

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.

(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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

Revenue from non-exchange transactions

The company has contracts with the Waitematā District Health Board for the supply of health services. The entity recognises revenue to the extent that the conditions in the contracts 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 clawback 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.

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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

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.

Financial liabilities

The company's financial liabilities include trade and other creditors, employee entitlements, related party payables and finance lease liability. All of these financial liabilities are categorised as "financial liabilities measured at amortised cost" for accounting purposes in accordance with financial reporting standards.

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 deposits

Short term deposits 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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

(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	10 - 21%	SL
Leasehold Property Improvements	6 - 40%	SL
Computer Hardware	40%	SL
Office Equipment	8.5 - 67%	SL
Furniture & Fittings	8.5 - 17.5%	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.

(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	20% - 40%	SL
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(l) Critical Estimates and Judgments

Revenue recognition

In determining the appropriate amount of income to defer when certain performance conditions have not been met under a contract term, there are 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 Ministry of Health 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 indications of 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 and the benefits derived by the sector.

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

(m) Employee Benefits

i) Short term employee benefits

Liabilities for wages and salaries (including non-monetary benefits), annual leave and accumulating sick leave are recognised in surplus or deficit during the period in which the employee rendered the related services, and are generally expected to be settled within 12 months of reporting date. The liabilities for these short-term benefits are measured at the amounts expected to be paid when the liabilities are settled. Expenses for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

ii) Long term employee benefits

Long-term employee benefit obligations are recognised when the Company has a legal or constructive obligation to remunerate employees for services provided beyond 12 months of reporting date. The Company's long term employee benefits include long service leave.

5. Cash & Cash Equivalents

	2020	2019
	\$	\$
Bank of New Zealand - 00 account	10,030	39,605
Bank of New Zealand - 25 account	246,798	577,865
Bank of New Zealand - 97 account	737,658	528,009
Bank of New Zealand - 98 account	78,240	-
Cash on hand	50	50
	<u>1,072,776</u>	<u>1,145,529</u>

6. Receivables from exchange transactions

	2020	2019
	\$	\$
Accrued income	26,517	46,431
	<u>26,517</u>	<u>46,431</u>

7. Receivables from non-exchange transactions

	2020	2019
	\$	\$
Accounts Receivable	592,490	582,727
Sundry Debtors	1,877	2,386
Accrued Revenue	4,376	269,746
	<u>598,743</u>	<u>854,859</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2020
(continued)

8. Trade and other payables	2020	2019
	\$	\$
Accounts Payable	416,473	286,104
BNZ Visa	8,167	8,809
Sundry Payables and Accruals	1,755,957	1,750,560
GST Payable	21,355	24,201
	<u>2,201,952</u>	<u>2,069,674</u>

9. Income in Advance - non-exchange transactions	2020	2019
	\$	\$
Contracts - where obligations not yet completed	1,368,125	1,434,113
	<u>1,368,125</u>	<u>1,434,113</u>

10. Property, Plant & Equipment

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
This year						
Clinical Equipment	17,793	10,069	8,688	-	964	7,724
Leasehold Property Improvements	163,238	81,261	64,929	24,745	7,696	81,977
Computer Hardware	139,894	125,295	21,366	11,584	18,352	14,599
Office Equipment	95,867	76,692	32,289	9,040	22,153	19,175
Furniture & Fittings	78,771	50,995	26,623	8,047	6,895	27,776
Total Property, Plant & Equipment	<u>495,563</u>	<u>344,313</u>	<u>153,894</u>	<u>53,416</u>	<u>56,060</u>	<u>151,250</u>

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
Last year						
Clinical Equipment	17,793	9,105	5,312	4,588	1,212	8,688
Leasehold Property Improvements	138,493	73,565	72,932	(638)	7,365	64,929
Computer Hardware	128,872	107,506	34,117	4,963	17,713	21,366
Office Equipment	86,827	54,538	47,537	4,675	19,923	32,289
Furniture & Fittings	72,926	46,303	32,177	2,270	7,824	26,623
Total Property, Plant & Equipment	<u>444,912</u>	<u>291,018</u>	<u>192,074</u>	<u>15,858</u>	<u>54,037</u>	<u>153,894</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

11. Intangible assets

	Cost	Accum Amort	Opening BV	Additions/ (Disposals)	Amort	Book Value
This year						
Software	46,942	28,972	23,510	291	5,831	17,970
Total Intangible assets	46,942	28,972	23,510	291	5,831	17,970
Development in Progress	23,501	-	-	23,501	-	23,501
	23,501	-	-	23,501	-	23,501
Last year						
Software	57,982	34,472	3,580	22,500	2,570	23,510
Total Intangible assets	57,982	34,472	3,580	22,500	2,570	23,510
Development in Progress	-	-	-	-	-	-
	-	-	-	-	-	-

12. Share Capital

	2020	2019
	\$	\$
Issued & Paid Up Capital		
100 Ordinary Shares	100	100
Uncalled Capital	(100)	(100)

At 30 June 2020, 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 holder of ordinary shares is not entitled to receive dividends or distributions of any kind from the company, as stated in the company's constitution.

13. Remuneration of Auditors

	2020	2019
	\$	\$
Amounts paid or payable to the auditor of the company for auditing the accounts of the company	5,754	4,705

There were no non-audit services provided by RSM Hayes Audit during the year.

(Last year: \$0)

The majority of the audit fees for Comprehensive Care PHO Limited are paid by the parent company, Comprehensive Care Limited, and on-charged through management fees paid to them.

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

14. Commitments for Expenditure

Capital Commitments

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

Operating Lease Commitments	2020	2019
As at the reporting date, the company has entered into the following operating lease commitments		
Payable:	\$	\$
Not later than one year	269,461	125,328
Later than one year but not later than 2 years	243,360	28,727
Later than 2 years but not later than 5 years	281,216	-
	<u>794,037</u>	<u>154,055</u>
Representing:		
Cancellable operating leases	-	-
Non-cancellable operating leases	<u>794,037</u>	<u>154,055</u>

Vehicle leases are for a 45 month period. The final expiry date of vehicles leased is April 2021. Premises leased are for a non-cancellable term of 4 years, expiring 26 August 2019. Subsequent to balance date, the lease was renewed for 4 years, expiring 26 August 2023, with a further right of renewal of 4 years.

Finance lease Liability

The company has entered into a finance lease agreement for photocopiers.

Minimum lease payments payable:

	2020	2019
	\$	\$
Not later than one year	9,450	22,680
Later than one year but not later than 2 years	-	9,450
Later than 2 years but not later than 5 years	-	-
	<u>9,450</u>	<u>32,130</u>

Leased assets

Leases where the entity assumes substantially all the risks and rewards of ownership are classified as finance leases. The assets acquired by way of finance lease are measured at an amount equal to the lower of their fair value and the present value of the minimum lease payments at inception of the lease, less accumulated depreciation and impairment losses. Leased assets and corresponding liability are recognised in the Statement of Financial Position and leased assets are depreciated over the period the entity is expected to benefit from their use or over the term of the lease.

Finance Lease Payments

Finance lease payments are apportioned between the finance charge and the reduction of the outstanding liability. The finance charge is allocated to each period during the lease term on an effective interest basis.

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)

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

15. Related Party Transactions

The company is a subsidiary of Comprehensive Care Limited Limited "Parent"	2020 \$	2019 \$
Company expenses paid by parent	112,382	258,996
Parent expenses paid by company	2,096,833	2,307,921
Management fee paid to Parent	2,085,000	1,933,000
Company income received by parent	-	256
Parent support and data warehouse charge	100,000	100,000
Develop Capability and Capacity Projects	170,000	-

All amounts were reimbursed, there was a Parent Company Receivable balance of \$26,717 at Balance Date (Last year: Related Party Payable \$70,047).

Innovation Health Systems Limited is also a subsidiary of the company's parent, Comprehensive Care Limited.	2020 \$	2019 \$
Innovation Health Systems Limited Expenses paid by the company	-	36

Related Party Receivable at balance date \$0.
(Last year: Related Party Receivable \$153)

During the year, the company entered into transactions with certain directors in their capacity as general practitioners. The transactions were at arms length.

There were no related party amounts written off or forgiven during the year (Last year: \$0).

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

The company had transactions with following entities related by some common Directors			2020	2019
			\$	\$
Dr Tim Malloy Ltd	T Malloy	Director fee	-	3,259
Clare Dudding Family Trust	C Dudding	Director fee	12,487	7,719
Dr Lynne Coleman Ltd	L Coleman	Director fee	12,487	4,117
Dr Lynne Coleman Ltd	L Coleman	Peer review meeting	100	100
Integrated Health Services (2008) Ltd	B Bijl-Williams	Director fee	-	7,204
MedPlus Ltd	H MacRae	Director fee	19,772	18,094
MedPlus Ltd	H MacRae	Clinical advisor group meeting	750	450
MedPlus Ltd	H MacRae	GPNZ Meeting	2,475	-
Jobe Management Limited	J Bennett	Director fee	7,341	-
Related Party Accounts			2020	2019
			\$	\$
Current Assets				
Comprehensive Care Limited			26,717	-
Innovation Health Systems Limited			-	153
			<u>26,717</u>	<u>153</u>
Current Liabilities				
Comprehensive Care Limited - Loan			-	12,547
Comprehensive Care Limited - Accounts Payable			-	57,500
Comprehensive Health Education Services Limited - Loan			250	-
Clare Dudding Family Trust - Accounts Payable			2,412	-
MedPlus Limited - Accounts Payable			9,583	1,549
			<u>12,244</u>	<u>71,596</u>

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are those responsible for the strategic direction and operational management of an entity, and are entrusted with significant authority. In CCPHO, these 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:

	2020	2019
	\$	\$
Total remuneration	579,059	437,198
Number of FTE's	3.2	2.3

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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

16. Reconciliation of surplus/(deficit) with net cash flow from operating activities	2020	2019
	\$	\$
Reported surplus/(deficit) for the period	(282,771)	98,501
Non-cash items		
Amortisation	5,831	2,570
Depreciation	56,060	54,037
Loss on disposal of Fixed Assets	2,083	1,577
Add/(deduct) items classified as investing activities:		
Interest received	(155,868)	(116,801)
Financing activities:		
Proceeds from Related party	-	(27,826)
Loans to Related party	38,861	-
Movements in working capital items		
(Increase)/Decrease in Receivables - exchange transactions	19,914	(8,203)
(Increase)/Decrease in Receivables - non-exchange transactions	256,115	243,865
(Increase)/Decrease in Prepayments	23,268	(15,531)
(Increase)/Decrease in Related Party Receivables	(26,565)	15,279
(Increase)/Decrease in Inventory	2,486	13,579
Increase /(Decrease) in Trade Creditors and Other Payables	131,772	970,288
Increase/(Decrease) in Revenue in Advance	(65,988)	(19,137)
Increase/(Decrease) in Employee Entitlements	26,547	27,074
Increase/(Decrease) in Related Party Payables	(1,851)	70,047
Net cash flow from operating activities	<u>29,894</u>	<u>1,309,319</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

17. Categories of financial assets and liabilities	2020	2019
	\$	\$
Financial assets		
Loans and receivables		
Cash & Cash Equivalents	1,072,776	1,145,529
Receivables from Exchange transactions	26,517	46,431
Receivables from Non-exchange transactions	598,744	854,859
Short-term Investments	3,755,511	3,692,963
Related Party Receivables	26,717	153
	<u>5,480,266</u>	<u>5,739,936</u>
Financial liabilities at amortised cost		
	\$	\$
Trade and Other Payables	2,201,952	2,071,223
Related Party Payables	12,244	70,047
Finance Lease	9,242	30,062
	<u>2,223,438</u>	<u>2,171,332</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

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 local communities.

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.

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	2020	2019
	\$	\$
Carrying amounts		
Cash & Cash Equivalents	1,072,776	1,145,529
Receivables from Exchange transactions	26,517	46,431
Receivables from Non-exchange transactions	598,744	854,859
Short Term Investments	3,755,511	3,692,963
Related Party Receivables	26,717	153
	<u>5,480,266</u>	<u>5,739,935</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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2020 (continued)

	Current	
	Within 6 months	6 to 12 months
	\$	\$
2020		
Trade and other creditors	2,201,952	
Employee entitlements	272,130	76,674
2019		
Trade and other creditors	2,071,223	-
Employee entitlements	256,034	66,223

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 \$78,000 (last year: \$36,000).

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 local communities.

Capital for the company consists of its accumulated funds.

20. Events after the reporting date

There were no significant events that occurred after balance date. (Last year, the District Health Board undertook a review of contract compliance and related fees earned as part of their contractual terms subsequent to year end.)

21. Standards and Interpretations issued but not yet effective

The standards and interpretations that are issued, but not yet effective, up to the date of issuance of the Company's financial statements are disclosed below. The Company intends to adopt these standards, if applicable, when they become effective.

PBE IFRS 9 – Financial instruments

PBE IFRS 9 introduces into PBE Standards the reforms introduced by NZ IFRS 9 in the for-profit sector.

This standard replaces most of the requirements of PBE IPSAS 29.

This new standard:

- Introduces a new classification model for financial assets, which may cause certain financial assets to be classified and measured differently as compared to PBE IPSAS 29.
- Introduces a more flexible and less rules-based hedge accounting model, which allows hedge accounting to be applied to a wider range of risk management strategies.
- Introduces a more forward-looking impairment model for financial assets, based on expected credit loss, which may cause certain assets to be impaired earlier than they would be under the current "incurred loss" model.
- Requires PBEs to provide additional disclosures about hedge accounting and impairment.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

Effective date of the standard is 1 January 2021.

PBE FRS 48 – Service Performance Reporting

This Standard was issued in November 2017 and establishes requirements PBEs to select and present service performance information.

PBEs within the scope of this Standard will need to provide users with:

- Sufficient contextual information to understand why the entity exists, what it intends to achieve in broad terms over the medium to long term, and how it goes about this; and
- Information about what the entity has done during the reporting period in working towards its broader aims and objectives.

This standard has now been deferred - the effective date of the standard is now 1 January 2022.

Early application of the standard is permitted for all of the above standards.

22. COVID-19 Financial Support

As a result of the Covid-19 Alert Level 4 emergency declared by the New Zealand government on 25 March 2020, many of the practices in the Group incurred cashflow problems. As a result, the quarterly performance management payment due in May 2020 and three quarters of the annual performance payment due in August 2020 were paid early on the basis of 100% achievement of targets. CCPHO made available a \$324,000 fund offering practices \$1,500 per thousand enrolled people with a minimum of \$1,500 for practices to access additional equipment incurred in setting up for the COVID-19 emergency and migration of services to telehealth.

Independent Auditor's Report

To the Shareholder of Comprehensive Care PHO Limited

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Newmarket, Auckland 1023

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Opinion

We have audited the financial statements of Comprehensive Care PHO Limited (company) which comprise:

- the statement of financial position as at 30 June 2020;
- the statement of comprehensive revenue and expense for the year then ended;
- statement of changes in net assets/equity for the year then ended;
- statement of cash flows for the year then ended; and
- the notes to the financial statements, which include significant accounting policies.

In our opinion, the accompanying financial statements on pages 42 to 61 present fairly, in all material respects, the financial position of Comprehensive Care PHO Limited as at 30 June 2020, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the company in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

Other than in our capacity as auditor we have no relationship with, or interests in, the company.

Other information

The directors are responsible for the other information. The other information comprises pages 1-41 and pages 64-66 which includes the Introduction, Board Chair's Report and Chief Executive's Report, Board and Senior staff profiles, and the Business Profile and Annual Report, which we obtained prior to the date of this auditor's report. Our opinion on the financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of directors for the financial statements

The directors are responsible, on behalf of Comprehensive Care PHO Limited, for the preparation and fair presentation of the 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.

In preparing the financial statements, the directors are responsible, on behalf of Comprehensive Care PHO Limited, for assessing Comprehensive Care PHO Limited's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the Comprehensive Care PHO Limited or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements. A further description of the auditor's responsibilities for the audit of the financial statements is located at the XRB's website at:

https://xrb.govt.nz/Site/Auditing_Assurance_Standards/Current_Standards/Page8.aspx

Who we report to

This report is made solely to the company's shareholder, as a body. Our audit work has been undertaken so that we might state those matters which 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 shareholders, as a body, for our audit work, for this report or for the opinions we have formed.



RSM Hayes Audit
Auckland

19 October 2020

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Member practices and their locations

Practice	Address
Albany Family Medical Centre	368 Albany Highway, Albany
Apollo Medical	119 Apollo Drive, Rosedale
Archers Medical Centre	130 Archers Road, Glenfield
Beachhaven Medical	330 Rangatira Road, Beach Haven
Belmont Medical Centre	3 Williamson Avenue, Belmont
Birkdale Family Doctors Ltd	93 Birkdale Road, Birkdale
Birkenhead Medical Centre	4 Rawene Road, Birkenhead
Browns Bay Family Doctors	65 Clyde Road, Browns Bay
Browns Bay Medical Centre	32 Anzac Road, Browns Bay
Byron Medical	2 Byron Avenue, Takapuna
Coast to Coast Health Care^	220 Rodney Street, Wellsford
Devonport Medical Centre	82 Lake Road, Narrow Neck
Dodson Medical Centre	4 Dodson Avenue, Milford
East Coast Bays Doctors	512 East Coast Road, Windsor Park
Family Medicine Birkenhead	29 Birkenhead Avenue, Birkenhead
Glenfield Doctors on Chartwell	52 Chartwell Avenue, Glenfield
Glenfield Medical Centre	452 Glenfield Road, Glenfield
Health+Counselling Centre, Massey University	Student Central, Albany Expressway, Albany
HealthZone	17 Antares Place, Rosedale
Hibiscus Coast Medical Centre	13 Moana Avenue, Orewa
Hobsonville Family Doctors	124 Hobsonville Road, Hobsonville
Integrated Medical Centre	511 South Titirangi Road, Titirangi
Kitchener Road Medical Centre	174 Kitchener Road, Milford
Kowhai Clinic	424 Glenfield Road, Glenfield
Kowhai Surgery	10 Percy Street, Warkworth
Medplus	327 Lake Road, Hauraki
North Harbour Medical Centre	Unit 16 / 326 Sunset Road, Windsor Park

Northcare Accident and Medical	5 Home Place, Rosedale
Northcote Point Doctors	73 Onewa Road, Northcote
Onewa Doctors	225 Onewa Road, Birkenhead
Palamino Medical	138 Sturges Road, Henderson
Sunnynook Medical Centre Ltd	119 Sunnynook Road, Forrest Hill
Sunset Road Family Doctors	Unit 3/317 Sunset Road, Sunnynook
Te Atatū Health	544B Te Atatu Road
Torbay Community Doctors	987 Beach Road, Torbay
Torbay Health	1042 Beach Road, Torbay
Waiake Medical Centre	1 Hebron Road, Waiake
Waitakere Union Health	55 – 75 Lincoln Road, Henderson
Warkworth Medical Centre	11 Alnwick Street, Warkworth
West Harbour Medical Centre	86 Oreil Avenue, West Harbour

^ Network partner

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Twitter: www.twitter.com/Comprehnsivcare

Neighbourly: www.neighbourly.co.nz/organisation/comprehensive-care

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