

Comprehensive Care

Primary Healthcare Organisation
Annual Report 2020-2021



Annual Report 2021

Life can be unpredictable. But the healthcare of people in our community needn't be. Comprehensive Care makes it easy for people in our communities to live each day to the fullest knowing that they have access to affordable, trustworthy and compassionate healthcare when they need it most.

At Comprehensive Care, care is not just in our name – it's what we do and why we do it. We care passionately about health and wellbeing. We want the people, families and tamariki in our communities to have good healthcare too. And we want it to be equitable – available to everyone; no matter who they are or where they live.

We are a Primary Healthcare Organisation with a focus on more than good health – we want everyone to enjoy *optimal* health and wellbeing. We've made it our mission to serve our community by championing, sourcing and sharing progressive and accessible health and wellbeing services with whānau at its heart. We do this by delivering vital and important tools and services to the Doctors and Nurses who work in our communities – so that they can focus on doing what they do best – caring for you and your whānau.

Comprehensive Care is small enough to care, but big enough to deliver.

All our people, from clinical experts to business advisors, are committed to caring for health and wellbeing. We work seamlessly within and across the healthcare sector to share skills and knowledge so our Doctors and Nurses can serve the healthcare needs of our 210,000 enrolled members and all the people in our community.

Simply put, we support the Doctors and Nurses in our communities so they can focus on what they do best – helping people to live a happier, healthier life for longer.

Because we care, we offer world class Mental Health support services, proven Diabetes management expertise, and experts in long-term conditions including cardio-vascular disease, podiatry and retinal screening. Most importantly, we have an ongoing commitment to continuing professional education for our General Practices, ensuring the needs of the people in our communities are being met in the ever-evolving changes and developments within healthcare.

Our Vision

Optimum health and wellbeing for all.

Our Purpose

To enable equitable health and wellbeing for all, by nurturing and empowering people and providers in our communities so they understand their choices, connect with the right services and experience quality care.

Our Mission

To champion, source and deliver progressive and accessible whānau-centred health and wellbeing services, whilst growing an innovative, efficient and thriving primary care community network.

Contents

Comprehensive Care – Chairperson Report	4
CEO Report – Acting CEO, Stephen Powell	6
Who we serve / Who we care for	8
The importance of business as usual	8
Our Strategy	9
Our Impact	10
A. Programmes and Services	10
i. Care Plus	10
ii. Removing barriers to healthcare for high-needs populations	10
iii. Health Promotions and Partnerships	12
iv. Promotional activity within general practice	17
v. Child Health and Immunisation	17
vi. Referred services	20
vii. Mental Health and Psychological services	22
viii. Asian Smoking Cessation	24
ix. Respiratory services	24
x. Practice Liaison services	25
xi. Quality assurance activity	25
xii. Issues and exceptions	25
B. Service Utilisation	26
i. Annual Utilisation Analysis	26
ii. Volume based contracts	28
C. Clinical Directorate	29
D. Collaboration and Alliances	31
E. Business Support Services	32
F. Workforce Development	33
G. Our People	36
F. Governance	38
H. Financial Statements	39
Member practices and locations	66

Comprehensive Care - Chairperson Report



On behalf of the Comprehensive Care Board, it is an honour to present our Annual Report for the year ending June 2021 reflecting the collective achievements of our network and the organisation as a whole.

Collaborative engagement has been instrumental in developing effective management strategies when adapting primary care services to cater for the unpredictable COVID-19 Alert Level fluctuations during the past year. Throughout the uncertainty, Comprehensive Care leaders have advocated for Practices and Providers to ensure the continuity of care provisions for people in our communities, as well as for the safety and sustainability of our Practice businesses. As a result, we have emerged ready to support the Government with the rollout of the largest vaccination programme in Aotearoa New Zealand's history, and are poised to respond in a salient and agile manner to the most significant health reforms in twenty years.

During 2020, Comprehensive Care Board and Executive Leadership Team (ELT) members refreshed our shared vision and developed a long-term strategy to drive and support a strategy that enables optimum health and wellbeing for all. Achieving equitable health outcomes for all demands a more nuanced understanding of the perspectives of enrolled patients and the health care needs of their whānau. This helps to enable appropriate actions that nurture and empower people and providers in our communities, so they understand their choices, connect with the right services and experience quality care. Informed by our shared commitments to Te Tiriti o Waitangi and the significantly lower life expectancy at birth for Māori and

Pacific peoples compared with other ethnic groups, our strategy will partner with Māori to explore how to mitigate current inequities in health and wellbeing outcomes, and co-design culturally appropriate services. Our Māori Healthcare Action Plan will set out the course for the development of important relationships with iwi and the partners in the community who can help us achieve our vision. We have started this journey with our Kaumātua John Retimana's Whāngai Hauora concept, guiding a nurturing learning and development approach within Comprehensive Care, to share knowledge and understanding of the Te Ao Māori worldview, te Reo Māori and the Māori approach to accessing and delivering healthcare. Aligning equitable access to timely and culturally appropriate primary care service provisions requires evidence and insights gleaned from population-level data, to identify the health care needs of people in the communities we serve.

Developing and supporting engaged and proficient teams that are effective in supporting general practices and healthcare services to thrive requires leadership, on-going professional development and advocacy within and across the health ecosystem. Similarly, clear communication that assures the on-going delivery of sustainable health and wellbeing services alongside our COVID-19 pandemic response is crucial.

Our five-year strategic plan was finalised and launched in 2021. Accommodating population growth and structural ageing, our strategies will help us strengthen our primary health care teams to deliver services closer to home, in community settings and with a strong emphasis on prevention to facilitate achieving equity in health and wellbeing outcomes.

Workforce shortages remain one of the most glaring challenges our healthcare system is currently facing. The COVID-19 elimination and vaccination strategies have exacerbated these shortages, whilst additional demand on primary care is evident across many areas, especially mental health. In addition to supporting and advocating for more primary care trained clinicians, our strategies will develop and promote education, including a focus on equity, with online learning opportunities, nurse training initiatives, and new funding streams sourced to support technological innovations. Overcoming low health literacy and addressing the digital divide continue to present challenges for our primary healthcare providers. Gaining the trust of patients and their whānau includes identifying and removing cultural barriers, and communicating in languages other than English, where required. Our strategies aim to support improving communication with new learning and development programmes for clinicians, as well as ground-level education and engagement opportunities for rangatahi (young people) in our communities. Helping people navigate to and within the health system, in a way that engages with and validates their lived experiences, will be important in reducing disparities in health and wellbeing outcomes.

In February 2021 John Ross resigned as Comprehensive Care CEO. John was instrumental in amalgamating three PHOs to form Comprehensive Care and led the organisation for over a decade. Stephen Powell stepped into the role of Acting CEO, whilst the Board recruited a transitional two-year Tumu Whakarae / CEO. In July 2021 we were delighted to appoint Dr Jacqueline Schmidt-Busby to the Tumu Whakarae role, to lead Comprehensive Care deliver meaningful change and guide us through the Health System Reforms into a sustainable future.

The financial year ended with an approach from three Northland practices, to support them to care for their people. Developing a mixed model of support to meet the needs of primary health care environment in Northland has allowed us to expand our scope for the future and help support new communities in achieving optimum health for all. We offer a warm welcome to the Whangarei General Practice Teams at Bush Road Medical Centre, Central Family Health and Kensington Medical Centre, who have joined our provider network. Nau mai.

Acknowledgements:

Thank you to my fellow Board members for your continued commitment to the governance of Comprehensive Care, and for your focus on equity and advocacy for our network.

Special thanks from our entire Board to:

- Stephen Powell and the ELT who supported Stephen taking on additional duties to meet emergent challenges over the past year.
- Our hard-working Comprehensive Care kaimahi who sustained the Provider network's delivery of invaluable healthcare services despite COVID-19's disruptions.
- All our general practice teams for your tireless mahi that continues to nurture the health and wellbeing of patients and their whānau in the communities we serve.

Ko te pae tawhiti, whāia kia tata; ko te pae tata, whakamaua kia tina.

Seek out distant horizons and cherish those you attain.

Ngā mihi nui.

Dr Heidi MacRae

CEO Report – Acting CEO, Stephen Powell

Tēnā koutou,

The past year has been defined by more change. The COVID-19 pandemic has seen a once-in-a-lifetime response from Primary Care who have showcased their ability to adapt to rapid change and solve new problems in order to continue to provide vital care and protection for the people we serve. With the Health System Reforms on the horizon, the COVID-19 vaccination rollout and the global pandemic changing our outlook, I am extraordinarily proud of what our network and our people have achieved.

Over the past 18 months, alongside the significant changes and challenges Primary Care faces, Comprehensive Care has been on a new journey where we have revived our identity, refocused our direction and recommitted to the principles of Te Tiriti o Waitangi. Guided by our Board and with input from staff and our stakeholders, we finalised the development and refinement of our strategy to ensure the people in our communities drive and experience world-class health care and wellbeing services, that is equitable and accessible and enables them to thrive in all areas of their lives. In order to do this, we need to advocate for and support thriving healthcare services and providers, and help people navigate to and through the (primary and community) healthcare ecosystem.

Meeting the need

Pleasingly, the low attendances and cancelled Diabetes Self-Management Education courses we saw due to COVID-19 was not sustained in the second half of the year. We have managed a

steady increase in both self-referrals and referrals from our network for people living with Type-2 Diabetes and were able to meet our targets for the general population and Māori population this year. This is a fantastic achievement for a busy team.

Mental health and wellbeing needs have escalated off the back of the pandemic. General Practice has been under significant pressure to meet the ever-increasing needs of their patients with Mental Health and wellbeing concerns. Referrals to our Lifestyle Options programme have exceeded our capacity and our Psychological Services team continue to find innovative ways to meet the extraordinary demand for support in our communities. They have met this need with new models of group therapy and pivoted rapidly to virtual care services as Auckland went into lockdown. Additionally, the regional Te Tumu Waiora team across the region have seen over 1500 patients to provide them with immediate, short-term support with their health and wellbeing.

I'm particularly proud of the response from across our network in supporting the Government's COVID-19 elimination strategy over the past year and their support for the rollout of the COVID-19 vaccination programme in our communities. Comprehensive Care staff have been key in advocating for primary care leadership in the vaccination programme and developing more efficient and effective vaccination models of care in the Auckland region. While our network of General Practice teams has been innovative in leading the way,

Future focussed

The coming Health System Reforms represent a significant opportunity for primary care to be at the heart of an enhanced network of healthcare that will better meet the needs of our community and better support our Practices and Providers.

Halfway through the year, we said farewell to CEO John Ross. He led our organisation with compassion and integrity for ten years. His contribution to Comprehensive Care was immense and important as he unified us and supported the development of our new strategy.

We begin the new year with a new Tumu Whakarae / Chief Executive, Dr Jacqueline Schmidt-Busby, who will guide us through the coming health system reforms ensuring the health and wellbeing of all the people we serve is at the heart of our services. We are focussed on ensuring health needs drive all of our network's decision making, as we want health care to be equitable, accessible and the best possible for all the people we serve.

While the future has new challenges that I know will require work to overcome, I also want to recognise the extraordinary amount of hard work and achievements of our General Practice teams in the past year. Thank you all.

Nga mihi



Stephen Powell




The importance of business as usual

Who we serve:

 **41**
Member practices

 **911** Staff at member practices

 **255** General Practitioners

 **240** Nurses

Who we care for:

 **213,262**
Enrolled population

 **39,934**
Children under 13 enrolled



14,767 Māori people enrolled **43,799** Chinese people enrolled **6,753** Pacific people enrolled

382
DSME attendees

121%
Contract performance

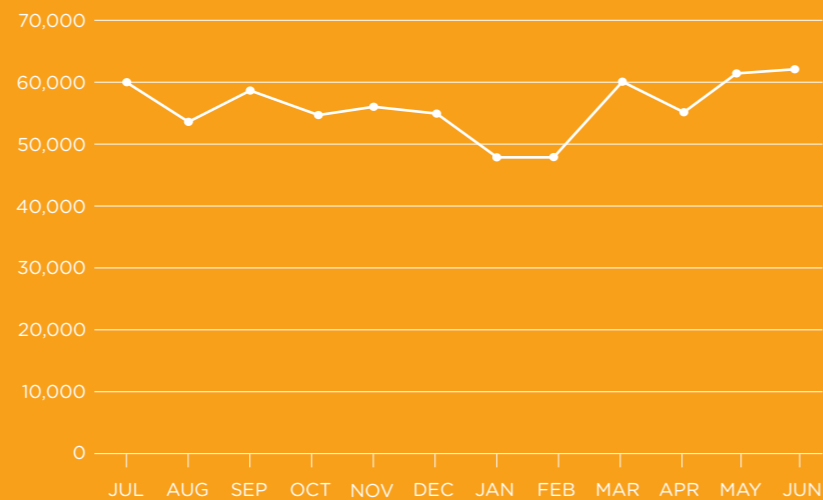
 **2,050** People received podiatry services **240%** Contract performance

 **512** People received diabetes nutrition advice **153%** Contract performance

 **3940** People received retinal screening

 **243** Asian Smokefree **110%** Contract performance

Total Monthly Consultations across the network



Our Strategy

Our 2021 - 2026 Strategy sets out the strategic streams of work that will ensure our focus on building long-term capability, resilience and improved health equity across in our communities.

Mana Taurite Hauora

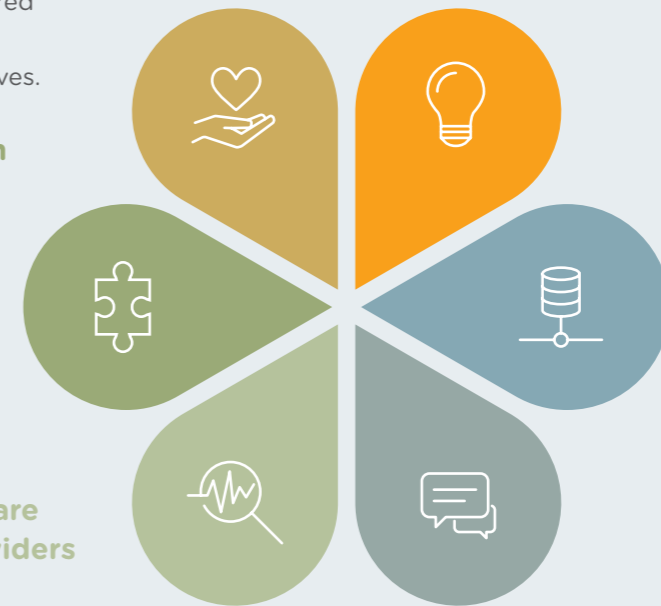
Our kaupapa is centered on people, whanau, community perspectives.

Leadership within the healthcare system

We advocate for and are leaders in establishing and maintaining positive, collaborative partnerships.

Thriving health care services and providers

Our programmes and services, and our provider networks, are adaptable, dynamic and sustainable.



Engaged and proficient team

We will develop a cohesive, high-performance, networked team.

Healthy whānau and communities

The people in our communities drive and receive world-class health care and wellbeing services.

Communication

Our communities will know and trust us. They will understand who we are, what we do and the value we provide.

Our Impact

A. Programmes and Services

i. Care Plus

Care Plus is a subsidised programme that general practice teams can utilise to support patients with the management of their health. 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.

ii. Removing barriers to healthcare for high-needs populations.

Equitable access to health care is fundamental to Comprehensive Care's vision of optimum health and wellbeing for all. Māori and Pacific peoples and people in Quintile 5 are often disadvantaged in access to health services. These groups are likely to have financial, geographical, language, and cultural barriers that prevent them from getting the health services they need. We run or support a number of initiatives to remove or minimise barriers to primary care for these groups of people.

Community Project Vouchers

We offer financial vouchers to people who need it through partnerships with Salvation Army (Glenfield), North Shore Women's Centre (Glenfield), Public Health Nurses (Warkworth and Rodney) and Homebuilders (Warkworth). This initiative reduces inequalities of timely and affordable access to healthcare for our enrolled and non-enrolled population.

Palliative Care

We support patients to access home-based GP and practice nurse terminal care 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.

Radiology

Our x-ray and ultrasound services are available for enrolled patients whose health may be detrimentally affected if they have to wait a long time for hospital services, for patients who do not have private medical insurance and patients who face financial barriers in paying for the service.



Skin Lesion Removal

This successful programme has been running for ten years supporting enrolled patients to receive timely access to general practices for cancerous skin lesion removal.

Youth Sexual Health

In some communities, where sexual health services for rangitahi is not easily accessed, we supply vouchers valued up assist youth in receiving timely and affordable sexual health care.

This funding provides free treatment and advice, contraception, sexually transmitted infection screening and health education for under 23-year-olds, who receive a consultation at our general practices. Removing financial and other access barriers helps them receive timely intervention and enables opportunistic cervical screening, as well as screening for abuse. These vouchers are distributed by Public Health Nurses in Warkworth and the Orewa/ Whangaparaoa area.

iii. Health Promotions and Partnerships

Comprehensive Care supports health promotion activities in our communities alongside a number of community partners to support people to improve their health and wellbeing through lifestyle changes and knowledge sharing to address chronic illness across the community. These initiatives improve health literacy, reduce inequalities and aim to improve long-term health outcomes.

Active Teens, Warkworth

The Active Teens programme has been provided by Harbour Sport in collaboration with Mahurangi College, Warkworth to support obese and overweight teens to make measurable body changes. Active Teens focuses on personal accountability and aims to motivate teens in ways that are meaningful to them.

The students learned:

- Importance of food before and after training.
- Importance of sleep and controlling screen time.
- Difference between low, moderate and high intensity exercise.
- Importance of stretches and the different types of stretching.

All students that participate conducted pre and post testing. From this 100% of students Improved fitness and strength. 85% increase in regular physical activity. 100% increase in self-confidence.

“I really enjoyed learning & exercising.”
2021 participant

“[The] food was nice and now no more frozen coke in the morning.”
2021 participant



Pacific Equip'd

The Pacific Equip'd programme run by Harbour Sport, now in its eighth year, increases participation in sport and recreation by Pacific youth via North Shore secondary school partnerships at Northcote Intermediate, Northcross Intermediate, Birkdale Intermediate, Mahurangi College and Carmel Girls High School.

Comprehensive Care funds the nutritional component of this programme to improve the health and wellbeing of the tamariki and rangitahi involved. Eighty-six students attended weekly sessions over two terms.

“[Pacific Equip'd] has allowed me to learn more about my culture”
Northcross Intermediate student

“We enjoy Equip'd because we get to be active and learn a little bit more about our culture”
Carmel Girls High School participant

North Shore Women's Tai Chi Centre

Our support of the North Shore Women's Centre's (NSWC) Tai Chi programme helps participants improve their health and wellbeing through better posture, strength, injury and falls prevention for older people.

The one hour classes are held in our North Shore communities of Northcote, Beach Haven, Devonport and Glenfield with more than 106 participants coming together to reap the health and wellbeing benefits.

Participants consistently report positive in terms of their physical and emotional wellbeing. Some of these participants live alone and have made good friendships and report feeling more connected to their communities.



“The tai chi classes remain a great success in our community and we thank Comprehensive Care for supporting these women and men to access this valuable community initiative.”

'PHAB' - fitness and nutrition for people with disabilities

We support PHAB to run the ACE program - an award-winning fitness and nutrition programme designed for people with disabilities aged 16 and over who want to improve their general health and create lifestyle change in these young adults through exercise and nutrition education.

Young adults with physical, sensory, and intellectual impairments, along with their parents and caregivers attend weekly exercise and nutrition sessions that include a full body warm up, jogging, sprinting, circuit work, resistance work, agility, games and plenty of walks around Takapuna. The routine also involves conversations around healthy food and drink choices. ACE isn't just about exercise and nutrition but also about making meaningful connections and having a good time."



"ACE is Ace!"

Joanne Jones

"I like ACE because it is good for my health"

Nika Cabusas

"ACE keeps me active"

Sian Thomas

Bikes in Schools

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

This year, we worked with the Bikes in Schools support Northcote Primary School and Henderson Primary School build a bike track/a pump and skills track and/or purchase biking equipment.

Regular cycling helps prevent and reduce diabetes and other health conditions among youth. The programme also has mental health benefits raising the confidence, self-esteem and resilience of participants through a fun activity. Anecdotal results show that children and their extended whānau cycle more often.

"With the support of organisations like Comprehensive Care, Bikes in Schools projects across Auckland are providing schools with the equipment and facilities for over 20,000 students to ride a bike on a regular basis within the safety of their school grounds."

Kaipātiki Community Trust - Wahakura Weaving

Wahakura Wananga is designed to reduce SUDI (Sudden unexplained death in infancy) in the Kaipātiki area to support those Māori mothers who struggled to travel to Waitakere hospital to participate in Wahakura Wananga. While weaving a wahakura (a sleeping basket for baby), young mothers learn maternal and infant care that minimize the risk of SUDI.

This wananga was supported by several of other community Groups. These were:

- Kaipātiki Weaving Roopu - Ipu Whenua, Muka Ties
- North Shore Rock Hounds - supplied a small taonga for the muka ties
- Give a Kid a Blanket - Donation of a blanket, sheets for Wahakura, baby clothes
- Kaipātiki Project - 22 plants
- Te Ara Haepapa - Bag with drink bottle, sunscreen, hand sanitizer, car seat information
- Smoking Cessation - Vapes, patch's, information
- Immunisation - Toothpaste, toothbrush's information
- Dietitian - Information
- Te Hapai Hauora - Gift Vouchers for the weavers, magnets and Information books



"We loved it and felt so nourished by the energy and support of everyone on the day. It was a beautiful experience and I hope that this program continues to get funding so that more wahine can have a similar experience. Every detail was thoughtful and provided with such generosity, from the kai to the muka ties. It was amazing, thank you! If you ever need volunteers to help out with anything in the future, we're keen."

Additional funding support provided to community events and organisations

Comprehensive Care also provided funding throughout the year to support:

- Autism Special Needs Children's Party
- Kidneys Kids
- Heart Kids NZ's Kids Day out
- Going Bananas
- Koru Care for children with serious medical disorders such as leukemia, congenital heart defects, cystic fibrosis, whilst others are currently waiting for major surgery

McLaren Park Henderson South Community Trust (MPHS)

McLaren Park Henderson South Community Trust (MPHS) is a not-for-profit organisation offering a free, safe, creative space fostering learning and connection for youth aged 10 to 18 years old.

Comprehensive Care support enabled the Trust to provide a new keyboard so young people can play and write music an outlet to support their mental health, increase their connectedness to the community and improve their wellbeing.

Links with the community

Comprehensive Care maintains strong links with community and voluntary sector groups and organisations to help us work together to improve the health and wellbeing of the populations we serve, as well as influence other factors in the lives of people in our communities that impair health, such as low physical activity, isolation, finances and health literacy challenges. Our network of relationships includes:

- NGOs
- Community network meetings
- Community coordinators
- Waitakere HealthLink
- PHO representative on WDHB groups including Health of older persons, Asian and MELAA Primary Care working group

iv. Promotional activity within general practice

Primary health care is the ideal setting to provide integrated services centered on the person and to implement health promotion activities. Throughout the year, Comprehensive Care supports general practice with information and resources to promote:

- Immunisation week
- Smokefree competition to encourage smoking cessation referrals
- Alcohol awareness
- Falls prevention
- White Ribbon - Taking a stand against violence towards women
- Updates in Aku Pānui - our online information gateway

v. Child Health and Immunisation

Childhood Immunisation is the most effective way to protect children. By preventing illness, immunisation improves a child's cognitive skills, physical strength and performance at school. In the long term, this leads to increased productivity. The past year has seen huge changes and challenges to immunisations in our communities, especially as we support the rollout out of the New Zealand's largest vaccination campaign with the COVID-19 vaccine.

Alert levels and other challenges

Our network has continued to deliver immunisations under lockdown - moving these from inside the Practice to the carpark to ensure patients are treated safely within the pandemic protocols.

The NZ Immunisation Schedule (NIS) update saw several significant changes. Practices have responded to support and deliver the NRHCCs Pfizer's COVID-19 vaccination roll out and new Cold Chain requirements. Our workforce has navigated significant staff shortages and faced new rises in vaccine misinformation.

As Auckland moved in and out of Alert Levels, General Practice had to adapt to deliver immunisation services and coverage throughout the winter.

Influenza

Comprehensive Care Practices achieved good coverage for Influenza +65years, equitable across the ethnicities, in the mid-60% (*limitations data on National Immunisations Register) & 2013 census denominator) and paediatric high risk System Level Measure targets 44% (3.5% decline) for influenza.

New systems and processes helped allow for vaccine stock redistribution when Auckland experienced supply and distribution shortages.



Measles, Mumps, Rubella (MMR)

Changes to the National Immunisation Register programme saw additional immunisation initiatives added to the childhood immunisation schedule at 12 months, along with a request for second MMR catch up programme to be initiated and completed by June 2021.

Across the PHO this has contributed to around 450 extra visits per quarter, adding significant workloads to our workforce and provider capacity including care at time of treatment as well as recalls and patient engagement.

Results

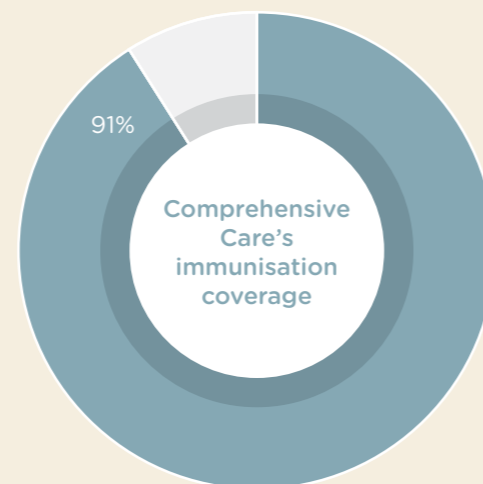
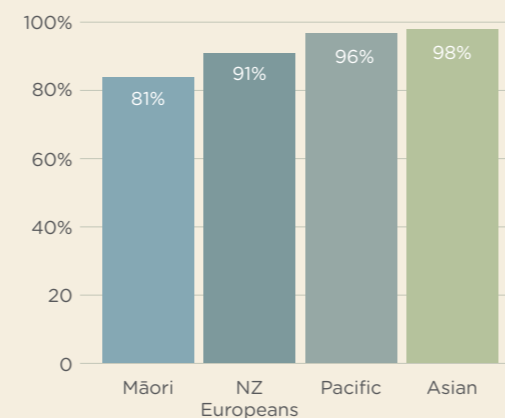
At the start of the year there was a resumption in confidence in immunisation. Unfortunately the gap between immunised Māori and non-Māori is growing. For example, our 8 month immunisation rates saw Māori at 81% with a 5% decline, which is 10% lower than NZ Europeans, 15% lower than Pacific people and 17% than people from our Asian communities.

Overall Comprehensive Care's immunisation coverage is at 91% with a 4% decline for the Ministry of Health immunisation 8-month targets. At 24 months of age 2382 tamariki, 91%, were immunised, 84% for Māori tamariki.

Our relationships with a number of partners help us facilitate good immunisation information to our community. This includes Waitemata DHB's (WDHB) Healthy Babies Healthy Futures (HBHF) and Young Parents groups to empower immunisation mana for Māori & hapu mama.



Immunisation rate per ethnic community



COVID-19

We work within the health care ecosystem to support the Northern Region Health Coordination Centre (NRHCC) to roll out the COVID-19 Immunisation strategy, supporting super vaccination site set up and assisting our providers to prepare and deliver COVID-19 immunisations. This included on-boarding four practices to deliver COVID-19 vaccinations by 30 June 2021.

Alongside our member practices the PHO clinical team also support all immunisation providers, not affiliated with a PHO, in WDHB with Cold Chain and immunisation support totalling more than 150 providers as diverse as the prison to the military bases within our DHB.

Child Health and Immunisations

Comprehensive Care works closely with regional and national stakeholders on child health initiatives including:

- Newborn enrolments to primary care, dental and Well Child Tamariki Ora (WCTO) services
- Rheumatic Fever, Noho Āhuru / Heathy housing
- SLM activities: Antenatal immunisation, ASH contributory measures (influenza vaccinations), Early Pregnancy Assessment tool (EPAT) and youth sexual 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 around 200 vaccination providers across the region in maintaining their Cold Chain standards to ensure vaccine safety and integrity. The clinical team have been instrumental in supporting clinical assessments, annual logging, cold chain management and education. Our back-up vaccine fridge is also available and well used to help plan and support for cold chain. We are proud to have had zero Cold Chain failures over the past year.



vi. Referred Services.

We offer a range of specialist healthcare services to our Practice network and the wider community to support our vision of optimum health and wellbeing for all people.

Diabetes Services

Our diabetes services include Diabetes Self-Management Education courses (DSME), dietitian-led supermarket tours, dietitian consultations and psychologist consultations. These services operate 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, and we act as an agent to support Diabetes NZ's sharps disposal service.

Our nurses and dietitians also actively support both the evening and morning sessions of the North Shore diabetes support groups by sharing knowledge at their events on various topics as requested.

- **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 health.

The Alert Level changes in the Auckland region saw attendance fluctuate and a number of the in-person courses had to be cancelled due to the pandemic. The second half of the year made up for these changes with a steady increase in self-referrals and referrals from our network such as Green Prescription, our Practice network and sources.

This year we ran courses in the communities of Birkdale, Beach Haven, Albany, Bayview, Ranui, Hobsonville, and Henderson. Insights gathered from our Dietitian clinics led to an expansion of the DSME programme to successfully include Warkworth. Most DSME is delivered as a one-day peer group education programme but we also offer flexibility for 1:1 consults with a dietitian for people who face barriers to attendance, such as language or learning difficulties, time constraints etc.

Māori and Pacific attendance at DSME has improved significantly and our first Mandarin speaking DSME was held Henderson in September 2020 with great success.

People with Type 2 Diabetes who attend DSME are also offered up to four individual dietitian consultations for further support. COVID-19 disrupted our dietitian led supermarket tours so we have increased our offers of 1:1 consults to support the need in the community.

- **Dietitian service**

Free 1:1 consultations with a registered dietitian are utilised by people with Type 2 Diabetes who request individual appointments with our dietitians after completing a group DSME course. We also receive referrals for people with prediabetes, high cardiovascular disease, and irritable bowel syndrome who fall outside our contract scope.

Our dietitian service has continued to flourish and we have surpassed our contract with an average of 40 consultations per month in addition to the DSME and practice nurse education courses dietitians also support.

- **Podiatry**

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

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.



Our dietitian service has surpassed our contract with an average of

40

consultations per month



1500

patients across the Auckland region have been seen by either a Health Improvement Practitioner or a Health Coach

vii. Mental Health and Psychological Services

Over the past year we have been able to offer Te Tumu Waiora, or the Integrated Model of Care, in three of our member practices. These practices, chosen based on their high Māori, Pacific and youth populations, now have a Health Improvement Practitioner and/or a Health Coach who can deliver immediate wellbeing support on a range of health concerns.

Described as a “game changer” by Prime Minister Jacinda Ardern, this service can also support practice teams with education and information.

To date over 1,500 patients across the Auckland region have been seen by either a Health Improvement Practitioner or a Health Coach and the feedback from Practices has been outstanding.

“Having a HIP and HC in our practice has changed the way that we work. Rather than squeezing a quick bit of well-meaning advice or prescribing for mental health concerns, we are able to immediately engage in talk therapy. The focus on whole of person care, and addressing social concerns is something that we have always wanted to do, but as GPs just don’t have the time – or often the skills and community connections. Our Health Coach is able to provide extra support and ongoing motivational assistance for change. Both are now integral to the way that we work, improving patient care, but also providing new expertise for the practice, and saving time for the GPs and RNs.”

Dr Siobhan Trevallyan, Waitakere Union

“In my role as a health coach, I am able to help people cope with and self-manage their chronic conditions, and even contribute to their reversal. I assist the practice team by allowing nurses and GPs more time for other patients and to fulfil the rest of their duties, alleviating their workload.”

Medplus, Health Coach

“I want to thank you for being such a breath of fresh air in an uncertain time for me. You really helped me and I’m forever grateful for what I learnt from you. I feel that if I did go back to work, I’d have the right tools in my tool belt to achieve better balance.”

Patient at MedPlus

“A few days have passed and your caring attitude and professionalism are still unforgettable for us. It is really the feeling of meeting someone from my hometown, so caring! We are moved by your treatment of the patient as a relative, and it has really benefited us a lot. The most important thing is that we really followed your tireless scientific and illustrated guidance. My husband’s habit of staying up late for decades has gradually improved in the past few days! Our gratitude is beyond words.”

Patient at Apollo Medical

Lifestyle Options

Our Lifestyle Options programme offers services for people with mild to moderate mental health issues, through up to four sessions of brief intervention counselling. Support is offered for alcohol and illicit drug abuse, gambling addiction, depression and anxiety, relationship issues, work difficulties, physical abuse and violence, sleeping disorders, exercise.

Over the past year, General Practice has been under significant pressure to meet the ever-increasing needs of their patients with Mental Health and wellbeing concerns. We’ve seen unprecedented demand for and referrals to the Lifestyle Options programme.

To meet this demand and help our communities achieve optimum health and wellbeing, we have delivered an additional Managing Mood Group and have commenced a new four-week anxiety group alongside our online group with Melon. Groups continue to be an important part of our program. Clients now have the option of beginning a group while on the waitlist for 1:1 sessions.

Workforce Development

Our seven-week student placements for Masters Students studying psychology and 12-month internships to psychology students, help shape and develop the future workforce. These students benefit from the experience of our Mental Health team as they gain real life experience as psychologists. Members of the psychology team regularly guest lecture at AUT University as a way of contributing to the psychology community. Our experienced mental health team support health promotion, Diabetes Self-Management Education courses, nurse education, and the Mental Health Nurses Credentialing Programme.



“The skills that I learned together with the ability to hear stories and real examples of how they were implemented. I also enjoyed check-ins, because they held me accountable and kept me working on my own improvement.”

Lifestyle Options attendee

“One of my female patients who did four sessions with [Comprehensive Care] last year and was very pleased with her interaction with him, stating she learned a lot of strategies about managing her mood and has been doing very well since then.”

General Practitioner

viii. Asian Smoking Cessation

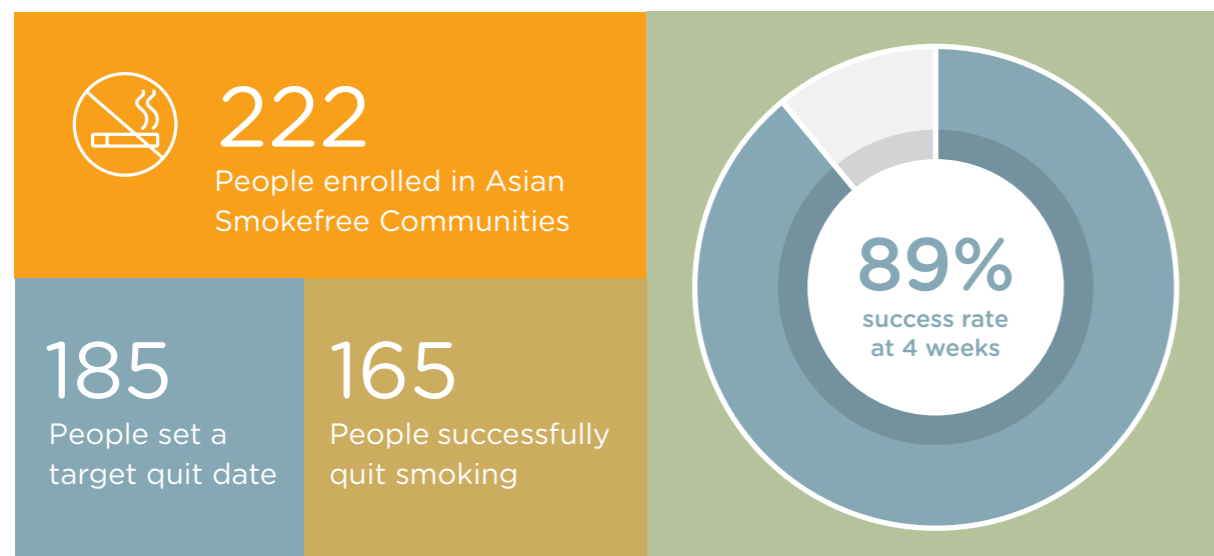
The Asian Smokefree team are passionate about helping smokers quit and have over 38 years of combined experience to support clients on their smokefree journey.

The team is contracted to Waitematā DHB and offers a specialised stop smoking service for those living in the Waitematā region.

Practitioners are highly trained and set targeted quit dates with 83% of their clients with a success rate at 4 weeks of 89%.

They speak Mandarin, Cantonese, Korean and English and use WATIS interpreting services for language specific support.

The various lockdown levels from 1st July 2020 to 30th June 2021 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.



ix. Respiratory Services

Respiratory disease now affects one in six New Zealanders and is the 3rd leading cause of death*. (*Asthma and Respiratory foundation report 2018). Comprehensive Care's respiratory team educates, champions best practice and provides funding to support individuals access the respiratory care they need.

We develop training programmes for health professionals who work with people that have respiratory issues - predominantly asthma and Chronic obstructive pulmonary disease (COPD). Mentorship and support is provided to health professionals to improve their respiratory skills.

Our Giving Airways Support to Patients (GASP) tool enables primary care health professionals to capture an asthma assessment and provide decision support appropriate to the person based on the most current guidelines.

x. Practice Liaison Services

Our Practice Liaison Team supports our frontline General Practice teams to achieve their targets, helping people in our communities to live a happier, healthier life for longer, through:

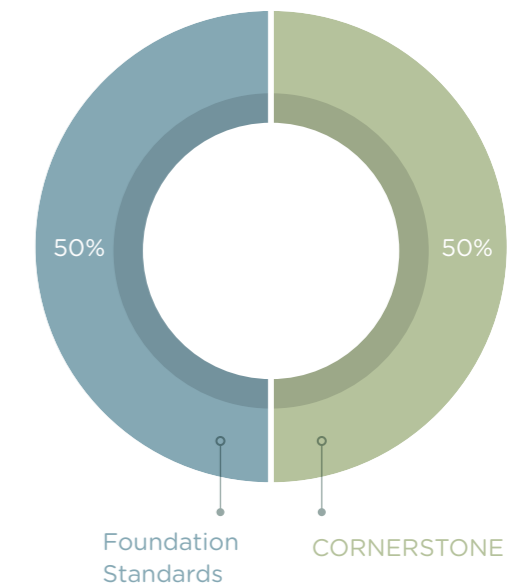
- Business management and professional support
- Practice Manager and receptionist professional development and education
- Quality standard management, including Patient Experience Surveys, Cornerstone and Foundation Standards Accreditation and Health Care Homes Brief advice on smoking cessation

Our focus on developing strong collaborative relationship and advocating for General Practice helps our member practices deliver high quality community care.

xi. Quality Assurance Activity

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

These standards represent nationally consistent benchmarks for practices to measure their quality of care and progress towards equity. At 3 June 2021, 22 practices have CORNERSTONE accreditation and 22 have completed Foundation Standard accreditation. This includes Satellite Practices.



xii. Issues and Exceptions

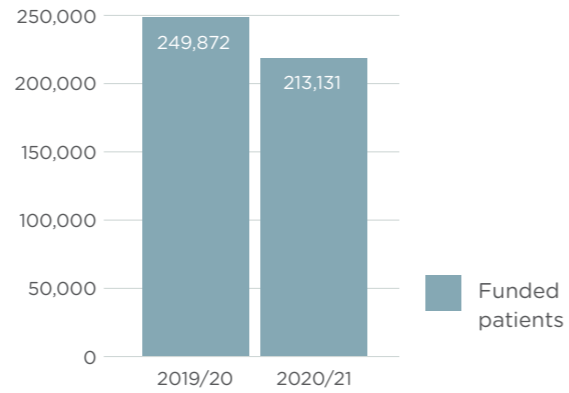
Demand on Comprehensive Care PHO's clinical services continue to exceed contracted capacity. This has resulted in a requirement to threshold manage those with greater clinical need being referred to secondary services. A low limit threshold management is being considered in some areas to manage capacity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



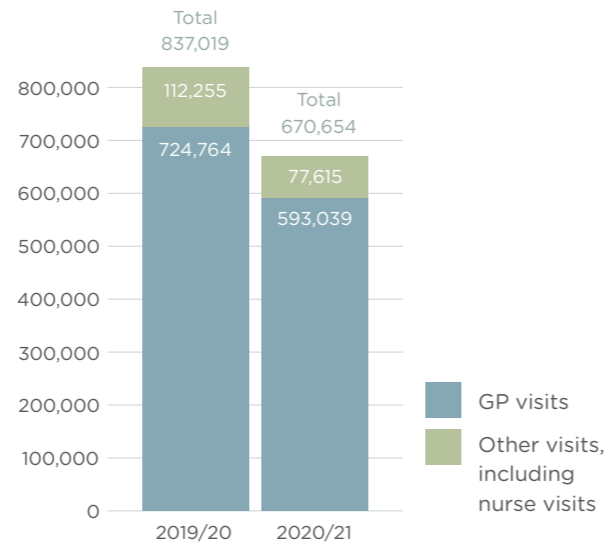
B. Service Utilisation

i. Annual Utilisation Analysis

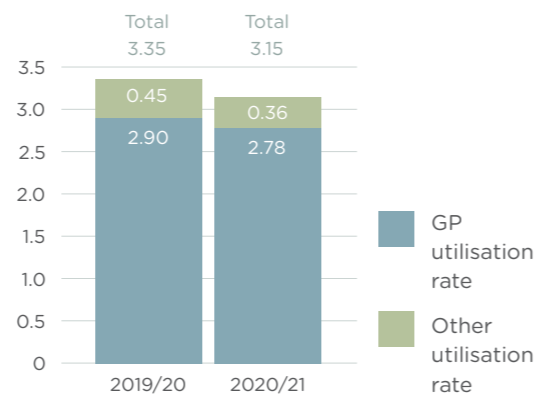
Funded Patients



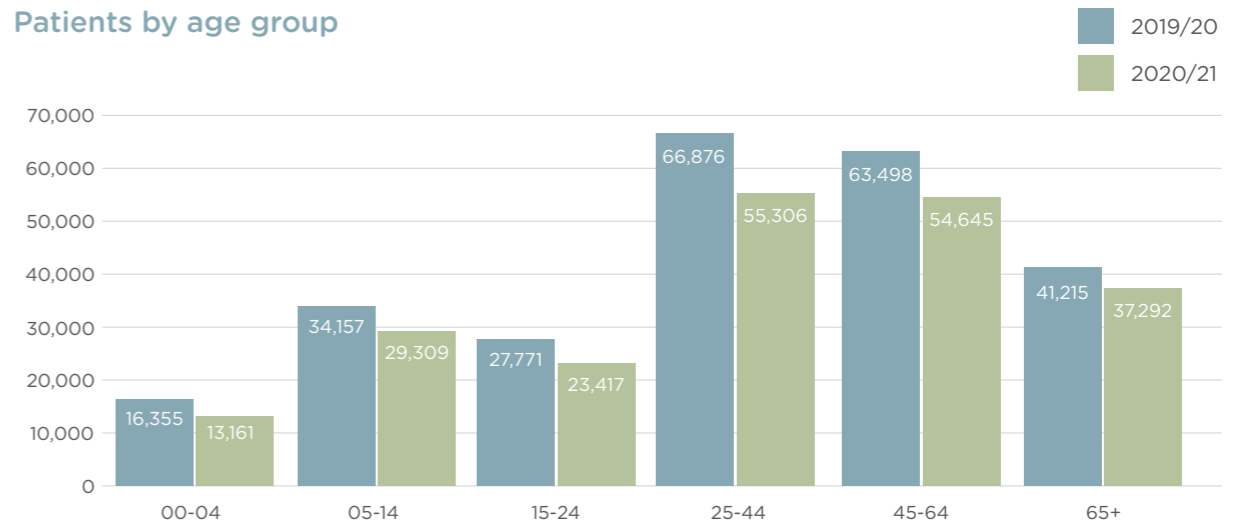
Utilisation



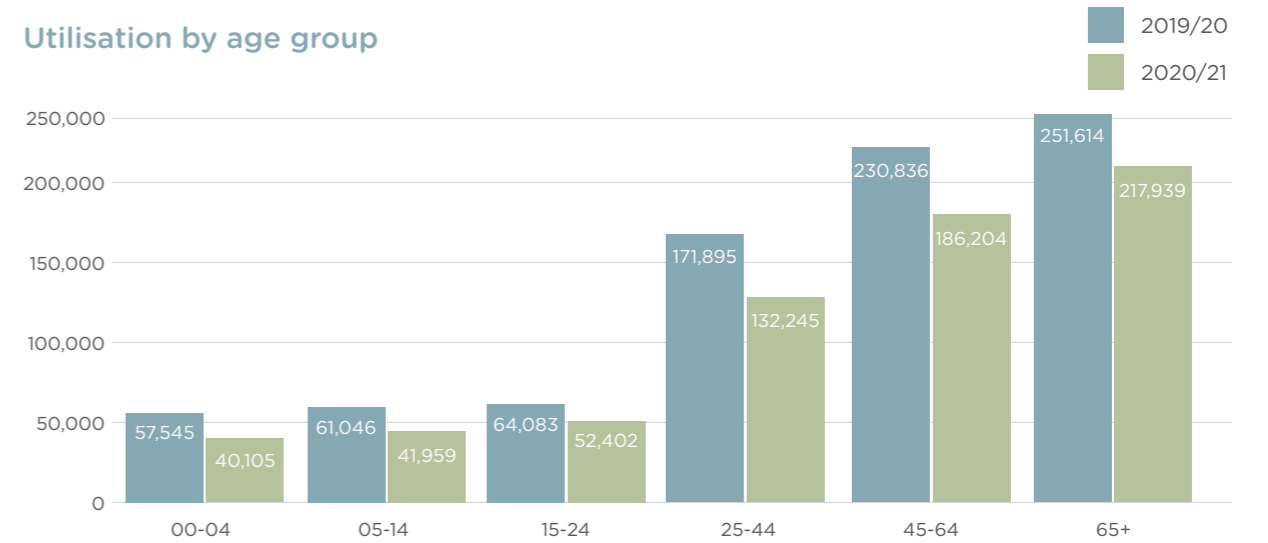
Utilisation rate (average visits per patient)



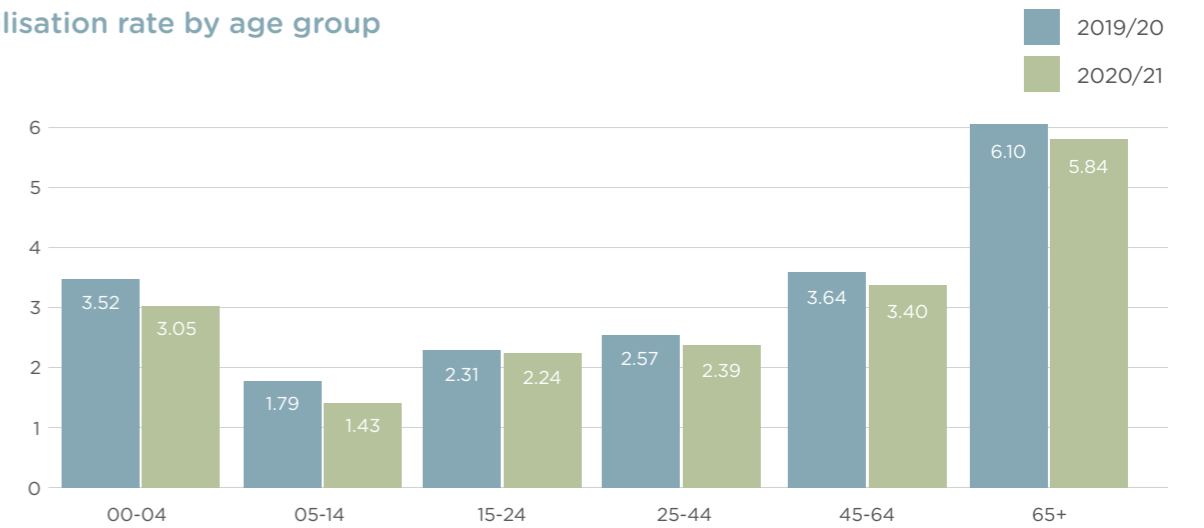
Patients by age group



Utilisation by age group



Utilisation rate by age group



ii. Volume based contracts

Programme	Contract	Target	Actual	Performance
Smoke Free	Asian Smoke Free	220	243	110%
Long Term Conditions	DSME	317	382	121%
	Nutrition and Health	334	512	153%
	Podiatry	854	2050	240%
	Retinal Screening	4460	3490	78%
	Workforce Training	53	173	326%
Lifestyle Options		1032	2010	195%
Palliative Care		83	140	169%

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

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 Waitemātā DHB in accordance with the PHO Services agreement.

Eligibility to Community Services Card has also been extended. Most Comprehensive Care 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.

Age	0-5	6-13	14-17	18-24	25-44	45-64	65+
Non-VLCA	\$0-\$37	\$0-\$43	\$24-\$49	\$30-\$71	\$30-\$72	\$30-\$71	\$30-\$67.50
VLCA	\$0	\$0	\$13	\$19.50	\$19.50	\$19.50	\$19.50

VLCA - Very low cost access practice

C. Clinical Directorate

The Comprehensive Care Clinical Directorate is a small team working to provide strategic leadership, high quality education, support and representation in internal, regional and national clinical quality forums to ensure the delivery of accessible, high-quality healthcare.

This team manages strong relationships with medical clinical directors and nursing directors through Clinical Directorate and nurse group meetings, across the region. These relationships help us understand and navigate regional changes in service planning, support consistent messaging to our general practices and help us advocate for our Practices and the needs of our communities

The Clinical Directorate supports our clinical providers in our General Practice Teams, the PHO population and the communities we serve. This team also manages and supports:

- The clinical component of complaints
- Quality improvement activities
- Workforce development education, training and ongoing professional development for doctors and nurses
- Relationships with the regional providers including DHBs and Northern Region Health co-ordination centre – providing feedback for guidelines around IPC and COVID-19 management and COVID vaccine roll-out

Clinical Quality Group

This internal group consists of members from the Clinical Directorate, our Practice Liaison team and service managers of clinical teams, who focus on 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.

Clinical Advisory Group (CAG)

Our Clinical Advisory Group (CAG) includes PHO representation along with external health and community representatives. The group makes recommendations to the Comprehensive Care Board on health care programmes, education models, potential service changes, and opportunities that could improve health outcomes in the district and throughout our practices.

Primary Care Leaders Forum

The Clinical Directorate is actively engaged in the Primary Care Leaders forum to discuss issues at National level, share insights, build strategic relationships and gather information to support our workforce.

Rotorua GP CME conference

Led by the Clinical Directorate, Comprehensive Care attended and had a trade display at the Rotorua GP CME Conference. We increased our visibility among delegates comprising of GPs and Nurses and Practice Managers and other stakeholders like some DHB and MoH key staff.

Our focus was on connection with the GP's and Nurses from across the country and being able to hear from them first-hand what their concerns and aspirations were for Primary care going forward.

We were able to articulate what our PHO had already been doing in the space of education, advocacy, IT support, clinical

services and procurement and also talk about our equity focus in improving healthcare delivery for our Māori and Pacific populations. Delegates completed three short questions in order to win a prize at the end of the Conference. This survey was filled by 165 individuals and gave us valuable insight into what the workforce thinks are some of the biggest issues facing General Practice today.



Primary-secondary care regional interface

Our Clinical Directorate represent Comprehensive Care on working groups and project teams across the region. This includes engagement with:

- Alliance Leadership Team (Auckland-Waitemātā ALT)
- Diabetes Service Level Alliance and working groups
- Waitemātā DHB Professional Development and Recognition Programme Group

- Clinical Pathways (Interim steering group (CPISG) and Operational steering group (CPOG))
- POAC Clinical Governance Group
- Metro Auckland Clinical Governance Forum (MACGF)
- Safety in Practice (PHO representation)
- Safety in Practice - PHO Facilitators - Sheree Shackley
- Collaborative Mental Health and Addictions Programme for PHC Nurses
- Primary Care Connections Forum (WDHB)
- 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)
- SLM PHO implementation groups
- Northern Region Medication Safety Workshop
- Community nurse prescribing
- Auckland Primary Care Leader's Group (APLG)
- PHO Clinical Leaders Group (National group of PHO Clinical leads)
- Health Informatics NZ - Clinical Informatics Leaders Group

Primary care Leaders Forum

Comprehensive care Clinical Directorate participated actively in this forum run by GPNZ that met weekly during COVID-19 outbreak and subsequently fortnightly to discuss issues at National level, gain insights into how things are done across the country, as well as build strategic relationships and gather feedback to our workforce on relevant matters.



D. Collaboration and alliances

Patient Access for Urgent and After Hours (PAUA) Service Level Alliance Team (previously known as Auckland Regional After Hours Network)

Comprehensive Care PHO is a member of the 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 continues to be a member of the District Alliance Agreement: Waitemātā and Auckland Districts.

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

E. Business Support Services

Comprehensive Care's Business Support Services team works to support the management, funding, technology and information needs of the Doctors and Nurses in our community so they can serve the healthcare needs of our enrolled members and all the people in our community.

Some of the services this team provides includes:

- 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
- Communications
- Facilities management support
- Contract management (funding and procurement)

The team has led or supported a number of important projects over the past year, including:

- Further updates and improvements to decision support and claiming tools in practices for Diabetes, CVD and Asthma to support new guidelines and Primary Options to support COVID-19 testing services
- Improvements to the electronic enrolment tool to include a health questionnaire and expansion of the tool to be used for casual registrations

- Selecting and implementing a Human Resources Information System (HRIS) and a system to automate Accounts Payable processes
- The refresh of our PHO portal for engaging and communicating with all the members in our clinical provider network
- 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 and management of data to support patient and population health initiatives
- The information management and reporting strategy through Qlik

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 audits one third of our practices every year. This is 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.

F. Workforce Development

Comprehensive Care's workforce development focusses on maximising continuing professional development for clinicians and extending this to include support office roles, together with further developing leadership, management and cultural capabilities.

Development of our clinical workforce is a key focus of our work. Our providers' knowledge and skills are essential to ensuring equitable, quality care is delivered to our population. We offer clinical staff a range of short courses, connect them to professional education as well as offering education support, coaching, mentorship, supervision and pastoral care.

Learning Culture

Fostering and creating a learning culture will help take us beyond just acquiring the skills needed to deliver excellent care to the patient. It will help us grow a culture of continuous improvement, challenging our own methods and ways of doing things, empowering us to adapt more easily to change and building our capacity to develop collective intelligence and ability that is greater than the sum of the individual staff's talents.

Competency Framework

A cultural framework has been developed, to articulate the attitude, skills and behaviours required to deliver on our Māori Health Strategy and Action Plan. From this framework, the knowledge gaps can be identified and learning interventions sourced or created to fill the gap.

Support Office Roles

New courses on customer service and leadership have been extended to our practice managers and receptionists. Further courses will be developed, once the competencies for each role have been determined.

N95 Mask Fit Testing

Over the past year, in response to the pandemic and our focus on ensuring our frontline people are able to work safely, N95 Mask Fit testing was delivered throughout March, April and May, 167 people in 18 practices. Each test included training on how to best fit the mask, together with the Don and Doffing the mask.

GP Peer groups

Our GP Peer Group meetings provide practical and social support for our provider network. These are delivered digitally using online platforms as need to offer advice and discussion on

- Management of COVID-19, streaming patients, IPC measures, swabbing and N95 masking etc.
- Clinical topics relevant to general practice- polytesting and its implications
- Topical subjects within the sector, including development of Clinical Pathways
- Vitamin D Deficiency AND Diabetes New medications
- Case discussions



15

CPR courses (Level 3-5) were funded for practice managers, administrative staff, doctors and nurses.

CPR courses

Fifteen CPR courses (Level 3-5) were funded 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.

Our practice nurse education Diabetes/CVD and respiratory courses continue to be well attended. LTC contract was met, with almost three times as many attending as were contracted for.

Continuing Medical Education (CME) and Continuing Nursing Education (CNE)

Our programme of Continuing Medical and Continuing Nursing Education courses included 12 courses available online and in-person when the alert levels allowed us to gather. A record number of GP's and nurses attend some of our CME/CNE courses over the past year.

Courses included

- Tele-triage and telemedicine to assist our workforce to utilise new ways of working to meet the health needs in the community,
- Mental health with updates on FACT (focused assessment and commitment therapy) as well as child mental health.
- Family violence and child protection to meet the need in our communities based on home-based challenges people faced during Alert Level changes and times of stress.
- Information on changes to Cardio Vascular Disease guidelines and new medications available in diabetes to ensure they are managing their at-risk populations effectively and in line with current best practice.
- Contraception in conjunction with Family Planning and consultant gynaecologist who led practical sessions on **intra-uterine contraceptive device (IUCD)** insertion.



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. Our short courses range from half day to three-day sessions and aim to raise workforce skill, knowledge and confidence.

Diabetes/CVD focussed courses for nurses

A three-day course for practice nurses that includes clinical observation of nurses incorporating updated evidence-based practice into improved patient assessment and management.

Diabetes focus groups

Regional groups in Takapuna, Henderson and Orewa were facilitated by Comprehensive Care PHO's Diabetes/Long Term Conditions team, sponsored by Novo Nordisk /Sanofi

COVID lockdowns reduced the sessions to eight over the last year, however attendance by GPs, nurses (nurse practitioners, nurse prescribers and registered nurses) within our networks and other PHOs continues to expand. Topics covered included gestational diabetes and renal disease.

GASP-Asthma and COPD courses for nurses

Nine nursing courses run each year, with an additional 3 GASP evening sessions aimed at GASP trained nurses to keep them connected and motivated.

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, or depression.

Both courses have been full with wait lists as more nurses express a desire to expand their knowledge to help patients with mental distress.

Courses held by other agencies

We also supported additional courses run by Auckland DHBs, various online courses and webinars - promoting these and making them available to our clinicians. Other courses made available to nurses and General Practitioners throughout the year are via Waitemata DHB, conference opportunities and scholarships, NGO, professional bodies, regional conferences and symposiums.

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.

New Nurse Entrants to Practice (NEtP)

The training of new entrant nurses is supported by the nurse workforce leader and a number of specialist nurses at the PHO in collaboration with the Auckland and Waitemata DHB primary health care nursing development team.

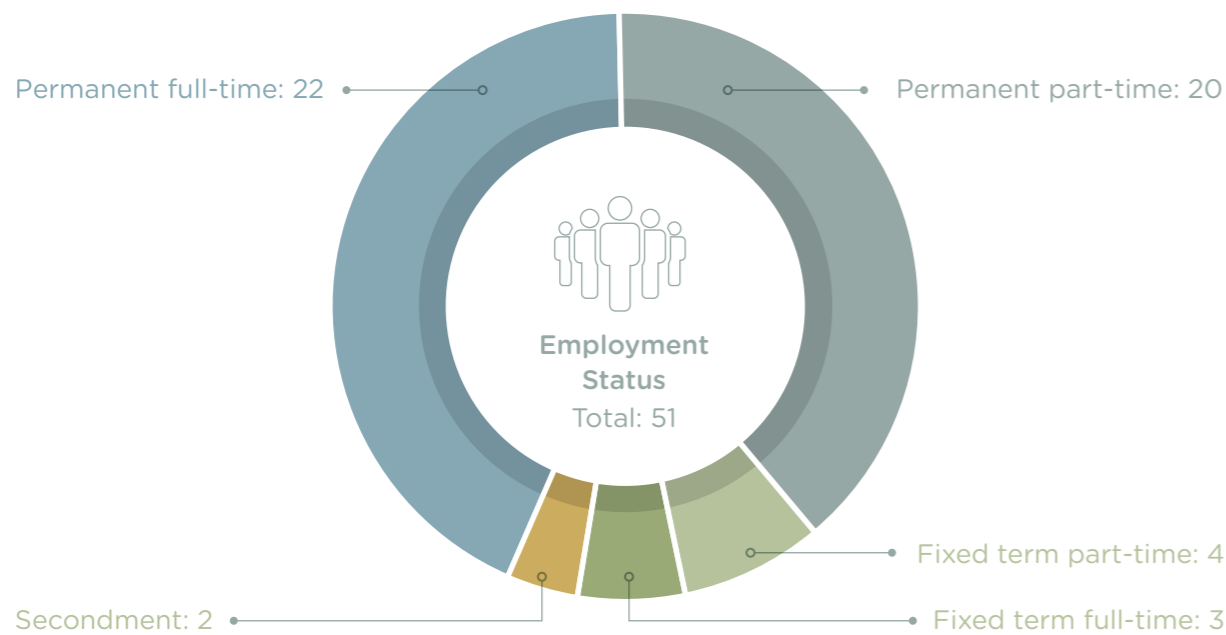
Nurses new to Comprehensive PHO

Nurses that are new to our PHO are visited by the Nurse workforce leader help support new nurses and explain the education and services their PHO provides.

G. Our People

The past year was a team effort. While it has been a tough year for many with the pressures of responding to the pandemic, we have worked hard to serve our community by championing, sourcing and sharing progressive and accessible health and wellbeing services with whānau at its heart. We do this by delivering vital and important tools and services to the Doctors and Nurses who work in our communities – so that they can focus on doing what they do best – caring for you and your whānau.

We are focussed on ensuring excellence through people operating to the best of their abilities, with the tools they need, when they need them. Creating and nurturing an engaged and high performing work force, empowering managers to manage their people effectively and confidently and ensure the people related policies and procedures are best practice and are executed consistently throughout the Comprehensive Care Group.



Leadership Programme

Every kaimahi at Comprehensive Care impacts our ability to achieve our vision. Creating a culture of leadership will support us all, every day, as we work together to deliver optimum health and wellbeing for all. Our new leadership programme enables us to understand ourselves better and build stronger relationships, so our values of respect, trust, accountability and dynamism can be realised.

The leadership programme consists of five areas of focus.

- Leading Self
- Leading People
- Leading Collaboration
- Leading Change
- Leading Operational Excellence

At Comprehensive Care we are using the Insights Discovery programme as a personal effectiveness tool to increase our self-awareness, build stronger leaders and develop higher performing teams within our organisation. This is created with the creation of personal profiles for all staff, together with the Self-Awareness and Team Effectiveness workshops throughout the year.

Health, Safety and Wellbeing (HSW)

Just as we want all the people in our community to enjoy optimum health and wellbeing, so too do we want our own people to be healthy, well and safe in the workplace. Our annual wellbeing calendar engages our people in a range of activities throughout the year that encourage healthy lifestyle choices and help them bring the best version of themselves to work.

We take a continuous improvement approach to health and safety programme with our annual health and safety audit identifying areas for improvement.



Supporting our people through Covid-19

Our focus has been to keep our people safe and keep our business running to enable us to in turn support our practices to ensure optimal health and wellbeing for all. We recognised the importance of individuals and teams staying connected with our move to online meeting and collaboration tools. Our people were encouraged to connect regularly and support each other through the challenging times.

F. Governance

Board of Directors

Comprehensive Care's governing body represents a range of interests within primary care, including clinical and governance. They work to lead the organisation's strategic direction and relationships in accordance with the NZ Health Strategy, our local District Health Board strategy and the Comprehensive Care strategic plan.

- Dr Heidi MacCrae (Chair)
- Dr Jo Bennett
- Dr Judy Blakey MNZN
- Dr Lynne Coleman MNZN
- William 'Tama' Davis
- Dr Clare Dudding
- Jane-Renee Retimana

There are three Board-Led Committees supporting the operational Governance of the organisation:

- Audit and Risk
- People and Culture
- Clinical Advisory Group



H. Financial Statements

Business profile as at 30 June 2021.....	40
Annual report.....	41
Statement of Comprehensive Revenue and Expenses for the year ended 30 June 2021.....	42
Statement of Changes in Net Assets for the year ended 30 June 2021.....	43
Statement of Financial Position as at 30 June 2021.....	44
Cash Flow Statement for the year ended 30 June 2021.....	46
Notes to and forming part of the Financial Statements for the year ended 30 June 2021.....	47
Independent Auditor's Report.....	64

Business profile as at 30 June 2021

Nature of Business	Provision of Medical Services	
Business Address	Building A, 42 Tawa Drive Albany Auckland 0632	
Postal Address	P O Box 302163 North Harbour Auckland 0751	
IRD Number	106-499-039	
IRD Status	Registered Charity, exempt from income tax	
Share Capital	100 Ordinary Shares	
Shareholder		Ordinary Shares
	Comprehensive Care Limited	100
	Total Shares	100
Directors	Lynne Coleman Heidi MacRae Clare Dudding Judy Blakey Joanne Bennett William Davis Jane-Renee Retimana	
Registered Office	Building A, 42 Tawa Drive 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	
Accountants	Nexia New Zealand 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 2021.

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

Financial Results

	2021	2020
	\$	\$
Total Comprehensive Surplus/(Deficit)	(235,591)	(282,771)

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 generally accepted accounting practice and present a fair view of the financial position of the company as at 30 June 2021 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:

H MacRae (Chair)

LM Coleman (Director)

01 October 2021

**Statement of Comprehensive Revenue and Expenses
for the year ended 30 June 2021**

	Note	2021 \$	2020 \$
Revenue from non-exchange transactions			
Health Services contracts		53,331,565	62,396,126
		53,331,565	62,396,126
Revenue from exchange transactions			
Interest Received		72,016	135,954
		72,016	135,954
Total Revenue		53,403,581	62,532,079
Expenses			
Cost of Providing Services		47,618,469	56,999,334
Amortisation	11	5,650	5,831
Auditors remuneration	13	4,500	5,754
Depreciation	10	49,163	56,060
Directors fees		95,437	79,258
Donations		3,408	6,095
Interest		209	1,861
Management fee		2,100,000	2,085,000
Operating lease and rental payments		242,719	248,296
Other operating expenses		719,469	799,926
Salary and wages		2,800,148	2,527,436
Total expenses		53,639,172	62,814,851
Total surplus/(deficit) for the period		(235,591)	(282,771)
Other comprehensive revenue and expenses		-	-
Total comprehensive revenue and expenses attributable to the owners of the controlling entity		(235,591)	(282,771)

**Statement of Changes in Net Assets
for the year ended 30 June 2021**

	Share Capital \$	Retained Earnings \$	Total \$
Balance at 1 July 2020	-	1,745,491	1,745,491
Surplus/(Deficit) for the year	-	(235,591)	(235,591)
Other Comprehensive Revenue and Expenses	-	-	-
Balance at 30 June 2021	-	1,509,900	1,509,900
Balance at 1 July 2019	-	2,028,262	2,028,262
Surplus/(Deficit) for the year	-	(282,771)	(282,771)
Other Comprehensive Revenue and Expenses	-	-	-
Movements in Reserves			-
Balance at 30 June 2020	-	1,745,491	1,745,491

Statement of Financial Position as at 30 June 2021

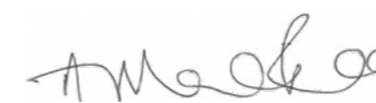
	Note	2021	2020
		\$	\$
Current Assets			
Cash & Cash Equivalents	5	325,278	1,072,776
Short Term Deposits		3,820,317	3,755,511
Receivables from Exchange transactions	6	14,770	26,517
Receivables from Non-exchange transactions	7	766,291	598,744
Related Party Receivables	15	-	26,717
Prepayments		10,383	8,280
Inventory - Clinical Equipment		383	4,590
Total Current Assets		4,937,422	5,493,136
Non-Current Assets			
Property, Plant & Equipment	10	178,590	151,250
Intangible Assets	11	32,040	17,970
Development in Progress	11	138,388	23,501
Total Non-Current Assets		349,018	192,721
Total Assets		5,286,440	5,685,857

Statement of Financial Position as at 30 June 2021 continued

	Note	2021	2020
		\$	\$
Current Liabilities			
Trade and Other Payables	8	2,246,661	2,201,952
Employee Entitlements		383,261	348,804
Income in Advance - Non Exchange Transactions	9	1,121,253	1,368,125
Related Party Payables	15	25,365	12,244
Finance Lease		-	9,242
Total Current Liabilities		3,776,540	3,940,366
Total Liabilities		3,776,540	3,940,366
Total Net Assets		1,509,900	1,745,491
Equity			
100 Ordinary Shares	12	100	100
Uncalled Capital	12	(100)	(100)
Issued & Paid Up Capital		-	-
Retained Earnings		1,509,900	1,745,491
Net Assets attributable to the owners of the controlling entity		1,509,900	1,745,491

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

For and on behalf of the Board:



H MacRae (Chair)



LM Coleman (Director)

01 October 2021

Cash Flow Statement for the year ended 30 June 2021

	Note	2021 \$	2020 \$
Cash flows from operating activities			
Receipts			
Receipts from non-exchange transactions		52,962,495	62,592,674
		52,962,495	62,592,674
Payments			
Payments to Suppliers		50,449,017	59,743,388
Payments for Inventory			-
Directors fees		104,971	68,827
Operating lease and rental payments		240,401	247,815
Employee costs		2,765,691	2,500,889
Interest Paid		209	1,861
		53,560,290	62,562,780
Net cash flows from operating activities		(597,795)	29,894
Cash flows from investing activities			
Receipts			
Interest received		83,763	155,868
Sale of Fixed Assets		-	2,203
		83,763	158,072
Payments			
Purchase of Intangible Assets		134,607	23,792
Purchase of Fixed Assets		75,614	57,197
Investing in Short Term Investments		64,806	62,548
		275,027	143,537
Net cash flows from investing activities		(191,264)	14,535
Cash flows from financing activities			
Receipts			
Proceeds from Related Party Loans		50,802	-
		50,802	-
Payments			
Repayment of Related Party Loans		-	96,362
Repayment of Finance Lease		9,241	20,821
		9,241	117,182
Net cash flows from financing activities		41,561	(117,182)
Net increase/(decrease) in cash and cash equivalents		(747,498)	(72,753)
Cash and Cash Equivalents - opening balance	5	1,072,776	1,145,529
Cash and Cash Equivalents - closing balance	5	325,278	1,072,776

Notes to and forming part of the Financial Statements for the year ended 30 June 2021

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 2021. The parent company is Comprehensive Care Limited.

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

These financial statements have been approved and were authorised for issue by the Board of Directors on 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 2021, 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.

Revenue from non-exchange transactions

The company has contracts with the Waitemata District Health Board for the supply of health services. The entity recognises revenue to the extent that the conditions in the contract have been satisfied. Payments received in advance are recognised as revenue in advance and released to the income statement once the conditions have been met. The

contracts have claw back provisions and the funding must be returned should they not be used for the purpose intended.

Revenue from exchange transactions

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

d. Income tax

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

e. Leases

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

f. Financial instruments

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

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

Financial assets

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

classifications of the financial assets are determined at initial recognition.

The category determines subsequent measurement and whether any resulting revenue and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses.

The company's financial assets are classified as financial assets at fair value through surplus or deficit, loans and receivables. The company's financial assets include: cash and cash equivalents, short-term deposits, receivables from non-exchange transactions and receivables from exchange transactions.

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

Loans and receivables

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

Impairment of financial assets

The company assesses at the end of reporting date whether there is objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred if there is objective evidence of

impairment as a result of one or more events that occurred after the initial recognition of the asset (a "loss event") and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

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

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

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. If the reversal

results in the carrying amount exceeding its amortised cost, the amount of the reversal is recognised in surplus or deficit.

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.

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
----------	-----------	----

l. Critical Estimates and Judgements

Revenue Recognition

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

Development in progress - Intangible Assets

The value of these assets is considered annually for 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.

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 and Cash Equivalents

	2021	2020
	\$	\$
Bank of New Zealand - 00 account	4,278	10,030
Bank of New Zealand - 25 account	119,196	246,798
Bank of New Zealand - 97 account	1,037	737,658
Bank of New Zealand - 98 account	200,716	78,240
Cash on Hand	50	50
	325,278	1,072,776

6. Receivables from exchange transactions

	2021	2020
	\$	\$
Accrued income	14,770	26,517
	14,770	26,517

7. Receivables from non-exchange transactions

	2021	2020
	\$	\$
Accounts Receivable	483,165	592,490
Sundry Debtors	1,279	1,877
Accrued Revenue	281,847	4,376
	766,291	598,744

8. Trade and other payables

	2021 \$	2020 \$
Accounts Payable	189,540	416,473
BNZ Visa	4,412	8,167
Sundry Payables and Accruals	2,030,371	1,755,957
GST Payable	22,338	21,355
	2,246,661	2,201,952

9. Income in Advance - non-exchange transactions

	2021 \$	2020 \$
Contracts - where obligations not yet completed	1,121,253	1,368,125
	1,121,253	1,368,125

10. Property, Plant and Equipment

	Cost	Accumulated Depreciation	Opening BV	Additions/ (Disposals)	Depreciation	Book Value
This year						
Clinical Equipment	17,793	11,034	7,724	-	964	6,760
Leasehold Property Improvements	162,441	90,871	81,977	(560)	9,847	71,570
Computer Hardware	173,484	134,440	14,599	38,992	14,547	39,044
Office Equipment	47,804	18,005	19,175	27,889	17,265	29,798
Furniture & Fittings	86,513	55,095	27,776	10,182	6,539	31,418
Total Property, Plant & Equipment	488,035	309,445	151,250	76,503	49,163	178,590

	Cost	Accumulated Depreciation	Opening BV	Additions/ (Disposals)	Depreciation	Book Value
Last 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	495,563	344,313	153,894	53,416	56,060	151,250

11. Intangible Assets

	Cost	Accumulated Amortisation	Opening BV	Additions/ (Disposals)	Amortisation	Book Value
This year						
Software	66,662	34,622	17,970	19,720	5,650	32,040
Total Intangible assets	66,662	34,622	17,970	19,720	5,650	32,040
Development in Progress	138,388	-	23,501	114,887	-	138,388
Total Intangible assets	138,388	-	23,501	114,887	-	138,388
Last 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
Total Intangible assets	23,501	-	-	23,501	-	23,501

12. Share Capital

	2021 \$	2020 \$
Issued & Paid Up Capital		
100 Ordinary Shares	100	100
Uncalled Capital	(100)	(100)
	-	-

At 30 June 2021, 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

	2021 \$	2020 \$
Amounts paid or payable to the auditor of the company for auditing the accounts of the company	4,500	5,754
	4,500	5,754

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.

14. Commitments for Expenditure

Capital Commitments

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

Operating Lease Commitments	2021 \$	2020 \$
As at the reporting date, the company has entered into the following operating lease commitments		
Payable:		
Not later than one year	164,975	269,461
Later than one year but not later than 2 years	164,975	243,360
Later than 2 years but not later than 5 years	27,496	281,216
	357,446	794,037
Representing:		
Cancellable operating leases	-	-
Non-cancellable operating leases	357,446	794,037

Vehicle leases are on month by month terms currently with no fixed term lease in place. The value of these monthly leases have not been disclosed in the operating lease commitments. Premises leased are for a non-cancellable term of 4 years, expiring 26 August 2023 with further rights of renewal.

Finance lease Liability

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

Minimum lease payments payable:

	2021 \$	2020 \$
Not later than one year	-	9,450
Later than one year but not later than 2 years	-	-
Later than 2 years but not later than 5 years	-	-
	-	9,450

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)

15. Related Party Transactions

The company is a subsidiary of Comprehensive Care Limited ("Parent")

	2021 \$	2020 \$
Company expenses paid by parent	141,229	112,382
Parent expenses paid by company	2,362,683	2,096,833
Management fee paid to Parent	2,415,000	2,085,000
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 Payable balance of \$24,334 at Balance Date (Last year: Related Party Receivable \$26,717).

Innovation Health Systems Limited is also a subsidiary of the company's parent, Comprehensive Care Limited.

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).

The company had transactions with the following entities related by some common Directors:

			2021 \$	2020 \$
Clare Dudding Family Trust	C Dudding	Director fee	12,585	12,487
Dr Lynne Coleman Ltd	L Coleman	Director fee	12,585	12,487
Dr Lynne Coleman Ltd	L Coleman	Peer review meeting	945	100
MedPlus Ltd	H MacRae	Director fee	14,945	19,772
MedPlus Ltd	H MacRae	Clinical advisor group meeting	-	750
MedPlus Ltd	H MacRae	GPNZ Meeting	-	2,475
MacRae & Partners Limited	H MacRae	Director fee	4,982	-
MacRae & Partners Limited	H MacRae	GPNZ Meeting	2,100	-
Jobe Management Limited	J Bennett	Director fee	12,585	7,341

Related Party Accounts

	2021 \$	2020 \$
Current Assets		
Comprehensive Care Limited	-	26,717
	-	26,717
Current Liabilities		
Comprehensive Care Limited - Loan	24,334	-
Comprehensive Health Education Services Limited - Loan	-	250
Clare Dudding Family Trust - Accounts Payable	-	2,412
MedPlus Limited - Accounts Payable	1,031	9,583
	25,365	12,244

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:

	2021 \$	2020 \$
Total remuneration	707,543	579,059
Number of FTE's	5.3	3.2

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

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

16. Reconciliation of surplus/(deficit) with net cash flow from operating activities

	2021 \$	2020 \$
Reported surplus/(deficit) for the period	(235,591)	(282,771)
Non-cash items		
Amortisation	5,650	5,831
Depreciation	49,163	56,060
Loss on disposal of Fixed Assets	1,191	2,083
Add/(deduct) items classified as investing activities:		
Interest received	(83,763)	(155,868)
Financing activities:		
Loans to Related party	-	38,861
Movements in working capital items		
(Increase)/Decrease in Receivables - exchange transactions	11,747	19,914
(Increase)/Decrease in Receivables - non-exchange transactions	(167,547)	256,115
(Increase)/Decrease in Prepayments	(2,103)	23,268
(Increase)/Decrease in Related Party Receivables	-	(26,565)
(Increase)/Decrease in Inventory	4,208	2,486
Increase /(Decrease) in Trade Creditors and Other Payables	42,630	131,772
Increase/(Decrease) in Revenue in Advance	(246,872)	(65,988)
Increase/(Decrease) in Employee Entitlements	34,457	26,547
Increase/(Decrease) in Related Party Payables	(10,964)	(1,851)
Net cash flow from operating activities	(597,795)	29,894

17. Categories of financial assets and liabilities

	2021 \$	2020 \$
Financial assets		
Loans and receivables		
Cash & Cash Equivalents	325,278	1,072,776
Receivables from Exchange transactions	14,770	26,517
Receivables from Non-exchange transactions	766,291	598,744
Short Term Investments	3,820,317	3,755,511
Related Party Receivables	-	26,717
	4,926,657	5,480,266
Financial liabilities		
At amortised cost		
Trade and Other Payables	2,246,661	2,201,952
Related Party Payables	25,365	12,244
Finance Lease	-	9,242
	2,272,026	2,223,438

18. Financial instrument risk

Risk management objectives and policies

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

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

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

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

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:

	2021 \$	2020 \$
Classes of financial assets		
Carrying amounts		
Cash & Cash Equivalents	325,278	1,072,776
Receivables from Exchange transactions	14,770	26,517
Receivables from Non-exchange transactions	766,291	598,744
Short Term Investments	3,820,317	3,755,511
Related Party Receivables	-	26,717
	4,926,657	5,480,266

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's 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.

	2021		2020	
	Within 6 months \$	6 to 12 months \$	Within 6 months \$	6 to 12 months \$
Trade and other creditors	2,246,661	-	2,201,952	-
Employee entitlements	302,244	81,017	272,130	76,674

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 \$72,000 (Last year: \$78,000).

19. Capital management

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

Capital for the company consists of its accumulated funds.

20. Events after the reporting date

On 17 August 2021, the New Zealand Government commenced Covid-19 lockdown restrictions for Auckland, which are still in place at this time. While further extended lockdowns would likely further negatively affect operations and some revenue streams, after consideration of the future funding secured and the organisation's financial position at the date of authorising these financial statements the Board is satisfied that the organisation will be able to meet its financial obligations for the foreseeable future.

(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.

Effective date of the standard is 1 January 2022.

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.

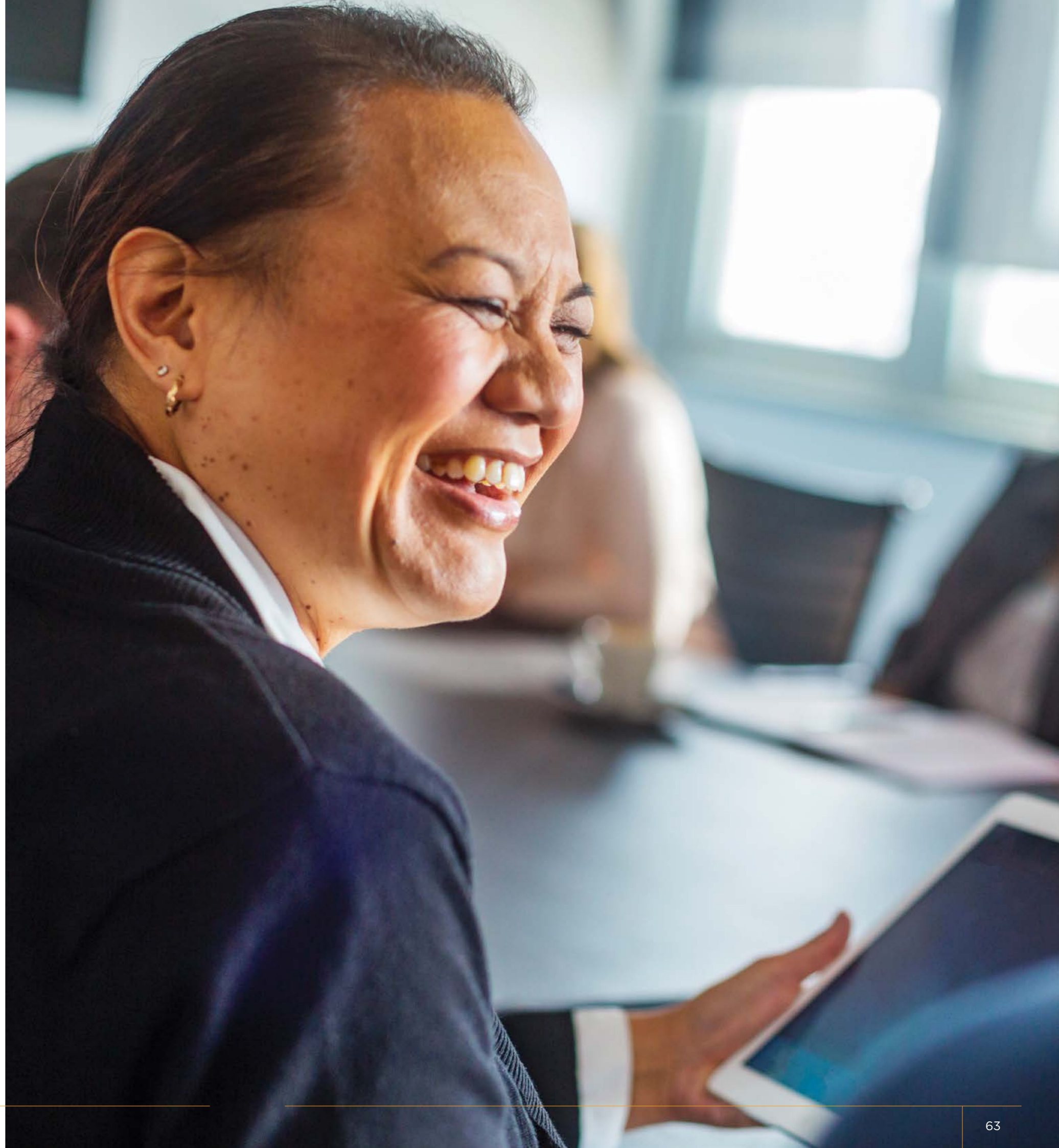
Early application of the standard is permitted for all of the above standards.

22. Covid-19 Financial Support

As a result of the Covid-19 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.

23. Going Concern Considerations

The Health System Reforms announced in April 2021 are a significant opportunity for all healthcare organisations to evolve and deliver better equity, efficiency and outcomes for our communities. By September 2022 DHBs and the MoH will transition to the Māori Health Authority, HealthNZ and a new MoH while primary care will have begun prototyping and developing primary care service structures that will be implemented over the following years to support the removal of the requirement for a PHO Services Agreement. In the next 12 months Comprehensive Care will continue to operate, grow and evolve our specialist primary healthcare services and support that is relied on by our network of providers and enrolled population.





RSM Hayes Audit
PO Box 9588
Newmarket, Auckland 1149
Level 1, 1 Broadway
Newmarket, Auckland 1023
T +64 (9) 367 1656
www.rsmnz.co.nz

Independent Auditor's Report

To the Shareholder of Comprehensive Care PHO Limited

Opinion

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

- the statement of financial position as at 30 June 2021;
- the statement of comprehensive revenue and expense for the year then ended;
- statement of changes in net assets 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 62 present fairly, in all material respects, the financial position of Comprehensive Care PHO Limited as at 30 June 2021, 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, 63 and pages 66-68 which includes the Introduction, Board Chair's Report and Acting CEO's Report, 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.

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM Hayes Audit is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.



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

27 October 2021

Member practices and locations


Name	Address	Suburb
Northcare Accident and Medical	5 Home Place	Albany
Albany Family Medical Centre	368 Albany Highway	Albany
Apollo Medical	119 Apollo Drive	Rosedale
Health and Counselling Centre, Massey University	Lvl 2, Student Central, Albany Expressway	Albany
Beachhaven Birkdale Medical	330 Rangatira Road	Beach Haven
Belmont Medical Centre	3 Williamson Avenue	Belmont
Birkenhead Medical Centre	4 Rawene Road	Birkenhead
Family Medicine Birkenhead	29 Birkenhead Avenue	Birkenhead
Onewa Doctors	162 Mokoia Road	Birkenhead
Browns Bay Family Doctors	65 Clyde Road	Browns Bay
Browns Bay Medical Centre	13-15 Bute Road	Browns Bay
Archers Medical Centre	130 Archers Road	Glenfield
Glenfield Doctors on Chartwell	52 Chartwell Avenue	Glenfield
Glenfield Medical Centre	452 Glenfield Road	Glenfield
Kowhai Clinic	424 Glenfield Road	Glenfield
East Coast Bays Doctors	512 East Coast Road	Mairangi Bay
HealthZone	17 Antares Place	Rosedale
North Harbour Medical Centre	Unit 16 / 326 Sunset Road	Mairangi Bay
Sunset Road Family Doctors	Unit 3/317 Sunset Road	Sunnynook
Dodson Medical Centre	4 Dodson Avenue	Milford
Kitchener Road Medical Centre	174 Kitchener Road	Milford
Northcote Point Doctors	73 Onewa Road	Northcote
Sunnynook Medical Centre	119 Sunnynook Road	Sunnynook
Byron Medical	2 Byron Avenue	Takapuna
Medplus	327 Lake Road	Takapuna
Torbay Community Doctors	987 Beach Road	Torbay
Torbay Medical Centre	1042 Beach Road	Torbay
Waiake Medical Centre	1 Hebron Road	Waiake
Hibiscus Coast Medical Centre	13 Moana Avenue	Orewa


Name	Address	Suburb
Kowhai Surgery	10 Percy Street	Warkworth
Kawau Bay Health/Warkworth Medical Centre	11 Alnwick Street	Warkworth
Coast to Coast Health Care	220 Rodney Street	Wellsford
Palomino Medical	Shop 8, 138 Sturges Road	Henderson
Waitakere Union Health	55 - 57 Lincoln Road	Henderson
Integrated Medical Centre	511 South Titirangi Road	Titirangi
Redhills Medical Centre	8/3 Red Hills Road	Massey
West Harbour Medical Centre	86 Oreil Avenue	West Harbour
Hobsonville Family Doctors	124 Hobsonville Road	Hobsonville
Te Atatu Health	554B Te Atatu Road	Te Atatu
<i>Equinox Health</i>	-	
<i>Third Age Health</i>	-	
Bush Road Medical	6/1 Three Mile Bush Road	Kamo
Central Family Health Care	7 Mansfield Tce	Regent
Kensington Health	8 Kensington Ave	Kensington
Coast to Coast Healthcare - Matakana	74 Matakana Valley Road	Matakana
Coast to Coast Healthcare - Maungaturoto Medical Centre	138 Hurndall Street	Maungaturoto
Coast to Coast Healthcare - Snells Beach	145 Mahurangi East Road	Snells Beach
Coast to Coast Health Care - Mangawhai Medical Centre	4 Fagan Place	Mangawhai Heads
Coast to Coast Healthcare - Paparoa	187 Paparoa Valley Road	Paparoa
Coast to Coast Healthcare - Warkworth	77 Morrison Drive	Warkworth
Snells Beach Medical Centre	Dalton Road	Snells Beach
Medplus Devonport	29 Anne Street	Devonport
Long Bay Medical	55A Glenvar Ridge Road	Long Bay




 Building A,
42 Tawa Drive
Albany
Auckland 0632


PO Box 302163,
North Harbour
Auckland 0751

 Telephone
09 415 1091

 Fax
09 415 1092

 Chief Executive mobile
021 437267

 info@comprehensivecare.co.nz

 ComprehensiveCareNZ

 Comprehensivecare

 organisation/comprehensive-care

 www.comprehensivecare.co.nz