

# ANNUAL REPORT

2013 – 2014





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# TRUSTEES REPORT

*Trustees take pleasure in presenting the Annual Report and Financial Statements for the year ended 30<sup>th</sup> June 2014.*

The West Coast Primary Health Organisation (PHO) is a not-for-profit, charitable Trust which is funded through a variety of contracts by the West Coast District Health Board, for a range of primary health care services to the people of the West Coast who are enrolled with a medical practice. These include not only first line services to restore people's health when unwell but a number of targeted programmes to improve access to health services and for the maintenance of good health.

Trustees represent community, Iwi and primary health provider interests in the decision making of the West Coast PHO. The Executive Officer's report highlights the progress and gains in a number of services consistent with our various contractual obligations.

Besides our relationship with practices and partners in our various health programmes our principal relationship continues to be with the West Coast District Health Board (WCDHB). This relationship is now committed to the development of a clinically and financially sustainable and enduring service model for the Coast by integrating a number of services, particularly general practice, community nursing, needs assessment services and allied health. There has been significant progress over the reporting period which is most gratifying.

The West Coast PHO's Clinical Governance Committee is an advisory committee to the board. It has been most active in its role which is to assist the Board by providing advice on:

- ▶ the clinical components of all programmes, services and interventions undertaken by or contracted by the PHO
- ▶ professional development for PHO contracted providers
- ▶ workforce arrangements necessary for clinical programmes to meet specified outcomes

The Board continues to be most appreciative of the work done by the Committee and, in particular, its Chair, Dr Greville Wood.



With respect to our funding position Trustees again decided to apply reserves and savings from previous years to continue a number of services targeting 'at risk' populations. These included supporting practices for patients enrolled in the 'Long-term Conditions' programme, assisting the general practices with its primary mental health service and our 'Keeping People Healthy' programme. Some of these programmes have been revised to more effectively target the population being served such that the net result of these and savings within our administration service has shown a modest surplus of \$69,332.

As Chair I am grateful to the Board of Trustees for their contribution to the West Coast PHO which continues to function in a dedicated and effective manner.

During the year a number of Trustees changes occurred. Lucia Cory joined the Board on the nomination of Practice Nurses and in doing so we said farewell to John Boyes who had been co-opted onto the Board. Further, Dr Anna Dyzel, Tony Coll and Mrs Lisa Tumahai continue to enjoy the confidence of their colleagues or constituencies – having all been reappointed for a further 3 year term. Dr Melissa Cragg resigned in March and arrangements are underway for a nomination to reflect the interests of Maori health providers on the Coast. On behalf of the Board I welcome the new Trustees and extend our thanks and best wishes for the contribution of those retiring Trustees. Post the 30<sup>th</sup> June balance date the Board received and accepted the resignation of Mrs Maureen Pugh who has been with the PHO since its inception.

The attendance of Trustees at Board meetings is as follows;

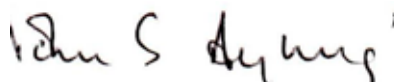
John Ayling	6
John Boyes <i>Retired March 2014</i>	4
Tony Coll	5
Melissa Cragg <i>Resigned March 2014</i>	2
Anna Dyzel	5
Lucia Cory <i>Commenced March 2014</i>	2
Maureen Pugh	4
Rosalie Sampson	4
Lisa Tumahai	3
Karin van Kuppevelt	4
Richard Wallace	3

I would like to put on record the Board appreciation of the services rendered by PHOcus on Health and in particular the contribution of Mr Anthony Cooke. Also warranting acknowledgment is the significant contribution made by Executive Officer, Mrs Helen Reriti and all of the staff of the PHO; they are a great team as attested to by the results that appear in this Report.

The PHO is reliant on many individuals and groups within the health and non-government sector. Without their continued support our efforts in achieving the results we are reporting would not be possible. We record our thanks to them for this commitment.

Finally, this will be my last annual report. Having Chaired the PHO since late 2005, I have decided that it is now the time to stand down. Mrs Julie Kilkelly has made herself available to take up the role and will do so in October 2014. I have every confidence that her stewardship will be motivated by doing the very best for the people of the Coast.

For and on behalf of the West Coast Board of Trustees.



**John Ayling**  
**Chair**

# EXECUTIVE OFFICER'S REPORT

*This time of the year brings me the opportunity to present to you the Annual Report and Financial Statements for the West Coast Primary Health Organisation for the year ended 30 June 2014 and to reflect on organisational activity during the year.*

As I mentioned last year, change has been a certainty again this year, creating the need for flexibility and adaptability. The WCPHO continues to contribute to the successful delivery of relevant healthcare to our West Coast communities, particularly to support our General Practice Teams and Rural Clinics at the heart of these communities.

It has been a challenging but exciting year to be working in the West Coast Health Alliance with our Alliance partner, the West Coast District Health Board. This collaborative way of working has clinicians from secondary care and primary care working together to lead developments and improvements in service delivery to patients, resulting in more effective and efficient health care delivery across the West Coast.

This year has seen many highlights and I would like to make mention of two.

Firstly, our Youth Primary Mental Health Brief Intervention Counselling programme has been extended now to include children as young as twelve years (it was previously fifteen).

Secondly, the Health Navigator Service has shown that it can truly be part of a collaborative model of working with our secondary service partners. This service is an integral part of the complex clinical care network, a group of multidisciplinary clinicians and health workers, who are planning care and developing packages of care for people with complex needs, including patients of our Long Term Conditions Programme.

I would like to take this opportunity to acknowledge our partners in primary health, social services and community based organisations for their support and assistance. These collaborative relationships are invaluable and critical to achieving a truly integrated health service for West Coasters.

I would also like to thank and recognise the efforts of the West Coast community in taking responsibility for and improving their own health.



Without the commitment of Coasters to continue to focus on their health needs, the challenge facing us all would be that much more difficult.

Finally, in closing, I am extremely fortunate to be surrounded by passionate, dedicated Trustees and staff who care for and understand the West Coast communities they live and work in. Together we are tasked with making primary care services accessible, appropriate, and convenient along with fostering the 'health care home' philosophy of primary care - something I see my team working tirelessly to achieve. Thank you all.

**Helen Reriti**  
**Executive Officer**

# SUBSIDISING ROUTINE ACCESS TO PRIMARY CARE

*We aim to improve access to primary health care services by reducing the cost that patients pay each time they visit their medical centre.*

This is achieved by passing on the funding for “first level services” to all contracted practices, and “very low cost access funding” to a subset of practices, so that patients do not have to pay the full cost of their visits to the general practice.

**TARGET  
GROUP:**  
*all enrolled  
people in the  
PHO*

## Expenditure

\$5,312,632 (excl. GST)

During the course of the year all but one general practice was a Very Low Cost Access (VLCA) practice.

## Cost of co-payment during 2013-14 for VLCA practices

Under 6 yrs	\$ 0.00
6 to 17 yrs	\$11.50
Adult	\$17.50

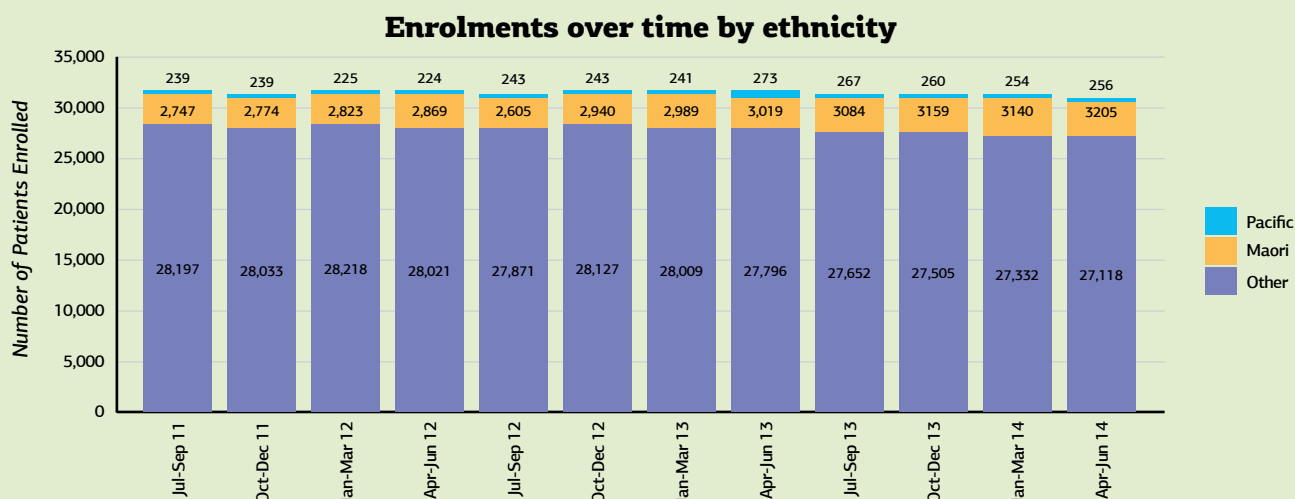
## Cost of co-payment during 2013-14 for Non VLCA practice

Under 6 yrs	\$ 0.00
6 to 17 yrs	\$35.00
Adult	\$45.00

## West Coast PHO Enrolled Population

At the end of the April to June 2014 quarter, **30,579** people were enrolled with the WCPHO.

The average number of people enrolled in the PHO during the year was **30,808**.



## Visits to medical centres:

**135,247**  
subsidised visits by enrolled  
patients

**69,007 GP visits**

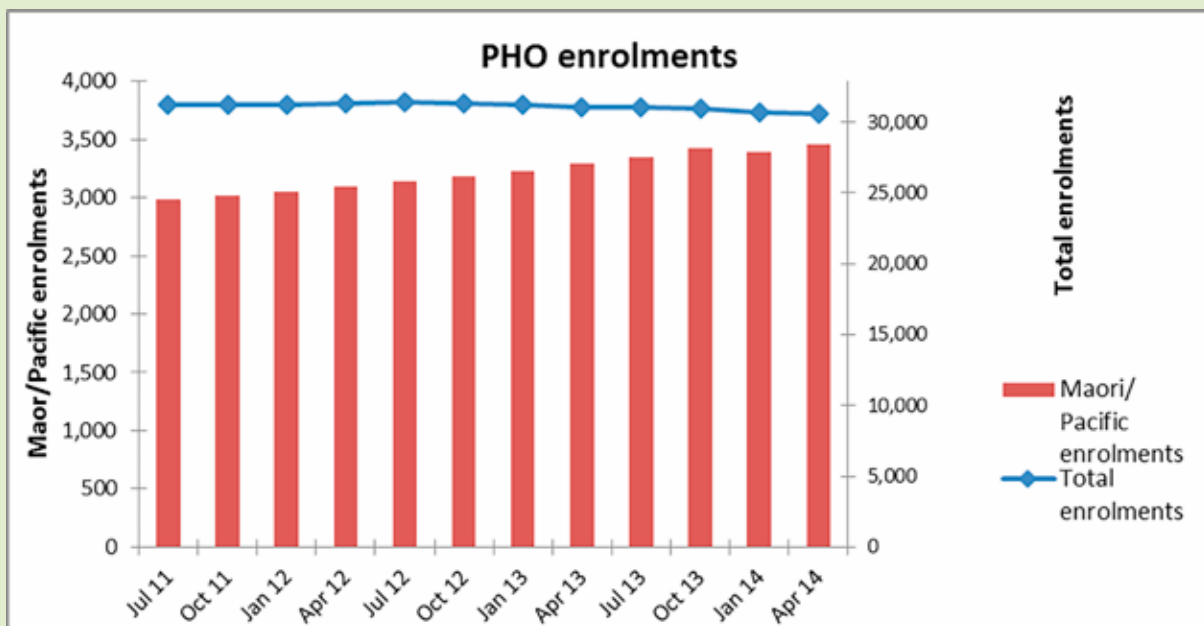
**66,240 nurse visits**

This represents an average of 4.4 visits for each enrolled patient in the PHO. The average subsidy for each enrolled patient was therefore \$198.31 (including GST) during the year, while the average subsidy per patient visit was \$45.17 (including GST).

## Access for Maori

Over the past 3 years, enrolments in the PHO by Maori and Pacific Island people have grown 17%, while those by people of all other ethnicities have declined 4%.

**10% of enrolments  
Maori  
1% Pacific**



# KEEPING PEOPLE HEALTHY

## Expenditure

The PHO spent \$332,558 on the various 'Keeping People Healthy' programmes.

## Progress 2013/14

## Green Prescription

The Green Prescription programme supports West Coasters who are inactive and at risk of developing diabetes or cardiovascular disease, to make regular exercise a way of life.

This is through:

- ▶ individual and group exercise sessions in each region
- ▶ encouraging independent exercise
- ▶ community based "Active You" programmes

**470**

*West Coasters entered  
the Green Prescription  
programme in 2013/14*

**12%**

*of these were Maori*

Rongoā Kākāriki  
**GREEN**  
PRESCRIPTION



## Breastfeeding Support

This programme aims to improve breastfeeding rates and to create a supportive breastfeeding environment on the West Coast (because the evidence shows that infants who are NOT breastfed have a higher risk of developing chronic illnesses).

West Coast's overall breastfeeding rate has dropped in 2013/14, with 60% of all six-week-olds fully or exclusively breastfed. Maori pepe rates have also dropped to 52%

	6 Week	6 Month
West Coast Result	60%	19%
West Coast Target	>74%	39%
National Result	67%	26%
Maori Result	52%	19%
Maori Target	>74%	40%

### TARGET GROUP:

*Childbearing women and their whanau, those in high deprivation areas, young and Maori women. Health professionals*

## Lactation Consultancy



There were  
**117**  
Lactation Consultancy  
clients in 2013/14

**638**  
Lactation Consultancy contacts

**10%**  
of contacts made  
with Maori mums

**72** were living in  
high deprivation areas  
**35** living rurally  
**12** <20 years of age

## Breastfeeding Education

Breastfeeding Advocates support mums and partners with ante-natal sessions regarding breast feeding, and provide education sessions for general practices and community groups.

**13** Mum4Mums  
trained

**5** of these mums  
were Maori

**7** ante-natal sessions  
**4** Westport  
**2** Greymouth  
**1** Hokitika

**2** study days  
**36** attended

**4** community  
and health  
professional  
sessions

Breastfeeding Advocates support breastfeeding mums, and provide training to volunteer West Coast women, to develop a support network for breastfeeding families across the Coast. Some of the ways this network of 'Mum4Mums' support other breastfeeding mothers is through providing breastfeeding advice, dispelling myths and helping mums overcome common issues that affect breastfeeding.

### Some of our Mum4Mums share their stories:

*“I helped a young mum who did not think she had enough milk and was being pressured by family to give him some food. As he was only 3 months old I explained to her that breast milk was all he needed and talked to her about how to increase her supply.”*



*“Being so well prepared to help mothers breastfeed at home or in public has become a passion – knowing babies are being given the best is great; being able to offer a variety of options to mums and empower them to make the best choice for their child is very satisfying.”*

## Health Promotion Community Activity

Our Health Promotion/Community Activity team supported West Coasters and general practice teams in 2013/14 in the areas of cardiovascular risk assessment, screening, immunisation, 'smoke-free' and diabetes campaigns. This included delivering health promotion messages, staging and participating in events, and presenting community awards in recognition of health promotion activities.



# CLINICAL PROGRAMMES AND SERVICES

Our funded clinical programmes assist West Coasters to access health care, with a purpose of reducing the risk of developing heart disease or diabetes, and of helping them to self-manage any existing long term conditions they have.

## Expenditure

The PHO spent \$416,963 on the various clinical programmes and services.

## Screening for Cardiovascular Disease and Diabetes



This programme aims to identify individuals at risk of a cardiovascular event (heart attack or stroke) and diabetes, in order to provide early intervention and to reduce the incidence of heart disease or stroke.

The goal is:

- ▶ for 90% of those eligible to have a CVRA completed within the last five years
- ▶ ensuring individuals are on appropriate treatment
- ▶ linking individuals with lifestyle programmes that support healthy behavioural changes

## Expenditure

\$34,012

**2673**  
Cardiovascular  
Risk Assessments  
(CVRAs) were  
completed in  
2013/14

**7875**  
(77%) of eligible  
CVRAs have been  
completed

**9.4%**  
of these were  
for Maori

## Treatment for Those Identified with High Cardiovascular Risk

Treatment of those identified as high risk (CVRA >15%), aims to reduce the 5 year risk to below 15%, through:

- ▶ all identified smokers being given brief advice and offered support to quit
- ▶ recommending lifestyle interventions e.g. diet, physical activity, weight management and relevant referrals
- ▶ commencement of optimal pharmacological treatment
- ▶ regular follow-up and monitoring

### Expenditure

\$27,548

# 452

*Individuals (17%)  
were identified  
as having a risk  
greater than 15%*

**9.4%**  
*of these were  
for Maori*



## Long Term Conditions (LTC) Programme

The LTC programme aims to improve health outcomes and self-management, and to reduce inequalities for people who are living with a long term chronic condition.

The goal is to enhance the management of cardiovascular disease (CVD), diabetes and chronic obstructive pulmonary disease (COPD), particularly for Maori, Pacific peoples and those living in high deprivation areas.

Interventions are designed to:

- ▶ reduce inequalities in treatment and health outcomes
- ▶ ensure patients are on appropriate treatments
- ▶ link patients with lifestyle programmes that can support them to make any required behavioural changes

People enrolled in this programme receive:

- ▶ an in-depth annual review for each condition
- ▶ a package of care based on their level of need
- ▶ a jointly developed care plan
- ▶ referral to other PHO programmes, community support programmes, social services, community pharmacy and other health professionals as required

Services provided as part of the LTC programme are funded by Care Plus, Diabetes, and Services to Improve Access funding streams.

### Expenditure:

\$266,342

**TARGET GROUPS:**  
*People with CVD, Diabetes and COPD*

**6.2%**  
*of these were for Maori*

**2767**  
*People were enrolled in the LTC programme at 30 June 2014*

This is **9%** of the PHO's enrolled population

Maori make up **5.8%**  
*of the enrolled population >45 years (the prime age group for LTC enrolees)*

## Care for People with Cardiovascular Disease (CVD)

This programme aims to enhance the management of CVD, particularly for high need patients (Maori, Pacific peoples and those living in high deprivation areas).

**TARGET GROUP:**  
*all people with CVD*

### Expenditure

CVD care is included with the \$266,342 LTC expenditure

An estimated **1383**  
people have CVD on the  
West Coast

**1160**  
CVD reviews (84%)  
completed in 2013/14

**4.3%**  
were for  
Maori

## Care for People with Chronic Respiratory Disease: COPD

This programme aims to improve the quality of life and self-management skills of people living with COPD.

### Key activities

- ▶ review both the clinical and self-management of the patient's condition
- ▶ provide an action plan to manage exacerbations
- ▶ all identified smokers are offered brief advice and support to quit

**TARGET GROUP:**  
*all people with COPD*

**75%** had a Flu  
vaccination recall

**7%**  
were for Maori

**260**  
COPD reviews  
completed in 2013/14

### Expenditure

COPD care is included with the \$266,342 of LTC expenditure

## Care for People with Diabetes

This programme aims to improve health outcomes and quality of life for people living with diabetes.

### Key activities

- ▶ review both the clinical and self-management of each patient's condition
- ▶ retinal screening clinics held quarterly in different regions across the Coast
- ▶ support practices to ensure as many patients as possible benefit from this programme
- ▶ review and address health inequalities in outcomes

"Diabetes Conversations" are courses designed to give people with diabetes the opportunity to engage in small groups, learning about living well with with diabetes. Sessions can stand alone or be attended as a complete course.

Diabetes care is included within the \$266,342 LTC expenditure; an additional \$62,038 was spent on retinal screening.

### TARGET GROUP:

*All people with diabetes*

**10%**  
*were for Maori*

**1016**  
*(92%) Diabetes reviews completed in 2013/14*

**641** retinal screens completed

**1021**

*people are estimated to have diabetes on the West Coast*

**2**

*"Diabetes Conversations" courses held, 15 people attended 5 completed the full 6 sessions*

# SMOKEFREE WEST COAST

## Smoking Cessation

The aim of the “Coast Quit” smoking cessation programme is to reduce tobacco smoking through increased availability and choice of smoking cessation services in the community.

### Key activities

- ▶ Programme provided by trained nurses, GPs, rural nurse specialists, pharmacists and pharmacy staff across the West Coast
- ▶ Participants are phoned at 3-4 months post quit date to ascertain outcome and number of contacts with the Coast Quit provider
- ▶ Feedback of results is provided to all practices.

### Expenditure:

\$20,241

**TARGET  
GROUP:**  
*West Coasters  
who smoke*



3 month outcomes:  
**30%** quit rate for  
**408** clients phoned

**475**  
people enrolled in  
Coast Quit in 2013/14  
(421 – Practices,  
54 – Pharmacies)

**11%**  
were for  
Maori

## Smokefree Service Co-ordination

The purpose of this programme is to reduce the prevalence of smoking on the West Coast by supporting health providers and other community groups or agencies to promote 'smokefree' and increase the uptake of effective smoking cessation interventions.

### Key activities

- ▶ co-ordinating a range of smoke-free activities, and promoting smoke-free environments
- ▶ monitoring and promoting the secondary care tobacco health target: 95% of patients who smoke and are seen by a health practitioner in public hospitals are given brief advice and offered support to quit smoking
- ▶ monitoring and promoting the primary care tobacco health target: 90% of patients who smoke and are seen by a health practitioner in primary care are given brief advice and offered support to quit smoking
- ▶ networking and collaboration with other smoking cessation services
- ▶ organising training opportunities for all smoking cessation providers
- ▶ working with the West Coast Tobacco Free Coalition to achieve the national goal of Smokefree Aotearoa-New Zealand 2025.

**TARGET GROUP:**  
*all West Coasters*

**12**  
*attended Quit Card  
training*

**10**  
*attended Quit Card  
updates*

**10**  
*attended Coast Quit  
training*

*Primary Care Target  
result:*

**62%**  
*at 30 June, 2014*



*Secondary Care  
Target result:*

**95%**  
*at 30 June, 2014*

# HEALTH NAVIGATOR SERVICE

## Progress 2013/14

The service assists high need patients with Long Term Conditions (LTCs), including cancer, to access appropriate social and health services. In the last year the service has become increasingly well-integrated within the Complex Clinical Care Network.

The service has begun collecting patient reported outcomes (PROs), using metrics developed by the Patient Reported Outcomes Working Group who were formed as part of the American Cancer Society's National Patient Navigator Leadership Summit.

The surveys completed capture outcomes that are meaningful and valued by patients. On average, respondents to the survey rated the service 4.7 on a 5 point (1-5) Liechart scale.

**TARGET  
GROUP:**  
*LTC patients  
with complex  
social issues*

There were  
**4,188**  
*phone calls made,*  
**4,066**  
*contacts with other agencies,*  
**2389**  
*face to face contacts with clients in  
2013-14*

**690**  
clients

Maori make up  
**10%**  
of clients

# HEALTH CHECKS FOR CLIENTS OF THE CORRECTIONS DEPARTMENT

This service provides free acute care and general check-ups for clients of the Corrections Service, many of whom do not have a general practitioner.

This programme continues to benefit a very small number of high need individuals

## **Expenditure**

\$1,031

**20**  
*Corrections clients  
accessed this  
service*

**50%**  
*of these were  
Maori*

# CONTRACEPTION AND SEXUAL HEALTH

This service aims to reduce pregnancy rates in the under 22 year age group (under 25 years for Franz Josef and Fox Glacier only), and to improve access to sexual health services. It removes financial and social barriers to accessing contraception and primary sexual health services for young people, particularly those at risk of ill health, injury and unwanted pregnancy;

#### Key Features

- ▶ accessible
- ▶ acceptable to young Maori
- ▶ range of access points including practices, rural clinics and community pharmacy

#### Expenditure

\$24,496

**1176**

*Contraception and  
sexual health visits  
in 2013/14*

**15%**

*were for Maori*

# PALLIATIVE CARE

Reducing the financial barriers for patients and their whanau receiving general practice care in the terminal stage of their illness.

This programme continues to cover costs of visits to the general practice, home visits, nurse visits made on behalf of patients by palliative care nurse specialists, and some part charges for medication used in a palliative setting for enrolled palliative care patients

## **Expenditure**

\$21,304



# MENTAL HEALTH

The Mental Health programme aims to support West Coast General Practice Teams (GPTs) to improve health outcomes and quality of life for people with mental health needs.

## Expenditure

\$433,444

## Key Activities

- ▶ triaging requests from GPTs for adults and young people and, in relation to young people only, from school counsellors, relevant social agencies, family and youth themselves;
- ▶ provision of up to six fully-funded Brief Intervention Counselling (BIC) sessions (or up to ten sessions with young people where other relevant people are involved)

for those identified as meeting criteria;

- ▶ facilitation of Extended Consultations by GPs and PNs with enrolled patients who have mental health issues;
- ▶ extended consultations for mental health issues were above budgeted amount, additional revenue again sought but not obtained.

## TARGET GROUP:

*Enrolled patients  
of West Coast  
Practices, 12 years  
of age and over with  
mild to moderate  
mental health  
concerns*

# 684

*requests for assessment  
by the end of June 2014*



### Progress 2013-2014

- ▶ the team continued to manage recruitment and retention issues;
- ▶ requests for counselling for patients experiencing mild to moderate mental health concerns (estimated at 17% of the general population) were managed by our team of five full-time equivalents;
- ▶ the General Health Questionnaire was replaced by the Kessler 10 Questionnaire, in line with Ministry of Health requirements;
- ▶ a partnership with the Werry Centre provided 21 health professionals with the skills to complete HEEADSSS assessments with youth.

### Comments from some people who have attended counselling:

*“Once I acknowledged I needed counselling I found each session supported my return to work. I was able to verbalise, reflect and come up with solutions”*

*“Counselling helped me build confidence and enabled me to overcome my doubts and worries.”*

**421**  
Patients attended  
Brief Intervention  
Counselling

**59**  
youth

**362**  
adult



# QUALITY IMPROVEMENT, PROFESSIONAL DEVELOPMENT, WORKFORCE AND RURAL SUPPORT

## PHO Performance Programme

The PHO Performance Programme aims to achieve the nationally agreed quality indicators, through the PHO's member practices.

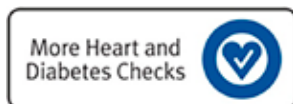
Each practice has a functioning Quality Improvement Team which manages the programme and guides the practice's efforts for the year. The programme acts as a means to focus activities that support other programmes, e.g. cervical and breast screening, more heart and diabetes checks, childhood and influenza immunisations and the primary care tobacco health target. Financial incentives based on performance are paid to practices for use in quality initiatives. Practice visits and group professional development sessions are held.

Planning commenced for the new Integrated Performance Incentive Framework (IPIF) which replaces the PPP programme from 1 July 2014.

### Health Targets



Brief advice to smokers was below the target and national average for the year ending June 2014. Anecdotally, general practices do offer brief advice but may not record this in the PMS. Smoking status recorded of 92% suggests that patient engagement is occurring regarding smoking.



The WCPHO achieved a CVDRA end of year result of 77%. This is below the programme goal and the national average. The WCPHO supports practices to increase the number of screened patients through various initiatives, and funds free CVDRA screening for all eligible West Coasters.



This health target is for 90% of infants to have completed their primary course of immunisations by eight months of age. The WCPHO was below target and the national average, at the end of June 2014.

	Smoking Cessation	CVDRA	Immunisation	Cervical Screening	Breast Screening
Target	≥90%	≥90%	≥90%	≥80%	≥70%
National AVG	89%	84%	94%	78%	68%
WCPHO Result	61%	77%	84%	84%	74%

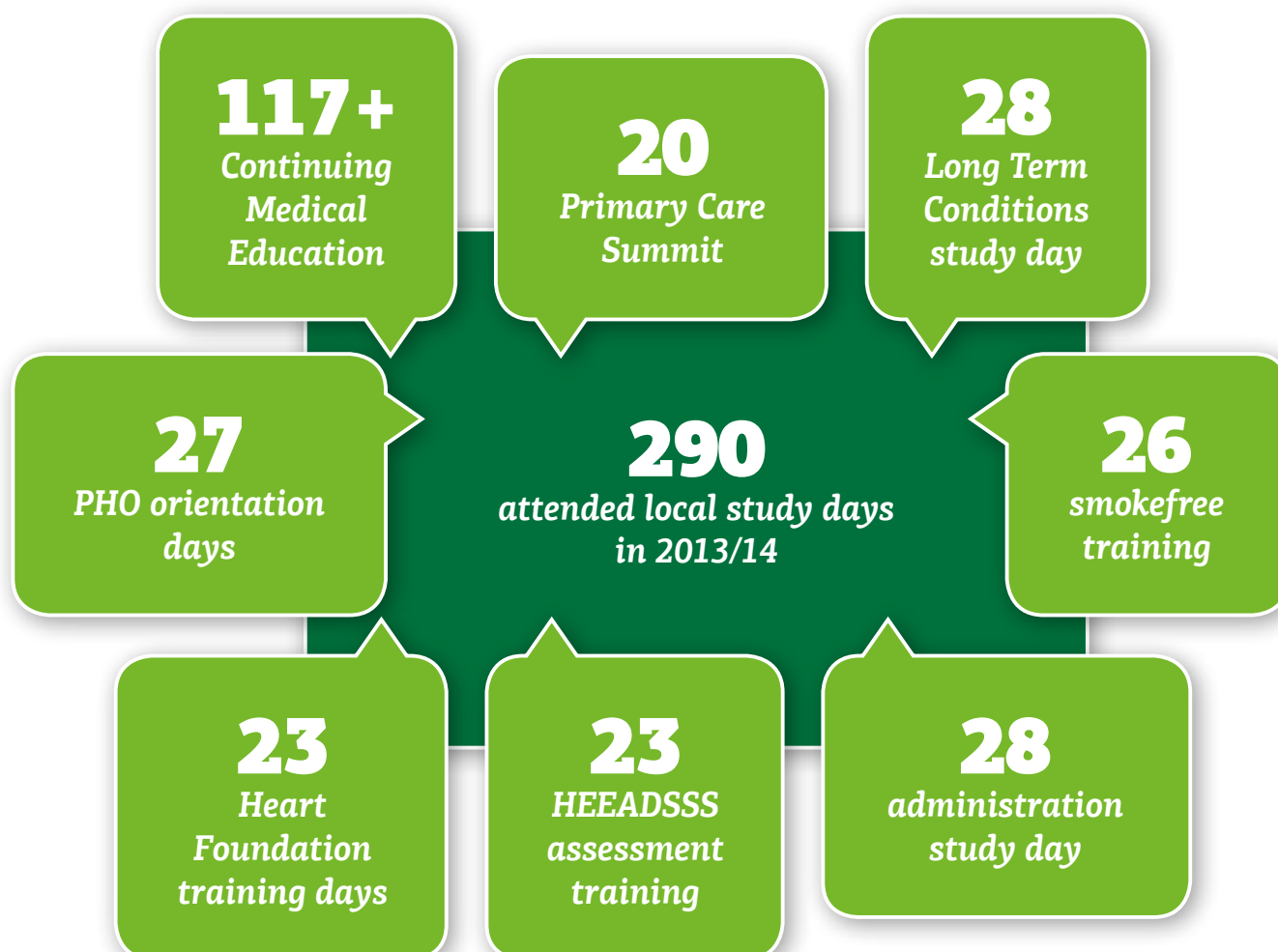
## Expenditure

The PHO spent \$1,112,020 on its various quality improvement activities and professional development support. Of this amount, \$19,682 came from the PHO's reserved funds.

## Professional and Practice Development

This programme supports the continuing education and professional development of staff employed by all member practices. This includes local workshops and study days, video-linked evening education sessions, and funded access to conferences and training opportunities mostly outside of the West Coast.

Clinician attendance at various workshops:





# FINANCIAL STATEMENTS

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# WEST COAST PRIMARY HEALTH ORGANISATION TRUST

## DIRECTORY

AS AT 30 JUNE 2014

### PRINCIPAL BUSINESS:

Primary Health Organisation

### ADDRESS:

PO Box 544  
163 Mackay Street  
GREYMOUTH

### TRUSTEES:

Trustees at 30 June 2014

John Boyes (resigned May 2014)  
Anna Dyzel  
Maureen Pugh  
Rosalie Sampson  
Richard Wallace  
Tony Coll  
Lisa Tumahai  
Melissa Cragg (resigned May 2014)  
Karen van Kuppevelt  
Lucia Cory (appointed May 2014)

### INDEPENDENT CHAIRPERSON:

John Ayling

### AUDITORS:

Crowe Horwath New Zealand Audit Partnership  
DUNEDIN

### SOLICITORS:

Hannan & Seddon  
GREYMOUTH

### BANK:

Westpac Bank



## WEST COAST PRIMARY HEALTH ORGANISATION TRUST

## STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
<b><u>INCOME</u></b>		
Revenue	8,674,686	8,789,400
Interest Received	29,099	29,951
Sundry Income	22,519	79,635
	<hr/>	<hr/>
<b><u>TOTAL OPERATING INCOME</u></b>	8,726,304	8,898,986
<b><u>OPERATING EXPENSES</u></b>		
Audit Fee	10,953	11,070
Bank Fees	723	896
Contract Payments	6,988,359	7,053,914
Insurance	7,904	7,636
Leases	138,185	141,142
Other Expenses	237,957	314,114
Telecommunications	32,260	34,138
Salaries & Wages	1,122,706	1,096,860
Trustee Meeting Fees	66,938	66,100
Trustee Reimbursements	11,225	15,675
Depreciation	39,622	43,865
Loss on Disposal	334	-
	<hr/>	<hr/>
	8,657,166	8,785,410
	<hr/>	<hr/>
<b><u>NET SURPLUS FOR THE YEAR</u></b>	69,138	113,576
	<hr/>	<hr/>





WEST COST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF MOVEMENTS IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2014

	2014	2013
Net Surplus For The Year	69,138	113,576
<b>TOTAL RECOGNISED REVENUE AND EXPENSES</b>	<b>69,138</b>	<b>113,576</b>
Equity at Beginning of Year	661,969	548,393
<b>EQUITY AT THE END OF THE YEAR</b>	<b>731,107</b>	<b>661,969</b>



## WEST COAST PRIMARY HEALTH ORGANISATION TRUST

## STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2014

	Note	2014 \$	2013 \$
<b><u>EQUITY</u></b>	<b>4</b>	<b>731,107</b>	<b>661,969</b>
<b>Represented By:</b>			
<b><u>CURRENT ASSETS</u></b>			
Westpac Bank		49,380	50,021
Westpac Bank Saver		818,873	637,617
Accounts Receivable		201,279	362,893
Petty Cash		57	158
Prepayments		5,112	4,894
GST Refundable		7,724	5,986
<b>TOTAL CURRENT ASSETS</b>		<b>1,082,425</b>	<b>1,061,569</b>
<b><u>NON-CURRENT ASSETS</u></b>			
Property, Plant & Equipment	6	115,299	119,022
<b>TOTAL NON-CURRENT ASSETS</b>		<b>115,299</b>	<b>119,022</b>
<b>TOTAL ASSETS</b>		<b>1,197,724</b>	<b>1,180,591</b>
<b><u>CURRENT LIABILITIES</u></b>			
Trade creditors		225,697	284,194
Reserved Funding		162,820	174,605
Employee Entitlements		63,550	45,272
Revenue in Advance		14,550	14,551
<b>TOTAL CURRENT LIABILITIES</b>		<b>466,617</b>	<b>518,622</b>
<b><u>NET ASSETS</u></b>		<b>731,107</b>	<b>661,969</b>

For and on behalf of the Trustees

  
Trustee

Date 10 November 2014

  
Trustee

Date 10 - 11 - 14



**WEST COAST PRIMARY HEALTH ORGANISATION TRUST****NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEAR ENDED 30 JUNE 2014****1 STATEMENT OF ACCOUNTING POLICIES**

The financial statements presented are for the reporting entity West Coast Primary Health Organisation Trust ("the PHO"). The PHO has been incorporated under the Charitable Trust Act 1957 and is registered with the Charities Commission. The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand.

The PHO qualifies for Differential Reporting as it is not publicly accountable and is not large as defined by the framework. The PHO has taken advantage of all differential reporting concessions available to it, except for FRS 19 - Accounting for Goods & Services Tax as GST exclusive financial statements have been prepared.

The financial statements have been prepared on the basis of historical cost.

**RECEIVABLES**

Receivables are stated at anticipated realisable value. Bad debts are written off during the period in which they are identified.

**INCOME TAX**

As the Trust is registered with the Charities Commission it is exempt from Income Tax.

**GOODS AND SERVICES TAX**

The financial statements have been prepared so that all components are stated exclusive of GST, except for Accounts Receivable and Accounts Payable, which are required to be shown at their GST inclusive values.

**REVENUE RECOGNITION**

Revenue from contracts and interest is recognised in the Statement of Financial Performance as earned. Contract income for specific services, which are yet to be delivered, is transferred to the statement of financial position and held as 'Reserved Funding'. When the related service is provided, Reserved Funding is released to the statement of financial performance.

**ASSET IMPAIRMENT**

If the estimated recoverable amount of an asset is less than its carrying amount, the asset is written down to its estimated recoverable amount and an impairment loss is recognised in the statement of financial performance.



## WEST COAST PRIMARY HEALTH ORGANISATION TRUST

### NOTES TO THE FINANCIAL STATEMENTS

#### FOR THE YEAR ENDED 30 JUNE 2014

#### PROPERTY, PLANT & EQUIPMENT

All owned items of property, plant & equipment are initially recorded at cost and subsequently depreciated as outlined below.

#### DEPRECIATION

Depreciation is charged on a diminishing value basis to allocate the cost of the asset, less any residual value, over its useful life.

The rates used are:

Building improvements	9.5% - 33% DV
Motor Vehicles	30% DV
IT, Plant and Furniture	9.5% - 40% DV

#### CHANGES IN ACCOUNTING POLICIES

There have been no changes in the accounting policies during the year.

#### **2** RELATED PARTIES

The following Trustees received payments from the PHO in a capacity other than as a Trustee. All transactions took place on an arms-length, commercial basis.

- Anna Dyzel is a shareholder of Westland Medical Centre, which is a sub-contractor to, and receives funding from, the PHO. Anna Dyzel is also a contractor to the PHO, providing coordination of local continuing education.
- Richard Wallace's daughter, Susan Wallace, is a Board Member of the West Coast DHB who pays funding to and receives funding from the PHO.

#### **3** CAPITAL COMMITMENTS AND CONTINGENT LIABILITIES

The PHO has contracted to purchase assets valued at nil (2013: NIL) as at balance date.

There were no contingent liabilities at the balance date (2013: NIL).



## WEST COAST PRIMARY HEALTH ORGANISATION TRUST

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2014

**4 TRUST EQUITY**

	2014 \$	2013 \$
<b>Retained Earnings</b>		
Retained Earnings at Start of Year	661,969	548,393
Net Surplus (Deficit) For The Year	69,138	113,576
	<hr/>	<hr/>
Retained Earnings at End of Year	731,107	661,969
	<hr/>	<hr/>
<b>TOTAL TRUST EQUITY</b>	<b>731,107</b>	<b>661,969</b>
	<hr/>	<hr/>

**5 NON-CANCELLABLE OPERATING LEASE COMMITMENTS**

The PHO has the following non-cancellable operating leases commitments:

	<u>2014</u>	<u>2013</u>
Current Portion	124,679	132,790
Non-Current Portion	58,784	102,938
	<hr/>	<hr/>
	183,463	235,728



## WEST COAST PRIMARY HEALTH ORGANISATION TRUST

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2014

**6 PROPERTY, PLANT & EQUIPMENT**

<b>2014</b>	<b><u>Cost</u></b>	<b><u>Depn</u></b>	<b><u>Accum Depn</u></b>	<b><u>2014 Bk Value</u></b>
Building Improvements	111,080	4,695	75,137	35,943
Motor Vehicles	33,043	4,007	23,693	9,350
IT & Plant	<u>300,426</u>	<u>33,755</u>	<u>230,420</u>	<u>70,006</u>
	444,549	42,457	329,250	115,299

<b>2013</b>	<b><u>Cost</u></b>	<b><u>Depn</u></b>	<b><u>Accum Depn</u></b>	<b><u>2013 Bk Value</u></b>
Building Improvements	111,080	5,780	70,442	40,638
Motor Vehicles	33,043	5,726	19,686	13,357
IT & Plant	<u>267,216</u>	<u>32,359</u>	<u>202,189</u>	<u>65,027</u>
	411,339	43,865	292,317	119,022





## INDEPENDENT AUDITOR'S REPORT

To the Trustees of the West Coast Primary Health Organisation Trust

### Report on the Financial Statements

We have audited the financial statements of the West Coast Primary Health Organisation Trust on pages 2 to 8, which comprise the statement of financial position as at 30 June 2014, the statement of financial performance, and statement of movements in equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

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

The trustees are responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting practice in New Zealand; and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluating the presentation of the financial statements.

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

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

#### *Opinion*

In our opinion, the financial statements on pages 2 to 8 present fairly, in all material respects, the financial position of the West Coast Primary Health Organisation Trust as at 30 June 2014, and its financial performance for the year then ended in accordance with generally accepted accounting practice in New Zealand.

*Crowe Horwath*

**Crowe Horwath New Zealand Audit Partnership**  
CHARTERED ACCOUNTANTS  
10 November 2014

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