ANNUAL REPORT

2014 – 2015

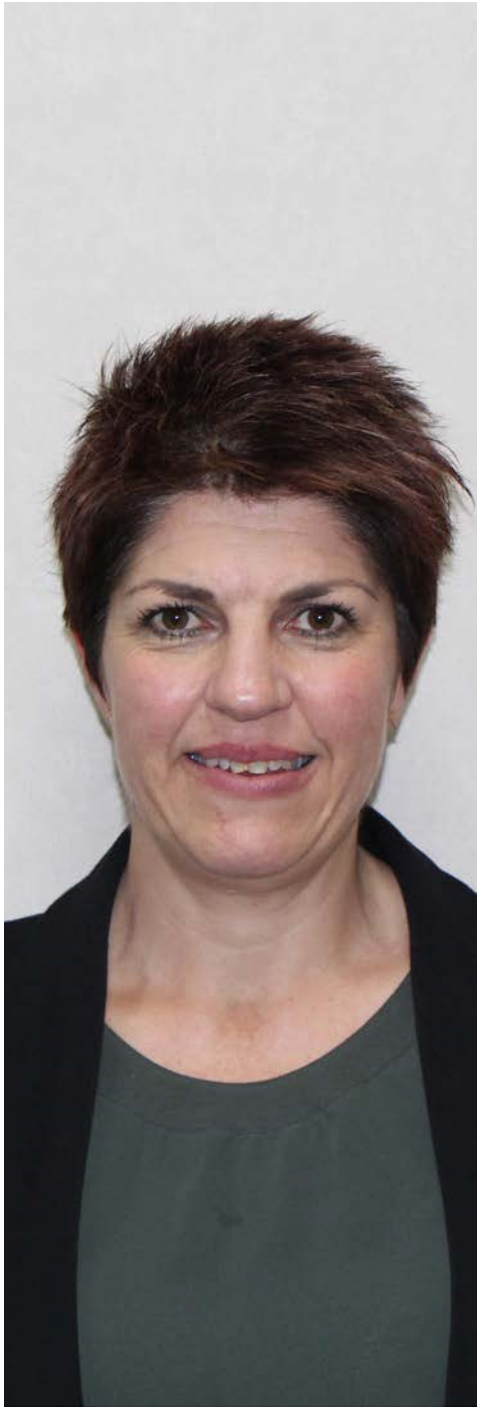
West Coast
Te Tai o Poutini
Primary Health

CONTENTS

Integrated Performance & Incentive Framework (IPIF)

TRUSTEES REPORT

As our financial year ends, the West Coast Primary Health Organisation (WCPHO) takes great pride in the presentation of our Annual Report and Financial Statements for the year ended 30 June 2015.



I am pleased to report that this last year has been very productive from both health and financial aspects.

Our purpose is to promote and enable better health for the entire West Coast population whilst working towards reducing inequalities that currently exist for some at-risk and disadvantaged groups of our community, and we have made some good progress over the last 12 months. Of particular note is our achievement of National Health Targets for Heart & Diabetes Checks and Better Help for Smokers to Quit for the first time in June this year.

However, this year the WCPHO also worked on and funded many other programmes and projects that were not measured by the Ministry of Health but will also have significant and long lasting impacts on the health of our community, details of which are included in this report.

I would like to commend the efforts of our dedicated PHO staff and general practice teams in the delivery of these programmes intent on improving the health and well-being of our patients, whanau and ultimately our community.

We will have many challenges in the year ahead as new hospitals and integrated family health centres take shape and new collaborative models of care and working develop.

Our working relationship and alliance with the West Coast District Health Board is sound and we have developed and sustained good relationships with the wider health community including Community & Public Health, local pharmacists, Poutini Waiora, Nurse Specialists, Well Child Providers and the Arthritis, Heart and Hepatitis Foundations. These relationships are important to us as we believe that ... together we will achieve more!

We expect continued growth over the next 12 months, including the development and implementation of IT and social media tools, resourcing and training clinical staff and continued improvements in national health targets as we work towards establishing screening as part of everyday practice.

Thank you to the trustees of the West Coast PHO Board who continue to work cohesively while incorporating a diversity of experience and viewpoint. Current trustees include:

Julie Kilkelly	Chair & Community Pharmacist	5 meetings	Commenced October 2014
Anna Dyzel	General Practitioner	4 meetings	Resigned October 2014
Lucia Cory	Practice Nurse	6 meetings	
Karin van Kuppevelt	General Practice Administrator	5 meetings	
Tony Coll	Grey District Councillor	5 meetings	
Rosalie Sampson	Buller District Council	5 meetings	
Jim Butzbach	Westland District Councillor	1 meeting	Commenced June 2015
Richard Wallace	Runanga o Makaawhio	5 meetings	Resigned August 2014
Lisa Tumahai	Runanga o Ngati Waewae	4 meetings	
Moya Beach-Harrison	Poutini Waiora	1 meeting	Commenced December 2014

Julie - 4 meetings

I would like to acknowledge on behalf of the WCPHO Board the tireless work of our Executive Officer, Mrs Helen Reriti and appreciation for the continued support services provided by PHOcus on Health, in particular Mr Anthony Cooke and the advice provided by our own WCPHO Clinical Governance Committee chaired by Dr Greville Wood.

Finally, I would also like to thank and acknowledge the former chair, John Ayling for his dedication and commitment to our PHO which he ably chaired from late 2005 till October 2014, a mighty effort.

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

Julie Kilkelly
Chair

EXECUTIVE OFFICER'S REPORT

I have the pleasure of presenting to you the Annual Report and Financial Statements for the West Coast Primary Health Organisation for the year ended 30 June 2015 and to reflect on organisational activity during the year.

As at the end of June 2015 the PHO enrolled population was 30,467, spread across our 8 contracted provider general practices from Karamea to Haast – a large geographical area with considerable rural representation. As with other isolated parts of New Zealand, issues of limited capacity to provide primary care can occur in some areas. Combined with an aging population (and workforce) and with increasing chronic long term conditions, this represents an on-going challenge for the delivery and the sustainability of critical primary health services.

The PHO team consists of 21 staff, predominantly based in Greymouth, with four in Westport. This means the team has to be very mobile to reach all of our most rural and remote communities and clinics.

Despite the challenges outlined above the WCPHO has continued 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 is exciting to reflect on the achievements of the WCPHO over the past twelve months. We reached the National Health Targets for More Heart & Diabetes Checks and Better help for Smokers to Quit, for the first time in June 2015. Reaching these targets has been a combined effort by many individuals who have recognised that the outcome of attaining these targets will improve the health of our enrolled patients.

Primary care is a longitudinal relationship, so measuring health targets can distract observers from the time and effort, quality and volume of healthcare provided every day by our GPs and Practice Nurses.

I wish to acknowledge and commend the dedicated health professionals and support staff in general practices and provider organisations throughout our network who work so hard to address the complex health needs of individuals and improve the health of their communities. These collaborative relationships are invaluable and critical to achieving a truly integrated health service for West Coasters.

Finally, in closing, I am extremely fortunate to be surrounded by passionate, dedicated Trustees and PHO staff who care for and understand the West Coast communities they live and work in. I am very proud to be a part of this team and thank you all for your commitment and enthusiasm.

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.

TARGET GROUP: *all enrolled people in the PHO*

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.

Expenditure

$5,341,466 (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 2014-15 for VLCA practices

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

Cost of co-payment during 2014-15 for Non VLCA practice

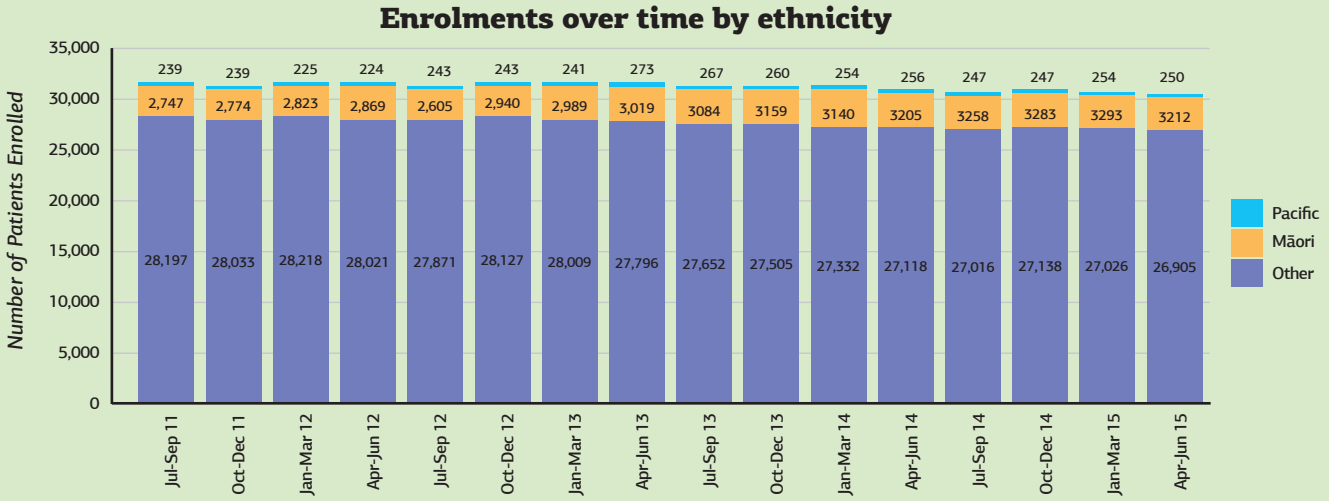
Under 6 yrs	$ 0.00
6 to 17 yrs	$35.00
Adult	$45.00

On some pages it says 2013-14??? Please check them all

West Coast PHO Enrolled Population

At the end of the April to June 2014 quarter, **30,467** people were enrolled with the WCPHO.

The average number of people enrolled in the PHO during the year was **30,557**.



Visits to medical centres:

140,210
subsidised visits by enrolled patients

72,018 *GP visits*

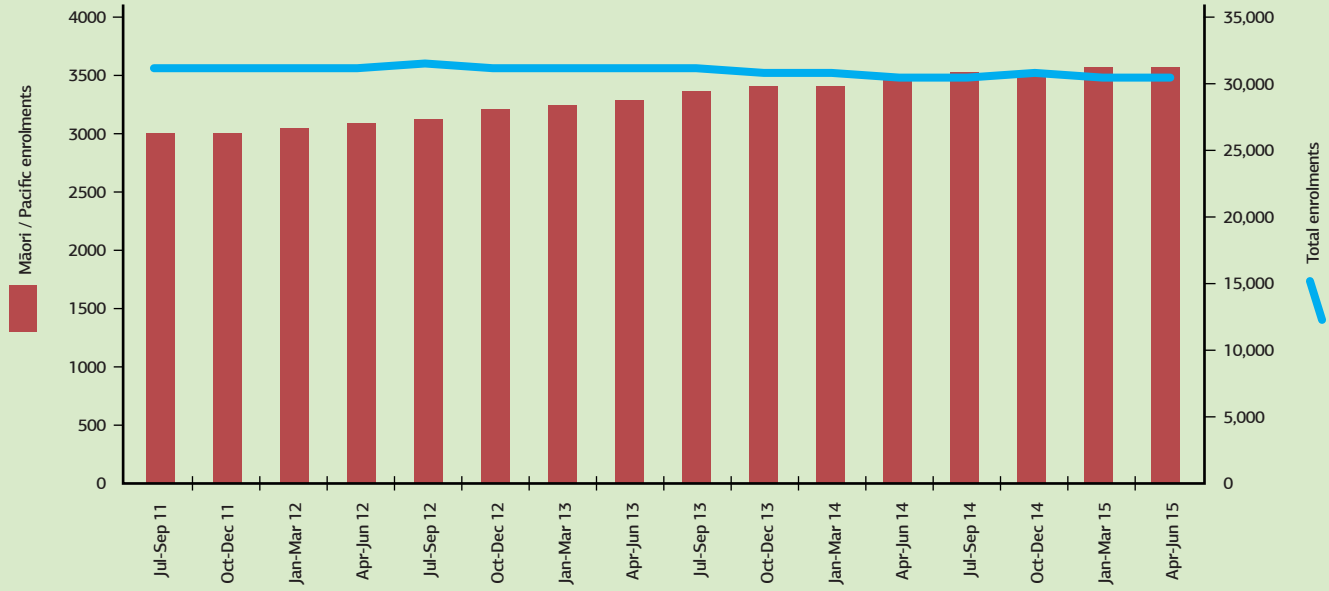
68,192 *nurse visits*

This represents an average of 4.6 visits for each enrolled patient in the PHO. The average subsidy for each enrolled patient was therefore $201.38 (including GST) during the year, while the average subsidy per patient visit was $43.89 (including GST).

Access for Māori

Total enrolments have essentially remained static over the six year period from 1 July 2009 to 30 June 2015, while Māori and Pacific enrolments have increased 28%.

10.8% *of enrolments Māori*
1% *Pacific*



KEEPING PEOPLE HEALTHY

Expenditure

The PHO spent $309,296 on the various 'Keeping People Healthy' programmes.

Progress 2014/15

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.

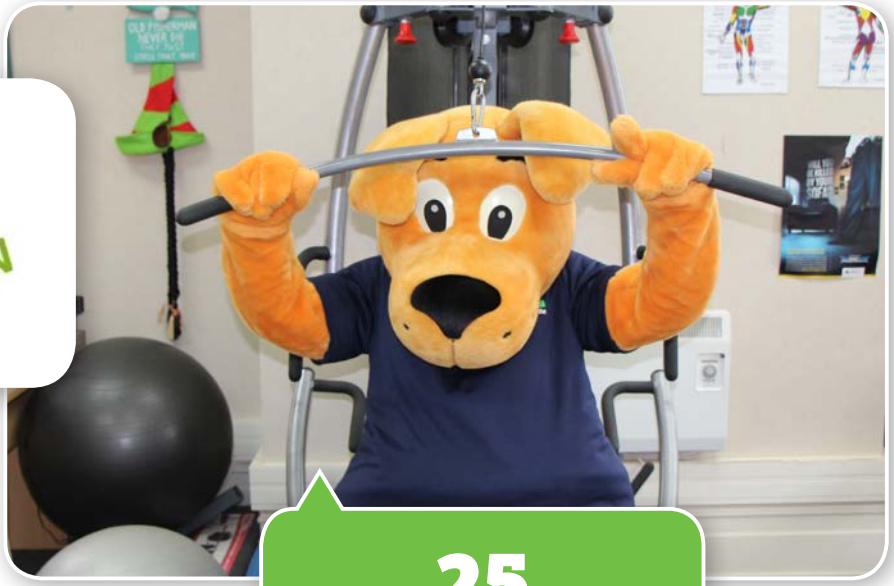
This is through:

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

478
West Coasters entered the Green Prescription programme in 2014/15

14%
of these were Māori

Rongoā Kākāriki GREEN PRESCRIPTION



25
pool passes were given to diabetic patients enrolled in GRx

Green Prescription Plus

Green Prescription Plus is a nutritional programme that has been developed as an adjunct to Green Prescription, to provide individualised nutritional support for clients enrolled in the Green Prescription programme.

The goal for Green Prescription Plus is to reduce the incidence of obesity by improving access to nutritional advice. This programme commenced in February 2015 for a contracted term until 31/12/2015 and is delivered by a dietician at 0.2 FTE.

"It is awesome to see a service offering both nutrition and exercise advice – both are vital parts to helping me make changes to my lifestyle for a much healthier future"

TARGET GROUP:

Pre-diabetics

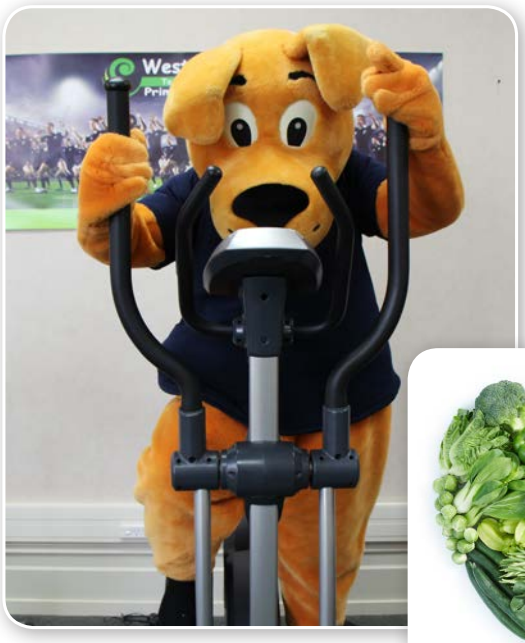
Obese people from high need populations

49

West Coasters entered the Green Prescription Plus programme in 2014/15

27%

of these were Māori



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).

The service is delivered by Breastfeeding Advocates with a combined 0.8 FTE.

West Coast's overall breastfeeding rate has increased in 2014/15, with 66% of all six-week-olds fully or exclusively breastfed. Māori pepe rates have increased to 53%.

TARGET GROUP:
Childbearing women and their whanau, those in high deprivation areas, young and Māori women, health professionals

	6 Week	6 Month
West Coast Result	66%	19%
West Coast Target	>75%	65%
National Result	67%	26%
Māori Result	53%	13%

Lactation Consultancy

11% *of contacts made with Māori mums*

There were **220** *Lactation Consultancy clients in 2014/15*

107 *were living in high deprivation areas*
68 *living rurally*
20 *<20 years of age*

756 *Lactation Consultancy contacts*

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.

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' supports other breastfeeding mothers is through providing breastfeeding advice, dispelling myths and helping mums overcome common issues that affect breastfeeding..

Remove a full stop (there are two)

15 *Mum4Mums trained*

1 *of these mums was Māori*

6 *ante-natal sessions*
4 *Westport*
2 *Greymouth*

11 *community and health professional sessions*

Some mums who have been helped go on to become Mum4Mums:

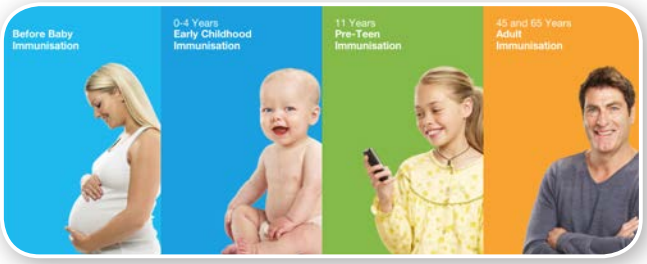
"I met with a husband and his Japanese wife who had moved to the West Coast just 4 weeks before their baby was due. Her English was virtually nil, so he translated everything I said. That Mum is now a trained M4M supporting another Japanese Mum with her breastfeeding."

"Numerous mums asking for advice about how to keep milk flow going when they return to work. Advice given about employment rights, expressing, and the logistics of keeping up milk flow whilst not interfering with work needs."

"I met with a husband and his wife who had moved to the West Coast just 4 weeks before their baby was due. Her English was virtually nil, so he translated everything I said. That Mum is now a trained M4M who is supporting another Mum of the same ethnicity with her breastfeeding."

Health Promotion Community Activity

Our Health Promotion/Community Activity team supported West Coasters and general practice teams in 2014/15 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.



BreastScreen AOTEAROA

68

Cardiovascular Risk Assessments were completed at the AgFest Rural Expo

CLINICAL PROGRAMMES AND SERVICES

Our funded clinical programmes assist West Coasters to access health care, with the purposes 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 $467,045 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

$58,922

More Heart and Diabetes Checks

3550
Cardiovascular Risk Assessments (CVRAs) were completed in 2014/15

9511
(91%) of eligible CVRAs have been completed

9.4%
of these were for Māori

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

$33,322

475
Individuals (13%) were identified as having a risk greater than 15%

11%
of these were for Māori

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:

$134,666

TARGET GROUPS:
People with CVD, Diabetes and COPD

6.4%
of these were for Māori

3666
People were enrolled in the LTC programme at 30 June 2015

This is **12%** *of the PHO's enrolled population*

Māori make up **6.3%**
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 (Māori, Pacific peoples and those living in high deprivation areas).

TARGET GROUP: *all people with CVD*

Expenditure

CVD care is included with the $134,666 LTC expenditure

An estimated **2264** *people have CVD on the West Coast*

1234 *CVD reviews (54%) completed in 2014/15*

4% *were for Māori*

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.

TARGET GROUP: *all people 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

Expenditure

COPD care is included with the $134,666 of LTC expenditure

72% *had a Flu vaccination recall*

293 *COPD reviews completed in 2014/15*

7% *were for Māori*

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
- 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

TARGET GROUP:
All people with diabetes

10%
were for Māori

985
(92%) Diabetes reviews completed in 2014/15

464 ***retinal screens completed***

"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 $134,666 LTC expenditure; an additional $48,461 was spent on retinal screening and $11,927 on Diabetes Care Improvement (DCIP).

DCIP includes:
- pool passes for people with diabetes who are enrolled in Green Prescription
- podiatry for those not eligible for DHB funded podiatry services
- "Enhanced" retinal screening clinics. These clinics provide a package of care for people whilst attending their retinal screening appointment. Individuals have the opportunity to have discussions with: a diabetes nurse specialist, dietitian, podiatrist, health promoter and Green Prescription coordinator. Along with health professional advice there are numerous resources available for people with diabetes and their families to take home.

1271
people are estimated to have diabetes on the West Coast

1
"Diabetes Conversations" course held, 11 people attended

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.

TARGET GROUP:
West Coasters who smoke

Expenditure:

$29,153

3 month outcomes:
33% *quit rate for*
507 *clients phoned*

596
people enrolled in Coast Quit in 2014/15 (549 – Practices, 53 – Pharmacies)

13%
were Māori

Smokefree Service Co-ordination

TARGET GROUP:
all West Coasters

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.

7
attended Quit Card training
12
attended Quit Card updates
5
attended Coast Quit training

Primary Care Target result:
90%
at 30 June, 2015

smokefree AOTEAROA NEW ZEALAND 2025

Secondary Care Target result:
97.8%
at 30 June, 2015

HEALTH NAVIGATOR SERVICE

TARGET GROUP:
LTC patients with complex social issues

Progress 2014/15

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.

The Navigators' FTE was increased during the year, the Buller Navigator's hours were increased from 0.8 to 1 FTE. The Navigators have a total of 3.8 FTE to respond to their clients and the changing dynamic of their long term conditions.

931
clients

Māori make up
10.7%
of clients

There were
4,851
phone calls made,
3803
contacts with other agencies,
2553
face to face contacts with clients in 2014-15

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

$1,485

5
Clients attended a course promoting health services

37
Corrections clients accessed this service

30%
of these were Māori

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;

Services available from all general practice teams and rural clinics:
- Contraception & sexual health consults
- Emergency Contraception ECP consults

Services available from community pharmacies:
- No prescription fees
- ECP consults

1161
Contraception and sexual health visits in 2014/15

15%
were for Māori

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

Expenditure

$22,823

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

$20,120

149
nurse visits
230
surgery visits
167
home visits

204
people were assisted by the programme at the end of June 2015

9.7%
of whom were Māori

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

$420,753

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 Practice Nurses with enrolled patients who have mental health issues;
- extended consultations for mental health issues continue to exceed contracted volumes.

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

799
requests for assessment by the end of June 2015

Progress 2014-2015

- 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;
- our poster distributed Coastwide has improved access to our brief intervention programme for both adults and youth.

539
Patients attended Brief Intervention Counselling

126
youth

413
adult

Comments from some people who have attended counselling:

"Our counselling sessions have helped me get my confidence back to be happy about being me and standing up for my rights at work" (Adult)

"I've really enjoyed working with you – I get to be myself." (Youth, 15 years)

QUALITY IMPROVEMENT, PROFESSIONAL DEVELOPMENT, WORKFORCE AND RURAL SUPPORT

Integrated Performance Incentive Framework (IPIF)

Integrated Perfo

Add '&' below as above!

The Integrated Performance Incentive Framework (IPIF) replaced the PHO Performance Programme from 1 July 2014. IPIF is intended to be a & whole of system approach to improving health care, to the benefit of the patient. The currently identified population health targets are measures by which PHOs and DHBs can assess how well the current challenges in the New Zealand sector are being addressed. IPIF hopes to meet these challenges by facilitating greater co-ordination than currently exists between primary and secondary care and between other social services.

After the word

2014/15 Health Targets Performance results

Brief advice and cessation support to smokers was 90.2%, achieving the programme goal for the year ending June 2015. Smoking status recorded of 96.5% exceeds the national result.

The WCPHO achieved a CVDRA end of year result of 91.1%, exceeding 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 2015.

	Smoking Cessation	CVDRA	Immunisation	Cervical Screening	Breast Screening
Target	≥ 90%	≥ 90%	≥ 95%	≥ 80%	≥ 70%
National AVG	94%	88%	94%	80%	71%
WCPHO Result	90%	91%	84%	84%	80%

CORNERSTONE accreditation

It is a contractual requirement that PHOs ensure that all of their Contracted Providers meet the Foundation Standard by no later than 1 July 2016. Practices that are currently CORNERSTONE accredited will be considered to have met the Foundation Standard.

West Coast practices that are currently CORNERSTONE accredited with the Aiming for Excellence standard:

- Westland Medical Centre
- Rural Academic General Practice
- Reefton Medical Centre

Practices that are currently working towards CORNERSTONE accreditation with the Aiming for Excellence standard:

- South Westland Area Practice
- High Street Medical Centre
- Greymouth Medical Centre
- Buller Medical Services
- Coast Medical Ltd

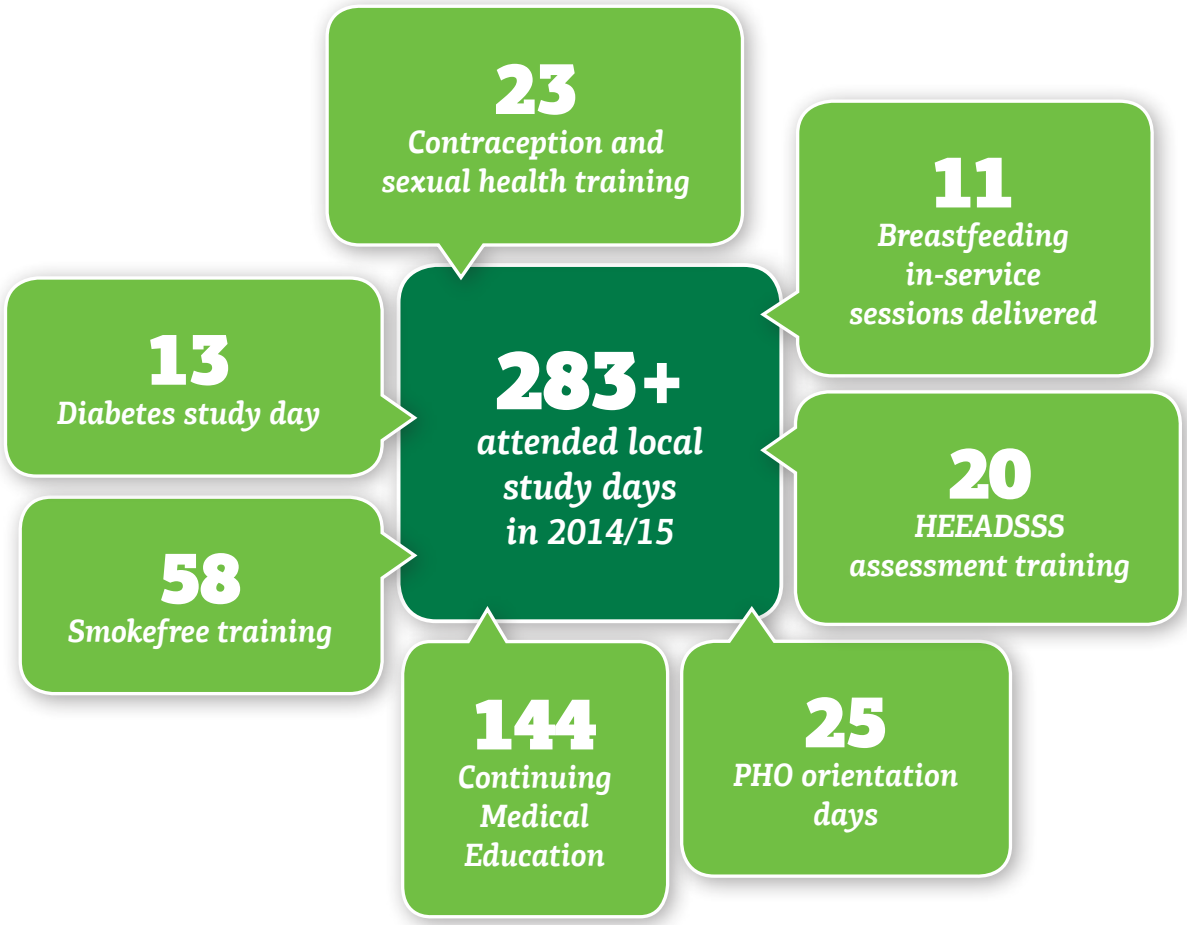
Expenditure

The PHO spent $1,285,519 on its various quality improvement activities and professional development support. Of this amount, $68,148 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:



Rural Primary Care Subsidies

This funding assists with sustainability of the workforce through initiatives aimed at supporting retention and recruitment of all primary health professionals in rural communities, including support for after hours care.

A Rural Service Level Alliance (SLA) was established in response to a change in the way rural practices were to be subsidised with rural funding from 1 July 2014. The purpose of the Rural SLA is to recommend the distribution of the allocated rural subsidy funding in the West Coast region, to help ensure the sustainability of primary health care services for rural populations.

West Coast practices receiving this rural funding are:

- South Westland Area Practice
- Westland Medical Centre
- Reefton Medical Centre
- Coast Medical Ltd
- Buller Medical Services

95% of rural funds are paid to the practices listed above.

5% of the funding is retained by the PHO. This funding is used to support IT tools utilised in the practices; Patient Dashboard, Appointment Scanner, and other Quality Improvement activities.

TARGET GROUP:
Rural service providers contracted to the PHO

37
Practice staff attended the PHO conference weekend

47
attended
6
Standing Order training sessions

FINANCIAL STATEMENTS

INDEX

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

DIRECTORY

AS AT 30 JUNE 2015

PRINCIPAL BUSINESS:	Primary Health Organisation	
ADDRESS:	PO Box 544 163 Mackay Street GREYMOUTH	
TRUSTEES:	Trustees at 30 June 2015	
	Anna Dyzel	
	Maureen Pugh	(resigned - August 2014)
	Rosalie Sampson	
	Richard Wallace	
	Tony Coll	
	Lisa Tumahai	
	Karen van Kuppevelt	
	Lucia Cory	
	Jim Butzbach	(appointed March 2015)
	Moya Beach-Harrison	(appointed December 2014)
	Julie Kilkelly (Chair)	(appointed October 2014)
INDEPENDENT CHAIRPERSON:	John Ayling	(resigned October 2014)
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 2015

	2015	2014
INCOME		
Revenue	8,848,129	8,674,686
Interest Received	36,331	29,099
Sundry Income	16,546	22,519
TOTAL OPERATING INCOME	8,901,006	8,726,304
OPERATING EXPENSES		
Audit Fee	11,399	10,953
Bank Fees	738	723
Contract Payments	7,171,062	6,988,359
Insurance	8,735	7,904
Leases	130,050	138,185
Other Expenses	223,852	237,957
Telecommunications	27,828	32,260
Salaries & Wages	1,111,308	1,122,706
Trustee Meeting Fees	61,424	66,938
Trustee Reimbursements	10,828	11,225
Depreciation	33,732	39,622
Loss on Disposal	598	334
	8,791,554	8,657,166
NET SURPLUS FOR THE YEAR	109,452	69,138

CROWE HORWATH NEW ZEALAND

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF MOVEMENTS IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
Net Surplus For The Year	109,452	69,138
TOTAL RECOGNISED REVENUE AND EXPENSES	109,452	69,138
Equity at Beginning of Year	731,107	661,969
EQUITY AT THE END OF THE YEAR	840,559	731,107

CROWE HORWATH NEW ZEALAND

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2015

	Note	2015 $	2014 $
EQUITY	4	**840,559**	**731,107**
Represented By:			
CURRENT ASSETS			
Petty Cash		58	57
Bank Current Account		35,962	49,380
Bank Term Deposits		1,088,202	818,873
Accounts Receivable		221,646	201,279
Prepayments		6,156	5,112
GST Refundable		-	7,724
TOTAL CURRENT ASSETS		1,352,024	1,082,425
NON-CURRENT ASSETS			
Property, Plant & Equipment	6	97,404	115,299
TOTAL NON-CURRENT ASSETS		97,404	115,299
TOTAL ASSETS		**1,449,428**	**1,197,724**

CROWE HORWATH NEW ZEALAND

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2015

CURRENT LIABILITIES		
Trade creditors	245,997	225,697
Reserved Funding	273,393	162,820
Employee Entitlements	76,756	63,550
Revenue in Advance	-	14,550
GST Payable	12,723	-
TOTAL CURRENT LIABILITIES	**608,869**	**466,617**
NET ASSETS	**840,559**	**731,107**

For and on behalf of the Trustees

Trustee - Chair

Date 19/10/15

Trustee

Date 19-10-15

CROWE HORWATH NEW ZEALAND

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2015

---

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.

CROWE HORWATH NEW ZEALAND

6

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2015

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.

- Julie Kilkelly is a Shareholder and Director of Olsens Pharmacy (2002) Limited, who receives funding from the PHO.

- 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 (2014: NIL) as at balance date.

There were no contingent liabilities at the balance date (2014: NIL).

CROWE HORWATH NEW ZEALAND

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2015

4 TRUST EQUITY

	2015 $	2014 $
Retained Earnings		
Retained Earnings at Start of Year	731,107	661,969
Net Surplus (Deficit) For The Year	109,452	69,138
Retained Earnings at End of Year	840,559	731,107
TOTAL TRUST EQUITY	**840,559**	**731,107**

5 NON-CANCELLABLE OPERATING LEASE COMMITMENTS

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

	2015	2014
Current Portion	124,795	124,679
Non-Current Portion	202,698	58,784
	327,493	183,463

CROWE HORWATH NEW ZEALAND

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2015

6 PROPERTY, PLANT & EQUIPMENT

2015	Cost	Depn	Accum Depn	2015 Bk Value
Building Improvements	111,080	3,902	79,039	32,041
Motor Vehicles	33,043	2,805	26,498	6,545
IT & Plant	302,574	27,025	243,756	58,818
	446,697	33,732	349,293	97,404

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

CROWE HORWATH NEW ZEALAND

Crowe Horwath

Crowe Horwath
New Zealand Audit Partnership
Member Crowe Horwath International
44 York Place
Dunedin 9016 New Zealand
PO Box 188
Dunedin 9054 New Zealand
Tel +64 3 477 5790
Fax +64 3 474 1564
www.crowehorwath.co.nz

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 9, which comprise the statement of financial position as at 30 June 2015, 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 9 present fairly, in all material respects, the financial position of the West Coast Primary Health Organisation Trust as at 30 June 2015, 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
23 October 2015


HARDWARE
HEALTH
CHECK


NUTRITION
AND
PHYSICAL
ACTIVITY


TOPPING
OULD BE
START of
Something
Stoptober


Stop

West Coast
Te Tai o Poutini
Primary Health

PO Box 544, Top Floor,
163 Mackay Street, Greymouth
Telephone: (03) 768 6182 **Fax:** (03) 768 6184

www.westcoastpho.org.nz