

ANNUAL REPORT

2020 - 2021



West Coast
Te Tai o Poutini
Primary Health
Organisation

CONTENTS

Trustees' report	2
Executive Officer's report	4
Subsidising routine access to primary care	6
<i>Access for Māori</i>	8
Keeping People Healthy	9
<i>Breastfeeding</i>	9
<i>Health Promotion Community Activity</i>	13
<i>Green Prescription</i>	19
<i>Green Prescription Plus</i>	21
<i>Melon Lifestyle Support Programme</i>	22
<i>General Practice Nutrition Clinics</i>	24
<i>Living Well with Diabetes</i>	25
Clinical Programmes and Services	26
<i>Screening for Cardiovascular Disease and Diabetes</i>	26
<i>Treatment for those identified with High Cardiovascular Risk</i>	27
<i>Long Term Conditions (LTC) Programme</i>	28
<i>Care for people with Cardiovascular Disease</i>	29
<i>Care for people with Chronic Respiratory Disease</i>	30
<i>Care for people with Diabetes</i>	31
Smokefree West Coast	33
<i>Smoking Cessation</i>	33
<i>Smokefree Pregnancy and Newborn Incentives Programme</i>	34
<i>Smokefree Service Co-ordination</i>	35
Health Navigator Service	36
Health Checks for Clients of the Corrections Department	37
Contraception and Sexual Health	38
Palliative Care	39
Mental Health	40
Quality Improvement, Professional Development, Workforce and Rural Support	42
<i>System Level Measures Framework</i>	42
<i>Professional and Practice Development</i>	46
<i>Rural Primary Care Subsidies</i>	48
Financial Statements	49

TRUSTEES' REPORT

Trustees' Report - Presenting the Annual Report and Financial Statements for the year ended 30th June 2021.

E ngā mana, e ngā reo, e ngā iwi o te Tai Poutini
Tēnā koutou, tēnā koutou, tēnā koutou kātoa.

I began my tenure as Chair midway through the 2020-21 financial year, and want to first offer my sincere gratitude and that of our trustees to my predecessor in the role, Julie Kilkelly. Julie held the role of Chair for six years and has made an enormous contribution to the health of our community in this role, as well as the many others she has held. Thank you Julie!

The external currents that our organisation has continued to navigate in 2020-21 are the same as those we faced in the preceding year. The COVID-19 pandemic, which has changed so many aspects of our lives, has continued to cast a dark shadow. In the first part of the year most of us were able to experience close to normal life, under Alert Level 1, unless we were impacted by border controls. The second half has seen preparation for and then rollout of a vaccination programme on unprecedented scale, while also mindful of new, more-infectious, variants of the virus emerging elsewhere and showing up at the border. The strain on everyone in the health sector has continued to be enormous, and we trustees have been very grateful for the commitment and professionalism that our staff have shown through this time.

The Government's response to the Health and Disability system review also emerged. Superficially this will see major change, with many of the structures, including DHBs and PHOs disappearing. Fundamentally, though, the changes seek the same objectives: health services that work properly together and with other sectors to keep people well and independent, work seamlessly from a user's point of view and as close as possible their



home, and eliminate systemic inequality of health outcomes by particularly focusing on groups with the greatest need, especially Māori. The West Coast PHO already aims to do those things, and has a proud track record of achievement.

In the 2021-22 year we will need to continue to be nimble enough to navigate the next stages of the pandemic, and also to take advantage of the opportunities inherent in the new health and disability structures without losing what has already made us successful.

Through all this turmoil our organisation has continued to deliver high value health education, health promotion and clinical programmes, particularly around chronic disease. Enormous thanks are due to our fantastic staff and, especially, our Executive Officer, Helen Reriti. Thank you all. Over the coming year an already full programme will only be added to, especially in the drive to better provide mental health services in primary care. The key to making this workload manageable will be quality improvement, and I want to single out the foresight of our staff in embracing this agenda for special praise.

Finally thanks are due to our Clinical Governance Committee and to our trustees. Your dedication has been important, especially in providing stability through these difficult times.

Noho ora mai,

Kevin Hague
Independent Chair

Attendance of Trustees at Board Meetings 1 July 2020 – 30 June 2021

Kevin Hague	Independent Chair <i>Term commenced 17/12/2020</i>	3 Meetings
Julie Kilkelly	Independent Chair <i>Term finished 17/12/2020</i>	3 Meetings
Anna Dyzel	General Practitioner	6 Meetings
Meriem Wilson	General Practice Administrator	6 Meetings
Graeme Neylon	Buller District Council	6 Meetings
Jim Butzbach	Westland District Council	5 Meetings
Marie Mahuika-Forsyth	Rūnanga o Makaawhio	6 Meetings
Sandra Lockhart	Rūnanga o Ngāti Waewae <i>Resigned 24/08/2020</i>	0 Meetings
Eli-Ana Maiava	Rūnanga o Ngāti Waewae <i>Commenced 17/12/2020</i>	1 Meeting
Nigel Ogilvie	Practice Nurse <i>Term finished 20/03/2021</i>	3 Meetings
Rose Green	Grey District Council	5 Meetings
Shelley Mills	Poutini Waioara	5 Meetings
Jessie Chapman	Practice Nurse <i>Term commenced 21/03/2021</i>	2 Meetings

West Coast Primary Health Organisation Board

Absent: Eli-Ana Maiava



Kevin Hague



Jim Butzbach



Jessie Chapman



Shelley Mills



Anna Dyzel



Graeme Neylon



Marie Mahuika-Forsyth



Rose Green



Meriem Wilson

EXECUTIVE OFFICER'S REPORT

Ngā mihi mahana kia koutou katoa

This is the 8th year I have had the privilege of presenting the West Coast PHO's annual report and my 14th year for the organisation.

This year has been a busy and challenging one for the PHO team and our contracted general practices as we strive together to deliver health services for our communities in the face of an ongoing COVID-19 pandemic, and with the impending changes that have been signalled by the Ministry of Health in the Health and Disability review.

Programme activity continues to be affected by the COVID-19 response. General practices have worked hard on recovering the number of long-term condition reviews and screening programme outcomes, whilst simultaneously managing extra demands on their capacity such as contributing to the COVID-19 vaccination programme roll-out.

The PHO continues to support its member practices and community pharmacies by networking and information sharing, advocating for the needs of general practices and the community and by creating opportunities to improve the experience and health outcomes for people in our health system. Some of this can be highlighted through our work to support the roll-out to primary care and the community of the National Bowel Screening Programme that went live in May 2021, and through sponsoring a quality



improvement facilitator training programme for our general practice teams. Both are significant achievements over the past year on top of the normal 'business as usual' requirements that the PHO and practice teams experience.

In such an ever-changing healthcare environment that is undergoing increasing pressures, the need to understand the purpose of a quality improvement approach and apply this methodology to the services we provide and the systems we enable, is recognised by our PHO team and Board members as underpinning to the steps we take going forward. Supporting our PHO and practice teams to build this capacity into their daily work gives permission to staff to make a positive difference and focus on improving systems and processes that better serve them, their leaders, their organisations, and their communities, and to create responsive patient-centric care that is cost effective and that can improve health outcomes for the communities that we serve.

It remains only to express appreciation to our PHO Board and team members, and to our general practice and community pharmacy teams for your ongoing support and commitment to our

West Coast community. The PHO looks forward to continuing to work with all of our West Coast health system partners to address inequities in health outcomes and through any challenges that lie ahead. We will continue to be nimble and responsive to the changing demands on capacity, workforce, our health system, and the developing models of care. With strong positive leadership, bold decision making, and continued system support based on the future needs of our population, we can take deliberate steps in our strategies to shape our locality networks within the reformed health system.

Kia ora rawa atu,



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 (VLCA) 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 \$7,319,298 (excl. GST)

All but one West Coast practice have their fees set to the maximum currently permitted under the VLCA scheme. The one non-VLCA practice joined the National Community Services Card (CSC) scheme from January 2019, allowing card holders to pay the same maximum co-payment as VLCA practices.



Cost of co-payment during 2020-21 for VLCA practices	
Children 0-13	FREE
Children 14-17	\$13.00
Adults 18+	\$19.50

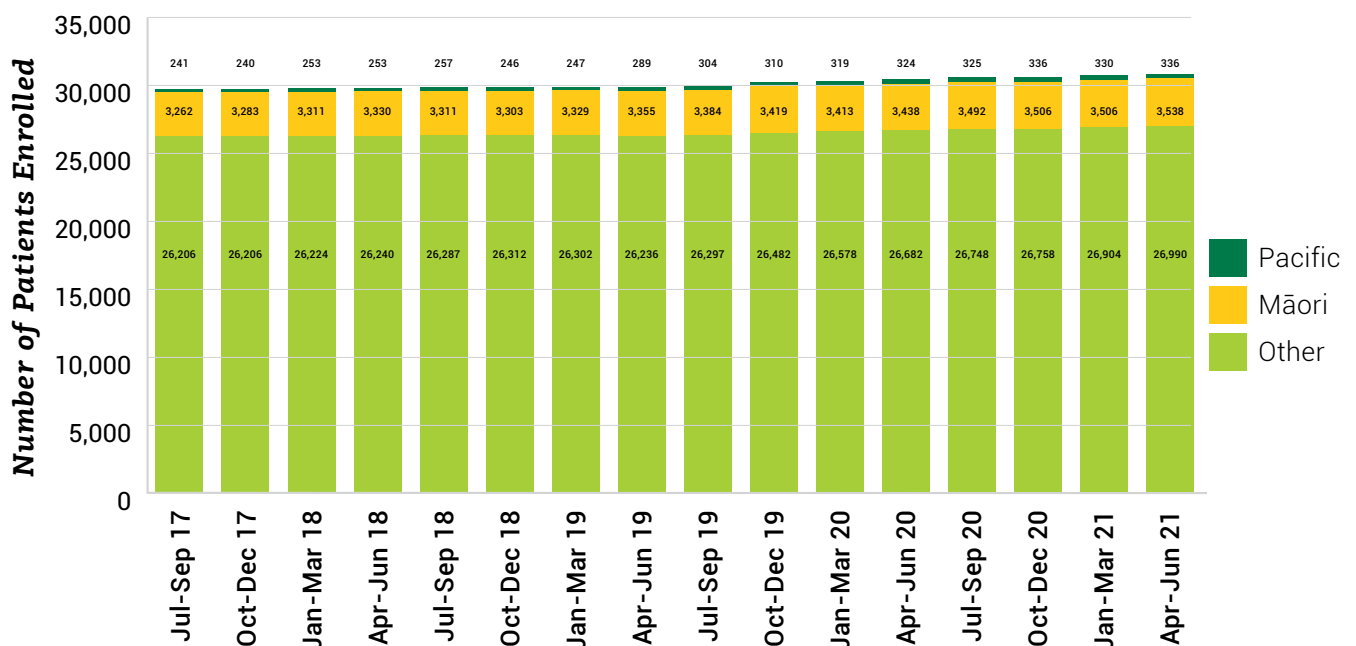
Cost of co-payment during 2020-21 for Non VLCA practice		
	Non-CSC	CSC holder
Children 0-13	FREE	FREE
Children 14-17	\$22.00	\$13.00
Adults 18+	\$28.00	\$19.50
Adults 65+	\$25.00	\$19.50

West Coast PHO Enrolled Population

For the April to June 2021 quarter, **30,864** were enrolled with the West Coast PHO. This is an increase of 420 compared with the same time last year.

The average number of people enrolled in the PHO during the year was **30,674**.

Enrolments over time by ethnicity



Visits to medical centres

138,191
subsidised visits by
enrolled patients

68,878 GP visits

69,313 nurse visits

This represents an average of 5 visits for each enrolled patient in the PHO. The average subsidy for each enrolled patient was therefore \$272.36 (including GST) during the year, while the average subsidy per patient visit was \$60.42 (including GST).

Access for Māori

Total enrolments have increased 4% over the four-year period from 1 July 2017 to 30 June 2021, while Māori and Pacific enrolments have increased 11% over the same period.

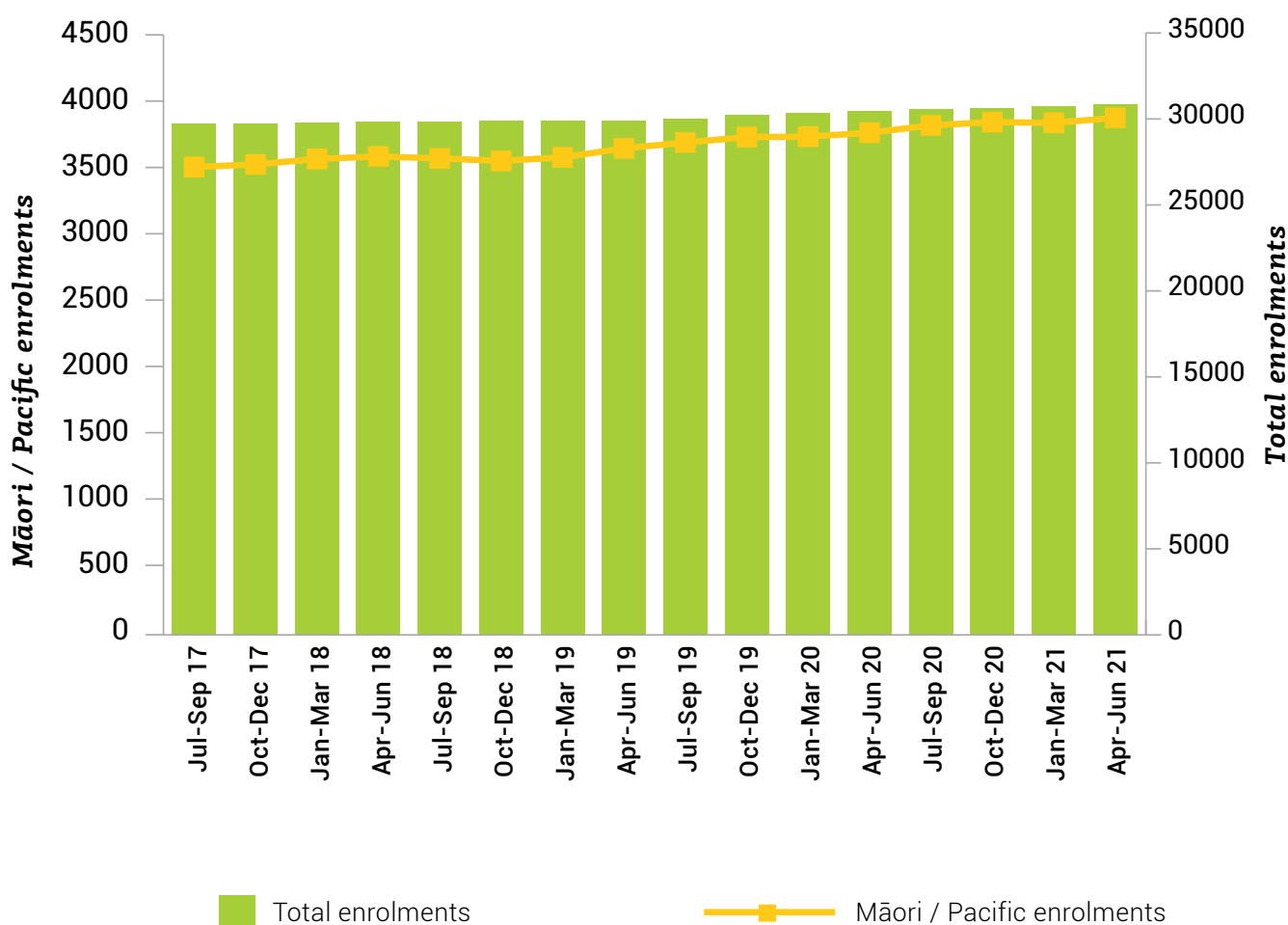
**OF TOTAL PHO
ENROLMENTS:**

11% Māori

1% Pacific

3% Asian

PHO Enrolments



KEEPING PEOPLE HEALTHY

Expenditure

The PHO spent \$275,208 on the various 'Keeping People Healthy' programmes which include Breastfeeding Support, Health Promotion Community Activity, Green Prescription and Nutrition Services.

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.

TARGET GROUP:
*Childbearing wahine
and their whānau,
those in high
deprivation areas,
young and Māori
wahine.*

Health professionals



**Anywhere
Anytime**



Lactation Consultancy

This programme continues to reach young Māori wahine and those living in deprived and rural locations.

The Breastfeeding advocacy team is made up of two part time staff with a total FTE of 0.8.



Breastfeeding advocates Raewyn Johnson and Erin Turley

229

New-born enrolment
contacts made -

36 requested
follow-up

67 were living in high
deprivation areas

46 living rurally

9 <20 years of age

22%

(36) of contacts made
with Māori mums

There were

165

Lactation Consultancy
clients in 2020/21

903

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.

17 *ante-natal sessions in groups and 1:1*

16 *Mum4Mums trained*
2 *of these mums were Māori and*
1 *Pacifica*

6 *community and health professional education sessions and*

8 *monthly key breastfeeding messages to practice teams*

Breastfeeding Advocates support breastfeeding mums, and provide training to volunteer West Coast wahine, 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. Feedback from Mum4Mums in 2020-21 was that they had supported women, locally, nationally and internationally. This is from just some of our Mum4Mums and shows how extensively this network reaches and supports other women, even across the globe.

For example:

One Mum4Mum reported sharing breastfeeding knowledge and support with thousands of women as she is on an international Facebook breastfeeding group with 4,000 members and she is "always answering questions and praising breastfeeding mums."

One reported that she had "had countless conversations around breastfeeding but I've more directly helped 2 mothers."

The August 2020 'Big Latch On' event was cancelled due to COVID-19.



Health Promotion Community Activity

Our Health Promotion/Community Activity coordinator supported West Coasters and general practice teams in 2020/21 in the areas of screening, sexual health, immunisation, 'smoke-free', oral health, men's health, mental health and diabetes campaigns. This included delivering health promotion messages, COVID-19 messages, participating in events, and presenting community awards in recognition of health promotion activities.

Some examples of these types of activities include:

- ▶ Retinal Screening expos
- ▶ Promotion for the MMR immunisation campaign
- ▶ Promotion of a WCPHO brochure for Non-Government Organisations (NGOs) promoting WCPHO programmes, including Long-Acting Reversible Contraception (LARC)
- ▶ Smokefree promotion
- ▶ Significant preparation and promotional presence at Agfest 2020
- ▶ Significant preparation and promotion of the National Bowel Screening Programme that went live on the West Coast in June 2020
- ▶ Collaboration with the Green Prescription team in a workplace pilot programme – the "Move it" challenge



The Breast Screening bus conducted its annual screening on site at the WCPHO Westport office.

National Bowel Screening Programme

The National Bowel Screening programme (NBSP) commenced on the West Coast on May 31st 2021. The programme aims for early detection and treatment of bowel cancers, and pre-cancerous and non-cancerous polyps, to improve the outcomes for people who participate in the programme.

WCPHO supported the programme rollout to primary care and community pharmacies with training and support for practice teams, with resources and by identifying practice champions who will work with the West Coast District Health Board (WCDHB) NBSP team supporting people who have a positive bowel screening test.

The PHO is committed to support ongoing health promotion of this important programme by encouraging everyone that fits into the eligible age group (60-74 years) to register with a General Practice and to ensure their contact details are up to date so that they can receive their free test kit in their mailbox. Completing this test can save lives.



WCDHB NBSP Coordinator Manaia Cunningham, Rural Nurse Specialist Terry O'Regan and WCPHO Clinical Manager Pauline Ansley

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OF THE **FUTURE**

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your whānau
against measles

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AGAINST
MEASLES**
org.nz

**HE TIROHANGA
ANAMATA**

REIMAGINE
WELLBEING
TOGETHER



Mental Health
Awareness Week

21-27 September
www.mhaw.nz

Agfest 2020

WCPHO team members participated in Agfest 2020 held in Greymouth. The PHO site focussed on mental health and wellbeing, conducted blood pressure checks, point of care diabetes testing and promoted enrolment with general practices.



The Barter Barber was a stimulating attraction, and it was great to see so many people leave the tent with new hairstyles, brilliant beards and much positive feedback





Rusty visited Nelson Street Pre-School for an early childhood wellbeing day – on being kind and caring, helping others, looking after myself and my family.



Healthy Lifestyle Ambassador Awards

Each year one lucky recipient from each of our regions wins a Healthy Lifestyle Ambassador award.

This award is in recognition of significant changes each has made to their lifestyle to lead a healthier life. Each has also made contributions to promote and support healthy lifestyles in their communities, either by role modelling or supporting others to

make lifestyle changes like their friends and family.

To be eligible and nominated for this award the individual should be:

- ▶ Exercising regularly
- ▶ Be smoke-free
- ▶ Eating healthily



Pictured above the 2020 Healthy Lifestyle Award recipient for the Greymouth district: Aza O'Neill.

Green Prescription (GRx)

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
- ▶ active families programme

Rongoā Kākāriki
GREEN
PRESCRIPTION

444

*West Coasters entered
the Green Prescription
programme in 2020/21*

14%

of these were Māori (64)

4

*pool passes were
given to people
with diabetes
enrolled in GRx*



Cobden School Active Families

The WCPHO commenced a "Connected to Wellbeing" project in collaboration with Cobden School during 2021. This inspiring project promotes physical activity, good nutrition and general wellbeing to young people and their whānau for a lifelong healthy lifestyle.



Green Prescription Plus

GRx Plus is a nutritional programme that works alongside GRx to provide individualised nutritional support for clients enrolled in the GRx programme, and for people with pre-diabetes.

The programme is also available for people with high cardiovascular risk. The goal of the programme is to reduce the incidence of diabetes and heart disease, and to support people to achieve a healthy weight by improving access to nutritional advice, alongside healthy physical activity.

The GRx Plus programme is delivered by a dietitian at 0.6 FTE. Dietitian clinics are held in Westport, Greymouth and Hokitika.

TARGET GROUP:

People with pre-diabetes

People with high cardiovascular risk

Obese people from high need populations

44

West Coasters referred to the Green Prescription Plus programme in 2020/21

32%

of these were Māori (14)

65

Follow-up Consults

33

Initial Dietitian Consults

Melon Lifestyle Support Programme

Melon is an online, self-management support programme designed to help people take control of their health with a focus on healthy habits as a path to improved wellbeing. The 16-week programme combines peer support via social media, health coaches and behaviour change tools to build daily habits which result in positive health outcomes. PHO Dietitians provide health coaching to West Coast participants.

The objective is to enable people within the enrolled population to take control of their health by giving them the tools, support, information, motivation and confidence to manage their health through the 16-week programme and then ongoing support through the app for as long as clients choose to use it.



65 *enrolled*
68% *completed*
14% Male
86% Female
17% Māori

Outcome data:

- ▶ 65 enrolments into Melon
 - 4 of whom did not accept the invite
 - 44 reached the 16-week mark (some of whom started before 1 July 2020 and are not included in the enrolment numbers), 18 of the 65 enrolments are still within 16 weeks - not yet completed at June 30th 2021
 - people are better able to manage their health behaviours through problem solving and having more confidence moving forward
 - 94% are likely to recommend Melon to others and the rest might
 - 92% of clients who filled in the feedback survey found the coaching one of the most helpful parts of Melon. 71% found the resources useful

My Health Survey outcome data:

Patients are prompted to complete this survey when they accept the Melon invite and again at week 16. This survey aims to extract information about participant's belief in their ability to achieve their goals.

The total average scores are:

	Week 0	Week 16	Improvement
My Health Survey	41.8	54.1	+12.3

Programme participants feedback:

“Nice to know I can continue tracking with melon and revisit resources when required. Having like-minded, non-judgemental people to touch base with if required is so soul building to know I am not alone.”

“Thank you again for making my day and reminding me I do matter and I can do it.”

“I want to say a huge thank you you’ve been very awesome the past 17 weeks.”

“Its great (Melon).”

“They (my family) benefited by my mood being a lot better.”

“I found it easy to follow.”

“There’s not much you could improve for me :)
Best program ever! I wish I’d found it years ago!”



General Practice Nutrition Clinics

Individualised nutritional support for consenting clients is offered in dietetic clinics in Greymouth, Hokitika and Westport. The target groups for this programme are people with pre-diabetes, a CVD risk of >15%, any co-morbidities, a previous diagnosis of gestational diabetes, anyone with nutrition related concerns. The service priority areas are the high need populations. Phone consults are offered to clients who live in South Westland or other rural locations, who would find it difficult to make it to a clinic and for whom the online programme is not suitable.

The aim is to provide professional support that assists West Coasters towards a healthier future, using an evidence-based approach to help them achieve healthy lifestyle and activity goals.

TARGET GROUP:

People with pre-diabetes, high cardiovascular risk, co-morbidities (Diabetes, CVD, COPD)

People with nutrition related concerns and high need populations

Families with an overweight child (≥ 5 years old)

234

West Coasters referred to Dietitian clinics in 2020/21

12%

of these were Māori (29)



Living Well with Diabetes Courses

These are interactive group education and self-management days for people with Type 2 diabetes, facilitated by the dietitians. Courses are one-off sessions (one initial and one follow up) designed to demystify the condition and support people to live well with diabetes.

18 people referred to
**Living Well with Diabetes
Courses**

19 attended 'Initial' and

9 attended follow-up
courses

Programme participants feedback:

“Extremely friendly and easy to understand what’s being explained.”

“Good discussion with other participants. Questions thoroughly answered, cover a few areas that I hadn’t heard about.”

“Very helpful and an eye opener.”

“Very interesting, very hospitable.”

“Great friendly relaxed environment and course leader.”

“Very good course, got a lot out of it.”



“As a partner of a diabetic I get a lot out of learning more about managing diabetes. I thought this little course was really informative, relaxed, funny, ‘colourful’.”

“Excellent presentation. Very informative. Well done.”

CLINICAL PROGRAMMES AND SERVICES

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

Expenditure

The PHO spent \$701,272 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 \$23,315

58% (91)
of eligible Māori
men aged between
35 and 44 years
have been screened
in the last 5 years

9,702
(80%) of eligible
CVRAs have been
completed in the last
5 years

2,146
Cardiovascular Risk
Assessments (CVRA)
were completed in
2020/21

10%
of these were for Māori (218)
72%
of eligible Māori have been
screened in the last 5 years

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 \$7,722



Cardiovascular Risk <10% (low risk):

1,663

Individuals (65%) were identified as having a risk less than 10%

10%

of these were Māori (173)

Cardiovascular Risk between 10-20% (moderate to high risk):

425

Individuals (31%) were identified as between 10-20%

9%

of these were Māori (39)

Cardiovascular Risk >20% (very high risk):

58

Individuals (4%) were identified as >20%

10%

of these were Māori (6)



Long Term Conditions (LTC) programme

The LTC programme aims to improve health outcomes and self-management 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), and to achieve equity of health outcomes for Māori, Pacific peoples and those living in high deprivation areas.

Interventions are designed to:

- ▶ reduce inequalities in treatment and health outcomes for High Need groups
- ▶ 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.

The West Coast PHO LTC mental health programme is currently delivered from the two Westport practices and the Hokitika practice. To 30 June 2021, 56 people were newly enrolled in this programme, 4 of these were Māori. 67 people had an annual review, 9 of these was Māori. There were 154 quarterly follow-ups, 8 of these were for Māori.

Expenditure \$124,139

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

7.3%
*of these were
Māori (202)*

2,777
*People were enrolled in the
LTC programme at 30 June
2021*

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

*Māori make up **7%** (1,127) 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 and to improve the equity of health outcomes, particularly for high need patients (Māori, Pacific peoples and those living in high deprivation areas).

Expenditure

CVD care is included within the \$124,139 LTC expenditure.

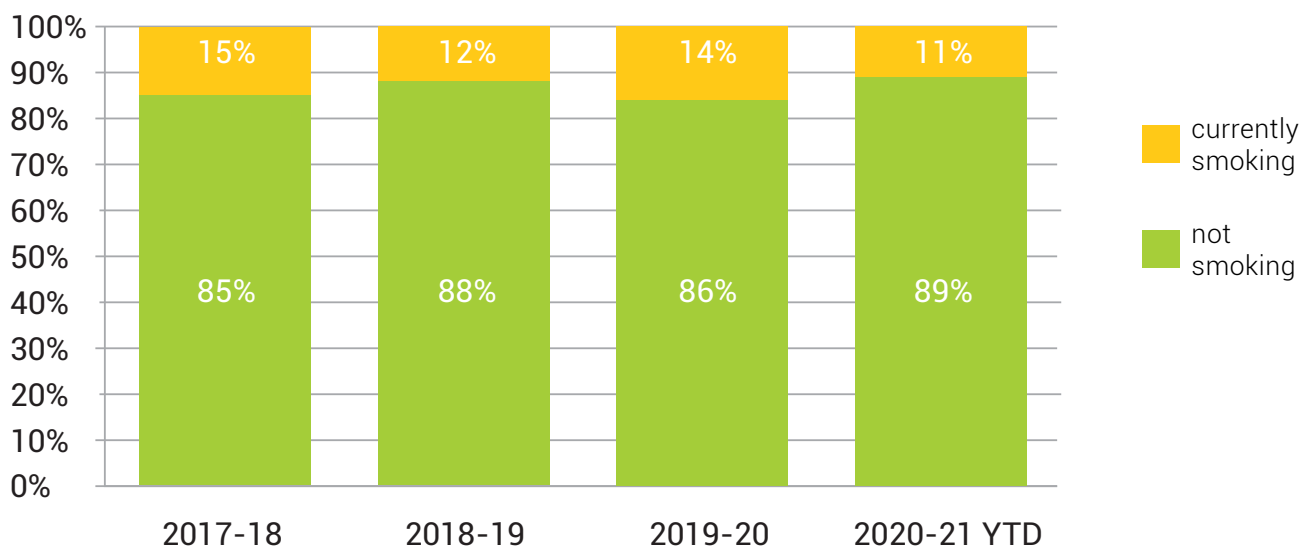
TARGET GROUP:
All people with CVD

1,964
*people have been CVD
on the West Coast*

6%
*of these
were Māori (78)*

1,302
*CVD reviews (66%)
completed in 2020/21*

Percentage CVD Patients who are non-smokers



Of those people with CVD who have been reviewed, 89% were not smoking. Of those Māori reviewed, 71% were not smoking. For those who are smoking there are several cessation services to choose from, all promoted across the West Coast.

Care for People with Chronic Respiratory Disease

This programme aims to improve the quality of life and self-management skills of people living with chronic respiratory disease. This condition is also known as Chronic Obstructive Pulmonary Disease (COPD) or Chronic Obstructive Respiratory Disease (CORD).

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
- ▶ all patients are offered annual flu vaccination, and pulmonary rehabilitation where available

Health Outcomes:

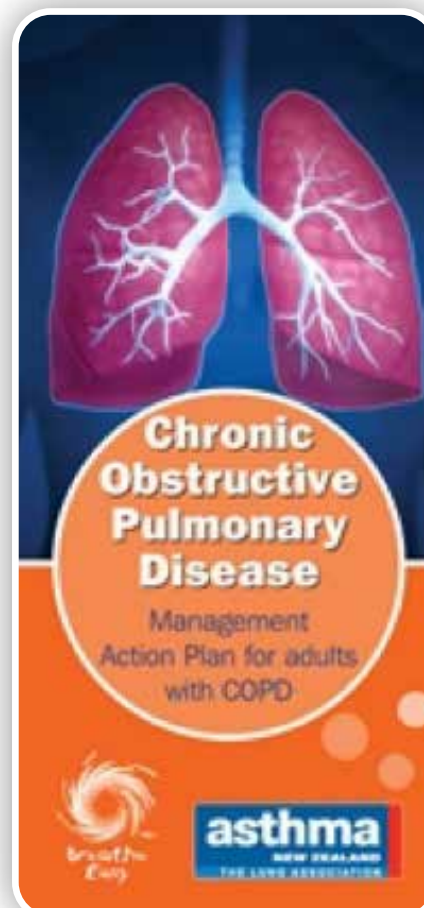
Of the 349 individuals reviewed this year:

- ▶ 67% were given or had discussion about their COPD Action Plan
- ▶ 82% of people who had their COPD review were not smoking. Of those Māori reviewed, 70% were not smoking.

Expenditure

COPD care is included with the \$124,139 of LTC expenditure.

TARGET GROUP:
All people with COPD



9%
of these were Māori (30)

349
COPD reviews completed in 2020/21

67% *were given a COPD action plan*
67% of Māori reviewed received a COPD action plan

Care for people with Diabetes

This programme aims to improve health outcomes and quality of life of people living with diabetes and to improve the equity of health outcomes, particularly for high need patients (Māori, Pacific peoples and those living in high deprivation areas).

Reporting data here is for all aged 15+ years.

Key activities:

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

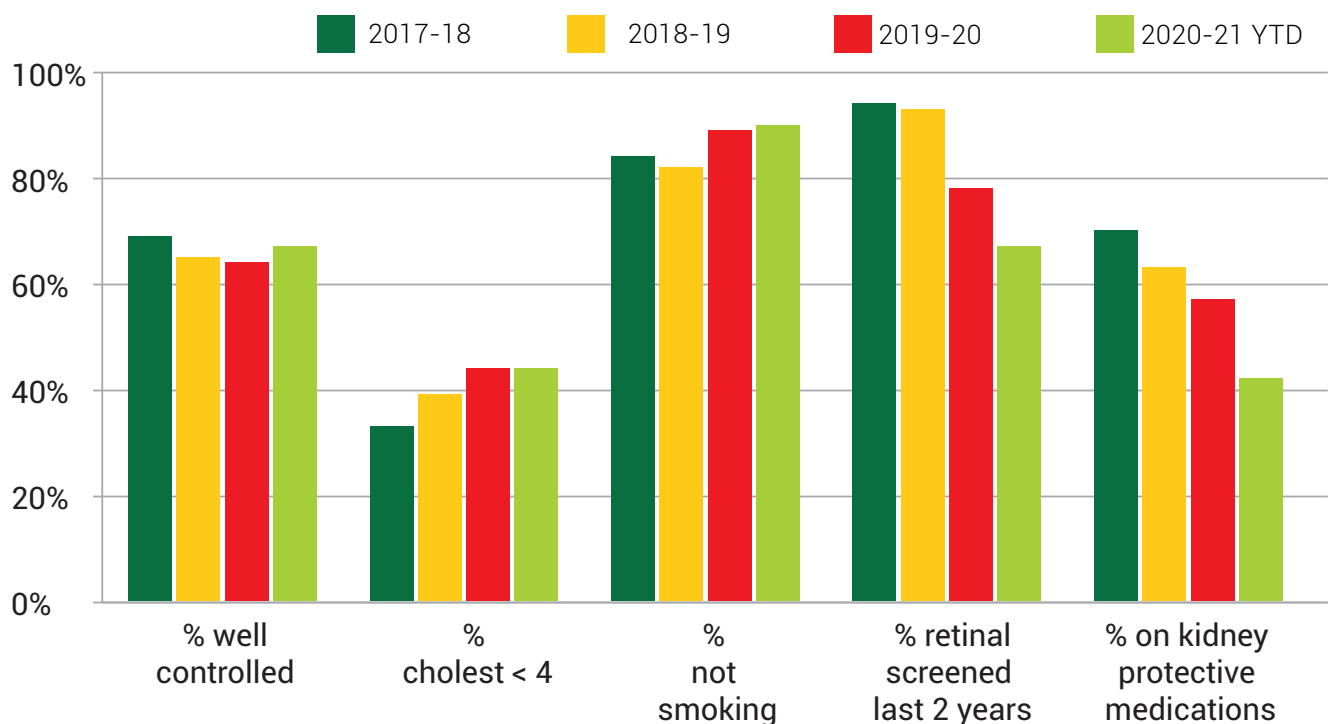
TARGET GROUP:
People with diabetes 15+ years

9%
were for Māori (94)

1,533
people aged 15 and over were coded with diabetes on the West Coast

996
(65%) Diabetes reviews completed in 2020/21 for ages 15+ years

Clinical outcomes from diabetes annual reviews conducted



Clinical outcomes for people who have had an annual diabetes review:

- ▶ 67% had an HbA1c in the desired range <64mmol/l. Of those Māori reviewed, 59% had an HbA1c <64mmol/l
- ▶ 90% of people were not smoking. Of those Māori reviewed, 77% were not smoking
- ▶ 67% of people reviewed had a retinal screen within the last two years. Of those Māori reviewed, 66% had a retinal screen within the last two years. The number of people screened has declined as many people are requiring 6 month and 12-month re-screening, extending the 2 year wait for some people
- ▶ 46% of people showing signs of kidney disease are on kidney protective medication. Of those Māori reviewed, 35% are on kidney protective medication
- ▶ The number of people with a cholesterol in the desired target range (<4mmol/l) is 44%. Of those Māori reviewed, 38% have a cholesterol <4mmol/l

Diabetes care is included within the \$124,139 LTC expenditure; an additional \$47,440 was spent on retinal screening and \$170 on Diabetes Care Improvement (DCIP).

Diabetes Care Improvement Package includes:

- ▶ Four pool passes for people with diabetes who are enrolled in Green Prescription
- ▶ There was no podiatry service (for those not eligible for DHB-funded podiatry) available in 2020-21

4 pool passes given to GRx clients with diabetes

7 Living Well with Diabetes courses held: 28 attendees

Living Well with Diabetes courses:

These courses are designed to give people with diabetes the opportunity to engage in small groups, learning about living well with diabetes.

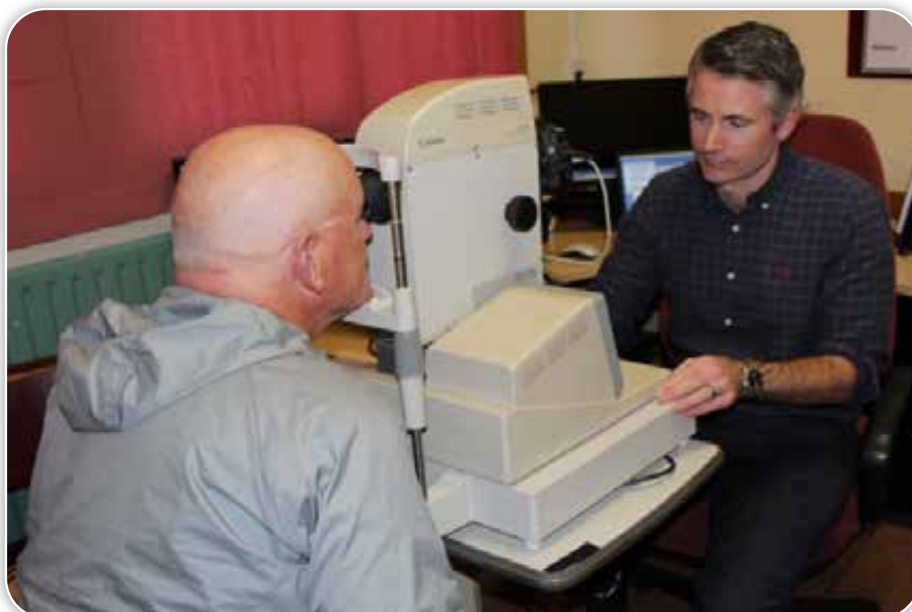


Enhanced retinal screening clinics:

These clinics provide a package of care for people whilst attending their retinal screening appointment. Individuals have the opportunity to have relaxed discussions with a diabetes nurse specialist, dietitian, mental health counsellor, 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.

666 retinal screens completed

9.3% of these were Māori (62)



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 with the Coast Quit provider
- ▶ Feedback of results is provided to all practices

Expenditure \$23,535

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

3 month outcomes:

32%
quit rate for

198 clients
phoned

316
people enrolled
in Coast Quit in
2020/21
(293 – Practices,
23 – Pharmacies)

15%
of Coast Quit
enrolments
were Māori
(47)



Smokefree Pregnancy and Newborn Incentives Programme

The Smokefree Pregnancy and Newborn Incentives Programme (SPANIP) provides cessation counselling and a 12-weeks voucher incentive schedule to promote successful cessation during pregnancy, and an 18 week 'newborn' phase after the baby is born. Both phases of the programme are available to partners of pregnant women/new mothers who wish to quit smoking.

Key activities:

- ▶ Oversight of the programme, delivered by the DHB and Oranga Hā, Tai Poutini cessation counsellors.

Expenditure

SPANIP is included in the Smoking Cessation \$23,535 expenditure.

30 women
(Pregnancy phase) and
12 partners set quit
dates

99% achievable
abstinence for women and
100% for partners

Outcomes:

- ▶ For the 12-week pregnancy phase, the 'achievable abstinence rate'* was 96% for women and 83% for partners.
- ▶ For the 16-week newborn phase, the 'achievable abstinence rate' was 100% for women and 100% for partners.

* 'Achievable abstinence rate' is the number of weeks abstinent as a proportion of the total of weeks available in which abstinence could be achieved.

17 women
(Newborn phase) and
14 partners set quit
dates

23% of SPANIP
clients were Māori

96% achievable
abstinence for Māori wahine
and **100%** for
partners

WORLD SMOKEFREE DAY 31 May

IT'S ABOUT
WHĀNAU

smokefree
ROTTERDAM
NEW ZEALAND
2025



Smokefree Service Co-ordination

The purpose of this service is to reduce the prevalence of smoking on the West Coast by supporting health providers and other community groups or agencies to promote 'smoke-free' and increase the uptake of effective smoking cessation interventions. This service is delivered by a 0.8FTE co-ordinator.

Key activities:

- ▶ co-ordinating a range of smoke-free activities, and promoting smoke-free environments
- ▶ supporting a range of cessation options and programmes across the region, including the smokefree pregnancy and newborn incentives programme
- ▶ 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
- ▶ 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.



**Primary Care Target
result:**

88%

***Offered support to
quit at 30 June 2021***

**Secondary Care Target
result:**

90%

***Offered support to quit
at 30 June 2020***



2 Smokefree ABC
updates

17 attended

2 attended Coast
Quit training

HEALTH NAVIGATOR SERVICE

The service assists high need patients with Long Term Conditions (LTCs) to access appropriate social and health care services. The service is firmly embedded within the wider health and social care system across the region.

As at the end of June 2021 there were 184 current clients actively being supported by an FTE of 4.3 Health Navigators. 11% of the referrals were for Māori. Health Navigators undertake a wide variety of activities and functions when providing navigation services. In particular, older adults living rurally with multimorbidity and social complexity are referred to this service. The service continues to be well used by general practices, secondary care services and community organisations as the service is recognised as contributing to improving the health and social care experiences of their clients.

Recently a new database for recording outcomes/outputs has been put in place. The reporting function within this will allow us to report more detail around visits and contacts.

TARGET GROUP:
LTC Patients with complex social issues

245
New referrals for year

There were:
2,399
phone calls made,

2,143
contacts with other agencies,

2,115
face to face contacts with clients in 2020-21



HEALTH CHECKS FOR CLIENTS OF THE CORRECTIONS DEPARTMENT

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

This service also provides subsidised prescriptions for these clients via all West Coast community pharmacies.

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

Expenditure \$3,275

23%
*of these were
Māori (24)*

106
*Corrections claims
made by clients of the
Corrections service in
2020-21*

CONTRACEPTION AND SEXUAL HEALTH

Under 25 years programme:

This service aims to reduce pregnancy rates in the under 25-year age group 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 and sexual health consults
- ▶ Long-Acting Reversible Contraception (LARC)
- ▶ Emergency Contraception Programme (ECP) consults

Services available from community pharmacies:

- ▶ No prescription fees
- ▶ ECP consults

Key Features

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

Expenditure \$36,615

21%
of these
were Māori

1,535
Contraception
and sexual
health visits
in 2020/21

High risk women 25 years+ programme:

Contraception services for high-risk women 25-years of age and over:

The specific objectives of this programme are to:

- ▶ Increase equity of access to contraception for low income women and those living in deprivation;
- ▶ Reduce poor health and social outcomes for women and infants associated with an unplanned pregnancy and birth;
- ▶ Provide more women with support so that they can decide about their fertility and when to have children.

Services available from all general practice teams and rural clinics:

- ▶ Contraception
- ▶ Long-Acting Reversible Contraception (LARC)
- ▶ Emergency Contraception ECP consults

Services available from community pharmacies:

- ▶ No prescription fees
- ▶ ECP consults

Expenditure \$3,275

37%
of these were
Māori wahine
(65)

177
Contraception
and sexual
health visits
in 2020/21

PALLIATIVE CARE

This service aims to reduce the financial barriers for patients and their whanau receiving general practice care in the terminal stage of their illness.

The 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.

Additionally, the PHO funds pharmacy palliative medicines for users of the service. This funding covered 113 patients, averaging \$44.07 per patient, with a total spend of \$15,358.97 for the year.

The PHO co-hosted with the West Coast DHB and Buller West Coast Home Hospice Trust, a Palliative Care study day during this past year.

Expenditure \$38,319

102
*individuals
enrolled into the
programme during
the 2020/21 year*

9%
were Māori (9)

*Consults for
those enrolled:*

96
*nurse
specialist
consults*

455
practice visits

203
home visits

7%
*of consults
were for
Māori (49)*



MENTAL HEALTH

The Mental Health programme, including both the Brief Intervention Counselling (BIC) and Suicide Prevention Coordination Service (SPC), aims to support West Coast General Practice Teams (GPTs) and the community to improve health outcomes and quality of life for people with mental health needs.

COVID-19 has brought a great deal of disruption to our community, yet an opportunity to deliver service provision in different ways. The WCPHO mental health team have provided face-to-face, phone and video consults throughout the year.

Expenditure \$619,090

Key Activities:

- ▶ provision of counselling services from general practices and schools across the Coast
- ▶ 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 twelve 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 needs
- ▶ developing and promoting suicide prevention activities and postvention support in the West Coast District

Brief Intervention Counselling

This service is delivered by a range of clinicians with a combined FTE of 6.0

- ▶ continuation of brief intervention counselling to youth and adults across the West Coast region via person-to-person, video and phone
- ▶ working collaboratively with all stakeholders across the West Coast
- ▶ offered web-based emotional wellness coaching programme (Melon) option for adults on the waiting list
- ▶ continued virtual consults as an option for choice of access to the BIC programme
- ▶ weekly "mindfulness and meditation" group sessions held for adults (when COVID-19 restrictions allowed)

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

1,117
Referrals for BIC counselling programme

227
youth

19%
were Māori (42)

890
adult

12%
were Māori (110)

1,230
Individuals were seen by the service

1,832
Non-clinical contacts for service delivery

Suicide Prevention

This service is provided by a 0.5 FTE co-ordinator across the West Coast Health system and communities. Key activities over the 2020/21 reporting period included:

- ▶ The development of the South Island Suicide Prevention Coordinators' (SISPC) Alliance. The alliance provides collective support and information for Suicide Prevention Coordinators (SPCs), sharing of evidence-based suicide prevention and postvention practices and identify priorities to be progressed collectively as a South Island
- ▶ Supporting the Ngati Waewae Rangatahi Komiti to deliver Tiaki Rangatahi Tiaki Ora wānanga at Arahura Marae. The Kaupapa was suicide prevention, with a strong focus on wellness and underpinned by Te Whare Tapu Whā and Mātauranga Māori. The mahi was recognised nationally, with the Komiti receiving a 2021 LifeKeepers Award
- ▶ Provided community suicide prevention training opportunities, West Coast wide, including LifeKeepers and Mental Health 101 workshops.
- ▶ The SPC and recently appointed, WCDHB Clinical Nurse Educator – Crisis Support role have formed a strong working relationship and ensures a dedicated focus on supporting and upskilling non-mental health staff within the DHB on areas relating to mental health
- ▶ Supported West Coast DHB and community partners in the numerous psychosocial and mental wellbeing responses required this year, including support for South Westland, following the negative impact of COVID-19 in the tourism sector and the Buller floods
- ▶ Aoake te Rā – Bereaved by Suicide Service, is now being provided on the Coast with three local providers contracted to deliver the service. This new service is meeting a need that has previously not been met in our community and is bringing huge value to those who need it.
- ▶ The West Coast Postvention Interagency group reviewed all processes relating to community postvention responses. It was agreed that there is a high level of trust amongst this group and the processes put in place are effective. Areas of quality improvement were identified and progressing



QUALITY IMPROVEMENT, PROFESSIONAL DEVELOPMENT, WORKFORCE AND RURAL SUPPORT

Expenditure

The West Coast PHO spent \$1,144,981 on its various Quality Improvement, Professional Development Activities and Workforce and Rural Support.

System Level Measures Framework (SLMF)

The System Level Measures Framework aims to improve health outcomes for people by supporting DHBs to work in collaboration with health system partners (primary, community and hospital) using specific quality improvement measures. It provides a foundation for continuous quality improvement and system integration to improve patient outcomes. The following are the submitted results for the end of June 2021 to Ministry of Health:

System Level Measure	Improvement Milestone	Achieved	Result
Ambulatory Sensitive Hospitalisations (ASH) 0 - 4 year olds	Milestone: reduce the 3-year average ratio between ASH rates for Māori children to below 1:1.23. Contributory measures:	✗	Achieved, the ratio as at March 2021 is 1:1.06
	75% of Māori whānau with a child admitted for treatment of a dental condition are engaged in a targeted wrap around support package.	✓	Not achieved
	≤50 events for ASH categories; Upper and ENT respiratory infections, Asthma, Lower respiratory infections and pneumonia.	✓	Achieved 49 events
Acute hospital bed days	A model of care for families with young children is developed.	✓	Achieved
	Milestone: Reduce the Acute Bed Day Rate for Māori to below the current 3-year average rate of 331 per 1,000 of population, as at the end of June 2019 continue to ensure the equity gap between Māori and total population is either negligible or favourable to Māori.	✓	Achieved 147 per 1000 for total population and 144 for Māori
	85% of people in all populations who have had a LTCM review for COPD who have an exacerbation plan in place.	✗	67% Total 67% Māori
Amenable mortality	90% of eligible Māori aged 35-44 years have had a CVD risk assessment in the last 5 years.	✗	58.6% (49 to reach target)
	Milestone: maintain the current downward trend in amenable mortality with an anticipated rate, or close to, 70 amenable deaths per 100,000 people by June 2023.		No new data available so the trend is unchanged.
Patient Experience	Milestone: Improve the positive responses to the question "Before giving you any new medicine, did hospital staff describe possible side effects in a way you could understand?" from 53% to 65%.	✓	Achieved. 69%.
	80% of respondents in the last 18 months were satisfied that they knew what to do if they experienced medication side effects.	✗	Not achieved
Smokefree Infants	90% of women, including 90% for Māori were Smokefree at 2 weeks following delivery in 2020.	✗	Not achieved
	70% of all babies, including 70% for Māori, are breastfed at 3 months of age.	✗	Q3 result: 64% Total 35% Māori
Youth Access to and Utilisation of Youth Appropriate Health Services	A youth friendly pathway is in place for young people who make an unplanned presentation to the new Te Nikau Grey Health Centre with mental distress that ensures they receive support from the most appropriate clinician and in the most appropriate setting.	✗	Not achieved

2020/21 Health Targets Performance results

Brief advice and cessation support to smokers was 87.6%, below the target 90% for the year ending June 2021. Smoking status recorded was 99.2%, exceeding the goal (90%).

This health target is for 95% of infants to have completed their primary course of immunisations by eight months of age. The West Coast PHO was below target with 81.4% of infants immunised at 30 June 2021. This equated to 3 children (of those consented) needing to be vaccinated to reach 100% for the quarter (there are 14 parents who have declined/opted their children off). For Māori, 82.4% of infants were immunised with 2 children of those consented, needed to reach 100% coverage. (One parent declined/opted their child off).



Expenditure

Incentive Payments to Contracted Providers was \$61,022

CORNERSTONE® accreditation

It has been a contractual requirement since 1 July 2017, that PHOs ensure that all of their contracted providers meet the Foundation Standard. Practices that are currently CORNERSTONE accredited are considered to have met the Foundation Standard.

West Coast practices that are currently CORNERSTONE® accredited are:

- ▶ Westland Medical Centre
- ▶ Reefton Health Medical Centre
- ▶ Coastal Health Ltd
- ▶ Te Nikau Health Centre
- ▶ Lake Brunner Rural Clinic
- ▶ Buller Health Medical Centre
- ▶ Karamea Medical Centre
- ▶ Ngakawau Medical Centre
- ▶ Coast Medical Ltd
- ▶ South Westland Area Practices – includes:
 - > Hari Hari Clinic
 - > Whataroa Clinic
 - > Franz Josef Clinic
 - > Fox Glacier Clinic
 - > Haast Clinic



Standing Orders Training

The West Coast Standing Orders:

- ▶ The West Coast PHO continues to support the progression of 'Standing Orders' for West Coast practice staff. Part of this project includes access for practice staff to healthLearn – a Canterbury DHB educational initiative that includes online training, including standing orders courses for nurses, with associated educational points for staff portfolios. The healthLearn standing orders programme is aligned with the Ministry of Health's Standing Orders Guideline 2016 and is flexible enough to be used across rural and urban West Coast and Canterbury primary care, to expedite care for patients.

SECO – Safe and Effective Clinical Outcomes

- ▶ The West Coast PHO delivers SECO training for the Rural Nurse Specialists as an adjunct to the standing orders training. SECO provides practical training that will support the decision-making process of standing orders usage.

Expenditure \$8,975

SECO training Nurse feedback:

“Signing off nurses with standing orders is about relationships between the doctor and nurses. SECO is the only model on the Coast that supports this relationship.”

“Thank you all so much for a great day of learning. It would be the most valuable course I do. Thanks again, really appreciate the effort put into it.”

“A big thank you for the SECO training yesterday. The staff have made comments of ‘fantastic, team building, valuable feedback, really relevant to everyday work, enjoyed that style of learning, loved the energy of the presenters’.”

“[managers] have both commented this morning on the positive effect to the team so again, a big appreciation to our partnership.”

7
**Rural Nurse
Specialists
attended
SECO training**

10
**Practice
Nurses
attended
SECO training**



SECO CLINIC



SAFE

EFFECTIVE

CLINICAL

OUTCOMES



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.

The CME (Continuing Medical Education) programme for 2020/21 has been another successful year and much of this can be attributed to the close working relationship with the Rural Learning Centre (RLC) at the West Coast DHB. This allows the West Coast PHO and RLC to piggyback training sessions with each other, meaning greater opportunities for more staff to attend sessions.

Expenditure

The West Coast PHO spent \$27,945 on Professional and Practice Development.

COVID-19 caused some interruptions to the education programme this year.

Clinician attendance at various workshops:



Quality Improvement Facilitator training

In 2020/21 the West Coast PHO invited general practices to participate in a quality improvement science training programme. The purpose of the programme was to equip participants for:

- ▶ Team members to be able to take a leadership role in planning and completing quality improvement activities and sharing knowledge about quality improvement methods
- ▶ Improvement in the quality of improvement activities in their organisations by applying appropriate methodology and rigor
- ▶ Improved quality, safety and experience of care for consumers and whānau
- ▶ Best value for public health system resource

Participants were required to identify an improvement project to complete as part of the programme to apply the practical learning. Of 53 participants who enrolled, 10 completed the entire programme. Participants reported understanding the value of using proven quality improvement methods and that they would continue to apply the learning in their work. Many would like to continue with QI learning opportunities.

Feedback from participants about the training included:

“From overwhelmed to fascinating.”

“Great tools to use in my practice.”

“Understanding that this methodology actually can make a difference and direct changes better.”

“How to contribute more into QI meetings better understanding of QI.”

“Establishing clearly what the problems are and acting on them with some of these tools.”

“Interpretation of data you collect understanding how to read data.”

“Better understanding of change process @ how process influences project outcomes/success.”

“Need to pass on what I have learnt to other team members.”

“Fabulous course. Useful in life, not just work. Learnt so much.”

“Change way of thinking – enlightening.”

“Applying knowledge to project. Helps to see and relate to by doing a project – relevance.”



Rural Primary Care Subsidies

This funding aims to assist 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.

The Rural Service Level Alliance (SLA) is made up of the PHO Clinical Governance Group and contracted providers who receive rural funding. 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

Expenditure \$1,004,544

TARGET GROUP:
*Rural service
providers contracted
to the PHO*



FINANCIAL STATEMENTS

For the year ended 30th June 2021

INDEX

<i>Directory</i>	50
<i>Statement of Comprehensive Revenue and Expense</i>	51
<i>Statement of Financial Position</i>	52 - 53
<i>Statement of Changes in Net Assets</i>	54
<i>Statement of Cash Flows</i>	55
<i>Notes to the Financial Statements</i>	56 - 69
<i>Independent Auditor's Report</i>	70 - 72



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

DIRECTORY

AS AT 30 JUNE 2021

PRINCIPAL BUSINESS:	Primary Health Organisation	
ADDRESS:	PO Box 544 163 Mackay Street GREYMOUTH	
TRUSTEES:	Trustees at 30 June 2021	
	Anna Dyzel	
	Jessie Chapman	Appointed March 2021
	Jim Butzbach	
	Meriem Wilson	
	Graeme Neylon	
	Eli-Ana Maiava	Appointed December 2020
	Nigel Ogilvie	Term End March 2021
	Marie Mahuika-Forsyth	
	Shelley Mills	
	Rose Green	
	Sandra Lockhart	Resigned August 2020
CHAIRPERSON:	Julie Kilkelly	Resigned December 2020
	Kevin Hague	Appointed December 2020
AUDITORS:	Crowe New Zealand Audit Partnership DUNEDIN	
SOLICITORS:	Hannan & Seddon GREYMOUTH	
BANK:	Westpac Bank	



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE

FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
REVENUE			
Operating revenue - non-exchange transactions		11,168,938	10,911,522
Other revenue		6,941	4,855
		<u>11,175,879</u>	<u>10,916,377</u>
EXPENDITURE			
Contract payments		(8,963,530)	(8,871,436)
Wages, salaries and other employee costs		(1,528,293)	(1,405,992)
Overheads and administrative expenses	6	(566,601)	(504,521)
Depreciation, impairment and loss on disposal	7	(28,685)	(27,249)
		<u>(11,087,109)</u>	<u>(10,809,198)</u>
FINANCING ACTIVITIES			
Interest income		12,042	19,438
		<u>12,042</u>	<u>19,438</u>
SURPLUS / (DEFICIT) FOR THE YEAR		<u>100,812</u>	<u>126,617</u>
OTHER COMPREHENSIVE REVENUE AND EXPENSE			
Total other comprehensive revenue and expense		<u>-</u>	<u>-</u>
TOTAL COMPREHENSIVE REVENUE AND EXPENSE FOR YEAR		<u><u>100,812</u></u>	<u><u>126,617</u></u>

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2021



	Note	2021 \$	2020 \$
<u>CURRENT ASSETS</u>			
Cash and cash equivalents	8	887,360	715,037
Current investments	8	622,581	619,466
Receivables from non-exchange transactions	9	322,591	253,946
Prepayments		20,588	7,922
<u>TOTAL CURRENT ASSETS</u>		1,853,120	1,596,371
<u>NON-CURRENT</u>			
Property, plant & equipment	11	95,590	113,376
<u>TOTAL NON-CURRENT ASSETS</u>		95,590	113,376
<u>TOTAL ASSETS</u>		1,948,710	1,709,747
<u>CURRENT LIABILITIES</u>			
Payables under non-exchange transactions	10	226,327	208,406
Employee entitlements	12	94,618	103,586
GST payable		51,756	37,361
Deferred revenue	13	426,197	311,395
<u>TOTAL CURRENT LIABILITIES</u>		798,898	660,748
<u>TOTAL LIABILITIES</u>		798,898	660,748
<u>NET ASSETS</u>		1,149,812	1,048,999



WEST COAST PRIMARY HEALTH ORGANISATION TRUST


STATEMENT OF FINANCIAL POSITION


AS AT 30 JUNE 2021



	Note	2020 \$	2020 \$
<u>EQUITY</u>			
Trust capital		10	10
Accumulated funds		<u>1,149,802</u>	<u>1,048,989</u>
<u>TOTAL EQUITY</u>		<u>1,149,812</u>	<u>1,048,999</u>

These financial statements have been authorised for issue by the trustees

Chairperson  Date 2 November 2021

Trustee  Date 2 November 2021





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED 30 JUNE 2021

	Note	TRUST CAPITAL \$	ACCUMULATED FUNDS \$	TOTAL \$
Balance 1 July 2020	10	1,048,990	1,049,000	
Surplus/(deficit) for the year	-	100,812	100,812	
Other comprehensive income	-	-	-	
<u>Total comprehensive revenue and expenses</u>	-	100,812	100,812	
<u>Balance 30 June 2021</u>	10	1,149,802	1,149,812	
Balance 1 July 2019	10	922,373	922,383	
Surplus/(deficit) for the year	-	126,617	126,617	
Other comprehensive income	-	-	-	
<u>Total comprehensive revenue and expenses</u>	-	126,617	126,617	
<u>Balance 30 June 2020</u>	10	1,048,990	1,049,000	





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
<u>Cash flow from operating activities</u>			
Cash was provided from/(applied to):			
Receipts from non-exchange transactions		11,357,533	11,002,189
Payments to suppliers		(9,649,613)	(9,400,827)
Payments to employees		(1,537,261)	(1,386,645)
Interest received		15,677	21,493
<u>Net cash from/(used in) operating activities</u>		186,336	236,210
<u>Cash flow from investing activities</u>			
Cash was provided from/(applied to):			
Acquisition of property, plant and equipment		(10,898)	(52,518)
Disposal of property, plant and equipment		-	-
Investment movement		(3,115)	(4,095)
<u>Net cash from/(used in) investing activities</u>		(14,013)	(56,613)
<u>Cash flow from financing activities</u>			
Cash was provided from/(applied to):		-	-
<u>Net cash from/(used in) financing activities</u>		-	-
<u>Net increase/(decrease) in cash and cash equivalents</u>		172,323	179,597
Cash and cash equivalents, beginning of the year		715,037	535,440
<u>CASH AND CASH EQUIVALENTS AT END OF THE YEAR</u>	8	887,360	715,037



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021



1 Reporting entity

These financial statements comprise the financial statements of West Coast Primary Health Organisation Trust (the "PHO") for the year ended 30 June 2021.

The PHO is a Public Benefit Entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013.

The PHO is a charitable organisation, domiciled in New Zealand, incorporated in accordance with the provisions of the charitable Trust Act 1957.

The financial statements were authorised for issue by the Trustees on the date signed on page 4.

2 Basis of preparation

(a) 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 Standards Reduced Disclosure Regime (PBE Standard) as appropriate for Tier 2 Not for Profit (NFP) Public Benefit Entities, for which all disclosure exemptions have been adopted.

The PHO is eligible to report in accordance with Tier 2 PBE (NFP) Standards on the basis that it does not have public accountability and annual expenditure does not exceed \$30 million.

The PHO is deemed a public benefit entity for financial reporting purposes, as its primary objective is to act as a primary health organisation for the rural West Coast community and has been established with a view to supporting that primary objective rather than a financial return.

(b) Basis of measurement

The financial statements have been prepared on a historical cost basis.

The accrual basis of accounting has been used unless otherwise stated and the financial statements have been prepared on a going concern basis.

(c) Presentation currency

The financial statements are presented in New Zealand dollars, which is the PHO's functional currency.

All numbers are rounded to the nearest dollar (\$), except when otherwise stated.

(d) Comparatives

The comparative financial period is 12 months.

The net asset position and net surplus or deficit reported in comparatives is consistent with previously authorised financial statements.



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021



(e) Changes in accounting policies

The accounting policies adopted are consistent with those of the previous financial year.

3 Summary of significant accounting policies

The accounting policies of the PHO have been applied consistently to all years presented in these financial statements.

The significant accounting policies used in the preparation of these financial statements are summarised below:

(a) Cash and cash equivalents

Cash and cash equivalents include cash on hand, term deposits and other short-term highly liquid investments with original maturities of three months or less.

(b) Debtors and other receivables

Trade debtors and other receivables are measured at amortised cost using the effective interest method. An allowance for impairment is established where there is objective evidence the PHO will not be able to collect all amounts due according to the original terms of the receivable.

(c) Creditors and other payables

Trade creditors and other payables are initially recognised at fair value and are subsequently measured at amortised cost using the effective interest method.

(d) Property, plant and equipment

Property, plant and equipment are measured at cost, less accumulated depreciation and any impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset.

Additions and subsequent costs

Subsequent costs and the cost replacing part of an item of plant and equipment is recognised as an asset if, and only if, it is probable that future economic benefits or service potential will flow to the PHO and the cost of the item can be measured reliably. The carrying amount of the replaced part is derecognised.

In most instances, an item of plant and equipment is recognised at its cost. Where an asset is acquired at no cost, or for a nominal cost, it is recognised at fair value at the acquisition date.

All repairs and maintenance expenditure is charged to surplus or deficit in the year in which the expense is incurred.

Disposals

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits or service potential are expected from its use.

When an item of property, plant or equipment is disposed of, the gain or loss recognised in the surplus or deficit is calculated as the difference between the net sale proceeds and the carrying amount of the asset.



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

**Depreciation**

Depreciation is recognised as an expense in the reported surplus or deficit and measured on diminishing value (DV) basis on all property, plant and equipment over the estimated useful life of the asset. The following depreciation rates have been applied at each class of property, plant and equipment:

Building improvements	9.5% - 33% DV
IT, plant and furniture	9.5% - 40% DV

The residual value, useful life, and depreciation methods of property, plant and equipment is reassessed annually.

(e) Impairment

At each reporting date, the PHO assesses whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the PHO estimates the asset's recoverable amount. Recoverable amount is determined for an individual asset. An asset's recoverable amount is the higher of an asset's fair value less costs of disposal and its value in use.

Where the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Impairment losses are recognised immediately in surplus or deficit.

(f) Financial instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument in another entity.

Financial instruments are comprised of trade debtors of trade debtors and other receivables, cash and cash equivalents, current investments, trade creditors and other payables.

Initial recognition and measurement

Financial assets and financial liabilities are recognised initially at fair value plus transaction costs attributable to the acquisition, except for those carried at fair value through surplus or deficit, which are measured at fair value.

Financial assets and financial liabilities are recognised when the reporting entity becomes a party to the contractual provisions of the financial instrument.

Derecognition of financial instruments

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or if the PHO transfers the financial asset to another party without retaining control or substantially all risks and rewards to the asset.

A financial liability is derecognised when it is extinguished, discharged, cancelled, or expired.



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

**Subsequent measurement of financial assets**

The subsequent measurement of financial assets depends on their classifications, which is primarily determined by the purpose for which the financial assets were acquired. Management determines the classification of financial assets at initial recognition and re-evaluates this designation at each reporting date.

All financial assets held by the PHO in the years reported have been designated into one classification, "loans and receivables" being non-derivate financial assets with fixed or determinable payments that are not quoted on an active market. After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment.

Subsequent measurement of financial liabilities

Trade payables and other borrowings are subsequently measured at amortised cost using the effective interest method.

(g) Provisions

A provision is recognised for a liability when the settlement amount or timing is uncertain; when there is a present legal or constructive obligation as a result of a past event; it is probable the expenditures will be required to settle the obligations; and a reliable estimate of the potential settlement can be made. Provisions are not recognised for future operating losses.

Provision are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Provisions are discounted to their present values where time value of money is material. The increase in the provision due to the passage of time is recognised as an interest expense.

All provisions are reviewed at each reporting date and adjusted to reflect the current best estimate.

(h) Employee entitlements**Short term employee benefits**

Employee benefits, previously earned from past services, that the PHO expects to be settled within 12 months of reporting date are measured based on accrued entitlements at current rate of pays.

These include salaries and wages accrued up to the reporting date and annual leave, but not yet taken at the reporting date.

(i) Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the PHO and revenue can be reliably measured. Revenue is measured at the fair value of consideration received.



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021



The PHO assesses its revenue arrangement against specific criteria to determine if it is acting as the principal or agent in a revenue transaction. In an agency relationship only the proportion of revenue earned on the PHO's own account is recognised as gross revenue in the Statement of Comprehensive Revenue and Expenses.

The following specific recognition criteria must be met before revenue is recognised.

Revenue from exchange transactions

Revenue from services rendered is recognised in the surplus or deficit in proportion to the stage of completion of the transaction at the reporting date. The stage of completion is assessed by reference to surveys of work performed. Under this method, revenue is recognised in the accounting periods in which the services are provided.

When the contract outcome cannot be estimated reliably, revenue is recognised only to the extent of the expenses recognised that are recoverable.

Revenue from non-exchange transactions

A non-exchange transaction is where the PHO either receives value from another entity without directly giving approximately equal value in exchange or gives value to another entity without receiving approximately equal value in exchange.

When non-exchange revenue is received with conditions attached, the asset is recognised with a matching liability. As the conditions are satisfied the liability is decreased and revenue recognised.

When non-exchange revenue is received with restrictions attached, but there is no requirement to return the asset if not deployed as specified, then revenue is recognised on receipt.

Condition stipulation – funds received are required to be used for a specific purpose, with a requirement to return unused funds.

Restricted stipulation – funds received are required to be used for a specific purpose with no requirement to return unused funds.

Deferred revenue

To the extent that there is a condition attached that would give rise to a liability to repay funding or to return a granted asset, a deferred revenue liability is recognised instead of revenue. Revenue is then recognised only once the PHO has satisfied these conditions.

Interest income

Interest income is recognised as it accrues.

(j) Income tax

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



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021



(k) 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 Department (IRD) is included as part of receivables or payables in the Statement of Financial Position

(l) Leased assets

Payments made under operating leases are recognised in the statement of comprehensive revenue and expense on a straight-line basis over the term of the lease. Associated costs, such as maintenance and insurance where applicable, are expensed as incurred.

(m) New standards adopted and interpretations not yet adopted

All mandatory new or amended accounting standards and interpretations were adopted in the current year.

The Trust has not yet assessed the impact of the following new standards and interpretations on issues which have yet to be adopted:

- PBE IFRS 9: Financial Instruments
- PBE – FRS 48 Service Performance Reporting

The Trustees expect to adopt the above Standards in the period in which they become mandatory. The Trustees anticipate that the above Standards are not expected to have a material impact on the financial statements in the period of initial application, however a detailed assessment of the impact has yet to be performed.

4 Significant accounting judgements, estimates and assumptions

The preparation of financial statements in conformity with NZ IPSAS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Where material, information on significant judgements, estimates and assumptions is provided in the relevant accounting policy or provided in the relevant note disclosure.

The estimates and underlying assumptions are based on historical experience and various other factors believed to be reasonable under the circumstances. Estimates are subject to ongoing review and actual results may differ from these estimates. Revisions to accounting estimates are recognised in the year in which the estimate is revised and in future years affected.

5 Capital Management Policy

The PHO's capital is its equity, being the net assets represented by accumulated surplus and other equity reserves. The primary objectives of the PHO's capital management policy is to ensure adequate capital reserves are maintained in order to support its activities. The PHO manages its capital structure and makes adjustments to it, in light of changes to funding requirements. To maintain and adjust the capital structure, budgetary discretionary expenditure is reduced to avoid the need for external borrowings.





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

6 Overheads and administrative expenses

	2021	2020
	\$	\$
Audit fee	12,250	13,402
Leases	160,557	158,569
Telecommunication	18,102	17,898
Insurance	29,752	23,671
Bank fees	973	959
Other expenses	277,967	222,771
Trustee Meeting Fees	52,417	54,500
Trustee Expenses	3,745	1,931
Committee Fees	9,800	10,100
Committee Expenses	1,038	720
Total overheads and administrative expenses	566,601	504,521

7 Depreciation, impairment, and loss on disposal

	2021	2020
	\$	\$
Depreciation expense	28,539	26,654
Loss on Disposal	146	595
Total depreciation, impairment, and loss on disposal	28,685	27,249





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

8 Cash and cash equivalents / current investments

Cash and cash equivalent	2021 \$	2020 \$
Current account	887,360	715,037
Total cash and cash equivalents	887,360	715,037

The carrying amount of cash and cash equivalents approximates their fair value.

Current Investment	2021 \$	2020 \$
Term Deposit	622,581	619,466
Total current investments	622,581	619,466

The effective interest on term deposits in 2021 was 0.80 – 1.45% (2020: 1.85 – 2.70%)

9 Receivables from non-exchange transactions

	2021 \$	2020 \$
Accounts receivables	320,161	247,881
Sundry receivables	2,430	6,065
Total	322,591	253,946

	2021 \$	2020 \$
<i>Classified as:</i>		
Current assets	322,591	253,946
Non-current assets	-	-
Total	322,591	253,946





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

Trade debtors and other receivables are non-interest bearing and receipt is normally on 30 days' terms. Therefore, the carrying value of trade debtors and other receivables approximates its fair value.

As at 30 June 2020 and 2021, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

10 Payables under non-exchange transactions

	2021 \$	2020 \$
Current		
Trade payables	192,669	197,447
Sundry payables	33,658	10,959
	<hr/>	<hr/>
Total current	226,327	208,406
	<hr/>	<hr/>
Total payables under non-exchange transactions	226,327	208,406
	<hr/>	<hr/>

Trade creditors and other payables are non-interest bearing and normally settled on 30 day terms: therefore, their carrying amount approximates their fair value.

11 Property, plant, and equipment

Movements for each class of property, plant and equipment are as follows:





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

2021	Building improvements \$	IT & Plant \$	Total \$
Gross carrying amount			
Opening Balance	137,080	442,585	579,665
Additions	-	10,898	10,898
Disposals	-	-	-
Closing balance	137,080	453,483	590,563
Accumulated depreciation and impairment			
Opening balance	113,158	353,130	466,288
Depreciation for the year	3,283	25,256	28,539
Impairment charge for the year	-	146	146
Closing balance	116,441	378,532	494,973
Carrying amount 30 June 2021	20,639	74,951	95,590
2020	Building improvements \$	IT & Plant \$	Total \$
Gross carrying amount			
Opening Balance	137,080	390,067	527,147
Additions	-	52,518	52,518
Disposals	-	-	-
Closing balance	137,080	442,585	579,665
Accumulated depreciation and impairment			
Opening balance	108,912	330,127	439,039
Depreciation for the year	4,246	22,408	26,654
Impairment charge for the year	-	595	595
Closing balance	113,158	353,130	466,288
Carrying amount 30 June 2020	23,922	89,455	113,377





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

12 Employee entitlements

	2021 \$	2020 \$
Current		
Annual leave entitlements	94,618	103,586
Total	94,618	103,586

Short-term employee entitlements represent the PHO's obligation to its current and former employees that are expected to be settled within 12 months of balance date. These mainly consist of accrued holiday entitlements at the reporting date.

There are no provisions in the PHO's employee contracts for long-service leave.

13 Deferred revenue

	2021 \$	2020 \$
Unexpended contract revenue	426,197	311,395
Total deferred revenue	426,197	311,395

The PHO receives funding for the delivery of specific health services. Unexpended contract revenue where agreed upon services or conditions have not been fully completed at balance date, and for which a return obligation exists, are recognised as deferred revenue and are expected to be recognised within the next 12 months.

The unexpended contract revenue is the unspent funds relating to the contracted obligation to provide service for Clinical Services, Keeping People Healthy and Workforce and Rural Support. The funds are transferred to income when expenditure occurs.

14 Financial instruments

(a) Carrying value of financial instruments

The carrying amount of all material financial position assets and liabilities are considered to be equivalent to fair value.

Fair value is the amount for which an item could be exchanged, or a liability settled, between knowledgeable and willing parties in an arm's length transaction.





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

(b) Classification of financial instruments

All financial assets held by the PHO are classified as "loans and receivables" and are carried at cost less accumulated impairment losses.

All financial liabilities held by the PHO are carried at amortised cost using the effective interest rate method.

Classification of financial instruments

The carrying amounts presented in the statement of financial position relate to the following categories of financial assets and liabilities.

2021	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	322,591	-	322,591	322,591
Cash and cash equivalents	887,360	-	887,360	887,360
Current investment	622,581	-	622,581	622,581
Total current assets	1,832,532	-	1,832,532	1,832,532
Total assets	1,832,532	-	1,832,532	1,832,532
Financial liabilities				
Trade and other payables	-	226,327	226,327	226,327
Total current liabilities	-	226,327	226,327	226,327
Total liabilities	-	226,327	226,327	226,327
2020				
Financial Assets				
Trade and other receivables	253,946	-	253,946	253,946
Cash and cash equivalents	715,037	-	715,037	715,037
Current investment	619,466	-	619,466	619,466
Total current assets	1,588,449	-	1,588,449	1,588,449
Total assets	1,588,449	-	1,588,449	1,588,449
Financial liabilities				
Trade and other payables	-	208,405	208,405	208,405
Total current liabilities	-	208,405	208,405	208,405
Total liabilities	-	208,405	208,405	208,405





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

15 Operating leases

Operating leases are held for premises used for office space, motor vehicles and equipment.

	2021 \$	2020 \$
<i>Non-cancellable operating leases are payable as follows:</i>		
Less than one year	161,088	149,145
Between one and five years	224,458	299,550
More than five years	-	-
Total	385,546	448,695

16 Related party transactions

Related party transactions arise when an entity or person(s) has the ability to significantly influence the financial and operating policies of the PHO.

The PHO has a related party relationship with its trustees and other key management personnel.

The following arrangements existed with related parties:

(a) Related party transactions

Anna Dyzel and Nigel Ogilvie are directors / shareholders of Westland Medical Centre, which is a sub-contractor to, and receives funding from, the PHO on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding at balance date 2021: \$31,142 (2020: \$30,343)

Anna Dyzel is also a contractor to the PHO, providing coordination of local continuing education. Balance outstanding at balance date 2021: \$Nil (2020: \$Nil).

Nigel Ogilvie is also a member of board of West Coast District Health Board (WCDHB). The WCDHB provides the Trust the contract income on terms and conditions that are consistent for such transactions on a normal supplier basis. Nigel retired as Trustee as at March 2021.

Julie Kilkelly is a director/shareholder of Olsens Pharmacy and Olsens Te Nikau Pharmacy and formerly Olsens 2002 Ltd which receives funding from the PHO on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding at balance date 2021 \$610 (2020: \$1,285).

(b) Key management compensation

The PHO has a related party relationship with its key management personnel. Key management personnel include the PHO's trustees and senior management of the PHO.





WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2021

	Trustees	2021 Snr mgmt.	Total
	\$	\$	\$
Salaries and other short-term employee benefits	47,417	520,241	549,180
Termination benefits	-	-	-
Post-employment benefits	-	-	-
Other long-term benefits	-	-	-
Total remuneration	47,417	520,241	567,658
Number of persons recognised as key management personnel	11	6	17
Full time equivalents (FTEs)	0.12	5.6	5.72

	Trustees	2020 Snr mgmt.	Total
	\$	\$	\$
Salaries and other short-term employee benefits	49,500	499,680	549,180
Termination benefits	-	-	-
Post-employment benefits	-	-	-
Other long-term benefits	-	-	-
Total remuneration	49,500	499,680	549,180
Number of persons recognised as key management personnel	9	6	15
Full time equivalents (FTEs)	0.12	5.6	5.72

17 Contingent assets and contingent liabilities

The PHO has no contingent assets or contingent liabilities (2020: Nil).

18 Commitments

As at 30 June 2021 West Coast Primary Health Organisation Trust is not aware of any capital commitments or contingencies (2020: Nil).

19 Events after the reporting period

The Trustees are aware of the current Covid-19 emergency and the New Zealand Government's decision that all non-essential businesses are to close effective 17 August 2021. The Trust is considered an essential service. The Trustees have considered that this is a "non-adjusting" subsequent event and there is no impact on the 2021 financial year.

Financial forecasts have been prepared until 30 June 2022, which show that the profitability and cash flows along with cash reserves are adequate to meeting investing and financing requirements for the Trust. For this reason, the Trustees continue to adopt the going concern assumption in preparing the financial statements for the year ended 30 June 2021.




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INDEPENDENT AUDITOR'S REPORT
To the Trustees of West Coast Primary Health Organisation Trust
Opinion

We have audited the financial statements of West Coast Primary Health Organisation Trust (the Trust) on pages 2 to 20, which comprise the statement of financial position as at 30 June 2021, and the statement of comprehensive revenue and expense, statement of changes in net assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as at 30 June 2021, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime 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 Trust in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* 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 Trust.

Information Other Than the Financial Statements and Auditor's Report

The Trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information included in the annual report and we do not and will not express any form of assurance conclusion on the other information. At the time of our audit, there was no other information available to us.

In connection with our audit of the financial statements, if other information is included in the annual report, our responsibility is to read the other information 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 our auditors' report, we concluded that there is a material misstatement of this other information, we are required to report that fact.

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Emphasis of Matter

We draw attention to Note 19 of the financial statements, which describes the effects of the New Zealand Government's decision that all non-essential businesses were to initially close effective 17 August 2021 relating to the spread of COVID-19. Our opinion is not modified in respect of this matter.

Trustees' Responsibilities for the Financial Statements

The Trustees are responsible on behalf of the Trust for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board, 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.

In preparing the financial statements, the Trustees are responsible for assessing the Trust'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 the Trustees either intend to liquidate the Trust 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 are 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.

As part of an audit in accordance with ISAs (NZ), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the Trustees and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.



- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Restriction on Use

This report is made solely to the Trust's Trustees, as a body. Our audit has been undertaken so that we might state to the Trust's Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in blue ink that reads "Crowe".

Crowe New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dated at Dunedin this 2nd day of November 2021



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Cover Photos:
Coast Road - 12 Mile, Stewart Nimmo
AgFest 2020, Shakey Finger Photography