

ANNUAL REPORT

2017 - 2018



West Coast
Te Tai o Poutini
Primary Health
Organisation

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TRUSTEES' REPORT

Trustees' Report - Presenting the Annual Report and Financial Statements for the year ended 30th June 2018.

Once again, on behalf of trustees it is my pleasure to present the West Coast Primary Health Organisation Annual Report and Financial Statements.

Thank you must go first to our practice teams and PHO staff providing front line services and support for our enrolled population, often under very challenging conditions.

As Chairperson I am also grateful to the Board of Trustees and the Clinical Governance Committee for their contributions to the West Coast Primary Health Organisation which continues to function in a dedicated, effective and financially robust manner. We finished the year with a modest deficit which has been covered by our accumulated reserves.

Helen Reriti, as Executive Officer continues to provide the professional support, vision, expertise and energy that enables us to achieve the excellent results detailed in this report as well as develop new clinical programmes and health services which aim to improve health outcomes and further reduce inequity gaps for our people, whilst improving collaboration amongst our health care providers and funders.

Special mention also needs to be made of the work of the national Primary Health Alliance, (of which we are a member organisation) for its commitment to developing a sincere, multi-sectorial group that speaks for and carries the mandate of all PHO's and a wide range of other health professionals and agencies. John Ayling, our previous chair has helped grow this organisation to the credible force it is today, and we thank him for his vision, commitment and enthusiasm for making this happen and wish him well with his recent retirement.

One of my biggest and ongoing concerns remains the availability and distribution of qualified health



professionals to provide the volume and complexity of health services that our communities need, both now and into the future.

As we all know, in health, like in many other areas the only constant is change which creates a need for ongoing flexibility, adaptability and extended roles for all of our health practitioners. This is an opportunity for primary care to showcase how we can work collaboratively and collectively and devise innovative health solutions that best meet our unique West Coast needs whilst ensuring that the funding follows the care and can be utilised appropriately. Continuing to work and partner with the West Coast DHB planners and funders and other community organisations is vital to making this a reality as one size does not fit all!

He ora te Whakapiri ... there is strength in unity

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

A handwritten signature in black ink, appearing to read 'Julie Kilkelly', written over a white background.

Julie Kilkelly
Chair



Back Row (from left): Graeme Neylon, Carl Hutchby, Jim Butzbach, Tony Coll
Front Row (from left): Meriem Wilson, Julie Kilkelly, Marie Mahuika-Forsyth *Absent:* Anna Dyzel, Lisa Tumahai, Nigel Ogilvie

Attendance of Trustees at Board Meetings 1 July 2017 – 30 June 2018

Julie Kilkelly	Independent Chair	5 Meetings
Anna Dyzel	General Practitioner	6 Meetings
Lucia Cory	Practice Nurse <i>Term Finished 20 March 2018</i>	1 Meeting
Meriem Wilson	General Practice Administrator	6 Meetings
Tony Coll	Grey District Council	6 Meetings
Graeme Neylon	Buller District Council	4 Meetings
Jim Butzbach	Westland District Council	5 Meetings
Richard Wallace	Runanga o Makaawhio <i>Term Finished 20 March 2018</i>	0 Meetings
Lisa Tumahai	Runanga o Ngati Waewae	5 Meetings
Carl Hutchby	Poutini Waiora	6 Meetings
Nigel Ogilvie	Practice Nurse <i>Term commenced 21 March 2018</i>	2 Meetings

EXECUTIVE OFFICER'S REPORT

Nau mai, haere mai

Welcome to our 2017/2018 year in review.

As always, the primary care and PHO environment for 2017/2018 continued to be challenging and exciting. Just when I think we cannot squeeze anything else into our suite of programmes or the working year we always manage to do so.

Being able to effectively deliver appropriate services to our enrolled West Coast population requires thoughtful planning, strategic thinking, adaptability, lots of goodwill and most importantly maintaining healthy partnerships.

I am proud of what the West Coast PHO has achieved through the hard work, tenacity and dedication of our member practices, PHO staff, PHO Board, and Alliance partners to improve health outcomes, reduce inequalities and achieve more integrated health services.

One particular piece of work worth mentioning is the continued success of the West Coast Nutrition Services that we started last year. This collaborative work across the PHO, West Coast DHB and Community and Public Health utilises the shared resourcing across all organisations to support people to make lifestyle changes to improve their diabetes control, prevent diabetes, lose weight and reduce cardiovascular risk.



The majority of practices are now offering a patient portal where people can book their own appointments and request repeat prescriptions on line. Still in its infancy, this project will enable practices to offer an alternative to phone based requests.

With the closure of Family Planning services on the West Coast the PHO extended its contraception and sexual health programme for those under 21 years to include those under 25 years. This programme offers free consultations at any practice or rural clinic as well as subsidised prescriptions at local community pharmacies. Community pharmacies also offer free emergency contraception consults as part of this programme for under 25's.

Strengthening and stabilising the PHO brief intervention counselling team has been a priority this year and we have been very successful in doing so. Our team of 6.5 FTE consists of 4.2 FTE Psychologists, 1.0 FTE mental health nurse and 1.3 FTE Counsellors. This team supports all general practices from Karamea to Haast with a free counselling programme for those 12 years of age and above. Utilisation for this service is very high and is a pivotal part of supporting the mental health and addiction services on the West

Coast. We are also modelling a more integrated approach between mental health and physical health services with the integration of people with long term mental health conditions into the two Westport general practices Long Term Conditions Programme.

Whilst work to date has been pleasing, we certainly haven't reached 'Utopia', and the PHO is committed to continue with partners on this journey. As a health system we still face the challenges of relying heavily on locum GPs, trying to create models of care that ensure continuity of care, closing gaps of inequity for Māori and reaching our most rural remote communities to deliver equitable health care.

It is our challenge to continuously think in a different way and do something different in order to achieve a different result.

I would like to take this opportunity to thank the Board and Chair for their guidance and support this year.

It is also important for me to acknowledge the PHO team. Thank you; without your continued efforts, dedication and integrity the West Coast PHO would not be the organisation it is today.

Finally, a thank you to all of our community organisations, West Coast DHB, Poutini Waiora, social services and most importantly the West Coast community; without any of you this partnership and journey would not be possible.



Helen Reriti
Executive Officer

SUBSIDISING ROUTINE ACCESS TO PRIMARY CARE

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

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

Expenditure

\$5,569,137 (excl. GST)

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

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

Cost of co-payment during 2017-18 for VLCA practices

Children 0-12	FREE
Children 13-17	\$12.00
Adults 18+	\$18.00

Cost of co-payment during 2017-18 for Non VLCA practice

Children 0-12	FREE
Children 13-17	\$20.00
Adults 18+	\$25.00
Adults 65+	\$20.00



West Coast PHO Enrolled Population

At the end of the April to June 2018 quarter, **29,823** people were enrolled with the West Coast PHO.

The average number of people enrolled in the PHO during the year was **29,762**.

Enrolments over time by ethnicity



Visits to medical centres

134,121
subsidised visits by
enrolled patients

75,405 GP visits

58,716 nurse visits

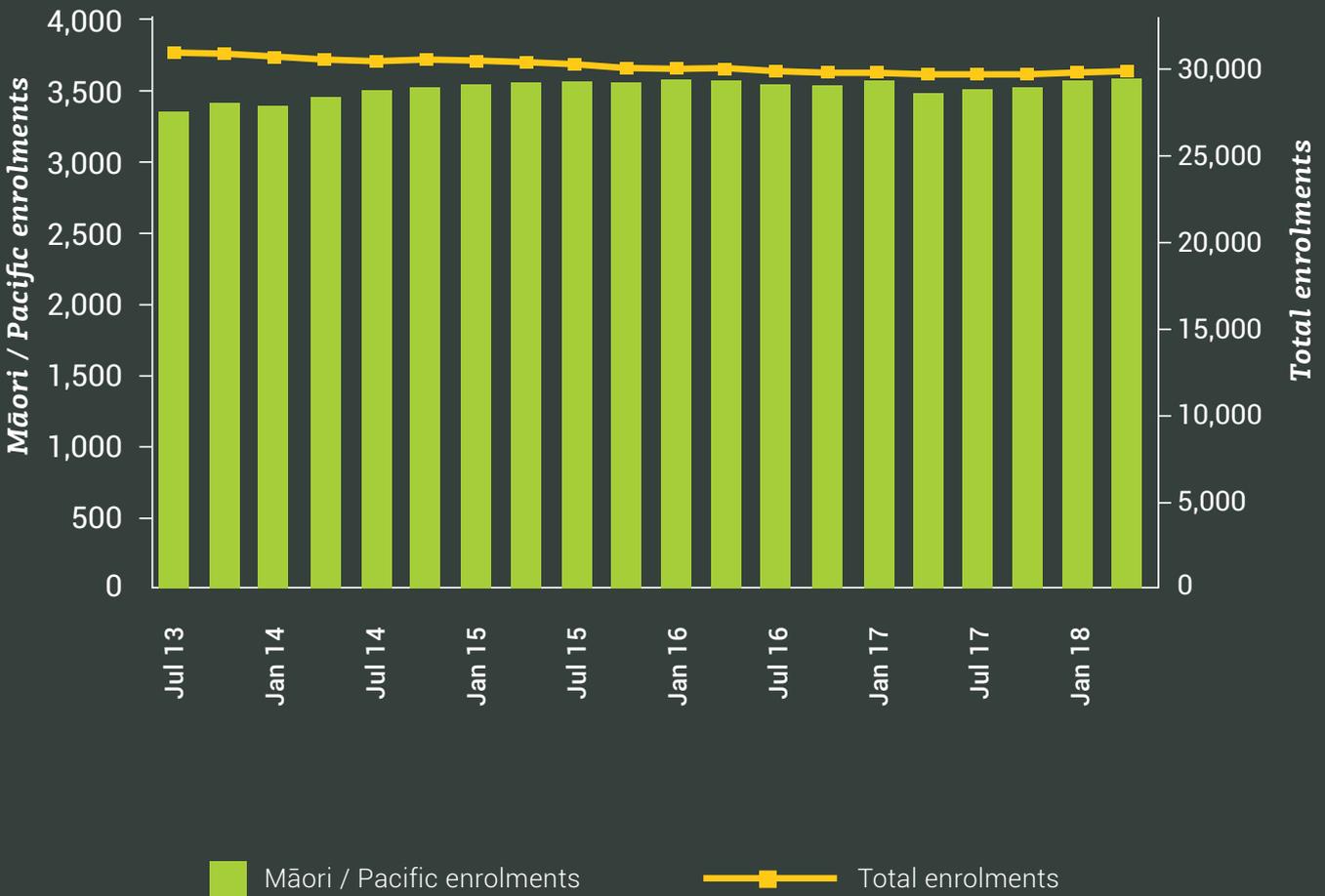
This represents an average of 5 visits for each enrolled patient in the PHO. The average subsidy for each enrolled patient was therefore \$213.77 (including GST) during the year, while the average subsidy per patient visit was \$47.44 (including GST).

Access for Māori

Total enrolments have declined 4% over the five-year period from 1 July 2013 to 30 June 2018, while Māori and Pacific enrolments have increased 7% over the same period.

11% of total enrolments Māori
1% Pacific

PHO Enrolments



KEEPING PEOPLE HEALTHY

Expenditure

The PHO spent \$439,185 on the various 'Keeping People Healthy' programmes.

Progress 2017/18

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.

Data is now obtained from all providers, whereas previously only Plunket data was available. The following table shows collated West Coast breastfeeding results for this period from all providers.

It is also important to note that the Ministry of Health target for 6 months (65%) is for babies receiving any breastmilk; exclusively, fully or partially breastfed. The result below includes only those who are exclusively or fully breastfed.

	6 Weeks	3 Month	6 Month
West Coast Result	65%	62%	34%
West Coast Targets	75%	70%	65%
Māori Result	64%	59%	32%

TARGET GROUP:
Childbearing women and their whānau, those in high deprivation areas, young and Māori women.
Health professionals

Lactation Consultancy



53 were living in high deprivation areas

54 living rurally

11 <20 years of age

There were

191

Lactation Consultancy clients in 2017/18

18%
of contacts made with Māori mums

836

Lactation Consultancy contacts



Celebrating 10 years of the Mum4Mum service – September 2017

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.

6 Mum4Mums trained
1 of these mums was Māori



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

“I helped one person with suspected mastitis via a phone call. My mother-in-law’s boss had her daughter-in-law staying and she must have mentioned it to her. My mother-in-law recommended having a chat to me so gave me their number to call. She texted a few days later to say she was very grateful.”

12 ante-natal sessions

4 Westport

4 Greymouth

2 Hokitika

1 Hari Hari

1 Franz Josef

13 community and health professional sessions

“I’ve talked to one lady – she is still pregnant but now she is considering giving it (breastfeeding) a go.”

“I’ve helped one mum in person and one mum online. One of them is a friend.”

“I’ve given advice to 2 friends and my sister who has a 5-month old boy.”

*“A) My workmate’s wife. All going swimmingly!
B) And a school mum.”*

Health Promotion Community Activity

Our Health Promotion/Community Activity coordinator supported West Coasters and general practice teams in 2017/18 in the areas of cardiovascular risk assessment, screening, immunisation, 'smokefree', respiratory and diabetes campaigns. This included delivering health promotion messages, staging and participating in events, and presenting community awards in recognition of health promotion activities.

The PHO Clinical Manager delivered a health literacy and men's health session to Buller Rotary to increase awareness of these issues.

The Agfest 2018 event was held in Greymouth in April. This two-day agricultural event is held biennially and is an excellent opportunity to have an expo targeting rural West Coast men/farmers who normally aren't accessing primary care services on a regular basis. Free influenza vaccinations were offered along with health checks, smoking cessation and valuable discussion time around personal wellbeing. Medical students and local practice nurses, PHO mental health staff along with the wider PHO team participated throughout the two days. 125 (79 male and 46 female) rural West Coast people received their flu vaccinations; of these, 5.6% (7) were for Maori. 25 flu vaccinations for non West Coast enrolled were also given.

Two workplaces were provided with ongoing support for staff and their wellbeing by PHO mental health team.



Rusty visited all West Coast Early Childhood Centres (ECCs) to promote the "Little Lungs" campaign. This smokefree health promotion activity was aimed to increase the awareness of the impact of second hand smoke on children's "little lungs". The project encourages childhood educators and parents, families and whānau to have smokefree cars and homes, thereby reducing children's exposure to second hand smoke.

ECCs were encouraged to enter a Smokefree competition which resulted in two joint winners. Winning Centres were presented with 10 painting smocks and a healthy morning tea.



Kidsfirst Kindergarten - Hokitika



Active Explorers, Nelson Street, Greymouth



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 smokefree
- Eating healthily



2017 Healthy Lifestyle Award recipients (left to right):
Marie West (Westland), Barbara Payn (Grey) and Vicky Thomson (Buller).



YOU DON'T HAVE TO COOK FANCY OR
COMPLICATED MASTERPIECES, JUST GOOD
FOOD FROM FRESH INGREDIENTS!

- JULIA CHILD



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

Rongoā Kākāriki
GREEN
PRESCRIPTION



458

*West Coasters entered
the Green Prescription
programme in 2017/18*

15.5%

of these were Māori

9

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

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, heart disease and obesity 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

128

West Coasters referred to the Green Prescription Plus programme in 2017/18

16.4%

of these were Māori

155

Follow-up Consults

101

Initial Dietitian Consults

Melon Weight Loss Programme

The Melon weight loss programme is an online digital, self-management support tool designed to help people achieve sustainable weight loss. 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. It is followed by a 12-week maintenance programme.

PHO Dietitians and Green Prescription Coordinator provide health coaching to West Coast participants.

The overall aim is to enable people within the enrolled population who are overweight or obese with a BMI >30 and potentially at risk of developing diabetes to have access to a supported 16 week programme, followed by a maintenance programme.



161 (84%)
Completed
26% Male
74% Female
11% Māori

	Initial Melon assessment (average)	End of Melon (average)	Result (average)
BMI (n-19)	39.93	37.50	-2.43
Weight kg (n-19)	112.26	105.36	-6.90
Waist cm (n-14)	120.93	112.14	-8.79

Programme Participant Feedback:

“I think the program is great and I think the coaches are the best tool anyone can have.”

“I am so grateful to have been on this programme it has been extremely beneficial to me.”

“Thank you all it was a great help to us both.”

“Brilliant, knowing that the programme ends when I decide. Thanks everyone.”

“I thoroughly enjoyed being a part of the programme.”

“The coach did a great job.”

“I think it is well run and the personal service is great.”

“Thank you for this support.”

General Practice Nutrition Clinics

Individualised nutritional support for consenting clients is offered in dietetic clinics in Greymouth, Hokitika and Buller. The target group for this programme are those with pre-diabetes, CVD risk of >15% and those who have a BMI > 30 with co-morbidities. The service priority areas are for those already obese and 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 into 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.

148

*West Coasters
referred to Dietitian
clinics in 2017/18*

21%

of these were Māori

TARGET GROUP:

*People with
pre-diabetes*

*People with high
cardiovascular risk*

*Obese people from high
need populations*

Type 2 diabetes

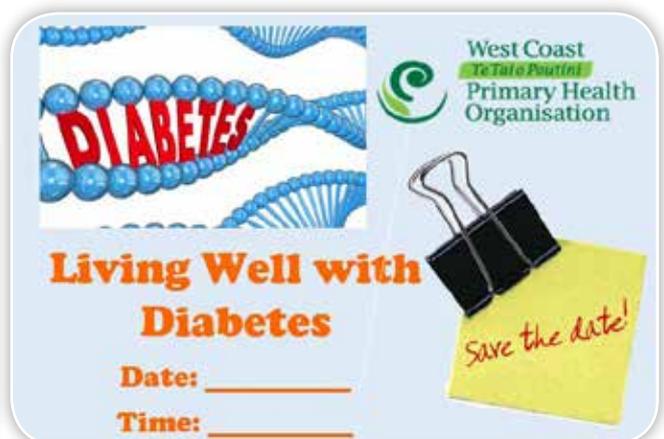
*Families with an
overweight child (≥5
years old)*

Living Well with Diabetes Courses

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

28 attended 'Initial'
and

12 attended follow-up
courses



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 \$460,647 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

\$23,705

More Heart and Diabetes Checks



9,924
(89.8%) of eligible CVRAs have been completed in the last 5 years

1,751
Cardiovascular Risk Assessments (CVRAs) were completed in 2017/18

11.8%
of these were for Māori

88%
of eligible Māori have been screened in the last 5 years

TREATMENT FOR THOSE IDENTIFIED WITH HIGH CARDIOVASCULAR RISK

Treatment for 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 \$22,052

Progress 2017/18

Cardiovascular Risk <10%:

1,029

Individuals (59%) were identified as having a risk, less than 10% low risk

9.7%

of these were Māori

Cardiovascular Risk between 10-20%:

639

Individuals (36%) were identified as between 10-20% moderate to high risk

14%

of these were Māori

Cardiovascular Risk >20%:

83

Individuals (5%) were identified as >20% very high risk

19%

of these were Māori

LONG TERM CONDITIONS (LTC) PROGRAMME

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

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

Interventions are designed to:

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

People enrolled in this programme receive:

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

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

The West Coast PHO conducted an evaluation of the LTC mental health pilot project that commenced in Westport in March 2017. The project has been a collaboration between the PHO, Buller Health general practice and Community Mental Health teams, to integrate care for people living with long-term mental health conditions by increasing access to the LTC programme. The project aimed to improve patient access to physical and holistic health care, thereby improving their health outcomes. To 30 June 2018, 34 people were newly enrolled in this programme, four of these were Māori. 26 people had an annual review, one of these was Māori. 56 people had a quarterly follow-up, 3 of these were Māori.

The evaluation was for a full year from March 2017-2018. 67 people accessed the service during this period. Results showed that access was increased, and physical health care was provided with many new diagnoses made, new and existing conditions treated, and health screening completed. Overall the pilot was successful, as patients were integrated into the general practice and their physical and mental health needs were addressed with improved health outcomes for many patients. Patients were involved in the design of the model and feedback obtained supported their satisfaction with the service and that it met their needs.

Expenditure \$154,609

TARGET GROUP:
People with CVD, Diabetes and COPD

6.4%
of these were Māori

4,099
People were enrolled in the LTC programme at 30 June 2018

*This is **14%** of the PHO's enrolled population*

*Māori make up **6.7%** of the enrolled population >45 years (the prime age group for LTC enrolees)*

CARE FOR PEOPLE WITH CARDIOVASCULAR DISEASE (CVD)

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

Expenditure

CVD care is included within the \$154,609 LTC expenditure.

TARGET GROUP:
All people with CVD

1,813
*people have CVD
on the West Coast*

5%
*of these
were Māori*

1,457
*CVD reviews (80%)
completed in 2017/18*

FEBRUARY
HEART AWARENESS MONTH



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

Expenditure

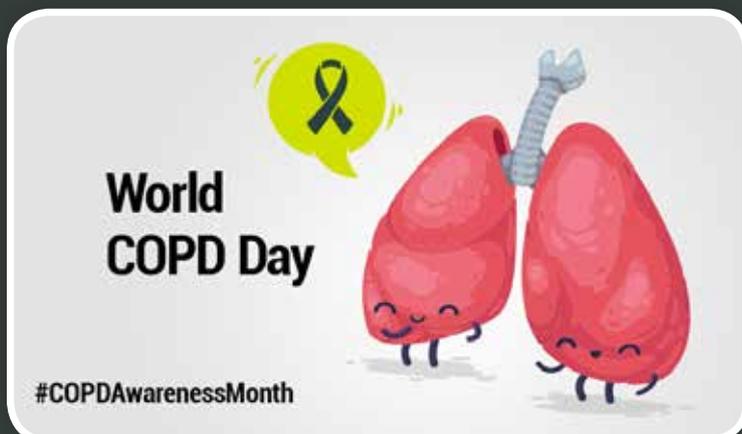
COPD care is included with the \$154,609 of LTC expenditure.

TARGET GROUP:
All people with COPD

9.4%
of these were Māori

415
COPD reviews completed in 2017/18

59%
had a Flu vaccination recall



CARE FOR PEOPLE WITH DIABETES

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

Key activities:

- ▶ review both the clinical and self-management of each patient's condition
- ▶ retinal screening clinics held quarterly in different regions across the West Coast
- ▶ support practices to ensure as many patients as possible benefit from this programme
- ▶ review and address health inequalities in outcomes
- ▶ the West Coast PHO participated in an Auckland University research study reviewing the effect of text-message reminders to assist participants' self-management of their diabetes

Diabetes care is included within the \$154,609 LTC expenditure; an additional \$48,213 was spent on retinal screening and \$509 on Diabetes Care Improvement (DCIP).

**TARGET
GROUP:**
*People with
diabetes*

1,124
*people identified
with diabetes on
the West Coast*

10%
were for Māori

1,054
*(94%) Diabetes
reviews completed
in 2017/18*



diabetes
new zealand

Diabetes Care Improvement Package includes:

- ▶ 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 2017-18

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. Nine 'Living Well' courses held, 42 people attended.

Enhanced retinal screening clinics:

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

9 pool passes given to GRx clients with diabetes

498 retinal screens completed

9 Living Well with Diabetes courses held: 42 attendees



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

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

Expenditure

\$37,382

3 month outcomes:

32%

quit rate for

401 clients
phoned

402

people enrolled
in Coast Quit in
2017/18

(372 – Practices,
30 – Pharmacies)

13%

of Coast Quit
enrolments
were Māori



West Coast
Te Taio Poutini
Primary Health
Organisation



Smokefree Pregnancy Incentives Programme

The Smokefree Pregnancy Incentives Programme (SPIP) provides cessation counselling and a 12-weeks voucher incentive schedule to promote successful cessation during pregnancy. This programme is also extended to partners of pregnant women who wish to quit smoking.

Key activities:

- ▶ Oversight of the 12-week smokefree pregnancy incentives programme, delivered by the DHB and Oranga Hā, Tai Poutini cessation counsellors.

Expenditure

SPIP programme is included in the Smoking Cessation \$37,382 expenditure.

39 pregnant women

+10 partners enrolled in SPIP in 2017/18



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 'smokefree' 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 smokefree activities, and promoting smokefree environments
- ▶ supporting a range of cessation options and programmes across the region, including the smokefree pregnancy 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.
- ▶ National Training Service approved trainer status for Coast Quit programme and ABC intervention achieved.



3 Smokefree ABC
training

3 WCDHB Smokefree
training sessions

4 attended Coast Quit
training

10 attended an ACT
strategies training
session for stopping
smoking

**Primary Care Target
result:**

88.3%

**Offered support to quit
at 30 June 2018**

**Secondary Care Target
result:**

92%

**Offered support to quit
at 30 June 2018**

HEALTH NAVIGATOR SERVICE

Progress 2017/18

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.

The Health Navigators now have a total FTE of 4.3. They undertake a wide variety of activities and functions when providing navigation services, especially to older adults living with multimorbidity and social complexity in a rural location. 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 care experience of their clients.



The PHO 'Navigation Team'



TARGET GROUP:
LTC patients with complex social issues

1,451
clients

There were:
3,906
phone calls made,

3,356
contacts with other agencies,

2,523
face to face contacts with clients in 2017-18

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.

There has been an increase in access by Māori to this service this year from 11% in 2016-17.

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

Expenditure

\$3,440

21%
*of these were
Māori*

140
*Corrections claims
made by clients of the
Corrections service in
2017-18*

CONTRACEPTION AND SEXUAL HEALTH

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.

From 1 July 2017 the eligibility criteria for this programme was extended from under 22 years to under 25 years. This was due to the closure of local Family Planning Services on the West Coast leaving a large gap in accessibility for these services.

Services available from all general practice teams and rural clinics:

- ▶ Contraception & sexual health consults
- ▶ Emergency Contraception ECP consults

Services available from community pharmacies:

- ▶ No prescription fees
- ▶ ECP consults

Key Features

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

Expenditure

\$37,615

1,706
*Contraception and
sexual health visits
in 2017/18*

18%
*of these
were Māori*

PALLIATIVE CARE

This programme reduces 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 83 patients, averaging \$82.78 per patient, with a total spend of \$19,784.48 for the year.

During the year a research paper, written by Dr Amanda Landers, Danielle Dawson and Dr Fiona Dolan Noble - *Evaluating a model of delivering specialist palliative care service in rural New Zealand* was published in the Journal of Primary Health Care, volume 10, Number 2, June 2018, Journal of Primary Health Care. This is available on-line.

Expenditure

\$38,412

161

nurse visits

287

surgery visits

213

home visits

3.4%
were Māori

232
*people were assisted
by the programme by
the end of June 2018*



MENTAL HEALTH

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

Expenditure
\$530,584

Key Activities:

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

Progress 2017-2018:

- ▶ the team continued to provide BIC to youth and adults right across the West Coast region
- ▶ requests for counselling for patients experiencing mild to moderate mental health concerns (estimated at 17% of the general population) were managed by our team of seven full-time equivalents
- ▶ Single point triage meeting with CAMHS and PACT for youth referral across the Coast
- ▶ Supported secondary mental health services with psychometric tests and psychotherapies
- ▶ Twice weekly "mindfulness and meditation" group sessions held for adults.

“I feel that I have completely turned a corner in my recovery and feel much more relaxed and confident now. Thank you 😊” (Adult).

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

1,200
requests for assessment as at 30 June 2018

3,786 counselling sessions

5,754 phone contacts

742
Patients attended Brief Intervention Counselling

215
youth

527
adult

“you can talk and find new ways to deal with stuff, like the breathing exercise.” (13-year-old girl).

QUALITY IMPROVEMENT, PROFESSIONAL DEVELOPMENT, WORKFORCE AND RURAL SUPPORT

Expenditure

The West Coast PHO spent \$1,151,589 on its various Quality Improvement, Professional Development Activities and Workforce and Rural Support.

System Level Measures Framework (SLMF)

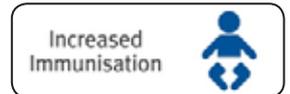
The System Level Measures Framework aims to improve health outcomes for people by supporting DHBs and their health system partners to use specific quality improvement measures for continuous quality improvement and system integration. The focus is on improving patient outcomes and health system performance, to guide constantly improving health services. The following are the submitted results for the end of June 2018 to Ministry of Health:

System Level Measure	Improvement Milestone	Achieved	Result
Ambulatory Sensitive Hospitalisations (AASH) 0- 4 year olds	Reduce the equity gap to <1033.		3039 (as at March 2018)
	60% of all babies are breastfeeding at three months	✓	61% (Q3 result only)
Acute hospital bed days	Continue to track below National rate for both Māori and total populations and below 371	✗	433 621 - Māori (as at March 2018)
	60% of Māori, 65 and older, have received an influenza vaccine - at the end of the funded influenza season (31 Dec 2017).	✓	63%
	90% of enrolled Māori patients who identify as smokers are offered brief advice and support to quit smoking within the last 15 months	✗	87%
	90% of eligible Māori population have had a CVD risk assessment in the last 5 years	✗	88%
Amenable mortality	Rate of 100 by 2019.	✓	On trend
	Cervical Screening 70% of eligible women (in all population groups) have had a cervical screen in the past 3 years	✓	(78%)
	Long Term Conditions Management Two general practices will be enrolling and supporting people with long term mental health conditions in the LTCM programme.	✓	
	75% of women (both Māori and non-Māori) set a quit date following referral to the Smokefree Pregnancy Incentives Programme.	✓	(82%)
	All Medtech practices take up the primary care patient experience survey.	✓	
Patient Experience	Seven General Practices offering an E-Portal	✓	

2017/18 Health Targets Performance results

Brief advice and cessation support to smokers was 88.4%, just missing the programme goal of 90% for the year ending June 2018. Smoking status recorded was 96.6%, 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 85% of infants immunised, at 30 June 2018. This equated to 6 children needing to be vaccinated to reach the target.



Expenditure

Incentive Payments to Contracted Providers was \$85,295

CORNERSTONE ACCREDITATION

It is a contractual requirement that PHOs ensure that all of their contracted providers meet the Foundation Standard by no later than 1 July 2017. Practices that are currently CORNERSTONE accredited will be considered to have met the Foundation Standard.

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

- ▶ Westland Medical Centre
- ▶ Reefton Medical Centre
- ▶ High Street Medical Centre
- ▶ Karamea Medical Centre
- ▶ Ngakawau Medical Centre
- ▶ Greymouth Medical Centre
- ▶ Buller Medical Services
- ▶ Coast Medical Ltd

As at 30 June 2018, practices that are currently working towards CORNERSTONE accreditation with the *Aiming for Excellence* standard are:

- ▶ South Westland Area Practice
- ▶ Moana Rural Clinic (a satellite clinic of Greymouth Medical Centre)

Standing Orders Training

The West Coast Standing Orders Project:

- ▶ The West Coast PHO continues to work closely with the Canterbury Clinical Network (CCN) to progress the 'Standing Orders' project for West Coast practice staff. This project's aim is to develop a single electronic Standing Orders (SO) package utilising HealthPathways, which 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. Part of this project includes access for practice staff to healthLearn – a Canterbury DHB educational initiative that includes online training, including standing orders courses, with associated CME points.

SECO – Safe and Effective Clinical Outcomes

- ▶ The West Coast PHO contracted the University of Otago and the Department of General Practice and Rural Health to deliver 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 \$16,925

15
Rural Nurse Specialists
attended SECO



West Coast
Te Tai o Poutini
Primary Health
Organisation

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 2017/18 has been highly successful and much of this can be attributed to a closer working relationship with the Rural Learning Centre (RLC) at the West Coast DHB. This has allowed the West Coast PHO and RLC to piggyback training sessions with each other, meaning greater opportunities for more staff to attend sessions.

Clinician attendance at various workshops:

Expenditure

The West Coast PHO spent \$47,045 on Professional and Practice Development.



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 \$996,317

TARGET GROUP:
Rural service providers contracted to the PHO

FINANCIAL STATEMENTS

For the year ended 30th June 2018

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WEST COAST PRIMARY HEALTH ORGANISATION TRUST**DIRECTORY****AS AT 30 JUNE 2018**

PRINCIPAL BUSINESS:	Primary Health Organisation
ADDRESS:	PO Box 544 163 Mackay Street GREYMOUTH
TRUSTEES:	Trustees at 30 June 2018 Anna Dyzel Richard Wallace (Resigned March 2018) Tony Coll Lisa Tumahai Lucia Cory (Resigned March 2018) Jim Butzbach Meriem Wilson Graeme Neylon Carl Hutchby Nigel Ogilvie (Appointed March 2018)
CHAIRPERSON:	Julie Kilkelly
AUDITORS:	Crowe Horwath 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 2018



	Note	2018 \$	2017 \$
REVENUE			
Operating revenue - non-exchange transactions		9,091,853	8,971,018
Other revenue		3,411	12,041
		<u>9,095,264</u>	<u>8,983,059</u>
EXPENDITURE			
Contract payments		(7,237,121)	(7,052,336)
Wages, salaries and other employee costs		(1,417,977)	(1,313,878)
Overheads and administrative expenses	6	(538,517)	(492,136)
Depreciation, impairment and loss on disposal	7	(30,505)	(31,468)
		<u>(9,224,120)</u>	<u>(8,889,818)</u>
FINANCING ACTIVITIES			
Interest income		21,620	22,528
Net Financing Income/(Costs)		21,620	22,528
		<u>21,620</u>	<u>22,528</u>
<u>SURPLUS / (DEFICIT) FOR THE YEAR</u>		<u>(107,236)</u>	<u>115,769</u>
OTHER COMPREHENSIVE REVENUE AND EXPENSE			
Total other comprehensive revenue and expense		-	-
		<u>-</u>	<u>-</u>
<u>TOTAL COMPREHENSIVE REVENUE AND EXPENSE FOR YEAR</u>		<u>(107,236)</u>	<u>115,769</u>

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2018



	Note	2018 \$	2017 \$
<u>CURRENT ASSETS</u>			
Cash and cash equivalents	8	627,200	749,410
Term deposits	8	611,469	607,961
Receivables from non-exchange transactions	9	233,895	233,563
Prepayments		15,660	7,497
<u>TOTAL CURRENT ASSETS</u>		1,488,224	1,598,431
<u>NON-CURRENT</u>			
Property, plant & equipment	11	97,073	91,508
<u>TOTAL NON-CURRENT ASSETS</u>		97,073	91,508
<u>TOTAL ASSETS</u>		1,585,297	1,689,939
<u>CURRENT LIABILITIES</u>			
Payables under non-exchange transactions	10	248,430	269,826
Employee entitlements	12	87,535	73,137
GST payable		27,632	29,056
Reserved funds	13	257,019	246,003
<u>TOTAL CURRENT LIABILITIES</u>		620,616	618,022
<u>TOTAL LIABILITIES</u>		620,616	618,022
<u>NET ASSETS</u>		964,681	1,071,917



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2018



	Note	2018 \$	2017 \$
<u>EQUITY</u>			
Trust capital		10	10
Accumulated funds		964,671	1,071,907
<u>TOTAL EQUITY</u>		964,681	1,071,917

These financial statements have been authorised for issue by the trustees

Chairperson

Date

5/10/18

Trustee

Date

5-10-18



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED 30 JUNE 2018



	Note	TRUST CAPITAL \$	ACCUMULATED FUNDS \$	TOTAL \$
Balance 1 July 2017	10	1,071,907	1,071,907	1,071,917
Surplus/(deficit) for the year	-	(107,236)	(107,236)	(107,236)
Other comprehensive income	-	-	-	-
<u>Total comprehensive revenue and expenses</u>	-	(107,236)	(107,236)	(107,236)
<u>Balance 30 June 2018</u>	10	964,671	964,671	964,681
Balance 1 July 2016	10	956,138	956,138	956,148
Surplus/(deficit) for the year	-	115,769	115,769	115,769
Other comprehensive income	-	-	-	-
<u>Total comprehensive revenue and expenses</u>	-	115,769	115,769	115,769
<u>Balance 30 June 2017</u>	10	1,071,907	1,071,907	1,071,917

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2018



	Note	2018 \$	2017 \$
<u>Cash flow from operating activities</u>			
Cash was provided from/(applied to):			
Receipts from non-exchange transactions		9,107,628	8,900,656
Payments to suppliers		(7,806,620)	(7,550,984)
Payments to employees		(1,403,579)	(1,314,987)
Interest received		19,940	24,452
<u>Net cash from/(used in) operating activities</u>		(82,631)	59,137
<u>Cash flow from investing activities</u>			
Cash was provided from/(applied to):			
Acquisition of property, plant and equipment		(36,070)	(23,986)
Disposal of property, plant and equipment		-	-
<u>Net cash from/(used in) investing activities</u>		(36,070)	(23,986)
<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>		(118,701)	35,151
Cash and cash equivalents, beginning of the year		1,357,370	1,322,219
<u>CASH AND CASH EQUIVALENTS AT END OF THE YEAR</u>	8	1,238,669	1,357,370

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

**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 2018.

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 2018

**(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 2018

**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 rises 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, trade creditors and other payables and borrowings.

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 2018

**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 asset 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 2018**

The PHO assess 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.

Reserved funding

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 2018

**(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

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 2018



6 Overheads and administrative expenses

	2018	2017
	\$	\$
Audit fee	12,443	11,125
Leases	155,743	134,927
Telecommunication	27,250	28,526
Insurance	24,545	17,583
Bank fees	980	901
Other expenses	250,319	224,901
Trustee Meeting Fees	56,584	57,000
Trustee Reimbursements	1,954	5,892
Committee Fees	8,358	10,332
Committee Expenses	341	949
	<hr/>	<hr/>
Total overheads and administrative expenses	538,517	492,136

7 Depreciation, impairment and loss on disposal

	2018	2017
	\$	\$
Depreciation expense	30,095	31,373
Loss on Disposal	410	95
	<hr/>	<hr/>
Total depreciation, impairment and loss on disposal	30,505	31,468

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

**8 Cash and cash equivalents**

	2018	2017
	\$	\$
Petty Cash	31	31
Current account	627,169	749,379
Term deposit	611,469	607,961
	<hr/>	<hr/>
Total cash and cash equivalents	1,238,669	1,357,371
	<hr/>	<hr/>

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

The effective interest on term deposits in 2018 was 3.35-3.7% (2017: 3.25-3.6%)

9 Receivables from non-exchange transactions

	2018	2017
	\$	\$
Accounts receivables	226,932	228,280
Sundry receivables	6,963	5,283
	<hr/>	<hr/>
Total	233,895	233,563
	<hr/>	<hr/>

	2018	2017
	\$	\$
<i>Classified as:</i>		
Current assets	233,895	233,563
Non-current assets	-	-
	<hr/>	<hr/>
Total	233,895	233,563
	<hr/>	<hr/>

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018



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 2017 and 2018, 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

	2018 \$	2017 \$
Current		
Trade payables	193,352	183,873
Sundry payables	55,078	85,953
	<hr/>	<hr/>
Total current	248,430	269,826
	<hr/>	<hr/>
Total payables under non-exchange transactions	248,430	269,826

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 2018



2018	Building improvements \$	IT & Plant \$	Total \$
Gross carrying amount			
Opening Balance	137,080	327,506	464,586
Additions	-	36,069	36,069
Disposals	-	-	-
Closing balance	137,080	363,575	500,655
Accumulated depreciation and impairment			
Opening balance	95,690	277,386	373,076
Depreciation for the year	7,602	22,493	30,095
Impairment charge for the year	-	410	410
Closing balance	103,292	300,289	403,581
Carrying amount 30 June 2018	33,788	63,286	97,074

2017	Building improvements \$	IT & Plant \$	Total \$
Gross carrying amount			
Opening Balance	137,080	303,520	440,600
Additions	-	23,986	23,986
Disposals	-	-	-
Closing balance	137,080	327,506	464,586
Accumulated depreciation and impairment			
Opening balance	85,206	256,405	341,611
Depreciation for the year	10,484	20,889	31,373
Impairment charge for the year	-	94	94
Closing balance	95,690	277,388	373,078
Carrying amount 30 June 2017	41,390	50,118	91,508

WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

**12 Employee entitlements**

	2018 \$	2017 \$
Current		
Annual leave entitlements	87,535	73,137
Total	87,535	73,137

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 Reserved funding

	2018 \$	2017 \$
Unexpended contract revenue	257,019	246,003
Total deferred revenue	257,019	246,003

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 reserved funding 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 2018

**(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.

2018	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	233,895	-	233,895	233,895
Cash and cash equivalents	1,238,670	-	1,238,670	1,238,670
Total current assets	1,472,565	-	1,472,565	1,472,565
Total assets	1,472,565	-	1,472,565	1,472,565
Financial liabilities				
Trade and other payables	-	248,430	248,430	248,430
Total current liabilities	-	248,430	248,430	248,430
Total liabilities	-	248,430	248,430	248,430
2017	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	233,563	-	233,563	233,563
Cash and cash equivalents	1,357,370	-	1,357,370	1,357,370
Total current assets	1,590,933	-	1,590,933	1,590,933
Total assets	1,590,933	-	1,590,933	1,590,933
Financial liabilities				
Trade and other payables	-	269,820	269,820	269,820
Total current liabilities	-	269,820	269,820	269,820
Total liabilities	-	269,820	269,820	269,820



WEST COAST PRIMARY HEALTH ORGANISATION TRUST

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

15 Operating leases

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

	2018 \$	2017 \$
<i>Non-cancellable operating leases are payable as follows:</i>		
Less than one year	136,765	122,760
Between one and five years	307,903	42,117
More than five years	-	-
Total	444,668	164,877

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 is a shareholder of Westland Medical Centre, which is a sub-contractor to, and receives funding from, the PHO. Anna Dyzel is also a contractor to the PHO, providing coordination of local continuing education.

Julie Kilkelly is a director/shareholder of Olsens Pharmacy which receives funding from the PHO.

Richard Wallace's daughter, Susan Wallace, is a Board Member of the West Coast DHB which pays funding to and receives funding from the PHO. Susan Wallace is also a Board Member of the Canterbury DHB.

(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 2018

	Trustees	2018 Snr mgmt.	Total
	\$	\$	\$
Salaries and other short-term employee benefits	56,584	496,208	552,792
Termination benefits	-	-	-
Post-employment benefits	-	-	-
Other long-term benefits	-	-	-
Total remuneration	56,584	496,208	552,792
Number of persons recognised as key management personnel	10	6	17
Full time equivalents (FTEs)	0.12	5.8	6.92

	Trustees	2017 Snr mgmt.	Total
	\$	\$	\$
Salaries and other short-term employee benefits	57,000	493,022	550,022
Termination benefits	-	-	-
Post-employment benefits	-	-	-
Other long-term benefits	-	-	-
Total remuneration	57,000	493,022	550,022
Number of persons recognised as key management personnel	10	6	16
Full time equivalents (FTEs)	0.12	5.8	5.92

17 Contingent assets and contingent liabilities

The PHO has no contingent assets or contingent liabilities (2017: None).

18 Commitments

As at 30 June 2018 West Coast Primary Health Organisation Trust is not aware of any capital commitments or contingencies (2017: Nil).

19 Events after the reporting period

There were no significant events after the balance date.



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INDEPENDENT AUDITOR'S REPORT

To 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 2018, 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 2018, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity 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 (Revised) *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

Responsibilities of the Trustees for the Financial Statements

The Trustees are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity 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 those charged with governance 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.

Crowe Horwath

Crowe Horwath New Zealand Audit Partnership

CHARTERED ACCOUNTANTS

Dated at Dunedin this 5th day of October 2018



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