Comprehensive Care PHO Annual Report 2017

Front cover photographs

Left: Rachael Calverley, Director of Nursing & Workforce Development, Comprehensive Care, presenting the Spirit of Nursing Award to Terry Moll, Belmont Medical

Right: Caroline Funnell, Respiratory Specialty Nurse, Comprehensive Care, delivering GASP (Giving Asthma Support to Patients) training to nurses

Back cover photograph

Li Zhang, Dietitian, Comprehensive Care, presenting a seminar on healthy eating at The Asian Network Inc. (TANI)

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1 Introduction

Comprehensive Care PHO (formerly Waitemata PHO) funds and supports General Practice Teams. We also deliver health programmes in local communities for all patients enrolled with us through their family doctor. Our health care programmes include support and education for people living with chronic conditions such as diabetes, heart disease and asthma, and supporting improvements for health of children and older adults.

We cover north and west Auckland, from Titirangi and Devonport to Wellsford, with practices in urban and rural settings. Practices cover the spectrum – from sole practitioners to large medical centres that provide accident and medical services, as well as specialist and other related medical and therapeutic services.

Comprehensive Care PHO also develops innovative clinical systems including systematic approaches to care of patients with cardiovascular disease, diabetes and respiratory disease. IT tools assist General Practice Teams with population health management, screening, gap analysis, risk assessment, care management and patient self management. These systems of care also assist with integration between General Practice, Non Government Organisations and other health providers in our community.

Our organisation has around 60 staff engaged in providing health care directly and in supporting our member General Practices. Over 500 doctors, nurses, allied health professionals and other General Practice team members are part of our network supporting patients through family medical centres.

Our purpose is to make a difference to all our people, especially vulnerable children, younger, disadvantaged, older, Māori and Pacific people, in their health and social outcomes, by being a driver of quality, innovation, connection and exciting change for healthcare in our community. We recognise the need for our purpose to be responsive to the changing needs of our population.

Our values are core to our culture - they are the way we do things. It is very important to us to use these values when working together and with others.

Our mission

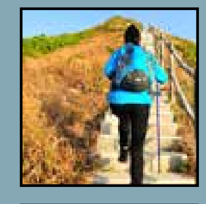
Improving the health and well being of all by the provision of best care

Our vision

Reaching optimal health for all

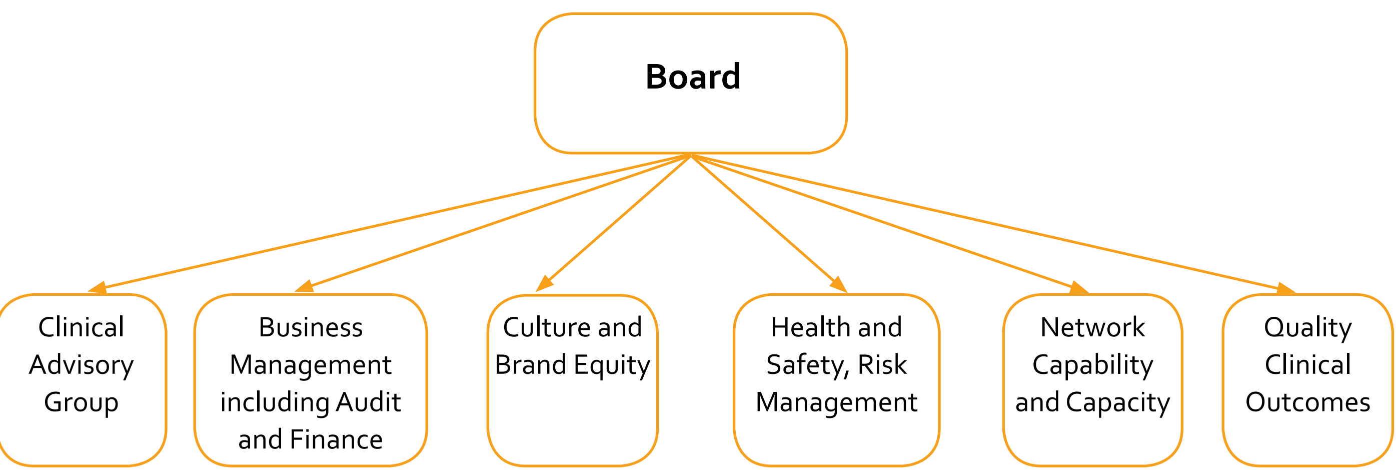
Our values

Our values are to be Dynamic and Accountable, to show Respect towards all others and to be able to be Trusted



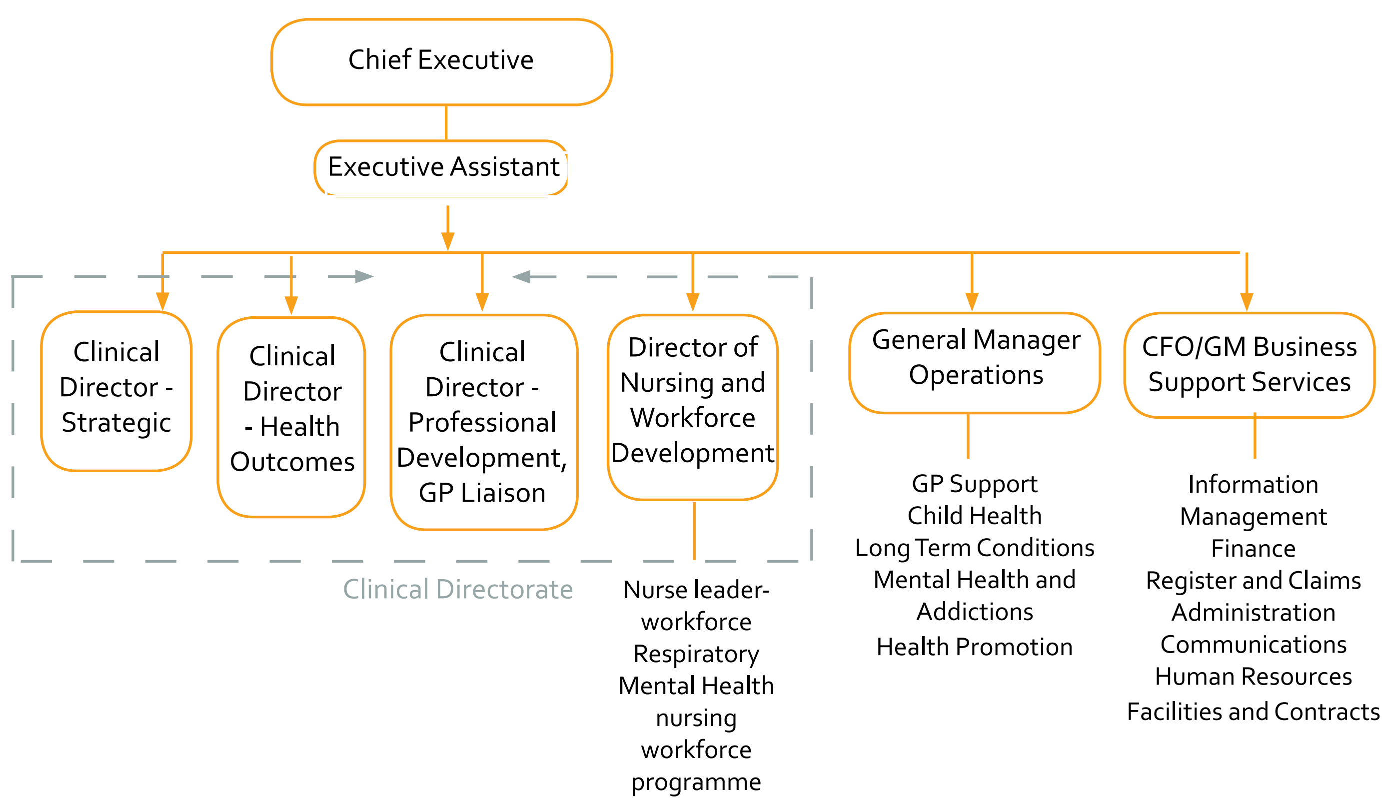
Governance structure

Comprehensive Care PHO Board addresses its clinical and business responsibilities by getting advice from the management team and six sub-committees.



Organisation structure

Comprehensive Care PHO balances clinical, operational and administrative support and services to member practices and directly to patients. The diagram below is an overview of our organisation structure.



Comprehensive Care PHO is registered charity number CC47077. The image below depicts the registration of Comprehensive Care PHO Limited as a New Zealand company.

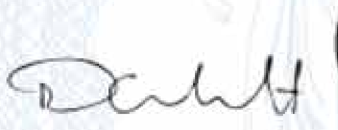
Certificate of Incorporation

COMPREHENSIVE CARE PHO LIMITED

3203807

NZBN: 9429031297981

This is to certify that WAITEMATA PHO LIMITED was incorporated under the Companies Act 1993 on the 7th day of December 2010 and changed its name to COMPREHENSIVE CARE PHO LIMITED on the 3rd day of July 2017.



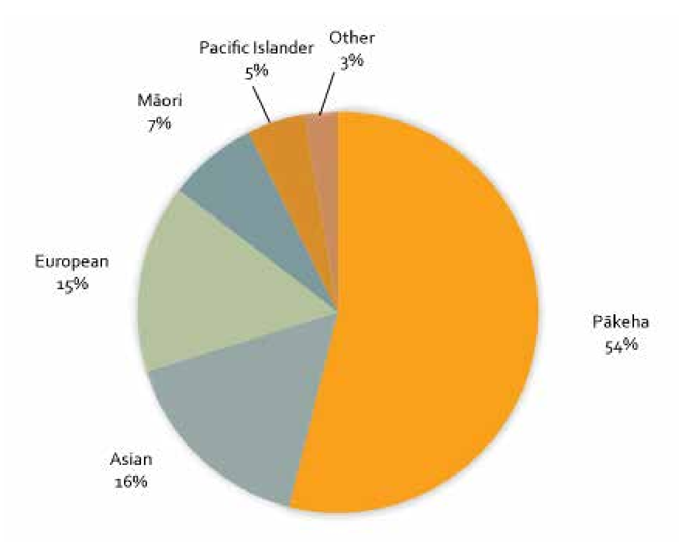
Registrar of Companies
3rd day of July 2017

For further details relating to this company check
http://www.companies.govt.nz/co/3203807
Certificate generated 03 July 2017 09:26 AM NZST

At a glance

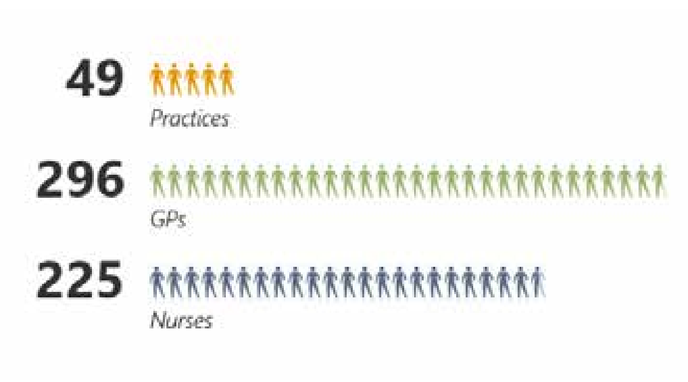
Our population

We provided care for 251,844 enrolled patients, an increase of 2.35 percent over the previous year.



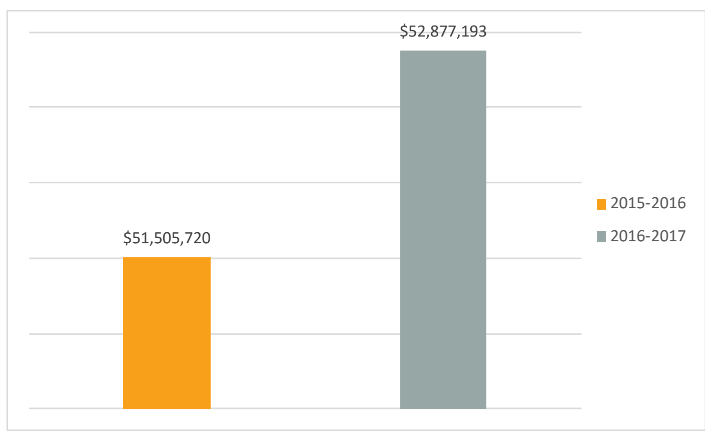
Our membership

We have approximately 296 GPs and 225 nurses providing care to patients in 49 member practices.



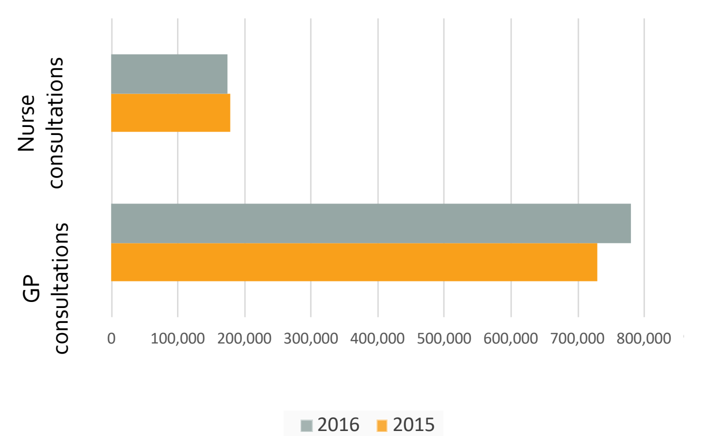
Our income

Income from health service contracts has increased 2.66%.



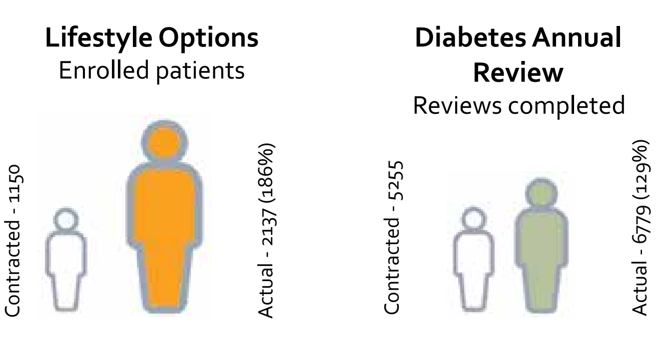
Consultations

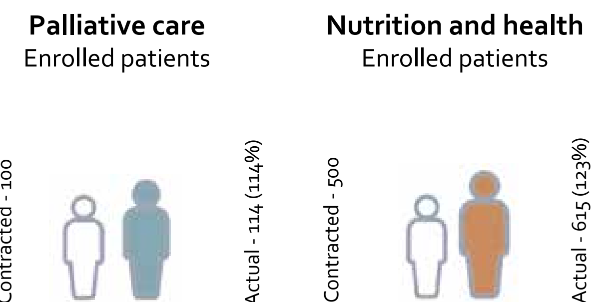
Consultations with GPs increased, while nurse consultations remained steady compared to the previous year.



Volume contract performance

Many of our services exceeded contractual requirements





2 Chair and Chief Executive reports

Chair's report

Primary Care Fundamentals: Workforce, Quality, and Access (Funding)
Again, I wish to acknowledge all members of our General Practice Teams for their steadfast commitment to primary health care in our communities. The year has seen the primary care workforce deliver more than ever before.

We have continued to work with PHOs in partnership across wider Auckland, particularly with Waitemata DHB and ProCare Health in Waitemata on a new collaborative approach to primary and community services planning. Our focus is on future service models, improving quality and usefulness of information, workforce, mental health, and patient management systems.

We engaged in and supported a number of lobbying activities to improve conditions for general practice and patients. These include direct leadership in national negotiations and supportive work on funding and policy.

Our improving relationship with Waitemata DHB is translating into a number of business cases including an effective Rural Alliance. This alliance has delivered a number of pilot outcomes in the areas of point of care testing and treatments that can extend to the wider networks. The small size and strong leadership of the Rural Alliance have been key to quick results and early success.

Enhanced skills, tools and resources continue to support the grass roots work that our practices and practitioners undertake every day. System Level Measures, a joint responsibility of primary and secondary care in most cases, are becoming more meaningful to patients and clinicians. We anticipate greater collaboration and integration between these parts of the system.

We have continued strong support for all practices to maintain or work towards CORNERSTONE or Foundation Standard accreditation. Practices are introducing patient portals. We have begun implementation of a practice portal, "Practice CONNECT", to provide a single place for practice staff to access information and resources to assist in day-to-day business.

Our Finance & Audit subcommittee is working well. Board members continue to provide a cross section of perspectives as they consider issues and needs of a diversity of practices. The board has appointed a new community and consumer representative to ensure good linkages with our local community organisations and to bring increased focus on the patient / consumer perspective. Our Board subcommittees meet in-between board meetings to work on business management, audit, finance, health and safety, culture and brand, and capacity and capability. These provide valuable insights and contributions to both directors and senior management on our work in these areas.

Given the workforce challenges, management continue to look for models of business and service that can improve workload. We continue to lead workforce initiatives in the region, including resources to help bring nurses into general practice and mental health credentialing for nurses in primary care.

Our Business Owners Forum (Peer Group) meetings are well attended by practice owners and managers. We continue to have interesting speakers across a wide range of primary care issues. Peer Groups provide opportunities to understand how practices are working and what support they need. Based on feedback, we will have a stronger clinical focus and more pharmaceutical input for Peer Groups this year.

Dr Tim Malloy, Chair

Our clinical directors have continued to support and guide us exceptionally well. They run our Peer Groups, Continuing Medical and Continuing Nursing Education sessions, and support our nurses to reach the top of their career goals and expand their scope of practice. They represent the PHO and our practices at local and national levels, liaising frequently with our DHB on day-to-day issues, making sure your voice is heard loudly on many matters including Practice Transparency, Health Pathways, CVD and Diabetes care.

We simplified our organisation names. The "Waitemata PHO" name has gone; the business of the PHO continues to be contained within the Comprehensive Care network.

Finally, I would like to congratulate the CEO and senior management team for making the Comprehensive Care network an organisation to be proud of and that meets its financial objectives, its compliance requirements, and the needs of its practices. Well done.

Chief Executive's report

Primary care evolution: changing models of business, care, workforce, and new partnerships

Last year I entitled my report "Refreshed Vision". Our revised vision means a greater focus on making a difference to all our people, by being a driver of quality, innovation, connection and exciting change for healthcare in our community, especially the vulnerable children, younger people, disadvantaged people, older people, Māori people, and Pacific people in their health and social outcomes.

Comprehensive Care's financial, clinical, and operational performance continues to be sustainable through the vigilance of our clinical, business, and operational teams and through the support of our board and advisory groups. Nonetheless, our sector faces challenges and opportunities including the digital world coming to the health sector, changes to a more collaborative system level measures approach to population health and funding, and management models that are becoming less fit for purpose.

Our Board of Directors has provided guidance in line with the fresh vision and strategic direction and that has led to the emergence of new partnerships. They have considered carefully innovative clinical projects of direct benefit for general practice and their patients for the 2017/18 financial year. We now have additional consumer and community input on our advisory and governance groups to help guide us through changes.

Our General Practice liaison service continues to provide a wide variety of support to practices with diverse needs, including professional development for doctors, nurses, practice managers and administrative staff. Our General Practice teams have provided great health care across our network this year – including well over 1 million consultations.

We are taking more of a partnership approach with our larger practices. This involves collaborative working models, funding optimisation, and more customised services. We will develop this more in the coming year with all practices that wish to and are able to work this way.

We too continue to provide flexible support for smaller practices. Smaller practices are finding new partnerships for ownership and management and in the coming year we expect to see more change as several GPs move towards retirement.

Our aim is to be the best quality network and first choice to both smaller and larger practices – with services that we customise to suit each type of practice. Quality audits have shown many practices are doing very well. Some have struggled and we have provided a great deal of assistance for a diverse range of issues.

We have strengthened relationships and continue to improve our work with network partners National Hauora Coalition, Coast to Coast Healthcare, Alliance Health Plus, and with ProCare Health. Our Collaborative Mental Health and Addiction Credentialing for Primary Health Care Nurses programme is showing great signs of success in General Practice across the region.

Partnerships in the wider sector have included General Practice New Zealand on national unity of primary care representation, the PHO Services Agreement Amendment Protocol group (PSAAP) in negotiating the PHO Agreement, Royal New Zealand College of General Practitioners and other PHOs on national funding, quality, policy and advocacy issues.

John Ross, CEO

We have led negotiations along with one other PHO on resolving GP2GP future development and support and we have shared our IT Tools and IT expertise (both learning and teaching) with others.

We have worked collaboratively with the Waitemata & Auckland District Alliance, and with Waitemata DHB and our practices on the Safety in Practice initiative and the CARE project. Our work, with others, jointly developing the Waitemata Primary and Community Service Plan has seen business cases in the areas of increased mental health care funding and screening and point of care testing projects.

We finished the financial year positively again with a surplus – to be reinvested directly into our work for the 2017/18 financial year. This is a credit to our entire team. We have also passed external audits for finance and minimum standards.

We go in to the 2017/18 financial year with a combined registered population of approximately 275,000 patients. It continues to be a privilege to support the hard work of General Practice Teams and our support and clinical staff, especially in those practices that have a very high acute workload and those driving change to do more planned, proactive care for patients.

Best wishes for the 2017/18 financial year.

3 Board and senior staff profiles

Board profiles*

Dr Tim Malloy, Chair: Tim is also the President of the Royal New Zealand College of General Practitioners. He has had a more than 22-year commitment to rural health, which was recognised by being awarded the Peter Snow Memorial Award in 2010.

Tim leads a rural general practice network based from Wellsford, which covers a large geographical area in Northland and Waitemata and cares for approximately 16,000 patients.

Dr John Arcus, Director : John has extensive governance experience and very good tactical and strategic skills. He is the co-owner and clinical director of a general practice in Beach Haven, and is married with two adult children. John enjoys physical fitness, snow skiing, travel and wine appreciation.

Dr Kate Baddock, Director: Kate is Chair of the New Zealand Medical Association and Chair of the NZMA's General Practitioner Council. She has served on various boards for over 15 years, and is a member of the Medical Council of New Zealand. She has undertaken extensive governance training and has significant knowledge of Comprehensive Care and its structure and purpose.

Kate has a passion for sustainable General Practice and believes quality primary health care delivered in different ways can significantly impact health outcomes. As well as being eight tenths in clinical practice she is a GPEP teacher and Primex examiner, and in her spare time is a Swimming NZ official.

Dr Judy Blakey, Community Advisor: Judy has a background in education, research and community health organisations. She is a health consumer representative to the Waitemata DHB and Precision Driven Health, and has contributed health consumer perspectives to the Health Quality & Safety Commission's expert advisory group that developed the Patient Safety and Continuous Quality Improvement framework.

Judy chairs the Mairangi Arts Centre Board of Trustees, and is a member of the Auckland Council Seniors Advisory Panel (2014-16 and 2017-19) and AUT's Centre for Active Ageing Seniors' Reference Group, providing collaborative perspectives about ageing well.

Boudine Bijl, Director: Boudine is co-owner and director of 3 practices in Auckland, 1 of which is an A+M clinic.

She is a Registered Nurse and has completed a Postgraduate Diploma in Health Service Management. Boudine is an auditor for the DAA Group and works part time for a PHO in the Waikato region as a clinical projects advisor. Her management experience includes operational management in a rural hospital and elective services management for Waitemata DHB.

Dr Heidi MacRae, Director: Heidi trained and worked in London initially, and has been a GP on the Shore since 2001.

In 2011 she helped establish Medplus in Takapuna, a large new integrated and forward thinking family medical centre. She works as a GP at Medplus and is a director there. Her focus is on ensuring general practice continues to evolve to meet changing needs, to provide best possible patient outcomes and to ensure ongoing satisfaction for patients and clinicians.

* Board at 30 June 2017. Dr Alison Sorley was a member of the Board until November 2016.

Senior staff profiles

John Ross
Chief Executive

John is focused on helping organisations secure sound foundations and achieve sustainable transformational change where people can make a difference. He believes it is the people at the coalface – the patients, GPs, nurses and other health care practitioners, and our health care programme providers who know best what is needed to maintain and strengthen the level of service and care.

He believes creative solutions are key to providing quality health care, particularly to the most vulnerable. He is continually looking at ways Comprehensive Care can deliver best care by working constructively with stakeholders.

John has worked with many organisations in New Zealand and the wider Asia Pacific region including Shorecare Medical Services, PHARMAC, the Central Regional Health Authority, Hitachi Data Systems, Paxus Consulting Services, Databank Systems, Westpac, TOWER NZ and Vector. He has a Bachelor of Commerce degree from the University of Canterbury, is a member of the New Zealand Institute of Directors, has completed postgraduate studies in health systems law and in emergency management and is a professional member of the Royal Society of New Zealand.

Stephen Powell
Chief Financial Officer / General Manager Business Support Services

Stephen has over 15 years of experience in the health sector for his role as Chief Financial Officer and GM Business Support. He began his health career with the Health Funding Authority and later joined Waitemata DHB as a Finance and Business Manager, where he managed the finances, budgets and reporting of the health board's key services. During this time, Stephen forged strong working relationships, gaining a good understanding of what is required to deliver quality health programmes to the public, meaning they achieve positive results while working within budget constraints.

He enjoys the challenge of managing the complexity of healthcare funding and discovering new and innovative ways of providing more services to the Waitemata population. Stephen also has experience in change management, developing and implementing systems and processes, human resources, information systems and strategic planning.

He is a member of the New Zealand Institute of Chartered Accountants.

Craig Murray
General Manager Operations

Craig's experience comes from working for 10 years in a variety of management roles within the three Auckland region District Health Boards. In addition to vaccination campaign project management and service and financial management, recent roles were with Waitemata DHB in Planning & Funding and Financial Management for Child, Women and Family Services.

His early training as a physiotherapist has created a strong platform for operational and strategic management in both secondary and primary care arenas. Craig oversees the operations of over 40 health programmes provided to the Waitemata community and enjoys working in a dynamic healthcare environment that improves quality of care to the population.

His passion is the implementation and development of robust systems that create effective health care delivery teams.

Senior staff profiles

Rachael Calverley
Director of Nursing and Workforce Development

Rachael has over 20 years of nursing experience. She began her career as a registered nurse in the UK, where she received an honours degree, and worked predominantly in Intensive Care Units and Coronary artery bypass surgery, followed by over 10 years experience in primary care, clinical general practice and education in New Zealand.

Rachael holds a Masters in Philosophy of Nursing and has a commitment to nursing leadership. She is an energetic and passionate person dedicated to working with others to improve health outcomes and support people in reaching their potential (both patients and staff). She thoroughly enjoys strategic planning approaches to frame up change pathways and set new directions for improved service delivery.

Rachael has gained further energy and enthusiasm from the regional and national exposure she has had in leading an executive committee and strategising with a variety of audiences. This has enabled her to develop strong relationships and connections locally, nationally and internationally. In 2013 Rachael was awarded the National Service Award for her nursing endeavours by the New Zealand Nursing Organisation (NZNO). In 2014 she received an award from NZNO for Strategic Leadership. She continues to be committed to communicating the nursing voice.

Dr Andre George
Clinical Director - Health outcomes

Andre has clinical experience in General Practice and After Hours Accident and Medical and Urgent Care service provision.

He brings expertise in Public Health, IT and small business operation and project management.

Dr Ajay Makal
Clinical Director - Professional Development

Ajay is a practising GP (Health & Counselling Centre, Massey University) and has a focus on Continuing Medical Education and facilitating Peer Review Groups.

He has worked in General Practice for the last 5 years and has over 8 years experience working in various hospitals, in New Zealand and in the NHS in England.

Dr Jenni Waddell
Clinical Director - Strategic

Jenni brings an extensive and solid background in primary health care: founding practitioner and business owner (Belmont Medical Centre) for over 20 years, and Chair of Shorecare for over 3 years.

She was awarded a Distinguished Service Medal by the Royal New Zealand College of General Practitioners in 2011 for her services to General Practice stage 2 education.

4 Comprehensive Care PHO Ltd

Financial statements for the year ended 30 June 2017

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4.1 Business profile as at 30 June 2017

Nature of business Provision of medical services

Business address Building A, 42 Tawa Drive, Albany, Auckland. 0632

Postal address PO Box 302-163, North Harbour, Auckland 0751

IRD number 106-499-039

IRD Status Registered charity, exempt from income tax

Share capital 100 Ordinary Shares

Shareholders

	Ordinary Shares
Comprehensive Care Limited	100
Total shares	100

Directors

DJ Arcus
K Baddock
T Malloy
AM Sorley (resigned 22 November 2016)
B Bijl-Williams
HA MacRae

Registered office Building A, 42 Tawa Dr, Albany, Auckland 0632

Company number 3203807

Date of incorporation 7 December 2010

Registered charity no CC47077

Auditor RSM Hayes Audit, Chartered Accountants,
1 Broadway, Newmarket, Auckland 1023

4.2 Annual report

The directors present their annual report including financial statements of the company for the year ended 30 June 2017.

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

Financial results	2017	2016
	$	$
Total Comprehensive Surplus	320,123	317,930

Reporting Exemptions

Pursuant to Section 211(3) of the Companies Act 1993, the shareholder has resolved not to comply with paragraphs (a), and (e) to (j) of subsection (1) of this Section.

Dividends

No payment of any dividend for this year is recommended by the directors.

Audit

It is proposed RSM Hayes Audit continues in office as auditor in accordance with the Companies Act 1993.

Statement of Directors

In the opinion of the directors, the financial statements and notes

- comply with New Zealand generally accepted accounting practice and present a fair view of the financial position of the company as at 30 June 2017 and the results of its operations for the year ended on that date.
- have been prepared using appropriate accounting policies, which have been consistently applied and supported by reasonable judgements and estimates.

The directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the company and facilitate compliance of the financial statements with the Financial Reporting Act 2013.

For and on behalf of the Board:

D J Arcus (Director)

K Baddock (Director)

27 September 2017

4.3 Statement of Comprehensive Revenue and Expenses for the year ended 30 June 2017

	Note	2017	2016
		$	$
Revenue from non-exchange			
Health Services contracts		52,877,193	51,505,720
		52,877,193	51,505,720
Revenue from exchange transactions			
Interest Received		104,505	92,488
		104,505	92,488
Total Revenue		52,981,698	51,598,208
Expenses			
Cost of Providing Services		47,347,535	45,818,801
Amortisation	11	5,974	6,158
Auditors remuneration	13	3,975	5,250
Depreciation	10	48,922	51,582
Directors fees		77,175	73,897
Donations		1,613	515
Interest		4,851	1,218
Management fee		2,150,000	2,090,004
Operating lease and rental payments		232,903	260,605
Other operating expenses		750,809	683,183
Salary and wages		2,037,818	2,289,065
Total expenses		52,661,575	51,280,278
Total surplus/(deficit) for the period		320,123	317,930
Other comprehensive revenue and expenses		-	-
		-	-
Total comprehensive revenue and expenses attributable to the owners of the controlling entity		320,123	317,930

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

4.4 Statement of Changes in Net Assets for the year ended 30 June 2017

	Share Capital	Retained Earnings	Total
	$	$	$
Balance at 1 July 2016	-	1,035,159	1,035,159
Surplus/(Deficit) for the year	-	320,123	320,123
Other Comprehensive Revenue and Expenses	-	-	-
Total Comprehensive Revenue and Expenses	-	1,355,282	1,355,282
Balance at 30 June 2017	**-**	**1,355,282**	**1,355,282**

	Share Capital	Retained Earnings	Total
	$	$	$
Balance at 1 July 2015	-	717,229	717,229
Surplus/(Deficit) for the year	-	317,930	317,930
Other Comprehensive Revenue and Expenses	-	-	-
Total Comprehensive Revenue and Expenses	-	1,035,159	1,035,159
Movements in Reserves			-
Balance at 30 June 2016	-	**1,035,159**	**1,035,159**

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

4.5 Statement of Financial Position as at 30 June 2017

	Note		2017	2016
			$	$
Current Assets				
Cash & Cash Equivalents	5	458,786		1,544,565
Short Term Investments		3,162,571		2,053,725
Receivables from Exchange transactions	6	33,038		14,878
Receivables from Non-exchange transactions	7	1,160,823		842,362
Related Party Receivables	15	117		7,285
Prepayments		375,255		1,762
Total Current Assets			**5,190,590**	**4,464,577**
Non-Current Assets				
Property, Plant & Equipment	10	188,093		135,038
Intangible Assets	11	7,369		13,415
Total Non-Current Assets			**195,462**	**148,453**
Total Assets			**5,386,052**	**4,613,030**

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

4.5 Statement of Financial Position as at 30 June 2017 (continued)

	Note		2017	2016
Current Liabilities			$	$
Trade and Other Payables	8	1,310,893		1,410,711
Employee Entitlements		256,801		265,971
Income in Advance - Non Exchange Transactions	9	1,972,303		1,901,189
Related Party Payables	15	424,274		--
Finance lease		17,402		-
Total Current Liabilities			**3,981,673**	**3,577,871**
Non Current Liabilities				
Finance Lease		49,097		-
Total Non Current Liabilities			**49,097**	**-**
Total Liabilities			**4,030,770**	**3,577,871**
Total Net Assets			**1,355,282**	**1,035,159**
Equity				
100 Ordinary Shares	12		100	100
Uncalled Capital	12		(100)	(100)
Issued & Paid Up Capital			-	-
Retained Earnings			1,355,282	1,035,159
Net Assets attributable to the owners of the controlling entity			**1,355,282**	**1,035,159**

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

D J Arcus (Director)

K Baddock (Director)

Date: 27 September 2017

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

4.6 Cash Flow Statement for the year ended 30 June 2017

	Note	2017	2016
Cash flows from operating activities			
Receipts			
Receipts from non-exchange transactions		52,671,384	52,138,865
		52,671,384	52,138,865
Payments			
Payments to Suppliers		50,384,043	48,438,298
Directors fees		79,175	82,338
Operating lease and rental payments		235,065	263,400
Employee costs		2,057,946	2,271,930
Interest Paid		1,074	-
		52,757,303	51,055,966
Net cash flows from operating activities		(85,919)	1,082,899
Cash flows from investing activities			
Receipts			
Interest received		86,345	86,704
		86,345	86,704
Payments			
Purchase of Intangible Assets		2,444	14,325
Purchase of Fixed Assets		26,904	9,166
Investing in short term investments		1,108,846	1,042,876
		1,138,194	1,066,367
Net cash flows from investing activities		(1,051,849)	(979,663)
Cash flows from financing activities			
Receipts			
Proceeds from related party loans		61,442	-
		61,442	-
Payments			
Repayment of Related Party Loans		-	7,612
Repayment of Finance Lease		9,453	-
		9,453	7,612
Net cash flows from financing activities		51,989	(7,612)
Net increase in cash and cash equivalents		(1,085,779)	95,624
Cash and cash equivalents - opening balance	5	1,544,565	1,448,941
Cash and cash equivalents - closing balance	5	458,786	1,544,565

These Financial Statements should be read in conjunction with the Notes to the Financial Statements and the Auditor's Report.

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017

1. Summary of Significant Accounting Policies

Reporting Entity

Comprehensive Care PHO Limited (previously known as Waitemata PHO Limited) ("the company") is a company incorporated and domiciled in New Zealand. The company is a charitable organisation registered under the Charities Act 2005.

The financial statements of the company are for the year ended 30 June 2017. The parent company is Comprehensive Care Limited.

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

These financial statements have been approved and were authorised for issue by the Board of Directors on the date indicated on page 6.

2. Statement of Compliance

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP). They comply with Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, the company is a public benefit not-for-profit entity and is applying Tier 1 Not-For-Profit PBE IPSAS as it has expenditure of more than $30 million. This report is in compliance with Tier 1 Not-For-Profit PBE Standards.

The financial statements have been prepared in accordance with the requirements of the Companies Act 1993 and the Financial Reporting Act 2013.

3. Changes in Accounting Policy

For the year ended 30 June 2017, there have been no changes to accounting policies. In the previous year the company had transitioned from the New Zealand equivalents to International Financial Reporting Standards ("NZ IFRS") to Not-For-Profit PBE IPSAS.

4. Summary of Accounting Policy

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

(a) Basis of Measurement

The financial statements are prepared on the historical cost basis as modified by the fair value measurement of non-derivative financial instruments which are measured at fair value.

(b) Presentation Currency

These financial statements are presented in New Zealand dollars ($), rounded to the nearest dollar.

(c) Revenue Recognition

Revenue is recognised and measured at the fair value of the consideration received or receivable to the extent it is probable that the economic benefits will flow to the company and the revenue can be reliably measured, and all required service delivery criteria have been met.

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

Revenue from Non-Exchange Transactions

The company has contracts with the Waitemata District Health Board for the supply of health services. The entity recognises revenue to the extent that the conditions in the contract have been satisfied. Payments received in advance are recognised as revenue in advance and released to the income statement once the conditions have been met. The contracts have claw back provisions and the funding must be returned should they not be used for the purpose intended.

Revenue from Exchange Transactions

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

(d) Income Tax

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

(e) Leases

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

(f) Financial Instruments

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

the company has transferred substantially all the risks and rewards of the asset; or

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

Financial Assets

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

The category determines subsequent measurement and whether any resulting revenue and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. The company's financial assets are classified as financial assets at fair value through surplus or deficit, loans and receivables. The company's financial assets include: cash and cash equivalents, short-term deposits, receivables from non-exchange transactions and receivables from exchange transactions.

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

Loans and Receivables

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

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

Impairment of Financial Assets

The company assesses at the end of reporting date whether there is objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a "loss event") and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

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

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

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. If the reversal results in the carrying amount exceeding its amortised cost, the amount of the reversal is recognised in surplus or deficit.

Financial Liabilities

The company's financial liabilities include trade and other creditors, employee entitlements, related party payables and finance lease liability. All of these financial liabilities are categorised as "financial liabilities measured at amortised cost" for accounting purposes in accordance with financial reporting standards.

All financial liabilities are initially recognised at fair value (plus transaction cost for financial liabilities not at fair value through surplus or deficit) and are measured subsequently at amortised cost using the effective interest method except for financial liabilities at fair value through surplus or deficit.

(g) Cash and Cash Equivalents

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

(h) Short Term Investments

Short term investments comprise term deposits which have a term of greater than three months and therefore do not fall into the category of cash and cash equivalents.

(i) Goods and Services Tax (GST)

All amounts in these financial statements are shown exclusive of GST except for receivables and payables that are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the Inland Revenue is included as part of receivables or payables in the Statement of Financial Position.

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

(j) Property, Plant and Equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. Where an asset is acquired through a non-exchange transaction, its cost is measured at its fair value as at the date of acquisition.

Depreciation

Depreciation is charged on a straight line basis over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

Clinical Equipment	10 -21%	SL
Leasehold Property Improvements	6 - 40%	SL
Computer Hardware	40%	SL
Office Equipment	8.5 - 25%	SL
Furniture & Fittings	8.5 - 30%	SL

Depreciation methods, useful lives and residual values are reviewed at each reporting date and are adjusted if there is a change in the expected pattern of consumption of the future economic benefits or service potential embodied in the asset.

(k) Intangible Assets

Intangible Assets are measured at cost.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self constructed intangible assets includes the following:

The cost of materials and direct labour;

Costs directly attributable to bringing the assets to a working condition for their intended use.

Amortisation is charged on a straight line basis over the useful life of the asset.

Amortisation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

Software	33% - 40% SL

(l) Critical Estimates and Judgements

Revenue Recognition

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

Development in progress- Intangible Assets

The value of these assets is considered annually for indications of impairment. In doing so the value is reviewed relative to the initial viability plan of each development project and then re-evaluated based on more recent information, including experience gathered from the projects being undertaken and capability of the tools, as well as the external sector, to determine the likely cashflows that will be generate over their life and the benefits derived by the sector.

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

5. Cash & Cash Equivalents	**2017**	**2016**
	$	$
Bank of New Zealand - 00 account	22,038	35,249
Bank of New Zealand - 25 account	432,150	978,557
Bank of New Zealand - 97 account	4,548	530,759
Cash on hand	50	-
	458,786	1,544,565

6. Receivables from exchange transactions	**2017**	**2016**
	$	$
Accrued interest	33,038	14,878
	33,038	14,878

7. Receivables from non-exhange transactions	**2017**	**2016**
	$	$
Accounts Receivable	875,664	599,580
Sundry Debtors	1,857	3,823
Accrued Revenue	265,454	238,959
GST Receivable	17,848	-
	1,160,823	842,362

8. Trade and other payables	**2017**	**2016**
	$	$
Accounts Payable	369,070	444,162
BNZ Visa	4,964	2,080
Sundry Payables and Accruals	936,859	928,380
GST Payable	-	36,089
	1,310,893	1,410,711

9. Income in Advance - non-exchange transactions	**2017**	**2016**
	$	$
Contracts - where obligations not yet completed	1,972,303	1,901,189
	1,972,303	1,901,189

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

10. Property, Plant & Equipment

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
This year						
Clinical Equipment	10,910	6,727	2,943	2,760	1,520	4,183
Leasehold Property Improvements	134,902	55,845	81,448	10,974	13,365	79,057
Computer Hardware	98,165	87,088	15,914	10,968	15,805	11,077
Office Equipment	82,743	15,763	2,601	75,921	11,542	66,980
Furniture & Fittings	58,459	31,663	32,131	1,355	6,690	26,796
Total Property, Plant & Equipment	**385,179**	**197,086**	**135,037**	**101,978**	**48,922**	**188,093**

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
Last year						
Clinical Equipment	8,150	5,206	4,655	-	1,711	2,944
Leasehold Property Improvements	124,129	42,681	95,823	-	14,375	81,448
Computer Hardware	92,552	76,637	37,865	5,985	27,936	15,914
Office Equipment	7,044	4,443	1,628	1,790	817	2,601
Furniture & Fittings	57,409	25,278	38,903	(29)	6,743	32,131
Total Property, Plant & Equipment	**289,284**	**154,245**	**178,874**	**7,746**	**51,582**	**135,038**

11.Intangible assets

	Cost	Accum Amort	Opening BV	Additions/ (Disposals)	Amort	Book Value
This year						
Software	33,415	26,046	13,415	(72)	5,974	7,369
Total Intangible assets	**33,415**	**26,046**	**13,415**	**(72)**	**5,974**	**7,369**

	Cost	Accum Amort	Opening BV	Additions/ (Disposals)	Amort	Book Value
Last year						
Software	44,873	31,458	5,248	14,325	6,158	13,415
Logo / Brand Design	-	-	924	(924)	-	-
Total Intangible assets	**44,873**	**31,458**	**6,172**	**13,401**	**6,158**	**13,415**

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

12. Share Capital	**2017**	**2016**
	$	**$**
Issued & Paid Up Capital		
100 Ordinary Shares	100	100
Uncalled Capital	(100)	(100)
	-	-

At 30 June 2017, share capital comprised 100 Ordinary Shares (Last year: 100).

All shares are uncalled and have no par value.

As the company is a not for profit entity, the holder of ordinary shares is not entitled to receive dividends or distributions of any kind from the company, as stated in the company's constitution.

13. Remuneration of Auditors	**2017**	**2016**
	$	**$**
Amounts received, or due and receivable, by the auditor of the company for:		
	3,975	5,250

There were no non audit services provided by RSM Hayes Audit during the year. (Last year: $2,500)

14. Commitments for Expenditure

Capital Commitments

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

Operating Lease Commitments	**2017**	**2016**
As at the reporting date, the company has entered into the following operating lease commitments		
Payable:	$	$
Not later than one year	308,301	267,123
Later than one year but not later than 2 years	308,301	230,087
Later than 2 years but not later than 5 years	145,027	460,173
	761,629	957,383
Representing:		
Cancellable operating leases	-	-
Non-cancellable operating leases	761,629	957,383

Vehicle leases are for a 45 month period. The final expiry date of vehicles leased is January 2021. Premises leased are for a non-cancellable term of 6 years, expiring 26 August 2019, with 2 further rights of renewal of 4 years each.

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

Finance lease Liability

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

Minimum lease payments payable:

	2017	2016
	$	$
Not later than one year	22,680	-
Later than one year but not later than 2 years	22,680	-
Later than 2 years but not later than 5 years	32,130	-
	77,490	-

Leased assets

Leases where the entity assumes substantially all the risks and rewards of ownership are classified as finance leases. The assets acquired by way of finance lease are measured at an amount equal to the lower of their fair value and the present value of the minimum lease payments at inception of the lease, less accumulated depreciation and impairment losses. Leased assets and corresponding liability are recognised in the Statement of Financial Position and leased assets are depreciated over the period the entity is expected to benefit from their use or over the term of the lease.

Finance Lease Payments

Finance lease payments are apportioned between the finance charge and the reduction of the outstanding liability. The finance charge is allocated to each period during the lease term on an effective interest basis.

Contingent Assets and Liabilities

There are no contingent assets at the reporting date. (Last year $0)

There were no material contingent liabilities at balance date. (Last year $0)

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

15. Related Party Transactions

The company is a subsidiary of Comprehensive Care Limited Limited "Parent"	2017 $	2016 $
Parent income received by company	-	4,700
Company expenses paid by parent	176,911	103,384
Parent expenses paid by company	2,281,902	2,214,141
Management fee paid to Parent	2,150,000	2,090,004
Parent DW & BI Implementation	-	50,000
Parent support and data warehouse charge	150,000	100,000
Parent edge tool	50,000	-
Parent development of capability and capacity	370,000	-

All amounts were reimbursed apart from Related Party Payable $424,274 (Last year: Related Party Receivable $7,168)

Comprehensive Health Education Services Trust Limited is also a subsidiary of the company's parent, Comprehensive Care Limited.	2017 $	2016 $
Comprehensive Health Education Services Trust Limited Expenses paid by the company	-	39

There were no amounts outstanding at balance date.
Last year ($0)

Innovation Health Systems Limited is also a subsidiary of the company's parent, Comprehensive Care Limited.	2017 $	2016 $
Innovation Health Systems Limited Expenses paid by the company	-	39

Related Party Receivable at balance date $117.
(Last year: Related Party Receivable $117)

4.7 Notes to and forming part of the Financial Statements
For the year ended 30 June 2017 (continued)

15. Related Party Transactions (continued)

During the year, the company entered into transactions with certain directors in their capacity as general practitioners. The transactions were at arms length.

There were no related party amounts written off or forgiven during the year (Last year: $0).

The company had transactions with following entities related by some common Directors			2017 $	2016 $
Dr Tim Malloy Ltd	T Malloy	Director fee	19,144	21,263
Urgent care Ltd	A Sorley	Director fee	5,000	14,296
Urgent care Ltd	A Sorley	Peer group review	450	-
Dr John Arcus Ltd	J Arcus	Director fee	-	14,333
Integrated Health Services (2008) Ltd	B Bijl-Williams	Director fee	12,091	15,000
MedPlus Ltd	H MacRae	Director fee	12,091	4,000
General Practice NZ	K Baddock	Advisory services by GPNZ	-	6,600

Related Party Accounts	2017 $	2016 $
Current Assets		
Comprehensive Care Limited	-	7,168
Innovation Health Systems Limited	117	117
	117	7,285
Current Liabilities		
Comprehensive Care Limited	424,274	-
	424,274	-

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 *Related Party Disclosures*, are the directors and members of the senior management group. The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, receiving remuneration is as follows:

	2017 $	2016 $
Total renumeration	364,886	254,839
Number of FTE's	2.1	1.6

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

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

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

16. Reconciliation of surplus/deficit with net cash flow from operating activities	**2017**	**2016**
	$	$
Reported surplus for the period	320,123	317,930
Non-cash items		
Amortisation	5,974	6,158
Depreciation	48,922	51,582
Loss on disposal of Fixed Assets	879	1,420
Intangible Assets written off	2,516	924
add/(deduct) items classified as investing activities:		
Interest received	(86,345)	(86,704)
Financing activities:		
Proceeds from Related party	(61,442)	-
Movements in working capital items		
(Increase)/Decrease in Receivables - exchange transactions	(18,160)	(5,784)
(Increase)/Decrease in Receivables - non-exchange transactions	(318,461)	387,090
(Increase)/Decrease in Prepayments	(373,493)	(16)
Increase /(Decrease) in Trade Creditors and Other Payables	(99,818)	93,613
(Decrease)/Increase in Revenue in Advance	71,114	296,545
Increase/(Decrease) in Employee Entitlements	(9,170)	20,141
Increase/(Decrease) in Related party payables	431,442	-
Net cash flow from operating activities	(85,919)	1,082,899

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

17. Categories of financial assets and liabilities

	2017	2016
	$	$
Financial assets		
Loans and receivables		
Cash & Cash Equivalents	458,786	1,544,565
Receivables from Exchange transactions	33,038	14,878
Receivables from Non-exchange transactions	1,142,975	842,362
Short Term Investments	3,162,571	2,053,725
Related Party Receivables	117	7,285
	4,797,487	4,462,815

Financial liabilities at amortised cost	2017	2016
	$	$
Trade and Other Payables	1,310,893	1,374,622
Employee Entitlements	256,801	265,971
Income in Advance -Non Exchange Transactions	1,972,303	1,901,189
Related Party Payables	424,274	-
Finance Lease	66,499	-
	4,030,770	3,541,782

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

18. Financial instrument risk

Risk management objectives and policies

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

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

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

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

Credit risk is the risk that a counterparty fails to discharge an obligation to the company. The company's maximum exposure to credit risk is limited to the carrying amount of financial assets recognised at the reporting date as follows:

Classes of financial assets	2017	2016
	$	$
Carrying amounts		
Cash & Cash Equivalents	458,786	1,544,565
Receivables from Exchange transactions	33,038	14,878
Receivables from Non-exchange transactions	1,142,975	842,362
Short Term Investments	3,162,571	2,053,725
Related Party Receivables	117	7,285
	4,797,487	4,462,815

No receivables from exchange or non exchange transactions are required to be impaired. The directors have assessed that all of the above financial assets are not impaired for each of the reporting dates under review and are of good credit quality. The credit risks for cash and cash equivalents, short term investments is considered negligible, since the counterparties are reputable banks with high quality external credit ratings. The carrying amounts disclosed above are the company's maximum possible credit risk exposure in relation to these instruments.

The company's policy is to deal only with creditworthy counterparts. No collateral is held by the company in respect of its exposure to credit risk.

Liquidity risk analysis

Liquidity risk is the risk that the company might not be able to meet its obligations. The company manages its liquidity needs by monitoring forecast cash inflows and outflows due in day-to-day operations. The data used for analysing these cash flows is consistent with those used in the contractual maturity analysis below. Liquidity needs are monitored on a monthly basis projected for the next 3 years.

The company objective is to maintain sufficient cash and marketable securities to meet its liquidity requirements for two months at a minimum. This objective was met for the reporting period.

The company considers expected cash flows from financial assets in assessing and managing liquidity risk, in particular its cash resources, receivables and short term deposits. The company's existing cash resources (including short-term term deposits) significantly exceeds the current cash flow requirements.

4.7 Notes to and forming part of the Financial Statements For the year ended 30 June 2017 (continued)

	Current	
	Within 6 months	6 to 12 months
	$	$
2017		
Trade and other creditors	1,310,893	-
Employee entitlements	201,349	55,452
2016		
Trade and other creditors	1,410,711	-
Employee entitlements	221,332	44,639

Interest Rate Risk

The Company has exposure to interest rate risk to the extent there is cash in the bank. The interest earned is as determined by the banker. The key driver of interest income to the company is bank rates and amounts on deposit. A 100 basis point change in the interest rate would affect the group by an annualised amount of interest equal to approximately $44,000 (Last year: $28,000).

19. Capital management

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

Capital for the company consists of its accumulated funds.

20. Events after the reporting date

Subsequent to year end the District Health Board will be undertaking a review of contract compliance and related fees earned as part of their contractual terms.

On 3 July 2017 the company changed its name to Comprehensive Care PHO Limited. (Last year: Nil)

4.8 Auditor's report

Independent Auditor's Report

RSM Hayes Audit

Newmarket, Auckland 1149
Level 1, 1 Broadway
Newmarket, Auckland 1023

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To the Shareholder of Comprehensive Care PHO Limited

Opinion

We have audited the financial statements of Comprehensive Care PHO Limited (company), (previously known as Waitemata PHO Limited) which comprise:

- the statement of financial position as at 30 June 2017;
- the statement of comprehensive revenue and expense for the year then ended;
- statement of changes in net assets/equity;
- statement of cash flows for the year then ended; and
- the notes to the financial statements, which include significant accounting policies.

In our opinion, the accompanying financial statements on pages 16 to 34 present fairly, in all material respects, the financial position of Comprehensive Care PHO Limited as at June 30, 2017, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report.

We are independent of Comprehensive Care PHO Limited 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, Comprehensive Care PHO Limited.

Other information

The directors are responsible for the other information. The other information comprises section 1 to 4, including the business profile, and annual report on pages 4 to 15 as well as the following sections 5 to 7 on pages 37 to 62 (but does not include the financial statements and our auditor's report thereon), which we obtained prior to the date of this auditor's report. Our opinion on the financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of directors for the financial statements

The directors are responsible, on behalf of Comprehensive Care PHO Limited, for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Standards, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible, on behalf of Comprehensive Care PHO Limited, for assessing Comprehensive Care PHO Limited's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the Comprehensive Care PHO Limited or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements. A further description of the auditor's responsibilities for the audit of the financial statements is located at the XRB's website at:

https://xrb.govt.nz/Site/Auditing_Assurance_Standards/Current_Standards/Page8.aspx.

Who we report to

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

RSM

RSM Hayes Audit

27 September 2017

Auckland

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

5 Programmes, services and performance

5.1 Care Plus services

Care Plus is a subsidised programme that general practice teams can utilise to support patients with the management of their health. The patient has an initial comprehensive assessment, where their health needs are explored in depth. An individual care plan that has realistic, achievable health and quality of life-related goals, including regular follow-ups, is then developed with the patient.

The programme provides support in the management of long-term health conditions or end-of-life needs, assists patients with a more in-depth understanding of their conditions, and encourages them to make healthy lifestyle changes.

Care Plus funding is provided by estimating likely need based on demographic characteristics. Comprehensive Care PHO's enrolled patients have a significantly greater need and usage of this programme than our funding provides for.

Care Plus funded population	14,125
Care Plus enrolled population	14,616
Care Plus enrolment	103.48%

Above: Dietitian Emma Miller and participants at a cooking class for people with diabetes

5.2 Services provided to improve access to primary health care for high need groups

To address health inequality by removing barriers to access, demographically appropriate services are available to those enrolled with Comprehensive Care PHO and who are Māori, Pacific, migrant, refugee or from a lower socio-economic group.

Community project vouchers

This initiative addresses inequalities in timely and affordable access to GPs for the enrolled population and helps the non-enrolled population. Individuals who may not be able to access health care for a number of reasons are given a voucher valued at $35 to assist with the cost of a GP visit.

Vouchers are held by the following community-based groups:

- Salvation Army (Glenfield)
- North Shore Women's Centre (Glenfield)
- Public health nurses (Warkworth and Rodney)
- Homebuilders (Warkworth)
- Rodney Women's Centre (Warkworth)

Radiology

Where an x-ray or ultrasound is required by a GP or nurse practitioner for the well-being of the patient and the following criteria are met, the procedure will be paid for by Comprehensive Care:

- The waiting list at the hospital is sufficiently long that the patient may be detrimentally affected if they have to wait
- The patient does not have private medical insurance
- The patient cannot afford to pay for the procedure

Skin lesion removal

The skin lesion removal initiative has been running successfully for more than ten years. It allows patients timely access to cancerous skin lesion removal.

Terminal care

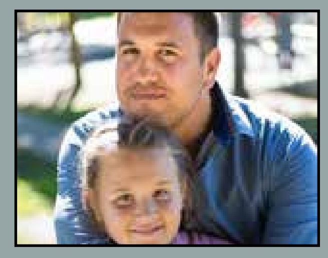
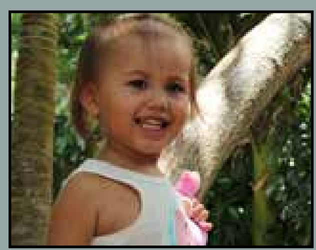
This service allows patients to access home-based, practice team (GP and practice nurse) services at no cost, lifting the financial burden on patient and whānau in the last months of life. Māori whānau, Pacific aiga, and Asian families often prefer to have family members die at home but often cannot afford the services required. Lengthy waiting times for hospice services result in inequalities and emotional and financial stress on patients and their families.

Youth sexual health

This funding provides free treatment and advice on contraception, sexually transmitted infections, health education, and sexual and reproductive health for people under 23 who present for consultation at general practice.

In addition, student health clinics at Massey University play a pivotal role in reducing the prevalence of sexually transmitted infections in young people thanks to regular contact with students over a sustained period of time. Removing financial barriers encourages clinic attendance.

The Massey University programme aims to increase awareness in the target population (students predominately under 25 years) of the risks and impact of sexually transmitted infections, and to encourage the reduction of risky behaviours through early diagnosis and treatment. Additional benefits include increased opportunities to discuss cervical screening and to screen for partner abuse during a consultation.

5.3 Health promotion services and activities

Health promotion delivers healthy lifestyle and chronic illness information across the community, aiming to increase health knowledge across the community and reduce inequalities.

Programmes provided by Harbour Sport: Active Teens, Warkworth and Pacific Equip'd, Auckland North

Active Teens, Warkworth

This is the fourth year the successful Active Teens programme has been provided by Harbour Sport in collaboration with Mahurangi College, Warkworth. Active Teens started in April 2014 and continues to be delivered at Mahurangi College to participants aged 11–15 years.

The programme works with obese and overweight teens to make measurable body changes. Active Teens focusses on personal accountability and aims to motivate teens in ways that are meaningful to them.

High intensity, boot-camp style training results in health benefits including discipline, focus and changed attitudes about nutrition and fitness.

Active Teens was slightly modified this year. It was delivered to students from the Warkworth and Wellsford area at the Warkworth Fitness centre. The participants were referred to Harbour Sport by the school nurse at Mahurangi College and a Wellsford Public Health Nurse.

Over three school terms, 24 young people participated in Active Teens. Results showed marked decreases in total body circumference and body fat; positive lifestyle changes, including being smoke free; and increases in strength, aerobic fitness, nutritional awareness, and confidence levels. The most successful participant was an 11 year old Māori boy who lost 15.1kg of body fat and gained 10kg of muscle. His sisters, aged 10 and 12, lost a combined total of 4.4kgs of body fat and gained 6.8kgs of muscle.

Mahu Movers, Warkworth

Mahu Movers is a Healthy Lifestyle Programme for teachers at Mahurangi College that aims to build a healthy school community.

The programme encourages teachers to be role models and motivators for students as they experience the benefits of healthy eating and regular physical exercise. By participating in this programme, teachers are better equipped to engage students who could benefit from Active Teens the most.

The programme started in August 2015. Over two school terms, 15 people participated in Mahu Movers. Results showed marked decreases in total body circumference measurements and body fat, and increases in strength, aerobic fitness, and nutritional awareness.

Participants requested an additional weekly session and Harbour Sport has worked with Warkworth Fitness Centre to implement this.

Pacific Equip'd

The Pacific Equip'd project, launched in 2013, aims to increase participation in sport and recreation by Pacifika youth. Initially targeting Pacific teen girls attending one North Shore secondary school, coverage was extended to four more schools in term four 2015: Northcote Intermediate, Northcote College, Carmel College and Birkenhead College.

A total of 95 girls attended over terms 2 and 3.

Comprehensive Care PHO assists with funding to support the nutritional component of this programme.

Above: Pacific Equip'd participant enjoying fitness and yoga.

Programmes funded through the North Shore Women's Centre

North Shore Women's Centre (NSWC) provides a variety of services and programmes focusing on women's health issues. Comprehensive Care PHO continues to substantially fund two programmes: 'It's All About Me' and Tai Chi.

'It's All About Me'

It's All About Me is a two-day school holiday programme for girls aged 11 - 16 years. It is delivered in two age groups, intermediate and secondary, by a skilled facilitator. The course covers body image, self-care, self-defence techniques, developing self-awareness and setting personal boundaries.

Thirty five girls attended three programmes this year. Participants came from a range of ethnicities including Māori, Pacifika, Pākehā, Korean, and Chinese.

Tai Chi

During the past year, 148 tai chi classes have been held by NSWC in Beach Haven, Glenfield and Devonport. The classes were attended by 1,023 participants aged over 18 who were from a variety of ethnicities including Pākehā, Māori, Chinese, and Russian. Predominately women attended.

The Tai Chi classes have been well attended and very popular. Positive results for mental and physical wellbeing included an improvement in risk factors associated with cardiovascular disease and diabetes. Participants reported a high level of increased wellness, which included being less stressed, sleeping better, having greater flexibility and balance, increased fitness and feeling calmer. Many of those attending the class have used tai chi to help with falls prevention.

Programme funded through the Birkdale Beachhaven Community Project: 'Foodtogether'

Consultation with Birkdale Beach Haven Community Project identified that the community needed support to access affordable fresh fruit and vegetables and help to make better food choices.

The organisation Foodtogether is a social enterprise enabling local communities to operate a food co-op. Comphrehensive Care PHO supported Birkdale Community House to work alongside Foodtogether to set up a co-op. The programme:

- Enables the community to have access to affordable fresh fruit and vegetables
- Helps the community make better choices about the food they consume
- Enhances relationships in our community - especially with high needs patients who may require further support
- Provides opportunities to hold classes that relate to healthy eating and support diabetes self-management

Bags of fruit and vegetables start at $15 and are collated at Birkdale Community House.

Funded support to community based programme 'Bikes in Schools'

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

Work was done with the Bikes in Schools project manager to identify two schools who would benefit from the programme this year: Ranui Primary School and Glenfield Intermediate. Both schools have a high number of Māori, Pacific, and Asian students and general practices close to the schools.

Funding was provided to help build a bike track at Glenfield Intermediate and a pump and skills track for Ranui Primary School.

Feedback from the Bikes in Schools programme shows it raises confidence, self-esteem and resilience of participants through a fun activity. It delivers health and wellbeing outcomes for the pupils and staff by promoting a healthy lifestyle. Results show the children and their extended family biking more often.

Above: Henderson Valley Primary students at the opening of the bike track in March 2017 (funded previous year). Photo courtesy of Bikes in Schools

Funded support to community based organisation 'PHAB'

PHAB is an inclusive organisation for people with disabilities. It promotes and supports self-reliance, enhancing social opportunities for people both disabled and non-disabled.

PHAB run a health, nutrition and exercise programme called 'ACE' (Active Choice Exercise). The idea for ACE came from a group of young people with disabilities who were keen to play a role in their own fitness and health. The programme has been running since 2010.

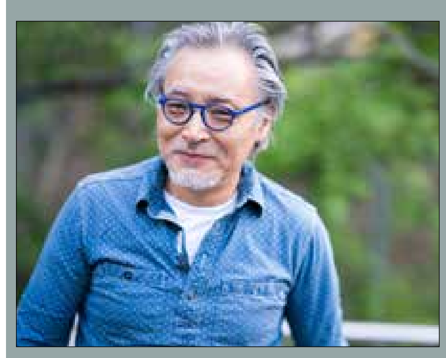
PHAB expressed a need for new exercise and sporting equipment. Comprehensive Care PHO supported this in 2016/2017 to ensure the continued success of the ACE programme.

Funded support provided to community events and organisations

- Devonport Skate Series
- Bayswater Primary School Kids' Duathlon
- Health Link North
- 2017 Autism Special Needs Children's Party
- Heart Kids NZ's Kids Day out
- Promotional activity in partnership with general practice
- Men's Health Week
- Cervical Screening Awareness Month
- Breast Screening Awareness Month
- Immunisation week
- White Ribbon – Taking a stand against violence towards women
- Youth health event at Birkenhead College

Links with the community

- NGOs including Health Link North, Waitakere Health Link, North Shore Women's Centre, Age Concern, Rodney Women's Centre, Homebuilders, and PHAB
- Community network meetings
- Community coordinators
- Raeburn House
- Health Link North board
- PHO representative on Waitemata DHB groups including Health of Older Persons, Falls Prevention, Community Engagement, and the Asian and MELAA Primary Care working group



5.4 Referred services management activities

Diabetes services

Comprehensive Care PHO continued to provide diabetes self-management education courses, dietitian-led supermarket tours and dietitian consultations throughout the Waitemata DHB region. A new initiative, providing language specific diabetes self-management education courses for Korean and Chinese speakers, was very well received and plans have been made for future courses.

We continue to work collaboratively with a range of community groups including Harbour Sport's Green Prescription programme, TANI Asian forum and North Shore diabetes support groups. Diabetes New Zealand Auckland branch has continued to support our sharps disposal service.

The community based podiatry programme continues to be well received and utilised for people who have been assessed by their general practice team as being at risk for foot complications.

Diabetes self-management education (DSME)

The diabetes self-management education course comprises a 2.5 hour session per week with different topics over three consecutive weeks. To complete the course people must attend all three sessions. It is available for people diagnosed with type 2 diabetes or high cardiovascular risk, and aims to educate them to improve understanding of their condition and empower the individual to self-manage.

Topics covered include pathophysiology, exercise, nutrition, food labelling, food groups, recipe adaptations, associated complications, foot care, medications, hypoglycaemia management and blood pressure.

New Direction

In 2016 we conducted a one year follow up on participants from the New Direction pilot. We were able to contact 30 participants. Of those:

- 15 continue to have an HbA1c less than 41, putting them in the normal range
- 12 have reduced their HbA1c further, of these 5 now have an HbA1c of 42 or less, so their HbA1c level may continue to fall over time to reach normal levels

Although 3 participants have unfortunately gone onto to develop type 2 diabetes, attending New Direction has made a significant positive difference to the majority of attendees.

Comprehensive Care PHO has continued to run New Direction in 2016/17. Numbers are lower this year as we have fewer people with pre-diabetes attending DSME compared with previous years, however the results continue to be promising with reductions in HbA1c levels. Comprehensive Care PHO will continue to seek funding for the continuation of the programme.

Podiatry

The community based podiatry programme is fully funded for people with type 1 or 2 diabetes who have been assessed by general practice as being at risk of developing diabetes foot disease.

Patients are referred to the service by their GP or practice nurse. They are then seen by a contracted podiatrist within the community. The severity of risk determines the number of visits available, generally to a maximum of three per year.

Diabetes eye screening

Diabetes eye screening is a fully funded community based service for people with diabetes. Patients are referred to the service by their GP or practice nurse and are seen within three months for their first appointment.

Comprehensive Care PHO provides a very successful retinal screening service. The service is run efficiently with a very low 'did not attend' rate of 4%. The service is constantly evolving to meet the needs of our patients, which we monitor closely through annual surveys and feedback.

Palliative care

It is a stressful time for family/whānau when a person requires palliative care. The palliative care package assists in reducing the financial burden by providing access to GP and practice nurse services both in the practice and at home at no cost to the patient.

Mental health

The mental health team comprising 2.6FTE psychologists and one intern psychologist provides services both from our Albany office and off-site to ensure accessibility of the service. Programmes include:

- A free service for clients referred to the mental health team by their GP
- A low cost, fee paying service, offering one-on-one and group therapy

To ensure that group therapy sessions are accessible to as many clients as possible, the team offer three groups per week in two locations. In addition, they provide support for Diabetes Self-Management Education courses, nurse education and the smoking cessation team.

We have continued collecting outcome data from both 1:1 and group sessions to ensure we know the service we are providing is effective. Results from client satisfaction surveys are pleasing.

We continue to offer internships to psychology students. We have had very positive feedback about the internship we provide. This is making a positive contribution to workforce development.

We continue our health promotion initiatives, including our psychologists presenting to other healthcare providers (eg Stroke Foundation).

Asian Smokefree

Asian Smokefree is a language and culturally specific quit smoking service for Asian people. We began our second decade of operation in May 2016 and our patients continue to achieve exceptional quit rates. The 2016/2017 success rates were 77% at 4 weeks post quit date and 65% at 3 months post quit date.

Our team speak Cantonese, Mandarin, Korean and English. For all other languages we use WATIS interpreting services to assist us in providing language specific support. Over the year we have been privileged to support people with the following ethnicities: Chinese, Korean, Indian, Malaysian, Other Asian, Filipino, Vietnamese, Pakistan and South East Asian.

Above: Students consulting our Smokefree team's display at Massey University.

5.5 Consumer satisfaction and complaints summary

We welcome feedback from consumers and community groups as well as the workforce to which we provide services. We receive unsolicited feedback, positive and negative, on services provided directly and on services provided by member general practice teams.

Workforce development

Training and professional development in the form of Continuing Medical and Continuing Nursing Education sessions is scheduled annually. We seek feedback via satisfaction surveys.

Feedback from the Practice Nurse Fundamentals course and update course was very positive:

I was always learning something new or being reminded of something - *Practice Nurse Fundamentals course participant*

This course should be attended by all practice nurses - *Practice Nurse Fundamentals course participant*

Well planned programme, most informative - *Practice Nurse Fundamentals course participant*

Very high standard of speakers. Feel fortunate the course has been funded. It has motivated me to get more involved - *Practice Nurse update course participant*

Responses from General Practice Teams

Unsolicited positive feedback, oral and written, is frequently provided about the Practice Liaison team. The team is seen as knowledgeable, well-resourced, and helpful in both business (for example, CORNERSTONE/ Foundation Standard assessments) and clinical (for example, professional development and continuing education) spheres.

Diabetes services for patients

Positive comments about Diabetes Self-Management Education came from both people newly diagnosed with diabetes and people who have been living with diabetes for some time:

I felt the course was encouraging, informative and has helped me to reinforce the diet and exercise programme I am doing - *Diabetes Self Management Education participant*

I gained a lot of knowledge and experiences. I hope that there are many opportunities like this in the future. I have suffered from diabetes for a long time so I have read many books and I have also gained a bit of knowledge from my son who is a doctor. It is not easy to put everything into practice. Thank you - *Korean Diabetes Self Management Education participant*

Outstanding presentation - huge thanks to [the DSME team]. In-depth education covering all facets of subject contributed to total package of excellence. Very pleased I attended - *Diabetes Self Management Education participant*

An excellent and informative set of lectures, very well run. The professional lecturers were friendly, concise and made the topics very understandable. There is a great need for this course - *Diabetes Self Management Education participant*

Health promotion

The wide-ranging health promotion activities we support, including 'It's all about me', 'Bikes in Schools' and 'Food together' consistently receive positive feedback.

'It's all about me' participants said about the course:

I'm going to be more confident with who I am and will feel more safe when I'm out by myself - *It's all about me participant, age 12*

Feedback about the increased accessibility of fresh fruit and vegetables through the 'Foodtogether' programme has been very positive:

The produce is fresh from the market and available to pick up that same day. It makes it so easy to access- fruit and vegetables are so expensive so sometimes my whānau miss out - *Foodtogether programme participant*

Psychology services

The Managing Mood groups receive very positive feedback from clients.

The Managing Mood group is brilliant. I think anyone and everyone would benefit from completing it. I think it would be very valuable for every GP to refer everyone who comes with even the most remote feeling of low mood. It could be a prerequisite for everyone prior/during anti-depressants - *Managing Mood Group participant*

Many of the skills have helped me to be able to stop being stressed and anxious- *Managing Mood Group participant*

The concepts introduced were of great value. The drama triangle awareness has diffused much of the tension at home. Re-introducing self-care (yoga) has been immensely helpful, understanding my values helped me to a gain a greater self-acceptance - *Managing Mood Group participant*

Smokefree services

Clients of the smokefree service comment that the ongoing support provided by the team has changed their lives. Clients say they feel listened to, motivated to quit and comfortable with using nicotine replacement therapy once our smokefree coordinators have explained how to use it.

Feedback received from smokefree services patients and practice nurses who refer to our service includes:

Good to meet you, a very pleasant and beneficial hour, thank you- *Smokefree service client*

He [the patient] was most impressed by your attitude, professionalism and kind heartedness and thought you provided a wonderful service for which he was very grateful. He also appreciated you going the extra mile to actually drop more NRT patches in his letterbox when he requested a script - *Practice nurse commenting on a patient experience*

5.6 Issues and exceptions report

Comprehensive Care PHO continues to apply significant threshold management in the areas of critical clinical need, to ensure we are operating within our fixed operational budget. Where possible, patients with higher clinical need outside the scope of our existing contracts will be referred to secondary care services.

5.7 Service utilisation

Utilisation (annual registered patient consultations) remains consistent with over 1 million consults and a total PHO average of 3.77 consultations per annum. There is significant variability between practices both in terms of consultation numbers and the ratio of GP to nurse consultations. Comprehensive care is investigating the variability of utilisation between our practices. This information underpins national funding models and is potentially being influenced by process as opposed to demographic need.

Quarter 4 and annualised utilisation analysis for Comprehensive Care PHO

Patients	
Funded patients	251,844

Utilisation	
GP visits	193,246
Other visits, including nurse visits	43,878
Total	237,124

Utilisation rate (average visits per patient)	
GP utilisation rate	0.77
Other utilisation rate	0.17
Total	0.94

Utilisation rate by age group		**Annualised**
0-4	1.18	4.73
5-14	0.60	2.39
15-24	0.59	2.35
25-44	0.69	2.76
45-64	0.98	3.91
65+	1.70	6.81
		3.77

Comprehensive Care PHO fee levels

Fee levels for Comprehensive Care PHO member practices are set, reviewed, and published on our website (www.comprehensivecare.co.nz) by age band for each practice, and advised to Waitemata DHB in accordance with the Services agreement.

Age bands for fees are set out in the table below. Fees are $0 for most under 13 year olds.

Age range	Very Low Cost Access practice	Non VLCA practices
0 - 6 years	$0	$0 - $15
6-12 years	$0	$0 - $30
13 - 17 years	$0 - $12	$22 - $46
18 - 24 years	$15 - $18	$34 - $63
25 - 44 years	$15 - $18	$38 - $63
45 - 64 years	$15 - $18	$38 - $63
65+ years	$0 - $18	$34 - $61

5.8 Volume based contracts

Volume contracts				
	Contract name	Contract volume	Actual volume	Performance
Smokefree	Asian Smokefree	420	408	97%
Lifestyle Options	Lifestyle Options	1150	2137	186%
Palliative care	Palliative care	100	114	114%
Long Term Conditions	DSME	508	200	39%
	Nutrition and health	500	615	123%
	Diabetes Annual Review	5255	6779	129%
	DCIP	2965	2988	101%
	Podiatry	1199	1496	125%
	Retinal screening	4460	4177	94%
	Workforce training	84	81	96%

Key		
	>95% contract	
	85% - 95% contract	
	<85% contract	

Contract performance has proven to be extremely positive this year. Lifestyle Options has performed exceptionally well again with performance at 186% of contract requirements.

Diabetes Annual Review, podiatry, and nutrition and health have performed well above contract at 129%, 125%, and 123% respectively. However, Diabetes Self-Management Education again faced challenges of low referral volumes. We continue to work with the District Health Board and sector to better define an education solution that is better suited for people with diabetes.

Despite changes to the service from 1 July, Asian Smokefree has reached 97% of the contract target.

5.9 Health targets

In the first year of implementation of System Level Measures there remaining only two health targets for the primary care setting. Comprehensive Care PHO has performed very close to target for both immunisations and smoking cessation.

High decline rates of 3.6% are the greatest influencing factor in not reaching the immunisation coverage target of 95%.

Engaging practices in providing brief advice for smokers remains a constant challenge. The target of 90% is readily achievable when considering the number of smokers attending for consultations who do not receive cessation advice.

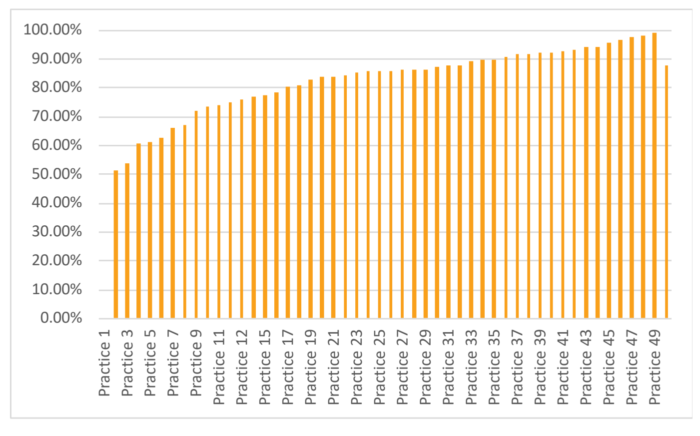
Health targets	Increased Immunisation	Better help for Smokers to Quit
Target	95%	90%
Comprehensive Care PHO result	93%	88%
Variance to target	-2%	-2%
National average	93%	89%

Analysis by practice illustrates variability in practices achieving a particular target, and enables Comprehensive Care PHO to focus resources and support. Although anonymised, the data also demonstrate that different practices have strengths in different areas, facilitating peer support actions.

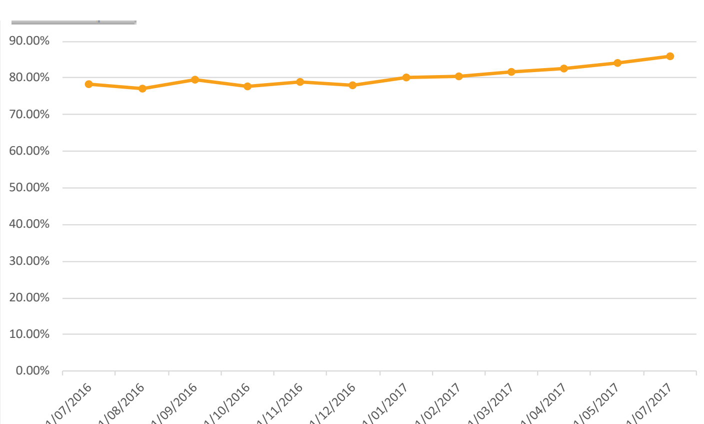
Not all practices are included, due to differences in patient management systems.

Unadjusted smoking brief advice

Percentage of total population, June 2017



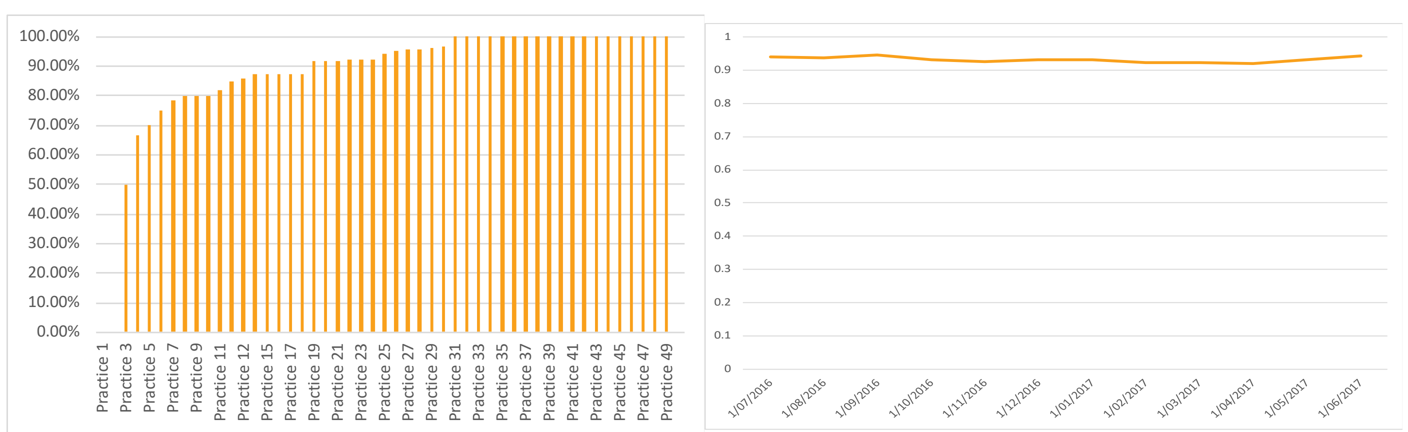
12 month trend, June 2016 - July 2017



8 month old immunisations

Percentage of total population, June 2017

12 month trend, June 2016 - July 2017

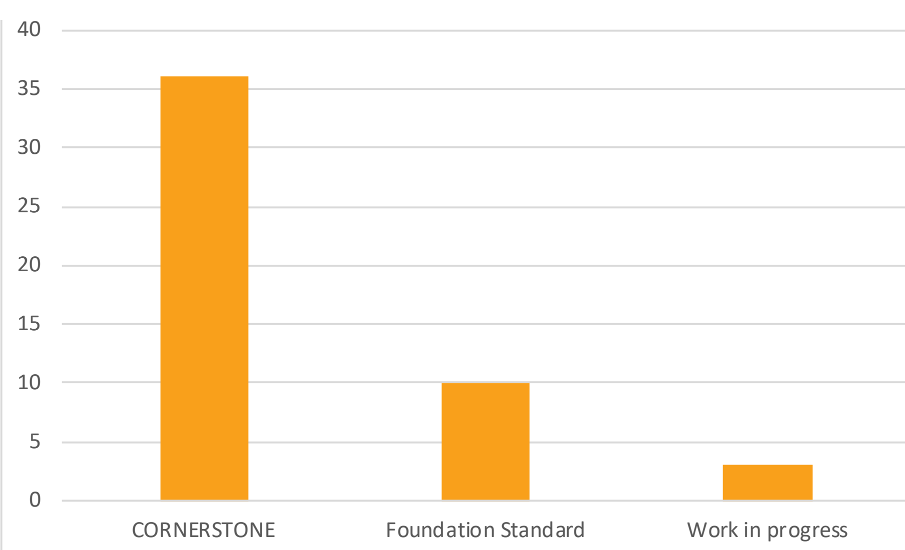


5.10 Quality assurance activity

All Comprehensive Care practices have engaged and registered with Royal New Zealand College of General Practitioners (RNZCGP) for either CORNERSTONE or Foundation Standard accreditation.

At 30 June, only three CORNERSTONE and three Foundation Standard practices have yet to receive accreditation. These practices are either in the remedial stages of accreditation or have been granted extensions from the District Health Board.

Count of quality assurance status by programme



5.11 Collaboration and alliances

Auckland Regional After Hours Network

Comprehensive Care PHO is a member of the Auckland Regional After Hours Network (ARAHN), which supports general practices to meet their contractual obligations to provide complete patient access. ARAHN is a partnership of all the DHBs, PHOs and a consortium of A+Ms in the Auckland region, working to improve access and consistency of after-hours services in the region. As a member of the network, we contribute to the funding of population targeted subsidies and telephone services to improve service access, and the development of service specifications to meet population needs.

District Alliance

Comprehensive Care PHO remains a member of the District Alliance Agreement: Waitemata and Auckland Districts.

The purpose of the partnership is to create a future health system and to design services across Waitemata and Auckland districts as an alliance of DHBs, primary health care partners, Mana Whenua and Mataawaka partners. The strategic approach focuses around patient and whānau determined care and is designed and delivered using a locality framework.

5.12 Māori health

Comprehensive Care is mindful of responsibilities under the Treaty of Waitangi.

In respect of Māori health gain, this is addressed by means of the Waitemata DHB's annual Māori Health Plan, to which Comprehensive Care is party in co-operation with ProCare.

In 2016/17, responsibilities in relation to access to health care included Māori CVD risk assessment (achievement was 87.9%, with a target of 90%) and implementing the recommendations of the Primary Options for Acute Care (POAC) and access to diagnostics review.

PHO breast cancer screening actions involved working with Waitemata DHB and Breast Screening independent service providers to implement data matching to identify, invite and recall Māori women. Comprehensive Care supported this initiative throughout the year.

6 Business Support services

Business support services provide management and support services to ensure the smooth running of business activities, including:

- Information management and systems support
- Project management
- Finance (accounts payable, accounts receivable, payroll, general ledger management and annual financial auditing and reporting)
- Register and claims administration and management
- Human resources
- Communications
- Facilities, and
- Contract management (funding and procurement)

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

- Continuing the implementation of the Information Management Strategy which has the following six objectives:
    1. A single source of truth
    2. Close the loop with stakeholders
    3. Self service access
    4. Standardisation
    5. Governance and control, and
    6. Rapid deployment and adaption

  A robust process of extraction and a data repository of enrolled population demographics, consultations and clinical quality indicators has been established and work will continue to improve the confidence in the data collated. A Business Intelligence (BI) reporting platform Qlikview has been established and deployed to practices providing initial reporting on demographics and consultations
- Developing and deploying Practice CONNECT, a secure Practice Portal for communicating news and events (such as CME, CNE and peer groups) to member practices and clinicians and which is integrated with Salesforce (a contact management system) and Qlikview
- Extending piloting and use of GASP in New Zealand and for Australia: improvements requested, expansion of the pilot to new areas and data extraction of consultations completed for research analysis purposes by our Australian partner Asthma Foundation Queensland and New South Wales
- The Waitemata PHO company name change to Comprehensive Care PHO Ltd
- Continued delivery of Project IntuIT (the INTegration and Upgrade of the CCL IT decision support tools)
- The piloting of alternative phone messaging and response for practice After Hours phone diversions
- Negotiation of improved support and coordination of the GP2GP service

In other areas, the team is continuing to deliver savings for a number of practices when purchasing office supplies and medical refrigerators.

Among other activities, in the next year the team will focus on the ongoing development and implementation of:

- The clinical quality reporting framework
- The information management and reporting strategy through Qlikview
- The communications strategy through Practice CONNECT

Managing our registers

A primary function of the PHO is to manage and ensure the accuracy of our enrolment register. Our Practice Liaison team annually audits one third of our practices: an intensive process that checks the currency and accuracy of all patient data. Internally we use industry standard register processing software that provides analysis of practice submitted enrolment registers, enabling practices to improve the accuracy of their registers to a consistent standard.

7 Clinical Directorate and Workforce Development

Clinical Directorate represent Comprehensive Care PHO across the health sector to ensure the delivery of accessible, high-quality healthcare both to our members and across the region.

Clinical Directorate comprises:

- Dr Jenni Waddell, Clinical Director, Strategic
- Dr Andre George, Clinical Director, Health Outcomes
- Dr Ajay Makal, Clinical Director, Professional Development and GP Liaison
- Rachael Calverley, Director of Nursing and Workforce Development
- Rosey Buchan, Nurse Leader Workforce

Clinical Directorate provide representation and strategic input into regional and internal groups to support clinical providers in our General Practice Teams (GPTs), the PHO population, and the communities with whom we work to improve health outcomes. In addition, Clinical Directorate manage individual queries from clinicians in practices, complaints, quality improvement activities and workforce development education, training and ongoing professional development for doctors and nurses.

Clinical Quality Group

This internal group consists of members from Clinical Directorate, the Practice Liaison team and other clinical teams. Key areas of focus have been system level measures, health targets and public health target imperatives, mental health, diabetes and cervical screening. In addition, the group notes and addresses specific practice complaints, and clinical risk areas of practice breaches.

The Plan Do Study Act (PDSA) cycle forms the basis for modelling review of current state and practice and provides us with a mechanism to act on change requirements to ensure activity continuously addresses quality gaps and seeks to improve care for patients as the ultimate outcome.

Clinical Advisory Group (CAG)

CAG makes recommendations to the Comprehensive Care Board about health care programmes, education models, potential service changes and opportunities that could improve health outcomes in the district. The group develops ideas and makes recommendations to the Chief Executive and Clinical Directorate about health care provision within the community that resonates with the organisation's strategic direction and includes, but are not limited to, primary care.

A recent review of the Terms of Reference and revised membership sees a consumer representative co-chairing CAG with overarching purpose as noted:

1. To assist/advise Comprehensive Care to have the clinical capability and capacity to meet the health care needs of our rapidly growing, increasingly diverse and aging community
2. To assist/advise Comprehensive Care to pioneer innovative clinical programmes to ensure best health outcomes for all within our diverse community, focusing on equity of outcomes inclusive of race, ethnicity, gender, address and income
3. To assist/advise Comprehensive Care to develop strategic relationships with DHBs, NGOs and social providers who can work with us to enhance health promotion and care provisions

The group deals with matters escalated to it from the internal Clinical Quality Group, and accepts submissions for discussion/ presentation to review and advise upon.

Above: Attendees, including Rosey Buchan, Nurse Leader Workforce, at the end of year CME/CNE and awards dinner.

Complaints

Clinical Directorate manage the clinical component of complaints and support practice and individual clinician challenges as needed.

Workforce development activities across our General Practice Teams

Across the region, strong relationships are established, and continue to build, among medical clinical directors and nursing directors through Clinical Directorate and nurse group meetings. These relationships help Clinical Directorate understand regional changes in service planning and support consistent messaging to our GPTs.

Professional Development and Education for GPTs

Based on GPT survey feedback, 15 sessions of Continuing Medical and Nursing Education were presented. For 2017 we have included clinical workshop courses separately for nurses and doctors on a Saturday morning with excellent uptake and feedback.

CPR for GPTs

Comprehensive Care funds the provision of CPR courses for GPT staff including practice managers, administrative staff, doctors and nurses. We funded 14 level 3-5 courses in the year to 30 June 2017, including 2 offsite courses.

Peer review groups for General Practitioners

Comprehensive Care now host nine GP peer review groups, including the Business Owners Forum, following the merger of two smaller groups. Peer review groups are run by Dr Ajay Makal with the support of Dr Andre George and Dr Jenni Waddell.

These well attended groups examine:

- Clinical topics relevant to general practice
- Topical subjects within the sector, including development of Clinical Pathways and general practice transparency of information
- Regional initiatives like safety in practice, falls prevention programmes, and patient experience of care
- Cultural competence
- Case discussions
- New and important national guidelines like NZ Osteoporosis guidance and prostate health

Safety in Practice

Safety in Practice (SiP) is designed to reduce preventable harm within primary care by targeting issues of clinical concern and gaining skills through practical experience and collaborative learning. A range of tools and resources, alongside support from improvement and clinical experts, are provided to general practice teams to foster a patient safety culture.

Comprehensive Care has 14 practices enrolled in Safety in Practice for 2017/2018. Five of these are returning practices and nine new practices.

New Entrants to Practice (NEtP)

The development of new entrant nurses is supported by the Director of Nursing, a number of our education and training programmes, and collaboration with the Auckland and Waitemata DHB primary health care nursing development team.

Clinical leadership and management (CLAM)

Quarterly CLAM sessions cover topical areas for practice nurse leaders and nursing managers, including Metro Auckland projects, workplace conflict, and funding.

Above: Comprehensive Care staff members Margot McDonald, Jeannie Walker and Christina Lee at the end of year CME/CNE and awards dinner.

Long term conditions education and training for nurses

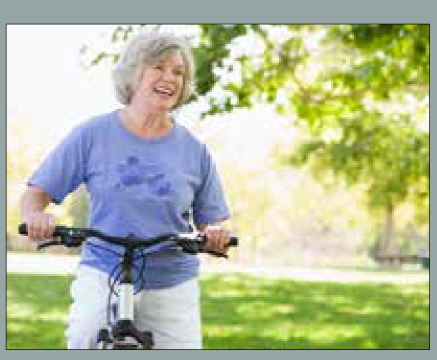
We have a strong track record with our GASP respiratory improvement training for nurses and our diabetes/CVD education which is aligned to the National Diabetes Knowledge and Skills Framework. These courses, which support improved self-care by patients and the delivery of optimal nursing care and management, continue to attract good attendance. Delivery of GASP training has extended outside the Auckland region and to Australia.

CARE project for older adults

In collaboration with Waitemata DHB, this project focuses on an integrated model of care delivery involving GPT training to identify, assess and manage care needs.

Collaborative mental health and addictions credentialing programme for nurses

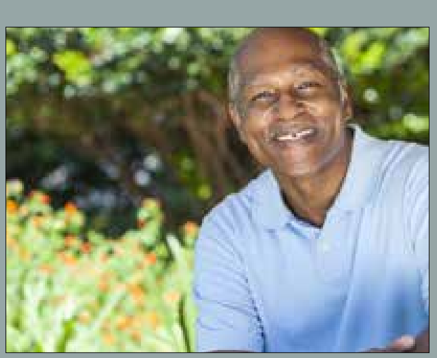
This successful programme, developed and delivered across three DHBs and seven PHOs in Auckland, has supported improvements in the capability and confidence of nurses working with people in primary health care who present with low mood, anxiety, or depression.



Independent evaluation resulted in increased funding, allowing roll out across Auckland from September 2016. We have hosted and continued to support a collaborative approach to the ongoing successful delivery of this programme, with the commencement of the third cohort post pilot.

Professional Development and Recognition Programme

We continue to support, direct and assess nurses undertaking portfolios and developing career pathways.



Diabetes focus groups

These are run quarterly, sponsored by Novo Nordisk and facilitated by Comprehensive Care PHO's Diabetes/Long term conditions team.

These groups are well attended by nurses and GPs within our network who find it very beneficial in day to day management of diabetes. Topics covered have included case discussions, new insulin pens, current guidelines, patient education and motivational interviewing.

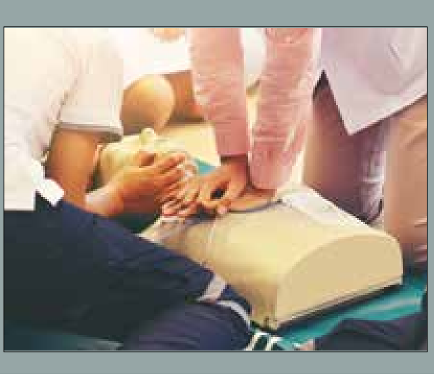
Dr Ajay Makal supports this group, providing clinical input during discussions as needed.

Communication to GPTs

Dr Ajay Makal oversees clinical content in the weekly newsletter for relevance, appropriateness and timing. Direct email communications are used for important messages from Auckland Regional Public Health, DHBs and Ministry of Health.

Practice Liaison support

Clinical Directorate provides support to practice liaison staff on various queries and issues within our GPTs.



Other programmes

Other courses made available to nursing and General Practitioners throughout the year are via Waitemata DHB, conference opportunities and scholarships (e.g. HiNZ conference 2016/2017), NGO, professional bodies, regional conferences and symposiums.

Primary-secondary care regional interface

Clinical Directorate widely represent Comprehensive Care PHO on working groups and project teams across the region. The table below shows the distribution of representation amongst members of Clinical Directorate.

Activities/Meetings/Groups	Dr Andre George	Dr Ajay Makal	Dr Jenni Waddell	Rachael Calverley	Rosey Buchan
Alliance Leadership Team (Auckland-Waitemata ALT)			•		
Child Health Steering Group - Northern Region Primary Care			•		
Diabetes Service Level Alliance and working groups				•	
NRA Diabetes Network workforce, nursing				•	
Waitemata DHB Professional Development and Recognition Programme Group and Level 4 Panel				•	
APEX Fast-track programme for new nurses into General Practice				•	•
Clinical Pathways (Interim steering group (CPISG) and Operational steering group (CPOG)	•				
Care Connect Governance Group	•			•	
General Practice Transparency				•	
Our Health in Mind	•			•	
POAC Clinical Reference Group	•				
ARAHN Clinical Quality Group (Clinical Subgroup) – ON HOLD	•				
Waitemata DHB Bowel Screening project			•		
Metro Auckland Clinical Governance Forum (MACGF)			•	•	
CARE Project	•			•	
Safety in Practice (PHO representation)	•				•
Safety in Practice - PHO Facilitators					•
Collaborative Mental Health and Addictions Programme for PHC Nurses				•	•
Primary Care Connections Forum (Waitemata DHB)			•		
Clinical Advisory Group			•	•	
System Level measures steering group		•	•	•	
Creating the future planning summit	•				

8 Member practices and their locations

Practice	Address
Albany Family Medical Centre	368 Albany Highway, Albany
Archers Medical Centre	130 Archers Road, Glenfield
Beachhaven Medical	330 Rangatira Road, Beach Haven
Belmont Medical Centre	3 Williamson Avenue, Belmont
Birkdale Family Doctors Ltd	93 Birkdale Road, Birkdale
Birkenhead Medical Centre	4 Rawene Road, Birkenhead
Browns Bay Family Doctors	65 Clyde Road, Browns Bay
Browns Bay Medical Centre	32 Anzac Road, Browns Bay
Byron Medical	2 Byron Avenue, Takapuna
Coast to Coast Health Care^	220 Rodney Street, Wellsford
Coastcare Accident & Medical Centre	Shop 9, Red Beach Road & Bay Street, Red Beach
Coastcare Birkenhead	121 Birkenhead Avenue, Birkenhead
Coastcare Chartwell	31 Chartwell Avenue, Glenfield
Devonport Medical Centre	82 Lake Road, Narrow Neck
Dodson Medical Centre	4 Dodson Avenue, Milford
East Coast Bays Doctors	512 East Coast Road, Windsor Park
Family Medicine Birkenhead	29 Birkenhead Avenue, Birkenhead
Fenwick Medical Centre	217 Shakespeare Road, Milford
Glenfield Doctors on Chartwell	52 Chartwell Avenue, Glenfield
Glenfield Medical Centre	452 Glenfield Road, Glenfield
Health+Counselling Centre, Massey University	Student Central, Albany Expressway, Albany
HealthZone	17 Antares Place, Rosedale
Hibiscus Coast Medical Centre	13 Moana Avenue, Orewa
Hobsonville Family Doctors	124 Hobsonville Road, Hobsonville
Hobsonville Point Medical Centre*	3A/160 Hobsonville Point Road, Hobsonville
Integrated Medical Centre	511 South Titirangi Road, Titirangi

Kelston Medical Centre*	8 Archibald Road, Kelston
Kitchener Road Medical Centre	174 Kitchener Road, Milford
Kowhai Clinic	424 Glenfield Road, Glenfield
Kowhai Surgery	10 Percy Street, Warkworth
McLaren Park Medical Centre*	83 Bruce McLaren Road, Henderson
Medplus	327 Lake Road, Hauraki
North Harbour Medical Centre	Unit 16 / 326 Sunset Road, Windsor Park
Northcare Accident and Medical	5 Home Place, Rosedale
Northcote Point Doctors	73 Onewa Road, Northcote
Onewa Doctors	225 Onewa Road, Birkenhead
Silverdale Medical	7 Polarity Rise, Silverdale
Snells Beach Medical Centre	Mahurangi East and Dalton Roads, Snells Beach
Stanmore Bay Medical#	Shop B12, 570 Whangaparaoa Road, Stanmore Bay
Sunnynook Medical Centre Ltd	119 Sunnynook Road, Forrest Hill
Sunset Road Family Doctors	Unit 3/317 Sunset Road, Sunnynook
Takapuna Healthcare	25 Bracken Avenue, Takapuna
The Doctors Fred Thomas	2 Fred Thomas Drive, Takapuna
The Doctors, New Lynn*	19 Delta Avenue, New Lynn
Torbay Community Doctors	987 Beach Road, Torbay
Torbay Health	1042 Beach Road, Torbay
Waiake Medical Centre	1 Hebron Road, Waiake
Waitakere Union Health	55 – 75 Lincoln Road, Henderson
Warkworth Medical Centre	11 Alnwick Street, Warkworth
West Harbour Medical Centre	86 Oreil Avenue, West Harbour
Westview Medical Centre*	5 Glendale Road, Glen Eden

* Member of National Hauora Coalition (Waitemata DHB area)

Member of Alliance Health Plus

^ Network partner

9 Contact information

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