



Comprehensive Care PHO Annual report, 2019

Optimal health for all



TUTURU COMPREHENSIVE WHANGAI ORANGA

ko tona whakamarangatanga, kia
mahi tahi ai nga tikanga "whangai"
i nga mokopuna / tamariki kua mahua
noho i nga matua.

ki nga kaimahi comprehensive tauwi mai i nga Takuta
heke io ki nga Tari ki nga
kaitiaki mo to ratou oranga
tangata

whakamoanga ki te tina haumi e
hui e ta i ki e

- John (H M) te Retimana
Ngati Whatua

Front cover photographs

Top: Participants at a GASP course learning how to take a spirometry reading

Bottom left: Craig Murray and John Ross representing Comprehensive Care at the NZMA Conference in Rotorua

Bottom right: Comprehensive Care staff members Florence Moret, Marcelo Rebello and Rosey Buchan writing Christmas cards to patients in local aged care facilities

Back cover photographs

Top: Long term conditions team members Katy Stevens, Margot McDonald, Gail Keane, and Emma Miller

Bottom left: Nurses from member practice Browns Bay Medical

Bottom right: Nurses from member practice Apollo Medical

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Our mission

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

Our vision

Tino hauora mō te katoa
Reaching optimal health for all

Our values

- **Hihiri:** to be dynamic
- **Noho haepapa:** to be accountable
- **Whakaaro nui:** to show respect towards all others
- **Pono:** to be able to be trusted

About us

Comprehensive Care PHO is a community based not-for-profit health organisation.

Funding comes from the Ministry of Health and District Health Boards to

- Provide health services for people enrolled with us through their General Practice
- Provide health services for the local community
- Fund and support health related activities provided by community groups
- Support General Practice teams which are members of Comprehensive Care

Our activities and programmes are guided by a board of medical and community representatives. Our health programmes are also overseen by an independent Clinical Governance group.

Patients who are enrolled with a general practice that is a member of Comprehensive Care PHO pay less for doctors' appointments and prescriptions because these are subsidised. Enrolled patients can also access a variety of free or subsidised support services such as diabetes education, stop smoking support, and mental health services. Many services require a referral from a doctor or nurse; others are available by self-referral. We provide information on our website (www.comprehensivecare.co.nz) about our services and how to access them.

Comprehensive Care PHO supports general practice teams by providing regular professional development opportunities, including seminars, skills training and peer discussion groups.

We develop and maintain clinical and business IT tools that help manage patients' health and health care. We communicate regularly with general practices and assist with administration, IT and business matters.

Comprehensive Care PHO has around 50 staff engaged in providing health care directly and in supporting our member General Practices. Over 500 doctors, nurses, allied health professionals and administrative/support 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.

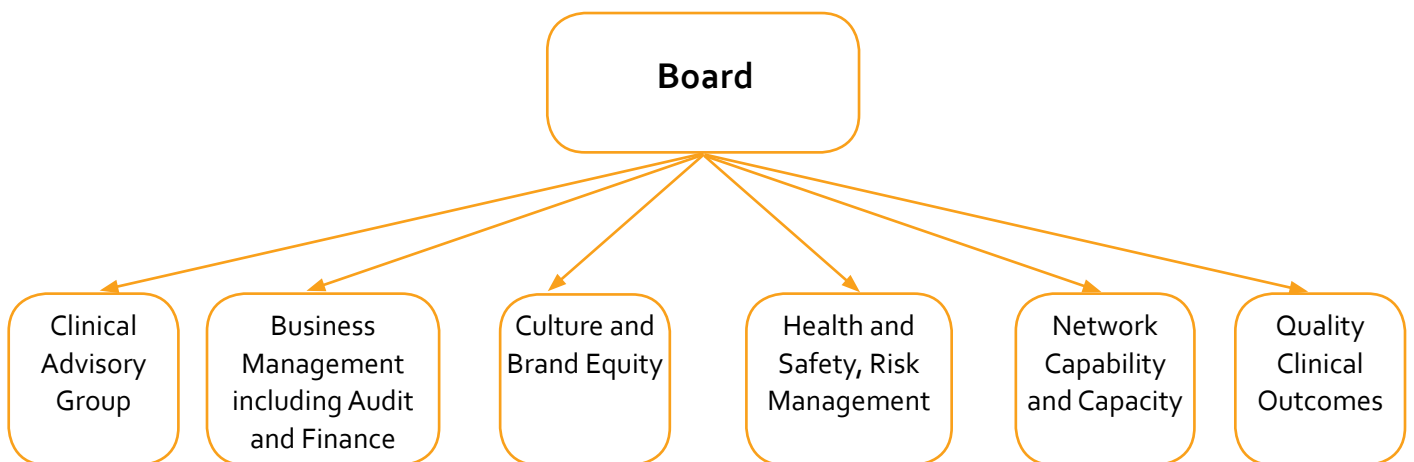
Our values are core to our culture—they are the way we do things. It is very important to us to use these values when working together and with others.

Legal structure

Comprehensive Care PHO is registered charity number CC47077 and New Zealand Business Number 9429031297981.

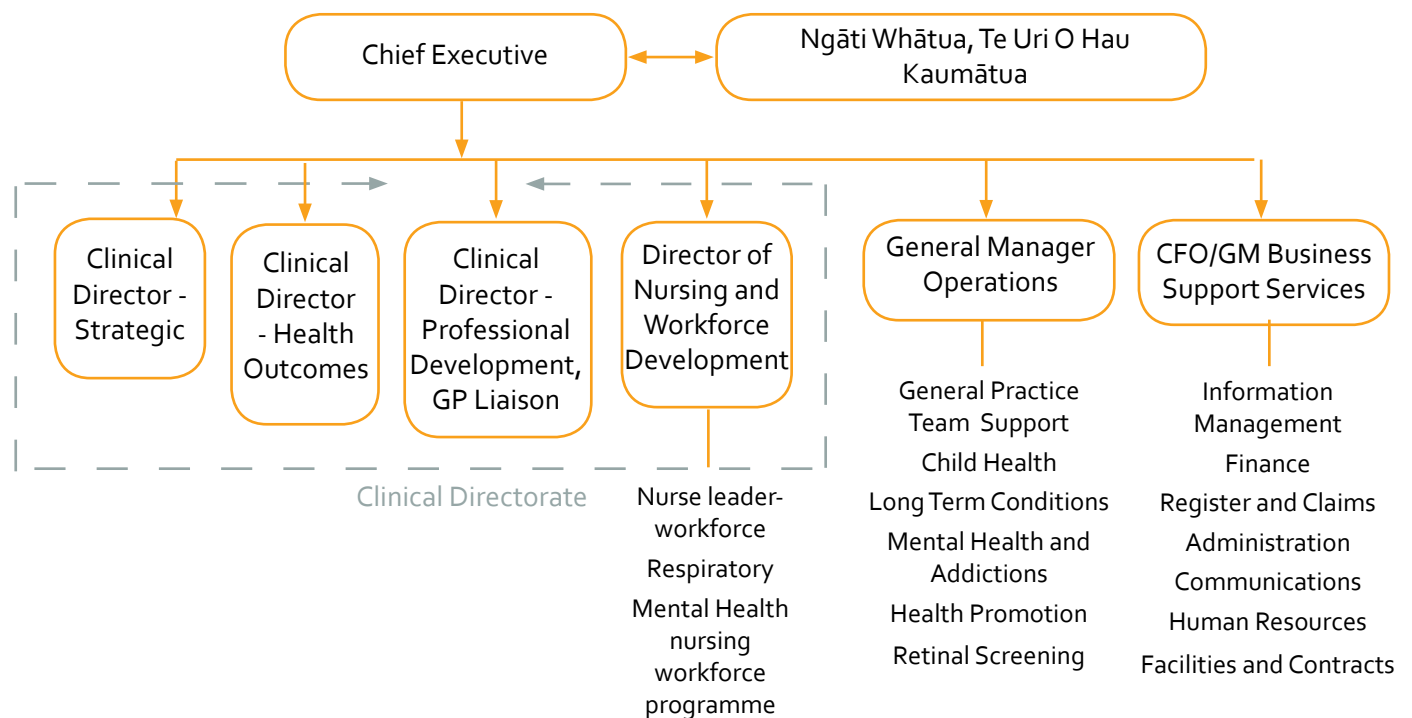
Governance structure

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.





Māori health

Comprehensive Care PHO is very mindful of our responsibilities under the Treaty of Waitangi.

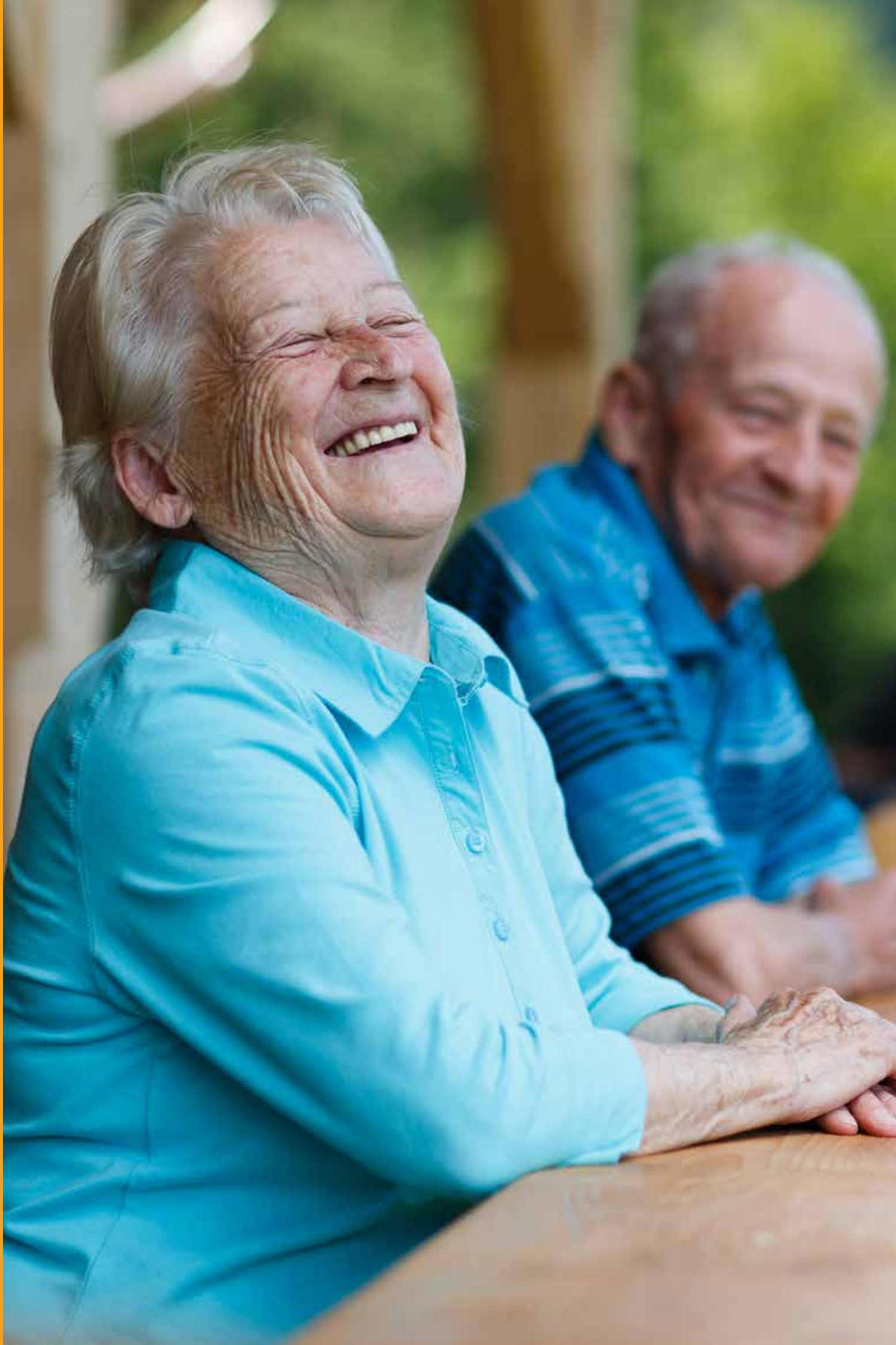
Comprehensive Care PHO is committed to improving health outcomes for Māori through the provisions of the Māori Health Plan Auckland and Waitematā District Health Boards, and by integrating Māori influence and decision making within Comprehensive Care from governance level, through to the operational team.

The Māori Health Plan documents measures for all PHOs in the Waitematā and Auckland DHB areas. Areas of focus include primary healthcare enrolment, child and older adult immunisation, ambulatory sensitive hospitalisation for young children and adults (that is, where health conditions are managed in the community and primary care rather than by admission to hospital), breast and cervical cancer screening, and long term conditions, particularly cardiovascular disease and diabetes. Progress is monitored via the joint Auckland and Waitematā DHB Māori Health Board Advisory Committee – Mānawa Ora.

Comprehensive Care PHO and Whāngai Hauora, are a Treaty based organisation with total responsibility for the development and delivery of Māori Health care under the developing concept of Whāngai Hauora.

Māori partnership with Comprehensive Care PHO is supported through the development of Whāngai Hauora and the Mana Whenua of Ngāti Whātua. Currently we have a Kaumātua advising Comprehensive Care and Māori directors on Comprehensive Care Boards, to help develop and express relationships with all other PHO's and the National Hauora Coalition. The equity question of enrolled patients in our districts is a work in progress until we finalise details of how those relationships might work.

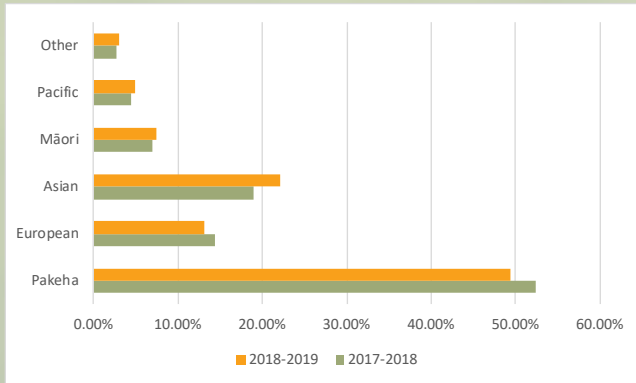
Whāngai Hauora and its ability to develop a Māori Health action plan will be completed in the second quarter of 2019. The strategy outline document is on the Comprehensive Care website at <http://www.comprehensivecare.co.nz/news/whangai-hauora/>.



At a glance

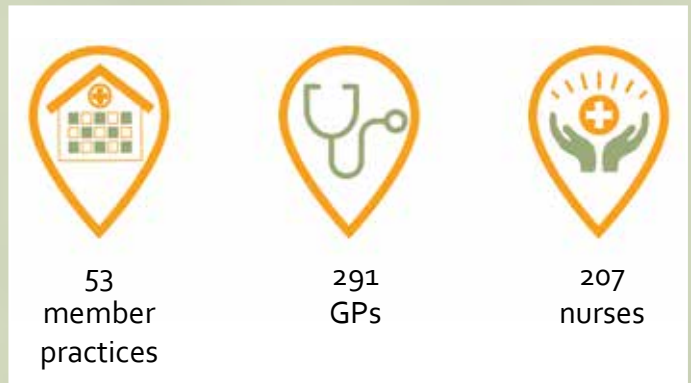
Our population

We provided care for 256,223 enrolled patients. There was an increase in the number of Māori, Pacific, and Asian people enrolled with our practices.



Our membership

We have approximately 291 GPs and 207 nurses providing care to patients in 53 member practices.



Health promotion

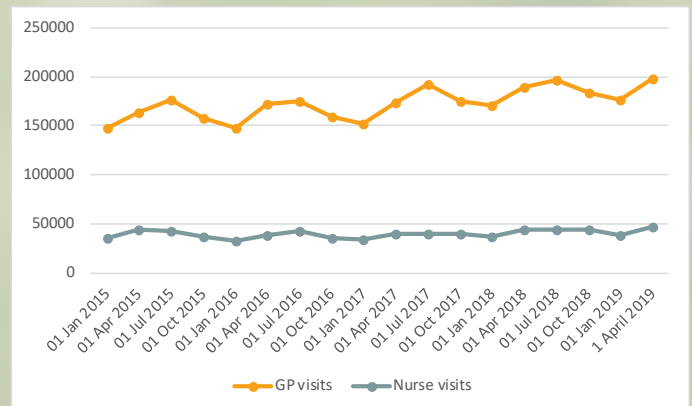
We have reached out to the community with programmes promoting good health.



Health promotion programme participants

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.

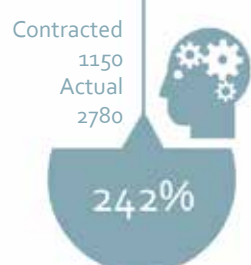
Nutrition and health

Enrolled patients



Mental Health / Lifestyle Options

Enrolled patients



Asian smokefree

Enrolled patients



Workforce development

People trained



Board Chair's report

Dr Heidi MacRae



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 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.

Tēnā koutou katoa,

As Chair of Comprehensive Care, I would like to thank and acknowledge all our general practice teams for their huge commitment and determination to delivering quality healthcare to our population. I appreciate the challenges faced by practices over the last year especially the funding changes for CSC holders and the NES roll out and am pleased to hear that most practices report that all has gone smoothly.

As Comprehensive Care PHO (CCPHO) is a charitable, not for profit organisation our objective is to run at a zero budget, optimising health funding to be spent on delivering services. The Executive Leadership Team operate very leanly to make sure as much money is transitioned to general practice and to programmes that benefit our patients and communities. An enduring key and differentiating strategy of CCPHO is the delivery of quality clinical education services, peer groups and CPR training for our practices. We aim to continue to deliver this very well received service for free and to support our GPs to attend peer groups, while we are now planning to improve accessibility by developing online education services and programmes. A new strategy in the past year has been the development of our enrolment campaign to ensure all our population (and especially high needs populations) are enrolled with CCPHO which will also optimise funding for practices. ScreEnrol is a new tool that was developed by DrInfo and, in collaboration with CCPHO, has been enhanced to meet the needs of both patients and practices improving the convenience and reducing

the administrative burdens of enrolment and re-enrolment. I am proud that this innovation is now being rolled out after its trials. Another innovation and I know a project that you will all be delighted with is a project being developed with ACC to improve access to high-tec imaging, so soon we can look forward to being able to order more high-tech imaging for our patients.

I would like to thank and acknowledge all our general practice teams for their huge commitment and determination to delivering quality healthcare to our population.

A focus this year has also been on our strategies for making a difference to our high needs populations and communication with our stakeholders. These are ongoing long term strategies and we have begun working on them with the refresh and renaming of our secure member portal (becoming Aku Pānui/ My Bulletins) and email digital bulletin (Comprehensive Care Pānui). The new names have been developed in consultation with our Kaumātua, John Retimana and with iwi, Ngāti Whātua, to acknowledge our partnership. We believe use of te reo Māori is an important statement (and a step in the path) of Comprehensive Care's understanding of Treaty of Waitangi responsibilities and commitment to improving health outcomes for Māori.

Life expectancy in Waitematā is the longest in New Zealand, and our population is one of

the healthiest. However, there are significant differences in outcomes for different ethnicities and the CCPHO Board is determined to reduce these inequalities. Our Māori and Pacifica populations deserve better health outcomes and we are determined to deliver services that engage them. The first step we have taken was to recognise that we needed strong Māori representation and advisors on the Board, and then to work with John Retimana to develop his concept “Whāngai” – to adopt and nurture. We are determined that this project will get off the ground this year and will help our existing general practice teams work with those most in need of health services.

Looking at the sector it is in a state of flux. We are awaiting Heather Simpson’s Health and Disability System Review commissioned by the Minister of Health. Clearly there will be recommendations for change to improve the equity of outcomes in health and to also

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futureproof the system to meet technological, demographic and workforce changes that are going to confront us in coming years. If the report is actioned, we can expect to see significant changes, probably at DHB and PHO level. The PHO continues to influence and negotiate at a national level and are redoubling our efforts to get into a position to have meaningful and effective negotiations with the Crown. Whilst we have all been expecting reductions in the number of PHOs nationally, Waitematā District Health Board has recently changed its policy and is allowing three more PHOs to operate in the district. The three new ones are: NHC, Alliance Health Plus (Pacifica)

and Total Healthcare (the PHO for Tamaki Healthcare). We have been collaborating well with other PHOs locally and will continue to do so whilst it benefits our practices and our communities.

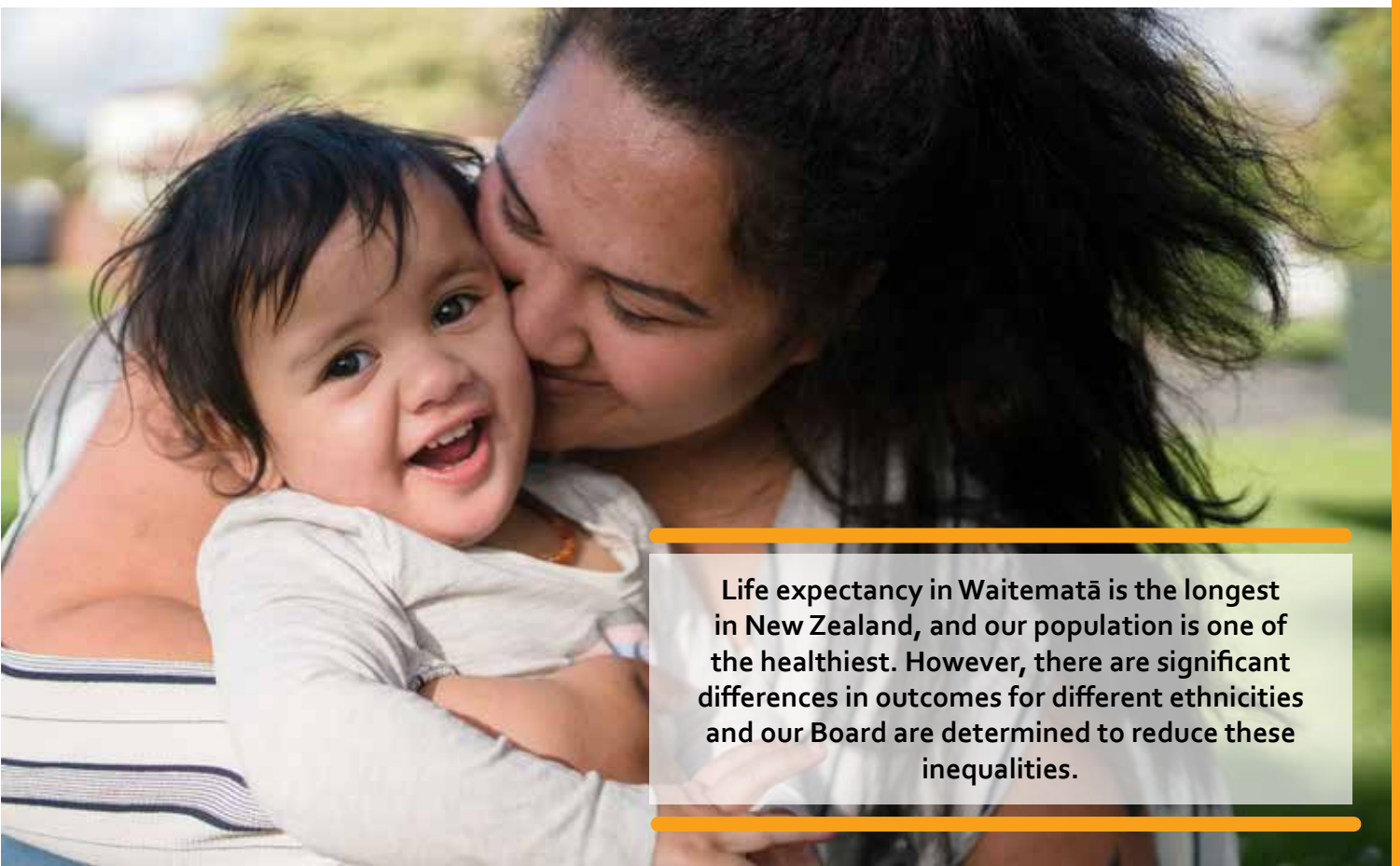
I would like to thank the CEO, the Executive Leadership Team, our Kaumātua and the staff of Comprehensive Care for their ongoing commitment and hard work this year. They work tirelessly to advocate for practices and your patients, both nationally and locally, and are dedicated to making the very best use of every dollar.

I hope that we will see many of you at our AGM and awards night on Wednesday 13th November.

Ngā mihi nui,



Heidi MacRae



Life expectancy in Waitematā is the longest in New Zealand, and our population is one of the healthiest. However, there are significant differences in outcomes for different ethnicities and our Board are determined to reduce these inequalities.

Chief Executive's report

John Ross



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 to 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.

Health System Change & Business Support

Tēnā koutou katoa,

As Chief Executive of Comprehensive Care PHO, I would like to thank and acknowledge my operational and clinical teams and our new Board of Directors for a very positive year supporting the delivery of essential healthcare in the region.

There have been many challenges administratively for practices but most have emerged well and that is a credit to the dedicated teams in General Practice. Hundreds of thousands of doctor and nurse consultations have been provided to care for over 250,000 patients which is greatly appreciated.

During the year we

- Worked with General Practice New Zealand and the new Federation of Primary HealthCare Aotearoa New Zealand on initiatives to raise the profile of General Practice with system decision makers and funders
- Presented two oral and two written submissions to He Ara Oranga, the Government inquiry into Mental Health and Addictions and have presented to the Health & Disability Review group, giving strong messages about the incredible value that General Practice can play in the emerging health system. It is good to see substantial amounts of new funding is being provided for primary care in the area of Mental Health & Addictions as a result of the inquiry
- Introduced Focused Acceptance Commitment Therapy (FACT), sustained the Collaborative mental

health and addictions programme for primary health care nurses, and continued with our Managing Mood Groups initiatives all of which are helping to show that PHO and General Practice is a place to invest new money

- Worked with other government agencies, like PHARMAC, to make sure the introduction of new programs, such as the new pharmaceutical therapy for Hep C, were aligned with the capacity and capability of General Practice teams
- Continued to work with our fellow PHOs in national processes to improve the funding models for primary care services, as ultimately we want to ensure equitable access to these services

Continuing requirements to improve population health status across our base of patients means we provide information that is increasingly more timely and informative for practices to act upon and the resources with which to address these needs.

We provide information that is increasingly more timely and informative for practices to act upon to address needs.

My last two year's reports referred to new technologies, new medicines, pathways and models of care. And as was the case last year, some progress has been made but funding constraints across the sector, especially government health provider deficits, has slowed progress on opportunities such as Health Care Home.

We are working with practices individually and in groups to develop their own custom (to suit their specific circumstances) program of introducing Health Care Home.

I am proud of the team's performance not only at a contract level, where again our reporting shows we delivered significantly more with our funding than what we have been contracted to do, but also at an individual level where we have made a difference in the lives of people.

Comprehensive Care PHO'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 advisors. I am proud of the team's performance not only at a contract level, where again our reporting shows we delivered significantly more with our funding than what we have been contracted to do, but also at an individual level where we have made a difference in the lives of people. Individual differences like the thirteen babies that can now sleep safely in their own wahakura, the 33 teens who have been motivated to make changes to their eating habits, the 150 Pacific youth who participated in our sport and recreation programme, the outcomes of our Managing Mood Group sessions and online e-Therapy programme, and the 18 people with disabilities who participated in the Active Choice Exercise (ACE) programme that CCPHO co-founded with PHAB.

Comprehensive Care PHO fulfils a cornerstone role in supporting and managing the delivery of services and the demands upon General Practice from the government's policy directives. Comprehensive Care PHO actively supports doctors and nurses in their clinical practice, facilitating business and operational improvements, and providing pastoral care.

Our General Practice liaison, business and clinical services continue to provide a wide variety of support to practices, including professional development for all practice staff roles. Our regular education programmes for doctors and nurses, including CME and CNE, have great attendance levels. Last year, our practices delivered well over 1 million consultations and Comprehensive Care PHO facilitated more than 50,000 claims from general practitioners for service programmes like Care Plus (where General Practices need to spend additional time with a patient, or patients need support to access services).

For the eighth consecutive year, we have finished the financial year positively, with a surplus

The years result continues to be a credit to my entire team and I would also like to congratulate them on the excellent result of the Health and Disability NZ audit of our systems.

that is greater than originally budgeted. We take a multi-year view of our operating result and as our balance sheet remains appropriately strong we are therefore planning a breakeven budget for 2019/20 along with re-

investment of equity and capital into supporting the capacity and capability of healthcare provision as required by our constitution.

The years result continues to be a credit to my entire team and I would also like to congratulate them on the excellent result of the Health and Disability NZ audit of our systems.

We go in to the 2019/20 financial year with a combined registered population of around 265,000 patients.

It continues to be a privilege to support the hard work of General Practice Teams and our support and clinical staff. Best wishes to you all personally and for your businesses in the 2019/20 financial year.

Ngā mihi nui,



John Ross

Our board members

Current members

Dr Judy Blakey MNZN, Director



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.

Currently Judy chairs the Mairangi Arts Centre Board of Trustees, and is a member of AUT's Centre for Active Ageing Research Reference Group. As a member of the Auckland Council Seniors Advisory Panel (2014-16 and 2017-19) Judy has provided collaborative perspectives about ageing well, and is a strong advocate of Auckland Council applying to join the WHO's global network of age-friendly cities and communities. In the 2018 New Year Honours List Judy was appointed a Member of the New Zealand Order of Merit for services to seniors.

Dr Lynne Coleman, Director



Lynne has been a general medical practitioner on the North Shore for 25 years and previously a GP Obstetrician for 15 years. She is now working primarily in the urgent care (accident & medical) part of Apollo Medical, and takes a Clinical Leadership role in this area.

Outside of primary care, Lynne has an interest in sports and injury medicine and travels with several elite sports teams including New Zealand's Olympic and Commonwealth Games teams. She was awarded a Member of the New Zealand Order of Merit in 2015 for services to sport and health.

Lynne is a qualified director and has been a member of the Institute of Directors for 10 years. She has a long history working on a variety of boards including the Waitemata DHB and the Wilson Home Trust. She presently serves as a member of the Sports Tribunal of New Zealand and Director of the Shore Care and Apollo Medical boards. Lynne is passionate about primary care and promoting healthy communities.

She is prepared to work hard for Comprehensive Care, and her profession, and aims for a healthy future for our community.

Dr Clare Dudding, Director



Clare has been a General Practitioner at Torbay Medical Centre for over 25 years and was a GP Obstetrician for 10 years.

She brings experience after serving for 3 years on the Harbour PHO and Comprehensive Care Board in 2008.

She has a strong interest in providing a voice for General Practice – not only as a passionate health care provider but also as an independent business owner of an expanding and progressive practice.

Clare believes that General Practice should be the hub of quality family healthcare for our community. Clare is mother to 3 adult children and continues to be an active and regular sport supporter. Her current role is as treasurer of NZ water ski racing.

Jo Bennett, Board intern



Jo started her Admin career in healthcare at an After Hours Clinic from 2005. She moved into Primary Care in 2012 to take up Practice Management positions. She has been the Practice Manager for over 5 years at Birkenhead Medical and became a Partner in 2018.

Jo has always had an interest in health with a back ground in Personal Training, and enjoys the challenges that Primary Healthcare brings, where no two days are the same.

Jo is passionate about the use of technology going forward to help manage workloads on the industry, to ensure patient outcomes are achieved while providers of healthcare, at all levels, are cared for and valued to ensure longevity and a healthy work life balance.

In her spare time Jo likes to travel and get outdoors whenever possible with her husband and son.



William Davis, Advisor

E nga mana, e nga reo, e nga rau rangatira ma tena koutou katoa.

Ko nga maunga whakahi o Tamaki oku maunga hei purea ai, Mahuhu ki te Rangi raua ko Tainui oku waka, Waikato te awa – “He piko he Taniwha”, te Manukanuka o Hoturoa ratou ko, te Wai o te Mata, te Kaipara oku moana – “Hei huru hapi”. Puatahi ki Ngati Hine ratou ko, Reweti, Orakei, Werewere, Nukuhou oku Marae. Ko Ngati Whatua, Waikato, Ngati Tuwharetoa oku Iwi.

Ko William Tamakehu Davis tenei.

My work experience includes director, board member and other roles for community and business organisations, including Whai Maia Ngati Whatua Orakei, Iwi representative for Auckland Council Te Kete Rukuruku and Place Naming project, Board Chair Freemans Bay School.

My academic background includes Indigenous and Health Studies. I graduated from the University of Auckland with a postgraduate diploma in Maori Business Development.

Members who retired this year



Dr Kate Baddock

Kate is Chair of the New Zealand Medical Association, a member of the NZMA’s General Practitioner Council, 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 has been involved in a wide variety of activities, including as a GPEP teacher and Primex examiner, and a Swimming NZ official.



Boudine Bijl

Boudine previously co-owned three GP practices, one being an urgent care. She is a Registered Nurse with experience in both hospital and PHO management. She holds a Postgraduate Diploma in Health Service Management and is a qualified auditor. She works freelance in innovation relating to moving services from the secondary services to primary care. Her management experience includes operational management in a rural hospital and elective services management for Waitemata DHB.



Dr Tim Malloy

Tim was President of the Royal New Zealand College of General Practitioners and was granted the special status of Distinguished Fellow in 2018. 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.

Our senior staff

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.

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 Chartered Accountants Australia and New Zealand (CAANZ).

Rachael Evans 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/GP Liaison

Ajay is a practicing GP and has a focus on facilitating Continuing Medical education and Peer review groups and also providing support and pastoral care where needed to GPs within the network.

He has been in General Practice since 2010 and prior to that has worked in various specialties in the hospitals here in Auckland and in the NHS England for 8 years.



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) since 1991, and was Chair of Shorecare from 2011-2017.

She sits on the Auckland-Waitemata Primary Care Alliance Leadership Team, and the Metro Auckland Clinical Governance Forum since 2015.

Jenni 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.



John (Hone Mutu) Retimana

Kaumatua

Tena koutou katoa.
Nga mihi nui o te wa nei.
E te hunga mate haere haere haere atu ra.
Ko Tokatoka te Maunga
Ko Pokapoka te Taniwha
Ko te Raki o te Wairoa te Awa
Ko Kaipara te Moana
Ko te Uri o Hau te Hapu
Ko Ngati Whatua te Iwi
Na Naumai te Marae
Ko nga Uri ko te Kotahitanga te Whare Tupuna.
Whanaungatanga a Iwi
Te Rarawa, Ngapuhi, Ngati Whatua, Tainui

I have operated in the role as Kaumatua to Comprehensive Care since its inception.

I am currently developing a Māori Health concept for all called Whangai. This concept will embrace the entire primary health care policy of DHBs and government.

Hei kona mai tatau.

Programmes, services and performance

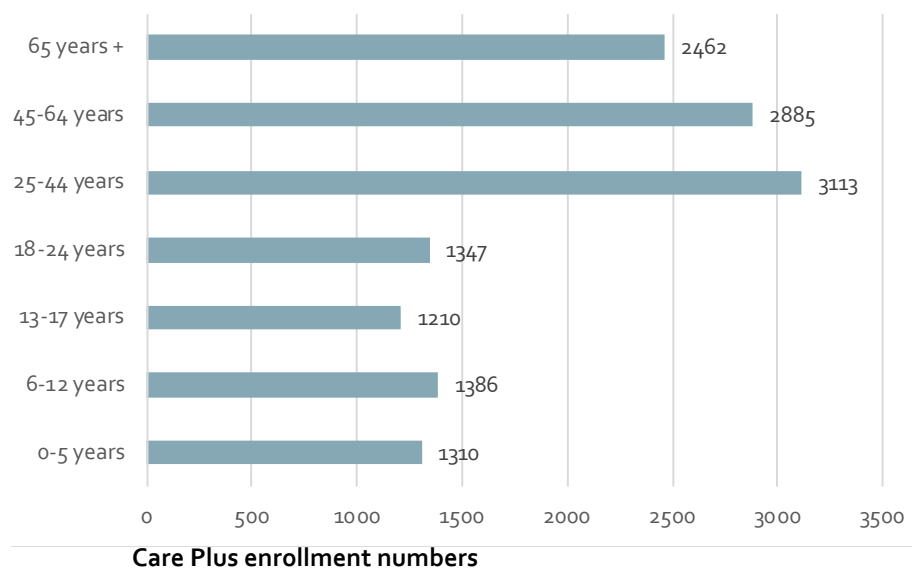
Care Plus services

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.



Services 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 aims to address inequalities of timely and affordable access for the enrolled population and to reach the non-enrolled population.

A voucher valued at \$40.25 is supplied to individuals who may not be able to access healthcare to assist with the cost of a GP visit.

The vouchers are held by Salvation Army (Glenfield), North Shore Women's Centre (Glenfield), Public Health Nurses (Warkworth and Rodney), and Homebuilders (Warkworth).



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 generally prefer to have family members die at home but often cannot afford the practice team services required. Inequalities exist for these people due to the lengthy waiting time for hospice services, resulting in undue emotional and financial stress on patients and their families.

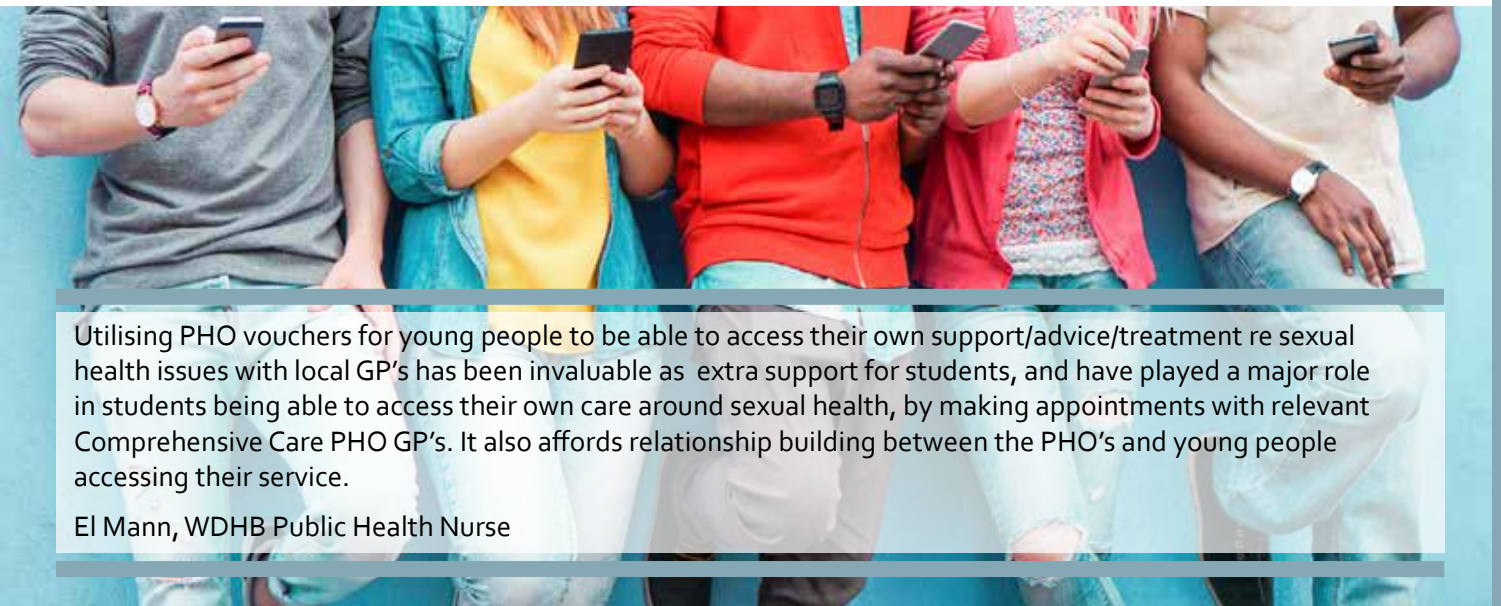
Radiology

Where an x-ray or ultrasound is required by the GP for the wellbeing of the patient and the following criteria are met, the procedure will be paid for by Comprehensive Care PHO.

- 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

This service allows patients timely access to general practices for cancerous skin lesion removal. This initiative has been running successfully for more than ten years.



Utilising PHO vouchers for young people to be able to access their own support/advice/treatment re sexual health issues with local GP's has been invaluable as extra support for students, and have played a major role in students being able to access their own care around sexual health, by making appointments with relevant Comprehensive Care PHO GP's. It also affords relationship building between the PHO's and young people accessing their service.

El Mann, WDHB Public Health Nurse

Youth sexual health

This funding provides free treatment and advice, including contraception, sexually transmitted infection screening and health education, on sexual and reproductive health for under-23-year-olds presenting for consultation at a general practice.

In addition, student health clinics at Massey University have a pivotal part to play in reducing the prevalence of sexually transmitted infections as there are numerous opportunities

for contact with students over a sustained period of time. These young people often do not present to general practice. Removing financial barriers for students is one way to encourage attendance at these clinics.

The Massey University programme aims to increase the awareness of the target population (identified as 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 opportunity to discuss cervical screening and to screen for partner abuse.

We also provide Youth Health vouchers to Public Health Nurses located in Orewa/Whangaparaoa and Warkworth where there is a strong need for extra sexual health services due to barriers such as access and cost.

Health promotion services and activities

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

Programmes provided by Harbour Sport

Active teens, Warkworth



33

The number of teens who completed the programme this year

80

The percentage of participants who completed the programme

95

The attendance rate for the programme

100

The percentage of participants who changed their eating habits

This is the sixth successful year the Active Teens programme has been provided by Harbour Sport in collaboration with Mahurangi College, Warkworth.

The programme works with obese and overweight teens aged 11-15 years from the Warkworth and Wellsford area. Participants are recruited by Harbour Sport, the school nurse at Mahurangi College, and a Wellsford Public Health Nurse.

High intensity, boot-camp style training results in health benefits including discipline, focus, and changed attitudes about nutrition and fitness. By motivating teens in ways that are meaningful to them, the participants make measurable body changes through personal accountability.

Participants received two healthy eating education and goal setting sessions and one final nutrition session to see the progress they

had made during the programme.

Harbour Sport work closely with the students, their wider whānau, and school staff, who are all crucial to the success of the programme.

All participants said they had changed their eating habits. Improvements included, but were not limited to, eating more fruit and vegetables, consuming less sugary foods, and eating more consistently.

Pacific Equip'd

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

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

152

The number of girls who attended Pacific Equip'd

88

The number of sessions held in terms 2 and 3 of 2018

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 the Tai Chi programme.

Tai Chi

Tai Chi classes are held by North Shore Women's Centre in venues in Beach Haven, Glenfield and Devonport. The classes are well attended by people from a variety of ethnicities including Pākehā, Māori, Middle Eastern and Asian. There has been an increase in attendance since last year, particularly in Devonport.

Positive results for mental and physical wellbeing include 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.

Joan Smith has been a facilitator at Beach Haven and Glenfield for many years. She observes a strong sense of community amongst participants: they will often go for a coffee after and it reduces social isolation for many. This is Joan's last year teaching Tai Chi and we thank her for her many years of dedication.

Marie Mills (Devonport facilitator) reports there has been a big increase in numbers this year and said a lot of participants are referred by local physiotherapists and osteopaths – particularly where participants have back and shoulder injuries.

150

The number of Tai Chi classes held this year

1665

The number of attendances at Tai Chi classes this year



There is a strong sense of community amongst participants: they often go for a coffee afterwards which reduces social isolation for many.

- Joan Smith, facilitator Beach Haven and Glenfield

Funded support to community based organisation PHAB

PHAB is an inclusive organisation for those with disabilities which promotes/supports self-reliance that enhances social opportunities for people both disabled and non-disabled.

PHAB run a health nutrition and exercise programme called 'ACE' (Active choice exercise), co-funded by Comprehensive Care PHO. The programme, which has been running since 2010, originated when a group of young people with disabilities expressed an interest in playing a role in their own fitness and health.

Early 2019 saw PHAB and ACE focus on increasing positive health and nutrition outcomes for all members by:

- Using accessible green spaces during PHAB social clubs to increase awareness and familiarity with public spaces, and build a culture of healthy outdoor lifestyles in young people with disabilities
- Using games to increase physical movement and ability

in fun and engaging ways with peers

- Designing menus and meal plans and learning how to make food during weekly social clubs in a way that is fun and engaging and works towards independent living

ACE's 18 active participants come from diverse ethnic breakdowns. Most are young people who are transitioning from school to further education, employment, or volunteer positions, or those moving into independent living situations.

Skills developed include:

- Increased nutrition awareness, including meal planning and cooking skills
- Increased physical health including flexibility, improved circulation levels, increased muscle tone, improved coordination and fine motor skills, increased energy, and regulated sleep
- Independence through life

skills like budgeting

- Improved mental health through empowerment, improvement in overall wellbeing, ownership over self, self-discipline, making positive choices, connection, community interaction and participation, and alleviating depression and anxiety

Increasing the variety of activities offered by ACE maximises the engagement of members and keeps the project fresh and relevant. ACE is open to young people with any disability - physical, mental and intellectual - who have a wide range of needs and physical health goals.

PHAB are committed to offering this programme free of charge to ensure accessibility.

18

The number of active ACE participants



The group's nutrition habits have improved markedly. Older members are regular participants in our conversations around healthy nutritional habits and are very good at relating what they have learned to new members - especially our stance of only drinking water and cutting out unnecessary sugar in our diets!

- Nick Jury, ACE facilitator



ACE from a parent's perspective

My son is 21. He has autism and dyspraxia. He is currently a bit overweight but has never been keen on any exercise programme.

At ACE, Nick strikes just the right tone, the activities are varied enough and pitched at a level that my son looks forward to going along every Saturday. Not only has he lost a bit of weight since attending, but he has begun to realise that exercise can be fun.

The discussion on nutrition together with the visits to the supermarket to shop for healthy foods have made an impression and my son is now more involved in what we buy and cook.

The group is made up of mixed ability and fitness levels and they are very supportive of each other.

The friendships my son has made through ACE have been a real bonus.

- Parent of ACE participant

Funded support to community based programme 'Bikes in Schools'

With the support of organisations like Comprehensive Care, Bikes in Schools projects across Auckland are providing schools with the equipment and facilities for nearly 20,000 students to ride a bike on a regular basis within the safety of their school grounds.

- Toni Dale, Regional Project Manager, Bikes in Schools



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

Bikes in Schools is a complete biking package implemented within a school. This year Snells Beach Primary school was identified as in need. Funding

was provided to help build a bike/pump/skills track and purchase biking equipment. Snells Beach Primary School is aligned to a number of our practices and has a number of Māori, Pacific and Asian students.

Summerland Primary School, Willow Park Primary School and Murray's Bay Intermediate School received funding through the programme in 2018 and hope to

have their tracks finished by the end of 2019.

Feedback from the programme has shown it raises confidence, self-esteem and resilience of pupils through a fun activity. It delivers health and wellbeing outcomes by promoting a healthy lifestyle. Results show the children and their extended family are biking more often.

Funded support to community based organisation Kaipatiki Community Trust for 'Wahakura Weaving'

Wahakura Wananga is a programme aimed at reducing sudden unexplained death in infancy (SUDI). SUDI, also known as "cot death", is the leading cause of death in infants under one year of age. Some of these deaths are preventable.

Following community consultation, a need for a local weaving programme was identified in the Kaipatiki area. Māori mothers were travelling to Waitakere hospital to participate in Wahakura Wananga, creating a barrier to access.

During the one day programme, participants weave a wahakura for their pepe and are given information on child health.

The traditional waikawa weave technique is easily taught and completed in one day without any

prior weaving knowledge.

On 25 May, a highly successful Wahakura Wananga was held in Northcote where 16 participants (including partners and friends) wove 13 wahakura.

Health advice was given by smoking cessation practitioners and Comprehensive Care's Child Health Services Manager and Immunisation Coordinator.

Thirteen babies can now sleep safely in their own wahakura – a very important kaupapa for Maori.

Kaipatiki Community Trust have been contacted by several people asking if there will be another workshop, indicating high need in the area.

This was an enjoyable day, please keep doing more workshops like this

-Wahakura Weaving participant

Other health promotion links

Funded support provided to community events and organisations:

- Devonport Skate Series
- Health Link North
- Autism Special Needs Children's Party
- Kidneys Kids
- Heart Kids NZ's Kids Day out
- Going Banana
- Koru Care- children with serious medical disorders such as leukemia, congenital heart defects, cystic fibrosis, whilst others are currently waiting for major surgery

Promotional activity within general practice:

- Immunisation week
- Smokefree competition to encourage smoking cessation referrals
- Falls prevention
- White Ribbon – Taking a stand against violence towards women
- Updates in Practice CONNECT

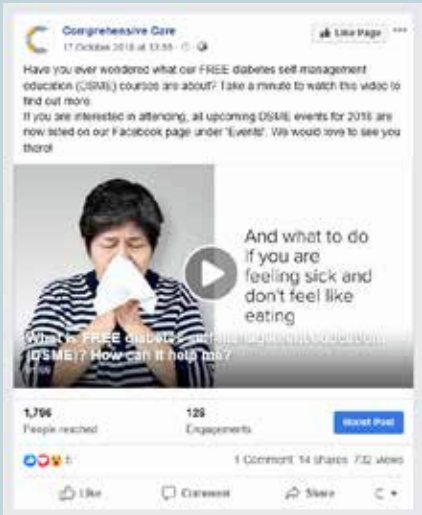
Links with the community:

- NGOs
- Community network meetings
- Community coordinators
- Health Link North Board
- Waitakere HealthLink
- PHO representative on Waitematā DHB groups including Health of older persons, Falls prevention, Asian and MELAA Primary Care working group

Health promotion through social media

Comprehensive Care PHO is building a profile on social media, using the News page on the website, Facebook, Twitter and Neighbourly. Posts promote Comprehensive Care PHO services and other health related events and activities.

Using social media is a cost-efficient way to share important and interesting health-related information to a wide audience. A number of Facebook posts, on a variety of topics, have had a significant response.



Child health promotion and immunisation

This year saw challenges in child health and immunisation including outbreaks of mumps, measles and meningococcal disease, vaccine shortages and the introduction of new vaccines.

Child health promotion activities included:

- Participating in regional workshops and meetings for system level measures child health related activity
- Producing documents outlining quality expectations and tools for recalling pregnant women for immunisation
- Delivering four child health related CME/CNEs for our practices: Immunisation & Flu update; Preconception & pregnancy; Paediatric development; and Sexuality, gender diversity & youth health
- Having regular immunisation talks with two young mothers groups

Immunisations

Anti-immunisation sentiment, now recognised globally as a great risk to public health, continues to present a challenge in reaching immunisation targets.

We work with our practices and the community in general to ensure our practices consistently meet Ministry of Health immunisation targets, delivering coverage in the 90% range. However, the decline rate is 1% higher than last year.

We identified the need to produce immunisation resources in multiple languages to reach more patients. This year we supplied our practices with influenza and Zostavax immunisation information in te reo Māori, Samoan, Tongan, Simplified

Chinese, and Korean as well as English.

We have also:

- Provided clinical support to a refugee centre vaccination clinic held quarterly
- Organised and delivered a free community MMR vaccination clinic in response to rapidly rising measles rates in the community
- Put systems in place to protect our most vulnerable during influenza vaccine shortages, including purchasing stock specifically for pregnant women
- Supported Waitematā DHB's mumps vaccination clinics in schools
- Assisted practices with HPV vaccine recalls following a vaccine shortage
- Given four talks on immunisations to our GP peer groups and held three CME/CNE sessions following a meningococcal outbreak
- Increased the number of social media campaigns and actions around immunisations
- Helped correct PMS and NIR messaging issues following an audit by Waitematā DHB
- Produced Standing Orders for three vaccines to facilitate practice delivery to cope with demand
- Introduced a Zostavax catch up programme, including tools to facilitate recall of patients 66- 80 years of age
- Successfully lobbied Ministry of Health for an additional administration subsidy to recognise the complexity of consultation for vaccination
- Updated paediatric influenza resources for parents and children, to help inform our community about the benefits of paediatric flu immunisation, in order to

increase paediatric influenza vaccination uptake and reduce amenable mortality in under 5 year olds. These have been used regionally by other PHOs.

Cold Chain

We supported more than 150 providers across the region to comply with cold chain standards and ensure vaccine safety and integrity. We did this by:

- Delivering five clinical education sessions
- Performing 40 clinical assessments
- Completing 175 site visits for annual logging or cold chain assistance / education

We purchased a vaccine fridge to keep at Comprehensive Care so we can assist practices if they have a cold chain event, like a power outage.

There were no cold chain failures.



Anti-immunisation sentiment is now recognised globally as a great risk to public health. Comprehensive Care practices consistently meet Ministry of Health immunisation targets, delivering coverage in the 90% range.

Referred services

Diabetes services

Comprehensive Care PHO continued to provide diabetes self-management education courses (DSME), dietitian-led supermarket tours, dietitian consultations and psychologist consultations throughout the Waitematā DHB region.

Comprehensive Care PHO continues 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)

DSME is available for people diagnosed with type 2 diabetes, and aims to educate them to improve understanding of their condition and empower the individual to self-manage.

In response to the success of the one day DSME pilot in West Auckland, one day DSME is now offered across Waitematā DHB region. As the numbers for West DSME have increased significantly we now hold monthly DSME courses. In response to demand, course venues have increased to include Henderson, Ranui and Glen Eden. Whangaparaoa courses are held in Orewa and Stanmore Bay. Birkdale courses are steadily increasing in numbers especially for our Māori and Pacific populations

One day courses are held on either Saturday or Thursdays and the evening course (run over 3 consecutive Monday evenings)

continues to be offered 5 times per calendar year in Albany. Feedback is positive and several participants have asked if we could provide a DSME in other areas outside Waitematā DHB. We will continue to look at options for improving access to DSME e.g. language specific or for young adults with diabetes.

The one day DSME concept was extended to Orewa and Albany. Based on the continued success, we have now initiated courses in the Birkdale/Beach Haven area which is our second largest area of high needs population. Courses in this area have resulted in numbers increasing to where the room is at capacity.

Mindful that we must continue to meet the needs of workers, we have also offered one day courses on Saturdays in most areas.

Topics covered include pathophysiology, exercise, nutrition, food labelling, food groups, recipe adaptations, associated complications, foot care, medications, hypoglycaemia management and blood pressure. Learnings are further supported by the provision of dietitian led supermarket tours, individual dietitian consultations, and psychological support.

New Direction

Comprehensive Care PHO has continued to run New Direction in 2018/19. Numbers are lower this year as fewer people with pre-diabetes have attended DSME compared with previous years and we do not include pre-diabetes in our DSME advertising. However, results continue to be promising with reductions in HbA_{1c} 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 and efficient retinal screening service. The service runs 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.



I found this course extremely informative and educational. So many attendees stated they wished they had this information years ago. I just started this journey and hopefully I will continue down the path of good self management

- *Diabetes Self Management Education attendee*

Mental health

Increased media attention encouraging people to seek help for mental health issues is likely to have contributed to the 20% increase in Lifestyle Options referrals this year.

The mental health team provides services both from our Albany office and off-site to ensure accessibility of the service.

The programmes include:

- Four free sessions for clients referred to the mental health team by their GP
- One-to-one sessions
- Group therapy
- A low cost, fee paying service

To ensure group therapy sessions are accessible to as many clients as possible, we hold three Managing Mood Groups per week across two locations, which are also open to fee paying clients.

We have continued collecting outcome data from both one-to-one and group sessions to ensure we know the service we are providing is effective.

In April 2019, it was agreed Lifestyle Options would have access to the Consultant Psychiatrist North Lead/Primary Care Liaison at Waitematā DHB by phone for immediate

consults. The team also meet with the liaison once per month to discuss medication reviews and do psychiatric assessments as mutually agreed. This has been an important additional resource.

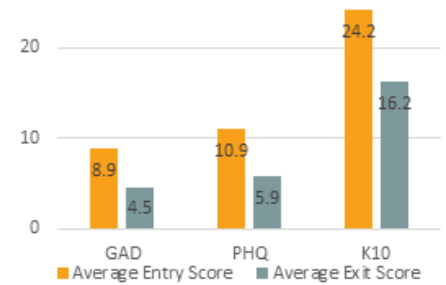
We continued to offer an online e-therapy wellness programme through Melon. This is a 12 week programme developed to replicate the Managing Mood Group for those who are unable to attend the group face to face. This gives people access to the same skills and support including psychologist input, a secure community site where they can access peer support, and a robust risk management system. The service is currently being evaluated, and initial data looks pleasing.

As part of the Fit for the Future evaluation and the Mental Health enquiry Synergia, an Australasian research, consulting and evaluation group, evaluated the effectiveness of both the Managing Mood Group and the e-therapy wellness programme.

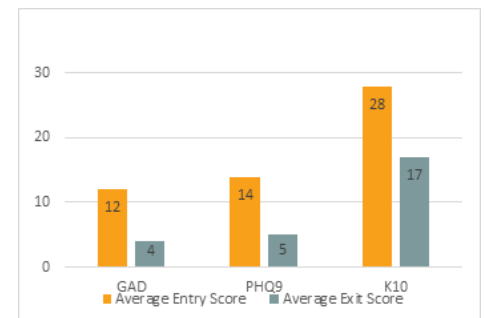
Comprehensive Care PHO continues to offer internships to psychology students. We have had very positive feedback about the internship we provide. This is making a positive contribution to workforce development. In the middle of last year we began to offer a paid internship which

has been extremely helpful and appreciated. We offer health promotion within the community, and provide support for Diabetes Self-Management Education courses, nurse education, and the Mental Health Nurses Credentialing Programme.

Managing Mood Group results

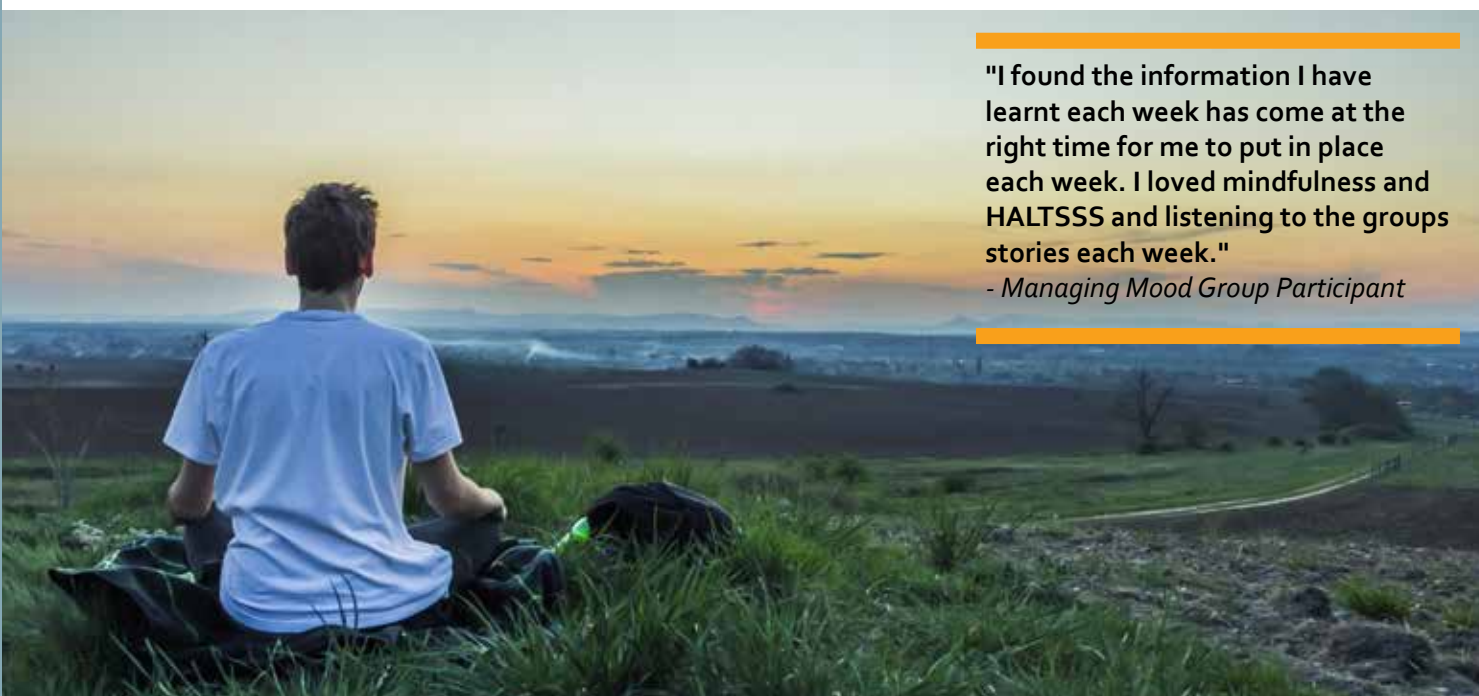


E-therapy wellness programme results



Above: Average Managing Mood Group and E-therapy wellness programme assessments (using GAD, PHQ and K10 measures) at the start and end of the programme show noticeable improved outcomes for participants.

"I found the information I have learnt each week has come at the right time for me to put in place each week. I loved mindfulness and HALTSSS and listening to the groups stories each week."
- Managing Mood Group Participant



It was very encouraging to me that someone was keeping eye on me about my progress at quitting smoking. Thank you for encouraging me for a long time.

- Asian Smokefree Service client



Asian Smokefree

This year, our Asian Smokefree service was sub-contracted to be under the 'Ready Steady Quit' umbrella (partnering with ProCare), allowing us to expand our area and offer our language and culturally specific quit smoking service to those who live, work and play in the Waitemata and Auckland areas.

We continued to provide our patients exceptional support and set targeted quit dates with over 70% of

our clients.

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, and
- South East Asian

For the next year, we are looking to continually promote our service in our expanded ADHB area.

Practice Liaison Services

Many parts of our organisation have a direct relationship with our member practices.

The Practice Liaison Team has a dedicated focus which includes:

- Business and professional support
- Professional development and education
- Quality
- Brief advice on smoking cessation

The strong collaborative relationship our Practice Liaison team has established with member practices is demonstrated by the strong uptake in the National Enrolment Service (NES)

and the Patient Experience Survey rollout.



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.

Service utilisation

Utilisation has marginally increased from 3.83 to 3.95 consults per enrolled patient per annum. This effect is driven by changes in all age bands with the exception of a slight decrease in 5-14 year olds to 2.27 per annum.

The overall effects of Community Service Card eligibility and access changes implementation will not be able to be accurately quantified until twelve months of full data is available.

Annual utilisation analysis for Comprehensive Care PHO

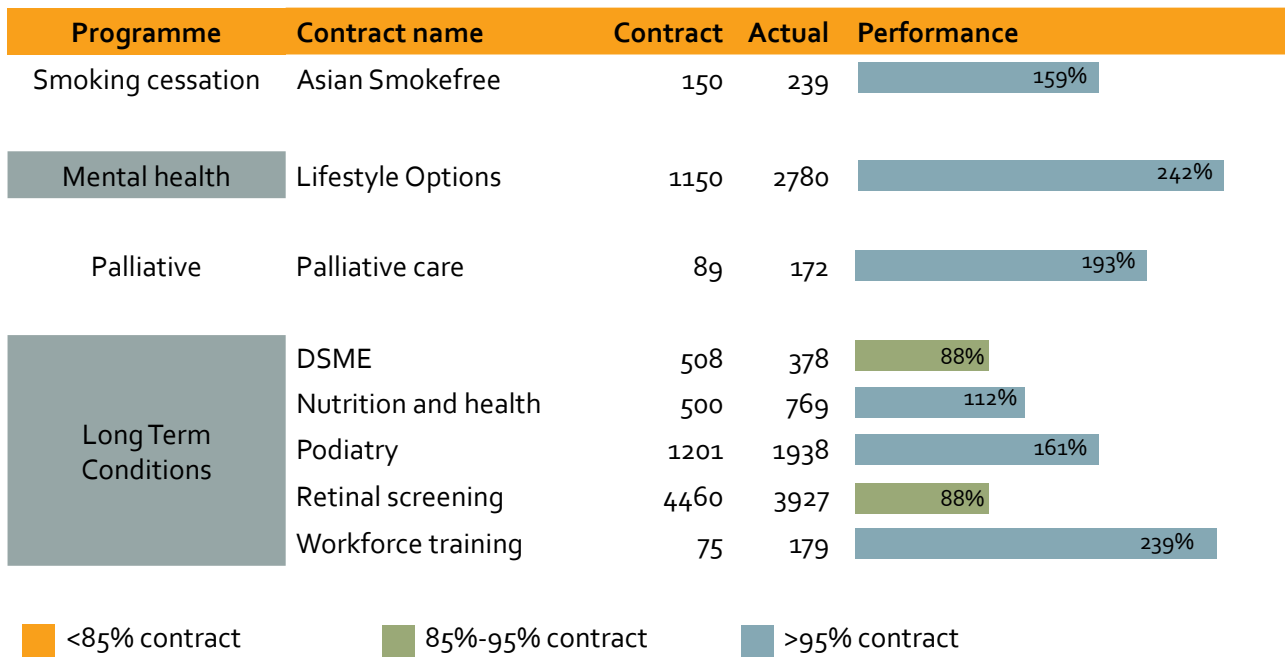
Patients	2017/18	2018/19
Funded patients	277,055	254,655

Utilisation	2017/18	2018/19
GP visits	859,412	808,960
Other visits, including nurse visits	201,208	194,656
Total	1,060,620	1,003,616

Utilisation rate by age group		
0-4	4.70	4.86
5-14	2.29	2.27
15-24	2.40	2.46
25-44	2.78	2.89
45-64	3.96	4.13
65+	7.25	7.38

Utilisation rate (average visits per patient)		
GP utilisation rate	3.10	3.18
Other utilisation rate	0.73	0.73
Total	3.83	

Volume based contracts



Contract performance continues to be extremely positive this year. The vast majority of contracts exceed contracted volumes.

Diabetes Self-Management Education, although only attaining 88%, has significantly improved its position of 74% in 2017/18. Retinal Screening volumes are consistent with the historical achievable contracted volumes. All other contracts are in excess of contract requirements.

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 Waitematā DHB in accordance with the Services agreement.

With effect 1 December 2018, government initiatives extended health access provisions by providing an additional subsidy that caps standard practice visit charges for Community Services Card (CSC) holders and their dependants aged 14 to 17 years. Eligibility to CSC has also been extended.

Most Comprehensive Care member General Practices have engaged with this change, which is advised on each practice's directory listing on the Comprehensive Care website.

Age bands for fees are set out in the table below. Fees are \$0 for most under 14 year olds.

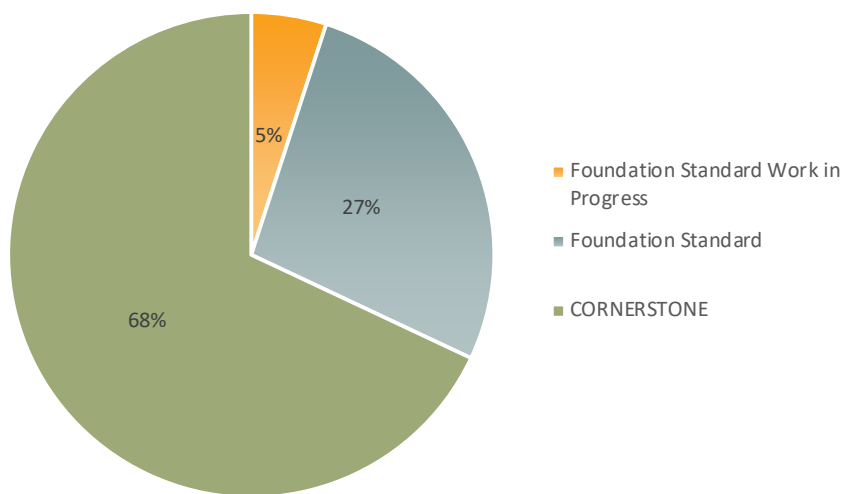
Age range	Very Low Cost Access practice (VLCA)	Non VLCA practices
0 - 6 years	\$0	\$0 - \$15
7-13 years	\$0	\$0 - \$31
14 - 17 years	\$0 - \$12	\$24 - \$52
18 - 24 years	\$18	\$36 - \$64.50
25 - 44 years	\$18	\$40.50 - \$65
45 - 64 years	\$18	\$40.50 - \$65
65+ years	\$0 - \$18	\$36 - \$62.50

Quality assurance activity

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

At 30 June 2019, 28 practices have CORNERSTONE accreditation and 11 have completed Foundation Standard accreditation. One Practice transitioned from Cornerstone to Foundation Standard and one other is waiting for assessment.

Count of quality assurance status by programme



Collaboration and alliances

Patient Access for Urgent and After Hours (PAUA) Service Level Alliance Team (previously known as Auckland Regional After Hours Network)

Comprehensive Care PHO is a member of the PAUA Service Level Alliance Team which supports general practices to meet their obligations to provide Urgent and After Hours patient access. This is a Service Level Alliance of all the DHBs, PHOs, Urgent Care providers and St John Ambulance in the Auckland region, working to improve access and consistency of urgent and after-hours services in the region.

District Alliance

Comprehensive Care PHO continues to be 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.

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:

- Updating and deploying decision support and claiming tools in practices for Diabetes, CVD, Asthma and Primary Options
- The campaign to ensure everyone can enrol by developing and deploying a digital enrolment option alongside the development of an appropriate enrolment campaign to encourage enrolment through General Practices
- The introduction of new funding for Community Services Card (CSC) holders in December 2018, and the migration to the National Enrolment Service in April 2019 which required significant updates to our processes in managing registers and funding practices
- The refresh of our PHO portal for engaging and communicating with all the members in our clinical provider network
- Improvements and expansion of our Qlik reporting platform in line with specified clinical quality reporting requirements

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 the PHO Portal, Aku Pānui/My Bulletins

Managing our registers

A primary function of Comprehensive Care 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 analyses of practice submitted enrolment registers, enabling practices to improve the accuracy of their registers to a consistent standard.

Clinical Directorate and Workforce Development

The 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 Evans, Director of Nursing and Workforce Development
- Rosey Buchan, Nurse Leader Workforce

Our role within Comprehensive Care PHO is to provide strategic leadership, support and representation in internal, regional and national clinical quality forums to ensure the delivery of accessible, high-quality healthcare.

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

we provide workforce capability development in the form of a comprehensive, annual medical and nursing schedule, relevant education sessions and new workforce projects to ensure growth and a continuous learning improvement environment for our doctors, nurses and practice administration staff throughout our network practices.

Our function supports clinical providers in our General Practice Teams, the PHO population, and the communities with whom we work to improve health outcomes. The other key activities of the team is to manage and support:

- Practice and individual clinician queries and challenges as needed
- The clinical component of complaints
- Quality improvement activities
- Workforce development education, training and ongoing professional development for doctors and nurses

Internally Comprehensive Care PHO has two key clinical quality forums.

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, public health imperatives, mental health, cardiovascular conditions, diabetes and cervical screening. In addition, the group notes and addresses specific practice complaints, and clinical risk areas of practice breaches.

Clinical Advisory Group (CAG)

CAG includes external health and community representatives. The group makes recommendations to the Comprehensive Care PHO Board about health care programmes, education models, potential service changes, and opportunities that could improve health outcomes in the district and throughout our practices. 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 is not limited to, primary care.



Workforce (capability) development

Comprehensive Care PHO places high value on the clinical workforce, as they are essential to ensuring equitable, good quality care is delivered to our population.

We welcome the opportunity to support ongoing recruitment, retention and development of clinicians and have a strong track record in lifelong learning investment, through our short courses and clinical training options.

We also offer clinical staff education support, coaching, mentorship, supervision and pastoral care. This enables and maintains positive professional practice and aligned behaviour.

Core activities

GP Peer groups

Comprehensive Care host and fund 8 GP peer review groups which each meet 4 times a year.

These well attended groups examine:

- Clinical topics relevant to general practice
- Topical subjects within the sector, including development of Clinical Pathways
- Regional initiatives like Safety in Practice, falls prevention programmes, and patient experience of care
- Cultural competence
- Case discussions
- Medicines updates, issues of over-diagnosis and shared decision making

Clinical Leadership and Management (CLAM) for nurse leaders and managers

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

funding.

CPR courses

We funded 15 level 3-5 courses in the year to 30 June 2019. Comprehensive Care PHO funds the provision of CPR courses for practice managers, administrative staff, doctors and nurses.

Nursing Professional Development and Recognition Programme

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

CME/CNE

With content based on practice survey feedback, 15 sessions of Continuing Medical and Nursing Education were presented. This includes clinical workshop courses separately for nurses and doctors on a Saturday morning with excellent uptake and feedback.

Short courses

Practice ready clinicians are essential to ensuring responsive teams are able to have an impact on health gains and outcomes for our populations.

Short courses range from half day to three day sessions and aim to raise workforce skill, knowledge and confidence.

Focused Acceptance and Commitment Therapy (FACT) training course

Recognised as a third wave behavioural psychotherapy, FACT training was delivered by Professor Bruce Arroll for our network clinicians. It provided necessary skills for frontline clinicians to manage some of the mild to moderate mental health disorders in primary care.

Suicide risk assessment and management training course

Delivered by Dr Annette Beautrais, this course provided general practice with the skills to recognise suicide risk and manage this effectively in a primary care

setting.

Both this course and the FACT course were recorded to facilitate on-going training of practice clinical staff.

Diabetes/CVD focused courses for nurses and GPs

We held 16 sessions, including courses that were between one and three days long, and breakfast sessions. We have a strong and positive history with our diabetes/CVD education, 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.

Relevant, informative and hugely beneficial to my nursing practice and understanding of suicide prevention and management.

- Suicide risk and prevention session attendee

Diabetes focus groups

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

Groups are well attended by nurses and GPs within our network who apply their learnings on a daily basis. Topics covered include case discussions, new insulin pens, guideline changes, patient education and motivational interviewing.

GASP-Asthma and COPD courses for nurses

Ten nursing courses run each year, with an additional GP half day course delivered early in 2019

with excellent feedback.

Comprehensive Care PHO has a decade of experience delivering GASP respiratory improvement training for nurses. Delivery of GASP training has extended outside the Auckland region and to Australia.

Collaborative mental health and addictions credentialing programme for nurses

This successful regional 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, three years now post pilot. This year has seen a new Programme Manager employed to facilitate and coordinate this programme. The programme

has seen a refresh and review with Tikanga woven throughout alongside a greater understanding of Te Ao Māori and Pacific mental health and wellbeing.

Standalone courses

Standalone courses selected annually or bi-annually are also delivered by Comprehensive Care PHO.

Courses held by other agencies

We support additional courses run by Waitematā DHB, various online courses and webinars that are made available to our clinicians. Other courses made available to nurses and General Practitioners throughout the year are via Waitematā DHB, conference opportunities and scholarships, NGO, professional bodies, regional conferences and symposiums.

Workforce capability projects

Safety in Practice

Safety in Practice (SiP) is designed to create safer more reliable systems, promote a culture of safety and develop quality improvement tools 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.

Sixteen practices have been involved in 2018/2019.

The Kare project

The Kare project involves two practices working in collaboration with Waitematā DHB. The focus is an integrated model of care delivery to identify, assess and manage care needs of at risk elderly patients.

New Nurse Entrants to Practice (NETP)

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



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				•	
Diabetes Co Design Project and Coaching and Mentorship				•	
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	•			•	
Practice Information Project		•			
Our Health in Mind	•			•	
POAC Clinical Governance Group			•		
PAUA Clinical Quality Group (Clinical Subgroup)-ON HOLD	•				
Metro Auckland Clinical Governance Forum (MACGF)			•	•	
KARE Project	•			•	
Safety in Practice (PHO representation)	•	•		•	•
Safety in Practice - PHO Facilitators					•
Collaborative Mental Health and Addictions Programme for PHC Nurses				•	•
Primary Care Connections Forum (WDHB)			•		
Clinical Advisory Group	•	•	•	•	
System Level Measures Steering Group		•		•	
Creating the Future planning summit	•				
Regional Primary Health Care Nurse Reference Group				•	
Regional Standing Order steering group	•			•	
Nurse Executives New Zealand and Northern lead (National group)				•	
AUT Nursing Advisory Group				•	•
SLM PHO implementation groups				•	
Palliative Outcomes Initiative (POI) - NRA	•				
Northern Region Medication Safety Workshop	•				
Community nurse prescribing				•	•
Primary and Community Care Deep Dive				•	
Auckland Primary Care Leader's Group (APLG)			•		
PHO Clinical Leaders Group (National group of PHO Clinical leads)	•		•	•	
Health Informatics NZ - Clinical Informatics Leaders Group	•				



The Executive Leadership Team operate very leanly to make sure as much money is transitioned to general practice and to programmes that benefit our patients and communities.

-Dr Heidi MacRae, Chair, Comprehensive Care PHO

Comprehensive Care PHO Ltd Financial statements for the year ended 30 June 2019

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Business profile as at 30 June 2019

Nature of business	Provision of medical services						
Business address	Building A, 42 Tawa Drive, Albany, Auckland						
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						
Shareholder	<table><thead><tr><th></th><th style="text-align: right;">Ordinary shares</th></tr></thead><tbody><tr><td>Comprehensive Care Limited</td><td style="text-align: right;">100</td></tr><tr><td>Total Shares</td><td style="text-align: right;"><u>100</u></td></tr></tbody></table>		Ordinary shares	Comprehensive Care Limited	100	Total Shares	<u>100</u>
	Ordinary shares						
Comprehensive Care Limited	100						
Total Shares	<u>100</u>						
Directors	Lynne Coleman Heidi McRae Clare Dudding (appointed 15 November 2018) Judy Blakey (appointed 15 November 2018) Boudine Bijl-William (ceased 7 December 2018) Kate Baddock (ceased 15 November 2018) Tim Malloy (ceased 24 August 2018)						
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 1 Broadway, Newmarket, Auckland 1023						
Accountant	Hayes Knight Limited 5 William Laurie Place, Albany, Auckland 0632						

Annual report

The directors present their annual report including financial statements of the company for the year ended 30 June 2019.

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

Financial results	2019	2018
	\$	\$
Total comprehensive surplus	98,501	574,479

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

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.

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 2019 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:



LM Coleman (Director)



H MacRae (Chair)

23 September 2019

Statement of Comprehensive Revenue and Expenses for the year ended 30 June 2019

	Note	2019 \$	2018 \$
Revenue from non-exchange transactions			
Health Services contracts		58,422,858	58,379,823
		<u>58,422,858</u>	<u>58,379,823</u>
Revenue from exchange transactions			
Interest Received		125,004	112,834
		<u>125,004</u>	<u>112,834</u>
Total Revenue		<u><u>58,547,862</u></u>	<u><u>58,492,657</u></u>
Expenses			
Cost of Providing Services		52,958,318	52,203,280
Amortisation	11	2,570	5,856
Auditors remuneration	13	4,705	3,585
Depreciation	10	54,037	50,726
Directors fees		58,873	68,472
Donations		2,737	1,260
Interest		4,796	6,320
Management fee		1,933,000	2,193,000
Operating lease and rental payments		239,270	243,820
Other operating expenses		734,841	808,899
Salary and wages		2,456,215	2,332,962
Total expenses		<u><u>58,449,361</u></u>	<u><u>57,918,178</u></u>
Total surplus/(deficit) for the period		<u><u>98,501</u></u>	<u><u>574,479</u></u>
Other comprehensive revenue and expenses		-	-
		-	-
Total comprehensive revenue and expenses attributable to the owners of the controlling entity		<u><u>98,501</u></u>	<u><u>574,479</u></u>

Statement of Changes in Net Assets for the year ended 30 June 2019

	Share Capital	Retained Earnings	Total
	\$	\$	\$
Balance at 1 July 2018	-	1,929,761	1,929,761
Surplus/(Deficit) for the year	-	98,501	98,501
Other Comprehensive Revenue and Expenses	-	-	-
Balance at 30 June 2019	<u>-</u>	<u>2,028,262</u>	<u>2,028,262</u>

	Share Capital	Retained Earnings	Total
	\$	\$	\$
Balance at 1 July 2017	-	1,355,282	1,355,282
Surplus/(Deficit) for the year	-	574,479	574,479
Other Comprehensive Revenue and Expenses	-	-	-
Movements in Reserves	-	-	-
Balance at 30 June 2018	<u>-</u>	<u>1,929,761</u>	<u>1,929,761</u>

Statement of Financial Position as at 30 June 2019

	Note		2019	2018
			\$	\$
Current Assets				
Cash & Cash Equivalents	5	1,145,529		325,433
Short Term Deposits		3,692,963		3,104,065
Receivables from Exchange transactions	6	46,431		38,228
Receivables from Non-exchange transactions	7	854,859		1,098,724
Related Party Receivables	15	153		15,432
Prepayments		31,548		16,017
Inventory - Clinical Equipment		7,076		20,655
Total Current Assets			5,778,560	4,618,554
Non-Current Assets				
Property, Plant & Equipment	10	153,895		192,074
Intangible Assets	11	23,510		3,580
Total Non-Current Assets			177,405	195,654
Total Assets			5,955,965	4,814,208

Statement of Financial Position as at 30 June 2019 (continued)

	Note		2019	2018
			\$	\$
Current Liabilities				
Trade and Other Payables	8	2,071,223		1,086,918
Employee Entitlements		322,257		295,184
Income in Advance - Non Exchange	9	1,434,113		1,453,250
Related Party Payables	15	70,047		-
Finance Lease		20,820		19,035
Total Current Liabilities			3,918,460	2,854,386
Non Current Liabilities				
Finance Lease		9,242		30,061
Total Non Current Liabilities			9,242	30,061
Total Liabilities			3,927,702	2,884,447
Total Net Assets			2,028,262	1,929,761
Equity				
100 Ordinary Shares	12		100	100
Uncalled Capital	12		(100)	(100)
Issued & Paid Up Capital			-	-
Retained Earnings			2,028,262	1,929,761
Net Assets attributable to the owners of the controlling entity			2,028,262	1,929,761

These Financial Statements have been authorised for issue by the Directors.
For and on behalf of the board.



LM Coleman (Director)



H MacRae (Chair)

23 September 2019

Cash Flow Statement for the year ended 30 June 2019

	Note	2019	2018
Cash flows from operating activities			
Receipts			
Receipts from non-exchange transactions		58,615,778	57,914,769
		<u>58,615,778</u>	<u>57,914,769</u>
Payments			
Payments to Suppliers		54,564,503	55,470,187
Payments for Inventory		7,076	-
Directors fees		58,873	68,472
Operating lease and rental payments		242,069	244,773
Employee costs		2,429,142	2,294,578
Interest Paid		4,796	6,320
		<u>57,306,459</u>	<u>58,084,330</u>
Net cash flows from operating activities		<u>1,309,319</u>	<u>(169,561)</u>
Cash flows from investing activities			
Receipts			
Interest received		116,801	107,644
Withdrawals from Short Term Investments		-	58,506
		<u>116,801</u>	<u>166,150</u>
Payments			
Purchase of Intangible Assets		24,567	-
Purchase of Fixed Assets		1,351	42,950
Investing in short term investments		588,898	-
		<u>614,816</u>	<u>42,950</u>
Net cash flows from investing activities		<u>(498,015)</u>	<u>123,200</u>
Cash flows from financing activities			
Receipts			
Proceeds from related party loans		27,826	-
		<u>27,826</u>	<u>-</u>
Payments			
Repayment of Related Party Loans		-	69,589
Repayment of Finance Lease		19,034	17,403
		<u>19,034</u>	<u>86,992</u>
Net cash flows from financing activities		<u>8,792</u>	<u>(86,992)</u>
Net increase in cash and cash equivalents		<u>820,096</u>	<u>(133,353)</u>
Cash and cash equivalents - opening balance	5	<u>325,433</u>	<u>458,786</u>
Cash and cash equivalents - closing balance	5	<u>1,145,529</u>	<u>325,433</u>

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 2019. 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 47.

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 2019, there have been no changes to accounting policies.

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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (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 deposits

Short term deposits 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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (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 - 67%	SL
Furniture & Fittings	8.5 - 17.5%	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	20% - 40%	SL
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(l) Critical estimates and judgments

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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

(m) Employee benefits

i) Short term employee benefits

Liabilities for wages and salaries (including non-monetary benefits), annual leave and accumulating sick leave are recognised in surplus or deficit during the period in which the employee rendered the related services, and are generally expected to be settled within 12 months of reporting date. The liabilities for these short-term benefits are measured at the amounts expected to be paid when the liabilities are settled. Expenses for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

ii) Long term employee benefits

Long-term employee benefit obligations are recognised when the Company has a legal or constructive obligation to remunerate employees for services provided beyond 12 months of reporting date. The Company's long term employee benefits include long service leave.

5. Cash & Cash Equivalents

	2019	2018
	\$	\$
Bank of New Zealand - 00 account	39,605	17,678
Bank of New Zealand - 25 account	577,865	307,303
Bank of New Zealand - 97 account	528,009	403
Cash on hand	50	50
	<u>1,145,529</u>	<u>325,433</u>

6. Receivables from exchange transactions

	2019	2018
	\$	\$
Accrued interest	46,431	38,228
	<u>46,431</u>	<u>38,228</u>

7. Receivables from non-exchange transactions

	2019	2018
	\$	\$
Accounts Receivable	582,727	819,648
Sundry Debtors	2,386	3,894
Accrued Revenue	269,746	275,181
GST Receivable	-	-
	<u>854,859</u>	<u>1,098,724</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

8. Trade and other payables	2019	2018
	\$	\$
Accounts Payable	287,653	364,745
BNZ Visa	8,809	7,098
Sundry Payables and Accruals	1,750,560	706,208
GST Payable	24,201	8,867
	<u>2,071,223</u>	<u>1,086,918</u>

9. Income in Advance - non-exchange transactions	2019	2018
	\$	\$
Contracts - where obligations not yet completed	1,434,113	1,453,250
	<u>1,434,113</u>	<u>1,453,250</u>

10. Property, Plant & Equipment

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
This year						
Clinical Equipment	17,793	9,105	5,312	4,588	1,212	8,688
Leasehold Property Improvements	138,493	73,565	72,932	(638)	7,365	64,929
Computer Hardware	128,872	107,506	34,117	4,963	17,713	21,366
Office Equipment	86,827	54,538	47,537	4,675	19,923	32,289
Furniture & Fittings	72,926	46,303	32,177	2,270	7,824	26,623
Total Property, Plant & Equipment	<u>444,911</u>	<u>291,017</u>	<u>192,074</u>	<u>15,858</u>	<u>54,037</u>	<u>153,894</u>

	Cost	Accum Depn	Opening BV	Additions/ (Disposals)	Depn	Book Value
Last year						
Clinical Equipment	13,205	7,893	4,183	2,295	1,167	5,311
Leasehold Property Improvements	140,391	67,459	79,057	7,100	13,225	72,932
Computer Hardware	130,617	96,500	11,077	32,889	9,849	34,117
Office Equipment	82,742	35,206	66,980	-	19,443	47,537
Furniture & Fittings	70,882	38,705	26,797	12,423	7,043	32,177
Total Property, Plant & Equipment	<u>437,837</u>	<u>245,763</u>	<u>188,093</u>	<u>54,707</u>	<u>50,726</u>	<u>192,074</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

11. Intangible assets

	Cost	Accum Amort	Opening BV	Additions/ (Disposals)	Amort	Book Value
This year						
Software	57,982	34,472	3,580	22,500	2,570	23,510
Total Intangible assets	57,982	34,472	3,580	22,500	2,570	23,510
Last year						
Software	35,482	31,902	7,369	2,067	5,856	3,580
Total Intangible assets	35,482	31,902	7,369	2,067	5,856	3,580

12. Share Capital

	2019	2018
	\$	\$
Issued & Paid Up Capital		
100 Ordinary Shares	100	100
Uncalled Capital	(100)	(100)
	-	-

At 30 June 2019, 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

	2019	2018
	\$	\$
Amounts paid or payable to the auditor of the company for auditing the accounts of the company	4,705	3,585

There were no non audit services provided by RSM Hayes Audit during the year.

(Last year: \$0)

The majority of the audit fees for Comprehensive Care PHO Limited are paid by the parent company, Comprehensive Care Limited, and on-charged through management fees paid to them.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

14. Commitments for Expenditure

Capital Commitments

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

Operating Lease Commitments	2019	2018
As at the reporting date, the company has entered into the following operating lease commitments		
Payable:	\$	\$
Not later than one year	125,328	327,193
Later than one year but not later than 2 years	28,727	124,366
Later than 2 years but not later than 5 years	-	28,930
	<u>154,055</u>	<u>480,488</u>
Representing:		
Cancellable operating leases	-	-
Non-cancellable operating leases	<u>154,055</u>	<u>480,488</u>

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 4 years, expiring 26 August 2019. Subsequent to balance date, the lease was renewed for 4 years, expiring 26 August 2023, with further rights of renewal.

Finance lease Liability

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

Minimum lease payments payable:

	2019	2018
	\$	\$
Not later than one year	22,680	22,680
Later than one year but not later than 2 years	9,450	22,680
Later than 2 years but not later than 5 years	-	9,450
	<u>32,130</u>	<u>54,810</u>

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)

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

15. Related Party Transactions

The company is a subsidiary of Comprehensive Care Limited Limited "Parent"	2019 \$	2018 \$
Company expenses paid by parent	258,996	124,704
Parent expenses paid by company	2,307,921	2,242,809
Management fee paid to Parent	1,933,000	2,193,000
Company income received by parent	256	-
Parent support and data warehouse charge	100,000	150,000
Parent edge tool	-	50,000

All amounts were reimbursed, there was a Parent Company Payable balance of \$70,047 at Balance Date (Last year: Related Party Receivable \$15,278).

Innovation Health Systems Limited is also a subsidiary of the company's parent, Comprehensive Care Limited.	2019 \$	2018 \$
Innovation Health Systems Limited Expenses paid by the company	-	36

Related Party Receivable at balance date \$153.
(Last year: Related Party Receivable \$153)

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).

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

The company had transactions with following entities related by some common Directors			2019	2018
			\$	\$
Dr Tim Malloy Ltd	T Malloy	Director fee	3,259	19,401
Dr John Arcus Ltd	J Arcus	Director fee	-	4,525
Clare Dudding Family Trust	C Dudding	Director fee	7,719	-
Dr Lynne Coleman Ltd	L Coleman	Director fee	4,117	-
Dr Lynne Coleman Ltd	L Coleman	Peer review meeting	100	-
Integrated Health Services (2008) Ltd	B Bijl-Williams	Director fee	7,204	12,253
MedPlus Ltd	H MacRae	Director fee	18,094	12,253
MedPlus Ltd	H MacRae	Clinical advisor group meeting	450	-
General Practice NZ	K Baddock	Advisory services by GPNZ	-	12,253

Related Party Accounts

Current Assets

	2019	2018
	\$	\$
Comprehensive Care Limited	-	15,278
Innovation Health Systems Limited	153	153
	<u>153</u>	<u>15,432</u>

Current Liabilities

Comprehensive Care Limited - Loan

Comprehensive Care Limited - Loan	12,547	-
Comprehensive Care Limited - Accounts Payable	57,500	-
	<u>70,047</u>	<u>-</u>

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:

	2019	2018
	\$	\$
Total remuneration	437,198	403,036
Number of FTE's	2.3	2.3

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.

**Notes to and forming part of the Financial Statements for the year ended 30 June 2019
(continued)**

16. Reconciliation of surplus/deficit with net cash flow from operating activities	2019	2018
	\$	\$
Reported surplus for the period	98,501	574,479
Non-cash items		
Amortisation	2,570	5,856
Depreciation	54,037	50,726
Loss on disposal of Fixed Assets	1,577	4,327
Intangible Assets written off	-	-
add/(deduct) items classified as investing activities:		
Interest received	(116,801)	(107,644)
Financing activities:		
Proceeds from Related party	(27,826)	
Loans to Related party	-	69,589
Movements in working capital items		
(Increase)/Decrease in Receivables - exchange transactions	(8,203)	(5,190)
(Increase)/Decrease in Receivables - non-exchange transactions	243,865	62,099
(Increase)/Decrease in Prepayments	(15,531)	359,238
(Increase)/Decrease in Related Party Receivables	15,279	-
(Increase)/Decrease in Inventory	13,579	(20,655)
Increase /(Decrease) in Trade Creditors and Other Payables	970,288	(242,126)
Increase/(Decrease) in Revenue in Advance	(19,137)	(519,053)
Increase/(Decrease) in Employee Entitlements	27,074	38,382
Increase/(Decrease) in Related Party Payables	70,047	(439,589)
Net cash flow from operating activities	<u>1,309,319</u>	<u>(169,561)</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

17. Categories of financial assets and liabilities	2019	2018
	\$	\$
Financial assets		
Loans and receivables		
Cash & Cash Equivalents	1,145,529	325,433
Receivables from Exchange transactions	46,431	8,228
Receivables from Non-exchange transactions	854,859	1,098,724
Short Term Investments	3,692,963	3,104,065
Related Party Receivables	153	15,432
	<u>5,739,936</u>	<u>4,551,882</u>
Financial liabilities at amortised cost		
	\$	\$
Trade and Other Payables	2,071,223	1,086,918
Related Party Payables	70,047	-
Finance Lease	30,062	49,096
	<u>2,171,332</u>	<u>1,136,014</u>

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (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	2019	2018
	\$	\$
Carrying amounts		
Cash & Cash Equivalents	1,145,529	325,433
Receivables from Exchange transactions	46,431	38,228
Receivables from Non-exchange transactions	854,859	1,098,724
Short Term Investments	3,692,963	3,104,065
Related Party Receivables	153	15,432
	<u>5,739,936</u>	<u>4,581,882</u>

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.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

	Current	
	Within 6 months	6 to 12 months
	\$	\$
2019		
Trade and other creditors	2,071,223	
Employee entitlements	256,034	66,223
2018		
Trade and other creditors	1,086,918	-
Employee entitlements	230,434	64,750

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 \$36,000 (Last year: \$32,000).

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

The District Health Board will recognise a further 3 Primary Health Organisations from 1 October 2019 - National Maori PHO Coalition, Alliance Health Plus Trust and Total Healthcare. This will impact contractual agreements with the District Health Board for the 2020 financial year. Last year, the District Health Board undertook a review of contract compliance and related fees earned as part of their contractual terms subsequent to year end.

21. Standards and Interpretations issued but not yet effective

The standards and interpretations that are issued, but not yet effective, up to the date of issuance of the Company's financial statements are disclosed below. The Company intends to adopt these standards, if applicable, when they become effective.

PBE IFRS 9 – Financial instruments

PBE IFRS 9 introduces into PBE Standards the reforms introduced by NZ IFRS 9 in the for-profit sector.

This standard replaces most of the requirements of PBE IPSAS 29.

This new standard:

- Introduces a new classification model for financial assets, which may cause certain financial assets to be classified and measured differently as compared to PBE IPSAS 29.
- Introduces a more flexible and less rules-based hedge accounting model, which allows hedge accounting to be applied to a wider range of risk management strategies.
- Introduces a more forward-looking impairment model for financial assets, based on expected credit loss, which may cause certain assets to be impaired earlier than they would be under the current "incurred loss" model.

Notes to and forming part of the Financial Statements for the year ended 30 June 2019 (continued)

- Requires PBEs to provide additional disclosures about hedge accounting and impairment.

Effective date of the standard is 1 January 2021.

PBE FRS 48 – Service Performance Reporting

This Standard was issued in November 2017 and establishes requirements PBEs to select and present service performance information.

PBEs within the scope of this Standard will need to provide users with:

- Sufficient contextual information to understand why the entity exists, what it intends to achieve in broad terms over the medium to long term, and how it goes about this; and
- Information about what the entity has done during the reporting period in working towards its broader aims and objectives.

Effective date of the standard is 1 January 2021.

Early application of the standard is permitted for all of the above standards.

Independent Auditor's Report

To the Shareholder of Comprehensive Care PHO Limited

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Level 1, 1 Broadway
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Opinion

We have audited the financial statements of Comprehensive Care PHO Limited (company) which comprise:

- the statement of financial position as at 30 June 2019;
- the statement of comprehensive revenue and expense for the year then ended;
- statement of changes in net assets/equity for the year then ended;
- 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 44 to 63 present fairly, in all material respects, the financial position of Comprehensive Care PHO Limited as at 30 June 2019, 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 the company in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

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

Other information

The directors are responsible for the other information. The other information comprises pages 1 to 43, which includes the Introduction, Board Chair's Report and Chief Executive's Report, Board and Senior staff profiles, and the Business Profile and Annual Report, 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 shareholder, 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 Hayes Audit
Auckland

7 October 2019

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Member practices and their locations

Practice	Address
Albany Family Medical Centre	368 Albany Highway, Albany
Apollo Medical	119 Apollo Drive, Rosedale
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
Devonport Medical Centre	82 Lake Road, Narrow Neck
Doctors on Luckens*	Unit 1, Harbourside Business Park, West Harbour
Dodson Medical Centre	4 Dodson Avenue, Milford
East Coast Bays Doctors	512 East Coast Road, Windsor Park
Family Doctors @ Smales	Ground Floor, Sovereign House, 74 Taharoto Road, Takapuna
Family Medicine Birkenhead	29 Birkenhead Avenue, Birkenhead
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 Mall Medical Centre#	Shop 14, Kelston Shopping Centre, Glen Eden
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
Northpoint Medical Centre #	40 Library Lane, Albany
Onewa Doctors	225 Onewa Road, Birkenhead
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
Te Atatū Health	544B Te Atatu Road
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

Contact information

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Chief Executive mobile: 021 437267

Facebook: www.facebook.com/ComprehensiveCareNZ/

Twitter: www.twitter.com/Comprehnsivcare

Neighbourly: www.neighbourly.co.nz/organisation/comprehensive-care

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