



ANNUAL REPORT

2021/2022



Leading in quality and equitable health

include improve innovate imagine

Chair Report



Donna Tamaariki

Tēnā koutou katoa

Tukua te wairua hei whakarei ake iā mātou hapori.

*Hei arataki i ngā mahi me tō mātou whāinga matua,
kia ora ake ai ngā Iwi katoa.*

Release the spirit to uplift our community

To guide our work and our purpose to ensure they are well.

It is my honour to present my first Annual Report on behalf of the Auckland PHO Board.

The year has again been disrupted by COVID-19 as the virus changed and resulted in high numbers of people contracting the virus, which led to a shift in the way Primary Care teams cared for patients. Teams have used new technologies and agile work practices to enable them to continue working through Alert Level and Traffic Light restrictions. In addition, Omicron meant that our workforce was significantly impacted due to illness or the need to isolate when a household contact.

The Board applauds the way our general network yet again, demonstrated their exceptional ability to pivot and respond quickly to the rapidly changing environment, whilst at the same time, providing quality, safe and compassionate care to their patients. A heartfelt acknowledgement and thanks to all.

The Health Reforms announced in early 2021 saw the disestablishment of the District Health Boards and the establishment of Te Whatu Ora (Health NZ) and Te Aka Whai Ora (Māori Health Authority) along with interim Chairs, Boards and Chief Executives.

The Reforms have introduced the concept of 'Localities', made up of communities and populations within geographically defined areas and are seen as a mechanism to enable communities to understand needs and design services and solutions to meet those needs. We are an organisation that embraces change and prides itself on dexterity and therefore, we endorse any changes to the Aotearoa/New Zealand health and disability system that will create a better system to enable all New Zealanders to have equitable access, particularly groups that are underserved, such as homeless and vulnerable youth populations.

Our senior management team have commenced work and partnerships with our Primary Care partners to establish a working group to consider future options to best meet the health and social needs of the population living in the Tāmaki Makaurau region. Auckland PHO has developed an array of capability, a depth of experience and a series of relationships that can be used to support and take our health system forward.

Our financial performance, despite changing times continues to be strong and we have continued to operate effectively and efficiently, deploying as much of our funding as possible to support service delivery, general practice team development and sustainability and the achievement of our strategic goals. I would like to thank Stan Yan and his team at East Health PHO who have assumed the Finance portfolio following changes within our Finance team as well as the Finance Risk and Audit Committee all of whom have contributed to strong financial governance, a continuing sound financial footing.

Our six Directors have provided valuable contributions to the Board throughout this year. We were delighted to appoint Te Haua Taua, Waikato-Tainui, Ngāpuhi, as a community, rangatahi Board member who brings much needed young person's insight and community advocacy. The Board has four mana whenua directors along with two General Practitioners who bring a diverse range of skills, relationships, and networks which we believe will position Auckland PHO well in the future as we navigate through these changing times and new and exciting opportunities.

I would like to take this opportunity to thank our Board members for their significant contribution to Auckland PHO. The role of director carries considerable responsibility, and it is appreciated that our directors take time out of their professional and personal lives to provide strategy and direction to Auckland PHO.

I would like to acknowledge our previous Chair, Aroha Hudson. Aroha's steady hand on the waka and her continued support to me as a new chair is much appreciated.

The Board is grateful for the confidence that our general practice teams have placed on Auckland PHO who entrust us to advocate on their behalf both at a national and regional level as the Health Reforms begin the next journey.

Thank you to our CEO, Barbara Stevens, her management team, and staff for their ongoing efforts in embedding clinical quality and equitable health outcomes alongside our Board to realise our shared vision.

And finally, I wish to acknowledge our Primary Care teams, who have worked at pace with ongoing changes during a year that was both extremely busy and an anxious time for everyone in the health sector and in the community. We appreciate and celebrate all the hard work, humanity and care you provide to your patients every day.

I roto i o tātou ringaringa te rongā - In our hands is the remedy.

Noho ora mai,



Donna Tamaariki
Chair Auckland PHO

CEO Report

Tēnā koutou katoa



Barbara Stevens

The COVID-19 pandemic has impacted health care delivery in ways we wouldn't have thought possible a few years ago. The Omicron variant infected high numbers of people and meant that our primary care teams were required to care for and manage their patients differently. This necessitated intensive staff resourcing both at Auckland PHO and in our practice network, while, navigating significant workforce shortages due to illness and the need to isolate. Consequently, our Primary Care and Auckland PHO teams have become adept at operating safely and productively within this pandemic environment and have demonstrated incredible resolve and support for one another.

Throughout the year, despite the pandemic challenges, our primary care teams have continued to keep pace with the business-as-usual aspects of patient care and management. As expected, due to lockdowns, there has been a slight drop in system level measures coverage such as childhood immunisations and cervical smears, however, with Auckland PHO support, our practice teams have again stepped up and many practices have achieved pre-pandemic results.

The Health Reforms offer the health sector extraordinary opportunities for providers to be more efficient through co-operation in ways that are not currently prevalent. There are learnings from COVID-19 that can be scaled around the sharing of work, sharing of information and changes in procurement to focus on achieving results, especially for high needs communities. Importantly, COVID-19 has specifically combined health and social support for whānau and potentially has created a blueprint for more of this work. In addition, the data and digital landscape is changing to enable many of these changes to occur.

We are committed to working with partners and the community by being advocates and cheerleaders in the work to improve greater access to healthcare services and actively implement initiatives and programmes which remove barriers and uphold Te Tiriti obligations. New ways of approaching what we can and might do are beginning to be evident as we gather pace in our transformational journey. One example of this is ensuring our buildings are fit-for-purpose from respiratory infections by monitoring CO₂ levels across our practice network. I am excited about delivering on our aspirations for the future as the coming years unfold.

This has been a year that defied convention in diverse ways. The Auckland PHO and Primary Care teams have demonstrated a resilience and willingness to adapt the way they work to provide high levels of support and care to their communities has been truly remarkable.

I would like to thank our 25 primary care teams for another year of hard work, long hours, and commitment to the health and wellbeing of their patient populations. We are grateful that you have chosen to be a member of Auckland PHO and have appreciated your feedback and support.

Thank you to Board Chair, Donna Tamaariki for her leadership and support since taking up the role in February as well as the Board, who throughout the year have helped lift our sights beyond COVID-19 and provided direction on delivering our purpose during these uncertain and evolving times.

Finally, I would like to thank the people working at Auckland PHO, who have an unwavering dedication to serving our primary care network and communities. They are passionate, innovative, and capable and I am immensely proud and humbled by their willingness to go the 'extra mile' in all that is asked of them.

Nga mihi



Barbara Stevens
Chief Executive Officer



9 June 2022

Auckland PHO visit to Aotea Health,
Great Barrier Island

Strategic Plan

Our 2021 - 2023 Strategic Plan was designed to cover the two years, utilising ideas and opportunities identified at the June Board and Senior Management Team hui, in order to be ready and fit for the future health system and builds on the previous Auckland PHO 'Destination 2022' road map.



Strategic Plan 2021 – 2023

Our Vision: Leading quality equitable primary health care

Our purpose is to improve the lives of those we serve by providing inclusive, innovative, and compassionate primary health care

VALUES

Integrity

Aroha

Curiosity

Thriving

Connectiveness

Strategic Priorities and Goals to 30 June 2023

EQUITY

We will work alongside our Iwi partners and Māori organisations to support hauora Māori in a very different way

Goal

Whānau Māori enrolled within our network will have equal to or better access to health care to that of the total population

QUALITY & SAFETY

We will work towards continuing to improve standards and processes

Goal

Auckland PHO will be a strong, thriving organisation

PARTNERS

We will strengthen our support to our general practice network and seek partnerships with organisations that prioritise and support the most vulnerable, young people and those affected by chronic disease

Goal

Auckland PHO will have a wide network of partners working together to streamline and support equitable access to improve the health of the population

PEOPLE & PERFORMANCE

Our greatest resource is our people: employees, general practice teams, allied health and community health networks who are dedicated to population health, high performance, and success

Goal

Auckland PHO's Primary Care Network will be multi-disciplinary with consistent, high-quality care supported by clinical leadership, innovation and technology to continuously improve services

GROWTH & SUSTAINABILITY

In order for Auckland PHO to continue to improve access, quality and safety and the health of our population, both now and into the future, we will work towards sustainability and grow both our membership, enrolled population and income

Goal

Auckland PHO will be the preferred primary care network/PHO for General Practice teams, Māori and other contracted providers

BUSINESS INTELLIGENCE & ANALYTICS

We will focus on reducing administration costs and improving areas that are costly to both the health system and consumers and will continually work to increase efficiencies and reduce waste

Goal

Auckland PHO will be utilising a digital infrastructure with quality data that drives efficient quality health care throughout our network

Capabilities and Enablers

Powerful and connecting technology

Highly skilled, and empowered people

Financial strength

Trusted partnerships and alliances

Sound governance

Governance & Leadership



Board Members



Donna Tamaariki
Ngāti Whātua Ōrākei me
Waiohua

Chair
Lead Consultant – Maurea Consulting



Aroha Hudson
Ngati Whatua/Nga Puti

Iwi Director - Appointed
Deputy Chair - Appointed
Chair - Finance, Audit and Risk Committee
CEO - Health West Limited



Judy Davis
Ngati Maniapoto
Ngati Whanaunga o Tainui

Non-GP Director - Elected
Kaitiaki / General Manager - Piritahi Hau Ora Trust



Dr Lisa Eskildsen

GP Provider Director - Elected
Member - Clinical Effectiveness Group
GP Associate - Avondale Health Centre



Dr Elizabeth McLeay

GP Provider Director- Elected
GP owner - Avondale Health Centre



Te Haua Taua
Waikato-Tainui, Ngāpuhi

Community Director – Appointed
Member - Finance, Audit and Risk Committee

Clinical Director Report



Dr Charlotte Harris

Our Primary Care Teams were faced yet again with another difficult year, especially over winter and it was clear that COVID-19 was not going anywhere fast! We were appreciative of the Auckland PHO Clinical Effectiveness Group (CEG), who, through their own pandemic lived experience and clinical expertise was pivotal in bringing the ground issues to the forefront and these were escalated to the Northern Regional Health Response Clinical Technical Group and MoH Covid-19 response teams which contributed to and informed the response at both a national and regional level.

Focus has remained on the COVID-19 vaccination programme, and this year, it was extended to children. Additionally, anti-viral therapeutics were introduced as an additional measure to lessen the impact of COVID-19 on vulnerable populations.

It became apparent this year that Primary Care has had to consider and prepare for COVID-19 surges and the possibility of new variants and other infectious diseases, (such as an increase in RSV and influenza over winter) thus requiring a shift from focusing on COVID-19 as a single disease to wider acute respiratory illness. The Auckland PHO Clinical Directorate and CEG members had the opportunity to review and provide feedback into the proposed Regional Respiratory Protection Programme and the National IPC Strategy.

In May 2022, we learned that MonkeyPox (MPX) cases were increasing, and again this has demonstrated the need for health providers to always remain vigilant. It is apparent that the key area in planning for demand management is the requirement to be prepared to mitigate infectious diseases as best and as soon as possible by utilising our levels of the hierarchy of controls.

Parallel to the response to the pandemic, Primary Care teams have supported the health care needs of their patient populations with acute and chronic health needs, such as those with long term conditions, mental health and addictions and cancer screening. It is clear that the provision of healthcare should be undertaken in a safe environment to prevent healthcare associated infections and protect the young, frail and vulnerable populations as well our workforce, therefore, we cannot return to 'old ways'. Auckland PHO recognised the importance of the built environment 'clean air' and through support of the CEG, an external ventilation engineering company was engaged to review and assess CO2 levels across a number of our member practices and to recommend controls to be put in place accordingly. Emergency Response and business continuity planning was heightened as Primary Care needed to remain resilient in this new way of working.

Taking the above into account however, it was clear that areas of population health were struggling, especially tamariki Māori immunisation rates across Metro Auckland. Coverage has been at a critical level as a consequence of the COVID-19 pandemic and associated lockdowns. The team at Auckland PHO has put in a considerable amount of work with regards to the Primary Care response and supporting practices to vaccinate tamariki with a range of additional resources that have been developed and updated for Primary Care teams. Thanks to the CEG members for their insight, input and guidance into this very important issue.

We are appreciative of the time and support CEG members (General Practitioners, Practice Nurses, Nurse Practitioners, Clinical Administrators and Managers) to provide support, guidance, and quality/safety assurance to the Auckland PHO Clinical Directorate, with a strong focus on reducing the health equity gap across our programmes.

I would like to extend my thanks to the Auckland PHO Primary Care teams for their dedication and enthusiasm. You have worked long and hard during the year to care for and improve the health and wellbeing of our diverse patient population.



Dr Charlotte Harris
Clinical Director

Mental Health Report



Tanya Clark

Our six Health Improvement Practitioners (HIPs) and six Health Coaches have worked effectively and efficiently across the nine Auckland PHO practices that are part of the Integrated Primary Mental Health Agreement/Te Tumu Waiora model of care programme, despite the difficulties negotiating patient mental health and long-term conditions during lockdowns and the pandemic working environment.

The greatest challenge faced by HIPs and Health Coaches is finding new ways to engage with patients. The virtual world of brief interventions and self-management education has worked well for most patients and this method, along with face-to-face handovers in practice, is proving worthwhile with over 2,500 patient engagements this year.

Our referrals for mild to moderate mental health practitioners have seen 350 packages of care sent to our nine contracted providers who have coped admirably with the demand in primary mental health with a much greater demand from those at the higher end of the primary mental health spectrum. Our GPs and Practice Nurses have provided 1,029 extended consultations to their patients which has contributed greatly to the mental health care and support to those who need it.

I would like to thank our HIPs and Health Coaches and those practices who have so warmly welcomed them into their teams and embraced this new model of care. I would also like to extend my gratitude to the contracted mental health professionals who work with our patients and the teams from the practices who spend the time with patients in referring and listening to their mental health concerns. Your treatment and dedication to the patients in your care is admirable.

A handwritten signature in black ink, appearing to read 'Tanya Clark', written in a cursive style.

Tanya Clark
Manager of Mental Health & Wellbeing

Sub-committees

Clinical Effectiveness Group

Dr Charlotte Harris (Chair)	Clinical Director - Auckland PHO
Barbara Stevens	Chief Executive Officer - Auckland PHO
Dr Vikas Sethi	GP – Prana Family Health
Dr Garsing Wong	GP – Auckland Central Medical and Health Centre
Dr Richard Davies	GP – Calder Centre
Dr Lisa Eskildsen	GP – Avondale Health Centre
Jayne Kitiona	Clinical Lead - Waiheke Medical Centre
Maria Kekus	NP – Health Connections
Alison Brown	Practice Facilitator – Auckland PHO
Aaron Piano	Clinical Advisor: IPC, Vaccinator and Cold Chain Assessor
Shanaz Khan	Immunisation Services Coordinator

Sub-committees

Finance, Audit and Risk Committee

The Finance, Audit and Risk Committee (FARC) is accountable to the Board of the Auckland PHO and is established by its Governance Policy and Constitution. It is a standing committee of the Board with ongoing responsibilities and will make non-binding recommendations to the Board and/or be delegated specific decision-making authority.

Aroha Hudson (Chair)	Deputy Chair Auckland PHO Board
Donna Tamaariki	Chair Auckland PHO Board
Te Haua Taua	Community Director Auckland PHO Board
Barbara Stevens	Chief Executive Officer Auckland PHO
Ashley Hulme	Chief Operations Officer Auckland PHO
Stan Yan	Chief Financial Officer East Health Trust PHO
Dewi Sun	Accounts Assistant East Health Trust PHO

About Us



26
Practices

98
General Practitioners

5
Nurse Practitioner

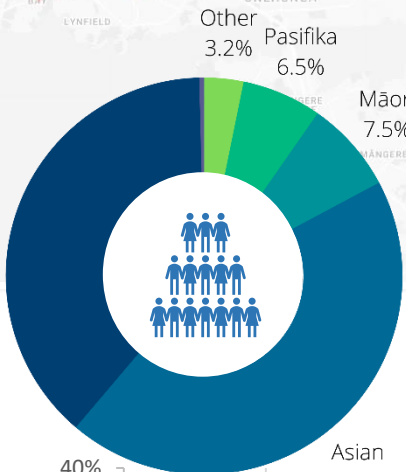
62
Practice Nurses

111
Practice Managers & Administration Staff

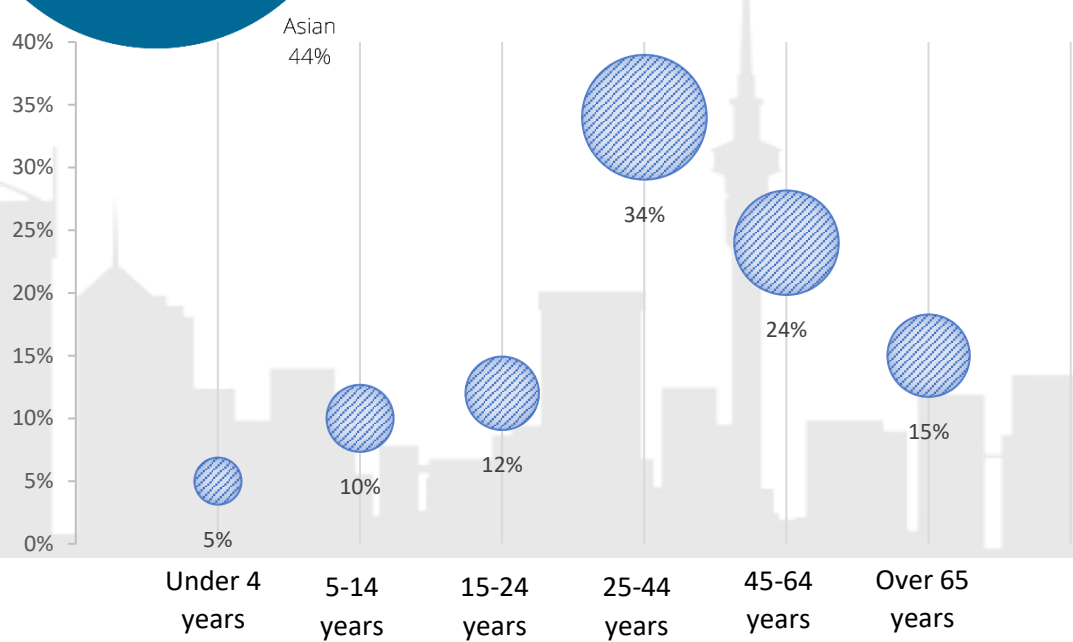
6
Health Improvement Practitioners

6
Health Coaches

8
Healthcare Assistant



63,520 Enrolled Patients



Auckland PHO General Practices

Aotea Health Aotea Road, Claris, Great Barrier Island 0991
Auckland Central Medical and Health Centre 326/28 College Hill, Freemans Bay 1011
AUT Student Medical Centre 55 Wellesley Street East, Auckland 1010
Avondale Family Doctor 63 Rosebank Road, Avondale 1026
Avondale Health Centre 39 Layard Street, Avondale 1026
Cairnhill Health Centre 95 Mountain Road, Epsom 1023
Calder Centre 140 Hobson Street, Auckland 1010
Dominion Medical Centre 349 Mount Albert Road, Mount Roskill 1041
Epsom Medical Care 272 Manukau Road, Epsom 1023
Glenavon Doctors Surgery 271B Blockhouse Bay Road, Avondale 0600
Health Connections 145 St George Street, Papatoetoe 2025
Knox Medical Practice 10 Ranfurly Road, Epsom 1023
Meadowbank Medical Centre 2 Blackett Crescent, Meadowbank 1072
Mount Albert Medical Centre 986 New North Road, Mount Albert 1025
Newmarket Medical Centre Level 1, 197 Broadway, Newmarket 1023
Oceania Healthcare Level 11, Deloitte Building, 80 Queen Street, Auckland 1010
Piritahi Hau Ora 54 Tahatai Road, Blackpool, Oneroa, Waiheke Island 1081
Prana Family Health 1492 Dominion Road Ext, Mount Roskill 1041
Raphael Medical Therapy Centre 11 Woodford Road, Mount Eden 1024
Residential Care Medical Services 39 Layard Street, Avondale 1026
Tend Kingsland 317 New North Road, Kingsland 1021
Tend Symonds Street 57 Symonds Street, Auckland 1010
The Good Medicine Clinic 510 Richmond Road, Grey Lynn 1021
Three Kings Family Medical Centre 535 Mount Albert Road, Mount Albert 1042
Viaduct Medical Centre 125 Customs Street West, Auckland 1010
Waiheke Medical Centre 132 Ocean View Rd, Oneroa, Waiheke Island 1081

Please visit <https://aucklandpho.co.nz/practices/> for list of Auckland PHO Practices and Fees

Regional and National Connections

Auckland PHO participates both at a regional and national level to advocate for the reduction of health inequities and improved health outcomes for all New Zealanders. Our staff participate in the following fora:

COVID-19 AND EMERGENCY PLANNING

- ❖ NRHCC Primary Care Leaders Forum
- ❖ National Infection and Prevention and Control Expert Group

CLINICAL & LONG-TERM CONDITIONS

- ❖ Metro Auckland Clinical Governance Forum
- ❖ Diabetes Service Level Alliance and Co-design Meetings
- ❖ Monthly Tobacco Update Meeting
- ❖ Metro Auckland LTC Working Group
- ❖ Lung Cancer Screening Primary Care Advice Group

OTHER CLINICAL

- ❖ Metro Auckland Cervical Screening Operations Group (MACSOP)
- ❖ Practice Nurse Community Prescribing
- ❖ Primary Option Acute Care Clinical Governance Group
- ❖ Patient Access for Urgent and After-Hours Services (PAUA)
- ❖ Foot Protection Service Standards Working Group
- ❖ Metro Auckland Standing Order Steering group
- ❖ Metro Auckland PHC Nursing reference group

MENTAL HEALTH

- ❖ YSALT (Youth Service Alliance Leadership Team)
- ❖ IPMHAS (Integrated Primary Mental Health Agreement Services)
- ❖ Collaborative Mental Health and Addictions Credentialing Programme Governance Group

CHILD AND YOUTH HEALTH

- ❖ Immunisation Operational Group
- ❖ Regional Immunisation Network
- ❖ B4School Check Excellence and Equity Group
- ❖ Northern Region Youth Health Service Level Alliance
- ❖ Well Child Tamariki Ora
- ❖ Immunisation Response Governance Group Northern

GOVERNANCE AND FINANCE

- ❖ ALPG (Auckland Primary Care Leaders Group)
- ❖ GPNZ Member (General Practice New Zealand)
- ❖ GPNZ Primary Care Leader Forum
- ❖ Auckland Leadership Team (ALT) and Joint ALT

INFORMATION TECHNOLOGY

- ❖ Data and Digital Leads Working Group
- ❖ Metro Auckland Data Custodian Group
- ❖ Metro Auckland Data Stewardship Group
- ❖ Metro Auckland Data Sharing Group
- ❖ Primary and Community Care Data and Digital Coordination Group
- ❖ Digital Enablement Working Group
- ❖ Data Analytics, Governance and Sovereignty Working Group
- ❖ HIRA Working Group
- ❖ Cybersecurity Working Group
- ❖ Practice Management Systems Working Group
- ❖ Primary Healthcare Dataset Programme Analytics Leadership Working Group
- ❖ Your Health Summary Clinical Governance Group
- ❖ Auckland Regional HealthPathways (Operational and Steering Group)
- ❖ Regional dataset for Immunisation

Auckland PHO Clinical Quality Improvement

The Auckland PHO Clinical Quality Improvement Plan focuses on both equity and quality improvement through our eight quality improvement goals.

Key Enablers

The key drivers to each area of improvement relate to:

- System Level Measures
- DHB/MoH Requirements
- PHO Programmes
- Metro Auckland Clinical Governance
- Auckland Regional HealthPathways

Child Health

We will contribute to a system where all children get a healthy start, where families/whanau are empowered to maximise their children's health and potential

Amenable Mortality

We will contribute to methods of reducing premature deaths that could potentially be avoided by effective and timely Primary Care. We will develop a method of work that maximises the clinical scope of practise using a range of tools

Proactive and Coordinated Care

We will make it easy for our patients to receive relevant screening, preventative care and appropriate packages of care

Patient Experience of Care

We will contribute to a system that ensures our patients have positive experiences when they engage in Primary Care

Youth Health

We will support our Youth to have full access to and utilisation of appropriate health services

Quality Assurance and Technology Advancement

We will ensure there are patient safety systems in place and general practice IT systems that are safe, secure and function effectively as an enabler of quality improvement activity

Sustainable and Viable Primary Care

We will support our practice network to develop systems that ensure they are viable and able to provide the best care to their patients

Provider Workforce Development and Education

We will support our practice network to work at the top of their scope, taking advantage of professional opportunities to enhance their competency and capability in managing their patient population through an equity lens

Health Target Performance Summary for Quarter Four 2022

Increased Immunisation – 8 months olds



Target 95%

Total Population **89%**

High Needs **83%**



IMMUNISATION DAY

Members of our Practice Engagement Team delivering immunisations to tamariki at Auckland Central Medical and Health Centre

More Heart and Diabetes Checks



Target 90%

Total Population **79%**

High Needs **77%**

Better Help for Smokers to Quit



Target 90%

Total Population **84%**

High Needs **85%**



CIR WET RUN

CIR Wet Run at Auckland Central Medical and Health Centre

Cervical Screening



Target 80%

Total Population **74%**

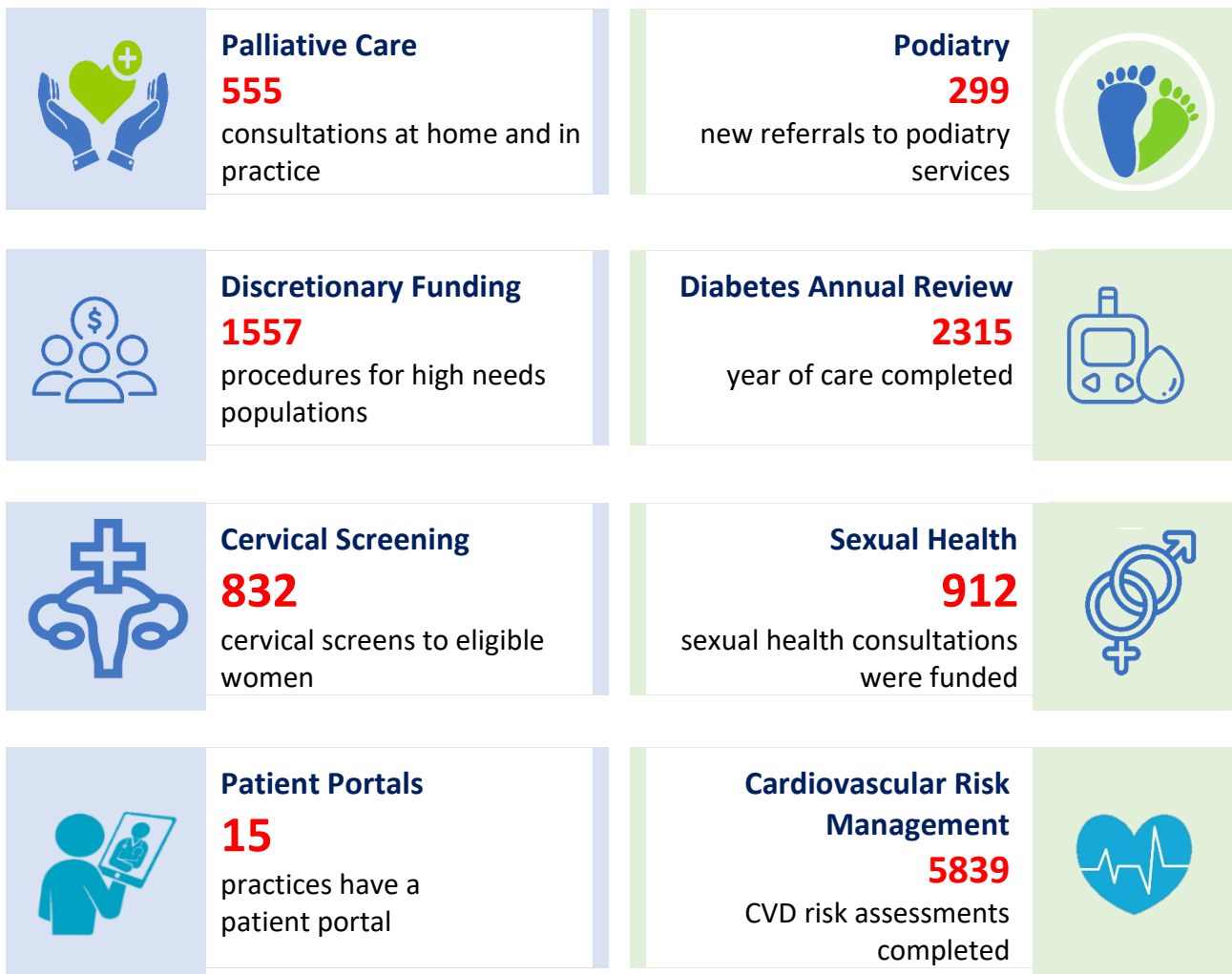
High Needs **70%**

Health Target Performance Summary for Quarter Four 2022

Auckland PHO has a responsibility for ensuring that current challenges in community healthcare are being met. These challenges include child and adolescent health, mental health and long-term conditions such as diabetes and heart disease.

Auckland PHO, through the Flexible Funding Pool and Te Whatu Ora contracts, fund targeted services and programmes to our enrolled population which aim to improve and maintain optimum health of our population.

Below is a snapshot of activity for 2021/2022





Healthy Mama and Healthy Baby

453

new mothers received a post-natal check

Sore Throat Clinics Rheumatic Fever

68

sore throat management consults were funded



Primary Mental Health (Mild to Moderate Mental Health)

1029

M2M extended GP consults and follow ups

350

M2M Packages of Care

Cold Chain

89

Cold Chain Accreditation/
Cold Chain Compliance

123

Clinical Assessment



DSME Sessions

Diabetes Self-Management Education (DSME)

20

DSME courses were completed



Provider Education and Professional Development

Our 2022 programme delivered 5 education sessions to general practitioners, nurses and administrators

32

Practice staff attended and were funded to complete CPR training

11

Practice staff utilised the PHO professional development funding



Waiheke Medical Centre Covid Vaccination Team

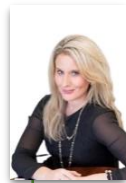


Auckland PHO Staff

Senior Management



Barbara Stevens
Chief Executive Officer



Charlotte Harris
Clinical Director



Julia Burgess-Shaw
Manager - Planning and
Performance



Tanya Clark
Manager of Mental Health
and Wellbeing



Ashley Hulme
Chief Operations Officer

Practice Engagement



Alison Brown
Clinical Advisor



Aaron Piano
Clinical Advisor: IPC, Vaccinator and
Cold Chain Competency Assessor



Shanaz Khan
Child Health and Immunisation
Services Advisor/Co-ordinator



Tracey Gilling-Senilebakula
PHO Primary Care Support



Emma Pickles
Project Manager



Carol Ennis
Quality Improvement and Support
(contractor)

Operations



Priscilla Lie
Corporate and Technical Support



Komal Rana
Programme Support
Administrator



Suzanne Le Lievre
Accounts Assistant | Community
Podiatry Service Co-ordinator



Saphiya Zaza
Self-management Services
Coordinator *(parental leave)*





FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022

AUCKLAND PHO LIMITED
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022

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Auckland PHO Limited

**Company Directory
As at 30 June 2022**

Company Number	1306365
Registered Office	210 Khyber Pass Road Grafton Auckland
Directors	Donna Tamaariki - Chair Aroha Hudson - Deputy Chair Judy Davis Lisa Eskildsen Andy Watt (resigned at 2021 AGM) Elizabeth McLeay Te Haua Howard Taua (appointed 1 April 2022)
Bank	ASB Bank Limited Auckland
Business Activity	Auckland PHO is engaged in the business of Healthcare Services. Auckland PHO is domiciled in New Zealand and is registered with the Charities Commission (Charity Registration CC337184).
Auditor	GK Audit Services Limited Auckland
Solicitors	Hesketh Henry Auckland

INDEPENDENT AUDITOR'S REPORT

TO THE SHAREHOLDERS OF AUCKLAND PHO LIMITED

Opinion

We have audited the financial statements of Auckland PHO Limited on pages 4 to 16, which comprise the statement of financial position as at 30 June 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Auckland PHO Limited as at 30 June 2022, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of Auckland PHO Limited in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

Restriction on Responsibility

This report is made solely to the company's shareholders, as a body, in accordance with Section 207B(1) of the Companies Act 1993. Our audit work has been undertaken so that we might state to the company's shareholders those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's shareholders as a body, for our audit work, for this report, or for the opinions we have formed.

www.gkaudit.co.nz



Directors' Responsibility for the Financial Statements

The Directors are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Tier 2 Public Benefit Entity (PBE), 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 the entity for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

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

A further description of the auditor's responsibilities for the audit of the financial statements is located at the XRB's website at www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/.

The engagement partner on the audit resulting in this independent auditor's report is Imran Khan.

GK Audit Services Limited

**GK AUDIT SERVICES LIMITED
AUCKLAND
10 NOVEMBER 2022**

Auckland PHO Limited

**Statement of Profit and Loss and Other Comprehensive Income
For the Year Ended 30 June 2022**

	<u>Notes</u>	<u>2022</u> \$	<u>Restated</u> <u>2021</u> \$
REVENUE			
First Contact funding		14,892,021	14,747,637
Auckland District Health Board Contract Funding		3,098,513	1,405,407
Management Fees		502,594	476,188
Other Income	4 a	584	6,528
TOTAL REVENUE		<u>18,493,712</u>	<u>16,635,760</u>
DIRECT COST OF SERVICES			
First Contact Services		13,587,959	12,817,192
PHO Programmes		2,786,253	2,218,099
TOTAL DIRECT COST OF SERVICE		<u>16,374,212</u>	<u>15,035,291</u>
GROSS SURPLUS		<u>2,119,500</u>	<u>1,600,470</u>
EXPENSES	4 b	1,897,719	1,844,449
OPERATING SURPLUS		<u>221,781</u>	<u>(243,979)</u>
Interest received	5	7,220	11,389
NET FINANCE REVENUE		<u>7,220</u>	<u>11,389</u>
NET SURPLUS for the year		<u>229,001</u>	<u>(232,591)</u>
TOTAL COMPREHENSIVE INCOME for the year		<u>229,001</u>	<u>(232,591)</u>



The accompanying notes form part of and should be read in conjunction with the Financial Statements and Audit Report.

Auckland PHO Limited
Statement of Financial Position
As at 30 June 2022

	<u>Notes</u>	<u>2022</u> \$	<u>Restated</u> <u>2021</u> \$
ASSETS			
Current Assets			
Cash and Cash Equivalents	7	1,200,137	1,014,104
Trade and Other Receivables	9	623,754	645,004
Total Current Assets		1,823,891	1,659,108
Non Current Assets			
Property, Plant & Equipment	6	39,059	38,171
		39,059	38,171
TOTAL ASSETS		1,862,950	1,697,279
Liabilities			
Current Liabilities			
Accounts Payable and Accruals	8	332,424	395,754
		332,424	395,754
TOTAL LIABILITIES		332,424	395,754
NET ASSETS		1,530,526	1,301,525
EQUITY			
Share Capital		1	1
Retained Earnings		1,530,525	1,301,524
TOTAL EQUITY		1,530,526	1,301,525

Approved on behalf of the Board by:



Director

8 November 2022

Date



Director

8 November 2022

Date

GK Audit
Services
Limited

The accompanying notes form part of and should be read in conjunction with the Financial Statements and Audit Report.

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Auckland PHO Limited

**Statement of Changes in Equity
For the Year Ended 30 June 2021**

	Notes	Share Capital	Retained Earnings	Total Equity
		\$	\$	\$
As at 1 July 2020		1	688,862	688,863
(As previously reported)				
Impact of changes in accounting policies	3		845,253	845,253
Restated Balance at 1 July 2020		1	1,534,115	1,534,116
Restated profit for the year		-	(232,591)	(232,591)
Total comprehensive income for the year		-	(232,591)	(232,591)
Restated Equity at 30 June 2021		1	1,301,524	1,301,525



The accompanying notes form part of and should be read in conjunction with the Financial Statements and Audit Report.

Auckland PHO Limited

**Statement of Changes in Equity
For the Year Ended 30 June 2022**

Attributable to Shareholders of the company

Notes	Share Capital	Retained Earnings	Total Equity
	\$	\$	\$
As at 1 July 2021	1	1,301,524	1,301,525
Net surplus for the year	-	229,001	229,001
Total comprehensive income for the year	-	229,001	229,001
Equity at 30 June 2022	1	1,530,525	1,530,526



The accompanying notes form part of and should be read in conjunction with the Financial Statements and Audit Report.

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Auckland PHO Limited

**Statement of Cash Flows
For the Year Ended 30 June 2022**

	<u>Notes</u>	<u>2022</u> \$	<u>2021</u> \$
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
<u>Cash was received from:</u>			
Auckland District Health Board funding		18,504,596	16,751,622
Interest received		6,873	11,389
Goods & Services Tax		-	-
		18,511,469	16,763,011
<u>Cash was applied to:</u>			
Primary health care services, suppliers and employees		18,301,361	16,750,424
Goods & Services Tax		5,418	-
		18,306,779	16,750,424
Net cash received (paid) from operating activities		204,690	12,587
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>			
<u>Cash was paid to</u>			
Purchase of Property Plant and Equipment		(18,657)	(8,807)
		(18,657)	(8,807)
Net cash applied for investing activities		(18,657)	(8,807)
Net cash received (paid) for the year		186,033	3,780
Cash and cash equivalent balance at 1 July		1,014,104	1,010,324
Cash and cash equivalent balance at 30 June	7	1,200,137	1,014,104



The accompanying notes form part of and should be read in conjunction with the Financial Statements and Audit Report.

Auckland PHO Limited
Statement of Cash Flows
For the Year Ended 30 June 2022

RECONCILIATION OF NET SURPLUS AFTER TAX TO CASH FLOWS FROM OPERATING ACTIVITIES

	<u>2022</u>	<u>2021</u>
	\$	\$
Reported Net Surplus for the year	229,001	34,179
Non-cash items: - Depreciation & loss on sale	17,768	21,861
	<u>246,769</u>	<u>56,040</u>
Movements in working capital items:		
Accounts Receivable	10,537	115,863
Accounts Payable	(47,198)	(162,861)
Net GST	(5,418)	3,545
	<u>(42,079)</u>	<u>(43,453)</u>
Net cash received (paid) from operating activities	<u><u>204,690</u></u>	<u><u>12,587</u></u>



The accompanying notes form part of and should be read in conjunction with the Financial Statements and Audit Report.

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Auckland PHO Limited

Notes to the Financial Statements For the Year Ended 30 June 2022

1.0 Statement of Accounting Policies

Reporting Entity

The reporting entity is Auckland PHO Limited. Auckland PHO Limited was incorporated on 27 May 2003. It is a limited liability company registered under the Charities Act 1993 (Charity Registration CC337184). Auckland PHO is domiciled in New Zealand and the Entity's company registration number is 1306365, and registered office is 210 Khyber Pass Road, Newmarket, Auckland, New Zealand.

Statement of Compliance and Basis of Preparation

The financial statements have been prepared in accordance with the 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. The company is a public benefit entity and it eligible to apply Tier 2 PBE IPSAS on the basis that it does not have public accountability and it is not defined as large.

The Board has elected to report in accordance with Tier 2 PBE accounting standards and in doing so has taken advantages of all applicable Reduced Disclosure Regime ("RDR") disclosure concessions.

Changes in Accounting Policy

There have been no changes to policies adopted from the previous year.

2.0 Summary of Significant Accounting Policies

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented, unless otherwise stated.

2.1 (a) Basis of Measurement

The financial statements have been prepared on the basis of historical cost, as modified by the fair value measurement of non-derivative financial instruments.

(b) Functional and Presentational Currency

The financial statements are prepared in New Zealand dollars (\$). All numbers presented have been rounded to the nearest dollar.



Auckland PHO Limited

Notes to the Financial Statements For the Year Ended 30 June 2022

2.2 Financial Assets

The company classifies its investments in the following categories:

Financial assets at fair value through the profit and loss, loans and receivables, held to maturity investments and available for sale financial assets. The classification depends on the purpose for which the investments were acquired. The board determines the classification of its investments at initial recognition and re-values this designation at every reporting date.

Financial assets at fair value through profit and loss

This category has two sub categories: financial asset held for trading, and those designated at fair value through profit and loss at inception. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management. Derivatives are also categorised as held for trading unless they are designated as hedges. Assets in this category are classified as current assets if they are either held for trading or are expected to be realised within 12 months of balance date.

The company does not have any financial assets classified as fair value through profit and loss.

Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise when the company provides money, goods or services directly to a debtor with no intention of selling the receivable. They are included in current assets, except for those maturities greater than 12 months after balance date, which are classified as non-current assets.

The company's loans and receivables comprise trade and other receivables and cash and cash equivalents.

Held to maturity investments

Held to maturity investments are non-derivatives financial assets with fixed or determinable payments and fixed maturities that the company's management has the positive intention and ability to hold to maturity.

The company does not have any financial assets classified as held to maturity.

Available for sale financial assets

Available for sale financial assets are non-derivatives, principally equity securities, that are either designated in this category or not classified in any of the other categories. They are included in non-current assets unless management intends to dispose of the investment within 12 months of balance date.

The company does not have any financial assets classified as held to maturity.

Purchases and sales of investments are recognised on trade date - the date on which the company commits to purchase or sell the asset. Investments are initially recognised at fair value plus transaction costs for all financial assets not carried at fair value through profit and loss. Financial assets carried at fair value through profit and loss are initially recognised at fair value and transaction costs are expensed in profit and loss. Investments in equity instruments that do not have a quoted market price in an active market and whose fair values cannot be reliably measured are recognised and subsequently carried at cost.

Investments are derecognised when the rights to receive cash flows from the investments have expired or have been transferred and the company has transferred substantially all the risks and rewards of ownership.

Available for sale financial assets and financial asset at fair value through profit and loss are subsequently carried at fair value. Loan receivables and held to maturity investments are carried at amortised cost using the effective interest method. Realised and unrealised gains and losses arising from changes in the fair value of financial assets at fair value of financial assets at fair value through profit and loss are included in profit and loss in the period in which they arise. Unrealised gains and losses arising from changes in the fair value of securities classified as available for sale are recognised in other comprehensive income, except for foreign exchange movements on monetary assets, which are recognised in profit and loss. When securities classified as available for sale are sold or impaired, the accumulated fair value adjustments are included in profit and loss as gains and losses from investment securities.

Auckland PHO Limited

Notes to the Financial Statements For the Year Ended 30 June 2022

2.3 Financial Assets (continued)

The company assesses at each balance date whether there is objective evidence that a financial asset or a group of financial assets is impaired. In the case of equity securities classified as available for sale, a significant or prolonged decline in the fair value of the security below its cost is considered in determining whether the securities are impaired. If any such evidence exists for available for sale financial assets, the cumulative loss - measured as the difference between the acquisition cost and the current fair value, less any impairment loss on that financial asset previously recognised in profit and loss - is removed from equity and recognised in profit and loss. Impairment losses recognised in profit and loss on equity instruments are not reversed through profit and loss.

2.4 Cash and cash equivalents

Cash and cash equivalents includes cash in hand and deposits held at call with banks.

2.5 Trade and other receivables

Trade and other receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment.

Collectability of receivables is reviewed on an ongoing basis. Individual debts which are known to be uncollectible are written off. A provision for impairment of receivables is established when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 30 days overdue) are considered objective evidence of impairment.

The amount of provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. The amount of the provision is recognised in profit and loss statement.

If, in a subsequent period, the amount of impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised (such as an improvement in the debtor's credit rating), the previously recognised impairment loss is reversed and the reversal is recognised in profit and loss.

Subsequent recoveries of amounts written off are recognised in profit and loss.

2.6 Financial Liabilities

(a) Trade and other payables

These amounts represent unsecured liabilities for goods and services provided to the company prior to the end of the financial year which are unpaid. Trade and other payables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method. As trade and other payables as usually paid within 30 days, they are carried at face value.

2.7 Revenue recognition

Revenue comprised the fair value of the consideration received or receivable for the provision services in the ordinary course of the company's activities. Revenue is shown net of Goods and Services Tax, returns, rebates and discounts and after eliminating sales within the company.

Auckland PHO Limited

Notes to the Financial Statements For the Year Ended 30 June 2022

2.8 Revenue recognition (Continued)

The company recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the company and when specific criteria have been met for each of the company's activities. Revenue from exchange transactions First Contact Capitation and Contract revenue Auckland PHO receives annual funding from the Auckland District Health Board (ADHB), which is based on enrolled patients within APHO network of providers. This is based on the quarterly uploads of the register to the ADHB and recognised monthly on the funding entitlement for the quarter.

Sale of services

Sales of services are recognised in the accounting period in which the services are rendered, by reference to completion of the specific transaction assessed on the basis of the actual service provided as a proportion of the total services to be provided. When the contract outcome cannot be estimated reliably, revenue is recognised only to the extent of the expenses recognised that are recoverable. The revenue recognition approach for APHO contract revenue depends on the contract terms. Those contracts where the amount of revenue is substantively linked to the provision of quantifiable units of service are treated as exchange contracts and revenue is recognised as the APHO provides the services. For example, where funding varies based on the quantity of services delivered, such as number of screening tests or heart checks. Other contracts are treated as non-exchange and the total funding receivable under the contract is recognised as revenue immediately, unless there are substantive conditions in the contract. If there are substantive conditions, revenue is recognised when the conditions are satisfied. A condition could include the requirement to provide services to the satisfaction of the funder to receive or retain funding. Revenue for future periods is not recognised where the contract contains substantive termination provisions for failure to comply with the service requirements of the contract. Conditions and termination provisions need to be substantive, which is assessed by considering factors such as the past practice of the funder. Judgement is often required in determining the timing of revenue recognition for contracts that span a balance date and multi-year funding arrangements.

Interest income

Interest income is recognised on a time-proportion basis using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of financial assets to be the net carrying amount of the financial asset.

Dividend income

Dividend income is recognised when the right to receive payment is established.

2.9 Goods and services tax

All amounts are shown exclusive of Goods and Services Tax ("GST"), except for receivables and payables, which are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, Inland Revenue, is included as part of receivables or payables in the statement of financial position.

2.10 Critical Accounting Estimates and Judgements

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The company makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed below.

(a) Carrying Value of Other Financial Assets

The company assesses the carrying value in an equity investment shown in Other Financial Assets to ensure it does not exceed its fair value. This determination requires significant judgement. In making this judgement the company evaluates relevant factors such as cashflow, business outlook, financial health and any other relevant information available to the company.

2.11 Going Concern

Auckland PHO Limited is reliant on continued funding from the Auckland District Health Board (ADHB). Funding contracts have been successfully renegotiated and are in place for the 2021/22 year and the company has adequate cash resources for the next 12 months after signing these financial statements. The Board therefore consider the going concern assumption to be valid for 30 June 2022.



Auckland PHO Limited

Notes to the Financial Statements
For the Year Ended 30 June 2022

3. Impact of revenue recognition

Income in advance was perviously recognised under current liability. Under PBE IPSAS 9, the revenue needs to be recognised when it is probable the economic benefits or services potential associated with the transaction will flow to the entity. This resulted in the restatements of financial statement for the year ended 30 June 2021.

	<u>2021</u>
Previously reported profit	34,179
Changes in Profit: Increased cost in first contact services	<u>(266,770)</u>
Restated profit/(loss) for 30 June 2021	<u>(232,591)</u>

Impact on assets, liabilities and equity as at 30 June 2021

	<u>Previously Reported</u>	<u>Restatements</u>	<u>Restated</u>
Accrual	578,483	(578,483)	-
Equity	723,042	578,483	1,301,525

Impact on assets, liabilities and equity as at 30 June 2020

	<u>Previously Reported</u>	<u>Restatements</u>	<u>Restated</u>
Accrual	845,253	(845,253)	-
Equity	688,863	845,253	1,534,116

4. Income and Expenses

a) <u>Other Income</u>	<u>2022</u>	<u>2021</u>
	\$	\$
Miscellaneous Income	584	6,528
	<u>584</u>	<u>6,528</u>
b) <u>Expenses</u>		
Administration	151,424	323,242
Audit Fees	16,167	12,104
Contractor Expenses	54,637	79,516
Depreciation	17,768	21,861
Directors remuneration	40,150	43,000
Provider professional development	13,656	35,745
ADHB Contract & PHO staff salaries	1,479,740	1,193,137
Rent & Rates	124,177	135,844
Total Administrative Costs	<u>1,897,719</u>	<u>1,844,449</u>



Auckland PHO Limited

Notes to the Financial Statements
For the Year Ended 30 June 2022

5. Interest received	<u>2022</u>	<u>2021</u>
	\$	\$
Interest income on Bank Deposits	7,220	11,389
Total Interest Income	<u>7,220</u>	<u>11,389</u>
Net interest income recognised in profit or loss	<u>7,220</u>	<u>11,389</u>

6. Property, Plant & Equipment

Name	Cost	Current Depreciation Charge	Accumulated Depreciation	Carrying Value
	\$	\$	\$	\$
2022				
Motor Vehicles	60,054	1,381	56,831	3,223
Office Furniture	27,974	638	22,329	5,645
Computer Equipment	141,164	15,220	117,055	24,109
Leasehold improvements	11,134	529	5,052	6,082
	<u>240,326</u>	<u>17,768</u>	<u>201,267</u>	<u>39,059</u>
2021				
Motor Vehicles	60,054	1,974	55,450	4,605
Office Furniture	25,024	650	21,691	3,333
Computer Equipment	125,458	18,662	101,835	23,622
Leasehold improvements	11,134	575	4,523	6,611
	<u>221,670</u>	<u>21,861</u>	<u>183,499</u>	<u>38,171</u>

7. Cash and Cash Equivalents

	<u>2022</u>	<u>2021</u>
Bank Balances	872,878	684,929
Petty Cash	400	400
Term Deposits	332,155	328,775
Visa card	(5,296)	
	<u>1,200,137</u>	<u>1,014,104</u>

8. Accounts Payable and Accruals

Trade Payables	148,743	260,881
Accrued audit fees	11,000	11,000
Employee Entitlements	154,778	100,552
Goods and Services Tax	17,903	23,320
	<u>332,424</u>	<u>395,753</u>



Auckland PHO Limited

Notes to the Financial Statements
For the Year Ended 30 June 2022

9 Trade & Other Receivables

	2022	2021
	\$	\$
Trade Debtors	585,747	596,831
Deposits paid	23,466	23,466
Prepayments	13,654	24,368
Interest Accrued	887	540
	<u>623,754</u>	<u>645,004</u>

10 Commitments for Expenditure

Commitments under non cancellable operating leases:		
Current	21,492	128,955
Term	-	21,492
	<u>21,492</u>	<u>150,447</u>

Capital commitments

There is no committed capital expenditure at reporting date (2021: \$Nil).

11 Contingent Liabilities

There are no known contingencies at reporting date. (2021: \$Nil).

12 Related Party Transactions

- Auckland PHO Limited and board members, Dr Andy Watt from Dominion Medical Centre and Dr Elizabeth McLeay from Avondale Health Centre are considered to be related parties. Their owner operated medical centres are paid fees and all transactions are entered into on an arms length basis.
- Auckland PHO Limited and Board members, Dr Lisa Eskildsen from Avondale Health Centre and Judy Davis from Waiheke Medical Centre are considered to be related parties. They are all employees of medical practices that are members of the PHO. All transactions are entered into on an arms length basis.
- Some directors are also shareholders of the company.

The following transactions were carried out with related parties:

d) Directors Remuneration

The Directors of the company and their remuneration was as follows

	\$	\$
Aroha Hudson	16,150	21,000
Andy Watt	2,200	4,400
Elizabeth McLeay	3,300	2,200
Judy Davis	3,550	4,400
Lisa Eskildsen	3,550	4,400
Donna Tamaariki	10,050	5,500
Te Haua Taua	1,350	-
Alistair Somerville	-	1,100
	<u>40,150</u>	<u>43,000</u>

e) Purchases of goods and services

Dominion Medical Centre	1,921,244	1,794,486
Avondale Health Centre	1,194,207	1,095,839
Waiheke Medical Centre	922,072	1,040,077
	<u>4,037,523</u>	<u>3,930,402</u>

g) Payables to related parties

Dominion Medical Centre	3,389	-
Avondale Health Centre	3,686	-
Waiheke Medical Centre	1,166	-
	<u>8,241</u>	<u>-</u>

13 Events after the reporting period

There are no events subsequent to balance date that require disclosure.





(09) 379 4022



www.aucklandpho.co.nz



Level 4, 210 Khyber Pass Road, Grafton 1023



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