



Annual Report

2020

Leading Quality Equitable Primary Health Care

include **improve** **innovate** **imagine**

CHAIR REPORT



Aku rahi, aku nui
Tēnei te mihi maioha
Ki a tātou katoa

Tēna kotou tēna kotou
tēna kotou katoa

2020 has been a year like no other. It has been historic and the most challenging in more than 100 years. Like the rest of New Zealand, we have faced the challenge of COVID-19 together. As the pandemic began to spread overseas and then show up in New Zealand, it tested the strength and resilience of all those working in the health sector. Auckland PHO established, literally overnight, a Community Based Assessment Centre (CBAC) based at the North Shore AUT Campus and supported the team at Waiheke Medical Centre in the establishment and service delivery of a CBAC on the Island. The Auckland PHO team and our general practice network kept their clinics open and functioning, providing outstanding care and support to their patients (and each other) during the lockdowns.

There is no doubt that the outbreak of COVID-19 has stressed an already tired healthcare sector, along with the economy and population. Our teams have worked under great pressure to ensure COVID-19 does not take hold in our country and will continue to do so as community outbreaks arise. We are grateful that national and local strategies were quickly established and consequently were spared the worst of the medical impacts of the pandemic.

Alongside the pandemic, the year has marked uncertainty for primary care and PHOs, with the release of the Health and Disability Review. Auckland PHO is establishing strong connections with other primary care organisations and NGOs to build on sustainable models of care to offer solutions that remove the burden from secondary care and their finances, focussing on equity and the patient journey leading to better health outcomes. This not only means we will be 'shovel ready' when recommendations and actions are made by the Government, we will also need to continually evolve to meet the demands of new technology, general practice configuration, changes in demographics as well as workforce changes.

Although we are in complex and uncertain times, it is pleasing to see that we have maintained a solid financial performance. Auckland PHO is a charitable, not for profit organisation and as such our aim is to ensure the organisation is run as lean as possible, optimising health funding to be spent on delivering services. Since COVID-19, Auckland PHO general practices were paid out maximum funding to ensure they could continue to provide health services via telehealth and virtual consultations to their patients. This was well received and appreciated by our general practice owners and managers.

We have dedicated governance, are on a sound financial footing, have an increasingly efficient business model and a committed team of people. We believe that we are

stronger when we work together, and this has been proven to be so during COVID-19.

I would like to sincerely congratulate and acknowledge our general practice teams for the remarkable and magnanimous service to their patients during the year. We continue to value and appreciate your membership of Auckland PHO and the confidence you have in us to advocate on your behalf.

I also wish to thank our Directors for their contribution to the Board throughout the year, without which my task would be impossible.

The PHO team is the steel backbone of the organisation. They are passionate, innovative, capable and proud of what they do and what they have achieved. On behalf of the Board, I would like to acknowledge the outstanding commitment and dedication that Barbara, as Chief Executive Officer, brings to the role. I

also wish to acknowledge the tremendous work undertaken by Charlotte Harris, our Clinical Director, Carol Ennis, our Clinical Quality Manager and her team and Suzie Whittaker, our Chief Operations Officer and her support team. They all work with Barbara to ensure that not only is our PHO well respected, it is highly functioning and responds well to changes and expectations from the Ministry of Health, Auckland DHB and our Practice teams.

Ngaku iti nei
Na



Aroha Hudson
Chair



CEO REPORT



I am pleased to present Auckland PHO's Annual Report for the 2019 - 2020 financial year. It has been a most unusual and challenging year that presented significant challenges and demonstrated the resilience of our general practice teams and PHO staff in the face of uncertainty and adversity caused by the COVID-19 pandemic.

As the pandemic took hold, we rapidly moved to adapt the PHO to a new environment. Strong relationships within our Primary Care network of 24 general practices was, and is, crucial for the continued responsiveness required. The impact for many of our Primary Care teams raised sustainability and significant health concerns, particularly for many of our GPs and Practice Nurses who are in age groups that put them at higher risk of severe illness should they contract COVID-19. Nonetheless, our Primary Care teams rapidly moved to new models of care as they adopted telemedicine, e-prescribing/e-labs and adapted to unprecedented infection control measures to help keep both staff and patients free from illness.

During the level four lockdown, we developed a Pandemic Checklist providing a tool for general practices to identify, develop and implement business continuity, apply preventative infection control, and assist environmental/workforce planning at every pandemic phase of Covid-19. The Tool was

reviewed and sanctioned by the Northern Region Health Co-ordination Centre (NRHCC) and was subsequently circulated nationally. Dr Charlotte Harris, our Clinical Director, has been involved in many aspects of the pandemic response both regionally and nationally. Her focus on detail and effective communications has been invaluable, both to Auckland PHO and the health sector in the Auckland region.

Overnight, one of our meeting rooms transformed into a PPE distribution warehouse where we received and actioned more than 800 requests for PPE gear from our clinics. Our thanks to the NRHCC Logistics team who, after a naturally shaky start, issued stock that enabled GP teams to undertake consultations and swabbing effectively and safely. My thanks to Carol Ennis and her team for delivering stock and constantly checking in on practice teams and supporting them in diverse ways.

I would also like to acknowledge Suzie Whittaker, who as Chief Operations Officer provided oversight and managed COVID-19 operations, working long hours and remaining constantly cheerful and helpful to our teams, while also ensuring as much of business as usual was occurring inside the PHO office.

As a result, the feedback received from our Primary Care teams has been overwhelmingly positive, which is a testament to our people-centred/hands on approach and the skill and dedication of our staff.

At the outset of level four, Auckland PHO set up a CBAC at the AUT Integrated Health Centre at the North Shore Campus and within two days was open for business, swabbing over 2,500 people in two months. We are grateful to our Practice Facilitator, Mel Beattie, who ably recruited and managed an energetic team of doctors, nurses and administration staff during the lockdown periods.

We also assisted and supported the team at Waiheke Medical Centre (previously Oneroa Accident and Medical Centre) to rapidly establish a CBAC on the Island. Being rural and an island presented logistical challenges with transportation of PPE, swabs and equipment. Nevertheless, Jayme Kitona, Kaiwhakahaere/Practice Manager, adapted quickly to managing a swabbing and assessment centre, after hours and urgent care as well as the day to day running of the Medical Centre – and this was nothing short of impressive. Her leadership and experience will ensure Waiheke Medical Centre is well placed to respond to future events requiring urgent and well thought through responses.

COVID-19 has not run its course. We are highly likely to be dealing with outbreaks over the next two to three years as New Zealand's borders re-open. While this pandemic continues to provide uncertainty, the ability to provide flexible and agile services throughout the lockdown period and beyond has also provided further opportunities for the health system to align and imbed improved approaches to ensure patient centred care remains at the forefront in all we do, ensuring a healthy workforce and patient health needs are met.

During the first half of the financial year (when COVID-19 was not a known virus), Auckland PHO successfully transitioned the traditional CarePlus programme funding to Carextra, providing practices with a more targeted approach to identify patients needing

additional support using an 'at risk' algorithm. This allowed Carextra funding to be better aligned to patients identified by the Practice team who would benefit from additional support using a nurse led model of care.

During the year a business case was presented to the Auckland DHB for an improved service to people requiring urgent after hours medical services on Waiheke Island. The business case was developed through a collaborative process involving Piritahi Hauora Trust, another Island Trust, clinicians, general practice staff and local service partners. Auckland PHO provided a high level of support to ensure the business case was successful, and in January 2020, the new service was open for business.

This year we commenced building capacity in the area of Integrated Primary Mental Health & Addictions, where three practices were identified (due to their patient population) to be first in the implementation of the newly funded service, where Health Improvement Practitioners and Health Coaches work alongside the general practice team. This new funding was triggered by the Mental Health Inquiry from pilots undertaken in the Auckland Region, of which Auckland PHO was a participant.

Another highlight of the year was the successful response for proposal that we completed on behalf of a number of practices for a LARC (Long Term Reversible Contraception) service. We have five practices providing a direct service. In addition to providing this service to their enrolled women, other providers can refer to them as well.

During the latter part of 2019, measles rapidly spread in the community, causing serious illness, hospitalisations and fear amongst those most vulnerable. The Auckland PHO team again stepped up to respond to the outbreak by ensuring practices had adequate vaccine supply, screening information,

suspected case notification, information and collateral to support the MMR vaccination catch up campaign. We also supplied practice teams with an MMR vaccination algorithm to support non-clinical staff in their response to the overwhelming number of patient enquiries across practices. This resource was circulated nationally and was well received. I would like to extend my appreciation to the Auckland PHO clinical team for their outstanding leadership and guidance during the outbreak.

Our PHO staff have continued to step up to the challenges we face working in the health system. I am immensely proud of them all and am humbled by the extent to which they 'go the extra mile' for our network and ultimately the patients who are enrolled with Auckland PHO.

Thank you to our Clinical Effectiveness Group and Finance Audit and Risk Committee who

enable Auckland PHO to be both clinically and financially responsive and sustainable.

I would also like to take this opportunity to thank Board Members for their dedication and enthusiasm and acknowledge our Chair, Aroha Hudson, whose consistent leadership and immense wealth of health sector knowledge guides Auckland PHO to achieve its strategic objectives.

Finally, to the Auckland PHO General Practice Network, thank you for stepping up to the challenges of this year and changing the way in which you deliver services. You did this with courage and grit.

I look forward to working with you all next year and continuing to advocate for primary care.



Barbara Stevens
Chief Executive Officer



AUCKLAND PHO's RESPONSE TO COVID-19



As the WHO (World Health Organisation) declared the coronavirus outbreak a public health emergency of international concern and the world as we knew it drew a breath not knowing the duration or impact this pandemic was about to unleash, Auckland PHO staff and practice teams united to protect and serve our patient population of 58,000.

Overnight, General Practice changed the way it worked by enabling new technology to provide telephone and video consultations, increase virtual clinical triage, managing and implementing quicker and more efficient communication pathways e.g. social media, patient portals, websites, adapting to rigorous infection control protocols, managing vulnerable patients whilst proactively swabbing high risk and marginalised communities, all amidst the threat of ongoing COVID-19 infection.

The Auckland PHO senior management team contributed to the NRHCC (Northern Region Health Co-ordination Centre) working long hours to actively monitor and manage the emerging threat of COVID-19, anticipating and adapting to evolving testing strategies, communication, scenario testing, surveillance codes, infection control protocols, PPE demands, supporting general practices network business continuity and optimal patient care.

The MoH, DHBs and NRHCC put out the call to stand up 14 CBACs to operate across the Auckland region. This involved sourcing facilities, setting up PMS systems, implementing e-notification technology, employment and rostering of doctors, nurses and administration staff to provide clinical assessment, testing, triage, and referrals to other services, communications, PPE management, daily reporting, financial budgeting and claiming as well as general management and oversight.



In record time, Auckland PHO established two fully staffed and functioning Community Based Assessment Centres (CBACs) - one on Waiheke Island, based at Waiheke Medical Centre, Oneroa and the other on the AUT Integrated Healthcare site in Northcote.

We are well served by the role that primary care plays in the Auckland Regional health system and our united COVID-19 responsiveness has demonstrated the crucial role primary care plays as the foundation on which our health system sits.

SNAPSHOT OF AUCKLAND PHO GENERAL PRACTICE PPE ORDER IN RESPONSE TO

COVID-19

In the 29 weeks from 21st March 2020 (when New Zealand moved to Alert Level 2 lockdown) to the 8th October 2020 (when Auckland joined the rest of the country at Alert Level 1) we received and actioned the following requests for PPE from our General Practice network and Community Based Assessment Centres

We distributed:

35,000

Surgical masks



>3,000

Bottles of hand sanitiser



50,000

Pairs of gloves



10,000

Nasopharyngeal Swabs



12,000

Isolation gowns



99%

of Auckland PHO practices
conducted swabbing onsite



AUCKLAND PHO VISION, PURPOSE FOUNDATION AND VALUES

OUR VISION

Leading Quality Equitable
Primary Health Care

OUR PURPOSE

Improve the lives of those we serve by
providing inclusive, innovative and
compassionate Primary Health Care

OUR FOUNDATION

The Treaty of Waitangi underpins all
relationships and permeates all activities
and behaviour within the Auckland PHO

OUR VALUES

Lead transformation Acting with Integrity,
Compassion and Aroha, Innovation,
Excellence and Collaboration

OUR OBJECTIVES

Improve equity through person-centred health outcomes for Maori and other high needs populations such as Pasifika, Asian, Refugees and new migrant peoples

Create knowledge and build agility and innovation

Value and Develop a workforce that is aligned to the needs of the people we serve

Lead transformation by continuously improving the performance, capacity and capability of Primary Care (based on evidence and data) to deliver quality services to the people we serve

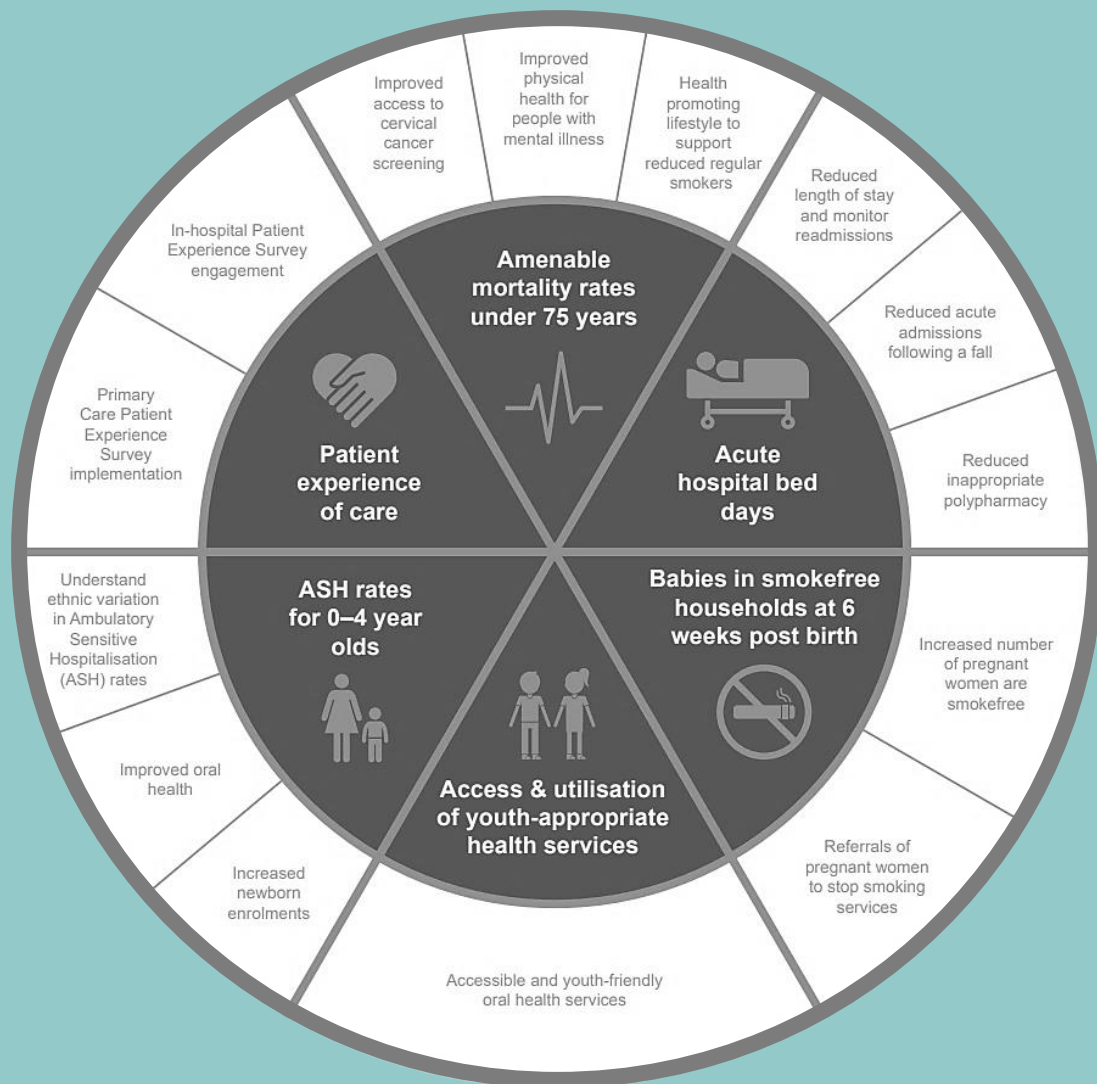
Work with partners

Operate an accountable and financially viable organisation

Anticipate and manage change

AUCKLAND PHO

SUPPORTING CHANGE AND SYSTEMS LEVEL IMPROVEMENT



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.

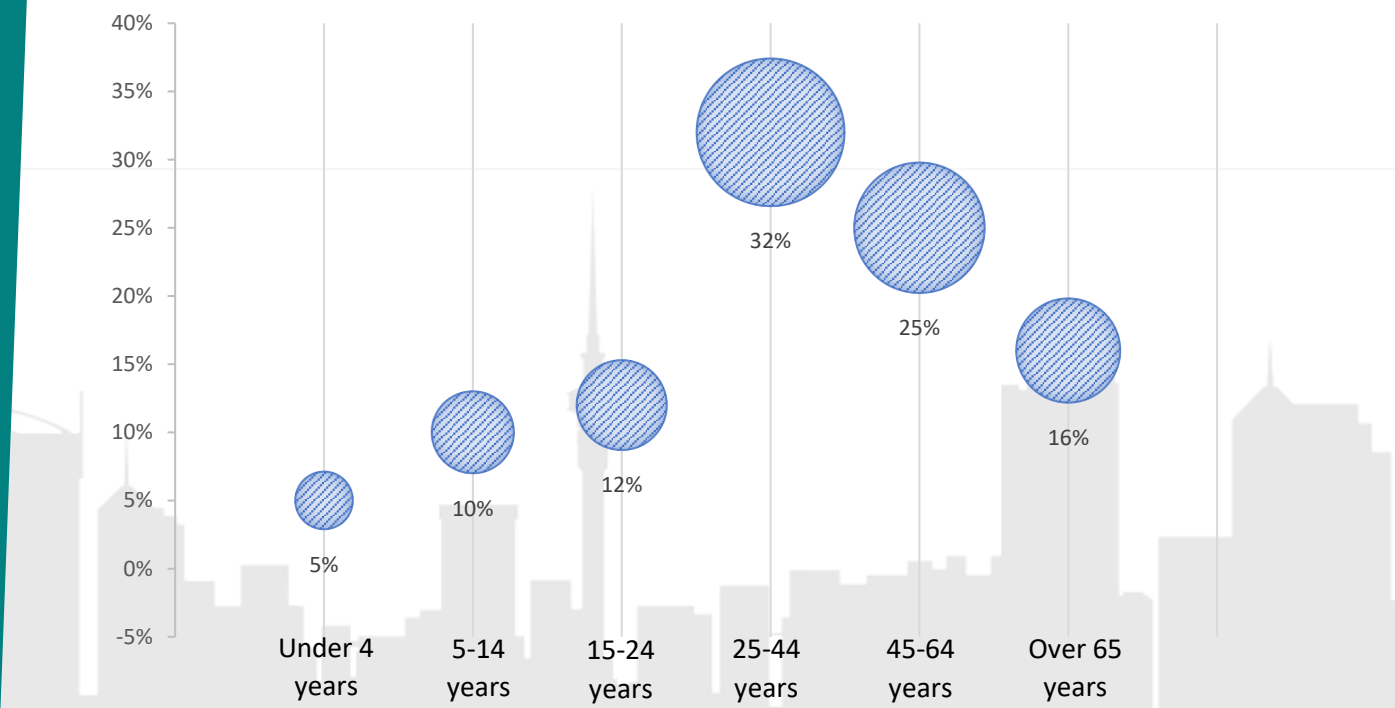
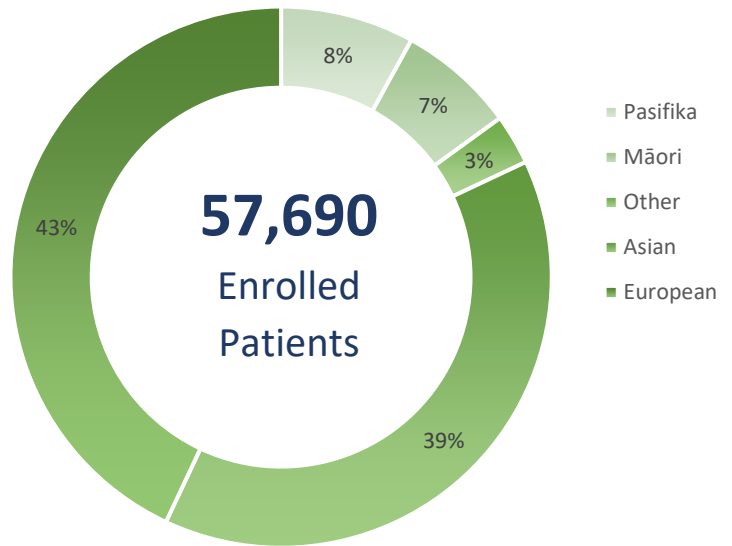
Key Enablers

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 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

ABOUT US



GOVERNANCE AND LEADERSHIP

BOARD

Members



Aroha Hudson
Ngāti Whatua/Nga Puti

Iwi Director - Appointed
Chair
Member - Finance, Audit and Risk Committee
CEO - Health West Limited
Director - National Heart Foundation
Director - Spectrum Group



Judy Davis
Ngāti Maniapoto
Ngāti Whanaunga o Tainui

Non-GP Director – Elected
Deputy Chair - Appointed
Kaitiaki / General Manager - Piritahi Hau Ora Trust



Lisa Eskildsen

GP Provider Director - Elected
Member - Clinical Effectiveness Group
Member - Clinical Governance Group, Conporto Health
GP - Calder Centre



Donna Tamaariki
Ngāti Whātua Ōrākei me
Waiohua

Community Director - Appointed
Director - Kaitiaki Enterprises Limited



Alistair Somerville

GP Provider - Elected
GP owner - Cairnhill Health Centre
Director / Shareholder - Uphealth.co.nz Limited



Andy Watt

GP Provider - Elected
GP owner - Dominion Medical Centre

Advocacy for Healthy Equity

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:

CLINICAL & LONG-TERM CONDITIONS

- ❖ Metro Auckland Clinical Governance Forum
- ❖ Metro Auckland CVD Working Group
- ❖ Diabetes Service Level Alliance and Co-design Meetings
- ❖ National Smoking Cessation Forum
- ❖ MoH National Diabetes and LTC Leadership

OTHER CLINICAL

- ❖ Cervical Screening Steering Group
- ❖ Auckland Maternity and Child Health Network
- ❖ National Bowel Screening Programme
- ❖ Practice Nurse Community Prescribing
- ❖ System Level Measures Groups x 6
- ❖ Auckland Regional Asian & MELAA Primary Care Service Improvement Group
- ❖ Former refugee/current asylum seeker Services-Operational Group
- ❖ Primary Secondary Care Interface
- ❖ Primary Option Acute Care Clinical Governance Group
- ❖ PAUA Clinical Subgroup

CHILD AND YOUTH HEALTH

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

COVID-19 AND EMERGENCY PLANNING

- ❖ NRHCC Primary Care Leaders Forum
- ❖ MoH and ARPHS Working Group
- ❖ Auckland Emergency Planning Group
- ❖ National Infection and Prevention and Control Expert Group

GOVERNANCE AND FINANCE

- ❖ Metro-Auckland Flexible Fund Group
- ❖ 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

- ❖ Chief Information Officer Working Group
- ❖ Metro Auckland Data Custodian Group
- ❖ Metro Auckland Data Stewardship Group
- ❖ Care Connect Clinical Governance Group
- ❖ Your Health Summary Clinical Governance Group
- ❖ National Telehealth Leadership Group (Primary Care Workstreams and Data Workstreams)
- ❖ Auckland Regional HealthPathways (Operational Group)

MENTAL HEALTH

- ❖ National Mental Health and Wellbeing Group
- ❖ Mental Health and Addictions Credentialing

SUB-COMMITTEES

CLINICAL EFFECTIVENESS GROUP

The APHO Clinical Effectiveness Group (CEG) comprises of our Network member clinicians, namely General Practitioners and Registered Nurses, who continue to provide great support, guidance and quality/safety assurance to the PHO Clinical Directorate. They are in themselves also great clinical leaders for special interests outside of their day to day practice, whereby innovation has been driven by our members, through examples such as; HPV vaccination programmes in schools, wider based understanding of drivers to improve the screening and management of Hepatitis C and HIV and initiatives to support our homeless and transient population across Auckland, with a high focus on reducing the health equity gap across all of the PHO's programmes.

Unfortunately, due to the Covid-19 Pandemic, the CEG meetings this year were reduced in number to support the capacity of our members to continue in their clinical practice of running both CBACS, Designated Practices and Swabbing Clinics to help fight the spread of the virus in NZ.

Areas where the members were able to meet and endorse important programmes of work were in;

- The endorsement of the Performance and Incentive Framework refresh for 2020
- The Endorsement with supportive enhancements to the implementation of the Best Start Pregnancy Tool, Gen2040 Programme 2020
- APHO Quality and Safety Programme review
- Reflection and Lessons learnt to the clinical and business continuity of general practice during Covid-19



CEG Members



“On behalf of the Clinical Directorate, we thank our members for their continued commitment to this group”

Dr Charlotte Harris, Clinical Director

From left to right:
Jean Lyle, Vikas Sethi, Barbara Stevens, Lisa Eskildsen, Prue McConnell, Carol Ennis, Jayme Kitiona, Garsing Wong, Alison Brown

Missing from the picture:
Charlotte Harris, Richard Davies, Mel Beattie

Members

Dr Charlotte Harris (Chair)
Clinical Director Auckland PHO

Dr Vikas Sethi
GP – Prana Family Health

Barbara Stevens
Chief Executive Officer Auckland PHO

Dr Garsing Wong
GP – Auckland Central Medical and Health Centre

Prue McConnell
Practice Leader Clinical – AUT Student Medical Centre

Carol Ennis
Clinical and Quality Manager Auckland PHO

Dr Lisa Eskildsen
GP – Calder Centre

Alison Brown
Practice Facilitator Auckland PHO

Jayme Kitiona
Kaiwhakahaere / Practice Manager Waiheke Medical Centre

Dr Richard Davies
GP – Calder Centre

Mel Beattie
Practice Facilitator Auckland PHO

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.

Members

Tim England (Chair)
Auckland PHO Accountant

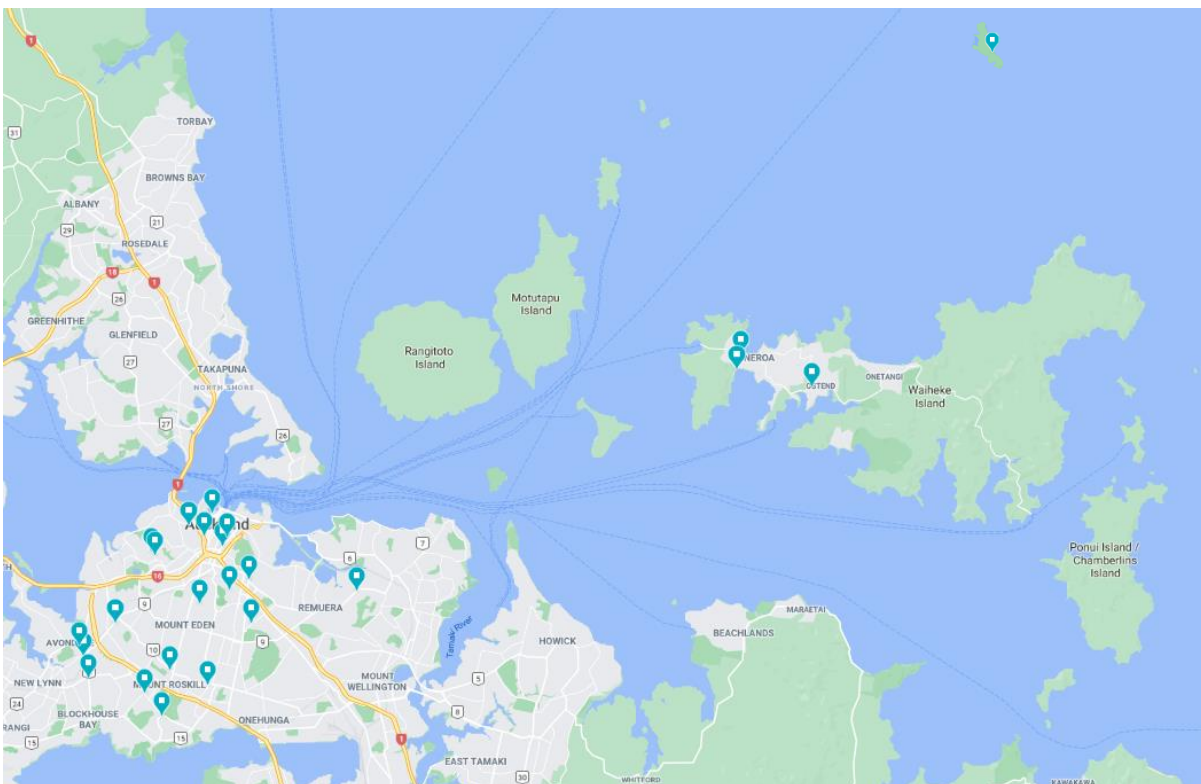
Aroha Hudson
Chair Auckland PHO Board

Donna Tamaariki
Board Member

Barbara Stevens
Chief Executive Officer Auckland PHO

Suzie Whittaker
Chief Operations Officer Auckland PHO

GENERAL PRACTICES



Auckland PHO has **25** general practice clinics with **72** General Practitioners,
98 Practice Nurses, **87** Practice Managers and Administration Staff

30 June 2020

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 136-140 Hobson Street, Auckland CBD 1010

Dominion Medical Centre 349 Mount Albert Road, Mount Roskill 1041

Gabriel Medical Practice 464 Richardson Road, Mount Roskill 1041

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 Blakett Crescent, Meadowbank 1072

Mount Albert Medical Centre 986 New North Road, Mount Albert 1025

Newmarket Medical Centre Level 1, 197 Broadway, Newmarket 1023

Ostend Medical Centre 9 Belgium Street, Ostend, Waiheke Island 1081

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

Symonds Street Medical Centre 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

HEALTH TARGET PERFORMANCE SUMMARY FOR QUARTER FOUR 2020



Auckland PHO Achievement

National Target		Total Population	High Needs
90%	<p data-bbox="552 1048 908 1077">More Heart and Diabetes Checks</p>	91%	90%
90%	<p data-bbox="552 1263 895 1292">Better Help for Smokers to Quit</p>	85%	85%
95%	<p data-bbox="515 1509 940 1538">Increased Immunisation - 8 month olds</p>	94%	93%
80%	<p data-bbox="636 1733 833 1762">Cervical Screening</p>	73%	69%

SNAPSHOT OF ACTIVITY

2020

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 Auckland DHB 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 2020



Palliative Care

464

consultations at home
and in practice



Discretionary Funding

1,248

procedures for high
needs populations



Podiatry

238

new referrals to
podiatry services



Cardiovascular Risk Management

3,126

CVD risk assessments
completed



Diabetes Annual Review

2,532

year of care completed



Healthy Mama and Healthy Baby

454

new mothers received a
post-natal check



Patient Portals

16

practices have a
patient portal



Sexual Health

1,260

sexual health consultations
were funded



Cervical Screening

1,438

cervical screens to
eligible women



Provider Education and Professional Development

**Sore Throat Clinics
Rheumatic Fever**

327

sore throat management
consults were funded



**Diabetes Self-Management
Education (DSME)**

18

DSME courses
were completed



**Primary Mental Health
(Mild to Moderate Mental Health)**

1,145

M2M extended GP
consults and follow ups

443

M2M
Packages of Care

Our 2020 programme delivered 4 education sessions to general practitioners, nurses and administrators

60

Practice staff attended and were funded to complete CPR training

25

Practice staff utilised the PHO professional development funding

PRACTICE SYSTEM LEVEL MEASURE ACHIEVEMENTS

Our practice teams put a great deal of effort and work into supporting and achieving System Level Measures. Below are the practice achievements and prizes at the 2019 Awards

CERVICAL SCREENING



Aotea Health
Avondale Family Doctor
Avondale Health Centre
Gabriel Medical Practice



The Good Medicine Clinic



Dominion Medical Centre

CVD RISK ASSESSMENT



Avondale Family Doctor
Avondale Health Centre
Gabriel Medical Practice



Aotea Health
Three Kings Family Medical Centre



Dominion Medical Centre

DIABETES YEAR OF CARE



Avondale Family Doctor
Avondale Health Centre



Gabriel Medical Practice
Glenavon Doctors Surgery
Three Kings Family Medical Centre



Aotea Health
Piritahi Hau Ora

CHILDHOOD IMMUNISATION (8 MONTHS)



Avondale Health Centre



Gabriel Medical Practice



Avondale Family Doctor
Dominion Medical Centre

BETTER HELP FOR SMOKERS TO QUIT



Dominion Medical Centre



Gabriel Medical Practice



Aotea Health
Three Kings Family Medical Centre



Aotea Health



Avondale Health Centre

TOTAL POPULATION ACHIEVEMENT AWARDS

GOLD AWARD

Achieved all 6 System Level Measures

Aotea Health
Auckland Central Medical and Health Centre
Dominion Medical Centre
Gabriel Medical Practice
Meadowbank Medical Centre
Newmarket Medical Centre
Three Kings Family Medical Centre

SILVER AWARD

Achieved 5 out of 6 System Level Measures

Avondale Health Centre
Cairnhill Health Centre
Glenavon Doctors Surgery
Prana Family Health
Viaduct Medical Centre

BRONZE AWARD

Achieved 4 out of 6 System Level Measures

Avondale Family Doctor
Piritahi Hau Ora
Symonds Street Medical Centre



EQUITY AWARDS

GOLD EQUITY AWARD

Achieved all 6 System Level Measures in the high needs population

Cairnhill Health Centre
Dominion Medical Centre
Gabriel Medical Practice

SILVER EQUITY AWARD

Achieved 5 out of 6 System Level Measures in the high needs population

Aotea Health
Avondale Health Centre
Glenavon Doctors Surgery
Newmarket Medical Centre
Prana Family Health
Three Kings Family Medical Centre

BRONZE EQUITY AWARD

Achieved 4 out of 6 System Level Measures in the high needs population

Ostend Medical Centre
Piritahi Hau Ora
The Good Medicine Clinic



Dominion Medical Centre

Special Immunisation Award

Dominion Medical Centre

New to Practice Nursing

Annie Lee (Dominion Medical Centre)

Leslie Bentley-Smith (Ostend Medical Centre)

Nursing Recognition: Completion of Mental Health Credentialing

Beng-Choo Tan (Meadowbank Medical Centre)

Fiona Wadmore (Calder Centre)

Prue McConnell (AUT Student Medical Centre)



Prana Family Health **1st**

Dominion Medical Centre **2nd**

Avondale Family Doctor **3rd**



**AUCKLAND PHO
EXCELLENCE IN
QUALITY
PERFORMANCE
IN 2019**

CURRENT AUCKLAND PHO STAFF

as at June 2020



Barbara Stevens
Chief Executive Officer



Suzie Whittaker
Chief Operations Officer



Charlotte Harris
Clinical Director



Carol Ennis
Clinical Quality Manager



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



Jane Petraska
Primary Mental Health Navigator



Mel Beattie
Practice Facilitator



Jean Lyle
Cornerstone and Foundation
Standard Facilitator



Alison Brown
Practice Facilitator



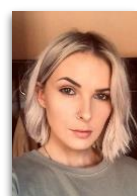
Louise Goodall
Child Health Co-ordinator



Wayde Hemp
Practice Management System
Support Co-ordinator



Priscilla Lie
Office Support Administrator



Chanelle Whittaker
Health Administrator



Tim England
Accountant



FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

AUCKLAND PHO LIMITED

FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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Auckland PHO Limited

**Company Directory
As at 30 June 2020**

Company Number	1306365
Registered Office	210 Khyber Pass Road Grafton Auckland
Directors	Aroha Hudson - Chair Judy Davis Donna Tamaariki Lisa Eskildsen Alistair Somerville Andy Watt Kimberly Phillips (resigned 15 August 2019)
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 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 2020, 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 2020, 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.



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
28 OCTOBER 2020**

Auckland PHO Limited

**Statement of Profit and Loss and Other Comprehensive Income
For the Year Ended 30 June 2020**

	<u>Notes</u>	<u>2020</u> \$	<u>2019</u> \$
REVENUE			
First Contact funding		13,630,836	13,848,980
Auckland District Health Board Contract Funding		2,824,548	1,368,402
Management Fees		460,421	487,442
Other Income	3 a	500	2,143
TOTAL REVENUE		<u>16,916,305</u>	<u>15,706,967</u>
DIRECT COST OF SERVICES			
First Contact Services		12,217,882	12,175,019
PHO Programmes		2,824,085	1,765,589
TOTAL DIRECT COST OF SERVICE		<u>15,041,967</u>	<u>13,940,608</u>
GROSS SURPLUS		<u>1,874,338</u>	<u>1,766,359</u>
EXPENSES			
	3 b	1,740,215	1,694,961
OPERATING SURPLUS		<u>134,123</u>	<u>71,398</u>
Interest received	4	11,477	13,824
NET FINANCE REVENUE		<u>11,477</u>	<u>13,824</u>
NET SURPLUS for the year		<u>145,600</u>	<u>85,222</u>
TOTAL COMPREHENSIVE INCOME for the year		<u>145,600</u>	<u>85,222</u>

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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 Financial Position
As at 30 June 2020

	<u>Notes</u>	<u>2020</u> \$	<u>2019</u> \$
<u>ASSETS</u>			
Current Assets			
Cash and Cash Equivalents	6	1,010,324	845,091
Trade and Other Receivables	8	760,867	655,846
Total Current Assets		<u>1,771,190</u>	<u>1,500,937</u>
Non Current Assets			
Property, Plant & Equipment	5	51,224	67,631
		<u>51,224</u>	<u>67,631</u>
TOTAL ASSETS		<u>1,822,415</u>	<u>1,568,568</u>
<u>Liabilities</u>			
Current Liabilities			
Accounts Payable and Accruals	7	288,299	231,266
Program Income in advance		845,253	794,038
		<u>1,133,552</u>	<u>1,025,305</u>
TOTAL LIABILITIES		<u>1,133,552</u>	<u>1,025,305</u>
NET ASSETS		<u>688,863</u>	<u>543,263</u>
<u>EQUITY</u>			
Share Capital		1	1
Retained Earnings		688,862	543,262
TOTAL EQUITY		<u>688,863</u>	<u>543,263</u>

Approved on behalf of the Board by:

AB Hudson
 Director

23 October 2020
 Date

[Signature]
 Director

23 October 2020
 Date



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 2019**

	Notes	Share Capital	Retained Earnings	Total Equity
		\$	\$	\$
As at 1 July 2018		1	458,040	458,041
Net surplus for the year		-	85,222	85,222
Total comprehensive income for the year		-	85,222	85,222
Equity at 30 June 2018		1	543,262	543,263



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 2020

Attributable to Shareholders of the company

Notes	Share Capital	Retained Earnings	Total Equity
	\$	\$	\$
As at 1 July 2018	1	543,262	543,263
Net surplus for the year	-	145,600	145,600
Total comprehensive income for the year	-	145,600	145,600
Equity at 30 June 2019	1	688,862	688,863



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 2020

	<u>Notes</u>	<u>2020</u>	<u>2019</u>
		\$	\$
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
<u>Cash was received from:</u>			
Auckland District Health Board funding		16,806,879	15,736,136
Interest received		11,477	13,824
Goods & Services Tax		4,405	7,507
		<u>16,822,760</u>	<u>15,757,467</u>
<u>Cash was applied to:</u>			
Primary health care services, suppliers and employees		16,642,380	15,450,569
Goods & Services Tax		-	-
		<u>16,642,380</u>	<u>15,450,569</u>
Net cash received (paid) from operating activities		180,380	306,898
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>			
<u>Cash was received from:</u>			
Proceeds from sale of Property Plant & Equipment		-	-
<u>Cash was paid to:</u>			
Purchase of Property Plant and Equipment		(15,148)	(56,324)
		<u>(15,148)</u>	<u>(56,324)</u>
Net cash applied for investing activities		(15,148)	(56,324)
Net cash received (paid) for the year		165,232	250,574
Cash and cash equivalent balance at 1 July		845,092	594,518
Cash and cash equivalent balance at 30 June	6	1,010,324	845,092



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 2020

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

	<u>2020</u>	<u>2019</u>
	\$	\$
Reported Net Surplus for the year	145,600	85,222
Non-cash items: - Depreciation & loss on sale	31,554	35,679
	177,154	120,901
Movements in working capital items:		
Accounts Receivable	(105,021)	36,676
Accounts Payable	103,842	141,815
Net GST	4,405	7,506
	3,226	185,997
Net cash received (paid) from operating activities	180,380	306,898



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

Auckland PHO Limited

Notes to the Financial Statements For the Year Ended 30 June 2020

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 2020

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-valuates 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 and gains and losses from investment securities.

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Notes to the Financial Statements For the Year Ended 30 June 2020

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 2020

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 2020/21 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 2020.



Auckland PHO Limited

**Notes to the Financial Statements
For the Year Ended 30 June 2020**

3. Income and Expenses

a) <u>Other Income</u>	<u>2020</u>	<u>2019</u>
	\$	\$
Miscellaneous Income	500	2,143
	<u>500</u>	<u>2,143</u>
b) <u>Expenses</u>		
Administration	327,485	320,391
Audit Fees	8,771	9,595
Contractor Expenses	62,388	85,249
Depreciation	31,554	33,115
Directors remuneration	40,800	38,600
Provider professional development	29,033	37,359
ADHB Contract & PHO staff salaries	1,111,262	1,043,659
Rent & Rates	128,920	126,993
Total Administrative Costs	<u>1,740,215</u>	<u>1,694,961</u>



Auckland PHO Limited

**Notes to the Financial Statements
For the Year Ended 30 June 2020**

4. Interest received

	<u>2020</u>	<u>2019</u>
	\$	\$
Interest income on Bank Deposits	11,477	13,824
Total Interest Income	11,477	13,824
 Net interest Income recognised in profit or loss	 11,477	 13,824

5. Property, Plant & Equipment

Name	Cost	Current Depreciation Charge	Accumulated Depreciation	Carrying Value
	\$	\$	\$	\$
2020				
Motor Vehicles	60,054	2,819	53,476	6,578
Office Furniture	25,024	713	21,041	3,983
Computer Equipment	116,650	27,397	83,173	33,477
Leasehold improvements	11,134	625	3,948	7,186
	212,862	31,554	161,638	51,224
 2019				
Motor Vehicles	60,054	4,028	50,656	9,398
Office Furniture	24,459	811	20,328	4,131
Computer Equipment	102,067	27,597	55,776	46,291
Leasehold improvements	11,134	879	3,323	7,811
	197,715	33,115	130,084	67,631

6. Cash and Cash Equivalents

	<u>2020</u>	<u>2019</u>
Bank Balances	686,564	530,802
Petty Cash	400	400
Term Deposits	323,360	313,890
	1,010,324	845,091

7. Accounts Payable and Accruals

Trade Payables	173,068	140,285
Accrued audit fees	9,500	6,325
Employee Entitlements	78,866	62,198
Goods and Services Tax	26,865	22,459
	288,299	231,266

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Notes to the Financial Statements
For the Year Ended 30 June 2020

8 Trade & Other Receivables

	<u>2020</u>	<u>2019</u>
	\$	\$
Trade Debtors	713,112	607,486
Deposits paid	23,466	23,466
Prepayments	22,595	22,799
Interest Accrued	1,694	2,096
	<u>760,867</u>	<u>655,846</u>

9 Commitments for Expenditure

Commitments under non cancellable operating leases:		
Current		128,955
Term	Lease ends 31 August 2022	127,864
		<u>150,446</u>
		<u>279,401</u>
		<u>407,258</u>

Capital commitments

There is no committed capital expenditure at reporting date (2019: \$Nil).

10 Contingent Liabilities

There are no known contingencies at reporting date. (2019: \$Nil).

11 Related Party Transactions

- Auckland PHO Limited and board members, Dr Alistair Somerville and Dr Andy Watt are considered to be related parties. Their own operated medical centres are paid fees and all transactions are entered into on an arms length basis.
- Auckland PHO Limited and Board members, Lisa Eskildsen, Judy Davis and Kimberly Phillips 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.

d) Directors Remuneration

The Directors of the company and their remuneration was as follows


	\$	\$
Aroha Hudson	21,000	21,550
Andy Watt	3,850	1,650
Stella McFarlane	-	1,100
Judy Davis	3,850	3,300
Kimberly Phillips	550	1,650
Lisa Eskildsen	3,850	3,300
Donna Tamaariki	3,850	3,300
Alistair Somerville	3,850	2,750
	<u>40,800</u>	<u>38,600</u>

12 Events after the reporting period

In March 2020 and subsequent to year end, a worldwide pandemic COVID-19 occurred which impacted significantly on most entities. This meant that Management and Board had to make a vigilant assessment on the entity's continuance. In the current year, the entity has had a better financial result than the prior year due to the essential services it offers which were in high demand during COVID-19. The Board is therefore satisfied that the entity is able to survive for the next 12 months as it has adequate surpluses and cash reserves to support itself post COVID-19. This situation will be monitored by the Board and Management on a regular basis. Based on this assumption and the forecasts and cashflows predicted by the entity, the board is comfortable that the entity is able to meet all its liabilities when they fall due and will continue to operate for the next 12 months from the date these reports have been signed off. (2019: NIL)





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