

ANNUAL REPORT 2021



Leading Quality Equitable Primary Health Care

include improve innovate imagine

CHAIR REPORT



He aha te mea nui?
He tangata, he tangata,
he tangata

What is the most
important thing?
It is people, it is people, it
is people.

Tena koutou katoa

2020 was a challenging year and 2021 has proved to be even more so with the continuation of the COVID-19 pandemic, this time with the emergence of the more aggressive Delta strain.

With two community outbreaks during the year accompanied by weeks of various level lockdowns, and a further outbreak post June 2021 times have been particularly challenging. This has added significant stress to our workforce and indeed that of the healthcare sector.

We have continued to work with and support our general practice network who have been exceptional in their ability to pivot and respond quickly to the rapidly changing environment, whilst at the same time providing the quality, safe and compassionate care to our patients.

I would like to acknowledge our general practice teams for the outstanding response to the ongoing challenges of delivering primary healthcare services in this pandemic environment.

The announcement of the changes earlier in the year, to the New Zealand's health and disability services will provide opportunities to create a better system. This review signalled the establishment of Health NZ and Māori Health Authority on 1 July 2022, working alongside Iwi-Māori Partnership Boards, the development of the NZ Health Plan, and a strong focus on Māori Health and addressing health and social inequities.

Auckland PHO has further strengthened relationships to respond strategically and proactively to the opportunities afforded by the health reforms. We are excited and confident that Auckland PHO, working alongside other stakeholders can continue to be innovative, professional and continue to demonstrate that "can do" attitude to effect positive change for our patients and community.

Our financial performance, despite changing times was very strong. 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 Tim England, Chair, Finance and Risk Committee for his work during the year. This has contributed to strong financial governance, a continuing sound financial footing.

I also wish to thank our Directors for their valuable contribution to the Board throughout this year. The Board brings a diverse range of skills, relationships and networks which will position Auckland PHO well in the future as we navigate through these changing times and new and exciting opportunities.

On behalf of the Board, I would like to acknowledge our CEO Barbara Stevens, for her inspiring leadership, tireless effort, and professionalism throughout this very challenging year.

I would also like to acknowledge the tremendous work undertaken by our Clinical Director, Management Team, and all staff to support our CEO and General Practice Teams.

Our CEO, staff and General Practice Teams all contribute to Auckland PHO's reputation as a well-respected and high performing PHO.

We are very excited about the opportunities that 2022 will bring to support the achievement of our strategic goals, the ability to develop new service and technological solutions and improved health and outcomes for our patients and communities, contributed to by addressing health inequities.

In the meantime, I wish you and your whanau a very Merry Christmas.

Naku iti nei



Aroha Hudson
Chair

CEO REPORT



Tēnā koutou katoa

The past year has been extraordinary in many ways, the challenges of COVID-19 as a global pandemic have massively impacted each and every one of us, individually and as health care providers

small and large across New Zealand.

Despite the challenges our practice network and staff have continued to be our most valued asset. The trusted relationships we have with our patients, our staff and our communities have been vital in facing COVID-19.

Notwithstanding change and fatigue, our general practice network has continued to perform extraordinarily well, providing essential primary care to our communities evolving and adapting to the rapidly changing landscape.

In April 2021, the Labour Government announced changes to New Zealand's health and disability system to create a better system to enable all New Zealanders to have equitable access to a healthcare system that provides high quality health services for everyone, particularly groups who have been traditionally underserved.

There is an intention, over the next few years, for primary and community services to be reorganised to serve communities of New Zealand through 'localities' where every locality will have a consistent range of services, based on the needs and priorities of local communities.

Communities, alongside Iwi-Māori Partnership Boards will be involved in the development of locality plans that set the priorities for local health services. These plans will outline how primary and community services will be delivered in the future and will take account of the broader social and economic factors that drive health needs.

The design of localities and how they will operate in practice is yet to be determined, however it is clear most people will want to have the same relationship with their health providers in the community with the main difference being that health providers will be better supported to provide connected and integrated care.

Our Strategic Plan, along with our Clinical Quality Framework, Clinical Quality Improvement Plan and Annual Business Plan, underpinned by our Inequalities Framework has a strong mix of programmes and services that showcases how Auckland PHO can continue to make substantive and enduring contributions to the health and wellbeing of our enrolled patients while supporting our dedicated and talented health teams as we continue to face the challenges of COVID-19.

Only a year ago our strategic plan focussed mainly on Māori health, challenging inequity and the Health Simpson review and we were blissfully unaware of what was going to unfold.

Fortunately, Auckland PHOs strength lies in our capability to anticipate and manage

change. Our ability to refocus our priority areas, goals and related objectives help guide and shape the organisation to be well positioned for the changes both COVID-19 and the New Zealand Health Reforms including locality development, will bring.

Auckland PHO is motivated by a single-minded purpose to ***improve the lives of those we serve by providing inclusive, innovative and compassionate primary health care.*** Underpinned by a culture of innovation and a desire for Auckland PHO to achieve this purpose, a strategy has been developed with six performance areas – ***Equity and Quality, Infrastructure, Partnerships, People and Performance, Growth and Business Intelligence.***

Our General Practice teams alongside us have adapted and risen to the challenge by enabling new technology to provide telephone and video consultations, increased virtual clinical triage, managing, and implementing rigorous infection control protocols, streaming patients to ensure optimal management of vulnerable patients whilst proactively swabbing high risk and marginalised communities, all amidst the ongoing threat of COVID-19 infection.

The Auckland PHO senior management team continue to be valued partners 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, testing strategies and most importantly supporting the COVID-19 vaccination programme. Over the past few months 11 of our practice teams have completed training and commenced in practice COVID-19 vaccination.

Whether it be reception and administrative staff, practice managers, nurses, general practitioners, locums, nurse practitioners,

health improvement practitioners, health coaches, or allied health professionals, all stand on our pandemic frontline, not with fear, but with compassion, a sense of duty, and pride.

We can be very proud of the united responsiveness of Auckland PHO and our practice network teams who have played a crucial role in supporting the primary care response to COVID-19. Together we have developed programmes and services that build bridges to connect the disconnected, supported people to live healthier and more independent lives within their communities along with serving the Auckland Regional health system and COVID-19 vaccination campaign.

I would like to acknowledge the Auckland PHO team who continue to advocate on behalf of our general practice teams and primary care at every forum. I am immensely proud of them all and continue to be humbled by the extent they 'go the extra mile' to ensure our practice teams are supported and provided with up-to-date information and resources.

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 Aroha Hudson, whose consistent leadership and immense wealth of health sector knowledge guides Auckland PHO to achieve its strategic objectives.

He toka tū moana, arā he toa rongonui
(Your strength is like a rock that stands in raging waters)



Barbara Stevens
Chief Executive Officer

STRATEGIC PLAN

Our 2021 - 2023 Strategic Plan was designed to cover the next 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

include improve innovate imagine

GOVERNANCE AND LEADERSHIP

BOARD

Members



Aroha Hudson
Ngati Whatua/Nga Puti

Iwi Director - Appointed
Chair
CEO - Health West Limited



Judy Davis
Ngati Maniapoto
Ngati 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
GP - Calder Centre



Donna Tamaariki
Ngāti Whātua Ōrākei me
Waiohua

Community Director - Appointed
Lead Consultant – Maurea Consulting



Elizabeth McLeay

GP Provider - Elected
GP owner - Avondale Health Centre



Andy Watt

GP Provider - Elected
GP owner - Dominion Medical Centre

From left to right: Judy Davis, Donna Tamaariki, Barbara Stevens, Aroha Hudson, Lisa Eskildsen, Andy Watt, Elizabeth McLeay



SUB-COMMITTEES

CLINICAL EFFECTIVENESS GROUP

The APHO Clinical Effectiveness Group (CEG) comprises of our Network member clinicians, namely General Practitioners, Registered Nurses and this year we welcomed two Nurse Practitioners, 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; wider based understanding of drivers to improve the screening and management of Hepatitis C and HIV, 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 Covid-19 Testing and Covid-19 Vaccination 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;

- Healthy Housing Initiative (Nono Ahuru Health Homes is a refreshed service previously known as Kainga Ora)
- Respiratory Protection Programme for General Practice and Urgent Care
- Rheumatic Fever: Secondary Prophylaxis in the Community
- Health Research Council – Dying as a health and social justice issue: exploring the impact of deprivation
Researchers: Hetty Goodwin and Dr Jackie Robinson
- COVID-19 Testing and Outbreak Management
including the roll out of N95/P2 Respirator Fit Testing Programme COVID-19 Vaccination Update - Roll Out to General Practice

“On behalf of the Clinical Directorate, we thank our members for their continued commitment to this group and support provided, during this unprecedented time”

Dr Charlotte Harris, Clinical Director and Chair, Auckland PHO Clinical Effectiveness Group



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

Missing from the picture:
Charlotte Harris, Richard Davies, Alistair Somerville, Maria Kekus, Elle Dagley



CEG Members

SUB-COMMITTEES

CLINICAL EFFECTIVENESS GROUP

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 Kitona

Kaiwhakahaere / Practice Manager
Waiheke Medical Centre

Dr Richard Davies

GP – Calder Centre

Dr Alistair Somerville

GP – Cairnhill Health Centre

Maria Kekus

NP – Health Connections

Elle Dagley

NP – Calder Centre

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

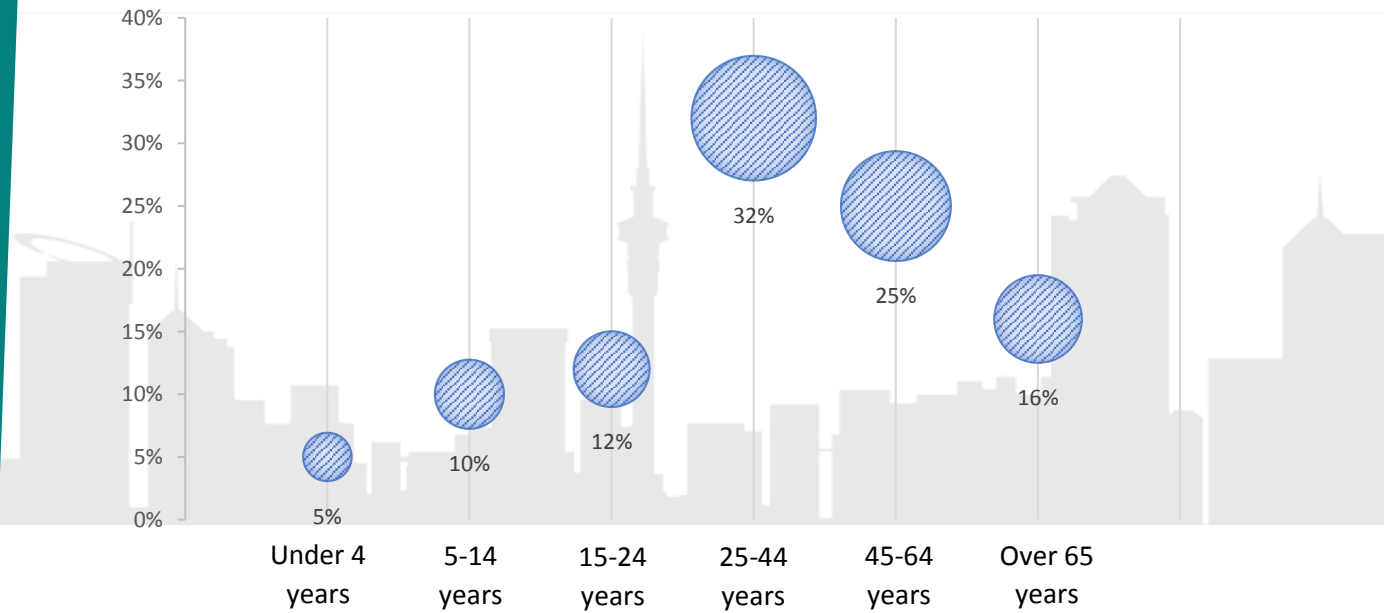
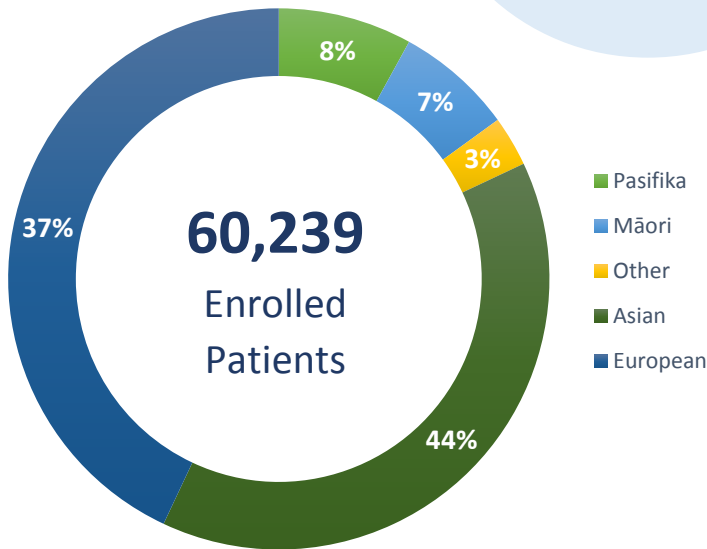
Barbara Stevens

Chief Executive Officer Auckland PHO

Suzie Whittaker

Chief Operations Officer Auckland PHO

ABOUT US



Auckland PHO has **27** general practice clinics with **92** General Practitioners, **8** Nurse Practitioners, **88** Practice Nurses, **88** Practice Managers and Administration Staff, **4** Health Coaches, **4** Health Improvement Practitioners

30 June 2021

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 23 Union Street, Auckland CBD, Auckland 1010

Dominion Medical Centre 349 Mount Albert Road, Mount Roskill 1041

Epsom Medical Care 272 Manukau Road, Epsom 1023

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

Oceania Healthcare 2 Hargreaves Street, St Marys Bay 1011

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

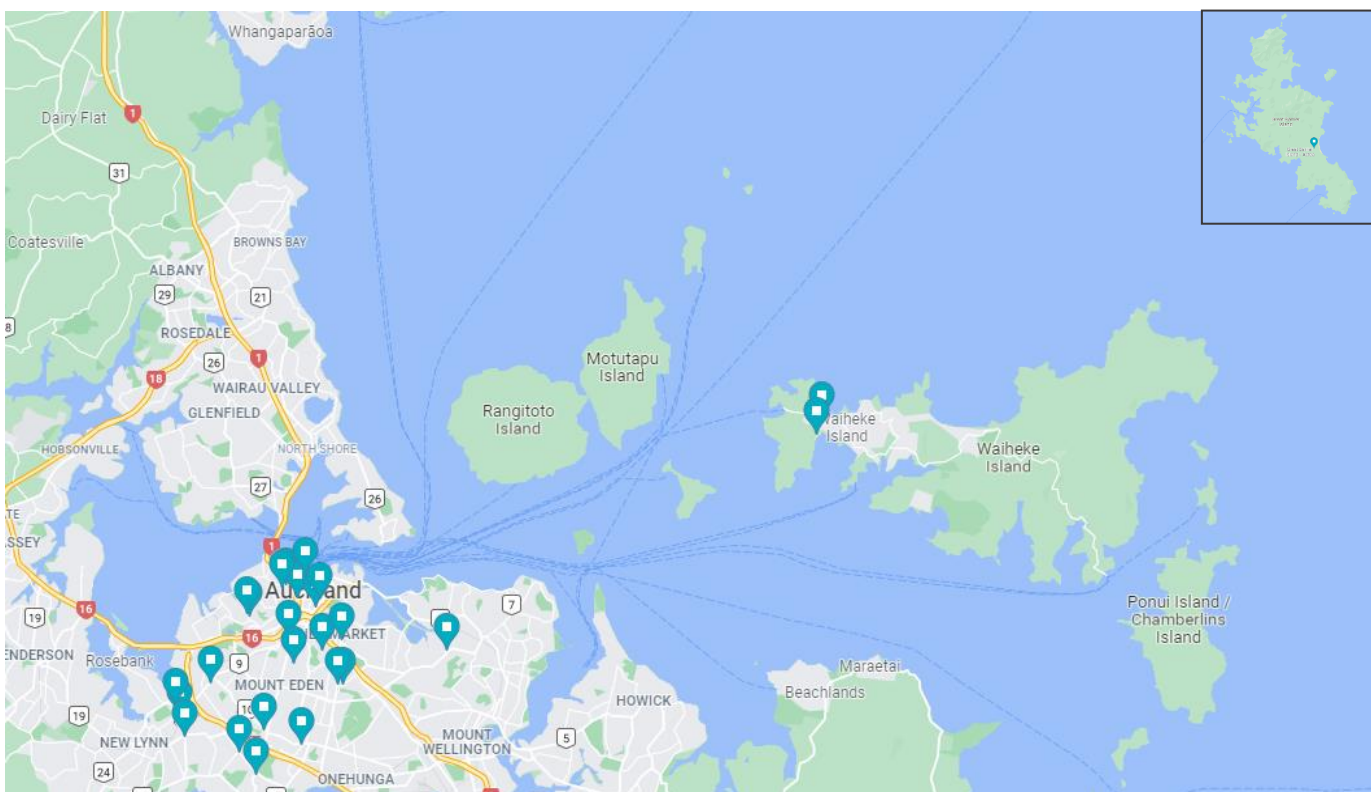
Tend Health 317 New North Road, Kingsland 1021

The Good Medicine Clinic 510 Richmond Road, Grey Lynn 1021

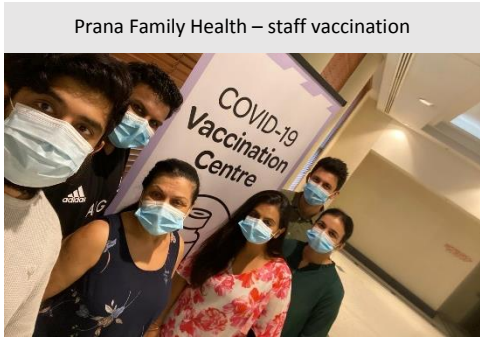
Three Kings Family Medical Centre 535 Mount Albert Road, Mount Albert 1042

Viaduct Medical Centre 125 Customs Street West, Auckland 1010

Waiheke Medical Centre 132 Ocean View Rd, Oneroa, Waiheke Island 1081



Health Connections – staff vaccination



Prana Family Health – staff vaccination



Mt Albert Medical Centre – Super Saturday

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:

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

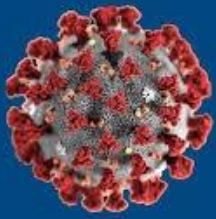
- ❖ Metro-Auckland Flexible Fund Group
- ❖ ALPG (Auckland Primary Care Leaders Group)
- ❖ GPNZ Member (General Practice New Zealand)
- ❖ GPNZ Primary Care Leader Forum
- ❖ Auckland Leadership Team (ALT) and Joint ALT

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



COVID-19
RESOURCES

SNAPSHOT OF AUCKLAND PHO GENERAL PRACTICE PPE ORDERS IN RESPONSE TO COVID-19

In the 20 weeks from 1st July 2020 to the 18th November 2020 (when the supply of PPE transitioned from PHOs to ordering through the MoH Onelink PPE Portal) we received and actioned the following requests for PPE from our General Practice network and Community Based Assessment Centres



Tanya Clark fit tests a N95 mask on a GP

We distributed:

30,000

Surgical masks



>2,800

Bottles of hand sanitiser



47,000

Pairs of gloves



6,000

Nasopharyngeal Swabs



11,000

Isolation gowns

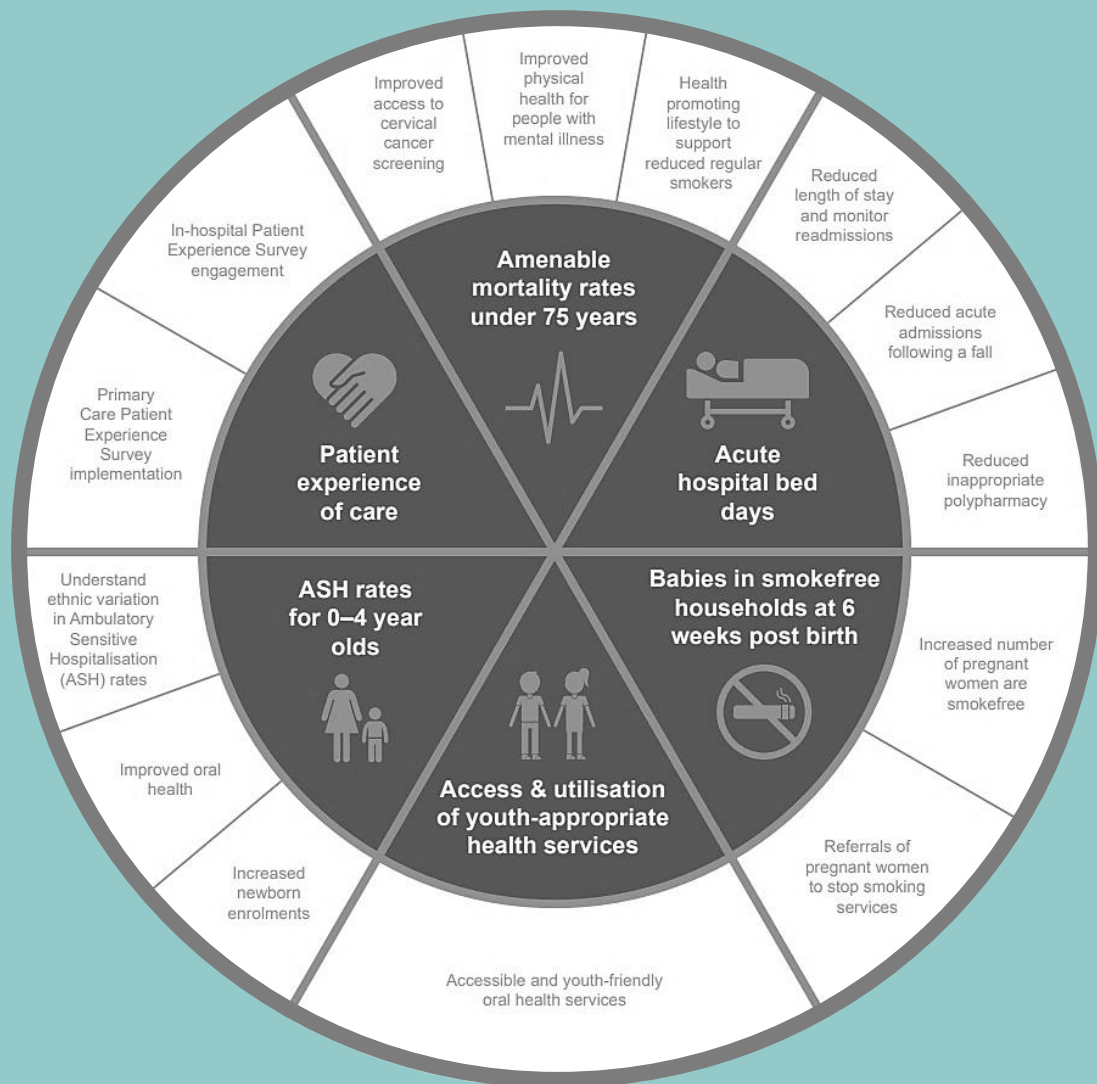


99%

of Auckland PHO practices
conducted swabbing onsite

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

HEALTH TARGET PERFORMANCE SUMMARY FOR QUARTER FOUR 2021



Auckland PHO Achievement

National Target		Total Population	High Needs
90%	 More Heart and Diabetes Checks	87%	85%
90%	 Better Help for Smokers to Quit	85%	85%
95%	 Increased Immunisation - 8 month olds	93%	69%
80%	 Cervical Screening	75%	72%

SNAPSHOT OF ACTIVITY

2021

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 2020/2021



Palliative Care

547

consultations at home
and in practice



Discretionary Funding

1,496

procedures for high
needs populations



Podiatry

339

new referrals to
podiatry services



Cardiovascular Risk Management

5,563

CVD risk assessments
completed



Diabetes Annual Review

2,770

year of care completed



Healthy Mama and Healthy Baby

403

new mothers received a
post-natal check



Patient Portals

16

practices have a
patient portal



Sexual Health

1,285

sexual health consultations
were funded



Cervical Screening

2,085

cervical screens to
eligible women



Provider Education and Professional Development

Sore Throat Clinics Rheumatic Fever

305

sore throat management
consults were funded



Diabetes Self-Management Education (DSME)

18

DSME courses
were completed



Primary Mental Health (Mild to Moderate Mental Health)

1,280

M2M extended GP
consults and follow ups

456

M2M
Packages of Care

Our 2021 programme
delivered 5 education sessions
to general practitioners,
nurses and administrators

179

Practice staff attended and
were funded to complete
CPR training

21

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 for 2020.

CERVICAL SCREENING

1 st	Aotea Health Avondale Health Centre Gabriel Medical Practice
2 nd	Dominion Medical Centre
3 rd	Cairnhill Health Centre The Good Medicine Clinic

DIABETES YEAR OF CARE

1 st	Avondale Family Doctor Avondale Health Centre Gabriel Medical Practice
2 nd	Prana Family Health The Good Medicine Clinic Three Kings Family Medical Centre
3 rd	Aotea Health AUT Student Medical Centre Glenavon Doctors Surgery

CHILDHOOD IMMUNISATION (8 MONTHS)

1 st	Prana Family Health
2 nd	Avondale Family Doctor Three Kings Family Medical Centre
3 rd	Aotea Health Avondale Health Centre Gabriel Medical Practice

BETTER HELP FOR SMOKERS TO QUIT

1 st	Avondale Family Doctor Dominion Medical Centre
2 nd	Glenavon Doctors Surgery Three Kings Family Medical Centre
3 rd	Avondale Health Centre Gabriel Medical Practice

CVD RISK ASSESSMENT

1 st	Aotea Health Gabriel Medical Practice Three Kings Family Medical Centre
2 nd	Cairnhill Health Centre Dominion Medical Centre
3 rd	Glenavon Doctors Surgery The Good Medicine Clinic

Due to COVID-19, we cancelled our Annual Awards, so we took the Awards to the Network



Avondale Health Centre



Gabriel Medical Practice



Knox Medical Practice



Epsom Medical Care



Three Kings Family Medical Centre



Health Connections



Knox Medical Practice



Newmarket Medical Centre



Symonds Street Medical Centre



Raphael Medical Therapy Centre



Calder Centre

TOTAL POPULATION ACHIEVEMENT AWARDS

GOLD AWARD

Achieved all 6 System Level Measures

Gabriel Medical Practice
Glenavon Doctors Surgery
Newmarket Medical Centre

SILVER AWARD

Achieved 5 out of 6 System Level Measures

Aotea Health
AUT Student Medical Centre
Avondale Family Doctor
Dominion Medical Centre
Meadowbank Medical Centre
Mt Albert Medical Centre
Prana Family Health
Three Kings Family Medical Centre

BRONZE AWARD

Achieved 4 out of 6 System Level Measures

Avondale Health Centre
Cairnhill Health Centre
Epsom Medical Care
Raphael Medical Therapy Centre
The Good Medicine Clinic
Calder Centre

EQUITY AWARDS

GOLD EQUITY AWARD

*Achieved all 6 System Level Measures
in the high needs population*

Dominion Medical Centre
Gabriel Medical Practice
Newmarket Medical Centre

SILVER EQUITY AWARD

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

Aotea Health
Avondale Health Centre
Cairnhill Health Centre
Glenavon Doctors Surgery
Meadowbank Medical Centre
Prana Family Health
Raphael Medical Therapy Centre
Three Kings Family Medical Centre

BRONZE EQUITY AWARD

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

Auckland Central Medical and Health Centre
AUT Student Medical Centre
Avondale Family Doctor
Epsom Medical Care
Mt Albert Medical Centre
The Good Medicine Clinic

SPECIAL AWARDS

Calder Centre

Responding Rapidly To COVID-19 Testing Whilst Providing Optimal Care to Vulnerable Patients

Health Connections

Demonstrating Optimal Best Practice In Youth Health

Piritahi Hau Ora

Demonstrating Care and Kindness Throughout the Year to Whanau

Knox Medical Practice

Demonstrating Optimal Best Practice In Residential Care

Symonds Street Medical Centre

Responding and Adapting Rapidly to COVID-19 Whilst Providing Best Practice Care For Patients

Viaduct Medical Centre

Demonstrating Optimal Best Practice In Residential Care

Waiheke Medical Centre

Demonstrating Optimal Best Practice In Community Testing for COVID-19

CURRENT AUCKLAND PHO STAFF

as at November 2021



Barbara Stevens
Chief Executive Officer



Suzie Whittaker
Chief Operations Officer



Charlotte Harris
Clinical Director



Carol Ennis
Quality Improvement and Support



Julia Burgess-Shaw
Manager - Planning and Performance



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



Tanya Clark
Primary Mental Health Navigator



Shanaz Khan
Immunisation Services Co-ordinator



Aaron Piano
Vaccinator and Cold Chain Competency Assessor



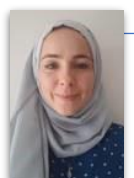
Alison Brown
Clinical Advisor



Wayde Hemp
Practice Management System Support Co-ordinator



Priscilla Lie
Office Support Administrator



Saphiya Zaza
Self-management Services Coordinator



Tracey Gilling-Senilebakula
PHO Primary Care Support



Tim England
Accountant



FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

AUCKLAND PHO LIMITED

FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

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Auckland PHO Limited

**Company Directory
As at 30 June 2021**

Company Number	1306365
Registered Office	210 Khyber Pass Road Grafton Auckland
Directors	Aroha Hudson - Chair Judy Davis Donna Tamaariki Lisa Eskildsen Andy Watt Elizabeth McLeay (appointed 9 March 2021) Alistair Somerville (resigned 18 November 2020)
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 2021, 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 2021, 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.

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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
9 NOVEMBER 2021**

Auckland PHO Limited

**Statement of Profit and Loss and Other Comprehensive Income
For the Year Ended 30 June 2021**

	<u>Notes</u>	<u>2021</u> \$	<u>2020</u> \$
REVENUE			
First Contact funding		14,747,637	13,630,836
Auckland District Health Board Contract Funding		1,405,407	2,824,548
Management Fees		476,188	460,421
Other Income	3 a	6,528	500
TOTAL REVENUE		16,635,760	16,916,305
DIRECT COST OF SERVICES			
First Contact Services		12,817,192	12,217,882
PHO Programmes		1,951,329	2,824,085
TOTAL DIRECT COST OF SERVICE		14,768,521	15,041,967
GROSS SURPLUS		1,867,240	1,874,338
EXPENSES	3 b	1,844,449	1,740,215
OPERATING SURPLUS		22,791	134,123
Interest received	4	11,389	11,477
NET FINANCE REVENUE		11,389	11,477
NET SURPLUS for the year		34,179	145,600
TOTAL COMPREHENSIVE INCOME for the year		34,179	145,600



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 2021

	Notes	<u>2021</u> \$	<u>2020</u> \$
ASSETS			
Current Assets			
Cash and Cash Equivalents	6	1,014,104	1,010,324
Trade and Other Receivables	8	645,004	760,867
Total Current Assets		<u>1,659,108</u>	<u>1,771,190</u>
Non Current Assets			
Property, Plant & Equipment	5	38,171	51,224
		<u>38,171</u>	<u>51,224</u>
TOTAL ASSETS		<u>1,697,279</u>	<u>1,822,415</u>
Liabilities			
Current Liabilities			
Accounts Payable and Accruals	7	395,753	288,299
Program income in advance	13	578,483	845,253
		<u>974,237</u>	<u>1,133,552</u>
TOTAL LIABILITIES		<u>974,237</u>	<u>1,133,552</u>
NET ASSETS		<u>723,042</u>	<u>688,863</u>
EQUITY			
Share Capital		1	1
Retained Earnings		723,041	688,862
TOTAL EQUITY		<u>723,042</u>	<u>688,863</u>



Aroha Hudson

Director

5 November 2021

Date



Donna Tamaariki

Director

5 November 2021

Date

GK Audit
Services
Limited

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

	Notes	Share Capital	Retained Earnings	Total Equity
		\$	\$	\$
As at 1 July 2019		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 2020		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 Changes in Equity
For the Year Ended 30 June 2021

Attributable to Shareholders of the company

Notes	Share Capital	Retained Earnings	Total Equity
	\$ 1	\$ 688,862	\$ 688,863
	-	34,179	34,179
	-	34,179	34,179
	1	123,041	123,042

As at 1 July 2020

Net surplus for the year

Total comprehensive income for the year

Equity at 30 June 2021

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 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 2021

	<u>Notes</u>	<u>2021</u>	<u>2020</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		<u>\$</u>	<u>\$</u>
<u>Cash was received from:</u>			
Auckland District Health Board funding		16,751,622	16,806,879
Interest received		11,389	11,477
Goods & Services Tax			4,405
		<hr/>	<hr/>
		16,763,011	16,822,760
<u>Cash was applied to:</u>			
Primary health care services, suppliers and employees		16,750,424	16,642,380
Goods & Services Tax			-
		<hr/>	<hr/>
		16,750,424	16,642,380
Net cash received (paid) from operating activities		12,587	180,380
<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		(8,807)	(15,148)
		<hr/>	<hr/>
		(8,807)	(15,148)
Net cash applied for investing activities		(8,807)	(15,148)
Net cash received (paid) for the year		<hr/> 3,780 <hr/>	<hr/> 165,232 <hr/>
Cash and cash equivalent balance at 1 July		1,010,324	845,092
Cash and cash equivalent balance at 30 June	6	<hr/> 1,014,104 <hr/>	<hr/> 1,010,324 <hr/>



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 2021**

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

	<u>2021</u>	<u>2020</u>
	\$	\$
Reported Net Surplus for the year	34,179	145,600
Non-cash items: - Depreciation & loss on sale	21,861	31,554
	<u>56,040</u>	<u>177,154</u>
Movements in working capital items:		
Accounts Receivable	115,863	(105,021)
Accounts Payable	(162,861)	103,842
Net GST	3,545	4,405
	<u>(43,453)</u>	<u>3,226</u>
Net cash received (paid) from operating activities	<u>12,587</u>	<u>180,380</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 2021

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 2021

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 as gains and losses from investment securities.

Auckland PHO Limited

Notes to the Financial Statements For the Year Ended 30 June 2021

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 are usually paid within 30 days, they are carried at face value.

2.7 Revenue recognition

Revenue comprises the fair value of the consideration received or receivable for the provision of 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 2021**

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 2021.

Auckland PHO Limited

Notes to the Financial Statements
For the Year Ended 30 June 2021

3. Income and Expenses

a) Other Income	<u>2021</u>	<u>2020</u>
	\$	\$
Miscellaneous Income	6,528	500
	<u>6,528</u>	<u>500</u>
b) Expenses		
Administration	323,242	327,485
Audit Fees	12,104	8,771
Contractor Expenses	79,516	62,388
Depreciation	21,861	31,554
Directors remuneration	43,000	40,800
Provider professional development	35,745	29,033
ADHB Contract & PHO staff salaries	1,193,137	1,111,262
Rent & Rates	135,844	128,920
Total Administrative Costs	<u>1,844,449</u>	<u>1,740,215</u>

Auckland PHO Limited

**Notes to the Financial Statements
For the Year Ended 30 June 2021**

4. Interest received	<u>2021</u>	<u>2020</u>
	\$	\$
Interest income on Bank Deposits	11,389	11,477
Total Interest Income	11,389	11,477
Net interest income recognised in profit or loss	11,389	11,477

5. Property, Plant & Equipment

Name	Cost	Current Depreciation Charge	Accumulated Depreciation	Carrying Value
	\$	\$	\$	\$
<u>2021</u>				
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
	221,670	21,861	183,499	38,171
<u>2020</u>				
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

6. Cash and Cash Equivalents

	<u>2021</u>	<u>2020</u>
Bank Balances	684,929	686,564
Petty Cash	400	400
Term Deposits	328,775	323,360
	1,014,104	1,010,324

7. Accounts Payable and Accruals

Trade Payables	260,881	173,068
Accrued audit fees	11,000	9,500
Employee Entitlements	100,552	78,866
Goods and Services Tax	23,320	26,865
	395,753	288,299



Auckland PHO Limited

**Notes to the Financial Statements
For the Year Ended 30 June 2021**

8 Trade & Other Receivables

	<u>2021</u>	<u>2020</u>
	\$	\$
Trade Debtors	596,631	713,112
Deposits paid	23,466	23,466
Prepayments	24,368	22,595
Interest Accrued	540	1,694
	<u>645,004</u>	<u>760,867</u>

9 Commitments for Expenditure

Commitments under non cancellable operating leases:		
Current	128,955	128,955
Term	Lease ends 31 August 2022	21,492
		150,446
		<u>150,447</u>
		<u>279,401</u>

Capital commitments

There is no committed capital expenditure at reporting date (2020: \$Nil).

10 Contingent Liabilities

There are no known contingencies at reporting date. (2020: \$Nil).

11 Related Party Transactions

- a) Auckland PHO Limited and board members, Dr Andy Watt and Dr Elizabeth McLeay 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.
- b) Auckland PHO Limited and Board members, Dr Lisa Eskildsen and Judy Davis 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.
- c) 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	21,000
Andy Watt	4,400	3,850
Elizabeth McLeay	2,200	-
Judy Davis	4,400	3,850
Kimberly Phillips	-	550
Lisa Eskildsen	4,400	3,850
Donna Tamaariki	5,500	3,850
Alistair Somerville	1,100	3,850
	<u>43,000</u>	<u>40,800</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.

13 Contract Funding/Income in advance

Contract funding is reported at their fair value where there is reasonable certainty that the funding will be received and all attaching conditions will be met. Contract funding received and specifically intended to offset programme and operational costs over a period that extends beyond the year end, have been proportionately allocated between income and income in advance. The income in advance balance is calculated using consistent overhead allocation percentages that has been calculated based on history from previous years.



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