Central

Primary Health Organisation

Annual Report

For the year ending 30 June 2019

CentralPHO

Working together, towards healthy and flourishing communities

Contents

He Mihi

E tū ana ki Te Tihi o Ruahine kia mārakerake te titiro ki ōku whenua kia hoki mai ai te waiora ki ahau e, tīhei tūpaiahahā!

Ko Uruwhenua, ko Aonui, ko Matariki te mātahi o te tau.

E rere rā taku manu kōrero, kawea atu rā ngā kupu ki aku kāhui kāhika e noho kāniwaniwa mai rā i te rua o Matariki, haere atu rā koutou ki te aho o tohirangi, e okioki atu rā.

E tau taku manu, e tau i te tau o te aroha kia tihei a mauri ora ki te hunga kei te aho o tohinuku, e te iwi e, tēnā tātou katoa.

He tau anō kua rehurehu atu, ā, he wā anō tēnei kia tirohia ngā mahi i tōhaina atu e Te Rōpū Mana Hauora o Tararua o Ruahine nō hōuanga mai.

Tēnā, whakataretaretia, whakatewhatewhahia ngā kōrero hei me kore noa he manawa ora kei

The stars constellations Uruwhenua and Aonui accompany Matariki indicating a new year.

Salutations then to our loved ones whom have passed and dwell within the celestial stars; farewell.

Acknowledgements of appreciation also to those who continue the legacy bequeathed to us within this terrestrial realm; greetings.

Another year has passed, and the time has come to consider the endeavors undertaken by Central PHO for annual year completed.

Let us examine then the findings within this report to ascertain the benefits and accomplishments that have been achieved, if any, in order to bring wellness to the people.

Vision: *Working together, towards healthy*

Purpose: *Excellence every day*

Values

Whakapono, Rangatiratanga Trust	Maintaining open honest relationships
Whakaaro nui, Manaakitanga Respect	Embracing diversity, uniqueness and ideas
Kotahitanga Unity	Valuing strengths and skills
He mana tō te kupu Accountability	Transparent and responsible
Ka tū te ihiihi, Whakamanawanui, Hautoa Courage	Participating with confidence and enjoyment

Chairman's report

Tēnā koutou and welcome to our last annual report as Central Primary Health Organisation.

We end our 2019 financial year with a bold commitment — a new approach to develop a new strategy to weave connected systems and processes for the betterment of our communities' wellbeing. In line with this, is a new name and brand identity — THINK Hauora. We embrace these changes as a natural extension of our journey.

In 2016, we developed five strategic aims as part of our three-year strategy. These aims were to improve access and equity, ensure integrated care for priority populations, partner with people, communities and providers, activate smart systems, and develop quality foundations for success. For these three years, following our forward-thinking strategy and guided by our five strategic aims, we have achieved significant milestones. Much mahi has been directed at improving services to our primary health care provider network, implementing an extensive ICT programme. We continue to work in partnership with MidCentral District Health Board (DHB) to improve health outcomes for the communities we live in. During this time, we have deliberately developed into a values-based network and proven that working collaboratively with providers and communities through engagement and co-design has created a platform for *excellence every day*.

We continue to focus on improving services across the district. It is my pleasure to acknowledge and celebrate the commitment and work that brings us to this point and note some successes for our year:

- Our increased resources within our Practice Development and Support team help ensure our clients and general practices are well supported.
- Our network of providers responded positively to the introduction of lower cost visits for Community Service Holders and their dependants (aged 14 to 17 years) in December 2018 and the expansion of Under 13s to Under 14s. This means that a greater number of our enrolled population can visit their GP at a lower cost and 13 year olds can be seen for free.
- We have established a collaborative Fracture Liaison Service with the MidCentral District Health Board.
- We have successfully scoped general practice Patient Management Systems and have worked with general practice to deliver high-quality health care for our enrolled population.
- We developed foundations for digital health transformation and the transition of data management in-house from 2019.
- The 2019 Wellbeing Budget as part of the Government's response to the inquiry into mental health and addiction, He Ara Oranga, has supported Te Ara Rau, our primary mental health service as a model of care.
- We successfully prepared for the National Enrolment Service (NES) transition and implementation on 1 April.
- We identified new premises for the relocation of Health on Main (Central PHO, Te Tihi, Diabetes Trust, MidCentral DHB Public Health Services and Child Health Service).

I acknowledge the expertise of our Board and sub-committees which have grown in their governance roles. The Senior Leadership Team, led by CE, Chiquita Hansen, deserves huge thanks. I commend our staff-led Organisational Development Leadership Group which is enhancing the everyday work environment and thank all our Central PHO staff and network who can be proud of their contribution and services they deliver.

I look forward to another exciting year ahead as we weave our work to support strong, well and prosperous communities.

Dr Bruce Stewart,
Chair Central PHO Trust Board and Alliance Leadership Team

Strategic aims

Five strategic aims, as established in our 2016–2019 Strategic Plan, guide us through our work.

- Improve access and equity
- Co-design integrated care for priority populations
- Partner with people, community and providers to collectively meet the needs of the population
- Quality foundations for success
- Active smart systems to support General Practice Teams and Integrated Family Health Centres to thrive through effective relationships

Outcomes

Mauri Ora Individual, me, person	Whānau Ora Whanāu, family	Wai Ora Community
Reduce amenable mortality for people with long term conditions	Improve equity in population health status	Supported capable primary heath care workforce
Contribute to reduced acute bed utilisation	Individual and whānau-centred approach to better coordinated integrated services	Primary health care financial and clinical sustainability
Increase individual, whānau and communities' positive experience of care		Improved positive Māori and iwi relationships
		Cross-sector alliances improve equity of outcomes

Strategic aim: Improve access and Equity

PolyNation

PolyNation platform is part of the Pasifika Five Year Action and investment plan and was created to engage our Pasifika community. PolyNation includes initiatives such as PolyOra, PolyPower, PolyPaddles, PolyMentors and PolySports.

The community converged on Palmerston North Normal Intermediate for a day of fun with mini sport tournaments, food stalls and cultural performances

'Stay Strong Live Long' cervical screening

"PolyOra – Stay Strong Live Long"' is a community event engaging families in a social space and tackling important health issues. The Pasifika Health team from Central PHO and Te Tihi o Ruahine ran the new event in March to raise awareness of cervical cancer checks for women.

Pasifika and Māori nurses offered free cervical screening. Ministry of Health targets for cervical screening rates for all population groups is 80 percent. Across our region the rate for Māori women is 66.2 percent and 76.7 percent for Pasifika women. Women screened on the day or booked in for future screening were pampered with free haircuts or hair straightening compliments of Mel Stevenson, mirimiri and the complimentary hair cuts from Klassic Cuts for husbands, partners or sons. On the day, 17 women had smears and four appointments were completed after the event. Smoking cessation services were also offered. 'PolyOra – Stay Strong Live Long' proved a highly successful model for community engagement with tangible health results. Central PHO plans to run the PolyOra annually with a different health focus each year.

Save Seruvatu, Project Manager and Pele Aumua, Lifestyle Coach showcase a gift from PolySports' teams (9–12 year olds) who played in an 11 week Touch module sponsored by Central PHO.

PolyPower – moving together

PolyPower began in May 2018 and has been a hit. Each week 20–40 Pasifika people aged between seven to 62 engage in free fitness activities in a family fun environment for all shapes, sizes, ages and gender. PolyPower is an avenue for health and wellbeing messages incorporating the four pillars of wellbeing (mental, physical, cultural/ spiritual and family/relationships).

SNOMED patient-friendly coding

Dr Nader Fattah, *Clinical and ICT Medical Advisor*

The coding system we use in General Practice is READ code which has been unsupported for nearly 10 years. Now, modern health care and social concepts have moved on and suddenly we are starting to find it difficult to find the terms that we want to code into our systems.

We established a working group to manage the transition to the new coding system, SNOMED CT (systematically organised computer processable collection of medical terms) that the Ministry of Health rolled out across New Zealand.

As part of that work, we identified a small set of 157 codes used most commonly across our district such as 'Diabetes'. Through involvement at national level at HISO (Health Information Standards Organisation), we saw the opportunity to do something different and support consumers at understanding medical jargon. This is we call 'Patient-friendly terms' or PFTs.

We have mapped a patient-friendly term to each of those 157 medical codes, knowing they are the ones most likely to be populated. We have a mapped list to READ code and a mapped list to SNOMED CT. We are the first country in the world do to do this, and the first area to do this, and it has been accepted by SNOMED International.

To make use of that, we will work with our industry partners to integrate the PFTs into patient portals – for example where there is a button 'Myocardial infarction' the consumer can click on that and it will come up with 'Heart Attack' or Deep Vein Thrombosis' and it will say 'Blood clot'. The terms we take for granted as clinicians such as 'Chronic' can be a struggle for consumers to understand. Hopefully we will have debunked the jargon and made it clearer. With the changes we have seen in industry and our strong connections with vendors we think this is something viable within the next year.

We are not stopping there, since Equity is a key driver for New Zealand, assisting our Maori population with Te Reo terms would be a great achievement. SNOMED allows us to do that as every country has a national extension for SNOMED codes. We have permission from HISO that we can populate that national extension with Te Reo patient-friendly terms. We have been working with Te Tihi and will need to work nationally in partnership with other groups.

Improving patient experience

Central PHO has been embedding the national patient experience survey introduced by the Ministry of Health and the Health Quality & Safety Commission in 2014 into primary care.

The primary care 'Patient Experience Survey' helps gauge how people engage with primary care and how their overall care is managed between general practice, diagnostic services, specialists, and hospital staff. Feedback is voluntary and anonymous and information from the survey is used to improve the quality of service delivery and patient safety.

Survey responses are reported in four domains of patient experience: Communication, Coordination, Partnership and Physical and emotional needs.

One-week every quarter, enrolled patients across who visit their General Practice Team are invited to participate in the national survey and provide feedback about their healthcare experiences over the past 12 months. Over the year to June 2019, Central PHO has encouraged practices to obtain and update patient email addresses so patients can participate in the survey.

"I cant speak highly enough of my GP. I feel its a partnership of my healthcare and she respects and understands my decisions and gives alternative treatment where available."

"The social worker who I have been speaking with within the last month has been extremely helpful. She has been an excellent person to talk to in matters which a GP or nurse is unlikely to have had the training or specialist understanding."

"The physiotherapist was excellent, encouraging, very empathetic, very supportive, very pragmatic and the support she provided helped me recover well. It has been almost a year since my appointments with her finished but I still do one of the exercises she taught me almost every day because it is so beneficial to my ongoing recovery."

Primary care pharmacists

Our Primary Care Pharmacists Programme is changing lives in our district. This programme improves access and equity of care in our community and enhances integrated & multi-disciplinary care and the future workforce structure of general practices (having a clinical pharmacist as integral and integrated part of the GP team, as per NZ Medical Association).

The programme offers a free service for any person with one or more long-term condition who takes five or more medications each day or who suffers side effects from the medications.

The collaboration between MidCentral DHB and Central PHO is led by Population Health Pharmacist Mahmoud Mahmoud with six primary care clinical pharmacists based across seven General Practices and one NGO. The clinical pharmacists review medications for people who regularly take large numbers of medications. They work with that person and their GP, Nurse Practitioner and/or other members of the healthcare team. This collegial approach helps manage medications safely and focusses on greater quality of life.

Clinical pharmacist Daphne Lee and Population Health Pharmacist Mahmood Mahmood.

Our participating providers include:

General Practices

Kauri HealthCare (Palmerston North)
The Palms Medical Centre (Palmerston North)
Best Care Whakapai Hauora (Palmerston North)
Feilding Health Care (Feilding)
Tararua Health Group (Dannevirke & Pahiatua)
Horowhenua Community Practice (Levin)
Te Waiora Community Health Services (Foxton)

NGO

MASH Trust (Palmerston North)

Nutrition community outreach

Suzanne Aitken, Clinical Lead, Allied Health at Central PHO

Our dietitian team has been hard at work creating ways to engage and support our community with healthy eating.

The team has established regular nutrition sessions to provide evidence-based healthy eating information. These are run at Central PHO in Palmerston North and is expanding in some Integrated Family Health Centres and other community organisations to increase access to the education session. The workshops are developed alongside the community to ensure consumer-centred content, delivery and location. This helps make sessions relevant, accessible and relatable for people attending.

Our Central PHO dietitians based in the Manawatu have held a Whānau Wellness programme comprising cooking demonstrations, virtual supermarket tour/label reading, myth busting and an at home assessment to get people up and running with cooking healthy kai for their whānau.

We are working to promote the Whānau Wellness programme and deliver this service at other venues across our community.

Our Horowhenua dietitian team has been busy with a self-management course for healthy lifestyles that supports better eating habits and physical activity levels. Regular one-to-one clinics run throughout the year at Otaki and Tararua.

Strategic aim: Co-design integrated care for priority populations

Fracture liaison

Nationally there has been a collaboration with Ministry of Health, Health Quality and Safety Commission NZ, ACC, with input from Osteoporosis NZ to design a falls and fracture prevention approach called 'Live Stronger For Longer'. In February 2018, New Zealand was the first country in the world to have a full national service coverage of Fracture Liaison Services, in-home 'strength and balance', and community 'strength and balance' groups. We are making a difference. We now have a robust fully functioning Fracture Liaison Service sitting in primary care and locally ACC have reported decline in ACC fracture injuries in our region

Every patient over the age of 50 with a fragility fracture deserves to be identified, investigated, informed and have appropriate intervention. This greatly reduces the risk of a further fall and fractures. A fragility fracture is also called a 'herald fracture'. This can help identify osteoporosis – a chronic symptomless condition with acute episode with fractures. At best a fragility fracture is a huge inconvenience, at worse it is a dramatic loss of independence and possible death.

Paula Eyres, Central PHO's Fracture Liaison Nurse, has been working closely with Secondary care, the Ortho-Geriatrician, Elder Health, Orthopaedic Ward, Fracture Clinic to help create system and processes that have referral pathways, avoiding duplicate care, and consult on individual patient care options. We now have referral processes in place with Accident and Medical services in Palmerston North and are working to include Levin and Dannevirke. Added to this is an automated system within MidCentral Hospital to identify patients.

Paula Eyres RN, Fracture Liaison Nurse, and Christine Gill, Executive Director of Osteoporosis New Zealand

Paula Eyres arranged the National education day for the Fracture Liaison Network New Zealand with Christine Gill the Executive Director of Osteoporosis New Zealand. During this day in Auckland, Christine presented new promotional material aimed at a younger population because we know bone health is across the lifespan.

Whānau Ora

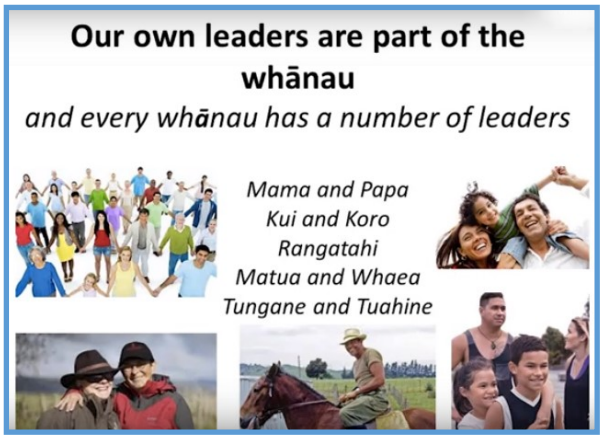
A number of Central PHO staff and Board members attended Te Pau Matakana Whānau Ora hui in September 2018. Whānau success stories were shared and gave a heightened understanding of the tangible difference Whānau Ora makes in our communities.

Materoa Mar, Upoko whakarae of Te Tihi o Ruahine Whānau Ora Alliance, presents at Te Pau Matakana Whānau Ora Hui

The hui theme was 'Whānau Eke Panuku – Affirming Whānau Aspiration'. Speakers discussed the steps needed for positive intergenerational change for, by and with whānau. The whānau-centred approach to policy means whānau are the decision-makers and drivers of change in their journey to success rather than providers holding these roles.

The hui focussed on collaborative strategic global partnerships. These partnerships help ensure the whānau-centred approach to policy is adopted and strengthened in organisational strategy, policy and approach to service design and implementation. Resources from the hui can be found at https://whanauorahui.com/resources/

Vanessa Sidney-Richmond from Te Tihi presented on Nā te pakiaka tu ai te rakau – it is because of the roots the tree stands. Te Tihi staff participated in Te Huitaotanga workshops.



Of note was the presentation by Emeritus Professor Sir Mason Durie Pou on Understanding Whānau Leadership. Pou Durie reminded us that services should acknowledge the 'patient' is a person.

The top 10 hallmarks of impact and satisfaction are: mana and dignity; speaking the same language; Whānau and family; community solutions; no stigma or shame; healing and treatment; information exchange; joined up systems; genuine engagements; knowing wellness.

"Positively-framed language is a must . We are not diabetics or schizophrenics or decile one families. We are people.

Records about people belong to people. People should be given their records and be able to add to their records. They are our stories.

Systems need to be joined up so we don't get shunted from one agency to another."

Sir Mason Durie

GPNZ/Primary Health Federation

Central PHO is an executive member of GPNZ and has been involved in strategic planning sessions. GPNZ members sent a clear mandate to better support the development of Māori leadership within primary care acknowledging that supporting the voice of Māori in decision making within primary care is a key objective for the organisation. The development of services by Māori, for Māori and with Māori, clearly set out in the Wai 2575 findings, was welcomed and member networks are calling for GPNZ to support this development as a key work programme. GPNZ is a member of the Primary Health Federation which was formally established in November 2018. GPNZ members are supportive of the Primary Health Federation in the multi-professional and integrated health care space.

Central PHO Chief Executive, Chiquita Hansen, became an executive member of GPNZ in November 2018.

"General practice is at the heart of strong integrated health and social care services, a sentiment re-iterated by the recent Health and Disability System Review interim report. It's encouraging to see the many synergies between key themes within the interim Review and our aims to support sustainability and build on a culture that is ready to embrace interdisciplinary working. It's where our members see the future of general practice."
GPNZ Chair Dr Jeff Lowe

"Primary care has driven enormous innovation over the last few years from within the networks and general practice environments including transformational approaches such as the Health Care Home model and Te Tumu Waiora initiative, in what the System Review acknowledges is a complex commissioning environment. "
Liz Stockley GPNZ CE

Don Allomes – 47 years of physiotherapy and loving it

During his retirement celebration, Don Allomes was recognised for his years helping others in his personal life and as a physiotherapist at Central PHO. Don was noted for his challenging adoption of the technical age, as a colleague always on hand to provide life advice, his dedication to improving peoples' lives and his constant love and encouragement for the game of badminton. Don's autobiography makes for an entertaining read.

Don and wife Sue at Don's farewell

"Born a long time ago. Went to university in Otago. Became a teacher of Physical Education and taught at Lincoln High School in rural Christchurch. Changed careers , became a Physiotherapist training at the Auckland School of Physiotherapy. Could not find a job (gave my job to a student who had missed out). I went back to teaching for a while acting as a physiotherapist on the side. As a physiotherapist in the Waimarino I became so busy that I had to give up my teaching. Become a Physiotherapist full time travelling to Ohakune, Waiouru, Raetihi , Marton, Taihape and Taumurunui . Mmost days were 18 hours or longer and my lovely car clocked up 500,000kms in three years.

ACC domination of funding meant that this kind of programme was not sustainable so I was compelled to look for a new job away from rural NZ and into corporate Palmerston North and Feilding with a new job at the Manawatu PHO (now known as Central PHO) as a Respiratory Physiotherapist.Much training later and with great support from Respiratory colleagues I am now enjoying one of the most enjoyable and productive jobs of my long career.

I have done 11 years of teaching and approx 47 years of Physiotherapy so I am confident at long last that I know what I'm doing. I love my job and I am positive that the PHO is on the right track to provide leadership and fortitude to the community with dynamic leadership, professional example, positive progressive drive towards even greater outcomes ongoing into the future."

Strategic aim: Quality Foundation for Success

Quality domains

Central PHO and MidCentral Health District Health Board worked together to develop the Quality Agenda, a shared Clinical Governance Framework. This framework incorporates six quality domains: Safe, Effective, Consumer-centred, Efficient, Timely Equitable. The meaning of these domains are described from a consumer/ whanau, provider and system meaning.

Domain	Consumer/Whānau Meaning	Provider Meaning	System Meaning
Safe Haumaru	My whānau and I will not be harmed by the health system.	The care our consumers receive does not cause harm.	Our safety system is robust and will identify if things are going wrong. It looks after our people (our population and our providers).
Effective Whaihua	My whānau and I receive the right treatment for conditions, and it contributes to improving health.	The care provided is based on best evidence and produces the desired outcome.	Our quality culture supports quality improvement, innovation and research.
Consumer-centred Arotahi kite kiritaki	My goals and preferences drive my wellbeing/care plan. My whānau and I are treated with respect and dignity. I am at the centre of all my care decisions. Nothing about me without me.	Joint decisions about our consumers' care reflect the goals and preferences of the consumer and his or her whānau or caregivers.	We have an organised consumer voice across our rohe that ensures we partner with people and whānau to support health and wellbeing.
Efficient Māia	The care my whānau and I receive from all practitioners is well co-ordinated and efforts are not duplicated.	We deliver care to our consumers using available human, physical and financial resources efficiently, with no waste to the system.	Our models of care ensure health and social care alignment. Resources are deployed for the best value for our community.
Timely Wā tōtika	I know how long I must wait to see my health care team for tests or treatments I need and why. I am confident this wait time is safe and appropriate.	Our consumers can receive care within an appropriate and acceptable time after the need is identified.	Our aligned system will ensure people receive health care in a timely way.
Equitable Kia tōkeke ai	No matter who I am or where I live, I can access services that benefit me.	Our consumers have access to the services they need regardless of their location, age, gender or socio-economic status. The treatment provided aims to ensure equity of outcome so may be different to suit the specific needs of the person.	We have strong and enduring health equity leadership across the rohe at all levels.

Health Care Home – Strengthening primary health care

In January 2019 Kylie Ryland (Programme Lead, Practice Development) started at Central PHO to spearhead support for General Practice Teams and continue the implementation of Health Care Home Programme across our district. Kylie is part of the national Health Care Home collaborative to make sure our district is up to date with national initiatives.

Health Care Home is a primary health care model to support the everyday needs of general practices while keeping our focus on the patient. The model is a patient-centric approach to help primary care deliver a better patient and staff experience, improved quality of care and greater efficiency. Central PHO is committed to the programme which can help General Practice Teams implement continuous quality improvement processes with a focus on the wider health care team.

The model of care domains:

- **Urgent and unplanned care**
- **Proactive care for those with complex needs**
- **Routine and preventative care**
- **Business efficiency and sustainability**
- **Māori engagement, equity and consumer co-design (currently under development).**

Feilding Health Care's Nicky Hart, CEO, Dr Bruce Stewart, Director and Chair FHC Clinical Governance Group, Corrine Wilson, Patient Services Manager, and Debbie Turney, Senior Nurse Manager attain their Health Care Home certification.

Central PHO has four General Practice Teams on the Health Care Home pathway with another four practices starting by the end of 2019.

Three levels are considered within the model of care (credentialing, certification and accreditation) to meet the national requirements and a dataset has been developed to support the consistency of data across the country. Over the last year two of our general practice teams achieved credentialing and one practice has achieved certification. Each practice on the programme is required to complete a self-assessment to demonstrate their progress towards improving the patient and staff experience and Central PHO's role is to support and encourage the wider health care team as they continue the journey.

Health Roundtable

The Health Roundtable is an Australasian-wide group of hospital and health systems with over 160 members. In September, MidCentral DHB and Central PHO staff and Board members participated in a local data Health Roundtable Masterclass in Palmerston North to explore safety, effectiveness and efficiency metrics and to use the online and reporting tools for benchmarking, reviewing system performance and approaches to improvement and quality of care.

Health and safety

The Central PHO Health & Safety Committee brings together the Health & Safety representatives, staff and representatives of the business to improve health and safety at work, embed a proactive health and safety culture, and create an environment that enhances wellbeing. We have representatives in each locality who actively promote our health & safety principles and values. The committee's main functions are to help develop standards, policies, rules and procedures for health & safety, make it easier for the business and staff to work together around health & safety and make recommendations.

Central PHO stuff celebrate Gumboot day

Over this year, Central PHO has refreshed its health & safety system and work programme and have introduced a wellbeing programme to run wellness initiatives each month. All new staff undertake a health & safety induction on Central PHO's 'Risk Tool' and all incidents, near misses, hazards, compliments and external complaints are recorded and managed by the Risk & Contracts team.

Hoki ora mai, hoki ahuru mai
Getting you home healthy and safe!

Health & Safety work programme

Principles

- Everyone is responsible
- Health & Safety matters
- Postive, safe work environment
- Honest, open and transparent
- Know your stuff.

Values and behaviours

- Trust: We have faith our Health & Safety system will work for us
- Respect: We are open to diverse perspectives and ideas
- Unity: We work to get everyone home safely at the end of the day
- Accountability: We are all responsible for our Health & Safety at work
- Courage: We speak up when behaviours are
- inconsistent with our Health & Safety principles.

Long term conditions study — Talking about health

'Talking about health long term conditions' is a local study capturing patient and practitioner experiences across the long term condition services provided within general practice from 2016 to 2018. Our team looked at productive interactions happening in primary care consultations: health activation, self-management and self-management support. This year's central focus has been collecting patient and practitioner data and writing up findings for publication and local reporting. *cont.*

A selection of findings for patients (a three-year comparison):

- Multimorbidity — 83 percent of people had more than one major long term condition. The number of conditions is linked to perceptions of general health and life satisfaction. On average, Māori experienced more conditions than non-Māori.
- 63 percent of people reported pain.
- A higher level of patient activation, defined as having knowledge, skills and confidence to self-manage conditions, was correlated with more positive interactions with the general practice team and higher scores on a range of health variables.
- Self-care challenges are many and varied. The main challenges related to home and garden maintenance, sleeping, mobility, pain and exercise.
- Only 16 percent of 2018 participants had a written care plan to guide them in self-management.
- Benefits were apparent when people had a care plan or were supported by a practitioner to reach health goals.
- Patients rated interactions with doctors and nurses in the general practice setting positively. Support for managing long term conditions was rated highly with an average of 7.9 out of 10. The study is in the final phase. Results will presented to the THINK Hauora Board in September 2019.

Twelve tips for others with Long Term Conditions

(study participants what advice they would give to other people with long term conditions}

1. **Have a healthy diet:** lots of fresh fruit and vegetables, home-cooked meals, be careful not to overeat, limit 'junk' food.
2. **Accept your condition:** accept it and move on, be realistic; focus on what you can do and don't worry about what you can't, don't give up.
3. **Try to be positive:** keep your sense of humour, appreciate friends and family, do things that bring you pleasure – however simple, be kind to yourself, don't let your condition get you down, enjoy nature – beach, flowers, sunshine.
4. **Pace yourself:** only do what you know you can do, let go of unrealistic expectations, don't overdo it, achieve things bit by bit rather than all at once.
5. **Accept help:** accept help from others when it is offered, ask for help if you need it, take another person with you to appointments as a second pair of ears, accept equipment to help with your daily life.
6. **Make goals:** ensure you have a small task or activity to achieve each day, plan things to look forward to, set small do-able goals.
7. **Stay socially active:** tell others how you feel, talk to others with similar conditions, attend support groups; go to meetings, gather others around you to support and encourage you.
8. **Stay physically active:** exercise, stay mobile, if you lose mobility in one area find another way**.**
9. **Stay mentally active:** read, do crosswords, quizzes, puzzles, jigsaws, research your conditions.
10. **Take your medications:** take them on time and as instructed; understand what your medications are for, use blister packs or prepare your pills in advance, talk about side effects and how they affect you with your pharmacist or general practice team.
11. **Ask for advice:** keep asking questions until you get answers, if you don't agree with the advice you are given, ask for explanations, if in doubt, get a problem checked out, don't wait; have regular check ups.
12. **Take control:** this is your body, be in control of it, be proactive with your health, help yourself as much as you can.

Strategic aim: Partner with people

Kāinga Whānau Ora

Central PHO is one of the key partner organisations participating in Kainga Whānau Ora.

Kāinga Whānau Ora is a Whānau Ora based collective impact initiative in which many local organisations work to on a common agenda to support whānau living in social housing in Palmerston North. Te Tihi o Ruahine Whānau Ora Alliance provides the backbone structure to Kainga Whānau Ora. The aim is for activities to support whānau self management and independence.

This collective impact approach has seen Central PHO provide health and wellbeing sessions to whānau to help support them towards meet some of the key-level outcome areas. Central PHO also supports the programme with data sharing capacity through the data exchange which enables whānau to have access to their own data and can therefore may informed decisions based on this information.

System Level Measures

Mid 2018, working groups formed to evaluate the previous year's delivery and performance of incentivised contributory measures and make recommendations to the SLM Co-design Working Group (comprising representatives from the General Practice network and Central PHO) for the 2018/19 SLM Improvement Plan.

The total number of incentivised contributory measures was increased in 2018/19, with the SLM Working Group deciding to apply financial awards across six quarterly targets (Q1-3):
Each quarter 90% of current smokers are given **smoking brief advice** and/or referred to cessation support within the last 15 months
In Q1, Q2 & Q3 at least 90% of all enrolled Maori Men aged 35-44 years old have had a **Cardiovascular Risk Assessment** (CVRA) in the last 5 years
100% of all immunisations completed in the quarter have the standardised **child health screening tool** checklist completed at the same time (6 weeks, 3 months, 5 months, 15 months and 4 years), which includes age appropriate questions
In Q1 at least 5% of total enrolled population newly register for **patient e-portal**, increasing to at least 10% in Q2, and at least 15% in Q3
In Q1 at least 15% of enrolled people classified with the district standard classifications of **COPD, asthma, childhood asthma**, have an **action plan** completed at their enrolled practice, increasing to at least 35% in Q2. In Q3 at least 50% of enrolled high needs patients who are classified with COPD/asthma/childhood asthma have an action plan at their enrolled practice
For Q1 35% of the eligible population coded using the district standardised classification for **CHF**, increasing to 75% in Q2. In Q3 at least 10% of those classified with CHF have an **action plan** completed at their enrolled practice

A substantial improvement activity for the year was refinement of the SLM tracking reports distributed across the network practices, to include weekly tracking of both the quarterly and annual contributory measures activity.

The information also re-presented in graph form with benchmarking against 'like' size/demographic practices for comparison. End of year results showed that the Child Health Screening Tool, Action Planning and Patient Portal measures progressed well, whilst the Smoking Brief Advice and Cardiovascular Risk Assessment targets remained elusive for the district.

Despite mixed results for the year, the Ministry of Health has once again applauded the District Alliance for their reflective approach to the development and delivery of the 2018/19 regional contributory measures.

Six annual (Q4) targets

Reduced ASH rates for 0-4 year olds

90% smoking brief advice target

Reduced use of acute bed days

Reduced Emergency Department presentations

Improved patient experience of care

Increased immunisations at 8mths

International speaker and district planning

In May the network joined the Advisory Board. US-based Tomi Ogundimu, Practice Manager and Population Health Advsior at The Advisory Board Company based in Washington DC, visited New Zealand. Her trip focussed specifically on our Central PHO network to present on 'Patient Engagement and Care Delivery Innovation'. Tomi challenged us to be effective in true care transformation and patient engagement, saying "we need to think broader about what the whole person needs, who we work with to get engagement of scale, what does return on investment or impact look like beyond the measures we typically measure our performance against" and that we don't need to wait for things to be perfect to get started.

Chiquita presented an overview of the Central PHO 2019–2025 Strategy and led a co-design session on the 2019/2020 System Level Measures, Quality Improvement Plans and Health Care Home Planning.

Matthew Auger (The Advisor Board Company, Australia), Chiquita Hansen (Chief Executive Officer, Central PHO), Tomi Ogundimu (Population Health Advisor, USA), Dr Bruce Stewart (Chair, Central PHO)

Strategic aim: Active smart systems

Te Awa—Digital Strategy

Te Awa
Tā Mātou Rautaki Hauora Matihi
Our Digital Health Strategy

MidCentral DHB collaborated with general practice, pharmacies, midwives, hospice, iwi, MedLab, Te Tihi, Central PHO, and many MidCentral-based organisations at locality-based digital health workshops and interviews to develop our districts first Digital Health Strategy.

The five-year strategy, named Te Awa, is a living document that evolves as new demands emerge and new technologies surface. Te Awa focuses on the digital health principles, environment and enabler tools that we must adopt collectively to improve health and wellness outcomes for the MidCentral population.

What is Digital Health?

"Digital health is the use of digital technologies and accessible data, alongside the associated cultural change it induces, to help New Zealanders manage their health and wellbeing transforming the nature of healthcare delivery" **Ministry of Health**

Te Awa principles

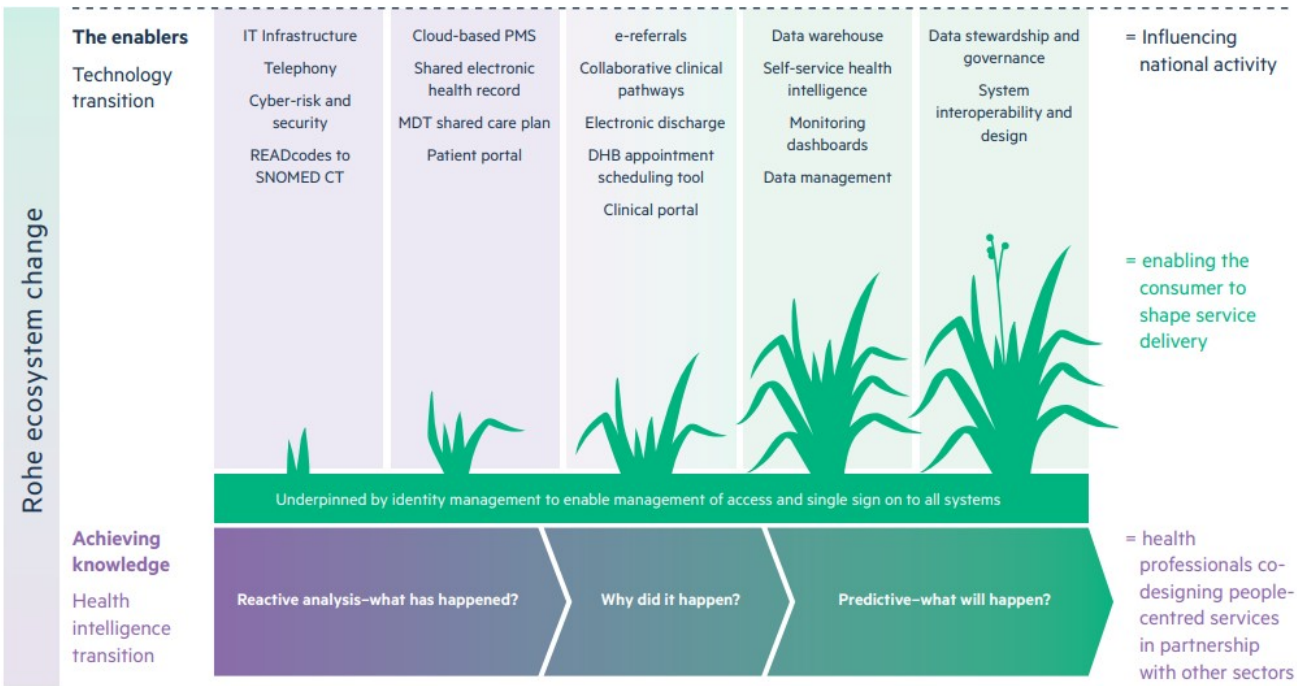
- Mā te Iwi – People-powered
- Rohe kotahi – One district
- Reo kotahi – Information sharing
- Kaitiaki – Being a good digital health steward.

Te Awa objectives

- Digitise the health experience of our consumers, families and whānau
- Digitise our end-to-end processes
- Make digital, data-enabled decisions
- Build interconnected communication and collaboration
- Develop inclusive information stewardship and management
- Provide stable, secure, responsive and sustainable ICT services.

Te Awa can be downloaded at http://www.midcentraldhb.govt.nz/Planning/localPlan/Pages/DigitalStrategy.aspx

Digital connectedness—realising digital transition in our rohe



Cloud-based PMS

In October 2018 Cook Street Medical took the courageous decision to be the first practice to adopt the network's selected PMS – indici. The Cook Street team, Central PHO Practice Development Team, and Valentia (the indici vendor) worked closely to shape the PMS to meet our district's needs. Significant work was needed to ensure the PMS meet our districts needs and the Cook Street team helped shape this.

> ***"Adopting the new PMS required us to show real resilience but we are through the other side of this now and the PMS is beginning to provide us with some of the promise we could see when we elected to adopt this new tool. In particular I like the functionality indici allows when working remotely and with aged residential care facilities."***
>
> **John Drake, Cook Street Medical**

The Palms Medical, Best Care Whakapai Hauora, Kauri HealthCare, Horowhenua Community Practice and Masonic Medical have all adopted the new tool this year. The Palms Medical shaped the tool to meet the needs of general practice who also have an urgent care business.

> ***"indici provides us with a more granular level of reporting that helps us understand where to put effort to help our most at need clients and it helps us understand how to make the best use of our staff. It has helped improve the financial understanding of the practice. indici have been responsive to many suggestions for improvement which will make it easier to manage health outcomes for our patients.***
>
> **Wayne Hayter, The Palms Medical**

In February 2019 Village Medical moved from Medtech32 to Medtech Evolution-Cloud. The Village Medical team worked with the vendor to be the first practice in the district to move onto the Medtech Evolution hosted environment.

> ***"We moved to Evolution-Cloud to improve our security and capability within the practice. We decided to stay with Medtech due to our 25 year relationship and our belief that this product would be robust and reliable. Our staff picked up Evolution very quickly and we are enjoying the many features offered by Evolution – Cloud, especially its speed and reliability."***
>
> **Les Johansen, Village Medical.**

Central PHO and HUBNET

Central PHO has been establishing ICT infrastructure and services while it decouples from Tū Ora Compass Health which setup and managed our ICT environment for 15 years. Decouplement has required the rebuilds of our website, intranet and Provider Portal.

Central PHO approached Massey University to leverage Hubnet, a platform built by Massey University which is designed on a robust, secure and resilient architecture. The Central PHO website and intranet use Hubnet platform and our new Provider Portal is in its final development stage using the platform. This will be rolled toward the end of 2019. Central PHO expects to continue the ICT partnership with Massey University to offer community and general practice-facing services.

National Enrolment Service

The National Enrolment Service required a major piece of work through the financial year ahead of the Ministry of Health's 1 April go live date, Central PHO worked with General Practice Teams to reduce funding deficits and assisted practices in getting data into good shape. Two reports were created for General Practice teams (CBF only list and NES Demographic list) for General Practice Teams to work through.

Bringing our data home

In March 2019 we sent all our practices a 'Data Access and Use Schedule and Data Management Policy' as part of de-coupling of data services from Tu Ora Compass Health.

Maree Pritchard, Executive Assistant, and Sharron Smith, Risk and Contracts Coordinator

Outbox2PDF — Secure Email Referrals with photograph attachments

In June 2019 Central PHO and MidCentral DHB Information Systems teams made a huge step to connect systems to improve information transparency and service delivery with a secure messaging system.

The Outbox2Pdf system automatically transfers outpatient referrals from general practices across the district and stores them in the Regional Clinical Portal. DHB clinicians, regardless of location, can view these referrals in the Clinical Portal. (Previously the Shared Electronic Health Record was the only Primary Care Data showing on the portal.)

OutBox2PDF combines a patient's outbox document and one or more photographs into a PDF document and then securely sends the PDF to the MidCentral District Health Board referrals team. Each photograph added to the PDF is annotated with the currently selected patient's details. The PDF document is transmitted via a secure web service. The OutBox2PDF application provides an acknowledgement that the referral team has received the PDF. OutBox2PDF stores the created PDF in Medtechs attachments manager against the currently selected patient.

HealthPathways

The Collaborative Central Pathways project is an initiative of MidCentral DHB, Central PHO and the Whanganui Alliance Leadership Team (Whanganui DHB, National Hauora Coalition and Whanganui Regional Health Network).

HealthPathways Governance Group will comprise four representatives from those organisations and the Lead Clinical Editor. The team completed the new Whanganui & MidCentral Community HealthPathways site for launch in July 2019. This replaces the Map of Medicine Pathways.

HealthPathways is an online portal to help health professionals make assessments, management and specialist referral decisions for over 550 conditions. Our Whanganui & MidCentral Community HealthPathways site will provide access to more than 600 pathways, founded on evidence-based best practice across New Zealand and overseas. The pathways are backed by a strong clinical and peer review process. Initially all pathways on this site will be standard best practice pathways without localisation to the two districts. In the coming year, pathways will be localised progressively. This will range from adding local contact details to changing advice within the pathway to fit with local service arrangements.

Central PHO will be home to the HealthPathways Programme Lead who will work with Clinical Editors and Administrators from both districts.

ACC GP Connect

In February 2019, ACC held a workshop in Palmerston North as part of their regional 'Roadmap for change' series. This series presented their consultation process for establishing a more collaborative relationship with primary care and signals a move away from ACC's existing transaction model to add more value into the sector. It presents a 'blank canvas for change … with very firm boundaries'.Around 20 general practitioners, practice managers, nurse practitioners and representatives from Central PHO attended the ACC workshop making a strong call for equitable rates for work done and greater respect for the capabilities and specialties of general practice. These roadshows were followed by regional workshops to further define the main national themes identified.

ACC are now working with representatives from primary care and consumer. Dr Nader Fattah (Clinical & ICT Medical Advisor, Central PHO) and Dr Anna Skinner (Clinical Director, Kauri HealthCare) were selected by ACC as Primary Care representatives on a national working group to take the major themes identified and progress these into a new model of care and engagement from ACC.

Early signals of change

Telehealth

Telehealth may soon become more prominent in our district. Funding changes for telehealth is one of the early signals from the consultation process. Potentially there will be a move away from the rigidity of face-to-face consultations regardless of circumstance. Changes with ACC would be another element to help make telehealth a more viable business activity, good news for the Health Care Health model and consumers.

Timeline – line of sight

Within primary care a lack of sight of a timeline of a person's touchpoints with the health sector can be a frustration and can result in delays of care. The development of a centralised database and timeline which is transparent to everyone who is involved in a person's care, who is involved and how intensively they need to be involved and would act as an early warning that this person is not following the normal recovery trend. They may need to extra support. A transparent timeline could make a big difference for the patient and the sector. That is an example of what this programme is working to achieve. It is still early days.

Governance

Central PHO Board

The purpose of the Central PHO Board is to develop and maintain an effective innovative Primary Health Organisation and its associated network of independent provider members, to develop and deliver excellence in the development and delivery of health and health related services. The PHO drives change and transformation across the Health Care system in order to enable progress and integration.

Alliance Leadership Team

The Board Members above are also Alliance Leadership Team Members who work together to transform health services in the district to improve health outcomes.

The role of the Alliance Leadership team is to:

- transforming healthcare services and supporting clinical decision making and the shifting of activities closer to patients;
- making (and assisting the DHB to make) strategic health care decisions on a "whole- of-system" basis;
- providing leadership within our health community;
- assessing the needs of our populations;
- planning health services in our District, to make the best use of health resources;
- balancing a focus on the highest priority needs areas in our communities, while ensuring appropriate care across all our populations;
- establishing Service Alliances to advise on the development, delivery and monitoring of health services;
- monitoring services that fall within the scope of our Alliance Activities; and informing our populations and other stakeholders of our performance in achieving our objectives.

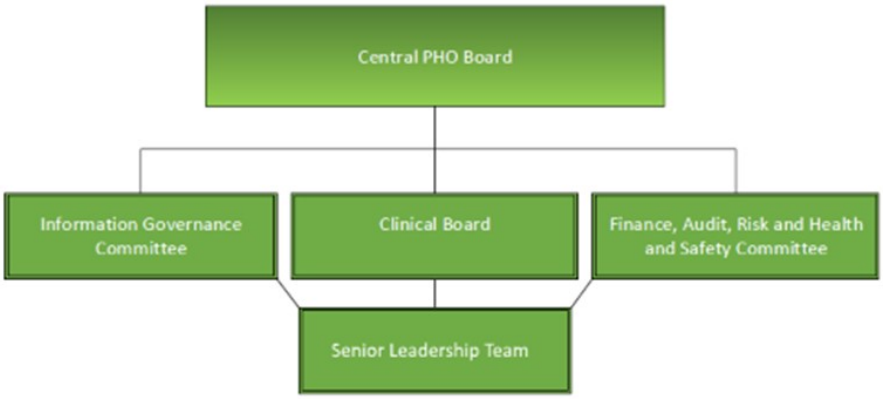
To support our new strategy and branding, ALT membership has been expanded to include intersectoral representation from next year.

Central PHO Board Trustees
Dr Bruce Stewart, Chair
Clare Hynd, Deputy Chair
Danielle Harris
Di Rump
Robyn Richardson
Dr Wayne Hayter
Dr Nader Fattah
Dr Anna Skinner
Tracey McNeur
Gaye Fell
Stephen Paewai
Dr Kenneth Clark
Dr Simon Allan

Alliance Leadership Team
Central PHO Board Trustees
Dr David Ayling
Oriana Paewai
Liat Greenland
Craig Johnston
Lyn Horgan
David Jermey
Celina Eves
Steve Miller
Deborah Davies

Sub Committees of the Board

Sub Committees play a key role in monitoring our clinical performance, connecting with communities, and ensuring information systems support our work and store information safely.



Information Governance

The Information Governance Committee is a standing sub-committee which oversees the information and communications technology (ICT), Information Systems (IS) and Health Intelligence (HI) investment priorities for Central PHO and other participating primary health sector providers and organisations. The committee:

- Prioritises digital investment initiatives and delivers recommendations and approvals on digital projects through the annual budget process.
- Ensures collaborative planning and considers equity gaps, clinician involvement, stakeholder and wider social sector need.
- Provides leadership by aligning the Central PHO Digital Strategy and focus areas of our Strategic Plan, along with the MidCentral District Digital Strategy, DHB Strategic framework and Ministry of Health's NZ Health Strategy.

Clinical Board

Clinical Board oversees the safety and quality of clinical care undertaken directly by Central PHO and contracted providers. The Clinical Board provides governance oversight of the following areas of clinical activity: Clinical Effectiveness, Consumer Participation, Quality Improvement, Patient Safety, Engaged and Effective Workforce, Access and Board Governance.

Finance, Audit, Risk and Health & Safety

The Finance, Audit, Risk and Health & Safety Committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, external audit, legislative and regulatory compliance and general risk management for Central PHO. This committee oversees, reviews and provides advice to the Board on financial information, policies and procedures around financial matters, external audit functions and internal control and risk management policies and processes. The committee reviews and reports to the Boards on management's processes for the identification, prioritisation and management of risk.

Senior Leadership Team
Chiquita Hansen, Chief Executive Officer
Materoa Mar, Director of Māori Health
Christine Hill, Clinical Director, Integration
Dr Paul Cooper, Medical Advisor Acute Care
Dr Nader Fattah, Medical Advisor Clinical & ICT
Brenda Rea, Primary Health Care Manager, Horowhenua & Otaki
Lyn Daly, General Manager, Practice Development & Support
Michael Ram, Corporate Services General Manager
Lorna Love, Executive Officer

Contracted providers

	General Practice Team/ Integrated Family Healthcare Centre providers	Other contracted providers
Feilding	Feilding Health Care	Feilding Retinal Screening Services Feilding Health Pharmacy
Levin	Horowhenua Community Practice Masonic Medical Centre Tararua Medical Centre Queen Street Surgery Cambridge Street Medical	Raukawa Whānau Ora Ltd Bats Otto & Ingrid Bats Physiotherapy Bruce Little & Associates See Hear Ltd Tararua Pharmacy Ltd Horowhenua Health Centre Pharmacy
Tararua	Dr Short Surgery Tararua Health Group (comprising Barraud Street Health Centre, Dannevirke; Pahiatua Medical Centre, Pahiatua)	Rimutaka Podiatry Ltd Visique Dannevirke Optometrists Tararua Community Youth Services Inc Waiopehu College Rangitane o Tamaki Nui a Rua Inc
Foxton	Te Waiora Community Health Services	Gimbletts Pharmacy Ltd
Otaki	Otaki Medical Centre	Otaki Women's Health Group Matatau Ltd Hamish Barham Pharmacy Ltd

	General Practice team/ Integrated Family Healthcare Centre providers	Other contracted providers
Palmerston North	169 Medical Centre City Doctors Milson Medical Chambers The Palms Medical Village Medical Broadway Medical Centre Cook Street Health Centre Hokowhitu Medical Centre Orbit Medical Riverdale Health & Linton Health Ltd Best Care (Whakapai Hauora) Charitable Trust Group Medical Chambers Massey Medical Centre Dr T Parry Sydney Street Health Centre Victoria Medical Centre West End Medical Kauri Healthcare Health Hub Project New Zealand Ltd (comprised Health Hub Project NZ @Downtown, Health Hub Project NZ @Total Healthcare, Health Hub Project NZ @Highbury Medical Centre)	YOSS Youthline Eyes on Broadway Visique Naylor & Palmer Visique Eye Spy Broadway Radiology Pacific Radiology Ltd Interpreting Services Highbury Whānau Centre Kauri Physio Ltd Aimee Feck Physiotherapy City Health Pharmacy Unichem Pharmacy at Kauri Healthcare Unichem at The Palms Manawatu Horowhenua Tararua Diabetes Trust Te Tihi o Ruahine Whānau Ora Alliance Charitable Trust St John Home Care Medical NZ Ltd Partnership Navigator Ltd On-Brand Partners NZ Ltd Takeon!NZ Ltd

Mental Health providers	
Andrea Ayson Counselling Ann-Marie Stapp Child & Family Development Company Ltd Living Well Counselling Centre Lyn James Richard Jenkins Lynley Hayward Shona Hartendorp Manawatu Alternatives to Violence Inc Support of Change Counselling Manchester House Social Services Society Inc Donna Quaife Marcia Amadio Paul Clayton trading as Diane Clayton Counselling Services Mary White-Counselling ACROSS Te Kotahitanga o te Wairua OHO Mauri Counselling & Intuitive Healing	Baby Brain Limited Pamela Calton Brandon Gallagher Tautoko Solutionz Counselling Practice Carol Mattinson Te Aroha Noa Community Services Trust Changemaker Consultants Ltd The Whanau Support Group Highbury, Takaro, Westbrook Incorporated (trading as Highbury Whanau Centre) Creative Wellbeing Therapy Service Youthline Central Island North Inc Ed Duggan Whaioro Trust Board Presbyterian Support Central trading as Family Works Whanau Ataahua Beautiful Families Gail Bartlett-Harris Wairarapa Psychology Limited Mayan Schraders

2018/2019 Financials

Central Primary Health Organisation
Summary Consolidated Financial Statements

Summary Consolidated Statement of Comprehensive Revenue and Expense
For the Year Ended 30 June 2019

	Group	
	2019	**2018**
	$	**$**
Revenue from Non-Exchange Transactions	49,841,897	46,088,291
Revenue from Exchange Transactions	1,184,328	1,129,187
Expenditure	(49,920,877)	(46,585,528)
Operating Surplus/(Deficit)	**1,105,348**	**631,950**
Share in Suplus/(Deficit) of Joint Venture	104,565	101,998
Net Surplus/(Deficit) for the Year	**1,209,913**	**733,948**
Total Comprehensive Revenue and Expense for the Year	**1,209,913**	**733,948**

The notes on page 4 & 5 are an important part of, and should be read in conjunction with, these summary consolidated financial statements

Summary Consolidated Statement of Movements in Net Assets
For the Year Ended 30 June 2019

	Total Equity Group
	$
Balance as at 30 June 2017	**3,980,243**
Net Surplus for the Year	**733,948**
Other Comprehensive Revenue	-
Balance as at 30 June 2018	**4,714,191**
Net Surplus for the Year	**1,209,913**
Other Comprehensive Revenue	-
Balance as at 30 June 2019	**5,924,104**

Summary Consolidated Statement of Financial Position
As at 30 June 2019

	Group	
	2019	**2018**
Assets		
Current Assets	8,558,884	7,165,659
Non-Current Assets	863,314	641,927
Total Assets	**9,422,198**	**7,807,586**
Liabilties		
Current Liabilities	3,498,094	3,093,395
Non-Current Liabilities	-	-
Total Liabilties	**3,498,094**	**3,093,395**
Net Assets	**5,924,104**	**4,714,191**

The notes on page 4 & 5 are an important part of, and should be read in conjunction with, these summary consolidated financial statements

Summary Consolidated Statement of Cash Flows
For the Year Ended 30 June 2019

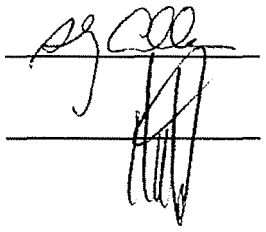
	Group	
	2019	**2018**
	$	$
Net Cash Flows from Operating Activities	151,197	2,553,033
Net Cash Flows from Investing Activities	(400,822)	(390,163)
Net (Decrease)/Increase in Cash and Cash Equivalents	**(249,625)**	**2,162,870**
Cash and cash equivalents at the beginning of the year	5,232,329	3,069,459
Cash and cash equivalents at the end of the year	**4,982,704**	**5,232,329**
Comprising:		
Cash on hand, current accounts and call accounts	4,982,704	5,232,329
Total cash and cash equivalents	**4,982,704**	**5,232,329**

The notes on page 4 & 5 are an important part of, and should be read in conjunction with, these summary consolidated financial statements

The summary consolidated financial statements were authorised for issue for and on behalf of the Trustees on 3 December 2019:

Trustee

Trustee



Notes to the Summary Consolidated Financial Statements

1. Statement of Compliance
The reporting entity is Central Primary Health Organisation ("the Trust"). The Trust is domiciled in New Zealand and is a charitable organisation registered under the Charities Act 2005. On 20 July 2010 the Trust changed its name from Otaki Primary Heath Organisation Trust.

The summary consolidated financial statements comprising of the Trust and its controlled entities Central Primary Health Limited and Horowhenua Community Practice, together the "Group" are presented for the year ended 30 June 2019.

The Group provides health services to people living in the Otaki, Tararua, Manawatu and Horowhenua area. All entities within the Group are charitable organisations registered under the Charitable Trusts Act 1957 and the Charities Act 2005.

2. Basis for Preparation
The summary consolidated financial statements have been extracted from the full financial statements of the Group. The summary consolidated financial statements have been prepared in accordance with PBE FRS 43 Summary Financial Statements. The summary consolidated financial statements cannot be expected to provide as complete an understanding as provided by the full financial statements. Information extracted from the full financial statements has not been restated or reclassified.

The full consolidated financial statements are available on request by contacting the Finance Manager, PO Box 2075, 575 Main Street, Palmerston North or email accounts@centralpho.org.nz. The full consolidated financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP"). They comply with Tier 1 Not-For-Profit Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, the Group is a public benefit not-for-profit entity and is applying Tier 1 Not-For-Profit PBE IPSAS as it has expenditure of more than $30 million. The Board of Trustees has elected to report and is in compliance with Tier 1 Not-For-Profit PBE Accounting Standards.

The full consolidated financial statements have been audited and an unmodified opinion was given on the financial statements for the year ended 30 June 2019. The full financial statements were authorised for issue on 3 December 2019.

These summary consolidated financial statements are in respect of Group's full financial statements that comply with Tier 1 Not-For-Profit PBE Accounting Standards.

3. Capital Commitments
There were no capital commitments as at the reporting date (2018: nil).

4. Contingent Assets or Liabilities
There were no contingent assets or liabilities as at the reporting date (2018: nil).

5. Related Party Disclosures

Related Party	Description of Transaction	2019 $ Value of Transactions	2018 $ Value of Transactions	2019 $ Amount Outstanding	2018 $ Amount Outstanding
Te Waiora Partnership (TWP)	Capitation Fees paid to TWP	(1,080,266)	(1,006,380)	-	-
	SLM Fees paid to TWP	(4,915)	(4,878)	-	-
	Expenses recovered by Central PHO	-	-	96,679	67,160
	Other Fees paid to TWP	(351,852)	(343,833)	25,445	25,445
		-	-	-	-
Horowhenua Community Practice (HCP)	Capitation Fees paid to HCP	(1,298,366)	(1,240,342)	-	-
	SLM Fees paid to HCP	(7,301)	(12,778)	-	-
	Expenses recovered by Central PHO	-	-	1,068,753	917,626
	Other Fees paid to HCP	(312,015)	(241,198)	21,376	26,800

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body which is comprised of the Board of Trustees, CEO and the Senior Leadership Team. The aggregate remuneration of key management personnel and that number of individuals, determined on a full-time equivalent basis, receiving remuneration as follows:

	Group	
	2019	2018
	$	$
Trustees		
Total Fees	59,805	55,196
Number of persons	13	13
Senior Leadership Team		
Total remuneration	733,068	690,084
Number of persons	5	5

6. Subsequent Events

The Board of Trustees and management is not aware of any other matters or circumstances since the end of the reporting period, not otherwise dealt with in these summary consolidated financial statements that have significantly or may significantly affect the operations of the Group. (2018: Nil).

Grant Thornton

Report of the Independent Auditor on the summary consolidated financial statements

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215 Lambton Quay
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Wellington 6143

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To the Trustees of Central Primary Health Organisation

Opinion

The summary consolidated financial statements, which comprise the summary consolidated statement of financial position as at 30 June 2019, the summary consolidated statement of comprehensive revenue and expense, summary consolidated statement of changes in net assets and summary consolidated cash flow statement for the year then ended, and related notes, are derived from the audited consolidated financial statements of Central Primary Health Organisation ("the Group") for the year ended 30 June 2019. In our opinion, the accompanying summary consolidated financial statements are consistent, in all material respects, with the audited consolidated financial statements.

Summary consolidated financial statements

The summary consolidated financial statements do not contain all the disclosures required by PBE IPSAS. Reading the summary consolidated financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 3 December 2019.

Other Information Other than the Consolidated Financial Statements and Auditor's Report thereon

The Trustees are responsible for the other information. The other information comprises the annual report (but does not include the summary consolidated financial statements and our auditor's report thereon), which is expected to be made available to us after the date of this auditor's report.

Our opinion on the summary consolidated financial statements does not cover the other information and we do not and will not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the summary consolidated financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the summary consolidated financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance and will request that such matters are addressed.

Trustees Responsibility for the Summary Consolidated Financial Statements

The Trustees are responsible for the preparation of a summary of the audited consolidated financial statements of Central Primary Health Organisation in accordance with PBE FRS-43: *Summary consolidated financial Statements*.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary consolidated financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810 (Revised), *Engagements to Report on Summary consolidated financial Statements*.

Restricted Use

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

Grant Thornton New Zealand Audit Partnership

B Kennerley
Partner
Wellington

3 December 2019