

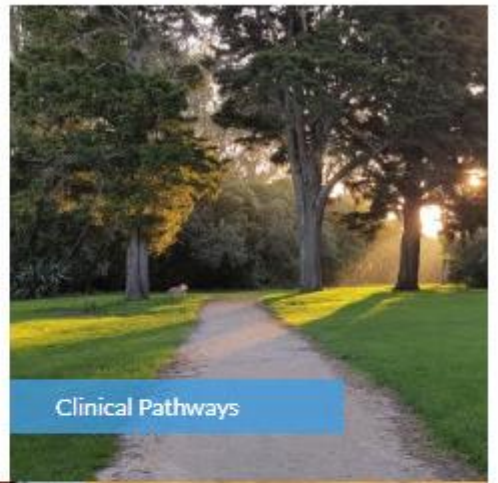
# Central Primary Health Organisation



General Practices



About Us



Clinical Pathways



Resources



Our services



Vacancies

## Annual Report

*New Website Design*

July 2017 – June 2018

*Excellence every day*

## Contents

<i>Central PHO's Vision, Purpose and Values</i> .....	3
<i>Chairman's Report</i> .....	4
<i>Our Five Strategic Aims</i> .....	5
<i>What does Central PHO do to deliver clinical quality</i> .....	6
<i>in our communities?</i> .....	6
<i>Strategic Aim 1 : Improving Access and Equity</i> .....	7
#PolyNation .....	7
Cervical Screening .....	8
<i>Strategic Aim 2 : Co-Design Integrated care for</i> .....	10
<i>priority populations:</i> .....	10
Te Ara Rau .....	10
Clinical Exercise Physiologists .....	11
<i>What does Central PHO do to enhance the health</i> .....	14
<i>of our communities?</i> .....	14
<i>Strategic Aim 3 : Partner with People, Community and Providers</i> .....	15
Collective Impact.....	15
Partnerships.....	15
Hauora Unleashed.....	16
Stuff the Bus .....	16
Relay for Life.....	17
Kainga Whanau Ora.....	17
<i>Strategic Aim 4 : Activate Smart Systems</i> .....	19
Health Care Home .....	19
Digital Advancements.....	20
<i>Strategic Aim 5 : Quality Foundation for Success</i> .....	24
Health Intelligence .....	24
System Level Measures and National Health Targets 2017/18 .....	24
<i>Organisational Development Leadership Group (ODLG)</i> .....	26
<i>Governance at Central PHO</i> .....	27
Board and Sub Committees .....	28
<i>Central PHO Contracted Providers:</i> .....	29
<i>Mental Health Providers</i> .....	30
<i>2017/18 Financials</i> .....	32

## 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 tīhei 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 houanga mai.

Tēnā, whakataretaretia, whakatewhatewhahia ngā kōrero nei me kore noa he manawa ora kei roto. Tīhei Whānau Ora!

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.

Central PHO's vision

*"Working together, towards healthy and flourishing communities"*

Central PHO's purpose

*"Excellence every day"*

Central PHO's values:

<b>Trust</b>	Maintaining open and honest relationships	Whakapono/ Rangatiratanga
<b>Respect</b>	Embracing diversity, uniqueness and ideas	Whakaaro nui/ Manaakitanga
<b>Unity</b>	Valuing strengths and skills	Kotahitanga
<b>Accountability</b>	Working in a transparent and responsible manner	He mana tō te kupu
<b>Courage</b>	Participating with confidence and enjoyment	Ka tū te ihiihi/ Whakamanawanui/ Hautoa



# Chairman's Report

On behalf of the Board of Directors, I am pleased to present the Organisation's Annual Report for the 2017/18 financial year. It has been a very positive year and I have enjoyed being part of the diverse and dynamic team at Central PHO and feel privileged to be the Chair of the Board.

I am committed to ensuring the successful implementation of the Organisation's Strategic Plan and adding value to our General Practice Teams. Over the year I have seen the Organisation grow in strength and maturity. We have completed year two of our three-year Strategic Plan and I am heartened to see progress across the many different services we offer.

We continue to focus on improving our services across the district and some of the highlights included:

- working with our general practices to deliver high quality health care to our enrolled population of 160,000
- increasing the resources within our Primary Mental Health Care team and Practice Development and Support teams to continue to ensure that our clients and general practices are well supported
- presentation of a district-wide, co-designed, mental health submission to the National Mental Health and Addictions Inquiry
- successful completion of scoping new Patient Management Systems for general practices
- establishment of a collaborative Fracture Contract with the District Health Board
- identification of new premises for Central PHO, Te Tihi, Diabetes Trust, MidCentral DHB Public Health Unit and DHB Community Child Health Team.
- design and launch of a new Central PHO website

The Organisational Development Leadership Group, led by staff members, continues to thrive and deliver key themes to enhance the work environment for staff. These staff are committed to look for areas of improvement across the Organisation and provider network and to bring innovative ideas to the forefront.

I would like to acknowledge the expertise of our Board and Sub-Committees who have grown in their governance role over the year. The Senior Leadership Team, led by our CEO, Chiquita Hansen, also deserve a huge thanks and of course the staff of Central PHO, who can all be very proud of their contribution and services they are delivering in the community.

I look forward to another exciting year ahead as we continue to work together towards creating healthy flourishing communities.

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

## Our Five Strategic Aims

Improve **access** and **equity**

**Co-design integrated care for priority populations**

**Partner** with people, community and providers to collectively meet needs of population

Activate **smart systems** to support General Practice Teams (GPT)/Integrated Family Health Centres (IFHCs) (health home) to thrive through effective relationships

**Quality Foundation for Success**

### The nine outcomes that have been agreed in the Central PHO Strategic Plan:

<i><b>Mauri Ora</b></i> "Individual, me, person"	<i><b>Whānau Ora</b></i> "Whānau, family"	<i><b>Wai Ora</b></i> "Community"
Reduce amenable mortality for people with long term conditions	Improve equity in population health status	Supported capable PHC workforce
Contribute to reduced acute bed utilisation	Individual and Whānau centred approach to better co-ordinated integrated services	PHC financial and clinical sustainability
Increase individual, Whānau and communities positive experience of care		Improved Positive Māori/Iwi relationships
		Cross sector alliances improve equity of outcomes

## What does Central PHO do to deliver clinical quality in our communities?

Provide IFHC & General Practice Teams Access to Funded Programmes:	Extend PHC Teams Interdisciplinary Clinicians:
<p><b>LTC Programmes</b></p> <ul style="list-style-type: none"> <li>• Enhanced Care Plus</li> <li>• Smoking Cessation</li> <li>• Community Cardiology Clinics</li> <li>• Cardiac &amp; Pulmonary rehab</li> <li>• Stanford Self-Management Support</li> <li>• Retinal Screening</li> <li>• Palliative Care Partnership</li> <li>• Community Spirometry</li> <li>• Te Ara Rau – Primary Mental Health</li> </ul> <p><b>Acute Care Programme</b></p> <ul style="list-style-type: none"> <li>• Primary Options Acute Care</li> <li>• Community Radiology</li> <li>• Access to range of diagnostics</li> </ul> <p><b>Population Health Programmes</b></p> <ul style="list-style-type: none"> <li>• Pasifika Health</li> <li>• Whanau Ora</li> <li>• Sexual health</li> <li>• Cervical screening</li> <li>• Immunisation</li> <li>• Interpreters service</li> <li>• System Level Measures &amp; Health Targets</li> </ul>	<p><b>LTC Clinicians</b></p> <ul style="list-style-type: none"> <li>• Community Clinical Nurses, Dieticians, Respiratory Physiotherapists, Clinical Exercise Physiologists, Clinical Pharmacists, Podiatrists, Mental Health Clinicians</li> </ul> <p><b>Acute Care Clinicians</b></p> <ul style="list-style-type: none"> <li>• CNS Acute Care</li> <li>• Acute Care Medical Director</li> </ul> <p><b>Population Health</b></p> <ul style="list-style-type: none"> <li>• Whanau Ora Navigators</li> <li>• Pasifika Nurses</li> <li>• Cervical Screening, Immunisation, Sexual Health Co-ordinator</li> </ul> <p><b>Aligning Specialist Services</b></p> <ul style="list-style-type: none"> <li>• Community Child health</li> <li>• Older Persons</li> <li>• Youth Health (YOSS)</li> <li>• District Nurses</li> </ul>



## Strategic Aim 1 : Improving Access and Equity

### SOME OF OUR HIGHLIGHTS:

#### #PolyNation

#PolyNation is a Pasifika movement which launched in May 2018 and was created as part of the Pasifika 5 Year Action and Investment Plan to promote mental resilience, healthy eating and physical activity in the context of family.

In the 2017/18 year the following initiatives of #PolyNation commenced:

- PolyPower- this encompasses a range of functional fitness regimes in a group training environment and caters to all shapes, sizes, age and gender. There were close to forty Pasifika people engaging regularly with ages ranging from 7-62 years old.
- PolyMentor- this is a “Pasifika for Pasifika” mentoring programme where positive role-models from the Pasifika community work with the younger generations within primary schools.
- Poly Power Up Challenge – this is a 5 Week Programme designed to support our Pasifika community to create healthy lifestyle habits. Participants were involved with nutrition workshops, exercise challenges, health checks, and fitness testing.
- PolyPodcast - planning is underway and this platform will be utilised for health messaging and promotions.

**P**  **LY**  
**POWER**



**P**  **LY**  
**PADDLES**



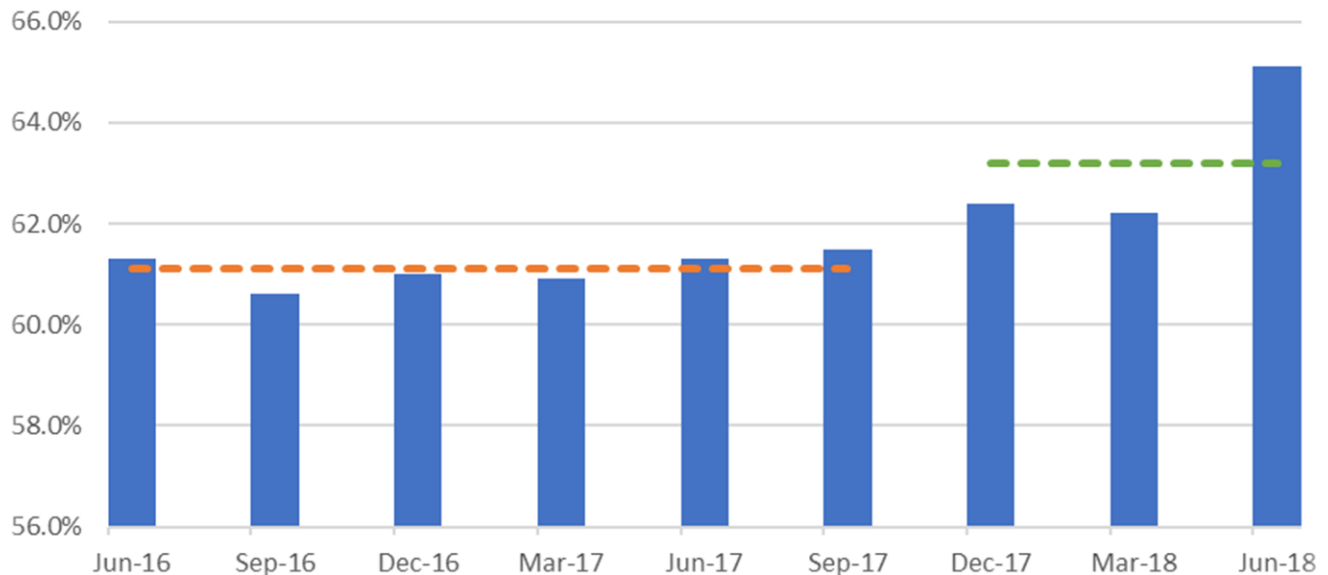
## Cervical Screening

Increasing cervical screening rates amongst Maori, Pasifika and under screened women has been the focus of the Cervical Screening Project Group. With the help of a project fund from MidCentral activities have taken place to ensure the target of 80% of all women, from all ethnicities and localities, are screened. Activities included:

- Hui held with local wahine to ascertain what prevents them from accessing cervical screening and what Central PHO can do to remedy this
- Promotional “booth” with Central PHO at Hauora Unleashed, including prize draws and free giveaways
- Partnering with Te Tihi o Ruahine for the “Smear Your Mea” social media campaign
- Promotion to local cervical screening staff to encourage general practice teams to provide out of hours cervical screening with a focus on targeting priority women
- Incentivisation projects – including grocery vouchers for women following screening and prize packs donated to general practices to encourage cervical screening promotions.
- Extra funding available for non-priority women where cost was a barrier to access screening
- Partnering with Mana Wahine team of Rangitāne o Tamaki nui a Rua to support screening services, including attendance at Mana Wahine marae days and other promotional events.

Results so far are encouraging, with a clear increase in the number of Maori women screened.

### 3-year coverage for Māori (%)





## Improving Access and Equity

We are committed to improving access and achieving equity of health outcomes across communities and provide support and guidance to the wider health workforce to do the same.



Total enrolled population  
**159,111**

European  
112,354

Māori  
29,669

Pasifika  
4,892

71%

19%

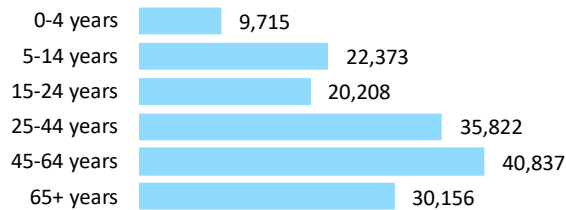
3%

7%

1%

Other  
11,260

Unknown  
936



Annual  
population  
growth



Offered brief advice  
to quit smoking  
**18,105**



General Practitioner  
consultations  
**527,879**



Practice Nurse  
consultations  
**286,328**



Primary Options for Acute  
Care in general practice  
**909** (up 71%)



Community  
radiology services  
**11,946**



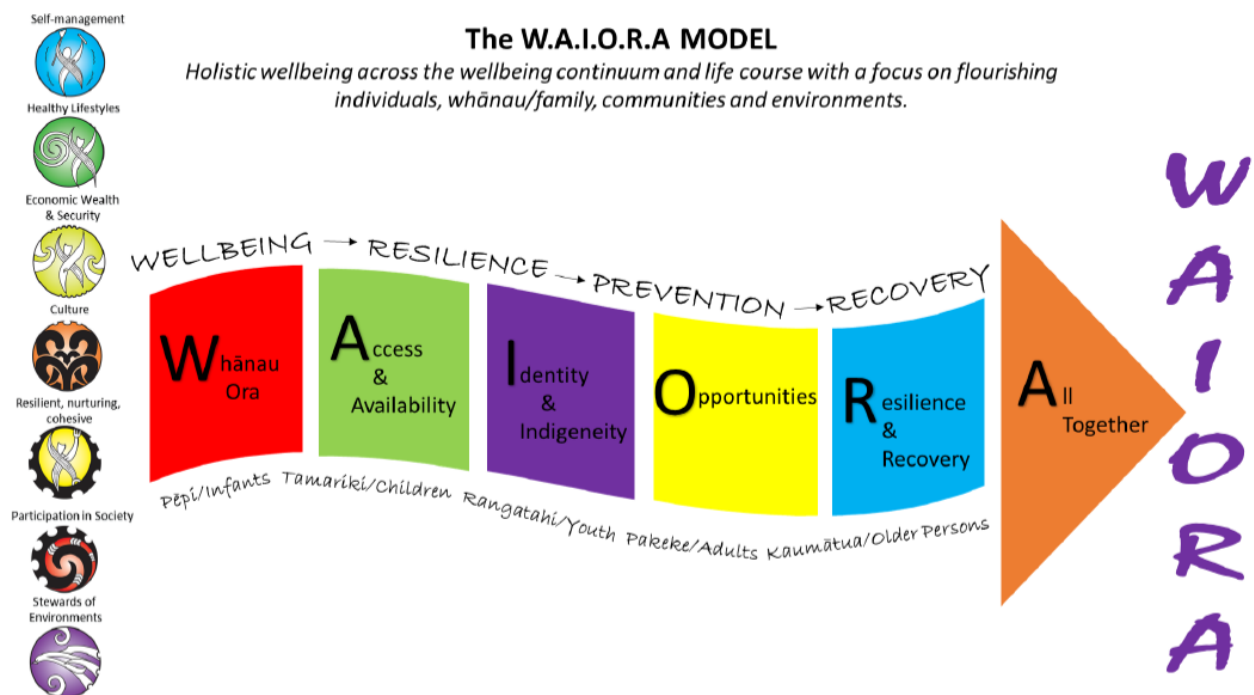
Heart health  
checks  
**18,697**

## Strategic Aim 2 : Co-Design Integrated care for priority populations:

### SOME OF OUR HIGHLIGHTS:

#### Te Ara Rau

A number of key activities have occurred in the Te Ara Rau space since its inception only 12 months ago... but none more so than the mobilisation of Matanga Whai Ora (Mental Health Clinicians) into General Practice Teams, and the National Mental Health Inquiry and the subsequent development of W.A.I.O.R.A. A key theme across both of these activities is the deliberate and targeted focus on relationships.



**Whānau Ora** is a culturally-grounded, holistic approach to improving the wellbeing of whānau as a group, and addressing individual needs within the context of whānau.

#### **Access and Availability**

Access to and availability of appropriate wellbeing services that facilitate flourishing individuals, whānau and communities over the life course and along the wellbeing continuum.

#### **Identity and Indigeneity**

A strong and flourishing personal/ cultural/ community **identity** is considered within the context of overall wellbeing.

Indigenous solutions include the meaningful application of ways to wellbeing, healing and recovery that can also be used in a cross-cultural context to enhance connectedness, belonging and identity.

## Opportunities

The focus for prevention, early intervention and health promotion at a wider system level is considered. Opportunities refers to the whole of system and wider determinants of health that impact on wellbeing including the wider environment (e.g. land, sustainability, local body regulations and societal factors including housing, employment, justice).

## Resilience and Recovery

Resiliency refers to both individual and whānau/families ability to respond adaptively to life events, human development stages and rites of passage. Resiliency skills are built upon throughout the life course and are enabled by local, community and national initiatives. Recovery is defined as 'achieving the life we want in the presence or absence of mental distress/disorder', with an emphasis on a person's and whānau/families potential for recovery. The recovery journey is facilitated positively by the seamless delivery of wellbeing and specialised mental health and rehabilitation services.

## Clinical Exercise Physiologists

Clinical Exercise Physiologists continue to offer support across the MidCentral district, including cardiac rehabilitation, pre-diabetes support (PETALS), diabetes forums, Kainga Whanau Ora and PolyPower. Clients continue to benefit from this face-to-face service (home based exercise, gym or pool) with some significant results. These include reports of weight loss, decreases in resting blood pressure, heart rate and blood glucoses levels, as well as improvements in mood, energy levels, fitness and strength. Patients have noticed increased ability to perform usual activities of daily living including returning to work and overall self-management of their long term conditions.

"I want to thank you for helping me to reopen the door and finding pleasure in exercising my body and mind again. It's probably been over 15 years since I felt those endorphins running around! It's also confirmed to me that unless a person is in the right headspace to take on an exercise programme, whatever the length of it or the effort required, I doubt it can be successful. Glandular Fever, Chronic Fatigue and Depression were the reasons for my inactivity. Just setting one goal – getting out of bed in the morning – is a challenge when you feel exhausted all of the time. I cannot recommend, or speak highly enough about your work at the PHO. Giving me the opportunity and tools to work on my own (which I prefer) to improve my physical strength and stamina beyond what I ever thought possible has been a gift. My emotional wellbeing has also benefitted. Until your Diabetes Educator told me about your programme that I could do at home, and have the support from the DHB to succeed, I wasn't aware that this sort of help was available."

"One of your staff members has been the most motivating person I have had in my life in many years. I used to walk my dog 1.5 km each day at then went to a gym 4 to 5 times a week. Since my pain syndrome and especially last year when I nearly died I have let myself go and I'd been unable to exercise for nearly a year. Your staff member has been the best person I could have met. Their gentle motivating manner and willingness to go the extra mile has been the best thing that has happened to me in years. I cannot express how grateful I am for the positive encouraging help and inspiration."

"One of your Physical Exercise Physiologists saw me when I had developed acute kidney failure and life changing stresses overnight post removal of a kidney due to cancer. I am so grateful to your staff member who took a snap shot of my stressors and put it into focus for me. My attitude to my stress has changed and I am now coping very well."

Below are newspaper articles demonstrating partnerships with people, community and providers.

# A clinical exercise physiologist at PHO

By STEVE CARLE

Central PHO in Pahiatua has appointed a clinical exercise physiologist, Jonathan van Klink (pictured).

He covers the Tararua District primarily as well as doing some work in the Manawatu.

His clients range from the elderly through to 18 year olds, depending on the client's needs. "Clinical physiology

exercises are medication for individuals with health complications or in need of help with their health," says Jonathan. "Sitting down at a desk for five to eight hours per day can have a big influence on your health. It is the equivalent of eating cake and not doing exercise and can strip from five to 10 years off your life, depending on how intense the stress of the job is, research has shown."

A new concept favoured by Jonathan is walking meetings.

"They have a positive effect on health and help staff to get together a lot more," he said. Jonathan is really enjoying the role.

David Broome, community support worker, is helping people to self manage their health using an holistic approach, and Lesley Perry is a dietitian. To contact them phone 0600 706 235.



# Exercise room opened at Eketahuna



Nurse Lee-Anne Tait cuts the ribbon to open the Exercise Room, with minister Warren Chase and Grant Hansen, PHO.



First to try: Josh Tait, Grant Hansen, Steve Drysdale and Kayla Penwell.

By STEVE CARLE

An initiative by nurse Lee-Anne Tait to get an exercise room at Eketahuna's Health Centre five years ago came to fruition with its opening on June 25.

"We've finally managed to do it thanks to Steven Drysdale, chairman of Pahiatua Gym & Fitness Club, Grant Hansen of PHO and the community of Eketahuna who have helped in the launch of this initiative," she said. "The equipment is also going into people's homes. It is turning around chronic conditions."

Other nurses involved at the Eketahuna Health Centre are Trish Wilkinson and Kendra Crafar.

Grant Hansen of PHO said, "It provides physical activity for people with long-term conditions. They might get referred by doctors or nurses, we help them out with exercise programmes."

Minister Warren Chase of Eketahuna said, "It's about getting ourselves in a better physical and mental state and everything else that goes with Hauora."

Pahiatua Gym & Fitness Club donated a treadmill and other equipment along with other members of the community.

Chairman Steven Drysdale said, "We heard Eketahuna was organising something. As we change our gear regularly, instead of on-selling it we decided to donate it to this cause."

## Co-designed Integrated care for priority populations

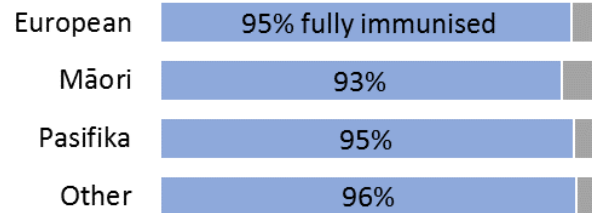
We use co-design principles in our approach to health service delivery to ensure priority populations have equal access to a high quality health service

Births  
**2,083**



Safe sleep pepi pods for babies  
**113**

Babies fully immunised at 8 months old  
**2,006** (target 2,179)



My Health Myself self-management programme completions  
**44**



Renal function checks for diabetics  
**7,443**

Flu vaccines for 65+ year olds  
**18,972**



## What does Central PHO do to enhance the health of our communities?

### Enable PHC Teams

#### Partnerships and System Enablers:

#### Models of care & quality improvement

- Health Care Home model of care
  - Lean value-stream mapping
  - Acute demand focused on equity & volume reduction initiatives
- Preventative care focused on equity & self-management initiatives
- Sector & cross sector partnerships and alliances
- Research & development initiatives
- Collective Impact projects

#### Health intelligence

- Capitation Based Funding transition
- Data warehouse deployment
- Reporting cube deployment to PHC providers
- Data exchange/sharing protocols & standards

#### Digital enabler services

- Technology infrastructure services
  - PHC help desk services
  - Procurement & vendor management for PHC model of care & virtual health needs
  - Resilience and security
- PHC comms portal / extranet
- PHC contract management/ claiming
- Capture of PHC clinical risk information
- PHC emergency management

#### Shared Electronic Health Record development

- Roll out of district health integrated systems: clinical portal, referral e-triage, appointment scheduling
- PHC system improvement
  - PMS implementation
  - MDT Care Plan implementation
  - Shared Care Record growth
  - Standardise coding/screening terms & move to SnoMed CT
- Collaborative clinical pathway development

#### Workforce development

- Transformational Leadership Programme
- Interdisciplinary professional education programme
- Cultural responsiveness programme
- Training to build health intelligence knowledge



## Strategic Aim 3 : Partner with People, Community and Providers

### SOME OF OUR HIGHLIGHTS:

#### Collective Impact

Central PHO has been partnering in the Collective Impact (CI) space for the previous two years and is a keen participant. The last two years has seen Central PHO grow an understanding and therefore a desire to develop into an organisation that becomes both proficient and fulfils the function of a backbone organisation. Through the partnership with Te Tihi O Ruahine, Central PHO has been growing the knowledge base and moving towards utilising this approach in the desire to create system change while adopting further the Whanau Ora ideology. Kainga Whanau Ora is a strong example of our participation in CI and gives life to the approach that will be taken as we progress. The main elements of CI are formed by the following components **Common Agenda, Shared Measurement Systems, Mutually Reinforcing Activities, Continuous Communication and Backbone Organisation. Community Aspiration, Strategic Learning, High Leverage Activities, Inclusive Community Engagement, Containers of Change**, build on the original conditions of Collective Impact and allows us to have a deeper focus. Furthermore, **Movement Building** was added under a Leadership Paradigm. Central PHO is now more confident with Collective Impact and are looking at how to apply it to future projects going forward.

#### System Level Change – Whānau Ora and Collective Impact



#### Partnerships

An exciting and opportunistic partnership is developing between Massey University, CPHO, Te Tihi o Ruahine and MidCentral DHB. Central PHO has taken a key role in bringing together this relationship and responding nimbly and innovatively to exploring research and design thinking. As Massey becomes increasingly responsive to the community of which they are a part of, they will leverage on Central PHO local knowledge and relationships. We will expect to see the emergence of specific projects and Pilots, for example meeting need the primary health needs of refugee communities and an action research focus on Ora Konnect. This past year has been about creating a stable platform for Partnering and will be reflected within our Partnership Agreement with them.

## Hauora Unleashed

Working together with Te Tihi o Ruahine Massey University, Central PHO and many other partners we supported Hauora Unleashed a large community event with over 4,000 public taking part. The event took an approach to highlight that there are no limits on what health means and looks like for the community and whānau.



Jane Mills, Pro Vice-Chancellor, Massey University, and Chiquita Hansen, CEO, Central PHO

## Stuff the Bus

Central PHO and Te Tihi supported The Breeze and Tranzit Coachlines initiative in December 2017 to donate toys and food which was donated to the New Zealand Red Cross and Women's Refuge.



## Relay for Life

Central PHO and Te Tihi entered a joint Relay for Life Team in March 2018 to help raise awareness and raise funds to support the work of Cancer Society.



## Kainga Whanau Ora

Central PHO continues to work closely with Te Tihi to plan and invest in whānau health including support with the Kāinga Whānau Ora (KWO) Pilot Programme. Repeating on last year, clinical staff were allocated to provide specialised education sessions for participants of the He Tangata Ahunui Work Readiness Program. Representatives from the Central PHO Dietitian, Clinical Exercise Physiologist, Te Ara Rau (Primary Mental Health) and Long-Term Conditions nursing teams spent the day at Te Hiiri Marae, supporting whānau to achieve their employment and education/training goals.

In addition to clinical support, Central PHO, as a partner of the Kāinga Whānau Ora Collective, regularly supplies a specific dataset about the KWO participants. Alongside of other partner contributions, this dataset provides the KWO Collective with a holistic view of the social and economic determinants of whanau wellbeing. This creates an exciting innovative space to explore creative solutions and opportunities for supporting whanau to achieve their dreams and aspirations.

*RN Dee Rixon, taking the blood pressure of a He Tangata Ahunui participant.*

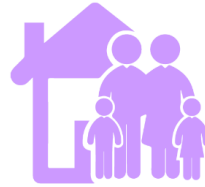


## Partner with People, Community and Providers

*Te Ara Whānau Ora is the whānau led, whānau centric, strengths based, holistic framework, utilised by Whānau Ora Navigators to facilitate aspirational plans*



Tono referrals to the  
Whānau Ora  
Navigation Service  
**339**



Whānau members  
supported by a Whānau  
Ora Navigator  
**761**

Whānau Ora outcome areas where whānau engaged to achieve their goals:

Health whānau  
lifestyle  
**25%**



Economic security  
and wealth creation  
**20%**

Full whānau  
participation in society  
**16%**



Whānau self-  
management  
**17%**

Whānau  
cohesion  
**14%**



Confident participation  
in Te Ao Māori  
**8%**



## Strategic Aim 4 : Activate Smart Systems

### SOME OF OUR HIGHLIGHTS:

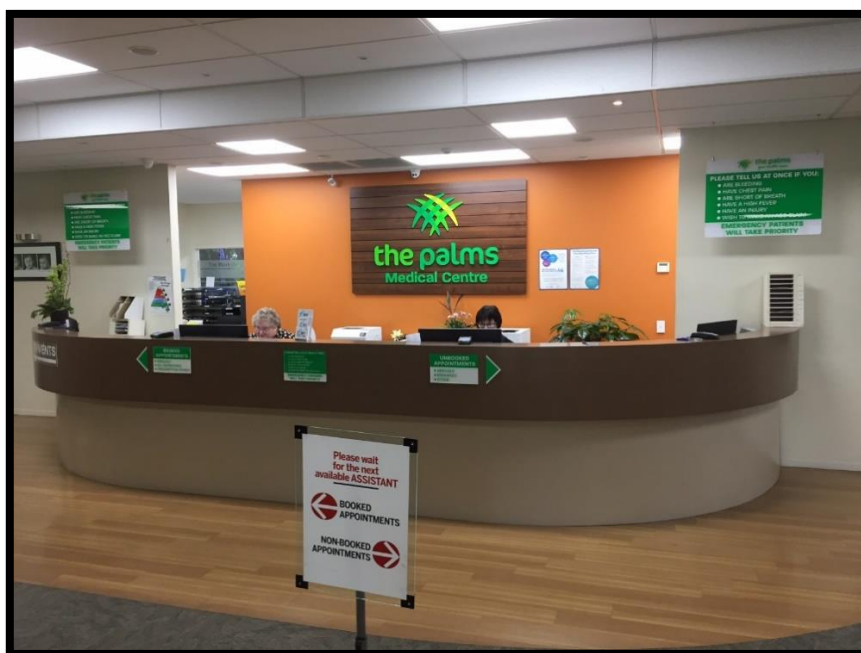
#### Health Care Home

At the end of the first six months of the programme being introduced to the MidCentral district, 45% of the enrolled population belong to a Health Care Home practice. In 2017/18 there were four Integrated Family Health Centres (IFHC's) completing the first-year requirements of the programme; Feilding Health Care, Kauri HealthCare, The Palms Medical Centre, and Tararua Health Group – with an expectation that further practices will come on board over the coming year.

Milestones for all four IFHC's in 2017/18 included:

- extended opening hours to improve accessibility for their enrolled population
- improvements in telephony systems to ensure peak demand times are resourced efficiently
- introduction of GP phone triage to manage demand for same day appointment requests
- increased numbers of patients registered for, and utilising, the patient portal for viewing test results, making appointments, and requesting repeat prescriptions
- introduction of Lean (efficiency) techniques to streamline reception areas for improving the patient experience

An example of how using a Lean approach can improve the patient journey through a practice is highlighted in the below photo of The Palms Medical Centre. Phones are now removed from the front desk leaving administration staff available for only face to face encounters, and signage clearly shows patients where they need to go for their needs (such as paying an account or presenting without a booked appointment).



## Digital Advancements

This year's digital activities were predominantly focused on "getting ready" for transitioning to a more connected and efficient primary health system. Some of this activity included:

**Identity Management** - A scope and subsequent design of an identity management platform was approved that will enable many participants in the primary healthcare sector to access systems using one user name and password, rather than needing to remember a suite of log in details. This will create efficiencies in the claiming process and will result in primary healthcare providers having one place of contact for any claiming or payment queries.

**Patient Management System ("PMS")** - The district Patient Management System Working Group completed its PMS vendor comparisons this year and selected Valentia's Indici as the preferred district PMS. Beginning the journey in February 2016 we worked in partnership with Working Groups from Te Awakairangi Health Network and Tū Ora Compass Health to prepare and complete a Request for Proposal (RFP), select a preferred vendor, and complete negotiations this year.

As a result, all Primary Health Care Providers in the lower North Island have a choice in selecting the PMS system that best suits their model of care and future aspirations. The Working Group selected Indici due to:

- its connectivity capability;
- ease of sharing information; and
- the Indici platform offers a multi-disciplinary team care plan tool that is particularly exciting for those practices wishing to use a tool to more easily coordinate care and self-management plans with their customers and whanau, and their health and/ or social sector colleagues.



*Some of the PMS working group members celebrating the roll out of the selected PMS system (Indici) to two Primary Health Care, and cutting the celebration cake Providers prior to Christmas*

**Communication Systems** - Other activities include the launch of a new Central PHO website that will, in the future, link to the websites of those Primary Health Care Providers who wish to participate. The website is based on a platform offered through a partnership with Massey University. This partnership provides the PHO access to a suite of web-based systems that we wouldn't be able to afford to access without this valued collaboration. In the coming year, the Provider Portal will be replaced with a Portal designed by our Primary Health Care Providers that will also sit on this platform. In addition, as part of the Health Intelligence activity, a suite of reports will be made available on the new Portal, again designed by Primary Health Care Providers, and in the future a new data tool will also be available.

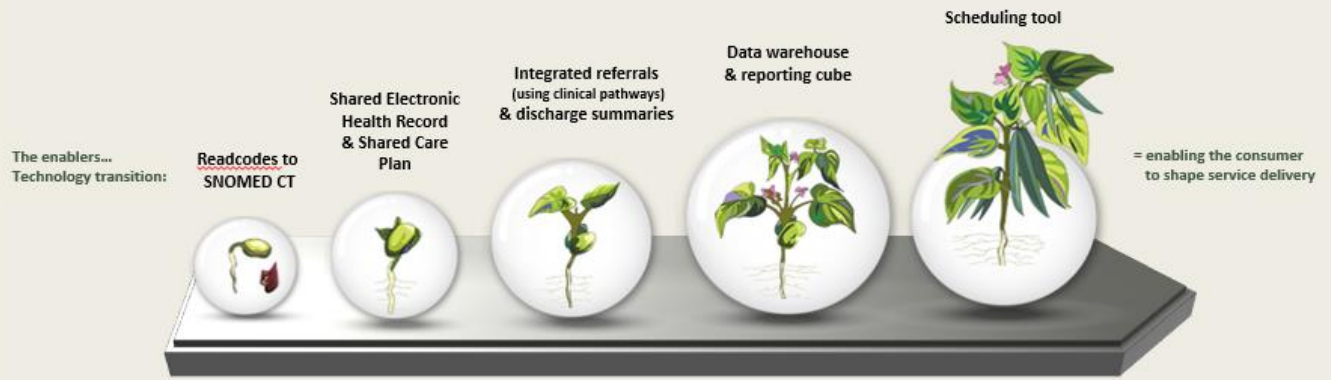


**District Inter-Connectivity** - Interconnectivity, or in other words information systems talking to each other, has also been a particular focus, as has the standardisation of some data:

- Standardisation of data helps ensure quality information can be shared across systems and understood by users.
- A range of district standardised read codes have been developed and are being mapped to SNOMED Clinical Terms, which the Ministry of Health has advised will be adopted in the coming year.
- The System Level Measures programme has also focused in some areas on improving coding for similar reasons.
- In addition, we have worked closely with our DHB colleagues, with the support of our District Chief Information Officer, to look at options for adopting an electronic referral tool for our district.
- We have worked together to agree how to manage the change of Clinical Pathways from the Map of Medicine tool to a new option that suits the needs of our district. This work has also been completed in conjunction with Hawkes Bay and Whanganui districts.
- Another collaborative initiative we have worked on with our Te Tihi o Ruahine and MidCentral DHB colleagues on is the development of the districts first Digital Strategy. Many stakeholders from our district across iwi, health, Council, education, justice and the like, took the time to contribute to this document and we thank these stakeholders for their input. Stakeholders that were unable to contribute to this strategic document will have future opportunities to do so as the Strategy will be regularly updated to meet the changing needs of our district and to take in account of the rapidly changing digital health environment.

“I recently had a skin lesion removed from my leg and was able to use Patient Portal for my follow-up care. I had a consultation through Patient Portal 3 weeks after the removal sending photos to my doctor, who wrote me another prescription which was sent directly to my pharmacy. I sent more photos later on to show the doctor that it was improving, and I was then set up with one last Patient Portal consultation in a month’s time for a final review. This saved me from making the 20 minute drive to my practice and the return 20 minutes back home multiple times, which is important to me as a 62 year old woman, and I still received quality care.”

# Realising the digital transition in our district



Achieving knowledge...  
Health informatics transition:

**Reactive analysis - what has happened?**      **Why did it happen?**      **Predictive - what will happen?**

= health professionals designing people-centered services in partnership with other sectors

Change programmes...  
Model of care transition:

**Health Care Home** – acute, preventative & proactive care workflow improvement to achieve clinical and financial viability

**Quality Improvement Plan**- general practice plan that focuses on improving outcomes for their unique priority population

**Acute Demand Management** – i.e. POAC –to prevent unnecessary escalation to specialist services, and proactive LTC management

**System Level Measures** – health system goals aimed at improving health outcomes for children and vulnerable people

= health professionals & consumers shaping service delivery

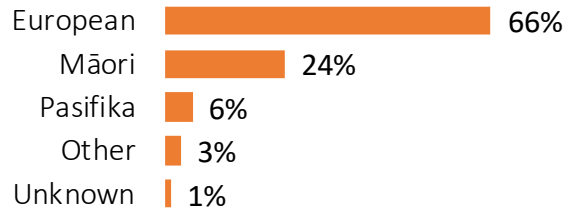
## Activate Smart Systems

*Developing the workforce, workflows and technology to enable mobile productive knowledgeable and safe services and communication*



Referrals to Central PHO services

**7,760**



Individuals registered for patient e-portal

**18,701** (11.8% coverage)



People on Practice Management System (PMS) working group

**21+**



Events for continuing professional development

**159**



Practices with Cornerstone accreditation

**28**



Practices with Foundation Standards

**4**

## Strategic Aim 5 : Quality Foundation for Success

### SOME OF OUR HIGHLIGHTS:

#### Health Intelligence

During 2017/18 the decision was made to transition data, reporting, and analysis in-house. Central PHO and its stakeholders were determined to find the actionable insights 'hidden' in the data. Getting closer to the data was key to making this happen.

The Health Intelligence Team was created and now undertakes a range of activities including sourcing, integration, storage, use, and sharing of data. The goal of Health Intelligence is to add value to its stakeholders through enabling evidence-based problem solving, decision making, and operations.

Health Intelligence is committed to using data to highlight inequities, identify population health risks, find adverse and unwarranted variation, and determine drivers of workload.

Highlights from 2017/18 include co-designing new targets aimed at improving health outcomes under the new System Level Measure framework.

#### System Level Measures and National Health Targets 2017/18

This was the second year the district was asked to design and develop a primary healthcare response to System Level Measures (SLMs). Central PHO invited the general practice network to recommend areas of focus and priority for the PHC contributory measures. This was achieved by hosting workshops with general practices and developing a co-design working group with MidCentral District Health Board and Integrated Family Health Centres (IFHC's) representative. The Working Group agreed to five funded targets for general practices for the 2017/18 year which included:

- introducing a child health screening tool
- a focus on patients with respiratory conditions
- prioritisation of young māori men for cardiovascular risk assessment
- continuing the focus on smoking brief advice
- increasing consumer access to the Patient Portal

Some highlights from the year included:

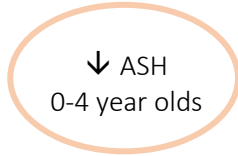
- general practices using the SLM platform to explore innovative ways of delivering health care to their population, ie CVRA clinics in workplaces.
- promoting Patient Portal in the public arena, ie supermarkets
- feedback from nursing staff that the child health screening tool helped them to identify children who required extra health support
- receiving positive endorsement from the Ministry of Health for the strength of the partnerships in the MidCentral district when co-designing the SLM improvement plan to enhance the health of the community

*SLMS - A framework to improve health outcomes for people by supporting the health system to deliver integrated care using continuous quality improvement*

*All parts of the health system working together*

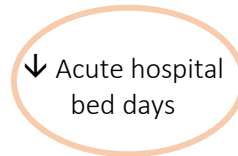
## Quality Foundation for Success

System Level Measures are the high-level aspirational goals for our health system. They reflect health services are integrated, highlight equity gaps, and engage co-design of activities for local populations.



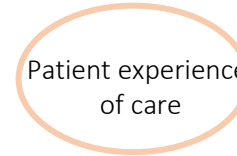
Keeping children out of hospital

Improvement achieved ✓



Using health resources effectively

Improvement achieved ✓

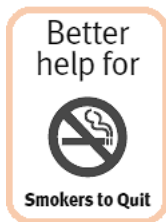


Ensuring patient centred care

Acceptable rationale ✓



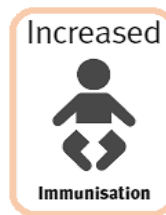
People co-designed System Level Measure improvement activities  
35+



'Better help for smokers to quit'

Performance 85.7%

National Health Target not met



'Immunisations for 8 month olds'

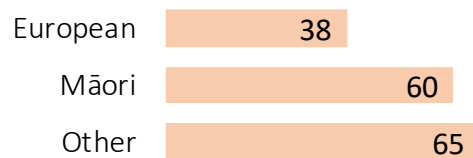
Performance 92%

National Health Target not met



Ambulatory sensitive hospitalisations (ASH)  
4,876 (3.1%)

ASH rates per 1,000 population  
0-4 year olds



Local clinical collaborative pathways  
97



Views of local clinical collaborative pathways  
12,102

## Organisational Development Leadership Group (ODLG)

Throughout 2017/18 the ODLG Members have engaged with staff to continue to enhance the work environment through the desired outcomes set out in the Organisational Development Plan 2017-19. Under the key themes, namely Make the Chatter Matter, Grow as we Go, Connecting with the Community and Create an Innovative Environment, the group encourages staff to engage in dialogue and challenge the status quo. An Organisational Day was held in November 2017 where Te Tihi led a workshop on the Sensational 7 and Equity, and staff also wrapped up the themes delivered during the 2017/18 period, namely *High Performing Teams, Taking Personal Responsibility/You can Count on Me and First Impressions*.

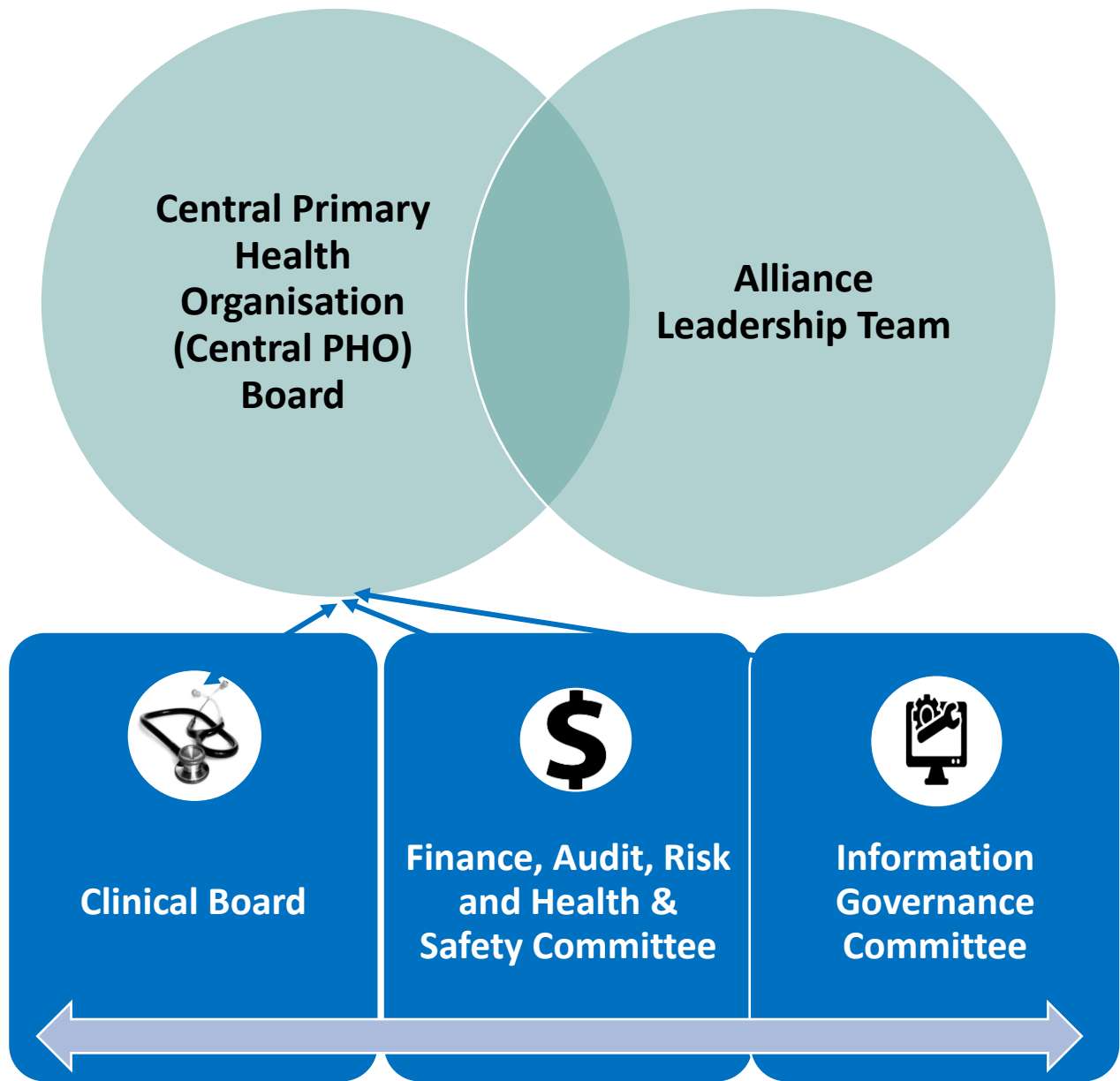


*Excellence every day*

What is the most important thing in the world, it is the people, the people, the people  
*He aha te mea nui o te ao, he tangata he tangata he tangata*



## Governance at Central PHO



## Board and Sub Committees

### Central PHO Board Trustees

Dr Bruce Stewart – Chair  
 Clare Hynd  
 Danielle Harris  
 Di Rump  
 Gaye Fell  
 Dr Ken Clark  
 Robyn Richardson  
 Dr Simon Allan  
 Stephen Paewai  
 Tracey McNeur  
 Dr Wayne Hayter  
 Dr Nader Fattah  
 Tania Chamberlain  
 Dr Anna Skinner

### Alliance Leadership Team

Dr David Ayling  
 Oriana Paewai  
 Craig Johnston  
 Liat Greenland  
 Lyn Horgan  
 Michele Coghlan  
 David Jermey  
 Deborah Davies  
 Celina Eves

### Clinical Board

Dr David Ayling – Chair  
 Michelle MacKenzie  
 Jan Dewar  
 Materoa Mar  
 Donna Mason  
 Clare Hynd  
 Tania Chamberlain  
 Dr Nader Fattah  
 John Hannifin  
 Kylie Ryland  
 Sylvia van Echten  
 Robyn Richardson  
 Gaye Fell  
 Gabrielle Scott  
 Kiwa Raureti  
 Dr Anna Skinner

### Finance, Audit, Risk and Health and Safety Committee

Colin McJannett - Chair  
 Dr Bruce Stewart  
 Danielle Harris  
 Ewen Kirkcaldie  
 Di Rump

### Information Governance Committee

Stephen Paewai – Chair  
 Doug Maclean  
 Dr Nader Fattah  
 Dr Wayne Hayter  
 Tracey McNeur  
 Simon Allan  
 Steve Miller

## Central PHO Contracted Providers:

<b>FEILDING</b>	<u>GP/IFHC Contracted Providers</u> Feilding Health Care	<u>Other Contracted Providers</u> Feilding Retinal Screening Services Blue Couch Consultancy Limited Feilding Health Pharmacy
<b>LEVIN</b>	<u>GP/IFHC Contracted Providers</u> Horowhenua Community Practice Masonic Medical Centre Taranua Medical Centre Queen Street Surgery Cambridge Street Medical	<u>Other Contracted Providers</u> <i>Raukawa Whānau Ora Limited</i> <i>Bats Otto &amp; Ingrid Bats Physiotherapy</i> <i>Bruce Little &amp; Associates</i> <i>See Hear Limited</i> <i>Mūaupoko Tribal Authority Inc</i> <i>Taranua Pharmacy Limited</i> <i>Horowhenua Health Centre Pharmacy</i>
<b>TARARUA</b>	<u>GP/IFHC Contracted Providers</u> Dr Short Surgery Taranua Health Group is comprised of the following: <ul style="list-style-type: none"> <li>• Barraud Street Health Centre, Dannevirke</li> <li>• Pahiatua Medical Centre, Pahiatua</li> </ul>	<u>Other Contracted Providers</u> <i>Rimutaka Podiatry Limited</i> <i>Visique Dannevirke Optometrists</i> <i>Taranua Community Youth Services Inc</i> <i>Rangitane o Tamaki Nui a Rua Inc</i> <i>Waiopahu College</i>
<b>FOXTON</b>	<u>GP/IFHC Contracted Providers</u> Te Waiora Community Health Services	<u>Other Contracted Providers</u> <i>Gimbletts Pharmacy Limited</i>
<b>OTAKI</b>	<u>GP/IFHC Contracted Providers</u> Otaki Medical Centre	<u>Other Contracted Providers</u> <i>Otaki Women's Health Group</i> <i>Matatau Limited</i> <i>Hamish Barham Pharmacy Limited</i>
<b>PALMERSTON NORTH</b>	<u>GP/IFHC Contracted Providers</u> 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	<u>Other Contracted Providers</u> <i>YOSS</i> <i>Eyes on Broadway</i> <i>Visique Naylor &amp; Palmer</i> <i>Visique Eye Spy</i> <i>Broadway Radiology</i> <i>Interpreting Services</i> <i>Highbury Whānau Centre</i> <i>Pacific Radiology Limited</i> <i>Youthline</i> <i>Massey University</i> <i>City Health Pharmacy</i> <i>Unichem Pharmacy at Kauri Healthcare</i> <i>Unichem The Palms Pharmacy</i>

	<p>Massey Medical Centre Dr T Parry Sydney Street Health Centre Victoria Medical Centre West End Medical Kauri Healthcare Health Hub Project New Zealand Ltd Partnership is comprised of the following:</p> <ul style="list-style-type: none"> <li>• Health Hub Project New Zealand @ Downtown</li> <li>• Health Hub Project New Zealand @ Total Healthcare</li> <li>• Health Hub Project New Zealand @ Highbury Medical Centre</li> </ul>	<p><i>On-Brand Partners NZ Limited</i> <i>Takeon! NZ Limited</i> <i>Manawatu Horowhenua Tararua Diabetes Trust</i> <i>Te Tihi o Ruahine Whānau Ora Alliance Charitable Trust</i> <i>Whanganui Regional Health Network</i> <i>Hawkes Bay DHB</i> <i>Patients First Limited</i> <i>St John</i> <i>Kauri Physio Limited</i> <i>Aimee Feck Physiotherapy</i> <i>Home Care Medical NZ Limited Partnership</i> <i>Navigator Limited</i></p>
--	--	---

## Mental Health Providers

Andrea Ayson Counselling and Clinical Supervision	Ganga Aiyar
Ann-Marie Stapp	Heather Rogers
Child & Family Development Company Ltd	Elizabeth Kent
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
Wairarapa Psychology Limited	Mayan Schraders
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	

# Working Together Towards Healthy and Flourishing Communities

## Whānau Ora

Wai Ora

Mauri Ora



## **2017/18 Financials**



**Central Primary Health Organisation  
Summary Consolidated Financial Statements**

**Summary Consolidated Statement of Comprehensive Revenue and Expense  
For the Year Ended 30 June 2018**

	<b>Group</b>	
	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
Revenue from Non-Exchange Transactions	46,088,291	45,128,392
Revenue from Exchange Transactions	1,129,187	1,108,572
Expenditure	(46,585,528)	(46,290,974)
<b>Operating Surplus/(Deficit)</b>	<b>631,950</b>	<b>(54,010)</b>
Share in Suplus/(Deficit) of Joint Venture	101,998	(5,707)
<b>Net Surplus/(Deficit) for the Year</b>	<b>733,948</b>	<b>(59,717)</b>
<b>Total Comprehensive Revenue and Expense for the Year</b>	<b>733,948</b>	<b>(59,717)</b>

*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 2018**

	<b>Total Equity Group \$</b>
<b>Balance as at 30 June 2016</b>	<b>4,039,960</b>
Net Deficit for the Year	(59,717)
Other Comprehensive Revenue	-
<b>Balance as at 30 June 2017</b>	<b>3,980,243</b>
Net Surplus for the Year	733,948
Other Comprehensive Revenue	-
<b>Balance as at 30 June 2018</b>	<b>4,714,191</b>



**Summary Consolidated Statement of Financial Position  
As at 30 June 2018**

	<b>Group</b>	
	<b>2018</b>	<b>2017</b>
<b>Assets</b>		
Current Assets	7,165,659	6,925,546
Non-Current Assets	641,927	384,960
<b>Total Assets</b>	<b>7,807,586</b>	<b>7,310,506</b>
<b>Liabilities</b>		
Current Liabilities	3,093,395	3,330,263
Non-Current Liabilities	-	-
<b>Total Liabilities</b>	<b>3,093,395</b>	<b>3,330,263</b>
<b>Net Assets</b>	<b>4,714,191</b>	<b>3,980,243</b>

*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 2018**

	<b>Group</b>	
	<b>2018</b>	<b>2017</b>
	\$	\$
Net Cash Flows from Operating Activities	2,553,033	(1,270,081)
Net Cash Flows from Investing Activities	(390,163)	(238,235)
<b>Net (Decrease)/Increase in Cash and Cash Equivalents</b>	<b>2,162,870</b>	<b>(1,508,316)</b>
Cash and cash equivalents at the beginning of the year	3,069,459	4,577,775
<b>Cash and cash equivalents at the end of the year</b>	<b>5,232,329</b>	<b>3,069,459</b>
<i>Comprising:</i>		
Cash on hand, current accounts and call accounts	5,232,329	3,069,459
<b>Total cash and cash equivalents</b>	<b>5,232,329</b>	<b>3,069,459</b>

*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 11 October 2018:

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 Health 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 2017.

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](mailto: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 2018. The full financial statements were authorised for issue on 11 October 2018.

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 (2017: nil).

### 4. Contingent Assets or Liabilities

There were no contingent assets or liabilities as at the reporting date (2017: nil).

### 5. Related Party Disclosures

Related Party	Description of Transaction	2018	2017	2018	2017
		\$ Value of Transactions	\$ Value of Transactions	\$ Amount Outstanding	\$ Amount Outstanding
Te Waiora Partnership (TWP)	Capitation Fees paid to TWP	(1,006,380)	(997,386)	-	-
	SLM Fees paid to TWP	(4,878)	(16,088)	-	-
	Expenses recovered by Central PHO	-	-	67,160	200,809
	Other Fees paid to TWP	(343,833)	(297,392)	25,445	28,384



### 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	
	2018	2017
	\$	\$
<b>Trustees</b>		
Total Fees	55,196	52,217
Number of persons	13	12
<b>Senior Leadership Team</b>		
Total remuneration	690,084	651,909
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. (2017: Nil).



# Report of the Independent Auditor on the summary consolidated financial statements

---

**Grant Thornton New Zealand Audit Partnership**

L15, Grant Thornton House  
215 Lambton Quay  
P O Box 10712  
Wellington 6143

T +64 4 474 8500

F +64 4 474 8509

[www.grantthornton.co.nz](http://www.grantthornton.co.nz)

## 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 2018, 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 financial statements of Central Primary Health Organisation ("the Group") for the year ended 30 June 2018. In our opinion, the accompanying summary consolidated financial statements are consistent, in all material respects, with the audited 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 11 October 2018.

### *Other Information than the Summary 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*. Our firm carries out no other assignments for Central Primary Health Organisation and has no other interest in Central Primary Health Organisation.

#### Restricted Use

This report is made solely to the Trustees, as a body. Our audit work has been undertaken so that we might state to the 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 Trust and the 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, New Zealand

11 October 2018