



WellSouth
Primary Health Network

Hauora Matua Ki Te Tonga

2017
Annual Report



Where We Operate

83
Practices

10
Nurse Practitioners



354
GPs, Registrars and
Locums

329
Practice Nurses

Central Otago: Alexandra Family Medical, Central Medical Centre, Centennial Health, Cornerstone Health, Cromwell Family Practice, Cromwell Medical Centre, Junction Health, Ranfurly Medical Centre, Roxburgh Medical Centre

Clutha: Catlins Medical Centre, Clutha Health First General Practice, Lawrence Medical Centre, Milton Health Centre, West Otago Health

Dunedin: Albany Street Medical Centre, Amity Health Centre, Aurora Health Centre, Broadway Medical Centre, Caversham Medical Centre, Community Support Medical Centre, Dunedin North Medical Centre, Dunedin South Medical Centre, East Otago Health, Forbury Corner Health Centre, Gardens Medical Centre, Gordon Road Medical Centre, Green Island Family Health Care, Green Island Medical Centre, Harbour Health Port Chalmers, Helensburgh Medical Centre, Maori Hill Clinic, Mataora Low Cost Medical and Dental Clinic, Meridian Medical Centre, Mornington

Health Centre, Mosgiel Health Centre, Musselburgh Medical Centre, Otago Peninsula Medical Centre, Outram Medical Centre, Pitt Street Medical, Roslyn Health Centre, Servants Health Centre, Waverley Health

Invercargill: Doctors Baillie and Corkill, Bester McKay Family Doctors, Catherine Street Medical Centre, Doctor Johri's Practice, Doctors Allen, Adam and Cleveland, Glengarry Medical Centre, He Puna Waiora, Invercargill Medical Centre, Number 10 Youth Stop Shop, Queenspark General Practice, South City Medical Centre, Victoria Avenue Medical Centre, Waihopai Health Services, Waikiwi Medical Centre, Vercoe Brown and Associates

Queenstown Lakes: Aspiring Medical Centre, Mountain Lakes Medical, Queenstown Medical Centre, Wakatipu Medical Centre, Wanaka Medical Centre

Southland/Gore: Bluff Community Medical Trust, Fiordland Medical Centre,

Gore Health Centre, Gore Medical Centre, Lumsden Medical Centre, Matura Medical Centre, Otautau Health Centre, Riverton Medical Centre, Tuatapere Medical Centre, Winton Medical Services

Waitaki/North Otago: Central Medical Oamaru, Junction Doctors, Kurow Medical Centre, North End Health Centre, Oamaru Doctors, South Hill Family Practice, Whitestone Family Practice

Māori and Pacific Providers: Arai te Uru Whare Hauora, Awarua Whānau Services, Kakakura Health Services, Hokonui Runanga Health and Social Services Trust, Nga Kete Maturanga Pounamu Charitable Trust, Pacific Island Advisory and Cultural Trust (PIACT), Pacific Trust Otago, Te Hou Ora Whanau Services, Te Roopu Tautoko Ki Te Tonga, Tokomairiro Waiora Incorporated, Uruuruwhenua Health Inc, Waihopai Runaka Inc

Chair and Chief Executive Report

Kia ora koutou

We take pleasure in presenting the Annual Report and Financial Statements for WellSouth Primary Health Network (WellSouth) for the year ended 30 June 2017.

WellSouth is a not-for-profit charitable Trust. WellSouth is governed by a board of 10 Trustees representing the partnership between Iwi, community, primary health providers and the Southern District Health Board (SDHB).

This is the seventh year of our operations. WellSouth is responsible for ensuring that primary health care services are provided effectively to the 297,967 patients enrolled (as at 1 October 2017) with the 83 general practices in the district, all of whom are contracted to WellSouth to deliver these first level health services.

WellSouth's funding of approximately \$68 million is provided under the Primary Health Organisation Services Agreement between WellSouth and the Southern District Health Board. Of this, \$44.8 million (66%) is paid to general practices as Primary Health Organisation (PHO) capitation for first level health services – patients attending their general practice. WellSouth's other income is used for specified services and programmes, including CarePlus, Services to Improve Access, Primary Mental Health Brief Intervention Services, Health Promotion, management services and Very Low Cost Access practices.

Our financial result for the year ended 30 June 2017 was a surplus of \$480,799. The Trust's Equity (Net Assets) at financial year end was a satisfactory \$1,457,964.

Primary Health Care

High quality primary care is the key to delivering effective health care for people. In 2016-17 there were 1.162 million visits by enrolled patients to general practices in the Southern District, an average of 3.9 visits per patient. The utilisation rate increased from 3.8 visits last year. General practice is the health care home for our patients and WellSouth's core focus. WellSouth's team therefore maintained our strong commitment to support the sustainability of our general practices, so they may restore people's health when they are unwell, and promote and maintain good health.



WellSouth's Strategic Objectives

In December 2016, the Board reviewed WellSouth's strategic objectives. The overarching outcome: 'Providing world class primary and community health care to the people of Otago and Southland' is dependent upon collaborative and integrated primary patient care.

This objective saw WellSouth achieve a number of significant improvements within the **four priority areas**:

Make the Alliance work: Alliance South is the leadership team and partnership between WellSouth and SDHB focused on how health services in Southern can be designed best for a 'whole of system' integrated approach to improve service delivery for patients.

Alliance South's Work Plan progressed well under the various networks. Highlights of activity at the implementation stage were: Client Lead Integrated Care (CLIC) programme, Risk Profiling tool in primary care, Community Wraparound Service for the Older Person, Mental Health and Addictions Stepped Care Model of Care, Acute Demand Management Services, and increasing use of Health Pathways. It is pleasing to record that WellSouth led the implementation and management of most of these initiatives.

Capability and Capacity: The SDHB Southern Strategic Health Plan set as a priority to: 'Build the system on a foundation of population health, and primary and community care.' In this respect SDHB and WellSouth jointly sponsored the development of our Primary and Community Care Strategy and Action Plan. Once agreed in early 2018, it will provide SDHB, WellSouth and Alliance South with the priorities that our communities confirm to be critical to ensure the sustainability of future health services in the Southern district, including supporting the Dunedin Hospital rebuild.

The challenges of our aging population with more complex conditions to be managed, the increasing fast development of technology, patients increasing expectations, growing expensive diagnostic and therapeutic choices, and new business and operating solutions, were all factors that WellSouth worked with our providers to address.

Many of our programmes and initiatives, including the Long Term Conditions team, Family Mental Health Service, Brief Intervention Primary Mental Health Services, Clinical Pharmacists, Outreach team,

Falls and Fracture service, Health Promotion team, Dietitians, HVP team, Refugee Support team, were valuable in supporting General Practice and providers to strengthen capacity.

To reduce inequalities and improve equity of outcomes for Māori, Pacific people and high needs population, WellSouth continued to support a number of specific programmes to enable access: voucher programme, support for our VLCA practices, targeted cancer and CVDRA screening.

Of our **113 staff, 70 (62%) are clinicians** who work directly with patients, supporting providers.

Stakeholder relationships: WellSouth's Practice Support team provided strong and active support for providers. Their focused work included assisting providers to achieve the 'Better Help for Smokers to Quit' national health target. This was an outstanding effort by all and we welcomed attaining this important milestone. It was also pleasing that all practices achieved Foundation Standards (or Cornerstone) accreditation by 30 June 2017.

Proactive Primary Care and Support: WellSouth strongly embedded our clinical leadership last year. Dr Stephen Graham, Medical Director and Wendy Findlay, Director of Nursing, lead our clinical teams to support providers' clinicians and staff.

There were significant IT developments over the last year. The management and use of data for information and decision making purposes is a critical foundation for the future. Our initiatives focused on supporting our practices and population having responsive IT tools that assist providing better and timely access to their health record and information. Our web portal and telehealth are good examples of such products.

WellSouth knows that it is people who make the difference. For patients to receive the best care possible, we are committed to ongoing workforce development for our frontline clinicians, general practitioners, nurses, pharmacists, other health professionals and providers.

Outcomes Framework

Alliance South agreed to 16 System Level Measures, of which six of these were National System Level Measures that all DHBs are working towards:

Ambulatory Sensitive Hospitalisations, Acute Hospital Bed days per capita, Patient experience of Care, Amenable Mortality, Youth System Level Measures and Proportion of Babies who live in a smoke-free household at six weeks

The eleven Southern District measures are:

Ambulatory Sensitive Hospitalisations for Māori 45-64 years, Acute readmissions, Hyper-polypharmacy, Individual ability to self-manage, Over 65s receiving home and community support, Over 75s living in their own home, Over 75s acute care bed days, Advance care Plan, DHB output spending class, DHB Net Surplus/Deficit and ED Presentations.

These System Level Measures are the categories by which our district's 'whole of system' approach will be measured to assess improvement of patient care and outcomes.



Primary Health Alliance

WellSouth is a foundation member of the Primary Health Alliance (PHA), our national advocacy organisation, which has member PHOs representing over 1.1 million enrolled patients. PHA is an association of multi-professional member organisations supporting the delivery of high quality integrated primary care services across New Zealand. A priority activity of PHA is representing WellSouth at negotiations on the national PHO Services Agreement between the Ministry of Health, DHBs and primary care.

Over the last year, PHA worked with General Practice New Zealand (GPNZ) to achieve their shared commitment to the provision of high quality, sustainable health and social care services. In particular,

submissions were made to the Minister and Ministry of Health to review the national funding model for primary care, which, over time, has become less effective than desired, especially for high-needs populations. It was notable that in the lead-up to the general election, the major political parties acknowledged this was an issue to be resolved imminently.

A united PHA-GPNZ network organisation is predicted within the next 12 months. A Heads of Agreement was signed at the PHA's Annual General Meeting on 2 September 2016 to progress this and leverage their respective strengths across the primary care sector to create a unified voice for primary care.

Trustees

Dr Doug Hill was elected Chair of the WellSouth Board in April 2017, on Mr Stuart Heal's resignation from the position. Doug has been with WellSouth since the Transition Board was established in May 2010.

WellSouth is very fortunate that Stuart's governance skills and experience will continue, as SDHB appointed him their Trustee representative following Mr Paul Menzies resignation in March 2017. Our thanks to Paul who strongly contributed to WellSouth's achievements over the 2011-17 period.

In March 2017, Dr Keith Abbott was appointed as interim replacement representative for general practice when Dr Stephen Graham resigned to join WellSouth as our Medical Director. From the conclusion of the 2017 AGM, Keith is confirmed as the Trustee representative for general practice following an election process conducted independently by Fraser Goldsmith Law in October 2017.

Sally Wast, one of our two Iwi representative Trustees resigned in July 2017. We record our grateful thanks to Sally for her astute input to WellSouth's governance matters over seven years.

Our other Iwi representative, Donna Matahaere-Atariki, retired by rotation in 2017 and the Iwi Governance Group appointed Donna to continue for a further term from November 2017.

The Iwi Governance Committee also appointed Dr Sue Crenge as an Iwi representative Trustee from November 2017.

From our November 2017 Annual General Meeting, Mr Tony Dunstan is appointed as a community representative Trustee after nomination by the Independent Advisory Group, following their consideration of applications received after public notification.

Thanks and Appreciation

We take this opportunity to acknowledge the support and commitment of our partners in primary health, social services, SDHB, and community based organisations as we strengthen collaborative relationships to achieve better integrated health services. We particularly thank our contracted general practice teams, Māori and Pacific providers for their continued commitment to high quality primary health care.

WellSouth has Trustees, Te Hauora Matua and staff who are dedicated and effective. We appreciate and thank you all for your efforts in improving the quality of primary health care for our population.

As our Strategic Plan sets out, together, we are motivated to: **'providing world class primary and community health care to the people of Otago and Southland.'**



Doug Hill
Chair



Ian Macara
Chief Executive

A handwritten signature in black ink, appearing to read 'Doug Hill', written over a light blue background.

A handwritten signature in black ink, appearing to read 'Ian Macara', written over a light blue background.

Annual Medical Director Report for November 2017

There is now a significant amount of time available to me as the Medical Director to Wellsouth. This can be a challenging, but is an enjoyable, role. I am impressed by the general feeling of commitment and idealism across Wellsouth.

The priorities I have been pursuing are:

1. Practice relationships across the region: Visits have allowed information flow between WellSouth and the clinical workforce in practices.

2. Working with various parts of the Southern DHB to advocate for primary care. This includes meetings with the DHB's primary care advisor and communications with the DHB primary care management team. Recently I have been working with the Clinical Pathways team, particularly Dr Andre Smith, who has been visiting practices with me to imbed the pathways in primary care. Other examples include input into the bowel screening programme.

3. Chairing the Acute Demand Management work programme. This is not yet finalised but hopefully will lead to new clinical services in primary care with the funding following these services. The aim is to provide excellent care, promote higher level services in general practice and reduce demand on acute hospital services.

4. Assistance with managing complaints and other clinical concerns as they arise, mainly at Wellsouth level but also at practice level, if required. I have identified this medicolegal role as important and will be having further training supported by WellSouth.

5. Involvement with communications to practices including the practice management team and a Medical Director column for WellInformed. The intention of this column is to provide an intentionally short focus on the practical things of importance to clinical staff, particularly GPs. I am encouraging feedback from GPs.

6. Visiting other areas of the country to see what works elsewhere. This has included a visit to Pegasus and also involvement with a Medical Directors' forum. This new structure should lead to better direct contact between the PHOs' Medical Directors around the country.

7. General medical advice and clinical perspective to anyone inside or outside Wellsouth who needs it. This includes the WellSouth management team and all other employees.

8. An educational weekend for Southland GPs is scheduled for May 2018 in Te Anau.

I continue to spend two days in clinical practice, something which I consider vital to retain a connection with the real issues of general practice.

Dr Stephen Graham
24 October 2017



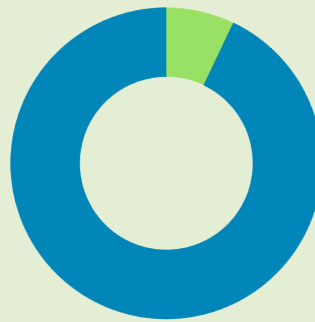
SGraham

Director of Nursing Report

Brief Intervention Primary Mental Health

Brief Intervention Primary Mental Health is striving to provide a client centred model of care that offers a range of options to support the clients, including:

- **telephone and video counselling**
- **face to face sessions**
- **emotional wellness apps**
- **group sessions**



524 youth were referred to the service and **6894 adults**, making a total of **7418 referrals**

Family Mental Health Service

The Family Mental Health Service (FMHS) has grown by two staff members as well as a Clinical Coordinator, Former Refugee Mental Health. One of the FMHS team has fulfilled a Primary Mental Health Contract on the Chatham Islands. There has been positive interface, collaborative discussion, liaison and work with mental health services both within Southern and Canterbury DHB as these roles become established.

A new Patient Management System (PMS) has been introduced benefitting both general practice and the clients.

Mental health education sessions were also provided to workplaces within the local and wider community.

The Department of Corrections Contract has enabled the recruitment of a team of clinicians to provide an improvement in mental health and wellbeing services for this client group. There has been some very positive feedback about the professional development and education provided by the Clinicians to Corrections staff.

HPV

The national immunisation schedule has been extended to include males and available up to and including age twenty-six. WellSouth has again delivered the school based programme, school year eight, in Southland; with the Otago programme continuing to be delivered by Public Health nurses.

The Ministry of Health predicted an uptake in males of 30% in the initial

year. Nationally, the uptake was **significantly higher**, including Southland at **66%**. The female uptake was **62%**.

WellSouth has also supported promotion of the vaccine to older young men, providing flu vaccine clinics in workplaces and events, eg the World Shearing Champs. Interest has been positive from this older age group.

the HPV vaccine uptake was significantly higher, including Southland at **66%**.

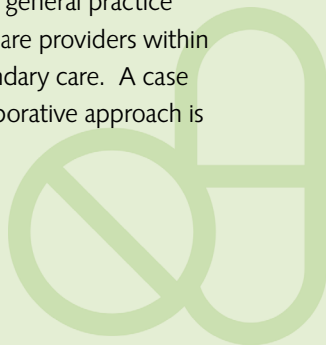


Long Term Conditions Team

Clinical Pharmacists

Clinical Pharmacists have had 1236 referrals and undertaken 681 clinical medication reviews with patients.

Clinical Pharmacists are working in collaboration with general practice and other health care providers within primary and secondary care. A case study of this collaborative approach is provided below:



Dietitians

The number of referrals to our Community Dietitians continues to increase with individual sessions and group sessions available.

Long Term Conditions Community Nurses

Continuing to provide a valued service to general practice teams in support of complex patients with long term conditions. The team provides not only clinical support but shares their knowledge and skills with clinicians to build the capability of managing complex patients for future interactions.

Professional development sessions were provided to 245 Nurses and General Practitioners on long term conditions.

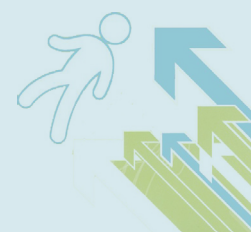
DESMOND and Walking Away

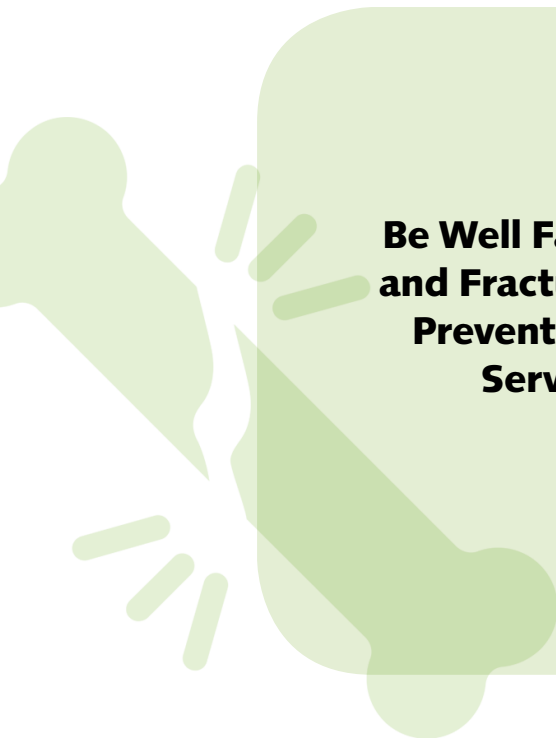
Clinical Pharmacists have had 1236 referrals and undertaken 681 clinical medication reviews with patients.

Clinical Pharmacists are working in collaboration with general practice and other health care providers within primary and secondary care.

DESMOND
485
referrals

WALKING AWAY
121
referrals





Be Well Falls and Fracture Prevention Service

Following the establishment of a primary care based Fracture Liaison Service, WellSouth has undertaken further developments in the provision of an integrated, non-urgent falls prevention pathway for the Southern District in collaboration with ACC, the Southern District Health Board, St John and other key stakeholders. These include the delivery of strength and balance exercise programmes

to older people in their homes, as well as a lead agency role supporting access to approved community exercise groups and the growth of innovative ways to involve older people in reducing their risk of falling. This is a fantastic opportunity for Primary Care to lead the way in service development and for GPs to be at the centre of new and effective ways to meet patients' needs.

Pipelle Programme

The introduction of the pipelle programme has enabled **197 women** to access this diagnostic test within a general practice environment.

CLIC Programme – the new CarePlus

This programme is currently being user-tested in seven general practices across the district, receiving **positive feedback** and clinical input into the development of the IT tools to support the programme.

Further rollout to other practices will occur in 2018.



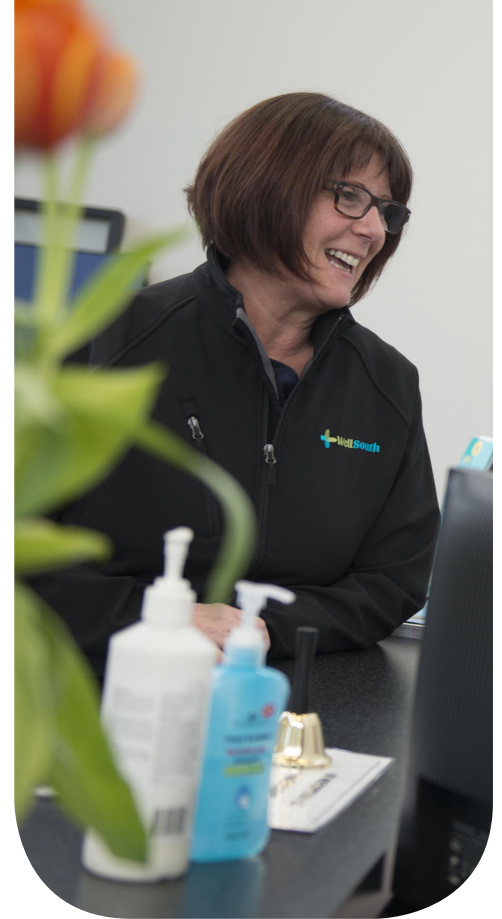
Practice Support

WellSouth's most important day-to-day relationships are those that it has with its practices. Our dedicated team is available to help navigate the multitude of funding lines, health targets and clinical

support that are responsibilities of primary care. At 1 July 2017, Southern District had **83 general practices** with **296,500 patients**.

Two key projects were completed in 2016-17 as required by the contracted provider agreement:

- The implementation of the National Enrolment Service
- The Foundation Standards accreditation programme



National Enrolment Service

The National Enrolment Service (NES) is a national project that will transform how patients are enrolled at general practices and how practices' capitation funding is calculated. Under the existing Capitation Based Funding (CBF) system, practice registers are managed quarterly, with patients being potentially unfunded at general practice for up to 4½ months. Under NES, practices will start to receive funding for a patient from the beginning of the month following enrolment, which will enable better management of workloads and better financial management. At 30 June 2017, all but five of our 82 practices were using NES with the remainder scheduled to come on board in the first half of 2017-18. The Ministry of Health plans to make a full switch from CBF to NES by June 2018.

Foundation Standards

All practices in New Zealand were required to meet either the Foundation Standard or the Cornerstone Standard by 30 June 2017. The Standards were developed by the Royal College of GPs and are kept up-to-date by the College. WellSouth is responsible for accrediting practices that choose to undertake the Foundation Standard, while the College certifies practices under the Cornerstone Standard.

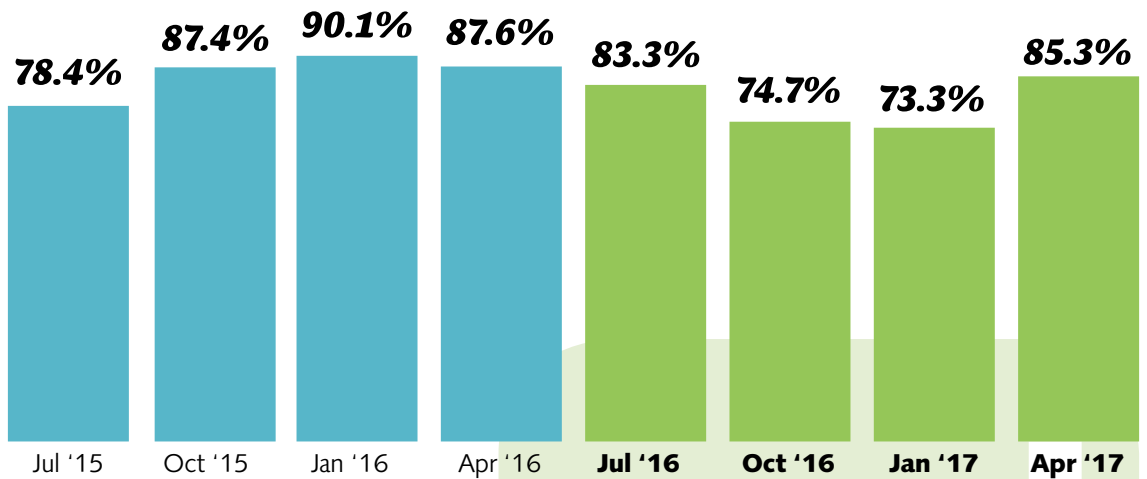
Over the course of 2016-17, 42 general practices underwent the Foundation Standards accreditation process. This represented a considerable investment of time and effort by those practices and WellSouth. Additionally, at June 2017 the remaining 40 general practices were accredited to the higher Cornerstone Standard, meaning that every practice in the Southern District meets the requirement for quality accreditation.

Health Targets

This year, we focused on improving the health of people in the targeted cohorts, rather than on improving our performance against the health targets for their own sake. Practices have made a significant effort to proactively help patients to stop

smoking and to identify people at risk of developing cardio-vascular disease. These efforts are reflected in improved performance against the targets.

85.3% of people who smoke had been offered assistance



Better Help for Smokers to Quit

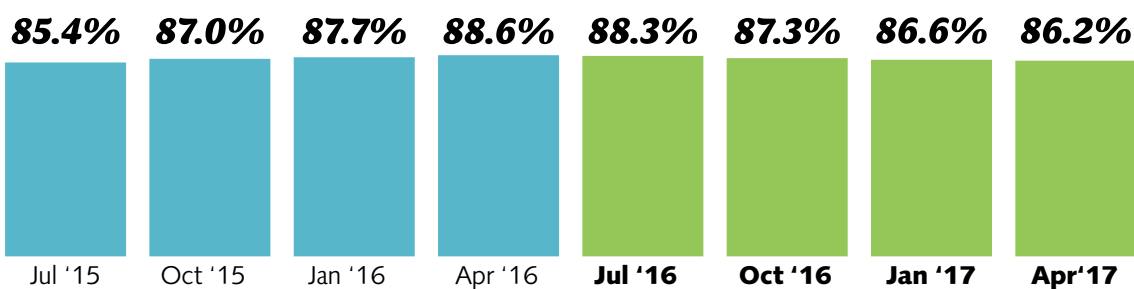
At the end of the June 2017, quarter 85.3% of people who smoke had been offered assistance to stop smoking. This is short of the 90% target but represents an increase over the previous quarter.

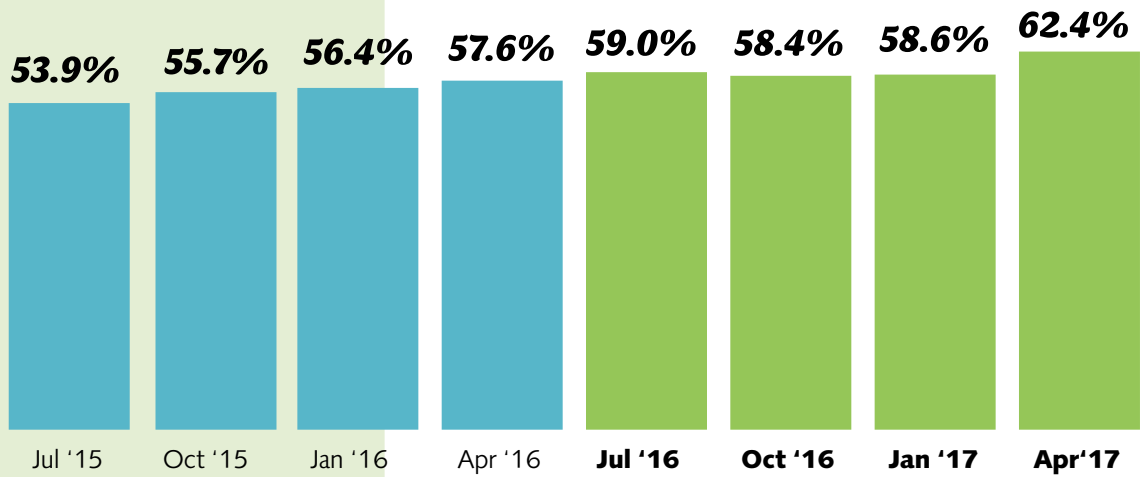
WellSouth is on track to achieve the 90% target in 2017-18.

More Heart and Diabetes Checks

At the end of June 2017, 86.2% of people in the appropriate age cohorts had received a Cardiovascular Disease Risk Assessment.

This target will be a focus for 2017-18.





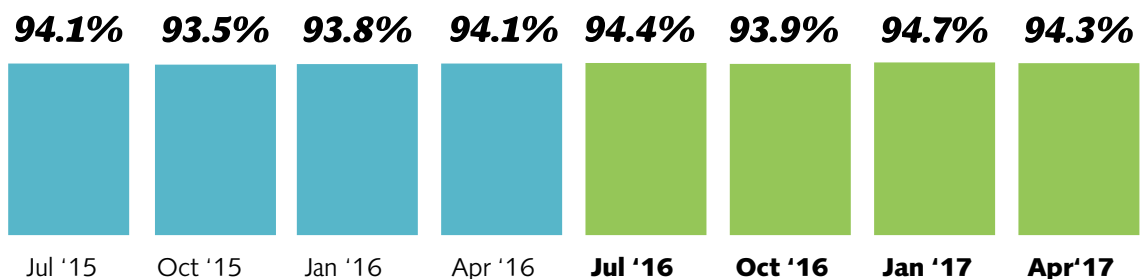
More Heart and Diabetes Checks – Māori Men aged 35-44 Years

The Ministry of Health has identified Māori Men aged 35-44 years as a priority population as this cohort do not tend to access health care and have poorer health outcomes as a result. WellSouth's Outreach team is working with practices to identify and contact these men and our coverage is **showing improvement**.



Immunisations of 8-Month Old Children

Practices and parents in Southern District are committed to immunisations as a way to protect children from childhood diseases. Practices in the Southern District have been **consistently good** in targeting children for age-appropriate immunisations.

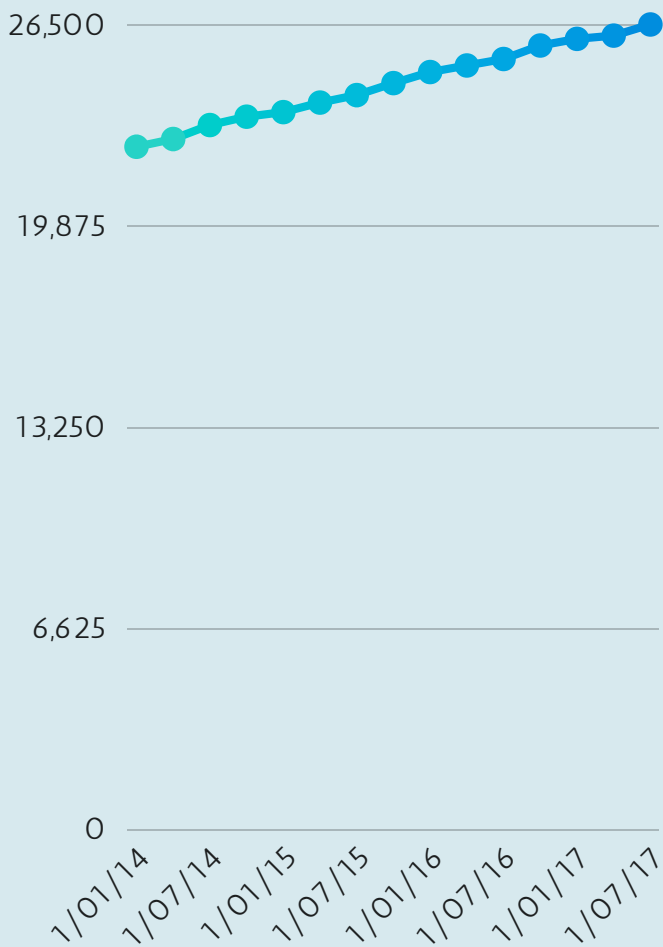


Māori and Pacific Health

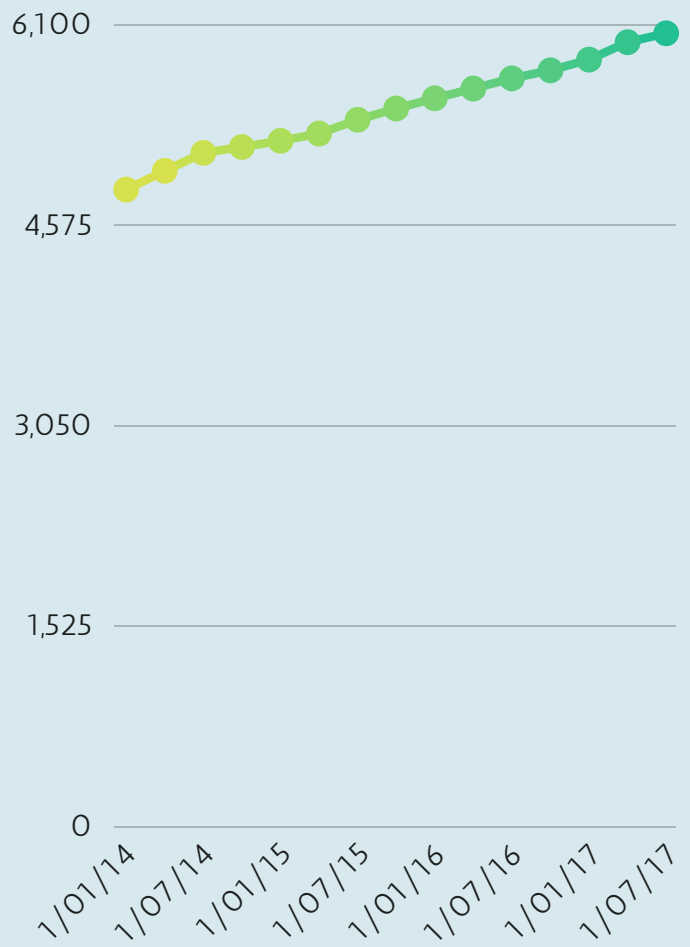
NZ Māori and Pacific enrolments continue to increase significantly. NZ Māori enrolments **increased by 1136** to **26,497** enrolled patients with Pacific enrolments **increasing by 336** to **6031** enrolled patients.



Māori enrolments



Pacific enrolments



Former Refugee Support

WellSouth continued to support Māori and Pacific Health Providers to further increase these communities' enrolment and engagement with general practice. Kaiarahi (Cancer Navigator) services also continued to support whānau through cancer diagnosis and treatment pathways.

A range of programmes to support Māori, Pacific and other priority populations to access primary care services continued. These included:

- **GP and Prescription Voucher programme**
- **Rheumatic Fever**
- **Sexual Health**
- **CVD risk assessment and management programme**
- **Cervical Screening**

The WellSouth Outreach Nurses continued to prioritise Cardiovascular Risk Assessment for Māori men aged 35 to 44. Some gains have been made with the number of Māori men aged 35 to 44 with a completed CVD risk assessment **increasing to 64.4%** although still some way from the **90% target**.

The resettlement of Syrian and Palestinian former refugees into Dunedin city continued with **272 former refugees** now settled in the region. The former refugees' integration into Primary Care continues with WellSouth supporting their enrolment into general practice, access to and coordination of services. We continue to work with the Red Cross, SDHB and other agencies.

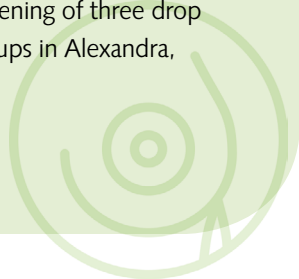
272 Syrian and
Palestinian former
refugees **have
been settled** in the
Dunedin city region



Health Promotion

Breastfeeding Support Otago and Southland

Breastfeeding Support Otago and Southland continued to support Southern whānau to achieve their breastfeeding goals. There were 28 new peer supporters trained across the region, including Queenstown, Te Anau, Oamaru and Dunedin. Alongside the volunteer Breastfeeding Peer Supporters, WellSouth's Health Promotion team have supported the opening of three drop in breastfeeding support groups in Alexandra, Invercargill and Oamaru.



Submissions

A large part of the Health Promotion team's role is looking at the overall picture around health and to advocate for healthy public policy. The team have done approximately 18 submissions on a large variety of subjects to Council Annual Plans, Community Plans, Parks and Reserves, Destination Plan, Health Star Rating and Code of Advertising to Children to name a few. Many of these submissions resulted in changes to regional policies, including a number of councils looking at Smokefree in their cities.



This past year, the Health Promotion Team developed a strategic plan for 2017-2020 to cover five strategic goals: Equity; Strive to take a wellness approach; Efficiency, effectiveness and value; Collaboration and Putting health promotion to the fore. The focus areas for the team continue to included breastfeeding, mental health, obesity and overweight, alcohol harm reduction, and Smokefree.

Some highlights of this year's work included:



Books on Prescription

In addition to providing additional books to the local libraries, the team completed 40 episodes of the Listen Yourself Well Radio show, which are played weekly on local radio. There is also the addition of a large number of online resources added to the website.

Conference Presentations

The WellSouth Health Promotion team delivered three presentations to the World Congress of Public Health on Breastfeeding Friendly Pharmacies, GoodYarn and Books on Prescription. Additionally presentations were delivered to the Activity and Nutrition Aotearoa national conference on Breastfeeding Friendly Pharmacies and the Everyday Food Project.



Information Technology

WellSouth have been developing a strategy to ensure a consistent approach to how we deliver a cohesive user experience to general practice. Through our partners Health Systems Solutions, we continue to deliver seamless programmes through the WellSouth Web Portal and have worked towards delivering agnostically cross platform.

Health data has been a real focus for district and, with the impending launch of HealthCloud Reporter, we have near real-time access to data that provides measurable insights to ensure we deliver on our System Level Measure targets. The support from the practices has been tremendous and WellSouth would like to thank practices for all their input to ensuring HealthCloud Reporter is a success.

Removing the burden of IT infrastructure from general practice has proven a popular journey, WellSouth has successfully on-boarded two practices into a fully managed IT environment providing the following benefits:

- **Work Anywhere**
- **Compliance with Accreditation**
- **Low Total Cost of Ownership (Operational Cost Model opposed to a Capitalised Cost Model)**
- **Scalability for Growth**
- **Reliable and Resilient**

we have successfully on-boarded two practices into a fully managed IT environment



What's Next?

The future for Health IT is very exciting and will bring a lot of challenges to the sector, but will provide great benefit to practices and consumers.

The health record and management system integration will change dramatically in the future with consumers challenging the status quo around how and when they engage with the health sector. A programme of work is currently underway and is expected to be completed by March 2018 to determine the direction for the Southern District around how the health record of a patient is managed.

Artificial General Intelligence (AGI) will play a significant role in complimenting the health professionals in the near future. The availability of AIG technology will provide convenience to the consumer where services are either non-existent or require repetitive action for a consistent consumer experience.

We hope to provide a balance of technology to consumers in the Southern District to assist them in obtaining better access to health services through technology enablement.

Our focus is to ensure every consumer has a consistent experience when engaging in the health sector. This will be achieved by providing a consistent,

agnostic platform to consumers across the Southern District. Direct access to the health record for a consumer includes results, appointment bookings and repeat prescriptions at a minimum.

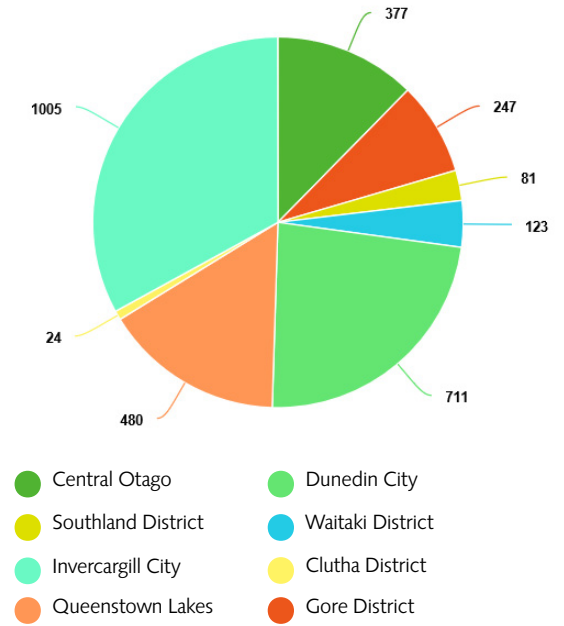
Our aim is to integrate hospital and community services into this platform as a one stop shop for consumers. To compliment the platform, the delivery of virtual consults with GPs and Specialists will be integrated into the system to enable better access to health care services for consumers.

Workforce Development

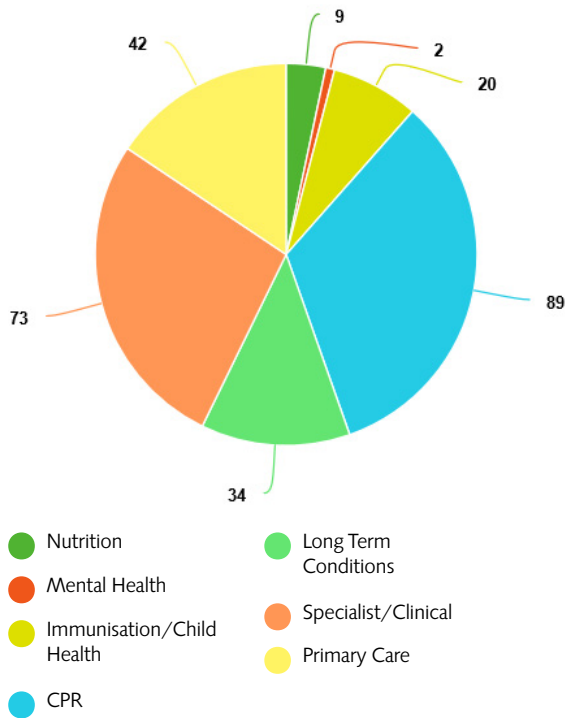
As part of WellSouth's ongoing commitment to attract and develop the Southern District's Primary Care workforce, we will continue to work collaboratively with key agencies and organisations to attract and retain graduates, and skilled competent staff.

WellSouth's commitment to the development of the Primary Care workforce is evidenced by the number of training sessions run in 2016/2017. We welcome the continuing growth in numbers of people undertaking either WellSouth facilitated or joint facilitated training with an external organisation.

Number of People Attended Training by District



Number of Training Sessions Per Specialised Area



A total of **3048 people** attended training across the Otago and Southland regions. This was a **14% increase** on the previous financial year.

269 sessions were undertaken over the 7 specialised areas. **Specialist Clinical** remains the most in demand.

269 sessions were run over the 8 districts. **30%** of the sessions run were CPR related.

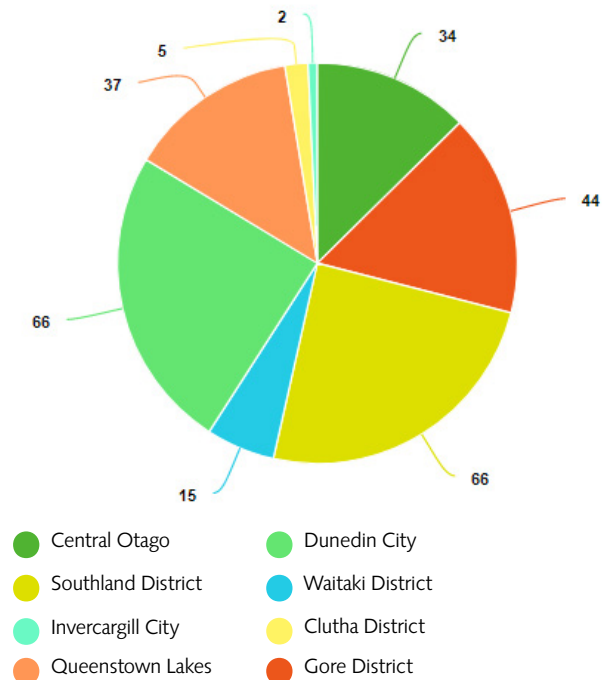
Professional Development

Of the 269 training sessions offered:

37 sessions offered a total of **57 CME** points from **17** different workshops.

156 sessions offered a total of **430** professional development hours from **40** different workshops.

Sessions Per District



Summary Financial Statements

A full copy of the audited financial report for the WellSouth Primary Health Network for the year ended 30 June, 2017 is available from the office at Level 1, 333 Princes Street, Dunedin.

Statement of Comprehensive Revenue and Expense For the year ended 30 June, 2017

| | 2017 | 2016 |
|---|--------------|--------------|
| | \$ | \$ |
| Operating Activities | | |
| Income from Operating Activities | 67,095,281 | 62,918,673 |
| Contract Payments | (57,293,093) | (54,263,220) |
| | <hr/> | <hr/> |
| Surplus from Operating Activities | 9,802,188 | 8,655,453 |
| Financing Activities | | |
| Interest income | 25,243 | 49,394 |
| Interest on Borrowings | (4,213) | (4,059) |
| | <hr/> | <hr/> |
| Surplus from Financing Activities | 21,030 | 45,335 |
| Operating Expenditure | | |
| Depreciation, Amortisation and Impairment Expenses | (178,868) | (117,865) |
| Other Overheads, Staff and Administrative Expenses | (9,163,551) | (8,187,755) |
| | <hr/> | <hr/> |
| Total Operating Expenditure | (9,342,419) | (8,305,620) |
| | <hr/> | <hr/> |
| Surplus (Deficit) for the Year | 480,799 | 395,168 |
| | <hr/> | <hr/> |
| Other Comprehensive Revenue and (Expense) | | |
| | <hr/> | <hr/> |
| Total Comprehensive Revenue and (Expense) for the Year | 480,799 | 395,168 |
| | <hr/> | <hr/> |

Statement of Financial Position As At 30 June, 2017

| | | |
|---------------------------------|-------------|-------------|
| Current Assets | 4,613,472 | 4,196,156 |
| Non-Current Assets | 450,919 | 365,196 |
| | <hr/> | <hr/> |
| | 5,064,391 | 4,561,352 |
| Current Liabilities | (3,599,786) | (3,552,562) |
| Non-Current Liabilities | (6,641) | (31,625) |
| | <hr/> | <hr/> |
| Net Assets (Trust Funds) | 1,457,964 | 977,165 |
| | <hr/> | <hr/> |

Approved on behalf of the trustees:



Chairperson
10 October 2017



Trustee
10 October, 2017



Statement of Cash Flows
For the year ended 30 June, 2017

| | 2017 | 2016 |
|---|------------------|------------------|
| | \$ | \$ |
| Net cash flows from/(used) in operating activities | 114,511 | (695,826) |
| Net cash flows from/(used) in investing activities | (264,589) | (253,272) |
| Net cash flows from/(used) in financing activities | | 64,959 |
| | <hr/> | <hr/> |
| Net increase/(decrease) in cash and cash equivalents | (150,078) | (884,139) |
| Cash and cash equivalents at the beginning of the year | 2,289,023 | 3,173,162 |
| | <hr/> | <hr/> |
| Cash and cash equivalents at the end of the year | 2,138,945 | 2,289,023 |
| | <hr/> | <hr/> |

Statement of Changes in Net Assets

| | | |
|--|-----------|---------|
| Trust Funds at the Beginning of the Year | 977,165 | 481,997 |
| Changes in Accounting Policy | | 100,000 |
| | <hr/> | <hr/> |
| | 977,165 | 581,997 |
| Net Surplus | 480,799 | 395,168 |
| Other Comprehensive Income | | |
| | <hr/> | <hr/> |
| Trust Funds at the End of the Year | 1,457,964 | 977,165 |
| | <hr/> | <hr/> |

Notes to the Summary Financial Statements for the year ended 30 June, 2017

1. Basis of Preparation

The results presented in the summary financial report have been extracted from the full financial report for the year ended 30 June, 2017, authorised for issue by the Chairman, Mr D Hill, on 10 October, 2017.

As such, this summary report does not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided by the full financial statements.

The entity's full financial statements dated 10 October 2017 have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP) and they comply with Not for Profit Public Benefit Entity Accounting Standards (PBE Standards (NFP)). The accounting policies adopted are consistent with previous years except for instances where the accounting or reporting requirements differ under PBE standards (NFP) compared to NZ IFRS (PBE).

The summary financial statements have been prepared using the principles of PBE FRS 43 and comply with NZ GAAP as it relates to summary financial statements for Tier 1 PBE Standards (NFP).

The presentation currency is in New Zealand Dollars.

2. Nature of Audit Opinion

The full financial statements of WellSouth Primary Health Network for the year ended 30 June, 2017 and for the year ended 30 June 2016, have been audited with an unqualified audit opinion.



REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

To the Trustees of WellSouth Primary Health Network

Opinion

The summary financial statements, which comprise the summary balance sheet as at 30 June 2017, the summary statement of comprehensive revenue and expense, summary statement of changes in net assets and summary statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of WellSouth Primary Health Network for the year ended 30 June 2017.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with (or a fair summary of) the audited financial statements, in accordance with PBE FRS-43: Summary Financial Statements issued by the New Zealand Accounting Standards Board.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by New Zealand equivalents to International Public Sector Accounting Standards (NZ IPSAS). Reading the summary 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 summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 24 October 2017.

Directors' Responsibility for the Summary Financial Statements

Directors are responsible on behalf of the entity for the preparation of the summary financial statements in accordance with PBE FRS-43: Summary Financial Statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary 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 Financial Statements.

Other than in our capacity as auditor we have no relationship with, or interests in, WellSouth Primary Health Network.

Crowe Horwath New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dunedin
24 October 2017

Our Team

Senior Management Team



Ian Macara
Chief Executive



Wendy Findlay
Director of Nursing



Peter Ellison
Māori Health Director



Murray Lawrence
Chief Financial Officer



Kyle Forde
Chief Information
Officer



Paul Rowe
Practice Network
Director



Stephen Graham
Medical Director



Grant O'Kane
Human Resources
Manager

Board Members



Doug Hill



Tony Hill



Stuart Heal



Paul Menzies



Paul Larsen



Norman Elder



Keith Abbott



Sally West



Donna
Matahaere-Atariki



Bernie McKone



Amanda
McCracken