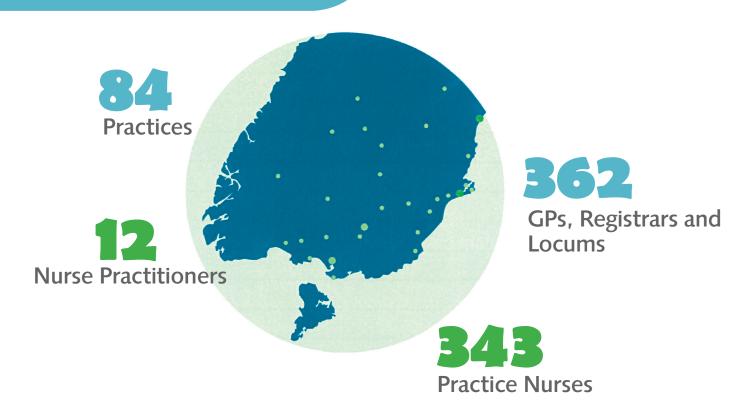


Where We Operate



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, 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, Te Kaika Forbury, 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, Queens Park 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, Mataura Medical Centre, Otautau Health Centre, Riverton Medical Centre, Tuatapere Medical Centre, Winton Medical Services

Waitaki/North Otago: Central Medical Oamaru, Junction Doctors,

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, Aukaha, Awarua Whānau Services, Fale Pasifika o Aoraki, Hokonui Runanga Health and Social Services Trust, Mataora, Te Kāika, Nga Kete Matauranga Pounamu Charitable Trust (NKMPT), 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 2018.

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.

This is the eighth year of our operations. WellSouth is responsible for ensuring that primary health care services are provided effectively to the 303,970 patients enrolled (as at 1 October 2018) with the 84 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 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 2018 was a surplus of \$148,845. The Trust's Equity (Net Assets) at financial year end was a satisfactory \$1,602,432.

Primary Health Care

High quality primary care is the foundation for health care for people. In our Southern district there were 1.162 million visits by enrolled patients to general practices in 2017-18, an average of 3.9 visits per patient. The utilisation rate increased from 3.8 visits last year. Effective general practice is the health care home for our patients and WellSouth's core focus. WellSouth's team maintained our strong support 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

Our strategic objectives remained focussed with the overarching outcome: 'Providing world class primary and community health care to the people of Otago and Southland.' This is dependent upon collaborative and integrated primary patient care.

This objective saw WellSouth achieve significant progress within priority areas:

Alliance South: is the leadership team and partnership between WellSouth and SDHB focused on how health services in Southern can be designed and resourced best for a 'whole of system' integrated approach to improve services delivery for patients. Membership was refreshed in June 2018 to oversee the Primary and Community Care Strategy, and Action Plan implementation. WellSouth is actively involved in the Alliance Leadership Team's responsibilities.

Primary and Community Care Strategy and Action

Plan: became the top priority for WellSouth to orientate effort towards, for service and operational changes that transform and improve primary and community care for patients. The goal is to reconfigure how health services are organised, including enabling new integrated models of care, based on multidisciplinary teams; deployment of system wide health and business intelligence to support planning, funding and delivery; information and communications systems to provide enhanced access to information for patients and the workforce; and governance and leadership by Alliance South.

As outlined in the Action Plan, the development of **Health Care Homes (HCH)** is pivotal. HCH implementation commenced in July 2018, led by WellSouth and supported by \$2m new resource from SDHB. Four practices started in July, with another five to commence in November 2018. HCH requirements for practices have four areas of focus: 1. Ready access to urgent and unplanned care, 2. Proactive care for those with more complex needs, 3. Better routine and preventative care, and 4. Improved business efficiency for sustainability.

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.' The Primary and Community Care Strategy and Action Plan underpins this priority. Sustainability of future health services in the Southern district, will remain dependent on general practice and primary care, including to support the Dunedin Hospital rebuild.

The challenges of our ageing 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 to address alongside our providers and increasingly, with SDHB in partnership.

WellSouth's programmes and initiatives, including the Long Term Conditions team, Family Mental Health service, Brief Intervention Primary Mental Health Services, Clinical Pharmacists, Nurse Outreach team, Falls and Fracture service, Health Promotion team, Dietitians, HVP team, Refugee Support team, continued to provide valuable support to general practice and providers to strengthen capacity.

Of our 115 staff, 74 (64%) are clinicians who worked directly with patients, supporting providers.

Reducing Inequity: WellSouth has an increasing, priority focus to improve equity of outcomes for our Māori, Pacifica and high needs population. To reduce inequity WellSouth continued to provide specific programmes that enable improved access for these patients: voucher programme, support for our VLCA practices, targeted cancer and CVDRA screening. On a monthly basis WellSouth's Trustees and management closely monitor programmes performance and outcomes regarding equity and all reporting includes specific Māori data and statistics to inform decisions to achieve equity.

Mataora: We were delighted that Mataora (a new Very Low Cost Access Medical Clinic) opened on 16 October 2017 at Te Kaika, Caversham, South Dunedin. Mataora's service greatly enhances access for Māori and other high needs patients to primary health in a culturally supportive setting. WellSouth was pleased to to assist the establishment of Mataora.

Stakeholder relationships: WellSouth's Practice Support team provided valuable, proactive support for providers. Their focussed work included: assisting providers to maintain achievement of the 'Better Help for Smokers to Quit' national health target, maintaining Foundation Standards and Cornerstone by general practices, practice manager forums, implementing the Patient Experience Survey and general management and operational support.

Proactive Primary Care and Support: Strong clinical leadership continued this year through the expertise and experience of Medical Advisor Dr Stephen Graham and Director of Nursing Wendy Findlay. They ably lead our clinical teams to support our provider's clinicians and staff. We also appreciated their clinical leadership and advocacy for our WellSouth team and within our partnership with SDHB.

IT developments are constant and often rapid. Over the last year the significant changes included reviewing our IT support to general practice to enable successful implementation of the Primary and Community Care Strategy, including HealthCare Homes. We are delighted our Health Cloud Reporter tool is being used by practices to inform effective services delivery. The use of data for information purposes to assist improved decision making and better care delivery, is a critical foundation for the future. Our IT team focussed on supporting practices and our population having responsive IT tools that assist providing better and timely access to their health record and information. Our web portal and telehealth are examples of such improvements.

WellSouth has continued to grow our team with skilled people who make a positive difference for patients to receive the best care possible. We are committed to providing ongoing workforce development and education for our front line clinicians, general practitioners, nurses, pharmacists, other health professionals and providers, who know best what is needed to achieve these outcomes.



Review of Health and Disability Services

In August 2018, the Minister of Health, Dr David Clark initiated a wide-ranging review designed to future-proof our health and disability services. He stated: "...I am also committed to addressing the fact that our health system does not deliver equally well for all. We cannot just accept worse health outcomes for Māori and Pacific peoples. This review is a once in a generation opportunity to improve equity and outcomes for New Zealanders. It will chart a course for a fairer, more sustainable health and disability system." We note the focus on addressing inequity within a potential major structural change. An interim report is to be provided by July 2019 and a final report by 31 March 2020.

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 function of PHA is representing WellSouth at negotiations on the national PHO Services Agreement between the Ministry of Health, DHBs and primary care.

The change in Government in November 2017 provided some encouraging policy statements in respect of strengthening primary health and from the national negotiations there was agreement for additional funding of approximately \$376.2

million over four years for general practice to provide free visits for under-14s and expand use of the Community Services Card. The Government will also inject an estimated \$21 million a year into supporting about 300 Very Low Cost Access practices. These changes are indicated from 1 December 2018 and will benefit our relevant practices and patients.

Building on work by PHA with General Practice New Zealand, the Federation of Primary Health Aotearoa New Zealand was established in 2018 with the objective to "provide national leadership on key issues affecting primary health in New Zealand" including "to be the voice of primary health care for the health, well-being and benefit of all New Zealanders."

Trustees

At our November 2018 Annual General Meeting, Mrs Amanda McCracken retired, by rotation, as the representative Trustee for Nursing. Following an election process involving four potential candidates, conducted independently by WellSouth's lawyer Fraser Goldsmith Law, Amanda McCracken is nominated as the representative Trustee for Nursing from the conclusion of the AGM. Congratulations Amanda, we are pleased that your experience and knowledge will continue at governance level for WellSouth.

Thanks and Appreciation

We are pleased to acknowledge the support 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 Pacifica 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 Strategy 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



lan Macara Chief Executive

Agame.

Annual Medical Director Report

My focusses for 2018 have been

- Assisting with locum support to practice.
 Around 20 weeks of GP locum support to practices and similar or more Nurse Practitioner locumming has been provided.
- 2. Helping coordinate a
 Southland focussed
 CME weekend. This was
 provided by WellSouth
 with support of Southland
 Faculty of College of General
 Practice. It was provided
 in May 2018 with another
 expected to be provided in
 May 2019.
- 3. Assisting with coordinating of, and providing workforce for, the Winter Clinic through which a virtual health service has been provided as practice support in Invercargill.

 This was running from June

This was running from June to end of October. We have gained significant useful experience around providing remote medical care. I hope this will be used in other ways in the future.

- 4. Working with various parts of the DHB to improve coordination and service delivery, in particular around the National Bowel Screening Programme.
- 5. Providing advice from primary care to parts of the DHB as the opportunity arises. I see my particular role is to provide a GP perspective (as an actively practicing GP) and advocate on behalf of General Practice as the opportunity arises.



Dr Stephen Graham 2 November 2018

51Gabour

Director of Nursing Report



Community Dietitians

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

Brief Intervention Primary Mental Health

The Brief Intervention Primary Mental Health service has continued to make quality improvements over the last 12 months. Referral to the service has been streamlined via the WellSouth Portal to ensure a responsive flow of information between the practice and the BI Clinician regarding clients utilising the service. WellSouth no longer provides the Youth Brief Intervention Service but continues to offer a range of options to support adult clients, including

- Telephone and video counselling
- · Face to face sessions
- Emotional wellness app
- Group sessions





Long Term Conditions Team

Clinical Pharmacists

Clinical Pharmacists have had 1253 referrals and undertaken 952 clinical medication reviews with patients.

1253 Clinical Pharmacists referrals

952
Clinical medication reviews

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 508 Nurses and General Practitioners on long term conditions.

HPV

WellSouth continues to deliver the school based HPV immunisation programme to Year 8 girls and boys throughout Southland and Public Health Nurses deliver the programme throughout Otago. This is the second year that boys up to the age of twenty-six are funded for the HPV vaccine and the consent to the school based programme for boys remains positive. Of the total number of children vaccinated at school in Southland, 48% were girls and 52% were boys. WellSouth supports the promotion of the vaccine to older young women and men during workplace influenza clinics and health expos and accepts referrals from sexual health clinics, self-referrals and referrals for outreach from the NIR.

Clinical Quality Committee

The Clinical Quality Committee has provided clinical input into a large number of our WellSouth clinical programmes. The information, guidance and leadership this group provides the organisation is invaluable to ensure that the development of our clinical programmes are clinically relevant and financially sustainable for implementation in General Practice. A huge thank you to all those involved.

The purpose of the Clinical Quality Group is to:

- Provide expert advice and guidance to the WellSouth Management team with the implementation/development of clinical programmes models of care and clinical services delivery.
- Establish effective and proactive clinical development to improve health outcomes.
- Formally review operational service reports and monitor activity linked to regional and national quality programmes.
- Provide expert clinical guidance on strategic direction for WellSouth relating to Ministry of Health, DHB, national professional organisations (e.g. RNZCGP, NZNO, Pharmaceutical Society NZ etc.) initiatives and requirements.

Clinical Quality Current Committee Members

Name	Position	Practice	
Alison Wilden	General Manager	Gore Medical Centre	
Amanda McCracken	Board Director, Nurse Practitioner	Tuatapere Medical Centre	
Claire Robertson	Nurse Manager	Oamaru Doctors	
Dr Daniel Pettigrew	GP	Dunedin North Medical Centre	
Dr Fons Captijan	GP	West Otago Health	
Dr Keith Abbott (Chair)	GP	Junction Health Medical Centre, Cromwell	
Dr Peter Gent	GP	Mornington Health Centre, Dunedin	
Dr Phil White	GP	Amity Health Centre	
Gaylene Hastie	Practice Nurse	Queenstown Medical Centre	
Kelsi Fastier	Pharmacist	Cromwell Pharmacy	
Maureen McNeill	Nursing Team Leader	Wanaka Medical Centre	
Paul Larson	Board Director – Pharmacist	Larson's Pharmacy, Dunedin	
Rebekah McDonald	Pharmacist	Southland Community Pharmacy rep	
Sue Howell	Practice Nurse	Mornington Health Centre	
Tony Dunstan	Board Director		
Hywel Lloyd	Medical Director Primary & Community Strategy	Southern DHB	
Wendy Findlay	Director of Nursing	WellSouth	
Stephen Graham	Medical Director	WellSouth	
Paul Rowe	Practice Network Manager	WellSouth	
Katrina Braxton	Clinical Services Manager	WellSouth	
Leesa Mackley	Senior Administrator	WellSouth	

DESMOND and Walking Away

Diabetes Education and Self Management for Ongoing and Diagnosed (DESMOND) is a programme for patients with Type 2 diabetes.

Walking Away is a self management programme for patients with pre-diabetes.

963
referrals

AWAY
211
referrals

POAC (Primary Options for Acute Care)

Expansion of the Primary Options for Acute Care occurred in September. General Practices are now able to provide IV fluids, urinary catheterisations and IV antibiotics funded treatments to keep patients from having to go to hospital.







Falling over isn't part of the ageing process! The implementation of the WellSouth integrated non-urgent falls prevention pathway for the Southern District is making a real difference to assisting people to stay on their feet. WellSouth provide an In home Strength and Balance Exercise Programme, Fracture Liaison Services

and are the ACC Lead Provider for Community Strength and Balance Exercise Programmes. 370 people are receiving in home strength and balance exercise programme.

1378Fracture Liaison Service

Pipelle Programme

The pipelle programme has enabled **296 women** to access this diagnostic test within a general practice environment.

COPD Ambulance Diversion

WellSouth and St Johns have implemented a programme for patients with COPD who call an ambulance to be triaged by the ambulance team in their home. Using clinical protocols the ambulance team can offer options other than ED, including a funded visit to the patients General Practice.

COPD ambulance diversions

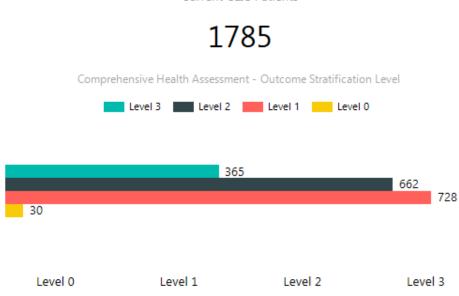
Client Led Integrated Care (CLIC) Programme

The focus for this year has been the implementation of our new Long Term Conditions Programme CLIC. This has been an intensive but exciting programme of work for the team with the delivery of education sessions to clinicians and Practice Managers throughout the District, one on one mentoring and support within each practice as they transition to the new programme and the continued quality improvement of the programme as we get feedback from the practices.

We currently have 35 practices who have transitioned over from CarePlus to CLIC with the plan to have the remaining practices moving to CLIC before December 2019.

The CLIC programme recently won The Health Roundtable Award for Outstanding Innovation 2018.

Current CLIC Patients



728

Date: 24th October 2018

Practice Support

WellSouth contracts **84 general practice**s to provide primary care to patients in Southern District.

At 1 October 2018 there are **303,970 patients** enrolled with a general practice across our District.

Starting in July 2018	Starting November 2018	Starting June 2019	
Amity Health Centre (Dunedin)	Aspiring Medical Centre (Wanaka)	Centennial Health (Alexandra)	
Gore Health Centre	Broadway Medical Centre (Dunedin)	Central Medical Centre (Alexandra)	
Gore Medical Centre	Junction Health (Cromwell)	Clutha Health First (Balclutha)	
Queenstown Medical Centre	Waihopai Health Centre (Invercargill)	Cornerstone Health (Alexandra)	
	Wanaka Medical Centre	Invercargill Medical Centre	
		Mataora (Dunedin)	
		Meridian Medical Centre (Dunedin)	
		Mornington Health Centre (Dunedin)	
		North End Health (Oamaru)	

Patient Experience Survey

The Patient Experience Survey is an initiative of the Ministry of Health and the Health Quality & Safety Commission to increase the volume of the patient voice in our healthcare system. During 2017-18 over 80% of practices who could offer the survey to patients did so. In that period 4,400 patients took part, leaving over 5,500 comments about their experience in the health system.

Across the four domains that are measured, the Southern health system compares favourably with national results.

Southern HealthCare Homes

As a result of the joint Southern DHB – WellSouth Primary & Community Care Strategy, WellSouth is offering practices the opportunity to join the Southern HealthCare Home programme. 27 practices applied to be part of the initial rollout of HealthCare Homes, and 18 were chosen to start in 2018-19. The HealthCare Home model of care has been implemented across New Zealand. By 2018 nearly one million patients across the country will be enrolled in a practice that is or has committed to being a HealthCare home.

HealthCare Home is a primary led initiative that will help practices manage limited resources and increasing patient demand by changing the way they work to improve access for patients and ensure the sustainability of general practice.

Benefits to patients:

- Easier access to services
- Better access to urgent care when it is needed
- Better management of long term conditions and complex health needs
- A calm practice environment

Benefits to practices:

- Management of patient demand
- Integrated care for patients with complex medical conditions
- A greater emphasis on the general practice team
- Improved financial sustainability and business efficiency

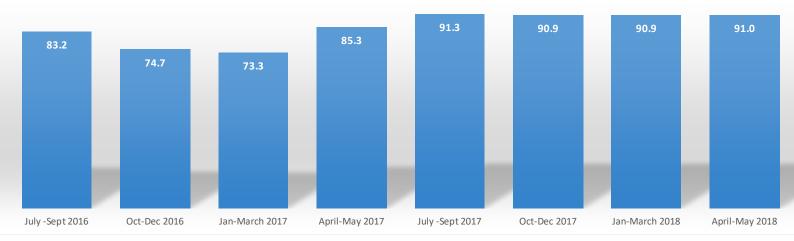
The Southern HealthCare Home project has been an opportunity to work in partnership with general practices to the benefit of patients. Our goal is to assist all practices with an interest in becoming a HealthCare Home in going through the programme over the next five years.

Health Targets

Practices in Southern District commit significant resources to helping patients manage their long-term health.

Better Help for Smokers to Quit

At the end of June 2018 91% of people who smoke had been offered support to stop smoking in the previous year.



More Heart and Diabetes Checks

At the end of June 2018 84.1% of people in the appropriate age cohorts had received a Cardiovascular Disease risk assessment in the previous five years.





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

Māori men aged 35-44 years continue to be targeted for Cardiovascular Disease risk assessments. WellSouth's outreach team supports practices to identify and check these men and we have demonstrated considerable improvement over the past few years.

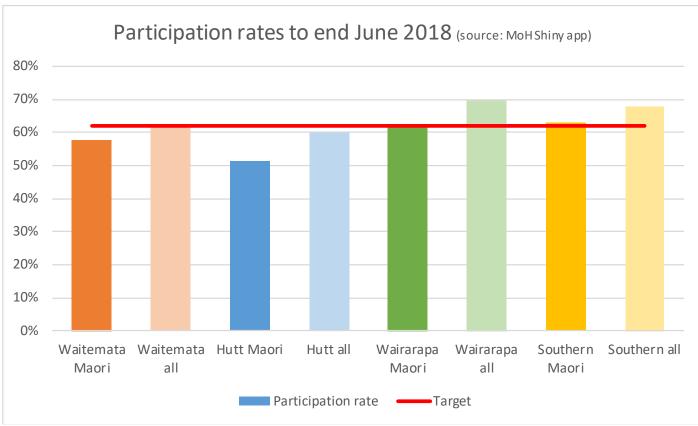
Immunisations of 8-Month Old Children

Practices and parents in Southern District are committed to immunising their children to protect them from childhood diseases. Practices have been consistently good in targeting children for age-appropriate immunisations.





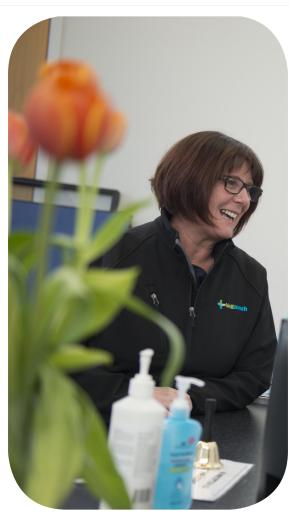
Bowel Screening



Participation rates

Target: 62% of all eligible participants return their kit

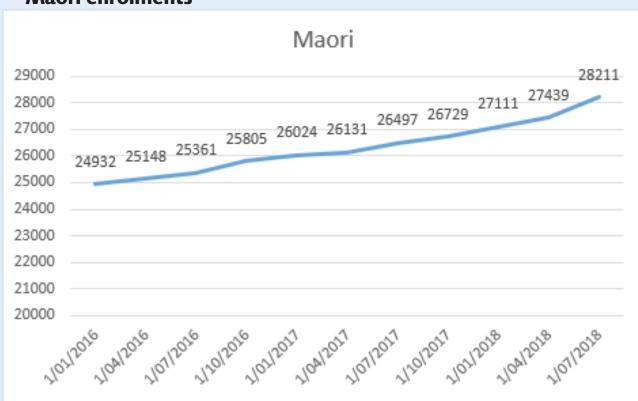
The graph shows participation as at the end of June 2018. This is only around 2 months after go live, so participation data at this point is limited. The number of kits sent out in April is small, but for this time period the DHB is approaching the national target of 62%. Male participation to the end of June was 65%, female participation at 70%. Rural and non-rural participation were both 68%.



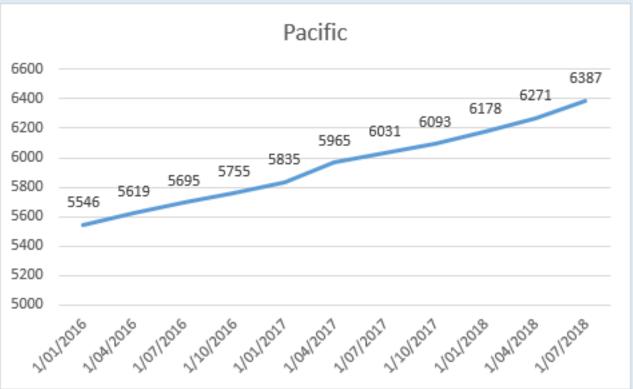
Mãori and Pacific Health

For the 2018 year NZ Māori and Pacific enrolments continue to increase significantly. NZ Māori enrolments **increased by 1,714** to **28,211** (+6.5%) enrolled patients with Pacific enrolments **increasing by 356** to **6,387** (+6%) 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 Southern district now has two refugee resettlement centres with the addition of Invercargill in February 2018. There have been 432 Syrian and Palestinians resettled in Dunedin and 41 Colombians in Invercargill. WellSouth continues to work with Red Cross to support all new arrivals to engage with primary care services.

432 Syrian and Palestinians resettled in Dunedin and **41** Colombians in Invercargill.



Health Promotion

Breastfeeding Support Otago and Southland

Over the past year thirty six new Breastfeeding Peer Supporters trained across the region, including Cromwell, Invercargill, Balclutha, Gore, Oamaru and Dunedin. They along with the other trained Peers Supports continue to support Southern whānau to achieve their breastfeeding goals. A new shorter course training programme was developed to encourage participation and easier access in the programme.

Submissions

The Health Promotion team have been busy advocating for healthy public policy through approximately 15 written and oral submissions to local Councils and national programmes. These submissions have been a catalyst for change, one of the most significant being the Invercargill City Business District becoming Smokefree along with Queenstown Lakes District Council looking into it.

The Health Promotion Team continue to work towards the goals of their strategic plan for 2017-2020: 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 include breastfeeding, mental health, obesity and overweight, alcohol harm reduction, and Smokefree.

Some highlights of this year's work included:

Books on Prescription

To increase access to high quality mental health information for our young people the Books on Prescription programme has expanded to include a list of youth-appropriate books aimed from primary school through to secondary school and beyond. The books are designed to be inspiring, accessible, meaningful and useful for young people and their whānau. The books have also extended their reach through the Lilliput Library network into remote areas.

Te Tipuria Growth and Development Fund

The Health Promotion Team offed a new community capacity building initiative designed for community groups and ropū currently running food and health related activities who want to build the knowledge, skills and expertise of volunteers, staff or management committee/board members, and demonstrate how this will make a positive difference to current food and health related activities. 8 applicants were approved in the first round of this funding.

Information Technology



2017 – 2018 has been a year of reflection to identify where the PHO fits into the Health IT sector. We have 2 years + of learnings where we do things well and some things not so well. As a result of these findings, we started the process of reviewing what General Practice IT support looks like with the advent of the Primary and Community Strategy:

- Review of ICT infrastructure models to support HCH and General Practice long-term
- Review of Patient Portals and integration models to ensure the solution is Technology Agnostic to the PMS
- Supporting the upgrade process for Medtech 32 practices transitioning to Evolution
- Advocating for General Practice for nationally led IT programs, NES, GP2GP and Personalised Care Plans in Health Connect South
- Delivery of performance reporting services through Health Cloud Reporter

The programs of work listed provides the platform for delivering a consistent experience across general practice now and in the future for executing the Primary and Community Strategy. Divorcing ourselves from commodity IT support services into an out-sourced partner support model allows our team to focus on value add services such as Virtual Health integration into new models of care and granular population health analytics to assist with HCH and future healthcare service planning. The next year will see many exciting innovations where HealthCare Homes are delivering new models of care to support the Primary and Community Strategy.



Workforce Development

WellSouth is committed to developing and educating the Southern Districts Primary Care workforce. WellSouth has continued to provide advocacy and support for practices with a strong emphasis on providing ongoing quality education and training opportunities to further develop all practice staff. This is evident by the number of training sessions run over the past

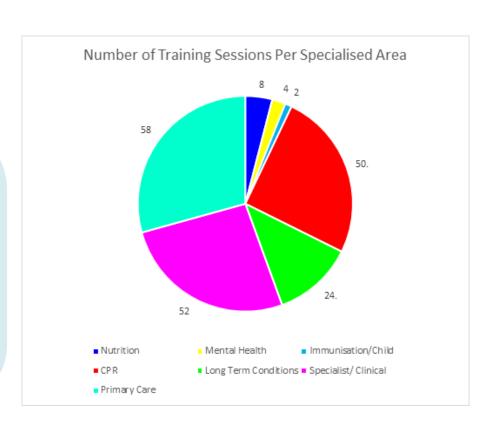
financial year (July 2017 – June 2018). This past financial year WellSouth has continued to grow the variety of subjects and the number of opportunities to gain CME points or professional development hours.

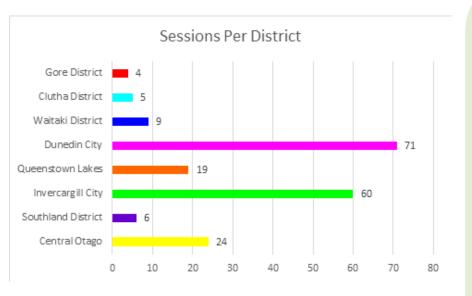
Professional Development

Of the **198 training sessions** offered:

58 sessions offered a total of 125 CME points from 20 different workshops. This is double the CME points offered in the previous financial year.

132 sessions offered a total of 348 professional development hours from 32 different workshops.





A total of **1634 people** attended training across the Otago and Southland regions. **198 sessions** were undertaken over the 7 specialist areas. This financial year Primary Care sessions peaked in demand slightly above Specialist / Clinical sessions.

Both Dunedin and the Southland District areas saw an increase in sessions. The National Bowel Programme was launched in February with 21 sessions held across all districts with 240 people attending. This financial year also saw WellSouth host for the first time with the Southland Faculty a GP CME weekend at Borland Lodge, Blackmount.

Southland GP Educational Weekend a Success

The following percentages are an overall percentage between the range of very good and excellent.



Weekend Overall Very good or Excellent



Networking Opportunities Very good or Excellent



Food - Very good or Excellent



Entertainment Very good or Excellent



Venue Overall Very good or Excellent



43 attendees

Next Southland GP Educational Weekend is 3rd, 4th and 5th May 2019 at Stewart Island



75% of Southland practices had one or more attendees



4 speakers



Summary Financial Statements

SUMMARY FINANCIAL STATEMENTS

FINANCIAL HIGHLIGHTS WELLSOUTH PRIMARY HEALTH NETWORK

A full copy of the audited financial report for the WeilSouth Primary Health Network for the year ended 30 June, 2018 is available from the office at Level 1, 333 Princes Street, Dunedin.

Statement of Comprehensive Revenue and Expense For the year ended 30 June, 2018

For the year ended 30 June, 2018		
	2018	2017
	\$	\$
Operating Activities		
Income from Operating Activities	70,231,512	67,095,281
Contract Payments	(59,465,529)	(57,293,093)
,		
Surplus from Operating Activities	10,765,983	9,802,188
Financing Activities		
Interest Income	41,449	25,243
Interest on Borrowings	(6,297)	(4,213)
Surplus from Financing Activities	35,152	21,030
Operating Expenditure		
Depreciation, Amortisation and Impairment Expenses	(193,880)	(178,868)
Other Overheads, Staff and Administrative Expenses	(10,458,410)	(9,163,551)
Color Digitally Dian and Falling and Carponage		
Total Operating Expenditure	(10,652,290)	(9,342,419)
Surplus (Deficit) for the Year	148,845	480,799
Other Comprehensive Revenue and (Expense)	-	
Total Campushanaha Dayanya and (Eyronas)		
Total Comprehensive Revenue and (Expense)	140.045	400 700
for the Year	148,845	480,799
Obstance of Change of Description		
Statement of Financial Position As At 30 June, 2018		
Survey Nove to	F 404 445	4 643 455
Current Assets	5,431,445	4,613,472
Non-Current Assets	497,109	450,919
	5,928,554	5,064,391
Current Liabilities	(4,290,862)	(3,599,786)
Non-Current Liabilities	(35,260)	(6,641)
Net Assets (Trust Funds)	1,602,432	1,457,964

Approved on behalf of the trustees:

Chairperson \ 9 October, 2018

Trustee 9 October, 2018



Statement of Cash Flows For the year ended 30 June, 2018

For the year ended 30 June, 2018		
	2018	2017
	\$	\$
Net cash flows from/(used) in operating activities	1,248,870	114,511
Net cash flows from/(used in) Investing activities	(240,070)	(264,589)
	(240,070)	(201,505)
Net cash flows from/(used in) financing activities	ba	
Net increase/(decrease) in cash and cash equivalents	1,008,800	(150,078)
Cash and cash equivalents at the beginning of the year	2,138,945	2,289,023
		0
Cash and cash equivalents at the end of the year	3,147,745	2,138,945
Statement of Changes in Net Assets		
Trust Funds at the Beginning of the Year	1,457,964	977,165
Not Combin	140.045	490.700
Net Surplus	148,845	480,799
Movement in Restricted Funds	(4,377)	-
Other Comprehensive Income	3 = 3	-
Trust Funds at the End of the Year	1,602,432	1,457,964
Trast funds at the title foul	1,002,432	1,707,707

Notes to the Summary Financial Statements for the year ended 30 June, 2018

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, 2018, authorised for issue by the Chairman, Mr D Hill, on 9 October, 2018.

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 9 October 2018 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, 2018 and for the year ended 30 June 2017, have been audited with an unqualified audit opinion.





Crowe Horwath New Zealand Audit Partnership

Member Crowe Horwath International

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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 2018, the summary statement of comprehensive income, summary statement of changes in equity 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 (the "Trust") for the year ended 30 June 2018.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with 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 Financial Reporting 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.

Other Information

The Trustees are responsible for the other information. Our opinion on the summary financial statements does not cover other information and we do not express any form of audit opinion or assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the summary financial statements, or our knowledge obtained in the audit of the summary financial statements or otherwise appears to be materially misstated. We have nothing to report in this regard.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 9 October 2018. That report also includes

Trustees' Responsibility for the Summary Financial Statements

Trustees 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, the Trust.

Crowe Horwath New Zealand Audit Partnership

CHARTERED ACCOUNTANTS

Dated at Invercargill this 9th day of October 2018

Our Team

Senior Management Team



Ian Macara Chief Executive



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



Sue Crengle



Paul Larson



Norman Elder



Keith Abbott



Donna Matahaere-Atariki



Tony Dunstan



Amanda McCracken

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Phone:

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Fax:

03 214 0325

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