



christchurch **p**ho

ANNUAL REPORT

2018



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About Us

Christchurch Primary Health Organisation Ltd. (PHO) serves urban Christchurch. Established in 2003, the PHO currently supports 6-member general practices that are a mix of youth focused centres, small centres, and larger urgent care centres, providing primary care services to an enrolled population of 36,000.

ARA Institute of Canterbury Health Centre	The Whareora, ARA Campus, Christchurch
Burnside Medical Centre	368 Wairakei Rd, Burnside, Christchurch
Korowai Youth Wellbeing Trust	Amuri Park, Unit 5, 25 Churchill St, Christchurch
Moorhouse Medical Centre	3 Pilgrim Place, Sydenham, Christchurch
Riccarton Clinic	6 Yaldhurst Rd, Church Corner, Christchurch
University of Canterbury Health Centre	University Campus, Ilam Rd, Christchurch

Mission Statement

Christchurch PHO exists to lead and facilitate the provision of high quality primary healthcare services to the enrolled population, through distinctive general practices and innovative networks.

Values Statement

- Proven excellent, innovative, affordable and accessible services, that support the integration and continuity of health care;
- Outcome oriented and solution focused approach to our work;
- Strong connected relationships with the health service workforce;
- Actively empower people to be confident participants in their health care;
- Understand and address of the unique health needs of our enrolled population;
- Improve the health and well-being of our enrolled population; and
- Actively partner in the various Alliances at a local, regional and national level.

Chair's Report

The 2017/2018 year has proven to have been another busy year for the staff of Christchurch PHO and the Healthcare providers contracted to the PHO. There have been significant operational changes in PHO management this year with the National Enrolment Service (NES) progressive roll out which has created extra workload for the PHO as well as our practices.

It's worth pointing out that while our enrolled population is relatively small, our providers care for a much larger population than our enrolled one. Amongst our providers we have two urgent care clinics who provide a significant part of afterhours care in Christchurch, as well as providing an in-hours service to patients who cannot get to see their own GP or who don't have one - including our many international workers. Our Student clinics also care for a significant number of international students. My thanks to all our practices for their hard work providing excellent care.

There continue to be concerns about the strain on our mental health services at General Practice level but also within the service provided by the PHO. The PHO mental health service funded by the Canterbury District Health Board provides an excellent resource for our population but finds itself stretched with volumes but also severity of problems which are expected to be managed within the community. It will be interesting to see the findings from the Mental Health inquiry that is ongoing at this point in time.

The other review of significance is the Health and Disability System review. This has also been initiated by the new government. While a review is welcome there are significant inequities in the funding of primary care that warrant addressing promptly and unfortunately delays to this seem likely. One government initiative that would have a large benefit to our population is the proposed increased funding for community services card holders. This should reduce a significant barrier to access for a section of our community with greater need for health care.

The PHO has been ably led by our CEO Laila Cooper who has provided a steady hand and who has also provided a significant contribution to the wider Canterbury health system. She has had excellent support from Sandi Malcolm who has a multidimensional role and also Katrina Banks. My thanks to this team but also the wider team of the PHO, including our mental health team, mobile nurse, clinical pharmacist and social worker.



Dr Angus Chambers

CEO's Report

We have had another busy year supporting our practices to provide high quality primary health care services to the enrolled population. Highlights have included the pleasing results achieved against the national targets for immunisation and new-born enrolments and having all member practices either Cornerstone accredited or Foundation Standard certified. We acknowledge the hard and ongoing work required by general practice teams to achieve and maintain these standards. Congratulations also to our member general practice the University of Canterbury Health Centre, which with the Diabetes Centre, won the supreme award at the 2017 Canterbury Health System Quality Improvement and Innovation Awards.

Information Technology (IT) priorities continued to dominate the PHO work programme, such as implementing the National Enrolment System and the Primary Care Patients Experience Survey. One practice has implemented the E-prescribing service. We thank the Health Systems Solutions team for another year of excellent service, and the Rural Canterbury PHO IT staff for their support.

We acknowledge the efforts of the dedicated primary mental health team to meet an ever-increasing demand for services. The demand for services continues to be a major concern for the Board, due to the numbers of people seeking help, and the increased acuity and complexity of presentations. Current funding levels are inadequate to provide a service that can respond adequately to the demand. The recently introduced Intensive GP Liaison service allows the team to provide a more comprehensive wrap round service, however this is now fully subscribed with a waiting list.

Christchurch PHO has been an active partner of the Canterbury Clinical Network, with representation at many levels. The three PHO Chairs and CEOs, the Canterbury District Health Board (CDHB) Chair and CEO, and the Canterbury Clinical Network Chair and Programme Manager have met to consider ways to work more closely together to manage the fiscal challenges facing the wider Canterbury health system. At a national level, Chair, Dr. Angus Chambers has served on the Primary Health Alliance Executive and represented the Alliance at PSAAP negotiations.

My warmest thanks to everyone who has assisted Christchurch PHO this year to achieve our strategic objectives. Thank you to the Board and Chair, for their valued guidance and support; to member general practice teams for delivering services in yet another busy and challenging year; to the PHO staff and contractors for their dedicated and thorough work; and to our colleagues in other PHOs and the CDHB for their support. We look forward to another productive year ahead.



Laila Cooper

Christchurch PHO Board

Christchurch PHO operates as a non-for-profit limited liability Company and has a Governance Board of seven members. The members bring a diversity of background, skills and expertise to the monthly Board meetings.

The Board is responsible for the provision of primary health care services, to the population enrolled with the member contracted general practices within its area. It is also responsible for setting the strategic direction and organisational policy. During 2017-18, the Board met monthly and the following served as Board members:

Dr Angus Chambers	General practitioner representative & Chair
Dr Joan Allardyce	General practitioner representative & Deputy Chair
Ana Rolleston	Manawhenua ki Waitaha representative
David Jones	General practice representative
Sharon McFarlane	Community representative (Christchurch City Council)
Michelle Turrall	Manawhenua ki Waitaha representative
Gill Davidson	Practice nurse representative (to June 2018)

The Clinical Governance Group

The Clinical Governance Group is a Board Committee tasked with providing clinical advice to the PHO Board. The Group met monthly during 2017-18 and the following served as members:

Dr Angus Chambers	General practitioner representative & Chair
Dr Joan Allardyce	General practitioner representative
Dr Tearlach MacLean	General practitioner representative
Dr Neil Beumelburg	General practitioner representative
Michelle Turrall	Māori representative
Karen Norriss	Practice nurse representative
Warren Brown	Practice nurse representative
Melanie Gamble	Clinical pharmacist representative (to May 2018)
Joanne Comper	Clinical pharmacist representative (from May 2018)

The Clinical Governance Group has monitored progress against the national health and PHO performance targets and System Level Measures, provided advice to the Board about clinical programme planning and delivery, and provided feedback to various consultation requests.

Dr Tearlach MacLean represented the PHO at the Canterbury DHB Clinical Board, and Dr Yan Sen Lee represented the PHO at the fortnightly Pegasus Health Clinical Provider Education Committee meetings. Dr Angus Chambers met with the Chairs of the Pegasus Health and Rural Canterbury PHO Clinical Governance Groups to discuss clinical matters of mutual interest. The PHO participated in the national PHO Quality Improvement Network meetings, hosted by the Health Quality & Safety Commission.

Population

As at 30 June 2018, the Christchurch PHO had an enrolled population of 36,428.

Analysis by Ethnicity

NZ European	Māori	Pacific Islanders	Asian	Other & Unknown
22,835	2,727	1,213	8,628	1,025

Analysis by Age Group

Under 5 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	Over 65 yrs
1,768	2,899	10,283	12,767	6,614	2,097

Christchurch PHO Service Team

The Team

Laila Cooper	Chief Executive
Sandi Malcolm	Service Development Facilitator
Katrina Banks	Administrator & Board Secretariat
Dr Angus Chambers	Clinical Advisor
Georgina Jardine	Mental Health Liaison, Triage Co-ordinator and Team Leader
Becky Baichoo	Mental Health Brief Intervention Counsellor & CBT Programme
Jan Bensemann	Mental Health Brief Intervention Counsellor & Intensive GP Liaison
Cath Finch	Mental Health Brief Intervention Counsellor
Sharmaine Dobson	Youth Brief Intervention Counsellor & Intensive GP Liaison
George Dobson	Mental Health Brief Intervention Counsellor & Intensive GP Liaison
Paul Wynands	Clinical Psychologist
Dr Ali Maginness	Clinical Psychologist
Melanie Gamble	Clinical Pharmacist (to May 2018)
Joanne Comper	Clinical Pharmacist (from May 2018)
Michelle Okeroa	Mobile Practice Nurse
Kirsten Carey	Mobile Practice Nurse University of Canterbury Health Centre
Anna Scott	Mobile Community Social Worker

The Canterbury Clinical Network Alliance (CCN)

Christchurch PHO has had an active role as a partner in the Canterbury Clinical Network Alliance, working collaboratively across Canterbury with service providers and other Canterbury PHO's on a range of projects, programmes and initiatives. Among the wide range of activity, our involvement has included membership of the following groups:

- Alliance Leadership Team
- Alliance Support Team
- Population Health & Access Service Level Alliance
- Primary Care Capability Service Level Alliance
- Pharmacy Service Level Alliance
- Integrated Diabetes Services Development Group and Operational Group
- Integrated Diabetes Podiatry Working Group
- Immunisation Services Operational Group
- Canterbury Primary Response Group and Canterbury Influenza Group
- Urgent Care Work Stream
- Labs Service Level Alliance
- Canterbury Infection Prevention & Control Community Committee
- Coordinated Access for Offenders on Release Working Group
- System Level Measures Framework Group

Other collaborative work has included participating in:

- Cervical Screening Working Group
- Before School Checks Coordinator Group
- Motivating Conversations Working Group
- Pacific Reference Group
- Te Kāhui o Papaki Ka Tai (TKOP)
- Culturally and Linguistically Diverse (CALD)
- Smokefree Canterbury
- Patient Experience Survey Working Group

National Links

- Christchurch PHO is a member of the national organisation Primary Health Alliance with Dr. Angus Chambers serving as a member of the Executive, and as their representative to the PSAAP negotiations.
- Laila Cooper is a PHO representative member on the Ministry of Health's National Diabetes Leadership Group, responsible for overseeing the implementation of the 'Living Well with Diabetes Plan 2015-2020'.
- Laila Cooper is Chair of the Dietitians Board.
- Christchurch PHO maintains close links with other South Island PHOs and attends the regular quarterly meetings of this group. This also includes linking with the South Island Alliance Programme Office.

Our Achievements

The Christchurch PHO team and member general practices provided quality services to the enrolled population. Notable achievements were high rates for childhood immunisation and newborn enrolments, the maintenance of Cornerstone accreditation by three practices and Foundation Standard certification by three practices. Two member practices are also accredited Urgent Care Centres. The Canterbury Enhanced Capitation proposal was embedded; 30 clinicians attended the Motivating Conversations training; and all practices implemented the new National Enrolment Service and the Primary Care Patient Experience Survey.

- **Primary Mental Health Services**

The Primary Mental Health team continued to meet the challenges of an increasing demand for services and higher levels of acuity and complex presentations, while working hard to keep the time between referrals received and people being seen to a minimum. The PHO funded a cognitive behavioural therapy (CBT) programme for 14 people. Core components of the Primary Mental Health Services were brief intervention counsellors, psychologists, extended general practice consultations, an intensive GP Liaison service and Equally Well consultations.

- **Community Social Worker**

Services to Improve Access funding allowed us to continue a 3-day a week Community Social Worker role. This is the 4th year the role has been delivered in collaboration with Presbyterian Support Upper South Island. The Social Worker worked closely with member general practices and the primary mental health teams, and the service is fully subscribed with a waiting list.

- **Mobile Practice Nurses**

Practices utilised the Mobile Practice Nurses to help reach their high needs population. One nurse worked closely with ScreenSouth Ltd and the practices to improve the update of cervical screening, and other opportunistic health interventions, for priority women (including Māori, Pacific and Asian women and those who have never had a smear and those more than 5 years overdue). The nurses aimed to improve access to health care by addressing barriers and providing home based and general practice clinic services. Their roles are an extension of the care provided by practice nurses and embodies the whanau ora philosophy of care.

Services provided have also included opportunistic cardiovascular disease risk assessments, smoking brief advice and cessation services. The nurse based at the University of Canterbury Health Centre provided services across the campus, focusing on health promotion and providing nursing care to Māori and Pacific people and those with high needs. This nurse also worked closely with the Pacific and Māori Development teams at the University, and the Diabetes Centre to improve access for people with Type 1 Diabetes.

- **Clinical Pharmacist**

The Clinical Pharmacist has carried out a range of tasks similar to many other Clinical Advisory Pharmacists throughout New Zealand. The Pharmacist has been available for multidisciplinary team reviews, clinical medication reviews, medicines therapy assessments, continuous quality improvement activities (clinical audits) and individual queries. The PHO also contracted Community Pharmacists to work with general practice teams to undertake reconciliation of hospital discharge summaries and provide yellow medication cards.

- **Korowai Youth Health & Wellbeing Trust ('298 Youth Health')**

The team moved to new premises this year where they continued to provide a free health service to Canterbury youth. While the Trust received funding from the District Health Board for doctor and nurse time, and some capitation funding, it relies on philanthropic funding, grants from charitable trusts and funding from the Ministry of Social Development to help cover operational costs. The team worked hard to respond to high numbers of youth presenting with mental distress, those seeking assistance with gender reassignment, and other acute and complex health issues.

PHO Programmes

The Ministry of Health via the Canterbury District Health Board funds the majority of PHO programmes while the Christchurch PHO funds some additional programmes. The following is a brief summary of the key programmes offered during 2017-18:

Alcohol Harm Reduction	A programme to support a brief intervention approach to alcohol harm minimisation, delivered by general practice teams.
Before School Checks	A free well child-screening programme offered to all enrolled children aged 4 years. Trained practice nurses and/or public health nurses delivered the checks, which involved measuring height and weight, calculating BMI and referral of children in the 98% percentile for follow up, checking oral health, vision, hearing, behaviour, and general development and health.
Chronic Packages of Care	These were packages of care tailored to meet the needs of people with chronic diseases or those identified with significant high-risk factors of developing long-term health concerns.
Diabetes Care Improvement Packages (DCIP)	A Canterbury wide programme that provided equitable, consistent and high-quality care to people diagnosed with diabetes.
Discretionary Fund	This PHO funding allowed the purchase of health-related services for people who had no means of accessing care through other mechanisms and were experiencing financial barriers.
End of Life	This funding supported general practice teams to provide care for people in the terminal phase of their lives.
Enhanced Capitation	This Canterbury wide programme provided general practices with greater flexibility in how funding was used to focus on the delivery and coordination of care for people with complex needs.
Free Under 13s Health Care	This programme provided free health care for children under 13 years.
Language Line & Interpreter Services	These on call translation and interpreter services were provided to New Zealand residents who did not speak English as a first language, when they accessed health services.

Māori Health	Funding was available when additional health care support was identified by an NGO provider for the enrolled Māori population.
More Heart and Diabetes Checks	This programme assisted general practice teams to support people identified as being at high risk of cardiovascular disease. The service specifically targeted Māori, Pacific, Indian people – men aged 35 to 75 years and women aged 45 to 75 years, all other men aged 45 to 75 and all other women aged 55-75. There was additional focus on Māori men aged 35-44.
Podiatry treatment for people with high risk feet & people with diabetes	The PHO funded two podiatry programmes. One designed to reduce pain, falls and complications associated with foot health problems. People with high-risk feet and those at risk of developing foot complications received up to three free visits to a podiatrist. The other, a Canterbury wide podiatry service, for people with diabetes and high-risk feet identified as being at high risk of developing foot complications received up to six free visits to a podiatrist.
Rheumatic Fever	This service provided patients diagnosed with rheumatic fever with the timely medical care necessary to prevent damage to their heart, joints and central nervous system.
Smoking Cessation Programme	A programme for people who want to give up smoking. It was comprised of brief intervention, cessation consultations and up to seven follow-up appointments. Uptake has been steady over the past 5 years. General practices identified those who smoked and provided them with appropriate cessation support. The CDHB Smokefree team also provided extra support to practices by providing brief advice and cessation services to the enrolled population via the Te Hā – Waitaha Service.
Youth Sexual Health	People under 21 years of age were offered free sexual health consultations when the main purpose of the consultation was for a sexual health or contraception matter. The aim was to reduce sexually transmitted infections, terminations and unintended pregnancies.

The enrolled population was also able to access other Canterbury wide programmes such as:

Acute Demand Service Co-ordination	An alternative to hospital care for people presenting in an acute state, through co-ordination of acute packages and acute nursing services.
Appetite for Life (AFL)	A nutritional programme led by nurses, providing practical advice to women and families with weight issues.
Canterbury Initiative Support Services (GP subsidised procedures)	Subsidised procedures delivered in general practice included mirena insertion, musculoskeletal steroid injection, pipelle biopsy, skin lesion excision and newly diagnosed diabetic and insulin starts.
Community Respiratory Services	The programme increased access to a variety of respiratory services previously only available in hospital. Spirometry testing and sleep studies were provided by some general practices, and pulmonary rehabilitation in the community.
Community Rehabilitation Enablement & Support Team (CREST)	This community-based supported discharge team facilitated earlier discharge from hospital to appropriate home-based rehabilitation services. The service was extended to accept referrals directly from general practice, providing those older people referred this way with care and support to be rehabilitated in their own homes, so as to avoid hospital admission altogether.
Green Prescription	Provided by Sport Canterbury a programme to support people to become physically active, following advice and referral from their health professional.
Immunisation	Available for children and adults provided by general practice teams and school-based programmes.
Infant Feeding Service	Delivered by Rural Canterbury PHO on behalf of the Canterbury PHOs the service aimed to protect, promote and support breastfeeding. It comprised a community based Lactation Consultation Support Service and the Mother4Mother Peer Support Programme.
Refugee Service	Delivered by Pegasus Health on behalf of the Canterbury PHOs the service provides primary health care and community-based support services to the enrolled refugee population.

Continuing Education for General Practice Teams

In addition to the CDHB funded education and training programmes provided by Canterbury Initiative and Pegasus Health, Christchurch PHO provided some support to member general practice teams for staff continuing education requirements. This funding was used to provide professional development activities best suited for their team's individual needs, over and above what was provided Canterbury wide. Nursing staff had access to the Lippincott procedures and the Professional Development Recognition Programme. Two general practices hosted new graduate nurses who were completing their NetP programme in general practice.

The System Level Measures Framework

The Ministry of Health provided funding for capability and capacity development of PHOs and general practices. Practices used this funding to help them meet the 2017-18 Canterbury System Level Measure Plan.

Christchurch PHO achieved some pleasing results against the two health targets this year – 8-month-old immunisations and Smoking Brief Advice and /or Cessation Services, and against the More Health and Diabetes Check target.

	National Target	Quarter 4 Apr-Jun 2018	Comment
<i>Better Help for Smokers to Quit</i>	90.0%	92%	Christchurch PHO Smoking Cessation programme provided 1,372 people with cessation advice and 399 people were referred to the programme for cessation support provided by GP teams.
<i>Increased Immunisation 8 month olds</i>	95.0%	100%	The PHO again maintained a consistently high immunisation rate for 8 month old children.
<i>Cervical Screening for women aged 25-69 years</i>	80%	74%	The Christchurch PHO mobile nurse provided free smears for priority women Māori, Pacific, Asian women in collaboration with ScreenSouth. This resulted in improved rates for Māori 77%, Pacific 72% and Asian 71%. Further improvements in performance shall continue to be a focus for 2018 -2019.
<i>More Heart and Diabetes Checks</i>	90.0%	81.3%	3,887 people were assessed for a cardiovascular disease. Māori men aged 35-44 years were offered free CVD assessments with a 64.5% uptake. This shall continue to remain a focus for 2018-2019.

The Christchurch PHO Clinical Advisor, Service Development Facilitator and the Clinical Governance Group assisted practices to identify practice-based strategies and implementation plans to reach and exceed the targets.

Monthly progress reports provided to the DHB and Ministry of Health detailed the percentage uptake of cardiovascular disease risk assessments (CVDRA) and smoking brief advice and/or cessation services. Additional funding from the Ministry of Health for general practice and PHOs to target eligible populations was used to provide ongoing education for staff about cardiovascular risk assessments, improved IT support and audit tools, and clinical leadership to practices.

Patient portal uptake increased steadily during the year. Three practices reported that 7,750 patients were registered with a patient portal.

Financial Statements

The Financial Statements presented for the year ended 30 June 2018 are in the Tier 2 reporting format and include an independent Auditor's Report.

Statement of Financial Responsibility

The PHO Directors are responsible for preparing the financial statements, ensuring they comply with the generally accepted accounting practice in New Zealand, and present fairly the financial position of the Company as at 30 June 2018 and the results of their operations and cash flows for the year ended on that date.

The Directors consider the financial statements of the Company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates that all relevant financial reporting and accounting standards have been followed.

The Directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Company and facilitate compliance with generally accepting accounting practice in New Zealand.

The Directors consider that they have taken adequate steps to safeguard the assets of the Company, and to prevent and detect fraud and other irregularities. Internal control procedures are also considered to be sufficient to provide a reasonable assurance as to the integrity and reliability of the financial statements.

The Directors are pleased to present the financial statements of the Christchurch PHO Ltd for the year ended 30 June 2018.

Signed for and on behalf of the Directors



Dr Angus Chambers
Director



Christchurch PHO Limited

Financial Statements

For the year ended 30 June 2018

Christchurch PHO Limited

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Christchurch PHO Limited

Directory

as at 30 June 2018

Principal Business:	Primary Health Organisation
Shareholder:	Christchurch PHO Trust
Registered Office:	South Link Health Burns House, 10 George Street Dunedin
Directors:	J Allardyce A Chambers G Davidson (Resigned 11 June 2018) D Jones S McFarlane A Rolleston M Turrall
Solicitors:	Saunders Robinson & Brown Christchurch
Bankers:	ASB Bank
Auditors:	Crowe Horwath New Zealand Audit Partnership Dunedin

Christchurch PHO Limited

Statement of financial responsibility

For the year ended 30 June 2018

The Directors are responsible for preparing the financial statements and ensuring that they comply with generally accepted accounting practice in New Zealand, and present fairly the financial position of the Company as at 30 June 2018 and the results of their operations and cash flows for the year ended on that date.

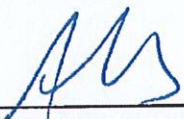
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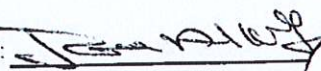
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The Directors are pleased to present the financial statements of the Christchurch PHO Limited for the year ended 30 June 2018

For and on behalf of the Directors:

Director:  _____

Dated: 19/9/18

Director:  _____

Dated: 24/9/18

Christchurch PHO Limited

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2018

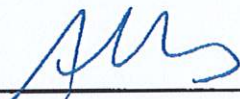
	<i>Note</i>	2018 \$	2017 \$
Contract revenue - non exchange transactions		7,023,930	6,925,928
Other income		98,717	6,813
Total revenue from non exchange transactions		7,122,647	6,932,741
Contract Payments		6,728,261	6,534,206
Wages, salaries and other employee costs		101,672	110,737
Other operating expenses	6	267,019	264,850
TOTAL EXPENSES		7,096,952	6,909,793
Interest income		23,333	24,373
OPERATING SURPLUS / (DEFICIT)		49,028	47,321
OTHER GAINS / (LOSSES)		-	-
SURPLUS / (DEFICIT) FOR THE YEAR		49,028	47,321
OTHER COMPREHENSIVE REVENUE AND EXPENSES		-	-
Total other comprehensive revenue and expenses		-	-
TOTAL COMPREHENSIVE REVENUE AND EXPENSES FOR THE YEAR		49,028	47,321



Christchurch PHO Limited
Statement of Financial Position
as at 30 June 2018

	Note	2018 \$	2017 \$
ASSETS			
Current			
Cash and cash equivalents	7	371,418	363,744
Term deposits	7	600,000	800,000
Receivables from non exchange transactions	8	190,021	115,321
Prepayments		13,583	6,975
Total current assets		1,175,022	1,286,040
Non-current			
Plant and Equipment	10	6,734	5,110
Total non-current assets		6,734	5,110
TOTAL ASSETS		1,181,756	1,291,150
LIABILITIES			
Current			
Payables under non exchange transactions	9	233,414	310,016
Employee entitlements	11	18,310	22,016
GST payable		6,581	5,623
Deferred revenue	12	518,186	597,258
Total current liabilities		776,491	934,913
TOTAL LIABILITIES		776,491	934,913
NET ASSETS		405,265	356,237
EQUITY			
Share Capital	17	1	1
Accumulated Funds		405,264	356,236
TOTAL EQUITY		405,265	356,237

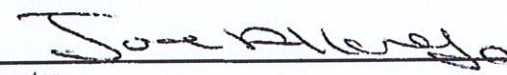
Approved for and on behalf of the Directors



Chairperson

19/9/18

Date



Director

24/9/18

Date



Christchurch PHO Limited

Statement of Changes in Net Assets

For the year ended 30 June 2018

<i>Notes</i>	<i>Share Capital</i>	<i>Accumulated Funds</i>	<i>Total</i>
	\$	\$	\$
Balance 1 Jul 2017	1	356,236	356,237
Surplus / (Deficit) for the year	-	49,028	49,028
Other comprehensive income	-	-	-
Balance 30 June 2018	1	405,264	405,265
Balance 1 Jul 2016	1	308,915	308,916
Surplus / (Deficit) for the year	-	47,321	47,321
Other comprehensive income	-	-	-
Balance 30 June 2017	1	356,236	356,237



Christchurch PHO Limited

Statement of Cash Flows For the year ended 30 June 2018

	<i>Note</i>	2018 \$	2017 \$
Cash flow from operating activities			
Cash was provided from(applied to):			
Receipts from contract transactions and other income		6,968,873	6,838,598
Interest received		23,333	24,373
Payments for contract and supplier transactions		(7,077,319)	(6,850,064)
Payments for employees		(105,378)	(100,336)
Goods and services tax (net)		958	1,725
Net cash/(used in) operating activities		(189,533)	(85,704)
Cash flow from investing activities			
Cash was provided from(applied to):			
Net cash/(used in) investing activities		(2,793)	-
Cash flow from financing activities			
Cash was provided from(applied to):			
Term deposit		200,000	-
Maturity of term deposit		-	(85,881)
Net cash/(used in) financing activities		200,000	(85,881)
Net increase/(decrease) in cash and cash equivalents		7,674	(171,585)
Cash and cash equivalents, beginning of the year		363,744	535,328
Cash and cash equivalents at end of the year	7	371,418	363,743



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

1. Reporting Entity

These financial statements comprise the financial statements of Christchurch PHO Limited (the "PHO") for the year ended 30 June 2018. The PHO is a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act 2013.

The PHO is registered under the Companies Act 1993. The Company is a charitable organisation, domiciled in New Zealand. The financial statements were authorised for issue by the Board of Directors on the date indicated on page 4.

2. Basis of Preparation

(a) Statement of compliance

The financial statements have been prepared in accordance with New Zealand generally accepted accounting practice (NZ GAAP) Tier 2 Public Benefit Entity (PBE) Financial Reporting Standards as issued by the New Zealand External Reporting Board (XRB). They comply with International Public Benefit Accounting Standards with Reduced Disclosure Regime (PBE Standard with RDR) and other as appropriate for Tier 2 Not for Profit (NFP) Public Benefit Entities for which all disclosure exemptions have been adopted.

The Company is eligible to report in accordance with Tier 2 PBE (NFP) standards on the basis that it does not have public accountability and annual expenditure does not exceed \$30 million.

The Company is deemed a public benefit entity for financial reporting purposes, as its primary objective is to act as a primary health organisation for the Christchurch community and has been established with a view to supporting that primary objective rather than a financial return.

(b) Basis of measurement

The financial statements have been prepared on a historical cost basis.

The accrual basis of accounting has been used unless otherwise stated and the financial statements have been prepared on a going concern basis.

(c) Presentation currency

The financial statements are presented in New Zealand dollars, which is the Company's functional currency.

All numbers are rounded to the nearest dollar (\$), except when otherwise stated.

(d) Comparatives

The comparative financial period is 12 months.

The net asset position and net surplus or deficit reported in comparatives is consistent with previously authorised financial statements.

(e) Changes in accounting policies

The accounting policies adopted are consistent with those of the previous financial year.



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

3. Summary of significant accounting policies

The accounting policies of the Company been applied consistently to all years presented in these financial statements. The significant accounting policies used in the preparation of these financial statements are summarised below:

(a) Cash and cash equivalents

Cash and cash equivalents include cash on hand, term deposits and other short-term highly liquid investments with original maturities of three months or less.

(b) Debtors and other receivables

Trade debtors and other receivables are measured at their cost less any impairment losses.

An allowance for impairment is established where there is objective evidence the Company will not be able to collect all amounts due according to the original terms of the receivable.

(c) Creditors and other payables

Trade creditors and other payables are stated at cost.

(d) Plant and equipment

Plant and equipment are measured at cost, less accumulated depreciation and any impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset.

Additions and subsequent costs

Subsequent costs and the cost replacing part of an item of plant and equipment is recognised as an asset if, and only if, it is probable that future economic benefits or service potential will flow to the Company and the cost of the item can be measured reliably. The carrying amount of the replaced part is derecognised.

In most instances, an item of plant and equipment is recognised at its cost. Where an asset is acquired at no cost, or for a nominal cost, it is recognised at fair value at the acquisition date.

All repairs and maintenance expenditure is charged to surplus or deficit in the year in which the expense is incurred.

Disposals

A item of plant and equipment is derecognised upon disposal or when no further future economic benefits or service potential are expected from its use or disposal.

When an item of plant or equipment is disposed of, the gain or loss recognised in the surplus or deficit is calculated as the difference between the net sale proceeds and the carrying amount of the asset.

Depreciation

Depreciation is recognised as an expense in the reported surplus or deficit and measured on diminishing value (DV) basis on all property, plant and equipment over the estimated useful life of the asset. The following depreciation rates have been applied at each class of property, plant and equipment:

Computer equipment and plant	10-48% DV
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The residual value, useful life, and depreciation methods of property, plant and equipment is reassessed annually.

(e) Impairment

At each reporting date, the Company assesses whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Company estimates the asset's recoverable amount. Recoverable amount is determined for an individual asset. An asset's recoverable amount is the higher of an asset's fair value less costs of disposal and its value in use.

Where the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Impairment losses are recognised immediately in surplus or deficit.



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

(f) Financial instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument in another entity.

Financial instruments are comprised of trade debtors and other receivables, cash and cash equivalents, trade creditors and other payables and borrowings.

Initial recognition and measurement

Financial assets and financial liabilities are recognised initially at fair value plus transaction costs attributable to the acquisition, except for those carried at fair value through surplus or deficit, which are measured at fair value.

Financial assets and financial liabilities are recognised when the reporting entity becomes a party to the contractual provisions of the financial instrument.

Derecognition of financial instruments

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or if the Company transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset.

A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Subsequent measurement of financial assets

The subsequent measurement of financial assets depends on their classification, which is primarily determined by the purpose for which the financial assets were acquired. Management determines the classification of financial assets at initial recognition and re-evaluates this designation at each reporting date.

All financial assets held by the Company in the years reported have been designated into one classification, "loans and receivables", being non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment.

(g) Provisions

A provision is recognised for a liability when the settlement amount or timing is uncertain; when there is a present legal or constructive obligation as a result of a past event; it is probable that expenditures will be required to settle the obligation; and a reliable estimate of the potential settlement can be made. Provisions are not recognised for future operating losses.

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Provisions are discounted to their present values where the time value of money is material. The increase in the provision due to the passage of time is recognised as an interest expense.

All provisions are reviewed at each reporting date and adjusted to reflect the current best estimate.

(h) Employee entitlements

Employee benefits, previously earned from past services, that the Company expect to be settled within 12 months of reporting date are measured based on accrued entitlements at current rate of pays.

These include salaries and wages accrued up to the reporting date and annual leave earned, but not yet taken at the reporting date.



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

(i) Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Company and revenue can be reliably measured. Revenue is measured at the fair value of consideration received.

The Company assesses its revenue arrangements against specific criteria to determine if it is acting as the principal or agent in a revenue transaction. In an agency relationship only the portion of revenue earned on the Company's own account is recognised as gross revenue in the Statement of Comprehensive Revenue and Expense.

The following specific recognition criteria must be met before revenue is recognised:

Revenue from non-exchange transactions

A non-exchange transaction is where the Company either receives value from another entity without directly giving approximately equal value in exchange, or gives value to another entity without directly receiving approximately equal value in exchange.

When non-exchange revenue is received with conditions attached, the asset is recognised with a matching liability. As the conditions are satisfied the liability is decreased and revenue recognised.

When non-exchange revenue is received with restrictions attached, but there is no requirement to return the asset if not deployed as specified, then revenue is recognised on receipt.

Condition stipulation – funds received are required to be used for a specific purpose, with a requirement to return unused funds.

Restriction stipulation – funds received are required to be used for a specific purpose, with no requirement to return unused funds.

Donations, grants and contract revenue

To the extent that there is a condition attached that would give rise to a liability to repay the grant or contract amount, a deferred revenue liability is recognised instead of revenue. Revenue is then recognised only once the PHO has satisfied these conditions.

Interest income

Interest income is recognised as it accrues.

(j) Income tax

Due to its charitable status, the Company is exempt from income tax.

(k) Goods and Services Tax (GST)

All amounts in these financial statements are shown exclusive of GST, except for receivables and payables that are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the Statement of Financial Position.

(l) Lease assets

Payments made under operating leases are recognised in the statement of comprehensive revenue and expense on a straight line basis over the term of the lease. Associated costs, such as maintenance and insurance where applicable, are expensed as incurred.

(m) New standards adopted and interruptions not yet adopted

Certain new accounting standards have been published that are not mandatory for the current reporting period. It is not expected that these standards will have any material impact on the financial statements.



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

4. Significant accounting judgements, estimates and assumptions

The preparation of financial statements in conformity with NZ IPSAS with Reduced Disclosure Regime requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Where material, information on significant judgements, estimates and assumptions is provided in the relevant accounting policy or provided in the relevant note disclosure.

The estimates and underlying assumptions are based on historical experience and various other factors believed to be reasonable under the circumstances. Estimates are subject to ongoing review and actual results may differ from these estimates. Revisions to accounting estimates are recognised in the year in which the estimate is revised and in future years affected.

5. Capital Management Policy

The PHO's capital is its equity, being the net assets represented by accumulated surplus and other equity reserves. The primary objectives of the PHO's capital management policy is to ensure adequate capital reserves are maintained in order to support its activities. The PHO manages its capital structure and makes adjustments to it, in light of changes to funding requirements. To maintain or adjust the capital structure, budgetary discretionary expenditure is reduced to avoid the need for additional external borrowings.

6. Other operating expenses

	2018	2017
	\$	\$
Administration Expenses		
Audit Fee	8,950	8,950
Bank Charges	332	355
Conference Expenses	730	695
Education CME/CNE	14,754	13,958
Insurance	9,997	8,869
General Expenses	9,747	9,416
Legal Fees	226	226
SLH and Other Consultancy	67,603	74,507
PHO Alliance Membership	6,171	6,143
Printing & Stationery	2,802	4,732
Repairs and Maintenance	158	-
Special Projects	1,298	1,373
Telephone & Tolls	4,480	4,525
Total Administration Expenses	127,248	133,749



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

	2018	2017
	\$	\$
Occupancy expenses		
Rental	59,102	52,383
Total occupancy expenses	59,102	52,383
Governance expenses		
Board Expenses	13,610	15,358
Board Meeting Fees	54,503	48,334
Clinical Governance	11,387	13,337
Total governance expenses	79,500	77,029
Depreciation	1,169	1,689
Total	267,019	264,850

7. Cash and cash equivalents

	2018	2017
	\$	\$
ASB current account	371,418	363,744
Term deposits	600,000	800,000
Total cash and cash equivalents	971,418	1,163,744

The carrying amount of cash and cash equivalents approximates their fair value.

The effective interest rate on term deposits in 2018 was 1.5% - 3.10% (2017: 2.5%-3.10%).

8. Receivables from non exchange transactions

	2018	2017
	\$	\$
Accounts receivables	188,425	113,903
Sundry receivables	1,596	1,418
Total	190,021	115,321

Classified as:

Current assets	190,021	115,321
Non-current assets	-	-
Total	190,021	115,321

Trade debtors and other receivables are non-interest bearing and receipt is normally on 30 days terms. Therefore the carrying value of trade debtors and other receivables approximates its fair value.

As at 30 June 2017 and 2018, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

9. Payables under non exchange transactions

	2018	2017
	\$	\$
Current		
Trade Payables	201,158	292,346
Sundry payables	32,256	17,670
Total current	233,414	310,016
Total payables under exchange transactions	233,414	310,016

Trade creditors and other payables are non-interest bearing and normally settled on 30 day terms; therefore their carrying amount approximates their fair value.

10. Plant and equipment

Movements for each class of property, plant and equipment are as follows:

2018	Computer equipment & plant	Total
	\$	\$
Gross carrying amount		
Opening balance	22,151	22,151
Additions	2,793	2,793
Disposals	-	-
Closing balance	24,944	24,944
Accumulated depreciation and impairment		
Opening balance	12,738	12,738
Depreciation for the year	1,169	1,169
Disposals	-	-
Impairment charge for the year	-	-
Closing balance	13,907	13,907
Carrying amount 30 June 2018	11,037	11,037



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

2017	Computer equipment & plant	Total
	\$	\$
Gross carrying amount		
Opening balance	22,151	22,151
Additions	-	-
Disposals	-	-
Closing balance	22,151	22,151
Accumulated depreciation and impairment	\$	\$
Opening balance	15,352	15,352
Depreciation for the year	1,689	1,689
Disposals	-	-
Impairment charge for the year	-	-
Closing balance	17,041	17,041
Carrying amount 2017	5,110	5,110

11. Employee entitlements

	2018	2017
	\$	\$
Current		
Annual leave entitlements	18,310	22,016
Total	18,310	22,016

Short-term employee entitlements represent the PHO's obligation to its current and former employees that are expected to be settled within 12 months of balance date. These mainly consist of accrued holiday entitlements at the reporting date.

12. Deferred revenue

	2018	2017
	\$	\$
Unexpended contract revenue	501,198	559,135
Other income received in advance	16,988	38,123
Total deferred revenue	518,186	597,258

The PHO receives funding for the delivery of specific health services. Unexpended funding where agreed upon services or conditions have not been fully completed at balance date and for which a return obligation exists are recognised as deferred funding and are expected to be recognised within the next one to 12 months.



Christchurch PHO Limited

Notes to the financial statements For the year ended 30 June 2018

13 Financial instruments

(a) Carrying value of financial instruments

The carrying amount of all material financial position assets and liabilities are considered to be equivalent to fair value.

Fair value is the amount for which an item could be exchanged, or a liability settled, between knowledgeable and willing parties in an arm's length transaction.

(b) Classification of financial instruments

All financial assets held by the PHO are classified as "loans and receivables" are carried at cost less accumulated impairment losses.

All financial liabilities held by the PHO are carried at amortised cost using the effective interest rate method.

Classification of financial instruments

The carrying amounts presented in the statement of financial position relate to the following categories of financial assets and liabilities.

2018	Loans and receivables	Liabilities at amortised cost	Total carrying amount	Fair value
Financial Assets				
Trade and other receivables	190,021	-	190,021	190,021
Cash and cash equivalents	371,418	-	371,418	371,418
Term Deposit	600,000	-	600,000	600,000
Total current assets	1,161,439	-	1,161,439	1,161,439
Total Assets	1,161,439	-	1,161,439	1,161,439
Financial liabilities				
Trade and other payables	-	233,414	233,414	233,414
Total current liabilities	-	233,414	233,414	233,414
Total liabilities	-	233,414	233,414	233,414

Christchurch PHO Limited

Notes to the financial statements For the year ended 30 June 2018

2017	Loans and receivables	Liabilities at amortised cost	Total carrying amount	fair value
Financial Assets				
Trade and other receivables	115,321	-	115,321	115,321
Cash and cash equivalents	363,744	-	363,744	363,744
Term Deposit	800,000	-	800,000	800,000
Total current assets	1,279,065	-	1,279,065	1,279,065
Total Assets	1,279,065	-	1,279,065	1,279,065
Financial liabilities				
Trade and other payables	-	310,016	310,016	310,016
Total current liabilities	-	310,016	310,016	310,016
Total liabilities	-	310,016	310,016	310,016



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

14. Operating Leases

	2018	2017
	\$	\$
<i>Non-cancellable operating leases as payable as follows</i>		
Less than one year	32,278	30,720
Between one and five years	7,312	3,315
More than five years	-	-
Total	39,590	34,035

15. Related party transactions

Related party transactions arise when an entity or person(s) has the ability to significantly influence the financial and operating policies of the Company

The PHO has a related party relationship with its Directors and other key management personnel.

The following arrangements existed with related parties:

(a) Related party balances

Balances outstanding with related parties as at 30 June include:

	2018	2017
	\$	\$
A Chambers	-	-
J Allardyce	-	-
G Davidson	-	-
D Jones	-	-
Total	-	-

Outstanding balances at year-end are unsecured and interest free. There is no doubtful debts provision included in outstanding related party balances.



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2018

A Chambers - Partner in Riccarton Clinic which received PHO funding on a normal supplier basis.

J Allardyce - Employed by the University of Canterbury which received PHO funding on a normal supplier basis.

G Davidson - Employed by Moorhouse Medical Centre which received PHO funding on a normal supplier basis.

D Jones - Part owner of Better Health Moorhouse Ltd which received PHO funding on a normal supplier basis.

(c) Key management compensation

The PHO has a related party relationship with its key management personnel. Key management personnel include the PHO's directors and senior management of the Company.

	2018		
	Directors \$	Snr mgmt \$	Total \$
Salaries and other short-term employee benefits	54,503	100,881	155,384
Total remuneration	54,503	100,881	155,384
Number of persons recognised as key management personnel	7	1	8

	2017		
	Directors \$	Snr mgmt \$	Total \$
Salaries and other short-term employee benefits	48,334	98,940	147,274
Total remuneration	48,334	98,940	147,274
Number of persons recognised as key management personnel	7	1	8



Christchurch PHO Limited

Notes to the financial statements For the year ended 30 June 2018

16. Contingent assets and contingent liabilities

Christchurch PHO Limited has no contingent assets or contingent liabilities (2017: None).

17. Equity

As at 30 June 2018, 100 ordinary shares have been allocated to the shareholder and have been fully paid. All shares rank pari passu.

18. Commitments

As at 30 June 2018 Christchurch PHO Limited is not aware of any capital commitments or contingencies (2017: nil).

19. Subsequent Events

There were no significant events after the balance date.



christchurch pho

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