



christchurch **pho**

ANNUAL REPORT

2022





ANNUAL REPORT 2021-2022

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1. About Us

Christchurch PHO, established in 2003, operates as a community based not for profit health limited liability company. Based in urban Christchurch it is one of three primary health organisations in Canterbury and an active member of the Canterbury Clinical Network.

The PHO supports seven-member general practices which are a mix of youth focused centres, small centres, and larger urgent care centres, providing primary care services to an enrolled population of over 38,000.

Mission

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

Legal structure

Christchurch PHO Trust - registered charity number CC32529 and New Zealand Business number 9429043088485.

Governance structure

The Christchurch PHO Board has seven members and seeks advice from the management team and the Clinical Governance Group.

This year the Board updated the Company Constitution to provide more flexibility and the ability to co-opt members.

2. Board and Chief Executive Reports

Chair's Report

Firstly, I want to acknowledge the enormous pressure of the last year since our last AGM. It has been a huge support to be able to meet regularly throughout the year even by Zoom and touch base, share frustrations and work together to continue to do what we can in trying times for our PHO member practices and patients. Thanks to you all for the mahi.

Obviously both COVID and the Health Reforms have dominated much of our thoughts and at times has challenged our ability to deliver the service we would like. Our member practice teams have navigated these difficult times adapting rapidly to change, putting themselves on the frontline, facing personal risk and continued to provide high quality care to their patients going above and beyond time and again. I thank you all for this.

Unprecedented pressures on funding and workforce have and continue to frustrate service delivery along with a system somewhat in stasis as it navigates the uncertainties of the reforms.

I want to also acknowledge the huge pressure placed upon our colleagues elsewhere in the system in particular the CDHB, and now Te Whatu Ora - Waitaha. I look forward to continuing productive collaborations.

As a PHO I am immensely proud of the hard work we have done and continue to do to in our efforts to provide whānau centred care to our populations. We remain adaptable, responsive, and continue to advocate and innovate on behalf of our patients. As a PHO we are also very active in the local system and beyond from a governance point of view.

I want to acknowledge the close working relationship we have with Waitaha Primary Health. It is a very valued relationship and I look forward to our continuing collaboration.

We are very lucky to have such a high-class mental health team led by George Dobson and I thank them for their hard work particularly in face of the difficulties of not being able to do face to face consultations for prolonged periods.

The work of our PHO Mobile Nurse, Pharmacist and Social Worker continues to add massive value to our service delivery at a practice level. The impact of this for patients cannot be underestimated. Thank you.

This service delivery would not be possible without the mammoth undertakings of the PHO team, Laila, Sandi and Katrina. They do deserve special mention for their continued diligence and dedication in the face of immense pressure.

We should also acknowledge the forthcoming addition of Halswell Health to our team of member practices. I look forward to further establishing this relationship and working with Halswell Health in the future.

I would like to personally thank the Board for their contributions and support and in particular Angus as Deputy Chair, for supporting me over the last year.

Whilst we face a great deal of uncertainty and I sense frustration at the disconnect between policymakers and the coalface, I remain confident that as a board we are well armed and very ably supported to face these challenges and will continue to concentrate on advocating for, innovating for, and providing high quality care for our member practice populations.



Dr Jason Pryke

Chief Executive's Report

The COVID19 pandemic response continued to dominate PHO work during an exceptionally busy and challenging year in health. We continued to work with and support our general practice teams to meet our commitment to improving the health and wellbeing of the enrolled population. It has required everyone to be nimble and adapt to the rapidly changing environment. We can feel very proud of the extra ordinary efforts made by all those who rose to the challenge of delivering primary care services in the Canterbury region over this period .

The PHO supported general practice teams who were actively involved with the pandemic response while continuing to deliver essential primary care services. They faced the ongoing threat of COVID19 infection while they provided testing, vaccinations, and care in the community for those patients who tested COVID positive. The COVID care in the community became a seven day a week service for many months, taking its toll on teams with many reporting high levels of fatigue and stress. Teams also adapted by using telephone and video consultations, implementing strict infection control protocols, and triaging patients.

We acknowledge the extraordinarily difficult time it has been both personally and professionally for health workers. Teams experienced increased pressure in their daily work, the complexity of health needs, workforce shortages due to closed borders, constrained funding and sickness, and this was all in the context of a pandemic response coupled with the uncertainty about the impact of significant reforms ahead for the health sector.

The PHO has operated efficiently and effectively this year, deploying as much of our funding as possible to support service delivery, general practice sustainability and the achievement of our strategic goals. We remain concerned about the sustainability of general practice as teams struggle with increasing demand for services, workforce shortages and increasing costs and relatively static funding.

Thank you to all those that we work with, liaise with, and who have supported us to deliver our services. We have valued your collegial support and friendship, and your commitment to making things better for all, and look forward to our continued association. Special thanks to our colleagues in Planning and Funding, the Canterbury Clinical Network, other PHOs, the Canterbury Primary Response Group and general practice teams. It has been quite a journey! Thanks also to Karo Data Management, IT Online and South Link Management Services for your sterling work behind the scenes to keep the PHO office systems operating smoothly. Warmest thanks to the PHO Board and Chairs Dr Angus Chambers and Dr Jason Pryke for your guidance and support, and to the PHO team and contractors for your unfailing commitment and dedicated efforts, support and encouragement, patience, and good humour during these most testing times.

Laila Cooper

3. Our Team - Board and PHO Team

The **PHO 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. The Board members bring a diversity of background, skills, and expertise to their governance role and their monthly Board meetings.



Christchurch PHO Board members (left to right)

Dr Jason Pryke	General Practitioner representative (observer until Nov 2021 when elected to the Board)
Michelle Turrall	Mana Whenua ki Waitaha appointed representative
Ana Verdult (nee Rolleston)	Mana Whenua ki Waitaha appointed representative
Dr Angus Chambers	General practitioner representative
David Jones	General practice representative
Dr Joan Allardyce	General Practitioner representative
Rachel Brennan	Practice Nurse representative
Dr Melanie Coker	Christchurch City Council appointed representative

Dr Angus Chambers stepped down as a Board member and from the Chair role in late 2021.

At the annual general meeting in November 2021 Dr Jason Pryke was elected to the Board and appointed Chair. Dr Chambers was co-opted onto the Board and appointed as Deputy Chair, to assist with the transition of the new Chair.

The Clinical Governance Group is a Board Committee tasked with providing clinical advice to the PHO Board. The Group met monthly during 2021-22 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
Dr Jason Pryke	General practitioner representative
Ana Verdult (nee Rolleston)	Manawhenua ki Waitaha representative
Rachel Brennan	Practice nurse representative
Kirsten Carey	Practice nurse representative
Joanne Comper	Clinical pharmacist representative

The Clinical Governance Group monitored the PHOs progress against the System Level Measures and PHO performance targets and provided advice to the Board about clinical programme planning and delivery, adverse event monitoring, quality improvement, clinical effectiveness, equity, and feedback to various consultation requests.

- Dr Tearlach MacLean represented the PHO at the Canterbury DHB Clinical Board until it was disbanded, and at the Pegasus Health Formal Review of Education meetings.
- Dr Angus Chambers met with the Chairs of the Pegasus Health and Waitaha Primary Health Clinical Governance Groups to discuss clinical matters of mutual interest.
- Dr Angus Chambers represented the PHO as a Primary Care Clinical Lead on the Canterbury Clinical Network (CCN) Alliance Support Team.
- Dr Jason Pryke participated in the Canterbury Clinical Network (CCN) Urgent Care Service Level Alliance, and the CCN Laboratory Service Level Alliance (until it was disbanded).
- Dr Johanna Joblin represented the PHO at meetings of the Pegasus Digital Advisory Group.
- Dr Joan Allardyce was awarded the Royal New Zealand College of General Practitioners President's Service Medal.

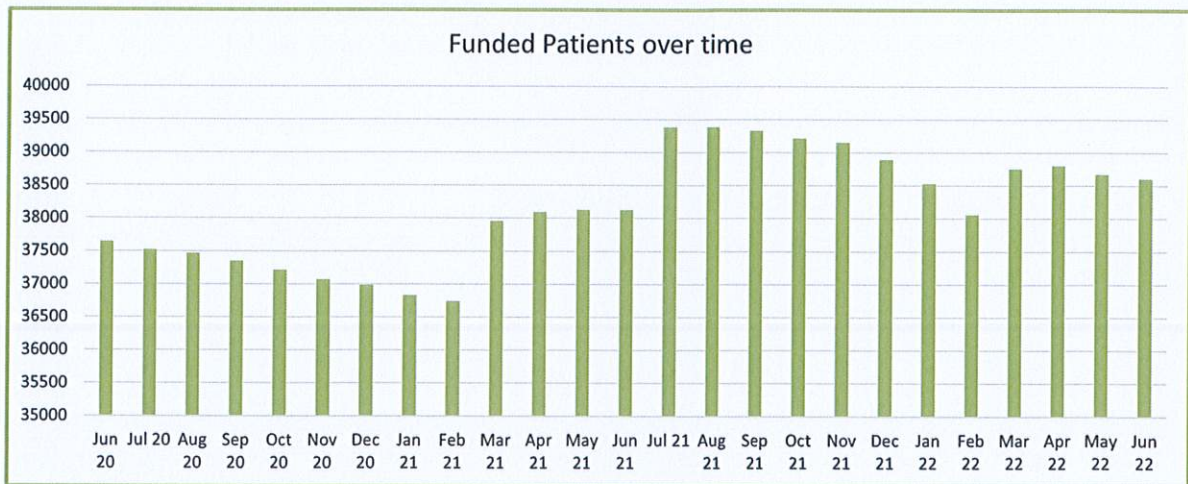
The PHO Team

Laila Cooper	Chief Executive
Sandi Malcolm	Service Development Facilitator
Katrina Banks	Administrator & Board Secretariat
Dr Angus Chambers	Clinical Advisor
George Dobson	Mental Health Clinical Manager
Sharmaine Dobson	Triage Coordinator & Intensive GP Liaison (to Dec 2021)
Becky Baichoo	Mental Health Brief Intervention Counsellor & CBT Programme
Jan Bensemman	Mental Health Brief Intervention Counsellor & Intensive GP Liaison
Cath Finch	Mental Health Brief Intervention Counsellor (to Oct 2021)
Lisa Hill	Intensive GP Liaison and Mental Health Brief Intervention Counsellor
Teresa Grimley	Mental Health Brief Intervention Counsellor (from Sep 2021)
Olivia Dallison	Mental Health Brief Intervention Counsellor (from Jan 2022)
Paul Wynands	Clinical Psychologist
Joanne Comper	Clinical Pharmacist & Quality Facilitator
Michelle Okeroa	Mobile Practice Nurse
Kirsten Carey	Mobile Practice Nurse, University of Canterbury Health Centre
Whitney Tae-Hurley	interim Mobile Community Social Worker (Jul to Dec 2021)
Abbey Glass	interim Mobile Community Social Worker (Jul to Dec 2021)
Alisha Didham	Mobile Community Social Worker (from Jan 2022)

4. Our population and member practice network

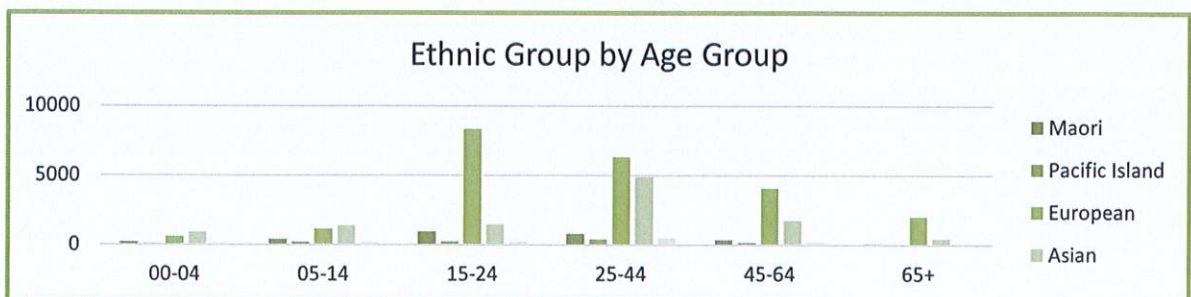
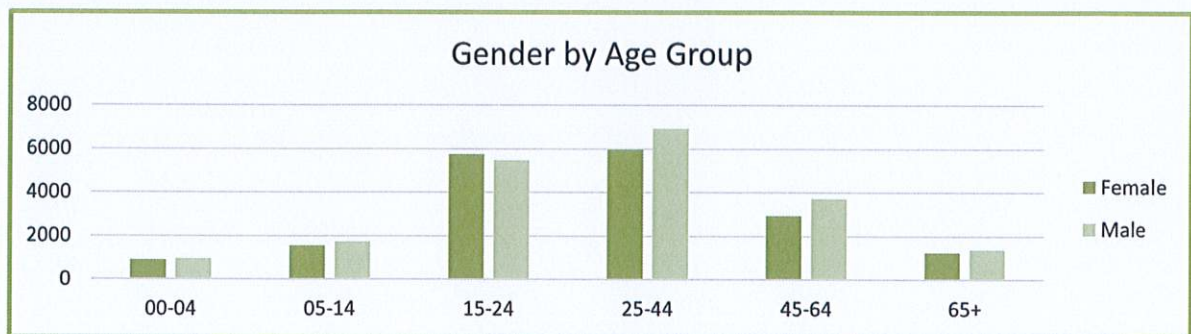
Enrolled Population Numbers

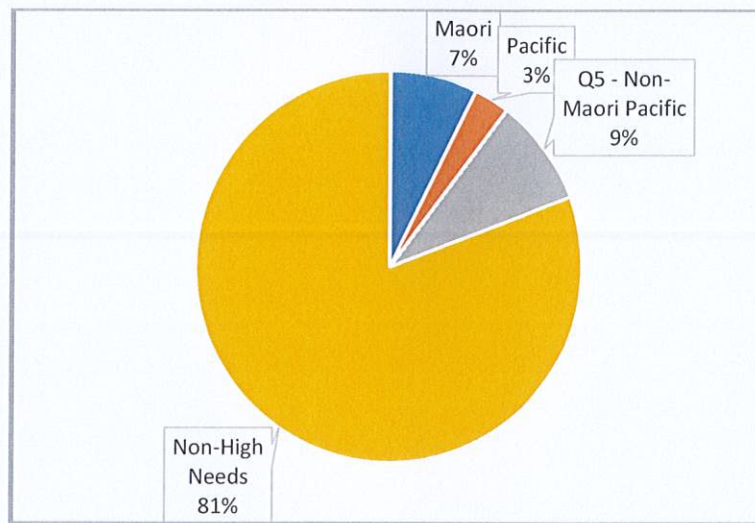
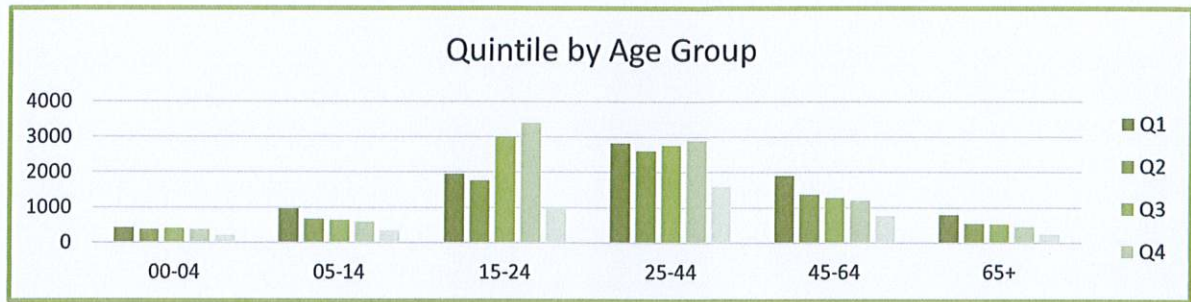
This year the PHO provided care for over 38,000 enrolled patients. The enrolled population has increased steadily over recent years and was boosted in July 2021 when the Lincoln University Student Health and Support joined the PHO. The dips in 2020 and early 2022 reflect the COVID19 pandemic lockdowns. PHO enrolments are traditionally lower over the three-month summer period reflecting the University academic year.



Enrolled Population Demographics

at 30 June 2022





Membership

The PHO funded the following seven-member general practices that had approximately 80 GPs and 106 nurses providing care to patients.

Ara Institute of Canterbury Health Centre	Whareora, Ara Campus, Christchurch
Burnside Medical Centre	368 Wairakei Rd, Burnside, Christchurch
Korowai Youth Wellbeing Trust	Unit 1, 25 Churchill St, Christchurch
Lincoln University Student Health & Support	Lincoln University Campus, Lincoln
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

Canterbury Clinical Network

Christchurch PHO, as one of the twelve partners in the Canterbury Clinical Network (CCN), has continued to actively collaborate with service providers, the Canterbury DHB and other Canterbury PHOs about various projects, programmes, and service improvement initiatives.

The network worked together to decide how, when and where health services were delivered.

A principles-based framework has been developed that places people and their family/whanau at the centre when designing equitable health services. Due to the COVID19 pandemic response many of the CCN groups were paused or had a reduced workplan this year.

The Canterbury Primary Response Group was very active fulfilling its responsibility for coordinating and supporting the primary care COVID19 response in the Canterbury on behalf of the three PHOs, general practice and community pharmacy.

Among a wide range of activity, Christchurch PHO involvement included membership of the following groups:

- Alliance Leadership Team
- Alliance Support Team
- Population Health & Access Service Level Alliance
- Pharmacy Service Level Alliance
- Integrated Diabetes Services Development Group
- Integrated Diabetes Podiatry Working Group
- Canterbury Primary Response Group
- Urgent Care Service Level Alliance
- Coordinated Access for Offenders on Release Working Group
- System Level Measures Framework Group
- Enhanced Capitation Working Group
- Te Tumu Waiora Sponsorship Group

Other collaborative work included participating in:

- Pacific Reference Group
- Te Kāhui o Papaki Ka Tai (TKOP)
- Culturally and Linguistically Diverse Health Advisory Group
- Smokefree Canterbury
- Patient Experience Survey Working Group
- Intimate Partner and Family Violence Working Group
- Primary Care Equally Well Working Group & Regional Equally Well Working Group
- Healthinfo Advisory Group
- CDHB Infection Prevention & Control Community Committee

National Linkages

- Christchurch PHO joined the Federation of Primary Health Aotearoa New Zealand this year. Dr Angus Chambers, a founding member of the Federation, continued to serve as an Executive member.
- Laila Cooper served as a member of the Dietitians Board.
- Dr Angus Chambers served as Deputy Chair of GenPro.
- Close links were maintained with other South Island PHOs including attendance at regional meetings, the South Island PHO mental health services, and the national group of GPNZ PHO CEOs.
- The PHO was represented at regular meetings of the Health Quality & Safety Commission PHO Improvement Network.
- Dr Angus Chambers attended regular meetings of GPNZ clinical leaders, and meetings of primary care clinical leaders with the Director General of Health Dr Ashley Bloomfield.

5. Clinical programmes and services

Funding was received on behalf of general practice teams for the enrolled population. This was used to provide services that promote population wellbeing, and management of personal health. The PHO received some other targeted funding which was used for clinical programmes and interventions to address specific areas of primary health.

5.1 Services Provided by General Practice Teams (funded by the CDHB via the PHO)

Healthy Lifestyles

Smoking Cessation Brief Advice & Support - funding for general practice teams to support people in their journey to become smokefree.

Children and Youth Health

Immunisation – The National Immunisation Schedule offered vaccination, free of charge, against vaccine preventable diseases to children aged from six weeks to 16 years of age, and these could be administered by general practice teams. All children in New Zealand were eligible for the funded National Schedule vaccines.

Free care for children under 14 years of age – free health care visits were available for children under 14 years old.

Free After-hours care for Children under 14 years of age (Riccarton Clinic and Moorhouse Medical Centre only) - increased access to primary care services after hours for children aged 14 years and under through the provision of free after-hours care (outside 8.00 am to 6.00 pm weekdays; and any time weekends and public holidays).

Before School Checks – the final Well Child health check was provided at no charge for all children aged 4 years old.

Rheumatic Fever Patient Services – designed to support timely primary care access for patients diagnosed with rheumatic fever by removing barrier of co-payment.

Youth Sexual Health – a service designed to improve access to sexual health services by providing free treatment and advice, contraception, sexually transmitted infection screening, and health education for young people aged 14 to 17 years.

General Practitioner & Nurse Hours (Korowai Youth Health & Wellbeing Trust only) – funding for general practitioner and nurse clinic services at 298 Youth Health Centre that are provided at no charge to Canterbury youth aged 10 to 24 years.

Women's Health

Low-Cost Access to Contraception and Long-Acting Reversible Contraception (LARC) – a service designed to improve access to contraception and help prevent unplanned pregnancies for women aged 18 years and older. General practice teams could fit or remove LARCs at no charge for those women who met the eligibility criteria.

National Breast Screening Programme – designed to reduce the risk of women developing breast cancer. Free mammograms (breast screens) were available every two years for women aged 45 to 69 years at no charge.

National Cervical Screening Programme - designed to reduce the risk of women developing cervical cancer by checking for abnormal cell changes to the cervix. Screens are recommended every three years for women aged 25 to 69 years. Some free screens were allocated for targeted priority population groups.

Whooping Cough (pertussis) Vaccination – was available for all pregnant woman between 28 to 38 weeks gestation.

Older Person's Health

National Bowel Screening Programme – designed to reduce the risk of people aged 60 to 74 years developing bowel cancer. General practices were funded to provide a free general practitioner consultation for the management of a positive test result.

End of Life Care – provision of access to general practitioner and practice nurse services in the general practice and at home at no charge to the patient during their last three months of life.

Immunisation – Influenza and shingles vaccines were free of charge to patients who met the criteria i.e., influenza - people aged 65 years and older and people with chronic medical conditions who were at risk of developing serious complications; shingles for people aged 65 years. A general practice team could administer these vaccinations.

Long Term Conditions

Diabetes Care Improvement Packages – funding used by general practice teams to improve the management of people with diabetes by reducing avoidable complications of the disease and improving people's quality of life.

Enhanced Capitation – funding used by general practice teams to better coordinate care for those people with complex needs.

Heart Health – funding used to support general practice teams to identify, treat and manage people's cardiovascular disease risk.

Chronic Packages of Care – funding used to provide free funded nurse and general practitioner consultations for people with long term health conditions, who were recently discharged from hospital, newly diagnosed or at high risk of complications.

Māori Chronic Care Management - specific packages of care for Māori patients with long term health conditions.

Podiatry Services – contracted podiatrists delivered the service that included assessment and care of foot problems that could lead to ulceration or potential amputation. Two services were offered. One for people with Type1 or Type2 diabetes who have been assessed by their general practice team as being at risk for foot complications. The PHO contracted podiatrists in the community to provide services to those patients referred by their general practice. Up to four visits at no charge p.a. The second service was for people who did not have diabetes and were assessed by their general practice team as being at risk for foot complications. Up to three visits at no charge p.a.

Mental Health and Wellbeing

Primary Mental Health Service – designed to provide timely and appropriate access to experienced mental health clinicians, for those people experiencing mild to moderate mental health distress. Up to five sessions at no charge are offered for people referred by their GP.

Access and Choice – a new model of service delivery that placed additional resources into a general practice team to provide generalist mental health and wellbeing support to patients and the practice team. Health Improvement Practitioners (clinical) and Health Coaches (non-clinical) support patients with behavioural changes to improve their mental health and wellbeing. The service was implemented at the University of Canterbury Health Centre and Lincoln University Student Health & Support.

Equally Well Programme – a programme funded by the PHO with the goal of achieving physical health equity for people who experience mental health and addiction issues. Eligible people could access up to five sessions p.a. with a general practitioner or practice nurse at no charge.

General Support

COVID Care in the Community – the Ministry of Health provided funding to support general practice teams to assist people to self-manage and have access to funded consultations if required. The establishment of the Canterbury Hauora Hub provided additional support including addressing welfare needs for people with COVID who were required to quarantine, self-isolate or had complex health conditions, or were not enrolled or connected with a general practice.

Mobile Practice Nurse – supported general practice teams with their COVID in the community response by assisting with swabbing, vaccinating and providing practice nurse interventions to address staff shortages, distributing PPE, RAT kits and N95 masks, as well as contacting priority populations to encourage them to get vaccinated. The service also provided general nursing interventions as an extension of the general practice team, for priority populations. This was provided within the constraints of the pandemic traffic light system.

Clinical Pharmacist – provided support to general practice teams and free consultations in a person’s home or general practice to help people better understand and manage their medications. Completed medication audits and medicine therapy assessments, and provided feedback on results to clinical teams, and reported adverse events to the Clinical Governance Group for discussion and dissemination of learnings to member practices.

Community Social Worker – provided early intervention for people and their families, and links between appropriate services and assisted people to navigate their way through the systems. In a collaborative relationship with the PHO Mobile Nurse, Clinical Pharmacist and general practice teams, provided wrap around services for those most in need.

Health Promotion Services – these were designed to increase health knowledge and reduce inequalities and included:

- Access to Motivating Conversations training for primary care staff (in abeyance for part of the year due to COVID).
- Completion of an Asian Health Literature Review and development of an oral health promotion project.
- Assisted general practice to ask and record people’s alcohol intake, and provide brief advice, cessation support and onward referral to support services if required.

Discretionary Funding – a small funding pool was available to assist people to access health care /services where there were financial barriers and no other funding options available. The service included some funded transport for patients to attend appointments.

Interpreter Services – free services were available for those people for whom English was not their first language via Interpreting New Zealand, which included telephone, face to face and interpreters for those with hearing difficulties.

Acute Demand Packages of Care - St John (Riccarton Clinic and Moorhouse Medical Centre only) – funding for when St John Ambulance attended a call out and assessed that a person needed further medical attention within the next few hours and either transported the person to an Urgent Care provider or allowed the person to transport themselves. A voucher was issued for a free consultation visit within 24 hours of issue at an Urgent Care Centre.

Free GP Consultations

- **for Eligible Canterbury DHB staff** – designed to improve equity of access by removing cost as a barrier
- **for People on Release from Prison** – designed to improve equity of access by removing cost as a barrier, and to increase engagement and enrolment in primary care.
- **for Cancelled Dermatologist Appointments** – provided while there were no Dermatologists employed at the Canterbury District Health Board, so people could be monitored by a general practitioner for any concerns.

5.2 Clinical Programmes and Services Provided Canterbury wide

The PHO enrolled population was able to access the following Canterbury wide clinical programmes and services.

Provided by Pegasus Health

- **ACC Contract for General Practitioner referred Magnetic Resonance Imaging (GPMRI)** – designed to increase access to assessment and reduce barriers to having a general practitioner review and referral to GP Referred MRI Services. The service reduced the time from MRI referral to treatment and return to independence/work for people who required specialist care; and supported timely referral to appropriate care for those who required more specialised assessment and treatment.
- **ACC Primary Care Concussion Pilot** – designed to support general practitioners in the early assessment, diagnosis, and management of people with a concussion or mild traumatic brain injury. General practitioners assessed and referred people to concussion services if needed without prior approval from ACC. This new approach was expected to lead to better outcomes for patients by directing them to the appropriate treatment pathway in a timelier manner.
- **Refugee and Migrant Services** – free general practitioner or nurse care was provided for eligible former refugees living in Canterbury during their first five years in New Zealand.
- **Acute Demand Service** – supported patients to remain or return to the care of their general practitioner and stay out of hospital and the Emergency Department. The service assisted general practitioners with diagnostic work, including electrocardiogram (ECGs), blood tests or organising radiology, and provided support and monitoring for heart and chronic obstructive pulmonary disease (COPD) patients, anticoagulation monitoring and other therapeutic services, such as intravenous (IV) antibiotics.

Provided by Waitaha Primary Health

- **Infant Feeding Service** comprised a Community Based Lactation Consultation Service which provided specialist support to mothers with complex breastfeeding issues, and a Mother-4-Mother Breastfeeding Peer Support Programme.

Provided by Canterbury Clinical Network / Canterbury Initiative

- ***Integrated Respiratory Service*** – helped people get support for their breathing conditions. Diagnostic tests like spirometry and sleep studies were completed in the community. The community respiratory team delivered community based Better Breathing Pulmonary Rehabilitation programmes and provided community support and exercise groups.
- ***Integrated Diabetes Service*** – supported diabetes programmes and services in the community such as the Community Diabetes Education programme.
- ***Canterbury Initiative*** - managed a number of programmes that supported patients. For example:
 - Advance Care Plans – documented the wishes of patients to support their care at the end of life.
 - Medical Care Guidance – documented the wishes of patients to support their care at the end of life, with the support of family, friends and medical carers when they were no longer competent.
 - Mobility Action Plan – developed a plan for patients with osteoarthritis who did not meet referral criteria for First Specialist Assessment.
 - Shoulder Service – supported the assessment of patients to ensure the right patients were seen at a First Specialist Assessment.
 - Community Musculoskeletal Service – an assessment clinic where patients with non-urgent musculoskeletal conditions that did not require surgery were seen by a specialist.
 - Avastin Service – treatment of macular degeneration by a GP.
 - GP Subsidised procedures – these included steroid injections, spirometry, and sleep assessments, pipelle biopsy and skin lesion excision, IV iron infusion, Mirena insertions, and supporting people newly diagnosed with diabetes and those starting on insulin.

Provided by Stop Smoking Canterbury - Te Hā Waitaha (a range of providers)

- ***Smoking Cessation Service*** – Stop Smoking Practitioners supported people to become smokefree by working with them to set a quit date and become smokefree in ways that worked for them. The service was provided at no charge and free nicotine replacement therapy (patches, lozenges, gum) was available to help with withdrawal symptoms.

6. Our Performance – Measuring Our Impact

Striving for equitable health outcomes

Each quarter the Board was updated about performance of PHO programmes against a range of indicators. This included the uptake of services by Māori, Pacific, and Asian. Work is continuing to strengthen the reporting including development of a dashboard to better highlight any equity gaps and opportunities for improvement.

Improving population health outcomes

Primary Mental Health

- The primary mental health team saw 1,039 people and provided 3,077 sessions. Note that does not include the many phone sessions and contacts that were made on behalf of patients. Practitioners offered sessions by phone/video when required due to COVID.
- Sixty-two percent of people seen were women and 38% men; 9% were Maori, 13% Asian, 18% other (includes Pacific) and 60% European.
- The highest uptake of services was by those aged 20 to 39 years (62%), reflecting the younger demographic of the PHO enrolled population.
- Fifty-nine percent of presentations were for anxiety, 53% for depression, 6% for alcohol and other drugs, and 44% for other.
- Eighty percent of patients reported an improved Kessler score on completion of their sessions and 15% static.
- General practice teams provided 1,661 extended mental health consultations. Seven percent were for Māori.
- The PHO and general practices funded extra extended GP mental health consultations when their budgeted sessions were exhausted, and the PHO subsidised the programme in order to meet the demand for services.

Access and Choice Programme

- The Te Tumu Waiora – Waitaha service was implemented at the University of Canterbury Health Centre and Lincoln University Student Health & Support in late May. The 1.0 FTE Health Improvement Practitioner (HIP) and 1.0 FTE Health Coach delivered immediate health support to patients following a warm handover from their general practitioner.

Equally Well

- The PHO funded up to four consultations p.a. with a general practitioner or practice nurse for people with serious enduring mental illness, to address their physical health needs. The funding was also used for youth with mental health concerns who had barriers to accessing services. 274 consultations were provided, with 75% being for youth.
- The Mobile Nurse, Social Worker and Clinical Pharmacist worked together with the general practice teams to provide a wraparound service for some patients.

Diabetes

- 4.4% of the Canterbury enrolled population have been identified as having diabetes, and 3.5% of the Christchurch PHO enrolled population, reflecting the younger demographic of the PHO.
- The proportion of the PHO Total Diabetes population was 7.8% Māori, 5.9% Pacific, 22.5% other Asian, 7.9% South Asian and 55.95% other.
- 91.3% of patients with diabetes and 91.7% of high needs patients with diabetes had an HBA1c test this year. This test is commonly used to indicate a person's average blood glucose (sugar) levels over the previous 2 to 3 months. This represents a good uptake compared to national statistics but not necessarily optimal care, as HBA1c results remain higher for many than recommended. Seventy-six percent of the total patients tested, and 72% high needs, had a result lower than the target of 64mmol/mol.
- Sixty-four percent of coded patients had a diabetes retinal screen; and 59% of patients had both an HBA1c test and a retinal screen in an appropriate timeframe.
- The PHO funded 178 community podiatry sessions for people with diabetes who had high risk feet.

Chronic Packages of Care

- Chronic packages of care were provided to 799 patients. Thirty-three percent were for mental health related concerns and 18% for diabetes related concerns, reflecting the funding shortfall for these services.

Heart Health

- CVD risk assessments were completed for 68% of the eligible population; 59% Maori, 48% Pacific and 51.5% Asian.

Prevention

New-born Enrolment

- The PHO has always previously achieved highly against the target to have new-born babies enrolled with a PHO within six months of birth. Results for this year have yet to be advised.

Improving Immunisation Rates

- It was a difficult and busy year maintaining general immunisation services and coverage during the COVID19 pandemic response and maintaining an additional focus on the MMR catch-up vaccination programme.
- Ninety-seven percent of children were fully immunised at 8 months and 87% at two years. These rates are lower than in previous years and may reflect difficulties that some people experienced during the pandemic response accessing their general practice team.
- Support was provided to general practices to encourage uptake of the annual influenza vaccination and the MMR vaccinations catch up programme.
- Funding was provided to support general practice teams with their efforts to promote COVID vaccination.

Improving Screening Rates

- General practice teams referred women for to the National Breast Screening programme for their two-yearly breast screen.
- Cervical screening for women aged 25-69 years was completed by general practice teams. Screens are recommended to be completed every three years. Sixty-six percent of eligible women were screened; 65% of eligible Māori, 66 % of eligible Pacific and 62% of eligible Asian.
- General practice teams saw fifty-nine people who had returned a positive bowel screening test, for referral onto appropriate services for further investigation.

Reducing Smoking Related Harm

- This was the first year that Christchurch PHO member practices referred people to the Canterbury wide Ministry of Health funded Te Hā Waitaha Service. 151 referrals were made.
- The PHO also funded 1,495 smoking cessation brief advice sessions by general practice teams. Twenty percent of claims made were for Māori, 2% for Pacific and 19% for Asian.

Reducing Alcohol Related Harm

- The PHO funded an incentive programme to encourage general practice teams to record the alcohol status of all patients aged 15 to 75 years old, and to provide brief advice on safe alcohol use and referral to services as required.
- Overall, results dropped by 3% since the previous year. General practices achieved an average result of 73% of patients having their alcohol status recorded, with one practice achieving 93%.

Improving Oral Health

- The PHO commissioned a comprehensive literature review and report on Asian Health with recommendations for future health promotion projects.
- The first to be implemented was an oral health promotion project where general practice teams were supplied with toothbrushes and toothpaste to be given to children when they presented for their 15-month immunisations and check. An initial evaluation has found that these resources have been well received by the practices and parents.

Youth Sexual Health

- 318 consultations were provided for youth aged 14-17 years. Seventy-five percent of the consultations were for females. Thirty-seven percent of consultations were for discussion on gender diversity, reflecting the youthful population of the 298 Youth Health Centre, and the University Health Centres.
- With the introduction of funding for Low-Cost Consultations and Long-Term Acting Reversible Contraception for women 18 years and over, the age eligibility criteria for Youth Sexual Health consultations were reduced from up to 21 years to 17 years. There was no funding for sexual health services for men aged 18 years and over, and no specific funding for gender diversity consultations. These were both significant gaps for this population, especially for the 18- to 25-year-old cohort.

Reducing the Risks Associated with Polypharmacy

- A patient dashboard tool was implemented in general practices for people on more than ten medications. Medicines Therapy Assessments were provided to reduce the risk of inappropriate polypharmacy.

Service utilisation

- All practices participated in the Community Service Card (CSC) programme which is an additional subsidy that caps the standard practice visit charge for a CSC holder and their dependants aged 14 to 17 years.
- Fee levels for member practices were published on their websites which can be accessed via the PHO website.
- This year the two general practices that also are Urgent Care Centres, reported higher numbers of presentations. Some of these appeared to be due to the inability of patients to enrol in a general practice and / or to make an appointment with their regular general practice team. While all CPHO member practices continued to operate during COVID there were times due to workforce shortages and staff illness that access to services was reduced. Primary care workforce capacity remains a significant concern across Canterbury and nationally.

Supporting the COVID19 Pandemic Response

- The PHO team worked with regional response to COVID19 pandemic. This included participation in the Canterbury Primary Response Group and subgroups such as workforce planning. The team distributed personal protective equipment, RAT kits, contacted patients encouraging them to be vaccinated, and supported practice teams to have N95 masks fitted. The Mobile Nurse and Clinical Pharmacist supported general practice teams in a range of ways depending on the practice need at the time.

Quality Assurance Activity

Achievement against the 2021-22 Christchurch PHO Quality Plan is summarised as follows:

Consumer Engagement and Participation	
<ul style="list-style-type: none"> Implement Patient Portals. 	These have been implemented in five member practices.
<ul style="list-style-type: none"> Implement Patient Experience Survey (PES). 	The PES was implemented in each quarter. General practices were supported to access and use the survey results to identify indicators that exceeded the national averages and opportunities for improvement.
Clinical Effectiveness	
<ul style="list-style-type: none"> Implement programme of regular Clinical Pharmacist audits. 	<p>Audits were undertaken in response to identified issues in a practice. Examples of audits completed included SSRIs, methylphenidate and dexamfetamine, isotretinoin and transplant patients; repeat prescribing; asthma medication in Māori and Pacific; type 2 diabetic medication; gout; allergies (Augmentin).</p> <p>The Pharmacist completed 14 Medicines Therapy Assessments and completed training to become a Pharmacy Prescriber.</p>
<ul style="list-style-type: none"> Use valid and reliable measures to evaluate aspects of service delivery and inform improvement, change and sustainability. 	The PHO smoking cessation programme was transitioned to the Te Hā Waitaha Stop Smoking Canterbury Service from July 2021. Due to COVID and the inability to complete carbon monoxide (CO) validations at four weeks post quitting, there was insufficient data to evaluate the service.
Commitment to Quality Improvement and Patient Safety	
<ul style="list-style-type: none"> Implement National Adverse Events Reporting Policy 2017. 	All reported adverse events were reviewed by the Clinical Governance Group and learnings shared with practices.
<ul style="list-style-type: none"> Maintain Cornerstone Accreditation and Foundation Standard Certification. 	<p>Foundation Standard certification was maintained by all member practices. Certification is via the Royal New Zealand College of General Practitioners and the Standards are the benchmarks for practices to measure their quality of care and progress towards equity.</p> <p>Several practices ceased maintaining Cornerstone accreditation due to the cost and onerous compliance requirements, and also stopped participating in the general practitioner training programme. This will have a flow on to future workforce recruitment and retention.</p>

Engaged Effective Workforce	
<ul style="list-style-type: none"> Develop capacity and capability of Board, Clinical Governance Group and PHO staff in quality improvement. 	<p>Health Quality & Safety Commission resources were shared with general practice teams and discussed by the Clinical Governance Group and the Board.</p> <p>Quality improvement support was provided to practices, and CPHO participated in the Health Quality & Safety Commission's PHO Quality Improvement Network.</p>
<ul style="list-style-type: none"> Support quality improvement leaders in general practice. 	<p>Elements of the Health Care Home programme were promoted including the use of video technology. The PHO provided funding to assist practices to embed telehealth including clinical triage, patient portals, electronic prescribing and use of video consultations. All practices now implement electronic prescribing.</p>

7. Financial Statements

The Financial Statements presented for the year ended 30 June 2021 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 2022 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 2022.

Signed for and on behalf of the Directors



Dr Jason Pryke
Director



Christchurch PHO Limited

Financial Statements

For the year ended 30 June 2022

Christchurch PHO Limited

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Christchurch PHO Limited

Directory

as at 30 June 2022

Principal Business:	Primary Health Organisation
Shareholder:	Christchurch PHO Trust
Registered Office:	South Link Health 5 Melville Street Dunedin
Directors:	J Allardyce R Brennan A Chambers M Coker (Appointed 5 July 2021) D Jones S McFarlane (Resigned 31 May 2021) J Pryke (Appointed 6/12/21) A Verdult nee Rolleston M Turrall
Solicitors:	Saunders Robinson & Brown Christchurch
Bankers:	ASB Bank
Auditors:	Crowe New Zealand Audit Partnership Dunedin

Christchurch PHO Limited

Statement of Financial Responsibility

For the year ended 30 June 2022

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 2022 and the results of their operations and cash flows for the year ended on that date.

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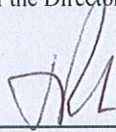
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The Directors are pleased to present the financial statements of the Christchurch PHO Limited for the year ended 30 June 2022

For and on behalf of the Directors:

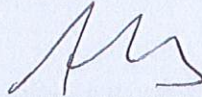
Director:



Dated:

27 OCT 2022

Director:



Dated:

27 10 22

Christchurch PHO Limited

Statement of Comprehensive Revenue and Expense

For the year ended 30 June 2022

	<i>Note</i>	2022 \$	2021 \$
Contract revenue - non exchange transactions		9,499,646	8,612,643
Other income		16,961	10,832
TOTAL REVENUE FROM NON EXCHANGE TRANSACTIONS		9,516,607	8,623,475
Contract payments		8,890,202	8,083,417
Wages, salaries and other employee costs		287,141	293,725
Other operating expenses	6	325,905	299,592
TOTAL EXPENSES		9,503,248	8,676,734
Interest income		4,893	5,982
OPERATING SURPLUS / (DEFICIT)		18,252	(47,277)
OTHER GAINS / (LOSSES)		-	-
SURPLUS / (DEFICIT) FOR THE YEAR		18,252	(47,277)
OTHER COMPREHENSIVE REVENUE AND EXPENSES		-	-
TOTAL COMPREHENSIVE REVENUE AND EXPENSES FOR THE YEAR		18,252	(47,277)

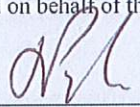
to be read in conjunction with the notes



Christchurch PHO Limited
Statement of Financial Position
as at 30 June 2022

	Note	2022 \$	2021 \$
ASSETS			
Current			
Cash and cash equivalents	7	820,655	1,051,901
Term deposits	7	200,000	200,000
Receivables from non exchange transactions	8	338,553	131,661
GST receivable		-	-
Prepayments		8,269	8,209
Total Current Assets		1,367,477	1,391,771
Non-current			
Plant and Equipment	9	8,279	5,693
Total Non-current Assets		8,279	5,693
TOTAL ASSETS		1,375,756	1,397,464
LIABILITIES			
Current			
Employee entitlements	10	31,944	29,192
Payables under non exchange transactions	11	347,983	298,380
GST payable		9,393	5,055
Deferred revenue	12	591,747	688,401
Total Current Liabilities		981,067	1,021,028
TOTAL LIABILITIES		981,067	1,021,028
NET ASSETS		394,689	376,436
EQUITY			
Share Capital	17	1	1
Accumulated Funds		394,688	376,435
TOTAL EQUITY		394,689	376,436

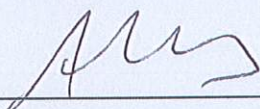
Approved for and on behalf of the Directors



Chairperson

27 OCT 2022

Date



Director

27/10/22

Date

to be read in conjunction with the notes

Christchurch PHO Limited

Statement of Changes in Net Assets For the year ended 30 June 2022

	<i>Notes</i>	<i>2022</i>	<i>2021</i>
		\$	\$
Opening Balance 1 July		376,437	423,713
Surplus / (Deficit) for the year		18,252	(47,277)
Other comprehensive income		-	-
Closing Balance 30 June		394,689	376,436

to be read in conjunction with the notes



Christchurch PHO Limited

Statement of Cash Flows

For the year ended 30 June 2022

<i>Note</i>	<i>2022</i>	<i>2021</i>
	<i>\$</i>	<i>\$</i>
Cash flow from Operating Activities		
Cash was provided from (applied to):		
Receipts from contract transactions and other income	9,196,100	8,798,265
Interest received	4,893	5,982
Payments for contract and supplier transactions	(8,945,440)	(8,419,738)
Payments for employees	(284,389)	(282,157)
Goods and services tax (net)	4,338	(27,309)
Net cash / (used in) Operating Activities	(24,498)	75,043
Cash flow from Investing Activities		
Cash was provided from (applied to):	(200,000)	
Disposal of property, plant and equipment	-	-
Acquisition of property, plant and equipment	(6,748)	(1,199)
Maturity of term deposit	-	-
Net cash / (used in) Investing Activities	(206,748)	(1,199)
Cash and cash equivalents, beginning of the year	1,051,901	978,057
Net increase / (decrease) in cash and cash equivalents	(231,246)	73,844
Cash and cash equivalents at end of the year	820,655	1,051,902
<i>7</i>		

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2022

1. Reporting Entity

These financial statements comprise the financial statements of Christchurch PHO Limited (the "PHO") for the year ended 30 June 2022. 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 2022

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
------------------------------	-----------

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 2022

(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 2022

(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) Standards and interpretations on issue but not yet effective

The Company has not adopted any standards or interpretations on issue but not yet effective. The standards are expected to be adopted in the period in which they become mandatory. Affecting the Company in the future are:

-PBE IPSAS 41 Financial Instruments will be effective for reporting periods after 1 January 2022. This simplifies the model for reclassifying and recognising financial instruments and aligns hedge accounting more closely with common risk management practices. It applies a single forward-looking expected credit loss model that is applicable to all financial instruments subject to impairment testing. It will apply to the Company for the period ending 30 June 2023 and whilst is expected to have some impact it is not expected to be a material impact due to the current nature of financial instruments held by the Company.

-PBE FRS 48 Service Performance Reports will be effective for reporting periods after 1 January 2022. This establishes principles and requirements for presenting service performance information that is useful for accountability and decision-making purposes. These high-level requirements provide flexibility for entities to determine how best to "tell their story" using contextual information and relevant measures. It will apply to the Company for the period ending 30 June 2023 and systems are being put in place to capture this data.



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2022

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.

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2022

6. Other Operating Expenses

	2022	2021
	\$	\$
Administration Expenses		
Advertising	440	285
Audit Fee	11,191	7,760
Bank Charges	392	327
Conference Expenses	(78)	403
Education CME/CNE	11,272	13,767
Insurance	11,615	11,421
General Expenses	1,292	1,749
Legal Fees	5,934	1,824
SLH and Other Consultancy	99,313	84,535
PHO Alliance Membership	2,046	4,699
Printing & Stationery	6,641	5,970
Repairs and Maintenance	-	115
Special Projects	10,982	-
Telephone & Tolls	6,390	6,913
Total Administration Expenses	167,430	139,768
Occupancy Expenses		
Rental	59,691	65,580
Total Occupancy Expenses	59,691	65,580
Governance Expenses		
Board Expenses	7,345	13,189
Board Meeting Fees	69,966	62,929
Clinical Governance	17,312	14,682
Total Governance Expenses	94,623	90,800
Depreciation	4,162	3,444
Total	325,905	299,592

7. Cash and Cash Equivalents / Investments

	2022	2021
	\$	\$
ASB current account	320,655	551,901
Term deposits less than three months	500,000	500,000
Total cash and cash equivalents	820,655	1,051,901

Term Deposits	2022	2021
	\$	\$
Term Deposits 9 - 12 months	-	200,000
Term Deposits 3 - 9 months	200,000	-
Total cash and cash equivalents	200,000	200,000

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

The effective interest rate on term deposits in 2022 was 1.05% -1.50% (2021: 0.35%-0.45%).



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2022

8. Receivables from Non Exchange Transactions

	2022	2021
	\$	\$
Accounts receivables	336,579	131,494
Sundry receivables	1,974	167
Total	338,553	131,661

Classified as:		
Current assets	338,553	131,661
Non-current assets	-	-
Total	338,553	131,661

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 2021 and 2022, all overdue receivables have been assessed for impairment and appropriate allowances made. All receivables are subject to credit risk exposure.

9. Plant and Equipment

	2022	2021
	\$	\$
Gross carrying amount		
Opening balance	24,688	23,489
Additions	6,748	1,199
Disposals	-	-
Closing balance	31,436	24,688
Accumulated Depreciation and Impairment		
Opening balance	18,995	15,551
Depreciation for the year	4,162	3,444
Disposals	-	-
Impairment charge for the year	-	-
Closing balance	23,157	18,995
Carrying amount 30 June	8,279	5,693



Christchurch PHO Limited

Notes to the financial statements

For the year ended 30 June 2022

10. Employee Entitlements

	2022	2021
	\$	\$
Current		
Annual leave entitlements	31,944	29,192
Total	31,944	29,192

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.

11. Payables under Non Exchange Transactions

	2022	2021
	\$	\$
Current		
Trade Payables	298,960	231,676
Sundry payables	49,023	66,704
Total current	347,983	298,380
Total payables under exchange transactions	347,983	298,380

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

12. Deferred revenue

	2022	2021
	\$	\$
Unexpended contract revenue	591,747	688,401
Total deferred revenue	591,747	688,401

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 2022

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.

2022	Loans and receivables	Liabilities at amortised cost	Total carrying amount	fair value
Financial Assets				
Trade and other receivables	338,553	-	338,553	338,553
Cash and cash equivalents	820,655	-	820,655	820,655
Term Deposit	200,000	-	200,000	200,000
Total Current Assets	1,359,208	-	1,359,208	1,359,208
Total Assets	1,359,208	-	1,359,208	1,359,208
Financial liabilities				
Trade and other payables	-	347,983	347,983	347,983
Total Current Liabilities	-	347,983	347,983	347,983
Total Liabilities	-	347,983	347,983	347,983

2021	Loans and receivables	Liabilities at amortised cost	Total carrying amount	fair value
Financial Assets				
Trade and other receivables	131,661	-	131,661	131,661
Cash and cash equivalents	1,051,901	-	1,051,901	1,051,901
Term Deposit	200,000	-	200,000	200,000
Total Current Assets	1,383,562	-	1,383,562	1,383,562
Total Assets	1,383,562	-	1,383,562	1,383,562
Financial liabilities				
Trade and other payables	-	298,380	298,380	298,380
Total Current Liabilities	-	298,380	298,380	298,380
Total Liabilities	-	298,380	298,380	298,380

Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2022

14. Operating Leases

	2022	2021
	\$	\$
<i>Non-cancellable operating leases as payable as follows</i>		
Less than one year	2,160	27,300
Between one and five years	-	4,550
More than five years	-	-
Total	-	31,850

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

(1) A Chambers is a director of the company and a director in Riccarton Clinic Limited. Riccarton Clinic Limited received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$89,699 (2021: \$40,199)

(2) Dr J Allardyce is a director of the company and an employee at Canterbury University. Canterbury University received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$48,850 (2021: \$43,068)

(3) Dr D Jones is a director of the company and a director of Moorhouse Medical Centre. R Brennan is a director of the company and employee of Moorhouse Medical Centre. Moorhouse Medical Centre received PHO funding on terms and conditions that are consistent for such transactions on a normal supplier basis. Balance outstanding as at balance date totals \$22,467 (2021: \$20,419)



Christchurch PHO Limited

Notes to the Financial Statements

For the year ended 30 June 2022

(b) 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.

	2022		
	Directors	Snr mgmt	Total
	\$	\$	\$
Salaries and other short-term employee benefits	82,521	109,429	191,950
Total remuneration	82,521	109,429	191,950
Number of persons recognised as key management personnel	8	1	9

	2021		
	Directors	Snr mgmt	Total
	\$	\$	\$
Salaries and other short-term employee benefits	58,626	106,521	165,147
Total remuneration	58,626	106,521	165,147
Number of persons recognised as key management personnel	7	1	8

16. Contingent Assets and Contingent Liabilities

Christchurch PHO Limited has no contingent assets or contingent liabilities (2021: None).

17. Equity

As at 30 June 2022, 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 2022 Christchurch PHO Limited is not aware of any capital commitments or contingencies (2021: nil).

19. Subsequent Events

The PHO is economically dependent on the Canterbury District Health Board, the Ministry of Health and other funding bodies and the funding they provide. District Health Boards have been replaced by Health NZ (a centralised government agency) from 1 July 2022. Assurance has been received that revenue contracts will be vested in this agency as part of the enabling legislation.



INDEPENDENT AUDITOR'S REPORT

To the Shareholder of Christchurch PHO Limited

Opinion

We have audited the financial statements of Christchurch PHO Limited (the Company) on pages 3 to 17, which comprise the statement of financial position as at 30 June 2022, and the statement of comprehensive revenue and expense, statement of changes in net assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 30 June 2022, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Company in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the Company.

Information other than the Financial Statements and Auditor's Report

The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information included in the annual report and we do not and will not express any form of assurance conclusion on the other information. At the time of our audit, there was no other information available to us.

In connection with our audit of the financial statements, if other information is included in the annual report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of our auditors' report, we concluded that there is a material misstatement of this other information, we are required to report that fact.

Directors' Responsibilities for the Financial Statements

The Directors are responsible on behalf of the Company for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Accounting Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (NZ), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the Directors and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.



We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Restriction on Use

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

A handwritten signature in blue ink that reads "CROWE".

Crowe New Zealand Audit Partnership
CHARTERED ACCOUNTANTS

Dated at Dunedin this 27th day of October 2022



30 June 2022

Auditor's Report to Those Charged with Governance

Christchurch PHO Limited

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9 November 2022

The Directors
Christchurch PHO Limited
88C Edgeware Rd
St Albans
Christchurch 8014

Dear Directors,

Annual Financial Statement Audit for the Year Ended 30 June 2022

We have recently completed our financial statement audit of Christchurch PHO Limited (the "Company") for the year ended 30 June 2022, and we have pleasure in providing our report on the results of the audit process.

If you require further information on the matters raised in this report, please do not hesitate to make contact.

We would like to take this opportunity to thank management and staff for the courtesy and assistance extended to us throughout the audit process.

Yours sincerely
Crowe New Zealand Audit Partnership

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Senior Partner

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1. Results of the Audit Process

1.1 Scope and purpose of audit engagement

We have completed our audit of the Company's annual financial statements for the year ended 30 June 2022 and issued our audit opinion. Based on our audit procedures we can confirm the annual financial statements presents fairly, in all material respects, the financial position of the Company as at 30 June 2022 and its financial performance and cash flows for the year then ended.

Obtaining reasonable assurance that the financial statements are free of material misstatement, involved us making an assessment of the risk of material misstatement, whether due to fraud or error, and then applying audit procedures, using our professional judgment, to mitigate that risk. While we considered internal control relevant to the preparation of your annual financial statements, our audit procedures mainly comprised substantive tests (i.e. transactional and confirmation type testing).

Our audit procedures are designed primarily for the purpose of expressing an opinion on your annual financial statements. We do not examine every transaction, due to the scope of the audit engagement; there is an unavoidable risk that some misstatements or errors may remain undiscovered. Our report does not include all possible improvements to your internal controls, which a more extensive review might satisfy.

1.2 Responsibilities of the Directors

The Directors are responsible for the preparation and fair presentation of the financial statements which fairly reflect the financial position of the Company as at 30 June 2022 and the financial performance for the year ended on that date.

To meet this objective, the Directors are ultimately responsible for the maintenance of proper accounting records and an adequate system of internal controls to minimise the risk of material financial statement misstatement.

1.3 Independence statement

Members of the Audit Team and Partners of Crowe have confirmed their independence from the Company for the year ended 30 June 2022.

1.4 Materiality

Materiality is defined as the magnitude of omission or misstatement individually, or in aggregate that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person would have been changed or influenced by such omissions or misstatement. It is a matter of professional judgment and is influenced by quantitative and qualitative factors.

1.5 Outcomes from audit of key performance report risk areas

Key audit and accounting issues arising during the year relate to those areas of audit focus as listed below:

Audit Risk	Audit Response
<p>Fraud in revenue recognition</p> <ul style="list-style-type: none"> ▪ The risk of a material misstatement of revenue through fraud or error is a mandatory significant risk (though rebuttable in certain circumstances) to be addressed by the auditor. ▪ There are specific accounting judgements in the application of the Company's accounting policies for key revenue streams. 	<ul style="list-style-type: none"> ▪ We made enquiries to understand the process and internal controls for significant revenue streams, including performing a walkthrough to confirm this understanding. ▪ On a sample basis, we tested the operating effectiveness of key controls to confirm that those controls are, in fact, operating effectively. ▪ We prepared an independent expectation of certain of Company's revenue for the year and compared against actual revenue recorded. Explanations were sought for differences in excess of our tolerable variance. ▪ We reconciled Capitation reports to the amounts recorded in the general ledger to determine the completeness of revenue. ▪ We reviewed board meeting minutes and other correspondence to assess the completeness of revenue.
<p>Management override of controls</p> <ul style="list-style-type: none"> ▪ The risk of management overriding controls exists in all entities and is a mandatory significant risk to be addressed by the auditor. ▪ Material misstatement of financial statements due to fraud often involve the manipulation of the financial reporting process by recording inappropriate or unauthorised journal entries, bias in accounting estimates and the existence of significant transactions outside the normal course of business. 	<ul style="list-style-type: none"> ▪ Professional scepticism was maintained while undertaking audit procedures on subjective balances in the financial statements. ▪ Journals posted into the general ledger were selected on a sample basis and traced back to supporting documents to verify that they were appropriate. ▪ We incorporated an element of unpredictability into our audit.
<p>Unexpended Contract Revenue</p> <ul style="list-style-type: none"> ▪ The risk of future obligations (unexpended contract revenue) not being complete as at balance date. ▪ The spending performed may not meet the terms of the contract. 	<ul style="list-style-type: none"> ▪ Obtained management's assessment of the appropriateness of the unclaimed funding liability, by category ▪ Performed a rollforward of material unclaimed funding balances from prior year.

1.6 Observations and recommendations arising from the audit

We highlight the following matters for the attention of the Directors together with recommendations for management to consider, to further strengthen the internal control environment of the Company. These include any observations and recommendations arising from prior year audits that have not yet been satisfactorily resolved, or still require further attention of the Directors.

No observations were noted during the audit

1.7 Update on prior year observations and recommendations

In our audit for the year ended 30 June 2021, we did not identify any matters for the attention of the Directors.

1.8 Confidentiality

This report is strictly confidential and although it has been made available to management to facilitate discussions, it may not be taken as altering our responsibility to report to the Directors of the Company directly.

The contents of this report should not be disclosed to third parties without our prior written consent.

2. Other matters to be communicated

In compliance with International Auditing Standards, we have an obligation to communicate certain aspects of our audit to you. The critical areas have been detailed in the previous sections, and the other matters that require communication are summarised as:

Matter to be communicated	Crowe comments
Significant accounting policies adopted or changed	No changes or new accounting policies were adopted during the year.
Management judgements and estimates	Other than what has been disclosed in Section 1.5 no material accounting judgements identified.
Disagreement with management over the application of accounting principles, scope of the audit and disclosures	There have been no disagreements with management during the audit.
Any instances of fraud or non-compliance with legislative, regulatory or contractual requirements	No instances of fraud or non-compliance were detected during the audit.
Material uncertainty related to going concern	No matters of material uncertainty were noted.

3. Summary of adjusted and unadjusted audit differences

3.1 Adjusted audit differences

In performing our audit for the year ended 30 June 2022, we have not identified any adjustments or errors that could, in our judgement, either individually or in aggregate have a significant effect on the financial statements.

We have communicated all amendments to financial statement disclosures that were identified during the audit and all have been updated in the financial statements.

3.2 Unadjusted audit differences

In performing our audit for the year ended 30 June 2022, we have not identified any uncorrected adjustments or errors that could, in our judgement, either individually or in aggregate have a significant effect on the financial statements.

christchurch pho

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