

# Annual Report 2013

Supporting better health  
for the communities of  
**Blue Mountains,  
Hawkesbury,  
Lithgow & Penrith**

medicare  
local



NEPEAN-BLUE MOUNTAINS

*Connecting health to meet local needs*



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## Highlights at a glance

In the Nepean-Blue Mountains Medicare Local region:

**93%** of patients feel that their **GPs are listening** carefully

**65%** of accredited practices have adopted the new **ehealth record system**

**700+** **Aboriginal & Torres Strait Islander** people assisted

**500+** **consumer insights** over the last 12 months are shaping the improvements we are making to local health

**800+** **allied health professional** individuals and organisations consulted on AHP needs assessment

**882** **attendances** by primary health care providers at NBMML educational events

**11,825** **consultations** at Nepean & Hawkesbury After Hours GP clinics

**8,428** **mental health consultations** for local community members

**5,000+** **community members** created their own ehealth records

**1,090** **support visits** to primary healthcare providers

**5,000** **patient visits** to Nepean After Hours Clinic in the last 12 months





“Our vision is, quite simply,  
to improve the health of the region...”

# Who we are

## Mission

The Nepean-Blue Mountains Medicare Local is a not for profit organisation that works to improve health for the communities of Blue Mountains, Hawkesbury, Lithgow and Penrith.

We do this by working with and providing support to general practice, other primary health care providers and the many health and non-health stakeholders across the region.

Our role covers population health planning, supporting service providers, integrating and coordinating services, as well as implementing and facilitating primary health care programs.

We also identify and address service gaps in primary health care – essentially supporting all parts of the system to respond to emerging health needs in the community.

## Vision & Values

To improve the health of the region through patient centred health care and primary care integration.

The guiding principles for the work of the Nepean-Blue Mountains Medicare Local are:

- Promoting and facilitating a continuing effective relationship between a patient and their preferred primary care provider.
- A care model that facilitates the patients receiving care from the right level of the health system at the right time.
- Facilitating a smooth, optimal health journey for the community - from primary care to acute care and back to primary care.

### To achieve our vision we are committed to:

- Working in collaboration with local consumer and community groups to ensure their engagement and representation in the provision of primary health care.
- Working closely with the Local Health District to plan and deliver coordinated services.
- Supporting professional education and training to ensure an evidence-based approach to primary care.
- Building on the existing strengths within local primary health care to continue the work that has been successfully undertaken in general practice and expand to other primary health care providers.
- Identify local health issues within the Blue Mountains, Hawkesbury, Lithgow and Penrith communities, and develop local solutions.





# Our region

Nepean-Blue Mountains Medicare Local (NBMML) supports the primary healthcare needs of 352,000 people across the four Local Government Areas (LGAs) of Blue Mountains, Hawkesbury, Lithgow and Penrith.

## Snapshot of our region

- Around half of our population do not get enough physical activity.
- 63% of males and 49% of females are overweight or obese.
- Women in our region are more likely to die from cardiovascular diseases, coronary heart disease, respiratory diseases and chronic obstructive pulmonary disease than other women in NSW.
- 92% of males and 83% of females consume less fruit and vegetables than recommended in national dietary guidelines.
- Around one in ten people report high to very high levels of psychological distress. Suicide in young males is higher than the state average.
- 20% of males and 14% of females in NBMML report that they currently smoke.
- Within the Nepean-Blue Mountains region, there are 138 general practices, 74 community pharmacies and 717 individual allied health professionals.
- Our area includes large areas of social disadvantage and covers regional, rural and outer metro areas across 9,200km<sup>2</sup>.
- The percent of the total population who are Aboriginal & Torres Strait Islanders is 3.8% in Lithgow, 2.6% in Hawkesbury, 2.4% in Penrith and 1.3% in Blue Mountains Local Government Areas.
- Our needs assessment identified health related issues for our region such as transport to health services, Aboriginal & Torres Strait Islander health, GP shortages, aged care and nursing home bed availability. Eight consumer forums were held across the region last year which confirmed these issues of concern.



# Chair's Report



I am very pleased to be writing the first full annual report to members of the Nepean-Blue Mountains Medicare Local (NBML). It has certainly been a challenging and rewarding year.

Our key focus in the first year of operation has been to establish strong and transparent governance processes that will support the organisation as it grows and changes over the years to come. We have secured an accomplished skills based board, with a diverse mix of professions and experience to guide our strategic direction.

One of the first challenges for the Board was to put in place a strategic plan that clearly states our goals and objectives whilst taking into account the complex nature of the contracts under which we operate. We are pleased to have produced a document which will guide the organisation through the first three years of operation.

Our membership is comprised of local health organisations who are key players in the health area within our region, including the Australian Primary Health Care Nurses Association, Blue Mountains GP Network, Hawkesbury Doctors Network, Lithgow Council, Nepean Division of General Practice and Western Sydney Regional Organisation of Councils (WSROC). We would like to thank these members for their ongoing support. Our future efforts moving forward will include expanding this membership base allowing us to leverage strategic alliances that promote better patient care in our community.

During a period that has seen a substantial amount of organisational change, NBML has continued to deliver the mix of quality services which has been the mainstay of our work to date. This includes continuation of the Nepean After Hours GP Clinic, direct support for General Practices, Access to Psychology Services program, mental health nursing, Lithgow paediatric outreach clinic, Blue Mountains Healthy for Life program, Closing the Gap program, ehealth support, Connecting Care program and Healthy Lifestyle Dietetic Service to

name but a few.

NBML has continued to be at the forefront of best practice in community engagement. During 2012/13 we undertook extensive consultation with consumers, which will assist to inform our Consumer Engagement Framework and identify health needs for each LGA. We see this work as crucial for designing and delivering services that meet the needs of our community. This Framework would not have been possible without the valued collaboration we have with Nepean Blue Mountains Local Health District.

Our efforts were rewarded with the results of the Healthy Communities Report in March, which revealed 93% of patients in our region feel that their GPs are listening carefully. Also 90% of adults have a preferred GP, which is an important aspect of achieving optimal healthcare. These statistics reflect the dedication I see on a daily basis in our local area from the hard-working GP workforce, allied health providers and support staff across all areas of primary health.

I wish to take this opportunity to thank my fellow Board members, our CEO, Sheila Holcombe and the staff of NBML for the tremendous work that they have done to get the organisation to where it is today. In particular I would like to thank our staff for consistently putting in what are often long hours to meet some of the tight deadlines of the last year. I need to recognise the ongoing dedication and commitment of our region's general practitioners, practice staff and allied health providers, and I would also like to acknowledge community members for the time that they have given to provide feedback and input into our planning processes.

I am sure that the year ahead will present us with exciting opportunities and I look forward to continuing to serve you in my capacity as Chair.

Dr Shiva Prakash

# Chief Executive Officer's Report



The Nepean-Blue Mountains Medicare Local was established on 1 July 2012. Our role is to work with the local community and clinicians to improve the health of the region and in particular to keep people healthy in the community. This is a unique opportunity to design health around primary care and to ensure that all consumers can access the care they need at the right time and in the right place.

Not surprisingly, our first year of operations has been an exceptionally busy time, with considerable effort being put into transitioning staff, operations and services from the Nepean, Blue Mountains and Hawkesbury Divisions of General Practice over to the new Medicare Local. At the end of the 2013 financial year, NBML had 115 staff operating from three offices and three clinics.

The process of undertaking a comprehensive needs analysis for NBML region has allowed us to better investigate some of the unique challenges that the region faces. On average, residents in our region are at greater risk of morbidity and mortality than those in other areas of NSW. Over the coming year, NBML will be working to focus on service and system changes to improve the health outcomes of the community. It is also our longer term goal to work with stakeholders in the region to more holistically address key social determinants of health such as housing and transport to improve health outcomes particularly for socially disadvantaged groups.

Some of the highlights of the 2012/13 year include:

- Designing a comprehensive chronic disease

service delivery model that ensures that patients receive services appropriate to their conditions.

- Considerable engagement with stakeholders and consumers to ensure collaboration and coordination of a range of health programs. This includes working closely with the Nepean Blue Mountains Local Health District, HealthOne, Partners in Recovery Program (which we are leading) and headspace to deliver health services.
- Building on our already strong Aboriginal & Torres Strait Islander Health Team to support the provision of over 715 Aboriginal & Torres Strait Islander Health checks across the region with extensive follow up and coordination services for community members with more complex health needs.
- Ongoing provision of support and services to general practices – over 1090 occasions of service provided to more than 139 practices.
- Continuing to run the Healthy Lifestyle Dietetic Service and providing nearly 700 consultations over the year.

None of the achievements above, along with the many others not listed would have been possible without the work of our highly committed Board, staff, community members, GPs, general practice staff and allied health professionals. I am continually amazed by the talent that our organisation has been able to attract and the enthusiasm of everyone undertaking the work of the Medicare Local. Thank you all for your work and support to date.

Ms Sheila Holcombe

*I am continually amazed by the talent that our organisation has been able to attract and the enthusiasm of everyone undertaking the work of the Medicare Local.*





## NBMML Highlights

NBMML plays an important role in planning, coordinating and delivering primary health care services across the region. We do this by working with the local community, clinicians, health and other services to identify gaps and develop solutions that will work in our region.

# 1. Program and Service Delivery

## After Hours GP Clinic

The Nepean-Blue Mountains Medicare Local has a mandate to improve access to effective General Practice after hours services. During 2012/13, mapping of current after hours services and consultations with local GPs on after hours service provision was conducted in each LGA to assist in planning for system improvements where needed.

The Nepean-Blue Mountains Medicare Local **supports the Hawkesbury GP After Hours Service and manages the Nepean After Hours GP Clinic**. These clinics are designed to treat patients when their regular GP is not available. The Nepean After Hours GP clinic, which is staffed by a roster of local GPs, saw nearly 5,000 patients last year, while over 6,800 patients were treated at the Hawkesbury After Hours clinic.

NBMML developed a model and contract to **ensure funding will be maintained at the same level for the 2013-14 financial year to General Practices** who were receiving the Medicare After Hours Practice Incentive Payment which ceased in July 2013. This allows time for quality criteria and future models of after hours General Practice care to be developed in consultation with General Practice and other stakeholders.

## eHealth

eHealth is **re-shaping the way health services are delivered in our community**, with benefits for both patients and health care professionals.

With around 72% of accredited general practices in our region signed onto the eHealth system, NBMML eHealth staff are now forging ahead with linking other health care providers such as pharmacists and allied health into the eHealth landscape.

Presently, patients with a personally controlled electronic health record (PCEHR) can ask their eHealth ready GP to upload a shared health summary to their eHealth record. Locally, **over 5,000 consumers have created a personally controlled electronic health record**, and much of this is due to the efforts of NBMML working in the community.

NBMML will be trialling a telehealth project in conjunction with the CSIRO later in the year.

## Healthy Lifestyle Services

NBMML provides a range of healthy lifestyle and nutrition services, including:

- **Healthy Eating and Lifestyle Program (HELP)**
  - a Medicare funded group health program for people with type 2 diabetes, to support the implementation of positive diet and lifestyle habits. This program has helped over 140 patients in the last 12 months.
- **Healthy Supermarket shopping tours**
  - providing education on healthy food labels. Tours are conducted in areas of known disadvantage with participants drawn from an association with a local pharmacy. Twenty eight participants attended tours over the last 12 months.
- **'Healthy Lifestyle Dietetic Service'**
  - enabling people to access individual consultations with dietitians, either from a clinic, general practice or, in some cases, home visits. Five hundred and fifteen individual consultations were provided this year.

Our dietitian services engage closely with local general practice and support the continuum of patient care.

## Mental Health Services

NBMML runs a range of mental health programs.

The Access to Allied Psychological Services (ATAPS) program enables **GPs to refer patients with mild to moderate mental health issues for subsidised psychological intervention**. Approximately 7,000 counselling sessions were delivered to patients from either the NBMML psychologist clinic or 85 contracted private practitioners across the region. The program targets specific population groups such as those on low income, Aboriginal & Torres Strait Islander Australians, women with depression and anxiety or related mental health issues during the perinatal period and those at low to moderate risk of suicide.

As part of its ATAPS program and in successful partnership with the Nepean Blue Mountains Local Health District (NBMLHD) and Family Counselling Service and the Child and Youth Mental Health Service, **NBMML ran five 8-week Cool Kids group programs**. These evidence based groups are for children 8-11 years of age with anxiety issues, and their parents.

NBMML employs Mental Health nurses to provide clinical services under the Mental Health Nurse Incentive Program (MHNIP). **The Mental Health nurses support GPs in managing patients with severe mental health disorders** that are affecting multiple areas of their lives. Approximately 1,500 Mental Health nurse consultations were conducted over the last 12 months.

NBMML is the lead agency in a Consortium of key players in mental health across the region that was successful in its tender for the **Partners in Recovery (PIR) initiative**. This Consortium includes Aftercare, Ageing Disability and Home Care – Department of Family and Community Services, Nepean Blue Mountains Local Health District Drug and Alcohol Service, Nepean Blue Mountains Local Health District Mental Health Services, Richmond PRA and UnitingCare Mental Health, and will work to **redesign the system to provide more coordinated care to those with severe and persistent mental illness with complex needs**. This is coupled with the targeted approach to identify clients in the region who will be provided with care coordination assistance to support their navigation of the system and ensure they are linked to appropriate services. PIR is funded until June 2016. As part of this work, mapping of mental health services and providers within the NBMML boundaries has been undertaken.

NBMML is also a consortium member of the recently opened headspace centre in Penrith led by UnitingCare Mental Health. NBMML provides access to funds for psychological support through the ATAPS program and also provides a youth GP clinic from the centre.

NBMML is a member of a stakeholder group focussed on the physical health needs of consumers with mental illness, seeking opportunities for health education and promotion. We also organise **Mental Health Networking forums**. Stakeholders included GPs, allied health providers, LHD mental health and community

health staff, school counsellors, other government and not for profit community organisations.

## Chronic Disease Initiatives

We work in partnership with the Local Health District to **support people with chronic health conditions to better coordinate the care they need and manage their conditions**, reducing unnecessary hospital admissions and improving quality of life.

As part of the Connecting Care program, **Care Coordinators worked with 85 GPs from 44 practices, health care providers and other service providers** to better coordinate the care provided for 82 patients registered in the program. This included home visits and electronic sharing of information between NBMML and NBMLHD which has accelerated communication pathways around patient care.

NBMML has commenced the roll out of culturally-tailored versions of the Moving On Program, an **evidenced-based program for self-management of chronic disease** developed by Arthritis NSW, **for the Aboriginal & Torres Strait Islander community and culturally and linguistically diverse (CALD) communities**. An Aboriginal & Torres Strait Islander program was run in May 2013. The first of the four planned CALD versions of Moving On programs, which will engage bilingual/bicultural leaders, will target the Greek and Maltese-speaking communities and commence from October 2013. Program partners include NBMML, the Multicultural Health Unit of the NBMLHD and Arthritis NSW.

NBMML is a **member of the HealthOne Steering Committee** established as a joint governance forum to progress the development and implementation of a HealthOne in Cranebrook. Progress on the model of care has resulted in a review of models in other areas of NSW with the result of initial focus upon diabetes and vulnerable Aboriginal & Torres Strait Islander families.

**76%** of the NBMML workforce is involved in clinical service delivery or support.

This includes GPs, registered nurses, mental health nurses, dietitians, psychologists, clinical psychologists, social workers, youth workers, Aboriginal & Torres Strait Islander outreach workers, Aboriginal & Torres Strait Islander health workers, pharmacists, care coordinators, and diabetes educators.



Preliminary work is in progress to map health pathways for diabetes involving the Diabetes Association, local GPs, practice nurses, consumer representative, NBMLHD diabetes unit and community health.

## Aboriginal & Torres Strait Islander Health

NBMML is proud to offer **a range of services supporting and working with the Aboriginal & Torres Strait Islander communities for better health.** The Closing the Gap Program, through the Aboriginal & Torres Strait Islander Outreach Workers, links community members to appropriate health services. This includes attending medical appointments with clients, arranging healthcare and transport, promoting Aboriginal & Torres Strait Islander specific primary health care initiatives e.g. health checks, PBS co-payment and encouraging self identification via local schools, parent groups and other community groups and organisations.

Over the last 12 months, 336 patients have been assisted through this program.

In addition, 220 Aboriginal & Torres Strait Islander patients with chronic health conditions have been referred by their GP to the Care Coordination & Supplementary Services (CCSS) program. As part of this program, the **NBMML Care Coordinators support patients to access services consistent with their GP care plan and provides financial support to ensure access to specialists, transport and some medical/equipment supplies.**

NBMML is also the lead agency for the **Blue Mountains Aboriginal Healthy for Life Program, an initiative of the Blue Mountains Aboriginal Health Coalition.** This community-based health program works in partnership with five primary health care sites and offers services aimed to improve health for Aboriginal & Torres Strait Islander Australians.

Approximately 150 local Aboriginal & Torres Strait Islander community members are registered with the Blue Mountains Aboriginal & Torres Strait Islander Healthy for Life Program (HFL) which focuses on chronic, complex and aged care; men's and boy's health; and Mums, Bubs and Kids Health & Wellbeing.

Aboriginal & Torres Strait Islander eye clinics coordinated by NBMML have been accessed by nearly 100 Aboriginal & Torres Strait community members over the past year.

NBMML coordinates **a specialist paediatric outreach clinic in Lithgow**, and commenced **a new psychiatric outreach clinic in Katoomba** in March 2013. This provides affordable, accessible specialist services to Aboriginal & Torres Strait Islander families and families from low socio-economic backgrounds. NSW Rural Doctors Network provides funding to cover the specialists and clinic costs through the Urban Specialist Outreach Assistance Program. Two hundred and thirty nine patients were seen through these clinics over the last year.



## Youth Services

The Junction Youth Health Medical Service is a youth focused GP clinic in Penrith. The service provides access to a range of comprehensive follow on support services including **psychological assessment and treatment through the ATAPS program, dietitian services and access to medication vouchers for at risk youth who may not otherwise afford prescription medication.** This year, GP services were accessed by 113 young people. Next year the GP clinic will be conducted from the newly opened Penrith headspace site.

## Veteran Community Health

NBMML coordinates a Veteran Community Health Project. This project **assists veteran community members know of health initiatives in their local area.** The program includes provision of a registered nurse to provide the HomeFront Service (the Department of Veteran Affairs Falls Prevention Program) to local veterans.

## Aged Care Program

The main goal of the NBMML Aged Care Program is **to improve the awareness of, and access to, Primary Health Care Services to the elderly population in the Nepean-Blue Mountains region**, whether they reside in residential aged care facilities (RACFs) or in the community.

A needs assessment of the RACFs across the NBMML region was conducted in May 2013 to identify gaps in allied health service provision for low care residents. The highest need identified was falls prevention followed by access to

dental services. NBMML has contracted allied health professionals to conduct Falls Prevention Programs in 11 RACFs across the region.

## 2. Practice and Workforce Support

### Primary Health Care Support

The Nepean-Blue Mountains Medicare Local continues to **develop and implement a new Primary Health Care Support model to provide front line services to primary care across the region.** Up to 300 occasions of service are provided each month covering 139 general practices.

This includes:

- Assistance to practices in response to a healthcare professional workforce shortage, recruitment and retention.
- Support and advice for general practices with immunisation, accreditation, continuous quality improvement, data quality management and unbiased medical information.
- Support to roll out new health programs such as ehealth, after hours, healthy lifestyle programs and Aboriginal & Torres Strait Islander health initiatives.
- Assisting practices to establish patient register, recall & reminder systems.
- Improving communication between different health care providers via secure messaging and uptake of the personally controlled electronic health record.





## Provision of education for Primary Healthcare Providers

Continuing Professional Development (CPD) for GPs, practice nurses and other health providers has aligned to support national initiatives and local needs. **Seventy four educational events were held over the last 12 months with 882 attendances.**

All activities have been RACGP and APNA accredited for GP QI&CPD points and Nursing points. Collaboration with other education providers such as the Nepean Medical Association and the Hawkesbury Doctors Network has facilitated a collaborative approach to the delivery of locally identified education needs.

A formal needs assessment of the CPD requirements across primary health care will be conducted in the new financial year which should provide guidance on broader CPD requirements.

In addition Closing the Gap staff have worked closely with general practice to ensure Cultural Safety training requirements are met in line with the CTG PIP initiative. This has involved promotion of online training opportunities and the roll out of face-to-face events in March and April 2013 across each of the 4 LGAs.

## Allied Health Needs Assessment

A **needs assessment of Allied Health Professionals** commenced with a comprehensive mapping exercise to identify all allied health service providers across the 4 LGAs. Four hundred and thirty five allied health organisations from 18 professions encompassing 791 individual providers were contacted.

This comprehensive needs assessment will progress into 2013/2014, the results of which will assist in identifying the direction of primary health care support services and how NBMML can work in the future with Allied Health Professionals.

## Workforce Support

Discussions have been held with the NSW Ministry of Health, the NSW Minister for Health and Local Members in regards to GP workforce issues.

**Thirty four general practices utilised NBMML workforce support services on 59 occasions of service**, which included GP, practice nurse and admin staff recruitment, provision of information on Locum services, letters of support for District of Workforce Shortage and Area of Need, and

advertising vacancies on the NBMML website.

Workforce support staff have developed linkages with Rural Doctors Network (RDN) and now participate in monthly Medicare Local/RDN teleconferences.

NBMML has also secured funding under the Outer Metropolitan Relocation Grant program to assist in attracting GPs to the area.

## 3. Stakeholder Relationships Engagement

**NBMML is proud to have strong working relationships with many prominent organisations**, and works closely with them on initiatives relating to Consumer engagement, Mental health, Transport, Aboriginal & Torres Strait Islander health, Homelessness and Veteran's health to name a few. Some examples of work with stakeholders are outlined below.

### Working with the Nepean Blue Mountains Local Health District

NBMML has a strong, practical working relationship with the Nepean Blue Mountains Local Health District (NBMLHD - which provides hospital and community services) at every level. This partnership is testament to the commitment at a Board and Executive level toward governance in delivering quality health services and addressing local needs. Commitment at a strategic level has facilitated joint initiatives such as;

- Development of a joint consumer engagement strategy that focuses upon the establishment of a governance structure where the Consumer Advisory Committee reports directly to the Boards of both organisations.
- Joint Board annual planning to determine and agree on areas of joint priority and measurements of improvement. This commitment and partnership is strengthened and supported by each of the Chief Executives of the organisations reporting to each others' Board. Work on shared priorities includes aged care, mental health, access to general practice care after hours, chronic disease management, establishment of a HealthOne, eHealth, Aboriginal & Torres Strait Islander health and health promotion initiatives.



- Shared clinical governance arrangements for some programs.
- Establishing key strategic positions that work across both settings addressing key issues of communication and integration, big picture monitoring of the local health landscape and workforce planning strategies across the District.

### Partnering to improve health transport

NBMML convened the Inaugural Key Stakeholder Health Transport Meeting in May 2013 at Penrith City Council as part of its response to a needs analysis that revealed access to health services as one of the major concerns for consumers

Representatives from the four LGAs, Western Sydney Regional Organisation of Councils (WSROC), Transport for NSW, Roads and Maritime Services, NSW Council of Social Services (NCOSS), local health organisations (including the NBMLHD), local community transport organisations, and Aboriginal & Torres Strait Islander services impacted by health transport disadvantage, participated in the meeting, which resulted in the establishment of three working groups to commence the critical work of improving transport to health services across the region.

### Partnerships to promote health and disease prevention

NBMML works with primary health care providers, businesses, community and other stakeholders to identify opportunities for joint health promotion and disease prevention. Examples of initiatives include:

- **Participation in a Mental Health Expo**, alongside numerous local businesses to offer free health-based seminars, information booths and health checks, and educating 50 people in attendance in relation to healthier food and lifestyle habits.
- **Formation of an Aboriginal & Torres Strait Islander support hub in the Nepean LGA** consisting of a growing number of primary care providers, Aboriginal & Torres Strait Islander specific and mainstream support services, transport services and Centrelink. This hub serves as a one stop shop where Aboriginal & Torres Strait Islander community members can access multiple services in a culturally safe space and where services can better coordinate shared care.
- **Active participant on the Penrith and Blue Mountains 'Homeless Hub'** steering committees. Supported 6 'Homeless Hub' events through the provision of GPs, practice nurses, immunisation officer and Closing the



Gap outreach workers.

- Delivery of **school health promotions session**. 40 individual sessions at 4 local high schools were conducted this year.
- **Partnership with Gundungurra Tribal Council Aboriginal Corporation and Blue Mountains City Council** to provide a young women's Aboriginal Cultural Camp covering health and well being targeting girls attending Blue Mountains high schools.

## 4. Community and Consumer Engagement

Consumer consultation is ongoing and pivotal to us understanding the health needs of our community.

NBMML is proud to be one of the leading Medicare Locals across Australia implementing a **comprehensive strategy to ensure effective consumer engagement**. In 2012, this commenced with consulting 500 consumers via community forums and online surveys.

From these interactions, **key issues for our area were identified, including access to transport to health services, Aboriginal & Torres Strait Islander health, GP shortages, aged care and nursing home bed availability**. Our consumers also told us clearly that they consider their GP care is excellent and they want the Medicare Local to continue to build a strong relationship between GPs, consumers and other health professionals to ensure a more connected health care journey for them.

Results of the consumer and community consultations have been written up as four separate community reports (one covering each LGA) which are available on the NBMML website.

The consumer consultations also allowed us to discuss the role consumers can play in health service planning, delivery, evaluation and research, and to provide feedback on a model for ongoing consumer involvement

NBMML, in conjunction with NBMLHD, **established a Joint Interim Consumer Committee**. This committee, with NBMML and NBMLHD support, has developed processes and protocols for recruiting and establishing four new LGA-based Consumer Working Groups. It is expected that they will be fully operational by June 2014 and will increase consumer input

into the design and delivery of health services. Representatives from each of these committees will form a Consumer Advisory Committee which will report to the Boards of both NBMML and NBMLHD.

Consumer representatives also provided input into a number of NBMML and NBMLHD committees and initiatives. This has resulted in better accountability back to the community for the delivery of clinical services.

**Consumers have identified a key area for improvement as increasing communication within and between health services, and increasing community awareness and knowledge of the location and range of services in the Nepean-Blue Mountains region.** This will improve access for consumers to a range of primary and acute health services. This year saw further development of the NBMML website to include details of the location and range of primary health care services in the NBMML region.

## 5. Governance and Business Excellence

NBMML maintains excellence through strong governance and management structures and a commitment to organisational improvement. **The organisation is governed by a skill based Board of nine Directors** and has two board subcommittees that assist the board in its duties; the Finance, Audit and Risk Management subcommittee and Nominations subcommittee which meet at least four times a year. The inaugural AGM for the organisation was held in February 2013.

**NBMML is proud to have the following organisations as members:**

- Blue Mountains GP Network
- Hawkesbury Doctors Network
- Nepean Division of General Practice
- Australian Primary Health Care Nurses Association
- Western Sydney Regional Organisation of Councils
- Lithgow Council

NBMML is committed to ongoing quality improvement and is working towards accreditation under the new Medicare Local Accreditation Standards by June 2014. This process will ensure that we have appropriate procedures and

processes embedded in the organisation to drive future performance and change. A Medicare Local Accreditation Implementation Plan has been developed outlining the quality framework for NBMML.

The organisation has also established a Quality Improvement Committee and a Clinical Governance Advisory Committee.

## 6. Research and Innovation

NBMML aims to instil a culture of innovation and research to develop a greater understanding of local health issues and the needs of our healthcare providers, and ultimately identifying new and resourceful ways of addressing these needs.

NBMML has **partnered with the University of Western Sydney to develop an evaluation framework and assist with evaluation of specific programs** such as Partners in Recovery.

Access to holistic care and support for people living with cancer was identified as a priority in three of our four LGAs. **NBMML, in conjunction with Blue Mountains Cancer Help (BMCH) and the University of Western Sydney, has developed a consumer-led research project.** This project, which will be carried out in 2013-14, will evaluate the BMCH model of care from the perspective of consumers and health care providers. In so doing, it will more closely identify

specific needs and information and service gaps, including referral issues, and provide a set of recommendations for program and service enhancement.

NBMML is **working in partnership with a number of organisations on the physical health needs of consumers with mental illness**. As part of a research project, funding has been secured to work in collaboration with the University of Western Sydney to pilot a consumer health check card, which encourages mental health patients to seek screening for medical conditions they are at an increased risk of (e.g. heart disease, cancer, diabetes, respiratory disorder).

We have also **worked with the "Involving Consumers in Research and Teaching" Committee** comprised of NBMML and the Chairs of General Practice from the University of Sydney and the University of Western Sydney. Professor Jennifer Reath, Professor Tim Usherwood and Dr Louella McCarthy of this Committee presented to the Community Forums on how consumers can be involved in academic research and teaching.

Within healthcare, continuing development is vital to the ongoing delivery of quality, contemporary care - so too **NBMML values and supports the ongoing learning and development of our staff to ensure we remain a contemporary, vital organisation** best equipped to manage the important role we play in supporting local healthcare providers and working toward a healthier community.







# Financials



## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2013

Your directors submit their report for the year ended 30 June 2013.

### 1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT

Dr Shivananjaiah (Shiva) Prakash	Dr Andrew Knight
Gabrielle Armstrong	Jennifer Mason
Diana Aspinall	Dr Tony Rombola
Paul Brennan	Tony Thirlwell OAM
Jillian Harrington	

### 2. PRINCIPAL ACTIVITIES

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

### 3. TRADING RESULTS

The net surplus after tax of the company for the year ended 30 June 2013 was \$341,875 (2012: \$997).

### 4. DIVIDENDS

No dividend was declared or paid during the year. The company's Constitution prohibits the payment of dividends.

### 5. SHORT AND LONG TERM OBJECTIVES

The overall objective of the company is to improve the health of the region through patient centred health care and primary care integration.

The guiding principles for the operation of the company are to:

- Promote and facilitate a continuing effective relationship between a patient and their preferred primary care provider;
- Provide a care model that facilitates patients receiving care from the right level of the health system at the right time; and
- Facilitate a smooth journey from primary care to acute care and back to primary care for optimal health care in the community.

### 6. STRATEGIES FOR ACHIEVING OBJECTIVES

The company undertakes a number of strategies enabling it to achieve the above objectives:

- Working in collaboration with local consumer and community groups to ensure their engagement and representation in the provision of primary health care;
- Working closely with the Local Health District to plan and deliver coordinated services;
- Supporting professional education and training to ensure an evidence based approach to primary care;
- Building on the existing strengths within local primary healthcare to continue the work that has been successfully undertaken in general practice and expand to other primary health care providers; and
- The identification of local health issues and the development of local solutions.

## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2013

### 7. MEASUREMENT OF PERFORMANCE

Financial and operational performance is measured using the following key indicators:

- Monitoring outcomes against strategic plans and funding requirements
- Monitoring program outcomes against funding requirements
- Monitoring progress against annual needs assessment plans
- Monitoring the number of healthcare providers receiving assistance from the company
- Trading performance against budget
- Cash flows

### 8. CHANGES IN THE STATE OF AFFAIRS

During the previous financial year the company had entered into Deeds of Transfer with The Nepean Division of General Practice Inc, Blue Mountains GP Network and North West Sydney Health Network Limited (trading as Hawkesbury Hills Division of General Practice) to transfer certain assets and liabilities from these organisations to the company. The transfer of these assets and liabilities occurred effective 1 July 2012 and, accordingly, these assets and liabilities have been recognised in the financial statements of the company during the current financial year.

It should also be highlighted that the financial year ended 30 June 2013 represented the first full year of trading by the company.

### 9. DIRECTORS' REMUNERATION

No director of the company has received or become entitled to receive a benefit by reason of a contract made by the company with the director or with a firm of which he is a member or with a company in which he has a substantial financial interest other than benefits disclosed in Note 13 to the financial statements.

### 10. INFORMATION ON DIRECTORS

#### INFORMATION ON DIRECTORS, BOARD MEETINGS AND ATTENDANCES

There were 11 full board meetings held during the financial year 1 July 2012 to 30 June 2013. Attendance by the directors was as follows:

		Full Board Meetings Held While on Board	Full Board Meetings Attended
Dr Shiva PRAKASH Chairman (General Practitioner)	Director since 2012	11	10
Dr Andrew KNIGHT (General Practitioner)	Director since 2012	11	9
Gabrielle Armstrong (Company Director)	Appointed 31 July 2012	10	10



# DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2013

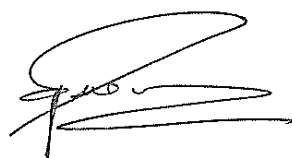
## 10. INFORMATION ON DIRECTORS (continued)

		Full Board Meetings Held While on Board	Full Board Meetings Attended
Diana Aspinall (Pensioner/Consumer Advocate)	Appointed 31 July 2012	10	10
Paul Brennan (Managing Director)	Appointed 31 July 2012	10	9
Jillian Harrington (Psychologist)	Appointed 31 July 2012	10	10
Jennifer Mason (Company Director)	Appointed 31 July 2012 (2013: 2 month leave of absence)	9	7
Tony Thirlwell OAM (Company Director)	Appointed 31 July 2012	10	9
Dr Tony Rombola (General Practitioner)	Appointed 3 June 2013	1	1
Dr Mark Brunacci (General Practitioner)	Director since 2012 Resigned 25 February 2013	7	6

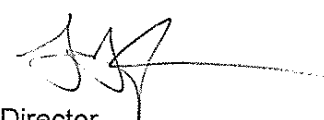
## 11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2013 has been received and can be found following this report.

On behalf of the board



Director



Director

Penrith  
23 September 2013

**Partners**  
P A Berger B Com FCA  
W J Piepers FCA  
T D Millard B Com CA

**Associates**  
T Costa B Bus CA  
C Leigh B Com CA

## AUDITOR'S INDEPENDENCE DECLARATION TO THE MEMBERS OF WENTWORTH HEALTHCARE LIMITED

I declare that, to the best of my knowledge and belief, in relation to the audit of Wentworth Healthcare Limited for the year ended 30 June 2013 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; or
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

23 September 2013  
Penrith

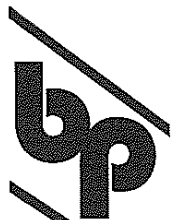
**berger piepers**  
Chartered Accountants

PA Berger FCA  
Partner  
Reg'n No: 4354



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liability limited by a scheme approved under Professional Standards legislation





# berger piepers

## CHARTERED ACCOUNTANTS

### INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WENTWORTH HEALTHCARE LIMITED

Partners  
P A Berger B Com FCA  
W J Piepers FCA  
T D Millard B Com CA

Associates  
T Costa B Bus CA  
C Leigh B Com CA

#### SCOPE

##### Report on the Financial Report

We have audited the accompanying financial report of Wentworth Healthcare Limited, which comprises the statement of financial position as at 30 June 2013 and the statement of comprehensive income, statement of cash flows and statement of changes in equity for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration as set out on schedules 1 to 6.

##### Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

##### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on our judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an audit opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Wentworth Healthcare Limited

- 2 -

### berger piepers

#### Independence

In conducting our audit we have met the independence requirements of the Corporations Act 2001. We have given the directors of the company a written auditor's independence declaration, a copy of which is included in the financial report. We have not provided any other services to the company which may have impaired our independence.

#### Auditor's Opinion

In our opinion:

- (a) the financial report of Wentworth Healthcare Limited is in accordance with the Corporations Act 2001, including:
  - (i) gives a true and fair view of the financial position of Wentworth Healthcare Limited as at 30 June 2013 and of its performance for the year ended on that date; and
  - (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001.
- (b) the financial report also complies with International Financial Reporting Standards as issued by the International Accounting Standards Board.

berger piepers  
Chartered Accountants

23 September 2013  
Penrith

PA Berger FCA  
Partner  
Reg'n No: 4354



WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2013

Schedule 1

	NOTE	2013 \$	2012 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	5,389,403	731,727
Trade and other receivables	5	3,377,349	193,310
Other	6	59,371	2,257
<b>TOTAL CURRENT ASSETS</b>		<u>8,826,123</u>	<u>927,294</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	7	265,879	1,841
<b>TOTAL NON-CURRENT ASSETS</b>		<u>265,879</u>	<u>1,841</u>
<b>TOTAL ASSETS</b>		<u>9,092,002</u>	<u>929,135</u>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	8	1,170,917	134,994
Provisions	9	667,280	-
Other	10	6,870,163	793,144
<b>TOTAL CURRENT LIABILITIES</b>		<u>8,708,360</u>	<u>928,138</u>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	9	40,770	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>40,770</u>	<u>-</u>
<b>TOTAL LIABILITIES</b>		<u>8,749,130</u>	<u>928,138</u>
<b>NET ASSETS</b>		<u>342,872</u>	<u>997</u>
<b>EQUITY</b>			
Accumulated surplus		342,872	997
<b>TOTAL EQUITY</b>		<u>342,872</u>	<u>997</u>

WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2013

Schedule 2

	NOTE	2013 \$	2012 \$
<b>Revenue</b>			
Operating income	3(a)	7,183,728	344,714
Finance income	3(b)	48,953	-
<b>TOTAL REVENUE</b>		<u>7,232,681</u>	<u>344,714</u>
<b>Expenses</b>			
Depreciation and amortisation	3(c)	(16,391)	-
Employee benefits	3(d)	(4,441,387)	(63,815)
Consultants and contractors**		(1,104,646)	(214,881)
Other expenses	3(e)	(1,328,382)	(65,021)
<b>TOTAL EXPENSES</b>		<u>(6,890,806)</u>	<u>(343,717)</u>
<b>SURPLUS BEFORE INCOME TAX</b>		341,875	997
Income tax expense	2(k)	-	-
<b>SURPLUS AFTER INCOME TAX</b>		341,875	997
<b>OTHER COMPREHENSIVE INCOME</b>		<u>-</u>	<u>-</u>
<b>TOTAL COMPREHENSIVE INCOME</b>		<u>341,875</u>	<u>997</u>

\*\* Includes services contracted to Allied Health Professionals for the Access to Allied Psychological Services (ATAPS) program



STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2013

	2013 \$	2012 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Funding and other operating revenue received	11,084,379	1,039,003
Payments to suppliers and employees	(6,494,764)	(305,435)
Deed of Transfer cash received (net)	256,607	-
Interest received	48,953	-
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>4,895,175</b>	<b>733,568</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of property, plant and equipment	(237,499)	(1,841)
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>	<b>(237,499)</b>	<b>(1,841)</b>
<b>NET INCREASE IN CASH HELD</b>	<b>4,657,676</b>	<b>731,727</b>
<b>CASH AT BEGINNING OF THE YEAR</b>	<b>731,727</b>	<b>-</b>
<b>CASH AT END OF THE YEAR</b>	<b>5,389,403</b>	<b>731,727</b>

**(a) Reconciliation of cash**

For the purposes of the statement cash flows, cash comprises the following:

Cash and cash equivalents (Note 4)	5,389,403	731,727
------------------------------------	-----------	---------

**(b) Reconciliation from the net surplus to the net cash flows from operating activities:**

Net surplus	341,875	997
<i>Adjustments for:</i>		
Depreciation of non-current assets	16,391	-
Deed of Transfer cash received	256,607	-
<i>Changes in assets and liabilities:</i>		
Trade and other receivables	(3,184,039)	(193,310)
Other current assets	(57,114)	(2,257)
Trade and other payables	1,035,923	134,994
Provisions	408,513	-
Other current liabilities	6,077,019	793,144
<b>Net cash from operating activities</b>	<b>4,895,175</b>	<b>733,568</b>

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2013

	Accumulated Surplus \$	Reserves \$	Total Equity \$
<b>As at 24 February 2012</b>	-	-	-
Surplus for the period	997	-	997
Other comprehensive income	-	-	-
<b>As at 30 June 2012</b>	<b>997</b>	<b>-</b>	<b>997</b>
Surplus for the year	341,875	-	341,875
Other comprehensive income	-	-	-
<b>As at 30 June 2013</b>	<b>342,872</b>	<b>-</b>	<b>342,872</b>

The accompanying notes form an integral part of these financial statements.



WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

### 1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 23 September 2013.

Wentworth Healthcare Limited is a company limited by guarantee with each member of the company liable to contribute an amount not exceeding \$20 in the event of the company being wound up.

The company was incorporated on 24 February 2012. The prior year comparatives included in the financial report cover the period from 24 February 2012 to 30 June 2012.

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### (a) Basis of preparation

The financial report is a general purpose financial report, which has been prepared in accordance with the requirements of Australian Accounting Standards. The financial report has also been prepared on a historical cost basis and, except where stated, does not take into account current valuations of non-current assets.

The financial statements have been prepared on the going concern basis. The ability of the entity to continue operating as a going concern is dependent upon continuing government funding for its programs.

#### (b) Statement of compliance

The financial report complies with Australian Accounting Standards and International Financial Reporting Standards ("AIFRS") as issued by the International Accounting Standards Board.

#### (c) Significant accounting judgments, estimates and assumptions

The preparation of the financial statements requires management to make judgments, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgments and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgments and estimates on historical experience and other various factors it believes to be reasonable under the circumstances, the results of which form the basis of the carrying values of assets and liabilities that are not readily apparent from other sources.

Details of the nature of these assumptions and conditions may be found in the relevant notes to the financial statements.

WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### (d) Property, plant and equipment

Property, plant and equipment is stated at cost less accumulated depreciation and any impairment in value. Depreciation is calculated on a straight-line basis over the estimated useful life of the asset as follows:

- |                           |            |
|---------------------------|------------|
| • Furniture and equipment | 3-14 years |
| • Motor vehicles          | 7 years    |

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the item) is included in the statement of comprehensive income in the year the item is derecognised.

#### Impairment

The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable. If any such indication exists and where the carrying value exceeds the estimated recoverable amount, the assets are written down to their recoverable amount. The recoverable amount of property, plant and equipment is the greater of fair value less costs to sell and value in use.

Impairment losses are recognised in the statement of comprehensive income.

#### (e) Recoverable amount of assets

At each reporting date, the company assesses whether there is an indication that an asset may be impaired. Where an indicator of impairment exists, the company makes a formal estimate of recoverable amount. Where the carrying value of an asset exceeds its recoverable amount the asset is considered impaired and written down to its recoverable amount.

The recoverable amount is the greater of fair value less costs to sell and value in use. It is determined for an individual asset, unless the asset's value in use cannot be estimated to be close to its fair value less costs to sell and it does not generate cash inflows that are largely independent of those from other assets or groups of assets, in which case, the recoverable amount is determined for the group of assets.

#### (f) Cash and cash equivalents

Cash and cash equivalents in the statement of financial position comprise cash at bank and on hand and short-term deposits readily convertible to cash.

For the purposes of the statement of cash flows, cash consists of cash and cash equivalents as defined above, net of outstanding bank overdrafts.



WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### (g) Provisions

Provisions are recognised when the company has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

If the effect of the time value of money is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

#### (h) Employee entitlements

*Wages, salaries, time in lieu and annual leave*

Liabilities for wages and salaries, time in lieu and annual leave are recognised and are measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services to that date.

*Long service leave*

A liability for long service is recognised and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

*Superannuation*

Contributions to defined superannuation plans are expensed as incurred.

Entitlements which are expected to be settled within twelve months are measured at their nominal values using current remuneration rates. Liabilities which are expected to be settled after twelve months are measured at the present value of estimated future cash outflows in respect of services provided up to reporting date.

#### (i) Leases

Finance leases, which transfer to the company substantially all of the risks and benefits incidental to ownership of the leased items, are capitalised at the inception of the lease at the fair value of the leased property or, if lower, at the present value of the minimum lease payments.

Lease payments are apportioned between the finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the statement of comprehensive income.

Capitalised leased assets are amortised over the shorter of the estimated useful life of the asset or the lease term.

Leases where the lessor retains substantially all of the risks and benefits of ownership of the asset are classified as operating leases. Operating lease payments are recognised as an expense in the statement of comprehensive income on a straight line basis over the lease term.

WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### (j) Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the company and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

*Grant income*

Grants are recognised at their fair value where there is reasonable assurance that the grant will be received and all attaching conditions will be complied with.

When the grant relates to an expense or capital item, it is recognised as income over the periods necessary to match the grant on a systematic basis to the costs and capital items that it is intended to compensate.

Any excess of grant income over expenditure is set aside as a provision for future use in accordance with the company's purposes and the purposes of the funding body.

*Rendering of services*

Control of the right to receive payment for the services performed has passed to the company.

*Interest*

Control of the right to receive the interest payment has passed to the company as the interest accrues.

#### (k) Taxes

*Income tax*

The company is exempt from income tax under section 50-45 of the Income Tax Assessment Act 1997.

*Goods and Services Tax (GST)*

Revenues, expenses and assets are recognised net of the amount of GST except where:

- the GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item as applicable; and
- receivables and payables are stated with the amount of GST included.

Operating cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

#### (l) Comparative figures

The company was incorporated on 24 February 2012. Accordingly, information included in prior year comparatives relates to the period from this date and up to 30 June 2012.

WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

# NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

## (m) Early adoption of accounting standards

As permitted under Australian accounting standards, the company has elected for the early adoption of the following Reduced Disclosure Requirements (RDR) which have been applied for the year ended 30 June 2013:

- AASB 7 "Financial Instruments: Disclosures" applicable for years beginning on or after 1 January 2103; and
- AASB 124 "Related Party Disclosures" applicable for years beginning on or after 1 July 2013.

	2013 \$	2012 \$
<b>3. REVENUES AND EXPENSES</b>		
<b>(a) Sale of goods and services</b>		
Program funding	6,649,749	343,714
Fees for services	509,442	-
Sponsorship	11,241	1,000
Other income	13,296	-
	<u>7,183,728</u>	<u>344,714</u>
<b>(b) Finance income</b>		
Interest received	<u>48,953</u>	<u>-</u>
<b>(c) Depreciation and amortisation</b>		
Depreciation of non-current assets	<u>16,391</u>	<u>-</u>
<b>(d) Employee benefits</b>		
Salaries and wages - staff	3,838,347	62,910
Salaries and wages - directors	127,323	-
Employee entitlements	123,525	-
Superannuation	<u>352,192</u>	<u>905</u>
	<u>4,441,387</u>	<u>63,815</u>
<b>(e) Expenses included in other expenses</b>		
Operating lease rental - premises	<u>166,190</u>	<u>-</u>
Auditor's remuneration		
-auditing the financial report	14,900	6,000
-other services	<u>7,750</u>	<u>750</u>

WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

# NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

	2013 \$	2012 \$
<b>4. CASH AND CASH EQUIVALENTS</b>		
Cash on hand	1,200	1,200
Cash at banks	<u>5,388,203</u>	<u>730,527</u>
	<u>5,389,403</u>	<u>731,727</u>
<b>Terms and conditions</b>		
Cash at banks earns interest at variable rates, ranging from 0% to 2.35%, depending upon the rate prevailing at the time of deposit. At 30 June 2013 the weighted average interest rate on cash at banks was 1.7% (2012: 0.0%).		
<b>5. TRADE AND OTHER RECEIVABLES</b>		
Trade and other receivables	3,342,319	193,310
Provision for doubtful debts	<u>-</u>	<u>-</u>
	<u>3,342,319</u>	<u>193,310</u>
Other debtors	<u>35,030</u>	<u>-</u>
	<u>3,377,349</u>	<u>193,310</u>
<b>6. OTHER CURRENT ASSETS</b>		
Prepayments	34,443	-
Security deposits	<u>24,928</u>	<u>2,257</u>
	<u>59,371</u>	<u>2,257</u>



NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

Schedule 5/7

	2013 \$	2012 \$
<b>7. PROPERTY, PLANT AND EQUIPMENT</b>		
Office furniture and equipment-at cost	185,450	1,841
Less accumulated depreciation	(12,865)	-
	<u>172,585</u>	<u>1,841</u>
Medical equipment-at cost	1,560	-
Less accumulated depreciation	(312)	-
	<u>1,248</u>	<u>-</u>
Motor vehicles-at cost	15,000	-
Less accumulated depreciation	(3,214)	-
	<u>11,786</u>	<u>-</u>
Leasehold improvements-at cost	80,260	-
Less accumulated depreciation	-	-
	<u>80,260</u>	<u>-</u>
	<u>265,879</u>	<u>1,841</u>
<b>Reconciliations</b>		
<i>Office furniture and equipment</i>		
Carrying amount at beginning of year	1,841	-
Additions	157,239	1,841
Received under Deed of Transfer	26,370	-
Depreciation	(12,865)	-
	<u>172,585</u>	<u>1,841</u>
<i>Medical equipment</i>		
Carrying amount at beginning of year	-	-
Received under Deed of Transfer	1,560	-
Depreciation	(312)	-
	<u>1,248</u>	<u>-</u>

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

Schedule 5/8

	2013 \$	2012 \$
<b>7. PROPERTY, PLANT AND EQUIPMENT (continued)</b>		
<b>Reconciliations (continued)</b>		
<i>Motor vehicles</i>		
Carrying amount at beginning of year	-	-
Received under Deed of Transfer	15,000	-
Depreciation	(3,214)	-
	<u>11,786</u>	<u>-</u>
<i>Leasehold improvements</i>		
Carrying amount at beginning of year	-	-
Additions	80,260	-
	<u>80,260</u>	<u>-</u>
<b>8. TRADE AND OTHER PAYABLES</b>		
Trade creditors	306,965	51,097
GST payable	395,435	80,390
Other creditors and accrued expenses	468,517	3,507
	<u>1,170,917</u>	<u>134,994</u>
<b>9. PROVISIONS</b>		
<b>Current</b>		
ATAPS liabilities	284,988	-
Annual leave	275,991	-
Time in lieu	23,999	-
Long service leave	82,302	-
	<u>667,280</u>	<u>-</u>
<b>Non Current</b>		
Long service leave	40,770	-
<b>10. OTHER CURRENT LIABILITIES</b>		
Deferred income in advance	<u>6,870,163</u>	<u>793,144</u>

WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

# NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

	2013 \$	2012 \$
<b>11. LEASE COMMITMENTS</b>		
<b>Operating leases</b>		
Not later than one year	128,960	-
Later than one but not later than two years	18,483	-
Later than two but not later than five years	70	-
	<u>147,513</u>	<u>-</u>
Aggregate lease expenditure contracted but not provided for at balance date		
	<u>147,513</u>	<u>-</u>

## 12. CAPITAL EXPENDITURE COMMITMENTS

Capital expenditure of \$52,388 (2012: \$nil) has been contracted at balance date but not provided in the financial statements.

## 13. RELATED PARTY TRANSACTIONS

### Directors

The following persons held office as a director of the company for the duration of the financial year unless otherwise indicated:

Dr Shiva Prakash	
Gabrielle Armstrong	(Appointed 31 July 2012)
Diana Aspinall	(Appointed 31 July 2012)
Paul Brennan	(Appointed 31 July 2012)
Dr Mark Brunacci	(Resigned 25 February 2013)
Jillian Harrington	(Appointed 31 July 2012)
Dr Andrew Knight	
Jennifer Mason	(Appointed 31 July 2012)
Dr Tony Rombola	(Appointed 3 June 2013)
Tony Thirlwell OAM	(Appointed 31 July 2012)

### Remuneration of directors

Income paid or payable, or otherwise made available, in respect of the financial year to all directors of the company:

<u>138,152</u>	<u>-</u>
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The number of directors of the company whose remuneration, including superannuation contributions, falls within the following bands:

	Number	Number
\$0 - \$9,999	2	3
\$10,000 - \$19,999	7	-
\$20,000 - \$29,999	1	-

WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

# NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2013

## 13. RELATED PARTY TRANSACTIONS (continued)

### Transactions with Director Related Entities

During the year the company received services from Southern Cross Psychology, an organisation in which Jillian Harrington has a financial interest, amounting to \$40,134. These services were provided under normal commercial terms and conditions.

## 14. ECONOMIC DEPENDENCY

The company is dependent upon the continued provision of funding by various government departments, primarily the Department of Health and Ageing. The directors have no reason to believe that this funding will not continue to be provided.

## 15. SUBSEQUENT EVENTS

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company in financial years subsequent to 30 June 2013.



WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

## DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Wentworth Healthcare Limited, we state that:

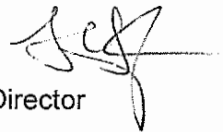
In the opinion of the directors:

- (a) the financial statements and notes of the company are in accordance with the Corporations Act 2001, including:
  - (i) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the period ended on that date; and
  - (ii) complying with Accounting Standards and Corporations Regulations 2001; and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

On behalf of the board



Director



Director

Penrith  
23 September 2013

Medicare Locals gratefully acknowledge the financial and other support from the Australian Government Department of Health.

Nepean-Blue Mountains Medicare Local Offices:

**Penrith**

Suite 5B,61-79 Henry St Penrith NSW 2750 T 4708 8100 F 4721 1176

**Hazelbrook**

Level 1, 192 Great Western Highway Hazelbrook NSW 2779 T 4708 8200 F 4758 9722

**Windsor**

Unit 4, 31 Brabyn Street Windsor NSW 2756 T 4508 8400 F 9009 0734

**Healthy for Life Office**

7-9 Rosedale Avenue Hazelbrook NSW 2779 T 4708 8300 F 4758 9078

**Healthy Lifestyle Dietetics Service**

Suite 5B, 61-79 Henry St Penrith NSW 2750 T: 4708 8100 F: 4721 1176

For more information about Nepean-Blue Mountains Medicare Local visit  
[www.nbmmml.com.au](http://www.nbmmml.com.au)

*Connecting health to meet local needs*