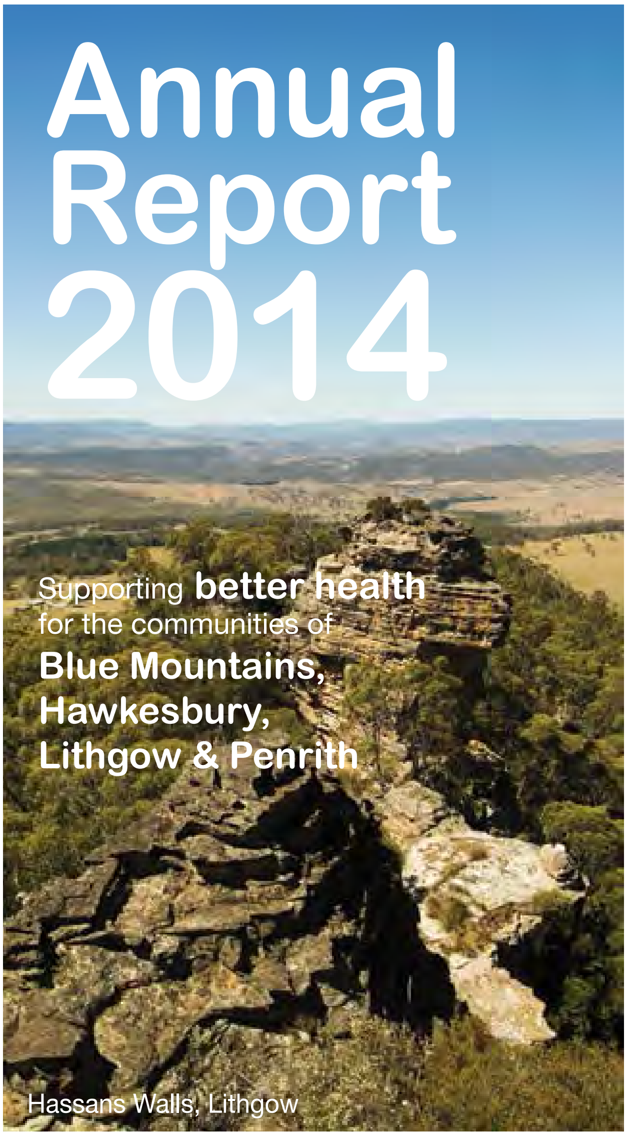
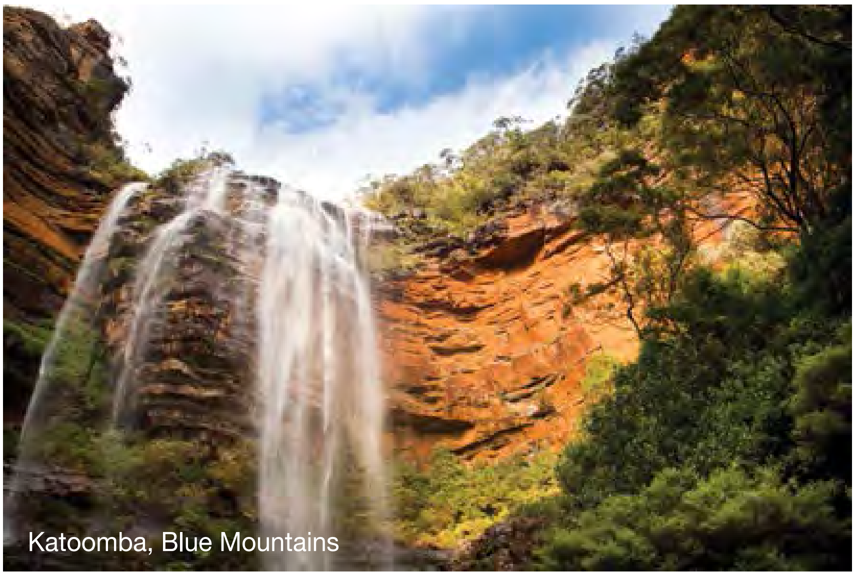
Annual Report 2014

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



Hassans Walls, Lithgow



Katoomba, Blue Mountains

Freemans Reach, Hawkesbury

Victoria Bridge, Penrith

medicare local
NEPEAN-BLUE MOUNTAINS

Connecting health to meet local needs

Wentworth Healthcare Limited (ABN 88 155 904 975)
trading as Nepean-Blue Mountains Medicare Local

Contents

Highlights at a Glance

Here's just a few facts about Nepean-Blue Mountains Medicare Local (NBMML) and the health services we have delivered or directly supported over the past 12 months:

12,344

after hours consultations
at Nepean & Hawkesbury After Hours GP Clinics

12,360

mental health consultations
in the local community

23,000+

eHealth records
created by people in our community

3,003

support visits/consultations
given to primary healthcare providers

1,887

attendances
by primary healthcare providers at NBMML educational events

#1 nationally

for GP antenatal shared care
to Aboriginal & Torres Strait Islander women, our region tops the country

1,000+

allied health professionals consulted
on the needs of allied health professionals in our area

500+

consumer insights
from people in our community, which are helping to shape the improvements we make to local health

81

general practices supported to provide after hours GP services
across the region

7,500

occasions of service
to Aboriginal & Torres Strait Islander communities through our Closing the Gap and Healthy for Life programs

Our Organisation

Nepean-Blue Mountains Medicare Local (NBMML) employs more than 100 talented and skilled professionals.

Eighty per cent of the NBMML workforce is involved in clinical service delivery or support. This includes GPs, registered nurses, mental health nurses, dietitians, psychologists, social workers, Aboriginal & Torres Strait Islander health and outreach workers, care coordinators and diabetes educators.

Our CEO, Ms Sheila Holcombe, was previously CEO of the Blue Mountains GP Network. In 2013, Sheila was nominated for the Women of the West award.

NBMML has a head office located at Penrith, which is also the regional office for the Hawkesbury. A regional office for the Blue Mountains and Lithgow areas is located in Hazelbrook, and the Aboriginal Healthy for Life Program also operates from Hazelbrook.

Our Board

The Nepean-Blue Mountains Medicare Local is governed by a skills based board.

- Dr Shiva Prakash (Chair)
- Ms Gabrielle Armstrong
- Ms Diana Aspinall
- Mr Paul Brennan
- Ms Jillian Harrington
- Dr Andrew Knight
- Ms Jennifer Mason
- Mr Tony Thirlwell
- Dr Tony Rombola

Our Members

NBMML is proud to have the following organisations as members:

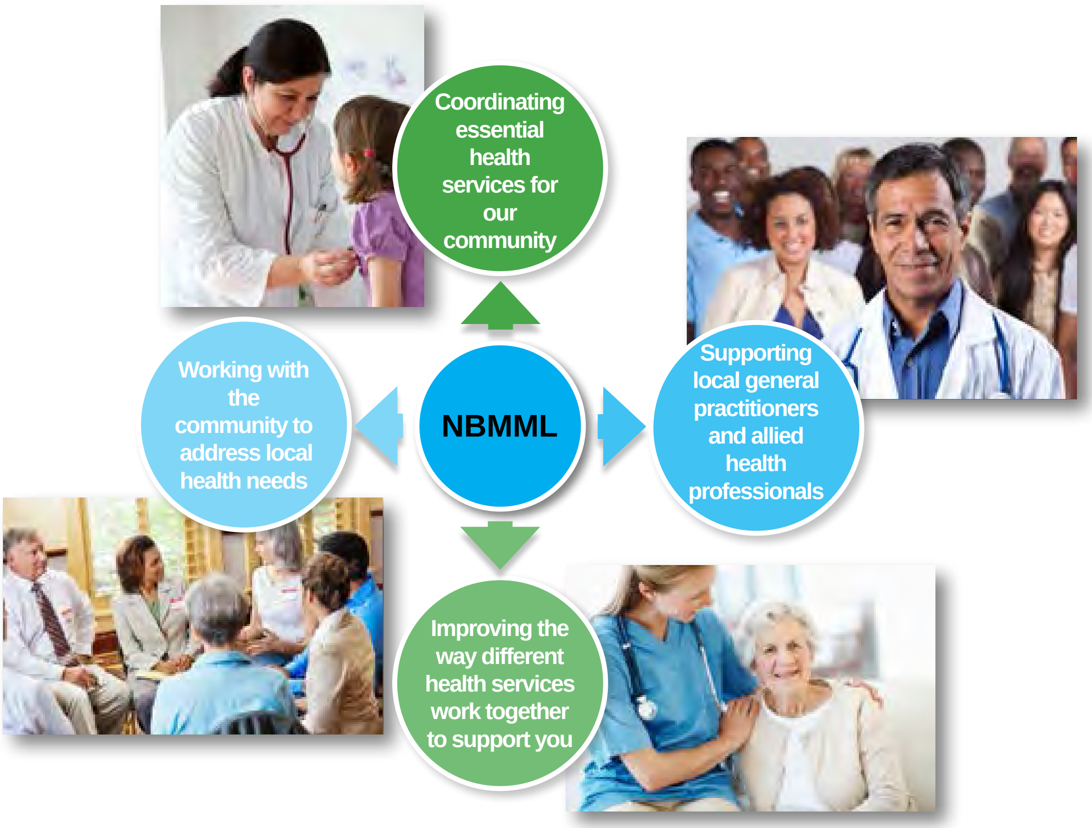
- Blue Mountains GP Network
- Hawkesbury Doctors Network
- Nepean Division of General Practice
- Australian Primary Health Care Nurses Association
- Western Sydney Regional Organisation of Councils
- Lithgow City Council

1. About NBMML

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

We have the important task of improving the health of our region by making it easier for patients to access the primary health care services they need, better linking local GPs, nursing and other health professionals, hospitals and aged care, and maintaining up-to-date local service directories.

We support and work in collaboration with General Practice and the many other health providers and organisations across the region in a very hands-on role that is making a tangible difference to the health of our community.



Our Values

- Respect
- Ethical Practice
- Quality
- Collaboration
- Continuous Improvement

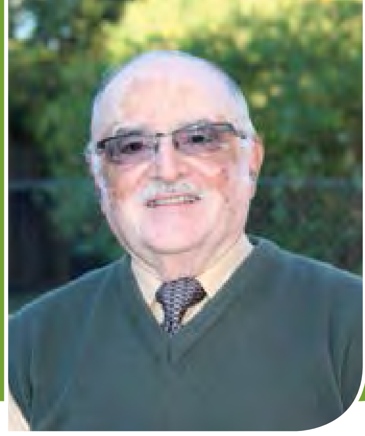
Our Vision

Improved health of the people in our region

Our Mission

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

MESSAGE FROM THE CHAIR



I am proud to say that it has been another productive year for Nepean-Blue Mountains Medicare Local in terms of supporting improved health in our community.

Naturally, the announcements by the Federal government in May that Primary Health Networks (PHNs) will replace Medicare Locals, is the backdrop to our strategic planning as we reach the end of the 2013/2014 year. The new PHNs will have a similar mandate to Medicare Locals to be locally relevant, put general practice at the centre of the organisation, work with public and private stakeholders, and develop both Clinical Councils and consumer-led Community Advisory Committees.

NBMML is already well down the track towards meeting the criteria for the new PHNs. GPs are front and centre of our work, we have successful collaborative working relationships with other health and non-health providers across many sectors, our Board benefits from the experience and expertise of highly skilled clinicians and we have Consumer Working Groups operating across our region.

NBMML's unique insights into the health needs and issues of our communities and the programs we have developed to address them will likely be an integral part of the PHN that will support this region.

We continue to work tirelessly with the GPs and general practice networks in our region, and in the last year have seen new models of consultation arise in our efforts to constantly adapt to meet the needs of local health providers. In a year that brought about bushfire tragedy for some of the people in our community, I was privileged to be able to assist in the provision of medical care to those in need. NBMML's involvement in coordinating healthcare during the bushfire crisis led to numerous key initiatives being introduced, such as the ATAPS Bushfire program to support people affected by the fires and the formation of a GP Advisory Committee – the brainchild of the GP Chair Committee - to provide a new model of engaging with GPs across the region.

This year, an extensive consultation process was undertaken with the allied health professionals in our region, which has led to us also developing and expanding the services and assistance we provide to them, as well as continuing to enhance the integration between local allied health and general practice.

NBMML also established a Needs Assessment Steering Committee, comprising representation from primary care, the university sector, consumers, Nepean Blue Mountains Local Health District (NBMLHD) and NBMML, to prioritise the health needs that have been identified in our region. As a result, a Comprehensive Needs Assessment Report was produced and submitted to the Department of Health.

As always, improving the health of our community is at the forefront of what we do. In collaboration with NBMLHD, we have progressed our understanding of the key local health issues that need to be addressed, and have formed health consumer working groups to prioritise these and assist us to bring about meaningful solutions.

Our consumer work is just one aspect of the important partnership we have with NBMLHD. In February, our organisations held an historic joint meeting to discuss healthcare planning and priorities to address health issues in the local area now and into the future. This forum involved local federal and state government officials, and culminated in our Boards signing an agreement to guide the way forward. By working together in this way, I have no doubt we can support a smoother patient journey - from the prevention of chronic health issues in concert with their GP through to the delivery of hospital services and rehabilitation.

On behalf of the Board, I would like to express my thanks to our members and the local health professionals, who continue to work with and support us, as well as to our community as a whole, which is central to the strategic decisions we make as an organisation.

I would like to also offer a special thanks to Ms Sheila Holcombe, our CEO, and all the staff at NBMML for your unending commitment and positive attitude during times of uncertainty.

Dr Shiva Prakash

MESSAGE FROM THE CEO

This year we've experienced significant changes in both the healthcare arena and within the region we so proudly support.

In October, the community rallied to assist people impacted by bushfire, and NBMML worked tirelessly with local general practitioners and our GP member organisations to provide vital GP services at evacuation centres during this period.

Recognising the special needs of these community members in the aftermath of such devastation, NBMML applied for and was successful in being awarded ATAPS funding to provide for the first time in our region mental health services for those affected by bushfire.

During the crisis period, the Chairs of our GP member organisations raised the need for a GP Advisory Committee to be formed, to provide a framework for consulting with local GP representatives on the best ways to support our GP Community across the region. This is now in operation, and my thanks to the GP Chair Committee for driving this.

In late November, after much lobbying, the Blue Mountains, Hawkesbury and Penrith areas were declared areas of District of Workforce Shortage (DWS) status. NBMML has supported practices with recruitment under the DWS status. This has resulted in an increase in GPs and practice staff recruited to serve the area's growing population.

The end of 2013 saw us work on a major submission to the Medicare Local review, as well as conducting the National Benchmarking Survey across our NBMML employees. The outcomes of this survey were extremely positive, with NBMML comparing very favourably to other Medicare Locals nationally.

Over the course of many months, NBMML was part of significant local consumer-led research evaluating wholistic cancer care to patients' wellbeing. The project involved NBMML, consumers, Blue Mountains Cancer Help (BMCH), the University of Western Sydney (UWS) and the University of NSW. Notably, the research project was invited to present at this year's prestigious Primary Health Care Research Conference.

We have once again enjoyed fruitful collaboration with Nepean Blue Mountains Local Health District (NBMLHD), working with them on a number of joint initiatives to improve the patient journey. This included operationalisation of a joint consumer engagement strategy led by consumers from the Joint Health Consumer Committee (an advisory group to NBMML and NBMLHD Boards). This provides a consumer voice into the work of both the NBMML and the NBMLHD.

NBMML and NBMLHD have also committed to greater consultation with the Aboriginal & Torres Strait Islander communities in each LGA. This began with an Aboriginal Sharing & Learning Circle in Lithgow in June. Consultations in Hawkesbury and Penrith will continue in the latter part of 2014.

April saw the launch of our new NBMML website, which includes a new online health directory to make it easier and faster for the community to search for a local health professional. The new website also introduced the ability for our local community to access online information about NBMML health programs and initiatives from their mobile devices - an important technological need in many areas in our region such as Lithgow.

In May 2014, the Federal Budget triggered news of the Government's move from Medicare Locals to Primary Health Networks (PHNs). As at the end of June 2014, we await the decisions about the boundaries of these new PHNs, which will shape our next steps as an organisation in 2014/2015. I'm hopeful that the impact NBMML has made in understanding and addressing the health needs of our local community will transition across to the new PHN model.

I would like to take this opportunity to thank our member organisations and the local primary health care professionals for all your support and input over the course of the year.

Also, to the excellent staff of Nepean-Blue Mountains Medicare Local, who are tireless in their efforts to improve health across the region, I thank you for your enthusiasm and your commitment. In March this year, our organisation achieved full Accreditation - a praiseworthy achievement and one that is a direct result of the hard work undertaken by our NBMML team. It is a pleasure to work with each and every one of you.

Finally, I thank the Board for their ongoing dedication and support of the staff of NBMML.

Ms Sheila Holcombe

Population of our region	349,864
Blue Mountains	78,391
Hawkesbury	64,312
Lithgow	20,161
Penrith	187,000

2. About our Region

Our region

The geographic area of the Nepean-Blue Mountains Medicare Local covers 10,000 square kilometres, including a world heritage listed National Park, and spans four Local Government Areas (LGAs): Blue Mountains, Hawkesbury, Lithgow and Penrith.

We have an estimated population of around 350,000 people and an anticipated population level of nearly 400,000 by 2021.

Nepean-Blue Mountains Medicare Local (NBMML) supports the primary healthcare needs of our community, as well as representing and assisting 446 general practitioners, 910 allied health professionals and 749 primary healthcare practices across the region.

Health snapshot

- Around half of our population do not get enough physical activity. *
- 64% of adults 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 report that they currently smoke. *
- Region ranked 2nd highest in self rated high to very high psychological distress in population aged 16 and over. †
- Cancer is responsible for 30.2% of all deaths in the region (compared to the NSW figure of 29.1%). †
- 23% of adults reported delaying or not seeing a dentist or dental hygienist due to cost each year. †
- More than 10,000 people report often having difficulty or being unable to travel to access services due to lack of transport each year. †
- More than 103,000 patients presenting to Emergency Departments in the region each year. †

** "A report on the Health Needs of the Nepean-Blue Mountains Medicare Local area", undertaken by JustHealth Consulting in partnership with The Menzies Centre for Health Policy (August 2012)*

† NBMML Comprehensive Needs Assessment 2014-2015

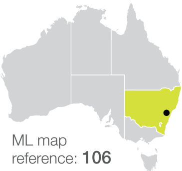
Regional Health Priorities

As part of an initiative organised by the Interim Joint Health Consumer Committee of NBMML and NBMLHD, local residents were asked to have their say about the health services in the region.

Through this consumer forum process, the main health-related issues were identified for the four LGAs in our region:

Blue Mountains	Hawkesbury	Lithgow	Penrith
• **Transport difficulties -** travelling to and from health care services • **Aged care services -** inadequate number residential care beds and costs • **Workforce problems -** shortage of GPs • **Access to information -** low knowledge of services and where to go to get information • **Carer respite and support -** limited resources • **Impact of bushfire on access to health care -** in adequate disaster planning • **Access to health services -** long distances to travel and long waiting lists • **Renal Dialysis -** long, impractical travel to access services • **Increase in holistic care -** better support and access for mental health, cancer conditions and the elderly	• **Transport difficulties -** time, costs and parking issues involved in travelling to and from health care services • **Aged care services -** shortage of resources and aged care bed • **Workforce problems -** shortage of health care providers • **Access to information -** low knowledge of services and where to go to get information • **Mental health services -** shortage of services • **Impact of flood and bushfire on access to health care -** inadequate disaster planning and access to emergency services west of the river • **Cancer treatment -** long, impractical travel to access services • **Carer respite and support -** limited resources • **Boundaries and accessing health services** in other areas	• **Transport difficulties -** travelling to and from health care services • **Accommodation -** when travelling long distances to access health services • **Aged care services -** both in-home and residential care • **Knowledge, community expectations** and where to go to get information • **Boundaries and accessing health services** in other areas • **Workforce problems -** shortage of health care providers • **Aboriginal health services -** shortage of services • **Mental health services -** shortage of services • **Communication -** improving communication between health services, health providers and consumers.	• **Aged care services -** both home care and nursing home care. • **Workforce problems -** shortage of health care providers • **Access to information -** knowledge of services and need for a central information source • **Boundaries and accessing health services** in other areas • **Safety and security within health facilities** • **Rapid growth and increasing diversity -** growing demand on health services • **Communication -** improving communication between health services, health providers and consumer • **Health services for the homeless -** better access to services • **Men's Health -** inadequately supported in the area. • **Renal Dialysis -** shortage of services and access difficulties • **Dental services -** costs, waiting lists and access difficulties • **Multidisciplinary treatment -** more holistic care sought

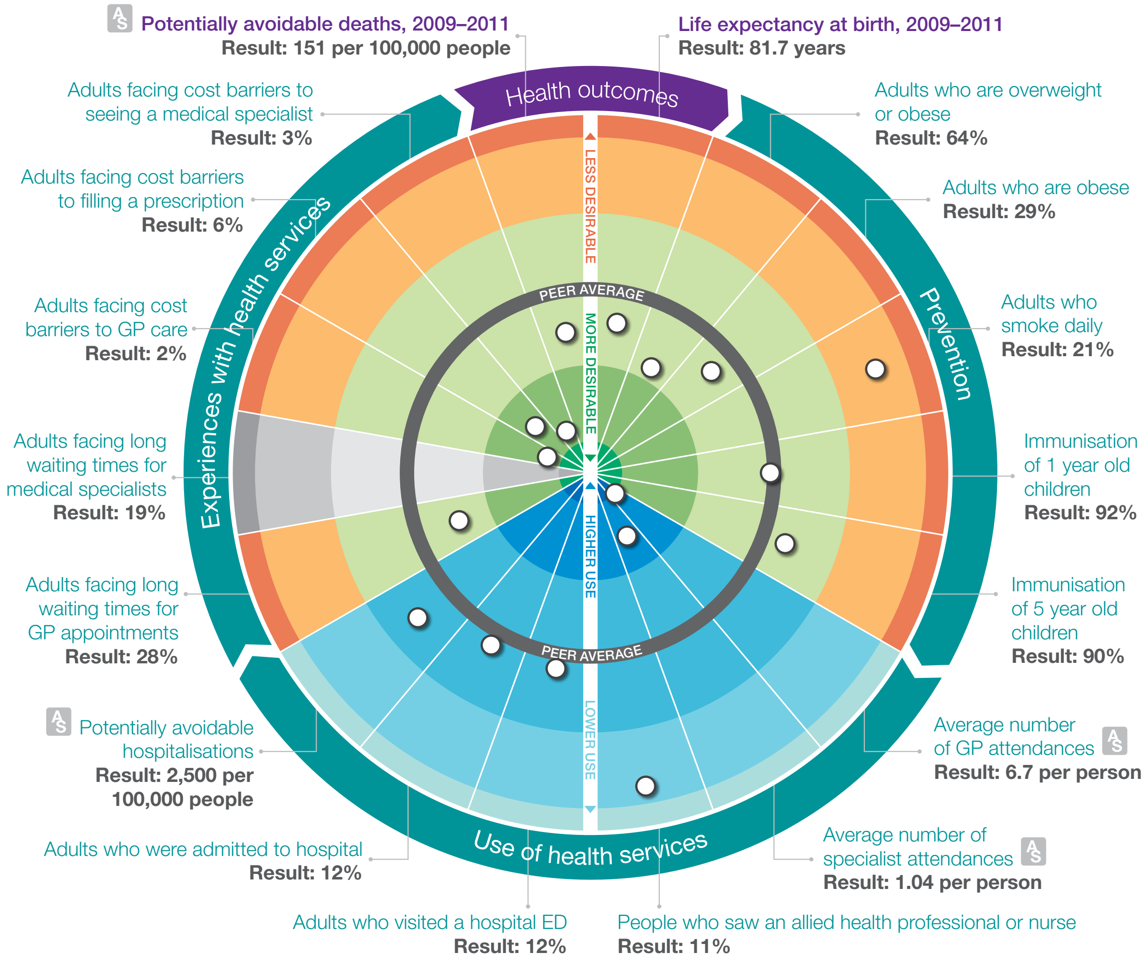
Your Medicare Local



ML map reference: 106

Nepean-Blue Mountains

Medicare Local catchment results relative to Regional 1 peer group results, 2011–12



Medicare Local catchment profile

Total population: 351,237

Total land area: 9,122km²

Indigenous population: 3.2%

Population split: 49.7% male, 50.3% female

Age proportions:
25% (0–17 years)
63% (18–64 years)
12% (65+ years)

Socioeconomic status:
26% (low)
47% (medium)
27% (high)

Medicare Local catchment legend

Medicare Local results

Age standardised data

NP Not publishable

These data are not available for publication for this Medicare Local catchment

Source: *Healthy Communities: Avoidable deaths and life expectancies in 2009–2011*

"Since becoming a 24-hour pharmacy the benefits have flowed onto the community – not only locally but for people throughout Western Sydney and the Blue Mountains. We've filled scripts for sick children with croup so parents can get them home to bed and for shift workers coming or going from work between 2am and 6am.

Jan Bardsley-Smith, Pharmacist (Penrith High St Chemmart Pharmacy), a recipient of the NBMML After Hours Primary Care Incentive Grants.

3. Our Programs & Services

After Hours

Medical concerns often arise outside of normal business hours, which is when after hours (non emergency) medical assistance may be needed. Understanding the locally-available after hours medical services can save time, effort and lives, which is why NBMML invests considerably in supporting the provision of local after hours services and raising the profile of these services within the community.

Achievements 2013/14

Across our region more than 125,000 after hours GP consultations were conducted last year. NBMML provides financial support to 95% of accredited general practices to provide after hours GP services.

Additionally, NBMML funded eight local organisations including general practices, pharmacies and a deputising service provider to improve after hours services in areas that are currently experiencing after hours service shortages.

From November 2013, local residents in the lower Blue Mountains area gained access to doctor home visits on weeknights, weekends, and public holidays - an initiative funded and supported by NBMML. In the past year, this has entailed 5,232 visits and more than 99% of the patients using these services waiting less than 1.5 hours to see a clinician.

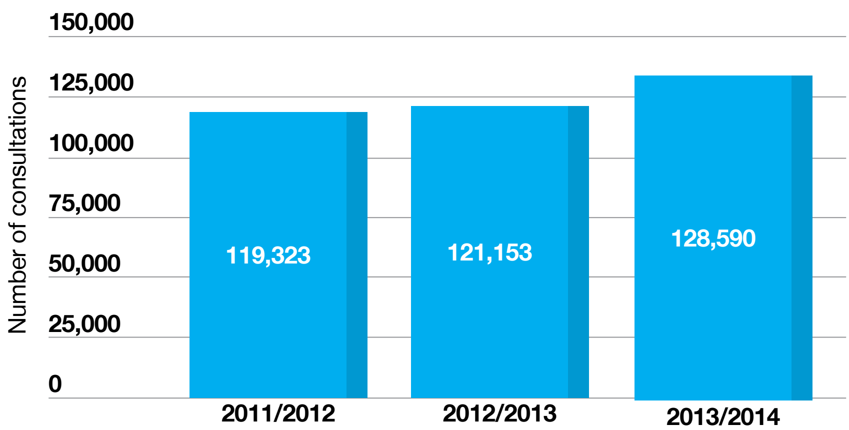
NBMML provides financial and practice management support to the Hawkesbury After Hours GP Clinic as well as full management of the Nepean After Hours GP service. Across both facilities, over 12,300 consultations took place in the last 12 months.

During 2013/14, research was undertaken within the community to better understand general awareness and opinions of after hours services, and as a result, a large-scale campaign was mounted to raise awareness in the local community about the after hours services available in our region and to educate consumers on the appropriate use of these services.

In addition, the operating hours of all GPs and pharmacies is now available on the National Health Services Directory at **www.nbmml.com.au.**

Workforce shortage is one of the key challenges of delivering after hours primary care services. In response to this challenge, NBMML supports general practices across the region by assisting them with recruiting and retaining staff in our region.

After Hours GP services across the region



> “ Thank you to the After Hours GP Clinic for their quick & courteous attention this evening... [I was] in and out in under 40 minutes. This is a great service...the Nurse on duty was fantastic. Many thanks to all.
>
> **Patient from the Penrith area**

eHealth

eHealth is the electronic management of health information to deliver safer, more efficient, better quality healthcare.

Achievements 2013/2014

Nearly 23,000 consumers living within the NBMML region are currently registered for the PCEHR (personally controlled eHealth record).

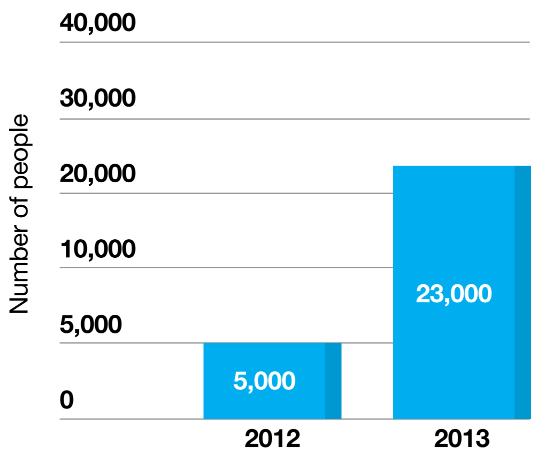
- Over 1,200 eHealth support activities were conducted across 186 general practices, allied health providers and community pharmacies to assist in ePIP compliance, secure messaging, data quality, registering for the eHealth record and education in the use of PCEHR.
- Approximately 63 health care organisations have successfully registered for the PCEHR.
- 12 practices have been supported to install Assisted Registration software, enabling them to register their own patients.

NBMML worked in close partnership with the CSIRO and NBMLHD on a research project to demonstrate the clinical and health economic evidence on how NBN-enabled telehealth services can be scaled up nationally to provide an alternative cost effective health services for the management of chronic disease in the community.

NBMML entered into an APCC ML QI Partnership project to complement broader eHealth activities, offering financial incentives and additional support to participating practices in the fields of Assisted Registration, Shared Health Summaries and the PCEHR.

NBMML provided representation on the Board and implementation management group of the NSW Health, HealthNet eDischarge project. eDischarge summaries are now being sent from hospitals to GPs within the NBMML region.

Number of people in our region who have set up a personal eHealth record (PCEHR)



Mental Health

Three mental health programs are available through the region:

ATAPS (Access to Allied Psychological Services)
This program enables GPs to refer patients with mental health issues for psychological intervention from a range of qualified allied health providers. There are ATAPS programs for adults, children, Aboriginal & Torres Strait Islanders, bushfire-affected people, new mothers and for suicide prevention.

PIR (Partners in Recovery)
This new partnership program is helping people living with severe and persistent mental illness and complex needs by producing a better connection between all the services (such as health, accommodation and employment) they need to better support their journey to recovery.

MHNIP (Mental Health Nurse Incentive Program)
Mental Health Nurses work closely with GPs to support people with severe mental health disorders that are affecting multiple areas of their lives.

Achievements 2013/14

ATAPS
Nearly 9,450 mental health consultations were facilitated through the ATAPs program this year. The Child Mental Health Service opened this year across the region for individual referral of children 0-11 years.

NBMML was awarded a "Highly Commended" Award at the NBMLHD Quality Awards for the Cool Kids program (for anxious primary-school aged children). Over the past 12 months, eight Cool Kids programs were run in partnership with NBMLHD throughout the region, with 25 children (accompanied by one or two parents) in attendance.

In response to bushfires occurring in October 2013, NBMML successfully applied for funding of a Bushfire Recovery program, and to date has assisted 189 people.

Suicide prevention training (conducted by Wesley Lifeforce) was offered to GPs and general practice staff across the region to build capacity and confidence in identification and referral.

A number of mental health networking forums were held across the region to increase connections and the sharing of information amongst local mental health providers and raise awareness of mental health issues and treatment options.

PIR
Interest in the newly launched PIR program has been overwhelming, with enrolments in the program triple the numbers initially hoped for, with 2,762 consultations taking place since it began. The program is now being expanded to meet this need.

MHNIPS
NBMML employs two mental health nurses to provide clinical services under the Mental Health Incentive program (MHNIP). Support is provided through both home visits and telephone contact. The mental health nurses provided 182 sessions during the past 12 months.

Dietitian Services

NBMML's accredited dietitians run programs and conduct individual consultations to provide straight forward advice on simple changes people can make to achieve a healthier lifestyle. They offer:

- Healthy Lifestyle Service
- HELP for Diabetes group program
- Healthy Shopping Supermarket Tours

Achievements 2013/14

Our dietitians deliver services across the region. In the past year, their work included:

- ✓ 362 individual consultations through the Healthy Lifestyle Service.
- ✓ HELP for Diabetes program assisting 302 people with type 2 diabetes to understand better ways to manage their condition.

"Since starting the diabetes program I am looking more closely at what I am buying including the fat and sugar content in different foods and I now know what proper meals to eat. I also really benefit from hearing from other people in my group – what their problems are.

John Dawkins, a Hawkesbury resident participating in HELP for Diabetes, a Medicare funded group health program for people with type 2 diabetes.

Aboriginal Health

NBMML offers a number of programs for Aboriginal & Torres Strait Islander communities:

- **Closing the Gap & Chronic Care Coordinators**
  Closing the Gap is a health program that helps Aboriginal & Torres Strait Islander people to access cheap or free medicines and receive assistance from Aboriginal Support Workers. The Chronic Care Coordinators assist local Aboriginal & Torres Strait Islander people to better manage chronic diseases and may assist with the purchase of eligible supplementary services, such as specialist appointments, transport and medical supplies/equipment.

- **Healthy for Life**
  The Blue Mountains Aboriginal Healthy for Life Program works to help Aboriginal & Torres Strait Islander people get better health.

  The Blue Mountains Aboriginal Healthy for Life Program is an initiative of the Blue Mountains Aboriginal Health Coalition, with NBMML acting as the Lead agency.

  This community-based health program operates as a Consortium of eight Blue Mountains organisations:
  - Darug Tribal Aboriginal Corporation – Darug Mountains Group
  - Gundungurra Tribal Council Aboriginal Corporation
  - Gundungurra Aboriginal Heritage Association
  - Blue Mountains Aboriginal Culture and Resource Centre
  - Link-Up New South Wales
  - Blue Mountains City Council
  - Nepean Blue Mountains Local Health District – Primary Care and Community Health
  - Nepean-Blue Mountains Medicare Local

Achievements 2013/14

Across all Aboriginal Health programs, nearly 7,500 occasions of service were provided to our Aboriginal & Torres Strait Islander communities.

A series of Aboriginal Sharing & Learning Circles was launched inviting Aboriginal & Torres Strait Islander communities to 'have their say' and identify local health priorities and needs. Circles were held in the Blue Mountains and Lithgow, with additional Circles to take place in the Hawkesbury and Penrith later in 2014.

The NBMML Aboriginal Health team work closely with the community and other agencies. In the last year 98 collaborations with the Aboriginal organisations, LHD and non government organisations have been conducted. Highlights include working collaboratively during NAIDOC celebrations across the region as well

> “The Healthy for Life program has been a huge success and a hit with the Aboriginal people. It is one of the best run programs I have seen and it works brilliantly. The Aboriginal MovingOn program has also been a great success and helped me personally to get my whole diabetic regime under control.
>
> **Uncle Graeme Cooper**

as coordinating the popular NAIDOC Cup – a day for Aboriginal families and local schools to participate in traditional indigenous games and sports, generally promoting a healthy, active lifestyle. In 2014, the 4th Annual NAIDOC Cup was attended by 11 local primary schools with over 500 people in attendance. In May 2014, NBMML also participated in National Sorry Day at Muru Mittigar promoting Aboriginal & Torres Strait Islander health programs and services. In the last year 7 eye clinics were held with 76 community members receiving eye examinations and access to subsidised glasses.

Closing the Gap & Chronic Care Coordinators
The Care Coordinators Supplementary Service program (CCSS) strengthened relationships with practice staff, local doctors and allied health staff. Care Coordinators provided 1721 care coordination services to 145 community members, with a significant 172% increase in Allied health care services provisions.

The Closing the Gap team gave 117 presentations during the past 12 months to local general practices (including practice staff, individual GP's and GP Forums) and local organisations about the Closing the Gap program. 1,467 MBS 715 (Aboriginal health assessments) were rendered by 124 GPs. This is a 6% increase in MBS 715 and a 25% increase in practitioner participation from last year.

Overall, 248 CTG Aboriginal & Torres Strait Islander community members have received 3,128 occasions of service.

Blue Mountains Healthy for Life
Healthy for Life saw a 26% increase in the number of people registered with the program, with nearly 230 clients. This equates to over 17% of the Blue Mountains Aboriginal population. The Healthy for Life program provided over 2,600 occasions of service to the Blue Mountains Aboriginal community.

This year, the Healthy for Life program focussed on engaging clients in health promotion and education through small group activities with community partners such as the Blue Mountains Aboriginal Culture and Resource Centre, Blue Mountains City Council, Gundungurra Aboriginal Tribal Corporation, and Blue Mountains Hospital. Some activities were Aboriginal Men's Bowls, Men and Youth Camps, Aboriginal Women's Hydrotherapy Group, and Moving On (Chronic Disease Self-Management).

The Blue Mountains Aboriginal Health Coalition and the Healthy for Life Steering Committee continue to provide invaluable guidance for the program

Specialist Clinics

NBMML operates a specialist paediatric outreach clinic in Lithgow and psychiatric outreach clinic in Katoomba. These clinics provide affordable, accessible specialist services to Aboriginal families and families from low socio-economic backgrounds.

Achievements 2013/14

Over the past 12 months, 22 psychiatry clinic days and 21 paediatric clinic days were held, providing consultations to 317 people.

NBMML is currently establishing an outreach dermatologist clinic in Lithgow. After canvassing GPs in the Lithgow area, NBMML successfully applied to the Rural Doctors Network for funding for this service, which will save patients two hours travelling time to attend a public clinic at Westmead hospital which has a six month waiting list.

Following a NBMML needs assessment and service gap analysis of paediatric audiology services across the region, a proposal has also been submitted to the Rural Doctors Network to fund the Department of Health's Healthy Ears - Better Hearing, Better Listening program.

Veteran Community Health

The Veteran Community Health Project links eligible veteran community members to locally available Department of Veterans' Affairs (DVA) programs as well as supporting and educating primary healthcare providers of the veteran community. It offers HomeFront Assessments as part of the DVA Falls Prevention Program, as well as making presentations to ex-servicemen.

Achievements 2013/14

NBMML's provision of the HomeFront Service (DVA Falls Prevention program) enabled HomeFront Assessments to commence from July 2013. Over 20 HomeFront Assessments were completed and in most cases carers and/or family members were simultaneously connected to local community services.

The Veteran Community Health Project Advisory Group now includes a local Occupational Therapist who provides a significant number of DVA services to veterans in the Nepean, Hawkesbury and lower Blue Mountains districts.

The Veteran Community Health project is promoted regularly to our community, including presentations about the initiative being made to many local RSL clubs and sub-branches.

MovingOn

MovingOn is a program designed to help people with chronic health conditions take more control of their health and wellbeing.

MovingOn taps into the power of people to manage their own health. It presents useful information from research, but participants share their 'real world' experiences to help to make the learning fit their lives.

Trained leaders help participants along on this journey – one is a person living with a chronic disease who is able to share from personal experience, and one is a health professional.

The program was developed by Arthritis NSW.

Achievements 2013/2014

NBMML facilitated four MovingOn programs locally in conjunction with NBMLHD. This included programs for Greek, Maltese and Filipino communities.

More than 60 participants attended the four programs. Thirteen lay leaders were trained to facilitate these programs, including NBMML and NBMLHD staff and representatives from the various community groups.

HealthOne

HealthOne aims to integrate primary and community health services bringing together GPs, community health and other health professionals in multidisciplinary teams to better meet the health needs of people in our community by providing comprehensive and coordinated care.

HealthOne Nepean Blue Mountains is a state-funded collaboration between NBMML and NBMLHD.

Achievements 2013/14

The HealthOne program has commenced with a focus on three areas of need:

- diabetes,
- mental health, and
- child and family health.

Working groups have been established for each stream and the mapping of services for each of the focus areas is in progress.

Aged Care

NBMML's Aged Care Program aims to increase access to primary health care services for older people living in a residential aged care facility (RACF) or living in the community.

Achievements 2013/14

Collaborating with 17 aged care facilities across the region, NBMML coordinated the introduction of programs to assist with the two greatest areas of care required: falls prevention and dental care.

In the past year, 229 low care residents took part in the Falls Prevention program conducted by local exercise physiologists and physiotherapists, and 128 low care residents received dental treatment through the dental program supported by NBMML and delivered by local dentists.

NBMML also supported house-bound elderly people who have severe chronic conditions in need of nutrition advice. NBMML dietitians provided 48 consultations to elderly people in their home across the year.

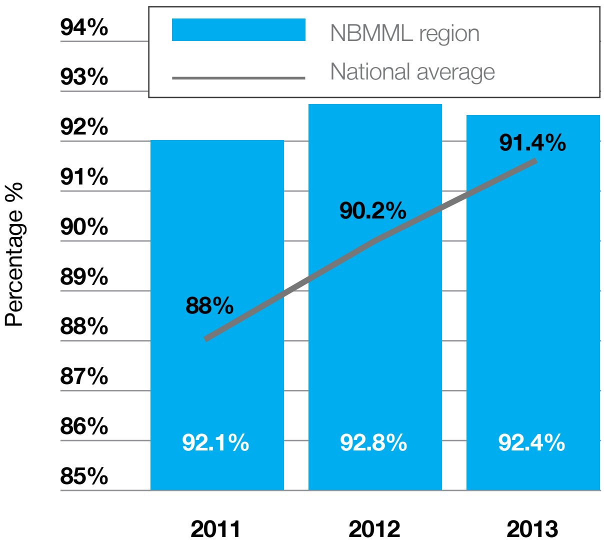
A six week pain management program was piloted in a RACF in Penrith in 2014. Fifty six services were provided. This program was developed in response to the Comprehensive Needs Assessment conducted by NBMML and feedback from RACFs and General Practice who identified chronic pain as a major issue in the community.

Immunisation

The Immunisation Program is designed to play a role in reducing the local incidence of vaccine-preventable diseases and complications within the Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas by:

- providing relevant and timely support to primary health care immunisation providers,
- promoting immunisation benefits to the local community, and
- liaison with immunisation stakeholders.

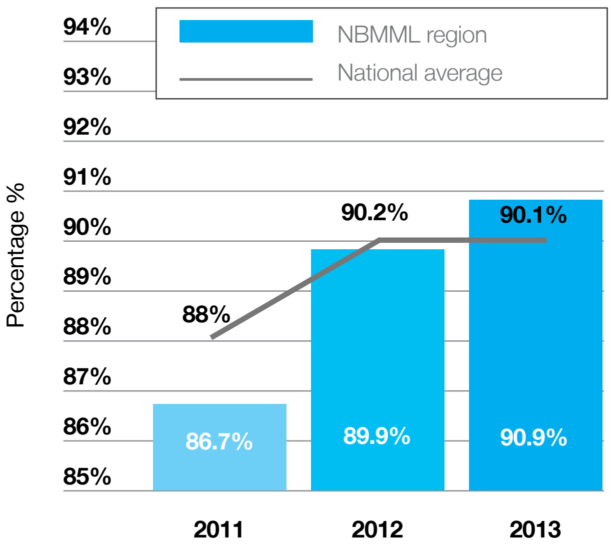
All children 5 and under in NBMML region who are immunised vs national average



Achievements 2013/14

We are seeing progress in childhood immunisation rates in the region, with current immunisation rates of 92.4% of all children and 90.9% of Aboriginal & Torres Strait Islander children up to the age of five. This is above the national average of 91.4%.

All Aboriginal & Torres Strait Islander children 5 and under in NBMML region who are immunised vs national average



Antenatal Care

NBMML has established a cross-sector working group with NBMLHD to progress plans to redevelop the Antenatal Shared Care program. We have consulted with GPs and hospital personnel to review antenatal care pathways, clinical protocols and program guidelines. Two educational events for GPs and primary care nurses were also held across the region.

Achievements 2013/2014

Our region's commitment to excellence in antenatal care has been recognised by the recent National Health Performance Authority (NHPA) report, *Healthy Communities: Child and Maternal Health 2009 - 2012*. In this report, our region was ranked number one in Australia for GP antenatal shared care to Aboriginal & Torres Strait Islander women and number two in Australia for GP antenatal shared care to all women.

Connecting Care

The Connecting Care Program provides patient-centred, coordinated care for patients living with selected chronic diseases who are at high risk of unplanned hospitalisation or presentation at Emergency Departments.

The client is supported to self manage their chronic condition and referred to health coaching. Services can include telephone support, home visits and comprehensive individual, lifestyle and environmental assessments. It is a service conducted jointly by NBMML and NBMLHD.

Achievements 2013/14

In the past 12 months, over 174 clients have been assisted through the NBMML Connecting Care Program, with 100% of clients' GPs being contacted to promote joint care planning.

Connecting Care Coordinators have referred clients to the Closing the Gap program, the Healthy Lifeestyle services and home assessment services.

“As a small clinic with no practice manager, we have found the assistance given to us by staff at NBMML to be invaluable. They have assisted us with accreditation and to become an electronic practice, and their support has always been reliable and extremely helpful.

Dr Daryl Chamberlain, GP, Colyton

4. Primary Healthcare Support

Workforce Support

In November 2013, NBMML saw most areas in the Blue Mountains, Hawkesbury and Penrith re-classifed as Districts of Workforce Shortage (DWS). This is significant, as the DWS classification attracts more doctors to work in our area and assists us in filling some of the workforce shortage gaps we have in the provision of primary health care services.

NBMML provides extensive services to local healthcare providers and practices to assist them in recruiting the necessary complement of medical staff, including advertising positions on the NBMML website and offering recruitment advice. During the past 12 months, 625 workforce support consultations were administered by NBMML, helping local practices to recruit more than 16 GPs and practice staff to serve the region's population growth.

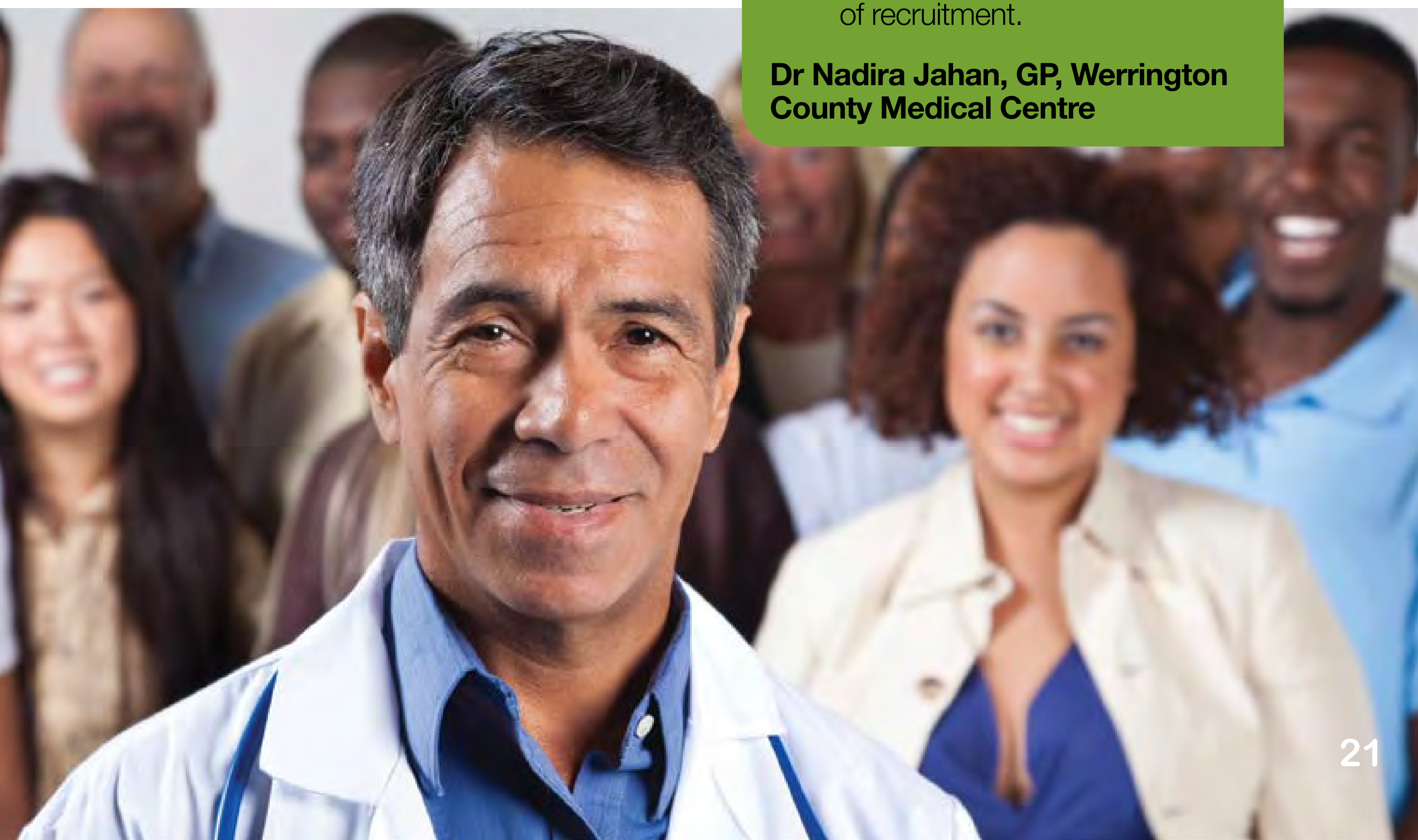
In this last two years, this effort has resulted in our local GP work force increasing by nearly 30%.

NBMML administers government incentive payments, such as the Outer Metropolitan Relocation Incentive Grant (OMRIG). OMRIG is an initiative to encourage doctors to work in outer metro areas by providing a relocation grant of up to $40,000. In 2013, OMRIG grants were awarded to three local GPs in the Blue Mountains, Hawkesbury and Penrith areas.

NBMML has been actively working with the NSW Ministry of Health to streamline the application process for Areas of Need (AoN), and has assisted local general practices with their AoN applications.

NBMML also works with the regional training provider and local universities to develop the quality and capacity in medical education and training. About 25 general practices across the region provide vocational training to GP registrars.

> "I am very much grateful and thankful for the continuous support I received from NBMML's Workforce Support team during the entire process of recruitment.
>
> **Dr Nadira Jahan, GP, Werrington County Medical Centre**



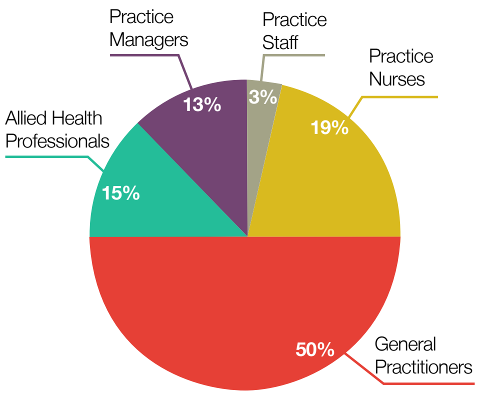
CPD & Events

NBMML develops and coordinates educational and CPD (Continuing Professional Development) events for healthcare professionals across the region. In addition, it promotes health-related educational activities presented by external organisations. Our goal is to make educational events for both healthcare professionals and the general public as accessible as possible.

Achievements 2013/14

NBMML coordinated 121 education and networking events this year, involving more than 1,800 attendees, including GPs, allied health professionals, practice managers and nurses across the four LGAs.

NBMML CPD Event Attendance by Profession



A comprehensive research project was also undertaken to understand the professional development needs of allied health professionals and general practitioners across the region.

General Practice Support

NBMML's Primary Health Care Support (PHSC) team provides assistance to local practices in a wide range of areas including accreditation, immunisation, eHealth, data quality improvement, practice nursing, after hours and workforce needs and the interpretation of the Medicare Benefits Schedule (MBS).

The team also takes a central role in distributing key health information to the primary healthcare community. A weekly publication for general practices is a pivotal communication tool that continues to grow in popularity amongst health professionals. This provides a vehicle for pertinent information to be succinctly communicated to practices.

Achievements 2013/14

This year, the PHSC team provided 3,003 occasions of service to primary healthcare professionals.

The NBMML Quality Improvement program supports 33% of practices with data quality improvement initiatives such as register, recall and reminder system management, data cleansing and links to CDM pathways of care within the primary care setting.

Practice Nurse and Practice Manager Network meetings were conducted across the region to deliver education and foster the development of peer support networks.

Allied Health Support

Understanding the needs of local allied health professionals has led to NBMML establishing a model for delivering relevant services and support to allied health providers in our region.

Achievements 2013/2014

Findings and feedback from the Prevention in Primary Health Care (PiPHC) project in the Hawkesbury and Blue Mountains have informed the model of service delivery for Allied Health for 2014-2015. Major outcomes include the generation of a network engagement report and a better understanding of the enablers and barriers of the referral network for chronic prevention and management between practitioners across disciplines.

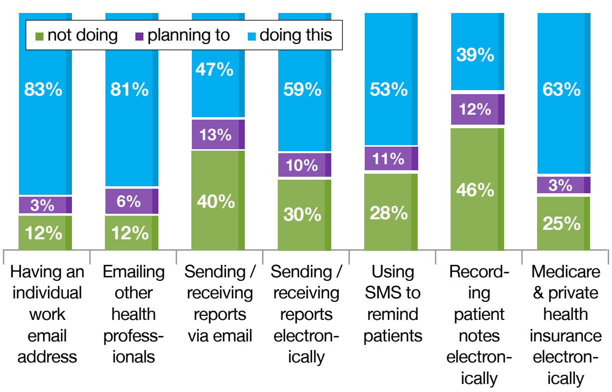
A comprehensive survey of allied health providers across the four LGAs was undertaken in September 2013, resulting in NBMML better understanding the 910 individual practitioners and 598 organisations that provide allied health services across the region.

A number of themes were identified from the survey including:

- CPD and Networking with GPs via collaborative case study is popular.
- Allied health professionals feel there is an opportunity to increase GP recognition of their clinical contributions
- Allied health professionals would like to increase interaction with GPs and hospitals
- NBMML has an opportunity to support allied health professionals through information technology uptake, particularly the PCEHR, dissemination of program information, website awareness and clinical education.

As a result of the outcomes from this survey, NBMML is now implementing a new level of support to allied health professionals, through information technology uptake, dissemination of program information and clinical education.

How advanced is this practice in using technology in the following areas:



“The 5 Steps to Success exercise program I run as part of the HELP for Diabetes program has been very well received by the community. It engages participants in a way that reduces the fear of what they need to do whilst helping them realise the gravity of their illness and the long term poor outcomes should they not make positive change.

Suzie Kennedy
(Managing Director of PilatesWorks Exercise Physiology & Rehabilitation Clinic at Penrith)

> “NBMML worked tirelessly with local GPs and our member organisations to provide vital GP services at evacuation centres during the 2013 bushfires.
>
> **Sheila Holcombe, CEO**

5. Engagement & Integration

Working with consumers

Following the extensive consumer consultations, needs assessment forums and health needs reporting in 2012-13, this year has been a time to build upon the substantial foundations of our consumer engagement work conducted in partnership with NBMLHD.

Comprehensive Community Health Reports were published and Consumer Working Groups and Committees recruited for each of the four LGAs in our region. These groups were given the important task of assigning priorities to the health needs identified for each area. The Community Health Reports are available on the NBMML website, at **www.nbmml.com.au/communityhealthreports**.

Local health priorities are also being incorporated into existing health projects (such as the Health Transport project) and NBMML programs (eg. Aboriginal Health).

Operationalisation of the joint consumer engagement strategy was led by consumers from the Joint Health Consumer Committee (an advisory group to the NBMML and NBMLHD Boards).

We would like to express our sincere thanks to all the community members who willingly gave their time to be a part of this important process.

Consumer-led research

In concert with our commitment to real consumer engagement, NBMML undertook a consumer-led research project with consumers, Blue Mountains Cancer Help, the University of Western Sydney and the University of NSW: *Evaluation of Blue Mountains Cancer Help (BMCH) from the Perspective of Clients, Carers and Healthcare Providers* in support of people living with Cancer.

A unique aspect of the research project was the fact it was led by health consumers who provided input at every stage including helping to develop the research plan; devising the survey, interview and focus group questions; interpreting the findings; framing the recommendations; contributing to the report and conference presentations and continually articulating a consumer perspective.

The report, to be published in August 2014, reveals BMCH clients benefited from connections and social support, information, access to a range of affordable therapies and programs, symptom relief and stress reduction, self-management skills and increased sense of control and confidence. In the BMCH and healthcare provider interviews, and at a stakeholder workshop, improved communication was identified as a key strategy for achieving an integrated model of care for people living with cancer. Five recommendations resulted from the evaluation findings and from discussions held by stakeholders at a research workshop staged in June.

The research was presented at the national PHCRIS conference and the findings received significant local and national media interest (print and radio).

The report can be found on the NBMML website at **www.nbmml.com.au/cancer**.

“ Nepean-Blue Mountains Medicare Local enables health consumers to represent their community, to prioritise what they see as the needs of their area, as all areas are different. It is really important that the decision makers in health organisations are provided with these priorities so they can begin to address issues that will make a difference to the local community.

Barry Funnell, Chair of the Lithgow Health Consumer Working Group

Partnering with local agencies

NBMLHD

NBMML views our relationship with NBMLHD as a vital health partnership which will ultimately benefit every person within our community and bring about improved health outcomes to our region.

We jointly collaborate on a number of initiatives, including:

- Aboriginal health
- Community engagement
- Connecting Care in the Community program
- A clinical redesign project to improve pathways for GPs to outpatients clinics at Nepean Hospital.
- HealthOne
- Multicultural health and mental health initiatives
- Joint health planning
- Disaster planning and management
- The Cool Kids program (for anxious primary school-aged children)

Health Transport

NBMML is working with local health agencies and community transport providers to identify demand and evaluate existing transport services and the gaps that exist.

Three working groups have been formed to progress the issues arising from the inaugural health transport meeting.

General Practice organisations & consultation

NBMML works closely with General Practitioners directly and through their member organisations (GP Divisions or Networks). GPs participate on program advisory committees such as the ATAPs, and Antenatal Shared Care steering committees.

During the October 2013 bushfire crisis, NBMML worked with GPs through the GP Network Chairs Committe. As part of this process, the Chairs of the local GP Divisions and Networks clearly indicated the need for a broader GP Advisory Committee to be formed to provide a new model of working with local GP representatives to consult on the best ways to support and engage with our GP community across the region.

This GP Advisory Committee is now in operation, comprising representatives from the four LGAs in our region.

Disaster Management

The role of primary care in regional disaster planning was highlighted during the October bushfires that affected much of the NBMML region.

NBMML represented primary care to the local Emergency Operations Centre (EOC) and participated in briefings one to three times per day.

NBMML coordinated a GP roster to support the evacuation centres as they were established, working with the Chairs of the local Divisions of General Practice. NBMML also worked with the RACGP and AMA as part of the response.

The State EOC has expressed interest in documenting how NBMML coordinated GPs across the region during the emergency, with a view to our approach being replicated across Australia.

Partners in Recovery

NBMML is proud to be working as the lead agency for the Partners in Recovery consortium project. Our partners are Aftercare, Department of Family and Community Services, Nepean-Blue Mountains Local Health District - Drug and Alcohol Services and Mental Health Services, RichmondPRA and Uniting*Care* Mental Health

Accreditation

NBMML maintains excellence through strong governance and management structures and a commitment to organisational improvement.

This dedication to quality systems and processes as well as recruiting and retaining excellent staff was reinforced when NBMML was successful in attaining full accreditation against the Medicare Local Accreditation Standards in May 2014 with SAI Global. NBMML is continually involved in quality improvement processes to ensure high standards of care, governance, community and consumer engagement. Quality and safety remain a priority of the organisation.

All the work NBMML does for the community wouldn't be possible without the efforts of the tremendous team of people that work for us, all of whom are committed to taking action to improve the health of our region. We thank them for making 2013-2014 a time of so many great achievements.

6. Financials

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

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2014

Your directors submit their report for the year ended 30 June 2014.

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 2014 was $454,107 (2013: $341,875). The current result reflects the timing of the recognition of grant income, some of which relates to items expensed to the profit and loss whilst some relates to expenditure which is recorded on the statement of financial position. The items recorded on the statement of financial position are expected to be expensed in future periods.

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;

A.B.N. 88 155 904 975

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2014

6. STRATEGIES FOR ACHIEVING OBJECTIVES (continued)

- 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 heath issues and the development of local solutions.

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

There were no significant changes in the state of affairs of the company during the financial year. The directors, however, refer to the matter included under note 2(a) to the financial statements in relation to the continuation of Commonwealth government funding.

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 9 full board meetings held during the financial year 1 July 2013 to 30 June 2014. 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	9	8
Dr Andrew KNIGHT (General Practitioner)	Director since 2012	9	8
Gabrielle Armstrong (Company Director)	Director since 2012	9	7

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

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2014

10. INFORMATION ON DIRECTORS (continued)

		Full Board Meetings Held While on Board	Full Board Meetings Attended
Diana Aspinall (Pensioner/Consumer Advocate)	Director since 2012	9	8
Paul Brennan (Managing Director)	Director since 2012	9	8
Jillian Harrington (Psychologist)	Director since 2012	9	9
Jennifer Mason (Company Director)	Director since 2012	9	8
Tony Thirlwell OAM (Company Director)	Director since 2012	9	8
Dr Tony Rombola (General Practitioner)	Director since 2013	9	9

11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2014 has been received and can be found following this report.

On behalf of the board

Director

Director

Penrith
17 September 2014

berger piepers
CHARTERED ACCOUNTANTS

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 2014 there have been:

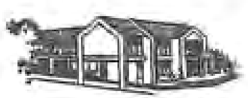
(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; or

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

berger piepers
Chartered Accountants

17 September 2014
Penrith

PA Berger FCA
Partner
Reg'n No: 4354



Summit House 286 High Street (PO Box 999) Penrith NSW 2751
Telephone (02) 4721 8552 Facsimile (02) 4731 4469
www.bergerpiepers.com.au Email: bp@bergerpiepers.com.au

berger piepers
CHARTERED ACCOUNTANTS

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WENTWORTH HEALTHCARE LIMITED

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 2014 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.

Summit House 286 High Street (PO Box 999) Penrith NSW 2751
Telephone (02) 4721 8552 Facsimile (02) 4731 4469
www.bergerpiepers.com.au Email: bp@bergerpiepers.com.au

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 2014 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.

Inherent Uncertainty Regarding Continuation as a Going Concern
Without qualification to the opinion expressed above, attention is drawn to the following matter. As a result of the matters described in Note 2(a), there is significant uncertainty whether the company will be able to continue as a going concern and therefore whether it will realise its assets and extinguish its liabilities in the normal course of business and at the amounts stated in the financial report.

berger piepers
Chartered Accountants

17 September 2014
Penrith

PA Berger FCA
Partner
Reg'n No: 4354

Schedule 1

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

STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2014

	NOTE	2014 $	2013 $
CURRENT ASSETS			
Cash and cash equivalents	4	5,318,044	5,389,403
Trade and other receivables	5	281,431	3,377,349
Other	6	398,135	59,371
TOTAL CURRENT ASSETS		5,997,610	8,826,123
NON-CURRENT ASSETS			
Property, plant and equipment	7	477,192	265,879
TOTAL NON-CURRENT ASSETS		477,192	265,879
TOTAL ASSETS		6,474,802	9,092,002
CURRENT LIABILITIES			
Trade and other payables	8	1,164,802	1,170,917
Provisions	9	760,178	667,280
Other	10	3,693,379	6,870,163
TOTAL CURRENT LIABILITIES		5,618,359	8,708,360
NON-CURRENT LIABILITIES			
Provisions	9	59,464	40,770
TOTAL NON-CURRENT LIABILITIES		59,464	40,770
TOTAL LIABILITIES		5,677,823	8,749,130
NET ASSETS		796,979	342,872
EQUITY			
Accumulated surplus		796,979	342,872
TOTAL EQUITY		796,979	342,872

Schedule 2

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

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2014

	NOTE	2014 $	2013 $
Revenue			
Operating income	3(a)	12,039,706	7,183,728
Finance income	3(b)	180,020	48,953
TOTAL REVENUE		12,219,726	7,232,681
Expenses			
Depreciation and amortisation	3(c)	(146,721)	(16,391)
Employee benefits	3(d)	(6,387,135))	(4,441,387)
Consultants and contractors**		(3,159,213)	(1,104,646)
Other expenses	3(e)	(2,072,550)	(1,328,382)
TOTAL EXPENSES		(11,765,619)	(6,890,806)
SURPLUS BEFORE INCOME TAX		454,107	341,875
Income tax expense	2(k)	-	-
SURPLUS AFTER INCOME TAX		454,107	341,875
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME		454,107	341,875

** Includes services contracted to Allied Health Professionals for the Access to Allied Psychological Services (ATAPS) program and Practice Incentive Payments (PIP) to GPs.

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

Schedule 3

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

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2014

	2014 $	2013 $
CASH FLOWS FROM OPERATING ACTIVITIES		
Funding and other operating revenue received	13,154,746	11,084,379
Payments to suppliers and employees	(13,047,948)	(6,494,764)
Deed of Transfer cash received (net)	-	256,607
Interest received	180,020	48,953
NET CASH FLOWS FROM OPERATING ACTIVITIES	286,818	4,895,175
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds on disposal of property, plant and equipment	2,646	-
Purchase of property, plant and equipment	(360,823)	(237,499)
NET CASH FLOWS USED IN INVESTING ACTIVITIES	(358,177)	(237,499)
NET INCREASE/(DECREASE) IN CASH HELD	(71,359)	4,857,676
CASH AT BEGINNING OF THE YEAR	5,389,403	731,727
CASH AT END OF THE YEAR	5,318,044	5,389,403

(a) Reconciliation of cash
For the purposes of the statement cash flows, cash comprises the following:

	2014 $	2013 $
Cash and cash equivalents (Note 4)	5,318,044	5,389,403

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

	2014 $	2013 $
Net surplus	454,107	341,875
Adjustments for:		
Loss on disposal of non-current assets	143	
Depreciation of non-current assets	146,721	16,391
Deed of Transfer cash received	-	256,607
Changes in assets and liabilities:		
Trade and other receivables	3,095,918	(3,184,039)
Other current assets	(338,764)	(57,114)
Trade and other payables	(6,115)	1,035,923
Provisions	111,592	408,513
Other current liabilities	(3,176,784)	6,077,019
Net cash from operating activities	286,818	4,895,175

Schedule 4

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

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2014

	Accumulated Surplus $	Reserves $	Total Equity $
As at 24 February 2013	997	-	997
Surplus for the period	341,875	-	341,875
Other comprehensive income	-	-	-
As at 30 June 2013	342,872	-	342,872
Surplus for the year	454,107	-	454,107
Other comprehensive income	-	-	-
As at 30 June 2014	796,979	-	796,979

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 2014

1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 17 September 2014.

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 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, in particular Commonwealth Government Funding from the Department of Health.

In December 2013, the Department of Health undertook a review of Medicare Locals. The review was chaired by Professor John Horvath with his report and recommendations released in May 2014 and factored into the 2014-15 Federal Budget. The Federal Government announced that Medicare Locals will continue to function until 30 June 2015 but will be replaced by new Primary Health Network (PHN) organisations in July 2015. Information about the tender process that will determine these PHNs is due out shortly, with the aim to finalise the tender process by year end.

As a result of the Federal Government's announcements, the Department of Health issued a letter to Medicare Locals informing them that funding would be provided only until 30 June 2015 instead of 30 June 2016. More than 90% of NBMML's funding comes from contracts with the Federal Government.

NBMML is well placed to be part of the tendering process for this new Primary Health Network and see a close alignment with what has been achieved by the Medicare Locals so far and the objectives of the PHNs. At the date of signing of this report the details of the tender are unknown and could have a significant impact on the likelihood of NBMML becoming a PHN.

The financial statements have been prepared on the going concern basis, however, as a result of these matters there exists significant uncertainty which may impact the company's ability to continue as a going concern for a period of at least twelve months from the date of this report.

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(a) Basis of preparation (continued)
If the company is unable to continue as a going concern, or be required to be wound up, it may be required to realise its assets and extinguish its liabilities other than in the normal course of business and at amounts different from those stated in the financial report. The financial report does not disclose this fact and does not include any adjustments relating to the recoverability and classification of recorded asset amounts or to the amounts and classification of liabilities that may be necessary should the company not continue as a going concern.

It should be noted that, in the event that the company is required to be wound up, the Department of Health has given an undertaking to meet the "reasonable costs" of this winding up.

(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.

(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.

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(d) Property, plant and equipment (continued)
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.

(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.

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(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.

(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 an item recorded on the statement of financial position, 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.

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(j) Revenue (continued)
Grant income (continued)
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.

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

	2014 $	2013 $
3. REVENUES AND EXPENSES		
(a) Sale of goods and services		
Program funding	11,520,770	6,649,749
Fees for services	497,218	509,442
Sponsorship	19,923	11,241
Other income	1,795	13,296
	12,039,706	7,183,728
(b) Finance income		
Interest received	180,020	48,953
(c) Depreciation and amortisation		
Depreciation of non-current assets	146,721	16,391
(d) Employee benefits		
Salaries and wages - staff	5,624,945	3,838,347
Salaries and wages - directors	156,157	127,323
Employee entitlements	82,073	123,525
Superannuation	523,960	352,192
	6,387,135	4,441,387
(e) Expenses included in other expenses		
Operating lease rental - premises	238,308	166,190
Loss on disposal of plant and equipment	143	-
Auditor's remuneration		
-auditing the financial report	14,900	14,900
-other services	5,200	250
4. CASH AND CASH EQUIVALENTS		
Cash on hand	1,200	1,200
Cash at banks	1,316,844	5,388,203
Term deposits	4,000,000	-
	5,318,044	5,389,403

Terms and conditions
Term deposits are taken out for periods of three months and earn interest at rates fixed for the term of the deposit.

Cash at banks earns interest at variable rates. At 30 June 2014 the weighted average interest rate on cash at banks and term deposits was 3.2% (2013: 1.7%).

Schedule 5/7

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

	2014 $	2013 $
5. TRADE AND OTHER RECEIVABLES		
Trade and other receivables	272,546	3,342,319
Provision for doubtful debts	-	-
	272,546	3,342,319
Other debtors	8,885	35,030
	281,431	3,377,349
6. OTHER CURRENT ASSETS		
Prepayments	294,297	34,443
GST receivable	68,578	-
Security deposits	35,260	24,928
	398,135	59,371
7. PROPERTY, PLANT AND EQUIPMENT		
Office furniture and equipment-at cost	476,662	185,450
Less accumulated depreciation	(92,880)	(12,865)
	383,782	172,585
Medical equipment-at cost	8,933	1,560
Less accumulated depreciation	(529)	(312)
	8,404	1,248
Motor vehicles-at cost	15,000	15,000
Less accumulated depreciation	(6,581)	(3,214)
	8,419	11,786
Leasehold Improvements-at cost	138,321	80,260
Less accumulated depreciation	(61,734)	-
	76,587	80,260
	477,192	265,879

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

7. PROPERTY, PLANT AND EQUIPMENT (continued)

	2014 $	2013 $
Reconciliations		
Office furniture and equipment		
Carrying amount at beginning of year	172,585	1,841
Additions	295,089	157,239
Disposals	(2,577)	-
Received under Deed of Transfer	-	26,370
Depreciation	(81,315)	(12,865)
	383,782	172,585
Medical equipment		
Carrying amount at beginning of year	1,248	-
Received under Deed of Transfer	7,673	1,560
Disposals	(212)	-
Depreciation	(305)	(312)
	8,404	1,248
Motor vehicles		
Carrying amount at beginning of year	11,786	-
Received under Deed of Transfer	-	15,000
Depreciation	(3,367)	(3,214)
	8,419	11,786
Leasehold improvements		
Carrying amount at beginning of year	80,260	-
Additions	58,061	80,260
Depreciation	(61,734)	-
	76,587	80,260

8. TRADE AND OTHER PAYABLES

	2014 $	2013 $
Trade creditors	332,034	306,965
GST payable	-	395,435
Other creditors and accrued expenses	832,768	468,517
	1,164,802	1,170,917

Schedule 5/9

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

	2014 $	2013 $
9. PROVISIONS		
Current		
ATAPS liabilities	314,507	284,988
Annual leave	347,636	275,991
Time in lieu	18,691	23,999
Long service leave	79,344	82,302
	760,178	667,280
Non Current		
Long service leave	59,464	40,770
10. OTHER CURRENT LIABILITIES		
Deferred income in advance	3,693,379	6,870,163
11. LEASE COMMITMENTS		
Operating leases		
Not later than one year	129,099	128,960
Later than one but not later than two years	90,629	18,483
Later than two but not later than five years	-	70
Aggregate lease expenditure contracted but not provided for at balance date	219,728	147,513

12. CAPITAL EXPENDITURE COMMITMENTS

Capital expenditure of $Nil (2013: $52,388) 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
Diana Aspinall
Paul Brennan
Jillian Harrington
Dr Andrew Knight
Jennifer Mason
Dr Tony Rombola
Tony Thirlwell OAM

Schedule 5/10

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2014

	2014 $	2013 $
13. RELATED PARTY TRANSACTIONS (CONTINUED)		

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

	2014 $	2013 $
	169,480	138,152

The number of directors of the company whose remuneration, including superannuation contributions, falls within the following bands:

	2014 Number	2013 Number
$0 - $9,999	-	2
$10,000 - $19,999	7	7
$20,000 - $29,999	1	1
$30,000 - $39,999	1	-

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 $93,041. These services were provided under normal commercial terms and conditions.

During the year the company received services from Kable Street General Practice, an organisation in which Dr Tony Rombola has a financial interest, amounting to $37,576. 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. The directors refer to Note 2(a) to the financial statements in relation to the continued provision of this funding.

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 2014.

Schedule 6

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 2014 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, subject to the matter referred to in Note 2(a) to the financial statements..

On behalf of the board

Director

Director

Penrith
17 September 2014

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

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.nbmml.com.au

Connecting health to meet local needs

A PO Box 903, Penrith NSW 2751 **P** 02 4708 8100 **F** 02 4721 1176 **E** admin@nbmml.com.au

www.nbmml.com.au