Annual Report 2014

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

Katoomba, Blue Mountains

Hassans Walls, Lithgow

Freemans Reach, Hawkesbury

Victoria Bridge, Penrith

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

Connecting health to meet local needs
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### 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:

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,344</td>
<td>after hours consultations at Nepean &amp; Hawkesbury After Hours GP Clinics</td>
</tr>
<tr>
<td>12,360</td>
<td>mental health consultations in the local community</td>
</tr>
<tr>
<td>23,000+</td>
<td>eHealth records created by people in our community</td>
</tr>
<tr>
<td>3,003</td>
<td>support visits/consultations given to primary healthcare providers</td>
</tr>
<tr>
<td>1,887</td>
<td>attendances by primary healthcare providers at NBMML educational events</td>
</tr>
<tr>
<td>#1 nationally</td>
<td>for GP antenatal shared care to Aboriginal &amp; Torres Strait Islander women, our region tops the country</td>
</tr>
<tr>
<td>1,000+</td>
<td>allied health professionals consulted on the needs of allied health professionals in our area</td>
</tr>
<tr>
<td>500+</td>
<td>consumer insights from people in our community, which are helping to shape the improvements we make to local health</td>
</tr>
<tr>
<td>81</td>
<td>general practices supported to provide after hours GP services across the region</td>
</tr>
<tr>
<td>7,500</td>
<td>occasions of service to Aboriginal &amp; Torres Strait Islander communities through our Closing the Gap and Healthy for Life programs</td>
</tr>
</tbody>
</table>
Our Organisation

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

Eighty per cent of the NBMMML 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.

NBMMML 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

NBMMML 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
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.
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.

NBMLML 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.

NBMLML’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. NBMLML’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.

NBMLML also established a Needs Assessment Steering Committee, comprising representation from primary care, the university sector, consumers, Nepean Blue Mountains Local Health District (NBMLHD) and NBMLML, 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 NBMLML for your unending commitment and positive attitude during times of uncertainty.

Dr Shiva Prakash
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 NBMMML 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, NBMMML 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. NBMMML 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 NBMMML employees. The outcomes of this survey were extremely positive, with NBMMML comparing very favourably to other Medicare Locals nationally.

Over the course of many months, NBMMML was part of significant local consumer-led research evaluating wholistic cancer care to patients’ wellbeing. The project involved NBMMML, 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 NBMMML and NBMLHD Boards). This provides a consumer voice into the work of both the NBMMML and the NBMLHD.

NBMMML 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 NBMMML 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 NBMMML 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 NBMMML 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 NBMMML 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 NBMMML.

Ms Sheila Holcombe
<table>
<thead>
<tr>
<th>Location</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>349,864</td>
</tr>
<tr>
<td>Blue Mountains</td>
<td>78,391</td>
</tr>
<tr>
<td>Hawkesbury</td>
<td>64,312</td>
</tr>
<tr>
<td>Lithgow</td>
<td>20,161</td>
</tr>
<tr>
<td>Penrith</td>
<td>187,000</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Blue Mountains</th>
<th>Hawkesbury</th>
<th>Lithgow</th>
<th>Penrith</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transport difficulties - travelling to and from health care services</td>
<td>• Transport difficulties - time, costs and parking issues involved in travelling to and from health care services</td>
<td>• Transport difficulties - travelling to and from health care services</td>
<td>• Aged care services - both home care and nursing home care.</td>
</tr>
<tr>
<td>• Aged care services - inadequate number residential care beds and costs</td>
<td>• Aged care services - shortage of resources and aged care bed</td>
<td>• Accommodation - when travelling long distances to access health services</td>
<td>• Workforce problems - shortage of health care providers</td>
</tr>
<tr>
<td>• Workforce problems - shortage of GPs</td>
<td>• Workforce problems - shortage of health care providers</td>
<td>• Aged care services - both in-home and residential care</td>
<td>• Access to information - knowledge of services and need for a central information source</td>
</tr>
<tr>
<td>• Access to information - low knowledge of services and where to go to get information</td>
<td>• Access to information - low knowledge of services and where to go to get information</td>
<td>• Knowledge, community expectations and where to go to get information</td>
<td>• Boundaries and accessing health services in other areas</td>
</tr>
<tr>
<td>• Carer respite and support - limited resources</td>
<td>• Mental health services - shortage of services</td>
<td>• Boundaries and accessing health services in other areas</td>
<td>• Safety and security within health facilities</td>
</tr>
<tr>
<td>• Impact of bushfire on access to health care - in adequate disaster planning</td>
<td>• Impact of flood and bushfire on access to health care - inadequate disaster planning and access to emergency services west of the river</td>
<td>• Workforce problems - shortage of health care providers</td>
<td>• Rapid growth and increasing diversity - growing demand on health services</td>
</tr>
<tr>
<td>• Access to health services - long distances to travel and long waiting lists</td>
<td>• Cancer treatment - long, impractical travel to access services</td>
<td>• Aboriginal health services - shortage of services</td>
<td>• Communication - improving communication between health services, health providers and consumer</td>
</tr>
<tr>
<td>• Renal Dialysis - long, impractical travel to access services</td>
<td>• Carer respite and support - limited resources</td>
<td>• Mental health services - shortage of services</td>
<td>• Health services for the homeless - better access to services</td>
</tr>
<tr>
<td>• Increase in holistic care - better support and access for mental health, cancer conditions and the elderly</td>
<td>• Boundaries and accessing health services in other areas</td>
<td>• Communication - improving communication between health services, health providers and consumers.</td>
<td>• Men’s Health - inadequately supported in the area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Renal Dialysis - shortage of services and access difficulties</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Dental services - costs, waiting lists and access difficulties</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Multidisciplinary treatment - more holistic care sought</td>
</tr>
</tbody>
</table>
Nepean-Blue Mountains Medicare Local catchment results relative to Regional 1 peer group results, 2011–12

**Health outcomes**
- Life expectancy at birth, 2009–2011: Result: 81.7 years
- Adults who are overweight or obese: Result: 64%
- Adults who are obese: Result: 29%
- Adults who smoke daily: Result: 21%
- Immunisation of 1 year old children: Result: 92%
- Immunisation of 5 year old children: Result: 90%
- Average number of GP attendances: Result: 6.7 per person
- Average number of specialist attendances: Result: 1.04 per person

**Experiences with health services**
- Potentially avoidable deaths, 2009–2011: Result: 151 per 100,000 people
- Adults facing cost barriers to seeing a medical specialist: Result: 3%
- Adults facing cost barriers to filling a prescription: Result: 6%
- Adults facing cost barriers to GP care: Result: 2%
- Adults facing long waiting times for medical specialists: Result: 19%
- Adults facing long waiting times for GP appointments: Result: 28%
- Potentially avoidable hospitalisations: Result: 2,500 per 100,000 people
- Adults who were admitted to hospital: Result: 12%
- Adults who visited a hospital ED: Result: 12%
- People who saw an allied health professional or nurse: Result: 11%
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- People who saw an allied health professional or nurse: Result: 11%

**Use of health services**
- Adults who are overweight or obese: Result: 64%
- Adults who are obese: Result: 29%
- Adults who smoke daily: Result: 21%
- Immunisation of 1 year old children: Result: 92%
- Immunisation of 5 year old children: Result: 90%
- Average number of GP attendances: Result: 6.7 per person
- Average number of specialist attendances: Result: 1.04 per person

**Medicare Local catchment profile**
- Total population: 351,237
- Indigenous population: 3.2%
- Age proportions:
  - 25% (0-17 years)
  - 63% (18-64 years)
  - 12% (65+ years)

**Medicare Local catchment legend**
- Medicare Local results
- Age standardised data
- NP: Not publishable

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.
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 NBMMML 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. NBMMML provides financial support to 95% of accredited general practices to provide after hours GP services.

Additionally, NBMMML 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 NBMMML. 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.

NBMMML 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, NBMMML supports general practices across the region by assisting them with recruiting and retaining staff in our region.

After Hours GP services across the region

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>119,323</td>
</tr>
<tr>
<td>2012/13</td>
<td>121,153</td>
</tr>
<tr>
<td>2013/14</td>
<td>128,590</td>
</tr>
</tbody>
</table>

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 who have set up a personal eHealth record (PCEHR)

<table>
<thead>
<tr>
<th>Number of people (PCEHR)</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000</td>
<td></td>
<td>23,000</td>
</tr>
<tr>
<td>10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40,000</td>
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</tbody>
</table>
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 straightforward 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, NBMMML 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 GPs 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
NBMMML 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.

NBMMML is currently establishing an outreach dermatologist clinic in Lithgow. After canvassing GPs in the Lithgow area, NBMMML 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 NBMMML 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

NBMMML’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 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

NBMMML 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 NBMMML 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 NBMMML 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

NBMMML’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, NBMMML 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 NBMMML and delivered by local dentists.

NBMMML also supported house-bound elderly people who have severe chronic conditions in need of nutrition advice. NBMMML 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 NBMMML 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 NBMMML region who are immunised vs national average

![Graph showing immunisation rates for all children 5 and under in NBMMML region vs national average from 2011 to 2013.]

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

![Graph showing immunisation rates for all Aboriginal & Torres Strait Islander children 5 and under in NBMMML region vs national average from 2011 to 2013.]

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%.
Antenatal Care

NBMMML 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 NBMMML and NBMLHD.

Achievements 2013/14

In the past 12 months, over 174 clients have been assisted through the NBMMML 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 Lifestyle 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
Workforce Support

In November 2013, NBMML saw most areas in the Blue Mountains, Hawkesbury and Penrith re-classified 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

NBMMML 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**

NBMMML 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.

**NBMMML CPD Event Attendance by Profession**

- **General Practitioners**: 50%
- **Allied Health Professionals**: 13%
- **Practice Managers**: 19%
- **Practice Staff**: 3%
- **Nurses**: 15%

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

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General Practice Support

NBMMML’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 NBMMML 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 NBMMML 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 NBMMML 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
- NBMMML 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, NBMMML 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:

<table>
<thead>
<tr>
<th></th>
<th>not doing</th>
<th>planning to do</th>
<th>doing this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having an individual work email address</td>
<td>83%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Emailing other health professionals</td>
<td>81%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Sending / receiving reports via email</td>
<td>47%</td>
<td>13%</td>
<td>40%</td>
</tr>
<tr>
<td>Sending / receiving reports electroni-</td>
<td>59%</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>cally</td>
<td>53%</td>
<td>11%</td>
<td>28%</td>
</tr>
<tr>
<td>Using SMS to remind patients</td>
<td>39%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Recording patient notes electronically</td>
<td>46%</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Medicare &amp; private health insurance</td>
<td>25%</td>
<td>13%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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 NBMMML 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 NBMMML programs (e.g. Aboriginal Health).

Operationalisation of the joint consumer engagement strategy was led by consumers from the Joint Health Consumer Committee (an advisory group to the NBMMML 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, NBMMML 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).


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

NBMLHC 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

NBMLHC 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

NBMLHC 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, NBMLHC worked with GPs through the GP Network Chairs Committee. 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 NBMLHC region.

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

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

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

Partners in Recovery

NBMLHC 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 UnitingCare Mental Health

Accreditation

NBMLHC 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 NBMLHC was successful in attaining full accreditation against the Medicare Local Accreditation Standards in May 2014 with SAI Global. NBMLHC 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 NBMLHC 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
Nepean - Blue Mountains Medicare Local Annual Report 2014

1. DIRECTORS IN OFFICE AT THE DATE OF THE REPORT

<table>
<thead>
<tr>
<th>Year Ended 30 June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>A B N 60 019 944 579</td>
</tr>
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</table>

WENTWORTH HEALTHCARE LIMITED
Nepean - Blue Mountains Medicare Local Annual Report 2014

Auditors Independence Declaration

1. The Lead Auditor is independent of the entity.

2. The Lead Auditor is not involved in the preparation of the financial statements.

3. The Lead Auditor has been engaged for the year ended 30 June 2014 and has been engaged for at least six years.

4. The Lead Auditor is not a employee of the entity.

5. The Lead Auditor is not a shareholder of the entity.

6. The Lead Auditor is not a officer of the entity.

7. The Lead Auditor is not a relative of any officer of the entity.

8. The Lead Auditor is not a relative of any director of the entity.

9. The Lead Auditor is not a relative of any shareholder of the entity.

10. The Lead Auditor is not a relative of any member of the board of directors.

11. The Lead Auditor is not a relative of any member of the board of trustees.

12. The Lead Auditor is not a relative of any member of the board of governors.

13. The Lead Auditor is not a relative of any member of the board of managers.

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29. The Lead Auditor is not a relative of any member of the board of managers.

30. The Lead Auditor is not a relative of any member of the board of directors.

Director

[Signature]

[Name]

[Position]

[Phone Number]

[Email]

[Address]

[Website]

[Date]

[Location]
We believe that the financial information contained in this report is fair and represents the performance of the Nepean Blue Mountains Medicare Local as determined in accordance with the Medicare Local and Community Managed Care Program. We have no knowledge of any events or transactions that occurred subsequent to the date of the report and that have not been recorded in the financial statements.

The financial statements are prepared on a true and fair basis in accordance with the provisions of the Medicare Local and Community Managed Care Program.

The report is in accordance with the requirements of the Medicare Local and Community Managed Care Program.

We have audited the financial statements of Nepean Blue Mountains Medicare Local.

BERGER PIETERS & CO. ACCOUNTANTS

INDEPENDENT AUDIT REPORT TO THE MEDICARE LOCAL

CHAIRMAN ACCOUNTANTS

Nepean - Blue Mountains Medicare Local Annual Report 2014
I, [Name], declare that I have read and understood the information presented in this document and agree to be bound by its terms and conditions. I certify that the information is true and correct to the best of my knowledge and belief.

[Signature]
[Date]
### Nepean - Blue Mountains Medicare Local Annual Report 2014

#### Schedule 1

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Current Assets</strong></td>
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</tr>
<tr>
<td>Property, plant and equipment</td>
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<tr>
<td>Non-current assets</td>
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<tr>
<td>Non-current liabilities</td>
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<td><strong>Total Non-current Liabilities</strong></td>
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<td>Non-current liabilities</td>
<td>741.34</td>
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<td><strong>Current Liabilities</strong></td>
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<tr>
<td>Trade and other payables</td>
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<td><strong>Total Liabilities</strong></td>
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<td>Current Liabilities</td>
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<tr>
<td><strong>Total Equity</strong></td>
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<tr>
<td>Accumulated surplus</td>
<td>795.79</td>
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<tr>
<td><strong>Net Assets</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
</tr>
</tbody>
</table>

**At 30 June 2014**

A BN 68 155920 75

Sandra Heathcote, Chair

Wentworth Healthcare Limited
### Schedule 2

#### Notes:

1. **Date:** 30 June 2014
2. **Register of Comprehensive Income**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong>:</td>
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<td><strong>Closing Balance</strong>:</td>
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<td><strong>Other Comprehensive Income</strong>:</td>
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<tr>
<td><strong>Surplus Before Income Tax</strong>:</td>
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<tr>
<td><strong>Income Tax Expensed</strong>:</td>
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<tr>
<td><strong>Other Taxable Income</strong>:</td>
<td>$4,125,286</td>
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<tr>
<td><strong>Expense</strong>:</td>
<td>$14,043,781</td>
</tr>
<tr>
<td><strong>Income Tax</strong>:</td>
<td>$14,092,660</td>
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<tr>
<td><strong>Total Comprehensive Income</strong>:</td>
<td>$4,147,707</td>
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<tr>
<td><strong>Other Comprehensive Income</strong>:</td>
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<tr>
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<tr>
<td><strong>Expense</strong>:</td>
<td>$14,043,781</td>
</tr>
<tr>
<td><strong>Income Tax</strong>:</td>
<td>$14,092,660</td>
</tr>
</tbody>
</table>

**For the Year Ended 30 June 2014**

**Wentworth Healthcare Limited**
### Cash Flow Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at beginning of the year</td>
<td>5.318k, 4.043k</td>
</tr>
<tr>
<td>Net increase/ (decrease) in cash held</td>
<td>1.57k, 7.14k</td>
</tr>
<tr>
<td>Net cash flows used in investing</td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of property and equipment</td>
<td></td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
</tr>
<tr>
<td>Net cash flows from operating activities</td>
<td></td>
</tr>
<tr>
<td>Cash flows from operating activities</td>
<td>2.88k, 1.75k</td>
</tr>
<tr>
<td>Interest received</td>
<td></td>
</tr>
<tr>
<td>Dividends received</td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of property and equipment</td>
<td></td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
</tr>
<tr>
<td><strong>Net cash at end of the year</strong></td>
<td>7.46k, 8.47k</td>
</tr>
</tbody>
</table>

*For the year ended 30 June 2014*

*Wentworth Healthcare Limited*
1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was audited by the company being wound up.

The principal activities of the company are to provide medical and health care services.

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 otherwise, due to the company being wound up, the financial statements have been prepared on a going concern basis. The ability of the company to continue to operate as a going concern is dependent on the continued funding from the Department of Health.

In December 2013, the Federal Government announced that Medicare Local Funding from 2014-15 Federal Budget. This Federal Government announced that Medicare Local Funding will continue until 30 June 2015. The Federal Government is expected to finalise the tender process by year end.

As a result of the Federal Government’s announcement, the Department of Health issued a new Primary Healthcare Network and the objectives of the Primary Healthcare Network are to provide primary health care services and improve the health outcomes of people in the community. The financial statements have been prepared on the going concern basis. However, the company has the ability to continue as a going concern as it is likely to achieve the objectives of the Primary Healthcare Network.
| Year | Arrangements
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Nepean - Blue Mountains Medicare Local Annual Report 2014</td>
</tr>
</tbody>
</table>

- **Assisted Arrangements**
  - Arrangements to support and assist with the planning, development, and delivery of services

- **Financial Statements**
  - Financial statements for the year ended 30 June 2014

- **Summary of Significant Accounting Policies**

For more details, refer to the annual report.
Nepean - Blue Mountains Medicare Local Annual Report 2014

(5) Class and Equal Opportunities

The Nepean - Blue Mountains Medicare Local Annual Report 2014 aims to provide a comprehensive overview of the organization's operations, achievements, and future plans. This report highlights the contributions of the local Medicare services in enhancing community health and well-being. The report includes financial statements, strategic goals, and performance metrics to ensure transparency and accountability.

(6) Not to the Financial Statements

At 30 June 2014

NOTES TO THE FINANCIAL STATEMENTS

A.PN 06 159 0617

WEENWORTH HEALTHCARE LIMITED

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

NOTES TO THE FINANCIAL STATEMENTS

(Note to be added to the financial statements)

Additional information for financial statements to be included.

(Approved by the Board of Directors)

Dated 30 June 20X1

Nepean - Blue Mountains Medicare Local Annual Report 2014

Page 41
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>$2,742,968</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$2,554,700</td>
</tr>
<tr>
<td>Difference</td>
<td>$188,268</td>
</tr>
<tr>
<td>1. Salaries and Wages</td>
<td>$1,419,684</td>
</tr>
<tr>
<td>2. Rent and Rates</td>
<td>$10,800</td>
</tr>
<tr>
<td>3. Rates and Fees</td>
<td>$2,554,700</td>
</tr>
</tbody>
</table>

Notes to the Financial Statements:
- At 30 June 2014
- RIN 65 155 904 876

WENTWORTH HEALTHCARE LIMITED
<table>
<thead>
<tr>
<th>100 Warwick Medical Centre</th>
<th>3330.3663</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less accumulated depreciation</td>
<td>(204.80)</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>771.775</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(536.46)</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>9,000.00</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>8,444.00</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>7,668.68</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>660.00</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>(282)</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>(32)</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>3,830.78</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>2,850.00</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>2,100.00</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>2,620.00</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>2,390.00</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>7.90</td>
</tr>
<tr>
<td>Add: Non-current asset cost</td>
<td>203.4</td>
</tr>
</tbody>
</table>

Schedule 57

4. Trade and Other Receivables

At 30 June 2014

NOTES TO THE FINANCIAL STATEMENTS

4.2) As at 30 June 2014

VERVANORTH HEALTHCARE LIMITED
### 12. CAPITAL EXPENDITURE COMMITMENTS

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 13. LEASE COMMITMENTS

<table>
<thead>
<tr>
<th>Lease</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 14. OTHER CURRENT LIABILITIES

<table>
<thead>
<tr>
<th>Item</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 9. PROVISIONS

<table>
<thead>
<tr>
<th>Item</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 13.3 RELATED PARTY TRANSACTIONS

- Nepean - Blue Mountains Medicare Local
- Capital Expenditure
- Listed below are commitments that have been entered into or are expected to be entered into within the next two years for the year ending 30 June 2014.
### 14. RELATED PARTY TRANSACTIONS (CONTINUED)

**At 30 June 2014**

<table>
<thead>
<tr>
<th>Notes to the Financial Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. H. M. Healthcare Limited</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Directors</th>
<th>Amount of Directors' and/or Officers' Remuneration, Including Superannuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$3,500,000 - $5,000,000</td>
</tr>
<tr>
<td>2</td>
<td>$3,100,000 - $3,500,000</td>
</tr>
<tr>
<td>3</td>
<td>$2,000,000 - $2,500,000</td>
</tr>
<tr>
<td>4</td>
<td>$500,000 - $500,000</td>
</tr>
</tbody>
</table>

**The number of directors of the company whose remuneration, including superannuation**

<table>
<thead>
<tr>
<th>Director</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

**Director's Remuneration**

<table>
<thead>
<tr>
<th>Director</th>
<th>Remuneration of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$3,500,000 - $5,000,000</td>
</tr>
<tr>
<td>2</td>
<td>$3,100,000 - $3,500,000</td>
</tr>
<tr>
<td>3</td>
<td>$2,000,000 - $2,500,000</td>
</tr>
<tr>
<td>4</td>
<td>$500,000 - $500,000</td>
</tr>
</tbody>
</table>

**Note:** The table above reflects the remuneration of directors as at 30 June 2014.
Nepean - Blue Mountains Medicare Local Annual Report 2014

Director

On behalf of the board.

[Signature]

Note 7(a) to the financial statements

The financial statements are prepared in accordance with the Australian Accounting Standards and the Companies Act 1992.

The financial statements have been prepared in accordance with the requirements of the Companies Act 1992 for the period ended on the date of this report.

The financial statements are as at 30 June 2014 and are in the opinion of the directors a true and fair view of the financial position of the company.

The financial statements and notes of the company are in accordance with the requirements of the Australian Accounting Standards and the Companies Act 1992.

Directors' Declaration

A.L. 14.9.09.04.975

MEMORANDUM INTEGRATION LIMITED

Schedule
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