

# Annual Report 2015

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



Blue Mountains | Hawkesbury | Lithgow | Penrith

Wentworth Healthcare Limited (ABN 88 155 904 975)





# Contents

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- 01 Who we are
- 03 Our region
- 04 Chair's Report
- 05 CEO's Report
- 07 Highlights at a glance
- 10 Our programs & services
- 15 Practice Support
- 18 Stakeholder Engagement
- 20 Financials



# Who we are

Wentworth Healthcare is a not for profit organisation dedicated to improving health for the Nepean Blue Mountains community.

The Nepean Blue Mountains region is comprised of the following Local Government Areas (LGAs):

- Blue Mountains
- Hawkesbury
- Lithgow
- Penrith

Our role is to identify health services needed in the region, identify how we can bridge any gaps there may be in the provision of these services and where needed engage local healthcare providers to deliver these services.

Within the NBM catchment, 2.2% of the population identify as being of Aboriginal or Torres Strait Islander descent and 10.7% of the population are aged 65 years or above.

Wentworth Healthcare Limited was registered with the Australian Securities and Investment Commission (ASIC) in Feb 2012 and traded

as Nepean-Blue Mountains Medicare Local (NBMML) until 30 June 2015.

Wentworth Healthcare transitioned to Nepean Blue Mountains PHN on 1 July, 2015 as part of the Primary Health Networks (PHNs) programme.

The organisation's founding members are:

- Nepean Division of General Practice
- Blue Mountains GP Network
- Hawkesbury-Hills Division of General Practice

Current Wentworth Healthcare board members are:

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

## Our Vision

Improved health for the people in our community.

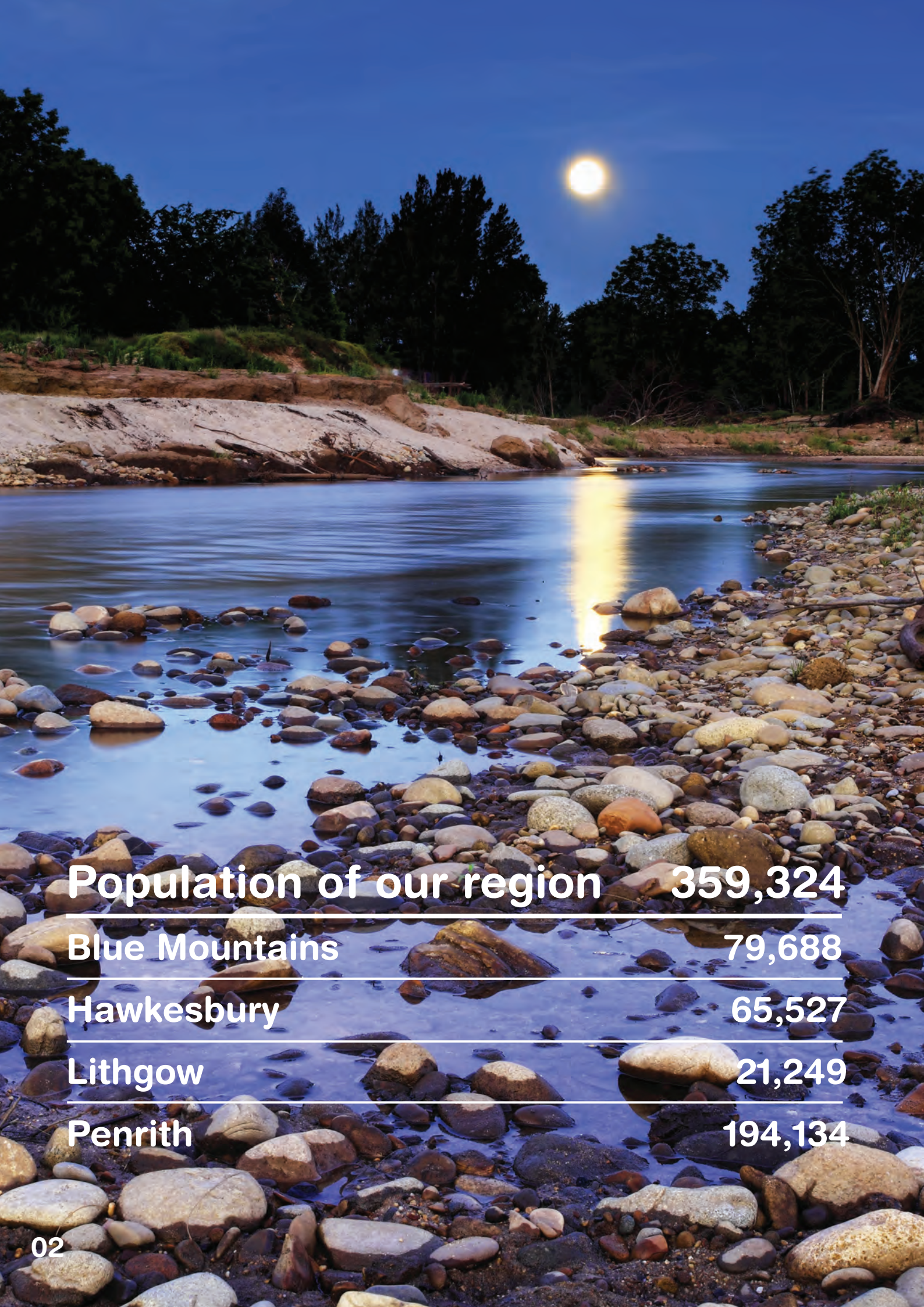
## Our Mission

Empower local general practice and other healthcare professionals to achieve high quality, accessible and integrated primary healthcare that meets the needs of our community.

## Our Values

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





Population of our region	359,324
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Blue Mountains	79,688
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Hawkesbury	65,527
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Lithgow	21,249
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Penrith	194,134
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# Our region

The Nepean Blue Mountains geographic area covers 10,000 square kilometres, including a world heritage listed National Park, and spans the Blue Mountains, Hawkesbury, Lithgow and Penrith LGAs.

We have an estimated population of around 360,000 people and an anticipated population level of nearly 400,000 by 2021.

We support the primary healthcare needs of our community, as well as representing and assisting 448 general practitioners, 1,182 allied health professionals and 795 primary healthcare practices across the region.

**448**  
GPs



**1,182**  
allied health



**795**  
practices



## Health Snapshot of our region

- Around half our population does not get enough physical activity.\*
- 64% of adults are overweight or obese.†
- Breast screening rates are below State average (NSW, x%) ^
- Cervical screening rates are 50.4% in Penrith and 53.8% in Lithgow, below the State average (NSW, 57.7%). \*
- 93% of adults do not eat the recommended 5 serves of vegetables and 2 serves of fruit each day. ~
- 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 smoke.\*
- NBM 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%).†
- The Penrith population 70 years and over is expected to nearly double in the next 20 years (6.2% in 2011 to 11.6% in 2036)‡
- 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, ^ 2015 Reporting for Better Cancer Outcomes Performance, ‡ Council population atlas, ~ NSW HealthStats

**50%**  
NOT ENOUGH  
EXERCISE



**64%**  
OBESE  
OR OVERWEIGHT



**93%**  
DON'T EAT ENOUGH  
FRUIT & VEG



**UP TO 20%**  
SMOKE





# Message from the CHAIR

## **In a year of enormous change Wentworth Healthcare has continued to go from strength to strength.**

This year has been a pivotal time for us all, with the change over from Medicare Locals to PHNs. I want to acknowledge the leadership and staff of our organisation. We set them the mammoth task of maintaining our boundaries, putting together a winning tender and at the same time continuing with our core business of supporting primary care. The achievement of all three is extraordinary! They have done all this through a period of turmoil and uncertainty.

Acknowledgement must go to Sheila Holcombe who stayed on as CEO to see us through to submission of the tender before moving to Canberra in January to care for her ailing mother. Sheila has endowed us with a wonderful inclusive culture and a reputation for high performance.

We are very fortunate to have an experienced and talented CEO in Lizz Reay. Lizz was previously Deputy CEO of the Medicare Local and then took on the role of Acting CEO until the formation of the NBMPHN. I would like to take this opportunity to congratulate Lizz on her well-earned appointment, and personally thank her for the commitment she and her team have shown throughout the tender and transition period.

Achieving excellent primary healthcare for the people of the Nepean Blue Mountains region will be a team game.

One of our most powerful assets has been our active and organised consumer group. Thank you to so many who have put in enormous amounts of energy often despite health challenges.

I also want to acknowledge the providers of our region: the dedicated GPs, allied health professionals and practice staff who serve our region day in day out. Thank you for your

commitment. We have a clear understanding that the PHN is here to support you in your task.

Our region inherits a very positive history of work from the Divisions of General Practice and the Medicare Local, and we are keen to take the best parts of these experiences and apply them to the new PHN. Our next step of establishing a Clinical Council will further cement this direction and provide us with a practical tool to identify health-related issues and tap into a think tank of diverse expertise to formulate opportunities for improving health outcomes in the region.

None of this vision will be possible unless we all work together. The health system can be complex and to best serve our people requires seamless interactions between multiple providers, both health and non-healthcare based. The NBMPHN boundary is 100% aligned with the NBM Local Health District boundary which provides an optimal foundation to achieve this seamless integration. Our organisation has a long-term relationship with the NBMLHD. We are proud of the number of joint initiatives we work on with our LHD partners and the success these collaborations have had - such as our joint planning and strategy work, consumer engagement, immunisation and after hours services. I want to thank LHD and all the local organisations we regularly partner with for the willingness to share and collaborate in our joint visions for better health outcomes for our community.

Lastly, I offer sincere thanks to my colleagues on the Board for your tireless support and extra work this year. It is a pleasure to be part of such a visionary and passionate team.

Dr Andrew Knight

# Message from the CEO



**2014-2015 has been a year of significant change and uncertainty for regional primary health organisations with the defunding of Medicare Locals and the establishment of new Primary Health Networks (PHNs). Despite this, Wentworth Healthcare has continued to support primary care providers and delivery on our vision of improved health for the community.**

The announcement in October 2014 that the boundaries for the new PHN for our region would remain the same as current Medicare Local boundaries was a win for our community as it meant the good work to address the specific needs of our region could continue.

The long awaited news in April 2015 that our bid to operate the Primary Health Network was successful provided greater certainty for the organisation and continuity for the consumers, GPs, primary care providers and other stakeholders we work with to improve healthcare locally.

This year we were proud to play a pivotal role in securing a GP for a suburb of our Hawkesbury community, Glossodia, which had been without a GP for 8 years. This activity was part of our Workforce program, which has helped to increase the number of local healthcare professionals working in our region.

We have also continued our commitment to improving access to after-hours medical services, supporting the establishment of expanded after hours GP services across a significant proportion of the Nepean Blue Mountains region.

In response to an identified service gap in aged care, Wentworth Healthcare took on a coordinating role for the Aged Care Packages waitlist until the MyAgedCare portal is operational. This has led to more timely care for aged community members and been a welcome

relief for providers who can better deliver services.

Our work to directly support General Practice with quality improvement and education has continued with over 1,500 primary care provider attendances at our education events this year. Our focus on health equity has driven our work to improve access to services for people experiencing mental illness and for Aboriginal and Torres Strait Islander community members. The Aboriginal sharing and learning circles held in each LGA identified health gaps and solutions to improving care which will shape our efforts into the future.

Our well established mechanisms for engagement with consumers has provided a strong platform for ongoing input from consumers into the work of the organisation. The involvement of consumers and primary care providers in the design and delivery of initiatives has ensured success and our active GP Advisory Committee and Allied Health Stakeholder Group challenge the organisation to address issues that impact on the provision of high quality care.

I would like to acknowledge the work and leadership of Sheila Holcombe, who was the CEO of the Medicare Local from its inception in 2012 until January this year. Thanks also to the staff and Board who have shown unwavering commitment to this organisation and the community they serve. We will build on our solid foundations to lead change in the next era as the Nepean Blue Mountains Primary Health Network.

Ms Lizz Reay







# Highlights at a glance

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In the Nepean Blue Mountains region:

**133,000**

**after hours GP  
consultations**

across the region

**19,386**

**mental health  
consultations**

for local community members

**400+**

**workforce  
consultations**

to increase the number of GPs  
and practice staff in our region.

**1,500**

**attendances**

by primary healthcare professionals  
at our educational events

**#1** **region in Australia**  
for GP antenatal shared care  
to Aboriginal & Torres Strait  
Islanders

**93.5%**

**fully immunised**

under 5yo (non-Aboriginal children)

**93.9%**

**fully immunised**

under 5yo (Aboriginal children)

**8,663**

**Aboriginal Health**

occasions of service to our Aboriginal &  
Torres Strait Islander community

**1,967**

**practice support**

occasions of service to healthcare  
professionals





# The year in review

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Wentworth Healthcare plays a vital role in planning and coordinating primary healthcare services across the region.

We do this by working with the local community, clinicians, health and other services to identify gaps and develop solutions that will work in our region.

While our effort to improve the health of our region is an ongoing commitment, it is important to recognise the activity and achievements of our organisation during the last 12 months.

Following are just some of the highlights from July 2014 to June 2015.





# Our Programs and Services

## After Hours

**133,000 after hours GP consultations**

**After hours services are vital to assist the people in our region when medical assistance may be needed outside of normal business hours.**

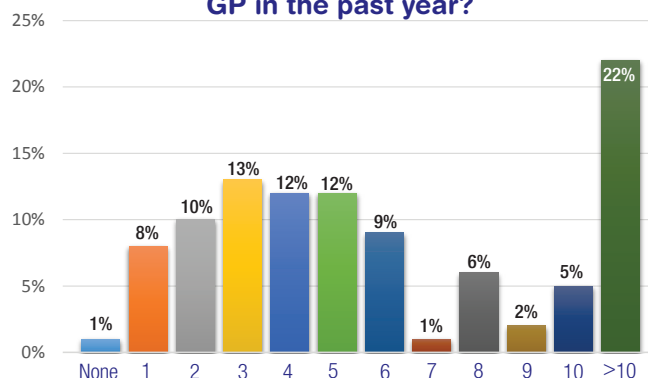
This year, we have funded 93% of accredited general practices to provide after hours GP services, offering grants to accredited practices, a 24/7 pharmacy and medical deputising service provider in the areas where there were service shortages.

We provide financial and practice management support to the Hawkesbury After Hours GP Clinic, as well as fully operating the Nepean After Hours GP Clinic. Across both facilities, over 12,000 consultations took place in the last 12 months.

Research was undertaken in late 2014 to benchmark the local community's understanding and usage of after hours services in the region.

We also sought GP feedback in relation to the efficiency and effectiveness of the After Hours GP Incentive Program.

**How many times have you seen your GP in the past year?**



Primary Health Report 2014, [www.nbmphn.com.au](http://www.nbmphn.com.au)

*"I came to the Nepean After Hours GP Clinic on a public holiday and was greeted by very friendly and helpful staff. I saw the GP, who referred me for an x-ray, had an x-ray done in the hospital and I returned to the GP for review of the film – all within 1½ hours. I was really impressed by the thorough and efficient service.*

*Thank you."*

**– Patient from the Blue Mountains area**



# Aboriginal Health

8,663 occasions of service

## Healthy for Life

**Healthy for Life is a health program for the Aboriginal community in the Blue Mountains and has been running since 2011.**

This year, we registered over 50 new clients in addition to supporting 95 existing clients - quite intensive work due to our clients' high health and social/emotional needs - and provided 2,435 occasions of service.

We provided Aboriginal Cultural Awareness training to GPs, health services staff and the Nepean/Blue Mountains Aboriginal Dental Health Clinic.

Nearly 50 group sessions designed specifically for men and boys were held this year, offering peer support for health issues faced by males and education about self-management of chronic disease. These sessions helped increase Aboriginal male access to local health services.

The Blue Mountains Aboriginal Health Coalition continued to support governance on Aboriginal cultural and program issues at a high quality level. The membership was expanded to include representatives from the local Hospital Reconciliation Committee and Aboriginal Health Unit of the local Health District.

## Closing the Gap

**The Closing the Gap program supports the health of Aboriginal and Torres Strait Islanders living in the the Nepean Blue Mountains region.**

This year our Outreach Workers provided 1,621 occasions of services, including support to clients to access health services and Aboriginal Health Checks, assistance with relevant health paperwork and supporting access to subsidised pharmaceuticals.

A total of 1,612 Aboriginal Health Assessments\*

were conducted from July 2014 to June 2015, indicating a 16% increase over the last 2 years.

A total of 240 clients received 4,236 occasions of service through our Care Coordination and Supplementary Services Program (CCSS) - a program that supports clients with chronic conditions to access primary health service. This is a 55% increase from last year, with a record number of GP referrals being received.

We've also seen a dramatic rise in the specialist services funded through this program, including Renal Physicians, Neurologists, Sleep Physicians, Psychiatrists and Cardiologists. Additionally the provision of medical aids and services supports Aboriginal clients to remain independent and at home.

The Indigenous Health Project Officers coordinated over 371 occasions of service, supporting and educating local general practices and pharmacies in the Closing the Gap Program. A major highlight this year was our "face to face" Cultural Safety education attended by healthcare professionals throughout the region.

The Closing the Gap team supported over 30 community cultural events/network meetings and presentations, such as NAIDOC Week, Apology Day and Close the Gap Day Events.

A key initiative this year was continuing consultation with the local Aboriginal community about their priority health needs through a series of Sharing and Learning Circles, held in partnership with the Nepean Blue Mountains Local Health District and the Hawkesbury District Health Service. These involved 149 Aboriginal community members and service providers joining together to identify and develop recommendations in relation to service needs and gaps, leading to the establishment of local consultative groups. Reports on these consultations are available at [www.nbmphn.com.au](http://www.nbmphn.com.au).

\* Aboriginal Health Assessment, MBS Item "715": Department of Human Services

## Recounting the inspiring journey of a *Healthy for Life* client:

*Having been told by a Specialist a few years ago to go home and ensure her affairs were in order, this client is now recovering from transplant surgery. The Healthy for Life team were a part of her journey since September 2011 following a referral by her GP. The journey has offered her and her family enduring emotional, practical and physical assistance from the Healthy for Life team and the Blue Mountains Aboriginal Culture and Resource Centre (ACRC). Her strong and clear message is that good, well-connected team work and care co-ordination truly makes a difference to the people we service.*

## Mental Health

19,753 occasions of service

### ATAPS

12,497 consultations by 106 mental health professionals

**The Access to Allied Psychological Services (ATAPS) program enables GPs to refer patients with mild to moderate mental health issues for subsidised psychological intervention.**

This year saw a 46% increase in the capacity of our ATAPS mental health workforce to provide the suicide prevention service, through the use of online training developed by the Australian Psychological Society.

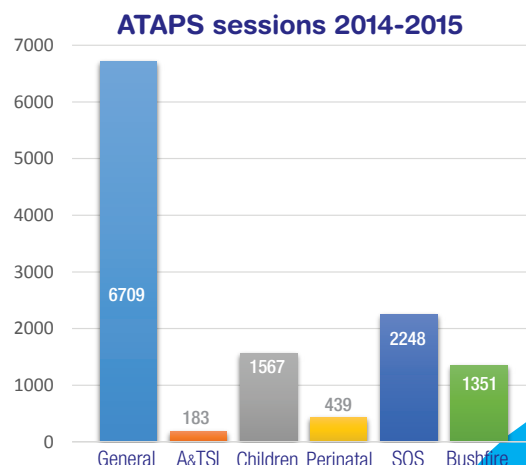
Our popular Cool Kids program ran eight evidence-based group programs for anxious children in partnership with NBMLHD.

The ATAPS bushfire recovery service continued to provide much needed support to the residents of the Blue Mountains impacted by the bushfires of October 2013. As a member of the Blue Mountains City Council-led bushfire recovery committee, we have worked with local organisations to promote awareness and access to the ATAPS bushfire service.

In October 2014, an education and training session in disaster recovery and PTSD, developed collaboratively with St John of God Hospital and delivered by a nationally recognised expert Dr Rob Gordon, provided many mental health

professionals with an opportunity to increase their capacity to respond to local bushfire recovery needs.

In April 2015, the Black Dog Institute were engaged to deliver education sessions to GPs and allied health professionals on utilisation of eMental health treatments and supporting GPs with alternative referral pathways.



### Partners in Recovery

6,886 occasions of service across 223 participants

**Partners in Recovery (PIR) assists people who have severe and persistent mental illness with complex needs.**

The PIR initiative is led by a consortium which includes Aftercare, Department of Family and Community Services, Nepean Blue

*"Everything excellent - it did help to have Partners in Recovery on board. I would be at other services. I was going now."*

*PIR client*



Partners in Recovery stall at the Mental Health Expo.





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Mountains Local Health District – Drug and Alcohol Services and Mental Health Services, RichmondPRA and UnitingCare Mental Health, with Wentworth Healthcare as the lead agency.

PIR provides a care coordination service to its consumer group, to help them access services and supports needed to reach their recovery goals. We work closely with three subcontracted organisations to provide these care coordination services.

The program has not only delivered support of the immediate recovery needs of consumers but also invested in system reform, including funding eight organisations to deliver a variety of innovative projects that target systemic improvements to mental health service delivery in the region.

Throughout the year, PIR provided extensive training for consumers and carers to increase their capacity to engage in advocacy and consulting processes. The program also offered training for mental health clinicians and community workers, in mental health first aid, smoking cessation, targeted physical health issues and recovery-centred principles of service delivery.

### Mental Health Nursing Incentive Program

370 occasions of service

**The Mental Health Nurse Incentive Programme (MHNIP) is a community based mental health service provided by credentialed mental health nurses in partnership with GPs/private psychiatrists and consumers.**

It provides coordinated clinical care for people with severe and persistent mental disorders.

These services are provided free of charge in a range of settings, like clinics or patients' homes. Currently available to the Hawkesbury and Penrith LGAs, the MHNIP service will be expanding to Lithgow and the Blue Mountains in late 2015.

## Antenatal Care

**Antenatal Shared Care gives women with low-risk pregnancies the choice of having their antenatal care with a GP as well as the local hospital.**

Working in partnership with NBMLHD, this year we redeveloped the Antenatal Shared Care program. GPs, midwives and other hospital personnel collaborated to redesign the antenatal shared care pathways, clinical protocols and program guidelines.

The new program guidelines were released at two educational events for GPs and primary care nurses held in November 2014.

## Outreach Clinics

251 consultations

**We manage a specialist paediatric outreach clinic in Lithgow and psychiatric outreach clinic in Katoomba that provide affordable, accessible specialist services to Aboriginal families and families from low socio-economic backgrounds.**

The outreach clinics program has also allowed us to offer upskilling activities and professional development sessions for local GPs and health professionals.

This year we also developed a partnership with

Lithgow Hospital's Allied Health Service, to provide a weekly speech pathology service at Portland Central School, commencing in August 2015. This is provided under the Healthy Ears - Better Hearing, Better Listening program.

We continue to identify service gaps for specialist and allied health services, and work in partnership with the NSW Rural Doctors Network to meet these needs.

## Immunisation

**93.5% non-Aboriginal children and 93.9% Aboriginal children fully immunised by age 5**

**The Immunisation Program is designed to play a role in reducing the local incidence of vaccine-preventable diseases and complications within our region.**

We achieve this by:

- providing relevant and timely support to primary health care immunisation providers
- promoting immunisation benefits to the local community
- partnering with immunisation stakeholders such as the Nepean Blue Mountains Public Health Unit.

In 2014, 93.5% of non-Aboriginal children and 93.9% of Aboriginal children were fully immunised by age 5, both results being above the 92% full

immunisation target set by NSW Health.

Direct practice support activities have focused on Blue Mountains practices, an area known for low immunisation coverage, to encourage practices to regularly receive a new report from the Australian Childhood Immunisation Register (known as ACIR010A reports) listing children at their practice who ACIR has recorded as being under immunised.

## 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.**

The program supported the completion of Homefront Assessments for Veterans and the development and delivery of resources and education for GPs and practice nurses on the Coordinated Veterans Care program through general practice.

In addition, during 2014 Veteran Health Week, we held a very successful healthy Veterans community "high tea" attended by over 30 people from the Penrith area, teaching about good nutrition, cooking for one and avoiding "diet fads".







# Practice Support

**Primary healthcare includes a range of services provided by health professionals such as general practitioners (GPs/doctors), practice nurses, allied health (eg. podiatrists or speech pathologists, etc...) and community health workers.**

A strong primary healthcare system is crucial to ensuring that people can get the health care they need, when they need it and where they need it. It helps people better manage their health and plays an important role in preventing disease and keeping people out of hospital.

Wentworth Healthcare provides a dedicated practice support team to work with primary healthcare professionals across our region to help improve the effectiveness and efficiency of their practices for better health outcomes.

## Workforce Support

**401 workforce support consultations, 16 new GP & practice staff appointments**

**Workforce shortage is one of the key challenges of delivering after hours primary care services in our region. In response to this challenge, we support general practice and other primary health care providers across the region by assisting them with recruiting and retaining staff.**

In the past year, we helped to recruit more than 16 GPs and practice staff to serve the region's growing population, including assisting in the establishment of a GP in Glossodia, a suburb that has not had its own GP in 8 years.

By promoting the Outer Metropolitan Relocation Incentive Grant (OMRIG) program, we have attracted more than nine GPs to relocate to various outer metro areas of Nepean Blue Mountains region.

During the last 12 months, we also helped six medical practices to successfully obtain Area of Need (AoN) positions by working in close collaboration with NSW Ministry of Health.

## General Practice Support

**1,967 occasions of service**

**Our Primary Health Care Support Team assist general practices across the region in support of quality improvement and enhancing practice capacity to deliver services**

Throughout the last 12 months, 100% of general practices were supported with at least one of the following activities:

- **Accreditation:** Guidance for general practices through the process of accreditation or re-accreditation of their practice against RACGP Standards.

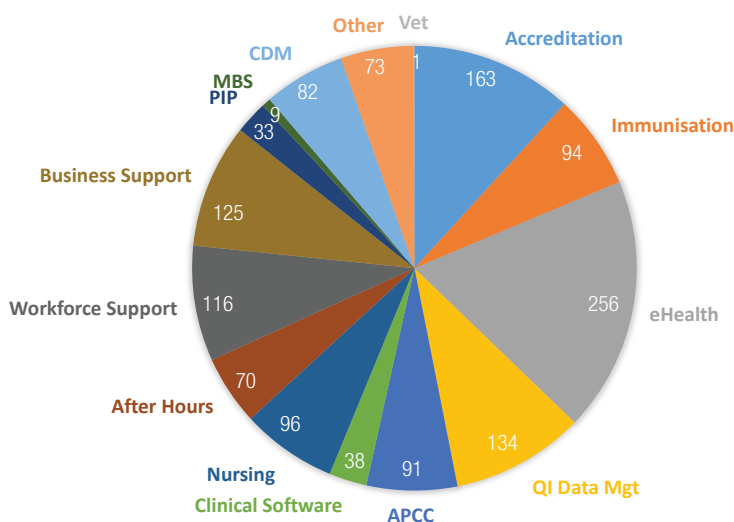
*“As a small clinic with no practice manager, we have found the assistance given to us by staff at Wentworth Healthcare to be invaluable. They have assisted us with accreditation and to become an electronic practice, and their support has always been reliable and extremely helpful.”*

– Dr Daryl Chamberlain,  
GP, Colyton



- **eHealth readiness:** Preparation for the meaningful use of eHealth within a practice relating to the PCEHR record, facilitating secure messaging and e-discharge summaries
- **Immunisation compliance:** Assistance with cold chain management compliance and information relating to vaccine preventable diseases and immunisation
- **Data quality:** Data collection and analysis with support in the development of clinical register; recall and reminder management systems, data cleansing and linkages to pathways for chronic disease management
- **Workforce support:** Recruitment of doctors, nurses, practice managers and receptionists for general practices
- **Health News service:** Our weekly Practice News publication provides succinct communication to keep practices up-to-date with relevant healthcare and health system news, as well as educational events
- **Practice Manager Network:** Peer support for practice managers and medical receptionists through network meetings and communications

**Breakdown of instances of Practice Support activities to General Practice**  
July 2014 to June 2015



## Allied Health Support

**549 occasions of service**

**Allied health professionals account for approximately 20% of Australia's health workforce, and in our region we have more than 1,200 allied health professionals.**

Allied health professionals work in broad range of settings including clinics, hospitals, rehabilitation centres, community health centres, and some of the disciplines include Physiotherapy, Exercise

Physiology, Psychology, Speech Pathology, Dietetics, Occupational Therapy and Podiatry.

We have established an Allied Health Stakeholder group comprising representatives from a number of disciplines as well as each LGA. A new online health professional's community has over 50 active members, providing a forum for advice and information exchange in support of better patient outcomes.

In the past 12 months we have coordinated a Secure Messaging initiative enabling allied health



providers and their GP contacts to trial and build up their experience of using secure electronic correspondence between each other.

In addition, we held a special series of Pain Management workshops designed specifically for a multidisciplinary healthcare audience, to build up local skills in approaching patient care involving multiple health providers as being part of a “treating team”.

## CPD & Events

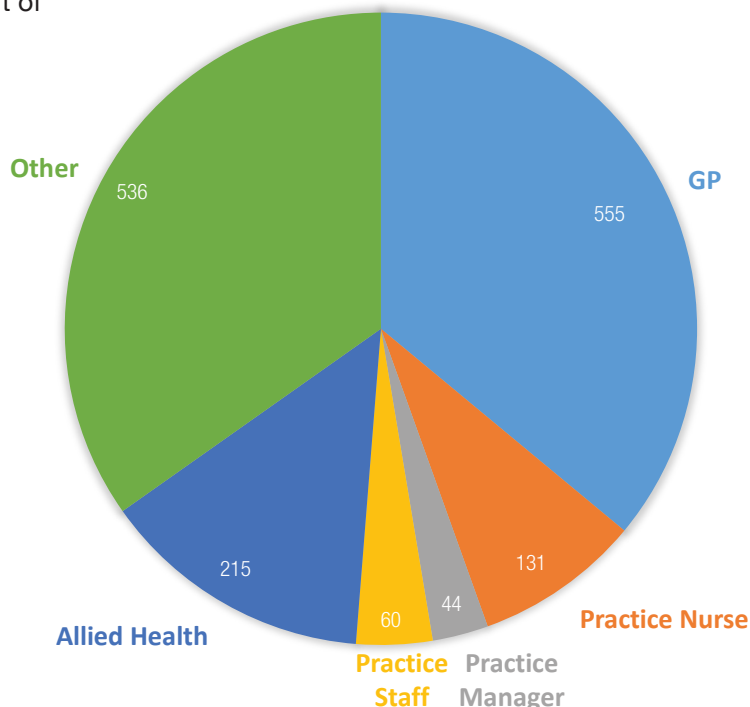
**1,500 attendees across 85 events**

We work collaboratively with key education providers, peak bodies and primary health care professionals to develop and coordinate an ongoing program of accredited Continuing Professional Development (CPD) events for healthcare professionals across the region.

In addition, we promote health-related educational activities presented by external organisations. Our goal is to make educational events for healthcare professionals as accessible as possible.

This year, we have coordinated 85 events, held across the four LGAs we represent via face-to-face seminars and webinars.

**CPD Event Attendances by Profession**  
July 2014 to June 2015





# Engagement & Integration

## Stakeholder engagement

### Community & Consumers

Our organisation has been nationally recognised as a leader in health consumer engagement, working collaboratively with our partner the Nepean Blue Mountains Local Health District (NBMLHD).

Health Consumer Working Groups have been established in the Blue Mountains, Hawkesbury, Lithgow and Penrith areas.

These groups are made up of dedicated health consumers who gather the views and experiences of their fellow community members and help identify needs and health solutions.

These groups meet quarterly and report into the Joint Health Consumer Committee (JHCC) that advises the Boards of Wentworth Healthcare and NBMLHD.

In addition, consumers participate on specific program advisory committees at a local, state and national level. Active consumer and carer groups support the PIR initiative.

Consumers are also involved in the development

of consumer information and consumer-led research, such as the *Evaluation of Blue Mountains Cancer Help (BMCH) from the Perspective of Clients, Carers and Healthcare Providers* research undertaken last year (and available at [www.nbmphn.com.au](http://www.nbmphn.com.au)).

### General Practitioners

GPs play a pivotal role in helping our organisation improve health outcomes for patients in our region. They provide valuable program-specific advice and have been involved in successful collaborations with us including disaster management (eg. the bushfires) and After Hours GP clinics and home visit services.

Critical to our planning and the rollout of services is the work of the GP Advisory Committee which comprises dedicated GP representatives from across our region.

### Allied Health

We work with the Allied Health Stakeholder Group to identify ways of increasing integration between allied health and general practice. The group comprises eight members from a number of disciplines and representation from each LGA.

## Wentworth Healthcare's member organisations are:

- Blue Mountains GP Network
- Hawkesbury Doctors Network
- Nepean GP Network
- Lithgow City Council
- Australian Primary Health Care Nurses Association
- Western Sydney Regional Organisation of Councils (WSROC)







# berger piepers

CHARTERED ACCOUNTANTS

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

Associates  
T Costa B Bus CA  
C Legh B Com CA

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

### FINANCIAL REPORT

**FOR THE YEAR ENDED  
30 JUNE 2015**



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Liability limited by a scheme approved under Professional Standards Legislation



## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2015

Your directors submit their report for the year ended 30 June 2015.

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

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

### 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 2015 was \$292,169 (2014: \$454,107). The current result reflects the timing of the recognition of grant income, some of which relates to items released to the profit and loss whilst some relates to items which are recorded on the statement of financial position. The items recorded on the statement of financial position are expected to be released to the profit and loss 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;

## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2015

### 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 health 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

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 would continue to function until 30 June 2015 but would be replaced by new Primary Health Network (PHN) organisations in July 2015.

Following the government's decision, in January 2015, Wentworth Healthcare Ltd submitted a tender to become the Primary Health Network for the Penrith, Blue Mountains, Hawkesbury and Lithgow regions. In April 2015, after an open competitive tender process, the Federal Government announced that Wentworth Healthcare Ltd had been selected to operate the region's new Primary Health Network.

The Board of Wentworth Healthcare Ltd welcomed the Federal Government's decision to retain the company's expertise and build on the organisation's successful work to date. The three (3) year funding contract to 30 June 2018 puts an end to a period of significant uncertainty for the organisation.

### 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.



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

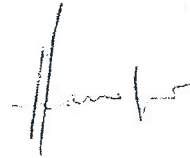
DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2015

11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2015 has been received and can be found following this report.

On behalf of the board

A handwritten signature in black ink, appearing to read 'Andrew Knight', written over a faint horizontal line.

Dr Andrew Knight  
Director

A handwritten signature in black ink, appearing to read 'Shiva Prakash', written over a faint horizontal line.

Dr Shiva Prakash OAM  
Director

Penrith  
21 September 2015



# berger piepers

## CHARTERED ACCOUNTANTS

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

Associates  
T Costa B Bus CA  
C Legh B Com CA

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

I declare that, to the best of my knowledge and belief, in relation to the audit of Wentworth Healthcare Limited for the year ended 30 June 2015 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.

21 September 2015  
Penrith

**berger piepers**  
Chartered Accountants

PA Berger FCA  
Partner  
Reg'n No: 4354



Summit House 286 High Street (PO Box 999) Penrith NSW 2751  
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# berger piepers

## CHARTERED ACCOUNTANTS

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

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

Associates  
T Costa B Bus CA  
C Legh B Com CA

#### SCOPE

##### Report on the Financial Report

We have audited the accompanying financial report of Wentworth Healthcare Limited, which comprises the statement of financial position as at 30 June 2015 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.



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**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 2015 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.

21 September 2015  
Penrith

**berger piepers**  
Chartered Accountants

PA Berger FCA  
Partner  
Reg'n No: 4354



STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2015

	NOTE	2015 \$	2014 \$
CURRENT ASSETS			
Cash and cash equivalents	4	5,291,894	5,318,044
Trade and other receivables	5	49,576	281,431
Other	6	<u>703,579</u>	<u>398,135</u>
TOTAL CURRENT ASSETS		<u>6,045,049</u>	<u>5,997,610</u>
NON-CURRENT ASSETS			
Property, plant and equipment	7	<u>313,866</u>	<u>477,192</u>
TOTAL NON-CURRENT ASSETS		<u>313,866</u>	<u>477,192</u>
TOTAL ASSETS		<u>6,358,915</u>	<u>6,474,802</u>
CURRENT LIABILITIES			
Trade and other payables	8	1,038,243	1,164,802
Provisions	9	735,655	760,178
Other	10	<u>3,447,315</u>	<u>3,693,379</u>
TOTAL CURRENT LIABILITIES		<u>5,221,213</u>	<u>5,618,359</u>
NON-CURRENT LIABILITIES			
Provisions	9	<u>48,554</u>	<u>59,464</u>
TOTAL NON-CURRENT LIABILITIES		<u>48,554</u>	<u>59,464</u>
TOTAL LIABILITIES		<u>5,269,767</u>	<u>5,677,823</u>
NET ASSETS		<u>1,089,148</u>	<u>796,979</u>
EQUITY			
Accumulated surplus		<u>1,089,148</u>	<u>796,979</u>
TOTAL EQUITY		<u>1,089,148</u>	<u>796,979</u>

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

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2015

	NOTE	2015 \$	2014 \$
<b>Revenue</b>			
Operating income	3(a)	12,432,096	12,039,706
Finance income	3(b)	<u>223,570</u>	<u>180,020</u>
<b>TOTAL REVENUE</b>		<u>12,655,666</u>	<u>12,219,726</u>
<b>Expenses</b>			
Depreciation and amortisation	3(c)	(223,930)	(146,721)
Employee benefits	3(d)	(5,667,910)	(6,387,135)
Consultants and contractors**		(4,646,784)	(3,159,213)
Other expenses	3(e)	<u>(1,824,873)</u>	<u>(2,072,550)</u>
<b>TOTAL EXPENSES</b>		<u>(12,363,497)</u>	<u>(11,765,619)</u>
<b>SURPLUS BEFORE INCOME TAX</b>		292,169	454,107
Income tax expense	2(k)	<u>-</u>	<u>-</u>
<b>SURPLUS AFTER INCOME TAX</b>		292,169	454,107
<b>OTHER COMPREHENSIVE INCOME</b>		<u>-</u>	<u>-</u>
<b>TOTAL COMPREHENSIVE INCOME</b>		<u>292,169</u>	<u>454,107</u>

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



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

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2015

	2015 \$	2014 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Funding and other operating revenue received	13,657,622	13,154,746
Payments to suppliers and employees	(13,847,576)	(13,047,948)
Interest received	223,570	180,020
	<u>33,616</u>	<u>286,818</u>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>		
	<u>33,616</u>	<u>286,818</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds on disposal of property, plant and equipment	1,861	2,646
Purchase of property, plant and equipment	(61,627)	(360,823)
	<u>(59,766)</u>	<u>(358,177)</u>
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>		
	<u>(59,766)</u>	<u>(358,177)</u>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>	<u>(26,150)</u>	<u>(71,359)</u>
<b>CASH AT BEGINNING OF THE YEAR</b>	<u>5,318,044</u>	<u>5,389,403</u>
<b>CASH AT END OF THE YEAR</b>	<u>5,291,894</u>	<u>5,318,044</u>

**(a) Reconciliation of cash**

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

Cash and cash equivalents (Note 4)	<u>5,291,894</u>	<u>5,318,044</u>
------------------------------------	------------------	------------------

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

Net surplus	292,169	454,107
<i>Adjustments for:</i>		
(Profit)/loss on disposal of assets	(838)	143
Depreciation of non-current assets	223,930	146,721
<i>Changes in assets and liabilities:</i>		
Trade and other receivables	231,855	3,095,918
Other current assets	(305,444)	(338,764)
Trade and other payables	(202,555)	(6,115)
Provisions for employee entitlements	40,563	111,592
Other current liabilities	(246,064)	(3,176,784)
	<u>33,616</u>	<u>286,818</u>
<b>Net cash from operating activities</b>	<u>33,616</u>	<u>286,818</u>

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

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

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2015

	Accumulated Surplus \$	Reserves \$	Total Equity \$
<b>As at 1 July 2013</b>	342,872	-	342,872
Surplus for the period	454,107	-	454,107
Other comprehensive income	-	-	-
<b>As at 30 June 2014</b>	796,979	-	796,979
Surplus for the year	292,169	-	292,169
Other comprehensive income	-	-	-
<b>As at 30 June 2015</b>	<u>1,089,148</u>	<u>-</u>	<u>1,089,148</u>

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 2015

### 1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 21 September 2015.

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.

#### (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 | 3-5 years |
| • Motor vehicles          | 7 years   |

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

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2015

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

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

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

##### *Impairment*

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

Impairment losses are recognised in the statement of comprehensive income.

#### **(e) Recoverable amount of assets**

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

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

#### **(f) Cash and cash equivalents**

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

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

#### **(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 2015

### 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 2015

### 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 2015

	2015 \$	2014 \$
<b>3. REVENUES AND EXPENSES</b>		
<b>(a) Sale of goods and services</b>		
Program funding	11,902,786	11,520,770
Fees for services	500,344	497,218
Sponsorship	26,651	19,923
Other income	2,315	1,795
	<u>12,432,096</u>	<u>12,039,706</u>
<b>(b) Finance income</b>		
Interest received	<u>223,570</u>	<u>180,020</u>
<b>(c) Depreciation and amortisation</b>		
Depreciation of non-current assets	<u>223,930</u>	<u>146,721</u>
<b>(d) Employee benefits</b>		
Salaries and wages - staff	4,997,838	5,624,945
Salaries and wages - directors	157,855	156,157
Employee entitlements	40,564	82,073
Superannuation	471,653	523,960
	<u>5,667,910</u>	<u>6,387,135</u>
<b>(e) Expenses included in other expenses</b>		
Operating lease rental - premises	252,406	238,308
Loss on disposal of plant and equipment	<u>1,029</u>	<u>143</u>
<b>4. CASH AND CASH EQUIVALENTS</b>		
Cash on hand	600	1,200
Cash at banks	1,841,294	1,316,844
Term deposits	<u>3,450,000</u>	<u>4,000,000</u>
	<u>5,291,894</u>	<u>5,318,044</u>

### 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 2015 the weighted average interest rate on cash at banks and term deposits was 2.4% (2014: 3.2%).

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2015

	2015 \$	2014 \$
<b>5. TRADE AND OTHER RECEIVABLES</b>		
Trade and other receivables	25,468	272,546
Provision for doubtful debts	-	-
	<u>25,468</u>	<u>272,546</u>
Other debtors	24,108	8,885
	<u>49,576</u>	<u>281,431</u>
<b>6. OTHER CURRENT ASSETS</b>		
Prepayments	648,708	294,297
GST receivable	-	68,578
Security deposits	54,871	35,260
	<u>703,579</u>	<u>398,135</u>
<b>7. PROPERTY, PLANT AND EQUIPMENT</b>		
Work-in-progress-at cost	29,862	-
Office furniture and equipment-at cost	500,089	476,662
Less accumulated depreciation	(230,786)	(92,880)
	<u>269,303</u>	<u>383,782</u>
Medical equipment-at cost	10,143	8,933
Less accumulated depreciation	(2,366)	(529)
	<u>7,777</u>	<u>8,404</u>
Motor vehicles-at cost	15,000	15,000
Less accumulated depreciation	(8,987)	(6,581)
	<u>6,013</u>	<u>8,419</u>
Leasehold improvements-at cost	141,018	138,321
Less accumulated depreciation	(140,107)	(61,734)
	<u>911</u>	<u>76,587</u>
	<u>313,866</u>	<u>477,192</u>



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

# NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2015

	2015 \$	2014 \$
<b>7. PROPERTY, PLANT AND EQUIPMENT (continued)</b>		
<b>Reconciliations</b>		
<i>Work-in-progress</i>		
Carrying amount at beginning of year	-	-
Additions	29,862	-
	<u>29,862</u>	<u>-</u>
<i>Office furniture and equipment</i>		
Carrying amount at beginning of year	383,782	172,585
Additions	27,858	295,089
Disposals	(1,023)	(2,577)
Depreciation	(141,314)	(81,315)
	<u>269,303</u>	<u>383,782</u>
<i>Medical equipment</i>		
Carrying amount at beginning of year	8,404	1,248
Additions	1,210	-
Received under Deed of Transfer	-	7,673
Disposals	-	(212)
Depreciation	(1,837)	(305)
	<u>7,777</u>	<u>8,404</u>
<i>Motor vehicles</i>		
Carrying amount at beginning of year	8,419	11,786
Depreciation	(2,406)	(3,367)
	<u>6,013</u>	<u>8,419</u>
<i>Leasehold improvements</i>		
Carrying amount at beginning of year	76,587	80,260
Additions	2,697	58,061
Depreciation	(78,373)	(61,734)
	<u>911</u>	<u>76,587</u>
<b>8. TRADE AND OTHER PAYABLES</b>		
Trade creditors	341,004	332,034
GST payable	38,574	-
Other creditors and accrued expenses	658,665	832,768
	<u>1,038,243</u>	<u>1,164,802</u>

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2015

	2015 \$	2014 \$
<b>9. PROVISIONS</b>		
<b>Current</b>		
ATAPS liabilities	238,511	314,507
Annual leave	354,969	347,636
Time in lieu	23,646	18,691
Long service leave	118,529	79,344
	<u>735,655</u>	<u>760,178</u>
<b>Non Current</b>		
Long service leave	<u>48,554</u>	<u>59,464</u>
<b>10. OTHER CURRENT LIABILITIES</b>		
Deferred income in advance	<u>3,447,315</u>	<u>3,693,379</u>
<b>11. LEASE COMMITMENTS</b>		
<b>Operating leases</b>		
Not later than one year	245,578	129,099
Later than one but not later than two years	248,409	90,629
Later than two but not later than five years	<u>286,980</u>	<u>-</u>
Aggregate lease expenditure contracted but not provided for at balance date	<u>780,967</u>	<u>219,728</u>

**12. CAPITAL EXPENDITURE COMMITMENTS**

Capital expenditure of \$500,882 (2014: \$Nil) has been contracted at balance date but not provided in the financial statements.

**13. RELATED PARTY TRANSACTIONS**

**Directors**

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

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

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

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2015

	2015	2014
	\$	\$

### 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:

	172,851	169,480
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The number of directors of the company whose remuneration, including superannuation contributions, falls within the following bands:

	2015 Number	2014 Number
\$10,000 - \$19,999	6	7
\$20,000 - \$29,999	3	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 \$127,553 (2014: \$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 \$39,933 (2014: \$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.

### 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 2015.



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

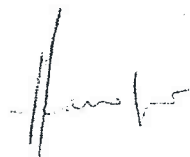
## DIRECTORS' DECLARATION

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 2015 and of its performance for the period ended on that date; and
  - (ii) complying with Accounting Standards and Corporations Regulations 2001; and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

On behalf of the board



Dr Andrew Knight  
Director



Dr Shiva Prakash OAM  
Director

Penrith  
21 September 2015



## Wentworth Healthcare Offices:

### KINGSWOOD (Head Office | Penrith & Hawkesbury Office)

Level 1, Suite 1, Werrington Park Corporate Centre, 14 Great Western Highway Kingswood NSW 2747  
**T** 4708 8100 **F** 9673 6856

### HAZELBROOK (Blue Mountains & Lithgow office)

Level 1, 192 Great Western Highway Hazelbrook NSW 2779  
**T** 4708 8100 **F** 4758 9722

### HEALTHY FOR LIFE OFFICE

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

### POSTAL ADDRESS

WHL, Bldg BR, Level 1, Suite 1, Locked Bag 1797, Penrith NSW 2751

For more information about Wentworth Healthcare or Nepean Blue Mountains PHN visit  
**[www.nbmphn.com.au](http://www.nbmphn.com.au)**

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