ANNUAL REPORT 2018

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

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NEPEAN
BLUE MOUNTAINS
An Australian Government Initiative

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

We acknowledge the traditional custodians of the lands on which we work and pay our respect to Aboriginal Elders, past and present.

The Dharug, Gundungurra and Wiradjuri people are acknowledged as the traditional owners of the land in our region.

This artwork was created by local Aboriginal Artist Vicki Thom specifically for our Reconciliation Action Plan. It depicts the relationship between local Aboriginal people and how they interact with the land and the PHN, describing the journey to understanding each other.

Contents

Wentworth Healthcare is a not-for-profit organisation dedicated to improving the health of our local community.

Our work focus is on supporting quality primary care, coordinating and commissioning health services and facilitating more integrated healthcare for the people living across the four Local Government Areas of the Blue Mountains, Hawkesbury, Lithgow and Penrith.

We are the provider of the Primary Health Network (PHN) for the Nepean Blue Mountains (NBM) region. The Primary Health Networks programme is an Australian Government initiative with the key objectives of increasing the efficiency and effectiveness of health services for patients, and improving the coordination of care to ensure patients receive the right care in the right place at the right time.

We are committed to consulting and engaging with healthcare professionals, stakeholders and the community to better understand what works well, where there are gaps and to design solutions together. This guides our work and helps us to prioritise services in line with available funding and support those with greatest need.

Over 372,000 people currently live in our region with a projected population of over 465,000 by 2036. The area is culturally and linguistically diverse with a large Aboriginal population, representing 3.6% of total residents.

The region is serviced by 135 general practices consisting of 468 GPs and 166 practice nurses. The region has 80 community pharmacies and boasts 489 allied health practices with 1,180 allied health professionals.

Vision

Improved health for the people in our community.

Mission

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

Values

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

Message from the CEO

It has been another exciting and busy year for Wentworth Healthcare as we support quality primary care, commission valuable services and facilitate more integrated care. A lot of what we do is 'behind the scenes' and can easily go unrecognised. Our Annual Report is an opportunity to lift the lid on the work undertaken by our organisation and our significant achievements.

This year we have been a major player in the implementation of national initiatives locally. We have been one of 10 PHNs across Australia trialling the Health Care Homes model. We took a leadership role in sharing our learnings from the My Health Record trial undertaken in 2016, and providing communications support for all NSW and ACT PHNs as part of the national My Health Record expansion program.

In May, we launched our Digital Health Strategy which guides our approach and work as an enabler to support more integrated and accessible care.

We are committed to our core work of supporting general practices to deliver high quality, accessible and integrated primary care services. Over 50% of our region's practices collaborate with us on data quality improvement initiatives and we are seeing real outcomes from this work.

Partnerships and engagement are key to all we do. We continue to work closely with the community and healthcare professionals to identify, design and implement services required in our region, in line with available funding. As a result of our commissioning work, consumers have access to after-hours doctor services, specialist services in areas of need, care-coordination support for Aboriginal people with chronic diseases, greater vaccination opportunities in residential aged care facilities, COPD support groups, best practice care and numerous mental health and addiction support services. This year we were pleased to receive funding for a new youth headspace satellite service in Lithgow, which will be in place by early 2019.

As a result of feedback from consumers and other key stakeholders, we have developed a number of tools to support increased awareness of and access to local health services. In addition to the consumer co-designed Mental Health Help website, we launched new dedicated websites for After Hours and Health Transport. In November we launched our HealthPathways portal which now contains over 100 local clinical 'pathways'. Primary and acute care clinicians, as well as our partners at our Local Health District, have been instrumental in developing this clinical tool for GPs and other healthcare professionals.

A highlight for the organisation was the acceptance of our newly developed Reconciliation Action Plan by Reconciliation Australia. This will focus our commitment and contribution to Reconciliation, and adds a greater level of accountability for us all.

None of this would be possible without the remarkable commitment and hard work of our wonderful staff and the incredible clinical and community advisors that guide what we do. Thank you! I would also like to thank the Board and Senior Management Team for their ongoing support. I look forward to another exciting and successful year.

Lizz Reay

Message from the Chair

In my fourth year as Chair of the Board for Wentworth Healthcare, I believe we have seen significant growth and increasing maturity in the work we are doing, and the collaborative way it is being achieved.

Almost three years ago we set a number of strategic objectives for the company:

1. Increased capacity and influence of primary care
2. A culture of quality improvement and outcomes focus established
3. Coordinated services within and across sectors
4. Consumers engaged in all we do and a demonstrated focus on communities with the greatest need
5. Excellence in our governance, systems and staff
6. Growth in organisational sustainability and impact

Progress towards these objectives as part of our strategy has been evident this year.

Our GP Advisory Committees (GPAC) has provided us with insights and the voice of GPs to shape many of the projects we have worked on this year, such as embarking on an Alcohol and Other Drug (AOD) consultation with GPs and establishing an AOD Community of Practice (taking place in late 2018) to better support GPs in their management of patients affected by addiction and substance abuse.

Our pursuit of finding better ways to achieve better care is reflected in our participation in the Health Care Homes trial. Health Care Homes is a new model of healthcare to improve care coordination to enable better management of patients with chronic and complex health conditions.

We have continued to play a key role in regional planning and commissioning of local mental health and drug and alcohol treatment services across the region and the showcase of newly commissioned services we held late last year highlighted the increase in services now available and the impact this will have for patients across our region.

Our Community Advisory Committee structure is nationally recognised and provides us with the voice of people in our local community. Feeding into the Committee are working groups representing each of our four LGAs, and the issues raised through this structure also inform our Clinical Council. Engagement and co-design are core to our work and we endeavour to include these insights in everything we do.

Our organisation's achievements have been recognised on many occasions this year. Our Digital Health Strategy has set our direction in this developing healthcare priority; through our work on the My Health Record trial we have been selected to lead the communications support for PHNs across NSW & ACT during the national expansion; and we have secured a grant to create an innovative non-smoking health promotion aimed at the Aboriginal community.

Our Board continues to evolve. We have been fortunate to expand our skills through welcoming Bruce Turner, who has considerable governance, risk and compliance expertise. Diana Aspinall stepped down as a director in July after many years of valued contribution to the consumer voice in our region. Tony Thirlwell is another highly valued foundation director whose term ends later this year. I would like to acknowledge the work of our Board and thank each director for their contribution.

I would like to thank Lizz Reay and her team for another year of extraordinary achievement which is increasingly being recognised nationally. I encourage you to read this Annual Report to get a better understanding of our many achievements. We look forward to the challenges and opportunities of the year ahead.

Andrew Knight

Our Strategic Plan 2016

Strategic Objectives and Planned Strategies

The Board's responsibility on behalf of our members is to ensure that through our Strategic Plan we achieve our Vision and Mission and uphold our organisational values. Our Strategic Plan 2016-2019 outlines our objectives and goals to achieve this.

OUR VISION

Improved health for the people in our community

OUR MISSION

Empower general practice and other healthcare professionals...

...to deliver high-quality, accessible and integrated primary healthcare...

...that meets the needs of our community

OUR VALUES

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

Increased capacity and influence of Primar

1.1 Develop strong engagement with primary healthcare p and improvement

1.2 Support the development of clinical leaders and champio

1.3 Identify, build and strengthen partnerships with key sta non-health sectors

1.4 Support the development of a skilled and sustainable l

A culture of quality improvement and outcome focus established

2.1 Collaborate with general practice to facilitate data driven quality improvement

2.2 Support primary health care providers to implement models of care that reflect best practice

2.3 Monitor and evaluate activities on an outcomes basis

2.4 Develop partnerships to enable primary healthcare research

Consumers engaged in all we do and a den communities with greatest need

4.1 Establish safe and appropriate mechanisms to enhance c in the work of our organisation, local primary healthcare se

4.2 Target commissioning activity to improve health equity

GUIDIN

- **A continuing effective relationship between a patient and th preferred primary care provider.**

6-2019

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An Australian Government Initiative

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

ry Care

roviders to inform and shape healthcare priorities

ons and enable peer to peer networking and learning

akeholders and influencers in the health and

ocal primary healthcare workforce

Coordinated services within and across sectors

3.1 Create opportunities for primary and acute care to work together to improve the healthcare journey

3.2 Design solutions / collaborate with others to improve access to appropriate healthcare

3.3 Support the uptake of digital health to improve continuity of care

3.4 Promote team based approaches to care

nonstrated focus on

onsumer and community participation and influence
s ervices and the patlent healthcare journey

y and address prioritised local health needs

Excellence in governance, systems and staff

5.1 Embed corporate and clinical governance systems that reflect best practice

5.2 Implement business systems that enhance operational efficiency and organisational improvement.

5.3 Adopt quality commissioning principles and processes

5.4 Recruit and support a skilled, valued and culturally safe workforce

Growth in organisational sustainability & impact

6.1 Increase revenue diversity and build organisational equity to further our vision and enable financial sustainability.

6.2 Foster innovation

6.3 Share our research and learnings and promote our achievements

G PRINCIPLES FOR OUR WORK

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- **A care model that ensures people receive the right care in the right place at the right time.**

Organisational excellence and impact

Our Members

Our member organisations include:

- Allied Health Professions Australia
- Australian Primary Health Care Nurses Association
- Blue Mountains GP Network
- Lithgow City Council
- Nepean GP Network
- Western Sydney Regional Organisation of Councils

Our Board

Wentworth Healthcare is governed by a skills-based Board consisting of nine Directors.

Dr Andrew Knight – Chair

Director since 2012 | Appointed Chair 2014

Dr Knight (MBBS, MMedSci, FRACGP, FAICD) is a staff specialist and Conjoint Senior Lecturer in general practice at the Fairfield Academic GP Unit. Dr Knight was Director of Training at WentWest and is a national leader in quality improvement through his role in the Australian Primary Care Collaboratives Program. Dr Knight is a director of NPS MedicineWise and holds academic appointments at the University of NSW, the University of Sydney and Western Sydney University. Dr Knight practised in Katoomba in the Nepean Blue Mountains region for 17 years.

Ms Gabrielle Armstrong

Director since 2012

Ms Armstrong (GAICD) holds a Master of Business Administration (MBA) and postgraduate qualifications in business management and nursing administration. Ms Armstrong has many years of experience in both private and public hospitals, primary healthcare, community health and aged care. She has held broad based senior management positions in all sectors, including chief executive officer and board member positions. Ms Armstrong is a passionate advocate for healthy ageing strategies.

Ms Diana Aspinall

Director since 2012

Ms Aspinall is a Senior Consumer Representative with the Consumer Health Forum of Australia, representing consumers on multiple national, state and local committees. Ms Aspinall served as a director on the Board of Painaustralia until 2014 and chaired the joint NBMPHN and NBMLHD Community Advisory Committee, implementing the Consumer Engagement Strategy across the four Local Government Areas. Ms Aspinall is a passionate advocate for consumer involvement in the delivery and improvement of health services.

(L to R) Louise Hicks – Board Secretary, Dr Shiva Prakash OAM, Ms Jillian Harrington, Ms Lizz Reay, Mr Paul Brennan AM, Dr Andrew Knight, Mr Tony Thirlwell OAM, Ms Gabrielle Armstrong, Mr Bruce Turner AM and Dr Tony Rombola.
Absent is Ms Diana Aspinall.

Mr Paul Brennan AM

Director since 2012

Mr Brennan (GAICD) has many years experience running local and international organisations. Mr Brennan has been Managing Director of ASP Group for 16 years, was CEO of Westbus and held General Management positions at both TNT and Toll Logistics. Mr Brennan was Regional President of the NSW Business Chamber for four years and served on their state council for several more, holding various committee Chair positions. As Chairman of the Penrith Business Alliance, he helped lead the development of the Penrith Health and Education Precinct Strategy for the NSW Government. Mr Brennan is a Fellow of the Australian Institute of Management, a Regional Advisory Councillor of TAFE, a director of several start-up businesses, and is a casual university lecturer. Mr Brennan was appointed Member of the Order of Australia (AM) in 2014.

Ms Jillian Harrington

Director since 2012

Ms Harrington (GAICD) is a clinical psychologist, who has worked in government and private practice across the Nepean Blue Mountains region. Ms Harrington takes a keen interest in the current national health reform agenda, with appointment to the Medicare Review Taskforce Mental Health Reference Group, as well as the Professional Practice Advisory Group of the Australian Psychological Society. As an active member of the NBMPHN Allied Health, Mental Health Advisory, Commissioned Services, and Clinical Governance Committees, Ms Harrington is an advocate for both the needs of patients and practitioners, especially in the areas of chronic disease, disease prevention and mental health.

Dr Shiva Prakash OAM

Director since 2012

Dr Prakash completed his medical studies in 1963 and after immigrating to Australia in 1971, held the positions of Resident Medical Officer, Deputy Medical Superintendent and Acting Medical Superintendent, before going into solo practice for 23 years. Dr Prakash worked for the RAAF for 18 years and in 1999 gained RACGP Fellowship. He served the Nepean Division of General Practice for 10 years, holding the position of Chair on two occasions. Dr Prakash is one of our founding Directors and has served as Chair of the Board. He was a founding member of Nepean Valley Rotary Club, and was President and District Chairman of Rotary Health Research Health Fund. Dr Prakash was awarded the Medal of the Order of Australia (OAM) in 2015.

Dr Tony Rombola

Director since 2013

Dr Rombola has worked as a general practitioner in Windsor for 25 years. Dr Rombola provides services to ONE80TC, a men's rehabilitation centre in Yarramundi, and to a number of Residential Aged Care Facilities in the Hawkesbury area. Dr Rombola is an Adjunct Clinical Senior Lecturer at the University of Notre Dame Sydney Medical School and a GP Supervisor with GP Synergy. Dr Rombola is a fellow of the Australian Institute of Company Directors and a founding committee member of the Hawkesbury Doctor's Network.

Mr Tony Thirlwell OAM

Director since 2012

Mr Thirlwell (OAM, FAICD, FAMI) holds an Honours Degree in Science, a Master of Business Administration, has completed the Advanced Management Program at Harvard Business School, and is a fellow of the Australian Institute of Company Directors. Mr Thirlwell is currently a Director of Heart Research Australia and previously held the position of Chief Executive Officer of the Heart Foundation NSW. Mr Thirlwell was awarded the Medal of the Order of Australia (OAM) in 2006.

Mr Bruce Turner AM

Director since 2017

Mr Turner's (MAICD, FFIN, FIPA, FFA, FIML, PFIIA, CGAP, CRMA, CISA, CFE) diverse experience spans commercial, merchant and central banking, manufacturing, transport, energy, health and public administration. Mr Turner has worked throughout the Nepean Blue Mountains region, Australia and internationally. He retired as ATO Chief Internal Auditor in 2012 where he was Penrith's Senior Executive. Mr Turner is a Board Member of Western Sydney Local Health District and Institute of Internal Auditors Australia, and sits on six audit and risk committees. Mr Turner was appointed a Member of the Order of Australia (AM) in 2015.

Governance and Accountability

Wentworth Healthcare Limited is a company limited by guarantee. The Board of Directors is the principle governing body and is supported by the CEO, Executive and Senior Management Teams.

There are two Board Committees which assist the Board to carry out its role:

1. Finance, Audit and Risk Management Committee Members

- Mr Tony Thirlwell OAM (Chair until November 2017)
- Mr Bruce Turner AM (Chair from November 2017)
- Ms Gabrielle Armstrong
- Mr Andrew Bissett
- Mr Paul Brennan AM

2. Governance and Nominations Committee Members

- Mr Paul Brennan AM (Chair)
- Ms Jillian Harrington
- Dr Andrew Knight
- Dr Shiva Prakash OAM

See also page 22

Our governance framework also includes four advisory bodies that advise the Company and help guide the work we do:

1. **Clinical Council**
2. **GP Advisory Committee**
3. **Allied Health Advisory Committee**
4. **Community Advisory Committee**

Allied Health Advisory Committee

People & Culture

We aim to recruit and grow a skilled, valued and culturally safe workplace. We value diversity and embrace flexible work practices. This year, we employed 75 talented professionals comprising 45% full-time, 41% part-time and 13% casual (the majority of our casual staff are GP Clinical Editors). Almost 70% of our employees live in the Nepean Blue Mountains region.

Organisational Structure

BOARD COMMITTEES
- Finance, Audit and Risk Management
- Governance and Nominations

WENTWORTH HEALTHCARE BOARD

CHIEF EXECUTIVE OFFICER

BOARD ADVISORY COMMITTEES
- Clinical Council
- Community Advisory Committee
- GP Advisory Committee
- Allied Health Advisory Committee

Executive Assistant

Communications

Chief Financial Officer	**Executive Manager** Operations, Planning & Integration	**Senior Manager** Primary Care Support & Development	**Senior Manager** Mental Health, Alcohol & Other Drugs	**Senior Manager** Business Improvement
Finance	Health Planning	Primary Care Support	Mental Health	Human Resources
Accounts & Payroll	Service Integration & Design	Workforce, Professional Development & Research	Drugs & Alcohol	Work Health Safety
Information Technology	Reporting	Populations in Focus	Commissioning Coordination	Information Management & Business Systems
	HealthPathways			Facilities Management & Administration
	Stakeholder Governance			
	Digital Health			

(L to R) Deanne Jones, Lizz Reay, Andrew Biddle, Elisa Manley, Kate Tye
Absent: Yvonne Wallace

Our Executive and Senior Management Team

Lizz Reay BAppSc, MNutr&Diet, AdDipBusMgt, GAICD

Chief Executive Officer

Lizz has a proven track record of applying strategic and adaptive leadership to achieve outcomes. With a background in clinical and public health nutrition both in Australia and the UK, Lizz has over 20 years of experience in the healthcare sector.

Deanne Jones CA, BBus, GAICD

Chief Financial Officer

Deanne is a Chartered Accountant with extensive experience in financial leadership. With a background encompassing large blue-chip companies, Deanne has significant expertise in contracts, organisational strategy and risk management.

Elisa Manley B.Nursing, MPubHlth

Executive Manager Operations, Planning & Integration

Elisa has worked for over 30 years in health, government & not-for-profit. Her background in nursing, occupational health & safety, public health and primary care supports the skills needed for the planning and integration of health services within the region.

Yvonne Wallace AdDipPM, MMgt

Senior Manager Business Improvement

Yvonne has over 24 years of experience working in the corporate, public and not-for-profit sectors focusing on strategic capability, program management, and business development and improvement.

Kate Tye BHlthAgeingComServ, GCertCaseMgt

Senior Manager Primary Care Support & Development

Kate has over 20 years of experience working in community and health services. She has worked for local government, large not-for-profits and in communities to lead collective impact, social and system change through strategic and operational planning.

Andrew Biddle BA, MA (SocSci)

Senior Manager Mental Health, Alcohol & Other Drugs

Andy has over 15 years of experience working in the community sector with a focus on Alcohol & Other Drugs and Mental Health in both the UK and Australia. This includes regional services management, training, business development and commissioning.

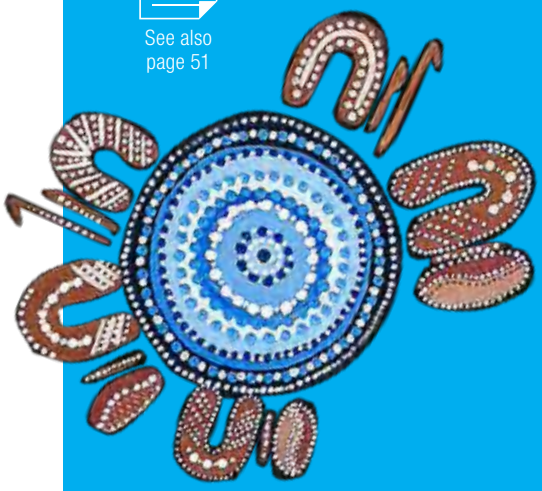
Staff Committees and Working Groups

We value the skills, knowledge and expertise of our employees and have a number of staff committees and working groups that help improve our organisation's operations, enhance our culture and support the delivery of quality health outcomes.

Reconciliation Action Plan Working Group

This year we established the Reconciliation Action Plan (RAP) Working Group to develop and implement our first Innovate Reconciliation Action Plan, a framework provided by Reconciliation Australia to assist organisations develop robust Action Plans to achieve their vision for reconciliation.

See also page 51



The role of the Working Group is to develop, guide and lead our RAP initiatives in partnership with key stakeholders. While our organisation has a strong history of collaborating with Aboriginal & Torres Strait Islander communities, our desire is to demonstrate our ongoing commitment to continuous cultural development in Aboriginal health through an outcome focused plan, being accountable for our contribution to reconciliation.

Our RAP has been endorsed by Reconciliation Australia.

Work Health and Safety Committee

The Work Health and Safety (WHS) Committee encourages a proactive and co-operative approach to WHS across the organisation. The Committee meets monthly to discuss issues relating to WHS and provides guidance on these issues to management. The Committee acts on any issues raised by staff and investigates risks to health and safety.

The WHS Officer coordinates the Emergency Wardens and First Aid Officers, evacuation and lock down procedures, and monitors Fire and First Aid equipment. They also conduct proactive audits of our facilities and assets to identify and control risks

(L to R) Yvonne Wallace, Georgina McHugh, Kerrie Roche, Saskia Creed.

Share our research and learnings and promote our achievements

Our Communications team supports the promotion of the many services and resources our organisation provides to local health professionals and our broader community.

Regular Communications

We produce a number of regular publications, including:

- **Practice News** – a fortnightly health news email to general practice
- **Upcoming Education** – a fortnightly update on available education to general practice and allied health
- **PHN Bulletins** – quarterly email updates about the work of our organisation and services to allied health and other stakeholders

www.nbmphn.com.au/PracticeCommunications

Online

Our website is one of our most popular sources of information for health professionals and the community.

This year, we have worked with staff, the community and healthcare providers to develop a new 'look and feel' for our website to make it easier to navigate and find information. The new design will be implemented in late 2018.

Through our website, you can find information about the services we coordinate and commission; our educational events for healthcare professionals; local healthcare job opportunities; and health-industry news.

www.nbmphn.com.au

#CEODesk

Our CEO publishes a regular blog post #CEODesk, about our work and other relevant health topics. This year, readership has climbed to nearly 4,000 page views.

www.nbmphn.com.au/CEOdesk

Practice News
Bulletin for GPs and Practice Staff
Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith
phn
NEPEAN BLUE MOUNTAINS
10 May 2018
Issued every second Thursday

#CEOdesk
www.nbmphn.com.au/CEOdesk
Read the latest news from the NBMPHN CEO.
• Winter is Coming! Protect yourself against flu

Local Healthcare Positions
www.nbmphn.com.au/jobs
• Clinical Social Worker/ Psychologist
PENRITH
• Diabetes Educator, Speech Pathology, Chiropractor and Dietitian
PENRITH
• RN
LITHGOW
• Senior Receptionist/Practice Manager
BLAXLAND

Upcoming Local Events
www.nbmphn.com.au/events
• Mental Health Networking Forum: Suicide Prevention across the Lifespan
22 May – SPRINGWOOD
• Breast Screening Diagnostic Workup and Management
23 May – PENRITH
• What's New in COPD Management?
24 May – PENRITH
• Exercise is Medicine Workshop
29 May – PENRITH

This Lung Health Awareness Month, you can support your patients by encouraging them to take two minutes to check their lungs and downloading some of the patient support resources available from the Lung Foundation Australia.

LATEST NEWS

2018 COPD Collaborative EOI now open
As a result of being part of the 2017 COPD Collaborative, within 2 months Lawson Medical Practice had increased spirometry testing by 12% as well as seeing improvements in data extraction and usage, and increased communication and knowledge within the practice.
Our 2017 COPD Collaborative involved 14 local practices, with the objective to reduce the number of preventable hospital admissions and support practices to better manage patients with COPD.
We are now inviting practices to register an expression of interest to be a part of the COPD Collaborative 2018. Please submit your expression of interest online by Friday, 1 June.
MORE: www.nbmphn.com.au/COPDcollaborative

New Lungs in Action class in Hawkesbury
We have commissioned a new Lungs in Action class at Hawkesbury Hospital for people with COPD. They are held every Tuesday (11am-2pm) at Hawkesbury Hospital (2 Day St, Windsor Conference Room 1).
MORE: www.nbmphn.com.au/lunghealth

What's New in COPD Management Workshop
May is Lung Health Awareness Month and a great opportunity to raise awareness about the importance of lung health and the symptoms of lung disease. To support this, we are holding the What's New in COPD Management workshop for GPs and practice nurses which will focus on up-to-date evidence and treatment options for supporting and treating patients with COPD. Register online for either 14 May (Katoomba 6:30pm-8:30pm) or 24 May (Penrith 24 May 2018, 6:30pm-8:30pm).
MORE: https://checkin.lungfoundation.com.au

ATAPS – New priority groups open for referrals
Four new ATAPS Tier 1 General Service priority groups have been identified, in addition to the current priority groups, through ongoing consultations regarding the National Mental Health Reforms in our region. From Monday, 14 May new referrals will be accepted for the following additional priority groups:
• People with Comorbid Alcohol & Other Drugs issues • Carers • Lesbian Gay Bisexual Transgender Queer Intersex people • Young people aged 12-25 years who reside in the Hawkesbury LGA
More detailed information about this change, including updated referrals forms, will be sent on Monday, 14 May.
MORE: www.nbmphn.com.au/gp/ataps

Partners in Recovery (PIR): Referrals re-opened
PIR has re-opened referrals in our region and is open to people living with severe and persistent mental illness with complex support needs that require a response from multiple agencies. New referrals will be accepted for people meeting the PIR program criteria until the maximum client level is reached.
MORE: phone 4708 8144 fax 9673 6856 or email PIR@nbmphn.com.au

• FOR MORE INFORMATION VISIT: www.nbmphn.com.au/gp/practicenews • Submissions: www.nbmphn.com.au/GPcommunications
• If you would like to receive this bulletin electronically, please email: communications@nbmphn.com.au
Page 1 of 3

29,233
website visitors

161,829
page views

45,989
sessions

See also page 57

nearly 50%
increase in our
Facebook followers

See also page 35

See also page 30

Winter is Coming!
reached
225,000
people

Social Media

Our presence on social media has thrived this year. Our Twitter followers have increased by 60% achieving over 31,000 impressions. Our Facebook followers have increased by nearly 50% with the information we share reaching nearly 2,000 people per day at times.

Follow us on
@NepeanBlueMountainsPHN **Twitter@nbmphn**

Health Promotion Prevention Videos

This year we developed several videos to educate or raise awareness of significant topics including:

- **Winter is Coming!** – encouraging flu vaccination. Screened in practice waiting rooms, through social media and in local cinemas with an estimated reach of 225,000 people
- **Chronic Obstructive Pulmonary Disease (COPD)** – raising awareness of COPD and featuring local resident, and president of the Nepean Puffers & Wheezers Support Group, John Ruttle with a reach of over 12,000 people
- **COPD Collaborative** – highlighting the achievements of our COPD Collaborative and featuring a local participating practice
- **Breast Cancer Screening** – encouraging breast screening and featuring local resident and breast cancer survivor Gabrielle Moran
- **Be Antibiotics Aware** – educating the community about the overuse of antibiotics

www.nbmphn.com.au/YouTube

Watch our video 'Winter is Coming!' at **www.nbmphn.com.au/YouTube**

HealthHub

In June, we set up a new online platform – The HealthHub – which we will be rolling out in 2018/19 to allow us to interact and gather feedback with our healthcare provider stakeholders, as well as our community.

Publications

Our new online library provides electronic copies of the many reports and other materials we produce.

This year we designed and developed nearly 150 communication materials. A highlight was winning the People's Choice Best Poster Award at the Cancer Institute Innovations Conference for *Engaging Primary Health Care Providers*.

www.nbmphn.com.au/Publications

We contributed to external industry publications, published articles and presented at numerous health sector events including:

- **3 conference presentations** at the International Mental Health Conference (Mental Health Navigation Tool, Lessons Learnt in implementation of CIMS in Mental Health programs and NDIS Resources and Tools)
- **2 conference presentations** at the Primary Health Care Research Conference (My Health Record and Mental Health Navigation Tool)
- **5 conference poster presentations** *Engaging Primary Health Care Providers* at the Innovation in Cancer Screening and Care Conference, winning People's Choice Best Poster*; Increasing Breast Cancer Screening in Aboriginal Women in Lithgow* at the 2017 NSW Rural Health & Research Congress; *Increasing Immunisation Resistant Areas: A Case Study from the Blue Mountains* at the National Immunisation Conference 2018, *Mental Health Wellness Libraries* poster at the International Mental Health Conference 2017; *System Change Using QI and Digital Health* at the Cancer Institute NSW
- **My Health Record conference presentation** at the 2017 Health Informatics Conference
- **Presented** at the *Death Literacy Conference on End of Life Report and Compassionate Communities* June 2018
- **My Health Record conference speaker** at RACGP GP17
- **34 local media articles**, two local television stories and two regional radio interviews

12 conference papers and poster presentations on our work

34 media articles

Increased capacity and influence of primary care

Clinical Council Members:

Dr Linda McQueen (Chair)
Dr Hilton Brown
Dr David Doolan
Dr Kathryn Drew
Dr Karen Fisher
Dr Brad Forssman
Dr Hany Gayed
Jillian Harrington
Belinda Hill
Kay Hyman
Jeanette James
Dr Andrew Knight
Belinda Leonard
Prof Jenny Reath
Lizz Reay
Rolf Reed
Dr Trudie Rombola
Dr Anita Sharma
Dr Madhu Tamilarasan
Vicki Van Leeuwen

Developing strong engagement with primary healthcare providers

We have in place a number of formal mechanisms for engaging with primary healthcare providers. Our engagement framework plays a fundamental role in how we identify and commission new health services and cater for the health service needs of our region.

Clinical Council

The Clinical Council advises our organisation on regional clinical issues and opportunities for improvements in the operation of the healthcare system for patients with a particular focus on integrating health care.

The Clinical Council has multidisciplinary membership including GPs, allied health, primary care, nursing, community pharmacy, hospital, specialists, university, representatives from our Local Health District and Hawkesbury District Health Service and consumers. The Clinical Council has links with and shared membership with the Community Advisory Committee, GP and Allied Health Advisory Committees to ensure that decisions are patient-centred, locally relevant and aligned to local care experiences and expectations.

This year, significant topics addressed by the Clinical Council included:

- **Safe transfer of care between acute care and primary care services**
- **Healthcare neighbourhoods**
- **Codeine up-scheduling and the implications on providers and consumers**
- **Drug and Alcohol management in primary care**

GP Advisory Committee

The GP Advisory Committee (GPAC) is made up of GPs representing the four Local Government Areas and advises our organisation on strategies to address region-wide issues facing GPs and their patients.

Some of the topics GPAC advised on this year include:

- **How best to respond** to national health changes such as codeine up-scheduling, the National Mental Health Reform and access to Opioid Substitution Therapy
- **Supporting integrated primary healthcare** in the region, and how best to engage GPs as stakeholders in the Local Health District's Whole of Health Program
- **Ongoing strategies** for the sustainability of After Hours GP services
- **Closing gaps** in registrar placements
- **General practice engagement** with My Health Record
- **Possible interventions** to increase the capacity of GPs to manage HCV (Hepatitis C) treatment through a non-randomised trial

13% of GPs in the region **engaged formally** in an **advisory** or **leadership capacity**

GPAC Committee Members:

Lizz Reay (Chair)
Dr Anju Aggarwal
Dr Hilton Brown
Dr Thu Dang
Dr David Foley
Dr Hany Gayed
Dr Katriona Herborn
Dr Linda McQueen
Dr Sue Owen
Dr Trudie Rombola
Dr Madhu Tamilarasan
Dr Rory Webb

"NBMPHN is successfully gathering voices so that primary healthcare is appropriately represented at the meetings."

"I have been very impressed with the communication from the various staff at the PHN and... with the uptake and action on ideas as we have been working together."

Since 2015, we have **tripled** allied health professionals **engaged formally** with us

Allied Health Committee Members:

Belinda Hill (Chair)
Sally Badorrek
Rudi Crncec
Jillian Harrington
Suzanne Kennedy
Jennifer Logan
Anne Lyell
Cathy O'Brien
Jason Pilgrim
Linda Raines
Bronwyn Reed
Chris Scanlon
Emily Standen

Allied Health Advisory Committee

The Allied Health Advisory Committee (AHAC) represents allied health professionals from across the region, ensuring all providers have a voice to share their concerns and ideas. The committee includes representation from nine allied health disciplines: chiropractic, dietetics, exercise physiology, occupational therapy, pharmacy, physiotherapy, podiatry, psychology and speech pathology.

This year, through an allied health lens, some of the topics AHAC focused on included:

- **Increasing the capacity** and influence of primacy care
- **Analysis of allied health uptake** of the Medicare Benefits Scheme
- **Ideas to attract and retain** allied health professionals in our region
- **Ways to increase** My Health Record participation
- **Allied health involvement** in the commissioning process, and in programs such as Health Care Homes and the healthcare neighbourhood
- **Enablers and barriers** to a 'communities of practice' approach for addressing local health priorities
- **Access to services** including the National Disability Insurance Scheme

Additionally, feedback from AHAC has been used to drive online and social media engagement with local healthcare professionals. A number of platforms are used to communicate with local allied health providers, including a private Facebook group for local health providers, educational events and the *Allies in Health* bulletin.

> "I think it [the Allied Health Advisory Committee] is a tremendous initiative and an important cog in a larger machine."

Additional Stakeholder Engagement

In addition to our healthcare advisory committees, we coordinate a number of program specific clinical and community advisory committees to help guide our direction and work. These include:

- Joint PHN/LHD Aboriginal Alcohol and Other Drugs and Mental Health Committee
- Alcohol and Other Drugs Advisory Committee
- Mental Health Advisory Committee
- Mental Health Carers and Consumers Committee
- Joint PHN/LHD Chronic Conditions Governance Committee
- End of Life Key Leaders Group
- Older Persons Consortium

Support the development of clinical leaders and peer-to-peer networking

Practice Nurse Leadership

The Practice Nurse Leadership Group is a forum to more effectively engage with nurses working in general practice and to support them to deliver high quality, accessible and integrated primary healthcare.

The Group meets four times a year and provides advice on:

- **Issues affecting healthcare** in the region across primary and acute care
- **Issues affecting practice nurses** in the region
- **Education and training support** in order to build capacity and capability in general practice
- **Engagement strategies and activities** to effectively embed practice nurses as crucial members of the primary care workforce
- **Developing advocacy** for practice nurses as pivotal members of the healthcare team

Peer-to-Peer Networking

We have established several online peer-to-peer groups for local healthcare providers, practice nurses, GP registrars and practice managers.

These groups are private spaces where clinical and non-clinical matters can be discussed. To be a member, you must be working in a primary healthcare role.

Networking is also supported by our peer-to-peer publication for GPs: GP Grapevine.

Practice Management Network

The Practice Management Support Network is an opportunity for practice managers, and non-clinical staff working in general practice, to engage in education, professional development and peer-to-peer networking and support.

The Network meets several times a year, with each meeting focusing on a particular area of professional development. This year's topics included:

1. Privacy Breach Legislation
2. Overview: 5th Edition of RACGP Standards for General Practice
3. Business Planning and setting KPIs

Practice Nurse Leadership Group

Jodie Bailey (Chair)
Gretchen Aman
Sue Baxley
Patricia Cann
Julie Chiu
Georgina McHugh
Joan Perry
Debbie Robinson
Anna Taylor

Health Professionals Online Network Group
148 members

Practice Nurse Online Network Group
77 members

Practice Managers Online Network Group
26 members

93% of professionals attending a CPD event reported that it improved their knowledge and/or skills

66 CPD events held

1,209 health professional attendances

Support the development of a skilled and sustainable local primary healthcare workforce

Continuing Professional Development

We provide regular, high quality Continuing Professional Development (CPD), free of charge to health professionals working in the region. To achieve this we partner with training organisations, professional bodies, our Local Health District, universities and local clinicians.

Our events offer evidence-based clinical education, as well as updates on local health services and opportunities for professional peer networking.

This year, highlights included:

- **16 practice staff** were provided part-scholarships to complete their Certificate IV in Medical Practice Assisting through UNE Partnerships
- **100 licenses commissioned** for practice nurses and practice staff to participate in an online SBS Cultural Competency Training Program that builds cultural diversity in the workplace

> "Very helpful to hear new advances and diagnostic features for urgent eye conditions. Great event, thank you. Very relevant to GPs."
>
> GP feedback – Ophthalmology Update, Katoomba, March 2018

> “Always very relevant to everyday practice. Can never get enough (information) on immunisation.”
>
> Practice Nurse – Immunisation Update, Windsor, November 2017

- **149 local workers and community ‘gate keepers’ were trained** in how to identify and support people at risk of suicide or self-harm through commissioned service provider Wesley Community Services. In addition, four local community workers have been trained to deliver this program on an ongoing basis
- **58 health professionals trained** on a range of mental health topics through commissioned service provider the Black Dog Institute
- **148 health professionals attended** Drug and Alcohol First Aid workshops to support people with substance addiction through commissioned service provider Lives Lived Well
- **60 participants trained** in mental health for transgender people; child protection in private practice; and personality disorders
- **150 participants attended** Mental Health Forums about suicide prevention; and mental health for local LGBTQI people
- In support of special healthcare during times of local disaster, we have established a **register of GPs and nurses**. These healthcare providers were given training support to assist in a **disaster situation**

Paediatric Day 2018

Our most popular CPD events included:

- **Immunisation Updates**
- **COPD Collaborative Learning Workshops**
- **Exercise is Medicine**
- **MHPN: Suicide Prevention**
- **Webinars – New National Cervical Screening Updates for Clinicians**
- **LGBTQI – MH Networking Forum**
- **A Whole of Community Approach to End of Life**
- **Business Optimisation for General Practice**
- **Practice Network Meeting – Cyber Security & Infection Control**
- **Ophthalmology Update**
- **Pre-conception & Antenatal Health**
- **COPD Inhaler Device Technique Training**
- **Practice Managers Network Meeting: Privacy Breach Legislation 2018**
- **Type 2 Diabetes: Achieving Glycaemic Control – Basal Therapy and Beyond**

Our CPD partners included:

- **University of Sydney**
- **Western Sydney University**
- **UNE Partnerships**
- **Diabetes NSW**
- **SBS**
- **Australian Digital Health Agency**
- **The Black Dog Institute**
- **Lives Lived Well**
- **Wesley Community Services**

301 workforce consultations to **67** practices

Recruited to our region...

4 GPs
6 practice nurses
9 support staff
1 allied health professional

Retaining a skilled health workforce

Our Workforce Program aims to develop a sustainable and skilled primary healthcare workforce through initiatives aimed at attracting, recruiting and retaining primary health professionals.

We coordinate a job matching service by advertising local primary healthcare positions, receiving proactive applications from healthcare job seekers, and putting local practices in touch with potential, suitable candidates. We provide advice and assistance to navigate the legal and regulatory frameworks around overseas trained doctors and assistance pertaining to the NSW Health Area of Need Program.

This year, highlights included:

- **301 workforce support** consultations provided to 67 practices and 16 job seekers. Workforce consultations dealt with enquiries relating to District of Workforce Shortage, NSW Health Area of Need, general and locum recruitment, deputising and outreach services, and buying/selling practices
- **53 practices assisted** in advertising a total of 78 job vacancies, including GPs, nurses, allied health professionals and administration staff
- **227 job applications received** via our website and Seek advertisements. After screening for suitability, 48 applications were sent to various practices for possible recruitment
- **6 orientation sessions** provided to new GP registrars
- **2 GPs supported** to attend the Australasian Doctors Health Conference

> "Right from inception to opening, NBMPHN helped us with so many different things... your Workforce and Practice Support staff were so patient and answered all of our questions promptly. The help we received [was] incredibly valuable."
>
> Ram Annamalai – Practice Director, We Care Medical Centre

We Care Medical Centre opening.

A culture of quality improvement and outcome focus

89%
of *total* practices involved in **quality improvement initiatives**

Collaborate with general practice to facilitate data driven quality improvement

Our Practice Support Team work collaboratively with primary care providers to facilitate data driven quality improvement initiatives, supporting the implementation of models of care that reflect best practice in primary healthcare and the delivery of quality patient care.

We support practices:

- To achieve and maintain accreditation
- With data cleansing and recall and reminder systems to implement improvement initiatives
- With chronic disease clinical audits
- To establish networks for practice staff
- Implement best practice information processes
- With relevant healthcare updates
- With new models of care including Patient Centred Medical Home principles

This year, highlights included:

- **1,885 support visits** to 133 practices
- **90 practices (68% of total practices)** assisted to achieve or maintain accreditation status
- **12 practices** in the Health Care Homes pilot provided with intensive support
- **3 Clinical Audit Programs** conducted to improve the management of Chronic Obstructive Pulmonary Disease (COPD); improve cancer screening rates; and reduce smoking in pregnant women
- **63 practices** using the PENCAT tool participate in quality improvement initiatives using de-identified data

Our Practice Support Team

1,885
practice visits

68% of *total*
practices accredited

76% of
computerised
practices accredited

54% of
IT-compatible
practices provide
de-identified
data to drive
improvement

164
more COPD patients *with recorded spirometry results 194% increase*

90
more COPD patients with *a GP Management Plan*

74
more COPD patients *with recorded pneumococcal vaccination*

COPD Collaborative

Chronic Obstructive Pulmonary Disease (COPD) is a serious, progressive and disabling respiratory condition that limits airflow in the lungs. We share a joint board directive with our Local Health District to reduce the growth in COPD-related emergency department presentations and hospital admissions.

This year, we coordinated a COPD Collaborative with 14 participating practices to support earlier diagnosis and improved management of patients with COPD. The initiative was based on evidence-based 'collaborative methodology' supported by the Improvement Foundation. This methodology uses the Model for Improvement framework to develop, test and implement small manageable changes to improve practice system processes.

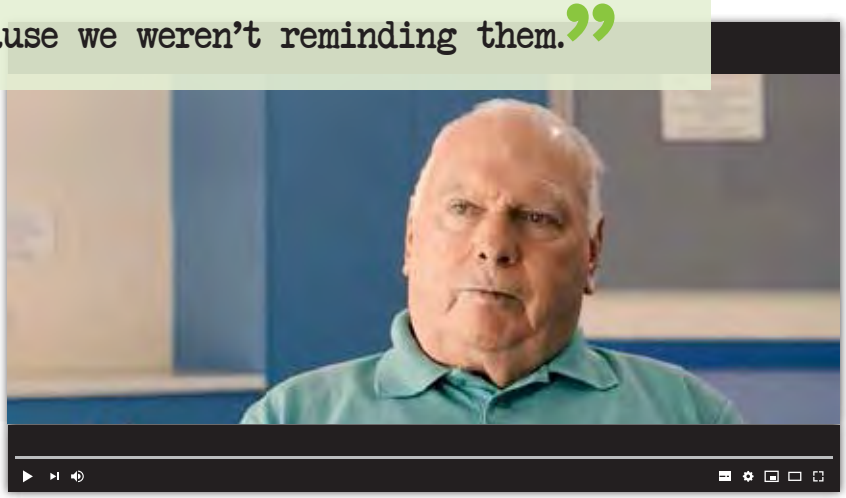
During the nine month duration of the Collaborative, we provided practices with inhaler and spirometry training, audit reports, assistance with implementing the Model for Improvement and regular feedback to guide quality improvement activities.

Program outcomes:

- **Almost doubled** the number of COPD patients with recorded spirometry results to 33%
- **Increased the number** of COPD patients with a GP Management Plan to 58%
- **Increased the number** of COPD patients with a recorded pneumococcal vaccination to 42%

Read our full report *Tackling COPD within Primary Care* at **www.nbmphn.com.au/COPDReport**

> "This program really enabled those patients to be picked up who are actually dropping out of being screened and they may have been dropping out because we weren't reminding them."



Watch our video featuring John Ruttle, COPD patient and President of the Nepean Puffers & Wheezers Support Group **www.nbmphn.com.au/LungHealth**

See also page 18

Supporting models of care that reflect best practice

Cancer Screening Quality Improvement

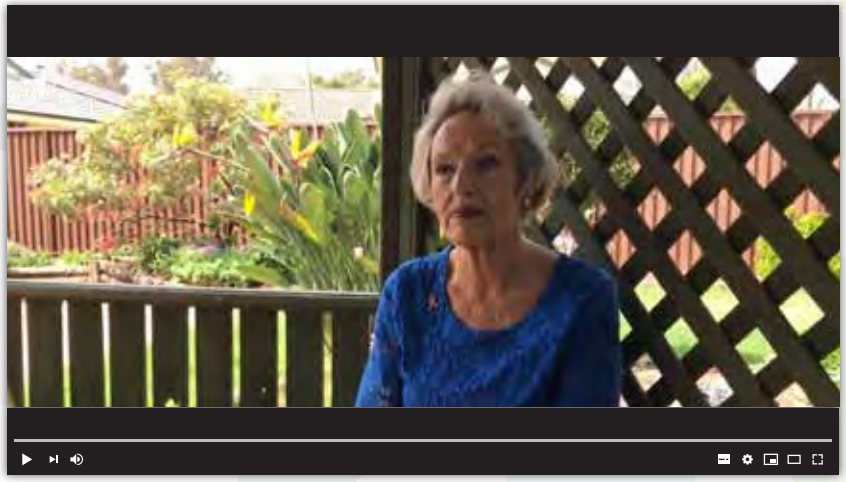
In partnership with the Cancer Institute NSW, our Cancer Screening Quality Improvement Program worked with general practices to implement systems to improve patient access and to increase bowel, breast and cervical cancer screening participation rates.

Eighteen practices participated in the first stage of this initiative, which included clinical audits conducted over a 15 month period.

The Program assisted practices with quality improvement activities through clinical audits, in-house training and additional support visits tailored to the needs of each participating practice, such as webinars and workshops to update practice staff on National Cancer Screening changes.

Program outcomes:

- **20% increase** in mammogram results recorded (on average from baseline) for women 50-74 years
- **No decline** in cervical screening despite change in the national cervical cancer screening program
- **8.4% increase** in bowel cancer screening results (on average from baseline) recorded for women 50-74 years
- **7.8% increase** in bowel cancer screening results (on average from baseline) recorded for men 50-74 years



Watch our video featuring Gabrielle Moran, breast cancer survivor
www.nbmphn.com.au/CancerScreening

18 practices participated in cancer screening quality improvement program

20% increase in mammograms

8.4% increase in bowel screening in women

7.8% increase in bowel screening in men

Smoking Cessation in Pregnant Women

Our region's smoking in pregnancy rates are consistently higher than the NSW average, with almost 14% of pregnant women smoking during pregnancy.

This year, a Cancer Institute NSW grant funded our Smoke Free Mums To Be initiative, which supported nine general practices to reduce smoking rates amongst pregnant women.

We assisted practices with quality improvement activities, provided a workshop for GPs and practice nurses which was facilitated by an international smoking cessation expert, and provided a Smokerlyser (carbon monoxide meter) to participating practices to assist in behavioural intervention.

At the conclusion of the initiative, participating practices reported that they:

- **Had gained additional skills** in how to engage pregnant women in smoking cessation interventions
- **Were more confident** in prescribing nicotine replacement therapy during pregnancy
- **Had implemented new mechanisms** within their practice to monitor patient progress and prevent relapse

"Following my participation I am able to prescribe and recommend NRT in pregnant women with total confidence. I now offer my patients who smoke the use of the Smokerlyser as a visual incentive. Recently, one of my patients who had ceased smoking just a few days prior was pleasantly surprised to see her carbon monoxide levels had already reduced and was further encouraged to maintain her no smoking status..."

Dr Mark Graydon – Mt Pleasant Medical Centre

Supporting better healthcare for older persons

Compassionate Communities Project

This year, we became the first PHN in Australia to partner with the GroundSwell Project, who will help us establish Compassionate Communities in our region. A Compassionate Community is a care network that reconnects people to their community and helps support them in the last phase of their life.

Through a community development approach, the GroundSwell Project will help us build alternative pathways for primary care providers to support those entering their last phase of life.

In establishing this project, we hosted international expert Dr Julian Abel, Director of Compassionate Communities UK and Vice President of Public Health Palliative Care International, at an event where he shared learnings about the Frome Community who experienced a 30% reduction in unplanned hospital admissions through the implementation of a Compassionate Communities model.

www.nbmphn.com.au/CompassionateCommunitiesBlog

> "I have a better understanding of the position of GPs caring for people at end-of-life, how it takes time for them to develop relationships which then means they go the extra mile…"
>
> Participant – Compassionate Communities event

Dr Julian Abel – Consultant in Palliative Care UK, Director of Compassionate Communities UK and Vice President of Public Health, Palliative Care International. Photo courtesy of David Brazil.

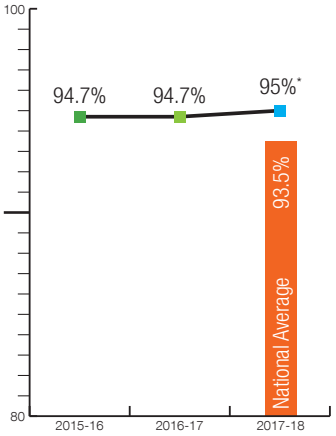
98% of Aboriginal children immunised and **95%** of non-Aboriginal children immunised by age 5

Supporting immunisation best practice

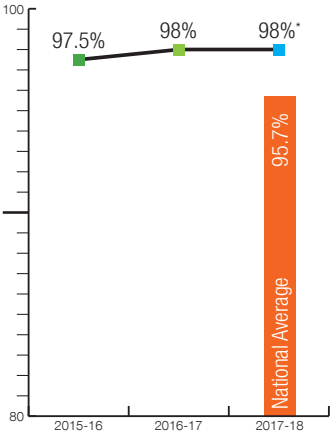
Immunisation rates in our region are 2% above the national average with 98% of Aboriginal children immunised and 95% of non-Aboriginal children immunised by age 5.

- **We provide general practice** with guidance and education on best practice in relation to vaccinations and cold chain storage
- **We coordinate Immunisation Workshops** for primary healthcare providers in partnership with local Public Health Unit, as well as one-on-one training when needed
- **We are also instrumental** in providing ongoing information to practices in relation to updates in immunisation rates and processes

The Australian Institute of Health and Welfare



Children in the NBM region fully immunised by age 5

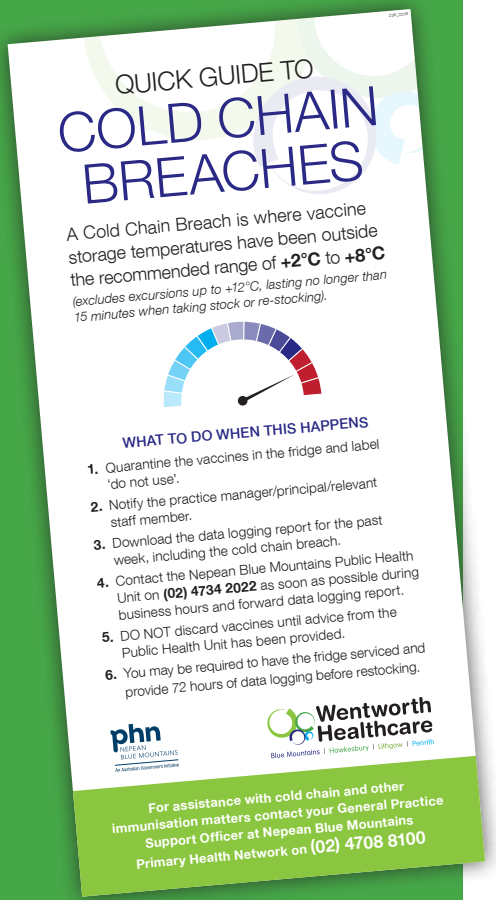


Aboriginal & Torres Strait Islander children in the NBM region fully immunised by age 5

Data as at 31st March 2018

In 2017, NSW experienced one of the most severe influenza seasons on record and our region was one of the worst hit areas. This year, we implemented two initiatives to help reduce the outbreak of influenza in our region:

- **Winter is Coming! Campaign**
- **RACF Immunisation Project**


QUICK GUIDE TO
COLD CHAIN BREACHES

A Cold Chain Breach is where vaccine storage temperatures have been outside the recommended range of **+2°C** to **+8°C**
(excludes excursions up to +12°C, lasting no longer than 15 minutes when taking stock or re-stocking).

WHAT TO DO WHEN THIS HAPPENS

1. Quarantine the vaccines in the fridge and label 'do not use'.
2. Notify the practice manager/principal/relevant staff member.
3. Download the data logging report for the past week, including the cold chain breach.
4. Contact the Nepean Blue Mountains Public Health Unit on **(02) 4734 2022** as soon as possible during business hours and forward data logging report.
5. DO NOT discard vaccines until advice from the Public Health Unit has been provided.
6. You may be required to have the fridge serviced and provide 72 hours of data logging before restocking.

phn NEPEAN BLUE MOUNTAINS
Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

For assistance with cold chain and other immunisation matters contact your General Practice Support Officer at Nepean Blue Mountains Primary Health Network on (02) 4708 8100

Winter is Coming! Campaign

We developed a powerful video to encourage flu vaccination in the community. The video was screened through social media, local cinemas and in general practice waiting rooms reaching 225,000 people. The campaign was supported by collateral such as brochures, posters and information sent to general practices to support their patients' uptake of the vaccine.

Initiative outcomes:

- **225,000** people reached
- General practices reported **higher uptake** of the flu vaccine
- **90% drop** in flu notifications (as at October 2018) in our region

www.nbmphn.com.au/WinterIsComing

RACF Immunisation Project

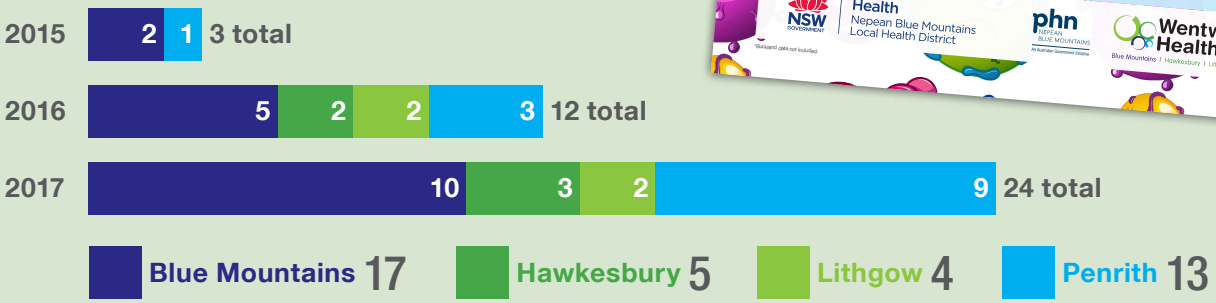
In 2016/17 over 50% of Residential Aged Care Facilities (RACF) within our region had influenza outbreaks.

This year, we piloted a program to support RACFs to provide in-house immunisation programs for influenza and pneumococcal, with support from the local Public Health Unit.

Highlights include:

- **10 RACF scholarships** provided to Registered Nurses for Immunisation Accreditation training with the Australian College of Nursing
- **3 RACFs recruited** and provided with vaccination fridges and cold-chain training to ensure appropriate cold chain processes: Bodington Catholic Healthcare; Buckland Aged Care Services; Uniting Springwood Village

Influenza outbreaks in RACF by LGA



Enabling primary healthcare research

Barriers to Cancer Screening amongst CALD Communities

Cancer screening participation rates for cervical, breast and bowel cancers across our region are generally lower than the NSW average but especially for culturally and linguistically diverse (CALD) people.

In partnership with Western Sydney University Translational Health Research Institute, we undertook qualitative research to examine attitudes, assess behaviours and explore CALD women and men's attitudes and perceptions of cancer screening, as well as the perspectives of primary healthcare providers. The research was led by Dr Kate McBride, working closely with multicultural agencies and local CALD community groups to engage community members.

Research highlights:

- **31 CALD men, 58 CALD women and 20 primary healthcare providers** and practice staff participated
- **Barriers and facilitators** to screening participation were identified at service, sociocultural and individual levels
- **Locally relevant recommendations** for culturally appropriate approaches for improved engagement of communities and participation in screening were developed

Caring for People at End of Life

This year, we commissioned Synergia to explore and understand Advanced Care Planning and key issues facing the provision of end-of-life care in our region. This work was driven by the significant gap between the services provided to people in their last year of life and the need for such services.

The population of those aged over 65 years in our region is set to increase by 31.2% between 2016–2025, which is higher than the state average of 29.9%. Our report highlighted service provision gaps and discussed recommendations for improving end-of-life care services in our region to support our future end-of-life care service planning, commissioning and continuous quality improvement of existing end-of-life care services.

www.nbmphn.com.au/EndofLifeCareReport

Other Research

- Evaluation of the Primary Care Quality Improvement Cancer Screening Activities in NBM region
- Evaluation of Bowel Cancer HealthPathways and Referral Pathways in NBM Region
- Increasing Immunisation in Resistant areas: A Case Study from the Blue Mountains

From 2016 to 2025 our population **over 65** will increase by **31%** in our region

Coordinate services within and across sectors

100+ localised pathways

13,000+ views by over **840** users

Working with acute care to improve the healthcare journey

HealthPathways

In November, we launched HealthPathways in our region, a free online clinical and referral information tool for health professionals that is designed for use during patient consultations.

HealthPathways content is developed collaboratively by GPs, hospital clinicians and other relevant health professionals. The program has improved integration between services and working relationships between health providers in primary care and our Local Health District. This initiated a number of redesign improvements in care pathways.

Since HealthPathways launched:

- **100 pathways** are live covering approximately 20 clinical streams
- **130 new pathways** are in development
- **840 active users** have viewed pathways more than 13,000 times, with these numbers growing daily
- **9 local GP Clinical Editors** have contributed to the development of the pathway content
- **50 GPs** have reviewed developed pathways ensuring clinical quality
- **100 health professionals**, from across primary and acute care, have participated in six Clinical Working Groups covering topics such as bowel cancer screening, Chronic Obstructive Pulmonary Disease, antenatal services, congestive heart failure, falls and obesity

www.nbmphn.com.au/healthpathways

Clinical Editors

Dr Louise McDonnell
(GP Clinical Lead)
Dr Jess Bedford
Dr Kate Brunton
Dr Hany Gayed
Dr Cheryl Ou Yong
Dr Trudie Rombola
Dr Mitch Squire
Dr Madhu Tamilarasan
Dr Alex Williams

> "At least once or twice a day there is an opportunity that I find it helpful for..."
>
> Dr Hany Gayed, about HealthPathways

Hear a local GP's perspective about the value of HealthPathways
www.nbmphn.com.au/GP/HealthPathways

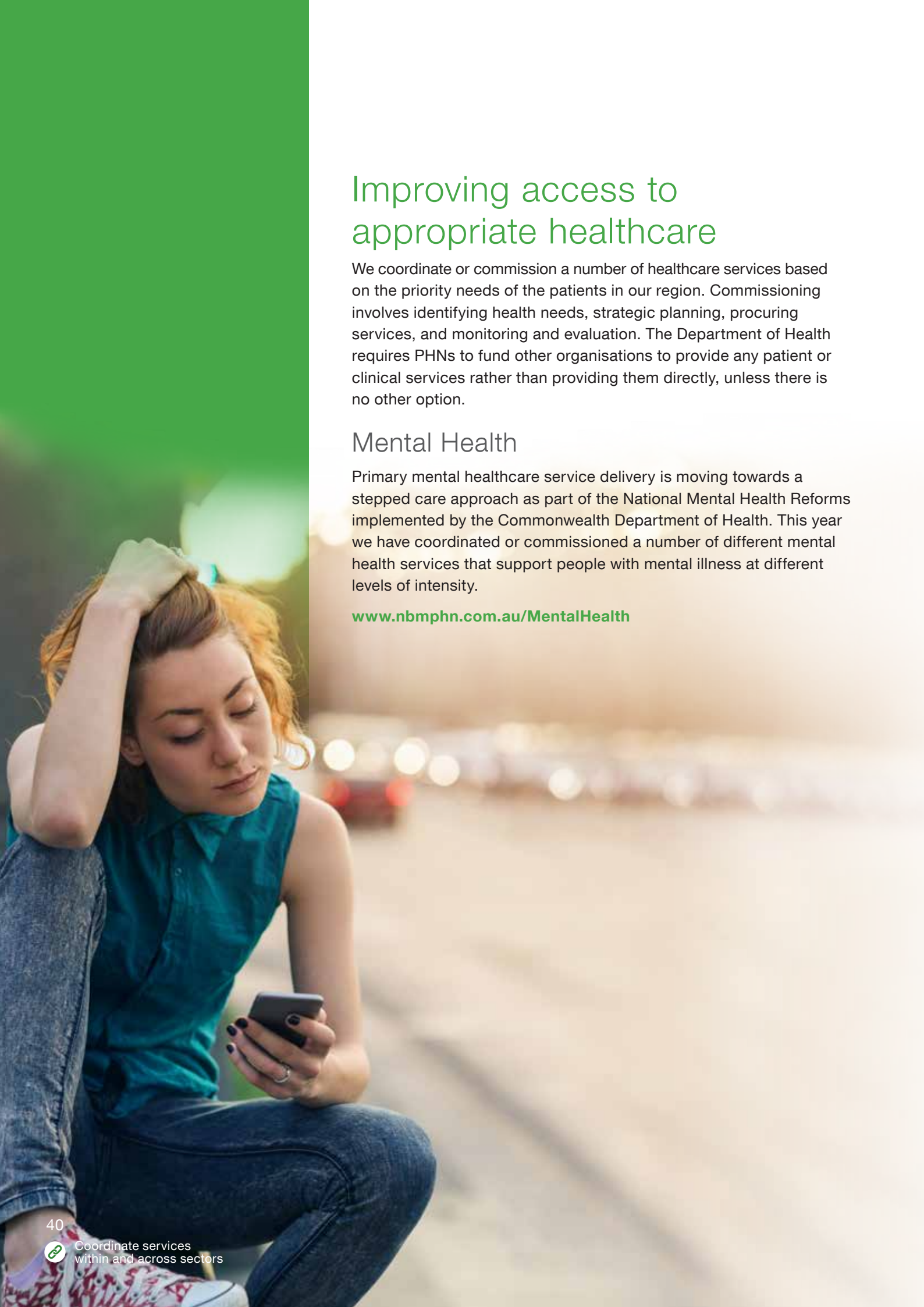
Improving access to appropriate healthcare

We coordinate or commission a number of healthcare services based on the priority needs of the patients in our region. Commissioning involves identifying health needs, strategic planning, procuring services, and monitoring and evaluation. The Department of Health requires PHNs to fund other organisations to provide any patient or clinical services rather than providing them directly, unless there is no other option.

Mental Health

Primary mental healthcare service delivery is moving towards a stepped care approach as part of the National Mental Health Reforms implemented by the Commonwealth Department of Health. This year we have coordinated or commissioned a number of different mental health services that support people with mental illness at different levels of intensity.

www.nbmphn.com.au/MentalHealth



Access to Allied Psychological Services Program

The Access to Allied Psychological Services (ATAPS) program allows GPs to refer eligible patients, who hold a Centrelink issued pension or Health Care Card, with mild to moderate mental health issues for subsidised psychological intervention.

This year, ATAPS provided 8,175 occasions of service to 1,411 people, with 3,097 of these occasions delivered through the suicide prevention Seek Out Support (SOS) service.

In April, we expanded the ATAPS eligibility criteria to meet the needs of additional priority groups identified through our ongoing consultations.

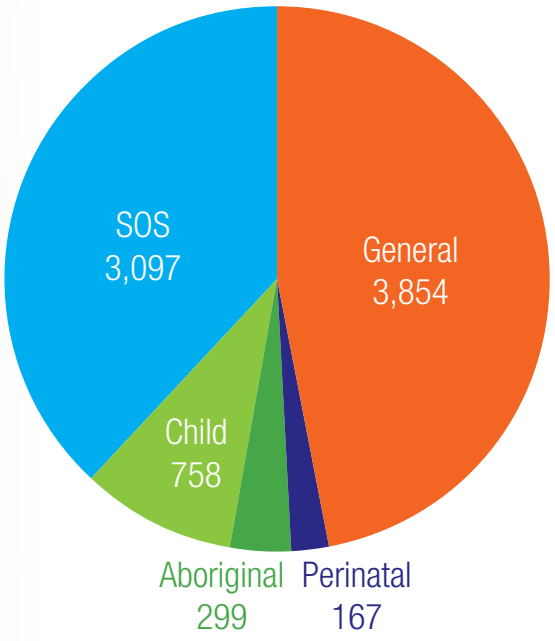
These groups included:

- People with co-morbid alcohol and other drug issues
- People providing full-time care to those living with a mental illness, disability or chronic condition
- LGBTQI people
- Young people aged 12–25 years living in the Hawkesbury or Lithgow areas

These new priority groups were added to the existing eligible groups of children, Aboriginal & Torres Strait Islander people, pregnant or new mothers (perinatal) and people at risk of suicide and self-harm.

www.nbmphn.com.au/ATAPS

ATAPS Consultations 2017-2018



8,175
psychological health services provided to
1,411 people

3,097
suicide prevention sessions delivered

89 PIR clients transitioned to NDIS

Education provided to 500 people

Partners in Recovery

This year, Partners in Recovery (PIR) completed its second year of transitioning its 230 clients to the National Disability Insurance Scheme (NDIS). Through this transition, we have developed and maintained strong relationships with National Disability Insurance Agency (NDIA), their regional representatives and Local Area Coordinators.

Since the transition commenced in July 2016:

- **158 NDIS** applications have been submitted
- **51%** have been found eligible for the NDIS and now have access to supports that have been previously unavailable through other psychosocial programs
- **21%** are pending a decision from the NDIA
- **23%** have been found ineligible

For clients who are found ineligible for the NDIS, we provide ongoing support through the PIR program, until alternative arrangements are in place.

This year, we provided education sessions to over 500 people, including health professionals, NDIA representatives, not-for-profit organisations, the community and carers to assist them to engage with people living with a psychosocial disability and to support their transition to the NDIS.

www.nbmphn.com.au/PIR

> "...if it wasn't for the PIR Support Facilitator Katrina and the support that she gave us, my daughter would not be where she is now. Katrina has worked with us through the NDIS process and has obtained supported accommodation for her."
>
> Parent/Carer

Mental Health Help Website

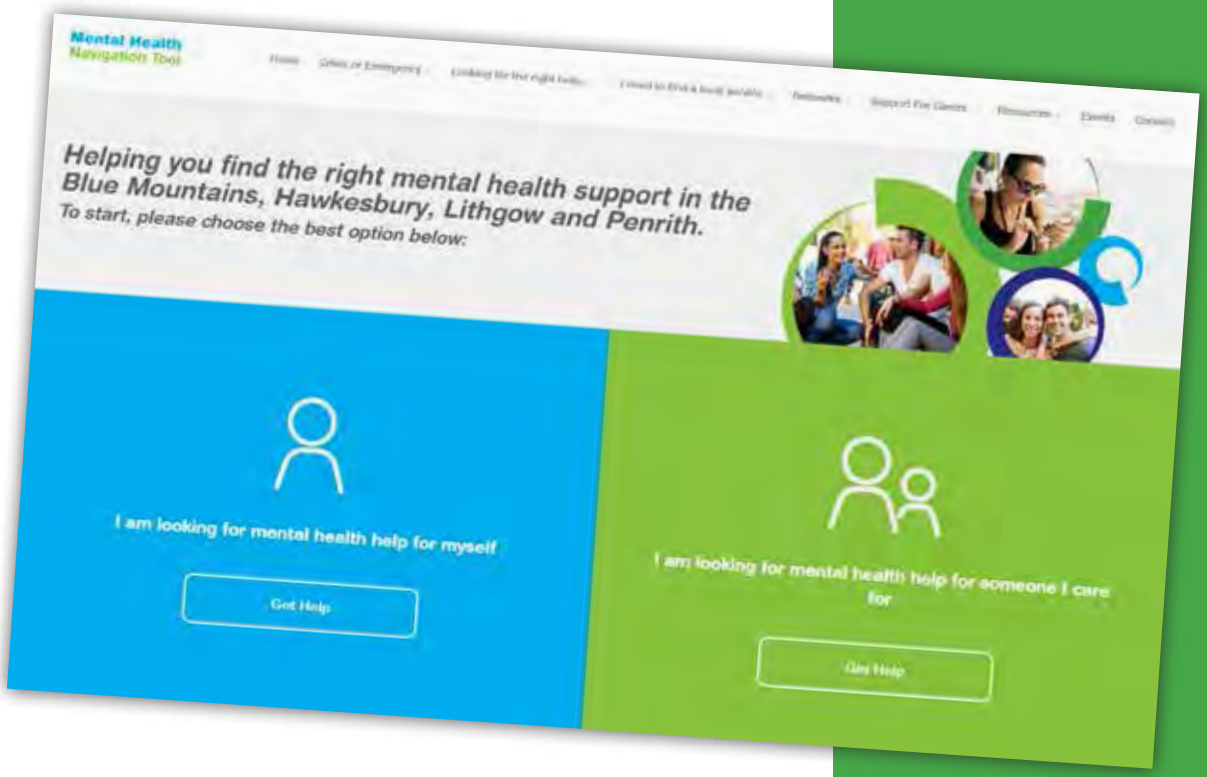
The Mental Health Help website assists our community to find and access mental health support in our region. The site is a valuable source of information for health providers, people seeking mental health assistance and their carers. Since the tool was launched two years ago 10,916 people have used the site, totalling 63,256 page views.

This year, the website was presented to over 200 Penrith City Council employees and advertised in several local publications, including the Lithgow Community Guide. We also added a NDIS resources section as a result of feedback received.

www.mentalhealthhelp.com.au

10,916
people accessed mental health website

63,256
page views



Mental Health Nurse Incentive Program

The Mental Health Nurse Incentive Program is a free community based mental health service provided by accredited mental health nurses that offers coordinated clinical care and support for people living with severe and persistent mental illness.

This year, seven mental health nurses delivered 3,753 occasions of service to 174 people across the region. We also formed a partnership with St John of God Health Care, to provide specific perinatal support to women through the Program.

www.nbmphn.com.au/MHNIP

7 nurses delivered **3,753** occasions of service to **174** people

headspace

headspace is an early intervention mental health service for young people aged 12–25 years. Promoting the wellbeing of young people, headspace delivers support across the four core areas of mental health, physical health, work and study, and alcohol and other drugs.

headspace Youth Early Psychosis Program

headspace Youth Early Psychosis Program (hYEPP) offers early intervention and specialist support services to young people between the ages of 12–25 experiencing their first episode of psychosis or who are at high risk of experiencing psychosis.

hYEPP is part of the Western Sydney cluster that operates from a hub at Mt Druitt with spoke services in Parramatta and Penrith.

This year, hYEPP provided 11,644 occasions of service to 85 young people and their families.

11,644 occasions of service to 85 young people with early psychosis

headspace in Penrith

headspace Penrith, operated by Parramatta Mission, delivered 4,614 occasions of service to 1,072 young people this year, with 716 of these clients being new to the service.

4,614 occasions of service to 1,072 young people through headspace Penrith

headspace in Lithgow

In February, the Federal Government pledged additional funding to open a headspace outreach service in Lithgow.

This funding outcome was the culmination of many months of advocacy for additional services in the area by us in collaboration with Lithgow City Council, our Local Health District and the broader Lithgow community. Since the announcement we have worked closely with Marathon Health (who will operate the service), headspace and the Lithgow community to secure a site and establish the service. We anticipate that the new service will be operational in early 2019.

Lizz Reay – CEO Wentworth Healthcare, Andrew Gee – Federal Member for Calare and Andrew Biddle – Senior Manager Mental Health, Alcohol and Other Drugs, Wentworth Healthcare.

Alcohol and Other Drugs (Addiction Support)

This year, we have commissioned a number of new services that support people in our community with substance abuse and addiction, or that help develop the capacity within our region to improve the way addiction support services are delivered.

This year our achievements include:

- **Six new programs and two workforce development programs**, including three Aboriginal & Torres Strait Islander specific programs
- **92 young Aboriginal & Torres Strait Islander people participated** in the Young, Strong & Deadly Program, an early intervention service focusing on connection to culture for young people at-risk of mental illness and addiction
- **A Young, Strong & Deadly pilot program trialled** at Cobham Juvenile Justice Centre to support Aboriginal & Torres Strait Islander young people at high risk of using substances
- **72 young people supported** with counselling and group therapy sessions through early intervention programs
- **148 health professionals attended** eight Drug and Alcohol First Aid Workshops to better support people with addiction
- **19 GPs attended** Addiction Medicine sessions focusing on alcohol screening and brief intervention
- **12 Aboriginal & Torres Strait Islander scholars supported** to undertake a two-year TAFE Diploma in Mental Health (including alcohol and other drugs). Four students were placed in fully funded positions at local mental health and alcohol and other drugs services
- **154 women received 333 counselling sessions and 102 group therapy sessions** through Dianella Cottage, our dual diagnosis day rehabilitation service in Katoomba and Lithgow
- **136 clients seen** for relapse assessment, psychosocial support and treatment through our Aftercare and Relapse Prevention Programs

www.nbmphn.com.au/AOD

484 people received addiction support services

148 allied health, nurses and community workers attended workshops

Young, Strong and Deadly Program.

Uleia's Addiction Support Journey with ONE80TC

> "I was in a dark place, and realised that I couldn't stop myself."

Uleia* was a professional woman who started drinking to numb emotional pain and escape the reality of life.

She had attended a residential rehabilitation program and counselling before entering the ONE80TC aftercare program, at which time her caseworker at ONE80TC observed she was someone fighting to maintain sobriety, and had only just begun to delve into the underlying issues of her presenting addiction.

During a 6-month program of weekly one-on-one and group sessions, to build resilience and prevent relapse, Uleia developed healthy coping strategies to maintain her emotional regulation. She was able to understand her triggers. By the end of her treatment, she'd stopped isolating herself and could reconnect with people again.

Uleia and her caseworker report that her years of depression, eating disorders and addiction are now hopefully behind her.

*Name has been changed to protect client identity.

After Hours Program

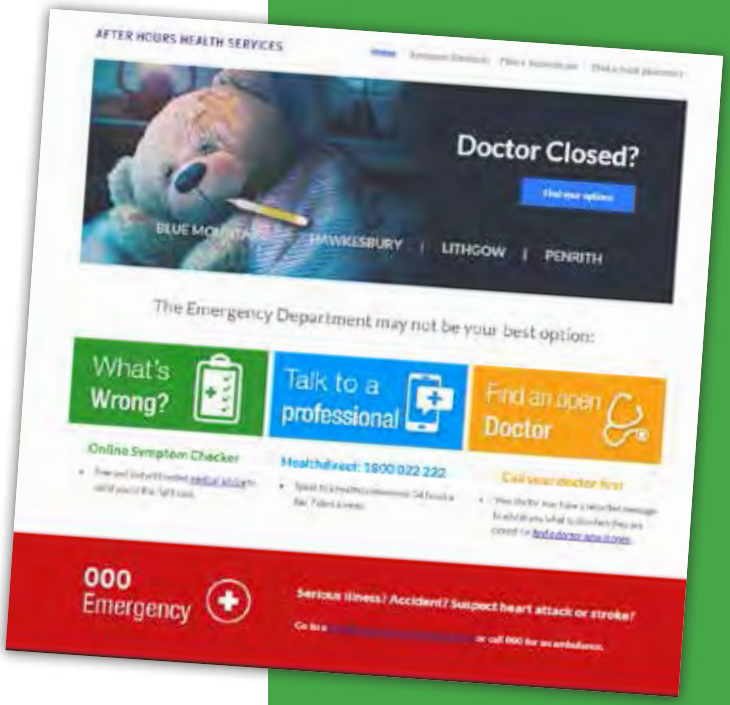
Our commissioned After Hours services facilitate access to primary healthcare services and resources outside of the times when regular GPs are open, which ultimately helps prevent people from unnecessarily presenting at a hospital.

Highlights this year include:

- **31,245 consultations provided** in the after-hours period by our commissioned clinics in Hawkesbury, Lithgow and Penrith. This has more than doubled from the previous year
- **1,933 home visits** provided by our commissioned home visiting services
- **Commissioning the Penrith After Hours Doctors service.** This service has seen a threefold increase in patient consultations from the previous year
- **Funding a pharmacy** in Penrith to operate 24/7, 365 days per year. This is the only 24/7 pharmacy in the region
- **Launching a dedicated After Hours website www.afterhourshealth.com.au** to make it easier for the community to find and access information on local services. The website also promotes a range of national services and resources that consumers can access to get help and advice when their doctor is closed

31,245
after hours consultations

1,933
home visits provided



Finding Healthcare Options Quickly: A Case Study

"Recently, a family member visiting the Blue Mountains for the weekend had extreme stomach pain. Although he made an appointment to see his usual GP in Sydney on Monday morning, the pain was increasingly severe and a fever was developing. I knew my local GP was closed, so I used www.afterhourshealth.com.au to search for a general practice nearby that was open. The online directory showed a practice open in Blackheath. We phoned the surgery, and luckily there was a doctor there who could see him promptly. The doctor diagnosed an abdominal abscess and prescribed treatment. My relative started to get better within 24 hours, but without this prompt treatment, would have ended up in hospital."

1,242
individual specialist consultations over 119 clinic days

248
new patients

Specialist Outreach Clinics

We commission Specialist Outreach Clinics at Katoomba, Lithgow, Portland and Windsor. Aboriginal & Torres Strait Islander people, and those who may experience difficulty in accessing health services due to long distance or other barriers, are given priority access to these bulk-billed services.

These clinics are funded by the Rural Doctors Network NSW and provide specialist services in speech pathology, psychiatry, paediatric and endocrinology services.

This year our achievements include:

- **1,242 individual consultations** over 119 clinic days
- **26% of consultations** were with Aboriginal & Torres Strait Islander patients
- **248 new patients**
- **Securing additional funding** to engage a developmental paediatrician to provide comprehensive developmental assessments for eligible children in the Blue Mountains and Lithgow
- **Telemedicine consultations** successfully introduced to the Paediatric Outreach Clinic resulting in 2-3 additional patient appointments each week
- **A diabetes educator** engaged to join the Diabetes Outreach Clinic in Windsor
- **Speech pathology** school-based service expanded into an additional primary school in Lithgow

Heath Transport Website

This year, we launched a dedicated Health Transport website to help people in our region find appropriate transport options to local health services.

This website has been developed in response to feedback received through community consultations, identifying transport to health services and related issues of availability, distance, parking and cost has been identified a priority. Access to health is an issue in each of the four Local Government Areas in our region.

www.healthtransport.com.au

Village Café

The Village Café is a fortnightly pop-up cafe that offers older residents the opportunity to improve social connection and engagement with services that support their health and wellbeing.

This innovative, community-based project was initiated in response to an identified need in North St Marys, where older people were presenting at hospital with preventable health issues and had particularly low rates of health screening. This is a joint initiative between ourselves, Penrith City Council, the Local Health District and key community partners Community Junction, WestCare, Uniting Care and Uniting Ability Links.

The project won the 2018 ZEST Award for Exceptional Partnership in a Local Government Area.

50 people attend the Café regularly

2018
ZEST
Award
WINNER

Village Cafe, North St Marys

Supporting better access to care for Aboriginal & Torres Strait Islander people

Our organisation has a strong history of collaborating with the Aboriginal & Torres Strait Islander communities and healthcare providers across our region, to provide programs and services specifically designed for the Aboriginal & Torres Strait Islander community.

We take a leadership role in developing and educating local health professionals in cultural competency, to build communities of healthcare practice that recognise, support and empower Aboriginal people and communities.

14,440
Closing the Gap occasions of service to 326 people

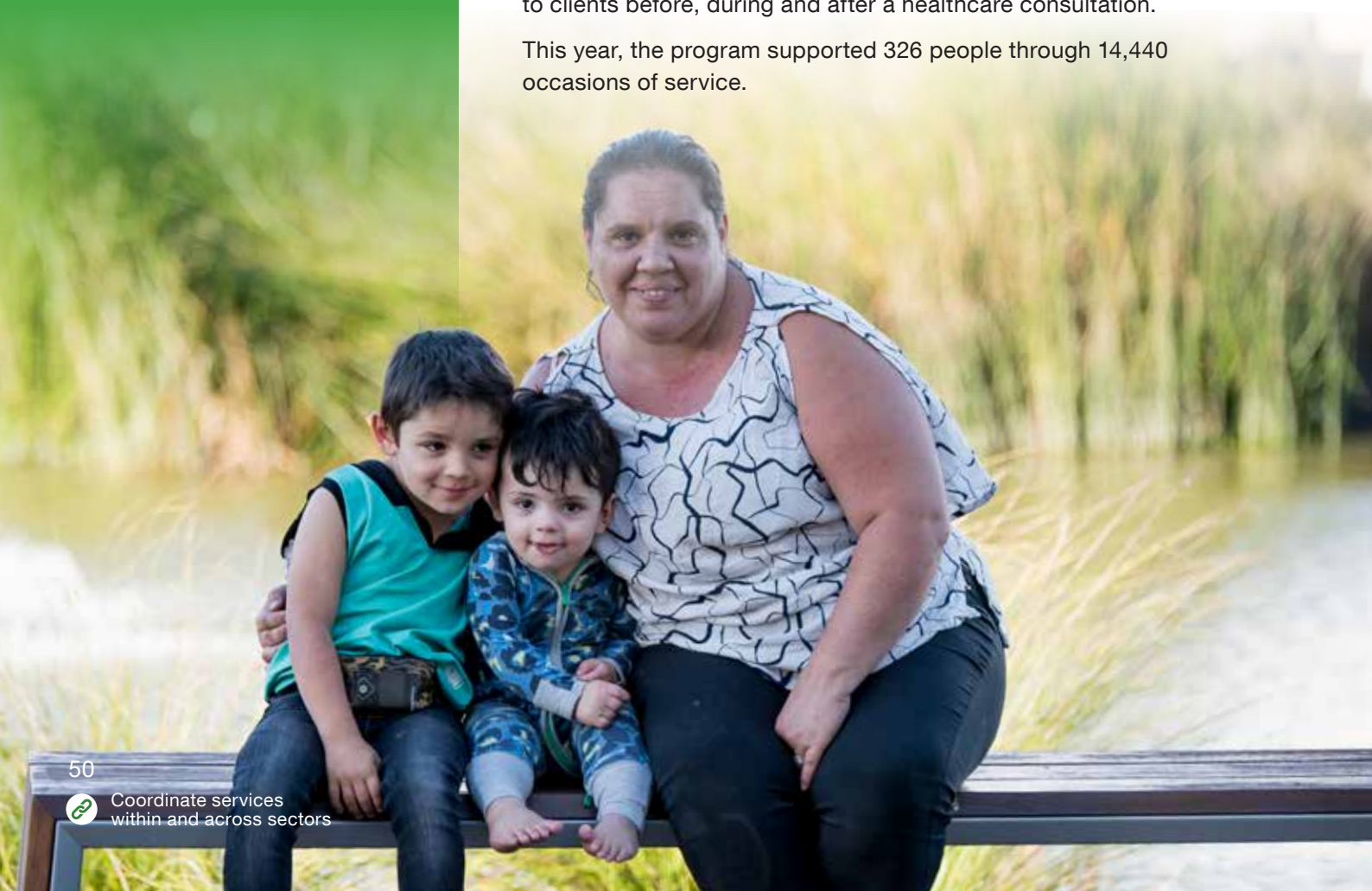
Closing the Gap

The Closing the Gap (or Integrated Team Care) Program supports Aboriginal & Torres Strait Islander people with chronic conditions to access the healthcare they need.

Care Coordinators deliver high quality care coordination and outreach services to clients with an approved chronic condition care plan, supporting them to access appropriate specialists and allied health services, and assisting them to navigate the healthcare system.

Aboriginal Outreach Workers provide non-clinical, cultural support to clients before, during and after a healthcare consultation.

This year, the program supported 326 people through 14,440 occasions of service.



Aboriginal Liaison Officer

We employ an Aboriginal Liaison Officer to provide ongoing support, training and cultural guidance to our organisation and to primary care providers across our region.

Through a professional networking and community engagement approach, our Aboriginal Liaison Officer helps break down the barriers Aboriginal & Torres Strait Islander people face in accessing primary healthcare services and assists primary care professionals to provide culturally safe services for our local Aboriginal community.

Aboriginal Men's Gatherings

Our Aboriginal Liaison Officer helps coordinate a local Aboriginal men's group, which meets fortnightly and is regularly attended by 15 men. The group is a great opportunity for Aboriginal men to meet, form connections and friendships to avoid social isolation. Guest speakers regularly attend the group to talk about health related topics and offer information to improve access to health services.

Reconciliation Action Plan

This year, we developed our first Innovate Reconciliation Action Plan (RAP) with the vision to improve the health of Aboriginal & Torres Strait Islander people, and to embed their community needs, interests and priorities in our everyday business and cultures.

The development of the RAP was guided by our RAP Working Group, which included staff representation from every area within the organisation.

A local Aboriginal artist, Vicki Thom, created a meaningful artwork for our RAP that depicts the relationship between local Aboriginal people, how they interact with the land and our PHN, describing the journey to understand each other.

www.nbmphn.com.au/Reports

335
Aboriginal Officer occasions of service

See also page 15

My Health Record

85% of computerised practices and **61%** of pharmacies now registered for My Health Record

21,254 clinical documents viewed by health professionals

Supporting the uptake of digital health

My Health Record

In 2016, we were one of two regions nationally selected to participate in the My Health Record Opt-Out Trial. Over the past two years we have continued to work closely with primary healthcare providers across the region to increase the knowledge and usage of My Health Record.

This year, our focus has been to increase the meaningful use of My Health Record by GPs and pharmacists by providing personalised training, and assistance in system registration.

Highlights this year have included:

- **85% of computerised practices are now registered to use My Health Record** – up from 70% last year
- **85% of registered practices** used My Health Record regularly
- **61% of pharmacies now registered to use My Health Record** with another 18 pharmacies in the process of registering – up from 33% last year
- **21,254 clinical documents have been viewed** on My Health Record by health professionals, double the amount viewed last year

My Health Record National Expansion

Following the successful trial in our region, this year the Federal Government launched its national My Health Record Expansion Program and (in addition to promoting local community awareness) we once again took a lead role by coordinating the regional communication activities for all PHNs in NSW & ACT.

Our Regional Communications Team highlights include:

- **540,000 consumers reached** by engaging with state-based peak bodies to present to their members, facilitate member forums and distributing information through their publications
- **90 media releases sent** and 160 pieces of content prepared for local media, community organisations and peak bodies
- **100 community events attended** by our Community Engagement Officer reaching over 13,000 people

540,000
consumers reached in NSW and ACT

90
media releases sent

100
local My Health Record community events

Digital Health Strategy

In May, we launched our Digital Health Strategy for 2018-2021. Our Digital Health Strategy focuses on the need to provide a more patient centric, connected care system across the region, and the opportunity to leverage digital solutions to facilitate greater healthcare access, continuity of care, and collaboration between providers and patients.

Our Strategy acknowledges the variation across our region in digital health literacy, maturity of digital adoption, appetite for change, and other challenges presented by location, service provision, and patient need. The scope of our Strategy is not limited by immediately available resources but provides a platform to leverage and harness future opportunities and partnerships.

www.nbmphn.com.au/DigitalHealthStrategy

Tim Kelsey – CEO, Australian Digital Health Agency, Lizz Reay – CEO Wentworth Healthcare, Clinical Professor Meredith Makeham – Chief Medical Advisor, Australian Digital Health Agency and Sheryn Phillips – Blue Mountains pharmacist.

Promoting team based approaches to care

Health Care Homes Trial

In August 2016, we were chosen as one of 10 PHNs nationally to introduce the stage one trial of Health Care Homes.

A Health Care Home is a general practice 'home base' that coordinates comprehensive and flexible care for patients with chronic and complex conditions. The Health Care Homes pilot is aimed at improving care for people with chronic conditions through coordinated, integrated care that is tailored to their needs. A Health Care Home relies on a neighbourhood of allied health, specialist and community services to engage and communicate at all levels to improve patient care through shared care planning.

This year we have:

- **Over 250 patients assisted** to register for the program
- **Worked closely with 12 practices** to implement the model
- **Assisted the development** of the healthcare neighbourhoods

12 practices participating

250+ patients registered

Consumers engaged in all we do

Community Advisory Committee (CAC)

Ms Diana Aspinall *(Chair)*
Ms Judith Davies
Mr Ryan D'Lima
Mr Peter Gooley
Ms Belinda Leonard
Mr Lachlan Morris
Ms Julie Russell
Mr Joe Rzepecki
Ms Patti Shanks
Mr Bryan Smith

Community participation and influence in our work

Community Advisory Committee

The Community Advisory Committee (CAC) is a joint health consumer engagement program with our Local Health District.

The Committee is made up of dedicated individuals who meet six times a year and contribute their experiences, and those of their networks, to ensure that consumers are central to discussions relating to their care. The goal is to create a more connected health system where GPs, hospitals, other health professionals and consumers work together.

While CAC works primarily at a regional level, it is supported by a further 30 members from local health consumer working groups who represent each of our four Local Government Areas.

This year, the committee has:

- **Provided input** into several key initiatives, such as the Digital Health Strategy, My Health Record, the Health Transport website and Needs Assessment
- **Presented** to the cross-sector Clinical Council on issues that impact consumers, such as accessing over-the-counter medications
- **Participated** in Lithgow Council's Mental Health Taskforce and advocated for more mental health services in Lithgow

Engaging Consumers Digitally

Our website is one of our most popular sources of information for both health professionals and the community.

We also engage with consumers through our social media channels (Facebook and Twitter) to share news and service information.

This year our:

- **Facebook followers increased** by 50%, with a reach of nearly 2,000 people per day at times
- **Twitter followers increased** by 60%, and achieved over 31,000 impressions

In addition, we launched dedicated websites for:

- **After Hours Services** – to make it easier for the community to find and access information on local services **www.afterhourshealth.com.au**
- **Health Transport Options** – an online directory of transport options to get to health services in our region **www.HealthTransport.com.au**

Engaging hard to reach populations

Our staff regularly attend events across the region, in co-operation with our Local Health District and other local community organisations, to engage with consumers.

For Mental Health Month in October, we worked in collaboration with the Local Health District and other mental health organisations to hold a “Share Your Journey” mental health event at the Mondo in Penrith.

Our staff also participated in 15 cultural and networking events targeting our Aboriginal & Torres Strait Islander community. These events were a great opportunity to build relationships with the local Aboriginal community that have helped us to identify and address the barriers Aboriginal people face in accessing health services.

One of this year’s highlights was the Nepean Community and Neighbourhood Services 8th Annual NAIDOC Cup, a free sporting event for Aboriginal primary school students and their friends. This year’s event attracted over 1,200 local Aboriginal children from 25 local schools.

Other events included:

- **NAIDOC Jamison Park** – attracting over 6,000 people
- **Sorry Day events**
- **National Reconciliation Week** and Flag Raising Ceremonies
- **Aboriginal Chronic Health Forum**

80% of our staff participated in NAIDOC events

NAIDOC CUP
1,200 local Aboriginal children

NAIDOC Jamison Park
6,000 total attendees

NAIDOC Cup event

Prioritise local health needs

Needs Assessment

Our Needs Assessment encompasses a review of the health and service needs of our region. Through a systematic analysis of our local population needs, we are able to make an assessment of the gaps and relative priorities that will support us to plan and commission services in the region.

Our current Needs Assessment is available at **www.nbmphn.com.au/Reports**

Financial Report

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

FINANCIAL REPORT

FOR THE YEAR ENDED
30 JUNE 2018

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

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2018

Your directors submit their report for the year ended 30 June 2018.

1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT

Dr Andrew Knight	Jillian Harrington
Dr Shivananjaiah (Shiva) Prakash OAM	Dr Tony Rombola
Gabrielle Armstrong	Tony Thirlwell OAM
Diana Aspinall	Bruce Turner AM
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 2018 was $312,678 (2017: $490,174 deficit). 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 for people in our community. The company mission is to empower general practice and other healthcare professionals to deliver high-quality, accessible and integrated primary healthcare that meets the needs of our community.

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

- A continuing effective relationship between a patient and their preferred primary care provider; and
- A care model that ensures people receive care in the right place at the right time.

6. STRATEGIES FOR ACHIEVING OBJECTIVES

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

- Increasing capacity and influence of Primary Care;
- Establishing a culture of quality improvement and outcome focus;
- Coordinating services within and across sectors;
- Engaging consumers in all we do with a demonstrated focus on communities with greatest need;

6. STRATEGIES FOR ACHIEVING OBJECTIVES (continued)

- Striving for excellence in governance, systems and staff; and
- Growing organisational sustainability and impact.

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 contractual requirements
- Monitoring progress against annual needs assessment plans
- Trading performance against budget
- Cash flows

8. CHANGES IN THE STATE OF AFFAIRS

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 2018.

9. DIRECTORS' REMUNERATION

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

10. INFORMATION ON DIRECTORS

INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES

There were 9 full board meetings held during the financial year 1 July 2017 to 30 June 2018. Attendance by the directors at board meetings and at the Finance, Audit & Risk Management (FARM) and Governance & Nominations (G&N) Board sub-committee meetings was as follows:

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

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2018

11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2018 has been received and can be found following this report.

On behalf of the board

Dr Andrew Knight
Director

Dr Shiva Prakash OAM
Director

Penrith
19 September 2018

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

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2018

	Full Board meetings held while on Board	Full Board meetings attended	FARM Committee meetings held while on committee	FARM Committee meetings attended	G&N Committee meetings held while on committee	G&N Committee meetings attended
Dr Andrew KNIGHT Chairman Director since 2012 (General Practitioner)	9	9	-	-	3	3
Dr Shiva PRAKASH OAM Director since 2012 (General Practitioner)	9	8	-	-	4	4
Gabrielle Armstrong Director since 2012 (Company Director)	9	9	4	4	-	-
Diana Aspinall Director since 2012 (Pensioner/Consumer Advocate)	9	5	-	-	-	-
Paul Brennan AM Director since 2012 (Managing Director)	9	8	4	3	4	4
Jillian Harrington Director since 2012 (Psychologist)	9	9	-	-	4	3
Tony Thirlwell OAM Director since 2012 (Company Director)	9	8	2	2	-	-
Dr Tony Rombola Director since 2013 (General Practitioner)	9	8	-	-	-	-
Bruce Turner AM Appointed 26/7/17 (Company Director)	9	9	2	2	-	-

berger piepers
CHARTERED ACCOUNTANTS

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

Associates
T Costa B Bus CA
C Leigh B Com CA

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

I declare that, to the best of my knowledge and belief, in relation to the audit of Wentworth Healthcare Limited for the year ended 30 June 2018 there have been:

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

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

berger piepers
Chartered Accountants

19 September 2018
Penrith

PA Berger FCA
Partner
Reg'n No: 4354

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

berger piepers
CHARTERED ACCOUNTANTS

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WENTWORTH HEALTHCARE LIMITED

Partners
P A Berger B Com FCA
W J Piepers FCA CPA CTA
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 2018 and the statement of comprehensive income, statement of cash flows and statement of changes in equity for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration as set out on schedules 1 to 6.

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

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

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

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

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

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

Auditor's Opinion
In our opinion, the financial report of Wentworth Healthcare Limited is in accordance with the Corporations Act 2001, including:

(a) giving a true and fair view of the financial position of Wentworth Healthcare Limited as at 30 June 2018 and of its performance for the year ended on that date; and

(b) complying with Accounting Standards in Australia and the Corporations Regulations 2001.

berger piepers
Chartered Accountants

19 September 2018
Penrith

PA Berger FCA
Partner
Reg'n No: 4354

Schedule 1

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

STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2018

	NOTE	2018 $	2017 $
CURRENT ASSETS			
Cash and cash equivalents	4	9,029,270	7,312,120
Trade and other receivables	5	553,357	128,413
Other	6	1,114,211	722,833
TOTAL CURRENT ASSETS		10,696,838	8,163,366
NON-CURRENT ASSETS			
Property, plant and equipment	7	240,495	427,453
TOTAL NON-CURRENT ASSETS		240,495	427,453
TOTAL ASSETS		10,937,333	8,590,819
CURRENT LIABILITIES			
Trade and other payables	8	777,397	1,101,509
Provisions	9	766,148	791,635
Other	10	7,868,153	5,496,939
TOTAL CURRENT LIABILITIES		9,411,698	7,390,083
NON-CURRENT LIABILITIES			
Provisions	9	34,710	22,489
TOTAL NON-CURRENT LIABILITIES		34,710	22,489
TOTAL LIABILITIES		9,446,408	7,412,572
NET ASSETS		1,490,925	1,178,247
EQUITY			
Accumulated surplus		1,490,925	1,178,247
TOTAL EQUITY		1,490,925	1,178,247

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

Schedule 2

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

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2018

	NOTE	2018 $	2017 $
Revenue			
Operating income	3(a)	16,836,594	14,581,172
Finance income	3(b)	253,369	223,516
TOTAL REVENUE		17,089,963	14,804,688
Expenses			
Depreciation and amortisation	3(c)	(204,006)	(345,016)
Employee benefits	3(d)	(5,574,628)	(5,816,801)
Consultants and contractors		(9,666,926)	(7,477,427)
Other expenses	3(e)	(1,331,725)	(1,655,618)
TOTAL EXPENSES		(16,777,285)	(15,294,862)
SURPLUS/(DEFICIT) BEFORE INCOME TAX		312,678	(490,174)
Income tax expense	2(k)	-	-
SURPLUS/(DEFICIT) AFTER INCOME TAX		312,678	(490,174)
OTHER COMPREHENSIVE INCOME			
TOTAL COMPREHENSIVE INCOME/(LOSS)		312,678	(490,174)

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

Schedule 3

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

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2018

	2018 $	2017 $
CASH FLOWS FROM OPERATING ACTIVITIES		
Funding and other operating revenue received	20,661,150	18,503,499
Payments to suppliers and employees	(19,179,026)	(16,417,501)
Interest received	253,369	223,516
NET CASH FLOWS FROM OPERATING ACTIVITIES	1,735,493	2,309,514
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds on disposal of property, plant and equipment	735	530
Purchase of property, plant and equipment	(19,078)	(82,113)
NET CASH FLOWS USED IN INVESTING ACTIVITIES	(18,343)	(81,583)
NET INCREASE IN CASH HELD	1,717,150	2,227,931
CASH AT BEGINNING OF THE YEAR	7,312,120	5,084,189
CASH AT END OF THE YEAR	9,029,270	7,312,120

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

Cash and cash equivalents (Note 4)	9,029,270	7,312,120

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

Net surplus/(deficit)	312,678	(490,174)
Adjustments for:		
(Profit)/loss on disposal of assets	1,295	5,521
Depreciation of non-current assets	204,006	345,016
Changes in assets and liabilities:		
Trade and other receivables	(424,944)	(46,709)
Other current assets	(391,378)	100,467
Trade and other payables	(421,617)	188,443
Provisions for employee entitlements	84,239	(79,950)
Other current liabilities	2,371,214	2,286,900
Net cash from operating activities	1,735,493	2,309,514

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

Schedule 4

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

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2018

	Accumulated Surplus $	Reserves/ Capital $	Total Equity $
As at 1 July 2016	1,668,421	-	1,668,421
Deficit for the period	(490,174)	-	(490,174)
Other comprehensive income	-	-	-
As at 30 June 2017	1,178,247	-	1,178,247
Surplus for the year	312,678	-	312,678
Other comprehensive income	-	-	-
As at 30 June 2018	1,490,925	-	1,490,925

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 2018

1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 19 September 2018.

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 has been prepared in accordance with the Mandatory Accounting Standards applicable to entities reporting under the Corporations Act 2001.

(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
- Leasehold improvements Term of lease

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2018

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 2018

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 2018

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 2018

	2018 $	2017 $
3. REVENUES AND EXPENSES		
(a) Sale of goods and services		
Program funding	16,748,546	14,217,740
Fees for services	5,550	316,263
Sponsorship	9,204	7,291
Other income	73,294	39,878
	16,836,594	14,581,172
(b) Finance income		
Interest received	253,369	223,516
(c) Depreciation and amortisation		
Depreciation of non-current assets	204,006	345,016
(d) Employee benefits		
Salaries and wages - staff	4,864,649	5,263,425
Salaries and wages - directors	160,934	148,445
Employee entitlements	84,238	(79,950)
Superannuation	464,807	484,881
	5,574,628	5,816,801
(e) Expenses included in other expenses		
Operating lease rental - premises	236,238	254,197
Net loss on disposal of plant and equipment	1,295	5,521
4. CASH AND CASH EQUIVALENTS		
Cash on hand	400	600
Cash at banks	1,928,870	1,011,520
Term deposits	7,100,000	6,300,000
	9,029,270	7,312,120

Terms and conditions
Term deposits are taken out for periods of up to 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 2018 the weighted average interest rate on cash at banks and term deposits was 2.2% (2017: 2.2%).

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2018

	2018 $	2017 $
5. TRADE AND OTHER RECEIVABLES		
Trade and other receivables	549,958	89,140
Provision for doubtful debts	-	-
	549,958	89,140
Other debtors	3,399	39,273
	553,357	128,413
6. OTHER CURRENT ASSETS		
Prepayments	965,107	469,559
GST receivable	61,592	158,705
Security deposits	87,512	94,569
	1,114,211	722,833
7. PROPERTY, PLANT AND EQUIPMENT		
Office furniture and equipment-at cost	817,439	800,725
Less accumulated depreciation	(618,834)	(511,231)
	198,605	289,494
Medical equipment-at cost	8,153	8,153
Less accumulated depreciation	(6,789)	(5,411)
	1,364	2,742
Motor vehicles-at cost	15,000	15,000
Less accumulated depreciation	(12,808)	(11,932)
	2,192	3,068
Leasehold improvements-at cost	616,908	622,354
Less accumulated depreciation	(578,574)	(490,205)
	38,334	132,149
	240,495	427,453

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2018

	2018 $	2017 $
7. PROPERTY, PLANT AND EQUIPMENT (continued)		
Reconciliations		
Office furniture and equipment		
Carrying amount at beginning of year	289,494	392,908
Additions	18,611	42,509
Disposals	(370)	(5,004)
Depreciation	(109,130)	(140,919)
	198,605	289,494
Medical equipment		
Carrying amount at beginning of year	2,742	5,748
Disposals	-	(1,046)
Depreciation	(1,378)	(1,960)
	1,364	2,742
Motor vehicles		
Carrying amount at beginning of year	3,068	4,295
Depreciation	(876)	(1,227)
	2,192	3,068
Leasehold improvements		
Carrying amount at beginning of year	132,149	293,456
Additions	462	39,603
Disposals	(1,659)	-
Depreciation	(92,618)	(200,910)
	38,334	132,149
8. TRADE AND OTHER PAYABLES		
Trade creditors	262,480	672,118
Other creditors and accrued expenses	514,917	429,391
	777,397	1,101,509

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2018

	2018 $	2017 $
9. PROVISIONS		
Current		
Access to Allied Psychological Services liabilities	195,880	293,385
Annual leave	361,351	308,596
Time in lieu	17,490	13,569
Long service leave	191,427	176,085
	766,148	791,635
Non Current		
Long service leave	34,710	22,489
10. OTHER CURRENT LIABILITIES		
Deferred income in advance	7,868,153	5,496,939
11. LEASE COMMITMENTS		
Operating leases		
Not later than one year	59,532	260,859
Later than one but not later than two years	20,694	57,395
Later than two but not later than five years	13,980	-
Aggregate lease expenditure contracted but not provided for at balance date	94,206	318,254

12. CAPITAL EXPENDITURE COMMITMENTS

Capital expenditure of $Nil (2017: $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
Dr Tony Rombola
Tony Thirlwell OAM
Bruce Turner AM (Appointed 26 July 2017)

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2018

	2018 $	2017 $

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:

	176,588	162,857

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

	2018 Number	2017 Number
$0 - $9,999	-	1
$10,000 - $19,999	7	6
$20,000 - $29,999	1	1
$30,000 - $39,999	1	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 $98,050 (2017: $122,666). 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 $6,005 (2017: $860). These services were provided under normal commercial terms and conditions.

During the year the company received services from A & T Rombola Pty Ltd trading as Rombola Medical Trust, an organisation in which Dr Tony Rombola has a financial interest, amounting to $8,217 (2017: $13,304). These services were provided under normal commercial terms and conditions.

During the year Dr Andrew Knight, in his capacity as a GP, received an amount of $1,377 (2017: $Nil). 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 2018.

Schedule 6

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

DIRECTORS' DECLARATION

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

In the opinion of the directors:

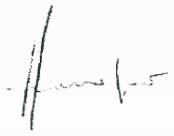
(a) the financial statements and notes of the company are in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company's financial position as at 30 June 2018 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.

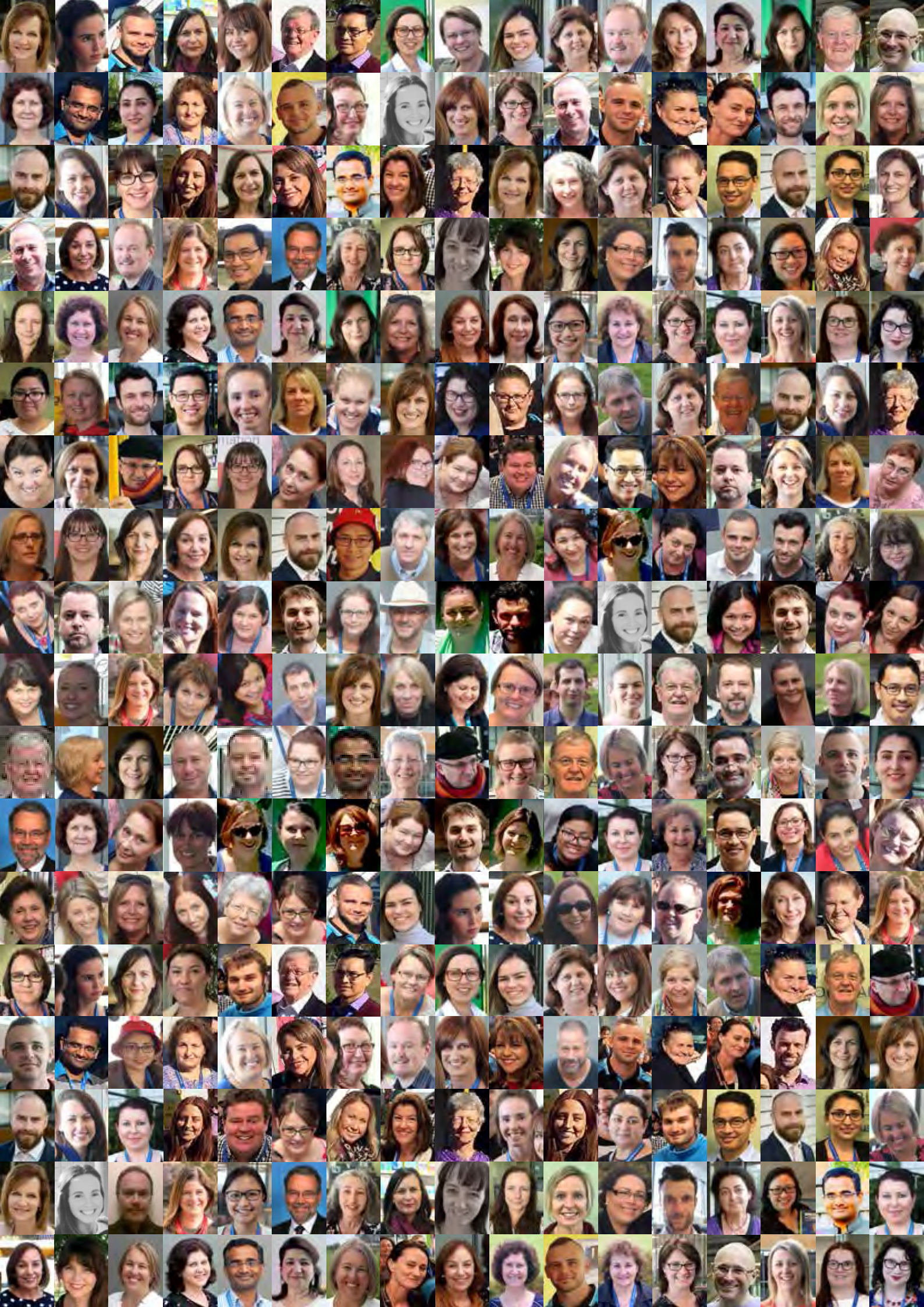
On behalf of the board



Dr Andrew Knight
Director

Dr Shiva Prakash OAM
Director

Penrith
19 September 2018



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For more information about Wentworth Healthcare
or Nepean Blue Mountains PHN visit
www.nbmphn.com.au

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