



RURAL CANTERBURY

Primary Health Organisation
Te Roopu Hauora Matua O Waitaha Taiwhenua

Annual Report
30 June 2011

Rural Canterbury Primary Health Organisation

About Us

Rural Canterbury Primary Health Organisation (RCPHO) is required to facilitate health services and contracts with the Canterbury District Health Board (CDHB) to our general practice teams. We also work with non-government community health groups, and our Māori and Pacific Island communities, along with other ethnic communities. Our rural population of 85,000 covers five local authorities — Ashburton, Christchurch, Waimakariri, Hurunui, and Kaikoura.

Vision Statement

Rural Canterbury Primary Health Organisation will strive to maintain and improve the health of its population and will encourage access to effective health services that help to reduce inequalities. We will do this by ensuring services are of a high quality through effective communication. We will treat people with respect, valuing individual, cultural and professional diversity. We will seek to establish agreed goals and values and respect the rights of all who belong and subcontract to the organisation.

Guiding Principles

HEALTH CARE

In times of ill health, people should have ready access to skilled, competent and caring health professionals who they can know and trust.

HEALTH PROMOTION

The population should be encouraged to pursue a healthy lifestyle within a healthy environment.

BETTER HEALTH

Emphasis will be given to population health, health promotion and preventive care.

INNOVATION

Improving accessibility, affordability and appropriateness of services (based on local needs).

EXCELLENCE

Improving coordination and continuity of care.

RESOURCING

Providing and funding services according to the population needs, in addition to a fee for service, when people are unwell.



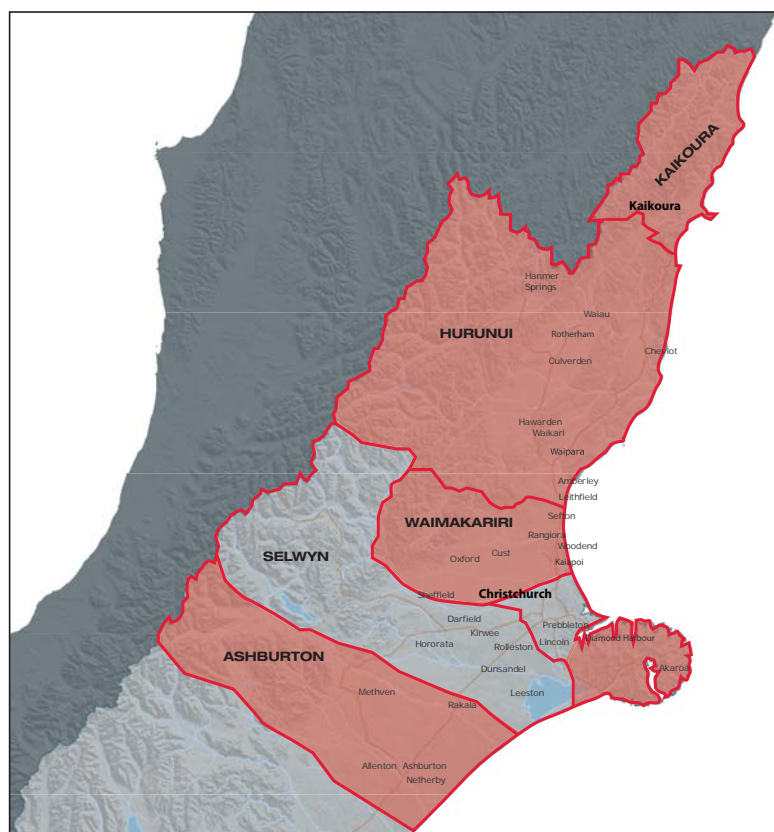
Strategic Goals

- To achieve the best possible health status for the population of our area, within accepted policy settings and working within available resources.
- To lessen health inequalities within our area by targeting those with special needs for example Māori and Pacific Island people, and those with disabilities and chronic illness.
- To establish and maintain excellent relationships with the communities we serve, acknowledging their rural and ethnic characteristics.
- To establish and maintain excellent relationships with those organisations and individuals contracted to deliver services, and with the Canterbury District Health Board, our funder.
- To work with other key providers of primary care within our area to achieve the best level of integrated service provision possible, by way of an appropriately skilled and supported workforce.
- To ensure that the services we contract for are of a high quality, and are an effective and efficient use of resources.
- To be recognised by the Ministry of Health as a “high performing Primary Health Organisation”, according to valid criteria.

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RCPHO area (excluding Selwyn District and Christchurch City)



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Rural Canterbury Primary Health Organisation (RCPHO) adds value to rural primary care by developing and maintaining connections in the rural areas between health, local councils, government, community and social organisations. These relationships and collaborations are vital to us being able to deliver the PHO's vision of "striving to maintain and improve the health of our population and encouraging access to effective health services that help to reduce inequalities".

We are pleased to share in this report some of the many ways we have achieved this during the 2010-11 financial year.

Our Member Practices

Akaroa Health Centre, Akaroa

Allenton Medical Centre, Ashburton

Amberley Medical Centre, Amberley

Amuri Community Health Centre, Rotherham

Cheviot Community Health Centre, Cheviot

Diamond Harbour Medical Ltd, Diamond Harbour

Dr Fairhall, Kaiapoi Family Doctors, Kaiapoi

Dr Martin's Practice, Rangiora

Dr Page, Kaiapoi Family Doctors, Kaiapoi

Durham Health, Rangiora

Good Street Medical Centre, Rangiora

Gym Co Medical Ltd, Ashburton

Hanmer Springs Medical Centre, Hanmer Springs

Kaiapoi Medical Centre, Kaiapoi

Kaiapoi Medical Clinic (now known as Kaiapoi Doctors Clinic), Kaiapoi

Kaikoura Medical Centre, Kaikoura

Kaye Buchan Medical Centre, Kaiapoi

Medical Corner Doctors, Rangiora

Methven Medical Centre, Methven

Moore Street Medical Centre, Ashburton

Oxford Community Health Centre, Oxford

Rakaia Medical Centre, Rakaia

Rangiora Medical Centre, Rangiora

Sealy Street Medical Practice, Ashburton

Southside Health, Rangiora

Tinwald Medical Centre, Ashburton

Waikari Clinic, Waikari

Woodend Medical Centre, Woodend



Rural Canterbury PHO adds value to rural primary care by developing and maintaining connections in the rural areas between health, local councils, government, community and social organisations.

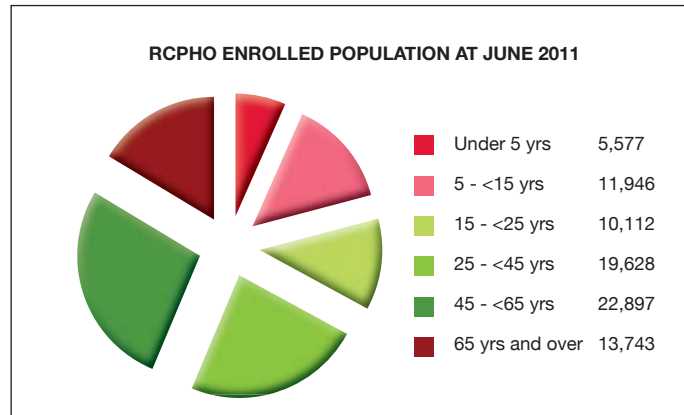
Facts & Figures

Area covered:
Ashburton
District Council,
Christchurch City
Council, Hurunui
District Council,
Kaikoura District
Council and
Waimakariri District
Council.

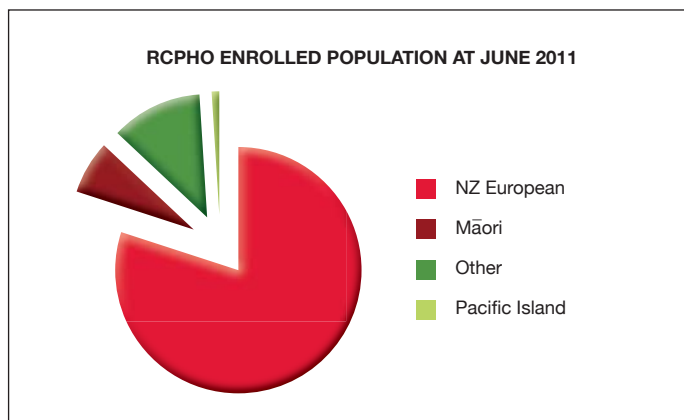
Area covered: the five Territorial Local Authorities (TLAs) covered are Ashburton District Council, Christchurch City Council (previously Banks Peninsula District

Council – Akaroa and Diamond Harbour), Hurunui District Council, Kaikoura District Council and Waimakariri District Council.

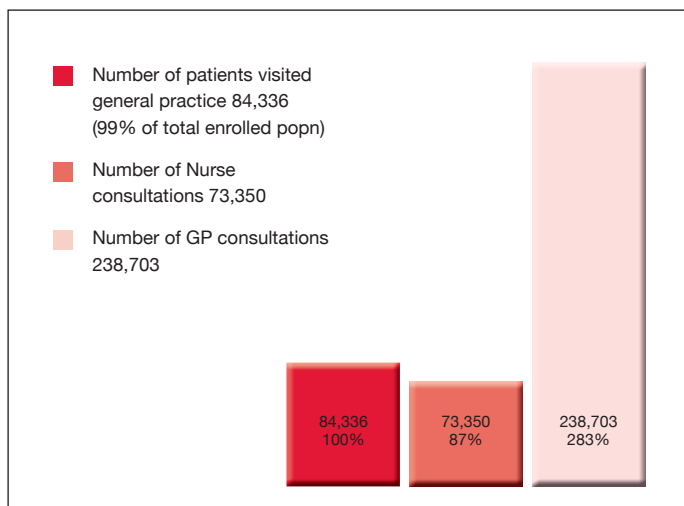
Enrolled population by age



Enrolled population by ethnicity



General practice consultations by enrolment



Rural Canterbury PHO receives funding from the Ministry of Health (MoH) via the Canterbury District Health Board (CDHB)

for each person enrolled. The PHO also receives funding via other Ministry contracts.



FUNDING STREAM 2010-11	INDICATIVE FUNDING (\$000,000)
First Level Services Capitation (visiting your general practice)	11,600,000
Care Plus	1,055,000
Health Promotion	184,000
Services to Improve Access	229,000
Additional Primary Services	
• Youth Sexual Health	131,000
• Diabetes Annual Reviews	121,000
• End of Life Palliative Care	140,000
Primary Mental Health Services	1,005,000
Health Workforce Development	205,000
Rural Workforce, Reasonable Roster and Rural Premium	1,060,000
Acute Demand	400,000
Baby Feeding Support Service	255,000
Before School Checks	72,000
District Nursing and MSS	565,000
Immunisation Under 18 Flu HPV	44,000
Emergency Planning and Response	71,000
Performance Management	475,000
PHO Management and Interest	863,000

Rural Canterbury PHO receives funding from the Ministry of Health via the Canterbury District Health Board.

We have a diverse Board that carries out its governance responsibilities with confidence in the quality, experience and professionalism of our staff and the information provided.

Chairman's Report



Two years ago the Government set a goal to develop a nationally consistent framework for the delivery of primary and secondary health. During this last year it was anticipated that RCPHO, and the Canterbury health network, would be able to demonstrate positive effects from the intended changes.

The resolve of all of us has been tested through a year of earthquakes and emergency responses, moving populations, and on-going uncertainties with contracts and funding streams. These have affected many of the changes hoped for. There will need to be identifiable outcomes very soon but the next year's will not be based on information we worked with a year ago. It will need to include what we have learnt from this last year.

Several Board members and staff, their families and the communities in which they live, have been directly affected by the earthquakes. Yet with these stresses and the demands of emergency planning, our CEO and staff worked beyond expectations outside of usual hours, including many weekends, because of their commitment to patient health, our rural communities, general practice and this organisation.

At last year's annual meeting, the Hurunui Kaikoura Primary Health Organisation and RCPHO had merged into a single rural PHO. The history and development of both PHOs emphasised the rural voice in health issues faced by Canterbury. The combined Board quickly reiterated and resolved that the rural voice and the strengthening of our relationships were on-going priorities. We reassessed

the representation on our Board and unanimously agreed we would maintain as equal a balance as we could from our general practitioners, general practice teams, nursing, territorial local authorities and communities, and our regional iwi.

There is currently much discussion in the health field to encourage clinical leadership on to boards. We take the approach that such leadership is demonstrated through our clinicians as much as it is through all health workers and board members who bring professional standards, ethics, education and best practice to our work.

The development of a Canterbury-wide approach to health, consistent with the Government's goal, is being brought together through the Canterbury Clinical Network and led by several key groups. The Transitional Leadership Board (TLB), the overall governing body for the changes we are working through, has on it both PHO and rural GP representation. The 'Operations Group', providing information and direction to the TLB, has on it our CEO and the CEOs of the other PHOs. The Leadership and Support Service Level Alliance has on it our Chair, one of our rural GPs and the Chairs of the other PHOs. This representation should enable us to promote the rural voice firmly and often.

The principles of these groups focus on alliances and relationships through governance, clinical leadership, input from our communities, and the support that can be given to our health networks. The Flexible Funding Pool, in which PHO funding streams are merged into a single pool, is designed to improve contracting and fiscal information for services to improve access, CarePlus and PHO management fees. The RCPHO Board wants to identify positive outcomes and savings through this arrangement.

Each month, reports are prepared by the Management Services Team for the Board. The substantial information presented is valued by Board members and contributes to the Narrative Report that is sent every quarter to the CDHB and the Ministry of Health. These reports, ably assisted by our long term relationship with South Link Health, also demonstrate that our general practice teams offer additional services such as:

- Mental health
- Māori health
- Chronic care management
- Chronic packages of care
- Discretionary funding
- Health promotion
- Lactation consultancy
- B4 School Checks
- CarePlus
- PHO performance programme
- Clinical, medical and nurse education.

In addition, our relationships with community health groups, NGOs and local territorial authorities provide considerable support, including financial, for our general practice teams and iwi.

The three Canterbury PHOs have our own alliance to assist our contracting relationships. The Chairs and CEOs meet regularly, together and separately, and meet bi-monthly with Planning and Funding managers from the CDHB, including the Chair and CEO of the CDHB.


The PHO Alliance continues as our national group for advocacy, meets quarterly in Wellington, and is usually attended by the Chair and CEO. This provides an opportunity to meet with the

Minister and Ministry of Health, and the National Health Board which now has responsibility for primary health.

We have a diverse Board that carries out its governance responsibilities with confidence in the quality, experience and professionalism of our staff and the information provided. We cover the geographical area from Ashburton to Kaikoura. This requires members to travel considerable distance and this, coupled with the practicality of representation, can be demanding and conflict with other professional activities. Many hours of service are given by Board members because of their concern for good governance and their public representation of RCPHO.

Several Board members completed their terms during the year and we thank Neil Cruickshank, Ros Crighton, Nicki Anderson, Mike Northmore and Marina Hughes for their passion, challenges and commitment. We will continue to promote their contribution. We also suffered a huge loss from our Board when Gavin Marshall died suddenly the day before the 22 February earthquake. Gavin brought knowledge of our history to our Board and addressed rural health issues with an advocacy for which we can all be proud and thankful.

Lastly, on behalf of the Board, I thank our CEO and his staff who, for another year, contributed beyond expectation and continued to bring value and integrity to the health field and to RCPHO.



Allan Marriott, Chair



Vicki Patterson, Lactation Consultant, visiting a client in Christchurch's "red zone" as part of RCPHO's Canterbury-wide free Baby Feeding Service.

CEO's Report

The PHO has continued to contribute to the development of a Canterbury wide health system.



We have been living in most extraordinary times. Since the PHO was first established we've noted in our annual reports the various challenges and changes that

working in the health sector have brought our way, and have suggested that these would continue as characteristic of the complex nature of health services. The many challenges and changes have indeed continued, but this year were coupled with the added complexity and stresses resulting from three major earthquakes, and many aftershocks. We responded rapidly and decisively to ensure the continuity of health services to our community and have continued to refine future emergency preparedness based on the valuable learning from these events.

These major natural disasters have changed the way we and other organisations will undertake business in the future. Our first response was made on 4 September 2010 when general practice teams in Kaiapoi were severely disrupted by the earthquake. Following the earthquakes in February and June, the PHO was actively involved in coordinating emergency responses, working closely with the medical teams, pharmacies, and planning with Waimakariri District Council, Canterbury Earthquake Recovery Authority (CERA), Canterbury Primary Response Group (CPRG) and the Canterbury DHB.

Major destruction in the eastern suburbs of Christchurch in February 2011 led

to many residents relocating to rural areas, either on a temporary basis or permanently. We expect significant increases in the rural areas over the next few years, with a resultant increased demand for services.

The PHO has continued to contribute to the development of a Canterbury wide health system.

A major achievement this year was the completion of the Hurunui Kaikoura PHO integration. This change was driven largely by the Minister of Health's direction to reduce the number of PHOs nationally. A transitional arrangement saw three Board members appointed to the Rural Canterbury PHO Board until the end of the 2010/11 fiscal year.

RCPHO continued active involvement with the Canterbury Clinical Network and the implementation of the Ministry of Health's *Better Sooner More Convenient* health strategy. The PHO is party to the alliance contracting model, and is represented on a wide range of planning, advisory, service level and work stream groups, where we advocate for rural health needs and services. We have developed Terms of Reference for a Rural Health Workstream and expect this to be progressed in the 2011/12 fiscal year. Of particular note for the rural areas was the opening of expanded Health Centres in Rakaia and Amuri (Rotherham).

Other achievements have included a pleasing performance against the PHO Performance Programme nationally-set indicators. There has been a significant increase in the number of consultations provided in general practice and in the



Our focus for the future is to ensure closer integration and configuration of services to achieve a highly developed rural primary care service.

work of our general practice teams being acknowledged. They have continued to provide primary care services, and achieve nationally set targets, despite earthquakes and aftershocks.

We have strengthened our links with national rural health organisations and like-minded PHOs with the intent of increasing support to general practice teams and community providers as they build a sustainable workforce and facility capacity, capability and skills. The size of the PHO has allowed us to respond quickly to the many changing circumstances and policy direction, which no doubt is what this year will be remembered for!

We acknowledge the valuable support of the various Territorial Local Authorities (Ashburton, Hurunui, Kaikoura and Waimakariri district councils and Christchurch City Council) and their committees, community organisations and other agencies, and our general practice teams, who deliver vital primary health care services to the rural areas. Challenges remain around the provision of after hour's services in some areas, uncertainty with renewal of funding contracts with the Canterbury DHB, and the general fiscal constraints facing all health services.

We have worked to further develop our relationships with Manawhenua ki Waitaha, Te Kahui o Papaki ka Tai (Māori Advisory Group, TKOP), He Oranga Pounamu and Canterbury DHB's Māori Health Manager with a focus on delivery of Whanau Ora. We have maintained

these relationships through regular meetings and being actively involved with TKOP.

Our focus for the future is to ensure closer integration and configuration of services to achieve a highly developed rural primary care service. We must work to ensure adequate services are in place to meet the predicted future growth in the Territorial Local Authorities. We plan to achieve this by collaborating with our key stakeholders, strengthening our clinical leadership and networks, developing models of care, and use of new technologies to support service delivery. We will continue our focus on enhanced performance, increased outputs, improved quality and effective resource management.

Finally, I would like to acknowledge the contribution of every RCPHO staff member. They have shown total professionalism and dedication in the way that they have gone about their business activities, while also coping with their own personal issues in regard to the earthquake and associated damage.

Thank you to the Chair, individual Board members, Clinical Governance Group members and everyone who has contributed on so many levels to the continued success of the PHO.

W N Eschenbach, CEO



As part of the earthquake response RCPHO arranged for a portalo to be flown to Diamond Harbour when there was no sanitation.

Ongoing development has been occurring at RCPHO for further untoward event responses.

Untoward Events

The earthquake of 4 September 2010 caused damage to three practices in Kaiapoi two of which were later demolished. RCPHO has supported these practices to find alternative temporary accommodation and subsequently liaised with the Waimakariri Council, CERA, and architects in regard to the new practice that is now under construction.

Following the 22 February 2011 Canterbury earthquake the population in many rural areas expanded significantly due to people leaving Christchurch city. Particularly affected were Kaikoura, Hanmer Springs, Akaroa, Methven, Rangiora and the Tinwald / Ashburton area although other areas had smaller increases. Practices were supported by RCPHO to access CDHB funding for free earthquake-related consultations.

At Akaroa the practice and hospital staff worked together to evacuate the hospital building and to accommodate the patients in Pompelier House.

Several rural doctors were in Christchurch and experienced the February quake in buildings such as the Crown Plaza Hotel. Despite this extreme experience, they contributed to the rescue effort burrowing into the CTV building to treat patients, certifying deceased persons and assisting in the emergency health response in Latimer Square. The skills of the Primary Response in a Medical Emergency-trained (PRIME) clinicians was greatly appreciated.

In the June 13 2011 quake one of the Rangiora pharmacies sustained significant building damage and was unable to operate from those premises.

At a practical level, RCPHO delivered supplies such as water, arranged and delivered pharmaceuticals to pharmacies and arranged relief staff for several practices in the time after the major quakes. For Diamond Harbour, RCPHO arranged for a portalo to be flown in when there was no sanitation in the area.

The PHO participated in the Canterbury Primary Response Group (CPRG) initially meeting three times a day although by the end of June this was once a fortnight. Through participation rural practice and pharmacy issues have been raised and addressed alongside those of our urban counterparts.

Ongoing development has been occurring at RCPHO for further untoward event responses. This has involved redeveloping the sector groups with area leaders, clinician leaders, nurse leaders, pharmacy leaders, Civil Defence and a dedicated RCPHO staff member; installing radio telephones in the practice of the sector leader, with a base at RCPHO office; preparation of the draft outline of the gastroplan; and emergency flip charts for practices.

The Canterbury Health System

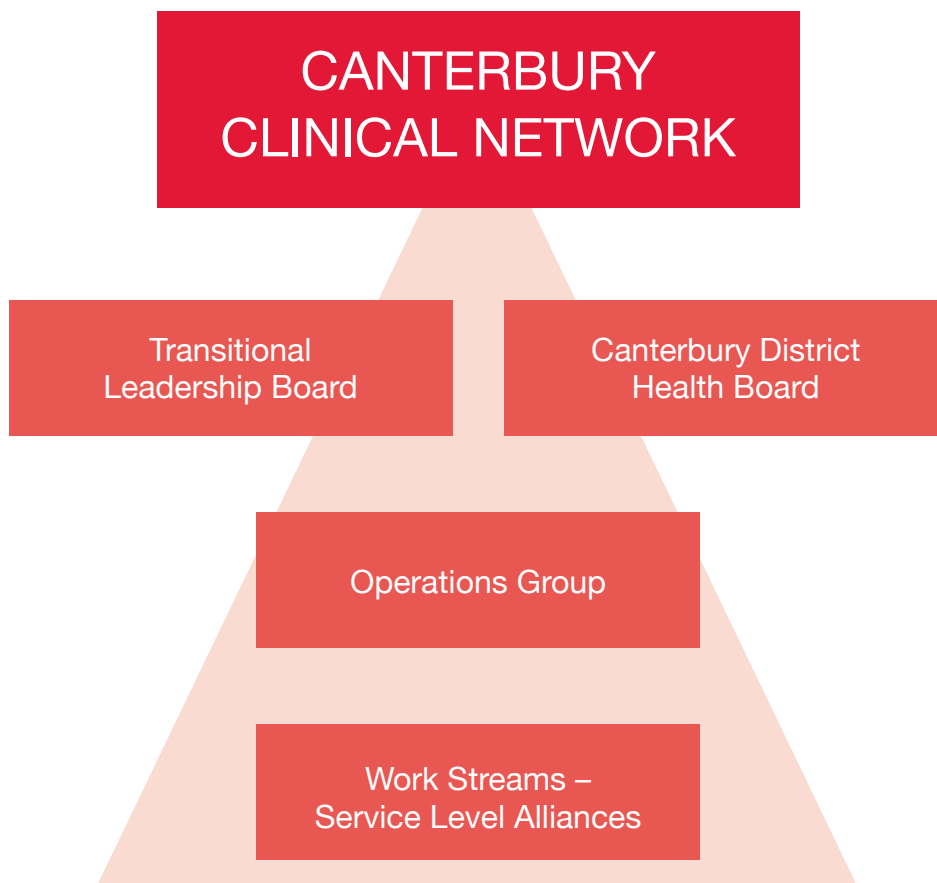
Over the past years RCPHO has participated in an initiative "Vision 2020" to plan a Canterbury wide health system.

A wider Canterbury business case became one of the nine successful submissions. The Canterbury plan focuses on achieving greater clinical leadership in the sector, supported by sound management, sector wide collaboration and community engagement.

As implementation progresses a range of RCPHO staff and clinicians represent the voice of our rural community at various Service Level Alliance and Workstream meetings. Of special interest to us is a Rural Workstream which will commence in the new financial year.

We see this as an opportunity to further strengthen the integrated planning and provision of services in our region.

Of special interest to us is a Rural Workstream which will commence in the new financial year.



RCPHO works with many organisations to ensure our rural communities are able to access primary health services.

How We Deliver Services

RCPHO works with many organisations to ensure our rural communities are able to access primary health services:

- Local Councils (five Territorial Local Authorities: Ashburton, Christchurch, Hurunui, Kaikoura and Waimakariri) and their Health Committees such as the Waimakariri Health Advisory Group (WHAG) – linking and transferring information. RCPHO staff over the year have worked with District Councils and other providers on the development/ review of their “Social Wellbeing and Physical Activity Strategies”.

The local authorities also lease buildings to primary care providers for the provision of health services

- Amuri Community Health Centre (opened 26 June 2011, funded from the community, trusts and Hurunui District Council)
- Rakaia Medical Centre (alterations undertaken in late 2010 funded by the Ashburton District Council)
- Methven Medical Centre (alterations and additions to building funded by the Ashburton District Council)
- Kaikoura (planning under way for an integrated hospital / medical centre on the current site of the hospital).
- Community Trusts, with several of the PHO’s practices owned and run by community trusts for example Oxford Community Health Centre, Amuri Community Health Centre, and Rakaia Medical Centre
- Manawhenua ki Waitaha, He Oranga Pounamu, Ngai Tahu Health and Social Services, local iwi and marae – the PHO Māori Health Manager has worked with local marae to set up marae-based clinics and also supports ‘Healthy Day at the Pa’ at Tuahiwi Marae once a month, by introducing primary care services to local iwi
- Sport Canterbury in the provision of the Green Prescription programme of face to face consultations in Banks Peninsula; co-travel when possible with Green Prescription Area Manager to encourage primary care providers utilisation of the programme
- Presbyterian Support Services, by jointly funding the employment of Tony Vainerere, Pacific Island Health Promoter in Ashburton
- He Waka Tapu cervical screening, co-travel to promote the availability of alternative screening options for those women not accessing the service
- Canterbury Men’s Health Centre (Tane Ora), to publish the “Blokies Book” which is also partially funded by the PHO
- RCPHO is represented by clinicians and staff on various Service Level Alliances, groups and meetings such as Canterbury Primary Pandemic Group, Integrated Respiratory Services Development Group, Canterbury Cancer Network; Tane Ora (Well Men’s Health), Te Kahui o Papaki ka Tai.

Services We Provide Directly

B4 SCHOOL CHECKS

The B4 School Check (B4SC) is a national Ministry of Health-funded programme. In Canterbury the B4SC is delivered in Primary Health Care by specially trained practice nurses and in some cases the Public Health Nursing Service.

The B4SC is a 'well-child' screening programme and reviews height, weight, BMI, oral health, general health issues, vision and hearing, behaviour and development of each child enrolled in general practice, as they turn four years or as close to as possible. All children enrolled in the practice, who are four years of age, are offered the B4SC.

RCPHO employs two practice nurses to assist with the B4SC process in the PHO. Currently these nurses do the checks at 10 of the PHO practices and they are also able to do 'one-off' B4SC clinics for any of the PHO practices if, for example, they are getting behind in checks, have a nurse off sick, or have lost trained checkers. We circulate this offer in the RCPHO newsletter, through personal approach and via mail out.

Adding two RCPHO nurses to the assessment team has increased the percentage of B4SCs completed by the PHO in both quintile 5's and all quintiles, Māori and Pacific Island children. The PHO-employed nurses are managing a minimum of 1.5 B4SC clinics a week, except when they are on annual leave, or when clinics coincide with school holidays. Reduction in clinics was compounded by both the earthquake of 22 February and the June earthquakes. The earthquakes / aftershocks have caused cancellation of planned clinics. Other rural issues that impede the ability to undertake B4SCs include the itinerant nature of dairy farm workers who regularly change general practice as their families move around the

country. Harvesting and lambing / calving also cause a downturn in availability of children for appointments.

Children assessed through the B4SC process, have been referred back to their GP for various reasons, including soiling, stuttering, dental issues, ongoing respiratory issues, visual acuity assessment and so on. A few children have been referred to Ministry of Education because of parent / preschool identified behavioural concerns.

It is with great pleasure that we can report that the PHO achieved, across the practices, an average completion rate of 100% for the year, the target was 70%. This is a wonderful achievement.

BABY FEEDING SERVICE

This free service is available to all Canterbury mothers. Consultations with International Board Certified Lactation Consultants (IBCLC) can be at home, or at a mutually agreed venue, or at clinics by appointment at Shirley, Ashburton, Rangiora and Kaikoura.

The RCPHO baby feeding service is being very well accessed by the Canterbury community and we are receiving at least 50 referrals a month.

Slow weight gain, tongue ties, nipple damage, breast pain, feeding multiples, re-lactation, medication in mothers milk, breast refusal, are some examples of the work that our lactation consultants cover on a daily basis.

This CDHB supported service is Canterbury wide and is free.

A referral to the service is required from one of the following health professionals: Midwife, La Leche League leader, Tamariki Ora Well Child Health Nurse, GP, Practice Nurse, IBCLC or other health provider.



It is with great pleasure that we can report that the PHO achieved, across the practices, an average completion rate of 100% B4 School Checks for the year, the target was 70%. This is a wonderful achievement.

Despite high service demand, clients are seen within one month from date of referral. Clients reported overall clinical improvement.

MOTHER-FOR-MOTHER PEER SUPPORT PROGRAMME

RCPHO runs a Mother-For-Mother Peer Support Programme, with two specific roles. One role is to train mothers who have breastfed to support mothers who are breastfeeding. Once the women have completed the 24-hour training programme they become certified as peer supports. The other role is to provide peer support to breast feeding mothers.

We have completed training programmes in South West Christchurch and in Kaiapoi. We are about to commence training a North East Christchurch group of peer supporters.

PRIMARY CARE MENTAL HEALTH SERVICES

The RCPHO Mental Health in Primary Care service is innovative in the delivery of mental health services based on best practice principles, primary mental health service models and local consultation.

The Mental Health Team consists of the Mental Health Manager/Clinical Psychologist, Brief Intervention Coordinators (BIC) including two to focus on youth, and a General Practice Liaison role. Service delivery now includes the Hurunui and Kaikoura districts.

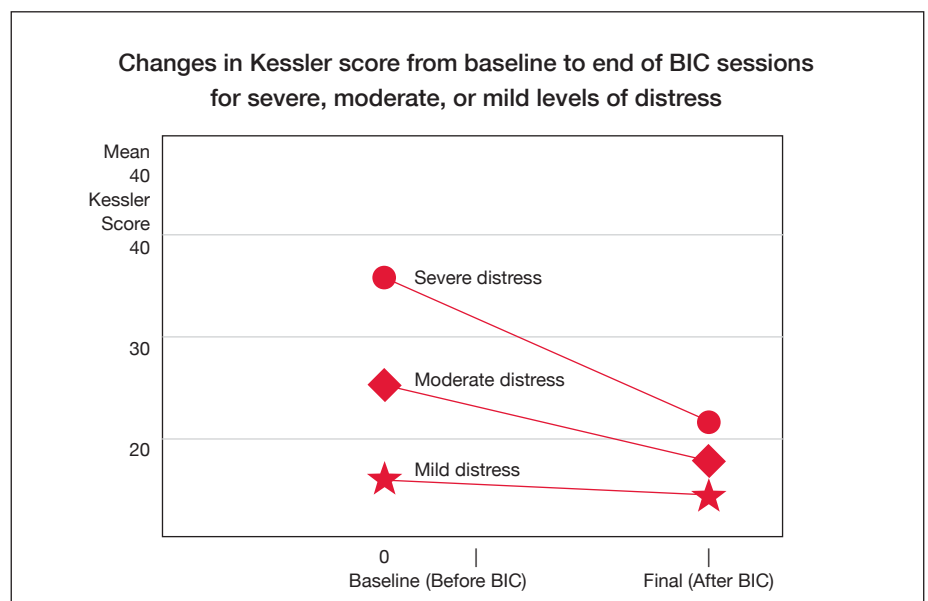
In the last financial year (1 July 2010 – 30 June 2011) there were 909 referrals

to the BIC service. There were 2434 scheduled sessions, 1989 face-to-face sessions in total, and clients referred were seen on average 2.6 times. Seventy percent of referred clients were female, 83% identified themselves as European. The main presenting problem was depression followed by anxiety.

Despite high service demand, clients are seen within one month from date of referral. Clients reported overall clinical improvement when asked to complete a pre- and post-treatment Kessler 10 clinical outcome scale.

The BIC Service is evolving from face-to-face interview work in a GP setting to more community-based settings including marae, workplaces and some home visits. The Youth Brief Intervention service (YBIC) has continued to grow with 205 referrals in the period 1 July 2010 to 30 June 2011. The YBIC networks extensively with the team from CAF-Rural and has developed a strong working relationship which is crucial in working with some of the young. Calls from various services and GPs are fielded.

GP Mental Health Liaison assists general practice teams to provide optimum care for clients who present with serious mental health illness. This client group is formally identified as 0-3% /moderate to severe, and for whom mental illness has a significant impact upon their life and of



that of their family and whanau. Emphasis is on providing treatment in primary care, this being the least restrictive and disruptive option. GP Liaison is available to assist clients transitioning in and out of Specialist Care to reduce risk of exacerbation and relapse.

Key elements are:

- Referrals from GP teams, Specialist Mental Health Services, other recognized Health and Service providers
- Assessment, follow up and review of clients
- A point of liaison between Specialist Mental Health Services and rural general practice
- Resource in relation to identifying appropriate community agencies and support groups for clients
- Providing education and assistance to GP teams as required.

From July 2010 134 referrals were made to General Practice Liaison (GPL), 16 of which identified as Māori, 40 of whom had previous use of service. Earthquake support clients were not included in these statistics.

After the 4 September earthquake, RCPHO quickly established an Earthquake Support Service for the Kaiapoi practices. From 7 September BIC staff were rostered to provide a drop-in psychological advice clinic for Kaiapoi patients affected by the earthquake. This service was down-graded by December, with the RCPHO clinical psychologist and GPL service continuing to provide earthquake support services, based at a Kaiapoi GP's practice.

The major earthquake of 4 September, with the severe impact to Kaiapoi and its coastal environs and the second event of 22 February, resulted in GPL working to meet the needs of earthquake refugees. This group comprised urban dwellers temporarily relocated to holiday homes, family/friends and rented accommodation, with retained enrolment at urban practices. There was a high volume in

Kaikoura where a GP and a community champion set up an Earthquake Recovery Centre. GPL had 12 sessions during a day's attendance.

RCPHO GPs have made 3,385 claims for extended consultation mental health sessions for the period 1 July 2010 – 30 June 2011.

RCPHO made extra funding available for Mental Health Extended Consultations (MHEC) for the Kaiapoi practices. RCPHO received \$5000 from the Ministry of Social Development (MSD) Canterbury Earthquake Community Response to cover the costs incurred through providing these additional services. There were 387 MHEC claims made available to Kaiapoi practices for earthquake response. Under-utilised allocation to other practices was re-distributed to practices with high MHEC need, such as the practices in Kaiapoi. In total, an extra \$20,000 of MHEC claims was made available to RCPHO practices to cover this major event.

May 2011 was the commencement of pilot programme to provide a Community Support Worker to Kaikoura. This service was developed in collaboration with the GPs to ensure it met specific needs of the community. It includes a cluster of older/dementia clients in addition to adults with mental illness. Currently there are 27 open cases. The role is supervised and clinically supported by GPL. This, with addition of a Kaikoura BIC contracted by RCPHO, provides this region with a three tier primary mental health service.

RCPHO has been in collaboration with other Canterbury PHOs to develop a comprehensive primary care mental health workforce plan for the next year. This will inform training needs for both primary care teams and BIC workers for the next five years. New developments include an electronic therapy (e-therapy) option for our rural clients and staff. RCPHO attended a training day and await the ability to access this platform for their referrals. RCPHO has developed, and is piloting, anxiety treatment groups delivered in primary care.



RCPHO has been in collaboration with other Canterbury PHOs to develop a comprehensive primary care mental health workforce plan for the next year.



Tony Vainerere (sitting playing guitar) at the opening of the Hakatere Marae, Ashburton.

The Ashburton Health Promoter has established robust working relationships with local general practice teams, health providers and other ethnic groups in the community.

MĀORI HEALTH MANAGER

Our progress this year can be attributed to RCPHO's commitment to work collaboratively across the health sector, to ensure communication lines remain open, and credibility is established through high work ethics.

Our Māori Health Manager has also been involved in introducing Māori Health Services to other PHO's by establishing robust working relationships. We have supported other PHO's by introducing their staff to our rural networks for example community and marae to demonstrate the commitment we have to working in collaboration.

Treaty of Waitangi and Cultural Competency workshops are provided to general practice teams by the Māori Health Manager. Requests have and continue to be received for these programmes to be provided to other organisations in Canterbury and nationwide.

The Rural Health Directory compiled by the Māori Health Manager is updated annually and provided to all primary care providers.

The earthquakes have taken their toll on the workforce, we have seen a number of Māori health workers leave the district. To assist in increasing the Māori health workforce RCPHO is working with Kia Ora Hauora (programme for the development of Māori Health Workforce).

HEALTH PROMOTERS (ASHBURTON, BANKS PENINSULA AND WAIMAKARIRI)

RCPHO Health Promoters continue to deliver services and provide much needed support to their communities despite the affects of the earthquake and personal loss.

Tai Chi classes (run by Chris Rudin Jones) have been well attended in Akaroa and Diamond Harbour with an increase in participants post-quake which can be contributed to the community's need to share experiences, and to seek support and the company of others.

The Ashburton Health Promoter (Tony Vainerere) has established robust working relationships with local general practice teams, health providers and other ethnic groups in the community in particular the Polynesian people.

This relationship has ensured local health needs are identified and appropriately addressed for example general practice enrolment, providing interpreting services, promoting healthy lifestyle changes and supporting client's job application and various social needs. This role is provided and funded in partnership with Presbyterian Support Services.

The Waimakariri health promoter (Charlotte Hastings) has been involved with the local marae supporting the marae clinic which is committed to improving the lives of whanau. She also supports community programmes, general practice and other service providers in the Waimakariri area.

Contracting with Others to Deliver Services

GENERAL PRACTICE

RCPHO has certainly, like all of Canterbury, had its challenges over the year especially with earthquakes and the health and social challenges these have brought. With the migration of earthquake-affected refugees from urban to rural areas, general practices have had an increase in enrolments and an increase in GP visits by casual patients. Despite the added work burden this has brought (and some rural practices suffering from earthquake damage), practices have still managed to support and offer their enrolled population the availability of Health Promotion and Services to Improve Access-funded initiatives.

General practice is where most people visit a doctor or nurse for health care. There are 28 rural general practices that receive capitation funding via RCPHO to provide these services. The PHO manages the funding and also provides supporting services to the general practice staff such as the patient register management system via South Link Health and also access to Language Line.

Education programmes are facilitated and funded for doctors, nurses, practice managers and mental health staff across the PHO region. The PHO also supports general practice teams by funding the installation and running costs of the Best Practice Decision Support Tool, which clinicians use to help manage their patients with chronic diseases, part of the electronic medical record that clinicians use.

The PHO's quality and performance based programme focuses on continual improvement and encourages continued high performance in the national PHO Performance Programme.

A number of practices have achieved accreditation or are undertaking re-accreditation with Cornerstone, General Practice Accreditation Programme to assess quality in general practice.

The PHO has introduced new technology to general practices over the last several years such as after-hours telephone

triage, Text to Remind, and emergency radio telephones. Regular newsletters, updates, visits and telephone and personal contacts are provided by PHO staff. Our emergency / pandemic / earthquake response has included additional practical support such as the provision of personal protective equipment and delivering of bottled water and other supplies as needed.

RCPHO is also a service provider delivering primary mental health services, baby feeding services, and the B4 School Checks Programme. A team of primary mental health staff actively support general practice teams to be lead provider of preventive focused mental health care in rural areas, and assists them to care for people with chronic mental illness. The team works collaboratively across the region with the mental health teams supporting Partnership Health, Christchurch PHO, and the Canterbury District Health Board.

The PHO has continued to fund Chronic Disease Management 'packages of care' since 2009 when the contracts with the DHB were not renewed. These packages are targeted at people with a new diagnosis of chronic disease and those that have been admitted and recently discharged from hospital. Smoking cessation programmes are also delivered through this initiative.

Smoking Cessation via Packages of Care runs for one year per patient. In 2010-11 605 smoking cessation packages were provided to patients.

- Three month outcomes for 348 showed 50% abstinence and 31% reduction in cigarettes smoked. This is an 81% improvement. Of those patients who had fully complied with the programme, there was a 60% abstinence and a 38% reduction, giving a 98% improvement
- Six month outcome reports for 188 patients showed 48% were still not smoking and 37% had reduced the number of cigarettes they smoked giving an 85% improvement



Dr Gerard Fairhall (left) and Dr Bill Page, Kaiapoi Family Doctors, were forced to relocate to temporary premises following the 4 September earthquake, and hope to be in a new building by November.

Practices have still managed to support and offer their enrolled population the availability of Health Promotion and Services to Improve Access-funded initiatives.

This initiative assisted the majority of RCPHO Practices to achieve their PHO Performance Programme Cervical Screening targets.

- 12 month outcome reports for 78 showed 46% were still not smoking and 33% had reduced their smoking, giving a 79% improvement

These impressive outcomes highlight the significant work done in the PHO practices.

Acute Packages of Care. RCPHO practices have also delivered packages of care in acute situations, funded by CDHB, which has avoided the need for people to be admitted to hospital and allows them to remain in their own rural environment.

Secondary School Services. At Rangiora High School a nurse is funded for six hours per week with PHO funding plus extra hours funded by the school; and at Kaiapoi High School, the PHO funds a nurse for four hours per week. The PHO funds local doctors to also provide one hour school clinics at both secondary schools on a weekly basis.

- Rangiora High School Nurse 2010/11: 1060 nurse consultations
- Kaiapoi High School Nurse 2010/11: 294 nurse consultations

Marae-based Clinics. A general practitioner and nurse are rostered to

attend these clinics held once a month, at Tuahiwi Marae.

CarePlus is a national programme provided by general practice, which aims to support and coordinate the care of people with high health needs. As of 30 June RCPHO Practices had registered 88% of the estimated eligible RCPHO enrolled population with three of the four demographic targets being met: Māori Pacific Deprived, Non Māori Pacific Deprived and Non Māori Pacific Non Deprived.

Funded Cervical Screening

Programme targets Māori and Pacific Island women and/or other women in the high need category to participate in the National Cervical Screening Programme.

This successful programme commenced as a pilot in the Ashburton District in 2008 and was rolled out to all RCPHO Practices in December 2009 and completed 30 June 2011.

This initiative assisted the majority of RCPHO Practices to achieve their PHO Performance Programme Cervical Screening targets. Below are the statistics for each area from commencement date.

AREA	TOTAL COMPLETED	NO. OTHER ETHNICITY	NO. PI WOMEN	NO. MĀORI WOMEN	% MĀORI AND PI WOMEN
Ashburton District Commenced 1.7.08	454	316	33	105	30.4%
Waimakariri and Banks Peninsula Commenced 1.12.09	420	311	8	101	25.95%

Men's and Women's Wellness checks

have continued with an age criteria reduction for Māori and Pacific peoples from 45 to 35 years in April 2010. Age criteria for others are 45 -65 years. This programme is available to those RCPHO enrolled patients who are identified as being at risk by the practice and who

have not had a general health check in the last two to three years targeting those patients in the high needs category. Practices find that the wellness checks are a great screening tool and prompt regular contact, review and follow up with General Practice.



Practices find that the wellness checks are a great screening tool and prompt regular contact, review and follow up with general practice.

MEN'S WELLNESS CHECK REPORT FOR PERIOD 01-JUL-2010 AND 30-JUN-2011

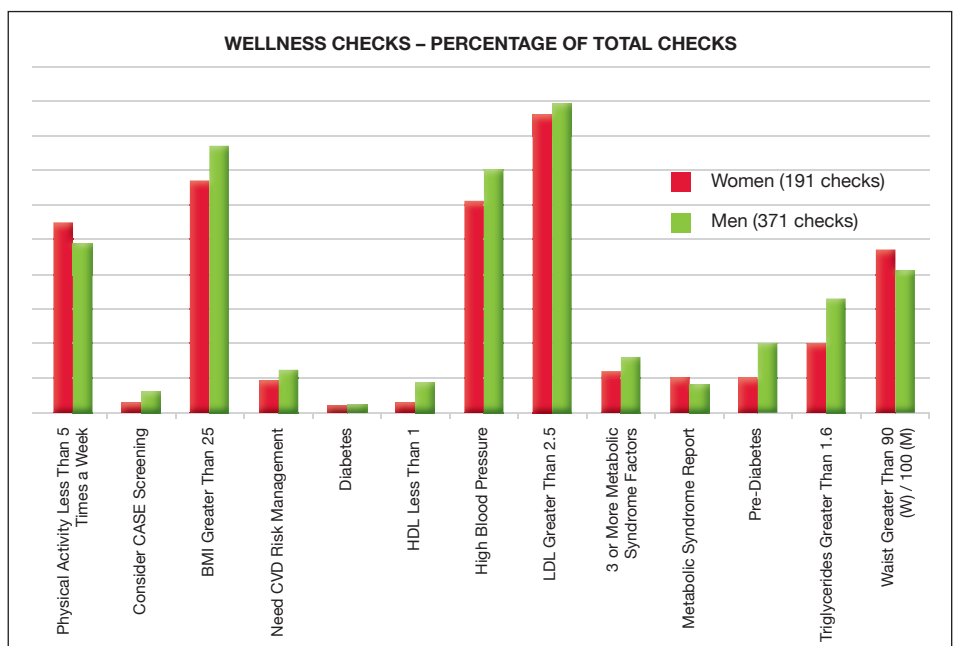
Ethnicity	Total	
Māori	15	4%
Pacific Islander	2	1%
Other	354	95%
Total for the year 2011/2012	371	
Age Group	Total	
35 to 45 Years (Māori and PI Men)	6	2%
45 to 50 Years	112	30%
50 - 55 Years	106	29%
55 - 60 Years	76	20%
60+ Years	71	19%
Condition	Total	
Physical Activity Less Than 5 Times a Week	183	49%
Consider CASE Screening	23	6%
BMI Greater Than 25	287	77%
Need CVD Risk Management	43	12%
Diabetes	9	2%
HDL Less Than 1	34	9%
High Blood Pressure	261	70%
LDL Greater Than 2.5	330	89%
3 or More Metabolic Syndrome Factors	58	16%
Metabolic Syndrome Report	29	8%
Pre-Diabetes	75	20%
Triglycerides Greater Than 1.6	121	33%
Waist Greater Than 100	151	41%



Bronwyn Byers, Hurunui District Council Community Development Advisor, heads a confident driving course for seniors.

WOMEN'S WELLNESS CHECK REPORT FOR PERIOD 01-JUL-2010 AND 30-JUN-2011

Ethnicity	Total	
Māori	26	14%
Pacific Islander	5	3%
Other	160	83%
Total for the year 2011/2012		
Age Group	Total	
35 to 45 Years (Māori and PI women)	13	7%
45 to 50 Years	45	24%
50 - 55 Years	60	31%
55 - 60 Years	32	17%
60+ Years	41	21%
Condition	Total	
Physical Activity Less Than 5 Times a Week	106	55%
Consider CASE Screening	6	3%
BMI Greater Than 25	128	67%
Need CVD Risk Management	17	9%
Diabetes	3	2%
HDL Less Than 1	6	3%
High Blood Pressure	117	61%
LDL Greater Than 2.5	164	86%
Three or More Metabolic Syndrome Factors	23	12%
Metabolic Syndrome Report	20	10%
Pre-Diabetes	20	10%
Triglycerides Greater Than 1.6	38	20%
Waist Greater Than 90	90	47%



Under 18 Flu Vaccination Programme

The programme ran through Q4 of the 2010/11 financial year but finished in July.

	AGE GROUP	ENROLLED	IMMUNISED	COVER
1.	0 - 4	5304	1192	22.47%
2.	5 - 9	5927	1471	24.82%
3.	10 - 17	9611	1978	20.58%
		20842	4641	22.27%

31-JUL				
	Age Group	Number of vaccines given	Population	Coverage
Rural Canterbury PHO	0 - 4	1192	5304	22.5%
	5-9 years	1471	5927	24.8%
	10-18 years	1978	9611	20.6%
	Total	4641	20842	22.3%
Canterbury Total	0 - 4	5796	31349	18%
	5-9 years	6467	30792	21%
	10-18 years	9846	49564	20%
	Total	22109	111705	19.8%



Rain hail or snow, the Meals on Wheels still gets through: Ron and Freda Carson, of Hanmer Springs, receive one of their three-weekly meals from MOW volunteer driver Roger Minson.

Working with Other Organisations

Community Support: Working collaboratively with general practice, district councils and other health and social service providers, RCPHO has supported several community programmes over the year, such as:

- Meals on Meals in Hanmer Springs
- Senior Chef cooking classes for the elderly
- Appetite For Life weight management and healthy lifestyle programme
- Fortnightly shopping van in Diamond Harbour

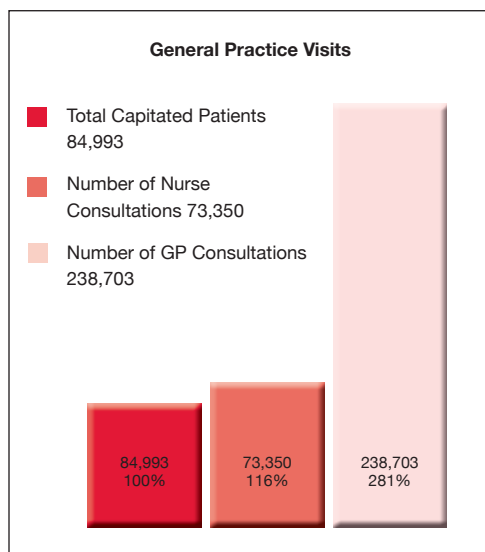
- Confident Driving Courses for seniors in the Hurunui District.

Another very well utilised initiative, which was put in place following an identified need by the Waimakariri Health Advisory Group, is the availability of MTA vouchers from all RCPHO general practices and Presbyterian Support Rangiora to help contribute to the cost of travel to health-related services for those enrolled patients who are in financial need.

Health Outcomes

This year we have, despite all the financial and physical challenges, delivered more health services to more people from the funding allocated to the PHO.

For the RCPHO enrolled population, 99% or 84,336 people visited their general practice. The enrolled population has also increased 2.2% over the previous year.



This is only one measure of our progress and success.

The PHO Performance Programme

allows RCPHO to evaluate how well it is performing and if it is meeting Ministry of Health national set targets across a range of health indicators such as Breast Screening, Cervical Screening, Diabetes Detection, CVD Risk Assessment, Flu Vaccination, Age Appropriate Vaccinations and so on.

In the 2010/2011 year RCPHO continued to improve, achieve and/or exceed national targets. The PHO met and exceeded 55% of their set targets, was close to meeting target in another 14% and although increased performance over previous year was well off national targets for 31% of the performance indicators. This is likely to be explained by the impact of the Canterbury earthquakes.

Practices have had less time to focus on indicator targets due to the extra burden coping with earthquake migrants in rural areas and the practices' own earthquake related issues.

Smoking Cessation is a Ministerial priority and smoking status will be measured for performance payments from June

2011. Practices have been working well towards achieving the national target of at least 70% of the enrolled population aged between 15-75 years having smoking status recorded. As of 30 June 2011 RCPHO was at 58.84% with an improvement of 15% over previous quarter.

For a full report about these indicators visit our website www.rcpho.org.nz

Other achievements include:

- 371 men had a wellness check
- 191 women had a wellness check
- 317 High Needs Women have had PHO funded cervical smears
- 964 B4 School Checks and achieved 100% completion over the whole of the PHO.



Eileen McIntyre (front), Max Pearson, Betty Chapman, and Robin Kirk (rear) on board the Diamond Harbour van that helps elderly people access health services, shops and other amenities.

This year we have, despite all the financial and physical challenges, delivered more health services to more people from the funding allocated to the PHO.



Chris Mateer, B4 School Check nurse, measures the height of Arianne Froud, of Oxford.

Our People

STAFF

1 JULY 2010 / 30 JUNE 2011

Bill Eschenbach	Chief Executive Officer
Dianne Walker	Executive Administrator
Helen Thompson	Office Administrator
Caroline Eschenbach	Data Entry / Administration Support
Geraldine Clemens	Contracts Planning Manager
Alison Wilkie	PHO Performance Programme and Cornerstone Coordinator (to March 2011)
Jill Robinson	HP, SIA and CarePlus Manager and PHO Performance Programme
Wayne Smith	Maori Health Manager and Health Promotion
Janetta Skiba	Director of Nursing; Education Coordinator; B4 School Check coordinator; Manager Baby Feeding Support;
Rachel Palmer	Peer Support Programme, Baby Feeding Service (from December 2010)
Vicki Patterson	Baby Feeding Support Service (from March 2011)
Hazel McGregor	Baby Feeding Support Service (to January 2011)
Chris Mateer	B4 School Check
Stephanie Winchester	B4 School Check (Ashburton)
Laila Cooper	Mental Health Workforce Development Project
Paul Wynands	Manager / Clinical Psychologist Primary Mental Health
Susan Kovacs	GP Liaison Primary Mental Health
Karen Daws	Brief Intervention Coordinator and Youth BIC (Banks Peninsula)
Mel Doornenbal	Brief Intervention Coordinator (Rangiora) / GP Liaison Waimakariri
Antoinette Lewis	Brief Intervention Coordinator (Waimakariri) (from April 2011)
Angela Palau	Brief Intervention Coordinator (Kaiapoi)
Anne Kerr	Brief Intervention Coordinator (Ashburton)
Anna Maree Todd	Brief Intervention Coordinator (Ashburton)
Lorraine Bennett	Brief Intervention Coordinator (Ashburton)
Joan Roberts	Brief Intervention Coordinator (Hurunui)
Sue Amor	Youth Brief Intervention Coordinator (Ashburton)
Victoria Ravenscroft	Youth Brief Intervention Coordinator (Waimakariri)
Colleen Cowan-Lee	Community Support Worker Kaikoura (from May 2011)

Governance & Structure

Rural Canterbury Primary Health Organisation operates as a charitable company and trust governed by a Board of 11 members. The monthly Board meetings are chaired by an independent Chairperson.

Elected members represent community, Territorial Local Authorities (TLAs), Māori, general practice teams and health professionals.



STANDING FROM LEFT: Dr Mick Tarry, Dr Chris Henry, Allan Marriott, Marina Hughes, Mike Northmore, Peter Allen

SEATED FROM LEFT: Sharron Bonnafoux, Jaana Kahu, Pam Richardson, Gloria Rose Wereta Osborn, Fiona Martin

INSET: Dr Steve Brown

RCPHO BOARD MEMBERS 1 JULY 2010 - 30 JUNE 2011	
Nicky Anderson	Co-opted for 12 months HKPHO remote rural representative (to October 2010)
Peter Allen	Waimakariri District Council community representative (from January 2011)
Sharron Bonnafoux	Hurunui Kaikoura community representative
Steve Brown	Waimakariri TLA GP representative
Ros Crighton	Co-opted for 12 months as practice management representative (to September 2010)
Neil Cruickshank	Waimakariri District Council community representative (to November 2010)
Chris Henry	Hurunui Kaikoura GP representative
Marina Hughes	Māori representative (Manawhenua ki Waitaha)
Jaana Kahu	Māori representative (Manawhenua ki Waitaha)
Gavin Marshall	Ashburton District Council TLA community representative (to February 2011)
Allan Marriott	Independent Chairman
Fiona Martin	Practice nurse representative
Mick Northmore	Hurunui Kaikoura Co-opted representative (to June 2011)
Pam Richardson	Akaroa/Waiwera Community Board representative
Mick Tarry	Ashburton TLA GP representative
Gloria Rose Wereta Osborn	Māori representative (Manawhenua ki Waitaha)

CLINICAL GOVERNANCE GROUP

Our Clinical Governance Group provides advice to the Board to ensure that it is accountable for continuously improving the quality of services, and for safeguarding high standards of

care by creating an environment of excellence. A monthly meeting is held via teleconference, to cut down on the amount of travelling time involved for members to attend these meetings.

Dr Alf Scragg Chair	General Practitioner
Dr Gayle O'Duffy	General Practitioner
Dr Penny Holdaway	General Practitioner
Dr Tim Hanbury-Webber	General Practitioner
Chris Long	Practice Nurse
Sue Parsons	Te Tai O Marokura
Dr Ann Richardson	Community and Public Health
Steve Wise	Pharmacist

We will use knowledge of what works well for rural populations in delivering the Primary Health Care Strategy.

Strategic Direction – Looking Forward

WE WILL

- **Influence decisions made by the MoH, CDHB, and Transitional Leadership Board (TLB) that impact on rural health:**
 - strengthen our rural voice, position and resolve
 - be a conduit for our rural population
 - strengthen our relationship with the Canterbury PHOs and CDHB
 - improve our communication strategy through considered representation and advocacy
 - look for long-term solutions and sustainability
 - continue to address equity
- **Support the activities of the Canterbury Clinical Network:**
 - strengthen our relationship through the TLB and Operational Leadership Group
 - be flexible in our approach
- **Use knowledge of what works well for rural populations in delivering the Primary Health Care Strategy:**
 - continue employing our Māori health worker, strengthen our Māori health plan and consolidate on-going funding
 - strengthen our relationship with the TLAs
 - aim to improve health status overall and focus on population health
 - encourage self-responsibility for health
 - bring in other rural primary health providers
 - talk with other rural primary health organisations, eg West Coast, Marlborough
 - stick to what we are good at
- **Support general practices in delivering health services:**
 - foster general practice and their networks
 - aim to ensure accuracy of general practice data collection tools
 - support health providers with education opportunities
 - aim to sustain funding and aim to secure untagged funding
 - address the employment of appropriate general practice workforce
 - address staff recruitment, retention and development of our rural health workforce
 - increase capacity to develop creative solutions, such as tele-medicine
- **Facilitate the integration of NGOs, health and welfare providers:**
 - bring in other rural health providers
 - increase community involvement by strengthening and maintaining relationships
 - aim to obtain agreed priorities for funding among health providers

Financial Statements

30 June 2011

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Rural Canterbury PHO Limited

Statement of Financial Responsibility

For the year ended 30 June 2011

The Directors are responsible for preparing the financial statements and ensuring that they comply with generally accepted accounting practice in New Zealand, and give a true and fair view of the financial position of the Company as at 30 June 2011 and the results of their operations for the year ended on that date.

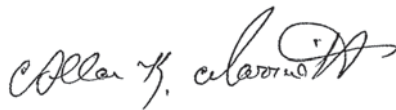
The Directors consider that the financial statements of the Company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates and that all relevant financial reporting and accounting standards have been followed.

The Directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Company and facilitate compliance with generally accepted accounting practice in New Zealand.

The Directors consider that they have taken adequate steps to safeguard the assets of the Company, and to prevent and detect fraud and other irregularities. Internal control procedures are also considered to be sufficient to provide a reasonable assurance as to the integrity and reliability of the financial statements.

The Directors are pleased to present the financial statements of the Rural Canterbury PHO Limited for the year ended 30 June 2011.

For and on behalf of the Directors:



Allan Marriott

Director

Dated: **27 September 2011**



Peter Allen

Director

Dated: **27 September 2011**

Rural Canterbury PHO Limited

Statement of Financial Performance

For the year ended 30 June 2011

	Note	2011 \$	2010 \$
Operating revenue	1	18,296,317	13,818,718
Total operating revenue		18,296,317	13,818,718
Operating expenses	2	18,440,100	13,690,992
Total operating expenses		18,440,100	13,690,992
Net operating surplus/(deficit)		(143,783)	127,726
Interest Income		127,016	116,126
Net surplus/(deficit) for the period		(16,767)	243,852

Statement of Movements in Equity

For the year ended 30 June 2011

	Note	2011 \$	2010 \$
Net surplus/(deficit)		(16,767)	243,852
Total Recognised Revenues & Expenses		(16,767)	243,852
Equity at beginning of year		856,545	612,693
Equity at end of year		839,778	856,545

Rural Canterbury PHO Limited

Statement of Financial Position

As at 30 June 2011

	Note	2011 \$	2010 \$
Equity		839,778	856,545
Current assets			
Cash and Bank	3	3,222,262	3,014,771
Accounts Receivable	4	421,337	259,467
Prepayments		88,800	68,013
GST Receivable		27,253	236,185
		3,759,652	3,578,436
Non current assets			
Plant and Equipment	5	49,330	28,865
		49,330	28,865
Total assets		3,808,982	3,607,301
Current liabilities			
Accounts Payable	6	1,075,832	538,273
Reserved Funding		1,893,372	2,212,483
Total liabilities		2,969,204	2,750,756
Net assets		839,778	856,545

Rural Canterbury PHO Limited

Statement of Accounting Policies

For the year ended 30 June 2011

BASIS OF PREPARATION

The Rural Canterbury PHO Limited is registered under the Companies Act 1993. These Financial statements have been compiled in accordance with the Companies Act 1993, the Financial Reporting Act 1993 and generally accepted accounting practice in New Zealand.

The measurement base is historical cost.

DIFFERENTIAL REPORTING

In terms of the framework for differential reporting an entity is exempt from certain requirements of the financial reporting standards if it satisfies the criteria laid down in the framework; such an entity is called a qualifying entity.

The Company is a qualifying entity because it has no public accountability and is not large (as defined in the framework).

All differential reporting exemptions have been adopted, except FRS 19 Accounting for Goods and Services Tax, as the financial statements are prepared GST exclusive.

PLANT AND EQUIPMENT

Plant and equipment is stated at cost and depreciated as outlined below.

Where an asset is disposed of, the gain or loss recognised in the statement of financial performance is calculated as the difference between the sale price and the carrying amount of the asset.

DEPRECIATION

Depreciation is calculated on a diminishing value basis to allocate the cost of the asset, less any residual value, over its estimated useful life.

The rates are as follows:

Plant and Equipment	20-48% DV
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REVENUE RECOGNITION

Revenue from contracts and interest is recognised in the Statement of Financial Performance as earned. Contract income for which service delivery is yet to be earned is transferred to the Statement of Financial Position and held as "Reserve Funding".

ACCOUNTS RECEIVABLE

Accounts receivable are stated at estimated realisable value after providing against debts where collection is doubtful. Bad debts are written off during the period in which they are identified.

INCOME TAX

Rural Canterbury PHO Limited is registered with the Charities Commission and is therefore exempt from income tax.

GOODS AND SERVICES TAX

All amounts are shown exclusive of Goods & Services Tax (GST), except for accounts receivable and accounts payable that are shown inclusive of GST.

CHANGES IN ACCOUNTING POLICIES

The accounting policies adopted are consistent with those of the previous year.

COMPARATIVES

Where applicable, certain comparatives have been restated to comply with the accounting presentation adopted for this year.

Notes to the Financial Statements

For the year ended 30 June 2011

	2011	2010
	\$	\$
1. Operating Revenue		
Contract Funding	18,202,347	13,765,789
Sundry Income	93,970	52,929
	18,296,317	13,818,718
2. Operating Expenses		
Advertising	3,282	1,634
Audit Fee	8,500	8,365
Bank Charges	603	574
Board Expenses	25,985	27,667
Board Meeting Fees	83,645	80,136
Clinical Governance	16,008	10,435
Conference Expenses	287	1,144
Consultancy Fees	21,257	35,988
Contract Payments	17,029,827	12,818,046
Depreciation	14,845	20,248
Education CME/CNE	11,119	19,028
Education Meetings	61	1,248
Electricity	6,447	6,385
General Expenses	41,011	9,824
Insurance	8,280	8,280
Legal Fees	4,353	-
Management Services	102,451	90,462
Motor Vehicle Lease	14,914	13,944
Motor Vehicle Running Costs	8,105	6,801
Office Relocation Expenses	16,121	18,117
Office Cleaning	6,107	5,432
Operational Contracts	93,888	86,775
Pandemic Planning	-	33,876
PHO Alliance Membership	4,075	4,874
PHO Chair Forum	191	1,748
PHO Management Wages	265,421	244,219
Practice Payments	519,395	143
Printing & Stationery	34,641	34,000
Project Officer	2,445	3,702
Repairs and Maintenance	2,402	169
Rental	68,538	66,679
Special Projects	4,217	14,030
Telephone & Tolls	21,679	17,019
	18,440,100	13,690,992

Notes to the Financial Statements (continued)

For the year ended 30 June 2011

	2011	2010
	\$	\$
3. Cash and bank balances		
ASB Current Account	322,262	114,771
ASB Term Deposit	2,900,000	2,900,000
	3,222,262	3,014,771
4. Accounts Receivable		
Trade Receivables	347,891	242,524
Sundry Receivables	73,446	16,943
	421,337	259,467
5. Plant and equipment		
Computer Equipment & Plant		
Cost	111,928	76,618
Accumulated depreciation	62,598	47,753
Net book value	49,330	28,865
Total plant and equipment	49,330	28,865
6. Accounts Payable		
Trade Payables	737,890	327,778
Sundry Payables	337,942	210,495
	1,075,832	538,273

7. Commitments and Contingencies

As at 30 June 2011 the Rural Canterbury PHO Limited was not aware of any commitments or contingencies (2010: nil).

8. Lease Commitment

The company is party to non-cancellable operating lease commitments. The commitments outstanding at year end are as follows:

Notes to the Financial Statements (continued)

For the year ended 30 June 2011

	2011	2010
	\$	\$
Falling due within 1 year	131,282	94,764
Falling due after 1 year	66,525	97,121
	197,807	191,885

9. Related Party Transactions

Drs M Tarry & S Brown who are directors of Rural Canterbury PHO Ltd have received capitation and other payments from the PHO in their capacity as GP members of the PHO. All transactions have been carried out at arms length.

10. Equity

As at 30 June 2011, 100 ordinary shares have been allocated to the shareholder and remain unpaid.

All shares rank pari passu.

To the Shareholders of Rural Canterbury PHO Limited

REPORT ON THE FINANCIAL STATEMENTS

We have audited the financial statements of Rural Canterbury PHO Limited on pages 28 to 34, which comprise the statement of financial position as at 30 June 2011 the statement of financial performance, and statement of movements in equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

Directors' Responsibility for the Financial Statements

The Directors are responsible for the preparation of financial statements in accordance with generally accepted accounting practice in New Zealand and that give a true and fair view of the matters to which they relate; this includes the design, implementation and maintenance of internal control relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Other than in our capacity as auditor we have no relationship with, or interests in, the company.

Opinion

In our opinion, the financial statements on pages 28 to 34:

- comply with generally accepted accounting practice in New Zealand;
- give a true and fair view of the financial position of Rural Canterbury PHO Limited as at 30 June 2011 and the results of its operations for the year ended on that date.

Report on Other Legal and Regulatory Requirements

We have obtained all the information and explanations that we have required.

In our opinion proper accounting records have been kept by the company as far as appears from an examination of those records.



27 September 2011
Dunedin, New Zealand
CHARTERED ACCOUNTANTS

Rural Canterbury PHO Limited

Directory

As at 30 June 2011

Principal Business:	Primary Health Organisation	
Registered Office:	South Link Health, Burns House 10 George Street Dunedin New Zealand	
Directors:	P Allen	Appointed Jan 11
	N Anderson	Resigned Oct 10
	S Brown	
	R Crighton	Resigned Sept 10
	N Cruickshank	Resigned Nov 10
	S Bonnafoux	Appointed Aug 10
	C Henry	
	M Hughes	
	J Kahu	Appointed Jul 10
	F Martin	Appointed Jul 10
	A Marriott	
	G Marshall	Resigned Feb 11
	M Northmore	Appointed Jul 10
	P Richardson	
	M Tarry	
	G Wereta Osborn	
Auditors:	WHK Otago Dunedin	
Solicitors:	Anderson Lloyd Lawyers	
Bankers:	ASB Bank	

RURAL CANTERBURY
Primary Health Organisation
Te Roopu Hauora Matua O Waitaha Taiwhenua

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