

RURAL CANTERBURY

Primary Health Organisation
Te Roopu Hauora Matua O Waitaha Taiwhenua

Annual Report

30 June 2010



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 68,000 covers three local authorities – Waimakariri, Ashburton and Banks Peninsula.

Vision Statement

The RCPHO 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 preventative 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's 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 e.g. 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.

Contents

RCPHO Population	3
Our Member Practices	3
Organisational Structure and Governance	4
Our People	5
Chair's and CEO's Report 2010	6
PHO Performance Programme (PPP)	8
Special Activities undertaken by RCPHO	9
Health Promotion and Services to Improve Access	11
Chronic Disease Management (Packages of Care)	17
Baby Feeding Support Service	19
Acute Demand	20
The HPV Immunisation Programme	20
Respiratory Nurse Service	21
Māori Health	24
Mental Health	25
Financial Statements	29
Audit Report	36
Directory	37

RCPHO Population

Enrolled population

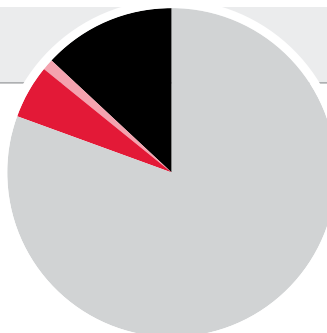
RCPHO has 22 General Practices with 61 General Practitioners (not full-time employees) and 49 Practice Nurses (not full-time employees). The enrolled population includes residents of Ashburton, Tinwald, Rakaia, Methven, Akaroa, Diamond Harbour, Kaiapoi, Rangiora, Woodend and Oxford. Over the course of the year in review the enrolled population increased from 68197 to 69962.

Ethnicity

NZ European	Māori	Pacific Island	Other	Total Enrolled Population at June 2010
56,410	3763	796	8993	69,962

RCPHO Enrolled Population at June 2010

- NZ European
- Māori
- Pacific origins
- Other



Our Member Practices

- Akaroa Health Centre, Akaroa
- Allenton Medical Centre, Ashburton
- Diamond Harbour Medical Ltd, Diamond Harbour
- Dr Martin's Practice, Rangiora
- Durham Health, Rangiora
- Kaye Buchan Medical Centre, Kaiapoi
- Good Street Medical Centre, Rangiora
- Dr Fairhall, Kaiapoi Family Doctors, Kaiapoi
- Dr Page, Kaiapoi Family Doctors, Kaiapoi
- Kaiapoi Medical Centre, Kaiapoi
- Kaiapoi Medical Clinic, 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
- The Gym Co Medical Ltd, Ashburton
- Tinwald Medical Centre, Ashburton
- Woodend Medical Centre, Woodend



Organisational Structure and Governance

RCPHO operates as a charitable company and trust. We have a governance board consisting of 11 members: three community representatives (one from each of the geographic areas covered), two Māori representatives, three provider representatives, one Practice Nurse, one Community Nurse and an independent Chair (a three-year term). Each board member contributes according to their background and all report back to their representative groups on PHO activities. They are also available to the public as a link to ensure relevant health issues are brought forward to the PHO. The RCPHO Board holds monthly meetings, usually the last Tuesday of each month.

RCPHO Board	1 July 2009 – 30 June 2010
Nicky Anderson	Co-opted Hurunui Kaikoura PHO [October 2009]
Steve Brown	GP Representative, Waimakariri Territorial Local Authority (TLA) [from September 2009]
Neil Cruickshank	Waimakariri District Council – Community representative
Ros Crighton	GP Representative, Waimakariri Territorial Local Authority (TLA) [to August 2009] Co-opted Practice Management Representative [from September 2009]
Louise Davis	Practice Nurse Representative [to May 2010]
Hilary Turnbull	Community Nurse Representative [to December 2009]
Pam Richardson	Akaroa/Waiwera Community Board representative
Gavin Marshall	Ashburton District Council TLA Community Representative
Allan Marriott	Independent Chairman
Fiona Martin	Practice Nurse Representative [from June 2010]
Mick Tarry	GP Representative, Ashburton Territorial Local Authority (TLA)
Gloria Rose Wereta Osborn	Māori Representative (Manawhenua ki Waitaha)
Marina Hughes	Māori Representative (Manawhenua ki Waitaha)
Chris Henry	Co-opted Chair, Hurunui Kaikoura PHO [from December 2009]
Dick Davison	Co-opted Chair, Hurunui Kaikoura PHO [from July to December 2009]



Standing: Pam Richardson, Steve Brown, Mick Tarry, Allan Marriott (Chair), Gavin Marshall, Bill Eschenbach (CEO), and Neil Cruickshank. Seated: Ros Crighton, Louise Davis, Gloria Rose Wereta Osborn, Marina Hughes and Nicky Anderson.

Our People

1 July 2009 / 30 June 2010

Bill Eschenbach	Chief Executive Officer
Dianne Walker	Project Administrator
Helen Thompson	Office Administrator
Caroline Eschenbach	Data Entry / Administration Support
Geraldine Clemens	Contracts and Planning Manager
Alison Wilkie	PHO Performance Programme and Cornerstone Coordinator
Jill Robinson	HP, SIA and CarePlus Project Manager
Wayne Smith	Māori Health Manager
Dianne McLaughlin	Respiratory Care Manager
Janetta Skiba	Education Coordinator and B4 School Check Coordinator
Marcia Annandale	Baby Feeding Support
Hazel McGregor	Baby Feeding Support
Chris Lewis	B4 School Check
Stephanie Winchester	B4 School Check (Ashburton)
Paul Wynands	Primary Mental Health Manager / Clinical Psychologist
Susan Kovacs	Primary Mental Health GP Liaison
Karen Daws	Brief Intervention Coordinator and Youth BIC (Banks Peninsula)
Mel Doornenbal	Brief Intervention Coordinator (Rangiora) [On leave Aug 09/Feb 10]
Katrina Rapley	Brief Intervention Coordinator (Rangiora) [August 09 to Feb 10]
Angela Palau	Brief Intervention Coordinator (Kaiapoi)
Anne Kerr	Brief Intervention Coordinator (Ashburton)
Gerda De Kleijne	Brief Intervention Coordinator (Ashburton) to May 2010
Anna-Maree Todd	Brief Intervention Coordinator (Ashburton) from June 2010
Victoria Ravenscroft	Youth Brief Intervention Coordinator – Waimakariri
Lorraine Bennett	Youth Brief Intervention Coordinator – Ashburton

Chair's and CEO's Report 2010

This year has seen a strengthening of relationships between Rural Canterbury Primary Health Organisation (RCPHO) and the communities, general practices and networks it works with.

Both board members and staff carry the work and profile of RCPHO into rural communities and wider regional and national networks. Our aim is to consolidate our 'rural voice' and bring rural considerations to all meetings. At times this has required us to speak up and we hope that this has always been done with goodwill and integrity.

Last year's Annual General Meeting took place in the middle of the government's Expression Of Interest (EOI) process for what was being called '*Better, Sooner, More Convenient Primary Health Care*'. The government's goal was to develop a nationally consistent framework for the delivery of primary and secondary health. We joined with Hurunui Kaikoura PHO in a combined EOI to focus specifically on rural health. While our EOI was not accepted by the Ministry of Health among the first business cases received, it was acknowledged for its depth, rural focus and integrated family health networks.

We joined with the Canterbury Clinical Network to develop a Canterbury-wide approach to health which has resulted in representation of our 'rural voice' and issues on the Transitional Leadership Board and the Operations Group. This development will result in a different approach to funding and decision making. We may be required to let go some contracts, but the principles described in the new system of 'alliance contracting' should eventually enable the Canterbury PHOs and the 'rural voice' to be involved at a level that was not possible before.

During the EOI, there was pressure from the Ministry to reduce the number of PHOs nationally. We had already begun this process in Canterbury following the decision to provide management services for Hurunui Kaikoura PHO from 1 July 2009. This was followed by discussions at both Boards and between the respective Chairs and the Chair of the CDHB as to the advantages of a combined rural-focused PHO. This process eventually resulted in HKPHO joining RCPHO, with four representatives from Hurunui Kaikoura being nominated to the RCPHO Board. We have now combined our Clinical Governance Groups and we will continue to be called Rural Canterbury PHO.

The five Canterbury PHOs will have merged into three by this October and we have established a Memorandum of Understanding to assist our contracting relationships. The CEOs and Chairs meet regularly together and separately, and meet bi-monthly with Planning and Funding managers from the CDHB.

The PHO Alliance continues as our national group for advocacy and meets quarterly. The South Island PHOs, merged from 18 to 8 with the same enrolled population, will continue to focus on issues relevant to the south.

We continue to develop relationships with community health groups, non-government organisations and our territorial local authorities. They provide considerable support, including financial, for our general practice premises, the practice teams and iwi.

This year our General Practice Teams have offered additional services including:

- Mental health
- Māori health
- Chronic care management
- Respiratory nurse
- Discretionary funding
- Chronic packages of care
- Health promotion
- Lactation consultancy
- Before School Checks (B4SC)
- HPV
- HML telephone triage service
- CarePlus
- PHO Performance Programme
- Clinical Medical and Nurse Education.

Unfortunately, we have lost the following contracts: respiratory nurse, discretionary and HML telephone triage. However our Management Services have been sub-contracted by Christchurch PHO to provide the mental health BIC role, education and support.

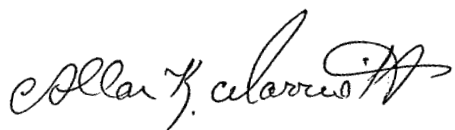
The newly established Flexible Funding Pool (FFP) (PHO funding streams into a single pool) within the Canterbury Clinical Network is designed for a different approach to contracting and fiscal information among the Canterbury PHOs and the CDHB. The PHO funding streams which become part of the FFP are health promotion, services to improve access, CarePlus and PHO management fees. Our Management Team will continue to address a collective process in decision making, based on trust and good faith with the expectation that this will be equally returned. It might not be clear for some time how these organisational changes in the health system will impact upon our clinical initiatives and additional services, but the challenge is there to be taken up.

Each month reports are prepared by the Management Services Team for the CEO and Board. These reports provide substantial information, are valued by Board members, and contribute to the Narrative Report that is sent every quarter to the CDHB and Ministry of Health.

In January 2009 we established the Māori Health Manager role to identify needs and concerns regarding Māori health; to establish marae clinics and enhance relationships among general practice and primary care providers. During this last year our Kaiwhakarite has consolidated and strengthened this role due to extensive networking. This has also resulted in requests from outside RCPHO for him to present on matters Māori. We see it as essential that funding continues to be found for this role.

We have a diverse Board with our members representing general practitioners, general practice managers, nurses, Māori, Territorial Local Authorities and community health groups within the rural communities. We record huge thanks for their hours of service and concern for good governance and their representation on behalf of RCPHO. We thank those board members who completed their term during the year and we will continue to promote their contribution. We look forward with confidence to working with our new members as we address our collective concerns.

Our governance responsibilities continue to be carried out with confidence in the quality, experience and professionalism of our staff. During this past year, we have faced periods of uncertainty and additional challenging demands. Staff members have contributed beyond expectation and brought considerable value and integrity to RCPHO – we extend our thanks to each and every one of them.



Allan Marriott
Chair
RCPHO



Bill Eschenbach
CEO
RCPHO

PHO Performance Programme (PPP)

Primary Health Organisation Performance Programme

Established in 2006, the PHO Performance Programme's objective is to improve the health of enrolled populations and reduce inequalities in health outcomes. The programme was designed by primary care representatives, DHBs and the Ministry of Health.

The programme supports clinical governance and rewards quality improvement in performance against a range of nationally consistent indicators. The rewards are incentive payments that are paid directly to the PHOs.

Rural Canterbury Primary Health Organisation (RCPHO) continues to be a high performing PHO in this programme. In the national results published earlier this year we were placed among the top five PHOs in the country for four of the performance indicators. Our performance indicators are:

- Age Appropriate Vaccinations – 2yr Olds: Total Population and High needs groups
- Flu vaccine over 65 years of age: Total Population and High needs groups
- Cervical cancer screening aged 20 to 69: Total Population and High needs women
- Breast Cancer Screening Coverage aged 50 to 64: High needs women
- Ischaemic Cardio Vascular Disease (ICVD) age depends on ethnicity – total population and High needs
- CVD Risk assessment age depends on ethnicity: Total Population and High needs
- Diabetes detection: age 15 – 79: Total Population and High needs
- Diabetes detection and follow up: age 15 – 79: Total population and High needs
- GP Referred Pharmaceutical Expenditure Total Population – against preset total
- GP Referred Laboratory Expenditure Total Population – against preset total

Dr Emily Gill, while a GP Registrar at Akaroa, was supported by the RCPHO in preparing a paper on the attitudes and acceptability of the new Cardio Vascular Disease indicators. This paper has not yet been published. Planning is in place for the introduction of the new smoking indicators. Most practices seem to be well prepared for this and the updates to the MedTech system will be tested when the new results are collated.



■ Special Activities undertaken by RCPHO

Best Practice

To assist practitioners in the decision making and recording of information for chronic disease management, RCPHO pays for the installation and running costs of the Best Practice Decision Support tool.

Cornerstone

Cornerstone is a General Practice Accreditation programme to assess quality in general practice. It identifies minimum legal and safety standards, or factors that pose risk – as defined by the Royal NZ College of General Practitioners. It is currently supported by the Ministry of Health.

Twelve practices within the RCPHO have either achieved accreditation with the Cornerstone General Practice Standard programme or are in the process of doing so. The PHO is paid an allowance to support the practices throughout the process.

This has involved:

- facilitating a session with a Cornerstone assessor giving assistance on getting started with Cornerstone
- forwarding information as required on a multitude of issues that practices require
- responding as necessary to requests for advice/information.

Better, Sooner, More Convenient

This year we spent significant time preparing our Expression of Interest, and the subsequent business case development for *Better, Sooner, More Convenient* – the government's programme to develop a nationally consistent framework for the delivery of primary and secondary health. We made good contacts with the Health Sciences Centre of the University of Canterbury as part of this process and the possibility of combined research projects was discussed.

Pandemic Planning

Thanks to the planning efforts of many within their specific geographic areas, rural practice areas were seen as leaders in the provision of influenza Community Based Assessment Centres (CBACs) during the H1N1 (Swine Flu) Pandemic. One criteria for measuring effectiveness was that no staff were affected by the virus. The exercise was particularly effective in extending our networks and working relationships.

Fortunately last year's pandemic has not been repeated this year but planning is in place should it eventuate. To date the non-seasonal (H1N1) influenza has had a very small occurrence. There have been changes in the plans for coping for such an eventuality and we have encouraged practices to do what best suits their situation. Resources are available for general practices and a comprehensive website is also running – www.primaryhealthresponse.org.nz

The RCPHO attends regular Canterbury Primary Pandemic Group meetings for updates and any required forward planning, notifying others when necessary.

Probably as a result of last year's pandemic, this year there has been a high uptake of influenza vaccinations in those over 65 years of age.

■ Special Activities undertaken by RCPHO (continued)

Health Emergency Planning

Together with John Coleman, a South Island Shared Services Agency Limited representative, the PHO and practices are developing plans for dealing with civil defence emergencies. These will cover planning for an emergency and business continuity following on from one. The RCPHO is involved with this project as a pilot for the Ministry of Health (MOH).

During the year we were also involved with the following programmes:

- The language of health – a Ministry of Health funded project
- ACC research interview project on the effect of policy changes
- ‘A decade of change’ – a medico-legal conference arranged by the Office of the Health and Disability Commissioner
- Rural Practice Network Conference – especially sessions on the advanced nursing roles in rural general practice
- Hui on Whānau Ora at Ngā Hau e Whā
- Canterbury Local Cancer Network meetings
- Employee Assistance Programme coordination.



Health Promotion and Services to Improve Access

This year we welcome Vicky Anderson to the role of health promoter in the Waimakariri District. Vicky joins Tony Vainerere working in the Ashburton District and Chris Rudin Jones in Banks Peninsula. They each play an important role and do an excellent job.

Ashburton District

Tony Vainerere's dual role as Pacific Island Liaison (Presbyterian Support) and Health Promoter (RCPHO) in the Ashburton District has become indispensable, and feedback from all groups Tony is involved with indicates the service he provides is of immense value.

Tony receives referrals from General Practices, schools and other service providers in the district. He continues to support families (and individuals), in particular those new to Ashburton, providing budget, health, physical activity and nutrition advice and information on how to access health and social services available in the community.

Working in collaboration with other health service providers, Tony successfully organised and ran another Health Day at Canterbury Meat Packers (CMP) in April 2010. These health days target Māori and the increasing numbers of Pacific Island people employed by CMP. The RCPHO HP SIA Manager and Respiratory Nurse also attended and provided support by taking blood pressures, SPO2, blood sugar levels and BMI measurements. The feedback from employees who attended the Health Day was very positive with some saying they were coming back to have another 'warrant of fitness', as they had attended a previous health day and wanted to see if their recordings had changed.

The Ashburton Youth Health Centre Trust receives funding from RCPHO to employ a Youth Health Centre coordinator who works half a week. The Trust was set up in 2008 with the objective of working towards improving the health and well-being of adolescents within the Ashburton District.



April 2010 saw the re-launch of the Centre with a new name HYPE (Help Young People Engage) and Ashburton District Council approving continued funding to rent the facility for a further year. The RCPHO Ashburton Youth Brief Intervention Coordinator service also operates from the centre. The Trust contracts Ashburton Safer Community Council to employ the Centre Coordinator and manage the Centre. The coordinator has commenced a regular column in the Ashburton Guardian on youth health issues and has been actively promoting the centre to other providers in the District. This publicity has been effective as the numbers of youth visiting the centre have increased markedly.



Dianne McLaughlin (Respiratory Nurse) taking blood pressures at the Health Day at Canterbury Meat Packers (CMP) in April 2010.

Health Promotion and Services to Improve Access (continued)

Banks Peninsula District

Chris Rudin Jones continues to provide Tai Chi and Chi Gong instruction in both Akaroa and Diamond Harbour with classes continuing to be well supported and appreciated. She uses innovative ways to maintain and increase participants' involvement. Chris has been working with trainee Tai Chi instructors and mentors other Tai Chi providers in the district. Evaluations completed over the year indicate that the best improvements are in a sense of well-being and improvement of balance.

Chris's health promotion objective is to improve the health and well-being of the community by promoting healthy lifestyles with the target groups being Māori, men's health and the elderly. In line with this she has been working closely with RCPHO Māori Health Manager, RCPHO HP SIA Manager, Ōnuku Marae representatives, Akaroa Health Centre and other health service providers to organise an Akaroa Community Whānau Ora Health Day.

Following a successful pilot in 2008/2009, RCPHO continues to partially fund and supports the delivery of Green Prescription (GRx) face-to-face consultations in Banks Peninsula. General Practices have increased referrals to GRx with some patients being re-referred to the programme.

Outcome Measures (March 2010) received from 49 patients Active or Discharged from GRx Banks Peninsula:

Number with positive changes to health	86%
general well-being	86%
weight/dress size	49%
eating habits	86%
smoking	14%
energy & fitness level	86%

Waimakariri District

In March 2010 Vicky Anderson replaced Katy Patterson as the RCPHO funded Health Promoter for the Waimakariri District. Vicky's experience working on community based nutrition research projects in Cambodia, Bangladesh and Uganda has given her a broad perspective of the challenges faced by families and communities. Following on from Katy, she continues to build strong relationships with General Practice and other providers within the Waimakariri District.

Vicki regularly meets with and supports local health focused groups/organisations and is an active member of the Waimakariri Health Advisory Group. The Health Promoter links providers and their planned activities together creating an awareness of what is available to Waimakariri residents. She supports and promotes national and international campaigns such as World Smokefree Day and, on request, will support and speak at events on nutrition and physical activity.

RCPHO continues to support Healthy Day at the Pa (Tuahiwi Marae) with Vicky presenting a short nutrition (or health) topic each month.

Rangiora and Kaiapoi High Schools have seen an increase in numbers accessing school health clinics. The RCPHO funded school nurse hours are well utilised and the service is being enthusiastically received by students as well as the schools themselves. The School Nurses have completed the National Heart Foundation Smoking Cessation Practitioners training and are now registered Quit Card Providers.



RCPHO Health Promoters – Tony Vainerere (Ashburton), Chris Rudin Jones (Banks Peninsula) and Vicky Anderson (Waimakariri).

Health Promotion and Services to Improve Access (continued)

Cervical Screening

In July 2008 RCPHO commenced a pilot for funded cervical screening in the Ashburton District. The pilot targeted Māori and Pacific Island women (and/or other women in the high needs category) to encourage them to participate in the National Cervical Screening Programme. Practices were allocated a number of checks dependent on the number of high needs women in the 20 – 69 years age range enrolled in their Practice. December 2009 saw most Ashburton Practices meeting and some exceeding the PHO and National High Needs Cervical Screening Performance Programme targets. Because of the success of this pilot the RCPHO Board approved the programme's roll-out to all RCPHO practices, commencing December 2009. Below are the statistics for each area from commencement date:

Area	Total funded cervical smears completed 30.6.10	No. Other Ethnicity	No. PI Women	No. Māori Women	% Māori and PI women
Ashburton District commenced 1.7.08	314	218	25	71	30.57%
Waimakariri and Banks Peninsula commenced 1.12.09	144	110	3	31	23.61%

Language Line

Language Line, the free interpreter service that was introduced to RCPHO Practices in 2007 continues to be well received. Using an 0800 number it offers 40 languages and facilitates effective communication between practice staff and their patients within the RCPHO.

Discretionary

Discretionary funding was available for allocation to patient needs within the parameters set by the contract. Funding has been well utilised in the interest of the enrolled population of RCPHO. In the 2009/10 financial year 77% of RCPHO practices made requests and 62 applications were approved. The total amount of funding utilised was \$19,283. The travel vouchers that all practices have the discretion to allocate were also purchased from this fund.

Men's Wellness

The Men's Wellness programme launched in 2007 continues to be effective and is well utilised by RCPHO practices. Initially enrolled males between 45 – 65 years, who are identified as being at risk (Māori and Pacific Island men or those in the high needs bracket) and who have not had a general health check in the last 2-3 years, were invited to have a free wellness check. However in April 2010, following requests from General Practices, the RCPHO's Clinical Governance and Board approved the lowering of the age criteria to 35 years for Māori and Pacific Island men.

Men's Wellness Check Report					
For Period 01-Jul-09 to 30-Jun-10					
Condition	Total		Age Group	Total	
Physical Activity Less Than 5 Times a Week	181	43.93%	35 – 45 Years	2	0.49%
Consider CASE Screening	43	10.44%	45 – 50 Years	116	28.15%
BMI Greater Than 25	323	78.40%	50 – 55 Years	116	28.15%
Need CVD Risk Management	60	14.56%	55 – 60 Years	97	23.55%
Diabetes	5	1.21%	60+ Years	81	19.66%
HDL Less Than 1	69	16.75%	Ethnicity	Total	
High Blood Pressure	315	76.46%	Māori	18	4.37%
LDL Greater Than 2.5	352	85.44%	Pacific Islander	0	
3 or More Metabolic Syndrome Factors	84	20.39%	Other	394	95.63
Metabolic Syndrome Report	42	10.19%			
Pre-Diabetes	80	19.42%			
Triglycerides Greater Than 1.6	142	34.47%			
Waist Greater Than 100	188	45.63%			
TOTAL for year 09/10	412				

Health Promotion and Services to Improve Access (continued)

Women's Wellness

This programme was launched by the RCPHO in June 2008 with practices receiving a further allocation of numbers every January through until 2010. The programme is similar to the Men's Wellness Check with the objective of inviting those females between the ages of 45 – 65 who are identified as being at risk (Māori and Pacific Island peoples or those in the high needs bracket) who have not had a general health check in the last 2-3 years to come in and have a free wellness check. In April 2010, the RCPHO Clinical Governance and Board also approved a reduction of age criteria to 35 years for Māori and Pacific Island women.

Women's Wellness Check Report					
For Period 01-Jul-09 and 30-Jun-10					
Condition	Total		Age Group	Total	
Physical Activity Less Than 5 Times a Week	82	47.67%	35 to 45 Years	0	
Consider CASE Screening	2	1.16%	Under 50 Years	53	30.81%
BMI Greater Than 25	124	72.09%	50 – 55 Years	49	28.49%
Need CVD Risk Management	16	9.30%	55 – 60 Years	33	19.19%
Diabetes	2	1.16%	60+ Years	37	21.51%
HDL Less Than 1	5	2.91%	Ethnicity	Total	
High Blood Pressure	121	70.35%	Maori	12	6.98%
LDL Greater Than 2.5	147	85.47%	Pacific Islander	1	0.58%
3 or More Metabolic Syndrome Factors	22	12.79%	Other	159	92.44%
Metabolic Syndrome Report	24	13.95%			
Pre-Diabetes	21	12.21%			
Triglycerides Greater Than 1.6	33	19.19%			
Waist Greater Than 90	84	48.84%			
TOTAL for Year 09/10	172				

Feedback from General Practice regarding Men's and Women's Wellness Checks:

Wellness checks are very good and Practices are 'unearthing a lot of stuff' such as pre-diabetics, high heart disease risk etc and that hardly anyone passes the check without requiring follow up / lifestyle changes. Some patients have taken the messages on board but not all. The wellness check is a good screening tool and prompts regular contact, review and follow up with General Practice.

Of the 584 wellness checks completed for the Year 09/10 – 70.5% (412) were men and 29.5% (172) were women. Of the PHO population of enrolled men 45-65 years (9042) 4.56% have had funded wellness checks completed over the year compared with 1.85% of women (9287) in the same age range.

■ Chronic Disease Management (Packages of Care)

The Chronic Disease Management Packages of Care (CDM POC) contracts provide funding to purchase chronic disease management services via packages of care. The services are targeted at people with a new diagnosis of chronic disease and those that have been admitted and recently discharged from hospital.

The Chronic Disease Management Packages of Care (CDM POC) and the Māori Chronic Disease Management Packages of Care contracts from CDHB were not renewed for the 2009/2010 year. However the RCPHO Board allocated PHO funds to continue the programme to address chronic disease.

The barrier of no publicly funded services in certain rural areas was overcome for patients with specific needs through this funding stream. General Practices were able to source services that the patient required for their chronic condition.

CDM POCs were registered by 77% of RCPHO practices and funding allocated for the 2009/10 financial year was \$67,469.

RCPHO also delivers a smoking cessation programme through packages of care. Of the 106 registrations for smoking cessation, 80 have been for longer than 3 months.

Data from the outcome reports at 3 months show:

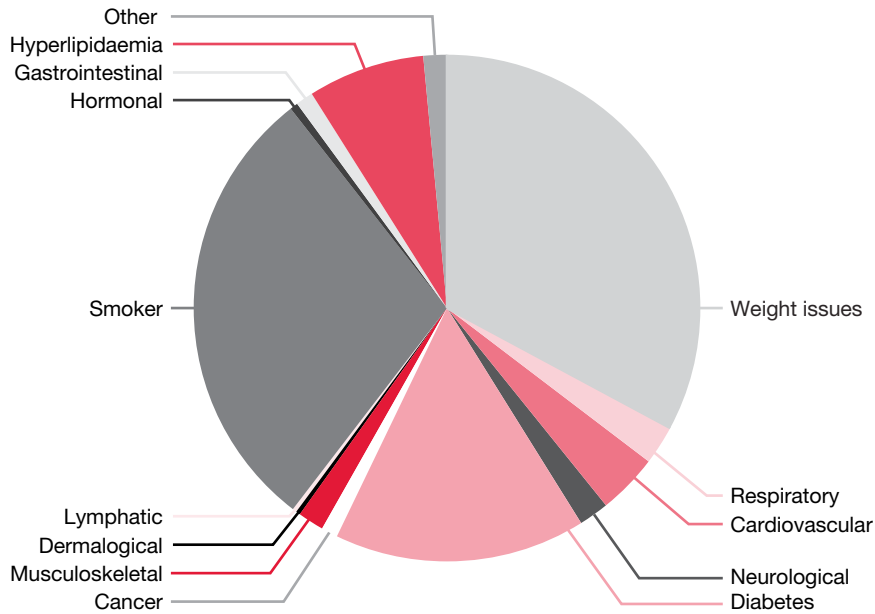
- 61% of people had stopped smoking
- 21% had reduced their smoking
- 14% were still smoking
- 4% had died, transferred etc.

Data from the outcome reports at 6 months show:

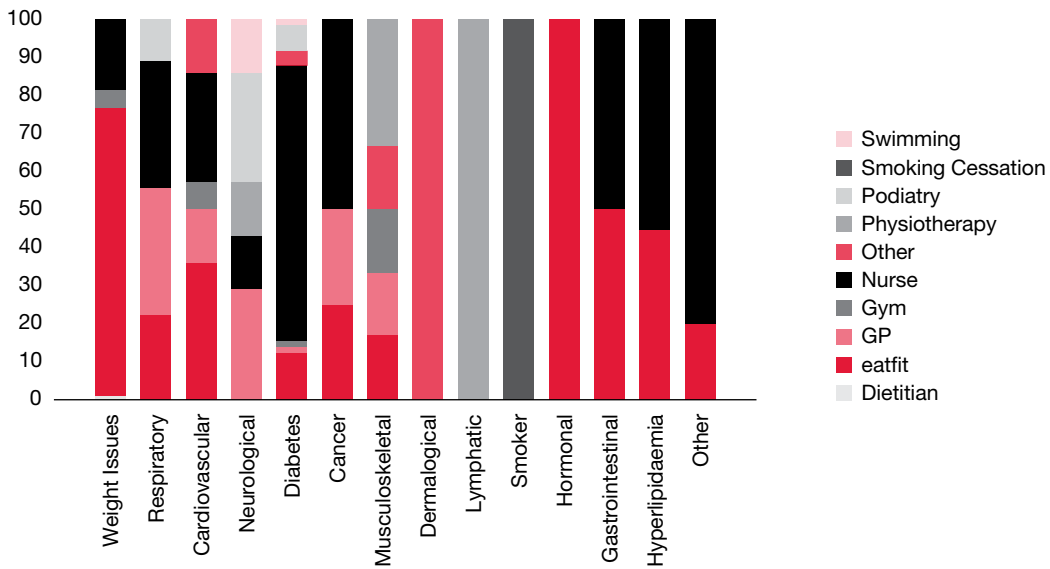
- 50% of people had stopped smoking
- 42% of people had reduced their smoking
- 8% were still smoking.
- 2 people who were abstinent at 3 months had started smoking again but were smoking less than they had previously.

Chronic Disease Management (Packages of Care) (continued)

Package of Care
Chronic Conditions



Services Provided by Chronic Condition



Baby Feeding Support Service

Practices, midwives and Plunket have referred a large number of women and babies and the service has been under extreme pressure. Clinics to which a mother could self refer were held weekly at Rangiora, Shirley, Lincoln, Ashburton and on demand at Kaikoura. To manage demand in 2010 self referrals from mothers and walk in clinics ceased. This means that all referrals come via health professionals and their involvement is encouraged.

The most referrals were women aged 30 – 34, followed equally by 25 – 29 and 35 – 39 years old. The ethnicity of referrals was mostly NZ European, followed by Maori and Pacific women.

Reasons for referral

Baby Issues	Percentage	Maternal Issues	Percentage
Preterm/Small for Gestational Age	7%	Nipple or Breast Anomalies	3%
Latching Difficulties	30%	Nipple Pain/Trauma	26%
Tongue Tie	5%	Mastalgia /Mastitis and Complications	8%
Jaundice/Breast Milk Jaundice	3%	Insufficient Milk Supply	13%
Colic/Intolerance/Allergy/Reflux	15%	Hyperlactation	2%
Thrush	1%	Breastmilk Feeding/Expressing	9%
Slow Weight Gain/ Failure to Thrive	20%	Induced Lactation/Relactation	1%
Twins or More	3%	Returning to Work	1%
Anomalies/Diseases/Disorders	1%	Medication in Mother's Milk	1%
Solid Foods	1%	Cessation of Breastfeeding	1%
		Other	35%

More than one reason can be given for referral and all are recorded.

RCPHO percentage vaccinated by ethnicity

RCPHO	Overall %			
	Māori	Other	Pacific	Total
HPV 1	57%	42%	42%	43%
HPV 2	46%	38%	42%	39%
HPV 3	36%	32%	23%	32%

Satisfaction surveys

Mothers were selected to receive a questionnaire by applying a random number table to the registration database. Thirty mothers per quarter received a questionnaire in 2009/10 and results and added comments are very favourable.

■ Baby Feeding Support Service (continued)

Education and Peer Support Programme

Education sessions have been prepared for health professionals. Delivery has commenced and sessions are very well received. Currently further sessions are being diaried.

The Peer Counsellor Administrator Training was undertaken in July 2009 and RCPHO funded eight trainees. Training modules are in preparation for volunteer peer supporter training to commence in September 2010.

■ Acute Demand

The aim of the acute demand service is to treat people close to home when it is clinically safe to do so.

General practice can provide service through Acute Packages of Care and service is also able to be provided by acute nursing services. Contracts for acute nursing are held by District nursing services at Akaroa, Diamond Harbour, Oxford and Ashburton.

Acute Nursing Service Delivery 2009/10

Area	Number of patients July 09 – June 10
Diamond Harbour	6
Akaroa	111
Oxford	10
Ashburton	33
Waimakariri	No Contract
Total	160

Acute Packages of Care

The RCPHO general practices through Acute Service Coordination are using this programme. In the year 1 July 2009 until 30 June 2010, 162 Acute Packages of Care (POC) were provided to people on Banks Peninsula, 165 Acute POCs were provided to people in Ashburton and the surrounding areas and 587 Acute POCs were provided to people living in Waimakariri.

■ The HPV Immunisation Programme

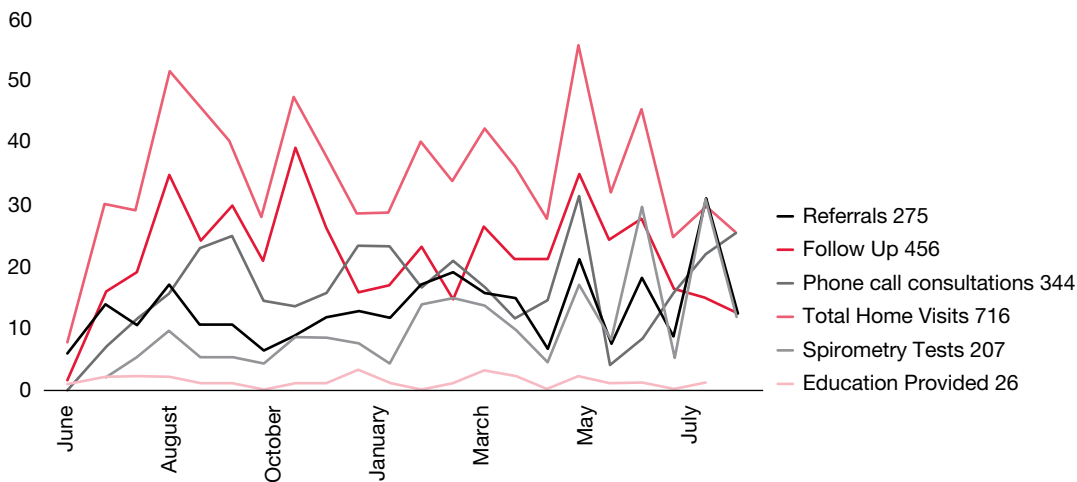
This programme has continued through the 2009-10 year. Practices immunised accepting girls 12 to 18 years of age with Gardasil to protect them from infection with Human Papillomavirus, a precursor for cervical cancer. RCPHO percentages are in line with the higher performing Canterbury PHOs percentages.

Respiratory Nurse Service

Rural Canterbury PHO enrolled patients have been able to receive care from the Respiratory Nurse, on General Practices request, in addition to the care the Practice was providing. The aim of the respiratory service was to facilitate health gains for the enrolled population with respiratory conditions and to promote self-care and self-management.

The Respiratory Nurse has provided Patient Assessment, Patient Monitoring, Patient Education, Spirometry, General Practice Team Education, linking with other providers and Rehabilitation Programme Support. This service has been positive for the practices and patients alike and so it is very disappointing that Canterbury District Health Board has withdrawn funding as from 30 June 2010. RCPHO has lost a very skilled nurse at a time when the National Health Committee's Rural Report emphasises the need to use nurses innovatively. More importantly, Canterbury rural patients have lost a service which was strengthening their ability to self manage their chronic respiratory condition.

Respiratory Nurse Work
Number



■ Respiratory Nurse Service (continued)

Satisfaction Surveys

While the funding for this contract has ceased, it is worth reporting on the success of the service.

During the year a survey was sent to doctors and patients asking them to rate their satisfaction with the Respiratory Nurse Service. The survey had eight questions and was scored on a **5 point scale** 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree. Question 9 was open for comments.

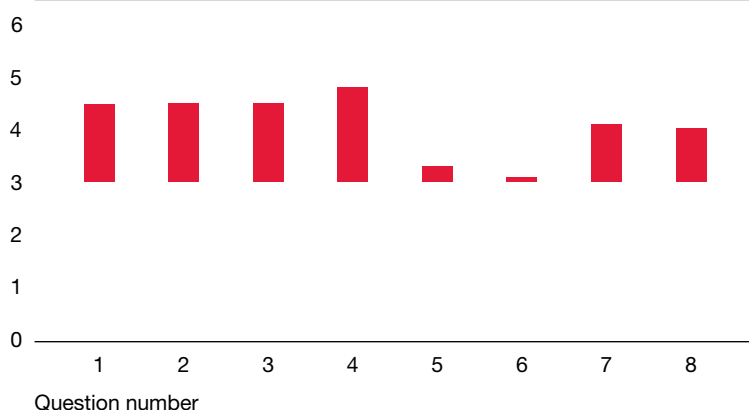
Doctor Satisfaction Survey

Questions:

1. Making referrals to the respiratory nurse is simple.
2. The wait for the respiratory nurse to provide the service to my patient was acceptable.
3. The respiratory nurse's involvement in the care of my patient was beneficial.
4. The respiratory nurse communicated adequately with the Practice.
5. I need to consult less frequently with my patients who have long term respiratory conditions.
6. The number of patients having spirometry testing by the Practice staff has increased.
7. The number of patients having spirometry testing by the respiratory nurse has increased.
8. The respiratory nurse provided useful education and support to the Practice team.

Respiratory Nurse Service Doctor Satisfaction Survey

Weighted average (max 5)



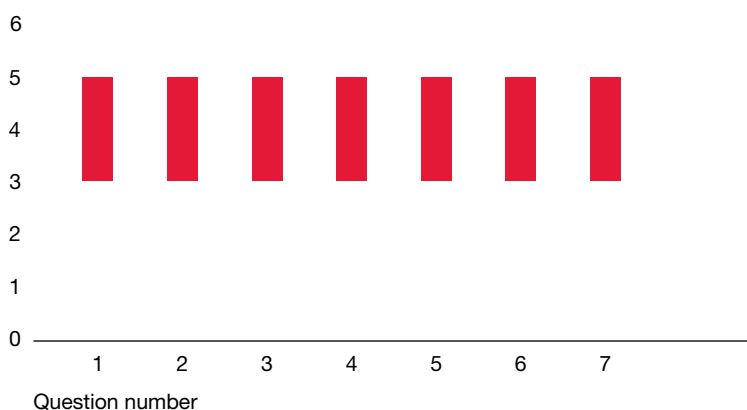
Patient Satisfaction Survey

Questions:

1. The wait for the respiratory nurse to contact me was acceptable.
2. The respiratory nurse understood my (and/or my family) issues.
3. The respiratory nurse gave me explanations I could understand.
4. The respiratory nurse gave me good support.
5. The respiratory nurse showed me things that I could do to help make my breathing easier.
6. The respiratory nurse showed my family things that could be done to help look after me.
7. The respiratory nurse involved me in decision making for my care.

Respiratory Nurse Service Patient Satisfaction Survey

Weighted average (max 5)



The comments received back from both doctors and patients were very positive and below is a snapshot that reflects the comments:

- Respiratory Nurse has been very helpful to my chronic COPDs struggling at home.
- Good service provided by a particularly skilled, capable and caring nurse. Long may it continue.
- The respiratory nurse has changed my health issues for the good. The winter months are no longer dreaded as I have not had to suffer through weeks of illness now. The nurse's support each month allows me to talk more easily about health issues and know that it is understood completely and that I feel very well cared for.

Māori Health

The merge with Hurunui Kaikoura PHO has been the beginning of a lifelong friendship for the Māori representatives, rather than a business partnership between PHOs. Our first priority was to review the current HKPHO Māori health plan. This process required both groups to work with trust, respect, and total commitment for the benefit of the Hurunui Kaikoura PHO community.

The working group ensured that the Hurunui Kaikoura community was consulted accordingly and we are pleased to report that we have successfully completed this process.

Tāne Ora

Well Men's week was launched in June 2010 corresponding with Matariki (Māori new year). The RCPHO, alongside a number of other stake holders including the CDHB and Canterbury Men's Centre, played a key role in organising this event.

The strategy was to employ local men as guest speakers to support and inspire all men to set and achieve their goals so they provide a mentoring role within their Whānau. The presenters were individuals who had achieved various levels of success in their chosen careers. We are thrilled to report their presentations far exceeded expectations. Tāne Ora was supported by 50-60 men including members of the Tāne Ora National Men's Committee (TONMC).

Māori News Te Karere covered the event. Members of the TONMC presented at Parliament in the morning, before arriving that afternoon to support the Tāne Ora.

Raising public awareness through these forums is essential to improving the health of men. We are hopeful that this will become an annual event and would like to sincerely thank our sponsors for their generosity, commitment and belief in the working group.

Māori Health Manager's Role

The need to establish and maintain a Māori Health Manager's role in PHOs is fundamental to addressing Māori health. We continue to receive a number of requests from organisations outside Rural Canterbury PHO, seeking our feedback and participation regarding matters Māori. We are happy to oblige, however the priority is to meet the needs of GP members and the enrolled population.

Above all the Māori Health Manager's role is the link between community and primary care providers, and coordinating health services to Māori, to provide relevant health promotion and improve access to health services is a key component to the role.

It is vital that within the PHO environment an individual or group is responsible and proactive in maintaining relationships between Māori and Primary Care services i.e. "Face to Face". Failure to do so will be detrimental to improving the health of Māori and at risk groups.

The RCPHO's decision to maintain this role clearly demonstrates its commitment to meeting the needs of Māori and its enrolled rural population.

Nō Reira

Tēnā Koutou

Tēnā Koputou

Tēnā Koutou Katoa

Mental Health

The Rural Canterbury PHO Mental Health in Primary Care service has been in operation since February 2006. The service is an innovative approach in the delivery of mental health services and is based on best practice principles, primary mental health service models and local consultation.

Enrolled RCPHO patients are offered six 'strands' of mental health service in rural primary care in Canterbury.

Strand 1: involves the provision of clinical General Practice Team care for the person with mental health concerns.

Strand 2: provides General Practice Teams (GPTs) the opportunity to claim an extended consultation fee for seeing people with mental health concerns in their practice at no cost to the patient. This gives the rural GP more time to listen to their patient's concerns, coordinate treatment options and seek specialist advice when needed. Allocation is 2500 claims for this financial year.

Strand 3: includes the provision of Brief Intervention Coordinators (BIC) for adults (18+ years of age). Patients referred by their GP who have mild to moderate mental health concerns receive up to five sessions of free psychological intervention and the option of referral to a suitable community agency (including assisted access to CDHB Secondary Mental Health Services). This strand provides GPs with a direct referral option, often not available in rural settings, that is responsive to the person's needs. Current allocation is 2.4 FTE across rural Canterbury.

Strand 4: provides adults with severe mental health problems access to brief intervention, service coordination and assisted access to secondary mental health services from an experienced psychiatric nurse. Current allocation is 1.0 FTE for this GP Liaison role.

Strand 5: involves the services of a clinical psychologist for General Practice Teams to assess and treat complex cases and to provide mental health education and advice. The clinical psychologist also provides supervision, clinical support and professional development for the BICs and YBIC and psychiatric nurse. Further, the clinical psychologist leads any new mental health initiatives undertaken by the RCPHO. Current allocation is 0.8 FTE.

Strand 6: provides Waimakariri youth (ages 13-18) and their families / Whānau with mild to moderate mental health concerns access to a Youth Brief Intervention Coordinator (YBIC) for five free sessions of psychological intervention and the option of referral to suitable community agencies. Current allocation is 0.9 FTE.

RCPHO's mental health in primary care service origins came as a result of consultation with rural Canterbury GPs and local community groups. The consistent theme was that patients with mild to moderate mental health concerns in the different localities were not receiving an adequate service. In May 2005 the Rural Canterbury PHO's Mental Health in Primary Care Demonstration Model was one of the 36 proposals granted funding by the Ministry of Health till June 2007. Following the success of a national evaluation process (which RCPHO was a part of) funds were transferred from the Ministry of Health to all PHOs via their respective DHB to develop their own primary mental health services. RCPHO's mental health in primary care contract, which includes the six 'strands' mentioned above, has been extended until June 2011.

■ Mental Health (continued)

The Brief Intervention Coordination team consists of the Mental Health Manager/Clinical Psychologist, Paul Wynands (0.8 FTE), and the Brief Intervention Coordinators: Anne Kerr (0.6 FTE), Registered Psychologist, and Gerda De Kleijne (0.5 FTE), Registered Psychiatric Nurse, who work in Ashburton and surrounding districts. Karen Daws (0.4 FTE), Registered Psychiatric Nurse, covers Banks Peninsula. Melissa Doornenbal (0.6 FTE) and Angela Palau (0.5 FTE), both Registered Psychiatric Nurses, are based in the Waimakariri district.

The service has been inundated with referrals from the start. In the last financial year (1 July 2009 – 30 June 2010) there were 733 referrals to the BIC service. There were 1902 face-to-face sessions in total, and clients referred were seen on average 2.27 times. Sixty-one 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. During this contact, clients reported overall clinical improvement when asked to complete a pre- and post-treatment Kessler 10 clinical outcome scale. In addition, RCPHO GPs have made 3000 claims for extended consultation mental health sessions for the period 1 July 2009 – June 30 2010.

The service, which won the Supreme Award at the 2007 Canterbury DHB Service and Innovation Awards, also was awarded the Highly Commended category for its evaluation of the Waimakariri Youth BIC Service in November 2009.

It is envisaged that the number of BIC workers (2.6 FTEs) and Youth BIC (1.3 FTE) within the RCPHO will remain constant in the short-term due to current funding constraints. The BIC Service as it currently stands is evolving from face-to-face interview work in a GP setting to more community-based settings including marae, workplaces and some home visits.

Training and development for primary care mental health workers in this new role is a key concern for this organisation. BIC training and development requirements are currently maintained by fortnightly supervision, having RCPHO-sponsored training days four days each year and utilising local training resources. However, there is lack of provision for this on a national level.

RCPHO has also 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.

With Hurunui Kaikoura PHO now an integral part of RCPHO service delivery, ways to provide a comprehensive primary mental health service will need to be developed for their community. New developments also include a CDHB contract to provide an electronic therapy (e-therapy) option for our rural clients and staff. RCPHO are waiting on a proposed national roll-out by a private e-therapy provider before we commit our funding to this venture.

In addition, RCPHO is also looking to trial group treatments for patients as a means to manage high demand. We are working in collaboration with other Canterbury PHOs to provide region-wide anxiety treatment groups which can be accessed by GPs and BICs alike.

Primary mental health is a growing area in primary care but is also vulnerable to financial constraint and setbacks. RCPHO will endeavour to maintain good relationships with all stakeholders and local PHOs involved in primary mental health and ensure that its high quality delivery is maintained.

Youth BIC Service – Waimakariri & Ashburton

The Rural Canterbury PHO Mental Health in Primary Care service has been in operation since February 2006. The Youth Brief Intervention Service (YBIC) has grown since its conception in January 2008. During the period from 1 July 2009 – 30 June 2010 the total number of referrals received was 119 in Waimakariri, compared with 84 referrals for the previous financial year.

Initially referrals were to come from the GPs based in the Waimakariri. However, it was identified that some young people struggle to see their GP for financial and confidentiality reasons. Referrals were therefore permitted to the two public health nurses and also the nurse based at Rangiora High School. GPs are made aware of this referral by the nurses.

Clinical work continues to remain varied with some young people and their families presenting with a number of issues requiring multiple interventions. The aim continues to be to engage a young person (when required) with another agency before discharge.

The Waimakariri YBIC (Victoria Ravenscroft) has networked extensively with various agencies in the Waimakariri region and also the main mental health providers in Christchurch. She fields phone calls in the area from various services and GPs in relation to concerns they have for a young person. Victoria is also a member of the North Canterbury Youth Network which meets monthly and was also their representative on Waimakariri Social Services group. She also attended the joint mayoral forum between the Hurunui and Waimakariri Councils. She has also attended a Youth Health Forum to assist youth in collating youth health information for a website for the youth of the Waimakariri district.

During this period Victoria has attended a number of clinical training days to stay abreast of best practice. She also joined the NZAAHD and attended a forum in Christchurch on “Getting on the same page” and was also a presenter at the South Island Refugee forum in Christchurch.

In March 2010 the YBIC service commenced in Ashburton and Districts. Lorraine Bennett was employed as the Youth BIC and has spent the intervening period getting the service established in Ashburton and networking with local practices, the high school and community agencies. Lorraine has received 19 referrals until 30 June 2010.

GP Mental Health Liaison (GPL)

The GPL (Susan Kovacs) 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 on that of their family and Whānau. Emphasis is placed upon 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.

The service philosophy is to reduce stigma, achieve early identification and initiation of treatment, thus reducing the impact upon the individual, their families, Whānau and the community. Key elements of the role are:

- Referrals from GP teams, Specialist Mental Health Services, other recognised 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, support groups for clients.
- Providing education and assistance to GP teams as required.

■ Mental Health (continued)

During the last year there have been changes to service delivery; referrals to GPL are now electronic via MO system as used by the BIC team. Collation of statistical information has improved and freed up time frequently needed to meet clinical demand.

The last year has been very busy, not only in response to new referrals, of which the average has increased to 12 a month. The workload has also included continued attendance at network meetings, membership of the Waimakariri Mental Health Working party, membership of the Social Services Waimakariri Mental Health sub group, attendance at a Primary Mental Health Workshop, a stress/suicide training day for Rural Support Trust, and RCPHO training days. It has also involved maintaining contact with Specialist Mental Health teams, NGOs, practice visits and RCPHO mental health team colleagues.

Depression continues to be the main referral, associated often with a significant anxiety component. Compared with last year, there has been an increase in the number of older males and Māori accepting service and it is pleasing to see the positive outcomes. A current example is of a Māori male, now 20 years old, who left school having failed to achieve; primarily the result of bullying and succumbing to depression. In absence of treatment his mental health did not improve and he became agoraphobic and remained depressed. In response to verbal request from the GP contact began initially in the face of resistance from the client and his family. So far his progress has included being able to be seen within his own community in daylight hours, joining the library, use of local and city retail outlets, securing of learners driving licence, and return to school as a part-time adult student. He chose to accept medication to support his goal of recovery when he felt it became a challenge. This has been one of many success stories of the GPL year.



Rural Canterbury PHO Limited

Financial Statements

For the year ended 30 June 2010

Statement of Financial Responsibility	30
Statement of Financial Performance	31
Statement of Movements in Equity	31
Statement of Financial Position	32
Statement of Accounting Policies	33
Notes to the Financial Statements	34
Audit Report	36
Directory	37

Statement of Financial Responsibility

For the year ended 30 June 2010

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 2010 and the results of their operations for the year ended on that date.

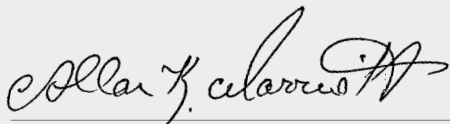
The Directors consider that the financial statements of the Company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates and that all relevant financial reporting and accounting standards have been followed.

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.

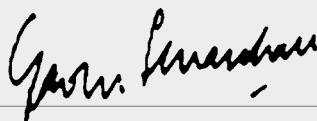
The Directors are pleased to present the financial statements of the Rural Canterbury PHO Limited for the year ended 30 June 2010

For and on behalf of the Directors:



Allan Marriott
Director

Dated: 21 September 2010



Gavin Marshall
Board Member

Dated: 21 September 2010

Statement of Financial Performance

For the year ended 30 June 2010

	Note	2010 \$	2009 \$
Operating revenue	1	13,818,718	13,369,073
Total operating revenue		13,818,718	13,369,073
Operating expenses	2	13,690,992	13,297,114
Total operating expenses		13,690,992	13,297,114
Net operating surplus		127,726	71,959
Interest Income		116,126	140,295
Net surplus for the period		243,852	212,254

Statement of Movements in Equity

For the year ended 30 June 2010

	Note	2010 \$	2009 \$
Net Surplus		243,852	212,254
Total Recognised Revenues & Expenses		243,852	212,254
Equity at beginning of year		612,693	400,439
Equity at end of year		856,545	612,693

Statement of Financial Position

As at 30 June 2010

	Note	2010 \$	2009 \$
Equity		856,545	612,693
Current assets			
Cash and Bank	3	3,014,771	2,849,255
Accounts Receivable	4	259,467	530,571
Prepayments		68,013	5,550
GST Receivable		236,185	245,017
		3,578,436	3,630,393
Non current assets			
Plant and Equipment	5	28,865	46,922
		28,865	46,922
Total assets		3,607,301	3,677,315
Current liabilities			
Accounts Payable	6	538,273	617,145
Reserved Funding		2,212,483	2,447,477
Total liabilities		2,750,756	3,064,622
Net assets		856,545	612,693

Statement of Accounting Policies

For the year ended 30 June 2010

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

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 occur is then 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 2010

1. Operating Revenue	2010	2009
	\$	\$
Contract Funding	13,765,789	13,320,708
Sundry Income	52,929	48,365
	<hr/> 13,818,718	<hr/> 13,369,073
2. Operating Expenses		
Advertising	1,634	6,368
Audit Fee	8,365	4,415
Bank Charges	574	508
Board Expenses	27,667	21,881
Board Meeting Fees	80,136	59,368
Clinical Governance	10,435	12,509
Conference Expenses	1,144	3,576
Consultancy Fees	35,988	47,557
Contract Payments	12,825,478	12,576,158
Depreciation	12,960	18,993
Education CME/CNE	19,028	9,255
Education Meetings	1,248	689
Electricity	6,385	4,720
General Expenses	9,824	9,748
Insurance	8,280	7,834
Management Services	90,462	90,163
Motor Vehicle Lease	13,944	10,837
Motor Vehicle Running Costs	6,801	6,797
Office Relocation Expenses	18,117	13,517
Office Cleaning	5,432	5,120
Operational Contracts	86,775	33,221
Pandemic Planning	33,876	3,437
PHO Alliance Membership	4,874	4,639
PHO Chair Forum	1,748	2,804
PHO Management Wages	244,219	229,365
Printing & Stationery	34,000	22,792
Project Officer	3,702	261
Repairs and Maintenance	169	-
Rental	66,679	62,195
Special Projects	14,030	14,157
Telephone & Tolls	17,018	14,230
	<hr/> 13,690,992	<hr/> 13,297,114
3. Cash and bank balances		
ASB Current Account	114,771	149,255
ASB Term Deposit	2,900,000	2,700,000
	<hr/> 3,014,771	<hr/> 2,849,255

Notes to the Financial Statements (continued)

For the year ended 30 June 2010

4. Accounts Receivable	2010	2009
	\$	\$
Trade Receivables	242,524	511,973
Sundry Receivables	16,943	18,598
	<hr/> 259,467	<hr/> 530,571
5. Plant and equipment		
Computer Equipment & Plant		
Cost	76,618	74,427
Accumulated depreciation	47,753	27,505
Net book value	<hr/> 28,865	<hr/> 46,922
Total plant and equipment	<hr/> 28,865	<hr/> 46,922
6. Accounts Payable		
Trade Payables	327,778	431,295
Sundry Payables	210,495	185,850
	<hr/> 538,273	<hr/> 617,145

7. Commitments and Contingencies

As at 30 June 2010 the Rural Canterbury PHO Limited was not aware of any commitments or contingencies (2009: nil).

8. Lease Commitment

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

	2010	2009
	\$	\$
Falling due within 1 year	94,764	115,435
Falling due after 1 year	97,121	320,957
	<hr/> 191,885	<hr/> 436,392

9. Related Party Transactions

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

10. Equity

As at 30 June 2010, 100 ordinary shares have been allocated to the shareholder and remain unpaid. All shares rank pari passu.

11. Post balance date events

From 1 July 2010 the operations of Hurunui Kaikoura PHO have been transferred to the Rural Canterbury PHO.

Audit Report

To the shareholder of Rural Canterbury PHO Limited

We have audited the financial statements on pages 29 to 35. The financial statements provide information about the past financial performance of the company and its financial position as at 30 June 2010. This information is stated in accordance with the accounting policies set out on page 33.

Directors' Responsibilities

The Directors are responsible for the preparation of financial statements which give a true and fair view of the financial position of the company as at 30 June 2010 and the results of its operations for the year ended on that date.

Auditors' Responsibilities

It is our responsibility to express an independent opinion on the financial statements presented by the Directors and report our opinion to you.

Basis of Opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. It also includes assessing:

- the significant estimates and judgements made by the Directors in the preparation of the financial statements;
- whether the accounting policies are appropriate to the company's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with New Zealand Auditing Standards. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to obtain reasonable assurance that the financial statements are free from material misstatements, whether caused by fraud or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

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

Unqualified Opinion

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

In our opinion:

- proper accounting records have been kept by the company as far as appears from our examination of those records;
- the financial statements on pages 29 to 35 :
 - comply with New Zealand generally accepted accounting practice;
 - give a true and fair view of the financial position of the company as at 30 June 2010 and the results of its operations for the year ended on that date.

Our audit was completed on 21 September 2010 and our unqualified opinion is expressed as at that date.

W H K Otago

Dunedin

Directory

For the year ended 30 June 2010

Principal Business:	Primary Health Organisation
Address:	Rural Canterbury PHO Ltd PO Box 6032 Level 9 10 George Street DUNEDIN
Website:	www.rcpho.org.nz
Directors:	S Brown appointed Sept 2009 R Crighton N Cruickshank L Davis resigned May 2010 M Hughes A Marriott G Marshall H Turnbull resigned Dec 2009 P Richardson M Tarry G Wereta Osborn appointed July 2009
Auditors:	WHK Otago Dunedin
Solicitors:	Anderson Lloyd Lawyers
Bankers:	ASB Bank

www.rcpho.org.nz