



2017-2018

ANNUAL REPORT



H A U R A K I
PRIMARY HEALTH
ORGANISATION

CHARITABLE TRUST



HAURAKI PRIMARY HEALTH
ORGANISATION BOARD OF
TRUSTEES MEMBERS

Harry Mikaere	Hauraki Māori Trust Board (Chairperson)
Lucy Steel	Te Korowai Hauora O Hauraki (Deputy Chairperson)
Dr Tineke Iversen	General Practice
Gillian Vincent	General Practice
Dr Priyen Naidoo	General Practice
Glen Tupuhi	Māori Community for greater Hauraki region
Liane Ngamane	Te Korowai Hauora o Hauraki

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INTRODUCTION

Hauraki PHO (HPHO) was established as a rural Treaty-based partnership in 2003. HPHO’s main foci continue to be:

- health workforce stability and sustainability through innovative models of care
- improving access to high-quality, integrated primary healthcare for low income, Māori, Pacific and other high-needs populations
- empowering consumers to manage their mental/physical/psycho-social health needs, following the principles of Te Whare Tapa Whā
- advocating for Rangatahi and Kaumātua in the communities in which they live
- achieving positive outcomes for people and their whanau enrolled with HPHO practice teams
- reducing health and social inequities for Māori through outcome focussed programmes
- recognising the importance of a whole of system approach to improving health, aligning with the Ministry of Health’s strategy to “Live Well, Stay Well, Get Well.”



OUR VISION

E whakakaha ana i te oranga me te mana o te whānau me ngā hapori
(Empowering wellness and mana in whānau (family) and communities).

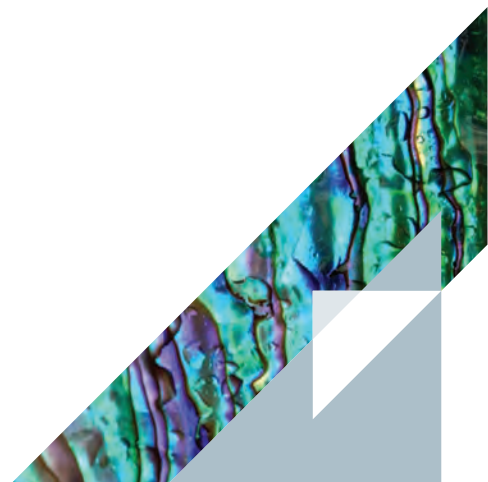
OUR PURPOSE

At Hauraki PHO we work in partnership with practices to enable equitable access to primary care.
We support growth, prosperity, resilience and health within whānau and we strive for excellence and fiscal prudence in all we do.

OUR VALUES

- Pūkengatanga (Foundations)
- Whanaungatanga (Whānau/patient-centric relationships)
- Tika (Doing what is right with Integrity)
- Aroha (Love and Respect)
- Rangatiratanga (Empowerment)
- Pono (Working in an ethical way).

PĀNUI



E ngā mana, e ngā reo, e ngā karangatanga maha kei raro i te maru o Te Aroha, o Moehau maunga

Tēnā koutou katoa

Healthy People

Our enrolled and funded population now numbers 151,322 people living in whānau as part of communities from Tokoroa to Colville and Huntly to Waihi. Indications of wellness are evident in the Māori target achievements. Congratulations must go to several practice partner teams who continually excel in the Protection of Māori wellness. It is not enough to have 55,000 Māori whanui enrolled; we must all actively work to ensure maximum Participation to reduce inequities which are a blight on all of us in Aotearoa/New Zealand.

In this regards, there is a lot more to do, particularly in keeping our mokopuna safe from avoidable hospitalisations from respiratory, gastro-enteritis, oral and skin infections. These socio-economic related conditions are all completely avoidable in a first world nation such as ours.

Collaboration with Others

Partnership is always difficult to achieve and maintain, but our organisation was formed as a kaupapa Māori Treaty-based partnership between Hauraki Iwi entities and general practice teams 15 years ago. HPHO remains committed to working with all entities which are focused on improving and maintaining wellness. The dramatic challenges faced by our funding partner (Waikato District Health Board) are acknowledged. HPHO will work with WDHB to ensure that the fundamental changes required

in our health system will be planned and implemented in the most effective manner possible through our Alliance. We will also continue to work with Pinnacle-Midland to ensure that the programmes it operates for all people in Waikato achieve optimal outcomes and (where appropriate) are transferred to HPHO to better integrate with our model of care. Working with all Māori providers and NGOs will continue to share expertise for the good of the people we are all here to support.

However, our key partnerships remain with HPHO's practice partners. Ngā Kaitiaki Manawanui Whai Ora (MWOK) model of care continues to add great value to people whose needs do not fit nicely into a general practice consultation.

Service Growth

The growing awareness of the absolute need for multiple points of entry to an integrated array of services is well recognized at HPHO. The huge increase in nursing, nurse practitioner, health care assistants and administrator roles within general practice teams is supported to maximise all team members' abilities to operate at the Top of their Scope. Referrals from general practice partners teams to HPHO's mobile nursing and kaiāwhina team allow for psycho-social issues that prevent clinical issues from being better managed to be addressed in people's own homes among whānau. In doing so in a culturally safe manner, empowerment can occur which is crucial if people are to maximise their wellness.

Over 1,000 people with high needs and their whānau have been supported through the programme to date. Powerful stories of improved wellness abound from this programme.

However, HPHO is under no illusion that the greatest service growth and therefore wellness improvement will come from increased service integration with pharmacies, St John, Māori providers, NGOs, community leaders, local body authorities and in fact all community-based entities which have wellness as a focus of their activities.

Financial Management

Continued expansion was reflected in a 5% increase in income to \$36,977,269 from \$35,189,420. Expenditure of \$37,458,949 resulted in a operational surplus of \$172,904 (slightly under 1% of turnover) to be used for future service provision & after payments made to practices for the Māori health innovation funds as directed by the board we ended with a loss of \$481,680. Services to Improve Access funding (which is fully allocated to the practice population which attracts the funding provides for additional services to meet local needs) increased 4% to \$2,619,672, which reflects the large high needs populations supported by HPHO practice partner teams. HPHO's rural practice partners attracted rural and after hours funding of \$1,566,460 which helped to mitigate the recruitment and retention issues facing the New Zealand rural primary care workforce. Despite very encouraging signs of workforce sustainability, access to effective and sustainable rural health services remains an on-going long-term issue.

The majority of expenditure (over 75%) went to subsidise consultation costs to improve access to general practice team services through Capitation, Very Low Cost Access and Free under Thirteen Year Old population health funding.

Despite increased challenges and a further strengthening in HPHO's quality focus, operating efficiencies kept direct HPHO management and administration costs to \$2,320,725 of this only \$1,571,298 is operational expenditure which represents 4.2% of turnover. While this may need to increase with the expanded audit and compliance costs faced by all PHOs, the commitment of HPHO's management team is to remain among the most cost-effective PHO in Aotearoa/New Zealand.

The increased support requirements from practice team partners will be provided with a mix of PHO provided and PHO supported practice provided activities. Examples of this PHO/practice mix approach are the increasing resources allocated to further increase quality performance (particularly respiratory disease and childhood immunisations), streamline information management systems and extend practice teams' scopes of practice.

The Future

Obviously the organisation is very different from the small internally focused entity established 15 years ago. The seismic shifts in health policy being indicated by the new government need to be planned.

Improving access for high-needs whānau based on collegial support for practice partners, cost-efficient operations, clinical leadership and close community relationships remain HPHO's strategic kaupapa.

Nāku noa nā

Hugh Kininmonth-Chief Executive.



TO ACHIEVE OUR VISION WE WILL FOCUS ON:	TO ACHIEVE OUR GOALS WE NEED TO FOCUS ON:		
WHAI ORA QUALITY HEALTH CARE	Effective Care System The PHO and Practice Partners will ensure that a robust quality system is in place to guarantee effective health care delivery 24/7.	Effective Workforce The PHO and Practice Partners will deliver clinically effective and culturally competent health care services to our population.	Effective Consumer Engagement The PHO and Practice Partners will seek opportunities to engage with health consumers to improve their experience of care.
	Equitable health care The PHO and Practice Partners will commit to actions and approaches that achieve health equity for Māori and our high needs populations.	Improvement and innovation The PHO and Practice Partners will seek opportunities for improvement and innovation, engaging local communities and stakeholders in the co-design of integrated services and models of care to meet their needs.	Keeping our whanau well The PHO and Practice partners will work with whānau/ families and our communities to enhance their wellbeing and enable them to live well.
WHAI RANGATIRATANGA SUSTAINABILITY	Being the preferred PHO The PHO will continue to grow and seek to be the preferred PHO to Māori and Practice Partners in the region.	High Performing Organisation The PHO will adopt management and administration practices and processes that improve organisational performance.	Deliver Results The PHO will be recognised as a leader in achieving a 4 P 'bottom line' – people; planet; productivity and purpose.
WE WILL BE MEASURED BY:	MĀORI ACHIEVING EQUAL OR BETTER HEALTH OUTCOMES.		

EDUCATION REPORT

Hauraki PHO's scholarship fund continued to be well utilised during 2017/2018 by clinical and administrative staff employed by our practice partners. Funding was approved for clinical staff at graduate and post-graduate level for diabetes education, practice nurses on the pathway to becoming Designated RN Prescribers and Nurse Practitioner Interns. Attendance at Triage Courses, Diabetes and Dermatology workshops were also funded.

Administrative staff were supported to undertake the Skills & Knowledge framework through PMAANZ (Practice Managers and Administrators Association of New Zealand). Two workshops solely for admin staff were held in Hamilton and Thames and attended by 31 people. These were facilitated by a trainer from EMA (Employers Manufacturers Association) with a theme of "Personal Leadership, Planning for Success and Influencing Others", which built on the previous year's workshops.

The Annual Education Day held in March, 2018 was attended by 76 clinical and admin staff from Hauraki PHO and our Practice Partners. The program was endorsed by the Royal NZ College of GPs for CME credits and included expert speakers on Primary Menal Health Care, Advance Care Planning, and Managing Sick Employees on their return to work and after illness, and recent changes to Health and Safety Legislation. Two workshops were also held - Te Tiriti o Waitangi, and Cultural Competency with an emphasis on increasing responsiveness to Māori presenting with mental health problems. Evaluations completed on the day were extremely positive and suggestions on future topics have been used to plan the 2018/2019 education calendar which include forming a steering group of Practice Managers to advise on workforce education and development, and developing an in-house orientation/refresher program for new and existing staff.



DESMOND stands for diabetes education and self- management for on- going and newly diagnosed people with type 2 diabetes. One participant said the wellness day "filled in the gaps in a different way but I was pleased how much I knew" - she is more inspired to do some testing to check her wellness.

52% EUROPEAN

31% MAORI

10% ASIAN

5% PACIFIC ISLAND

2% OTHER

OUR PEOPLE

151,322

ENROLLED PATIENTS



37%

**OF PATIENTS
ARE AGED 24
AND UNDER**

11123 AGED
NEWBORN
TO 4
YEARS

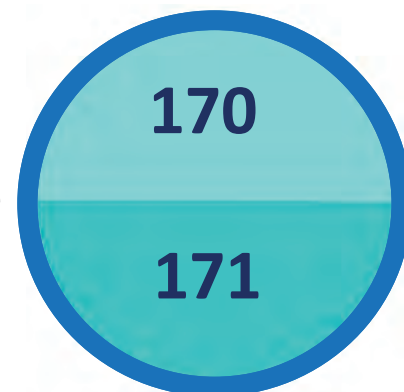
14%

65

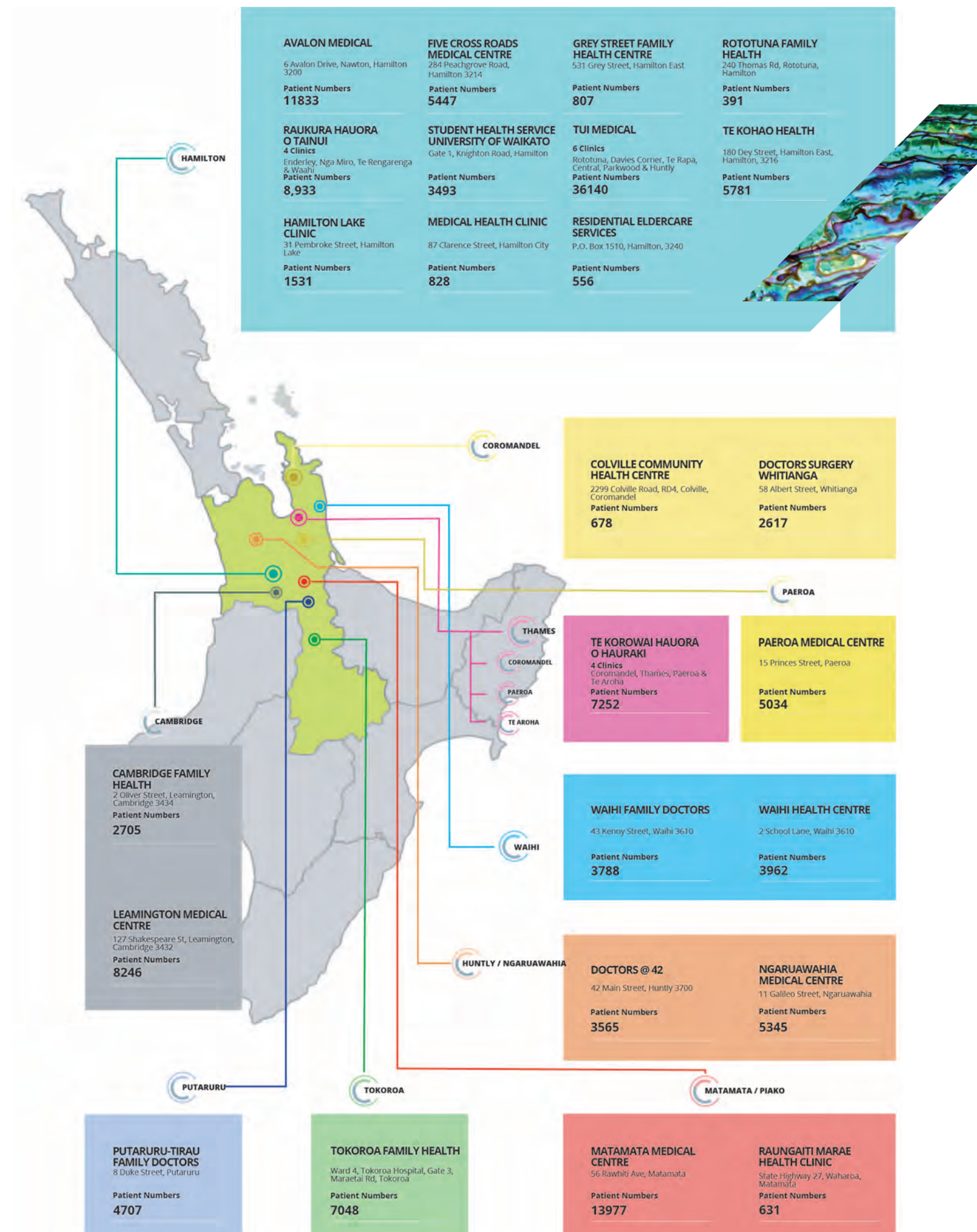


170 Nurse's

171 GP's



**PATIENTS WITH
DIABETES**



PROGRAMMES

Hauraki PHO and its partner provider teams operate a broad range of community-based services. These include a wide range of General Practice based services and community and outreach support.

Links to other community-based health service providers such as Pharmacists, Midwives, District Nurses, Public Health Nurses, Podiatrists, Community Mental Health Services, Support Groups, Dentists and Physiotherapists help to provide wrap around services and shared care.

Hauraki PHO takes a population health approach to improve the health and wellbeing of all Hauraki whānau with an emphasis on empowerment to support self care. We are committed to community involvement in health service development and improving accessibility to affordable, high-quality services. We aim to ensure provision of services according to the needs of our population to maintain wellness, as opposed to solely focusing on treating illness.

We partner with our general practice teams to deliver the following programmes and initiatives:

Outreach Immunisation Service

The HPHO Outreach Immunisation Service covers the Waikato DHB rohe addressing inequities in health by reaching all tamariki who for many reasons are unable to be immunised at their GP in a timely fashion. HPHO OIS also provides co-ordination support for the other OIS providers (K'aute Pasifika, and Raukura Hauora O Tainui).

Ngā Kaitiaki Manawanui Whai Ora

The Manawanui Whai Ora Kaitiaki team works as part of an integrated model with Hauraki PHO practice teams and community and hospital-based health service provider colleagues, to provide wrap around support to high-needs individuals and their family/whānau (for an expected maximum 6 month duration).



AND INITIATIVES...



Advance Care Planning (ACP)

ACP enables patients, families, whānau and clinicians to engage in an on-going conversation that ideally starts well before “the end of life” stage. It is not a one off discussion, but an empowering discussion about lifestyle and treatment choices.

Breast and Cervical Screening Support to Service

This programme supports Hauraki PHO practice partners to locate and assist priority women to attend breast and/or cervical screening. Our intention is to work collaboratively to engage eligible women into breast and/or cervical screening programmes.

After Hours Services

Rural Hauraki PHO practices benefit from a telephone nurse triage (and advice) service to support patient care and lessen the pressure on HPHO's rural workforce.

Primary Mental Health Service

This service for HPHO enrolled population suffering with mild to moderate mental health and addiction issues. A range of funded services are provided which include extended GP consults, brief intervention therapies, counselling and psychology to support patients to wellness.

Giving Asthma Support to Patients (GASP)

This service will provide sustainable and empowering support to asthma patients who will be better able to manage asthma including acute exacerbations. GASP is a unique online tool developed to provide asthma education at point of care, and to provide health care professionals in primary care with skills and knowledge to undertake a structured asthma assessment.

LOGIQC™ Quality Management System

Hauraki PHO is providing LOGIQC™ software to all practice partners to manage quality, safety, risk, and business improvement activities. Designed for compliance with healthcare quality standards, LOGIQC™'s suite of registers can be used 'stand-alone' or can be combined to form a fully integrated quality management system.



Other Services available to eligible Hauraki PHO enrolled patients through General Practice teams include:

- Alcohol Brief Advice
- Before School Checks
- Cervical Screening for Priority and Significantly Overdue Women
- Cervical Screening Support
- Dental Care
- Diabetes Management
- Extended Consultations
- Foot Clinics/Podiatry
- Heart and Diabetes Checks
- Heart Disease Assessments
- Intravenous Infusions
- Koroua and Kuia Service
- Long Term Contraception
- Mental Health Support
- Minor Surgery
- Palliative Care
- Primary Options for Acute Care
- Rapid Response – Sore Throat Management
- Sleep Apnoea Assessments
- Smoking Cessation Support
- Under 25 year old sexual and reproductive health services
- Urgent Support Funds
- Whānau Ora – Māori Community Health Services
- Zero Fees/Free After Hours for Under Thirteen Year Olds



Manage My Health™ (MMH)

Hauraki PHO in partnership with Medtech makes available the ManageMyHealth™ Patient Portal to all Hauraki PHO Practice Partners and their enrolled patients to empower patients to be informed and involved in their care. The patient portal is part of Medtech's ManageMyHealth™ suite and provides a secure messaging system between the patient and the practice. Patients are able to view their medical records from their general practice and access a number of online services, such as repeat prescription requests, online appointment requests and send secure messaging to their practice. Patients are also able to track their progress. As the Patient Portal is cloud based, patients are able to access the Patient Portal, anywhere and anytime. The benefits to General Practice include reduced phone calls and streamlining practice processes. Hauraki PHO has 71% of Practices utilising the MMH Patient Portal.

Alongside this sits the Shared Electronic Health Record (SEHR). The Shared Electronic Health Record allows, with the consent of the patient, authorised health care providers, such as Doctors and Nurses in hospital and after hour's settings, access to a summary of the patient's primary care health records. Information such as test results, medical conditions, allergies and prescribed medications. The information is available at any time, even when the patient's general practice is closed. The information is stored securely and all access to the information is recorded and auditable. All of General Practices that use Medtech32 or Medtech Evolution are part of the SEHR.

Shared Care and Care Planning is also part of the ManageMyHealth™ suite. This will allow Ngā Kaitiaki Manawanui Whai Ora in conjunction with the patients' General Practice team to have access to a shared care record and care plan. The Care Plan will be accessible by Patients and other members of the patient's multidisciplinary care team. This project is in progress and it is anticipated the Patients Care plan will be available in the first quarter 2019. The Shared Care access will be available in late 2018.



The Grassroots club at Auckland University supports rural health profession students, promotes working rurally and promotes health as a career. This year 18 students ranging from pharmacy, optometry, nursing and medical students, visited rural Waikato to be able to provide the students with a taste of working rurally and to showcase the areas as a place to live and work.



“ Housing, diabetes, fitness programme wins Hauraki PHO an invite to Washington. ”

The Ngā Kaitiaki Manawanui Whai Ora health programme has found people homes, helped get furniture, and taken a woman from tearful appointments to regular swimming and community volunteering.

Ngā Kaitiaki Manawanui Whai Ora might seem like another health sector programme, but those behind it do more than blood pressure checks and pills. It stabilises social issues getting in the way of Waikato people's health, and it's gaining international attention. The programme is for people struggling with long-term conditions, such as diabetes, heart disease, depression, or asthma and since 2014 it has had almost 760 referrals.

Its proven success rate along with its portrayal of kiwi ingenuity, has resulted in Hauraki PHO senior leaders being invited and funded to travel to a Washington DC conference to discuss the programme.

“ That's an enormous vote of confidence, Kininmonth said, and shows “New Zealand can come up with its own models of care that the world is interested in. We don't have to keep borrowing.”



“Waihi Health Centre Marae Clinic going from strength to strength.”

Emma Espiner (Ngāti Porou, Ngāti Tukorehe) - fourthyear medical student at the University of Auckland, recently spent two weeks with the Waihi Health Centre to fulfil the requirements of her GP attachment. Her feedback expressed that “the location of a ‘nurse-led marae clinic’ made health care accessible and acceptable to a target population group which is often labelled as ‘hard to reach’ – proving that you can reach people if you make an effort to go to where they are, and provide care that is culturally safe.”

In addition to her studies, Emma works in Māori public health, so she was intrigued to see how a rural marae-based primary care clinic would approach hauora Māori. Her overall impression of the Waihi health centre marae clinic was successful, culturally acceptable and accessible service which prioritised the needs of Māori patients and addressed urgent population health issues.

Nga Kaitiaki Manawanui Whai Ora empowerment.

Ngā Kaitiaki Manawanui Whai Ora has recently empowered one of their clients who was referred due to DNAs and diabetic support, to grow his own kai in his garden. The client's benefit was taken up in rent and rent arrears, which left him with approximately \$38 to eat from per week and to purchase power.

The Ngā Kaitiaki Manawanui Whai Ora programme, saw his strengths as an avid gardener and therefore enabled him to begin a kai garden of his own. He now has an array of kai beginning to flourish from strawberry plants, broccoli, potatoes, corn, lettuce and cauliflower.

Arthur is on a mission to spread the word on Advance Care Planning.

Arthur Te Anini (Ngāti Whanaunga) is on a mission. The 67-year-old South Auckland originally from Manaia wants to convince his fellow Māori to start talking about future health care and end of life care.

He particularly wants Māori to see the benefits of having an advance care plan (ACP) – the process of exploring what matters to you and sharing that information with your loved ones and your health care team so treatment and care plans can support what is important to you.

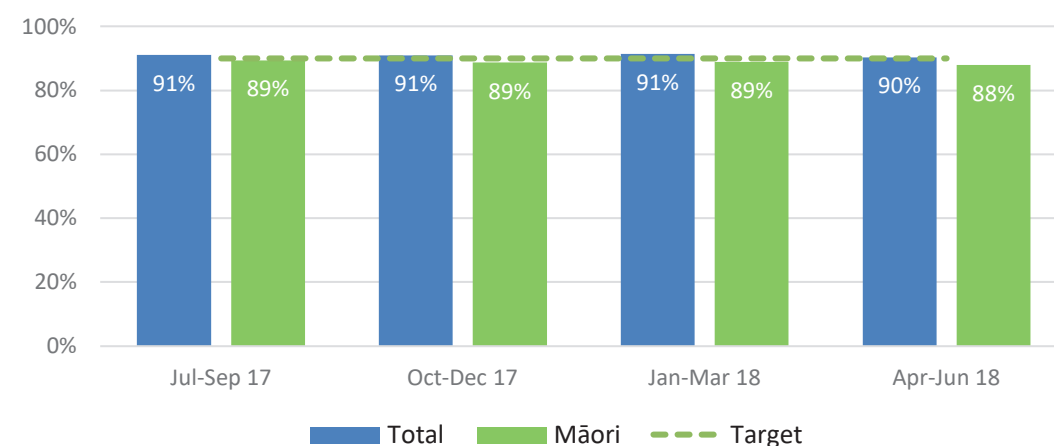


HAURAKI PHO PERFORMANCE

We are proud of what we have achieved together with our practice partners and look forward to continuing our mahi with them to ensure the best possible health outcomes for all our patients.

As a PHO we are committed to continuing to explore ways to support improved target achievement across all indicators for our Māori and non-Māori populations.

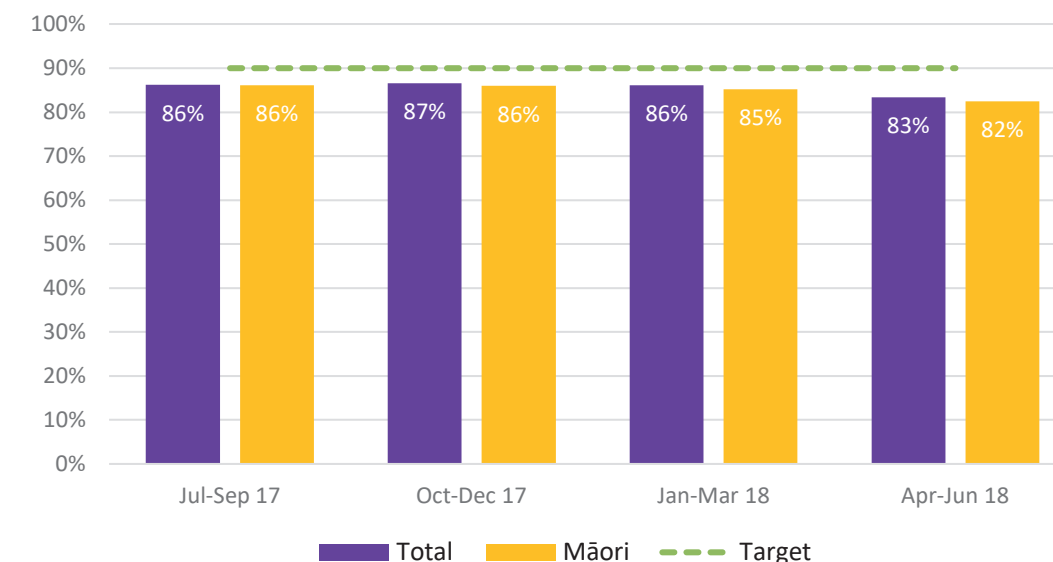
Eligible patients have had a cardiovascular risk assessment within the past five years



Cardiovascular Risk Assessments

The percentage of eligible patients receiving cardiovascular risk assessments has consistently remained at the 90% target. As a result, this is now considered a success and no longer requires continued scrutiny. The focus has now shifted to those who are currently falling through the gaps when it comes to risk assessments. For the 2018/19 year, the quality target is now based on Māori males, aged 35 to 44 years in an effort to improve health outcomes for this cohort.

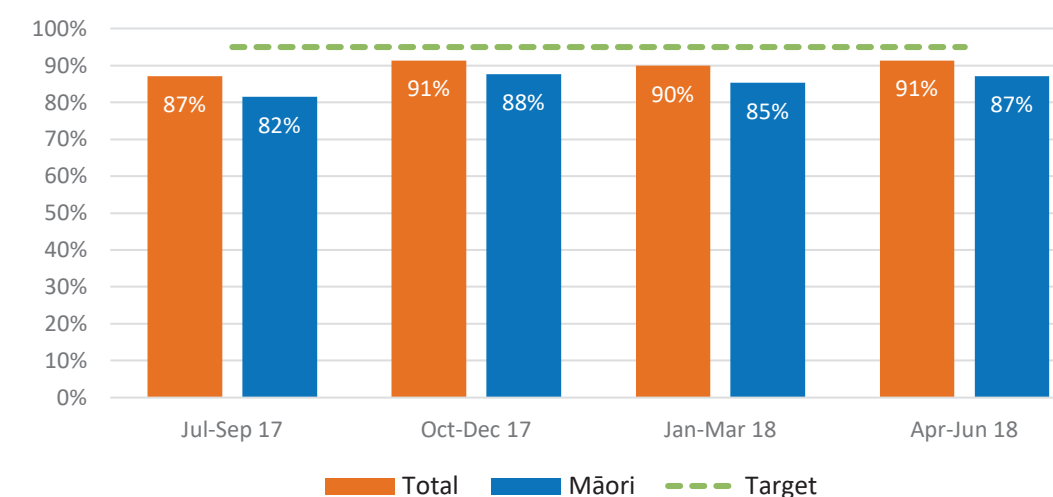
Smokers given brief advice within the past 15 months



Smoking Brief Advice

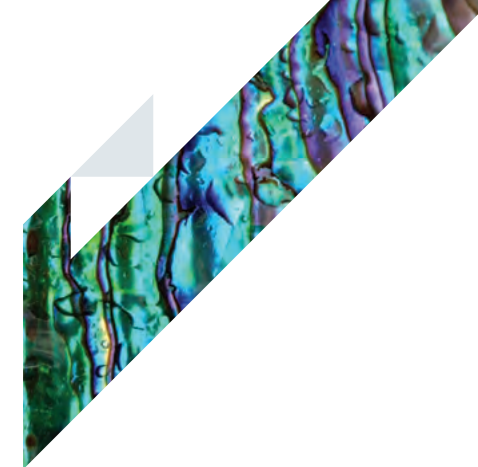
The percentage of patients who smoke receiving smoking brief advice has stagnated during 2017/18, failing to reach the 90% target across the PHO. However, a number of practices have been successful in reaching out to patients, with over two thirds of practices reaching 90% or more during quarter four. Hauraki PHO will strive to support those practices who are struggling, to access effective and efficient ways to engage with patients around smoking throughout 2018/19.

Fully Immunised as at 8 months old

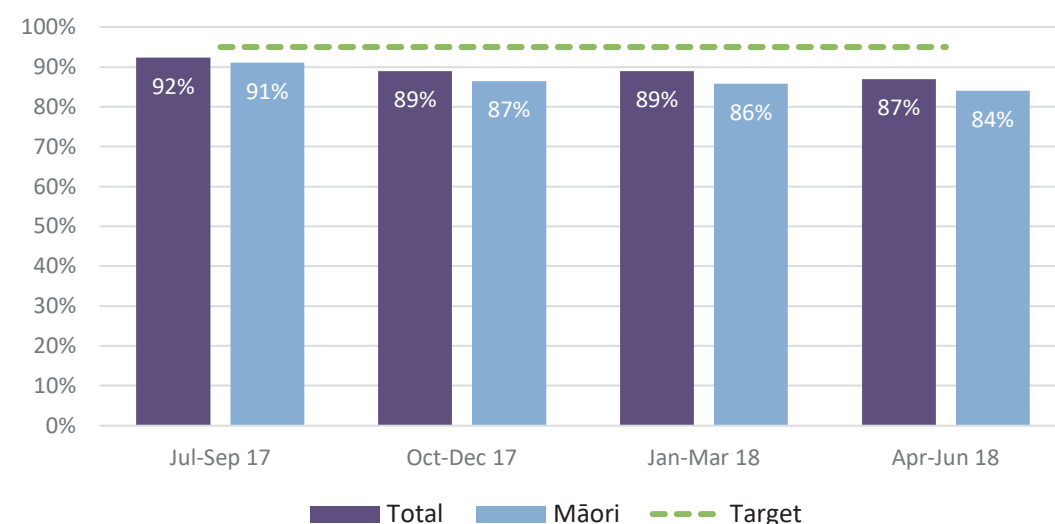


Eight month immunisations

It has been a challenging year for immunisations with the continued rise of unsubstantiated information available across social media, and unfortunate incidents involving immunisations. This means parents have been deferring immunisations, or declining them altogether, with 6% of eligible immunisations declined in quarter four of 2017/18. In the face of this, general practice and outreach teams have had to go over and above in an attempt to maintain herd immunity amongst the community.



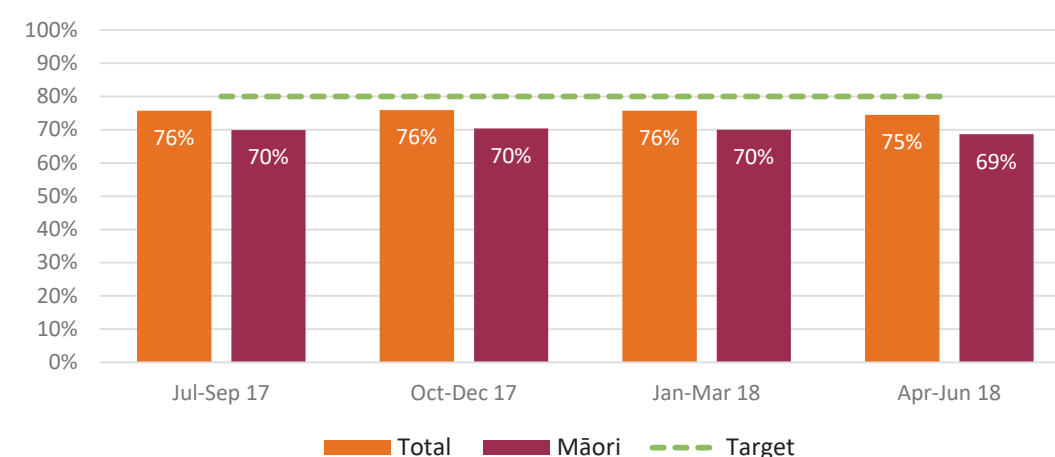
Fully Immunised as at 24 months old



24 month immunisations

The percentage of patients fully immunised at 24 months has also been impacted by the issues discussed above, with the level of achievement dropping to below 90%. An increasing number of transient families due to a shortage of affordable housing has also presented difficulties in arranging immunisations. Aligning with funding from the Ministry of Health, this target has not been continued for the 2018/19 year. However, it is hoped that effective engagement with whanau during the earlier immunisations, will flow on to see consistent high levels of babies immunised at this age. Hauraki PHO will continue to support practices to ensure timely pre-call, recall and administration of vaccinations.

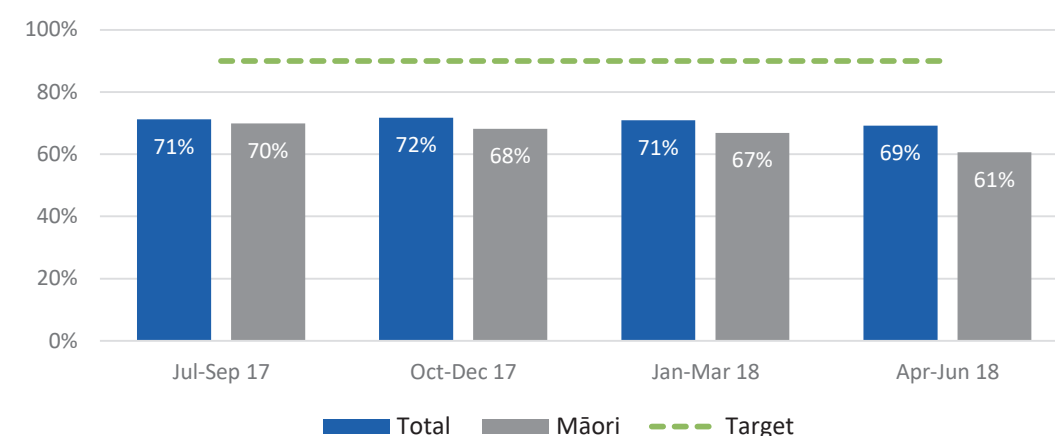
Eligible women have had a cervical smear within the past three years



Cervical Screening

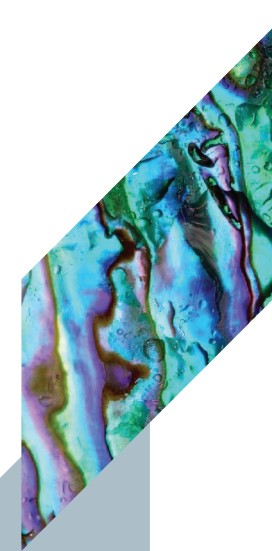
Throughout the 2017/18 year, approximately 75% of eligible women received an up to date cervical smear. Hauraki PHO's Support to Service programme has continued to provide valuable support to practices in locating and assisting priority and significantly overdue women to access screening, striving to reduce the health equity gap between Māori and Non-Māori.

Patients with diabetes have had an annual review within the past 12 months

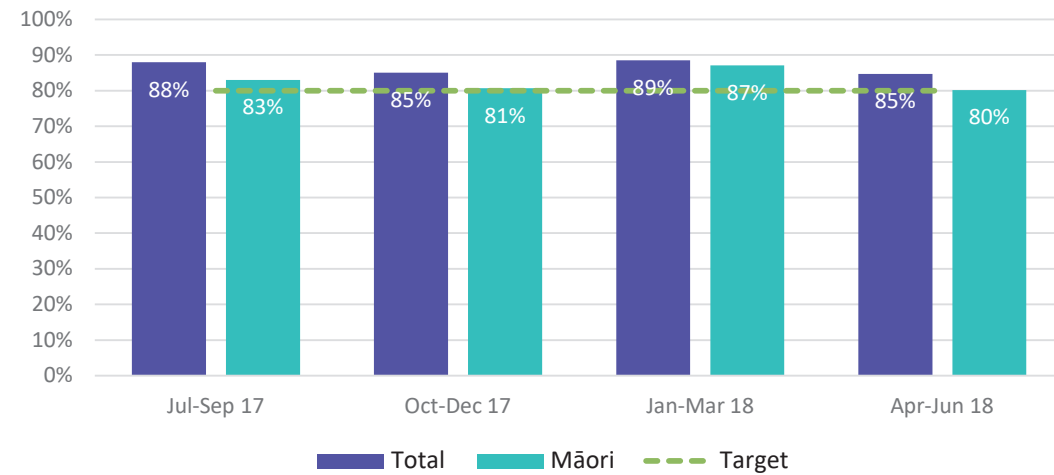


Diabetes Annual Review

Annual reviews for patients with diabetes was added as a quality target for practices within the 2017/18 year. In response, we saw an increase in the total number of annual reviews done across the practice network. However, despite this, the percentage of patients who had received a review in the 12 months previous dropped. This has been affected by diabetic nurse staff shortages at a number of practices. This issue has now been addressed and practices are striving to increase engagement with patients in need.



B4 School check completed before five years of age

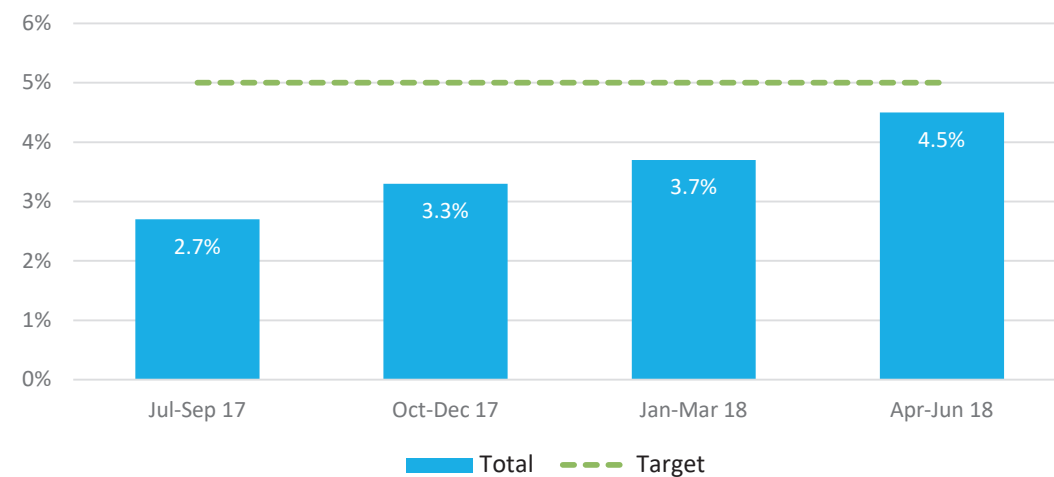


B4 School checks

B4 School checks were added as a quality target for practices in 2017/18 in recognition of the importance, the comprehensive checks play in the wellness of tamariki.

This also directly links to the Raising Healthy Kid's target at the national level. The 80% target set by Hauraki PHO was consistently achieved across both Māori and Total populations.

Patients activated on Manage My Health



Manage My Health

Manage My Health patient portal was added as a Quality Target for practices within 2017/18. The number of patients registered and activated, doubled over the course of the year, with 14 practice partners reaching the target of a 5% increase target by the end of quarter 4. Experience suggests that when approximately 40% of patients use the portal, call volumes are noticeably reduced, and prescriptions and test results are easier, which increases efficiency for the practice and reduces staff workload.

CUSTOMER SATISFACTION, COMPLAINTS/ISSUES & EXCEPTIONS REPORTING

Thirty one issues have been logged by Hauraki PHO from July 17 to June 18. Of these:

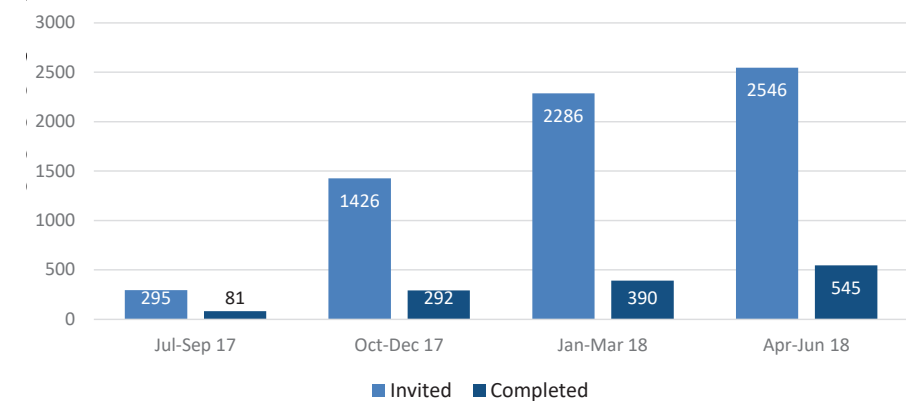
- Eight were incidents – three needle-stick and five immunisation issues. All these were resolved satisfactorily.
- Twenty three were complaints – ranging from complaints about waiting times at GP clinics, fee increases, services received from GPs.
- Of the thirty one complaints – five were raised by the Waikato District Health Board. These were resolved to the satisfaction of the patients concerned.

Many positive comments and compliments were also received by patients about the service they have received from Ngā Kaitiaki Manawanui Whai Ora team and the GP practices they attend.

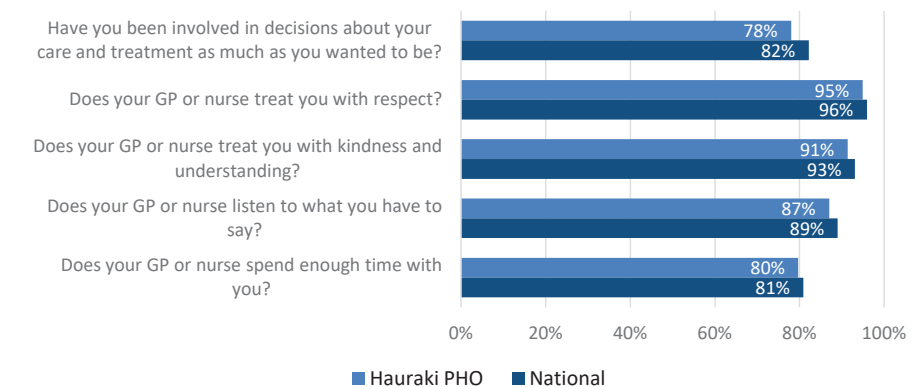
No exception reporting has been received by Hauraki PHO during this period. However, with the introduction of the LOGIQC™ Risk Management and reporting tool for general practices, this will ensure the reporting of exceptions is a much less onerous task.

Complaints/Incidents	31
Acknowledged	31
Closed	31
Compliments	56
Referred by WDHB	5 all closed out

Primary Care Experience Survey Engagement



Primary Care Experience Survey Responses



HAURAKI PRIMARY HEALTH ORGANISATION (PHO) TRUST

STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE

FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
REVENUE		
Income from Exchange Transactions	\$36,939,445	\$35,172,367
Note 5 - Grouped Revenue Breakdown:		
Practice Service Delivery - Capitation	\$24,257,149	\$22,857,537
Practice Service Delivery - FFS Funding	\$3,893,171	\$4,131,569
Practice Service Delivery - Non Claiming	\$572,311	\$616,881
Practice Service Delivery - Rural Funding	\$1,566,460	\$1,574,107
HPHO & Practices Service Delivery	\$2,771,221	\$2,592,565
HPHO Practice Support Services	\$2,598,875	\$2,537,744
HPHO Operations	\$1,280,258	\$861,964
	\$36,939,445	\$35,172,367
Finance Income	\$37,824	\$17,054
Total Revenue	\$36,977,270	\$35,189,421
EXPENSES		
Practice Payments	\$30,836,470	\$29,579,573
Note 6 - Practice Break Down:		
Avalon Medical Centre	\$2,538,284	\$2,348,936
Cambridge Family Health	\$463,556	\$359,880
Colville Community Health Centre	\$266,327	\$257,547
Doctors @ 42	\$886,139	\$845,573
Five Crossroads	\$1,015,057	\$1,026,900
Grey Street Family Health	\$167,106	\$149,159
Hamilton Lake	\$257,971	\$30,744
Health and Medical	\$148,089	\$114,998
Matamata Medical Centre	\$2,974,093	\$2,894,901
Ngaruawahia Medical	\$1,224,163	\$1,001,638
Paeroa Medical Centre	\$1,372,555	\$1,299,906
Putaruru-Tirau Family Doctors	\$1,026,532	\$1,051,213
Raukura Hauora o Tainui	\$2,219,924	\$2,155,452
Raungaiti Marae	\$212,816	\$212,033
Residential Elder Care	\$177,946	\$154,836
Rototuna Family Health	\$173,510	\$93,617
Te Kohao Health	\$1,546,402	\$1,540,792
Te Korowai Hauora O Hauraki	\$1,787,489	\$1,612,345
Tokoroa Health	\$1,870,742	\$1,699,156
Tui Medical Centre	\$8,080,965	\$7,725,648
University Student Health	\$413,567	\$466,595
Waihi Family Doctors	\$1,013,704	\$902,309
Waihi Health Centre	\$1,073,803	\$1,014,536
Whitianga Doctors Surgery	\$580,314	\$620,859
Māori Health & Innovation Funding	-\$654,584	\$0
	\$30,836,470	\$29,579,573

PHO Operations

Note - 7 PHO Operations:

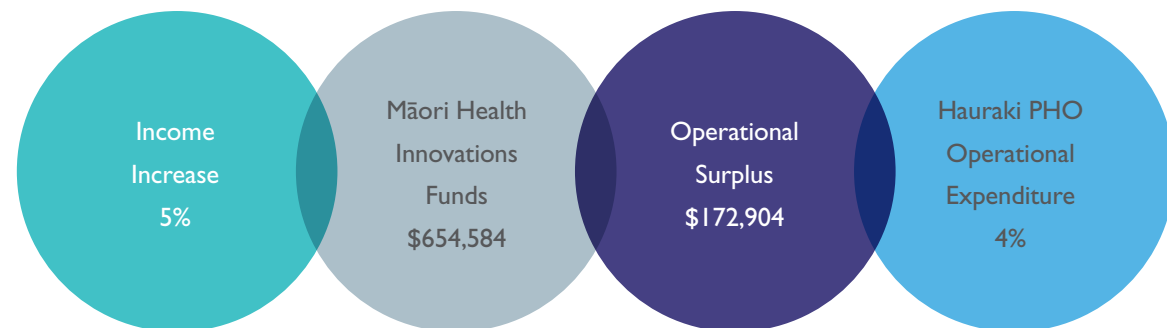
	\$2,320,725	\$1,901,616
Operational expenditure only	\$1,571,298	\$1,304,534
Operational re-classification:		
Advance Care Plan	\$77,160	\$70,674
GASP	\$126,269	\$38,397
FFP Quality Projects	\$79,320	\$21,401
FFP Software	\$396,678	\$418,220
Telemedicine	\$70,000	\$48,390
	\$749,427	\$597,082
	\$2,320,725	\$1,901,616

PHO Contracts

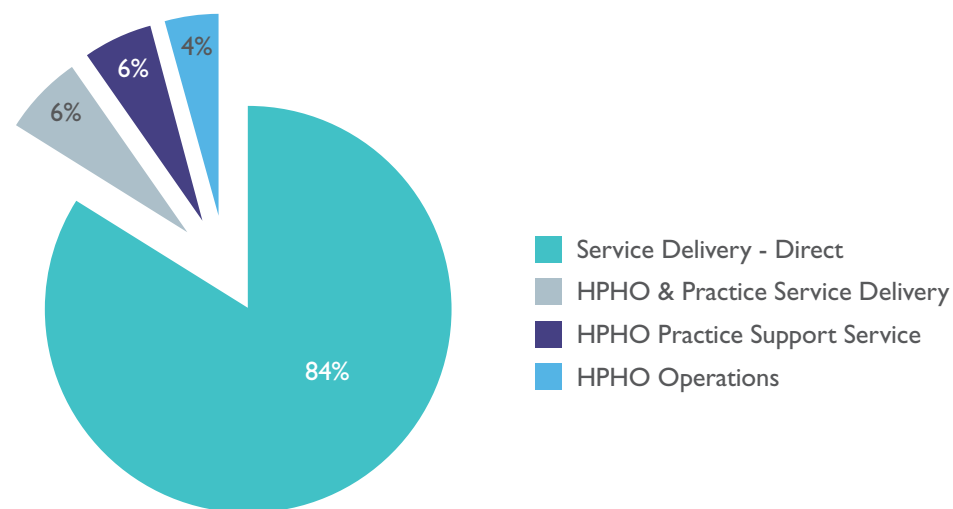
Note 8 - PHO Contracts:

	\$3,647,170	\$3,618,070
HPHO & Practices Service Delivery:		
B4 School	\$36,252	\$44,955
PHO DARS	\$2,586	\$0
PHO DCIP	\$61,226	\$25,976
PHO IPIF/SLMFS	\$450,297	\$515,620
PHO Health Innovations	-\$5,000	\$5,000
Mental Health Integrated Care	\$0	\$114
More Hearts & Diabetes	\$1,320	\$391
Ngamiro	\$147,960	\$146,837
Outreach Imms	\$310,195	\$143,845
PMHCo	\$719,064	\$780,280
PHO QIP Accreditation	\$65,665	\$77,177
RSLAT	\$0	\$77,881
Rural Sustainability Grad Nurse	\$48,622	\$19,648
PHO Whanau Ora	\$55,022	\$104,150
	\$1,893,209	\$1,941,874
HPHO Practice Support Services:		
MWOK	\$1,374,184	\$1,322,666
HWNZ Nurse Practitioner	\$0	-\$1,467
MPDS	\$51,867	\$30,294
Patient Portal	\$0	\$33,699
Programme Incentives	\$0	\$63
Self Management & Shared Care	\$0	-\$5,261
SSF Breast & Cervical Screening	\$129,838	\$105,309
Telephone Nurse & Triage	\$87,778	\$57,525
Virtual Care	\$110,295	\$133,368
	\$1,753,961	\$1,676,196
	\$3,647,170	\$3,618,070

Total Expenditure	\$36,804,365	\$35,099,259
Operating surplus for year	\$172,904	\$90,163
Non-operating Income		
Income Received for Non-Current Assets	\$0	\$257,544
Non-operating Expenses		
Māori Health and Innovation Funding	\$654,584	\$0
Surplus for the year	(\$481,680)	\$347,707
Total comprehensive revenue and expense for the year	(\$481,680)	\$347,707



Hauraki PHO Expenditure Analysis 2018



HAURAKI PHO INTERNAL AND EXTERNAL GROUPS

HPHO Clinical Advisory Group

Dr Wendy Carroll (Chair)
Lindsey Webber
Debi Whitham
Ashleigh Battaerd
Karen McKellar
Dr Lakhminder Sandhu
Jan Short
Dr Rawiri Keenan
Trish Anderson

HPHO E-Health and Data Governance Group

Lindsey Webber (Chair)
Dr Wendy Carroll
Dr Lakhminder Sandhu
Monique Pot
Trish Anderson
Gary Shepherd (Consumer Representative)
Sue Bluett (Cambridge Health)
Geoff King (Waikato DHB)

Hauraki Hauora Alliance Leadership Team

Hugh Kininmonth (Chair)
Lucy Steel (Hauraki PHO Board of Trustees)
Lindsey Webber
Riana Manuel (Te Korowai Hauora O Hauraki)
Ruth Rhodes (Waikato DHB)
Linda Elgar (Te Kohao Health)
Dr Damian Tomic (Waikato DHB)
Karina Elkington (Waikato DHB)
Dr Wendy Carroll
Wayne Skippage (Waikato DHB)
Dr Stanley Koshy (Tui Medical)

Rural Service Leadership Alliance Team

Dr Andrew Minett (Chair and Rural GP)
Hugh Kininmonth (Hauraki PHO CEO)
John Armitt (St John Ambulance Service)
Riana Manuel (CEO Te Korowai Hauora O Hauraki)
Keryn Gage-Brown (Pharmacists' Representative)
Dr Kate Armstrong (Rural GP Colville)
Ruth Rhodes (Waikato DHB)

External Groups (District and National)

Midland United Regional Alliance Leadership Team (MURIAL)
PHO Service Agreement Amendment Protocol Group (PSAAP)
Health System and Community Planning Advisory Group Waikato
DHB Winter Planning Group
Child Health Advisory Group (CHAG)
Child Health Network
Primary / Secondary Mental Health Integration Advisory Group and Working Group
Creating Our Futures Board and Advisory Group
Health Pathways Governance and Working Groups
Demand Management Advisory Group
System Level Measures (SLM) Working Groups
Sore Throat Swabbing Services (Rheumatic Fever) Waikato Operational Group
Outreach Immunisation (OIS) Steering Group
Primary Care Clinical Leaders' Forum
National PHO CIO and IT Managers' Group
National PHO CEO Group
Nurse Executives of NZ (NENZ)
Primary Options Peer Review Group
Advanced Care Planning Group (National and Regional)

OUR STAFF

Management Team

Hugh Kininmonth - Chief Executive
Lindsey Webber – Deputy CEO
Trish Anderson – Operations Manager
Lynne Courtney – Quality Manager
Maringi Moanaroa – Finance Manager
Debi Whitham – Clinical Services Manager
Dr Wendy Carroll – Clinical Director

Finance and Administration Team

Donna Thorburn – Administration Co-ordinator
Bhavesh Ranchhod – HPHO Accountant
Sheila Jones – Financial Support Worker

Clinical Strategic and Development Team

Boudine Bijl-Williams – Clinical Projects Advisor
Michelle Rohleder - Education Coordinator
Gytha Lancaster – Community Liaison
Karlynne Earp – ACP Project Advisor

Practice Support and Operations Team

Sue Sharp – Practice Support Manager
Aman Sandhu – Practice Support Manager
Robyn Finucane – Practice Support Manager
Reuben Kendall – Data Analyst
Monique Pot – Practice Support Project Lead

Primary Mental Health Team

Jan Short – Primary Mental Health Team Leader
Becky Singleton – Primary Mental Health Practitioner
Kirstin Stewart – Primary Mental Health Practitioner
Anaru Haumaha – Primary Mental Health Practitioner
Sue Graziotti – Programme Administrator
Hayley Lord – Community Psychologist
Lyndy Matthews – Psychiatrist

Outreach Immunisation Services (OIS) Team

Karen McKellar – OIS Team Leader
Annie Schenkel – Registered Nurse
Karen Sanderson – Registered Nurse
De Arna Randell – OIS Registered Nurse
Michelle Paekau – Programme Administrator

Ngā Kaitiaki Manawanui Whai Ora

Paulette Winiata – MWOK Team Lead Operations
Ashleigh Battaerd – Nurse Practitioner (NP)
Claire Davies – Registered Nurse
Elizabeth Johnson – LTC Registered Nurse
Hinemanu Kelly – LTC Registered Nurse
Lyn Harris – LTC Registered Nurse
Mereana Waaka-Murch- LTC Registered Nurse
Sue Bowden – LTC Registered Nurse
Tracey Green – LTC Registered Nurse
Ree Clarke – Kaiawhina
Sandi Lowe – Kaiawhina
Te Rea Teriaki – Kaiawhina
Marjorie Adams-Tuhua – Kaiawhina
Rachel Tairaki – Kaiawhina
Ricky Tipene – Kaiawhina
Delwynne Helms – Registered Nurse
Tania Herewini – Kaiawhina
Tina Kerewaro – Kaiawhina
Katrina Middlemiss-Vano – Kaiawhina South Waikato

Breast and Cervical Screening Support to Service Team

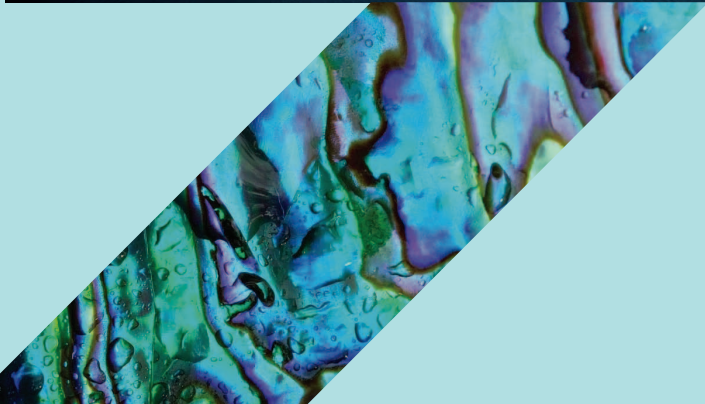
Nerida Griffiths – Cervical and Breast Screening Support Services Co-ordinator RN
Christin Fuchs – Programme Administrator

Diabetes Service

Suzanne Moorhouse – Registered Nurse Specialist

Respiratory Service

Michelle Hopley – Registered Nurse Specialist
RN Prescriber – GASP Programme
Amanda Cruwys – Respiratory Nurse Specialist



Kei te waka kotahi tatou e hoe ana.
We're all in this together.



This carving depicts the Wairua
(Spirit) that is present in us all.

H A U R A K I
PRIMARY HEALTH
ORGANISATION

CHARITABLE TRUST

