



# Annual Report 2015-16

# Highlights at a glance

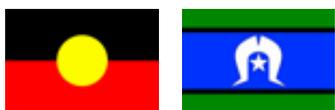
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- 580,000** ... North Queensland residents received My Health Records (pioneering site for My Health Record 'opt out' program – one of only two trial sites in Australia)
- 29,345** ..... visitors to new NQPHN website
- 11,867** ..... Aboriginal and Torres Strait Islander people accessed 89,692 services through the Care Coordination and Supplementary Services Program
- 6,070** ..... secondary school students took part in Life Education Program across 24 North Queensland schools
- 3,514** ..... Access to Allied Psychological Services (ATAPS) clients received 15,347 sessions
- 3,388** ..... attendees at 151 professional development events delivered by NQPHN
- 2,612** ..... subscribers to fortnightly newsletter
- 1,172** ..... likes on Facebook page (highest of any PHN across Australia)
- 458** ..... General Practice visits in urban and rural areas
- 300+** ..... people attended the inaugural myPHN Conference in Cairns
- 111** ..... Aboriginal and Torres Strait Islander students enrolled in Certificate III and Certificate IV in Indigenous Primary Health Care courses
- 110+** ..... people attended a suicide prevention forum in Townsville
- 92** ..... practices with PenCat Suite of Clinical Audit Tools, representing 275,639 clinical patient records
- 31** ..... Health Infographics developed for all Local Government Areas across the region
- 4** ..... regional offices established in Mackay, Townsville, Cairns and Thursday Island

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## ACKNOWLEDGEMENT

We acknowledge the traditional owners of the country on which we work and live, and recognise their continuing connection to land, waters, and community. We pay our respect to them and their cultures, and to Elders both past and present. In this report, the terms 'Indigenous' and 'Indigenous Australians' refer to Aboriginal and Torres Strait Islander people.

# 83,000

**Indigenous people (11% of NQPHN population and 11% of total Australian Indigenous population)** *Source: Queensland Health*

# 4

**Hospital and Health Services**

# 31

**Local Government Areas**

From 2016 to 2036, the population is projected to increase by 42% to 1,033,500

**Land area the size of Spain**

Home to approx. 730,000 people in 2016 *Source: Queensland Health*

**80%** of the population live in 'outer regional Australia'

**21 out of 31** LGAs have people living in very remote areas

**8%** of the population live in 'remote' or 'very remote' areas

Northern Queensland Primary Health Network's region is unique. Spanning an area of 510,000km<sup>2</sup> and approximately twice the land size of the United Kingdom, this tropical environment is home to 730,000 people.

The majority of our population is located within the regional centres of Cairns, Townsville and Mackay, but a significant amount of people live outside of the cities in rural and remote areas. Our region has nine Aboriginal Medical Services (AMSs) and more than 150 Aboriginal Health Workers (AHWs).

In terms of geographical size, we're the fourth largest PHN in Australia, covering 30 per cent of Queensland.



Young Torres Strait Islander people participate in Social and Emotional Wellbeing (SEWB) activities on Friday Island

# Our Region

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# Our Organisation

**Northern Queensland Primary Health Network (NQPHN) is one of 31 independent not-for-profit PHNs across Australia, funded by the Commonwealth Department of Health.**

Within this framework, we commission service delivery with the key objective of increasing the efficiency and effectiveness of health services for patients, particularly those at most risk of poor health outcomes.

NQPHN coordinates primary and preventive healthcare – that is, the healthcare that takes place outside of a hospital, such as GPs, pharmacies, dentists, allied health,

chronic disease management, aged care, mental health and Aboriginal and Torres Strait Islander health.

Primary health care is recognised as the most effective way to keep communities and individuals healthy and well.

NQPHN identifies where there are areas of need, such as lack of health care services, difficulty in accessing these services, or regions with particularly high health needs, and works closely with GPs, pharmacists, dentists, allied health care providers, hospitals and the broader community to ensure that patients can receive the right care in the right place at the right time.

NQPHN's footprint starts at Dysart, Middlemount, St. Lawrence and Clermont in the south, and stretches north to Saibai Island in the outer islands of the Torres Strait, and west beyond Richmond, encompassing Mackay, Townsville, Cairns, Cape York Peninsula and the Torres Strait.

### Funding

NQPHN funding from the Commonwealth Department of Health (DoH) is divided into:

1. flexible funding to meet local area needs
2. program funding to deliver DoH programs.



# Northern Queensland Primary Health Network

## Strategic Plan 2016-2019



## VISION

**Northern Queenslanders live happier, healthier, longer lives**

## GOALS

- > To place individuals at the centre of their own health and wellbeing
- > To work with communities to understand local needs, and design and implement solutions that improve local health and wellbeing
- > To ensure an integrated approach to health and wellbeing
- > To build local capacity to improve health and wellbeing outcomes



## INITIATIVES

- > Support consumers to more easily navigate health services
- > Deliver primary health care practice support and quality improvement
- > Deliver workforce development education and training
- > Involve clinicians and the community in health services design and improvement
- > Strengthen partnerships with health service providers and peak bodies
- > Improve access to appropriate health services through a Primary Health Network
- > Drive health service and system improvement through digital enablement

**FOUNDATIONS**

People

Partnerships



## PURPOSE

To ensure people of northern Queensland access primary health care services that respond to their individual and community needs, and are relevant to their culture, informed by evidence, and delivered by an appropriately skilled, well-integrated workforce

- > Develop and utilise evidence-based planning, including population-based health needs assessments
- > Empower communities and partners to co-design services and solutions
- > Lead regional readiness for health reforms in collaboration with services, communities, and other stakeholders
- > Provide resources and tools to build community capacity and inform decision making
- > Maintain strong governance, robust processes, and a skilled workforce



## OUTCOMES

### Patient experience of care

- > Safe and effective care
- > Timely and equitable access
- > Patient and family needs met



### Quality and population health

- > Improved health outcomes
- > Reduced disease burden
- > Improvement in individual behavioural and physical health



### Sustainable cost

- > Efficiency and effectiveness of services
- > Increased resourcing to primary care
- > Cost savings and quality-adjusted life-years



### Provider satisfaction

- > Increased clinician and staff satisfaction
- > Evidence of leadership and teamwork
- > Quality improvement culture in practices

Evidence and Data

Innovation

Governance



Northern Queensland PHN acknowledges the traditional owners of the country on which we work and live, and recognises their continuing connection to land, waters, and community. We pay our respect to them and their culture, and to Elders both past and present.



# We are a Commissioning Organisation

**NQPHN is a commissioning organisation, characterised by a strategic approach to procurement of services or activities, informed by population health planning and local needs analysis.**

Our organisational approach explicitly targets addressing the health needs of our local community, and supports the achievement of the organisation's Strategic Plan.

NQPHN's commissioning framework underpins our organisation's core capabilities and structure. It is based on sound commissioning practices and ensures we:

- conduct a whole of region needs assessment to determine areas of need
- design effective, efficient services to meet prioritised health needs
- consider the most appropriate delivery method (purchase, partner or provide).

**All parts of this process are informed through engagement and collaboration with stakeholders and partners.**

Our ongoing monitoring and evaluation of services ensures relevance, effectiveness and value in the delivery of these services.

### Strategic alignment

Developing an understanding of the current context and environment of the health system and sub-systems, so that our organisation can prioritise our strategic and policy initiatives. This process allows us to be selective and measured in our strategic approach.

### Understand needs

Focusing on prioritising the health needs of our region. This is driven by the development of a health needs assessment, which is developed in consultation with community and stakeholders.

### Plan

Working with the community and stakeholders to develop a plan in response to each identified need. Specific focus is directed at understanding the required outcomes for our region at a high level, mapping existing services, identifying any gaps, and looking at the opportunities to enable change.

### Design

Designing solutions to each identified need. The need for procurement results in the development of service specifications that detail what we will put to the market to purchase, as well as the procurement strategy.

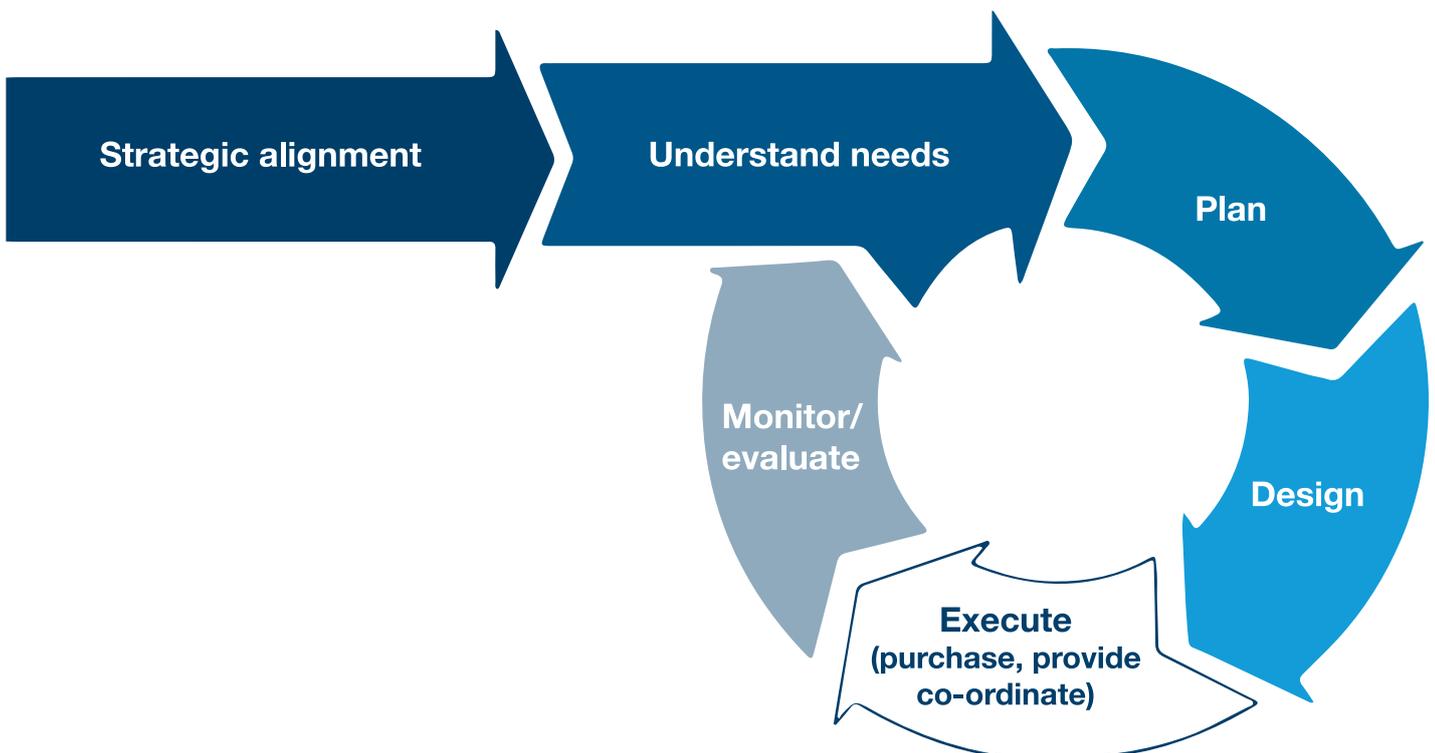
### Execute

Executing the strategy developed in the plan and design stages. We may allocate resources to provide support and enable system level improvement, the purchase of a solution from the market, or a new partnership approach.

### Monitor/evaluate

Working with providers to evaluate the success of the solutions, understand outcomes achieved, and analyse how this will inform future needs assessment and planning.

## Northern Queensland Primary Health Network Commissioning Framework



# Our Health Status

Our region has lower life expectancy across all regions than Queensland. The life expectancy in Torres and Cape region is on average 12 years less than the state average for Queensland.

## overall

the leading causes of death are

**heart disease and cancer**

**For 15 to 44 year olds**

the leading cause of death is

**intentional self harm (suicide)**

## Our primary health workforce



**191+** General Practices



**600** General Practitioners



**940** Nurse & midwife practitioners



**390** Pharmacists  
**300** Dentists  
**850** other Allied Health Professionals

## High burden of disease, PARTICULARLY IN TORRES & CAPE REGION

### Diabetes rate

in Torres and Cape is

**~4 times higher**

than that of Queensland

### Coronary heart disease

rates in Cape York are

**~2 times higher**

than Queensland

### Chronic obstructive pulmonary disease

rates in Cape York are

**~2 times higher**

than Queensland

### Stroke

rates in Torres and Cape York are

**~2 times higher**

than Queensland

**~25,400**

potentially preventable hospitalisations (PPHs)

**12,700** PPHs for **chronic episodes of care**

**11,700** PPHs for **acute episodes of care**

**1,000**

**vaccine preventable admissions** representing 16.4% of all hospital admissions



1 in 2

women in Torres and Cape  
**smoke during pregnancy**  
(compared to 1 in 6 in Queensland)



1 in 4

women in Cairns and Hinterland  
**smoke during pregnancy**



1 in 6

women in NQPHN region  
**smoke during pregnancy**  
(2% more than Queensland)



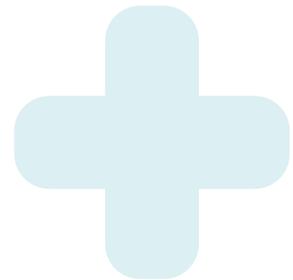
## OUR REGION'S

### Hospital & Health Services

4 Hospital and Health Services (HHS)

15 Emergency Departments

2 Tertiary referral hospitals



5 in 9

people (55%) in NQPHN  
eat the recommended  
**daily fruit intake**  
(compared to 58%  
in Queensland)



almost  
2 in 3

people in our PHN region are  
**overweight or obese**  
(5% higher than  
Queensland overall)



1 in 11

people (9%) in NQPHN eat  
the recommended  
**daily vegetable intake**  
(compared to 9% in Queensland)



# Our Health Priorities

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These 15 priority areas have been identified through the process of triangulating our NQPHN population, the current services available, and the current and projected needs of health consumers.

- 1 Increase access to health care in rural and remote areas.
- 2 Improve Aboriginal and Torres Strait Islander health by closing the gap.
- 3 Recognise the importance of improving access to mental health services.
- 4 Value the retention and expansion of our health workforce to service the health needs of our community.
- 5 Maximise the outcomes of health consumers burdened with chronic disease, by transitioning chronic disease management to community level care.
- 6 Improve health service delivery for children and pregnant mothers.
- 7 Provide and enable improved substance misuse support services in the community.
- 8 Improve access to specialist clinics.
- 9 Provide access to after hours health services.
- 10 Support preventive health measures including screening, immunisation and promoting healthy behaviours.
- 11 Value our elderly and support their care by community providers.
- 12 Map primary health services across our region.
- 13 Integrate My Health Record into routine primary health and Hospital and Health Services patient care.
- 14 Improve access to health transport.
- 15 Improve pathways between primary health care and the Hospital and Health Services.



# Our Governance

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Northern Queensland Primary Health Network has a commitment to strong, effective governance.

We are an independent not-for-profit Company, limited by guarantee. We are registered as a charity with the Australian Charities and Not-for-profits Commission.

We are a Membership-based organisation with a Constitution and Board of Directors, and hold an Annual General Meeting each year.

## Our Board

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The NQPHN Board is a skills-based board, charged with controlling and directing the Company through the discharge of the Directors' duties, functions and powers, in a manner that will:

- realise the Company's purpose and objects as defined in the Constitution
- realise the Company's vision, mission and strategic goals as defined by the Board from time to time
- fulfil its obligations and be in the best interests of those the Company serves.

All current Board Directors have successfully completed the AICD Company Directors course and participate in annual performance and peer review processes.

The NQPHN Finance, Audit and Risk Management (FARM) and Nominations Committees report directly to the Board, making recommendations for the consideration and approval of the Board pertinent to the financial management and governance functions of the Company. Both committees are chaired by current Directors, and are charged with levels of delegated authority for core decision making.



**Adj. Assoc. Prof. Trent Twomey**

**Trent is the Chairman of the NQPHN Board.**

He is also the Chairman of Advance Cairns, the peak economic development and advocacy organisation for Tropical North Queensland, a National Councillor of the Pharmacy Guild of Australia, a member of the Council of James Cook University, and the Chairman of the Northern Australia Alliance.

Trent is an Adjunct Associate Professor at James Cook University, a Fellow of the Australian Institute of Company Directors, a Council Member of the Queensland Futures Institute, a trustee for the Committee for Economic Development of Australia, a fellow of the Australian Institute of Management, and a fellow of the Australian College of Pharmacy.

Trent is a pharmacist and is a partner in a group of seven pharmacies.



**Dr Rodney Catton**

Rod's early life was in Brisbane. From 1965-1975 he attended three tertiary institutions in Queensland, NSW and India, studying religion, education, history, science and medicine, before moving to Innisfail in 1977.

Rod has been involved for over 20 years in General Practice at Innisfail, including procedural medicine and inpatient care.

In his capacity as an accreditation surveyor, he has visited practices across northern Australia.

His General Practice representation includes organisations and boards at local, regional, state and national levels for 25 years.

Rod has a particular interest in improving the public-private health interface.



### Ranee Crosby

Ranee has been Chief Executive Officer of Port of Townsville Limited (POTL) since 2013, and prior to that was the General Manager Commercial of POTL. She has held various executive positions in property management, corporate governance, port planning, and environmental management.

Ranee has overseen production of a number of master plans and developments for the Port of Townsville, and most recently managed the commercial agreements and funding for the \$130 million Townsville Marine Precinct, the \$85 million Quayside and Wharf 10 Cruise and Military Terminal, and the \$85 million upgrade of Berth 8 in the Inner Harbour.

Ranee is Chair of the Townsville Committee of the Australian Institute of Company Directors, a Board Member of Townsville Enterprise Limited, and Deputy Chair of the James Cook University Futures Committee.



### Ruth Faulkner

Ruth is a highly-regarded management consultant with extensive experience in the not-for-profit and commercial sectors, both in Australia and internationally.

She has specific expertise in financial management, risk, strategy and governance. Her experience working as a chartered accountant, auditor and business advisor with one of the largest global accountancy practices during the 1990s provided a solid foundation for her career.

Since moving to Australia and co-founding Conus Business Consultancy Services in 2006, Ruth has focused on providing businesses with a superior and professional level of business advice.

Ruth chaired the Cassowary Coast Regional Council Audit Committee from inception in 2009 to 2016, and is an independent member of both the Townsville City Council Audit Committee and the James Cook University Audit Committee. She has been a board advisor to a number of not-for-profit and commercial organisations for many years.



### Dr Richard Malone

Born in Atherton, North Queensland, Richard was schooled on the Gold Coast and trained at Royal Brisbane Hospital. He moved to Mackay in 1988 and has been a principal at Ambrose Medical Group since 1989.

During his time in Mackay, Richard has served on various school boards, the Mater Hospital Ethics committee, and sub committees.

He has a long-term commitment to medical education and has been involved with teaching students and registrars. He is a senior examiner with the Royal Australian College of General Practitioners.

Richard spent 10 years as honorary Director of Palliative Care Services at Mackay Mater Hospital, and is currently the President of the Mackay Branch of the Leukaemia Foundation. In his practice he has an interest in preventive medicine, aged care, and sports medicine.

He is a medical provider to Rowing Australia and holds senior coaching qualifications.



### Dr Vladislav Matic

With extensive experience in the provision of primary and secondary health care, Vlad is Director of Medical Services at Wuchopperen Health Service. He was previously a rural Procedural GP (anaesthetics) and Visiting Medical Officer serving remote communities in far north western New South Wales for more than 18 years.

Vlad has served on numerous health boards at local, state and national levels. Previous experience includes Vice-Chair of the Australian Divisions of General Practice, Chair of the Alliance of NSW Divisions, Chair of Outback Division of General Practice, Board Member of the Rural Doctors Association NSW, and Board Member of the NSW Rural Doctors Network. Vlad has also been ministerially appointed to numerous state and national advisory boards and committees, including the NSW GP Council, and the National Divisions Standing Committee.

Vlad has a strong interest in improving the health outcomes of Aboriginal and Torres Strait Islander people.



### John Nugent

Until his retirement in 2012, John held the position of Executive Officer of the Mater Misericordiae Hospital, Mackay.

He has been involved in hospital management since 1976, serving as Hospital Manager at Inglewood Hospital and Mackay Base Hospital, Assistant Manager at the Royal Children's Hospital, Brisbane and Rockhampton Base Hospital, Assistant Regional Director for Finance and Administration at Mackay Regional Health Authority, and was the first District Manager of Mackay Health Service District.

John is a Director on the Board of Mackay Hospital and Health Service, a consumer representative on the Risk Management Committee of Mercy Health and Aged Care Central Queensland Limited, and has been a member of the Centacare Council for the Catholic Diocese of Rockhampton since 1996.



### Luckbir Singh

Luckbir is a Partner at MacDonnells Law, which has more than 100 personnel spread across three offices (Brisbane, Cairns, and Townsville). In 2007 Luckbir became the youngest modern day partner appointment in the firm's 130-year plus history. In 2016 Luckbir was named a finalist for the Australian Commercial Partner of the Year in the Lawyer's Weekly Australian Lawyer of the Year Awards.

Luckbir has been involved in many of the most significant, highly publicised and complex corporate matters in North Queensland. His areas of expertise are corporate advisory, governance, and merger and transactions.

He is the Chair of the Australian Institute of Company Directors Cairns Regional Committee, a Director of Cairns COUCH Limited, and Chair of the CCIQ Far North Queensland Policy Council.

Luckbir was born and raised in North Queensland, with his family having lived in the region since the 1890s.

# Clinical Councils

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**NQPHN has two Clinical Councils – one covering the Cairns and Cape and Torres Strait region, and the other Townsville and Mackay.**

**The membership representation includes GPs, pharmacists, dentists, nurses, allied health professionals, Aboriginal and Torres Strait Islander health professionals, and Hospital and Health Services representatives.**

The purpose of NQPHN's Clinical Councils is to support our organisation with expert specialist knowledge to ensure high-quality, evidence-based, cost-effective, patient-centred and outcome-driven primary healthcare, in line with national and local priorities.

Clinical Councils help develop local strategies to improve the healthcare system for patients in the NQPHN region, and facilitate effective primary healthcare to reduce avoidable hospital presentations and admissions.

The Councils play a critical and strategic role in supporting the best possible decisions on health and primary/community-based



healthcare, which will ultimately improve health outcomes for northern Queensland residents.

Clinical Councils also have input into Health Needs Assessments, and provide feedback and input into the NQPHN Annual Plans.

The Clinical Councils meet up to four times a year, and report to the Board through the Clinical Council Chairs, who are both GP Directors of the NQPHN Board.

**Clinical Council North: Cairns – Cape and Torres Region**

- Dr Rod Catton – Chair (General Practitioner)
- Dr Ganesh Naidoo (General Practitioner)
- Mr Scott McCahon (community pharmacist)
- Dr Eddy Strivens (HHS representative)

- Ms Ingrid Hagne (community nurse)
- Dr Jason King (Aboriginal and Torres Strait Islander health professional)
- Mr Mitchell Smith (dietitian)
- Mr Michael Delaney (pharmacist).

**Clinical Council South: Townsville – Mackay Region**

- Dr Richard Malone – Chair (General Practitioner)
- Dr Peter Gianoulis (General Practitioner)
- Mr Martin O'Reilly (community pharmacist)
- Dr Yi Mien Koh (HHS representative, replaced in March 2016 by Dr David Farlow)
- Ms Debra Brown (community dentist)
- Ms Kath O'Brien (community nurse)
- Dr Raymond Blackman (Aboriginal and Torres Strait Islander health professional)
- Ms Anna Nicholls (occupational therapist)
- Ms Dianne Graham (pharmacist)
- Professor Gracelyn Smallwood.

# Member Organisations

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- Townsville Hospital and Health Service
- Cairns and Hinterland Hospital and Health Service

- Mackay Hospital and Health Service
- Torres and Cape Hospital and Health Service

- The Pharmacy Guild of Australia (Queensland Branch)
- ACRRM (Australian College of Rural and Remote Medicine).

# Community Advisory Groups

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**NQPHN's Community Advisory Groups are a shared initiative with local Hospital and Health Services (HHS).**

Community Advisory Groups are established to support and promote a 'one health system' view, and are

established with the Cairns HHS and Mackay HHS.

The NQPHN Community Advisory Groups aim to provide a community perspective to NQPHN decision-makers to ensure that decisions, investments, and innovations are

patient centred, cost-effective, locally relevant, and aligned to local experiences and expectations.

The membership representation includes a diverse range of community members, and meetings convene quarterly.



# Chair and CEO Message

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## **We are pleased to present the first Annual Report for Northern Queensland Primary Health Network.**

There has been a lot of debate among health professionals and patients over the years about how best to ensure our health system remains world-class for generations to come. At the centre of all of this is the most important aspect of healthcare – the patient.

Primary Health Networks were established to help ensure patients receive the right care, in the right place at the right time, and to keep them happy, healthy and out of hospital.

In our first year, NQPHN has worked directly with the primary health care sector – with GPs, pharmacists, dentists, nurses and allied health professionals, as well as secondary care providers, hospitals and the broader community – to ensure improved outcomes for patients.

We are not a service delivery organisation. We identify health needs across northern Queensland and then commission service delivery through the private sector, as well as involving local government, to create healthier communities.

Our initial Health Needs Assessment highlights the diversity of our population across the NQPHN footprint as we aim to address the health challenges of our communities.

We support a high proportion of Aboriginal and Torres Strait Islander people, the traditional custodians of the land we live on, and we support rural and remote people, who are often living in socially isolated conditions.

We support mining communities with large numbers of fly-in fly-out workers, and we support a high

proportion of young families who often have complex maternal and early childhood needs.

At NQPHN, we are passionate about making health services more accessible and tailored to community need, producing cost savings through reducing potentially preventable hospitalisations, and improving care coordination, particularly for those at risk of poor health outcomes.

The establishment of an entirely new organisation, coupled with a rapidly transforming role and scope for PHNs has been a challenge. NQPHN has however managed to ensure services were seamlessly transitioned with minimal disruption to service users in our first year of operation.

We thank all of our stakeholders (including NQPHN staff) for helping us to maintain and in some instances increase service delivery across our footprint, while delivering a more efficient operation. For example, NQPHN is proud to have established an Aboriginal Medical Services Regional Network to inform our approach to commissioning.

Perhaps the most rewarding aspect of our first year of operation is that we have successfully worked in partnership with private and non-private healthcare providers to improve the health of the patient.

That level of partnership and shared vision is fundamental to the continuing success of NQPHN. Our patient-centred focus will continue to underpin and inform everything we do in the coming years.

We now look forward to building on our achievements in 2016-17, improving primary health care across northern Queensland, and ensuring that patients receive the right care, at the right place, at the right time.



**Trent Twomey**  
*Chairman*

A handwritten signature in black ink, appearing to read 'Trent Twomey'.



**Robin Moore**  
*Chief Executive Officer*

A handwritten signature in black ink, appearing to read 'Robin Moore'.





# Our Corporate Services

Working closely with each of NQPHN's program areas, our corporate services staff partner effectively with operational teams in supporting the delivery of key business outcomes.

NQPHN's **human resources** department played a central role in vital retention and recruitment processes during the development of the organisation.

NQPHN is a lean organisation that reflects our focus on purchasing solutions to meet healthcare needs rather than providing them.

NQPHN's **commissioning, finance and administration** teams coordinate the business systems and processes that support our programs and services.

The team is highly experienced in the mandatory commissioning model of service, and the establishment of NQPHN has been smooth and successful. Our contracts team ensures NQPHN meets all legal, best-practice and ethical standards in an efficient and effective manner, while finance staff ensure decision makers have the financial information they require and that probity around the use of grant funds is maintained.

Our **communications** team tailors communication channels to stakeholder needs. The fortnightly newsletter *NQ Primary Health Update* was launched in September 2015 and includes news, events, jobs listings, and commissioning opportunities, as well as updates from our partners and collaborators. The readership for this popular publication is growing rapidly (more than 3,000 subscribers at the time of going to print) and subscribers range from GPs, pharmacists, dentists, nurses, allied health professionals, aged care providers and representatives from the community sector.

The communications team has also been active in local, state and national media engagement, as well as establishing NQPHN's social media channels.

## Digital health revolution reaches 700,000 North Queenslanders

### Shedding a light on our lifestyle

### Education 'key to getting health message heard'

# Healthy injection to region

29,345 ... visitors to new NQPHN website

2,612 ..... subscribers to fortnightly newsletter *NQ Primary Health Update* (as of 30 June 2016)

1,172 .....  on Facebook - highest of any PHN across Australia (extensive social media engagement including Twitter, Instagram, LinkedIn and YouTube)

126 ..... mentions of NQPHN in media (print, TV, radio, online)

111 ..... media enquiries dealt with by the Communications Team

30 ..... media releases/statements distributed



# Our Achievements



NQPHN plays an important role in planning, coordinating and funding primary health care services across the region. We do this by working with the local community, clinicians, health service providers and other services to identify gaps and develop solutions that will work in our region.



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# 11,867

Aboriginal and Torres Strait Islander people accessed

# 89,692

services through the Care Coordination and Supplementary Services Program in the NQPHN region

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# 111

Aboriginal and Torres Strait Islander people started a fully subsidised qualification to practise as clinical Indigenous health workers

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## Indigenous Health

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**At NQPHN, we are passionate about closing the gap in health inequalities for Aboriginal and Torres Strait Islander people.**

NQPHN has worked with all 13 Aboriginal Community Controlled Health Services, other service providers, and communities through renewed relationships and re-establishing system reforms in Aboriginal and Torres Strait Islander health. Our achievements include:

- participated in National Close the Gap Day activities to demonstrate NQPHN's commitment in supporting Indigenous health equality
- participated in a Cultural Awareness and Engagement workshop to gain insight into Aboriginal and Torres Strait Islander cultures and communities
- started a community consultation campaign called 'Our Yarn, Our Health, Our Future', targeting Aboriginal and Torres Strait Islander people to

NQPHN has worked with Aboriginal Medical Services to re-establish system reforms in Aboriginal and Torres Strait Islander health

First intake of Aboriginal and Torres Strait Islander health worker students through NQPHN's partnership with TAFE Queensland North



provide insight into health in their community, as part of the Integrated Team Care service re-design project

- established an Aboriginal Community Controlled Health Services Advisory Group. The group provides the platform for mutual opportunities to create system reform in Aboriginal and Torres Strait Islander health through identifying culturally effective health services that allow Aboriginal and Torres Strait Islander residents across northern Queensland to live in safer, healthier and stronger communities.

### **Boosting Indigenous health worker numbers across northern Queensland**

NQPHN identified a significant need for clinically qualified Indigenous health workers across northern Queensland.

Trained Indigenous health workers have a far reaching scope of practice that can extend to include drug and alcohol services, sexual health, mental health and counselling, diabetes management, and eye and ear health.

In response to this need, NQPHN enabled more than 80 Indigenous people to start a fully subsidised qualification to practise as clinical Indigenous health

workers – boosting Aboriginal and Torres Strait Islander health worker numbers across northern Queensland.

NQPHN teamed up with Torres and Cape Hospital and Health Service and TAFE Queensland North to fund participation in a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice).

The first block of training started in March 2016 and continued throughout the year in Cairns, Townsville and on Thursday Island in the Torres Strait.

Across North Queensland, 81 Indigenous people started the Certificate IV course, a cohort which included:

- 37 successful applicants from the Northern Peninsula Area (Cape York) and Torres Strait Islands
- 28 successful applicants from the Cairns and Hinterland area
- 16 successful applicants from the Townsville and Mackay region (offered as a combined cohort in Townsville).

A further 30 applicants were offered the opportunity to complete a Certificate III through TAFE, with the assistance of Torres and Cape HHS. This qualification will enable these Aboriginal and Torres Strait Islander health workers to be employed in a variety of settings, such as General Practice, and AMSs.

### **Working with Indigenous health providers**

NQPHN worked throughout the year with Aboriginal Community Controlled Health Services, as well as General Practices which provide services to Indigenous Australians.

In total, 11,867 Aboriginal and Torres Strait Islander people accessed 89,692 services through the Care Coordination and Supplementary Services Program in the NQPHN region.

### **Indigenous Primary Health Care Services Activity**

The aims of the Indigenous Primary Health Care Services Activity are to deliver primary health care services tailored to the needs of the community and to ensure the effective delivery of a broad range of clinical and population health services, including child and maternal health services.

Across the region, NQPHN's commissioned services delivered:

- 31 ante-natal and post-natal health educational sessions
- 31 baby care information services
- 122 health-related advocacy/assistance strategies, which included positive parenting ideals conversations, and nutrition and parenting resource distribution
- access to health/support services or programs, including 12 facilitated transport services and 174 home visits
- 28 antenatal referrals to health/support services or programs.

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# 3,514

Access to Allied  
Psychological  
Services (ATAPS)  
clients received

# 15,347

sessions

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# 6,070

students in 24  
schools received  
the Life  
Education program

---

# 100+

Aboriginal  
and Torres  
Strait Islander  
community  
members, service  
providers and  
government  
agencies  
attended a suicide  
prevention forum  
in Townsville



# Mental Health

**Mental health remains a key local, state and federal issue and NQPHN has strongly engaged and will continue to do so with community, private and other public organisations to support services that promote better mental health.**

## Access to Allied Psychological Services (ATAPS)

The ATAPS program delivers short-term, goal-oriented psychological support for financially disadvantaged people and families.

ATAPS provides general psychological support, and specialised substreams include perinatal depression, Aboriginal and Torres Strait Islander mental health, suicide prevention, and children's mental health.

ATAPS services continued to be provided via existing contracts with main providers Northern Australia Primary Health Limited (NAPHL) and Health Reimagined, which are in place until March 2017, when a transition to a new service model is planned.

A total of 3,514 ATAPS clients received 5,347 sessions.

NQPHN has improved referral pathways for GPs and we continue to seek further improvements to alleviate pressure on hospitals by minimising presentations of mental health clients who can be seen in primary care settings.

## Whitsunday Youth Unlocked forum

NQPHN continued to focus on mental health services throughout the Mackay region, including ongoing funding of the ATAPS program and partnering with local organisations to play a key role in Whitsunday Youth Unlocked, a youth mental health forum held at Proserpine Entertainment Centre in May.

## Rural and remote mental health services

NQPHN funded four programs which provide mental health services to rural and remote areas:

- **Psychology Visiting Service** is specifically targeted at people experiencing drought. This service covers the Georgetown area and is provided by Seachange Psychology from Cairns. The service particularly targets people affected by drought and subsequent economic downturn.
- **The Videopsychology Program** is delivered to remote areas of Far North and North Queensland including the Gulf of Carpentaria, Cape York Peninsula, and locations west of Townsville (such as Hughenden and Richmond). The service was established in May 2016 and connects people in remote

areas to psychology services via videolink using home computers, tablets, or local telehealth centres.

- **Torres and Cape Hospital and Health Service** provides drug and alcohol treatment services to Cooktown and surrounding areas.
- The **Royal Flying Doctor Service** provides mental health services to many rural and remote communities across northern Queensland out of their bases in Longreach and Cairns. The funding program is ongoing and is seen as a priority, providing allied health professionals to these communities on a scheduled basis, relating to the identified needs of each community and in liaison with the relevant Hospital and Hospital Service.

## Life Education Program

NQPHN developed a partnership with Life Education Queensland for the implementation of a Life Education Pilot Program targeted at a mix of secondary schools across NQPHN's geographical footprint. The program has been tailored to the specific needs of each school, as identified by a needs assessment.

This partnership largely came about in response to growing community concern regarding binge drinking, ice and other illicit drug use. Life Education is now expanding its focus to provide curriculum-aligned drug education to high school students.

Core material includes the 'Face the Facts' drug education program, which focuses on the use of alcohol, cannabis, ice and other illegal drugs.

The Life Education program was delivered in 24 schools across the NQPHN region to a total of 6,070 secondary school students.

NQPHN contributed funding towards the costs associated with the delivery of the Face the Facts program, and provided a vehicle for Life Education's specialist educator to visit each of the schools in the region. The specialist educator is based in Townsville and works with secondary schools across North Queensland, from Mackay to the Far North.

North Queensland is the first region in the state to participate in Life Education's Face the Facts program.

## Townsville Suicide Prevention Forum

More than 100 Aboriginal and Torres Strait Islander community members, service providers and government agencies came together in March 2016 to discuss a collective impact approach to suicide prevention in Townsville.



Townsville Suicide Prevention Forum, March 2016



Participants worked together throughout the day to identify the strengths and needs of the Aboriginal and Torres Strait Islander community, and to generate feedback and advice about suicide prevention.

Conversations uncovered six core foundations to suicide prevention in the community – environment, culture, technology, social inclusion, resilience, and acceptance.

Following the forum, the Townsville Aboriginal and Torres Strait Islander community now governs and drives action through the Townsville Suicide Prevention Network, of which NQPHN is a member.

**Drug and alcohol rehabilitation services**

NQPHN has been given responsibility for commissioning services to combat ice in communities after the Commonwealth Department of Health announced funding for local drug and alcohol rehabilitation services in North Queensland. NQPHN Chairman Trent Twomey joined Federal Minister for Border Protection Peter Dutton and local Federal Members for the announcement in Townsville in June 2016.

The funding will help to reduce demand for ice and reduce addict-based crime by supporting local rehabilitation services to help get addicts off ice and out of the drug environment.

Suicide rates among Aboriginal and Torres Strait Islander people are 1.5 times higher than those for other Queenslanders

Suicide rates among Aboriginal and Torres Strait Islander people are 1.5 times higher than those for other Queenslanders. The rates of youth suicide are particularly concerning.

The forum (pictured above) continued from conversations conducted by the Australian Mental Health Commission with community leaders, and was facilitated by NQPHN and UnitingCare Community.

Published first report into the health status and needs of the region

Produced  
31  
Local Government Area (LGA) health infographics

# Epidemiology and Health Research

**The NQPHN epidemiology team works across all portfolios of NQPHN, providing expert advice on monitoring and evaluation methodologies and data interpretation.**

During its first year, the team has delivered multiple successes, including the inaugural Health Needs Assessment (HNA), which outlined the population level health needs and established key priority areas across our footprint, and produced 31 health analysis infographics for each of our region's Local Government Areas (LGAs).

## **Health Needs Assessment (HNA)**

In June 2016, NQPHN published our first ever report into the health status and needs of our region.

The NQPHN HNA followed the Commonwealth Department of Health's request for all 31 PHNs across Australia to undertake a needs assessment process to identify and analyse health and service needs within their regions.

The HNA informs how the PHN prioritises its activities to address identified needs, as PHNs are responsible for understanding and investing responsibly in the health needs of their communities.

NQPHN consulted with local service providers, consumers and health professionals as part of the process of devising the HNA.

The HNA describes NQPHN's population demography, lifestyle behaviours, health service use, and health service provision across the primary and tertiary health sectors.

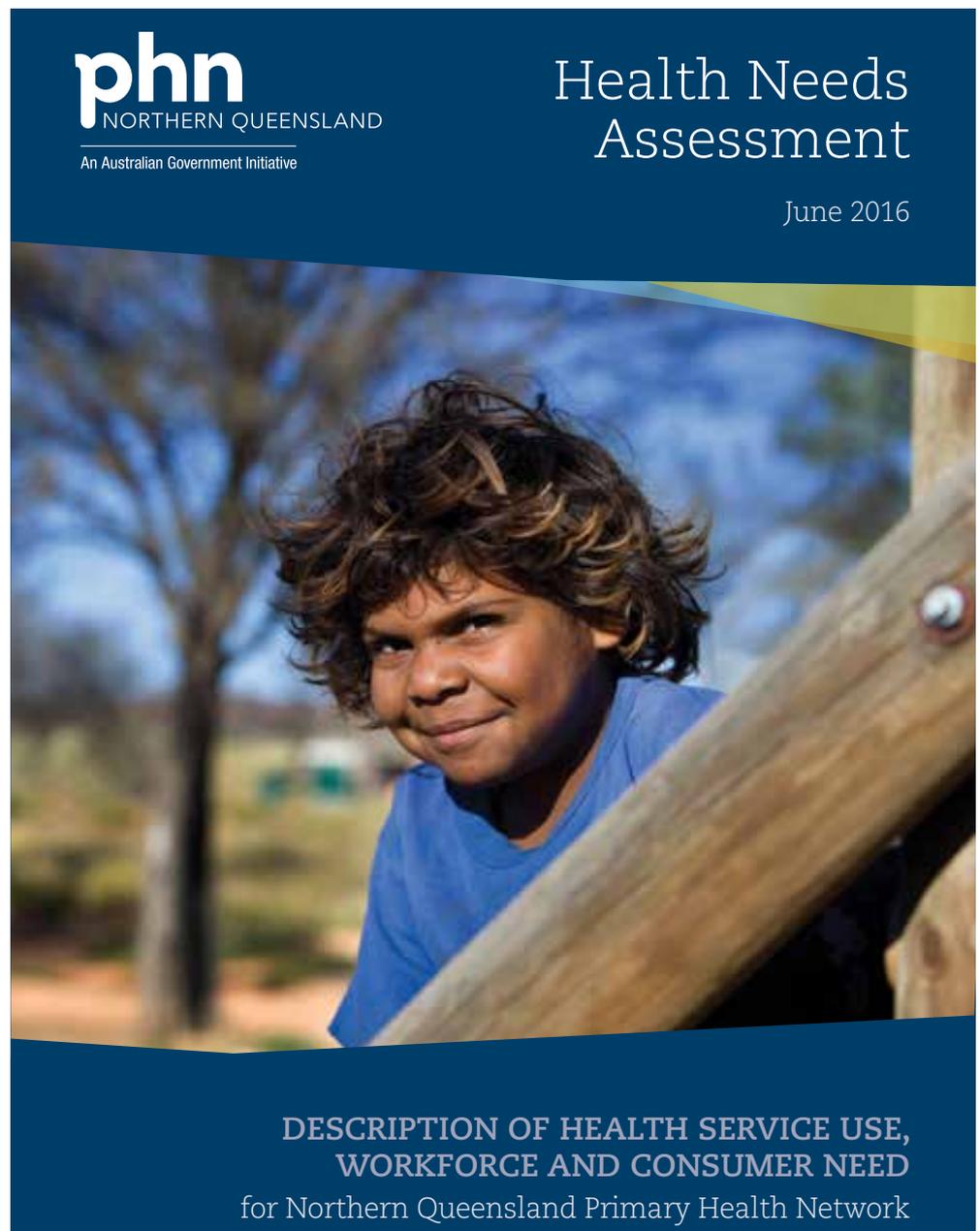
The process of assessing health needs identified 15 key priority areas specific to the NQPHN region, to which the organisation will tailor resource allocation.

In particular the top six local health priorities are:

- improving access to health services in rural and remote areas
- improving access to mental health services
- promoting health workforce expansion and sustainability
- transitioning chronic disease management to community care level
- improving Aboriginal and Torres Strait Islander health
- improving childhood and maternal health.

NQPHN will continue engaging with stakeholders including GPs, pharmacists, dentists, allied health workers and the community to better coordinate and reduce the fragmentation of health services, and better inform the community on how to better navigate the health system.

The Health Needs Assessment (June 2016) is available to download from the NQPHN website.



# Health Promotion

Delivered

59

immunisation  
education events,  
with

625

attendees

Developed the  
Health Promotion  
Action Agenda  
2016-2025

Continued the  
successful Active  
Healthy Northern  
Queensland (NQ)  
campaign

Launched the Active  
Healthy NQ Grants  
program

## NQPHN Health Promotion Action Agenda 2016-2025

NQPHN developed the Health Promotion Action Agenda 2016-2025, an integrated plan of action for NQPHN, to show commitment and describe what we plan to do to improve the health of the northern Queensland community.

### Our health promotion action

We respond to needs identified in the NQPHN Health Needs Assessment, which identified chronic disease prevention and building workforce capacity as key priorities for the region.

To reduce the burden of chronic disease in the community, the focus of the Health Promotion unit included:

- promoting healthy eating
- encouraging regular physical activity
- preventing tobacco and other drug use
- preventing harm from alcohol
- improving mental health and wellbeing.

Key target groups identified in the agenda are Aboriginal and Torres Strait Islander people, people living in rural and remote areas, families and young people, adults in workplaces, and older people.

### Active Healthy Northern Queensland

NQPHN developed the Active Healthy Northern Queensland (NQ) campaign, which provides a whole-of-population approach to increase awareness, increase knowledge, and stimulate community action, so that northern Queenslanders can be the healthiest people in Australia.

Active Healthy NQ is a one-stop website to support keeping people active and healthy in North Queensland.

The website has been developed as a source of information and resources to support people to make healthy choices, and to identify ways for people to influence

health in the workplace, at school, or in the community.

Active Healthy NQ also has a growing network of subscribers to its monthly newsletter and Instagram account (@ActiveHealthyNQ).

We aim to  
stimulate  
community  
action and  
encourage  
northern  
Queenslanders  
to be the  
healthiest people  
in Australia

Check out this great resource by visiting: [www.activehealthynq.com](http://www.activehealthynq.com)

### Active Healthy North Queensland Grants Program

In May 2016, NQPHN launched the Active Healthy NQ Grants program.

The grants program aims to improve health outcomes and minimise risk of chronic disease in the northern Queensland community.

The grants program provides funding for health promotion initiatives which aim to change community attitudes and behaviour, and create environments that support people to make healthier choices. Grants fund initiatives with a value up to \$20,000 each.

Following the first round of applications, four exciting projects were successfully awarded funding, including:

- Julatten P & C - After School Soccer Program



- Vincent State School - Community Garden
- Tai Chi for Health – Tai Chi for diabetes community training
- James Cook University - Active Travel research project. The projects will be implemented throughout 2016-17.

### Communicable Disease and Prevention program

The program aims to improve immunisation rates in northern Queensland, improve awareness of immunisation in the community, and decrease immunisation and vaccine management errors and vaccine preventable illnesses.

The program includes resources and supports development, provision of education, advocacy, information dissemination and engagement.

Notable achievements include:

- Attended the AUSMED conference in December 2015. Immunisation resources were distributed to a cohort of 70 nursing practitioners
- Collaborated successfully with bioCSL in initiating the pre-travel medicine immunisation workshop conducted by Dr Colleen Lau, attracting approximately 90 attendees in Townsville, Mackay and Cairns
- Developed a comprehensive immunisation page on the NQPHN website, designed to provide general practitioners and other primary care providers with up-to-date information and resources available from their practice desktop
- Supported the Queensland Health Public Health Units to deliver 59 immunisation education events, attracting 625 attendees.

# Workforce Development

Delivered

151

professional development events attracting

3,388

attendees

Established as a quality provider of health workforce education, developing key partnerships across northern Queensland

**The NQPHN Workforce Development program developed a robust Workforce Development Strategy that aims to meet the needs and build the capacity of the primary health care workforce in the NPQHN footprint.**

The strategy acknowledged that access to ongoing education opportunities supports clinicians to improve the quality of everyday clinical practice by promoting the development and maintenance of general practice skills and lifelong learning.

NQPHN provided GPs, pharmacists, practice nurses, practice staff, dentists, allied health professionals and other primary health care providers with opportunities to access high-quality education and training.

The program enabled equitable access to effective, efficient and

timely health services to consumers within our catchment area. This was achieved through:

- practice support and practice visits
- clinical data program integration
- quality improvement activities
- assistance with RACGP and ACRRM accreditation
- engagement activities with Hospital and Health Services
- workforce development via education events, core skilling programs and professional networks
- GP clinical placements
- GP clinical case reviews
- education around practice management and administration
- professional networking
- delivery of webinar programs.

In total, NQPHN delivered 151 professional development events across our region, attracting 3,388 attendees.



PenCat training, Mackay

NQPHN also worked closely with its local HHS network and councils across its 31 local government areas.

NQPHN engaged with Mater Hospital Townsville, Mater Hospital Mackay, Cairns Private Hospital, North Mackay Private Hospital, community nursing agencies, residential aged care and respite facilities, medical specialists, and national and peak health and wellness organisations.

#### Provision of accredited programs

As an Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) accredited provider, NQPHN supported GPs to provide the best possible care for patients.

In line with the RACGP, ACCRM, Quality Improvement (QI) and Continuing Professional Development (CPD) programs, we developed professional development programs and events to:

- provide GPs and other health services providers with

NQPHN provided GPs, pharmacists, nurses, practice staff, dentists, allied health professionals and other primary health care providers with access to high-quality education and training

- opportunities and support to participate in quality improvement activities that lead to improved health outcomes
- foster the value of continuous improvement across our health services
- enable all registered health service providers to fulfil their individual and vocational continual professional development requirements
- meet the needs of individual education interests through the provision of high-quality accredited learning activities delivered by RACGP- and ACCRM-accredited providers
- deliver efficient tracking of continuing professional development points to meet Australian Health Practitioner Regulation Agency (AHPRA) requirements.

NQPHN also worked closely with other accreditation providers and peak bodies to ensure all primary care providers were supported to submit education for continuing professional development points.



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Integration of  
Hospital and Health  
Service General  
Practice Liaison  
Officer (GPLOs)

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50 per cent  
of General Practices  
participated in the  
NQPHN Quality Data  
program

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Establishment of an  
AMS Regional  
Network

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Implementation of  
HealthPathways  
across the NQPHN  
footprint - a region-  
wide approach

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# Integration and Connected Care

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**NQPHN aims to work  
collaboratively with health care  
services across our footprint.**

## **General Practice Liaison officer (GPLOs)**

Across the NQPHN footprint, the GPLOs had a significant role in improving integration between the General Practice and hospital sectors. Dedicated GPLOs contributed to meeting Queensland Health targets and facilitating general practice-hospital integration by:

- ensuring GPs had access to information on specialist clinics (e.g. wait times) so GPs can provide patients with options around care
- assisting GPs to have access to pre-referral guidelines and specialist support to manage non-urgent patients in the community
- improving discharge communication
- ensuring GPs were provided with guidance on management of condition in preparation for surgery.

## **Aboriginal Medical Service (AMS) Regional Network**

NQPHN facilitated the first regional gathering of AMSs to progress the development and delivery of better access options to primary health care services for Aboriginal and Torres Strait Islander people in the NPQHN footprint. The group is known as the AMS Regional Network.

The AMS Regional Network supports the sharing of resources to improve capacity and data, specifically to:

- identify gaps in health care service provision for Aboriginal and Torres Strait Islander people
- monitor population health improvements
- enhance reporting capabilities
- undertake Continuous Quality Improvement (CQI) activities.

## **Systems improvements**

NQPHN worked collaboratively with local Health and Hospital Services to implement initiatives that enhanced primary and acute care integration including:

- Electronic Patient Referrals (eReferrals)
- telehealth strategies – to connect patients with improved access to health services
- Clinical Prioritisation Criteria project – designed to improve the patient journey, specifically to support Queenslanders to have equitable and transparent access to public medical specialist services
- General Practice liaison - improved GP integration with tertiary services
- integrated education events – brought primary and acute care sector health providers together for learning activities to enhance integration.

NQPHN and the region's Hospital and Health Services also worked collaboratively in taking on leadership roles in resolving complex problems facing the health sectors by improving systems so they better meet the demands of 21st Century healthcare, and enhancing patient outcomes.

## **HealthPathways**

The Mackay, Townsville and Cairns HealthPathways programs provided support to health practitioners to assess and manage a wide range of medical conditions using evidence-based practice.

NQPHN worked with healthcare providers, consumers and our Clinical Councils and identified health system communication, connectivity, and navigation as critical priorities.

To ensure northern Queensland healthcare providers have access to leading, contemporary, evidence-based clinical care pathways, NQPHN partnered with the local Hospital and Health Services

to enable the region-wide provision of HealthPathways.

The HealthPathways program supports health professionals in navigating patients through the local health system.

NQPHN has already invested in the implementation of HealthPathways, and actively participated in the successful first phase establishment and implementation of HealthPathways across the NQPHN footprint with local Hospital and Health Services to support system-wide change.

#### *Benefits of HealthPathways*

- **For patients:** more patients get the best treatment with less waiting time and more educational resources about their condition.
- **For GPs:** support with information on referral and pre-referral workup and educational resources.
- **For specialists:** improved quality referrals, more appropriate referrals, and management of long waiting times.
- **For Hospital and Health Services:** more appropriate use of inpatient, outpatient and community services. A stronger primary care sector with the breakdown of health care silos, and collaboration resulting in further reforms.
- **For NQPHN:** stronger primary care and clinician engagement in finding systemic problems and opportunities, and local adaptation of evidence-based health care. 'My patient' becomes 'our patient', and HealthPathways nurtures a community of health service reformers.

NQPHN developed activities and initiatives that are an extension and enhancement of HealthPathways, partnering with local HHSs to co-design integrative activities and projects that build on, strengthen, and enhance work already underway, ensuring:

- region-wide approaches – consistency and seamless processes
- consolidation of work already underway
- sustainability and growth for a range of programs and initiatives that have been shown to positively affect system and consumer outcomes
- focus on systems improvements.







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# 458

visits to practices  
in urban and  
rural areas  
across northern  
Queensland

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Extracted de-  
identified clinical  
data from Pen CS  
to develop the first  
General Practice  
Data Reports

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Helped multiple  
general practices  
to successfully  
complete  
accreditation

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Establishment of  
Indigenous CQI  
Program

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## Practice Support Program

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**NQPHN supports existing providers to build capacity and capability to operate sustainable models of delivery.**

The Practice Support team provided capacity enhancing support to 189 general practices, as well as pharmacies, dentist practices, and allied health practices across the region.

A significant component of the work in the past 12 months has been the transition of new models of care from early adoption to mainstream implementation of HealthPathways, My Health Record, and meaningful use of quality clinical data.

Regular visits by our Practice Support Officers enabled NQPHN to build purposeful and practical relationships, supporting the practice and its patients and facilitating collection of vital data on the region's health needs.

In total, the Practice Support team made 458 visits to practices in urban and rural areas across northern Queensland.

Building relationships with General Practices also supported NQPHN's goals of increasing local service coordination, focusing on patient-centred care, avoiding hospital admissions, and reducing length of stay.

This was achieved through:

- Quality Data Program - direct liaison from Practice Support staff
- capacity building for General Practices to be accreditation-ready
- integrated care – supported practices with HealthPathways, access to Hospital and Health Service General Practice Liaison Officers, and helped with primary and acute care interface issues
- professional networks – including practice nurse, practice management, and primary care provider professional networks that

facilitated integration, education and networking

- continuous quality improvement activities to improve chronic disease management processes
- supporting practices to implement and adopt new models of care and reform activities
- provision of education opportunities
- dissemination of immunisation information, education and linkages to public health units to support General Practice in achieving childhood immunisation targets.

Regular visits  
by our Practice  
Support Officers  
helped build  
purposeful  
relationships  
with practices

In June 2016, our Practice Support team extracted de-identified clinical data using Pen CS software to develop the first General Practice Data reports. The reports are provided to participant practices to inform and assist in management and monitoring of primary care patients, particularly those with chronic and complex health conditions.

NQPHN also participated in the Queensland Pen CS Data working group, to collaboratively enhance primary care data collection, collation, and meaningful use. A data sharing agreement has been executed with the Far North Queensland Royal Flying Doctor Service to further enhance the NQPHN PAT CAT data warehouse.

### Continuous Quality Improvement (CQI) program

NQPHN's CQI Program assists General Practices to meet the Royal Australian College of General Practitioners accreditation (Standard Criterion 3.1.1).

Multiple General Practices underwent re-accreditation across the NQPHN footprint and three in the Cairns region completed accreditation for the first time.

We provided practices in the region with access to focused, one-on-one

support with a contracted specialist accreditation provider.

The provider further delivered a workshop for accreditation 'General Practice Guide to Accreditation' for 13 participants.

NQPHN provided in-practice and desktop support together with online resources hosted on the NQPHN website to all General Practices within the NQPHN footprint.

We also launched our inaugural Indigenous Continuous Quality

Improvement program, with 10 practices participating. The program helps General Practices enhance their management of Indigenous patients.

During the reporting period, NQPHN developed six CQI programs:

- Indigenous CQI
- Chronic Obstructive Pulmonary Disease (COPD) CQI
- Cardiovascular disease CQI
- Diabetes CQI
- Mental Health CQI
- Hospital Avoidance CQI.

*NQPHN staff travelled west to Charters Towers, Hughenden and Richmond to visit rural healthcare providers*







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Held 27 aged  
care events  
with

698  
attendees

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Collaboration  
to reduce  
potentially  
avoidable  
hospital  
admissions  
through  
adoption and  
use of Advance  
Care Plans

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Increased  
RACF access to  
primary health  
care providers,  
including GPs  
and specialists

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Establishment  
of Regional  
Aged Care  
Provider  
Networks





# Aged Care

## **NQPHN's Aged Care programs continued to support the elderly, their families and healthcare providers.**

The Aged Care program engaged, supported and developed partnerships with Residential Aged Care Facilities (RACFs) and GPs and key aged care stakeholders providing services, information and identifying and addressing a variety of aged care priorities and initiatives.

The program has promoted NQPHN to stakeholders and government and non-government organisations as a coordinating and leading organisation in the aged care sector.

## **Collaboration to reduce potentially avoidable hospital admissions through adoption and use of Advance Care Plans**

The Aged Care program team contributed to the development of region-specific strategies to increase the uptake and application of Advance Care Plans, including:

- commencement of a literature review of Advance Care Planning approaches in use in Australia and overseas
- preliminary planning for the mapping of the various Advanced Care Planning models in use in different parts of the PHN footprint
- attendance at the Queensland State-wide 'End of Life' Strategy Conference in November 2015
- participation in the 'End of Life' working groups in the Mackay, Townsville and Cairns and Hinterland Hospital and Health Services (HHS)
- participation on the Townsville HHS 'Care at the End of Life' Program Implementation Board
- chairing the Mackay 'Care at the End of Life' Program Working Group, representing primary health care services, to identify specific actions and adopt a focus on integration, and better communication of patient choices across all services
- attendance at Northern Dementia Network meetings

- attendance at a quarterly Community Service Provider Forum in Townsville.

NQPHN's Primary Care Advanced Care Planning Education Strategy has also been developed to:

- support the development of primary health care professionals and service providers in Advanced Care Planning
- contribute to improved service integration for the delivery of quality care at end of life.

**NQPHN**  
aims to be a  
coordinating  
and leading  
organisation in  
the aged care  
sector

## **Increasing RACF access to primary health care providers, including specialists, GPs and specialists.**

NQPHN's assisted GP practices to be ready for the ongoing national process of aged care reforms.

Assistance included:

- facilitation of access using the My Aged Care Gateway
- preliminary planning for a GP Practice Aged Care Reform Readiness strategy (to be devised jointly with the regional office of the Department of Health)
- up to date information on My Aged Care for GPs provided via the NQPHN newsletter  
*NQ Primary Health Update.*

The Aged Care portfolio team continues to maintain a focus on improving RACF residents with access to primary care services, and ongoing assistance is provided to RACFs and community-based aged care services throughout the NQPHN footprint.

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Applied insights from local ASPIRE research project to reduce hospitalisations of the elderly

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Service continuity with allied health access grants for

11

RACFs

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Provided seven sessions to more than

190

people on how to navigate the My Aged Care system

**Establishment/facilitation of Regional Aged Care Provider Networks and developing aged care workforce**

All NQPHN Aged Care Coordinators established (or supported existing) regional Aged Care Provider Networks to facilitate knowledge sharing, encourage general collaboration, and enable the resolution of shared problems using collective impact methodologies.

NQPHN has continued to facilitate quarterly sub-regional Aged and Community Care Interagency meetings across the region.

NQPHN continued to convene monthly RACF meetings in Mackay with local Directors of Nursing

and RACF Facility Managers, and progress was made to establish similar networks in other parts of the NQPHN catchment.

The NQPHN Aged Care portfolio team held 27 events with 698 attendees.

**ASPIRE research project to reduce hospitalisations of the elderly in Cairns**

Sub-acute and primary health care interfaces for the elderly in Cairns were reviewed as part of the ASPIRE study undertaken by Cairns and Hinterland Hospital and Health Service (CHHHS).

The study highlighted opportunities to improve the health outcomes



of people over the age of 75 years living in Cairns and at imminent risk of avoidable hospitalisation.

NQPHN collaborated with CHHHS to explore options to coordinate community-based primary health care management of this population through building the capacity of General Practices to prevent avoidable hospitalisations for the elderly patient group.

#### **Service continuity with allied health access grants for 11 RACFs in Cairns**

Service continuity has been maintained through a mix of in-house support services and the continuation of services through Health Reimagined.

The funding was for both direct delivery of support services and sub-contracting. NQPHN contracted Health Reimagined to continue all components (including contract management) of the model.

Sub-contractors include 11 Residential Aged Care Facilities, which received small grants to deliver targeted projects including falls prevention programs, music therapy and podiatry, dietetics, and speech pathology services.

This arrangement has ensured that services continue uninterrupted, while allowing NQPHN to build a detailed understanding of the operations and performance of programs.

#### **My Aged Care information sessions**

NQPHN, Mackay Regional Council and the Council on The Ageing (COTA) teamed up to provide seven sessions to more than 190 people on how to navigate the My Aged Care System and what services are available.

The sessions aimed to increase older people's knowledge of the systems and services, so that they can maintain control of their own lives, live in their own home for longer, and become active partners in their own health care.



*Pioneer River, Mackay*

Delivered

21

events involving

396

participants

Development  
of behaviour  
change  
campaign  
booklets

Completion  
of GP Rapid  
Access Review

CRANAPlus  
“Practical  
Skills Triage  
Emergency  
Care” course  
training across  
region

## After Hours

**NQPHN receives Commonwealth funding to work with key local stakeholders to plan, coordinate and support after hours health services.**

We provide an opportunity to improve access to after hours services that are tailored to the specific needs of different communities. NQPHN focused on addressing gaps in after hours service provision and improved service integration.

### **Behaviour change campaign**

Our behaviour change campaign was delivered, with resources distributed to:

- General Practices
- pharmacies
- hospital emergency departments.

The following resources were developed:

- *Don't Just Go To Emergency* booklet
- *'I feel sick mummy!'* Looking after your sick child at home paediatric handbook
- *Sports injuries and how to treat them* sports injuries handbook.

The booklets, which were shared with the national PHN network to adapt for their own use, are available on the NQPHN website.

### **GP Rapid Access Review**

NQPHN conducted a rapid review to identify gaps in after hours services and programs (particularly for vulnerable groups including Aboriginal and Torres Strait Islander people and older Australians), with separate reviews each for consumers and health professionals.

The survey determined the after hours needs for consumers and health professionals groups across the region. Face-to-face consultation with after hours providers and other stakeholders occurred in Cairns, Townsville, Mackay, and other regional communities where after hours access issues were identified.

The GP Rapid Access Review findings informed the after hours commissioning plan and NQPHN's comprehensive health needs assessment.

The review tool has been shared among other PHNs to support the adoption of an evidence-based approach to after hours engagement. We gathered intelligence through comprehensive engagement to inform After Hours Program needs and planning for the 2016-17 financial year.

### **After hours education campaign and workforce development**

NQPHN commissioned an education provider to build the capacity and knowledge of nurses and GPs working in after hours services and emergency triage across our region.

We delivered a roadshow to rural and remote towns and Hospital and Health Services, enabling nurses to support GPs and doctors working after hours.

The roadshow aimed to increase the ability of nurses to effectively manage after hours demands, reducing the need to call in doctors after hours, and addressing workload and fatigue caused by excessive or unnecessary call out.

In rural and remote regions, there is often only one GP or doctor, and support staff need to be highly trained to provide efficient and effective support. The programs have been successfully provided in many rural, remote and regional towns elsewhere in Australia. The impact on after hours callout in those communities was monitored and benchmarked and additional post-training consultation with staff determined any need for additional training or resource requirements. Changes in practice were monitored and measured at six weeks post training.

GPs working in rural and remote regions are also voicing a need for education and support in the after

hours periods. As a result, NQPHN provided an annual educational workshop on emergency medicine in all four major NQPHN locations.

#### **CRANAPlus training course**

The after hours consultation process confirmed the need for after hours training to be made available across the rural and remote parts of the catchment, and offered to nursing staff outside of hospitals, including aged care nurses.

As a result, NQPHN engaged CRANAPlus to deliver a program of training courses for providers across the NQPHN footprint, entitled Practical Skills Triage Emergency Care. Two separate courses were delivered:

- a triage emergency care course designed for nurses
- a triage education session

...in rural and remote regions, there is often only one GP or doctor, and support staff need to be highly trained to provide efficient and effective support...

designed for nurses and practice staff.

#### **Other events**

One emergency medicine workshop was held in the Mackay region over two days, which attracted 33 GPs, with presentations from local specialists and doctors from the Mackay HHS.

The workshop was accredited for Part 1 and approved for procedural after hours grants. Planning is underway to duplicate this workshop across the NQPHN footprint.

Other events involved collaboration with RACGP, ACRRM, and the Mater Private Hospital in Townsville.

In total, 396 participants took part in 21 after hours events in Mackay, Townsville and Cairns.



# Telehealth

Setting up of Virtual Meeting Rooms so that NQPHN can deliver training and educational activities to primary health care providers across the NQPHN footprint

Contracts for service provision renewed successfully for **6** months for nine rural Telehealth Hubs

New Vidyo licenses and training distributed to GPs and allied health service providers – averaging almost two new users per week

**The telehealth initiative facilitates patient access to specialists without the time and expense involved in travelling. Telehealth also enables health professionals to communicate more easily and improve continuity of care.**

NQPHN continued to lead and support telehealth services in the region, through partnerships, advocacy and capacity building.

Key NQPHN achievements in telehealth include:

- installation of Vidyo software to replace Bluejeans software, completed at the end of March 2016
- support and implementation of new users of Vidyo
- regular meetings with Queensland Health Telehealth Coordinators and Telehealth Technical Officers to make video connections with the primary health sector and specialists, simpler and more seamless
- setting up of Virtual Meeting Rooms so that NQPHN can deliver training and educational activities to primary health care providers across the NQPHN footprint, as well as providing internal organisational video connectivity
- continued liaison with Queensland Health and HHS Telehealth Coordinators to facilitate an integrated approach to telehealth service provision
- all telehealth services transitioned successfully to, and managed by NQPHN
- contracts for service provision renewed successfully for six months for nine rural Telehealth Hubs – future contract terms subject to results of usage evaluation to determine most effective future placement of hub resources. Hub hosts have been fully informed about the evaluation and its purpose
- telehealth training, advice and assistance provided to the Better Health Care Connections Aged Care Telehealth Pilot,

including resident information resources, staff training and Vidyo licenses, setup, and implementation assistance

- new Vidyo licenses and training distributed to GPs and allied health service providers – averaging almost two new users per week
- support and assistance provided for NQPHN telepsychology service – Atherton Counselling and Training
- help desk service for telehealth hubs and Vidyo users averaging one call per day – this includes requests to set up new users



- Telehealth Hub major software updates commenced, including transition to new IT support.

The transition of telehealth services to NQPHN was successfully implemented from July 2015 onwards, with a key activity throughout this period maintaining the existing Telehealth Hubs.

#### Telehealth Hubs

A Telehealth Hub is a central location available for community members, health providers, and other service providers to access Telehealth technology, receiving services that are not available locally.

NQPHN has worked collaboratively with rural communities to provide Telehealth Hubs, where community members, health professionals and other service providers can access health services via video link. The NQPHN Telehealth Program has installed equipment and provided support, education, and training to organisations in the community who are hosting the Telehealth Hub.

These hubs provide people living and working in rural communities with direct access to specialists and other health providers without the need to simultaneously engage their GP.

This frees up valuable GP time and telehealth infrastructure in General Practices, and provides consumers with tools and resources to directly access specialist care, allied health professionals, or any other service providers, reducing the need for travel and time away from their local community.

This free local service is especially beneficial to low income consumers and their families, older people, or those who may not have internet access, Indigenous people in rural regions, and those with complex care needs.



# myPHN Conference 2016

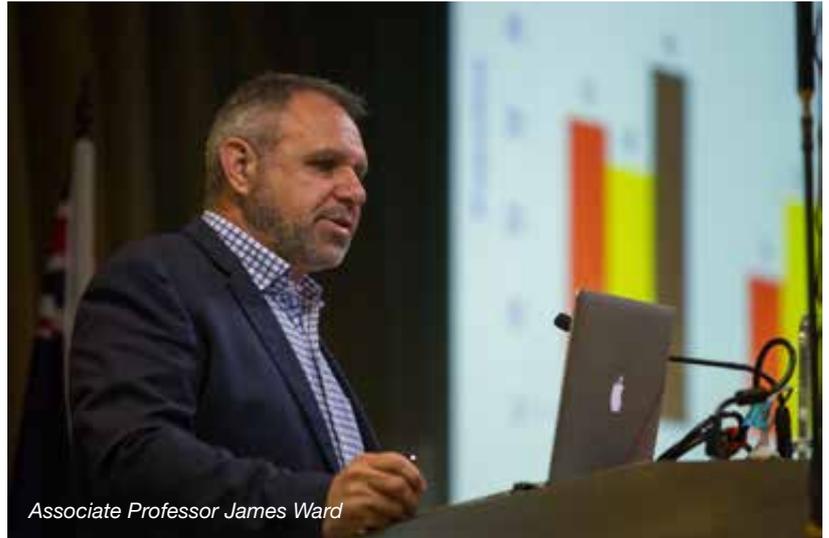
**NQPHN embraced the opportunity to deliver an international quality primary healthcare conference during our first year of operation.**

We hosted the myPHN 2016: Connecting General Practice Conference at Pullman Reef Hotel Casino in Cairns - an historic health conference which injected more than \$500,000 into the region's economy.

More than 300 health professionals and expert health speakers from across north Queensland and the rest of Australia descended on Cairns for the sell-out conference.

Some of the world-class speakers who presented at the conference included:

- Associate Professor Nicole Lee (an Australian leader in methamphetamine treatment and clinical policy)
- Associate Professor James Ward (Indigenous infectious diseases and illicit drug use expert)
- Angela Mason Lynch (leading healthcare business manager)
- Jacinta Hawgood (Australian Institute for Suicide Research and Prevention)
- Paul Madden (Deputy Secretary and Special Adviser, Strategic Health Systems and Information Management, Department of Health)
- David Butt (CEO, National Mental Health Commission)



*Associate Professor James Ward*



*NQPHN Chairman Trent Twomey and staff at the myPHN Conference*

- Gerald Griffin (Assistant Secretary, Aged Care Delivery Queensland).

**An inaugural awards ceremony at the conference recognised leading health providers for their outstanding contributions to healthcare in Northern Queensland.**

The award winners were:

- NQPHN GP of the Year (joint winners) - Dr Cheryl Harnischfeger (Amaroo Medical, Mareeba) and Dr Steven Rudolph (Mt Sheridan Medical)
- NQPHN Pharmacist of the Year - Chris Braithwaite (Cape York Guardian Pharmacy)
- NQPHN Allied Health Professional of the Year - Kris Tregenza (Apunipima Cape York Health Council)
- NQPHN Dentist of the Year - Dr Jackie Stuart
- NQPHN Practice Nurse of the Year - Julie Bulst (Mulungu Aboriginal Corporation Primary Health Care Service, Mareeba)
- NQPHN Aboriginal and Torres Strait Islander Health Worker of the Year - Deslie Dempsey (Balance! Edmonton Family Practice)
- NQPHN Medical Administration Team of the Year - South Side Medical, Mackay.

The conference was a perfect opportunity for people from various healthcare backgrounds and professions to join forces to discuss how to make health better for the local community.

Officially opened by the Queensland Minister for Health, the Honourable Cameron Dick MP, the inaugural conference focused on connecting health providers to deliver better health outcomes through general practice, pharmacy, dental, nursing, allied health, Aboriginal and Torres Strait Islander medical services, and Hospital and Health Services.



*NQPHN GPs of the Year Dr Cheryl Harnischfeger and Dr Steven Rudolph*

Conference Chair Professor George Rubin led an interactive two-day program including pre-conference workshops, an awards ceremony, and an Aboriginal and Torres Strait Islander health breakfast.

NQPHN was proud to host this unique conference, the first time Cairns had welcomed such an array of health experts to focus on how we can all connect together, and we look forward to hosting the next one in 2017.



*Professional Development Grant recipient Jacyntha Sebbens (left) with NQPHN Practice Support Officer Liz Whitehead*



*Queensland Minister for Health, the Honourable Cameron Dick MP, officially opened the conference*

# My Health Record Opt-Out Trial



My Health Record

The opt-out rate for the trial was 1.9 per cent

More than  
**580k**  
My Health Records created for north Queenslanders

The My Health Record team conducted more than

**800**  
engagements for healthcare providers and more than  
**200**  
consumer engagements

**In October 2015, Northern Queensland Primary Health Network (NQPHN) and the Nepean Blue Mountains Primary Health Network were the two regions in Australia selected to trial the Federal Government's 'opt-out' model aimed to increase participation in My Health Record – a digital initiative set to revolutionise the national health system.**

The purpose of the trial was to test the implementation of the opt-out model, and to increase participation in the My Health Record system. The evaluation and information gathered by the teams from within these trial sites will inform government about all aspects of the implementation of the My Health Record, and any future activities related to My Health Record. In April this year, the My Health Record team was established to deliver the implementation of the opt-out trial from Mackay to the Torres Strait.

The implementation plan included educating consumers about the benefits of the record, and how they can use it and information on the option to opt-out. Along with a consumer engagement strategy was a systematic approach to the training of healthcare providers,

resulting in an increased knowledge and understanding of how to view and contribute clinical information to patients' records.

The trial saw almost one million people living in the two trial sites have a My Health Record automatically created for them (580,000 of those were in north Queensland, with many north Queenslanders having already signed up to My Health Record through the previous opt-in process). Those who did not want a My Health Record created for them opted out by 27 May. The opt-out rate for the trial was 1.9 per cent.

## Implementation strategy

The NQPHN My Health Record team comprised of groups of trainers and coordinators who are aligned to the four Hospital and Health Services regions in Torres and Cape, Cairns, Townsville and Mackay.

In collaboration with the Department of Health, NQPHN identified the following priority consumer groups: Aboriginal and Torres Strait Islander people, ageing Australians, patients who have chronic or complex health needs, parents of newborns, patients who experience a mental health condition, and culturally and linguistically diverse groups.



Terri and Linkin Quakawoot liked the idea of keeping track of their children's health through My Health Record, and how easy it is to link to their myGov accounts.



A variety of printed, online, and mass media resources were used, some provided from the Department of Health (My Health Record website, printed pamphlets, letters to consumers, fact sheets) and the Australian Digital Health Agency (sandpit environments for training in software, printed user guides, and the Australian Digital Health Agency website).

Some of these resources have been adapted to local settings by the NQPHN My Health Record team, and others have been developed wholly within the NQPHN team to meet local needs identified during the roll-out process. This was an important strategy to support engagement and training activities and we provided relevant resources that were clear, relevant, and suitable for the diversity of our community.

**My Health Record is an online summary of an individual's key health information (including allergies, medical conditions and history, medication details, pathology, and diagnostic imaging reports).**

**It can be accessed from anywhere in Australia, by any healthcare provider providing healthcare services to that person.**

“The group was very interactive and shared stories of why they are keen to have My Health Record to support them to better manage their health”

My Health Record staff feedback from a community consultation in Townsville

The My Health Record team took a phased approach to engage consumers and healthcare providers, with a key focus on raising awareness and delivering training and information sessions on the My Health Record system, alongside increasing digital and health literacy.

The key phases, timeframes and focus of activities are outlined below:

	<b>Phase 1</b> Opt out period 01 Apr - 27 May	<b>Phase 2</b> My Health Record creation 28 May - 14 Jun	<b>Phase 3</b> Consumer only access period 15 Jun - 14 Jul	<b>Phase 4</b> Healthcare provider access 15 Jul - ongoing
<b>Consumers</b>	Raise awareness of My Health Record, it's benefits and the option to opt out by 27 May	Continue raising awareness of My Health Record	Continue to raise awareness and the ability to set privacy and notification settings	Encourage consumers to ask their GP to upload information to their record and continue working to promote knowledge and all aspects of My Health Record
<b>Healthcare Providers</b>	Working with healthcare providers with initial emphasis on GPs to: <ul style="list-style-type: none"> <li>Register for the system</li> <li>Use practice software to view and upload</li> <li>Use the provider portal to view records</li> </ul>	Working with General Practices to become My Health Record ready and training staff in how to view and upload clinical information	Ongoing engagements with GP practices and other interested healthcare providers including pharmacists and allied health professionals	Continue working with GPs to view and upload to My Health Record
			Working in and with the public hospital staff to raise consumer awareness	Focus on training clinicians in public hospitals
				Extend scope to work with: <ul style="list-style-type: none"> <li>Allied Health</li> <li>Pharmacists</li> <li>Specialists</li> <li>Private Hospitals</li> <li>Residential Aged Care Facilities</li> <li>Dentists</li> </ul> <p>Continue training with providers who have compliant software and promote provider portal to those that do not</p>



### Engagement strategies

The approach taken has involved use of:

- a targeted communications campaign including radio, print and social media advertising
- creation and distribution of printed resources
- delivery of training and development of resources for different clinician groups, settings, and software platforms
- promoting function and use of Department of Health and Australian Digital Health Agency (ADHA) websites

- awareness raising of the My Health Record stalls in public spaces (markets, country shows, health clinics etc.)
- group information sessions for consumers in their venues
- briefings to community organisation staff, volunteers and clients
- training sessions in conjunction with our partners from the Department of Health, ADHA (previously known as National e-Health Transition Authority), Queensland Health, software developers, allied health

professionals Australia, and Mackay, Townsville, Cairns, and Torres and Cape Hospital and Health Services.

More than 800 engagements for healthcare providers were conducted from January 2016.

Information and training sessions were delivered to GPs, practice staff, medical receptionists, sole practitioners, pharmacists and their staff, allied health professionals, and staff at both public and private hospitals.

The My Health Record team conducted more than 200 consumer engagements.

### Where to next?

NQPHN see My Health Record as integral part of the digital health landscape.

We will continue to work with healthcare providers and consumers to raise awareness and encourage use of the My Health Record system, ensuring that the patient is at the centre of their healthcare, and that the patient journey through the health system is made easier with access to the right services at the right time.

NQPHN will harness digital technology as a key enabler to influence systemic change in healthcare.





## CASE STUDY | LIONEL 'TIGER' CORRIGAN

**Lionel Corrigan, also affectionately known as Tiger, is no stranger to the medical system, having had his first heart 'turn' over 20 years ago.**

Since then he has unfortunately had a triple bypass and developed chronic health conditions including irregular blood pressure, diabetes, prostate cancer, emphysema, and a triple bypass, which has seen him in and out of hospitals multiple times.

Over time he has built a great relationship with his doctor, so when Dr Ron Malpas from Strive Health suggested a couple of years ago that Lionel could benefit from getting a My Health Record (then called a Personally Controlled e-health Record - PCEHR), Lionel didn't hesitate.

With more than 30 visits to The Townsville Hospital, and with Lionel reckoning people can "get a hernia carrying his medical files", when he found out that he could have a summary of his medical history that he could carry in his pocket, he was in.

Even though Lionel is a bit 'old-school' when it comes to technology, he really likes that his information is online and available to his GP, and to all of the other healthcare providers involved in his treatment.

For Lionel, this means that they have the most up to date information about him, so he can get the best treatment when needed, without anyone "getting a hernia."

"I not only see my GP and my specialists but I also see my dietitian and my local pharmacy, Riverway Pharmacy at Rasmussen, so to know that they can all access and upload to My Health Record gives me peace of mind," said Lionel.

"To know that a summary of my health history is available to healthcare providers when I am away from home, particularly when my wife and I travel or my trusted GP is away, makes me feel much more comfortable. I'd much rather have the information available when needed, particularly in an emergency, than to remain anonymous and possibly lose valuable time finding out my health history."

When Lionel was asked if he would encourage friends and family to use the My Health Record system, it was a resounding "yes", especially for people like him who are managing chronic health conditions - "if an older gent who doesn't even have an email can get behind this, anyone can!", Lionel said with a wry chuckle.





Financial Report  
2015-16



Your ref:  
Our ref: 2016-2535  
Mr Joe Rapisardi 3149 6070

7 October 2016

## IN-CONFIDENCE

The Honourable C Dick MP  
Minister for Health  
Minister for Ambulance Services  
Level 19, Queensland Health Building  
147-163 Charlotte Street  
BRISBANE QLD 4000

Dear Mr Dick

**General Purpose Financial Statements – 2015-16  
North Queensland Primary Healthcare Network Limited**

I enclose for your information a copy of the certified general purpose financial statements for the above entity as required by s.40(4) of the *Auditor-General Act 2009*. The original certified statements were returned to the Chair of North Queensland Primary Healthcare Network Limited.

I have issued an unmodified auditor's report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Damon Olive', is written over a light blue circular stamp.

Damon Olive  
Director

Enc.

# Financial Report 2015-16

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Your ref:  
Our ref: 2016-2535  
Mr Joe Rapisardi 3149 6070

7 October 2016

## IN-CONFIDENCE

Mr T Twomey  
Chair  
North Queensland Primary Healthcare Network Limited  
PO Box 7812  
CAIRNS QLD 4870

Dear Mr Twomey

**General Purpose Financial Statements—2015-16  
North Queensland Primary Healthcare Network Limited**

I enclose for your information the original certified general purpose financial statements as required by section 40(4) of the *Auditor-General Act 2009* and a QAO certified copy. A copy of the certified financial statements has also been forwarded to the Minister for Health.

I have issued an unmodified auditor's report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Damon Olive', is written over a faint, circular watermark or stamp.

Damon Olive  
Director

Enc.

# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

## STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

	Notes	2016 \$
<b>Revenue</b>		
Commonwealth funding	4	24,200,335
Interest		165,320
Members' application fee	3(a)	62,454
Other		56,904
<b>Total Revenue</b>		<u>24,485,013</u>
<b>Expenditure</b>		
Board and governance		274,491
Commissioned contracts		16,050,286
Communications/IT		569,782
Consultancy fees/Professional services	5	643,317
Depreciation and amortisation	11,12	168,231
Employee benefits costs	6	4,476,342
Low cost capital items		230,847
Motor vehicle costs		50,577
Occupancy costs		229,739
Travel and accommodation		420,241
Other	7	880,048
<b>Total Expenditure</b>		<u>23,993,901</u>
<b>Net surplus</b>		<u>491,112</u>
<b>TOTAL COMPREHENSIVE INCOME</b>		<u>491,112</u>

The accompanying notes form part of these financial statements

QAO  
certified statements

# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Notes	2016 \$
<b>Current Assets</b>		
Cash and cash equivalents	8	3,788,724
Investments	9	12,057,636
Receivables	10	<u>35,503</u>
<b>Total Current Assets</b>		<u>15,881,863</u>
<b>Non Current Assets</b>		
Property, plant and equipment	11	199,163
Intangible assets	12	<u>271,131</u>
<b>Total Non Current Assets</b>		<u>470,294</u>
<b>Total Assets</b>		<u>16,352,157</u>
<b>Current Liabilities</b>		
Trade and other payables	13	3,467,456
Unearned revenue	14	<u>12,393,589</u>
<b>Total Current Liabilities</b>		<u>15,861,045</u>
<b>Total Liabilities</b>		<u>15,861,045</u>
<b>Net Assets</b>		<u>491,112</u>
<b>Members Equity</b>		
Accumulated surplus		<u>491,112</u>
<b>Total Members Equity</b>		<u>491,112</u>

The accompanying notes form part of these financial statements

# Financial Report 2015-16

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NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

**STATEMENT OF CHANGES IN EQUITY  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016**

	Notes	Total \$
Balance at 21 May 2015		-
Total comprehensive income		
Net surplus		491,112
Balance at 30 June 2016		<u>491,112</u>

The accompanying notes form part of these financial statements

QAO  
certified statements

# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

STATEMENT OF CASH FLOWS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

	Notes	2016 \$
<b>Cash flows from operating activities</b>		
Receipts from Commonwealth funding		36,593,924
Members' application fee	3(a)	62,454
Interest received		165,320
Payments to suppliers		(1,399,093)
Payments for commissioned contracts		(14,700,496)
Payments to employees		(4,291,435)
<b>Net cash from operating activities</b>	<b>16</b>	<u>16,430,674</u>
<b>Cash flows from investing activities</b>		
Proceeds from sale of property, plant and equipment		54,211
Payment for purchase of property, plant and equipment		(313,596)
Payment for intangible assets		(324,929)
<b>Net cash used in investing activities</b>		<u>(584,314)</u>
<b>Cash flows from financing activities</b>		
investments		(12,057,636)
<b>Net cash used in financing activities</b>		<u>(12,057,636)</u>
<b>Net increase in cash and cash equivalents</b>		<b>3,788,724</b>
<b>Cash and cash equivalents at 21 May 2015</b>		<u>-</u>
<b>Cash and cash equivalents at 30 June 2016</b>	<b>8</b>	<u>3,788,724</u>

The accompanying notes form part of these financial statements

# Financial Report 2015-16

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NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

## 1. Basis of accounting

### (a) Reporting entity

North Queensland Primary Healthcare Network Limited (the "Company") is domiciled in Australia. The Company's registered office is at 36 Shield Street Cairns. The Company is a not-for-profit entity primarily working with community-based general practitioners, dentists, pharmacists, nurses and allied health practitioners in North Queensland to improve and coordinate Primary Health Care across the local health system for patients requiring care from multiple providers.

### (b) Statement of compliance

The financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements ("AASBs") adopted by the Australian Accounting Standards Board ("AASB") and the *Australian Charities and Not-for-profits Commission Act 2012*. The financial statements of the Company do not comply with International Financial Reporting Standards ("IFRSs") adopted by the International Accounting Standards Board.

### (c) Basis of measurement

The financial statements have been prepared on the historical cost basis.

### (d) Functional and presentation currency

These financial statements are presented in Australian dollars, which is the Company's functional currency.

### (e) Use of judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Company's accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis.

Management is not aware of any judgements, assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment within the next financial year.

### (f) Economic dependency and going concern

These financial statements have been prepared on the going concern basis which contemplates the continuity of normal business activities and the realisation of assets and liabilities in the normal course of business.

The Company is a not-for-profit entity and is reliant on government funding in order to continue its operations. Management has no reason to believe that the required funding will not be forthcoming for the foreseeable future. However, should future government funding be significantly reduced or curtailed, the Company would be unlikely to be able to continue its operations at current levels.

QAO  
certified statements

# Financial Report 2015-16

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NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

## 2. New and amended accounting standards

### (a) New and amended standards adopted

The Company has adopted all of the amendments to Australian Accounting Standards issued by the AASB which are relevant to, and effective for, the Company's financial statements for the period 21 May 2015 to 30 June 2016. None of the amendments have a significant impact on the Company.

### (b) Standards issued but not yet effective

A number of new standards and amendments to standards are effective for annual periods beginning after 1 July 2015, and have not been applied in preparing these financial statements. The following new standards may have an impact on the Company's financial statements, although any such impact has not yet been assessed:

*AASB 9 Financial Instruments* becomes mandatory for annual periods beginning on or after 1 January 2018 (with early adoption permitted) and includes revised guidance on the classification and measurement of financial instruments, a new revised credit loss model for calculating impairment on financial assets and new general hedge accounting requirements. It also carries forward the guidance on recognition and derecognition of financial instruments from AAS 139.

*AASB 15 Revenue from Contracts with Customers* will become effective from reporting periods beginning on or after 1 January 2018. This standard contains detailed requirements for the accounting for certain types of revenue from customers. Depending on the specific contractual terms, the new requirements may potentially result in a change to the timing of revenue from sales of goods and services, such that some revenue may need to be deferred to a later period to the extent that the Company has received cash, but has not met its associated obligations, such amounts would be reported as a liability (unearned revenue) in the meantime.

*AASB 16 Leases* becomes mandatory for annual periods beginning on or after 1 January 2019 (with early adoption permitted) and in essence requires a lessee to:

- recognise all leases assets and liabilities (including those currently classified as operating leases) on the statement of financial position, initially measured at the present value of unavoidable lease payments;
  - recognise amortisation of lease assets and interest on lease liabilities as expenses over the lease term;
- and
- separate the total amount of cash paid into a principal portion (presented within financing activities) and interest (which entities can choose to present within operating or financing activities consistent with presentation of any other interest paid) in the statement of cash flows.

*AASB 124 Related Party Disclosures* will become effective from reporting periods beginning on or after 1 July 2016. This accounting standard requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities. The Company already discloses information about the remuneration expenses for key management personnel in compliance with Government requirements.

The Company does not plan to adopt these standards early.

# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

## 3. Significant accounting policies

### (a) Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the Company and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

#### *Commonwealth funding*

Funding is provided predominantly by the Commonwealth Department of Health for specific primary health services purchased by the Department in accordance with a standard funding agreement. Activity based funding is based on an agreed range of activities per the standard funding agreement and a nation wide price by which relevant activities are funded. The standard funding agreement will be reviewed periodically and updated for changes in activities and prices of services delivered. At the end of the financial year, where the Company has received Commonwealth funding in advance of the services having been performed, these funds are carried forward as unearned revenue.

#### *Grant revenue*

##### (i) Reciprocal transfers

Where grants and other contributions are received that are reciprocal in nature, revenue is recognised over the term of the funding agreements. The Company currently has no reciprocal grants.

##### (ii) Non-reciprocal transfers

Grants and other contributions that are non-reciprocal in nature are recognised as revenue when, and only when, all the following conditions have been satisfied:

- The Company obtains control of the contribution or the right to receive the contribution;
  - It is probable that the economic benefits comprising the contribution will flow to the Company;
- and
- The amount of the contribution can be measured reliably.

#### *Interest*

Interest revenue is recognised on a proportional basis taking into account the interest rate applicable to the financial asset.

#### *Members' application fee*

In line with Clause 7.4(d) of the Constitution all members paid an application fee currently set at \$10,409.

### (b) Commissioned contracts

The Company under its Agreement with the Commonwealth Department of Health is not a provider of health services direct to the public. Rather, it identifies areas of need in primary health care and commissions health service providers to provide direct services to the public to address these identified areas of need.

These commissioned payments to service providers are made on the basis of properly commissioned arms length contracts and are payable upon completion of the service.

# Financial Report 2015-16

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**NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED**  
**ABN 35 605 757 640**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016**

## **3. Significant accounting policies (Continued)**

### **(c) Income tax**

The Company is a charitable institution under subsection 50-5 of the Income Tax Assessment Act 1997, and is therefore exempt from paying income tax.

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

Cash and cash equivalents includes deposits held at call with financial institutions and in term deposits with original maturities of three months or less that are readily convertible to cash and which are subject to an insignificant risk of changes in value.

### **(e) Property, plant and equipment**

Each class of property, plant and equipment is carried at amortised cost.

Depreciation is calculated on all non-current assets using the straight line method based on the expected useful life of the asset. The depreciation rates used were in the range 2.5% to 30%.

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

Items of property, plant and equipment with a cost or other value equal to or in excess of \$10,000 are recognised for financial reporting purposes in the year of acquisition. Items with a lesser value are expensed in the year of acquisition.

### **(f) Intangible assets**

Intangible assets with a cost or other value equal to or greater than \$10,000 are recognised in the statement of financial position. Items with a lesser value are expensed. Each intangible asset, less any anticipated residual value, is amortised over its estimated useful life to the Company. The residual value is zero for all the Company's intangible assets.

The Company's intangible assets are recognised and carried at cost less any accumulated amortisation and accumulated impairment losses.

Costs associated with the development of computer software have been capitalised and are amortised on a straight-line basis over the period of expected benefit to the Company. The amortisation rates average 30%.

# Financial Report 2015-16

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NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

## 3. Significant accounting policies (Continued)

### (g) Impairment of assets

At each reporting date the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that these assets have been impaired.

### (h) Leases

Leases are classified at their inception as either operating or finance leases based on the extent to which the risks and rewards incidental to ownership of the leased asset lie with the lessor or the lessee. The Company has no finance leases.

Payments made under operating leases, where substantially all the risks and rewards remain with the lessor, are recognised as expenses on a straight line basis over the term of the lease.

### (i) Employee benefits

#### *Wages and salaries*

Short-term employee benefits are expensed as the related service is provided. Liabilities for wages and salaries and annual leave expected to be settled within one year of the reporting date have been measured at the amounts expected to be paid when the liabilities are settled, plus related on costs.

#### *Sick leave*

Current trends indicate that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlement is recognised. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

#### *Long service leave*

The liability for long service leave will be recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least one year after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

No liability for long service leave has been recognised as the liability would not be significant given the majority of employees have less than 12 months service at balance date and none more than 14 months.

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# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

## 3. Significant accounting policies (Continued)

### (j) Superannuation

The Company contributes employer superannuation on behalf of employees earning greater than \$450 per month. The Company is not legally obligated to contribute greater than the superannuation guarantee levy.

### (k) Trade and other payables

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

### (l) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The net amount of GST recoverable from, or payable to, the Australian Taxation Office is included in other receivables or other payables in the Statement of Financial Position.

### (m) Members' liability

The Company is a company limited by guarantee. Accordingly each member of the Company undertakes to contribute to the assets of the Company in the event of it being wound up. The amount of any such contribution is limited to \$10.

## 4. Commonwealth funding

	\$
Primary Health Networks - Operational & Flexible/Establishment & Transition	10,828,229
Primary Health Networks - After Hours Primary Health Care	994,237
Indigenous Australians' Health Programme	6,575,848
Ageing and Service improvement	109,979
Primary Mental Health Care Services Activities	5,099,178
Operational Mental Health and Suicide Prevention, and Drug & Alcohol Activities	100,568
My Health Record Opt-Out Participation Trial	492,296
	<u>24,200,335</u>

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# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

	2016 \$
<b>5. Consultancy fees/Professional services</b>	
Professional services - corporate	223,978
Professional services - health needs assessment	294,196
Professional services - program	81,338
Professional services - commissioning	43,805
	<u>643,317</u>
<b>6. Employee expenses</b>	
<b>Employee benefits</b>	
Salaries and wages	3,694,153
Annual leave expense	248,952
Employer superannuation contributions	287,660
Termination benefits	21,942
Other employee benefits	45,223
<b>Employee related expenses</b>	
Workers' compensation premium	19,005
Other employee costs	159,407
	<u>4,476,342</u>
<b>7. Other expenses</b>	
Community and provider engagement	245,689
Commissioning activities	66,875
Marketing	132,109
Health service provider workforce development	205,210
Other	230,165
	<u>880,048</u>
<b>8. Cash and cash equivalents</b>	
Cash at bank	<u>3,788,724</u>
<b>9. Investments</b>	
Interest bearing term deposits	<u>12,057,636</u>
<b>10. Receivables</b>	
Sundry receivables	8,694
Prepayments	26,809
	<u>35,503</u>

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# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

## 11. Property, plant and equipment

	Leasehold improvements \$	Office equipment \$	Computer hardware \$	Total \$
<b>Cost</b>				
Balance 21 May 2015	-	-	-	-
Additions	142,462	46,731	124,403	313,596
Balance 30 June 2016	142,462	46,731	124,403	313,596
<b>Depreciation</b>				
Balance 21 May 2015	-	-	-	-
Depreciation for period	83,262	8,556	22,615	114,433
Balance 30 June 2016	83,262	8,556	22,615	114,433
<b>Carrying amounts</b>				
At 30 June 2016	59,200	38,175	101,788	199,163

## 12. Intangible assets

	Computer software \$	Total \$
<b>Cost</b>		
Balance 21 May 2015	-	-
Additions	324,929	324,929
Balance 30 June 2016	324,929	324,929
<b>Amortisation</b>		
Balance 21 May 2015	-	-
Amortisation for period	53,798	53,798
Balance 30 June 2016	53,798	53,798
<b>Carrying amounts</b>		
At 30 June 2016	271,131	271,131

## 13. Trade and other payables

	2016 \$
Trade payables	634,263
Accrued expenses	1,917,238
Commonwealth funding repayable	362,752
GST payable	368,295
Liability for annual leave	184,908
	<u>3,467,456</u>

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# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

	2016 \$
<b>14. Unearned revenue</b>	
Primary Health Networks - Operational & Flexible/Establishment & Transition	3,307,924
Primary Health Networks - After Hours Primary Health Care	4,137,258
Indigenous Australians' Health Programme	751,921
Ageing and Service Improvement	154,203
Operational Mental Health and Suicide Prevention, and Drug & Alcohol Activities	306,630
My Health Record Opt-Out Participation Trial	811,586
Mental Health and Suicide Prevention	2,924,067
	<u>12,393,589</u>
<b>15. Operating lease commitments</b>	
The Company leases a number of buildings and motor vehicles under operating leases. The leases typically run for a period of one to five years, with options to renew after that date.	
Operating lease commitments being for rent of office space and motor vehicles	
Payable - minimum lease payments	
- not later than 12 months	185,710
- between 12 months and 5 years	1,159,558
	<u>1,345,268</u>
<b>16. Cash flow information</b>	
Reconciliation of Cash Flows from Operating Activities	
Net surplus	491,112
Non cash flow items in surplus:	
Depreciation and amortisation	168,231
Gain on sale of property, plant and equipment	(54,211)
Changes in assets and liabilities:	
Increase in receivables	(35,503)
Increase in trade and other payables	3,467,456
Increase in unearned revenue	12,393,589
<b>Net cash from operating activities</b>	<u>16,430,674</u>

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# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

2016  
\$

## 17. Key Management Personnel and remuneration expenses

### (i) Remuneration of Board Members

The following persons were directors of North Queensland Primary Healthcare Network Limited during the period 21 May 2015 to 30 June 2016:

Trent Twomey, Luckbir Singh, Vlad Matic, Ranee Crosby, Ruth Faulkner, Richard Malone, John Nugent and Rod Catton.

All Board members were paid below the survey guidelines provided by the Australian Institute of Company Directors.

Total remuneration paid was \$206,002 including superannuation of \$14,945.

### (ii) Remuneration expenses

Remuneration and other terms of employment for the Company's key management personnel are specified in employment contracts. The amounts disclosed below represent expenses recognised in the Statement of Comprehensive Income.

Remuneration expenses for key management personnel comprises the following components:

\*Short term employee expenses which include:

- salaries, allowances and annual leave entitlements earned and expensed for the entire year, or for that part of the year during which the employee occupies the specified position.
- performance payments recognised as an expense during the year.
- non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.

\*Post employment expenses - mainly superannuation contributions.

Position	Short Term Employee Expenses		Post Employment Expenses	Total
	Monetary Expenses	Non-monetary Expenses	Superannuation	
	\$	\$	\$	\$
Chief Executive Officer	195,798	-	17,926	213,724
Chief Operating Officer	160,831	-	15,259	176,090
Chief Financial Officer	152,885	-	14,524	167,409
Director of Strategy and Planning	143,424	-	13,616	157,040
				714,263

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# Financial Report 2015-16

NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED  
ABN 35 605 757 640

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD 21 MAY 2015 TO 30 JUNE 2016

2016  
\$

## 18. Events after balance date

The Board is not aware of any events which have occurred subsequent to balance date which would materially affect the financial statements at 30 June 2016, or the Company's state of affairs in future financial years.

## 19. Financial risk management

The Company's financial instruments consist of deposits with banks, short term investments, accounts receivable and payable.

### Financial assets

Cash and cash equivalents	3,788,724
Investments	12,057,636
Sundry receivables	8,694
	<u>15,855,054</u>

### Financial liabilities

Trade and other payables	3,467,456
	<u>3,467,456</u>

### Net fair values

The carrying values of financial assets and liabilities approximate their fair values.

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# Financial Report 2015-16

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**NORTH QUEENSLAND PRIMARY HEALTHCARE NETWORK LIMITED**

**ABN 35 605 757 640**

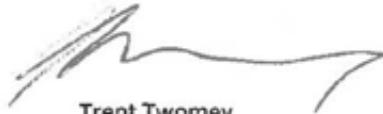
**DIRECTORS' DECLARATION**

The directors of North Queensland Primary Healthcare Network Limited declare that in their opinion:

- a there are reasonable grounds to believe that the Company is able to pay all of its debts as and when they become due and payable; and
- b the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*:

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*:

Chairperson



Trent Twomey

Date

21 September 2016



## AUDITOR'S INDEPENDENCE DECLARATION

To the Directors of North Queensland Primary Healthcare Network Limited

This auditor's independence declaration has been provided pursuant to section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*.

### *Independence Declaration*

As lead auditor for the audit of North Queensland Primary Healthcare Network Limited for the period ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been –

- a) no contraventions of the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.



D J OLIVE FCPA  
as Delegate of the Auditor-General of Queensland



Queensland Audit Office  
Brisbane

## INDEPENDENT AUDITOR'S REPORT

To the Board and Members of North Queensland Primary Healthcare Network Limited

### Report on the Financial Report

I have audited the accompanying financial report of North Queensland Primary Healthcare Network Limited, which comprises the statement of financial position as at 30 June 2016, the statement comprehensive income, statement of changes in equity and statement of cash flows for the period then ended, notes to the financial statements including significant accounting policies and other explanatory information, and the director's declaration.

#### *Directors' Responsibility for the Financial Report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

## *Independence*

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

In conducting the audit, the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* have been complied with.

## *Opinion*

In accordance with s.40 of the *Auditor-General Act 2009* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* –

- (a) I have received all the information and explanations which I have required; and
- (b) in my opinion –
  - (i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and
  - (ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards – *Reduced Disclosure Requirements* and the *Australian Charities and Not-for-profits Commission Regulation 2013*, of the transactions of North Queensland Primary Healthcare Network Limited for the period 21 May 2015 to 30 June 2016 and of the financial position as at that date.

## **Other Matters - Electronic Presentation of the Audited Financial Report**

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.



D J OLIVE FCPA  
as Delegate of the Auditor-General of Queensland



Queensland Audit Office  
Brisbane



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