



Annual Report

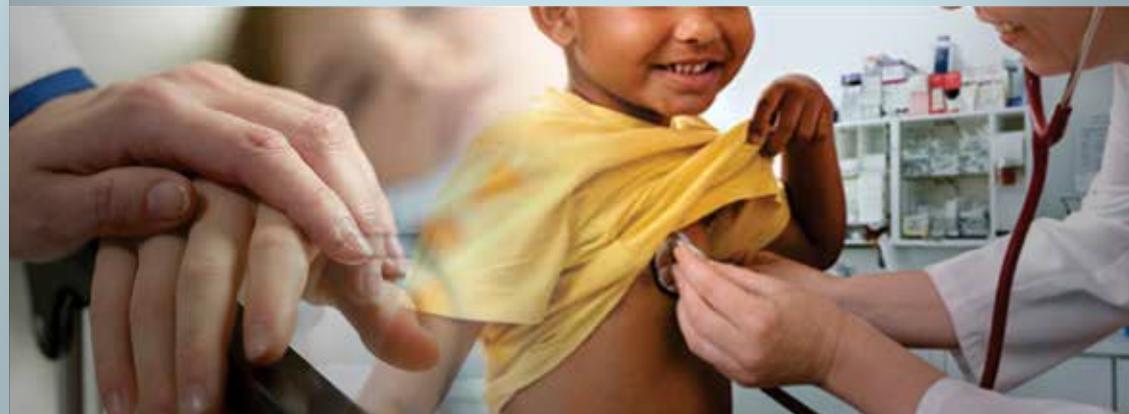
For the year ending 30 June 2018



Primary
Health **Alliance**

He huinga ratonga hauora

*...to support the development, exchange
and promotion of policies and strategies
which advance health outcomes for the
population of New Zealand through our
member organisations.*



Contents

1.	Chairman's Report	2
2.	About the Primary Health Alliance	4
3.	The year in summary	5
4.	Through the mill	12
5.	Federation of Primary Health Aotearoa New Zealand	14
6.	Executive Committee	17
7.	Our members	20
8.	Financial statements	21
	Notes to the financial statements	24



1. Chairman's Report

Once again it gives me a great deal of pleasure to present our Annual Report which highlights our collective commitment to improve health outcomes and reduce inequalities for the communities our members serve. In this, the 12th year of operation of our organisation, there have been a number of successes as well as frustrations for our members and the wider primary health sector in New Zealand.

I continue to be very proud of the work the Primary Health Alliance (the Alliance) has undertaken over the past year. Our voice has been strong, credible and well respected on a national stage as we have sought to support and directly influence policy development, specifically that underpinning the New Zealand Health Strategy and the essential supporting financial framework.

During the year significant progress has been made, in partnership with General Practice New Zealand and other key sector partners, to seek to develop a credible sector-wide membership offering such that we can achieve a united sector voice encompassing a wide multi-professional national body which carries the mandate of all Primary Health Organisations alongside the representative bodies of all primary health providers and agencies. In February 2018 we jointly co-hosted a 'primary health summit' from which emerged a commitment by the parties attending to establish a national body of primary health interests. It was significant that Dame Annette King agreed to accept the role as Establishment Chair and I [on behalf of the Alliance] am delighted with the impetus Dame Annette has given to the development of the Federation of Primary Health Aotearoa New Zealand (the Federation) – see section 5 of this annual report.

The strength and credibility of the Alliance has again been reflected in a further year of increased membership. Our multi-professional sector-wide focus has been considerably strengthened by the welcome addition of the Pharmacy Guild of New Zealand, the Home and Community Health Association, Green Cross Health, the New Zealand Association of Optometrists and the New Zealand Breast Feeding Alliance.

Despite a significantly increased work-plan on behalf of members, our membership levies have again remained unchanged. Our ability to hold levies at that level is due in no small part to our increasing membership base and the willingness of members to altruistically give of their time and expertise to support our work-plan and the

greater common good. I take this opportunity to thank them all for their input whilst acknowledging the on-going pressures of their respective day jobs. Notwithstanding, the more active participation of the Alliance in various national forums and our direct role in supporting the development of the Federation, we have achieved a modest financial deficit for the year which has been covered by our accumulated reserves.

I take this opportunity to thank our Deputy Chair, Dr Andrew Miller, for his valuable and perceptive contribution and representation through various national fora. Similarly I thank Dr Angus Chambers for his input on behalf of all members at the PSAAP forum and, the additional members of the Executive Committee; Bill Eschenbach, John Hunter, Karen Guilliland, Dr Denis Lee, Dr Mark Peterson and Richard Townley, for their very significant contributions made throughout the year on top of the demanding day jobs they each already hold. Māori

On behalf of all members, I would again like to formally record the contribution made to the affairs of the Alliance by our Chief Executive – Philip Grant. His excellent vision, administration and organisation has ensured that the Alliance remains the independent, sustainable and credible force I believe it has become and helped make my role as Chair an enjoyable privilege to fulfil. For that I am grateful.

Finally – retirement means this will be my last report as Chair of the Alliance. It has given me great pleasure to have served in this role over the last five years.



John Ayling
Chair

2. About the Primary Health Alliance

The Primary Health Alliance is a sector-wide consortia of member primary health organisations and representative associations working together to share learning and best practice and to support better outcomes for patients.

Our member organisations encompass a wide range of health practitioners including pharmacists, midwives, allied health professionals and doctors providing services in each and every community across New Zealand.

Our member Primary Health Organisations encompass over 1 million enrolled New Zealanders living in some of the most deprived communities from Cape Reinga to Bluff.

Our reason for being is to improve health outcomes and reduce inequalities for the communities we serve.

Our objectives are to:

- a) Support health and wellbeing, on behalf of members for the benefit of the population of New Zealand.
- b) Promote primary and community health through integrated multi-agency and multi-professional partnerships.
- c) Foster effective partnerships between providers and communities.
- d) Foster and nurture key strategic relationships at a local and national level.
- e) Encourage collaboration and the sharing of resources, good practice and, information across Members and the wider sector.
- f) Contribute to the development and implementation of health policy at a national level.
- g) Promote and support enrolled list-based primary and community care.
- h) Promote General Practitioners as overarching clinical guardians for patient level primary and community care supported where appropriate by nominated care co-ordinators.
- i) Carry out other activities consistent with the charitable objects of the society.

In support of the above objectives, during 2017/18 the Primary Health Alliance has played a significant role in the co-ordination and establishment of the Federation of Primary Health Aotearoa New Zealand (see section 5 of this report) – the result of a concerted programme of engagement aimed at securing greater sector unity and influence.

3. The year in summary

A year of growing membership, growing credibility and growing sector unity, 2017/18 has been a year of notable achievements for the Primary Health Alliance. Throughout the year members have continued to give tirelessly of their time and resources for the collective benefit of all member organisations and, most importantly, the people of New Zealand.

The following is a snapshot of the significant number of activities undertaken across the year, several of which are noted in the Chairman's report and detailed further in specific sections of this publication.

National Representation

One of the key membership benefits of the Primary Health Alliance is that which is achieved through the strength and alignment of the collective voice of members. The programme of representation work undertaken by the Primary Health Alliance over the course of the year is significant. Whilst members of the Executive Committee all have prominent roles, it is a feature of the Primary Health Alliance operating model which provides for individual members all undertaking specific lead roles at various stages of the year on behalf of the full membership.

This consortia approach ensures the voice of the Primary Health Alliance remains firmly based on up-to-date firsthand expertise direct from the coalface of the health service.

The Primary Health Alliance has become increasingly called upon, and will continue to support, national expert advisory groups and working parties in support of improving patient outcomes for the population of New Zealand.

During 2017/18 the Primary Health Alliance has contributed to the Ministry of Health's work programme tailored to deliver on the Government's priorities of:

- Achieving equity
- Child wellbeing
- Mental health
- Primary health care.

In addition, the Primary Health Alliance has provided input to:

- The Mental Health and Addictions Inquiry
- The Health and Disability System Review
- The formal consultation undertaken by DHBs in respect of proposed changes to the Community Pharmacy Contract.

PSAAP National Contract Negotiation

A significant mechanism for the development and provision of local primary health care services is the PHO Services Agreement between individual PHOs and their District Health Board(s).

Whilst a local contract, it is negotiated and developed nationally between PHOs, DHBs, the Ministry of Health and general practice providers through a formal process known as the PHO Services Agreement Amendment Protocol (PSAAP) Group.

The PSAAP Group:

(a) considers and makes decisions and/or recommendations on proposals for variations to PHO Services; and

(b) is a forum for information sharing and discussion of strategic, policy and operational settings that may have a consequential impact on parties to the PHO Services Agreement.

Whilst the usual regular meetings during the latter half of 2017 were predominantly cancelled by Ministry of Health officials due to the lack of a mandate within which they could negotiate given the general election held in September 2017, the change of Government resulting from that election led to an intensive PSAAP workplan to consider the relevant election manifesto commitments made by the new Government.

That workplan included consideration of the Government's commitment to:

- Reduce the cost of a GP appointment by \$10 for all New Zealanders (except those that are already free)
- Extending free consultations to all under 14 year olds

- Extending low cost access to all Community Service Card holders regardless of what General Practice they may be enrolled with
- Acknowledge the historic underfunding of general practice and the increasing compliance costs which the sector has become subject to.

Primary Health Alliance members were represented by Dr Angus Chambers (GP and Chair of Christchurch PHO) and/or Philip Grant (Chief Executive, Primary Health Alliance) at every meeting of PSAAP. In order to ensure that members provided a clear mandate for their representatives at those meetings, all PSAAP papers were shared with Primary Health Alliance members for review ahead of PSAAP meetings and a detailed feedback briefing provided to members following each meeting.

Shared Resources and Best Practice

One of the most significant of the Primary Health Alliance membership benefits is that of sharing resources and good practice to improve health outcomes for the entire population of New Zealand. Sharing good practice and improving health outcomes for all is at the heart of what the Primary Health Alliance stands for.

Whilst members regularly share examples of what works well in each locality, with the aim of ensuring universally good health outcomes regardless of where in the country you may live and regardless of what your ethnic background may be, the Primary Health Alliance also proactively seeks other opportunities to avoid 'reinventing the wheel'. This includes working on a consortia basis wherever possible to make best use of limited manpower and resources (especially in smaller and mid-sized PHOs), as well as openly sharing learning and successful approaches between localities which may often be at different ends of the country.

In November 2017, for the fourth year running, the Primary Health Alliance worked in partnership with the Heart Foundation and the Health Promotion Agency to provide a national Primary



Minister of Health, Hon. Dr David Clark, addresses delegates at the November 2017 national symposium.

Health Care Symposium open to all primary care practitioners, champions and facilitators from PHOs and DHBs regardless of whether or not they are members of the Primary Health Alliance. 200 delegates attended this event held at the Te Papa museum in Wellington which was provided free of charge thanks to the kindness of presenters who gave freely of their time as well as support from our partners at the Heart Foundation and Health Promotion Agency.

The programme for the day included keynote addresses from Hon. Dr David Clark, the new Minister of Health and Jake Bailey, who spoke of his journey through the health system as a 15 year old with stage 4 Burkitt's Non-Hodgkin's Lymphoma.

Each full member meeting of the Primary Health Alliance includes one or more formal presentations and open discussion sessions showcasing the learnings, both positive and negative, from an individual member's experience of implementing a local service or sector innovation.

The 'Sharing innovation' section of the Primary Health Alliance website continues to grow and provides an on-line resource to share learning across the sector, with material covering a wide range of subjects including acute demand, long-term conditions, corporate governance and pharmacy. This resource will continue to grow and be expanded over the coming months.

Professional Networking and Peer Support



Networking and peer support in Christchurch, June 2018

The mutual support, collegiality and common purpose which unites Primary Health Alliance members is uniquely evident at each and every member meeting. Sharing time, resources and expertise as well as mentoring, nurturing and counselling between and across members is a significant benefit that the organisation facilitates both formally and informally.

Outside of the formal meetings of the Primary Health Alliance, members regularly meet on a 1:1 basis with colleagues for the purpose of professional networking and peer support. Additionally, ahead of all Primary Health Alliance member meetings, members will informally meet on a social basis to further cement the established relationships and mutual support which exists.

On an annual basis, the Primary Health Alliance will arrange one of its regular member meetings at a regional location with additional networking events to support this membership benefit (see below).

Strong Alliance with National Representative Organisations Across the Sector



Members undertaking a cultural visit at Waitangi in December 2017.

The Primary Health Alliance has long recognised that securing long-term improvements in health outcomes and addressing the wider determinants of health will take a multi-agency intersectorial approach.

We have been delighted with the continued growth in the multi-professional membership of the Primary Health Alliance, including during 2017/18 welcoming the Pharmacy Guild of New Zealand, the Home and Community Health Association, the New Zealand Association of Optometrists, Green Cross Health and, the New Zealand Breast Feeding Alliance.

Similarly, we continue to seek, and be sought, to work alongside and develop constructive relationships with a wide range of agencies and key stakeholders including the Ministry of Health, ACC, the Treasury, the General Practice Leaders Forum and others.

Regular Member Meetings and Leadership Forums

The Chairs and Chief Executives of member organisations meet quarterly to undertake the business of the Primary Health Alliance, to agree collective responses to relevant national issues, to share good practice, to network and to have a two-way exchange with invited guests and sector stakeholders.

Attendance at member meetings has consistently increased and the meetings continue to be further enhanced by the attendance of, and engagement with significant partners from the wider health sector.



Just another day at the office: A Bay of Islands fishing charter for members threw up a variety of talking points. Bill Eschenbach calmly landed this monster snapper weighing in at over 10kg!

In December 2017, the quarterly meeting was held at Waitangi in the winterless north set amid the beautiful Bay of Islands. This continued the established trend of holding our December meetings at a different regional venue and was, on this occasion, generously hosted by our member PHOs Te Tai Tokerau and Manaia Health.

This quarterly meeting proved extremely popular and had what was probably

the highest ever number of attendees for one of our member meetings. The formal meeting included the following presentations:

- Too Close to Home: Transformational Change – Dr Nick Chamberlain, Chief Executive of Northland DHB
- The Northland Collaboration Kaupapa – Te Tai Tokerau and Manaia Health PHOs
- Electronic Health Record to improve the care we give to patients – Dr Juliet Rumball-Smith, Northland DHB and 2016/17 Harkness Fellow.

The additional programme of networking and social events included a guided tour of the Waitangi Treaty Grounds and Marae as well as dinner at the beautiful Bay of Islands resort of Russell with a presentation from local general practitioner and

photographer, Dr Chris Reid, who gave a collection of powerful insights into the lives of his patients through his book *'Patient: Portraits from a Doctor's Surgery.'*

Regular Communications and Briefings

Members and strategic partners of the Primary Health Alliance receive our detailed monthly briefing, Primary Health Matters, which was launched in its new format in January 2018 and which highlights the latest relevant national issues and news as well as the current work programme of the Alliance.

Primary Health Matters is also used by members within their own reporting to their respective governance Boards and feedback from members has been very positive. Once again this supports the principle that we will share resources and prevent 'reinventing the wheel' wherever possible.

Members receive frequent additional 'real-time' communications covering relevant matters from across the sector including:

- Ministerial announcements and policy updates
- Partner newsletters
- PSAAP proposals and immediate feedback from PSAAP meetings
- Updates from the Health Care Home Collaborative
- International research reviews and findings
- Member announcements.



4. Through the mill

In April 2014, Andrew, a fit and healthy 50 year old, was in the middle of marathon training when he noticed that his front tooth was slightly numb when he was running and that there was occasional blood on his tissue when he blew his nose. A dental check at the time was entirely normal.

"One thing led to another. I went to see a specialist in September 2014, who took a biopsy. He said 'you've got a cancer there'. It was four centimeters long, half a centimeter thick and it had eroded into my upper jawbone." Andrew calmly explains.

"I had sixteen months off work, five operations, radiotherapy, chemotherapy and I'm somewhat mangled from it all to tell the truth."

The incidence of head and neck cancers in New Zealand is growing faster than any other cancer and there are approximately

520 new cases each year. Typically, such cancers used to be related to smoking and alcohol. Over the last couple of decades there has been a dramatic rise in cases related to the human papillomavirus (HPV) acquired almost always through sexual contact during a person's teens, twenties and thirties.

The nature of this disfiguring disease, its late presentation and its location makes treatment incredibly complicated and difficult. According to Andrew "It leads to long term complications for those of us who have been through the mill dealing with it." It affects things most of us take for granted- speech, taste, smell and often leaves visible scars.

The HPV vaccine, which reduces the cancer risk rate by around 90%, was first provided free in New Zealand in 2008. At first it was only funded for girls and young women. In the midst of his own life-changing trauma, Andrew couldn't understand why such a proven vaccine wouldn't also be provided to boys and young men. Against numerous barriers, he joined the campaign to have the immunisation programme extended to boys and young men.

50+ New Zealanders
die from HPV cancers every year

"I have three sons. I make them wear safety belts when they get in the car. There was no rational reason why I wouldn't also want them vaccinated with what is an incredibly effective vaccine."

In January 2017, nine years after its funded introduction for girls and two years after Andrew's marathon training was abruptly curtailed, the Ministry of Health announced that the HPV immunisation programme would become free for everyone, male and female, aged 9 to 26.

Andrew is a GP in Whangarei, Chair of Manaia Health PHO, Deputy Chair of the Primary Health Alliance and a tireless campaigner for what is fair. In July 2018 he was awarded a Distinguished Fellowship of the Royal New Zealand College of General Practitioners for his service to General Practice and the Community. He is back running (slowly) and now almost 4 years disease free.

"As a father, it makes me scratch my head that some parents may choose not to take up this vaccine for their children" he says, "but obviously I have to be careful that I don't scratch it too hard."



Dr Andrew Miller receives his Distinguished Fellowship of the Royal NZ College of GPs

5. Federation of Primary Health Aotearoa NZ

In February 2018, the Primary Health Alliance co-hosted a sector summit in Wellington which brought together 70 of the country's primary health leaders.

Alongside General Practice New Zealand (GPNZ) and the N4 network group (comprising ProCare, Pinnacle Midlands, Compass and Pegasus Health), we felt the time was right for the sector to meet in a structured and well facilitated forum to discuss the key issues of:

- Optimising our sector capacity to engage with the Minister and Ministries
- Agreeing and setting out our aspirations for the outcomes of the planned review of primary health (including funding)
- Discussing longer-term primary health policy and our ongoing engagement work required
- Establishing a set of principles and values for our on-going 'Federation' as a sector
- Building collective trust and goodwill across the sector.

The summit made significant progress and agreed to a process which would lead to the establishment of the Federation of Primary Health Aotearoa New Zealand.



The summit was joined by Dame Annette King (pictured with (left to right) Dr Larry Jordan, Chair of Compass Health; Dr Jeff Lowe, Chair of GPNZ and John Ayling, Chair of the Primary Health Alliance). Dame Annette King is a previous Minister of Health and enthusiastically accepted the summit's invitation to become the Independent

Chair of an Establishment Board tasked with setting up the Federation.

Having accepted the invitation, Dame Annette King said "The overriding focus of establishing this wide reaching Federation is to provide an inclusive platform for health and care integration with the people of New Zealand at the heart of its objectives. Securing the collaboration of all the sectors which make up primary health care is a historic moment for patient-centered, multi-disciplinary health care in New Zealand."

Signaling clear values of partnership and equity from the outset, the Establishment Board included representation on behalf of Māori health leaders, pharmacy, allied health, midwifery, nursing and NGOs as well as PHOs covering some of the highest need and most rural communities.

Under Dame Annette King's leadership, the Establishment Board will meet over the subsequent six months to oversee the successful delivery of the project plan. A high profile launch of the Federation in the New Zealand Parliament buildings is planned for September 2018. The vision is "Healthy Aotearoa. Great Primary Health Care.



The purpose of the Federation is to provide national leadership on key issues affecting primary health in New Zealand. In particular the Federation aims:

- To be the voice of primary health care for the health, well-being and benefit of all New Zealanders
- To promote primary health to be the central function and main focus of New Zealand's health system
- To promote, protect and improve the sustainability and interests of the primary health sector
- To contribute to the development of health strategy, policy and implementations
- To foster effective partnerships and collaborations
- To pursue meaningful responses to the differences in health access and outcomes between different populations in New Zealand and to tackling these inequities
- To promote primary health as being practical, scientifically sound, socially acceptable and enabled by technology
- To embrace the principles of the Treaty of Waitangi by working in partnership, ensuring participation and, protecting the health of Māori
- To ensure a consumer focus is applied to primary health policy and provision, with the inclusion of the consumer voice and being responsive to consumer needs

- To acknowledge the specific needs and differences of our communities and the services required to support them
- To undertake such acts or matters as may be necessary or expedient for the purposes of the Federation or identical or conducive to the attainment of the purpose of the Federation.

The Primary Health Alliance will submit one of the first applications for a group membership of the Federation. In doing so, eligible members will be shaping the direction, focus and workplan of the Federation whilst also engaging in the process for the election of the first substantive Governance Board.

Further details and copies of relevant documentation and publications are available on the Federation website www.fph.org.nz.



Launching its membership offering: The Federation Establishment Board at its meeting in July 2018.

6. Executive Committee

The Primary Health Alliance Constitution allows for a minimum core Executive Committee of four and a maximum of seven members. The Executive Committee also has the power to co-opt additional committee members from time to time to ensure adequate capacity and capability to fulfil its responsibilities on behalf of all members.

The Executive Committee members for 2017/18 were:

- John Ayling (Independent Chair)
- Dr Angus Chambers, Chair of Christchurch PHO
- Bill Eschenbach, Chief Executive of Rural Canterbury PHO
- Karen Guilliland, Chief Executive of the New Zealand College of Midwives
- John Hunter, Chair of Nelson Bays Primary Health
- Dr Denis Lee, Chair of East Health Trust PHO
- Dr Andrew Miller, Chair of Manaia Health PHO
- Dr Mark Peterson, Vice Chair of Health Hawke's Bay
- Richard Townley, Chief Executive of the Pharmaceutical Society of New Zealand.

The Register of Interests for the Executive Committee is shown on page 18.

Executive Committee Register of Interests



JOHN AYLING – *Independent Chair*

- Director, Split Ridge Associates Ltd – a provider of contracted services to the health and disability sector.



DR ANGUS CHAMBERS

- Chair of Christchurch PHO
- GP/Shareholder/Director Riccarton Clinic Limited – General Practice provider
- Director Canterbury Community Trust – Acute demand services provider.



BILL ESCHENBACH

- Chief Executive of Rural Canterbury PHO
- Rural Health Alliance Aotearoa New Zealand (RHAANZ) Executive Member
- Director of Health Systems Solutions
- Member of Canterbury Alliance Support Team
- Member National Rural Health Alliance Group.



KAREN GUILLILAND

- Chief Executive of New Zealand College of Midwives
- Chair International Confederation of Midwives Regulation Committee
- Member Clinical Indicators Committee MOH
- Director Midwifery and Maternity Providers Organisation (MMPO).



JOHN HUNTER

- Chair of Nelson Bays Primary Health
- Councillor Ara Institute of Canterbury
- Trustee, Hunter York Family Trust
- Powerhouse Ventures Limited (Director).



DR DENIS LEE

- Chair of East Health Trust PHO
- General Practitioner
- Director of East Health Services Limited (MSO)
- Honorary Senior Lecturer
- Medical Examiner for CAA.



DR ANDREW MILLER

- Chair of Manaia Health PHO
- GP Bush Road Medical Centre
- Manaia Health PHO Clinical Advisory Committee
- Director of Whangarei Healthcare Ltd
- Director of Northland PHOs Ltd
- Shareholder of Whangarei Doctors Ltd (White Cross)
- Member of Northland Alliance Leadership Team
- Member and Deputy Chair of the national Health Care Home Collaborative Governance Group.



DR MARK PETERSON

- Deputy Chair of Health Hawkes Bay (PHO)
- Chief Medical Officer Primary Care – Hawkes Bay DHB
- Board member RNZCGP
- Member GP Leaders Forum
- PSAAP contracted provider negotiator
- Council of Medical Colleges executive
- GP Taradale Medical Centre – director and contractor.



RICHARD TOWNLEY

- Chief Executive of the Pharmaceutical Society of New Zealand.

7. Our members



8. Financial statements for the year ended 30 June 2018

Summary of financial performance 1 July 2017 – 30 June 2018

The Primary Health Alliance's income receipts for the twelve months ending 30 June 2018 increased to \$164,950 (2017: \$143,491) which reflects the organisation's growing membership base.

Total expenditure increased to \$174,208 (2017: \$129,896) – an increase which was predominantly due to the additional one-off costs of jointly leading, and attending the sector-wide development of the Federation of Primary Health Aotearoa New Zealand.

As a result, the Primary Health Alliance posted a small deficit of \$9,258 for the year to 30 June 2018 compared to the 2017 net operating surplus of \$13,595.

Total equity at the end of the twelfth year of operation has decreased slightly to \$72,786 (2017: \$82,044). Cash in the bank is \$196,778 (2017: \$94,651) with year-end liabilities of \$124,722 (which includes pre-paid subscriptions from a number of members for the year commencing 1 July 2018 totaling \$77,285 as well as funds held on behalf of the Federation of Primary Health Aotearoa New Zealand of \$41,890).

Statement of Financial Performance

For the year ended 30 June 2018	2018	2017
Income	\$	\$
Membership Fees	148,046	132,068
Other Income	16,904	11,423
Total Income	164,950	143,491
Expenses	\$	\$
Chair Honorarium	12,000	10,000
Management Services	98,680	80,800
Meetings, Travel and Subsistence	24,723	16,072
Office & Sundry Expenses	2,960	10,168
Telephone IT & Website	1,033	932
Insurance and Legal Fees	2,773	0
Venue Hire & Catering	4,415	3,797
Federation of Primary Health Aotearoa	18,311	0
PSAAP Expenses	4,361	6,105
GPLF	4,952	2,022
Total Expenses	174,208	129,896
Net Surplus/(Deficit)	(9,258)	13,595

Statement of Movements In Equity

For the year ended 30 June 2018	2018	2017
	\$	\$
Opening Balance as at 1 July	82,044	68,449
Plus: Total Recognised Revenues and Expenses for the year	(9,258)	13,595
Closing Balance as at 30 June	72,786	82,044

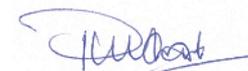
Statement of Financial Position

As at 30 June 2018	2018	2017
Assets	\$	\$
Current Assets		
Bank Accounts	196,778	94,651
Term deposit interest accrued	730	0
Net GST Receivable	0	5,947
Total Current Assets	197,508	100,598
Total Assets	197,508	100,598
Liabilities	\$	\$
Current Liabilities		
Net GST Payable	5,547	0
Federation Payable	41,890	0
Other Accounts Payable	77,285	18,554
Total Current Liabilities	124,722	18,554
Net Assets	72,786	82,044
Equity		
Retained Earnings	72,786	82,044
Total Equity	72,786	82,044



John Ayling, Chair

Dated: 7 September 2018



Philip Grant, Chief Executive

These accounts are to be read in conjunction with the attached Notes to the Financial Statements

Notes to the financial statements

For the year ended 30 June 2018

1. Reporting Entity

Legal entity: Primary Health Alliance Incorporated
Registration number: 1863830
Charities registration number: CC36397
GST number: 95-124-607
Bankers: Bank of New Zealand

The Primary Health Alliance is a body that, on behalf of members, provides national leadership on key issues affecting the Primary Health Care Strategy and Primary Health in New Zealand to support the health and wellbeing of the population of the country.

It does this through advising and consulting with key stakeholders in the sector, representing common positions on issues of substance to key stakeholders, and facilitating the performance of member organisations through information and resource sharing.

The Alliance's members are organisations responsible for the provision of primary health services and population health action across New Zealand.

The financial statements have been prepared in accordance with generally accepted accounting practice as required by the Institute of Chartered Accountants of New Zealand.

2. Basis of Preparation

The Primary Health Alliance has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting – Accrual (Not for Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in this report are reported using the accrual basis of accounting. The report is prepared under the assumption that the Primary Health Alliance will continue to operate in the foreseeable future.

3. Income Tax

The Primary Health Alliance Inc. is registered as a charitable entity under the Charities Act 2005; it is therefore exempt from Income Tax.

4. Goods and Services Tax

The financial statements have been prepared stating all income and expenditure items exclusive of GST. Net GST Payable as at 30 June 2018 comprises:

	Primary Health Alliance \$	Federation of Primary Health \$	Total \$
Payable	14,862	11,001	25,863
Receivable	15,599	4,717	20,316
Net	737	(6,284)	(5,547)

5. Financial Operations

This is the 12th financial year the Primary Health Alliance has been operating (previously under the name of the PHO Alliance Incorporated).

6. Changes in Accounting Policies

There have been no changes in accounting policies during the financial year.

7. Federation of Primary Health Aotearoa New Zealand Incorporated (the Federation)

- During the financial year covered by these accounts, the Primary Health Alliance has been working jointly with a number of sector partners with the aim of increasing sector unity for the benefit of the population of New Zealand and sustainability of the sector. These accounts include an expense of \$18,311 which is the Primary Health Alliance share of the establishment costs of the Federation (Incorporation number 2704951 on 22 May 2018) as well as a range of smaller direct costs relating to the travel and involvement of the Primary Health Alliance in the meetings and workshops which led to the agreement to establish the Federation.
- To support the establishment of the Federation, the following income and expenditure has been transacted through the ledger and bank account of the Primary Health Alliance for the year ended 30 June 2018 but which has been excluded from these statutory accounts as they do not relate to the business of the Primary Health Alliance. Once the Federation and its own bank accounts are operational, these sums will be transferred to that entity and recorded as 'set-up' costs within the first years accounts:

Income	\$
Contribution to establishment costs*	73,336
Total Income	73,336
Expenditure	\$
Project Management	28,250
Travel and Expenses	2,164
Professional and legal fees	689
Meeting and catering costs	343
Total Expenditure	31,446
Net balance to transfer to Federation	41,890

* Includes \$18,311 from the Primary Health Alliance included within these accounts.

- The above figures are all exclusive of GST which has been applied and accounted for in line with the Primary Health Alliance statutory GST responsibilities (see note 4).

8. Auditors

For the year ending 30 June 2018, Primary Health Alliance Incorporated has not appointed auditors.