



Annual Report 2020

Hauora Matua Ki Te Tonga

 **WellSouth**
Primary Health Network
Hauora Matua Ki Te Tonga

Where we operate

CENTRAL OTAGO

Alexandra Family Medical Centre
Cromwell Family Practice
Cromwell Medical Centre
HealthCentral
Junction Health
Ranfurly Medical Centre
Roxburgh Medical Centre

CLUTHA

Catlins Medical Centre
Clutha Health First General Practice
Lawrence Medical Centre
Milton Health Centre
West Otago Health

DUNEDIN

Albany Street Medical Centre
(Dr Hamilton, Dr Buchanan, Dr Horner)
Amity Health Centre
Aurora Health Centre
Broadway Medical Centre
Caversham Medical Centre
Community Support Medical Centre
Dunedin North Medical Centre
Dunedin South Medical Centre
East Otago Health
Gardens Medical Centre
Gordon Road Medical Centre
Green Island Family Health Care
Green Island Medical Centre
Harbour Health Port Chalmers
Helensburgh Medical Centre
Kenko Care
Larnach Surgery
Maori Hill Clinic
Meridian Medical Centre

Mornington Health Centre
Mosgiel Health Centre
Musselburgh Medical Centre
Otago Peninsula Medical Centre
Outram Medical Centre
Pitt Street Medical
Port Sea Medical Practice
Roslyn Health Centre
Servants Health Centre
Te Kāika Caversham
Waverley Health

INVERCARGILL

Bester McKay Family Doctors
Catherine Street Medical Centre
Doctor Johri's Practice
Doctor Adam's Practice
Dr Cleveland's Practice
Glengarry Medical Centre
He Puna Waiora
Invercargill Medical Centre
Murihiku Whanua Hauora
Queens Park General Practice
South City Medical Centre
Waihapai Health Services
Waikiwi Medical Centre
Vercoe Brown & Associates
Victoria Avenue Medical Centre

QUEENSTOWN LAKES

Aspiring Medical Centre
Mountain Lakes Medical
Queenstown Medical Centre
Wakatipu Medical Centre
Wanaka Medical Centre

SOUTHLAND/GORE

Bluff Community Medical Trust
Fiordland Medical Centre
Gore Health Centre
Gore Medical Centre
Lumsden Medical Centre
Mataura Medical Centre
Otautau Health Centre
Riverton Medical Centre
Tuatapere Medical Centre
Winton Medical Services

WAITAKI/NORTH OTAGO

Central Medical Oamaru
Kurow Medical Centre
North End Health Centre and Junction Doctors
Oamaru Doctors
South Hill Family Practice
Whitestone Family Practice

MĀORI AND PACIFIC PROVIDERS

Arai Te Uru Whare Hauora
Aukaha
Awarua Whānau Services
Fale Pasifika o Aoraki
Hokonui Runanga Health and Social Services Trust
Nga Kete Matauranga Pounamu Charitable Trust
Pacific Island Advisory and Cultural Trust
Pacific Trust Otago
Te Hou Ora Whānau Services
Te Roopu Tautoko Ki Te Tonga
Tokomairiro Waiora Incorporated
Uruuruwhenua Health Inc
Waihopai Runaka Inc.

81

Practices

17

Nurse Practitioners

340

Practice Nurses

374

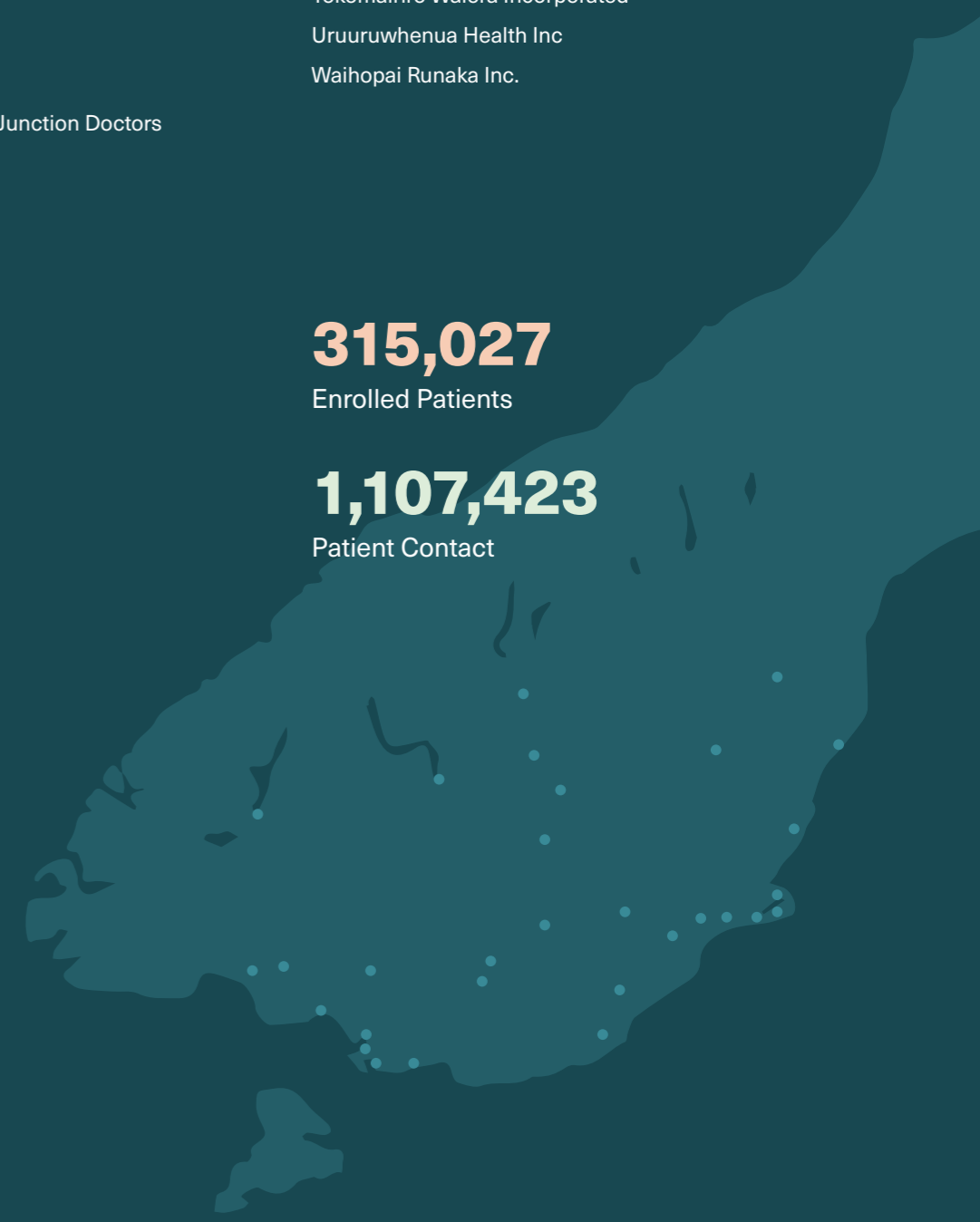
GP, Locums, Registrars

315,027

Enrolled Patients

1,107,423

Patient Contact



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Chief Executive's Report

9am on 18 March, I received a call from the Medical Officer of Health, Dr Susan Jack: "Can WellSouth test 150 students from Logan Park High School for COVID-19? And can you do it today?"

The response from primary care then – as it has been many times subsequently – was a resounding 'yes'.

Testing team assembled? Check.

PPE and swabs? Check.

Forsyth Barr Stadium sequestered? Done.

By 2pm, the swabbing of 150, mostly very nervous, students had begun, and by 5pm, the job was done (or just beginning, depending on how you look at it). The WellSouth team and our general practice colleagues packed up our first community-based testing site – the forerunner of the CBAC.

That was the start (see cover of this report!) and, over the subsequent months, the contribution by general practice and primary care to the fight against COVID-19 continued to be significant, with our combined efforts acknowledged at the highest level of the health system, by Director General of Health, Dr Ashley Bloomfield, among others. Some highlights from our work (for the period ending June 30) on the front lines include:

- CBACs set up and staffed in Dunedin, Invercargill and Queenstown
- nearly 16,000 swabs were taken in the community – 60% of those in general practice
- WellSouth staff made more than 7,000 calls to patients, providing the happy news of negative test results
- 10 surveillance testing sites (including the first in Aotearoa New Zealand) set up to actively look for community spread of the virus
- working closely with Māori and Pacific Island communities – offering testing at marae, workplaces and community centres across the district

It must not be overlooked that throughout the COVID-19 lock down period, general practice teams and our own clinicians continued to provide care for patients and the communities we serve, offering appointments by phone or video, as well as in-person consultations for those who needed it.

To no one's surprise, general practice in our region and WellSouth proved to be well-organized, responsive and resilient. You adapted to providing care via telehealth - the Ministry's directive was for 70% of appointments to be by phone and video - as well as the need to adhere to heightened infection prevention and control measures, all in a matter of hours.

These efforts were not in isolation. We worked closely with all health providers across the system, including community pharmacies, secondary care, public health, and community health providers, including Māori health services.

The connections and relationships we've built together are a strong foundation on which to grow.

Using what we have learned

Continuing to deliver health care services during the COVID-19 outbreak was a seminal learning experience that shapes our organisation and how we support general practice.

Our COVID-19 Call Centre – 0800 VIRUS 19 – which was set up to streamline access to swabbing, is now the WellSouth Call Centre. We use this service to support the promotion of and access to other important health programmes, including Māori wellness checks and smoking cessation support.

We are committed to helping ensure the sustainability of general practices in this region through innovative programmes – Health Improvement Practitioners and Health Coaches, for example – IT solutions, workforce development, training initiatives, and new resources.

Equity for our Māori and Pacific Island communities remains our priority and the Southern Māori Health Directorate is well integrated with our WellSouth executive and Board helping us to make progress in this area.

I hope that when you read through the stories in this annual report you will see that much of what we achieved is, in fact, what general practice has achieved. And supporting general practice to do their work of caring for patients continues to be our direction of travel in the coming year.

If I haven't said it often enough already, I want to say *thank you* to general practice teams, community pharmacy and other primary care health providers for the work you do every day, and for the extra workload you bore during the height of the COVID-19 period.

I also have to say *thank you* to WellSouth staff for all your hard work and dedication. I am beyond proud.

I feel very fortunate to be part of this organisation and I am optimistic and enthusiastic about what I know we will achieve in the years ahead.

Kia kaha!

Ngā mihi nui,



Andrew Swanson-Dobbs
Chief Executive



“

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”

Chairman's Report



Stronger together - 10 years of WellSouth

2020 marks 10 years for WellSouth as a single primary health network. This time has passed quickly, but we've seen much progress.

Bringing nine PHOs together as a single network was an important step forward in strengthening general practice in the Southern region and improving and expanding the services we provide to patients and whānau across Southland and Otago.

Together, we have a stronger voice and are more capable. This past year our strength and resilience has been put to the test like never before.

COVID-19 Response

The report that follows illuminates many achievements we should all take pride in. The most significant of these, of course, has been our collective response to COVID. It is a once-in-a-century healthcare crisis and, in this region, primary care has been at the forefront.

Both in general practices and at CBACs – we led community testing for the virus in Southern. No where else in Aotearoa New Zealand was primary care so pivotal in the battle against COVID-19 than in this region.

Partnerships and Collaboration

Our achievements over the past year (and the past decade) have not been in isolation. WellSouth, general practices, and community health providers, have worked with our colleagues in the Southern DHB and the public health service to deliver programmes, improve the health and wellbeing of our population, and reduce inequity.

Southern DHB's commissioner team finished its term of office during the past year, we worked closely with Kathy Grant, Richard Thomson and the late Graham Crombie, to bring about important changes. Together, we introduced the Primary and Community Care Strategy – our region's road map for health care services – and an important precursor to the development of the New Dunedin Hospital.

Our Board and senior management team appreciated working with the Commissioners and look forward to working with the new SDHB Board to continue to coordinate the delivery of health services in our region.

Alliance South will be key in facilitating our shared programme of work. The Alliance is now led by former WellSouth Board member, Stuart Heal. I'm very grateful for Stuart's years of service to WellSouth and know that we'll continue to benefit from his guidance.

I also appreciate that Wanaka-based GP Dr Susie Meyer joined the WellSouth Board this year. Susie has a wealth of experience and is a strong voice for the Queenstown-Lakes and Central Otago population.

One more standout for me this past year has been working closely with the Southern Māori Health Directorate. Gilbert Taurua, Nancy Todd and Peter Ellison have provided exemplary leadership and have been constructive and collegial to work with. These relationships are enriching for WellSouth and, continuing to work together, we will improve equity for Māori and Pacific Island populations.

Financial performance

Despite a year of unprecedented disruption, WellSouth has continued to grow and improve services for our practice network. We've managed and allocated funding responsibly and delivered good value for money. We have grown services that support practices and, in some cases, we've sourced new funding, including for primary mental health. Improvements to both our analytics tool, Thalamus, and the WellSouth portal, provide greater visibility and clarity around funding allocations, benchmarking and practice performance.

Looking forward

Without a doubt, there's a degree of uncertainty in the health sector across the country owing to the Health and Disability Review (i.e. the Simpson Report). However, I could not be more confident in the role of general practice in health services in New Zealand.

In 2021, WellSouth will grow the Health Care Home programme and invest further in primary mental health services and workforce development. Improvements are on the way for the long-term conditions programme CLIC and we will be providing more support for practice development planning.

WellSouth will continue to advocate for general practices and we will look for opportunities to better support you and the patients and whānau you care for.

Thank you for the work you do.

Doug Hill
Chair



No where else in Aotearoa New Zealand was primary care so pivotal in the battle against COVID-19 than in this region.

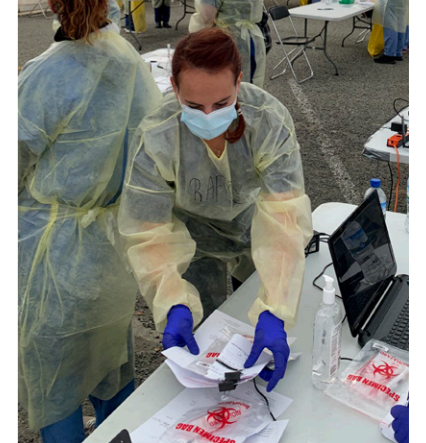
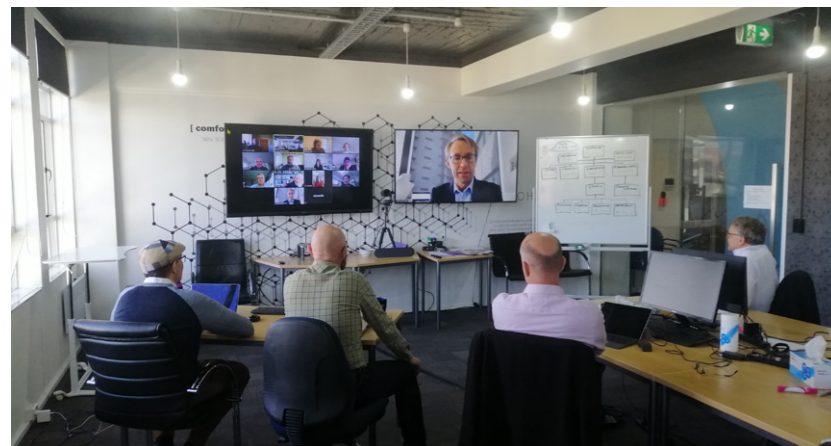


COVID-19 RESPONSE

COVID-19 dominated 2020. Early detection and contact tracing were critical in helping to stop the spread of the virus.

In this region, WellSouth Primary Health Network and general practice teams helped to lead the community-based response to COVID. We established and staffed Community Based Assessments Centre (CBACs), pop-up surveillance testing clinics and conducted the vast majority of COVID-19 assessment and swabbing in the Southern region. Overall, we played a vital role in keeping our communities safe and helped to 'flatten the curve'.

Ka pai!



COVID-19 RESPONSE AT A GLANCE

3 Community Based Assessment Centres (CBACs).



10 Pop up CBACs including 5 surveillance testing sites and 5 backpacker accommodation.



4 Marae surveillance testing sites.



80 General practices, including 19 Designated Practices.



20k+

COVID-19 tests*

1,857

Māori patients tested.



6,700+

Negative tests results delivered to patients by WellSouth clinical staff.



2,420

PPE orders by CBACs and general practice.



569

Virtual (video) consults by WellSouth clinicians.

1,554

Virtual (video) consults by general practice.

195

Staff rostered at our CBACs



100+

Articles and media coverage about Southern primary care's response to COVID.



8,100+

Inbound and outbound calls to 0800 VIRUS19.



18,507

Total hours staff worked in all CBACs.



12

Weeks CBACs were operational.

*as of July 2020

CLINICAL SERVICES

COMMUNITY OUTREACH NURSING SERVICE

Our Community Outreach Nursing Service has continued to engage with Māori and Pacific Island patients or those identifying as Quintile 5, as well as others that general practice has identified as not engaging.

While our team follows up with these patients in the community for routine screening – bowel cancer, cervical screening and immunisations – they'll use the encounters to take a holistic approach, looking at wider health issues for the patients and their whānau.

These opportunities are treated carefully as they may be the only opportunity to re-engage hard-to-reach patients back with general practice, which is our ultimate goal.

The connection with our general practice colleagues is something we strive for as we both work together for the best health outcomes for all patients.

Increasing enrolment

Another focus for the team is the unenrolled patient population. We are exploring opportunities to find and assist unenrolled patients to register with general practice. We are passionate about this group as they have no access to proactive healthcare currently and miss out on funded programmes and continuity of care.

Working with community providers

Working much closer with our Māori and Pacific Island providers is really important and one such example is work with Pacific Trust Otago, where our outreach team works alongside their health and wellbeing programme team.

These close connections help foster greater engagement and acceptance of the service and help to close the equity gap. We hope this will in return mean better health outcomes than currently exist.

DIETETICS

Virtual and telehealth sessions helped the dietetic services team continue to care for referred patients during the COVID-19 lock down period. In addition to providing care during a stressful period, these methods also allowed for greater geographical cover for the service.

Virtual and telephone consults continued to be offered along with face-to-face appointments to all patients. Offering all options means being able to meet clients' needs in a way they find the most useful. Virtual appointments also help to reduce *Did Not Attend* (DNA) rates especially during lockdown, and better utilisation of the team across the whole district.

The team continue to offer the evidenced based healthy lifestyle course. Again, they're working delivering these virtually, allowing better access for rural remote communities.



DESMOND AND WALKING AWAY

Diabetes is a condition of significant concern in our health region. WellSouth helps general practices support patients with the long-term condition through Diabetes Education and Self-Management for Ongoing and Diagnosed (DESMOND) and Walking Away – a self-management programme for patients with pre-diabetes.

242

DESMOND referrals

149

Walking away referrals

28

DESMOND sessions held in **8** locations

8

Walking away sessions held in **6** locations

14

Educators across our regions



“

Listen up. Look after yourself. See your doctor. We can think we are so strong and so tough. But looking after ourselves is important for looking after our whānau.

”

Renata Tawhai Milner
DESMOND course participant, Oamaru, November 2019

HPV

WellSouth delivers the school based HPV Immunisation Programme to Year 8 girls and boys throughout Southland, including Queenstown. (The programme is delivered by Public Health South in Otago.)

COVID has impacted our delivery of the first dose of this programme in schools during April and May. Following schools re-opening, the team have worked quickly to resume the programme and we are pleased to report that all Year 8 students will have had the opportunity to complete the programme within the 2020 calendar year.

The list of children declining the school programme in Southland is supplied to general practices to recall and offer the vaccine course at a later date.

POAC/PLANNED CARE

Integrated respiratory programme

This year has seen a further addition of Integrated respiratory programme as part of POAC – providing a fully-funded, post-discharge appointment for COPD patients.

Started in September 2019, the programme provides added support for patients following a hospital admission for COPD, with the aim of preventing re-admission. Seeing a patient in general practice soon after hospital discharge is known to increase compliance with care plans, significantly reducing the likelihood of re-admission.

The clinician can discuss with the patient how they are managing post discharge, identify and act on any issues especially those which could escalate and result in the patient needing further hospital-based care.

45

Integrated respiratory appointments

Other POAC continues

Other POAC programmes continued in general practice including providing long acting contraceptive devices for high needs women, as well as IV iron infusions.

145

Jadelles

605

IV iron infusions

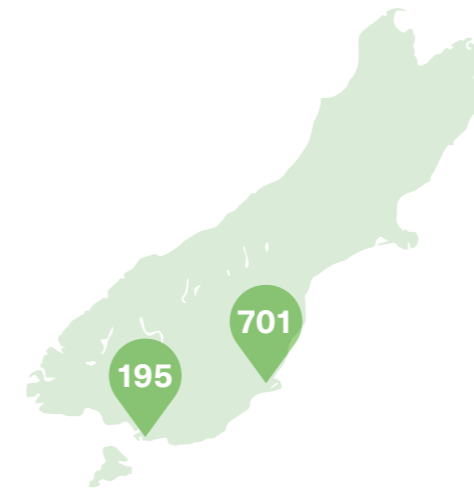
FORMER REFUGEE COMMUNITY

The WellSouth Former Refugee Team developed a series of videos on wellbeing to support the community during COVID.

This information was translated into Arabic, Farsi and Spanish using interpreters, recorded and then distributed.

This was a great way to keep connected and support the families to remain well during a difficult time.

We help support 701 individuals in Dunedin and 195 in Invercargill.



CLIC

Client Led Integrated Care is a WellSouth foundation programme. The programme aims to support individuals with long term conditions to self-manage, in partnership with their primary health care provider. The programme is also geared towards ensuring equity and most practices have migrated to CLIC from CarePlus.

Committed to continuous improvement, WellSouth undertook a review of CLIC in late 2019 with the aim of improving transparency and flexibility, while retaining the fundamentals of the programme that work well – including the Comprehensive Health Assessment. An updated CLIC will be rolled out (with education and training programmes for practices) in 2021.



LONG TERM CONDITIONS CARE

Long term conditions nurses continue to support practices to manage patients with long term conditions, including CLIC support, care planning and disease specific education.

This year we have offered seven full day sessions on Advance Care Planning and a further five sessions, training secondary care colleagues in how the plans are developed and how they can be accessed and used in the hospital setting. These will continue in 2021.



A COLLABORATIVE APPROACH TO SUICIDE PREVENTION

Creating an inclusive, open and coordinated approach to suicide prevention is at the heart of the Southern District Suicide Prevention Strategy and Action Plan, 2020-2023, which was released in May.

The suicide strategy highlights the connection between reducing suicide rates and the importance of improving the overall health of the whole population, as well as the importance for cooperation and collaboration with community groups and other agencies.

Grassroots initiatives and interventions include supporting families through parenting courses or helping coaches and teachers to talk openly (and listen actively) to young people about suicide. Employers could also be supported to help their workers and facilitate peer support initiatives in the workplace.

Developed with input from stakeholders, including iwi, and postvention groups from across the region, the work draws on current research around suicide and intentional self-injury as well as best practice regarding postvention support.

Potentially high-risk groups recommended as the focus of suicide prevention support and campaigns are young Māori men, Pacific peoples, New Zealand/ European men - especially older men, those who live in smaller, rural communities and people involved in the justice system.



Thank you for getting such good messaging out there about suicide prevention. It does really have to be a community response.



Carla na Nagara
Director, Suicide Prevention Office Ministry of Health

NATIONAL BOWEL SCREENING PROGRAMME (NBSP)

Southern region's participation in the National Bowel Screening Programme (NBSP) continues to be strong, as it has been since the programme launch in April 2018.

Ministry of Health (MOH) data shows 73% of eligible people participate, against a target of 60%. At 75%, participation among Māori continues to be the highest of all regions currently offering bowel screening.

Focus for the NBSP team for 2020-21 will be ensuring that eligible people who have already participated once continue to engage with the programme when they are sent their next test kit.

Our Outreach Team actively follows up all Māori, Pacific and Quintile 5 people who have not returned their test kits.

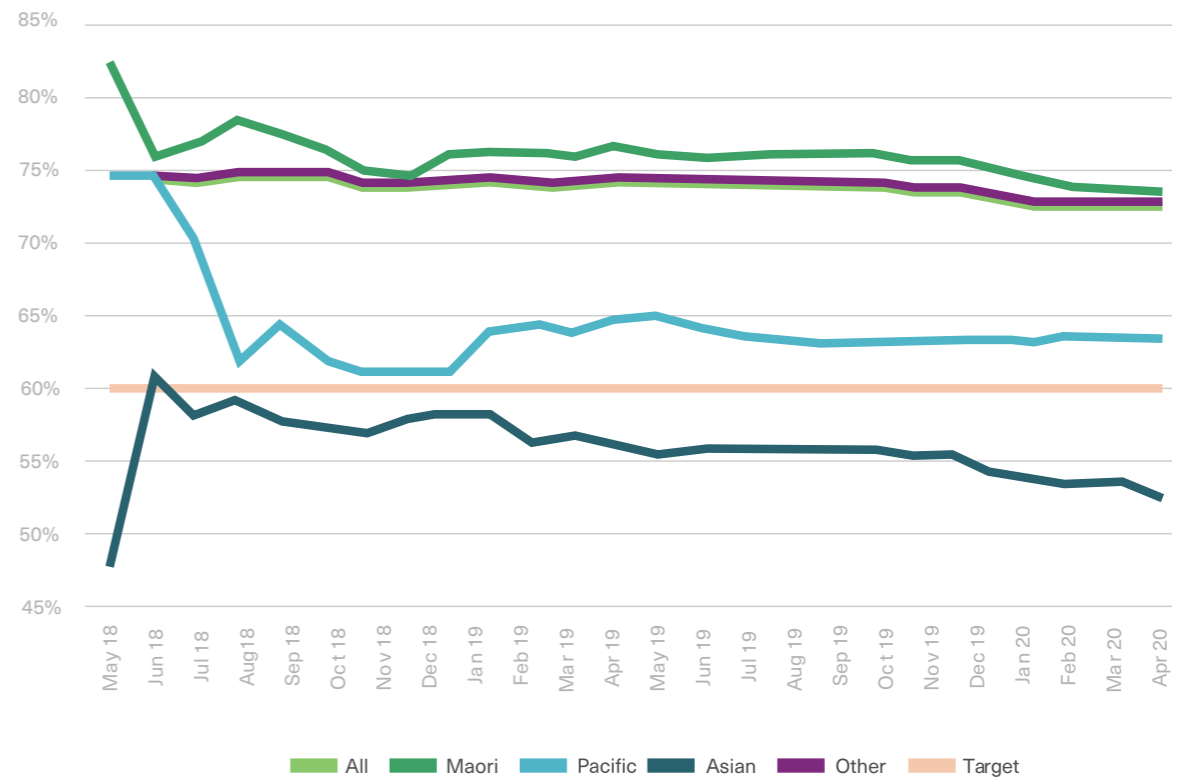
WellSouth contract Māori and Pacific health providers to promote the programme within their communities and ensure participation rates among these population groups remains high.

Advocating for equity

WellSouth continues to advocate for the lowering of the Māori and Pacific age for bowel screening to 50 years of age - achieving equity of access and outcomes for Māori.

At least half of Māori bowel cancer is diagnosed before the age of 60 years, compared to less than one-third of non-Māori bowel cancer. Restricting bowel cancer screening to everyone over 60 years means Māori have less opportunity to benefit from screening as over half of Māori bowel cancer is diagnosed before screening begins.

Furthermore, Māori bowel cancer that is diagnosed over the age of 60 may be more advanced than that of their non-Māori peers because of delayed opportunity to identify it by screening earlier.



*Graphs show participation data as at 30.06.20

FALLS AND FRACTURE PREVENTION SERVICE

The B-Well Falls and Fracture Prevention interdisciplinary team continues to be passionate about positive ageing and are committed to supporting clients to be more active to improve their health and maintain their independence. While there have been some significant challenges over the COVID period, it has allowed the team to work alongside Ministry of Health and ACC to support clients to keep active using other means, including, online, TV, handouts. We now use these resources as part of our programme and initial engagement.

Our work with the Ministry of Health and ACC is part of the National 'live stronger for longer' movement. All agencies are striving to make a difference and reduce harm from falls.

Falls remain the leading cause of injury among older people, it does not have to be this way. There are many things that can be done to reduce a person's risk of falling and it's never too late to get started. For those that are aged over 65yrs, the B-Well, Falls & Fracture Prevention Team offer a range of services to help:



Home based strength and balance programme

The team completes a comprehensive assessment with people in their own homes. This includes advice on safety in the home and the prescribing of adaptive or mobility equipment when required. We support older adults at home with leg muscle strengthening and balance retraining exercises based on the Otago Exercise Programme.



Community strength and balance

We accredit existing exercise groups and help develop new classes aimed at improving strength and balance. These classes meet evidence-based guidelines and criteria on strength and balance for older adults. As well as getting fitter and stronger attendees can connect with people in their local community. These groups have also been supported to run virtual classes.



Fracture liaison service within general practice

This component of the B-Well team provides bone health advice and support for prevention and management of fragility fractures. We have some changes ahead which will hopefully allow general practice to have more transparency of their 'at risk' people. We are also just starting an improvement piece of work to increase prescribing of bone sparing medication in general practice.



313

People received in-home strength and balance exercise programme

949

Attend a community strength and balance class

1865

Have been assessed through Fracture Liaison Service

CLINICAL QUALITY COMMITTEE

The Clinical Quality Committee provides clinical input into a large number of our WellSouth programmes.

This year the CQC provided input around the extension of POAC services, HealthPathways, data requests and other issues relevant to active primary care providers.

This group's guidance, and leadership is invaluable to the development of our programmes, ensuring they are clinically relevant and financially sustainable for implementation in general practice.

Thank you to all those involved.

Clinical Quality Current Committee Members

Name	Position	Practice
Alison Wilden	Practice Manager	Gore Medical Centre
Amanda McCracken	Trustee, Nurse Practitioner	Tuatapere Medical Centre
Claire Robertson	Nurse Manager	Oamaru Doctors
Dr Daniel Pettigrew	GP	Dunedin North Medical Centre
Dr Keith Abbott (Chair)	Trustee, GP	Junction Health Medical Centre, Cromwell
Dr Peter Gent	GP	Mornington Health Centre, Dunedin/Primary Care Clinical Leader (Southern HealthPathways)
Dr Phil White	GP	Amity Health Centre, Chair Dunedin Urgent Doctors
Gaylene Hastie	Practice Nurse	Queenstown Medical Centre
Kelsi Fastier	Pharmacist	Cromwell Pharmacy
Maureen McNeill	Nursing Team Leader	Wanaka Medical Centre
Paul Larson	Trustee, Community Pharmacist	Larson's Pharmacy, Dunedin
Rebekah McDonald	Pharmacist	WellSouth
Tony Dunstan	Board Director	WellSouth
Dr Rachel Greenwood	GP	Murihiku Whānau Hauora, Invercargill
Hywel Lloyd	GP/Medical Director, Strategy, Primary & Community	Southern DHB
Wendy Findlay	Director of Nursing	WellSouth
Stephen Graham	Medical Director	WellSouth
Paul Rowe	Practice Network Manager	WellSouth
Katrina Braxton	Clinical Services Manager	WellSouth

CLINICAL PHARMACY

Like many other services, the pharmacy team have been actively involved in COVID-19 testing. Despite this, the team have continued to provide essential advice to patients and staff in general practice and primary care. Our team has delivered a wide range of medication related activity.

Year-on-year, the activity and value of this team is being recognised across the health system.

In the next financial year, clinical pharmacy aims to pursue a more population-based focus and have more capacity to work with patients from practices that do not have a clinical pharmacist based within their facility.

1,199

Referrals

940

Medication reviews

358

Medicine information inquiries

133

Home visits

2,646

Referrals for prescriptions

344

Patient education sessions



MĀORI AND PACIFIC HEALTH

WellSouth supports Māori and Pacific health providers to promote further Māori and Pacific enrolment and engagement with general practice.

Our providers also play a valuable role help promote community awareness of the National Bowel Screening Programme.

KAIĀRAHI (CANCER NAVIGATORS)

Kaiārahi (Cancer Navigators) continued to be supported at Arai te Uru Whare Hauora and Ngā Kete Matauranga Pounamu Charitable Trust.

The Kaiārahi continued their outstanding, and often challenging, work in supporting at-risk whānau and those with cancer through their diagnosis and treatment pathways.

MĀORI HEALTH PROVIDERS

- Aukaha (Tumai Ora)
- Arai te Uru Whare Hauora
- Te Roopu Tautoko ki te Tonga
- Te Hou Ora Whānau Services
- Uruuruwhenua Health
- Tokomairiro Waiora
- Hokonui Rūnanga Health and Social Services Trust
- Awarua Whānau Services
- Ngā Kete Matauranga Pounamu Charitable Trust
- Waihopai Rūnanga

PACIFIC HEALTH PROVIDERS

- Pacific Island Advisory & Cultural Trust (PIACT)
- Pacific Trust Otago
- Fale Pasifika o Aoraki

CLINICAL PROGRAMMES

A range of funded clinical programmes in general practice helps support Māori and Pacific peoples engagement with primary care. These include:

- GP and Prescription Voucher Programme
- Rheumatic Fever
- Sexual Health
- Cervical Screening
- CVD Risk Assessment

ENROLMENT BY ETHNICITY

Enrolment Rate by Area and Ethnicity (%)

Area	Māori	Other	Pacific	Total
Central Otago District	102.2*	99.9	66.7	99.5
Clutha District	96.8	89.0	92.0	89.8
Dunedin City	80.2	82.1	90.1	82.1
Gore District	88.5	92.1	83.7	91.6
Invercargill City	90.2	82.6	75.7	83.5
Queenstown-Lakes District	81.8	98.5	64.4	97.1
Southland District	78.8	85.8	78.1	85.0
Waitaki District	87.2	89.4	111.5*	90.0
Total	85.8	86.8	85.1	86.7

*Based on Stats NZ estimates of population

351,855 Resident Population **315,027** Enrolled Population

COVID-19 RESPONSE

Ensuring Māori communities were provided with safe and culturally-appropriate access to COVID-19 testing, WellSouth and our Māori health provider partners delivered testing at marae throughout the region during May. The testing events were also used to offer influenza vaccinations. The programmes were very well received by the community.

Better supporting Pacific Island communities, WellSouth also offered a testing site in partnership with the Oamaru Pacific Island Community Group and had pop-up testing sites at workplaces in Pukeuri and Lorneville where a large number of Pacific people are employed.

- 1 May - Alliance Group, Lorneville
- 4 May - Te Rau Aroha Marae, Bluff
- 5 May - St Peter's Presbyterian Church, Oamaru
- 5 May - Alliance Group, Pukeuri
- 6 May - Murihiku Marae, Invercargill
- 7 May - Ōtākou Marae, Dunedin – led by Te Kāika

MARAE CLINICS

In April, WellSouth helped host influenza vaccination clinics, along side drive-through COVID-19 testing sites, at marae in Southland and Otago.



“It was really easy to drive up to the marae, get a test and get my influenza vaccine. The team were friendly and great to see other whānau I knew in their cars as well. I didn't want to have to go to town during COVID and am grateful to WellSouth and the DHB for bringing this to us on our kaik.”

Khyla Russell
Emeritus Professor

MENTAL HEALTH

IMPROVING MENTAL HEALTH SERVICE

The Improving Mental Health Service continues to be focused on providing support to people in the care of Corrections in Invercargill Prison, Otago Corrections Facility and Dunedin Community Corrections.

Better outcomes for men and women in correction care is our ongoing focus and we've progressed a number of initiatives to improve accessibility, engagement, and service delivery. Continued improvement in these areas is our goal going forward.

PRIMARY MENTAL HEALTH SERVICES

Our Primary Mental Health Services, including the Brief Intervention Service and Family Mental Health Service, focuses on quality improvement and service delivery.

Making use of the secure WellSouth Portal, we improved flow of information between the services and general practice, ensuring the best possible outcomes for clients.

We began the journey of bringing on board new health and well-being resources in general practice, funding two Health Improvement Practitioners and two Health Coaches, successfully trialling the service before fully launching the programme to 16 practices later in 2020.

COVID-19 brought about change, making virtual health and telehealth the main mode of delivery for a period of time. The change helped increase accessibility and reduce wait times. We continue to deliver a mixed model of service delivery to include in-person appointments, tele and virtual health options.



4,722

Referrals to BIS and family mental health services



Health Improvement Practitioners and Health Coaches have to be flexible and ready to help. We're available to people presenting to general practice with concerns about their well-being or mental health.

The immediacy of the help and the normalising of mental health services are among the benefits of this new model of care.



Genevieve Obbeek WellSouth Health Improvement Practitioner

David Reedy Health Coach, Te Kāika

HEALTH PROMOTION

Through prevention, early intervention and community development strategies, the Health Promotion team work to improve health outcomes.

Some highlights of this year's work include:

BREASTFEEDING

WellSouth's Health Promotion Team play an integral role in breastfeeding networks across the region. The Breastfeeding Support Otago and Southland programme provides support for Southern whānau in the early years of babies' life, especially around providing encouragement around Breastfeeding.

Volunteer breastfeeding peer supporters are trained to support mothers and whānau through the normal course of breastfeeding. Trainings and drop-in support services continue to operate across the region, with eight drop-in centres open including a new service in Cromwell.

Three training sessions were delivered across the region, with 30 new peer supporters being trained. The team coordinated a wide programme of events during World Breastfeeding Week to protect and support breastfeeding. Morning teas, Big Latch On events and educational opportunities across the region were attended by more than 250 mums, dads, grandparents, friends and babies.

Throughout the lockdown period the Health Promotion team purchased a further 15 breastpumps to add to the pump hire service and further support breastfeeding, these are available for use and well utilised in all areas across the district.

Health Promotion Team and Breastfeeding Peer Support Coordinators responded to the changing needs of mothers in lockdown by adapting support via online Zoom.

CONNECTIONS TO PRIMARY CARE SURVEY

An online survey was sent out via the Health Promotion NGO network during COVID-19 lockdown, to understand if the increasing use of phone and video for primary care consultations is effective for different population groups across the southern region and what people's thoughts are on using them in the future.

Over 400 responses were received with a reasonably evenly spread across age bands from 35-44 up. Just over 10% of responses were from Māori. Some of the main findings included:

- people who had a virtual consult were more positive than negative about the experience
- the convenience of a virtual consult was a strongly positive theme in comments
- patients clearly recognised that some presentations were appropriate for virtual consults and others were not
- people who had not had a virtual consult were twice as likely to consider it if offered than not consider it.

These findings were consistent with other surveys done during this time and show that the changing nature of primary care consultations look positive for the future.

SMOKEFREE

The Health Promotion Team worked in partnership with SDHB to develop a Smokefree mural in Dunedin. The mural supports Dunedin's thriving art culture and aims at de-normalising the prevalence of smoking and its impact on the environment.

Across our region, we continuously work to reduce second-hand smoke exposure, associated environmental harm and enabling more supportive environments for people to quit.

TAP INTO WATER SCHOOLS

Tap Into Water Schools: This collaborative project has continued work to engage and support local Dunedin area schools to implement various water-only approaches within their school environment and community. Drawing on the strong evidence-base for environmental/sustainability, health and educational benefits of normalising plain tap water (and plain milk) as the first choice.

The impacts of COVID-19 bought equity issues to the fore, as many schools implemented precautionary measures, such as closing drinking fountains.

Pre-COVID plans were quickly re-focused on gaining external funding for the provision of free reusable water bottles to priority schools to give all pupils safe and consistent access to drinking water during the school day.

MENTAL WELLBEING

The Health Promotion Team works with NGO networks and communities to develop programmes around keeping people mentally well. COVID-19 highlighted the importance of social connections and the effects this has on wellbeing.

Workshops were developed to deliver in the Central Lakes district that focus on simple strategies to stay mentally well and are available to support networks online and throughout the region.



TELEHEALTH

Brief Intervention Service provides short-term counselling to clients with mild to moderate mental health issues, including anxiety and depression. BIS clinicians ordinarily see patients in person at clinics around the district but because of COVID, the team began to offer appointments virtually and by phone and continue to do so.



Clients I'm seeing appreciate that there are new options for care. Counselling is secure and private and confidential. No one else can hear or see the session, just the same as if it were an in-person session.



Debbie Cartwright
Mental Health Clinician



CALL CENTRE

WELLSOUTH CALL CENTRE

Our Call Centre was established during COVID-19 lockdown, when WellSouth recognised the current process of patients calling HealthLine and general practice wasn't keeping up with the volume of activity.

Since its inception, the 0800 VIRUS19 number and centralised call centre functions worked extremely well and continues to respond to fluctuations in demand for COVID-19 testing.

With the service in place, we're looking at additional WellSouth programmes and services we can be better support and promote using the Call Centre, including Māori Wellness Checks and support for smoking cessation.



Medical Director's Report



This year has been dominated by the COVID-19 pandemic. While it's far from the only work that has happened, it is certainly the main feature of the year. It was a huge disruption and a huge source of work (and stress) for everybody.

It has also served to underscore the vital place of general practice in our health system.

COVID-19

The impact of COVID-19 over March/April/May was extreme on WellSouth (as well as general practice and many others). For us, much day-to-day work stopped, as many employees were unable to do their day jobs due to the lock-down. It is a fantastic reflection on staff and our organisation that so many people were motivated to put their efforts into helping out in other roles.

I think that these staff are some of the unsung heroes in all of this, helping out where they could.

The work of WellSouth during Level 4 consisted of:

- direct work such as assisting and carrying out COVID testing at Community Based Assessment Centres
- indirect support work aimed at assisting general practice and the rest of the health system with logistical support, information technology solutions, communications, our call centre and anything else that was needed.

We're keenly aware that we are not so much post-COVID, as we are living with COVID.

Our actions and focus are:

- continuing to promote and provide testing in accordance with MoH recommendations
- remaining COVID-free, if possible
- responding appropriately, if that changes
- working with the rest of the health system
- being prepared for a response to any outbreak. Help isolate it, and eliminate it.

The role of general practice

General practice has been the core of COVID testing and assessment. In fact, most swabbing has been and continues to be done by general practice teams.

As always, WellSouth's role is supporting general practice to do its work, although we retain a very significant role in coordinating and staffing other testing initiatives – such as pop-ups and testing smaller numbers of special or high-risk groups.

The efforts of general practice have been fantastic:

- a change in practicing style towards virtual consulting almost overnight at the beginning of the lockdown
- being front line for assessment and treatment of symptomatic and asymptomatic treatment
- red and green streaming for the patient population
- doing the bulk of COVID testing
- maintaining normal business
- providing on going care and catch up work for patients who stayed away during the COVID lockdown period.

Non-COVID-19 related work:

WellSouth continues to advocate for general practice wherever possible. Some examples include:

- assisting Dr Konrad Richter with SMO/GP joint meeting in Invercargill early 2020. (Hopefully to become a regular event)
- speaking to the new House Officers on the subject of House Surgeon relationship with general practice. In particular, the usefulness to GPs and patients of making discharge summaries clear around medication changes and follow-up planning. (And please don't say GP to chase!)
- GP CME weekends for Southland.

Stronger clinical team

We are fortunate to have welcomed Aisha Paulose to the WellSouth team this year, supporting Dr Stephen Graham in the newly created clinical advisor role.

A GP with Winton Medical Centre, Aisha provides greater representation for rural general practice, and has strong interest in workforce development and education.

Aisha was quick to get to work, contributing to the success of GP workshops and seminars and, during the pandemic, in particular, providing valuable input to WellSouth staff and practices.

Dr Stephen Graham
Medical Director, WellSouth PHN

PRACTICE SUPPORT

GENERAL PRACTICE IS THE ENGINE ROOM OF HEALTHCARE

WellSouth contracts 81 general practices to provide primary care to patients in Southern district, which have 315,027 enrolled patients at 1 July.

This is more than just GP visits: general practices provide care from nurses, allied health professionals, and mental health services. They provide proactive and preventative care for their patients, liaise with hospital specialists, pharmacy and labs.

In 2019-20 there were 1,107,423 patient contacts. Primary care is truly the engine room of healthcare in Southern.

The distributed model of private general practice again demonstrated its value to the health system during the COVID-19 emergency. By the end of June, over 20,000 COVID assessments or tests had taken place in primary care. A phenomenal effort on top of dealing with the usual array of health issues general practices see.

Practices adjusted to treating patients by non-traditional means, dealt with an unprecedented slowdown in demand followed by a rush on clinical services and the stresses of managing their businesses and staff. General practice has been at the vanguard of our national response to this global pandemic, playing a critical role in the Ministry of Health's successful strategy to minimise the health impact of COVID-19 in our country.

The only constant in the healthcare sector in New Zealand is the tendency for things to change. 2019-20 is no different. Prior to the global pandemic, the government tasked Heather Simpson with a review of the health and disability sector. The significant changes proposed in the report add to our long-term uncertainty, but for now PHOs and practices carry on with what passes for business as usual.

Foundation Standards and Cornerstone

WellSouth congratulates the Royal NZ College of GPs on the launch of its restructured Foundation Standards and Cornerstone quality accreditation programmes. Like many things, COVID created more uncertainty for practices about what the new standards will mean for them, but the new programmes give practices clear goals for 2020.

WellSouth is committed to helping practices make the new accreditation standards beneficial to both practices and patients.



SOUTHERN HEALTH CARE HOME

The 14 Southern Health Care Home (HCH) practices have made good progress during 2019/20. It's particularly pleasing that the third group – covering nearly 60,000 patients in a number of our larger and more complex practices – are now well under way. The total population now with a Health Care Home practice is 118,591 patients, including more than 20,000 high needs patients.

The first two groups of practices have been working on fully implementing the HCH model, as well as quality improvement projects that have focussed on care planning for CLIC patients, patient engagement processes, mental health, and better understanding the causes of and responses to unplanned hospital presentations and admissions. Much of this work had been shared between the practices, and they continue to tell us that this collaboration is one of the highlights of HCH.

Equity has become much more important for HCH nationally, as well as here in the South. Practices have identified their priorities for addressing equity, including ensuring that all their eligible Māori are reviewed for inclusion in CLIC, as well as starting to work more closely with whānau and communities to better understand what they need.



COVID-19 has profoundly affected HCH practices and patients. For practices with many high needs patients, it meant big backlogs of work built up over the level four lockdown, and catching up has compounded already raised stress levels. We also need to acknowledge that Queenstown Medical and both Wanaka practices (Aspiring Medical and Wanaka Medical) have experienced very significant changes to their business models as international tourism has shut down. That HCH practices generally felt HCH had enabled them to adapt quickly to COVID-19, – by having GP triage in place, for example – seems on reflection to be a minor silver lining.

We continue to track a number of secondary care acute demand measures: the HCH model of care is intended to directly contribute to improvements in ED presentations, acute admissions, and ambulatory sensitive hospitalisations (ASH). We are working with the Southern DHB to bring rigour to how we understand the contribution HCH is making, and while it is too early to say definitively the impact HCH is making, we can clearly see in the data that HCH is not having unintended negative consequences on these measures.

With the support of the WellSouth Board and Southern DHB, we will welcome further groups of practices to HCH in 2020/21, with a group with high numbers of high needs patients due to start from 1 November. These practices will be working with an enhanced national HCH model that provides much clearer expectations and guidance on equity, patient co-design and Māori engagement.

JULY 2019 - JUNE 2020 HIGHLIGHTS

14
Health Care Home (HCH) practices

118,591
Patients with a HCH practice

GP Triage
6,916

Additional appointments were made available as a result of GP triage

19,365
Patients had a GP quickly determine their needs without coming into the practice

Patient Portals
37% Of HCH patients have an actively-used portal

24% non-HCH patients

20% Of Māori HCH patients have an actively-used portal

12% non-HCH patients

2018/19: 24% of HCH patients have an actively-used portal (14% non-HCH patients)

OpenNotes
62,087
Patients have access to their consultation notes via OpenNotes

CLIC
67%
Of HCH CLIC patients have one or more shared care plans

44% non-HCH patients

31%
Of HCH CLIC patients have had their care discussed in a multi-disciplinary team meeting

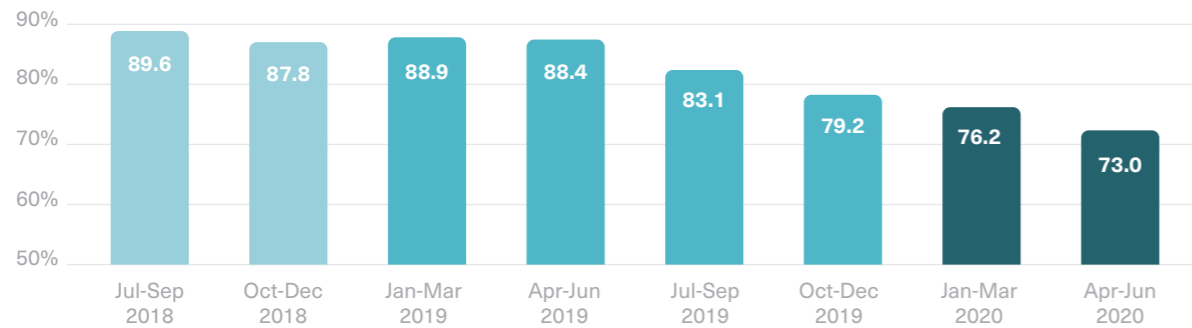
13% non-HCH patients

HEALTH TARGETS

General practices are committed to the long-term health of patients and their whānau, particularly with regards to conditions and diseases where preventative measures and screening programmes can have positive effects. Some key areas of focus include smoking cessation support, CVD risk assessment, and infant immunisations. Unsurprisingly, the COVID-19 outbreak had a significant impact on these areas of work in the latter half of the 2020 financial year.

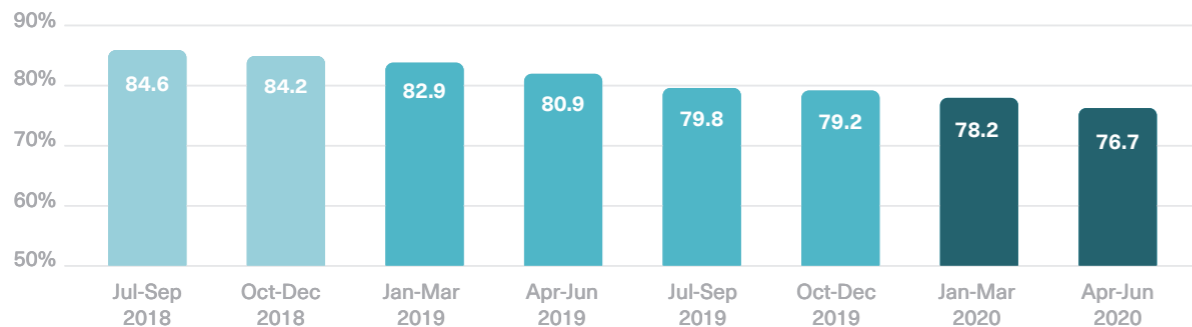
BETTER HELP FOR SMOKERS TO QUIT

WellSouth and general practice work to offer smoking cessation support and advice to patients and remain committed to the government's SmokeFree2025 goal. A drop in performance in this area – in part owing to the COVID-19 outbreak – is actively being addressed with more support from WellSouth to practices and their patients.



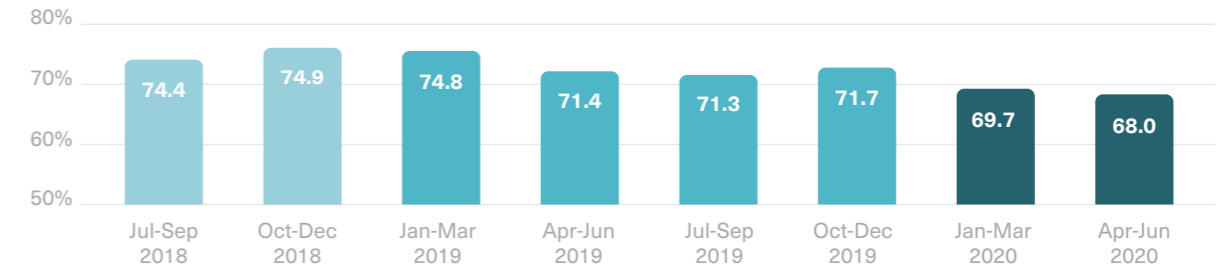
CVD RISK ASSESSMENT

Cardiovascular disease continues to be a leading cause of premature death in New Zealand and risk assessment is an important health screening programme. CVD risk assessments are meant to evaluate and inform individuals of their risk and potentially reduce preventable cardiovascular risk. Practices across the district use a CVDRA tool to identify risk, with the aim of encouraging early and healthy lifestyle choices and, when appropriate, other treatments.



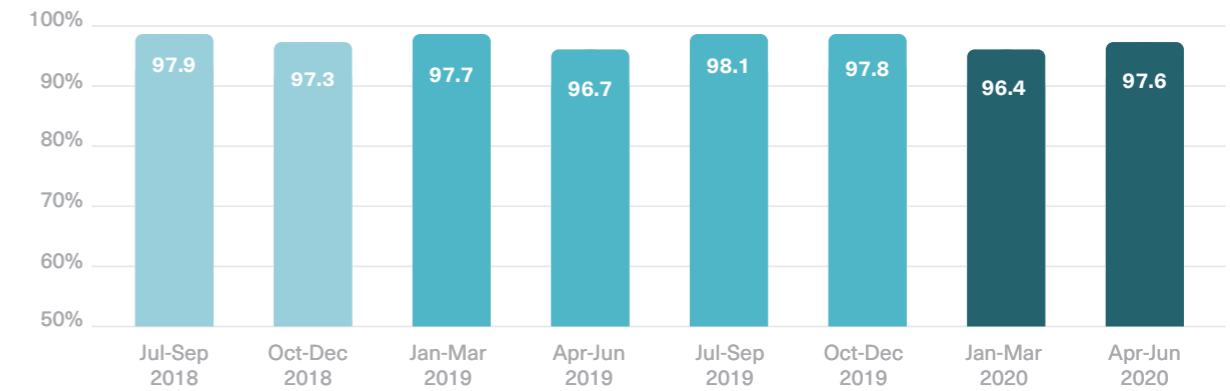
CVD MĀORI

Māori men aged 35 to 44 are a priority population for CVD risk assessment. WellSouth outreach teams work to help practices reach and engage with patients for CVD screening programmes.



IMMUNISATIONS OF EIGHT MONTH OLDS

Practices continue a strong performance with vaccinations of infants, consistently achieving immunisations rates above 97%.



INFORMATION TECHNOLOGY

In March 2020, a global pandemic changed the way people worked and received health care services. It changed the way people live and do business, and, in many cases, it prioritised digital transformation for organisations.

In the health sector, the workforce isn't sitting at a desk staring at a screen managing information, it is in close contact with people who need direct care. With a pandemic in full-swing the challenges we faced to deliver primary care services into our communities appeared without warning.

TELEHEALTH

General Practices were required to implement telehealth almost overnight. The directive for all GPs to start virtual consultations was announced on the Thursday with an expectation that general practices would have transformed the way it delivers care by Monday morning.

While many people consider telehealth requires a video connection to the patient, by far the most contacts between patient and clinician were by telephone. Where it was clinically appropriate, practices needed a facility to provide a face-to-face video consultation solution to patients which we delivered quickly and effectively to general practice and WellSouth clinicians.

In the first eight weeks of deployment, general practices in the Southern region delivered over 2500 video consults, surpassing what was delivered over the previous 12-month period. Clinicians were provided with a web-based solution (Doxy.me) that was seamless for patients to access.

Telehealth continues to be a viable alternative to face-to-face consult. Patients are keen to continue to use telehealth as an option for having consultations with their doctor – as long as in-person availability remains. The challenge is getting the balance right.

INFORMATION SHARING AND PERFORMANCE MONITORING

Primary care data is a key component in measuring the effectiveness of health services provided in the community. Primary care data helps inform health organisations what services and facilities are required in the future for delivering care to the community.

The Southern DHB and WellSouth are working together to develop a system where health information is shared between agencies so they can work together to identify where the need is in the community and to monitor the efficacy of health services.

WellSouth has developed dashboards which provide visualisations of performance across multiple health services delivered in the region. Access to this information allows funders to measure the success of clinical programmes delivered in the community.

Our board and senior leadership team have up-to-date information at their fingertips to be able to have meaningful conversations on our work programme and how our clinical programmes are contributing to the health of our population.

Transforming data into useful information will become more and more important to the health sector and is crucial to informing health agencies about the efficacy of health services in the region.

Collaboration between agencies is crucial to successful health outcomes for our population.

CYBER SECURITY

Internationally, we have seen a rapid increase in cyberactivity targeting health agencies. Patient information is a high value target and we remain vigilant in our approach.

WellSouth has deployed a monitoring solution across our infrastructure including a threat intelligence system which shares intelligence with other health agencies.

The platform provides a type of 'herd immunity' against cyber attacks as once a threat has been identified in one organisation, it can be added to the platform and synchronised to 'immunise' all other users against it. We hope to be able to deploy this to general practice in the future to increase the defence against malware and phishing.

DIGITAL TRANSFORMATION

WellSouth started on our digital transformation journey back in 2018 transitioning on-premise infrastructure to cloud-based services. With 50% of on-premise infrastructure on-boarded into the cloud we have enabled our staff to be able to access their online services anytime and from anywhere where internet access is available. This proved critical during COVID when 99% of staff were able to work from home.

WellSouth provided online information services to our general practices through our online data analytics tool Thalamus provided by Datacraft to inform general practice of the status of the clinical programs they manage in their community. This links in with the information system we use across primary care, DHB and our executive teams for a single source of the truth view of our population.

We anticipate all services to be transitioned into the cloud by the end of 2021, relieving us from the burden of maintaining and managing on-premise IT services.

OUR DIGITAL RESPONSE TO COVID

WellSouth's response to COVID from a digital perspective was a journey into new territory. Whatever we developed to enable our COVID testing workforce needed to be easy-to-use, universally accessible, reliable and responsive to rapid change with very little notice (Changes to the Ministry's Case Definition, for example.)

WellSouth deployed an end-to-end solution: from initial point of contact, through to lab result notifications, providing the community an easy pathway to get tested, and a real time update on testing progress each day.

Our 0800 VIRUS-19 call centre was developed to make it easier for people in Southern district to access assessment and testing for COVID. The call centre provided the initial triage of patients, determining whether a patient needed a test. Patient details were entered into an electronic platform which integrated with the workflow in general practice. This reduced the amount of administration required at general practice at point of care.

We link this information to test results which automatically match with the completed assessments and the call centre contacts patients of their negative result to close the loop. This process has been invaluable for monitoring and measuring our COVID testing performance and assisting Public Health Officials with their planning.

We look forward to refocussing our efforts back to the implementation of the Primary & Community Care Strategy.

WORKFORCE DEVELOPMENT

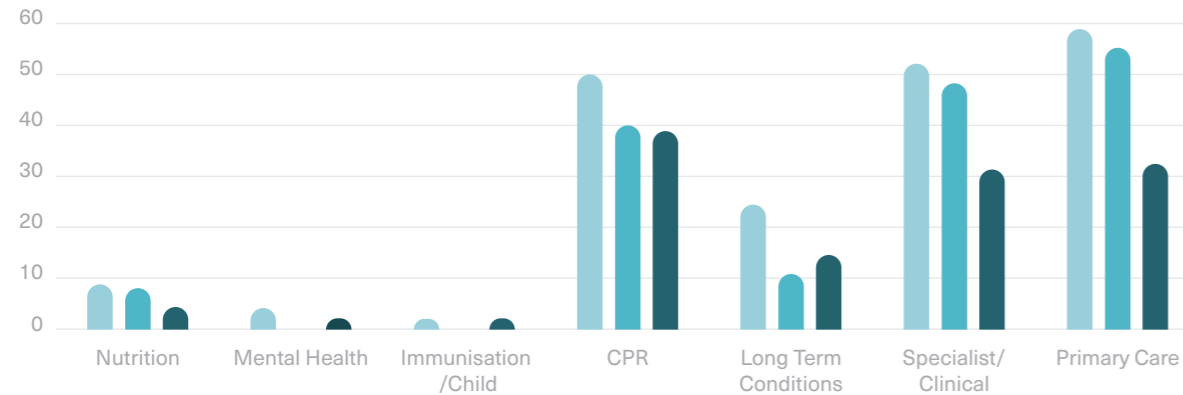
WellSouth provides valuable education, training and professional development opportunities for general practice staff and, in some instances, wider primary care.

Highlights this year were Advanced Care Planning, triage training, respiratory and diabetes.

Numerous courses and training sessions had to be cancelled or postponed due to COVID-19 lockdown restrictions, including a Suicide Prevention Symposium and an administrators/receptionists conference.

There was also a focus on providing training for non-clinical staff, including conflict management training to about 70 non-clinical practice staff.

WellSouth staff have also had numerous training opportunities this year, including ACT mental health training, introductory and intermediate levels, MS Office suite and cyber security training, and DOT's communication training (precognitive communication training).



PROFESSIONAL DEVELOPMENT

145 Courses undertaken over 7 specialised areas

56 GP education sessions offered a total of 75 CME points from 19 different workshops

103

Clinical education sessions offered a total of:

1,478

People registered to attend sessions across the Otago and Southland regions

167 Professional development hours

22 Different workshops

18 Less different workshops from last year due to all training being cancelled from end of March to end of May 2020



Across the three regions:



186 People attended COVID-19 Swabbing and PPE training



176 People attended cultural competency sessions



259 People attended CPR sessions

2019 PRACTICE NURSE CONFERENCE

WellSouth hosted our second Practice Nurse Conference, in Queenstown in September 2019.

69 delegates attended from across the Southern region. 19 speakers presented 9 hours worth of professional development across the two days on a variety of topics. We were very fortunate in having Margareth Broodkorn, Chief Nursing Officer, Ministry of Health, and Pam Doole, Director, Strategic Programmes, Nursing Council of New Zealand, present to delegates.

WHAT OUR ATTENDEES THOUGHT OF THE WEEKEND:



100%

Excellent location



95%

Excellent networking opportunities



98%

Excellent weekend overall



Summary Financial Statements

FINANCIAL HIGHLIGHTS

WELLSOUTH PRIMARY HEALTH NETWORK

A full copy of the audited financial report for the WellSouth Primary Health Network for the year ended 30 June, 2020 is available from the office at Level 1, 333 Princes Street, Dunedin.

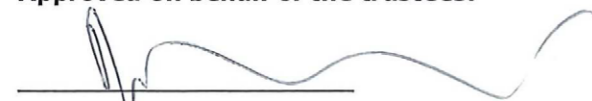
Statement of Comprehensive Revenue and Expense For the year ended 30 June, 2020


	2020	2019
	\$	\$
Operating Activities		
Income from Operating Activities	91,974,142	80,070,895
Contract Payments	(77,337,403)	(68,475,091)
Other Deferred Revenue Recognised	673,846	-
Surplus from Operating Activities	15,310,585	11,595,804
Financing Activities		
Interest income	59,137	73,004
Interest on Borrowings	(2,037)	(4,753)
Surplus from Financing Activities	57,100	68,251
Operating Expenditure		
Depreciation, Amortisation and Impairment Expenses	(235,350)	(201,190)
Other Overheads, Staff and Administrative Expenses	(13,117,732)	(11,490,749)
Total Operating Expenditure	(13,353,082)	(11,691,939)
Surplus (Deficit) for the Year	2,014,603	(27,884)
Other Comprehensive Revenue and (Expense)	-	-
Total Comprehensive Revenue and (Expense) for the Year	2,014,603	(27,884)

Statement of Financial Position As At 30 June, 2020

Current Assets	9,073,215	7,427,801
Non-Current Assets	634,274	752,729
	9,707,489	8,180,530
Current Liabilities	(6,078,564)	(6,511,792)
Non-Current Liabilities	-	(7,404)
Net Assets (Trust Funds)	3,628,925	1,661,334

Approved on behalf of the trustees:


 Chairperson
 13 October, 2020


 Trustee
 13 October, 2020

Statement of Cash Flows For the year ended 30 June, 2020

	2020	2019
	\$	\$
Net cash flows from/(used in) operating activities	(2,037,414)	1,877,747
Net cash flows from/(used in) investing activities	(116,895)	(456,810)
Net cash flows from/(used in) financing activities	-	-
Net increase/(decrease) in cash and cash equivalents	(2,154,309)	1,420,937
Cash and cash equivalents at the beginning of the year	4,568,682	3,147,745
Cash and cash equivalents at the end of the year	2,414,373	4,568,682

Statement of Changes in Net Assets

Trust Funds at the Beginning of the Year	1,661,334	1,602,432
Net Surplus	2,014,603	(27,884)
Movement in Restricted Funds	(47,012)	(38,590)
Other Comprehensive Income	-	125,376
Trust Funds at the End of the Year	3,628,925	1,661,334

Notes to the Summary Financial Statements for the year ended 30 June, 2020

1. Basis of Preparation

The results presented in the summary financial report have been extracted from the full financial report for the year ended 30 June, 2020, authorised for issue by the Chairman, Mr D Hill, on 13 October, 2020.

As such, this summary report does not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided by the full financial statements.

The entity's full financial statements dated 8 October 2020 have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP) and they comply with Not for Profit Public Benefit Entity Accounting Standards (PBE Standards (NFP)). The accounting policies adopted are consistent with previous years except for instances where the accounting or reporting requirements differ under PBE standards (NFP) compared to NZ IFRS (PBE).

The summary financial statements have been prepared using the principles of PBE FRS 43 and comply with NZ GAAP as it relates to summary financial statements for Tier 1 PBE Standards (NFP).

The presentation currency is in New Zealand Dollars.

2. Nature of Audit Opinion

The full financial statements of WellSouth Primary Health Network for the year ended 30 June, 2020 and for the year ended 30 June 2019, have been audited with an unqualified audit opinion.

WELLSOUTH PLAN ON A PAGE



Healthy Communities

Prevention, early intervention and community development strategies will improve health outcomes



Whānau-Centred Care

Whānau have a good experience of primary health care which meets their health needs



Evidence-Based Decision Making

Decisions are made on the basis of best available information



Engaged & Empowered Workforce

General Practice and WellSouth staff are committed to, and capable of delivering high quality, culturally safe care

Our provider community and patient outcomes

Achieving equitable health outcomes for Māori

A. Recognising different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

A. Improve health outcomes for vulnerable populations
B. Whānau ora — families supported to achieve their maximum health and wellbeing.

A. Improve quality and safety of care
B. Develop reliable integrated systems of care
C. Improve the whānau experience of care.

A. Achieve a sustainable financial position **B.** Maximise value from resources

Working together with Iwi, hapū, whānau, Māori providers and communities

A. Evaluate and apply information and knowledge to improve clinical, business and organisational practices
B. Promote enquiry and research to develop, share and apply new knowledge.

A. Engage and empower the general practice workforce
B. Support general practice and WellSouth staff to develop their cultural safety capability
C. Role model our values in all our activities while driving improvement and innovation.

Our Purpose

Supporting the provision of world class primary and community health care to the people of Otago and Southland

Our Vision

Better health and wellbeing for the people of Otago and Southland

Our Values

He mana tō te whānau *Whānau Centred*
Tōkeke *Equitable* | Pono *Transparent*
Manawa whakaute *Respectful*

OUR TEAM

Senior Management Team



Andrew Swanson-Dobbs
Chief Executive



Wendy Findlay
Director of Nursing



Peter Ellison
Māori Health Director



Stephen Graham
Medical Director



Gilbert Taurua
Chief Māori Health Strategy and Improvement Officer



Kyle Forde
Chief Information Officer



Paul Rowe
Practice Network Director



Graeme Quinn
Chief Financial Officer



Moira Finn
Senior Communications Advisor

Board Members



Doug Hill



Tony Hill



Stuart Heal



Sue Crengle



Norman Elder



Keith Abbott



Donna Matahaere-Atariki



Paul Larson



Amanda McCracken



Tony Dunstan



Susie Meyer



Alexandra
4/59 Russell St,
Alexandra 9320

Dunedin
333 Princes St,
Dunedin 9016

Invercargill
40 Clyde St,
Invercargill, 9810