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WENTWEST LIMITED

# ANNUAL REPORT

## 2011-12

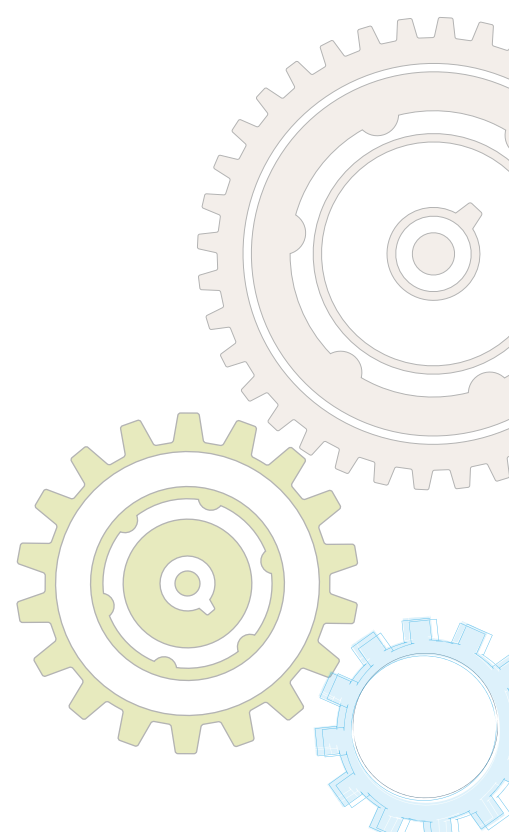
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[www.wentwest.com.au](http://www.wentwest.com.au)

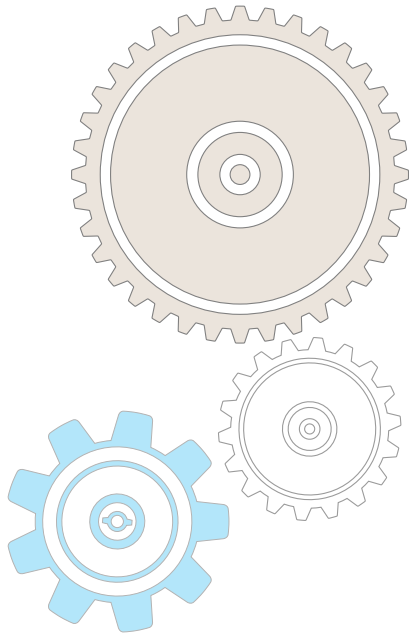


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OUR VALUES

**Creativity, Leadership,  
Equity, Excellence,  
Respect**

OUR VISION

**Healthier communities,  
empowered individuals,  
sustainable primary health  
care workforce.**

OUR MISSION

**Leading integrated  
primary health care  
towards better health,  
equity and empowerment  
for our Greater Western  
Sydney communities and  
the health professionals  
who care for them.**

**SECTION**

**1**

WentWest has been focused on providing better health care in our community since 2002. We do this both as a Regional Training Provider and as a Medicare Local.

We connect health services to meet local needs and strive for better health outcomes for Western Sydney. We do this in partnership with doctors, allied health professionals, the local health district and many others.

We are here to help.



- > HERE TO HELP
- > BETTER HEALTH OUTCOMES
- > WORKING IN PARTNERSHIP
- > TRUSTED IN THE COMMUNITY

# ABOUT WENTWEST

HERE TO  
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## SECTION

# 2



### PROFESSOR DIANA O'HALLORAN

**Qualifications:** MBBS, FRACGP, MHPed, FAICD

**Experience and expertise:**

Diana chaired the NSW General Practice Advisory Council from 2003 to the end of second term in late 2011, and was also a member of the NSW Health Care Advisory Council and a general practice advisor to NSW Health over this period. Diana is a member of the Western Sydney Local Health District Board, chairs the RACGP Presidential Task Force on Health Reform, and is a conjoint professor in the Department of General Practice, University of Western Sydney.

**Special responsibilities:** Chairperson



### PROFESSOR TIM USHERWOOD

**Qualifications:** BSc, MD, BS, FRCGP, FRACGP, FRCP, FAICD, DMS

**Experience and expertise:**

Professor of General Practice at the University of Sydney, Sub Dean (Primary Care and Community Health) at the University's Western Clinical School and Head of the Department of General Practice at Westmead Hospital.

Professor Usherwood's clinical practice is at the Aboriginal Medical Service Western Sydney (AMSWS).

**Special responsibilities:**

Deputy Chair

Chair Clinical Governance Committee (since April 2012)



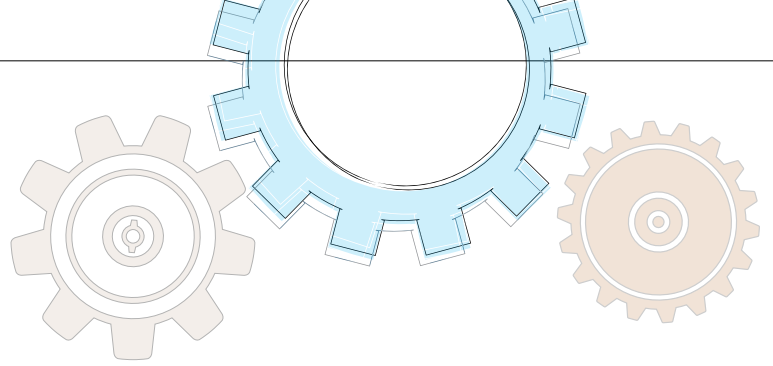
### MR BRADLEY DELANEY

**Qualifications:** HSC

Brad is an Aboriginal community member and the current Chair of the Aboriginal Medical Services Western Sydney, where he has been a member and board member for nearly 20 years. Brad brings great awareness of Aboriginal community needs in Western Sydney relating to primary health care. Brad currently works as a consultant to Aboriginal organisations to assist with governance, planning and business development, to enhance their capacity to become self sustaining enterprises and an employer of choice in their community for Aboriginal people.

**Special responsibilities:**

Business Development Committee Member (to October 2011)



#### MS CAROLINE LAMB

**Qualifications:** BA, LLB, GAICD

Caroline is a community member of the Board, and is a senior executive of the National Prescribing Service. Caroline has served on a number of boards in the financial and consulting sectors, and has worked as a consultant to boards on corporate governance and board performance. Caroline is currently a member of the St Vincent's Hospital Human Research Ethics Committee.

**Special responsibilities:**  
Member, Finance Audit & Risk Management Committee (from March 2012)



#### DR LINDA MCQUEEN

**Qualifications:** MBBS, FRACGP, DipRACOG, FAICD

**Experience and expertise:**  
A GP in Hazelbrook for over 20 years, Linda has been a GP Trainer since 1987. An inaugural Board member of WentWest from 2002-2007, Linda was reappointed to the Board in December 2008. Linda is also past chair of GPNSW, and board member of Blue Mountains General Practice Network.

**Special responsibilities:**  
Chair, Governance & Nominations Committee  
Member, Finance Audit & Risk Management Committee (from February 2012)



#### DR MICHAEL TAN

**Qualifications:** MBBS (UNSW), MFM (Monash), M.Th (SCD), Grad Dip Prof Ethics (UNSW), GAICD

**Experience and expertise:**  
Michael has been a GP in Blacktown for 26 years. He is a GP Trainer with an interest in palliative care and Aged Care. He is president of the Blacktown Medical Practitioners' Association and co-chair of Mt Druitt HealthOne. He is adjunct senior lecturer at Sydney University and University of Notre Dame in addition to being a conjoint senior lecturer at the University of Western Sydney.

**Special responsibilities:**  
Member, Governance and Nominations Committee



#### MR ALAN ZAMMIT AM

**Qualifications:** BBus, ALGA, FCPA, FAICD, LREA

**Experience and expertise:**  
Alan has had an executive career spanning over 40 years in urban, regional and community development. He has extensive experience as a professional non-executive director, board chairman and chairman and/or member of finance, audit and risk management committees spanning multiple sectors including property, funds management, education, health, government and not-for-profit.

**Special responsibilities:**  
Chair, Finance Audit & Risk Management Committee (since February 2012)

# OUR DIRECTORS



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**AT THIS TIME LAST  
YEAR, WENTWEST  
WAS JUST  
BEGINNING ITS  
JOURNEY AS THE  
WESTERN SYDNEY  
MEDICARE LOCAL.  
NOW, 12 MONTHS  
DOWN THE TRACK,  
HOW ARE WE  
TRAVELLING?**

There is no doubt the Medicare Local transition has been challenging, with rapid expansion in our scope of operations and a doubling in size. Our Board and staff members, both old hands and new, have responded with energy and creativity, often reviewing our capacity to respond to the many stakeholder expectations.

However, it's important to say that the challenges have not arisen from major changes in directions. The organisation remains true to the course charted some years ago. Last year I wrote: this is a wonderful opportunity to build on all our current services and initiatives, and to progressively broaden their scope to better service our diverse communities, their local GPs and other health care professionals.

And so it is proving to be. I hope that this annual report gives you some sense of how the organisation is travelling towards its mission, of leading integrated primary health care towards better health, equity and empowerment for our greater western Sydney communities and the health professionals who care for them.

Our capacity to move towards this goal has been greatly enhanced by the strengthening of our partnership with the Western Sydney Local Health District. We now have a formal partnership agreement in place, ten agreed priority areas and substantial shared strategies underway. Both organisations know that to achieve real health system change and improved equity, efficiency and health outcomes, a close, respectful and sustained partnership is required.

Be assured that our general practice education and training functions – built on the foundations of our partnership with the University of Sydney and the University of Western Sydney, remain core to WentWest's operations, as our future primary health care workforce depends on the quality of education, research and career opportunities in western Sydney.

Many thanks to all those who have contributed to our endeavours over the last year: our Board and staff members, our partners, collaborators, general practice leaders and rapidly widening networks. A particular thank you to those Board members who retired at the October 2011 AGM: Steven Wong, Walter Edgar and Charbel Badr, all of whom gave years of committed service as directors, and to our immediate past CEO, Olivia Wood, who with her family, departed for Vietnam and new challenges in January this year.

A warm welcome to our new Board members: Caroline Lamb and Alan Zammit who have added great value to the Board's deliberations in 2012. Welcome also to Walter Kmet, our new CEO who arrived in February bringing an enormous depth of skills and experience from across the health system in Australia and elsewhere. We will be profiling Caroline, Alan and Walter in WentWest publications in the months to come.

**Di O'Halloran**  
Chair, WentWest

**CHAIR'S  
REPORT**



# CEO'S REPORT

It is a pleasure for me to report on the 2011/12 year. In doing so I would like to acknowledge the contribution of my predecessor Ms Olivia Wood who after six years of outstanding service to WentWest and primary care in Western Sydney left in January 2012 to pursue some exciting overseas opportunities.

This year WentWest celebrated 10 years of outstanding service to primary care in Western Sydney as a Regional Training Provider, and also marked its first year as Western Sydney Medicare Local (WSML). On both of these major responsibilities the organisation has promoted the values of Creativity, Leadership, Equity, Excellence and Respect in the many core functions and programs it is responsible for. In doing so I am pleased to report that the organisation has discharged its statutory and contractual obligations and this has been accompanied by ongoing positive feedback from our funding bodies and customers.

This level of achievement would not be possible without a group of dedicated and focused staff who are continually growing in confidence and competence so as to meet increasingly complex challenges across the many diverse communities which we serve. Our Best Practice Australia Survey indicated WestWest's staff to be very significantly engaged with the organisation at a time of rapid change. This augurs well for the future.

During the year it was pleasing to see the work of our Local Community Partnerships expand and deepen. Their role in coordination and integration of services is a critical part of achieving better health outcomes in Western Sydney. Further investment in population health planning, providing support to clinicians and service providers, and in eHealth is supporting this objective as are a number of Commonwealth and State Government programs that are bringing more focused and responsive health and training services to Western Sydney.

Among others I would like to particularly thank our local GPs, their practices and associations, the Department of Health and Ageing, General Practice Training and Education, Western Sydney Local Health District, Aboriginal Medical Service of Western Sydney, the University of Sydney and the University of Western Sydney, and our five local councils. Without them our ability to support primary care in Western Sydney would be greatly diminished. This is at a time when primary care is becoming increasingly important in ensuring equity and access to care in diverse and sometimes underprivileged communities.

Finally I would like to acknowledge the support of our Chair, Professor Di O'Halloran, Deputy Chair Professor Tim Usherwood and the Board. Their leadership and guidance has been at times inspirational not in the least through their commitment to primary care and demonstrating the difference it can make to improving the health of our communities in Western Sydney.



**Walter Kmet**  
Chief Executive Officer



**"WENTWEST  
CELEBRATED  
10 YEARS  
OF OUTSTANDING  
SERVICE TO PRIMARY  
CARE IN WESTERN  
SYDNEY AS A  
REGIONAL TRAINING  
PROVIDER"**

**"2012 MARKS OUR  
FIRST YEAR AS THE  
WESTERN SYDNEY  
MEDICARE LOCAL"**

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### A YEAR OF GROWTH AND DEVELOPMENT

Expansion in responsibilities and funding increases to both the RTP and Medicare Local has signalled considerable growth for WentWest's employee headcount over the past 12 months. In response to the growth, WentWest's approach to Human Resources has evolved substantially to ensure the effective and efficient development of its people. As a consequence, a number of projects were launched in 2011-12 period. The improvements have been critical to support employee performance, development and engagement and to enable and support further scalable growth in the future. Among these projects:

#### Human Resource Information System (HRIS)

The selection and implementation of the new HRIS system will provide a scalable platform for key HR functions. The system will standardise, automate and integrate the provision of HR services and covers a number of the business HR requirements including modules on Learning and Development, Workplace Health and Safety, Recruitment and HR reporting to form a fully

integrated solution. The new system will support our people managers ensuring they have the tools to effectively and efficiently manage performance, employee development and workforce costs.

#### Learning & Development Strategy (L&D)

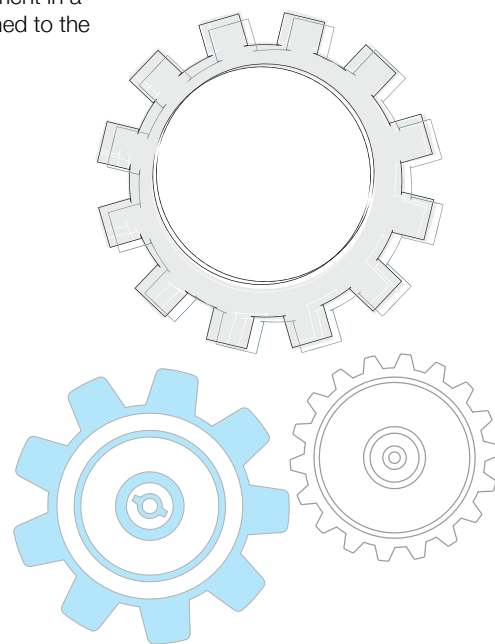
The design and implementation of a learning and development (L&D) strategy - designed to align to the strategic plan and include both mandatory professional accreditation and optional programs aligned to development needs. This new strategy will define a blended approach to developing our people through training, on the job experience, coaching, mentoring and feedback.

#### Performance Management

A new performance management approach - designed to leverage what is working well in the existing performance management framework and incorporate best practice performance management methodology, tools and resources. This new approach will help to improve productivity, motivation, and morale by handling performance management in a proactive manner aligned to the business needs.

#### Core Competency Framework

A new core competency framework - a number of behaviours will be defined that are critical to individual and organisational success. These competencies will establish a common language of skills, knowledge, behaviours and other characteristics that are important for organisational success, personal performance and enhanced contribution. The core competency framework will be aligned to the organisations values, the new Learning and Development Strategy and the new Performance Management approach.



## CREATING AND DEFINING OUR CULTURE

In addition to the improvements in HR support systems and processes, WentWest has had a strong focus on creating a culture which is reflective of our organisational values of Creativity, Leadership, Equity, Excellence and Respect.

With Leadership, forming part of the values it has been important for WentWest to adopt a consistent and organisation-wide approach to how we lead teams. This has led to the implementation of a People Management and Leadership Program designed specifically for WentWest people leaders. This unique learning opportunity is an investment to support our employees in managing and leading the important work we do. All managers and selected future leaders will attend this program. It will involve three days of dedicated focus on management and leadership skills including a combination of theory and interactive workshops covering a variety of topics. The program will aim to cover core topics associated with managing and leading people

and will provide the chance to refresh and/or develop new knowledge and skills to assist our employees in managing and leading their people.

As the values are further embedded into the culture, all teams and employees will continue to be involved in their development.

WentWest's growth has also led to the development of additional and new responsibilities within departments.

A key challenge has been keeping teams informed of activities occurring across the business and how they impact on their specific role. To respond to this challenge, the organisation held an offsite Staff Development Day to offer greater insight into business activities and strategic direction. The highly successful day included exhibition stands from each business unit, allowing staff the opportunity to learn more about activities taking place outside their scope while also offering team members the chance to meet others working in the business.

While WentWest's growth has led to new HR challenges for the organisation, the overall performance and outlook of our people can best be evidenced by the results of the national Best Practice Australia (BPA) Survey. The nationwide survey of Healthcare Sector employees seeks to benchmark an organisation's culture compared to the industry. Overall the WentWest's culture was rated in the "Success" category, demonstrating good results for:

- Strong employee engagement;
- large numbers of employees are optimistic about the organisation's future, there is a strong sense of success and achievement;
- Employees are very positive and proactive about tackling problems; and
- There is a culture which is very close-knit, cohesive and focused.

With such pleasing results after a year of great change, WentWest is committed to seeing the further enhancement of its people in the year ahead.

## NEW HRIS SYSTEM TO STANDARDISE, AUTOMATE & INTEGRATE HR PROCESSES

## FOCUS ON PERFORMANCE MANAGEMENT THROUGH TRAINING, COACHING, MENTORING & FEEDBACK

## A NEW CORE COMPETENCY FRAMEWORK WILL ALIGN THE ORGANISATION'S VALUES

WentWest Staff  
Development Day  
2012



# OUR PEOPLE

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## AUSTRALIAN GENERAL PRACTICE TRAINING – AGPT

**WentWest has celebrated its 10 year anniversary and has been training GP Registrars in Western and Greater Western Sydney since 2002.**

There are 132 Registrar currently training in our region including the 2012 cohort consisting of 47 General Practice Registrars. This is the highest level of registrars enrolled with WentWest since its commencement.

To support the growth of registrars training in our region additional supervisors and practices have been accredited with this reaching 71 accredited training practices with 117 Supervisors.

24 GP Registrars received the Fellowship of the Royal Australian College in the past 12 months.

Our Medical Education team led by Dr Margaret Ginger, has been complimented by the inclusion of two additional Medical Educators in the past year. We are encouraged by the ongoing commitment of the two longest serving employees of WentWest Dr Colin Gunter and Dr Michael Crampton. It is a compliment to them and our program that we now have three Medical Educators who have previously completed their general practice training with WentWest. 2012 will see the inclusion of a Registrar Medical Educator Position within the team.

During 2011–12 WentWest Limited hosted 218 educational events.

The Federal Health Minister, Ms Tanya Plibersek, has chosen Western Sydney to conduct two media releases over the past year. Her initial visit to announce the increase in GP Registrar Training positions was conducted at The Practice in Blacktown. The second visit was conducted at Bridgeview Medical Centre in Toongabbie where the Minister announced there had been an increase in applications for the 2013 training positions.

**WentWest was awarded the 2011 GPET/Medical Observer Environmental Encouragement Award at the 2011 GPET Convention**

## PRE VOCATIONAL GENERAL PRACTICE PLACEMENT PROGRAM – PGPPP

The Prevocational General Practice Placements Program (PGPPP) is an Australian Federal Government initiative that provides hospital based junior doctors with an opportunity to experience a supervised general practice placement as an accredited hospital rotation.

Three Hospital Networks are now participating in the PGPPP with Junior Medical Officers (JMOs) being attached to general practice rotations from Westmead, Nepean and Blacktown Hospitals.

There were 25 JMOs rotating in PGPPP positions throughout our region in Blaxland, Erskine Park, Glendenning, Hazelbrook, Richmond and Windsor.

WentWest was reviewed and accredited by HETI in May 2012 and was complemented on the quality of the experience offered to JMOs by our Supervisors, their practices and our program.

## FIRSTWAVE SCHOLARSHIP PROGRAM

WentWest has participated in the GPSN FirstWave Scholarship Program for four years. This year will see 16 Medical Students undertake attachments of six sessions in general practice under the guidance of a GP Registrar and their accompanying Supervisor. The Students have the opportunity to experience general practice first hand. The aim of the program is to enable a more informed career choice and enhance the teaching skills of participating Registrars.

## IN PRACTICE EDUCATION TEACHING AND RESOURCE GRANTS

These Grants totalling \$162,000.00 were funded by GPET and coordinated by WentWest. An expression of interest was put out to all the practices on the following basis:

- > **Level 1 practices – were able to request up to \$3,000**
- > **Level 2 practices – were able to request up to \$1,000**

Approximately 50% of practices expressed interest in the grants and 34 practices had their applications approved receiving the grant as a result. This saw an increase in the teaching resources and capacity throughout our region.



**An Australian Government Initiative**



**71**  
**ACCREDITED  
TRAINING  
PRACTICES  
WITH 117  
SUPERVISORS**

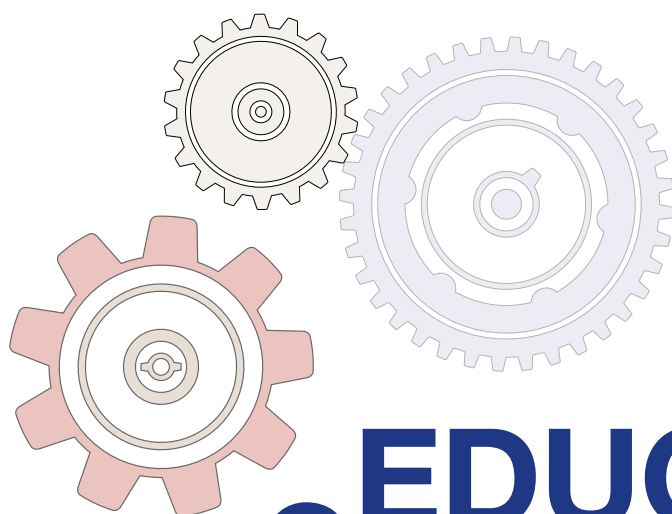
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**24**  
**GP REGISTRARS  
RECEIVED THE  
FELLOWSHIP  
OF THE ROYAL  
AUSTRALIAN  
COLLEGE IN THE  
PAST 12 MONTHS**

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**218**  
**EDUCATIONAL  
EVENTS DURING  
2011-12**

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# **EDUCATION & TRAINING**



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## EDUCATION INTEGRATION PROJECT

WentWest in collaboration with the University of Sydney and the University of Western Sydney, conducted the Education Integration Project - Development and Evaluation of Vertical Integrated Teaching Networks in Western Sydney was conducted over 12 months. The project aimed to establish clusters of general practices. These clusters were to support the development of an integrated education/teaching system that provides a quality educational experience for participants at all levels, while focusing on the needs of the local community.

The project focused on the following objectives:

- To establish five pilot clusters in Western Sydney for the provision of an effective and integrated learning environment that focuses on local community health care, through the engagement of WentWest, universities, hospitals, divisions, and health care providers;
- To increase the involvement of registrars as teachers. Encourage registrars to share their experiences in their areas of expertise with students, PGPPP doctors, fellow registrars and, where appropriate, supervisors and other GPs;
- To broaden and enrich the role of supervisors as lead educators within their clusters, and ensuring that the standard of education is met;

- To develop and expand teaching skills for registrars and supervisors;
- To incorporate various teaching tools and activities to encourage collegiality between students, PGPPP doctors, registrars and GPs, improve teaching efficiently, create lateral thinking and generate enthusiasm;
- To cultivate professional and collaborative culture that would see the return of medical students to the teaching practices as registrars, retention of current registrars and attract more GPs to the region;
- To generate cost saving through the efficient sharing of resources between major providers and local training facilities.

This presented supervisors with the opportunity to experience an enriched role as a lead educator and participate in developing an education module that was best suited to the cluster area. It provided access networking technology and teaching resources from WentWest and the universities. The load on the supervisor of teaching of medical students and JMOs could be shared with the involvement of registrars in teaching.

Registrars could become involved with teaching and have the opportunity to enhance their own learning by teaching junior doctors and/or students. They also received teaching training and built their communication and presentation skills.

PGPPP Doctors and Medical Students were exposed to various learning tools and activities, in addition to viewing consultations.

Four face-to-face training workshops were developed for supervisors and registrars as teachers:

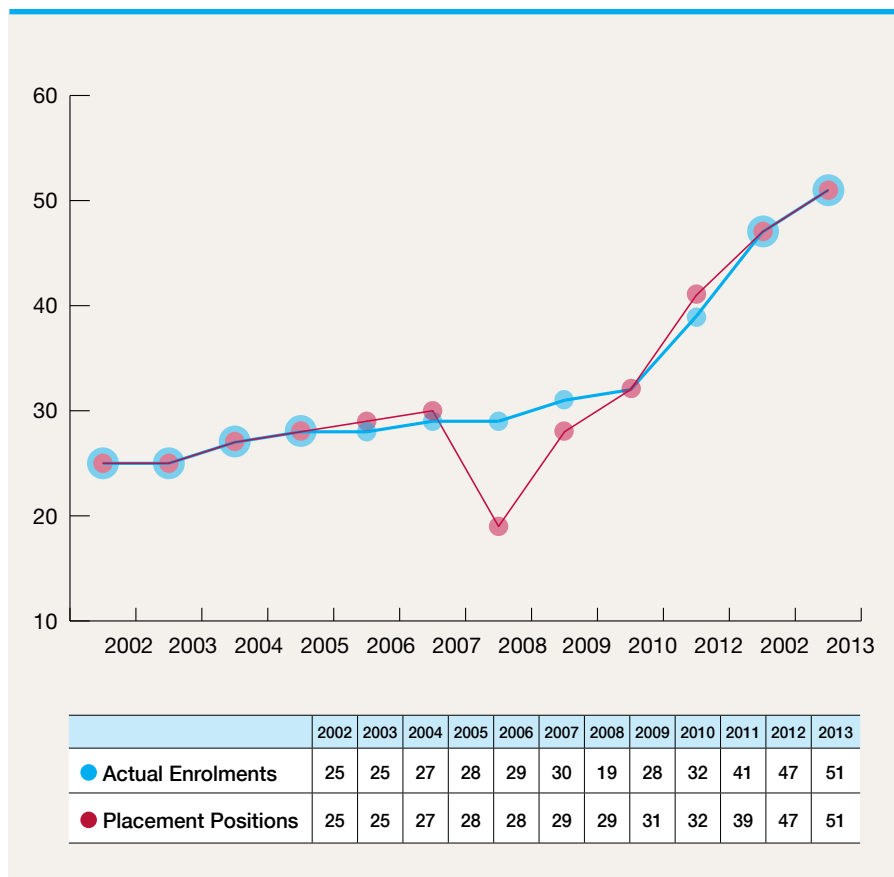
- Adult learning styles and principles of teaching and learning;
- Designing, planning and delivering learning programs;
- Planning, organising and delivering group-based learning programs; and
- Delivery of effective individual learning in the workplace, feedback and evaluation.

## WENTWEST LTD ACCREDITATION REVIEW

During May 2012 the Health Education and Training Institute (HETI) in conjunction with the Prevocational Accreditation Committee (PAC) completed their accreditation review of WentWest. In the RAC Accreditation Decision document, HETI notes "the outcome of this survey was overwhelmingly positive. It was a great pleasure for the team to speak with prevocational trainees (PVTs), GP supervisors and RTP staff who expressed such an enthusiasm for the program and a commitment to high quality general practice education and training".

WentWest is pleased to receive such a wonderful report through the accreditation process. It is a testament to the robust training and education program established within the business. This accreditation will ensure that WentWest continues to deliver a high calibre RTP program into Western Sydney for the coming years.

## REGISTRAR GROWTH SINCE 2002



WENTWEST  
CELEBRATED  
**10 YEARS**  
AS THE WESTERN  
SYDNEY REGIONAL  
TRAINING PROVIDER

CURRENTLY  
OFFERING TRAINING  
TO OVER  
**132**  
REGISTRARS, THIS IS  
THE HIGHEST LEVEL  
OF ENROLMENTS AT  
WENTWEST

AT THE 2011 GPET  
CONVENTION  
WENTWEST WAS  
**AWARDED**  
THE GPET/MEDICAL  
OBSERVER  
ENVIRONMENTAL  
ENCOURAGEMENT  
AWARD



2012  
Registrar and  
Supervisors  
Dinner

# EDUCATION & TRAINING



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## AFTER-HOURS

As the Western Sydney Medicare Local, WentWest's After-Hours Program commenced in August 2011 as part of a new national initiative. WentWest selected Mt Druitt as the first target area for the After-Hours Program, and began the implementation of several strategies to improve access to after-hours primary health care. A regionwide needs assessment was conducted throughout the period and a 12 month plan developed to address priority gaps in after-hours health care across Western Sydney.

### Mt Druitt

In January 2012 WentWest commenced a community awareness campaign in Mt Druitt to raise awareness of existing after-hours services and to promote the appropriate use of health care services. A directory of after-hours GP and home visiting services has been developed and distributed to community and health services across the region to be passed onto local residents. The directory is also available online and advertised through Google ads, with the after-hours webpage currently receiving over 1,000 visits per month.

As the Western Sydney Medicare Local, WentWest has also provided community information sessions for target community groups in the

Mt Druitt region. The information sessions focus on health promotion, the importance of having a regular GP, how to find health services after-hours and how to use the after-hours GP helpline. Sessions have been held at the Mt Druitt Ethnic Communities Association and the Women's Activities and Self Help (WASH) House and have received very positive feedback from participants.

Other activities undertaken in Mt Druitt include the introduction of a subsidy to encourage general practices to register with after-hours deputising (home visiting) services. The number of practices registered with deputising services has now increased from 24% to 33% of Mt Druitt practices, thereby increasing the accessibility of home visits for patients while ensuring continuity of care through feedback to patients' GPs. Additionally WentWest has funded improved security arrangements for the two deputising services in the region and several general practices.

### Regionwide Needs Assessment and Priority Gaps Plan

Over the past 12 months the After-Hours Team has conducted broad ranging research and consultation around the after-hours primary health care system in Western Sydney. Through consultation with GPs, hospitals, the NSW Ambulance Service, the local health district, a range of community and health services as well as the broader community, WentWest has identified several priority gaps in access to after-hours health care. Over the next 12 months we will be implementing a range of strategies to address

these gaps, including a large scale community awareness and education campaign, the promotion of increased coordination and collaboration between after-hours health care services, as well as funding opportunities for general practice and other service providers to set up new after-hours health care services, or to expand or improve existing services.

## PRACTICE SUPPORT

Under the Western Sydney Medicare Local, WentWest's Practice Support team have been working intensively with local general practice and allied health providers. The 2011-12 period saw a number of initiatives undertaken to ensure the continued engagement and delivery of support services to practices in an evolving primary health care landscape.

### General practice

Practice support continued to be a cornerstone of WentWest's services as we transitioned to the Medicare Local. With our coverage broadening to 316 practices, our Practice Support Team conducted over 1,000 practice visits across the region to local GPs and their teams. Among the key achievements for the team were:

- The transition of 128 general practices from other regions to join WentWest according to the new Western Sydney Medicare Local boundary;
- Support of 206 accredited practices within the WentWest boundaries, including 27 newly accredited general practices through Practice Support Strategies and the provision of an accreditation care package;



THE AFTER-HOURS WEBPAGE CURRENTLY RECEIVES OVER  
**1,000 VISITS**  
PER MONTH

**29,878**  
MENTAL HEALTH TREATMENT ATTENDANCES

WENTWEST SUPPORTED  
**206**  
INDIVIDUAL PRACTICES IN OBTAINING ACCREDITATION

INNOVATIVE PROJECTS SUCH AS OUR KIDS' BIKE COMPETITION HAVE  
**INCREASE**  
**OF 0.6%**  
FOR IMMUNISATION COVERAGE IN THE PAST 12 MONTHS

- Hosting of five quality improvement events on clinical data management that resulted in 53 practices utilising the PEN Clinical Audit Tool actively in service planning;
- A 0.6% increase in immunisation coverage rate across the region, resulting from more intensive practice support services on the topic and innovative projects such as the kids' bike competition;
- The increased uptake of Practice Nurses in general practice with 38 new nurses recruited into general practice and 16 practices expressing an interest in hiring a nurse;
- Provision of co-funded clinical courses for nurses in Well Women's Screening, Accredited Nurse Immuniser, ECG, Venepuncture, Ear Irrigation and Wound Management;
- The establishment and maintenance of 24 disease specific and seven cervical screening clinics in general practice;
- The delivery of 130 promotional visits on mental health treatment plans leading to 29,878 attendances for mental health treatment and 6,554 attendances for the review of a mental health treatment plan in the region; and
- Completion of partnered programs such as the Prevention in Primary Health Care program with the Heart Foundation, Northern Rivers Division and Outback Division of General Practice and the Cervical Screening Program with the Pap Test Register.

#### Allied health

Under our broader remit as the Medicare Local, WentWest was tasked with the responsibility of better engaging local allied health professionals. In response to this the team expanded its support service to allied health practices across the region. This initiative included a comprehensive qualitative and quantitative research project across over 1,000 allied health professionals in Western Sydney to ascertain their needs.

The results of this research have set the foundation for an appropriate support model for allied health moving forward. In addition, WentWest has increased its annual program of events to include both multidisciplinary and allied health specific topics to cater for the needs of this new stakeholder group.

# MEDICARE LOCAL

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#### E-HEALTH (PCEHR)

NSW Health approached WentWest to submit a proposal to join them for the Personally Controlled Electronic Health Record (PCEHR) project being managed by the National Electronic Health Transition Authority (NEHTA) as one of 12 sites around Australia. A consortium was formed with the Nepean Division of General Practice (now Nepean Blue Mountains Medicare Local). The initiative required enrolment of practices into a local GP repository which would have three main functions including the sharing of patients' health summaries (SHS); connection to an Electronic Blue Book (eBB); and receiving of

Electronic Discharge Summaries (eDS) from the Western Sydney and Nepean Blue Mountains Local Health District hospitals.

Progress throughout the period has been measured to build a broader understanding of the technology requirements and also the importance of working closely with the NSW Health PCEHR Project Management Office, a body established to oversee the various components of the project.

Since the initial rollout, specifications surrounding the electronic documents have been modified to embrace key learnings from the project. These changes have seen the program extended beyond the initial dates. WentWest started enrolling GP Practices into the project in March and successfully reached the target of 60 practices by June 2012. Live dates for the SHS, eBB

and eDS are expected during September/October 2012.

WentWest was approached by NEHTA in March 2012 to continue with the PCEHR project at the national level and signed a funding agreement in April with work commencing from May, again in a consortium with Nepean Blue Mountains Medicare Local. A project team has been put in place with an appropriate governance structure and work is currently underway. WentWest is well-positioned to meet its practice and consumer target requirements as the project progresses into the forthcoming year.



## NATIONAL PRESCRIBING SERVICE (NPS)

WentWest's NPS department had a highly successfully year in 2011-12, superseding contracted targets by approximately 15%. As a unified team, NPS facilitators have promoted medicine related issues and the quality use of medicines principles to various stakeholders and generated interest among multiple sectors across the local primary health care system.

Over 720 different GPs within WentWest's Medicare Local boundaries have been proactive over three key topics including: CVD Risk: Guiding Lipid Management (35%); Balancing the Benefits and Harms of Antipsychotic Therapy (66%) and Antibiotic Resistance and Respiratory Tract Infections (14%).

Balancing the Benefits and Harms of Antipsychotic Therapy was the primary focus to GPs and contributed to the focus points for the following additional stakeholders:

### Pharmacists

Over 40 different pharmacists, from within Parramatta parameters only, participated in a pilot event, on Mental Health and Antipsychotic Therapy.

### Consumers

Over 35 mental health patients interested in additional information regarding mental health and optimal medicine use attended "Linking Physical and Mental Health" awareness day.

The NPS team also gained additional funding for successfully piloting Antibiotic Resistance with Medical Tests Focus during June 2012.

### MENTAL HEALTH (ATAPS)

WentWest's Access to Allied Psychological Services (ATAPS) program continues to grow with an increase in referrals of up to 150 per month, these are from GPs using the service and registered ATAPS providers across our area. The program provides services for people from a low socio economic background, perinatal clients, Aboriginal and Torres Strait Islander clients, people at risk of suicide and child and adolescent clients. The ATAPS program is accessed by patients in Western Sydney who would otherwise not access psychological services due to barriers including financial costs and lack of specialist providers.

As the Western Sydney Medicare Local, WentWest hosted an educational event for mental health workers

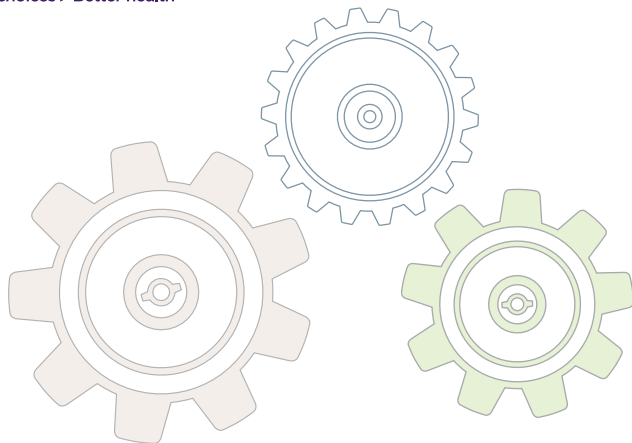
in our area to improve their confidence and ability in assisting clients to manage physical health by providing presentations and resources on a variety of health topics including diabetes, nutrition and exercise. Twenty attendees from different organisations attend the training event. As part of this collaborative project with the local health district and psychiatric rehabilitation Australia a consumer education event was also held providing a similar education program for mental health consumers which included 38 mental health consumers.

In February 2012, WentWest hosted Level 1 Mental Health Skills training for GPs and nurses within Western Sydney. Twenty-one participants completed the training of which 19 GPs became mental health accredited and two practice nurses increasing the workforce skill within our practices.

**128**  
**GENERAL PRACTICES FROM OTHER REGIONS HAVE JOINED WENTWEST DUE TO THE NEW WESTERN SYDNEY MEDICARE LOCAL BOUNDARY**

**NPS SUPERSEDED CONTRACTUAL TARGETS DURING 2011-12 BY 15%**

**UP TO 150 ATAPS REFERRALS MADE PER MONTH**



# MEDICARE LOCAL



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### SHAPE HEALTH & FITNESS SERVICES (SHAPE)

In its third year, *SHAPE* continued to experience growth both in participation and service offering. The program, established in 2009, seeks to educate high risk patients on diet and nutrition, encourage a more active approach to lifestyle and prevent further increases in type 2 diabetes and heart disease rates in the region.

In total over 520 local Western Sydney residents have accessed *SHAPE* in the past 12 months, more than doubling participation rates from the previous year. Waist circumference is one of the biggest factors when assessing risk of future chronic disease. Some 82% of *SHAPE* participants reduced their waist circumference during the course of the program. Additionally, 64% of participants reduced their weight and had a reduction in BMI through the *SHAPE* program.

A key theme for *SHAPE* in 2011-12 has been a focus on partnerships. The team has worked closely with various stakeholder groups to tailor programs around the diverse needs of Western Sydney patients, including Aboriginal and Torres Strait Islander communities, CALD communities, seniors, child and welfare groups and disability organisations.



Among the most successful of partnerships, was our work with Blacktown Hospital's Mental Health Unit. In 2011 a *SHAPE* program specifically for clozapine patients was piloted with favourable outcomes for program participants. Clozapine, an anti-psychotic medication used in the treatment of schizophrenia has a major side effect of weight gain. The pilot was to determine the effectiveness of a lifestyle program on such patients.

Upon commencement participants were keen to improve their health and lose weight however had low self efficacy towards exercise and were not aware of healthy eating principles. Throughout the eight session program participants actively participated in discussions, activities and exercises conducted in the group sessions. Gradually each made changes to their exercise and eating habits and their awareness regarding healthy eating and exercising improved.

To cater for their needs *SHAPE* was modified to incorporate more breaks, interactive activities and visual models. The participants were always eager to see the progress they were making and a weekly weigh-in helped participants stay on track.

At their final assessment all participants had lost weight, reduced their waist circumference and had a higher self efficacy towards exercise. More importantly they were feeling healthier and more confident and were conscious about lifestyle decisions. They had increased knowledge of the consequences of having an unhealthy lifestyle, the steps they need to take to improve their lifestyle and were actively working towards that.

Among other new programs launched were *Go4Fun*, a children's health promotion program and *Stepping On*, a falls prevention program for local seniors. Both *Go4Fun* and *Stepping On* were run in conjunction with the local health district's Population Health Unit and have been rolled out across Western Sydney through the assistance of local primary schools, community health centres and aged care facilities.

Another exciting development for the program in 2011 was the opening of a patient consultation room at WentWest's Blacktown Office. The new resource, fitted with exercise equipment including a treadmill has allowed for more thorough screening of patients pre and post program, and is a designated space for patient and clinician to discuss lifestyle barriers and progress in a private, non-confronting setting.

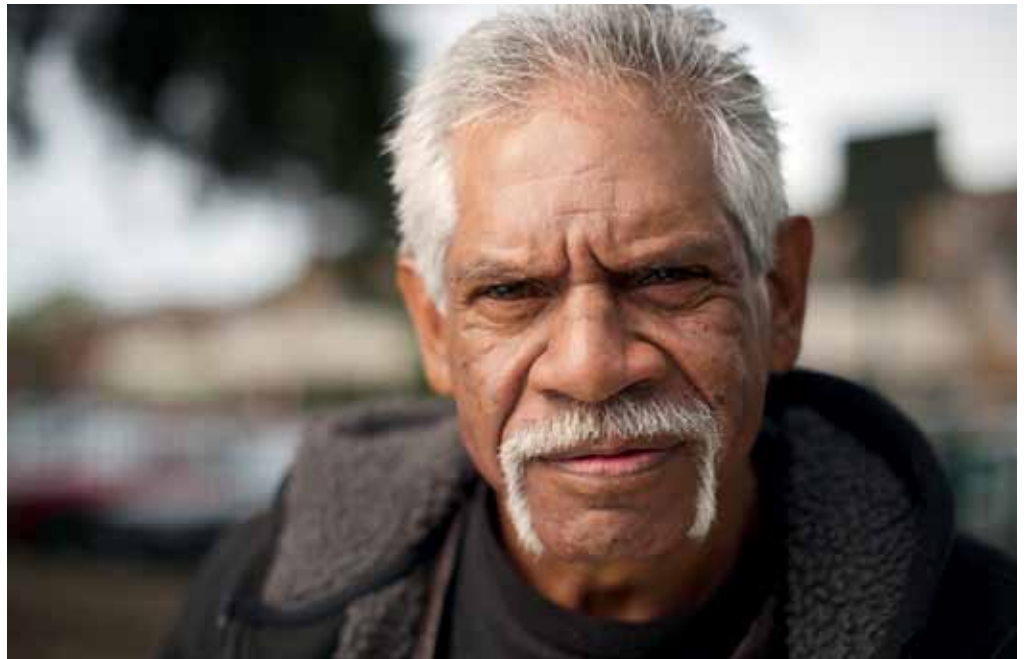
A key strength for *SHAPE* since its inception has been the maintenance of strong participation and in 2011 the program compliance rate was over 90%. This solid performance is a reflection of the *SHAPE* team's commitment to building and maintaining rapport with individual participants and to understand their specific situation in finding appropriate lifestyle solutions.

In early 2012, WentWest rebranded its Sharewest program into *SHAPE* Community Group Fitness. While still targeting local seniors, the program has expanded to attract out-going *SHAPE* patients into a regular, weekly group fitness class and therefore sustaining results achieved through the initial program over a longer period.

**82%** OF  
SHAPE PARTICIPANTS  
**REDUCED**  
**THEIR WAIST**  
**CIRCUMFERENCE**

**OVER 520**  
WESTERN SYDNEY  
RESIDENTS HAVE  
ACCESSED SHAPE IN  
THE PAST 12 MONTHS

**989** CARE  
COORDINATED  
APPOINTMENTS HAVE  
BEEN ARRANGED  
THROUGH THE  
**CLOSE THE**  
**GAP PROGRAM**



#### ABORIGINAL HEALTH

Since 2009, WentWest has been leading the local implementation of the national Close the Gap initiative. The initiative was designed to improve the health outcomes of people of Aboriginal descent. With Australia's largest urban population of Aboriginal and Torres Strait Islanders (many of which residing in the Blacktown LGA), Western Sydney and its health professionals are acutely aware of the health issues polarising this sector of our population. The incidence of diabetes, heart disease, and depression are higher among this sector of the community, and confounded by psychosocial issues including accessibility, employment, drug and alcohol abuse, domestic violence, education and housing.

In 2011, the Close the Gap team sort to expand its reach by increasing the number of referral pathways across the region. Currently, over 16 referral pathways have been established for local indigenous patients to better access the

health care and support they require. WentWest works closely with professionals across Western Sydney to identify and refer the region's most at-risk into the program. These partners include local GP, HealthOne sites, Aboriginal organisations including the Aboriginal Medical Service and Marrin Weejali, Justice Health, and government and non-government organisations.

An increased focus on establishing referral pathways has allowed for a flow-on increase in patient participation in the initiative. Since last financial year the program has grown to include over **160 patients actively enrolled (a 56% increase in 12 months)**. The increase in participation has also lead to a more structured approach in the classification of patients and service allocation to ensure the program's most high-need patients receive the support and access to the services they require.

Utilising a holistic approach the Close the Gap initiative

works to assist the indigenous community access a range of services, some key deliverables for the 2011-12 year include:

- **989 Care Coordinated appointments** – covering housing, employment, education, food and electricity needs.
- **327 prescription collections from pharmacies** – a significant increase on last year, this figure highlights the importance of linking CTG clients to PIP's registered practices. 80 local practices are now registered with PIP's across the Western Sydney region.
- **418 organised transportation to appointments**, allowing CTG clients' greater access to the services they require in order to manage their health condition. The vast majority of transportation was arranged through the Community transport network. >



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### ABORIGINAL HEALTH

*continued*

2011 saw the launch of various activities which were aimed at building community awareness in the Close the Gap while also seeking to improve the health of the local Aboriginal community. Among the initiatives was a community wellness day at Whalan Family Medical Centre and an Aboriginal Eye Clinic. The community wellness day sort to help local health professionals better identify Aboriginal patients through the Aboriginal Health Check, while also offering community members more information on local health services.

Likewise, an Aboriginal Eye Clinic has been established to screen participants for various eye complications including Glaucoma. Over 70 patients have accessed the service in the five clinics run to date.

As part of the organisation's commitment to professional development, WentWest has continued to nurture the career progression of its Close the Gap team and by November 2012 will see two of its team members graduate as qualified Aboriginal Health Workers.

In 2011, WentWest continued to work with its local partners to achieve better health outcomes among Western Sydney's indigenous population. Among those partners are the Aboriginal Medical Service Western Sydney and the local health district's Aboriginal Health Unit, both of which will play an active role in

the planning and coordination of services under our local community partnerships structure (see page 22).

In June, 2012 the federal government announced a two year extension of the national Close the Gap initiative and thus the continuation of the program to June 2014.

### CONNECTING CARE

#### NSW Chronic Disease Management Program – Connecting Care in the Community

Currently 131 patients have been referred to the program. There are 103 patients currently on the Care Coordination program with another four patients waiting for allocation to care coordinators. At present, there are 93 GPs linked in the 103 current patients.

#### Staffing

The Care Coordinator positions require highly developed communication and liaison skills. The team will welcome a Dietitian to the team in August 2012, to offer a broader range of services to clients. The appointment in addition to staff training in ComDiab is aimed at enhancing the management of diabetes patients into the future.

#### Relationship with local health district

- Bi-monthly operational meetings are held to discuss ongoing management of Connecting Care program.
- The Connecting Care Coordinators orientation program has strong local health district input to support the ongoing management of patients with chronic care conditions.
- Ongoing Chronic Care Liaison meetings have been set up at the Medicare Local

with senior nursing staff including GP Liaison Nurses and Chronic Care Nurses to strengthen the partnerships between the Medicare Local and local health district.

- Care Coordinator Team Leader has been involved in recruiting for local health district staff including the GP Liaison Nursing positions.
- Meetings have been held with the local health district to possibly extend Connecting Care to include Mental Health. The Care Coordination Team Leader has been granted an extension of her secondment to stay in the Western Sydney Medicare Local to undertake these future challenges.

#### Collaboration

- Collaboration is occurring with GPs, practice staff, local health district personnel, various local health programs, patients and carers.
- Psychiatric Rehabilitation Australia has made formal links to commence referring to Connecting Care Medicare Local Care Coordinators for their mental health clients who need to have their physical and mental health issues addressed.
- Continuity of information and management for patients and care providers includes the development of shared care plans across service settings with 83 shared care plans developed and communicated to service providers involved.
- Coordinated Care is being provided to 103 current patients of the program with 93 GPs involved. Additional community services have been gained for patients on the program.



## Admissions to hospital

### Connecting Care Summary 2011- 2012

Total number of patients	96
Presentations to Hospital pre Care Coordination	316
Presentations to hospital post Care Coordination	127

Preliminary data regarding hospital presentations after care coordination is in place, looks very positive.

- The current model of care allows for integration with the Chronic Care for Aboriginal People Program (CCAP).

### Wrapping the Care

- Shared Care plans are forwarded to assist GPs to develop their own Management Plans. 25% of patients have had their GP Management Plans given to the care coordinators and these are uploaded into CHIME to assist with information sharing. A number of GPs advised they will utilise the information they received from Care Coordinators to complete Chronic Disease Management Plans (MBS 721) and Team Care Arrangements (MBS 723).

### Capacity building

- GPs who have patients enrolled in the project are being contacted as the patient is assessed to discuss their involvement. Some GPs have referred other patients to the CCSS after having involvement with Care Coordinators for other patients. Various services have been contacted to advise of the service e.g. ACAT, allied health within the local health district, Westmead Hospital, Primary Care and Community Health Network services and Diabetes Education Centre.

- Self Management Support is being provided to patients to assist them to determine goals that they have identified. The Self Management training through "Health Change Australia" continues. 33 Practice Nurses/allied health professionals and four GPs have attended the training. The Care Coordinator Team Leader has a role in forwarding applications to assist with placement and assisting with remuneration to general practice. Feedback has been very positive about the course, with one GP definitely recommending other GPs to attend.

### Care Coordination and Supplementary Services (CCSS)

- There is one Care Coordinator FTE position in place within the Medicare Local (2 x 0.5 FTEs). Funding has been allocated to the AMSWS for care coordination. An Aboriginal Health Worker attends to the role at the AMSWS funded through Western Sydney Medicare Local. The relationship between AMSWS and the Medicare Local Care Coordinators is very good, working towards positive outcomes for Aboriginal people. The Care Coordinator and Chronic

Care registered nurse from the AMSWS have been very supportive of how the CCSS program is working in Western Sydney.

- 24 Aboriginal and Torres Strait Islander people are receiving Care Coordination through the CCSS funded position. The Care Coordinators also provide support to the Aboriginal Health Workers. This may occur by attending joint visits to GPs or patients or by assisting with contacting key people within the local health district or appropriate NGOs. The Aboriginal Outreach Workers ensure a culturally appropriate service. Clinical meetings are held monthly or more frequently to provide support to the Aboriginal Outreach Workers.
- Referrals are increasing from GPs for Care Coordination. Generally, these referrals occur during visits to GPs to seek feedback about other patients.
- An Aboriginal Health Assessment Clinic was held recently to assist a GP, with a high number of Aboriginal people enrolled in his practice. This resulted in seven patients attending and having assessments to assist with claiming for Aboriginal health Assessment.

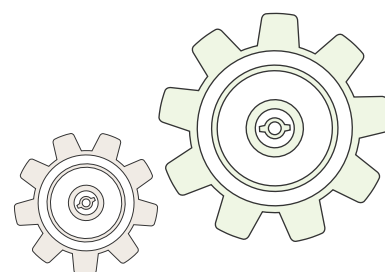
**OVER 160 PATIENTS  
ACTIVELY ENROLLED.**

**A 56%  
INCREASE  
IN TWELVE MONTHS**

**615 CARE  
COORDINATION  
SERVICES PROVIDED**

**83 SHARED  
CARE PLANS HAVE  
BEEN DEVELOPED  
AND COMMUNICATED  
TO SERVICE  
PROVIDERS**

**131  
PATIENTS HAVE BEEN  
REFERRED INTO  
THE CONNECTING  
CARE PROGRAM**



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## GENERAL PRACTICE & ALLIED HEALTH

General Practice and Allied Health have been key partners in the Medicare Local's development and will continue to remain so in the planning, coordination and delivery of primary health care services throughout Western Sydney.

WentWest has had a strong history in supporting general practice at a number of levels, including as a former Division of General Practice. The principle of keeping General Practice central to the work of improving the health of the communities we serve continued to be reinforced during 2011-12. Throughout 2011-12, the Medicare Local has formally and informally partnered with local GPs on many fronts including its GP Leaders Forum, Local Community Partnerships, eHealth and the many services and planning groups centred on the Common Health Priorities of the WSM/WSLHD partnership. There has been and will continue to be an opportunity for local GPs to take a central and active role in the strategic direction of the Medicare Local by working with the Board, senior management and fellow health professionals across the sector to define priority areas and address service gaps.

Likewise, Western Sydney Medicare Local understands the crucial role Allied Health plays in improving patient care and has actively sort to engage the region's Allied Health community. This engagement has included an invitation to

partake in service delivery and planning activities and a region-wide Needs Assessment so that the Medicare Local may better respond to the issues facing Allied Health Professionals and their clients.

## LOCAL COMMUNITY PARTNERSHIP

A feature of the Medicare Local's structure for engaging with local health professionals and community organisations has been the establishment of six Local Community Partnerships (LCPs). Throughout 2011-12, LCPs have been founded in the region's areas of Auburn, Blacktown, the Hills, Holroyd, Mt Druiitt and Parramatta.

LCPs have employed a population health approach to address the health and wellbeing of communities in Western Sydney and reduce health inequities among population groups. The role of the partnerships is to oversee the development of strategic and tactical solutions to address identified priority health issues and improve service integration. These partnerships are facilitated by localised Coordinators with representation from key community partners.

In its first year of activity, each LCP has engaged representatives from a broad range of government and non-government services including: the Western Sydney local health district, general practice, allied health, council, Family and Community Services, Education, Multicultural Services, Refugee Health, Aboriginal Services, Police and interagency representatives. LCPs utilise an agreed set of principles to guide decision making around priority issues.

To support the implementation, LCPs have been assigned the functions of:

- Strategic and health planning;
- Community consultation;
- System redesign;
- Partnerships and collaborations;
- Models and pathways of care;
- Performance and funding models; and
- Models to promote local responsiveness.

## LOCAL HEALTH DISTRICT PARTNERSHIP

A key partner for WentWest in fulfilling its Medicare Local responsibilities is Western Sydney local health district (WSLHD). The past year has seen both organisations investing in defining and formalising the partnership, its operational structure and shared responsibilities. This has formed the basis of a Partnership Memorandum due to be signed early in the new financial year. The process has been enormously beneficial, strengthening understanding of how integrated primary care can make an effective contribution to improving health outcomes.

A key feature of the partnership has been the agreement on how Common Health Priorities (CHPs) such as Mental Health, Aged Care, Child and Family Health, Aboriginal Health, and Chronic Disease Management can be most effectively addressed across the whole system. Also to be addressed are enablers such as Health Pathways and e-Health.

The health issues associated with these CHPs are complex, vary across local areas, and are influenced by broader social and economic factors. Building on what is already in place will be essential as will seeking advice from various levels of the system and the community. Reconfiguring service delivery structures through new models of care will be a critical success factor into the future.

## HEALTHONE

HealthOne is a Ministry of Health initiative supported by the partnership between Western Sydney local health district and Western Sydney Medicare Local that integrates primary Health care services to better meet the health needs of Western Sydney.

HealthOne brings together GPs, community health services, other health care providers and community agencies to provide comprehensive, coordinated, collaborative care for identified target client groups to improve their health outcomes.

With three successful HealthOne services already established (HealthOne Auburn, HealthOne Mt Druitt and HealthOne Rouse Hill) and a further three HealthOne services in development (HealthOne Blacktown-Doonside, HealthOne Holroyd-Parramatta and HealthOne Lidcombe) the Medicare Local is forging ahead with integration across primary health care.

This has enabled enrolment of significant numbers of clients into HealthOne programs, further engagement of GPs fostering collaboration with GP associations and improved coordinated care to clients resulting in better health outcomes.

### Antenatal Shared Care

Western Sydney Medicare Local continues to administer and coordinate the Antenatal Shared Care (ANSC) program for GPs within the Western Sydney Medicare Local and Western Sydney local health district region.

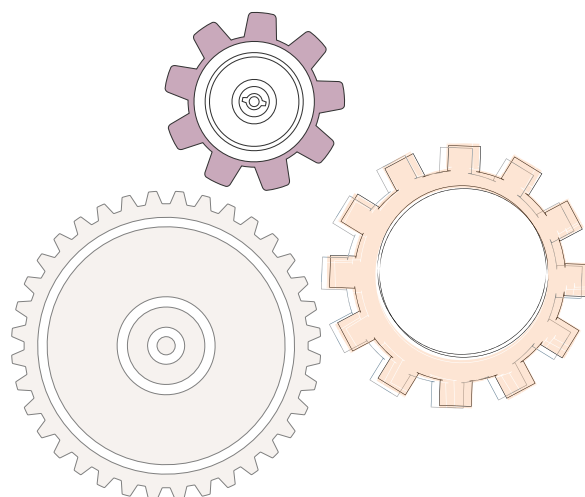
Antenatal shared care involves joint care of the pregnant woman by her GP and the hospital antenatal clinic. Antenatal shared care creates the opportunity to practice collaborative obstetric care by combining the varied skills of each profession. It aims to provide a community based, holistic model of care for women.

2012 saw the continued support of ANSC registered GPs, through education events organised in collaboration between the Medicare Local and local health district, including Nursing Unit Managers, Registered Midwives, Obstetricians and Gynaecologists.



**HEALTHONE BRINGS TOGETHER GPs, COMMUNITY HEALTH SERVICES, OTHER HEALTH CARE PROVIDERS AND COMMUNITY AGENCIES TO IMPROVE HEALTH OUTCOMES**

**ANTENATAL SHARED CARE IS AVAILABLE ACROSS AUBURN, BLACKTOWN & WESTMEAD HOSPITALS**



# MEDICARE LOCAL

## Directors' Report

30 JUNE 2012

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2012.

### DIRECTORS

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

**Dr Charbel Badr** (resigned October 2011)

**Mr Bradley Delaney**

**Mr Walter Edgar** (resigned October 2011)

**Dr Katriona Herborn** (resigned October 2011)

**Mr Frank Kellett** (resigned October 2011)

**Ms Caroline Lamb** (appointed January 2012)

**Dr Linda McQueen**

**Professor Diana O'Halloran**

**Dr Michael Tan**

**Dr Steven Wong** (resigned October 2011)

**Professor Tim Usherwood**

**Mr Alan Zammit AM** (appointed January 2012)

### OBJECTIVES

The company has four objectives:

- Plan and develop a strong and integrated Primary Health Care service network – from local to regional levels, to meet community needs equitably and effectively;
- Build general practice and Primary Health Care workforce quality, capability, performance and sustainability;
- Strengthen organisational capabilities to advocate for our communities and respond to the changing Primary Health Care landscape; and
- Establish a network of excellent teaching and research practices across Greater Western Sydney, with priority given to areas of greatest community health and workforce need.

### STRATEGY FOR ACHIEVING THE OBJECTIVES

WentWest operates as a Registered Training provider and a Medicare Local, as well as managing a number of other contracts to support Primary Health Care service provision in Greater Western Sydney.

As a Regional Training Provider, WentWest delivers education and training within general practice and primary health care, working towards the establishment of a network of excellence in teaching and training across Greater Western Sydney.

As a Medicare Local, WentWest has a key role in population based Primary Health Care, including the development of strategies to improve the health of the community in western Sydney, and responsibility for the provision of support and training services to a broad range of Primary Health Care providers.

Collaboration is the key to all WentWest programs and activities and we work with a range of partners in achieving our objectives.

### PRINCIPAL ACTIVITIES

During the financial year the principal continuing activities of the company consisted of:

- Promoting and delivering general practice education and training and providing support to existing GPs through information, resources and support staff;
- Provision of education and training to GP Registrars, PGPPP, and medical students through the Australian General Practice Training;
- As the Western Sydney Medicare Local, planning and facilitating population based Primary Health Care including the development of strategies to improve the health of the community in Western Sydney;
- Supporting the provision of Primary Health Care services by general practice and allied health professionals;
- Provision of support and training services to a broad range of Primary Health Care providers;
- Delivery of direct patient services to improve the health of the Western Sydney community.

### PERFORMANCE MEASURES

The company measures its performance based on meeting and exceeding contractual deliverables, satisfaction of stakeholder groups, and health outcome improvement measures that correspond with the Commonwealth's national performance measures.

## SECTION

# 7

## MEETINGS OF DIRECTORS

The number of meetings of the company's Board of Directors and of each board committee held during the year ended 30 June 2012, and the number of meetings attended by each director were:

	Full Board		Finance Audit and Risk Management Committee (formerly Audit & Risk Committee)	
	Attended	Held	Attended	Held
Dr Charbel Badr	5	5	-	1
Mr Brad Delaney	5	13	-	-
Mr Walter Edgar	4	4	1	1
Dr Katriona Herborn	4	5	-	-
Mr Frank Kellett	5	5	-	-
Ms Caroline Lamb	4	6	2	2
Dr Linda McQueen	12	13	1	2
Professor Diana O'Halloran	13	13	1	2
Dr Michael Tan	13	13	-	-
Dr Steven Wong	4	5	1	1
Professor Tim Usherwood	12	13	-	-
Mr Alan Zammit AM	6	6	2	2

*Held: represents the number of meetings held during the time the director held office or was a member of the relevant committee.*

## CONTRIBUTIONS ON WINDING UP

In the event of the company being wound up, ordinary members are required to contribute a maximum of \$10 (2011: \$10) each. Honorary members are not required to contribute.

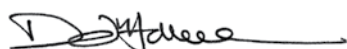
The total amount that members of the company are liable to contribute if the company is wound up is \$70 (2011: \$50), based on 7 (2011: 5) current ordinary members.

## AUDITOR'S INDEPENDENCE DECLARATION

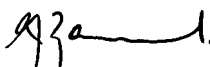
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



**Professor Diana O'Halloran**  
Director



**Mr Alan Zammit AM**  
Director

17 August 2012  
Blacktown NSW

**Jl Moore & Partners**  
CHARTERED ACCOUNTANTS

ABN 18 492 854 353  
Suite 701, 100 Christie Street  
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PO Box 266  
St Leonards NSW 1590  
T 02 9439 1411  
F 02 9439 1496  
E info@jimoore.com.au

**WENTWEST LIMITED**  
**ABN 80 099 255 106**

**AUDITOR'S INDEPENDENCE DECLARATION TO THE DIRECTORS OF  
WENTWEST LIMITED**

In accordance with section 307C of the *Corporations Act 2001*, as auditor for the audit of WentWest Limited for the financial year ended 30 June 2012, to the best of my knowledge and belief, there have been:

- i) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- ii) no contraventions of any applicable code of professional conduct in relation to the audit.

J.I. Moore & Partners



Duncan Barber  
Partner

Dated this 17 day of August 2012

Jl Moore & Partners,  
Suite 701, Level 7  
100 Christie Street  
ST LEONARDS  
NSW 2065

Limited liability by a scheme  
approved under Professional  
Standards Legislation

## SECTION

# 7

# Financial report

30 JUNE 2012

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## GENERAL INFORMATION

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The financial report covers WentWest Limited as an individual entity. The financial report is presented in Australian dollars, which is WentWest Limited's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the directors' declaration.

WentWest Limited is a not-for-profit unlisted public company limited by guarantee.

The financial report was authorised for issue, in accordance with a resolution of directors, on 17 August 2012. The directors have the power to amend and reissue the financial report.



# Statement of Comprehensive Income

FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 \$	2011 \$
<b>Revenue</b>	3	13,230,512	6,013,313
<b>Expenses</b>			
Registrar specific training and operational contractors		(2,645,455)	(687,876)
Teaching allowances and practice subsidies		(2,025,698)	(1,161,623)
Employee salaries and wages and superannuation		(4,347,506)	(2,656,306)
Depreciation and amortisation expense	4	(372,702)	(126,965)
Other expenses		(3,224,175)	(1,604,810)
<b>Surplus/(deficit) before income tax expense</b>		614,976	(224,267)
Income tax expense		-	-
<b>Surplus/(deficit) after income tax expense for the year attributable to the members of WentWest Limited</b>	14	614,976	(224,267)
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income for the year – attributable to the members of WentWest Limited</b>		614,976	(224,267)

## SECTION

# 7

# Statement of Financial Position

AS AT 30 JUNE 2012

	Note	2012 \$	2011 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	6,583,721	2,587,468
Trade and other receivables	6	3,063,922	1,148,682
Other	7	129,503	121,419
Total current assets		9,777,146	3,857,569
<b>Non-current assets</b>			
Property, plant and equipment	8	577,343	349,781
Total non-current assets		577,343	349,781
<b>Total assets</b>		10,354,489	4,207,350
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	10	1,381,318	558,498
Provisions	11	388,497	288,428
Other	12	7,311,675	2,814,974
Total current liabilities		9,081,490	3,661,900
<b>Non-current liabilities</b>			
Provisions	13	134,925	22,352
Total non-current liabilities		134,925	22,352
<b>Total liabilities</b>		9,216,415	3,684,252
<b>Net assets</b>		1,138,074	523,098
<b>Equity</b>			
Retained surpluses	14	1,138,074	523,098
<b>Total equity</b>		1,138,074	523,098

# Statement of Changes in Equity

FOR THE YEAR ENDED 30 JUNE 2012

	Retained surplus \$	Total equity \$
<b>Balance at 1 July 2010</b>	747,365	747,365
Deficit after income tax expense for the year	(224,267)	(224,267)
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year -	(224,267)	(224,267)
Balance at 30 June 2011	523,098	523,098
<b>Balance at 1 July 2011</b>	523,098	523,098
Surplus after income tax expense for the year	614,976	614,976
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	614,976	614,976
Balance at 30 June 2012	1,138,074	1,138,074

## SECTION

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# Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 \$	2011 \$
<b>Cash flows from operating activities</b>			
Receipts from customers (inclusive of GST)		11,633,811	5,094,664
Payments to suppliers and employees (inclusive of GST)		(7,460,514)	(4,772,448)
		4,173,297	322,216
Interest received		163,478	98,280
Other revenue		259,742	116,269
Net cash from operating activities		4,596,517	536,765
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment	8	(605,125)	(287,351)
Proceeds from sale of property, plant and equipment		4,861	1,157
Net cash used in investing activities		(600,264)	(286,194)
<b>Cash flows from financing activities</b>			
Net cash from financing activities		-	-
Net increase in cash and cash equivalents		3,996,253	250,571
Cash and cash equivalents at the beginning of the financial year		2,587,468	2,336,897
Cash and cash equivalents at the end of the financial year	5	6,583,721	2,587,468

# Notes to the Financial Statements

YEAR ENDED 30 JUNE 2012

## NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

### New, revised or amending Accounting Standards and Interpretations adopted

The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

The company has early adopted AASB 1053 'Application of Tiers of Australian Accounting Standards' and AASB 2010-02 'Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements'. No other new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have been early adopted.

Any significant impact on the accounting policies of the company from the adoption of these Accounting Standards and Interpretations are disclosed in the relevant accounting policy.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

### The following Accounting Standards and Interpretations are most relevant to the company:

*AASB 1053 Application of Tiers of Australian Accounting Standards*

The company has early adopted AASB 1053 from 1 July 2011. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards - Reduced Disclosure Requirements. The company being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2.

*AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*

The company has early adopted AASB 2010-2 from 1 July 2011. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the company's disclosure requirements.

### Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), and the Corporations Act 2001, as appropriate for not-for-profit oriented entities. These financial statements do not comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

### Historical cost convention

The financial statements have been prepared under the historical cost convention, except for, where applicable, the revaluation of available-for-sale financial assets, financial assets and liabilities at fair value through profit or loss, investment properties, certain classes of property, plant and equipment and derivative financial instruments.

### Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

### Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the company

and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

### Government Grant revenue

Government grants are recognised as revenue where there is reasonable assurance that the grant will be received and all grant conditions will be met.

Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants used to purchase assets are credited to income on the purchase of the asset. However the asset is written off to the profit and loss over the expected useful life of the asset on a straight-line basis.

### Grant Revenue (Non-Government Bodies)

Grant revenue is recognised in the income statement when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

### Unexpended Grants

The entity receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the entity to treat

## SECTION

# 7

grant monies as unexpended grants in the balance sheet where the entity is contractually obliged to provide services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

#### Interest

Interest revenue is recognised when received.

#### Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

#### Income tax

As the company is a not-for-profit organisation, it has been granted exemption from the Commissioner of Taxation for payment of income tax.

#### Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

#### Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Trade receivables are generally due for settlement within 30 days.

Collectability of trade receivables is reviewed on an on-going basis. Debts which are known to be uncollectable are written off by reducing the carrying amount directly. A provision

for impairment of trade receivables is raised when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation and default or delinquency in payments (more than 60 days overdue) are considered indicators that the trade receivable may be impaired. The amount of the impairment allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. Cash flows relating to short-term receivables are not discounted if the effect of discounting is immaterial.

Other receivables are recognised at amortised cost, less any provision for impairment.

#### Property, plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

#### Class of fixed asset:

Leasehold improvements

Plant and equipment

Furniture, Fixtures and Fittings

Computer Equipment

Software Pool

#### Depreciation rate/useful life:

Duration of lease, usually 3 years

10 years

10 years

3 years

3 to 5 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date. In 2012, WentWest undertook a review of depreciation rates for all assets, to ensure consistency with these rates.

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

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained profits.

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs to sell and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that

do not have independent cash flows are grouped together to form a cash-generating unit.

#### Trade and other payables

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

#### Provisions

Provisions are recognised when the company has a present (legal or constructive) obligation as a result of a past event, it is probable the company will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation. If the time value of money is material, provisions are discounted using a current pre-tax rate specific to the liability. The increase in the provision resulting from the passage of time is recognised as a finance cost.

#### Employee benefits

##### Wages and salaries, annual leave and sick leave

Liabilities for wages and salaries, including non-monetary benefits, annual leave and accumulating sick leave expected to be settled

# Notes to the Financial Statements

YEAR ENDED 30 JUNE 2012

within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled. Non-accumulating sick leave is expensed to profit or loss when incurred.

## Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. A liability for long service leave is provided for all employees with five years or more service. The liability is measured at the nominal value including associated salary on-costs at reporting date.

## Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included

in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

## Re-statement of comparatives

During 2012 it was recognised that \$179,267 of operating grants had been brought to account as revenue in 2011, which was unearned in that year. The 2011 accounts have accordingly been restated to reflect the grant monies as a current liability. Accordingly, operating grant revenue decreased by \$179,267, grants received in advance increased by \$179,267 and retained surpluses decreased by \$179,267 for the year ended 30 June 2011.

## NOTE 2. CRITICAL ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical

experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

## Provision for impairment of receivables

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtor's financial position.

## Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

## Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non-financial

assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions.

## Long service leave provision

As discussed in note 1, the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

## Lease make good provision

A provision has been made for the present value of anticipated costs for future restoration of leased premises. The provision includes future cost estimates associated with closure of the premises. The calculation of this provision requires assumptions such as application of closure dates and cost estimates. The provision recognised for each site is periodically reviewed and updated based on the facts and circumstances available at the time. Changes to the estimated future costs for sites are recognised in the statement of financial position by adjusting the asset and the provision. Reductions in the provision that exceed the carrying amount of the asset will be recognised in profit or loss.

## SECTION

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**NOTE 3. REVENUE**

	2012 \$	2011 \$
<b>Sales revenue</b>		
Operating grants	12,807,292	5,797,607
<b>Other revenue</b>		
Interest	163,478	98,280
Other revenue	259,742	117,426
	423,220	215,706
Revenue	13,230,512	6,013,313

**NOTE 4. EXPENSES**

	2012 \$	2011 \$
Surplus/(deficit) before income tax includes the following specific expenses:		
<b>Depreciation</b>		
Plant and equipment	372,702	126,965
<b>Remuneration of the auditors</b>		
- audit services	35,000	27,500
- other services	4,000	6,500
Total	39,000	34,000
<b>Net loss on disposal</b>		
Net loss on disposal of property, plant and equipment	4,576	15,891

**NOTE 5. CURRENT ASSETS –  
CASH AND CASH EQUIVALENTS**

	2012 \$	2011 \$
Cash on hand	1,533	700
Cash at bank	6,582,188	2,558,225
Cash on deposit	-	28,543
	6,583,721	2,587,468

**NOTE 6. CURRENT ASSETS –  
TRADE AND OTHER RECEIVABLES**

	2012 \$	2011 \$
Trade receivables	3,063,922	1,148,682

# Notes to the Financial Statements

YEAR ENDED 30 JUNE 2012

## NOTE 7. CURRENT ASSETS – OTHER

	2012 \$	2011 \$
Prepayments	38,483	39,529
Other deposits	91,020	81,890
	129,503	121,419

## NOTE 8. NON-CURRENT ASSETS – PROPERTY, PLANT AND EQUIPMENT

	2012 \$	2011 \$
Leasehold improvements - at cost	528,493	181,086
Less: Accumulated depreciation	(229,966)	(56,594)
	298,527	124,492
Plant and equipment - at cost	185,785	156,413
Less: Accumulated depreciation	(123,964)	(74,280)
	61,821	82,133
Fixtures and fittings - at cost	163,722	108,634
Less: Accumulated depreciation	(109,152)	(39,811)
	54,570	68,823
Computer equipment - at cost	180,756	169,030
Less: Accumulated depreciation	(158,042)	(105,463)
	22,714	63,567
Software pool - at cost	168,735	19,796
Less: Accumulated depreciation	(29,024)	(9,030)
	139,711	10,766
	577,343	349,781

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## Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	<b>Leasehold improvements \$</b>	<b>Plant and equipment \$</b>	<b>Fixtures and fittings \$</b>	<b>Computer equipment \$</b>	<b>Software pool \$</b>	<b>Total \$</b>
Balance at 1 July 2011	124,493	82,133	68,823	63,567	10,765	349,781
Additions	347,407	29,371	67,010	12,398	148,939	605,125
Disposals	-	-	(4,357)	(504)	-	(4,861)
Depreciation expense	(173,373)	(49,683)	(76,906)	(52,747)	(19,993)	(372,702)
Balance at 30 June 2012	298,527	61,821	54,570	22,714	139,711	577,343

## NOTE 9. NON-CURRENT ASSETS – INTANGIBLES

	<b>2012 \$</b>	<b>2011 \$</b>
Other intangible assets - at cost	40,900	40,900
Less: Accumulated amortisation	(40,900)	(40,900)
	-	-
	-	-

## NOTE 10. CURRENT LIABILITIES – TRADE AND OTHER PAYABLES

	<b>2012 \$</b>	<b>2011 \$</b>
Trade payables	117,556	29,167
Other payables	1,263,762	529,331
	1,381,318	558,498

## NOTE 11. CURRENT LIABILITIES – PROVISIONS

	<b>2012 \$</b>	<b>2011 \$</b>
Annual leave	244,313	178,490
Sick leave	140,054	109,938
Parental leave	4,130	-
	388,497	288,428

## NOTE 12. CURRENT LIABILITIES – OTHER

	<b>2012 \$</b>	<b>2011 \$</b>
Grants received in advance	7,311,675	2,814,974

# Notes to the Financial Statements

YEAR ENDED 30 JUNE 2012

## NOTE 13. NON-CURRENT LIABILITIES – PROVISIONS

	2012 \$	2011 \$
Long service leave	9,878	22,352
Lease make good	125,047	-
	134,925	22,352

### Lease make good

The provision represents the present value of the estimated costs to make good the premises leased by the company at the end of the respective lease terms.

## NOTE 14. EQUITY – RETAINED SURPLUSES

	2012 \$	2011 \$
Retained surpluses at the beginning of the financial year	523,098	747,365
Surplus/(deficit) after income tax expense for the year	614,976	(224,267)
Retained surpluses at the end of the financial year	1,138,074	523,098

In the year ended 30 June 2005 GPET advised that the under spent funds of \$373,140 did not have to be returned and could be used by WentWest in accordance with the GP training program. In the prior year ended 30 June 2011 GPET advised that the policy on underspent funds had changed and that these funds now had to be refunded to GPET. GPET actioned this return of funds by reducing the funding payments during the calendar year 31 December 2012. Accordingly, the prior year ended 30 June 2011 funding to WentWest was reduced by \$248,760 and the balance of \$124,380 has been withheld in the year ended 30 June 2012. This resulted in WentWest incurring an operating loss of \$45,000 (before restatement) for the prior year ended 30 June 2011. During 2012 it was recognised that \$179,267 of operating grants had been brought to account as revenue in 2011, which was unearned in that year. The 2011 accounts have accordingly been restated to reflect the grant monies as a current liability. This resulted in WentWest incurring an operating loss of \$224,267 for the prior year ended 30 June 2011.

During the year the Board adopted a Retained Earnings Policy.

## NOTE 15. FINANCIAL INSTRUMENTS

### Market risk

#### Interest rate risk

The company is not exposed to any significant interest rate risk.

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## NOTE 16. KEY MANAGEMENT PERSONNEL DISCLOSURES

### Compensation

The aggregate compensation made to directors and other members of key management personnel of the company is set out below:

	2012 \$	2011 \$
Aggregate compensation	1,386,019	737,229

## NOTE 17. CONTINGENT LIABILITIES

The company had no contingent liabilities as at 30 June 2012 and 30 June 2011.

## NOTE 18. COMMITMENTS

The company had commitments for funds to be spent in accordance with the funding agreements as at 30 June 2012 and 30 June 2011. Refer note 12 for the amounts of these commitments.

## NOTE 19. RELATED PARTY TRANSACTIONS

### Key management personnel

Disclosures relating to key management personnel are set out in note 16.

### Transactions with related parties

The following transactions occurred with related parties:

	2012 \$	2011 \$
Payment for goods and services:		
Payment for services from key management personnel	315,780	165,152

### Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

### Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

### Terms and conditions

All transactions were made on normal commercial terms and conditions and at market rates.

## NOTE 20. ECONOMIC DEPENDENCY

WentWest Limited is dependent on the Department of Health and Ageing (DOHA) and General Practice Education and Training (GPET) for the majority of its revenue to operate the business. Current contracts are on place with DOHA until June 2014 and with GPET until December 2012. Negotiations are underway for new contracts with GPET for the triennium 1 January 2013 to 31 December 2015. The Board of Directors anticipates executing a contract with GPET before the expiry of the current contract.

## NOTE 21. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2012 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

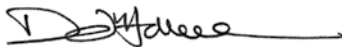
## DIRECTORS' DECLARATION

In the directors' opinion:

- the attached financial statements and notes thereto comply with the Corporations Act 2001, the Australian Accounting Standards - Reduced Disclosure Requirements, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- the attached financial statements and notes thereto give a true and fair view of the company's financial position as at 30 June 2012 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to section 295(5) of the Corporations Act 2001.

On behalf of the directors



**Professor Diana O'Halloran**  
Director



**Mr Alan Zammit AM**  
Director

17 August 2012  
Blacktown NSW

## SECTION

# 7



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**WENTWEST LIMITED**  
**ABN 80 099 255 106**

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF WENTWEST LIMITED**

*Report on the financial report*

We have audited the accompanying financial report, of WentWest Limited, which comprises the statement of financial position as at 30 June 2012, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

*Directors' Responsibility for the financial report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view, in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Independence*

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which was given to the directors of WentWest Limited on, would be in the same terms if given to the directors as at the date of this auditor's report.

*Opinion*

In our opinion, the financial report of WentWest Limited is in accordance with the *Corporations Act 2001*, including

- (a) giving a true and fair view of the company's financial position as at 30 June 2012 and of its financial performance for the year then ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

Jl Moore & Partners,  
Suite 701, Level 7  
100 Christie Street  
ST LEONARDS  
NSW 2065



Duncan Barber  
Partner

Dated this 17 day of August 2012

Limited liability by a scheme  
approved under Professional  
Standards Legislation

WentWest has been focused on providing better health care in our community since 2002. We do this both as a Regional Training Provider and as a Medicare Local.

We connect health services to meet local needs and strive for better health outcomes for Western Sydney. We do this in partnership with doctors, allied health professionals, the local health district and many others.

# WE ARE HERE TO HELP.



**WentWest Limited**  
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