

WENTWEST LIMITED

# ANNUAL REPORT

## 2012-13

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

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





✓ AFTER  
> HELP  
> PARTNERSHIP  
> TRUSTED

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# ABOUT WENTWEST

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.***



Established in 2002 to provide the Australian General Practice Training (AGPT) program across Greater Western Sydney.



In July 2011, WentWest became one of the first Medicare Locals, building on the capability of the organisation as a former Division of General Practice.



#### **OUR VALUES**

Creativity, Leadership, Equity,  
Excellence, Respect

#### **OUR VISION**

Healthier communities, empowered  
individuals, sustainable  
primary healthcare 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.

**> HERE TO HELP**

**> BETTER HEALTH  
OUTCOMES**

**> WORKING IN  
PARTNERSHIP**

**> TRUSTED IN THE  
COMMUNITY**



# OUR BOARD OF DIRECTORS



**CONJOINT PROFESSOR, UWS**  
**Diana O'Halloran**

**Qualifications:**

MB BS, FRACGP, MHPEd, FAICD

**Experience and expertise:**

Diana has longstanding involvements in general practice education, organisational change and health system reform. In addition to the WentWest Board, Diana is a member of the Western Sydney Local Health District Board, the Australian Medical Local Alliance Board and the NSW Agency for Clinical Innovation's General Practice Clinical Advisory Group. She is the immediate past Chair of the NSW General Practice Advisory Council and the RACGP's Presidential Task Force on Health Reform and National Standing Committee – Education. Prior to this, Diana chaired the RACGP's NSW&ACT Faculty and was a RACGP Councillor/Board member from 2000 to 2008.

**Special responsibilities:**

Chairperson



**PROFESSOR**  
**Tim Usherwood**

**Qualifications:**

BSc, MD, BS, FRCGP, FRACGP, FRCP, FAICD, DMS

**Experience and expertise:**

Tim is a Professor of General Practice at the University of Sydney, Sub Dean (Primary Care and Community Health) at the University's Westmead 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



**MR**  
**Ray Green**

**Qualifications:**

MSc

**Experience and expertise:**

Ray is Chief Executive of NSW Ambulance and has previous executive experience with South Australia Ambulance and Health having managed both the Ambulance Service and State-wide Services of Medical Imaging, Pharmacy and Pathology. Ray comes from a UK National Health Service background and has operated in numerous managerial and clinical roles with UK Ambulance Services. He is a Board Member of a South Australian Medicare Local and the Deputy Chair of the Council of Ambulance Authorities and a member of the Australian Commission on Safety and Quality in Health Care.





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**MR**  
**Bradley Delaney**

**Qualifications:**  
HSC

**Experience and expertise:**  
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. Currently Brad works as a consultant.

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



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**DR**  
**Anne-Marie Feyer**

**Qualifications:**  
BA (Hons), PhD, GAICD

**Experience and expertise:**  
Anne-Marie Feyer has more than 20 years' experience in public health research and policy, spanning private and academic sectors. As a Senior Partner at PricewaterhouseCoopers, she established the Firm's Health Advisory Practice. Prior to joining PWC in 2001, Anne-Marie held senior academic appointments in public health in Australia and New Zealand. Currently, Anne-Marie works independently at the interface between research and policy, working with several health research centres and state/ territory health departments. She chaired the NSW Health Workforce Taskforce, and currently leads the state-wide evaluation of the Chronic Disease Management Program in NSW.

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



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**MS**  
**Caroline Lamb**

**Qualifications:**  
BA, LLB, GAICD

**Experience and expertise:**  
Caroline is a community member of the Board. Caroline has served on a number of boards in the financial and consulting sector, 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

## SECTION 2: GOVERNANCE STRUCTURE



**DR**  
**Kean-Seng Lim**

**Qualifications:**

MBBS (Syd), FRACGP

**Experience and expertise:**

Kean-Seng is a GP Principal in a small group practice in Mt Druitt and a GP Supervisor. He has previously served on the RACGP Faculty Board and WSDGP Board. He is currently a NEHTA Clinical Lead, as well as serving on the NPS eHealth Clinical Advisory Group. At the local level, he is currently the secretary of the Mt Druitt Medical Practitioners Association, and has been heavily involved in developing SALSA, a schools based obesity prevention program in western Sydney.



**DR**  
**Linda McQueen**

**Qualifications:**

MB, BS, 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 is a Board Member of the Blue Mountains General Practice Network.

**Special responsibilities:**

Chair, Governance & Nominations Committee  
Member, Finance Audit & Risk Management 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





# GOVERNANCE STRUCTURE

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The WentWest Board has three Committees, which assist the Organisation in reviewing key aspects of its governance responsibilities, including:

## **Governance and Nominations Committee of the Board**

The role of the Governance & Nominations Committee, as established under Clause 13.21 of the WentWest Limited Constitution 2011, is to assist the Board by:

- Ensuring that individual Director and Board performances are enhanced; and
- Creating an environment that attracts and retains highly motivated and capable directors and staff.

**Dr. Linda McQueen is Chair of the Governance and Nominations Committee.**

## **Finance, Audit and Risk Management Committee of the Board**

The role of the Finance Audit & Risk Management Committee is to assist the Board in ensuring that statutory obligations are met, that sound corporate governance principles are implemented and to oversee financial reporting, audit and risk management so that the Board can discharge its responsibility to exercise due care, diligence and skill in relation to WentWest's activities.

**Mr. Alan Zammit AM is Chair of the Finance, Audit and Risk Committee.**

## **Clinical Governance Committee of the Board**

The WestWest Board has established the Clinical Governance Committee to provide advice to the Board on the establishment and operation of a robust framework for clinical governance in WentWest. The Clinical Governance Committee will provide advice to the Board and Management as to the performance of this framework in supporting three key areas:

1. Encouraging person centred services.
2. Improving quality and safety of services.
3. Enhancing equity and access to services.

For the purpose of undertaking this role and the guidance and oversight associated with it, the definition used for clinical governance is:

"the systematic approach to maintaining and improving quality of patient care... it is the exercise of corporate accountability, both external and internal, for the management of clinical performance throughout a health care organisation."<sup>[1]</sup>

This definition is subject to review over time as might be contemporary to the approach to clinical governance and/or relevant to the services WentWest engages in.

**Professor Tim Usherwood is Chair of the Clinical Governance Committee of the Board.**

<sup>[1]</sup> NSW Health (1999). *Framework for Managing Quality of Health Services in NSW*

# CHAIR'S REPORT



**“ One thing that has changed is the sheer scope of WentWest's operations – and the alliances, collaborations, and partnerships through which our objectives are being achieved. ”**

It seems impossible, but it's now two years since WentWest signed a Commonwealth contract to become the Western Sydney Medicare Local: or, in generic terms, a regional Primary Health Care organisation. In that time, what has changed?

One thing that hasn't changed is our fundamental direction. This remains true to our Vision of achieving better health and wellness for all western Sydney's diverse communities while supporting the many community based health professionals who care for those communities.

One thing that has changed is the sheer scope of WentWest's operations – and the alliances, collaborations and partnerships through which our objectives are being achieved. I hope this report provides some real sense of this greatly expanded field of endeavour.

Medicare Locals are not about delivering more of the same. They are about real reform of our health system to deliver what people need: more equitable, effective, patient centred, continuing care, provided as close to possible to people's homes and local communities.

*'Keeping people well and out of hospital'* is what Medicare Locals right across Australia are seeking to do; whether this is through close partnerships with their Local Health District, working directly with communities to plan and establish locally responsive services, or collaborations with other organisations to influence socio-economic determinants of health. Our work is based on rethinking, reconfiguring, integrating and coordinating services and therefore on facilitating change.

The Medicare Local role has enabled WentWest to considerably broaden its efforts, including reaching out to Allied Health Professionals and other community based groups. However, general practice leadership and support remain central to our operations, and I would like to recognise and thank our GP Leaders Group for their continuing sound advice and leadership.

WentWest has a wonderful team of staff. Over the last year, it has been a pleasure and a privilege to work with these skilled and dedicated people. Thanks and congratulations are due to our CEO Walter Kmet and the Senior Management Group for their exemplary leadership and hard work in taking the organisation forward, particularly given the pace and scale required.

Thanks also to Dr Michael Tan, who stepped down from the WentWest Board in August, 2012. In addition to his understanding of local health needs, Michael brought dedication to building patient centred continuity of care; most urgently for those needing palliative care.

Dr Kean Seng Lim, appointed in February 2013, brought a deep understanding of local needs and expertise in clinical practice and informatics. We also welcomed Dr Anne-Marie Feyer in March, 2013, bringing extensive experience in public health research, policy and practice.

My thanks go to every Board member: over the last year, the WentWest Board has continued its creative contributions to the organisation's culture, directions and performance. Despite the continuing change in our political environment, I am confident that will continue to deliver for the communities of western Sydney and those who care for them.

**Di O'Halloran**  
Chair, WentWest

# CEO'S REPORT



**“ Integration  
of services  
would not be  
possible without  
strong, and where  
appropriate, formal  
partnerships. ”**

It is with pleasure that we present the 2013 Annual Report. It has been a significant challenge to adequately represent the depth and breadth of work we do as a Primary Health Care organisation, and I trust this year's report is able to capture this in a way that is accessible and engaging.

WentWest is an organisation of people committed to working with our diverse western Sydney communities and in partnership with the many dedicated professionals and organisations serving these communities. Our Vision for healthy communities, empowered individuals and a strong, sustainable workforce is the foundation for achieving better health outcomes.

Firstly, I would like to pay tribute to our staff. They have worked enthusiastically to make our Vision real through the many programs for which we are responsible. The challenge of ensuring these programs are delivered at the highest standards, as well as ensuring they are truly integrated around of our health priorities, has been met at a number of levels.

Throughout the year we were able to significantly strengthen WentWest's capability through significant enhancements to both organisational structure and systems.

Our Quality Framework has not only been validated by a further three year certification with ISO9001, but has also been broadened and strengthened in key areas such as clinical governance, health and safety, outcomes measurement and consumer and community engagement.

New systems have been implemented to better support service integration, GPs and their practices, allied health professionals and their practices, and overall program management. These include GP desktop tools, eHealth, Health Pathways, financial management, human resource and patient management systems.

A strategic approach to this work has been vital. Wherever possible we aim to achieve both scalability of operations and integration of information.

Integration of services would not be possible without strong, and where appropriate, formal partnerships. WentWest has supported partnership development as a way to bridge the many gaps in health and human service systems; gaps which often work against patient centred care.

Our partnership with organisations like Western Sydney Local Health District, Aboriginal Medical Service Western Sydney and Partners in Recovery are substantial and well organised, leading to a number of program initiatives which we outline in this report. Partnerships with communities through the Local Community Partnerships have created significant momentum and shown promising early results, evidenced by the many activities underway at this level, as outlined later in this report.

Finally, I would like to extend my gratitude to the Board and in particular the Chair Professor Di O'Halloran. The support and guidance of Board members during what has been an extremely important time in the development of this organisation has often been inspirational. I also thank our GP Leaders for their considered views and the additional commitments they make. With their continuing advice we will ensure our role remains relevant at every level within our evolving primary health care system.

We are proud to be part of Greater Western Sydney, and indeed that's who we sing for!

**Walter Kmet**  
Chief Executive Officer

# LEADING INTEGRATED PRIMARY HEALTH CARE IN WESTERN SYDNEY

**WentWest endeavours to:**

**> Support** the provision of person-centred, integrated, coordinated care, reflecting Medical Home Principles.

**> Strengthen** quality, scope, connectedness and capability in general practice and primary health care.

**> Promote** innovation, integration and continuous improvement to increase quality, safety and equity in all health care.

**> Enhance** health literacy and self care capabilities for individuals, families and communities.

**> Design** locally-responsive and equitable services by working with local communities and building on what already exists.

**> Work** across sectors to influence the socio-economic determinants of health.

**> Integrate** teaching and research into health service planning, delivery and evaluation.



## Health Priorities

We have identified six health priorities and intend to achieve better and more equitable health outcomes through partnerships, system reconfiguration, capacity building and consequent efficiencies. These health priorities include:

- Chronic Disease
- Aboriginal Health
- Population Health
- Mental Health
- Child and Family
- Aged Care

## Key Result Areas

### 1. Knowing our community

- population health needs assessment and planning
- consumer engagement and consultation
- Local Community Partnerships

### 2. Workforce quality, capacity and performance

- GP and Allied Health services support and development
- retention and expansion of human resources
- continuous quality improvement capabilities

### 3. Integrated and coordinated care

- health and human service partnerships (eg: HealthOne)
- system innovation, models of care (eg: HealthPathways)
- defining and investing in system enablers (eg: eHealth)

### 4. Teaching, education and research

- integration of education and research into health service planning and delivery
- vertical integration of education, training and research
- eLearning and extended skills development
- partnerships for research and evaluation

### 5. Organisational excellence and sustainability

- developing our people based on a values driven culture
- demonstrating system gains and improved health outcomes
- maintaining and improving our Quality Systems
- commercial sustainability
- strong corporate and clinical governance



# OUR PEOPLE

## A Year of Growth and Development

### Building Organisational Capability

Continuous business growth has been supported by considerable investment in systems, frameworks and ongoing people development.

This includes the successful completion of a number of internal projects that support employee performance, development and engagement to enable and support further scalable growth in the future.

### WentWest Values and Core Competencies

The WentWest Values have been revised to reflect the growth and development of the business. The new values will help guide our employee internal behaviours as well as our relationships with our stakeholders, customers, partners, and patients. The WentWest Values are:

**Creativity – positively challenge convention**  
**Leadership – inspire action**  
**Equity – actively overcome barriers**  
**Excellence – aspire to be the best**  
**Respect – understand others**

The WentWest Values informed the development and design of the WentWest Competency Framework which outlines the skills and competencies defined as critical to the success of the organisation. The WentWest Competency Framework comprises two elements:

**1. Core Competencies**, which apply to all staff and describe the skills and performance expected of all staff. Five core competencies have been established:

- Accountability
- Collaboration and Teamwork
- Communication
- Customer Focus
- Initiative

**2. Leadership and Management Competencies**, which apply to those roles that have the additional responsibility of providing management direction:

- Drives for Quality Results
- Stakeholder Management
- Strategic Management
- People Management

These competencies have established a common language of skills, knowledge, behaviours and other characteristics that are important for organisational success, personal performance and enhanced contribution. Both the values and competencies underpin all human resource processes.

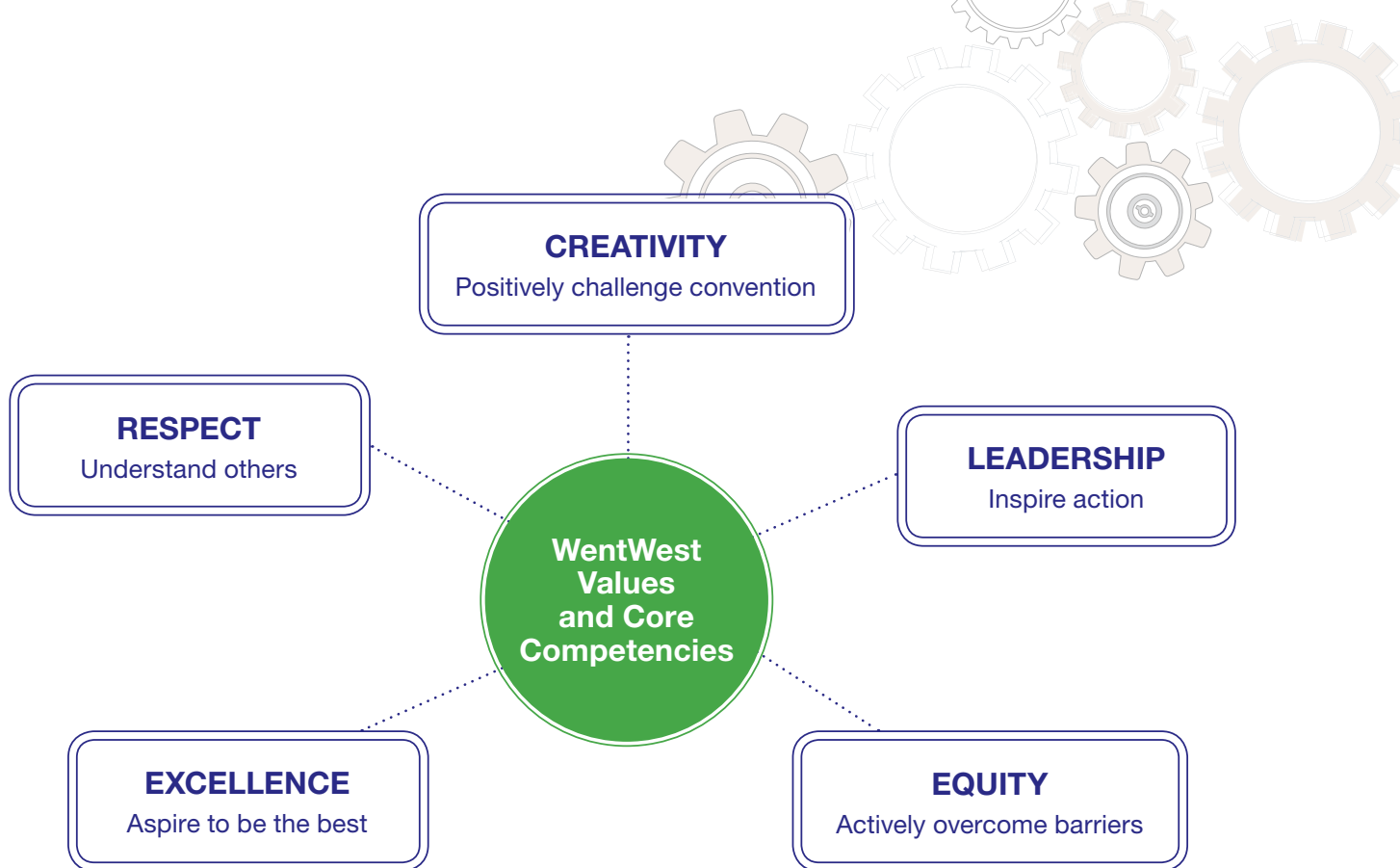
### Learning and Development Strategy

The design and implementation of a new WentWest learning and development strategy supports our culture of 'life-long learning' and ensures our staff are equipped with currency of skills and knowledge to work effectively. This proactive approach to learning and development provides the support for our staff to grow, develop and realise their potential through opportunities that are closely aligned to organisational objectives. This new strategy defines a blended approach to developing our people through training, on the job experience, coaching, mentoring and feedback. This year also continued our focus on the development of our people managers and leadership capability.

### Performance Management Framework

In our continuing effort to drive performance and outcomes, the new WentWest performance management framework was successfully rolled out to all staff and incorporates best practice performance management methodology, tools and resources. Aligned to the values, competencies and the learning and development strategy, this new approach will help to improve productivity, motivation and morale by handling performance management in a proactive manner aligned to the business needs.





## BPA Survey

Another year of pleasing results was received from the annual national Best Practice Australia (BPA) Survey. The nation-wide survey of healthcare sector employees seeks to benchmark an organisation's culture compared to the industry. The focus for 2013 was on 'Leadership and Direction'. Some highlights of the report include:

- 82% of staff believe WentWest is a truly **great place to work**
- 85% of employees are **optimistic** about the future
- 89% of employees believe the organisation provides **adequate flexibility**
- 83% are **confident** and believe in the current **strategic plan**

Overall, our culture was rated in the **success** category: suggesting a strong employee engagement and optimism about the future of the organisation. The clear message was that the majority of employees feel that the organisation provides a climate of respect, puts its values into practice and addresses personal safety issues.

## Building and Retaining a Skilled and Passionate Team

The recruitment and retention of high quality staff with the right capabilities has been vital over the past 12 months in ensuring we have the capacity and capability to deliver organisational objectives. Our recruitment strategy consists of a thorough process supported by an extensive application, interview and testing process to ensure we employ the best candidate for the role. WentWest employee benefits are designed to support

our ability to attract and retain quality staff and are competitive and equitable in comparison to similar industries and markets with which WentWest operates.

## Supporting Diversity

Staff are recruited based on their skills, experience and cultural alignment to the organisation and qualities that where possible are transferable, and adaptable to reflect the changing nature of the business. As the business has grown so has the diversity amongst our WentWest team. This diversity of staff reflects the western Sydney community the business supports while meeting commitments to equity and diversity. Diversity is a key focus of our attraction and retention strategy.

## Work Place Health and Safety

The health and safety of our employees continues to be a priority, with WentWest dedicated to creating a safe and supportive workplace in line with Workplace Health and Safety legislation. Our high commitment to safety - not only for our own employees but also for contractors and visitors - is supported by a thorough work place health and safety framework including policies, procedures, training and ongoing consultation with staff.

A range of courses has been provided to employees on an ongoing basis to ensure health and safety including Risk Management Training, Manual Handling, Fire Warden Training, and Ergonomic Assessments. Our annual Work Place Health and Safety (WHS) audit process ensures an independent and systematic examination of the status of WHS within an organisation; measuring compliance with applicable legislation and identifying areas of opportunities for improvement.

## SECTION 5: OUR PEOPLE

### EAP – Employment Assistance Program

An Employee Assistance Programme (EAP) has been put in place for all employees and immediate family members. The EAP provides confidential and professional counselling services to help employees resolve personal or work-related problems that have the potential to impact on an individual's work performance and well-being. This is a confidential service provided by counsellors who are qualified professionals with extensive training and experience in counselling, coaching and workplace consulting.

### Best Practice Policies and Procedures

The Human Resources (HR) team continue to build and implement new HR policies and procedures that support our mission, values and strategic activities. The employee HR manual provides guidelines, policies and procedures, which together with any external legislative requirements provide the framework for managing human resources in this unique and diverse organisation in a legally compliant yet progressive way.

### Winner – National Medicare Local Awards Program

WentWest team member Yolanda Turini was nominated for the National Medicare Local Awards Program for the Emerging Team Leader Award. Yolanda was successful in winning this prestigious award for a young leader who has made a significant contribution to Australia's primary health care through her work within the Western Sydney Medicare Local. Yolanda's strong vision and leadership coupled with her proven positive impact in achieving an improvement to the health care of patients and service improvements ensured her success in winning this award.



WentWest team member, Yolanda Turini (centre) winner of the Emerging Leader Award at the 2012 National Medicare Local Awards.

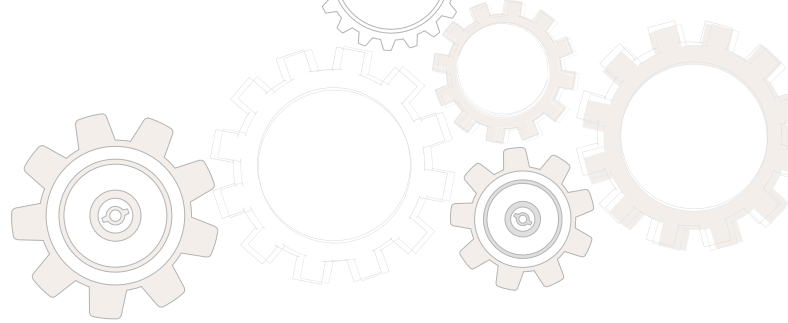


WentWest CEO Walter Kmet with team member Himali Wettasinghe, winner of the NSW Multicultural Health Communication Award.

### Winner – 2013 NSW Multicultural Health Communication Award

Himali Westtasinghe from the Local Community Partnerships department won 2013 New South Wales Multicultural Health Communication Award in July. This award recognises Himali's important contribution to the 'Promoting a Smoke Free Arabic Speaking Community in Western Sydney' project.

Himali designed a concept aimed at communicating the impacts of smoking vs quitting. Using visual imagery rather than words, it created a powerful message reaching audiences within the Arabic community; regardless of their literacy levels.



# SUPPORT FOR OUR GENERAL PRACTITIONERS AND ALLIED HEALTH PROFESSIONALS

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General Practitioners (GPs) and Allied Health Professionals (AHPs) in our region are foundations of our primary health care system. Our governance structure and support activities seek to lead, engage and build capacity at all levels of this system. WentWest has established a GP Leaders Group and Allied Health Leaders Group which meet regularly as a way of ensuring our strategic direction and activities are in line with their expectations.

*"First as a registrar, now as a business owner and an eHealth ready general practice, WentWest has supported me in my career progression. Support from WentWest across all areas of general practice including accreditation, practice incentive payments, data cleansing, and staff training have been outstanding."*

**Dr Toby Nasr, GP – Seven Hills, NSW**

*"WentWest is a proactive and efficient organisation which serves the modern innovative general practice model in western Sydney. Bridgeview Medical Practice is proud to be a service provider working in partnership with WentWest. In the past year through the immense and generous support and guidance, we were a successful recipient of the Primary Care Infrastructure Grant. We have been working very closely with WentWest in its Western Sydney Medicare Local (WSML) division in developing HealthPathways for chronic disease management in western Sydney. Our practice has been supported through workshops, seminars and conferences in delivering excellent training programs for future general practitioners through the GPET and PGPPP."*

**Dr Thava Seelan, GP – Bridgeview Medical Practice, Toongabbie, NSW**

*"Support from WentWest has given me the motivation to meet the PHR [PCEHR] requirements. Two years ago I didn't think my practice would be computerised but with help from Jodi Gibson and Elizabeth Wan I haven't felt so alone in trying to accomplish that."*

**Dr Hermant Vrajilal, GP – Kellyville, NSW**

*"As an allied health professional it has been beneficial to attend the education opportunities offered by WentWest – not only to expand my knowledge of service provision, business planning and technology but also to network with other providers in the region."*

*There are not many opportunities to meet with GPs, pharmacists, psychologists, other physiotherapists, occupational therapists and speech pathologists and discuss the needs of our clients. The courses I have attended have been of good quality and well organised. I am grateful to be able to connect with this group."*

**Jane Louis, Physiotherapy Service Manager – Castle Hill, NSW**

*"Since first attending the launch of WentWest, I have only seen a proactive and enthusiastic approach from the WentWest team to engage all stakeholders in the region, including allied health. Registers, factsheets and educational videos have been created for variety of allied health professionals to inform GPs, health professionals and members of the WentWest community to better understand how we can assist in their care. I feel allied health will continue to play an increasingly major role in the care of the community and know that this recognised and being supported by WentWest. This is great comfort to me and my team."*

**Martin Bending, Exercise Physiologist, Allied Health Service Manager, NSW**

# EDUCATION & TRAINING

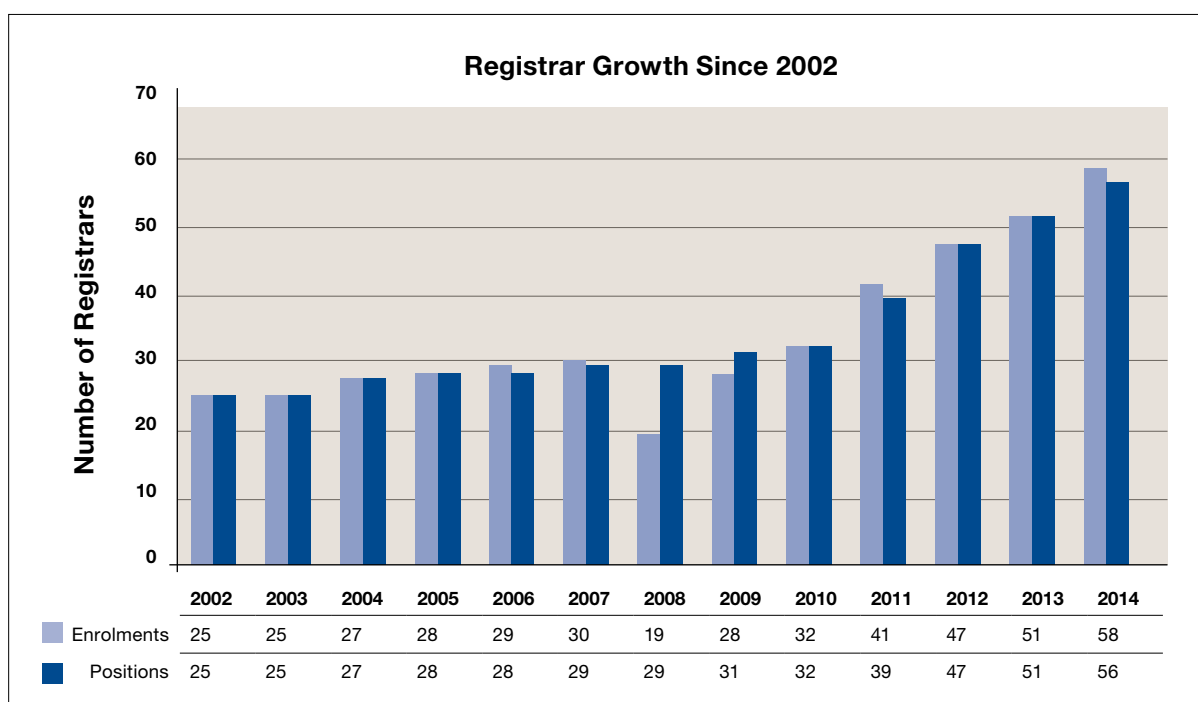
### AGPT - Australian General Practice Training Program

WentWest continues to see the strength of its Regional Training Provider (RTP) role grow with a further increase in training positions received for the 2014 cohort recruited in 2013. Once again, this year our positions were oversubscribed by applicants for the Australian General Practice Training (AGPT) Program.

The table below demonstrates the continued growth of the AGPT program in western Sydney:



An Australian Government Initiative



### Key points of interest:

- First rural pathway position for WentWest commenced in 2013;
- In 2013 we will have had **171 GP registrars enrolled in the WentWest GP Training Program**;
- Approximately **44% of GP registrars are training part time and 56% full time** with 26% being male and 74% being female;
- Currently we have 83 RACGP (Royal Australian College of General Practitioners) Accredited general practices with 127 dedicated GP supervisors in our region involved with practice-based GP training with five additional supervisors being accredited in 2013;
- We see continued growth from registrars who have completed their GP training with WentWest and commenced as GP supervisors in our region;

- 31 registrars obtained the Fellowship of the Royal Australian College of General Practitioners and received their certificates of completion from WentWest in the past financial year,
- Extended skills opportunities created in 2013 include a position with Justice Health and the recently developed HealthPathways initiative, which will lead to registrars being integral to shaping the future of primary health care - not only in western Sydney, but also throughout Australia.

## Expanding Support Teams

Our Regional Training Provider (RTP) Support Team has expanded to accommodate this growth and we have recently welcomed three new support team members. Our Medical Education Team has also expanded with the employment of four new medical educators in the past year. 56% of our Medical Education Team were WentWest registrars.

## Coordinating National Assessment Centres

In June 2013 WentWest's RTP team worked in collaboration with all NSW RTPs to coordinate the National Assessment Centres. 2074 applicants were interviewed nationwide, with WentWest Learning Centre hosting 280 candidate interviews over seven days.



RACGP's General Practitioner of the Year, Dr. Tony Lembke (centre) with WentWest's Clinical Director, Dr. Michael Crampton (left) and Chair, Professor Di O'Halloran (right) at the 2013 Supervisor and Registrar Annual Dinner.

## 2013 Supervisor and Registrar Annual Dinner

The 2013 Supervisor and Registrar Annual Dinner was an opportunity for us to recognise the achievements of the RTP over the past 12 months. This year over 140 guests and dignitaries attended, with the guest speaker being NSW GP Dr Tony Lembke, the 2012 RACGP General Practitioner of the Year.

We continue to collaborate with the Departments of General Practice at the University of Sydney and University of Western Sydney to enhance our Supervisor networks

and the education opportunities we provide for these. 2013 will be the sixth annual delivery of the Combined Supervisor Development Workshop bringing together supervisors of all levels of learners across western Sydney.

## PGPPP - Prevocational General Practice Placement Program

Our delivery of the Prevocational General Practice Placement Program has continued in 2013. We now have eight accredited practices within our training region to deliver prevocational General Practice training opportunities to Junior Medical Officers (JMOs) from Westmead, Blacktown and Nepean Hospitals.

The program began in 2011 with 18 participants. In 2013 it delivered training to 24 JMOs.

Year	Junior Medical Officers
2004	1
2005	13
2006	21
2007	24
2008	21
2009	25
2010	26
2011	15
2012	26
2013	24

## First Wave Scholarship Program

For the past five years, WentWest has participated in the General Practice Student Network (GPSN) First Wave Scholarship program. 43 medical students were given the opportunity to experience general practice first hand under the guidance of GP registrars training with WentWest. The students were attached for six sessions to the registrars and their practices and participated in education sessions attended by the registrars during this time.

The feedback on this program was extremely positive and we aim to continue this support of GPSN and medical students in the future. This also provides the opportunity for registrars interested in education and training to develop their skills as an educator.

Year	First Wave Participants
2010	6
2011	10
2012	16
2013	11

## OTDNET - Overseas Trained Doctors National Education and Training Program

Developed by WentWest and now funded through General Practice Education and Training Limited (GPET),



## SECTION 6: EDUCATION & TRAINING

this training program provides overseas trained doctors with access to education and training that supports the attainment of general medical or specialist (General Practitioner) registration. Commencing in 2013 with the funding of five positions, the focus is on doctors who wish to achieve the Fellowship of the Royal Australian College of General Practitioners.

### Aboriginal and Torres Strait Islander Health Training

The Aboriginal and Torres Strait Islander Health Training Strategic Plan approved by GPET for the 2013-2015 training period focuses on increasing capacity for registrar training in Aboriginal Community Controlled Aboriginal Health Service (ACCHS) and working in Aboriginal and Torres Strait Islander Health.

The plan prepared by WentWest and supported by the Aboriginal Medical Service Western Sydney (AMSWS) includes five key strategies for increasing capacity for registrar training:

1. **Develop** an appropriate framework for advice on Aboriginal Health training in WentWest
2. **Enhance** engagement working collaboratively with the Aboriginal Health & Medical Research Council through the proposed NSW RTP
3. **Improve** registrar access to Aboriginal and Torres Strait Islander Health training resources
4. **Engage** supervisors in developing a model to improve Aboriginal Health training in western Sydney
5. **Increase** capacity and opportunities for registrars to train in ACCHSs outside our region

Increasing capacity for registrars enrolled in the AGPT program in Aboriginal and Torres Strait Islander Health within our region has been achieved through a week long training scheme at AMSWS. This component of the plan enables registrars to be attached to the AMS and work alongside the care teams at the AMSWS to provide general practice services to their patients. It also provides an opportunity for registrars to better understand Aboriginal and Torres Strait Islander Health issues and opportunities.

To include PGPPP within our plan, the AMSWS has developed the opportunity for PGPPP Junior Medical Officers to attend the AMS for one session and meet several community Elders, sharing morning tea while listening to their stories and experiences in relation to health. A Cultural Mentor facilitates the meeting. Feedback from the attendees to date has been positive and has resulted in a better overall understanding of the factors affecting the health of Aboriginal people in western Sydney.

For further capacity building, WentWest, in collaboration with Tropical Medical Training, offers our registrars a post in Far North Queensland at the Mamu Health Service in Innisfail. This provides additional capacity for full term training in an Aboriginal Controlled Community Health Service and in a rural location.



*Dr. Aileen Traves working with patients in Far North Queensland.*

### The WentWest Learning Centre

The official opening of the WentWest Learning Centre took place in March. Opened by The Hon Tanya Plibersek MP, Minister for Health and Minister for Medical Research, it was also attended by many of WentWest's members, partners and colleagues.

The WentWest Learning Centre utilises high-tech equipment such as live video streaming, iPod connectivity and hearing loops. With 150-seat lecture theatre and flexible room space, it is well equipped to provide first-class learning to the increasing number of registrars who now choose to carry out their training and work in western Sydney.





*Federal Minister for Health, The Honourable Tanya Plibersek, MP officially opens the WentWest Learning Centre in March 2013. Seen above with WentWest Chair, Professor Di O'Halloran, Member for Greenway, Michelle Rowland, MP, WentWest CEO, Walter Kmet and Member for Chifley, Ed Husic, MP.*

## Learning Management System

In 2013 WentWest implemented an online eCampus Learning Management System to GP registrars who train with us and their supervisors. The first of the programs available through eCampus is gp-start, which streamlines resources and links key clinical activities to learning outcomes and to the training curriculum. It is yet another initiative supporting registrar numbers in the region.

The Learning Management System will be expanded to include a broader range of our stakeholders throughout 2013.

## WSAPC - Western Sydney Academic Planning Committee

The Western Sydney Academic Planning Committee (WSAPC) provides a forum to lead and strategically plan primary health care teaching and research in western Sydney.

WSAPC comprises the Sydney University Western Clinical School, Professor of General Practice, the University of Western Sydney, Professor of General Practice and the WentWest Chair, CEO, COO and Clinical Director.

The WSAPC objectives for western Sydney are to:

- **Provide** a platform for the development and coordination of integrated Primary Health Care (PHC) teaching
- **Support** the development of a quality PHC and teaching and research network including centres of excellence and new practice/service models
- **Provide** a platform for developing, attracting and coordinating PHC research opportunities
- **Provide** advice and recommendations on research proposals and evaluation and activities to WentWest and other organisations in western Sydney
- **Promote, evaluate and support** innovation in PHC delivery, teaching and research
- **Promote** community engagement in teaching and research in western Sydney

During the past year, the Committee has met on four occasions.



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# HERE TO HELP

### PRACTICE SUPPORT

The WentWest practice support team has been working intensively with local general practice and allied health providers as a core element of Western Sydney Medicare Local (WSML). The 2012-13 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 services as a Medicare Local.

We also opened an allied health and general practice help desk, which had over 1100 contacts with practices to provide support on various queries.

Among the key achievements for the team were:

- **Transition** of 12 general practices from other regions according to the new WSML boundaries including supported set up of some new practices to the region
- **Support** of 204 practices within the WSML boundaries through accreditation or reaccreditation
- **Assistance** with clinical data management resulting in implementation of PEN Clinical Audit Tool across 147 practices for data aggregation, reporting and service planning
- **Setup** of a fully functional IT helpdesk utilising ticketing and remote assistance software with effective prioritisation and reporting - currently serving 16 general practices at pilot stage

OUR PRACTICE  
SUPPORT TEAM  
CONDUCTED  
OVER  
2,500  
PRACTICE  
VISITS ACROSS  
THE REGION TO  
LOCAL GPs AND  
THEIR TEAMS.

- **Support** of over 40 partnership practices through quality improvement initiatives to build internal capacity to improve patient health outcomes for their diabetic patients
- **Increase** in immunisation coverage rate across the region to 93% in December 2012 - the first time that immunisation rates in the region have been above 90% - resulting from more intensive practice support services and innovative projects such as the kids' bike competition
- **Increased** uptake of practice nurses in general practice with
  - » 139 new nurses recruited into general practice
  - » 23 practices expressing an interest in hiring a nurse
- **Provision** of co-funded clinical courses for nurses in Well Women's Screening and Accredited Nurse Immuniser course to increase cervical screening and immunisation rates in the local region
- **Establishment** and maintenance of 26 disease specific and seven cervical screening clinics in general practice
- **Placement** of Consumer Registration Assistants in 19 general practices to increase the number of consumers registered to the Personally Controlled Electronic Health Record (PCEHR)
- **Increased** uptake of the PCEHR to a total of 27,500 consumer registrations in the region this financial year
- **Provision** of 71 Continuing Professional Development Education Events for GPs, practice nurses and practice managers

#### Allied Health

Since it was implemented in November 2012, the allied health support program has been providing support to over 1500 allied health professionals currently identified to be practising in western Sydney.

Eight allied health and networking events have been held so far, giving attendees the opportunity to access information on a range of topics while connecting with others in their industry.



Four videos have been developed to educate GPs and other health professionals about allied health clinical treatment and how to integrate allied health services within their current patient management plans.

Feedback has been integral in shaping the allied health support program. An allied health leaders' group has been formed, with consultation meetings being held every three months for feedback and program development.

Two needs assessment services have been completed, with 461 allied health professionals working within western Sydney participating in the survey to provide feedback and assist in driving the outcomes of the allied health support program.

## MLAH - MEDICARE LOCAL AFTER HOURS



The After Hours Program commenced in August 2011, with the Western Sydney Medicare Local (WSML) After Hours Team

tasked with improving the coordination and integration of after hours primary care services across western Sydney.

Over the last year we have seen practices extending their opening hours and expanding their services in the after hours period to provide a more comprehensive after hours primary health care service to the community.

### Regionwide Needs Assessment and Initiatives to Address Gaps in After Hours Primary Health Care

Through the collection and analysis of data and other information, as well as broad ranging consultation with health and community services and community groups, WSML identified several gaps in access to after hours primary health care in western Sydney. These included:

- **Insufficient practices open** during the after hours period in the Blacktown North, Hills Shire North and Northern Parramatta regions
- **Lack of community knowledge** and awareness of after hours health services
- **Lack of coordination/understanding** between after hours health care providers including aged care facilities, home visiting GP services, hospitals and GPs

WSML has implemented the following strategies to address the identified gaps:

#### 1. Community Education and Awareness Campaign

- WSML has compiled after hours service directories which have been distributed throughout the community and are available online
- WSML has held over 50 information sessions for community groups and agencies to provide information on after hours services including the GP helpline and home visiting GP services, as well as information on how to use the ambulance service appropriately

#### 2. Funding grants to improve or expand after hours services

- WSML has awarded over \$660,000 in funding to general practices and deputising services across the region to expand or improve after hours health services to patients
- Successful proposals included activities such as extending opening times, increasing capacity, increasing after hours practice nurse services, improving security, and improving services to aged care facilities

#### 3. Coordination role

- WSML is working with after hours service providers to improve coordination, communication and referrals between providers, including hospitals, general practices, deputising services and aged care facilities, including:
  - » **compiling** directories for hospital Emergency Department staff
  - » **listing** general practices that are open after hours and the services that each practice can provide including practice nursing, radiology, fracture services etc., to assist staff to refer patients into primary care services as appropriate

### IPAH - Incentive Payment for After Hours

From July 2013, funding for the After Hours Practice Incentive Program (PIP) has been redirected through Medicare Locals. This change aims to promote locally tailored solutions to after hours access issues for patients, as well as fair, appropriate distribution of incentives to practices. WSML is now administering the new Incentive Payment for After Hours (IPAH) system. This incentive system was developed through extensive consultation with general practices in western Sydney as well as through an advisory group made up of local GPs, representatives from local hospitals and representatives from Ambulance NSW. This incentive aims to increase the availability of after hours primary care services within the region. Accredited practices that are open

## SECTION 7: STRATEGIC OBJECTIVES

extended hours are also now able to claim additional funding for providing services such as practice nurse availability, suturing, pathology, radiology and use of the translating and interpreting service (TIS).

### EHEALTH - THE NATIONAL EHEALTH RECORD SYSTEM



From 1st July 2012 patients have been able to register for electronic health records. The national eHealth Record System provides access to select health information from patients' health records that can be securely shared with relevant healthcare organisations across Australia.

With a patient's consent, other healthcare professionals can securely access his or her health information. The system is designed to be integrated into clinical information systems, and is growing as more individuals and healthcare organisations join.

The national eHealth record system provides an active, secure online record that follows patients as they move through Australia's health system, capturing important clinical and treatment information at different points in time.

The structure of a patient's shared health summary is underpinned by the Royal Australian College of General Practitioners (RACGP) template for a GP health summary. It is expected that in the future, the availability of eHealth records will save valuable time for both patients and healthcare professionals.

The WSML eHealth Implementation team has successfully registered 137 practices in the past twelve months with more registering to be "eHealth Ready Practices" weekly.

#### Spreading the eHealth Message

General Practitioner Presentations have been held across Western Sydney Medicare Local area to inform practitioners about the benefits of eHealth to practices and patients and to gain their involvement.

Team members have attended a wide range of community events from Auburn to Mt Druitt,

Blacktown Hills and Parramatta. Some of these include Indigenous health and community events, Seniors Week forums, computer groups, community health awareness days, pre-schools and library and senior women's group talks.

An awareness raising advertising campaign was conducted in WSML area in local papers, on bus shelters and buses, as well as media stories in local papers to assist in gaining public recognition for eHealth. A WSML area resident mail-out was also undertaken as part of the public awareness raising campaign.

Registration of patients was initially conducted in a number of "pilot practices," when this was proven to succeed, a number of customer registration assistants (CRAs) were employed to work in key practices to register patients. This continues today, and CRAs are now working in hospitals (with the support of NSW Health) and registering large numbers of patients weekly.

Many registered practices are beginning to see the benefits of uploading shared health summaries for their patients, especially for those patients with chronic health conditions.

#### What is in a Patient's eHealth Record?

A patient's eHealth record contains a summary of their:

- medical history - key healthcare events and activities
- allergies and adverse reactions
- current medications
- immunisation history



*The National eHealth Education Roadshow for Primary Care Professionals visits western Sydney in February 2013.*





## LINKEDEHR



In June 2013, WentWest introduced LinkedEHR after acknowledging the need to facilitate GPs and other health care providers with a unique system for managing and sharing patient information.

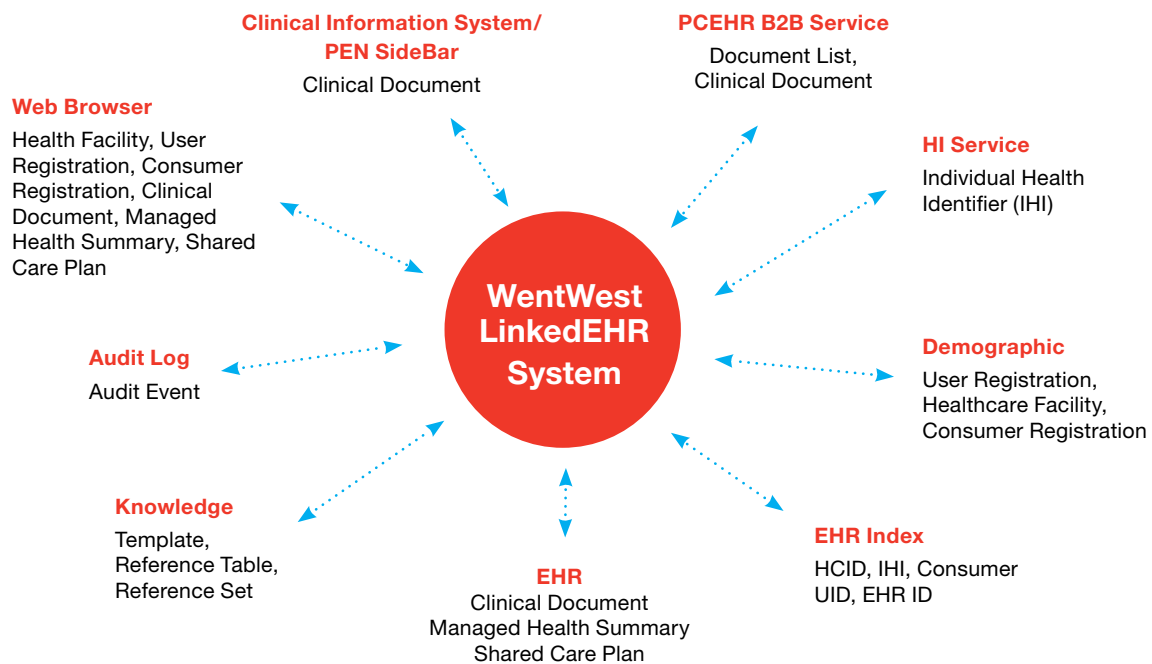
Previously the procedure for sharing health care plans for patients generally relied on the exchange of paper documents amongst primary carers. Exchanged by

fax or mail, these can be inefficient and hamper the inclusion of all primary carers in a Medicare Funded Team Care Arrangement or GP Management Plan.

A concept paper was prepared in May of 2012 on ways to automate GP team care arrangements into a unique system for electronic sharing of the health care plans for chronically ill patients amongst the full primary care team. Tenders were prepared and Ocean Informatics submitted a winning Implementation Planning Study. They were engaged in October of 2012 to deliver a live system by the end of June 2013, which occurred in time and on budget.

### LinkedEHR

The diagram below highlights the connection of the shared care planning system with internal and external data repositories.



Key: The acronyms in the diagram have the following meaning:

<b>PEN SideBar</b>	An app on the GP system extracting patient data and sending into LinkedEHR
<b>B2B</b>	One on one business to business link
<b>HI Service</b>	Medicare's Health Identifier Service
<b>IHI</b>	Individual Health Identifier (Consumer)
<b>HCID</b>	Health Care Identification
<b>Consumer UID</b>	Consumer User ID
<b>EHR</b>	Electronic Health Record
<b>Knowledge</b>	e.g. HealthPathways®

## SECTION 7: STRATEGIC OBJECTIVES

The NSW Health's HealthShare is keen to include LinkedEHR into Blacktown and Mount Druitt Hospital, particularly for diabetic patients.

The main difference between LinkedEHR and other chronic care systems on the market is that LinkedEHR is not restricted to any one disease or mode of treatment. There is no fixed template for treatment and there is full compliance with the PCEHR system.

### NPS – NATIONAL PRESCRIBING SERVICE MEDICINEWISE



WentWest's NPS program experienced continued success throughout 2012-13,

building on an already solid foundation of engagement with the local primary healthcare workforce. The period included a focus on two key topic areas including *Antibiotic Resistance Respiratory Tract Infections and Type 2 Diabetes: Priorities and Targets*.

Through popular demand the previous program titled *Balancing the Benefits and Harms of Antipsychotic Therapy* continued to be offered upon request.

Over 700 GPs within WentWest's catchment participated and many continued to attend multiple events ranging from one on one visits to workshops presented by specialists. Additional interest was captured with 350 pharmacists for all three key programs and 10% of nurses expressing interest in the on-line webinars focusing on Type 2 Diabetes.

### Fighting Antibiotic Resistance

Over 350 GPs in western Sydney are on the frontline in the fight against antibiotic resistance and are working with NPS Medicinewise to increase patient awareness of the new warnings and dangers of superbugs. WentWest is the primary outlet for NPS Medicinewise and is the key driver for the appropriate use of antibiotics, currently aligned with GPs, pharmacists and nurses.

The fight on antibiotic resistance has been extremely successful as more people have become familiar with the dangers of superbugs.

### Know Your Medicines Campaign

WentWest's NPS Medicinewise team has successfully engaged various aged care facilities, presented at various community events, including WentWest events and medical practices enhancing awareness of the 'Know Your Medicines Campaign'. The impact has been successful in influencing the development of additional support material for all consumers.



NPS Campaign to Fight Antibiotic Resistance.





# BETTER HEALTH OUTCOMES

## ATAPS – ACCESS TO PSYCHOLOGICAL SERVICES PROGRAM



**ATAPS**

In the past year WentWest has expanded and promoted the Access to Allied Psychological Services Program (ATAPS).

ATAPS is a pathway that enables GPs across western Sydney to refer disadvantaged or hard to reach patients to a mental health professional for Focused Psychological Strategies (FPS) where they would not otherwise be able to afford the fee charged by a mental health professional.

The program's expansion encompassed selecting and contracting a new workforce of 94 clinicians, including 30 clinical psychologists. WentWest has also contracted four employed clinicians and developed networks with several HealthOne sites (Rouse Hill, Auburn and Mt Druitt) to assist delivering quality ATAPS mental health services in our ever growing western Sydney region.

Since implementing the expansion in July 2012, WentWest has been able to deliver and commit to an additional 7,600 sessions and has delivered services to 800 more patients than the previous year.

In addition to increased demand, the ATAPS program has experienced growth in the number of GPs referring into the service. Throughout the year over 310 GPs across the region referred into ATAPS – three times more than the previous year.

Recently WentWest has designed a referral process for primary schools counsellors to refer directly to our ATAPS providers as part of the expansion into ATAPS Children Mental Health Services. As a result WentWest has engaged with **230** primary schools (State, Catholic and Independent) in the western Sydney region the referral rates for the tier 2 children are increasing.

## Priority Referral – Suicide Prevention ATAPS

WentWest has recently reviewed and evaluated its ATAPS suicide program, whereby a WentWest employed clinician delivers service within the Blacktown City Mental Health Service (Embark Cottage) to patients who are identified as experiencing moderate risk of suicide. Launched in September 2012, the program continues to draw positive feedback from GPs, allied health professionals, and patients alike.

During the year WentWest has been able to deliver:

<b>Number of referrals</b>	111
<b>Number of patients seen</b>	75
<b>Number of sessions available</b>	713
<b>Number of sessions delivered</b>	534 (74% attendance rate)
<b>Average sessions per client</b>	7

## MHNIP - Mental Health Nurse Initiative

The MHNIP program will continue 2013 -14. We are working closely with our mental health nurse who will continue to assist present patients and will hopefully be able to transition these patients to the upcoming Partner in Recovery Program (PIR).

## SECTION 7: STRATEGIC OBJECTIVES

### SHAPE HEALTHY LIFESTYLE PROGRAM



In its fourth year, SHAPE continued to experience growth in both participation and service offering. SHAPE is a group

based healthy lifestyle program delivered by WentWest and accredited allied health professionals. In western Sydney the rate of physical inactivity and of obesity in the region is alarmingly high, and for this purpose the SHAPE program was developed in 2009 to cater to the overwhelmingly need for lifestyle education and modification services.

Delivered by WentWest and accredited allied health professionals, the program has a unique focus on improving health outcomes by enhancing healthy lifestyle behaviours and empowering participants to take control of their health and wellbeing.

The SHAPE team has worked closely with various stakeholders groups to tailor programs around the diverse needs of western Sydney patients including Aboriginal and Torres Strait Islander communities, seniors, child and welfare groups and disability organisations.

IN TOTAL OVER  
**1,000**  
LOCAL  
WESTERN  
SYDNEY  
RESIDENTS  
HAVE ACCESSED  
AND BENEFITED  
FROM THE SHAPE  
PROGRAM.

**Over the past 12 months the SHAPE team has delivered over 140 programs to residents of western Sydney ranging from children who are overweight or obese to the elderly.**

### SHAPE Outcomes

A recent evaluation of the SHAPE program conducted from the Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders showed significant changes in self efficacy towards exercise and nutrition as well as increased stage of change for exercise:

- 73% of participants increased their exercise self efficacy
- 83% increased their dietary self efficacy
- 58% increased their exercise stage of change

### NSW CHRONIC DISEASE MANAGEMENT PROGRAM - CONNECTING CARE IN THE COMMUNITY

The program aims to deliver more effective health management for people aged over 16 years with certain chronic diseases. The Medicare Local Care Coordination program in 2013-2014 will continue to work with GPs and relevant service providers to improve the care planning and coordination for patients who frequently present to their emergency department - in order to reduce avoidable admissions and improve patient outcomes.

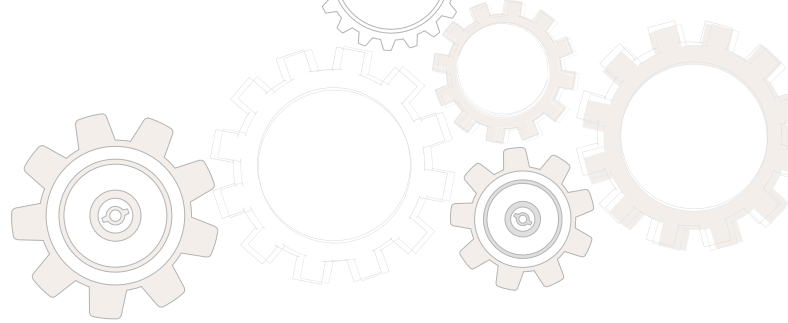
### Connecting Care Outcomes

The program recognises GPs as the main medical care provider. General practitioners are contacted by the care coordinators to discuss the patient's care. 45% of GPs are sharing their GP Management Plans (GMPs) and Team Care Arrangements (TCAs).

The team is currently managing 120 patients. The program is supporting 3.5FTEs, registered nurses and a dietitian.

The program has expanded to include mental health patients with chronic health issues in September 2012, and this will continue.

IN EXCESS OF  
**265**  
REFERRALS  
HAVE BEEN  
MADE TO  
THE SERVICE  
FOR CARE  
COORDINATION.



As of 30th June the team was managing 120 patients. Better management of mental health patients will ensure an increased communication with mental health service providers. These activities will include case conferencing with GPs and case reviews with mental health service providers.

### Connecting Care Patient Journey

A referral was sent to WentWest for a 50 year old woman with chronic issues including:

- Chronic Obstructive Pulmonary Disease (COPD)
- multiple hernias
- severe osteoarthritis
- hepatitis C
- depression

She is also on the methadone program located on the hospital grounds.

The patient has been having frequent presentations to hospital for overdosing due to pain control issues, with two of these admissions resulting in the ICU presentations. In order to address the complex needs of the patient, a case conference was coordinated by the Medicare Local Care Coordinator and attended by:

- the mental health team (psychiatrist and case manager),
- drug and alcohol team (Doctor and Methadone Unit NUM)
- Liver Clinic Doctor from Westmead Hospital
- GP liaison nurse (Mental Health)
- CNC Chronic Care in Blacktown ED

It was the first time that care providers had discussed as a team the best approach for this woman.

A plan is now in place to work through the patient's health conditions with the multidisciplinary team and has been distributed to all care providers including a range of GPs the patient consulted. A list of service providers and contact details was also made available to the patient and health professionals.

In addition, an assessment by an Orthopaedic surgeon was arranged and the patient is now on a waiting list for a total knee replacement.

## HEALTHONE



WentWest and WSLHD have established a formal partnership – reflected through an endorsed

Partnership Memorandum and set of agreed health priorities in the areas of child and family health, aged care, chronic disease management, mental health, Aboriginal health and population health. WentWest and WSLHD Partnership incorporates agreed system change enablers including expanding the footprint and focus of the HealthOne approach, and integrating a number of other key initiatives including e-health; HealthPathways and population needs assessment planning and formation of Local Community Partnerships to develop strategic solutions and local actions.

HealthOne Western Sydney is now an endorsed core care coordination platform for the delivery of emerging integrated primary health models to address the identified health needs of populations in western Sydney. While the initial focus has been on developing clinical and service planning relationships between community health and GPs, HealthOne Western Sydney will expand over time to include a range of other community based health service partnerships.

The key HealthOne outcome targets (with a specific focus on target population groups) include:

- Reduced hospital admissions for those with chronic and complex conditions
- Increased participation by older people and people with chronic illness in self management and general health care and prevention programs
- Increased GP involvement in NSW Health and Local Health District primary health care program priorities
- Improved family health targets including increased breastfeeding rates, reduced incidence of low birth rates, reduced smoking and earlier engagement in ante-natal programs;
- Early identification and intervention to improve children's achievement of developmental milestones, and effective engagement of community agencies and other sector services for families and population groups at high risk.

WentWest has also been working with colleagues from WSLHD on the development of a HealthOne Operational Manual. The Operational Manual aims to formalise a framework for the standardisation of HealthOne across western Sydney.

# WORKING IN PARTNERSHIP

### WSLHD - WESTERN SYDNEY LOCAL HEALTH DISTRICT PARTNERSHIP



**Health**  
Western Sydney  
Local Health District

Our Partnership with the WSLHD has continued to strengthen over the

last year, building on the key service integration initiatives of Personally Controlled Electronic Health Record (PCEHR), HealthOne and Chronic Disease Management Program - Connecting Care in the Community. Joint operational plans for each of the six common health priorities have been developed and WentWest is now participating in three key leadership groups:

- Population Health Leadership Group
- Aboriginal Health Board Subcommittee
- Western Sydney Diabetes and Prevention Steering Committee

Our Partnership will continue to focus on identifying and addressing new opportunities to improve healthcare delivery in western Sydney with the development and implementation of HealthPathways; a major system enabler for integration, collaboration and optimisation of models of care.

Over the last year we have nurtured a culture of strong collaboration between and within both organisations to realise the benefits of having an integrated primary health care system and have worked together to align and share resources. The Partnership Advisory Council, co-chaired by CEO's Walter Kmet and Danny O'Connor, has been established to provide oversight for all joint initiatives and to support their implementation with agreed resources. Some of the joint initiatives in 2013 include:

- **Development** of a Diabetes Prevention and Management Strategy
- **Partnership** in the development and

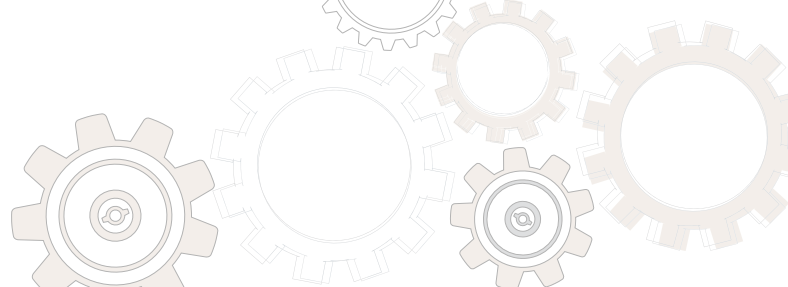
implementation of the ANPHA Diabetes Prevention Program across western Sydney

- **Establishment** of specialist outreach services in general practice
- **Partnership** to secure a successful tender for Partners in Recovery
- **Improved** alignment of ATAPS services in western Sydney including the co-location of providers at acute and community health settings
- **Driving** the development of a Strategic and Communication Plan for HealthOne and the development of a NSW Toolkit
- **Initiation** of pilot project Thrive at Five, a multi-partnered service integration project to improve child readiness for school (AEDI scores)
- **Development** and implementation of several population health initiatives; Jade Fan, Arabic anti-tobacco smoking campaign, Multicultural oral health program
- **Service partnerships** in aged care to reduce hospital admissions from RACFs

We look forward to continuing our collaboration and support for multilayered integration as we strive for better health outcomes for people in western Sydney.



WentWest CEO, Walter Kmet and Western Sydney Local Health District CEO, Danny O'Connor.



## AMSWS - ABORIGINAL MEDICAL SERVICE WESTERN SYDNEY AND WENTWEST



Aboriginal Medical Service Western Sydney (AMSWS) is a member organisation of WentWest. The two organisations work as collaborating partners on many aspects of delivering health outcomes for Aboriginal and Torres

Strait Islander communities in western Sydney.

The close relationship between WentWest and AMSWS extends to all aspects of WentWest program activities including:

- **Closing the Gap:** WentWest provides funding for AMSWS to deliver care coordination and supplementary services for Aboriginal and Torres Strait Islander people with chronic health conditions
  - » 147 patients from AMSWS accessed supplementary services from January 2013 to August 2013
  - » funding was also provided to Aboriginal and Torres Strait Islander people, enabling access to specialist and allied health care
- **Aboriginal Health Plan:** Staff from WentWest and AMSWS meet monthly to discuss strategies for improving Aboriginal health and are assisting the Western Sydney Local Health District in developing a health plan for Aboriginal residents of western Sydney

## LCP - LOCAL COMMUNITY PARTNERSHIPS TEAM

During this year the LCP team has succeeded in establishing numerous community connections in each LGA. The LCP team have undertaken many initiatives in partnership with other Medicare Locals, NGOs, councils, businesses, GPs and health professionals to support workforce skill development, improve patient journeys and access to health services for the population of western Sydney. A summary of some of these programs follows.

### Speech and Language Screener Training Project

This project was developed by the First Connections Speech and Language Reference Group. Consisting of representatives from ChildrenFirst, Communities for Children, WSMML, Mission Australia, Aboriginal Medical Service Western Sydney (AMSWS) and other non government organisations, the group is focused on increasing the skills of childhood educators in speech and language intervention within preschools and childcare centres.

As a result of the project, language assessment resource kits were developed which included:

- screening tools for ages 1.5 years, 2.5 years, 3.5 years, 4.5 years and 5.5 years
- speech and language difficulty warning signs
- what to do if you're concerned about speech and language issues of a child
- how to refer a child with speech and language concerns

### HealthPathways set to transform patient care in western Sydney

In June 2013 WentWest introduced the HealthPathways initiative, which is led by WentWest working in partnership with Western Sydney Local Health District (WSLHD).

HealthPathways is a condition specific online health information portal aimed at improving health care services within western Sydney. It will be used by GPs at the point of care and also be made available to specialists, nurses and allied health professionals to support consistent primary health care management.

By making patient and clinical information available online, HealthPathways allows GPs and other health care providers across the district to assess and manage patient conditions more easily, effectively and consistently, while improving the speed and quality of patient referrals to specialists.

As part of the HealthPathways process, opportunities for standardising and improving patient management across western Sydney are identified.

Pathway development commences with a set of pathways developed by the Canterbury District Health Board (CDHB) NZ initiative. Pathways are then

localised by the clinical editors, working with condition specific working groups that comprise selected local GPs, specialists and allied health providers.

Initial clinical areas for pathway developments are diabetes management and dementia management. These are chosen from the Common Health Priorities agreed between Western Sydney Medicare Local and Western Sydney Local Health District.





## SECTION 7: STRATEGIC OBJECTIVES

- cheat sheet for staff
- referral permission form
- parent information sheet on intervention activities

GP and community posters were also distributed to increase parent awareness of speech and language issues.

Through three training events organised through the project, 250 early childhood educators were trained in 100 childcare centres across western Sydney.

Resource kits were also distributed and a training video has been produced which is available to view on the WentWest website.



*Launch of the Early Childhood Language Assessment Resource Kits in June 2013.*

### DCH - DIPLOMA OF CHILD HEALTH

WentWest was pleased to continue our four year partnership with the Diploma of Child Health (DCH) in the 2012 -2013 training years.

This is a unique arrangement between WentWest and the DCH team at The Children's Hospital Westmead.

The arrangement, which includes a subsidy from WentWest, enables access to the diploma through more affordable financial arrangements and has resulted in a greater number of registrars undertaking it.

Registrars enrolled with WentWest are able to commence the Diploma of Child Health and access all education modules of the diploma, with completion of the exam component as optional. Should a registrar opt not to undertake the exam component, the cost

of the DCH education for WentWest registrars would be one third of the full cost to other participants.

55 registrars have undertaken the DCH through this arrangement in 2012 - 2013.

The feedback from registrars is extremely positive and WentWest plans to continue to offer this program to our 2014 cohort again next year.

### ANPHA - AUSTRALIAN NATIONAL PREVENTIVE HEALTH AGENCY

A grant has been received from ANPHA for a diabetes prevention program. The objective of this initiative is to provide diabetes screening and lifestyle management for at-risk people to reduce the prevalence of type 2 diabetes.

The Western Sydney Diabetes Prevention Program aims to develop a strong, sustainable primary prevention alliance between key partners in western Sydney focused on a 'whole of system approach'.

This approach will include the development of targeted screening programs for communities including Culturally and Linguistically Diverse Communities (CALD) and Aboriginal and Torres Strait Islander (ATSI) Communities.

Workforce and general practice based screening programs using the AUSDRISK tool to identify individuals and populations at high risk of developing diabetes. This free screening program will be carried out by ComDiab trained Nurses. Those at high risk will be referred to their GP for diagnosis. GPs are to be encouraged to refer those who do not have diabetes to take part in lifestyle modification programs which will improve their health behaviours and reduce their chance of going on to develop the disease.

Partnerships have been established with:

- Western Sydney Local Health District
- NSW Ministry of Health
- Western Sydney Regional Organisation of Councils Ltd
- Inner West Sydney Medicare Local
- Australian Diabetes Council





- Cancer Council NSW
- University of Sydney – Boden Institute
- Various health, community and multicultural agencies

## BODEN PARTNERSHIP

A partnership has been established between the Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, the WSML and the Inner Western Sydney Medicare Local (IWSML). The objective is to research various lifestyle modification programs to compare their effect on diabetes prevention. The overall aim is to determine the feasibility and effectiveness of delivering diabetes prevention programs through different modalities including face to face, the internet and telephone. Participants are to be screened and recruited through general practices and assessed before and at various intervals after participating in a lifestyle modification program.

The programs on offer include the WSML face to face SHAPE program, the IWSML webinar and face to face programs and the NSW Health 'Get Healthy' telephone coaching service. This research is commencing during 2013 to be completed by June 2015.

## WORKING WITH RESIDENTIAL AGED CARE FACILITIES

As a response to the 'Living Longer Living Better' initiative announced by the Productivity Commission, WSML has focused its efforts on better access to primary health care for older people in western Sydney. Our strategy is to facilitate strong partnerships to foster better coordination and management of older people who are in need of primary health care services living in our Local Government Areas (LGAs).

Between January and July 2013 a gap analysis was completed to determine what barriers older people, who reside in western Sydney's Residential Aged Care Facilities (RACFs), may be experiencing when accessing primary health care services.

The results from the gap analysis have provided direct evidence of the barriers to health care services. Some of these barriers include:

- untimely consultations from GPs when a client is not well
- palliative care and end of life clients are waiting too long for pain relief
- high levels of psycho-geriatric admissions to RACFs with no support from relevant physicians
- RACFs that are classified as 'low care' and 'ageing in place' are struggling with demands on nursing as the care needs of their residents increase

In response to these gaps WSML has developed partnerships with local EDs, NSW ambulance, local GPs, telehealth services, RACFs, specialist nurse practitioner and geriatricians. A working party has been established to develop hospital avoidance plans and resources for RACFs in an attempt to address some of the shortfall in immediate services available to be able to treat people on site.

## MAMU HEALTH SERVICE LIMITED

WentWest, in collaboration with Tropical Medical Training, offers our registrars a post in at the Mamu Health Service in Innisfail, Far North Queensland.

This arrangement provides expanded opportunities for registrars from western Sydney (including the possibility of advanced skills training) while meeting strategic objectives in providing additional capacity for full term training in an Aboriginal Controlled Community Health Service and in a rural location.

This is an accredited post which has been unused in recent times and will be secured on an ongoing basis for exclusive access by WentWest registrars.

A visit to Mamu took place in April by both the CEO and COO. This has laid the foundation for a strong relationship between Tropical Medical Training, WentWest and Mamu Health Service. The breadth of experience this post offers to registrars will include various outreach clinics; Mums and Bubs clinics, remote medicine, Men's social groups and the opportunity to engage with other services and Registrars within the Tropical Medical Training region. In addition, a number of further potential opportunities for both registrars and GPs in western Sydney were discussed.



WentWest CEO, Walter Kmet (second from left) and COO, Georgina Van de Water (second from right), visit MAMU Health Service in April 2013.

## SECTION 7: STRATEGIC OBJECTIVES

### PIR - PARTNERS IN RECOVERY

Partners in Recovery (PIR) is the Australian Government's response to stakeholder concern about the lack of coordinated and integrated care available for people with severe and persistent mental illness with complex needs. The PIR initiative aims to get the services and supports from multiple sectors to work in a more collaborative, coordinated and integrated way. WSML formed the Western Sydney Partners in Recovery (WSPIR) Consortium and as lead agency, applied for funding for the PIR program in December 2012.

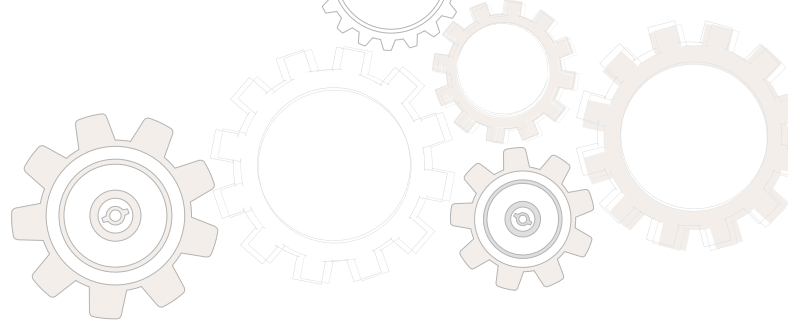
In April 2013 WentWest was informed by the Department of Health and Ageing (DoHA) that it has been selected by DoHA as a stage one PIR Consortium. WentWest will receive funding from DoHA during the period 2013-2016 to improve the health care system and outcomes for people with severe and persistent mental illness with complex needs who reside in the western Sydney region. The WSPIR Consortium incorporates nine partner organisations:

- WSML (lead agency)
- Western Sydney Local Health District (WSLHD)
- University of Sydney
- Uniting Care Mental Health
- Care Connect Ltd
- Richmond PRA
- Wise Employment
- Mission Australia
- Aftercare

The WSPIR Consortium is a committed team who will work together to drive system change at a regional level and also connect with consumers and carers as well as representatives from ATSI and CALD groups who have had experience of services in the western Sydney region.



*Representatives of the WSPIR Consortium brainstorm at the Vision and Values Workshop in January 2013.*



# TRUSTED IN THE COMMUNITY



WentWest team members celebrate NAIDOC Week.

## CTG - CLOSING THE GAP



The Closing the Gap (CTG) program is now in its third year at WentWest with two programs funded under CTG:

- Care Coordination & Supplementary Services
- Aboriginal Outreach Workers Support

Aboriginal Outreach Workers (AOWs) are employed to work with Aboriginal and/or Torres Strait Islander people in western Sydney Identified with one of the five chronic disease conditions set out by the Federal Government. The Aboriginal outreach worker team have enrolled over 200 Aboriginal and/or Torres Strait Islander people from various communities across western Sydney. Aboriginal Outreach Workers actively assist those Aboriginal and/or Torres Strait Islander people to improve their health outcomes by providing coordinated support and working along with the clients' GPs, specialists and

Allied Health providers in ensuring that those enrolled in the program receive a coordinated health approach with a wrap around service. The CTG team have coordinated range of services and assistance to clients such as:

- **Coordinating** health care appointments
- **Attending** allied health appointments with clients
- **Attending** specialist appointments
- **Collecting** prescriptions
- **Coordinating** transport to health appointments

Clients with high health needs and complex chronic health conditions can also have socioeconomic issues which also becomes a barrier for them in addressing their health needs. The AOWs take a holistic approach when working with their clients as they may have other unmet issues such as adequate housing, which may add to stress upon their complex health conditions. The AOWs assist in linking clients to other relevant services and programs to address these barriers.



## SECTION 7: STRATEGIC OBJECTIVES



WentWest Aboriginal Outreach Worker, Lara Merritt works with CTG clients.

### CTG Patient Journey

A referral was received by an AOW who was working at an Outreach day in the community. The patient was an Aboriginal man in his 40s who was complaining about pains and aches in his body and had not seen a GP in many years. Initially AOW linked the patient to a GP in his local community and upon the first visit the GP implemented an Aboriginal Health Check, which included some pathology tests.

Unfortunately the results revealed the patient had inoperable lung cancer and only a very short time to live. The AOW was asked by the patient to keep this information private as he didn't want to notify his family of his condition. The patient was happy to continue to work with the AOW to support his care. The AOW provided support to the patient in accessing specialist services and educating him on understanding what each health professional was trying to communicate to the patient. The AOW assisted in coordinating a range of services to make life easier for the client, and with such things as obtaining food vouchers and organising clothing.

### THE JADE FAN PROJECT

In 2011 Hepatitis B (HBV or Hep B) was identified by the NSW Chief Health Officer as a preventable health issue with western Sydney having one of the highest crude rates of the virus.

HBV became a shared priority for WentWest & WSLHD, with both CEOs agreeing that a co-ordinated and targeted population based response was required in order to impact on rising rates of liver disease and cancer in affected populations.

Community partnerships were then formed which brought in WSMU, WSLHD HIV & Related Programs Unit, WSLHD Liver Clinic and Australasian Society for HIV Medicine (ASHM).

The Jade Fan Project was modelled on the Jade Ribbon Campaign, a targeted initiative developed by the Asian Liver Centre at Stanford University, California. This project supports Asian communities to be aware of their high risk status and to initiate discussions with their families and their GPs regarding testing and treatment.

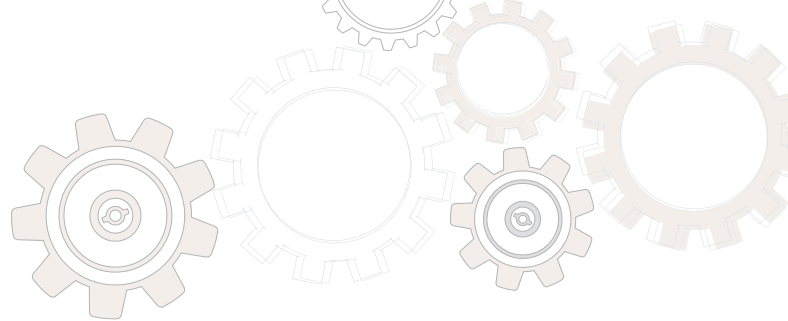
The challenge with any targeted population based initiative is to implement it in a way that is specific yet sensitive and without creating further stigma or discrimination. We hope this project model empowers the community to initiate HBV discussion with their doctors, families and friends.



Launch of the Jade Fan Project in May 2013.

### B Aware, B Tested, B Immunised, B Treated

The messages B Aware, B Tested, B Immunised, B Treated are consistent and simple, and are repeated on project materials reinforcing the need to not only be informed, but to take appropriate action.



The fan provide a novel and discreet means of reinforcing the project messages, while its packaging contains more detailed information on HBV as well as a tear off slip to present to the GP and discuss testing. So far:

- **Professional training** has seen 46 GPs and practice staff trained in Hep B screening and management
- **Referral pathway and protocol documents** have been finalised and distributed to over 300 GPs in targeted western Sydney hot spots
- **Over 130 project resource packs** in English, Chinese, Vietnamese and Korean, have also been given out to health providers
- **Over 2000 resources** were distributed at a variety of targeted community events across western Sydney including Chinese New Year and a community and media event during Hepatitis Awareness Week in July 2013

## WESTERN SYDNEY TARGETED COMMUNITY ACCESS PROJECT



Launched in July 2013, the Targeted Community Access Project (western Sydney Trekker) aims to improve access and opportunities for participants to primary health care, psychosocial and specialist services, and provide opportunities for engagement

in social cohesion activities for targeted Medicare Local program participants across western Sydney.

The project is shaped by feedback gathered from the strategic stakeholder consultations conducted by the Local Community Partnerships (LCP) team. It is integrated with a range of programs including Closing the Gap, Care Coordination Services in the Community and SHAPE.

Through the development of a stakeholder collaborative, the strategy will ensure the project is culturally sensitive and appropriate to the Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse groups identified as disadvantaged by service partners across western Sydney.

### Benefits of this strategy include:

- **Sustainable transport** options for:
  - » selected western Sydney residents of ATSI and Pacific Islander backgrounds
  - » WSML clients from Care Coordination supplementary services CTG, SHAPE and LCP
  - » residents who don't meet Home and

Community Care (HACC) criteria for current Community Transport Programs

- **After-hours access** to health related services for identified individuals and groups

As part of the LCP psychosocial project 'Champions of Positive Participation' the first run of the 'Trekker' included transportation of ten junior players from Penrith Rugby Club from Mt Druitt Station to training and return. 19 players participated for the following session. Feedback from players, parents, coaching staff and Blacktown Community Transport has been very encouraging.

## Consumer Engagement

The role of the consumer in program development and delivery is an important resource for WentWest and critical to the achievement of program objectives. Consumers have been engaged throughout 2013 and have contributed to the work of the Local Community Partnership team and the development of the Partners in Recovery Program. Ongoing feedback mechanisms are in place for our direct service delivery programs including Closing the Gap and the service provided by the Aboriginal Outreach Workers as well as our Care Co-ordination services. Furthermore, our Diabetes Prevention team and SHAPE services work closely with consumers to reduce the risk behaviours of our communities and have formal evaluation processes in place to direct planning and service delivery.



2013 - 2014 will see engagement at a more intermediate level with planning around the inclusion of Health Consumers NSW and a co-funded position, which

will focus on the development of resources, networks and tool kits for use across Medicare Locals and Local Health Districts, improving the engagement of consumers in these organisations and their service delivery.



# DIRECTORS' REPORT

**30 JUNE 2013**

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2013.

### 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:

**Mr Ray Green (appointed July 2013)**

**Mr Bradley Delaney**

**Dr Anne-Marie Feyer (appointed March 2013)**

**Ms Caroline Lamb**

**Dr Kean-Seng Lim (appointed December 2012)**

**Dr Linda McQueen**

**Professor Diana O'Halloran**

**Dr Michael Tan (resigned September 2012)**

**Professor Tim Usherwood**

**Mr Alan Zammit AM**

### 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 Regional 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.

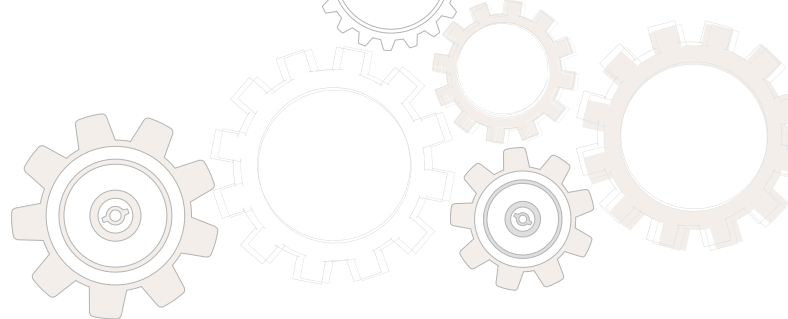
### Principal activities

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 General Practitioners 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.



## Meetings of Directors

The number of meetings of the company's Board of Directors ('the Board') and of each board committee held during the year ended 30 June 2013, and the number of meetings attended by each director for which they were eligible were:

	Full Board		Finance, Audit and Risk Management Committee		Clinical Governance, Committee, Governance & Nominations Committee	
	Attended	Held	Attended	Held	Attended	Held
Mr Ray Creen	-	-	-	-	-	-
Mr Bradley Delaney	7	10	-	-	3	5
Dr Anne-Marie Feyer	3	3	-	-	2	2
Ms Caroline Lamb	8	10	5	5	-	-
Dr Kean-Seng Lim	4	4	-	-	-	-
Dr Linda McQueen	8	10	4	5	6	6
Professor Diana O'Halloran	10	10	3	5	6	7
Dr Michael Tan	2	3	-	-	-	-
Professor Tim Usherwood	10	10	-	-	1	1
Mr Alan Zammit AM	9	10	5	5	-	-

*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 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 \$90 (2012: \$70), based on 9 (2012: 7) 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

16 August 2013  
Blacktown NSW

## SECTION 8: FINANCIALS



Suite 402, 39 Chandos Street  
St Leonards NSW 2065

PO Box 266  
St Leonards NSW 1590

Phone: (02) 9439 1411  
Fax: (02) 9439 1496  
Email: [info@grangebp.com.au](mailto:info@grangebp.com.au)  
Website: [www.grangebp.com.au](http://www.grangebp.com.au)

### Auditor's Independence Declaration to the Directors of Wentwest Limited

As lead audit partner for the audit of WentWest Limited for the year ended 30 June 2013, I declare that, 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.

Grange Business Partners

A handwritten signature in black ink, appearing to read 'Duncan Barber'.

**Duncan Barber**  
**Director**

Suite 402  
39 Chandos Street  
ST LEONARDS  
NSW 2065

Dated this 16th day of August 2013

# FINANCIAL REPORT

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**30 JUNE 2013**

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## General information

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 16 August 2013. The directors have the power to amend and reissue the financial report.

### Statement of comprehensive income FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
<b>Revenue</b>	3	21,300,523	13,230,512
<b>Expenses</b>			
Registrar specific training and operational contractors		(5,121,573)	(2,645,455)
Teaching allowances and practice subsidies		(1,711,984)	(2,025,698)
Employee salaries & wages and superannuation		(7,617,718)	(4,347,506)
Depreciation and amortisation expense	4	(324,921)	(372,702)
Other expenses		(5,421,952)	(3,224,175)
Surplus before income tax expense		1,102,375	614,976
Income tax expense		-	-
Surplus after income tax expense for the year attributable to the members of WentWest Limited	14	1,102,375	614,976
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income for the year attributable to the members of WentWest Limited</b>		<b>1,102,375</b>	<b>614,976</b>





# Statement of financial position

AS AT 30 JUNE 2013

	Note	2013 \$	2012 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	10,643,551	6,583,721
Trade and other receivables	6	6,387,289	3,063,922
Other	7	282,751	129,503
Total current assets		17,313,591	9,777,146
<b>Non-current assets</b>			
Property, plant and equipment	8	977,482	577,343
Total non-current assets		977,482	577,343
<b>Total assets</b>		<b>18,291,073</b>	<b>10,354,489</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	10	2,953,781	1,381,318
Provisions	11	669,273	388,497
Other	12	12,067,135	7,311,675
Total current liabilities		15,690,189	9,081,490
<b>Non-current liabilities</b>			
Provisions	13	360,435	134,925
Total non-current liabilities		360,435	134,925
<b>Total liabilities</b>		<b>16,050,624</b>	<b>9,216,415</b>
<b>Net assets</b>		<b>2,240,449</b>	<b>1,138,074</b>
<b>Equity</b>			
Retained surpluses	14	2,240,449	1,138,074
<b>Total equity</b>		<b>2,240,449</b>	<b>1,138,074</b>

### Statement of changes in equity FOR THE YEAR ENDED 30 JUNE 2013

	Retained profits \$	Total equity \$
<b>Balance at 2 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
<b>Balance at 30 June 2012</b>	<b>1,138,074</b>	<b>1,138,074</b>
	Retained profits \$	Total equity \$
<b>Balance at 1 July 2012</b>	1,138,074	1,138,074
Surplus after income tax expense for the year	1,102,375	1,102,375
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	1,102,375	1,102,375
<b>Balance at 30 June 2013</b>	<b>2,240,449</b>	<b>2,240,449</b>



## Statement of cash flows

### FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
<b>Cash flows from operating activities</b>			
Receipts from customers (inclusive of GST)		19,480,058	11,633,811
Payments to suppliers and employees (inclusive of GST)		(15,787,201)	(7,460,514)
		<b>3,692,857</b>	<b>4,173,297</b>
Interest received		169,229	163,478
Other revenue		922,804	259,742
<b>Net cash from operating activities</b>		<b>4,784,890</b>	<b>4,596,517</b>
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment	8	(725,060)	(605,125)
Proceeds from sale of property, plant and equipment		-	4,861
<b>Net cash used in investing activities</b>		<b>(725,060)</b>	<b>(600,264)</b>
<b>Cash flows from financing activities</b>			
Net cash from financing activities		-	-
Net increase in cash and cash equivalents		4,059,830	3,996,253
Cash and cash equivalents at the beginning of the financial year		6,583,721	2,587,468
<b>Cash and cash equivalents at the end of the financial year</b>	<b>5</b>	<b>10,643,551</b>	<b>6,583,721</b>

# Notes to the financial statements

FOR THE YEAR ENDED 30 JUNE 2013

### 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 below. 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 2012. 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 and later amending Standards, as relevant.

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

The company has early adopted AASB 2010-2 from 1 July 2012. 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.

#### *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 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	Depreciation rate/useful life
Leasehold improvements	Duration of lease, usually 3 years
Plant and equipment	10 years
Furniture, fixtures and fittings	10 years
Computer equipment	3 years
Software pool	3 to 5 years

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

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 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.



## SECTION 8: FINANCIALS

### *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.

### **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 (refer to the respective notes) 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 debtors 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.

### Note 3. Revenue

	2013	2012
	\$	\$
<b>Sales revenue</b>		
Grant Income	20,204,978	12,807,292
<b>Other revenue</b>		
Interest	172,741	163,478
Other revenue	922,804	259,742
	<b>1,095,545</b>	<b>423,220</b>
<b>Revenue</b>	<b>21,300,523</b>	<b>13,230,512</b>

### Note 4. Expenses

	2013	2012
	\$	\$
<i>Surplus before income tax includes the following specific expenses:</i>		
<b>Remuneration of the auditors</b>		
- audit services	35,000	35,000
- other services	4,000	4,000
<b>Total</b>	<b>39,000</b>	<b>39,000</b>
<b>Depreciation</b>		
Plant and equipment	324,921	372,702
<b>Net loss on disposal</b>		
Net loss on disposal of property, plant and equipment	-	4,576

### Note 5. Current assets - cash and cash equivalents

	2013	2012
	\$	\$
Cash on hand	2,861	1,533
Cash at bank	10,640,690	6,582,188
	<b>10,643,551</b>	<b>6,583,721</b>

### Note 6. Current assets - trade and other receivables

	2013	2012
	\$	\$
Trade receivables	6,383,777	3,063,922
Interest receivable	3,512	-
	<b>6,387,289</b>	<b>3,063,922</b>

### Note 7. Current assets - other

	2013	2012
	\$	\$
Prepayments	112,963	38,483
Other deposits	169,788	91,020
	<b>282,751</b>	<b>129,503</b>

## SECTION 8: FINANCIALS

### Note 8. Non-current assets - property, plant and equipment

	2013 \$	2012 \$
Leasehold improvements - at cost	965,503	528,493
Less: Accumulated depreciation	(423,714)	(229,966)
	<b>541,789</b>	<b>298,527</b>
Plant and equipment - at cost	251,782	185,785
Less: Accumulated depreciation	(157,676)	(123,964)
	<b>94,106</b>	<b>61,821</b>
Fixtures and fittings - at cost	198,612	163,722
Less: Accumulated depreciation	(120,614)	(109,152)
	<b>77,998</b>	<b>54,570</b>
Computer equipment - at cost	244,586	180,756
Less: Accumulated depreciation	(173,603)	(158,042)
	<b>70,983</b>	<b>22,714</b>
Software pool - at cost	285,168	168,735
Less: Accumulated depreciation	(92,562)	(29,024)
	<b>192,606</b>	<b>139,711</b>
	<b>977,482</b>	<b>577,343</b>

#### Reconciliations

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

	Leasehold improvements \$	Plant and equipment \$	Fixtures and fittings \$	Computer equipment \$	Software pool \$	Total \$
Balance at 1 July 2012	298,527	61,821	54,570	22,714	139,711	577,343
Additions	437,010	65,998	34,890	70,728	116,434	725,060
Depreciation expense	(193,748)	(33,712)	(11,462)	(22,461)	(63,538)	(324,921)
<b>Balance at 30 June 2013</b>	<b>541,789</b>	<b>94,107</b>	<b>77,998</b>	<b>70,981</b>	<b>192,607</b>	<b>977,482</b>

### Note 9. Non-current assets - intangibles

	2013 \$	2012 \$
Other intangible assets - at cost	40,900	40,900
Less: Accumulated amortisation	(40,900)	(40,900)
	-	-
	-	-

### Note 10. Current liabilities - trade and other payables

	2013 \$	2012 \$
Trade payables	608,794	117,556
Other payables	2,344,987	1,263,762
	<b>2,953,781</b>	<b>1,381,318</b>

## Note 11. Current liabilities - provisions

	2013	2012
	\$	\$
Annual leave	405,031	244,313
Sick leave	263,373	140,054
Parental leave	869	4,130
	<b>669,273</b>	<b>388,497</b>

## Note 12. Current liabilities - other

	2013	2012
	\$	\$
<b>Grants received in advance</b>	<b>12,067,135</b>	<b>7,311,675</b>

## Note 13. Non-current liabilities - provisions

	2013	2012
	\$	\$
Long service leave	46,865	9,878
Lease make good	313,570	125,047
	<b>360,435</b>	<b>134,925</b>

### *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

	2013	2012
	\$	\$
Retained surpluses at the beginning of the financial year	1,138,074	523,098
Surplus after income tax expense for the year	1,102,375	614,976
<b>Retained surpluses at the end of the financial year</b>	<b>2,240,449</b>	<b>1,138,074</b>

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 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 2011 funding to WentWest was reduced by \$248,760 and the balance of \$124,380 had been withheld in the year ended 30 June 2012. 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.

## Note 15. Financial instruments

### Market risk

#### *Foreign currency risk*

The company is not exposed to any significant foreign currency risk.

#### *Price risk*

The company is not exposed to any significant price risk.

#### *Interest rate risk*

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

#### *Liquidity risk*

Vigilant liquidity risk management requires the company to maintain sufficient liquid assets (mainly cash and cash equivalents) to be able to pay debts as and when they become due and payable.

The company manages liquidity risk by maintaining adequate cash reserves by continuously monitoring actual and forecast cash flows and matching the maturity profiles of financial assets and liabilities.

## SECTION 8: FINANCIALS

### 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:

	2013 \$	2012 \$
Aggregate compensation	1,548,536	1,386,019

### Note 17. Contingent liabilities

The company had no contingent liabilities as at 30 June 2013 and 30 June 2012.

### Note 18. Commitments

The company had capital commitments for funds to be spent in accordance with the funding agreements as at 30 June 2013 and 30 June 2012. 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:

	2013 \$	2012 \$
Payment for goods and services: Payment for goods and services to key management personnel	139,694	315,780

#### *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.

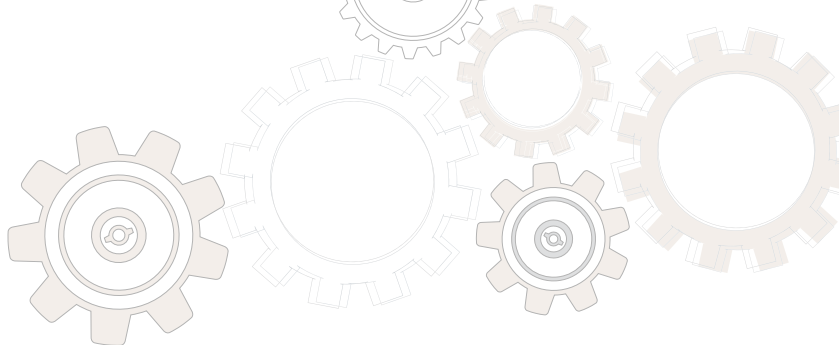
### Note 20. Economic dependency

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 in place with DOHA until June 2016 and with GPET until December 2015.

### Note 21. Events after the reporting period

No matter or circumstance has arisen since 30 June 2013 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 2013 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)(a) of the Corporations Act 2001.

On behalf of the directors

**Professor Diana O'Halloran**  
**Director**

**Mr. Alan Zammit AM**  
**Director**

16 August 2013  
Blacktown NSW



Suite 402, 39 Chandos Street  
St Leonards NSW 2065

PO Box 266  
St Leonards NSW 1590

Phone: (02) 9439 1411  
Fax: (02) 9439 1496  
Email: [info@grangebp.com.au](mailto:info@grangebp.com.au)  
Website: [www.grangebp.com.au](http://www.grangebp.com.au)

# 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 2013, 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

- giving a true and fair view of the company's financial position as at 30 June 2013 and of its financial performance for the year then ended on that date; and
- complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

Grange Business Partners  
Suite 402, 39 Chandos Street  
ST LEONARDS  
NSW 2065

A handwritten signature in dark ink, appearing to read 'Duncan Barber'.

**Duncan Barber**  
**Director**

Dated this 16th day of August 2013

# GLOSSARY

## OF ACRONYMS & ABBREVIATIONS

<b>ACCHS</b>	Aboriginal Community Controlled Aboriginal Health Service
<b>AEDI</b>	Australian Early Development Index
<b>AGPT</b>	Australian General Practice Training
<b>AMSWs</b>	Aboriginal Medical Service Western Sydney
<b>ANPHA</b>	Australian National Prevention Health Agency
<b>ATAPS</b>	Access to Allied Psychological Services
<b>ATSI</b>	Aboriginal and Torres Strait Islander
<b>BPA</b>	Best Practice Australia
<b>CALD</b>	Culturally and Linguistically Diverse Communities
<b>CDHB</b>	Canterbury Health Board
<b>CRA</b>	Customer registration assistants
<b>DCH</b>	Diploma of Child Health
<b>DoHA</b>	Department of Health and Ageing
<b>EAP</b>	Employment Assistance Program
<b>EHR</b>	Electronic Health Record
<b>FPS</b>	Focused Psychological Strategies
<b>FRACGP</b>	Fellowship of the Royal Australian College of General Practitioners
<b>GP</b>	General Practice
<b>GPET</b>	General Practice Education and Training Limited
<b>GPMP</b>	GP Management Plans
<b>GPSN</b>	General Practice Student Network
<b>HCID</b>	Health Care Identification
<b>IHI</b>	Individual Health Identifier
<b>IPAH</b>	Incentive Payment for After Hours
<b>IWSML</b>	Inner Western Sydney Medicare Local
<b>JMO</b>	Junior Medical Officer
<b>LCP</b>	Local Community Partnerships

<b>LGA</b>	Local Government Area
<b>LHD</b>	Local Health District
<b>MHNIP</b>	Mental Health Nurse Initiative
<b>MLAH</b>	Medicare Local After Hours
<b>OTDNET</b>	Overseas Trained Doctors National Education and Training Program
<b>PCEHR</b>	Personally Controlled Electronic Health Record
<b>PGPPP</b>	Prevocational General Practice Placement Program
<b>PIR</b>	Partners in Recovery
<b>RACF</b>	Residential Aged Care Facilities
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RTP</b>	Regional Training Provider
<b>TCA</b>	Team Care Arrangement
<b>TIS</b>	Translating and interpreting service
<b>UID</b>	User ID
<b>WHS</b>	Work Place Health and Safety
<b>WSLHD</b>	Western Sydney Local Health District
<b>WSML</b>	Western Sydney Medicare Local
<b>WSPiR</b>	Western Sydney Partners in Recovery

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.**

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



WentWest Limited  
Level 1, 85 Flushcombe Road  
Blacktown NSW 2148

PO Box 5,  
Blacktown Post Shop  
NSW 2148

T: (02) 8811 7100  
F: (02) 9622 3448  
E: [wentwest@wentwest.com.au](mailto:wentwest@wentwest.com.au)

ACN 099 255 103 ABN 80 099 255 106