A young girl with dark hair, wearing a red jacket with white stripes on the sleeves, is blowing bubbles. She is holding a green and red bubble wand. Several colorful bubbles are floating in the air around her. In the background, there is a suburban house with a grey roof and green trees. The scene is outdoors and appears to be a sunny day.

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

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

ACN 099 255 103
ABN 80 099 255 106



WENTWEST LIMITED

Annual Report

2013-14

A role to play.





A role to play

WENTWEST

From Auburn to the Blue Mountains, the Hills to Holroyd, WentWest's reach spans across much of the Greater Western Sydney metropolitan basin. As both a Regional Training Provider and Medicare Local we are striving toward better health outcomes for the communities we serve.

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SECTION 01.

Working for the West

WentWest is committed to healthier communities, continuing support of general practice and allied health and a strong and sustainable primary health care system. We do this both as a Regional Training Provider and as a Medicare Local.

WentWest has had many successes built on a solid foundation of providing general practice with the support required to better care for patients.

As a leader of integrated primary health care in western Sydney, WentWest:

- Supports the provision of person-centred, integrated, coordinated care, reflecting Medical Home Principles.
- Strengthens quality, scope, connectedness and capability in general practice and primary health care.
- Promotes innovation, integration and continuous improvement to increase quality, safety and equity in all health care.
- Enhances health literacy and self-care capabilities for individuals, families and communities.
- Designs locally-responsive and equitable services by working with local communities, building on what already exists.
- Works across sectors to influence the socio-economic determinants of health.
- Integrates teaching and research into health service planning, delivery and evaluation.

Our Vision

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

Our Mission

Leading integrated primary health care towards better health, equity and empowerment for greater western Sydney communities and the health professionals who care for them.

Our Values

Creativity – challenge convention

Leadership – inspire action

Equity – actively overcome barriers

Excellence – be the best we can be

Respect – understand others



As both a Regional Training Provider and the Western Sydney Medicare Local, WentWest strives for better health outcomes and a more integrated health system.



SECTION 02.

Our Governance

Board of Directors



**Conjoint Professor
Diana O'Halloran**

MB BS, FRACGP, MHPed, FAICD

Diana is a member of the Western Sydney Local Health District Board, the Australian Medicare Local Alliance Board, the RACGP's NSW&ACT Faculty Board, the Agency for Clinical Innovation's General Practice Clinical Advisory Group and a number of ACI Steering Groups. She is a past RACGP and GPET Board member and has a long involvement in initiatives intended to build strong, integrated and equitable primary health care.

Chairperson



**Professor
Tim Usherwood**

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

Professor of General Practice at the University of Sydney, Sub Dean (Primary Care and Community Health) at Sydney Medical School Westmead, 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).

**Deputy Chair, Chair Clinical
Governance Committee
(since April 2012)**



**Mr
Bradley Delaney**

HSC

Brad is an Aboriginal community member and the current Chair of the Aboriginal Medical Services Western Sydney, where he has been a member and board member for nearly 20 years. Brad brings great awareness of Aboriginal community needs in Western Sydney relating to Primary Health Cares. Currently Brad works as a consultant.

**Member, Governance and
Nominations Committee
(since February 2014)**



Doctor

Anne-Marie Feyer

BA (Hons) PhD GAICD

Anne-Marie Feyer has more than 20 years' experience in public health research and policy, with experience 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 appointment in public health in Australia and New Zealand. Currently, Anne-Marie currently works independently at the interface between research and policy, working with several health research centres and state/territory health departments. She chaired the Health Workforce Taskforce, and currently leads the state-wide evaluation of the Chronic Disease Management Program in NSW.

Member, Governance and Nominations Committee



Ms

Caroline Lamb

BA, LLB, GAICD, MBioethics

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

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

Board of Directors (continued)



**Doctor
Kean-Seng Lim**

MBBS (Syd), FRACGP

Kean-Seng is a General Practice Principal in a small group practice in Mt Druitt and a General Practice Supervisor. He has previously served on the RACGP Faculty Board, WSDGP Board, as a NEHTA Clinical Lead, as well as on the NPS eHealth Clinical Advisory Group. He currently serves on the AMA NSW Council, and as the NSW Representative on the AMA Council of General Practice, where he is a member of the Executive. At the local level, Kean-Seng is the current President of the Mt Druitt Medical Practitioners Association, and has been heavily involved in developing SALSA, a schools based obesity prevention program in Western Sydney.

Member, Clinical Governance Committee (from January 2014)



**Doctor
Linda McQueen**

MB, BS, FRACGP, DipRACOG, FAICD

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

Chair, Governance & Nominations Committee

Member, Finance Audit & Risk Management Committee (from February 2012)



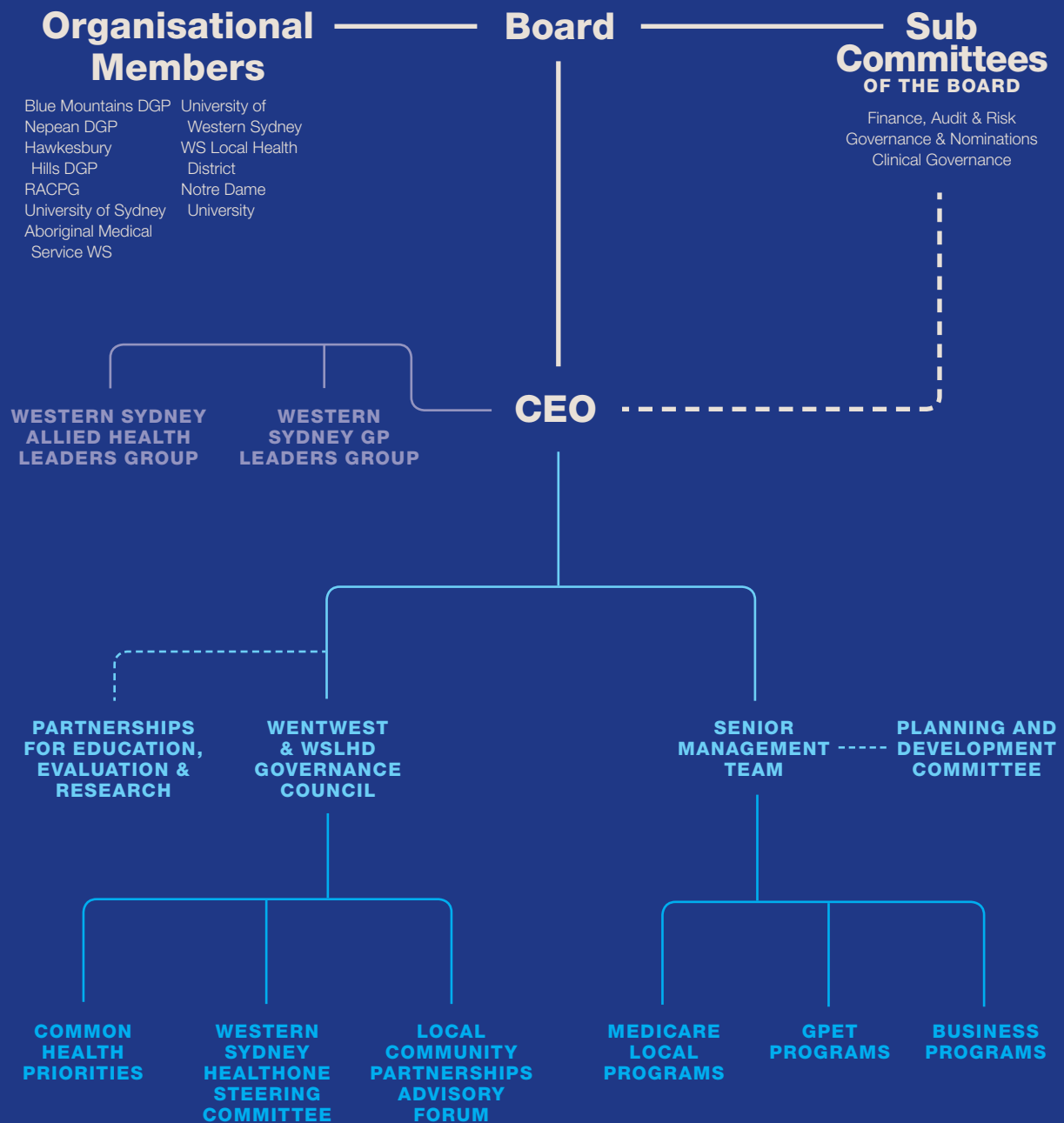
**Mr
Alan Zammit AM**

BBus, ALGA, FCPA, FAICD, LREA

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.

Chair, Finance Audit & Risk Management Committee (since February 2012)

WentWest Governance Framework and Organisational Structure



SECTION 03.

Leadership Reports



Chair's report

The Annual Report is traditionally the place to reflect on the year's achievements, to thank those who contributed to those achievements, and to point to the challenges that lie ahead. This 2013-14 report continues that tradition, as this year, the achievements are substantial, there are more people than ever to thank, and 2015 will bring even greater challenges.

First, to the achievements. The 2012-13 Annual Report said: "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 as possible to people's homes and local communities".

This statement reflects a goal which has been in place since 2006 when WentWest, as a Regional Training Provider (RTP), chose to become the first (and still the only) organisation to combine training and divisional functions. It remains our goal now, as we contemplate yet another transition, this time to become a regional Primary Health Network. In the intervening years, a raft of programs, strategies and initiatives have evolved to serve this goal, including:

WentWest has always seen itself as a regional primary health care organisation – no matter what the name of the moment, charged with reforming our fragmented and inequitable primary health care sector into a strong, integrated and equitable primary health care system delivering high quality, patient centred care.

- Programs which provide services to patients – especially those in greatest need, in more integrated, patient focused ways, such as HealthOne, SHAPE, Access to Allied Psychological Services, Partners in Recovery, GP After Hours Services, Community Partnerships and many more,
- Then there are programs where the primary aim is to improve patient care through support for GPs and Allied Health Professionals. Practice management, e-Health and CPD services have all been high priorities ordered towards improving practice quality, capability, connectedness, sustainability – and professional satisfaction,
- Finally, there are programs and strategies which seek to connect up a siloed and fragmented health system. This process started with HealthOne, but now extends to Connecting Care, e-Health, *HealthPathways* and most recently, a major NSW Integrated Care initiative.
- The Community Health and Allied Health Professionals who have made HealthOne and Connecting Care work so well, and play a critical role in our networks;
- Those medical specialists who have worked to bring *HealthPathways* to life and trialed new ways of working with, and supporting general practice;
- Our member organisations and our many partner organisations: the universities of Sydney and Western Sydney, the AMS Western Sydney, the Western Sydney Local Health District and more recently, the NSW Ministry of Health and Agency for Clinical Innovation and
- Our wonderful staff team which has continued on its high performing ways regardless of the uncertainties in the environment, our inexhaustible CEO Walter Kmet, and a skilled, diverse Board which has not blinked in the face of adversity and challenge.

Now to thank our many contributors:

More than most organisations, WentWest belongs to, and depends on, everyone. We are a 'bottom up' organisation committed to strengthening, individuals, families, communities and all those in the primary health care sector. So a heartfelt thank you to:

- The many patient-consumer representatives and community groups who influence the design and evaluation of strategies, programs and services;
- The GP leaders, teachers and clinical advisers who provided invaluable advice on a multitude of issues and are the mainstay of what we do;

Which finally brings us to the challenges. WentWest has always seen itself as a regional primary health care organisation – no matter what the name of the moment, charged with reforming our fragmented and inequitable primary health care sector into a strong, integrated and equitable primary health care system delivering high quality, patient centred care. Now, a change of government and a major change of policy means that WentWest will need to tender for both its training provider and primary health care functions over the next year. But we are confident and well prepared and look forward to your involvement in, and support for in what will be our greatest challenge.



CEO's report

Welcome to the WentWest 2014 Annual Report. The Report reflects on a year in which WentWest has made a significant and sustained effort towards the achievement of better health outcomes in the greater western Sydney region. As a primary health care organisation with a depth of strong, and where appropriate formal partnerships, WentWest's objective to be responsive to the diversity of our region has also been improving steadily.

Based on more than a decade of work in Western Sydney and Nepean Blue Mountains regions, WentWest has established an unparalleled depth of knowledge about these communities and their stakeholders. This is coupled with a proven organisational capability throughout the year tested by ISO9001, MLAS, OAIC and Bi College Accreditation audit standards, but even more importantly by the communities and consumers that we work with every day.

These foundations provide our funders with the confidence that large programs can be rolled out effectively and with the attention to detail expected. Some of the areas that have been particularly significant in 2014 include:

- Development of a regional approach to mental health programs such as ATAPs, PIR and MNIPS ensuring that broad service delivery partnerships are in place and functioning effectively. This has been the basis of improving many lives and ensuring that the recovery journey is being sustained.
- The After Hours program which has built significant regional capacity in general practice using a best practice commissioning structure and targeted investments in both services and

Based on more than a decade of work in western Sydney and Nepean Blue Mountains regions, WentWest has established an unparalleled depth of knowledge about these communities and their stakeholders.

better coordination. A quantifiable impact is being made on access and as a result this is helping to reduce unnecessary hospital presentations.

- Integrating general practice teaching, training and research with service development. This work has resulted in independent recognition in a variety of areas such as extended skills and Aboriginal health training posts, and
- The Western Sydney Diabetes Prevention and Management Initiative which has continued to gain momentum and now incorporates multiple programs and partners all working together towards a common goal.

Much of the success of the past year has been based on a consistent long term strategic approach to our community and how primary care can make a difference. Across the world the evidence continues to mount that the role of general practice and primary care is central to achieving better health outcomes. Key to this is ensuring that primary care integrates effectively with the broader health and human service systems. During the first part of the year WentWest undertook a major project with the assistance of McKinsey and Company to define a model for integrated care for western Sydney. This involved leadership from public, private and non-for-profit organisations, as well as general practice, allied health and consumers. The work resulted in a comprehensive approach being developed which underpinned a proposal to the NSW Government's Integrated Care Program in which western Sydney has become a demonstrator site.

WentWest's ongoing role in major initiatives such as integrated care is based in our Operating Principles (see page 3) which encourage us to lead innovative program design, capacity and capability building in primary care, investment in enablers, and strengthening partnerships. I would like to particularly note our partnership with the Western Sydney Local Health District which was also subject to a formal evaluation by the University of Western Sydney. The results will provide opportunities for learning and improvement in what is a central role for Medicare Locals or their future equivalent; to work closely with the hospital sector. Equally I would like to recognise our foundational partnership with the Aboriginal Medical Service Western Sydney which

serves thousands of people in the region. Our work with them across areas such as teaching, research, health improvement and prevention continues to grow in significance.

Our partnerships always involve and engage general practice. This occurs in a variety of ways especially in developing key system enablers that contribute to better coordination and integration of services and patient care. I am pleased to report that over the past 12 months WentWest has continued to make an effort to roll out a numbers such enabling projects, all of which have grown in their reputation and impact:

- Western Sydney *HealthPathways* has become a significant body of work spanning multiple diseases and conditions. Clinical engagement with pathways that assist clinicians in planning and organising care is increasing rapidly;
- In regard to eHealth, western Sydney leads the nation in almost all metrics providing a platform for more connected patient care. A sustained effort and new initiatives such as LinkedEHR will be the back bone for better communication across the health system and coordination of care; and
- Building a structure to define and operationalise the Patient Centred Medical Home approach. GP interest in this area is rightly growing as the opportunity to strengthen good quality general practice is almost unlimited.

In all of this work I would like to recognise the superb efforts and commitment from our staff. Their engagement with the organisation was once again at the very highest level using the Best Practice Australia assessment. It is also worthy to note that their dedication to our work in western Sydney and Nepean Blue Mountains has been unwavering during this time of change. Finally I would like to recognise the support from Professor Di O'Halloran our Chair, Professor Tim Usherwood our Deputy Chair and all the Board. Their advice and guidance has made an enormous contribution to the success of the organisation and will no doubt make a continuing contribution to the future path we take, one that is paved with enormous opportunity to make a difference to the individuals and communities we serve.

SECTION 04.

Working in Partnership

WentWest has a strong commitment to working in partnership with key organisations across western Sydney to improve the delivery of care in our region. We have formal partnerships with a number of key organisations including the Western Sydney Local Health District (WSLHD), Aboriginal Medical Service Western Sydney (AMSWS), and Health Consumers NSW (HCNSW).

Organisational Partnerships



Health
Western Sydney
Local Health District



Western Sydney Local Health District

In 2012 WentWest undertook a formal partnership agreement with Western Sydney Local Health District (WSLHD) to nurture a culture of strong collaboration between and within both organisations in realising the benefits of an integrated primary health care system. Together we have jointly worked to align and share resources and to address the six common health priorities of Aboriginal Health, Aged Care, Child & Family Health, Chronic Disease, Mental Health and Population Health.

Since partnering formally in 2012, WentWest and the WSLHD have undertaken a number of joint projects including:

- Development of a Diabetes Prevention and Management Strategy
- Partnership in the development and implementation the Australian National Preventative Health Agency (ANPHA) Diabetes Prevention Program across western Sydney;
- HealthOne and Connecting Care;
- Successful tendering of Partners in Recovery;

- Improved alignment to Access To Allied Psychological Services (ATAPS) in western Sydney including the co-location of providers at acute and community health settings;
- Initiation of a pilot project Thrive@Five, a multi-partnered service integration project to improve child readiness for school;
- Development and implementation of several population health initiatives: Jade Fan; Arabic anti-tobacco smoking; and multi-cultural oral health program; and

- Service partnerships in aged care to reduce hospital admission from Residential Aged Care Facilities.

In March 2014, it was announced that WSLHD had been selected as one of three local health districts to facilitate the NSW Integrated Care Project. In doing so, WentWest will work in collaboration with WSLHD to improve the integration and coordination of care between the primary and acute settings (see page 28 for more details).



Growing primary health care research in western Sydney with the Partnership for Education, Evaluation and Research (PEER-WS) committee. PEER-WS reflects a long-standing and productive relationship between WentWest and the academic departments of general practice at the University of Sydney (Westmead) and University of Western Sydney.



Aboriginal Medical Service Western Sydney

The Aboriginal Medical Service Western Sydney (AMSWS) provides holistic, comprehensive primary health care to the Aboriginal community of western Sydney and is a member organisation of WentWest. The two organisations work as collaborating partners, reinforcing the role of AMSWS as the key service deliverer for Aboriginal communities in western Sydney.

The close and long-standing relationship between WentWest and the AMSWS extends to all aspects of WentWest's program activities including:

- **Aboriginal Health Plan:** WentWest works in partnership with both the AMSWS and the WSLHD on an Aboriginal Health Plan for the region. Assessing the areas of high-need in terms of Aboriginal Health and working together to address the compounding issues.
- **Close the Gap:** WentWest provides funding for the AMSWS to deliver care coordination and supplementary services for Aboriginal and Torres Strait Islander people with chronic health conditions.
- **General Practice Training:** Together with the AMSWS, WentWest has established a framework to enhance Registrar training with Aboriginal communities. The framework includes five key strategies focusing on increasing capacity for Registrar training.

Health Consumers NSW

WentWest is committed to improving the voice of health consumers in the planning and delivery of health services across the region, and in 2013 commenced a formal partnership with Health Consumers NSW (HCNSW).

HCNSW is the state's peak health consumer organisation for representing consumers in shaping health policy and service delivery. As part of the formal partnership agreement, WentWest and HCNSW are working together to assess gaps in consumer engagement and to create an appropriate framework for engaging with consumers.

In addition to these far-reaching partnerships, WentWest also works in close collaboration with numerous organisations to further improve health outcomes in western Sydney.

Program Specific Partnerships



Partnership for Education, Evaluation and Research

In partnership with University of Sydney and University of Western Sydney.



Western Sydney HealthPathways

In partnership with the WSLHD and the Sydney Children's Hospital Network



NSW Recovery College


Working with the Mental Illness Fellowship Victoria.



Western Sydney Partners in Recovery

In partnership with Aftercare, Care Connect, WISE Employment, UnitingCare Mental Health, Mission Australia and RichmondPRA.



A close-up, profile view of a woman with long, dark brown hair tied back with a blue clip. She is smiling gently, looking off to the side. She is holding a young child with long brown hair, who is sleeping peacefully with their head resting against the woman's shoulder. The child is wearing a blue long-sleeved shirt. The woman is wearing a light green short-sleeved shirt. The background is a soft, out-of-focus green, suggesting an outdoor setting.

*It's important that others
understand what is out there to
help them too. The world doesn't
have to be such a dark place.*

Emily's Story

Western Sydney Partners in Recovery Client

Together with its partners Aftercare, Care Connect, WISE Employment, UnitingCare Mental Health, Mission Australia and RichmondPRA, WentWest launched Western Sydney Partners in Recovery in 2013. The program offers recovery to support people suffering from severe and persistent mental illness. Emily is one of many people WSPiR has worked with over the past 12 months to achieve her recovery goals.

Emily, aged 35 years old is from western Sydney and together with her husband has five children. They have both suffered from long term mental illnesses, among other tough challenges. They were referred into the Western Sydney Partners in Recovery (WSPiR) program in December 2013 in a bid to rebuild their lives.

For many years Emily and her husband battled with their illnesses, but always with the greatest wish to look after their children. During 2013, time eventually took its toll and the situation grew increasingly difficult. After not really understanding the severity of their illnesses, they ended up unwell and homeless.

At this point, Emily wasn't sure who she could turn to, however after hearing about WSPiR Emily believed that this was her chance to make a difference.

"For those who experience a mental illness and have never really quite understood how or why, it's not easy to deal with. The world becomes a dark and scary place. I was close to losing my children who we love dearly just like any other loving parents".

"Even though I tried to get help on numerous occasions in the past, it didn't really work out for me given my situation was very complex. It's important that others understand what is out there to help them too. The world doesn't have to be such a dark place".

"WSPiR were able to give me the right support by setting personal goals which really worked out for the best. If we get sick, we know exactly how to manage this. I am now living in a place and thankfully have received financial help for furniture. This is a place I can call home and feel proud of. We haven't felt this good in a long time".

Strategic Priority 1 –

Knowing Our Community

Western Sydney is a vibrant, diverse and growing hub within the Sydney outer metropolitan region with a vast cultural and socioeconomic mix. With districts strongly represented by Aboriginal and multicultural populations, WentWest is working alongside general practice, allied health, consumers and the broader community sector to improve health outcomes across the region.

Our partnerships within the community have been built on a commitment to working together to facilitate improvements to the delivery and accessibility of services in western Sydney. Over the past 12 months this has led to the introduction of a number of initiatives and the further refinement of key programs.

Population health needs assessment and planning

WentWest continued to work with its partners, particularly the WSLHD, AMSWS and Health Consumers NSW to build a detailed knowledge bank and refined understanding of the health issues impacting on western Sydney.

As a component of WentWest's partnership with WSLHD, there has been an ongoing commitment to address the region's most pressing health concerns. The six agreed common health priorities of Aboriginal Health, Aged Care, Child and Family, Chronic Disease, Mental Health and Population Health have been pivotal to much of the partnership activities undertaken to date and are supported by enablers such as *HealthPathways* and *eHealth*.

Among the work delivered in 2013-14 was a series of White Papers, discussing each of the common health priorities and a series of Demographic Profiles, outlining key statistics across each of the local government areas within the Medicare Local catchment. Combined, the White Papers and Demographic Profiles have been instrumental resources in health service planning for the region to date and will be further strengthened by the launch of a Health Atlas in late 2014.

Consumer engagement and consultation

In 2013, WentWest undertook a formal partnership with Health Consumers NSW. The basis for the partnership was to enhance the role of consumers within in health service planning and delivery by jointly funding a consumer engagement project.

As part of the partnership, WentWest and Health Consumers NSW established an Advisory Committee and appointed a Consumer Engagement Project Manager to lead the implementation of the project plan.

For WentWest the partnership has allowed the organisation to move closer towards embedding consumer engagement across its programs. A thorough Gap Analysis conducted in early 2014 has better defined the depth of WentWest's existing interfaces with consumers across the spectrum of engagement (that being to Inform, Listen, Consult, Partner or Govern). The Gap Analysis also offered insight into areas where consumer engagement levels could be enhanced and opportunities existed for consumer's to become more actively involved in the organisation.

As the partnership enters its second year, WentWest and Health Consumers NSW will work together to develop a consumer engagement toolkit, to aid like-organisations in practically and meaningfully embedding consumers into policy development, planning and implementation.

In addition to the project, WentWest has continued to work with and through consumers and their carers across its many programs. The year saw the appointment of both a consumer and carer as WentWest employees. Working as part of the Western Sydney Partners In Recovery project, our Consumer and Carer representatives are helping to inform strategy and implementation by offering their own unique insights. While WentWest has engaged consumers and carers on an informal basis in the past, these appointments signal the first roles within the organisational structure specifically dedicated to embedded engagement on an ongoing basis.



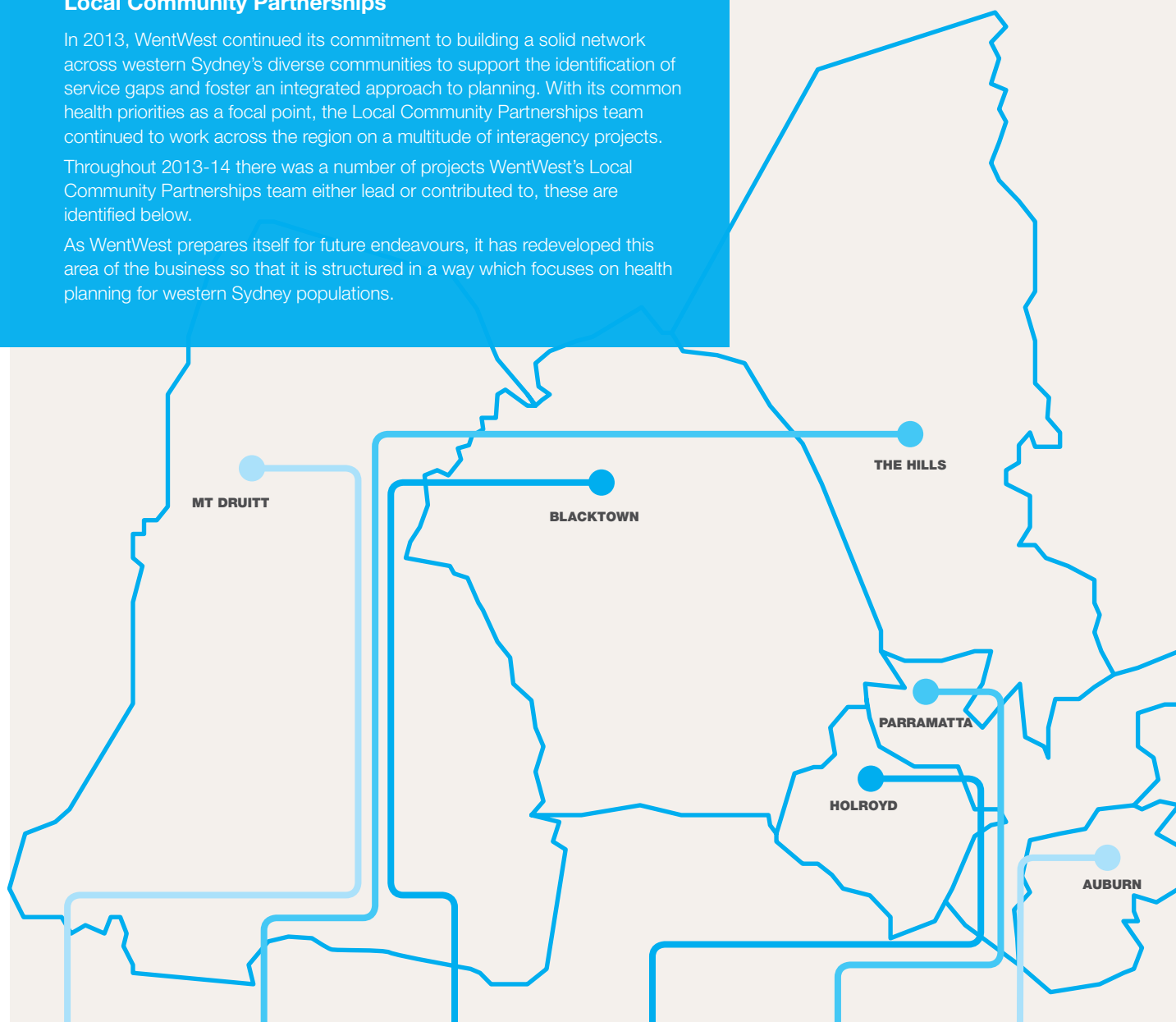
In 2013-14, WentWest launched a suite of Demographic Profiles detailing each of its Local Government Areas in addition to a series of White Papers discussing each of the six Common Health Priorities it shares with the Western Sydney Local Health District.

Local Community Partnerships

In 2013, WentWest continued its commitment to building a solid network across western Sydney's diverse communities to support the identification of service gaps and foster an integrated approach to planning. With its common health priorities as a focal point, the Local Community Partnerships team continued to work across the region on a multitude of interagency projects.

Throughout 2013-14 there was a number of projects WentWest's Local Community Partnerships team either lead or contributed to, these are identified below.

As WentWest prepares itself for future endeavours, it has redeveloped this area of the business so that it is structured in a way which focuses on health planning for western Sydney populations.



MT DRUITT

Focus: Social Inclusion.

Highlight: The Western Sydney Targeted Community Access Project or "WS Trekker" aimed to improve access to primary health care, psychosocial and specialising services as well as providing opportunity for engagement in social cohesion activities by reducing transport disadvantage. Since launching in June 2013, the Trekker was responsible for almost 4000 trips servicing close to 200 local residents with minimal access to transport.

HILLS

Focus: Mental Health and establishing a community network.

Highlight: WentWest partnered with a number of locally-based organisations to increase the visibility of Mental Health across the region. This culminated in the launch of "REACH" a support group for sufferers of Depression and Bipolar. Since established REACH, a joint partnership between Western Sydney Local Health District, Black Dog Institute and WentWest has had over 55 participants.

BLACKTOWN

Focus: Aboriginal Health

Highlight: The Well Women in the West project sort to use innovative and localised approaches to improving cervical and breast screening rates in the region. With a focus on targeting women from Cultural and Linguistically Diverse (CALD) backgrounds the program included a number of tailored strategies for engaging with local women including partnering with local agencies, peer education, word of mouth and story-telling.

HOLROYD

Focus: Healthy Lifestyle and Multicultural Health.

Highlight: Extending on the success of the Healthy Holroyd project (2011-2013), the Holroyd LCP worked alongside the Holroyd Council and other local partners to further extend the key aspects of the project. This included programs which sort to encourage health lifestyles including diet, nutrition and exercise.

PARRAMATTA

Focus: Child and Family Health.

Highlight: The Paint Parramatta REAd project continued to gain momentum in 2013-14. The project, which aims to increase childhood literacy skills prior to school age included a number of events aiming to encourage parents to read, sing and write with their children from birth. As part of the project each library in the region offered fun activities, including special appearance by book characters, singing, rhyming and dancing.

AUBURN

Focus: Multicultural Health

Highlight: Established an Auburn Refugee Health Working Group in partnership with Refugee Health, SSI and Migrant Resource Centres. The Working Group's role was to work together to address issues in Refugee Health, particularly in Auburn and priorities included: Rolling out the Translation Information Service to Auburn-based GPs; Increasing health literacy of refugee populations; and Investigating a partnership model with UWS medical students, Refugee Health and Multicultural Health Unit of Auburn Hospital.

Strategic Priority 1 – Knowing Our Community

Community Projects undertaken

In addition to the LCP work, WentWest has partnered with various community organisation's to support the delivery of several of community project's including:



Western Sydney Partners in Recovery

In 2013-14 WentWest led a consortium of partners including AfterCare, Care Connect, WISE Employment, UnitingCare Mental Health, Mission Australia and RichmondPRA, to deliver Western Sydney Partners in Recovery (WSPiR). In its first year of operation, WSPiR made significant inroads toward establishing a solid framework for the delivery of the program. Central to this framework has been the mental health consumer in western Sydney.

The year saw the development of a co-location project, enabling a model which is more focused on integrated and improved coordination of services within the community. This co-location project sees WSPiR working with both WSLHD, housing and correction services to improve the recovery journey.

Throughout the year, WSPiR has been actively involved in the design and implementation of training programs through the Mental Health Coordinating Council (MHCC) to better support the facilitation of recovery across NSW.

Nationally, we continue to work with our colleagues to build greater community awareness for mental health recovery and as such we are represented on a number of national committees for WSPiR including the reference group and support facilitation mentor group.

Among the services provided through WSPiR:

- Short-term accommodation or bond payment for accommodation;
- Travel assistance;
- Purchase of medications;
- Allied health services including podiatry, audiology, dietitian and dental treatment;
- Psychology, psychiatry or a general practitioner;
- Assistance with [parenting and living skills];
- Workplace training and assistance with the purchase of workplace clothing; and
- Debt management advice



Thrive@5 in Doonside

A place-based intervention which gained momentum in 2013-14 was the Thrive@5 in Doonside program, an early childhood intervention program that aims to improve the Australian Early Developmental Index (AEDI) for Doonside.

Effective community engagement and increasing the capacity of service providers (Health, Government, Non-Government and Private) to improve the effectiveness and efficiency of services provided for children 0-5 years and their families in Doonside are the two key strategies guiding the program. According to 2012 AEDI data >30% of children in Doonside were developmentally vulnerable on one or more domains of the AEDI and >17% vulnerable on two or more domains. Across all five domains children in Doonside were identified to be more vulnerable than the Blacktown Community, New South Wales and Australia as a whole.

Since its establishment Thrive@5 has:

- Mapped and scoped the Doonside community and service environment;
- Established engagement of local service providers, community leaders and local families;
- Strengthened collaboration between general practice, child and family health nursing and allied health providers; and
- Implemented a number of local programs (all in partnership with key local services).

Examples of the Thrive@5 partnership programs include Paint Doonside REaD (early literacy program), Mini Tots Soccer with Baby Rhyme Time, and Transition to School Programs at each of the public school in Doonside.

The program is also working with key partners to develop a care pathway for pregnant women with identified mental health and other vulnerabilities, an oral health pathway for pregnant women, children (0-5) and their families, a care pathway for children with concerns identified through General Practice and has successfully established a Thrive@5 mental health professionals network meeting.

The Thrive@5 in Doonside program is jointly funded by WentWest and WSLHD, is evidence based, is being evaluated in partnership with Murdoch Children's Research Institute, Melbourne and embraces the concept of collective impact.



I'm Having a Rainbow for Dinner Project

With overweight and obesity rates a growing health issue for western Sydney, WentWest partnered with Paint the Town REaD and NAQ Nutrition to develop the "I'm Having A Rainbow for Dinner" story book to familiarise children between the ages of two to five years with the benefits of eating fruit and vegetables. Launched at the Blacktown City Council Library in June, the book was distributed to local families and children. In addition to the book launch, the project also distributed a series of toolkits and resources to local libraries, playgroups, preschools and daycare centres.



Well Women in the West

In 2011, the Cancer Institute identified western Sydney as having rates lower than NSW state average biennial Cervical Screening. The Well Women in the West project uses innovative and localised approaches to improving cervical screening rates and particularly seeks to encourage women from Aboriginal and Culturally and Linguistically Diverse populations. The overall project goal aims to increase existing cervical screening coverage in western Sydney by 10% within three years, using multiple strategies. Together WentWest and WSLHD are working to achieve this target.



WentWest partnered with Paint the Town REaD and NAQ Nutrition to develop the "I'm Having A Rainbow for Dinner" story book.



 Denise
Practice Manager

Through collaboration and partnerships we have built an effective and efficient practice. I have been provided with a great framework for fine tuning business planning for the future.



Denise's Story

Practice Manager – Twinkle Medical Centre

Denise Whitehead has been Practice Manager of Twinkle Medical Centre in Northmead for almost three years. She is very passionate about her role, leading a robust team to maintain a smoothly run practice, meeting the needs of her patients.

Denise is very proud of her practice and has always been a strong believer that in order to be successful, there's always room for improvement. "This is a fast paced practice and I am always open to absorbing new information to ensure that we evolve and operate both effectively and efficiently. I try my utmost to support my team in the best way I can which often depends heavily on funding".

Twinkle Medical Centre was awarded with the 2013 WentWest Capability and Capacity Grants program which focused on the professional development of managers and staff working in general practices across western Sydney, reflecting WentWest's continued commitment to building strong primary health care in the region. "The support was greatly received and we have seen some fantastic results. For instance, we were given the opportunity to have a staff member successfully complete a Certificate III in

Business Administration (Medical).

This not only increased her skill sets, but also helps with future planning for the practice, in turn maximising our delivery to patients. In addition to the grants scheme, we were also introduced to more local services and health care programs such as WentWest's Personally Controlled E-Health Record (PCEHR) which proved to be a big hit as we enrolled in excess of 800 patients after only a few months of it being launched".

Denise believes that the assistance received from WentWest has been integral to the development of the practice. "Through collaboration and partnerships we have built an effective and efficient practice. I have been provided with a great framework for fine tuning business planning for the future".

Strategic Priority 2 –

Workforce Quality, Capacity & Performance

Western Sydney GPs are the foundation of our local primary health system. As WentWest works towards achieving better health outcomes for western Sydney, we are acutely aware of the critical role of general practice and are continuing to provide comprehensive support to local GPs, practice nurses and practice managers so that they may carry on providing quality care to the community.

Similarly, WentWest recognises the role of Allied Health and continues to build our support network which will reinforce their role in prevention and management for optimal care. Throughout 2013-14 we have further built on our solid foundations in supporting western Sydney's primary health care workforce and in doing so are seeking to create a better system for patients, and the professionals who care for them.

GP and Allied Health Services support and development

Since we started providing support services to general practice in 2006, WentWest has endeavoured to deliver quality assistance to western Sydney's primary health care professionals. In recent years we have made a concentrated effort on working closely with individual practices to enhance their business systems and adoption of new technologies, whilst also offering assistance through the accreditation process and opportunities for professional development.

The investment WentWest has made in practice support since it became a Medicare Local has led to a steady increase in engagement and communication levels with local GPs. Throughout 2013-14, we saw more than 8,700 instances of communication with general practice – including 1,851 practice visits. Engagement with local allied health professionals also experienced considerable growth throughout 2013-14, with more than 1,000 interactions taking place throughout the year.

In 2013-14, WentWest continued to deliver a comprehensive educational program to GPs, Allied Health, Practice Nurses and Practice Managers, with more than 500 events facilitated. This educational program allows WentWest to provide ongoing training and professional development to western Sydney's primary health workforce and in doing so, furthering the skills of the individual.

WentWest's well-established GP Leaders forum, along with the Allied Health Leaders forum, offered further engagement across the sector, and a vehicle for valuable insight and feedback on planning and policy development. A Practice Managers Advisory program was also established in early 2014. The members, from a range of different practice types including allied health meet regularly to provide feedback and input particularly around practice support and educational activities.



The 2013 WentWest Annual Conference was one of over 500 educational events held throughout the year.



27%

INCREASE IN MBS AFTER HOURS ITEM CLAIMS

Q3 '12 compared to Q3'13



198

PRACTICE CONTRACTS

for After Hours services

Retention and expansion of human resources

WentWest continued to work with GPs throughout the period to deliver a number of programs which seek to improve and optimise the delivery of primary health care in the region. Among these programs was the After Hours initiative and Diabetes Cluster project (delivered in partnership with WSLHD).

After Hours

In its second year of operation, WentWest's After Hours initiative continued to strengthen its work with the 198 contracted practices. The year saw the introduction of an online invoicing portal to streamline processes and reduce the administrative burden on delivering After Hours for involved practices.

WentWest's community education and awareness campaign combined with the incentive system influenced the uptake of After Hours care in western Sydney over the period. According to Medicare Australia, in Quarter 3, 2013 the number of After Hours MBS items claimed had increased by 27% in our region, compared to the same period in 2012, with an additional 1,389 consultations taking place. The increase in delivery of After Hours services to our population influences the reduction of avoidable ED presentations in western Sydney and this corresponding data is now emerging with a report conducted showing a reduction in Category 4 (semi-urgent) and 5 (non-urgent) admissions for Blacktown Hospital.

Diabetes Cluster Initiative

In 2013-14, WentWest launched a new diabetes initiative with its partner the WSLHD, to build GP capacity in regard to management of the condition in addition to improving patient outcomes. As part of the joint strategy to address the region's diabetes rates, WentWest and the WSLHD implemented a program offering GPs access to case conferencing in their practices with a senior specialist in Endocrinology and a Diabetes Educator. A survey of all GPs involved indicated overwhelmingly, that the case conferences had provided an interactive learning opportunity whilst also improving management of the condition.



The 2013 WentWest Annual Conference was attended by over 450 local GPs and Allied Health Professionals from across western Sydney.



1,851

PRACTICE VISITS

From 2013-14



8,700

**INTERACTIONS
WITH GPs**

Throughout 2013-14



43

PRACTICES

Driving QI and capability
and capacity support



500+

EVENTS HOSTED

by Wentwest

Strategic Priority 2 –

Workforce Quality, Capacity and Performance

Workforce Capacity and Planning

In 2013-14, WentWest furthered its work with practices in preparing for the delivery of primary health in western Sydney into the future. As part of this work, a comprehensive analysis of the local primary health care landscape was conducted to map current and future workforce challenges for the region. This analysis forms the basis for much of WentWest's planning and prioritising of new initiatives, including: the Nurse Immuniser and Practice Nurse Programs, along with General Practice Recruitment and Training.

Nurse Immuniser & Practice Nurse Program

Introduced in 2013, WentWest's Nurse Immuniser program seeks to build capacity within general practice and increase immunisation rates by offering the part-time services of a Nurse Immuniser to eligible practices. In 2013-14, 87 practices participated in the program across western Sydney with their role being to conduct immunisations and strengthen compliance to cold chain management procedures.

Similarly, WentWest worked with a number of smaller-sized practices so that they received access to the services of a Practice Nurse. Participating practices spoke favourably of the initiative aimed at easing the burden on GPs suggesting the initiative helped to improve awareness of the role a practice nurse can play in assisting GPs.

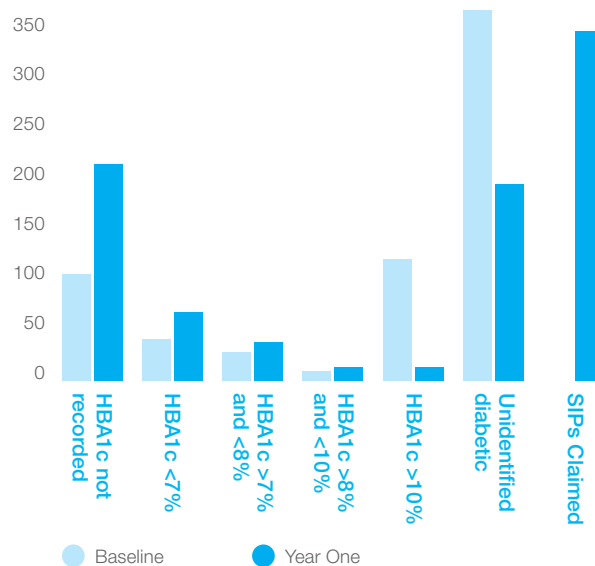
Continuous quality improvement capabilities

Forty-three practices participated in a Practice Partnership Program designed to drive continuous quality improvement capabilities, specifically targeting patients with diabetes. WentWest's Practice Partnership Coordinators worked intensively with practices, using the functionality of the Pen Clinical Audit Tool (Pen CAT) to:

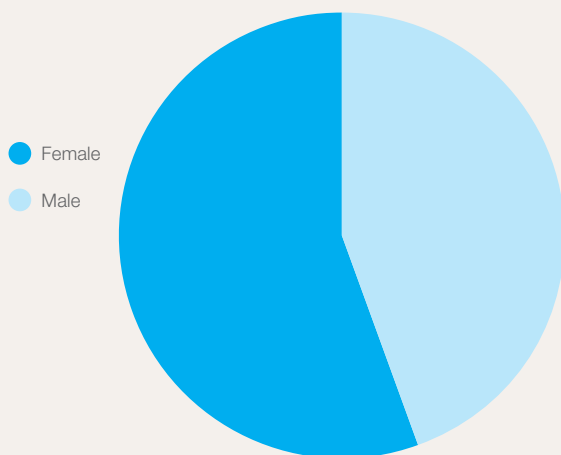
- Undertake data cleansing;
- Ensure patients with diabetes were correctly identified in the clinical information system;
- Review and monitor trends for HbA1c results for patient to show improvement; and
- Identify opportunities for claiming Service Incentive Payments.

Review of Pen CAT extractions on a regular basis allowed practices to monitor progress and drive improvement in outcomes for the business and for patients with diabetes.

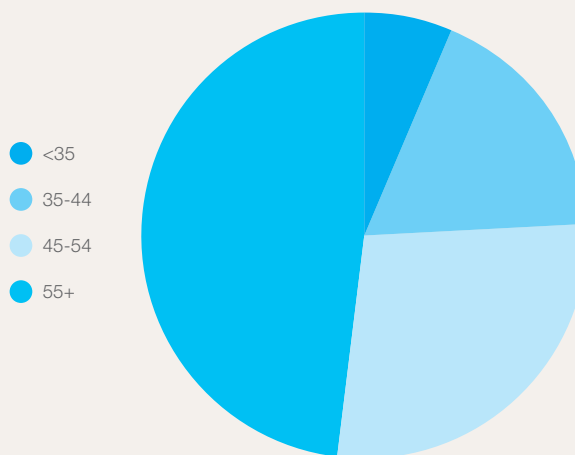
REVIEW OF PEN CAT EXTRACTIONS



WESTERN SYDNEY GPS BY GENDER



WESTERN SYDNEY GPS BY AGE



WentWest supporting system integration and quality improvement in general practice. Bridgeview Medical Practice in Toongabbie headed up by: Dr Shanthini Seelan (left), Dr Thava Seelan, Dr Mary Lumina Titus and Practice Manager, Kim Richardson (right) with WentWest CEO (centre), Walter Kmet. The practice was awarded the RACGP General Practice of the Year for NSW & ACT in 2013.



*It's important that
I remain fit and healthy
so that I can continue to do
what I believe in my community.
The support received has
opened so many other avenues
so that I can manage my
health and wellbeing.*





Lucy's Story

Connecting Care

Luvisminda 'Lucy' Englis, aged 70 years old, originally from the Philippines lives in Rooty Hill. Lucy suffers from multiple chronic health conditions and was referred into WentWest's Connecting Care program after a series of hospitalisations.

Before Lucy's admission into the program, there were a number of health conditions that were of concern, of which she was unsure of how to manage, "Given I've always been a relatively fit, healthy and mobile person, I didn't really understand what I needed to be mindful of, what to do or even who to see about my conditions. For instance, I have diabetes however wasn't aware how regular I needed to check my blood sugar levels which were causing a lot of dizziness".

Lucy experiences chronic pain in her neck, shoulders and arms which is related to osteoarthritis. "At times, I have found it extremely hard to manage the

pain, especially when visiting my local church every day to help maintain the gardens. Visiting the church each day is really important to me and is a way for me to work with the community".

Since working with her Connecting Care coordinator, Lucy has improved and has no reported hospitalisations.

"I am very thankful to Connecting Care. It's very important that I remain fit and healthy so that I can continue to do what I believe in my community. The support received has opened so many other avenues so that I can manage my health and wellbeing".

Strategic Priority 3 –

Integrated and Coordinated Care

With WentWest at the interface of the primary and acute settings, it is in the unique position of facilitator for the integration and coordination of care services. The 2013-14 year has seen WentWest further strengthen its facilitator role, as it works closely with partners and stakeholders to improve health outcomes for western Sydney.

Health and Human Service Partnerships

Since being founded in 2002, WentWest's work has continued to evolve out of the partnerships it has made within the local community. The fostering of these partnerships has paved the way for much of the work we carry out today as we work with our stakeholders to improve the delivery of health services in the region.

Connecting Care

Throughout 2013-14, many of the projects we work jointly on, have continued to advance and we are now seeing the fruition of longer-term investment in patient care. This is particularly so for our *NSW Chronic Disease Management Program – Connecting Care in the Community* (Connecting Care) which in its third year of operation has demonstrated growing successes in moving towards better management of chronic patients. Over the past 12 months WentWest's Connecting Care Coordination Team, received 380 referrals compared to 182 referrals in the year prior. This indicates a 108.79% increase in referral rate. Of the caseload, 65.5% of clients identified as being from a Culturally and Linguistically Diverse background (CALD).

In an analysis of 211 Connecting Care patients, it was shown that improved coordination of care and regular visits from an appointed nurse lead to a 36% reduction in Emergency Department admissions and a 16% reduction in Hospital stays, with an estimated cost saving to the health system of \$1.4m.

Close the Gap

WentWest has worked alongside partner, the Aboriginal Medical Service Western Sydney (AMSWS) and a range of local Aboriginal community organisations to deliver the national Close the Gap initiative to western Sydney since 2009. The past 12 months has seen demand for the program continue to increase, with 240 new referrals.

It is a goal of Close the Gap to work with each client to individually assess their health and broader holistic needs and to establish an ongoing plan that is easy maintain. In 2013-14, 56% of Close the Gap clients transitioned into self management, indicating we are moving toward building a community which is more informed and aware of the services and an Aboriginal community which is more empowered to navigate an at times complex system.

HealthOne service planning

HealthOne is an integrated primary and community health care initiative funded by NSW Health that integrates service provision to better meet the needs of clients in identified sites. This means that GPs, community health and other health care providers work collaboratively to provide comprehensive and coordinated care for clients to improve their health outcomes.

Currently, NSW Health has funded two sites within the WentWest catchment - Mt Druitt and Auburn. However, there are plans to expand the program more broadly across Western Sydney, targeting low socio-economic areas with populations who have significant health issues.

The service models are based on a 'hub and spoke' virtual service approach to meet the needs of identified groups. The 'hub' is based at the community health centre and the 'spokes' are outreach sites, which provide services in more isolated areas.



108%
INCREASE

in Connecting Care
referrals



36%
REDUCTION

in Emergency
Department admissions

System Innovation and Models of Care

2013-14 was a defining year for the local health care landscape as WentWest and partner organisation, Western Sydney Local Health District (WSLHD) united to launch Western Sydney *HealthPathways* – an online portal offering clinician's localised assessment, management and referral information and resources for the care of patients.

Pioneered by the Canterbury Initiative in New Zealand, *HealthPathways* is an emerging web-based portal, to aid patient care and management by offering extensive information and resources, tailored to the local health system.

The 2013 WentWest Annual Conference in November proved an ideal platform for the launch of *HealthPathways* to over 400 western Sydney GPs and Allied Health Professionals and there continues to be an ongoing awareness campaign within both the primary and acute settings to enhance understanding and usage. For 2014 much focus has been around embedding *HealthPathways* within local practices and for further increasing engagement levels.

Since the launch of *HealthPathways* in November 2013, there has been over 990 new and returning users to the portal, viewing more than 30,000 pages. With 74% of users being returning visitors, the portal is continuing to gain momentum as it seeks to support clinicians in their daily practices.

WentWest is proud to be working in conjunction with the WSLHD and the Sydney Children's Hospital Network (SCHN) to further expand *HealthPathways*, and has established a formal governance framework to oversee the project. This structure has allowed for the development of over 52 pathways in the past 12 months, with an additional 122 in construction. Over 135 local clinicians including GPs, specialists, nurses and allied health professionals have contributed to the project, advising and overseeing pathway development across a range of conditions.

Using the portal to access localised information on diabetes management is increasingly popular, with four out of five of the top searches on *HealthPathways* on the condition.

Western Sydney *HealthPathways*

Top five pathways viewed:

1. Screening and Diagnosis of Diabetes
2. Diabetes
3. Management Principles – Type 2 Diabetes
4. Smoking Cessation Advice
5. Diabetes Referrals



240

**NEW CLOSE THE
GAP REFERRALS**



52

**HEALTHPATHWAYS
LAUNCHED**



135

LOCAL CLINICIANS

advising on *HealthPathways*
development



122

**NEW
HEALTHPATHWAYS**

under construction

Strategic Priority 3 – Integrated and Coordinated Care

Integrated Care Project

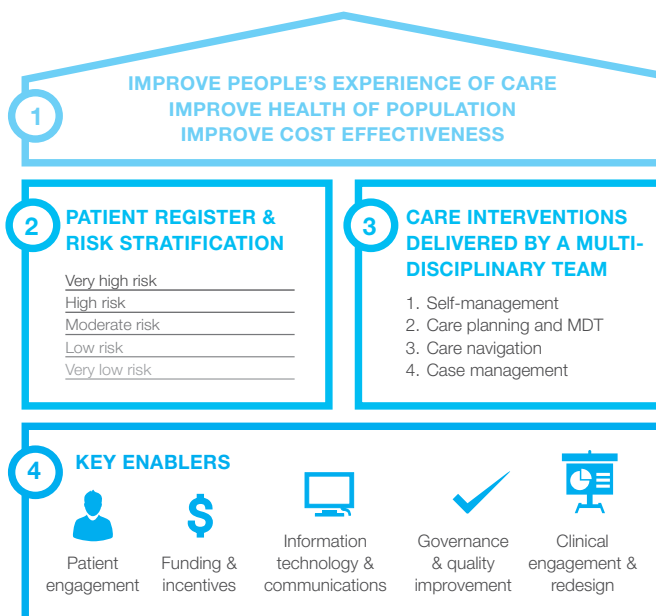
In March 2014, NSW Health Minister, Jillian Skinner MP announced an Integrated Care Strategy for NSW. As a component of the strategy, western Sydney was named as one of three Local Health Districts across the state to pilot a regionally-tailored approach to integrated care.

The intention of the project is to provide seamless care to people in an integrated way and seeks to better align services delivered in primary and acute care settings. Led by Western Sydney Local Health District (WSLHD), the project will see WentWest working closely with its partner to improve the care experience for chronic disease patients, carers and providers.

The premise of the project will see chronic disease patients identified and enrolled into a patient-centred medical home in a local General Practice that has the capacity, capability and continuity to advise them on their complex care needs. Within these medical homes, patients will engage with clinicians across a wide range of health settings and different types of interventions will be provided based on the specific needs of the patient. The different interventions include; case management, MDT case reviews, specialists in the community, mental and social health liaison, discharge services, care navigation, hospital in the home, self-management and health coaching. The patient enrolment and the medical home design will be underpinned by innovative incentives and funding arrangements.

Since the project was announced, WentWest has been working closely with WSLHD to commence groundwork, this has included the re-deployment of three WentWest team members into strategic roles.

During 2013 WentWest undertook a major project with both private and not-for-profit partners to define and model its integrated care for western Sydney. The body of work is pivotal to the roll out of the integrated care project across the region and is illustrated to the right:



Defining and Investing in System Enablers

Throughout 2013-14, WentWest continued to build and invest in infrastructure which supports better data capture, utilisation, provider integration and communications across primary and secondary care including eHealth, Pen Clinical Audit Tools, secure messaging, telehealth and *HealthPathways*. All of this is aimed at supporting our focus on the triple bottom line of improving people's experience of care, the health of our community and the cost-effectiveness of care provision.

Our organisation's focus on system enablers is evident in many of the advancements we have made in this area over the past 12 months. WentWest provides the Pen Clinical Audit Tool and all required support and training free of charge to over 200 GP practices to help improve data capture and analysis.

System Enablers



These achievements are also evident in our work on the national PCEHR initiative where western Sydney overwhelmingly leads the nation in terms of number of consumers, with almost 100,000 (10%) of our community registered. This is combined with our locally developed LinkedEHR eCare planning system which greatly augments the value of the PCEHR, allowing GPs to develop and share a patient care plan with other providers at the click of a mouse. Currently 140 GPs and approaching 200 allied health providers are registered and using LinkedEHR to improve patient care.

HealthPathways is one more key building block deployed by WentWest to improve patient assessment, management and referral in western Sydney. Developed by local GPs, specialists and allied health providers working collaboratively on localised pathways, accessed by a secure portal, greatly improve access to current guidelines, supporting local management and referral information and clinician and patient resources. *HealthPathways* has rapidly developed to a clinician community of almost 1,000 unique users with a very high level of repeat visits to the site.

Simply put, these enablers allow our clinicians to better understand their patient populations and needs, to access relevant and up-to-date quality information on assessment, management and referral in addition to sharing patient care across settings.

Access to Psychological Services (ATAPS)

Since 2006, WentWest has been facilitating the delivery of the national Access to Psychological Services (ATAPS) initiative across western Sydney. In its eighth year of operation, we saw the evolution of the program and its continued expansion region-wide. In the 2013-14 financial year, over 3,000 ATAPS referrals were completed, leading to the delivery of 18,000 sessions. An additional 500 referrals were passed on to more relevant services covered by Better Access-Medicare.

WentWest received referrals from a diverse number of stakeholders with a network of over 580 referring agents, with over 450 GP's, in addition to local primary schools, child care centres, paediatricians and psychiatrists.



▶ **94,981**
CONSUMER
REGISTRATIONS

1st Nationally for total number of consumers all registration channels

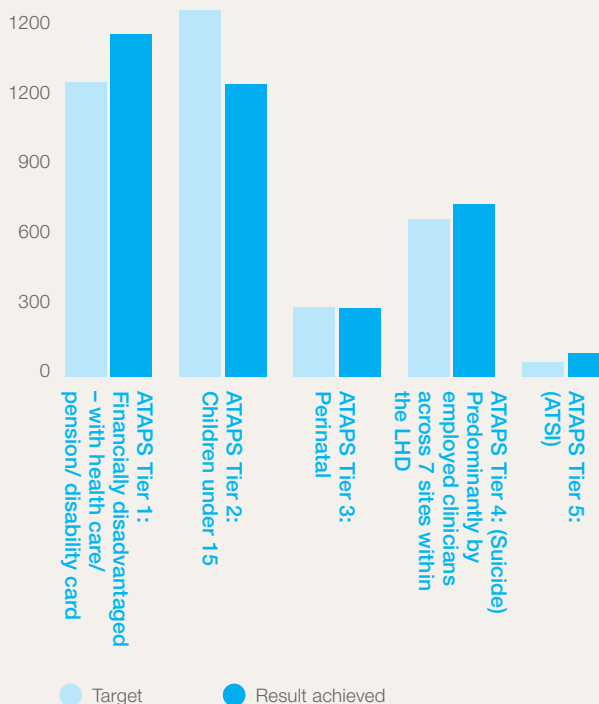
Services for Health and Physical Exercises (SHAPE)

Services for Health and Physical Exercise (SHAPE) is WentWest's own healthy lifestyle initiative. In its fifth year of operation the program furthered its work within the community and sort to evolve so that it can continue to reflect western Sydney's diverse needs.

Throughout 2013-14, SHAPE undertook a number of new initiatives particularly within the multicultural space. Through many of the partnerships WentWest has forged in its tenure as a Medicare Local, SHAPE was able to work closely with specific cultural groups to adapt and offer programs to range of community groups including those of African, Afghan, Arabic, Chinese, South American, Tamil and Indian heritage.

As WentWest moves toward a new era of primary health care, the organisation focused on how it could evolve SHAPE so that it remains viable as a lifestyle intervention initiative for those living with or high risk of chronic disease. In doing so, the year saw the establishment of formal partnerships with a number of corporate providers including LendLease and Health Ways and will work with such organisations throughout 2014-15 to offer SHAPE via new and innovative modes of delivery.

ATAPS REFERRALS



A young woman with long dark hair, wearing a light pink medical scrub top, is smiling at the camera. A stethoscope is draped around her neck. She is sitting at a desk with her hands clasped in front of her. In the background, there is a window with horizontal blinds, showing a blurred view of a building and some greenery. The overall lighting is bright and natural.

*Being given the opportunity
to learn in a diverse region is
so valuable. Once I qualify,
I hope to be a GP in western
Sydney to continue serving
the community.*

Michelle's Story

Registrar

Michelle Yeung, aged 32 years old is a Registrar training with WentWest in the Australian General Practice Training (AGPT) Program. She is WentWest's first rural pathway Registrar to undertake a term in Queensland, which has given Michelle a great insight into learning more about a variety of other medicines.

"I worked in Glenorie (Sydney), for my first rotation and then I had six months of maternity leave. For my second rotation, I was allocated to the Townsville Aboriginal and Islander Health Service (TAIHS) in Queensland which I consider to be my favourite part so far. During this rotation, I gained exposure to tropical medicines and the medical issues that I could only come across in my readings".

"Western Sydney encompasses a large number of Aboriginal people and multicultural populations. There is a need for local health services to be tailored to meet individual needs

and the GP Training Program reflects this approach through the education delivered. Being given the opportunity to learn in a diverse region is so valuable".

"WentWest provided a number of resources available for my training and ongoing professional development with excellent research and innovation opportunities. I'm aiming to complete my Fellowship of the Royal College of General Practitioners (FRACGP) exam in 2015. Once I qualify, I hope to be a GP in western Sydney to continue serving the community".



Strategic Priority 4 –

Teaching, Education & Research

The training and career development of the western Sydney and Nepean Blue Mountains primary health care sector has been a cornerstone of WentWest since its establishment in 2002. Together with our education partners, Sydney University, University of Western Sydney and the Supervisor Network, the past 12 months has seen this area continue to grow and flourish with our largest ever enrolment intake of 56 Registrars.

The year also saw the appointment of Katoomba based GP, Dr Malcom Ireland to the position of Director of Training following Dr Michael Crampton moving into the role of Clinical Lead for the Integrated Care Project in partnership with the Western Sydney Local Health District (WSLHD).

Integration of education and research into health service planning and delivery

WentWest has long prided itself on a training program which is holistic in its approach, offering its Registrars in-depth exposure across the primary health care system.

In 2013-14 WentWest offered its largest array of extended skills options, covering 16 diverse areas of study including university academic posts, integration between home and hospital-based care, health system planning and specialty areas such as palliative care and paediatrics.



4

NEW GP PRACTICES

GP practices facilitating the GP Registrar training program



14

NEW SUPERVISORS

Growth facilitating the increase in trainee positions

Drawing on our unique position as both a Regional Training Provider (RTP) and facilitator of primary health care, WentWest offered a new extended skills post opportunity through Western Sydney *HealthPathways*. The post enables GP Registrars to be involved in development of clinical guidelines, pathways, and protocols within western Sydney's unique setting and since being offered has seen three Registrars take on the opportunity.

Vertical integration of education, training and research

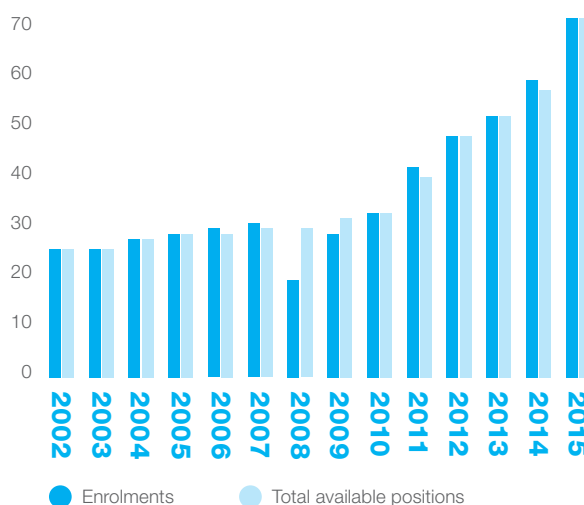
Many teaching practices within our region deliver training and education support to a broad range of learners including Medical Students, Pre Vocational Junior Medical Officers and GP Registrars.

The continued support by Supervisors for the Prevocational General Practice Placement Program (PGPPP) was evidenced by the positive feedback received from the 25 participants who undertook community training placements in the past year.

The practices delivering PGPPP are all accredited to deliver GP Registrar training in addition to PGPPP and many facilitate the education of multi-level learners within their practice.

The First Wave Scholarship program has continued for its fifth year with strong support from the Registrars who partake as Supervisors of medical students through scholarships to experience General Practice in a practical way.

REGISTRAR GROWTH SINCE 2002



eLearning and extended skills development

Online learning continues to be an area of development and investment for WentWest and throughout the 2013-14 financial year we sought to further expand our educational offering through this channel, not only for GP Registrars and Supervisors, but for our broader stakeholder network. Over the past 12 months, we have continued to expand the Learning Management System's (LMS) usability so that more programs may be delivered with the implementation of 74 online learning modules which are constantly being further complimented with new additions.

WentWest's LMS was launched in 2012 with the intention of building a comprehensive suite of learning modules online. One of the first projects to be launched through the LMS was gp-Start – a training and educational tool for GP Registrars. Now its second year of operation, we are evidencing the benefits of the system to both Registrars and the organisation itself.

To further enhance our offering of eLearning, we also launched an online resource library, enabling stakeholders to access resources via an online booking system. Since its implementation the library has proved highly successful.



Partnerships for research and evaluation

Partnership for Education, Evaluation and Research (PEER) Western Sydney reflects the longstanding and productive relationship between WentWest and the academic Departments of General Practice at the Universities of Sydney (Westmead) and Western Sydney. The partnership builds on its commitment to quality general practice teaching and education across the region and actively seeks opportunities to increase the adoption of primary health care research into practice.

The three organisations are represented on the Western Sydney Academic Planning Committee which provides a forum to strategically plan and promote equitable access to health care and quality primary health care in western Sydney. Crucially, this includes a wide range of research and evaluation collaborations.

In the 2013-14 year, PEER worked in collaboration on a number of research projects, which reflect the five key priority areas of WentWest's strategic direction: Knowing our Community; Workforce Quality, Capacity and Performance; Integrated and Coordinated Care; Teaching, Education and Research; and Organisational Excellence and Sustainability.

Among the projects undertaken throughout the period include:

- *MEAL*: Mapping food environments in Australia Localities Project;
- Improving GP treatment of Childhood Ear Disease;
- *The TORPEDO Study*: Evaluation of a novel electronic decision support tool for cardiovascular risk management;
- *Registrars are from Mars, Supervisors are from Venus*: The implications of Registrar learning and Supervisor teaching styles; and
- *Partners in Health*: Evaluation of the effectiveness of a partnership agreement between WentWest and the Western Sydney Local Health District.



120

**EDUCATION WORKSHOPS
DELIVERED**

Registrars, Medical Students, Junior
Medical Officers and Supervisors



11

**MEDICAL
EDUCATORS**

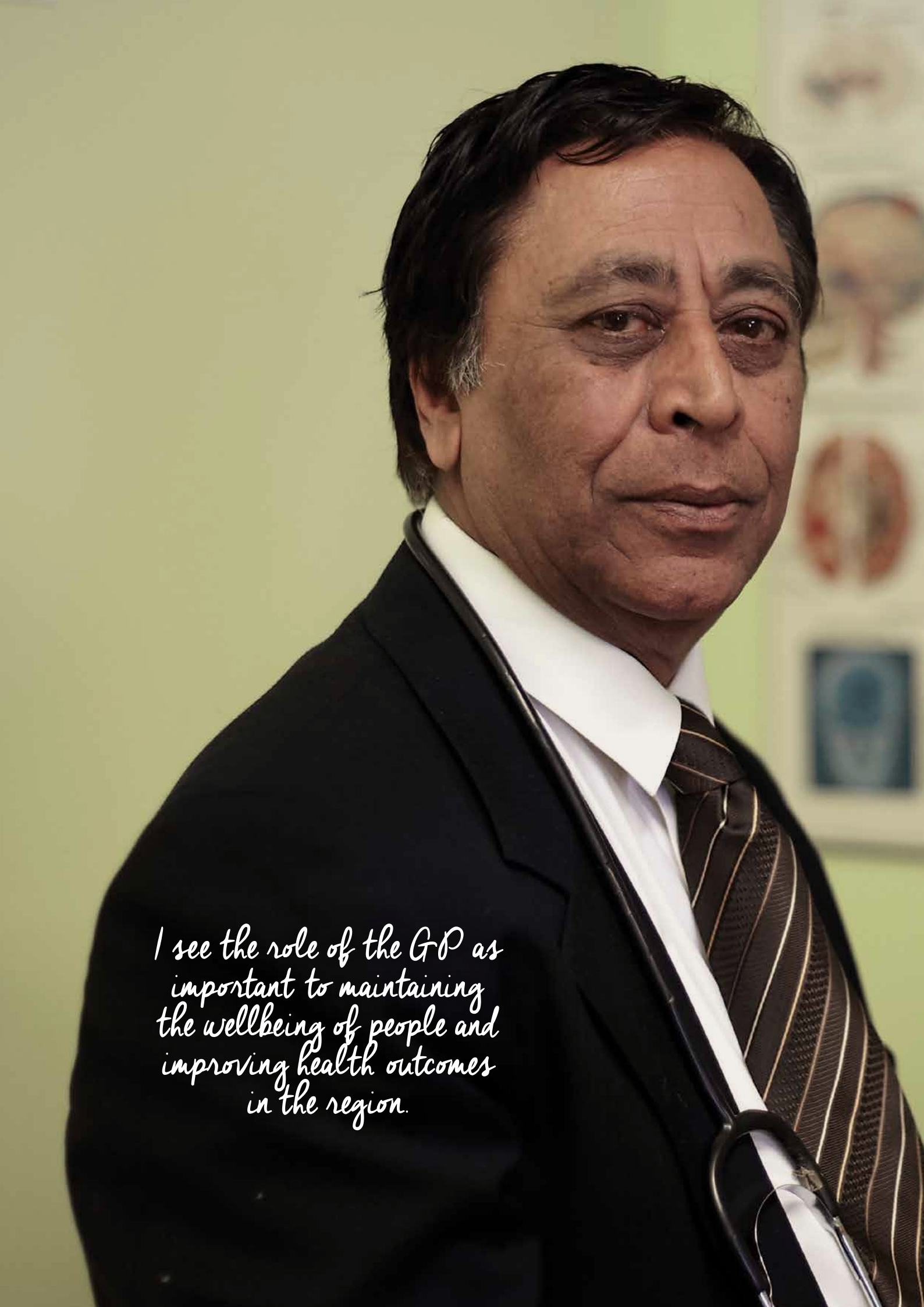
5 who trained as GP
Registrars with WentWest



35

**COMPLETED
REGISTRARS**

Successfully achieving the
Fellowship of the Royal
Australian College of General
Practitioners



*I see the role of the GP as
important to maintaining
the wellbeing of people and
improving health outcomes
in the region.*



Dr Sundar's Story

General Practitioner

Dr Sundaram Subbaram Sundar established his Toongabbie practice in 1994 with the support of his wife and Practice Nurse and Manager, Rani. Originally from India, he has a passion for the community in which he resides and is particularly concerned by the alarming rates of diabetes he sees daily. This passion has been instrumental in seeing Dr Sundar lead a number of diabetes initiatives, particularly focusing on healthy living and diabetes prevention within the local Indian community.

Dr Sundar has a strong commitment to building a quality practice, focused on delivering a high-standard of patient care. Over the years WentWest has worked closely with Dr Sundar and his team to develop the practice, "I'm very proud we have been successful in passing Accreditation three times in a row. It's important for our practice to be able to demonstrate how we focus on patient safety by having quality processes in place which supports what we do. Each time we've undertaken accreditation, WentWest's team have supported us through the process".

In working with WentWest's team, Dr Sundar has implemented significant changes to his practices' IT systems, positioning the practice for the future. "We have worked closely with WentWest to set up eHealth, Linked EHR and audit tools like PenCat. These system gains are further advancing my practice so that I can follow through my passion for addressing diabetes management in our newly established clinic".

"I see the role of the GP as important to maintaining the wellbeing of people and improving health outcomes in the region".

Strategic Priority 5 –

Organisational Excellence & Sustainability

The 2013-14 financial year was a defining one for WentWest's corporate functions, as we sought to embed and refine many of the key initiatives and projects that had been previously established. With growth coming to a more measured pace, the organisation was able to focus its attention toward gauging its outcomes and preparing itself for future endeavours.

Developing our people based on a values driven culture

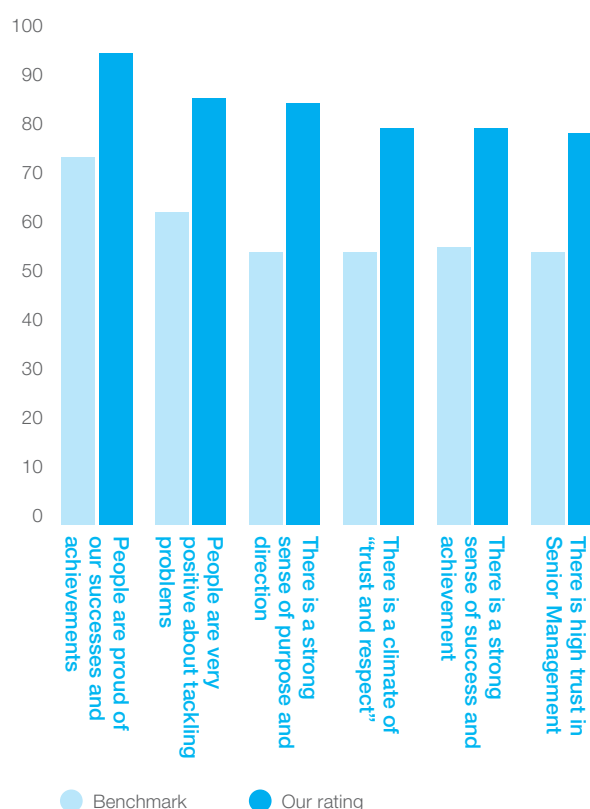
WentWest has always regarded its people as its greatest asset, and while the work undertaken can be demanding there is a strong commitment and passion across the organisation to achieving success. During the year we further embedded much of the projects commenced in 2012-13, including organisational core competencies and our performance management framework.

Our continued focus on developing our people ensured a range of learning and development opportunities for all staff to ensure we are sufficiently skilled to meet the business' evolving needs. Key training programs included: People Management and Leadership Skills; Accidental Counselling; Presentation Skills; Mental Health First Aid Training; Risk Assessment Training; Cultural Awareness; and Anti Bullying and Harassment.

Recognising the importance of maintaining an engaged workforce, we again participated in the *Best Practice Australia (BPA) 2014 National Benchmarking Survey*. The focus for 2014 was on gathering employee's perceptions about working life in terms of Engagement, Leadership, Values, Innovation and the Issues that Matter.

We are pleased to have reached an 89% participation rate which is the same result as last year and above the average of 81% across all the survey results. 87% of our employees stated we are a "truly great place to work". Some of the key highlights of questions rated most highly were:

BEST PRACTICE AUSTRALIA 2014 NATIONAL BENCHMARKING SURVEY – WENTWEST RESULTS





Key training programs included: People Management and Leadership Skills; Accidental Counselling; Presentation Skills; Mental Health First Aid Training; Risk Assessment Training; Cultural Awareness; and Anti Bullying and Harassment.

This survey is a very valuable feedback mechanism via which we better understand how we are creating a great place to work by focusing on areas for ongoing improvement. Overall it was a strong result, indicating our employees are largely engaged across the organisation despite the rapid growth and change which has surrounded us in recent years.

As we forge into a new year, and a new environment for primary health care, we have had to make a number of changes to our organisational structure. Despite these changes, and the challenges they bring, WentWest continues to pride itself on a culture which is committed to success and the bettering of health outcomes for our community.

Demonstrating system gains and improved health outcomes

In the 2013-14 financial year we welcomed the development of the WentWest Outcomes Framework – a comprehensive structure designed to measure performance across all elements of the strategic plan.

Spanning all program areas, service lines and contracts, the Outcomes Framework has been developed to extract data from a number of organisational databases and provide real-time reporting on current performance. Into the future, the WentWest Outcomes Framework will be supported by Bi360, a data extraction tool designed to develop and integrate reports

from a number of databases and provide a comprehensive assessment of the organisation's current performance. It is envisaged, once fully operational the system will offer dashboard reporting and opportunities for improvement across the business.

Maintaining and improving our Quality Systems

Building on the high standards of quality WentWest has already developed, our activities over the past 12 months have continued to maintain and enhance our Quality Management System. Three significant external audits were undertaken by the organisation during the period. The audits were completed to both establish and maintain our multiple industry accreditations to the required standards. This included the newly established Australian Medicare Local Accreditation Standards, the ISO 9001 and Bi-College Accreditation process assessing our performance against the RACGP Standards for Vocational General Practice Training.

In addition to these audits, WentWest's work in relation to the Assisted Registration Tool initiative as part of the eHealth project was reviewed by the Office of the Australian Information Commissioner (OAIC). The audit focused specifically on WentWest's privacy policies and processes in relation to the handling of personal information during assisted consumer registration for the Personally Controlled Electronic Health Record (PCEHR), for which western Sydney leads the country in adoption rates (see page 28 for more details). WentWest was commended by the OAIC and no areas of concern were identified as a result of the audit.

Each of these audits thoroughly explored the scope of WentWest's functions as both a Medicare Local and Regional Training Provider and came with very favourable commentary from the respective accrediting bodies on the depth and breadth of our Quality Management System.

WentWest continues to be committed to developing a culture that embraces Quality Improvement and in doing so has made further investments into this area with additional resourcing over the period. Based on the insights gained from the ISO 9001 audit conducted in March we have developed and refined our Business Process Model to reflect the evolving nature of our business and its expanding service lines.

Strategic Priority 5 –

Organisational Excellence and Sustainability

The voice of primary health care for western Sydney

In the 2013-14 financial year WentWest continued to strengthen communications to its diverse stakeholder base, leading to the introduction of several campaigns and expansion into new channels.

Refinement of the organisation's branding strategy was a strong focus of the marketing and communications effort, this included the development of numerous new sub-brands including the NSW Recovery College and PEER projects.

The implementation of a social media strategy to support the organisation's existing communications channels saw a marked increase in engagement of key influencer groups including Non-Government Organisations, health journalists and politicians. The introduction of social media has allowed the organisation to expand its reach but has also allowed it to build a consistent and pointed message on its role within the local primary health care system and has laid the foundations for further activity via this channel over the next 12 months.

2013-14 has also been a watershed year for the organisation in building its media profile. The year has seen a dramatic rise in the number of media mentions particularly within local newspapers and online health industry publications. In total, WentWest was featured in more than 40 articles across 15 publications with the organisation's work in diabetes, eHealth and community planning among the most frequent issues to be reported.

Among the highlights was WentWest's "Working for the West" campaign. The campaign, launched in March, aimed to illustrate WentWest's ongoing commitment to better health outcomes for the region by showcasing the depth of activities across the sector, the strong partnerships we have built over many years and advancing the role of local GPs, allied health and consumers in health policy and planning.

As WentWest heads towards a new era, the organisation also launched a revitalised website in April. The extensive project included a device-responsive design, tailoring of information to key stakeholder groups, user-friendly features and integration with various IT systems.

Commercial sustainability

Over the past year, we have been focused on creating a commercially robust organisation, which can withstand the impact of external factors beyond our control. In preparing for the future, we have continued to diversify our operations across the primary health care sector including the role of lead-agency for Western Sydney Partners in Recovery, launch of the NSW Recovery College and partnering with Western Sydney Local Health District on NSW Health's Integrated Care Project.

In November, we went live on a new financial accounting system, Navision. The system has allowed for greater efficiencies in our daily accounting processes, and has been strengthened by the introduction of reporting tool Bi360.

A core responsibility of the leadership team has been to effectively manage WentWest's rapid growth and to create a scalable business which is adaptable to its current environment.



WentWest team members partake in the annual staff development day in October 2013. The event is an opportunity for staff across the organisation to come together and discuss WentWest's future direction.



3

EXTERNAL AUDITS

Successfully completed



87%

OF EMPLOYEES...

...stated we are a
"truly great place to work"

As WentWest heads towards a new era, the organisation launched a revitalised website in April. The extensive project included a device-responsive design, tailoring of information to key stakeholder groups, user-friendly features and integration with various IT systems.

Strong corporate and clinical governance

WentWest is committed to providing strong corporate and clinical governance across all aspects of the organisation and its operations. It promotes best practice in corporate and clinical governance with the implementation of clear policies, principles and delegations of authority that support procedures and practices for the direction and control of the organisation.

For WentWest, good corporate governance has defined the strong relationships between directors management, members and external stakeholders, to provide key accountability back to the community.

The Board appointed, Governance and Nominations Committee (G&NC), has met six times throughout 2013-14 to review the Board and its committees composition and advise on appropriate corporate governance standards and policies. To this affect WentWest adheres to the current ASX Corporate Governance Council's Corporate Governance Principles and recommendations including:

Principle 1: Lay solid foundations for management and oversight

Principle 2: Structure the board to add value

Principle 3: Act ethically and responsibly

Principle 4: Safeguard integrity in corporate reporting

Principle 5: Make timely and balanced disclosure

Principle 6: Respect the rights of security holders

Principle 7: Recognise and manage risk

Principle 8: Remunerate fairly and responsibly

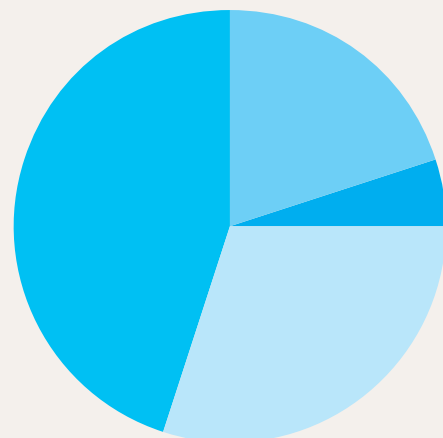
WentWest's Board appointed Finance and Risk Management (FARM) Committee, ensures the effectiveness and adequacy of the accounting and financial controls. The Committee is responsible to assess, monitor and manage risk, financial reporting internal and external, with stewardship for organisational assets and resources. The FARM committee convened five times this year to ensure that all statutory obligations have been met in accordance with the Corporations Act 2001, the requirements under the *Australian Charities Not for Profit Commission* (ACNC) and government funding contracts and other regulatory bodies.

The Board appointed Clinical Governance Committee ensures the clinical governance arrangements and practices meet compliance requirements, which to date has included Medicare Local, Bi-College RTP and ISO 9001: 2008 accreditation standards, whilst promoting an organisational culture of continual quality improvement in performance. Through the implementation and monitoring of a robust Clinical Audit Schedule, each of WentWest's health care delivery services has been supported through an internal audit process to evidence how they meet client health care record documentation standards and to identify areas for improvement.



MOST POPULAR TOPICS WENTWEST WAS FEATURED IN THE MEDIA FOR THROUGHOUT 2013-14

- Diabetes
- Community Planning
- eHealth
- Other



SECTION 06.

Directors' Report 30 June

The directors present their report, together with the financial report, of the company for the year ended 30 June 2014. In order to comply with the provisions of the Corporations Act 2001, the directors report as follows:

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 (July 2013–October 2013)

Mr Bradley Delaney

Dr Anne-Marie Feyer

Ms Caroline Lamb

Dr Kean-Seng Lim

Dr Linda McQueen

Professor Diana O'Halloran

Professor Tim Usherwood

Mr Alan Zammit AM

Long & short term objectives

WentWest Limited's long term vision is focused on providing better health care in our community with:

- Healthier communities
- Empowered individuals
- Sustainable primary health care workforce

Our mission is to lead integrated primary health care towards better health, equity and empowerment for our Greater Western Sydney communities and the health professionals who care for them, under pinned by our values of:

- Creativity
- Leadership
- Equity
- Excellence, and
- Respect

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 leader of integrated Primary Health Care in Western Sydney, WentWest:

- Supports the provision of person-centred, integrated, coordinated care, reflecting Medical Home Principles.
- Strengthens quality, scope, connectedness and capability in general practice and primary health care.
- Promotes innovation, integration and continuous improvement to increase quality, safety and equity in all health care.
- Enhances health literacy and self-care capabilities for individuals, families and communities.
- Designs locally-responsive and equitable services by working with local communities, building on what already exists.
- Works across sectors to influence the socio-economic determinants of health.
- Integrates teaching and research into health service planning, delivery and evaluation.

WentWest has identified six key health priorities and intend to achieve better and more equitable health outcomes through partnerships, system reconfiguration, capacity building and consequent efficiencies. These health priorities are:

- Chronic disease
- Aboriginal health
- Population Health
- Mental Health
- Child & Family
- Aged Care

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;
- Providing education and training to General Practice 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;
- Providing support and training services to a broad range of Primary Health Care providers;
- Delivering direct patient services to improve the health of the Western Sydney community.





Performance measures

WentWest 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.

In addition, in keeping with the WentWest vision of healthier communities, empowered individuals and a sustainable primary health care workforce, WentWest is committed to a five year Strategic Plan encompassing the following five key result areas:

1. Knowing Our Community

- Population health needs assessment and planning
- Consumer consultation
- Local Community Partnerships

2. Workforce Quality, Capacity and Performance

- General Practice 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 (e.g. HealthOne)
- System innovation, models of care (e.g. *HealthPathways*)
- Defining and investing in system enablers (e.g. 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

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 2014, and the number of meetings attended by each director were:

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

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

Contributions on winding up

In the event of the company being wound up, ordinary members are required to contribute a maximum of \$10 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 \$80 (2013: \$90), based on 8 (2013:9) current ordinary members.

Changes in state of affairs

Funding for two core programs Medicare Local and GPET is to cease in June and Dec 2015 respectively. The impact on the organisation will be dependent upon successful tendering on the replacement programs by the Government such as the Primary Health Networks tender.

Consequently the company has undergone a restructure in recent months with provisions having been raised in the financial report for redundancy costs that Directors had communicated to staff prior to the year end and other costs of restructure.

Subsequent events

Other than disclosed above, there has not been any matter or circumstance occurring subsequent to the end of the financial year that has significantly affected, or may significantly affect, the operations of the consolidated entity, the results of those operations, or the state of affairs of the consolidated entity in future financial years.

Indemnification of officers

During the financial year, the company paid a premium in respect of a contract insuring the directors of the company (as named above) against a liability incurred as such a director to the extent permitted by the Corporations Act 2001.

The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

The company has not otherwise, during or since the end of the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the company or of any related body corporate against a liability incurred by such an officer or auditor.

Auditor's independence declaration

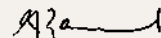
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

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**

15 August 2014
Blacktown NSW



Deloitte Touche Tohmatsu
ABN 74 490 121 060

Grosvenor Place
225 George Street
Sydney NSW 2000
PO Box N250 Grosvenor Place
Sydney NSW 1220 Australia

Tel: +61 2 9322 7000
Fax: +61 (0)2 9322 7001

www.deloitte.com.au

Chair of the Board Audit Committee
WentWest Limited
Level 1, 85 Flushcombe Road
Blacktown, NSW, 2148

15 August 2014

Dear Board Members

WentWest Limited

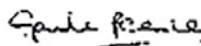
In accordance with the Australian Charities and Not-for-profits Commission Act 2012 (Cth), I am pleased to provide the following declaration of independence to the directors of WentWest Limited.

As lead audit partner for the audit of the financial statements of WentWest Limited for the financial year ended 30 June 2014, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 (Cth) in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely


DELOITTE TOUCHE TOHMATSU


Gaile Pearce
Partner
Chartered Accountants

Liability limited by a scheme approved under Professional Standards Legislation.
Member of Deloitte Touche Tohmatsu Limited

SECTION 07.

Financial Report 30 June

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.

Contents

Annual Financial Statements

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Independent auditor's report to the members of WentWest Limited	60

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 15 August 2014. The directors have the power to amend and reissue the financial report.

For the year ended 30 June 2014

Statement of profit or loss and other comprehensive income

	Note	2014 \$	2013 \$
Revenue	3	28,062,617	22,342,303
Expenses			
Registrar specific training and operational contractors		(8,571,440)	(5,121,573)
Teaching allowances and practice subsidies		(1,483,958)	(1,711,984)
Employee benefits expense		(10,367,832)	(7,617,718)
Depreciation and amortisation expense	4	(482,779)	(324,921)
Administrative expenses		(4,244,591)	(3,770,557)
General Practice expenses		(1,284,458)	(1,802,469)
Occupancy expenses		(455,793)	(341,996)
Other expenses		(574,965)	(548,710)
Surplus before income tax expense		596,801	1,102,375
Income tax expense		-	-
Surplus after income tax expense for the year attributable to the members of WentWest Limited	13	596,801	1,102,375
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year attributable to the members of WentWest Limited		596,801	1,102,375

For the year ended 30 June 2014

Statement of financial position

	Note	2014 \$	2013 \$
Assets			
Current assets			
Cash and cash equivalents	5	10,305,108	10,643,551
Trade and other receivables	6	591,715	6,387,289
Other	7	1,189,925	282,751
Total current assets		12,086,748	17,313,591
Non-current assets			
Property, plant and equipment	8	799,190	977,482
Total non-current assets		799,190	977,482
Total assets		12,885,938	18,291,073

	Note	2014 \$	2013 \$
Liabilities			
Current liabilities			
Trade and other payables	9	3,164,544	3,995,561
Provisions	10	903,922	669,273
Other	11	5,546,246	11,025,355
Total current liabilities		9,614,712	15,690,189
Non-current liabilities			
Provisions	12	433,976	360,435
Total non-current liabilities		433,976	360,435
Total liabilities		10,048,688	16,050,624
Net assets		2,837,250	2,240,449
Equity			
Retained surpluses	13	2,837,250	2,240,449
Total equity		2,837,250	2,240,449

For the year ended 30 June 2014

Statement of changes in equity

	Retained Profits \$	Total Equity \$
Balance at 1 July 2012	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
Balance at 30 June 2013	2,240,449	2,240,449

	Retained Profits \$	Total Equity \$
Balance at 1 July 2013	2,240,449	2,240,449
Surplus after income tax expense for the year	596,801	596,801
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	596,801	596,801
Balance at 30 June 2014	2,837,250	2,837,250

For the year ended 30 June 2014

Statement of cash flows

	Note	2014 \$	2013 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		28,805,618	19,480,058
Payments to suppliers and employees (inclusive of GST)		(30,262,383)	(15,787,201)
		(1,456,765)	3,692,857
Interest received		168,580	169,229
Other revenue		1,262,685	922,804
Net cash (used in)/from operating activities		(25,500)	4,784,890
Cash flows from investing activities			
Payments for property, plant and equipment	8	(312,943)	(725,060)
Proceeds from sale of property, plant and equipment			-
Net cash used in investing activities		(312,943)	(725,060)
Cash flows from financing activities			
Net cash from financing activities		-	-
Net (decrease)/increase in cash and cash equivalents		(338,443)	4,059,830
Cash and cash equivalents at the beginning of the financial year		10,643,551	6,583,721
Cash and cash equivalents at the end of the financial year	5	10,305,108	10,643,551

For the year ended 30 June 2014

Notes to the financial statements

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.

Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the Australian Charities and Not-for-profit Commission Act 2012, Accounting Standards Reduced Disclosure Requirements, and comply with other requirements of the law. For the purposes of preparing the financial statements, the company is a not-for-profit entity.

Basis of preparation

The financial statements have been prepared on the basis of historical cost, except for certain non-current assets and financial instruments that are measured at revalued amounts or fair values, as explained in the accounting policies below. Cost is based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted.

Critical accounting estimates

In the application of the company's accounting policies, management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

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 when control passes in accordance with the terms of the contracts. Under the terms of current contracts revenue is normally recognised in the income statement in the same period that costs are incurred. 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.

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

The company is a not-for-profit organisation and 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:

<i>Class of fixed asset</i>	<i>Depreciation rate/ useful life</i>
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 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.

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.

Provision for redundancy

A redundancy provision is recognised when the Company has developed a detailed plan to restructure which will result in positions being made redundant and has raised a valid expectation in those affected that it will carry out the restructure by starting to implement the plan or announcing its main features to those affected by it. The measurement of a redundancy provision includes only the direct expenditures arising from the restructure, which are those amounts that are both necessarily entailed by the restructure and not associated with the ongoing activities of the entity.

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.

For the year ended 30 June 2014

Notes to the financial statements

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.

Standards and Interpretations issued not yet effective

At the date of authorization of the financial statements, the Standards and Interpretations listed below were in issue but not yet effective. The potential impact of new or revised Standards and Interpretations has not yet been determined, but is not expected to be material.

Standard/Interpretation	Effective for Annual Reporting Periods Beginning on or After	Expected to be Initially Applied in the Financial Year Ending
AASB 9 'Financial Instruments', and the relevant amending standards*	1 January 2017	30 June 2018
AASB 1031 'Materiality' (2013)		
AASB 2012-3 Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities'	1 January 2014	30 June 2015
AASB 2013-3 Amendments to Australian Accounting Standards – Recoverable Amount Disclosures for Non-Financial Assets	1 January 2014	30 June 2015
AASB 2013-9 Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments	1 January 2014	30 June 2015
INT21 – Levies	1 January 2014	30 June 2015

Note 3. Revenue

	2014 \$	2013 \$
<i>Sales revenue</i>		
Grant Income	26,607,968	21,246,758
<i>Other revenue</i>		
Interest	191,965	172,741
Other revenue	1,013,581	922,804
Other funds	249,103	-
	1,454,649	1,095,545
Revenue	28,062,617	22,342,303

Note 4. Expenses

	2014 \$	2013 \$
Surplus before income tax includes the following specific expenses:		
Depreciation	482,779	324,921
Loss on disposal of property plant & equipment	8,459	-
<i>Remuneration of the auditors</i>		
- audit services	40,000	35,000
- other services	2,500	4,000
	42,500	39,000

For the year ended 30 June 2014

Notes to the financial statements

Note 5. Current assets - cash and cash equivalents

	2014 \$	2013 \$
Cash on hand	700	2,861
Cash at bank	10,304,408	10,640,690
	10,305,108	10,643,551

Note 6. Current assets - trade and other receivables

	2014 \$	2013 \$
Trade receivables	564,818	6,383,777
Interest receivable	26,897	3,512
	591,715	6,387,289

Note 7. Current assets - other

	2014 \$	2013 \$
Prepayments	1,008,463	112,963
Other deposits	181,462	169,788
	1,189,925	282,751

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

	2014 \$	2013 \$
Leasehold improvements - at cost	960,753	965,503
Less: Accumulated depreciation	(667,672)	(423,714)
	293,081	541,789
Plant and equipment - at cost	213,473	251,782
Less: Accumulated depreciation	(148,962)	(157,676)
	64,511	94,106
Fixtures and fittings - at cost	202,498	198,612
Less: Accumulated depreciation	(137,439)	(120,614)
	65,059	77,998
Computer equipment - at cost	230,837	244,586
Less: Accumulated depreciation	(187,360)	(173,603)
	43,477	70,983
Software pool - at cost	555,591	285,168
Less: Accumulated depreciation	(222,529)	(92,562)
	333,062	192,606
	799,190	977,482

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 2013	541,789	94,107	77,998	70,981	192,607	977,482
Additions	-	20,987	14,640	6,671	270,645	312,943
Disposals	-	(4,723)	(3,733)	-	-	(8,456)
Depreciation expense	(248,707)	(45,860)	(23,846)	(34,176)	(130,190)	(482,779)
Balance at 30 June 2014	293,082	64,511	65,059	43,476	333,062	799,190

For the year ended 30 June 2014

Notes to the financial statements

Note 9. Current liabilities - trade and other payables

	2014 \$	2013 \$
Trade payables	64,281	608,794
Other payables	3,100,263	3,386,767
	3,164,544	3,995,561

Note 10. Current liabilities – provisions

	2014 \$	2013 \$
Annual leave	481,315	405,031
Sick leave	-	263,373
Parental leave	626	869
Provision for redundancy	421,981	-
	903,922	669,273

Note 11. Current liabilities – other

	2014 \$	2013 \$
Grants received in advance	5,546,246	11,025,355

Note 12. Non-current liabilities – provisions

	2014 \$	2013 \$
Long service leave	66,448	46,865
Lease make good	313,570	313,570
Provision for onerous lease	53,958	-
	433,976	360,435

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 13. Equity - retained surpluses

	2014 \$	2013 \$
Retained surpluses at the beginning of the financial year	2,240,449	1,138,074
Surplus after income tax expense for the year	596,801	1,102,375
Retained surpluses at the end of the financial year	2,837,250	2,240,449

Note 14. Reconciliation of the net profit after tax to the net cash flows from operations

	2014 \$	2013 \$
Net profit	596,801	1,102,375
Depreciation	482,779	324,921
Loss on disposal of property, plant and equipment	8,459	-
Decrease/(Increase) in trade and other receivables	5,795,573	(3,323,367)
(Increase) in other current assets	(907,174)	(153,248)
(Decrease)/increase in trade and other creditors	(6,310,127)	6,327,923
Increase in provisions	308,189	506,286
Net cash (used in)/from operating activities	(25,500)	4,784,890

Note 15. Financial instruments

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's exposure to interest rate risk is limited to its cash at bank balances with Westpac Bank at floating rates of interest.

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.

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:

	2014 \$	2013 \$
Aggregate compensation	1,695,801	1,548,536

For the year ended 30 June 2014

Notes to the financial statements

Note 17. Contingent liabilities

The company had no contingent liabilities as at 30 June 2014 and 30 June 2013.

Note 18. Commitments

The company had capital commitments for funds to be spent in accordance with the funding agreements as at 30 June 2014 and 30 June 2013. Refer note 11 for the amounts of these commitments. Operating lease commitments less than 1 year amount to \$487,731 and 1 to 5 years amount to \$507,271. An onerous lease provision of \$53,958 has been recognised in the current year. Refer note 12.

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:

	2014 \$	2013 \$
<i>Payment for goods and services</i>		
Payment for services to key management personnel.	974,930	139,694

The 2014 transactions include \$766,924 paid to Aboriginal Medical Services Western Sydney.

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 2015 and with GPET until December 2015. Medicare Local and GPET funding will be cut in June 2015 and December 2015 respectively. The impact of the cut to these core programs will be dependent upon successful tendering on the replacement programs by the Government such as the Primary Health Networks tender.

Consequently the company has undergone a restructure in recent months with provisions having been raised in the financial report for redundancy costs that Directors had communicated to staff prior to the year end and other costs of restructure.

Note 21. Events after the reporting period

Other than previously disclosed, no matter or circumstance has arisen since 30 June 2014 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.

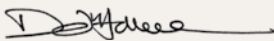
Directors' declaration

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 2014 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

On behalf of the directors



Professor
Diana O'Halloran
Director



Mr Alan Zammit AM
Director

15 August 2014
Blacktown NSW



Deloitte Touche Tohmatsu
ABN 74 490 121 060

Grosvenor Place
225 George Street
Sydney NSW 2000
PO Box N250 Grosvenor Place
Sydney NSW 1220 Australia

Tel: +61 2 9322 7000
Fax: +61 (0)2 9322 7001

www.deloitte.com.au

Independent Auditor's Report to the members of WentWest Limited

We have audited the accompanying financial report of WentWest Limited, which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, the statement of cash flows and the statement of changes in equity for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration as set out on pages 44 to 59.

Directors' Responsibility for the Financial Report

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

Auditor's Responsibility

Our responsibility is to express an opinion on the company's 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 the financial report is free from material misstatement.

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

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

*Liability limited by a scheme approved under Professional Standards Legislation.
Member of Deloitte Touche Tohmatsu Limited*



Auditor's Independence Declaration

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of WentWest Limited, would be in the same terms if given to the directors as at the time of this auditor's report.

Opinion

In our opinion the financial report of WentWest Limited is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012.

Yours sincerely

A stylized, handwritten signature of "Deloitte Touche Tohmatsu" in black ink.

DELOITTE TOUCHE TOHMATSU

A handwritten signature of "Gaile Pearce" in black ink.

Gaile Pearce
Partner
Chartered Accountants

Sydney, 18 August 2014