



Annual Report

Rotorua Area Primary Health Services

1 July 2019 to 30 June 2020

Contents

RAPHS at a Glance	1
Focus for Care	3
Innovation & Partnership	5
Equity of Outcomes	6
Financial Summary	10
Our Team	13

RAPHS at a GLANCE FY1920

Service Providers

About Us

Rotorua Area Primary Health Services (RAPHS) is a community-based not-for-profit clinical network. We have been committed to improving health and wellbeing in the Rotorua region for nearly 30 years.

Public funding from the Ministry of Health & District Health Boards is received to:

- Provide health & wellbeing services for people enrolled with us through a member General Practice
- Provide targeted health & wellbeing initiatives for the local community through member and non-member practices and other health providers.

Additionally, health service providers purchase IT services and health technology support from RAPHS.

We work most closely with healthcare teams who provide health services to about 70,000 people in Rotorua, Mangakino and Murupara.

70,590

Enrolled service users

1 : 1,619

GP FTE : ESU

(↑ from 1 : 1,546 in FY1819)

16 x Member (PHO) general practices



2 x Non-member general practices



Lakes PrimeCare: Afterhours general practice



3 x Community Optometry



12 x Community Pharmacy



Rotovegas: Youth One Stop Shop



Sport Bay of Plenty: Green Prescription



QE Health: Psychology Services



QE Health: Dietician

Member Practice Workforce FTE (No.)

↑11.2 66.2 (89) Non-clinical staff

↑2.25 51.25 (91) Nurses

↓3.4 43.6 (68) General Practitioners

8.5 (10) Medical Care Assistants

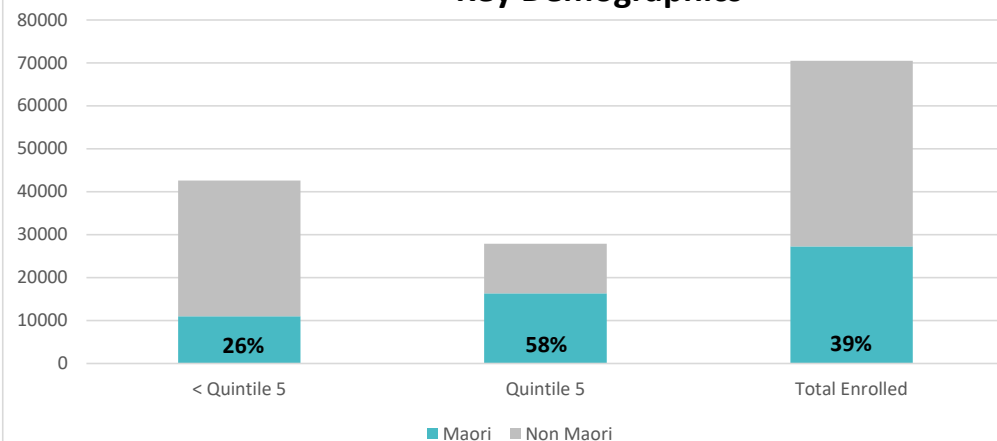
↑1.5

4.3 (5) Nurse Practitioners 5.15 (6) Nurse Prescribers

↑1.3

↑3.15

Key Demographics



1 in 4 ESU are Q5 Maori

3 in 5 ESU are High Needs

1 in 3 Maori are < 20 years old

1 in 2 children aged <5yo are Q5

Our Mission

RAPHS purpose is to enable high quality health & wellbeing services for our community; through supporting primary care services

Our Vision

To be an exemplar of person focused, integrated health & wellbeing services; that improve health system outcomes & equity

Our Values

- **He ora te whakapiri:** There is strength in unity. By working together we can do great things
 - **Whakaaro nui:** To show respect towards all others
 - **Matatika:** Acting fairly, ethically and with accountability
-

Our Goals

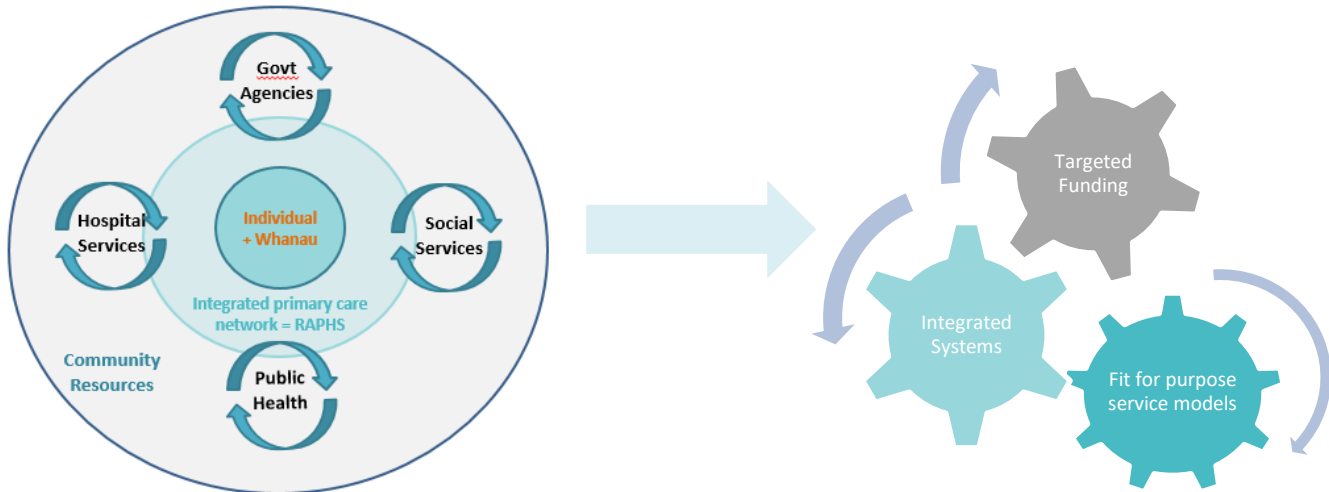
RAPHS improves the outcomes of services:

- Equity & quality of services
- Excellent patient & provider experience, and
- Efficiency, accountability and sustainability of services



Photo credit: RAPHS GP

FOCUS for CARE



Core Services Enabled by RAPHS

Keeping people healthy

- First Level general practice services for enrolled service users
- Coordinated walk-in afterhours practice services including evenings and weekends, through Lakes PrimeCare
- Care Coordination supporting people with long term conditions (LINC)
- Support to LDHB immunisation service, for vaccine preventable diseases
- Health Improvement Practitioners, for responsive mental wellbeing support (from June 20)
- Funding contribution to Youth One Stop Shop, to support responsive youth services
- Prevention of readmission care packages
- Serious Stable Mental Health Transition to primary care
- Contraception and sexual health

Community based services

- Diabetic Retinal screening, across all of the Lakes DHB rohe, including Taupo
- Medicines Use Review services
- Community dietician to support people with diabetes
- Psychology support for people with long term conditions
- Community-based social worker, for patient support and advocacy
- Community-outreach nurses for complex care support in the home
- Primary options for acute care
- Opioid substitution
- Clinical Pharmacists
- Palliative Care

Strengthening people

- Community-based social worker, for coordinated patient support and advocacy
- Green Prescription
- Maternal packages of care
- Host for Te Akatea service; supported service transition and health navigation
- DESMOND self-management training programme for people with diabetes
- RAPHS health workforce development:
 - Mental Health credentialling including staff training for staff from Rotovegas, practices, School nurses, DHB
 - Te reo
 - Cultural responsiveness
 - Practice management forum

Quality Services

- Shared Information with Lakes DHB and community Providers through PatientWise interface
- Coordinated CME and CNE programme to support service delivery (RAPHS is an accredited provider)
- Patient Experience Survey, connected to service improvement response
- Compliance with health technology and security standards
- Data quality standards to support monitoring & reporting of outcomes and equity of services
- Support for provider compliance with Accreditation and H&DS Code
- Telehealth enablement

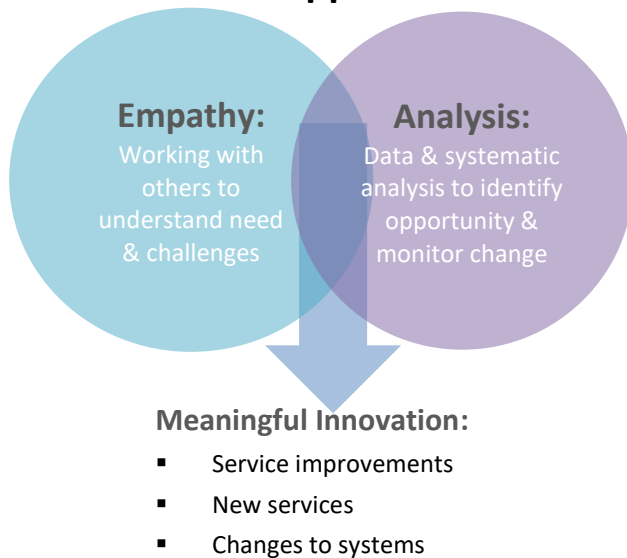


Photo credit: RAPHS Technical Business Analyst

INNOVATION & PARTNERSHIP

Change that makes a difference, enabled through working together to understand stakeholder needs

Our Approach



Partnership Highlights in FY 1920

Joint delivery and collaboration:
Te Akatea service; COVID Telehealth Call Centre; Mental Health Police Remand

Joint venture research with MOH to explore contributory influences to LDHB acute-bed days through joining up secondary and primary care data for RAPHs patients

Accepted in first tranche of national rollout of Health Improvement Practitioners with joint RFP from LDHB, Whanau Ora, RAPHs and Pinnacle

NIR – PMS data analysis to identify system errors and support service delivery for influenza vaccination.

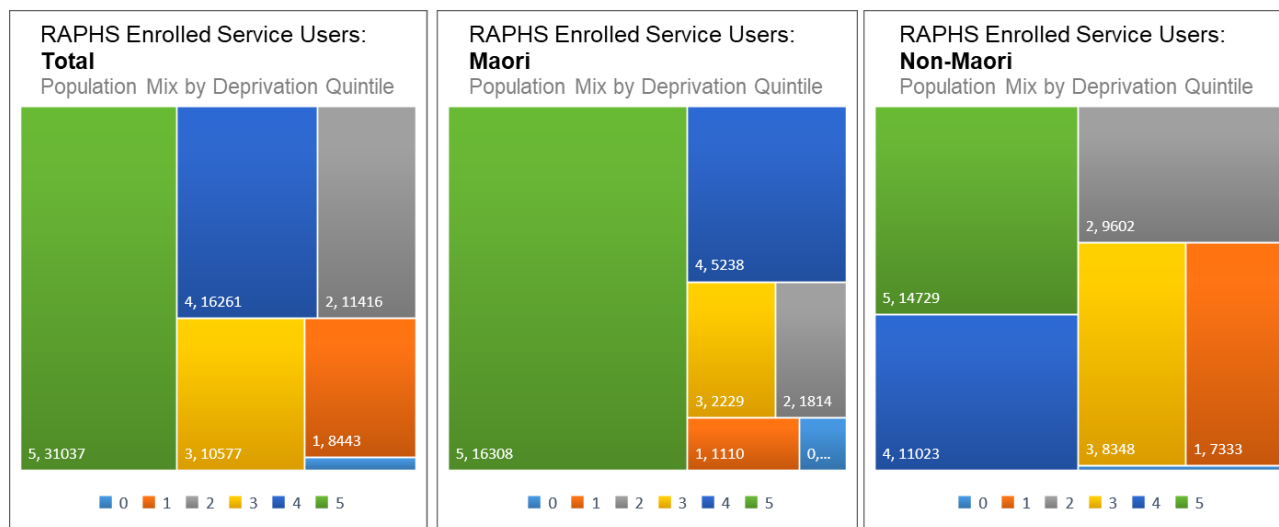
Putting Innovation into Practice

Highlights of FY1920 ...

- Working groups with Alliance partners to support service improvement:
 - Te Akatea
 - ED frequent flyers
 - Long term conditions
 - COPD
 - ED attendees with no GP
- Virtual telehealth call centre to support Lakes DHB COVID-19 system response during Lockdown, provided clinical assessment, triage and results follow up for close to 5000 people across the district
- Working with Police to support access to care and support for mental wellbeing for victims and perpetrators of family harm
- Working with Whanau Ora to establish integrated service connections supporting mental health and wellbeing
- Data matching from NIR and PMS systems to support better reporting of influenza vaccination results – systems issues need to be addressed for better monitoring.
- Service utilisation project initiated as component of performance monitoring/data warehousing initiative – will support detailed business insight of provider workforce inputs matched to service provision and outcomes, beyond the traditional paradigm of FFS invoice counting.
- Telehealth deployment to support medical services and repeat prescription requirements for residents in the COVID-19 Isolation Hotels has been completed.
- RAPHs call centre (Practice Support) customer service review and experimentation with visual management dashboard.
- RAPHs terminal server hardware (PMS hosted environment for service providers) refreshed
- Compliance with MOH IT security penetration testing

EQUITY of OUTCOMES

Enrolled Population



The RAPHS enrolled population is one of the most deprived communities in New Zealand. Prevalence of socio-economic impacts to health and wellbeing are substantive, and a major focus for RAPHS is to target initiatives to achieve good health for all and equity of health outcomes. COVID-19 lockdown for several months earlier in 2020 has significantly impacted service outcomes, with indications that this impacted access for Maori more than non-Maori. Results for the year ending 30 June 2020 are outlined below.

Equity

Summaries

KEY	%	% service coverage for Maori equals or exceeds non-Maori, relative to eligible population
	%	% service coverage for Maori achieved within 1-2% (margin of error)
	%	Inequity of service coverage for Maori

Long Term Conditions	Ethnicity	Enrolled in Care Coordination Programme	Completed Annual Review	Eligible Population %
	Māori	39% (1,760)	79% (1,389)	39%
	Non Māori	61% (2,796)	80% (2,251)	61%
RAPHS service provided in FY 1920	Total of 4456 individuals enrolled in a long-term conditions care programme. Includes nurse-led care coordination with linkage to tailored care packages and annual review			
Comment	Access equitable for Māori and Non-Māori			

Contraception & Sexual Health Services	Ethnicity	Total all Services	Long acting reversible contraception	Vasectomy	Sexual Health &/or Contraception Consult	Eligible Population %
	Māori	59% (1,106)	52% (166)	32% (6)	61% (934)	38%
	Non Māori	41% (763)	48% (155)	68% (13)	39% (594)	62%
RAPHS service provided in FY 1920	Total of 1,869 fully funded packages of care in general practice for provision of contraception and sexual health services (consults/ vasectomy/long acting reversible contraception) intended for people where cost would otherwise be a barrier to accessing service					
Comment	Equity of service access achieved overall for provision of funded contraception and sexual health services. Vasectomy remains a service focus for improved equity. Partially impacted by low volumes.					

Equity of Access to RAPHS Services

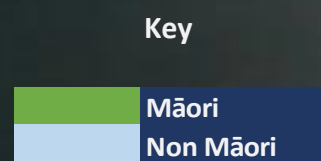
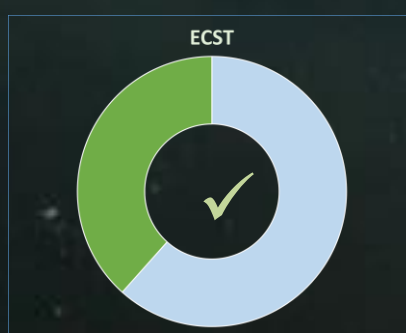
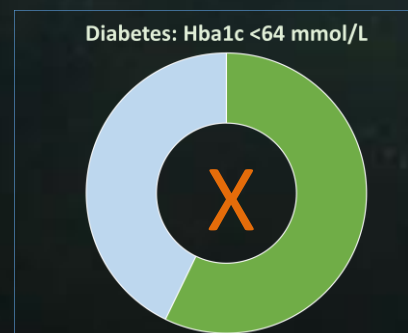
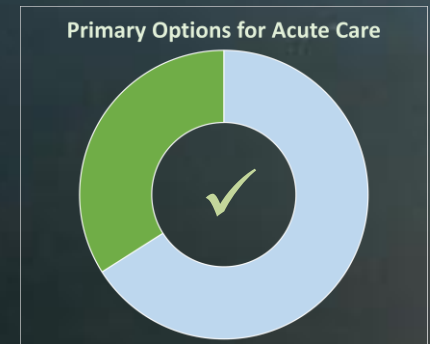
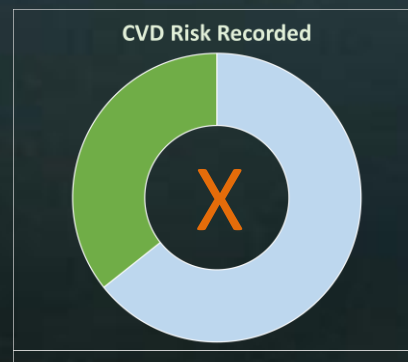
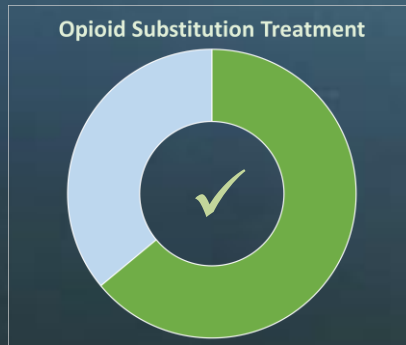
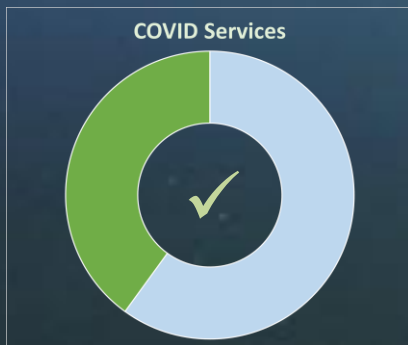
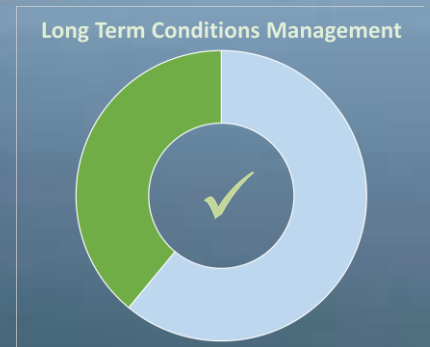
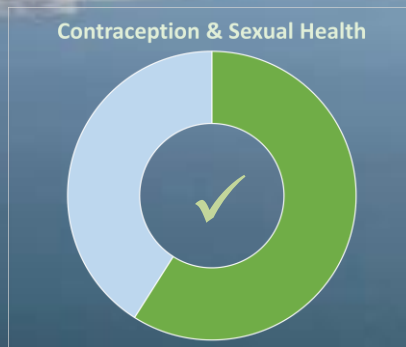
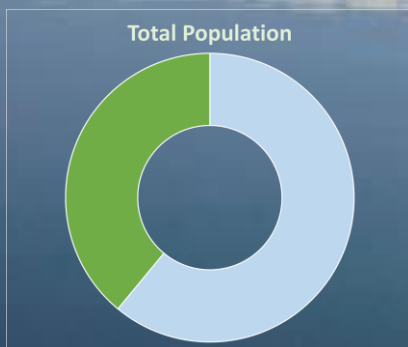


Photo credit: RAPHS Clinical Manager

Equity

General Practice COVID Services	Ethnicity	Total all Services	Virtual Consult	Face-to Face Assessment	Full Assessment	Eligible Population %
	Māori	40% (611)	38% (261)	42% (316)	36% (34)	39%
	Non Māori	60% (920)	62% (431)	58% (428)	64% (61)	61%
RAPHS service provided in FY 1920	Total of 1,531 fully funded packages of care in general practice for provision of COVID-19 services for enrolled service users, including virtual and face-to-face consults (+/- swab), and full assessment including swab for high risk patients; as per MOH guidelines.					
Comment	Equity of service access achieved overall for provision of COVID-19 services, with some variation in access of service components.					

Opioid Substitution Treatment	Ethnicity	Transitioned to Primary Care Support	Total Population %
	Māori	64% (14)	39%
	Non Māori	36% (8)	61%
RAPHS service provided in FY 1920	The OST programme provides support for transition from secondary mental health services to primary care, and provides general practice consults and prescribing for methadone treatment of opioid addiction. The LDHB OST SMO has identified a further cohort of patients who should be transitioned into shared care with GP practice within the next 12 months.		
Comment	Equity of service access achieved for Maori		

Peebles Programme	Ethnicity	Transitioned to Primary Care Support	Total Population %
	Māori	67% (38)	39%
	Non Māori	33% (19)	61%
RAPHS service provided in FY 1920	The Peebles Programme provides support for transition from secondary mental health services to primary care, and provides community-based care and support coordinated through general practice, for people with stable, serious mental health conditions. The LDHB OST SMO has identified a further cohort of patients who should be transitioned into shared care with GP practice within the next 12 months.		
Comment	Equity of service access achieved for Maori		

Diabetes	Ethnicity	HbA1c <64 mmol/L	People with Diabetes as % of total ESU (No.) [Prevalence by ethnicity]	Total Population %
	Māori	57% (945)	2% (1,653) [6%]	39%
	Non Māori	70% (1,492)	3% (2,127) [5%]	61%
RAPHS service provided in FY 1920	RAPHS supports diabetes care coordination through general practices and care improvement packages including diabetes self-management training, dietician, insulin initiation support, retinal screening and psychology services, with separate contracts for diabetes community nursing/outreach held by other providers including general practices.			
Comment	No. of Māori with blood glucose <64 mmol/L is equitable relative to total population, but equity is not achieved overall due to higher prevalence of diabetes for Māori. RAPHS also benchmarks outcomes by provider and has an emerging evidence base for approaches that support achieving equity and improved outcomes.			

Risk Management	Ethnicity	CVD Risk Recorded	No. eligible CVDRA	Smoking Quit Advice Provided	No. smokers
	Māori	84% (7,089)	8,425	82% (5,219)	6,374
	Non Māori	88% (12,784)	14,495	89% (4,013)	4,509
RAPHS service provided in FY 1920	Access for Maori to practice-based risk lowering initiatives has not been achieved this year. Changes in service delivery modality (eg switch to telehealth during lockdown) contribute to this.				
Comment	Equity not achieved. Community-based outreach is being rolled out starting Nov 2020. Proposed partnership with Heart Foundation in the pipeline				

Primary Options for Acute Care	Ethnicity	Primary Options for acute care	Total Population % (aged >15 yo)
	Māori	632 (34%)	34%
	Non Māori	1,247 (66%)	66%
RAPHS service provided in FY 1920	Funded packages of care as an alternate to, or prevention of, admission to hospital. Services include treatment for: cellulitis, DVT, iron infusion, aclasta infusion, ED frequent flier care plan and follow up, renal colic, prevention of readmission.		
Comment	Equity relative to population proportion achieved for Maori		

Cervical Smear	Ethnicity	Funded Cervical Smear	Total Population % (women >25 yo)
	Māori	31% (1,384)	33%
	Non Māori	69% (3,097)	67%
RAPHS service provided in FY 1920	Funded cervical smears are for women who are overdue, never been screened, or high needs groups. RAPHS prorates available funding to subsidise smears to practices based on their number of high needs women.		
Comment	Access nearing equity for Māori and Non-Māori		

RAPHS Extended Care Team (Case Mx)	Ethnicity	Clinical Pharmacist	Social Worker	Total Population % (aged >50%)
	Māori	33% (63)	51% (38)	26%
	Non Māori	67% (126)	37% (27)	74%
RAPHS service provided in FY 1920	In addition to MDT case management and provider support by the RAPHS extended care team, Clinical Pharmacy and Social Work staff support complex patients.			
Comment	Equity of service access achieved for Maori Note: Extended Care Team staff diverted to COVID response from March to June in 2020.			

FINANCIAL SUMMARY

Rotorua Area Primary Health Services Limited
For the year ended 30 June 2020

	2020	2019
Revenue		
<u>Revenue From Non Exchange Transactions</u>		
PHO Contracts	14,630,105	14,230,381
COVID-19 Ministry of Health	629,155	-
<u>Revenue From Exchange Transactions</u>		
PHO Contracts	4,125,100	3,923,098
District Health Board Contracts	2,573,182	2,352,115
Other Income	2,187,153	1,984,680
Total Revenue	24,144,696	22,490,274
Expenses		
Clinical Services (Provider Payments)	19,914,865	18,425,867
Clinical Services (RAPHS)	1,036,179	691,757
Information Systems	1,642,286	1,611,183
Operations/Management	1,469,367	1,375,126
Audit Fees	8,800	8,000
Depreciation and Amortisation	40,130	52,133
Total Expenses	24,111,626	22,164,065
Surplus/(Deficit) Before Finance Activities	33,069	326,209
Investment Income		
Interest Received - Loans and Receivables	21,499	27,720
Total Investment Income	21,499	27,720
Operating Surplus/(Deficit)	54,568	353,929
Other Gains/(Losses)		
Gain (Loss) on Sale of Property, Plant and Equipment	506	(15,762)
Total Other Gains/(Losses)	506	(15,762)
Surplus/(Deficit) For The Year Before Tax	55,075	338,167
Income Tax Expense		
Tax Expense	36,680	99,702
Total Income Tax Expense	36,680	99,702
Surplus/(Deficit) For The Year After Tax	18,394	238,466
Total Comprehensive Revenue or Expense For The Year	18,394	238,466

**INDEPENDENT AUDITOR'S REPORT
TO THE SHAREHOLDERS OF ROTORUA AREA PRIMARY HEALTH SERVICES LIMITED**

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Rotorua Area Primary Health Services Limited ("the Company"), which comprise the statement of financial position as at 30 June 2020, and the statement of comprehensive revenue and expense, statement of changes in net assets/equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as at 30 June 2020, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) ("ISAs (NZ)"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Company in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards)* (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the Company.

Directors' Responsibilities for the Financial Statements

The directors are responsible on behalf of the Company for the preparation and fair presentation of the financial statements in accordance with PBE Standards RDR, and for such internal control as the directors determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible on behalf of the Company for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located at the External Reporting Board's website at: <https://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-8/>.

This description forms part of our auditor's report.

Who we Report to

This report is made solely to the Company's shareholders, as a body. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's shareholders, as a body, for our audit work, for this report or for the opinions we have formed.

A handwritten signature in blue ink that reads 'BDO Rotorua Limited'.

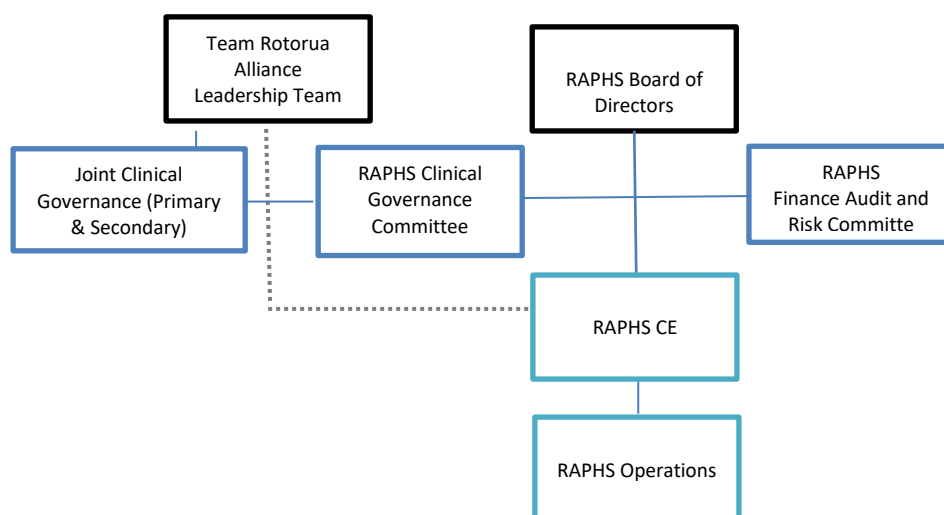
BDO Rotorua Limited
Rotorua
New Zealand
1 March 2021

OUR TEAM

Member Practices

North	West	Central	East	Rural
Ngongotaha Medical Centre	Fairy Springs Westend Medical Western Heights Health Centre	Eruera Medical Centre Korowai Aroha Health Centre Kuirau Medical Centre Ranolf Medical Centre Central Health Ruatahi Medical Centre Three Lakes Clinic Lakes PrimeCare (non-enrolling practice)	Te Ngae Medical Centre Tiaho Medical Centre	Mangakino Health Service Murupara Medical Centre

Operating Structure

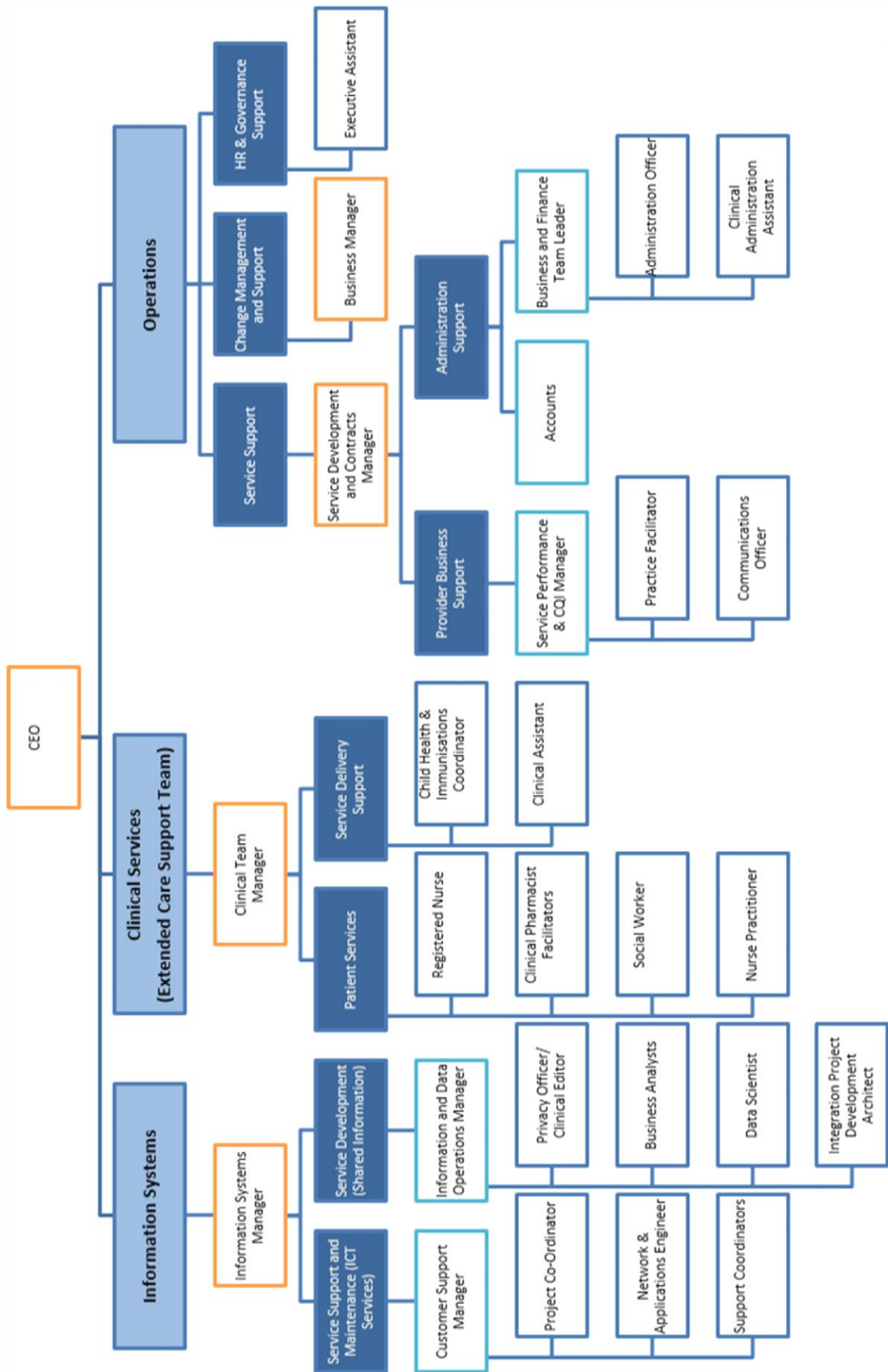


RAPHs Board of Directors FY 1920

Mike Williams (Chair)
Genevieve Matthews
Kris Penman
Lisa Hughes (resigned 19/12/19)

Leonie Sinclair
Erin Turner
Neil Poskitt

RAPHS Operations



Name: Rotorua Area Primary
Health Services Ltd

Company No. 580234

Address: L1/1165 Tutanekai Street
Rotorua

URL: www.raphs.org.nz