

WENTWEST LIMITED

Annual Report

2014-15



Forward

Welcome to the WentWest Annual Report for 2014-15. Throughout the year WentWest operated as both the Regional Training Provider for the western Sydney and Nepean Blue Mountains regions, and the Western Sydney Medicare Local, covering the Local Government Areas of Auburn, Blacktown (including Mt Druitt), the Hills, Holroyd and Parramatta. This report details the many achievements which were attained over the period and the extensive network of stakeholders including the local community, primary care professionals and partners that supported our work. We gratefully acknowledge this support and look forward to continuing efforts to progress health in western Sydney in the years ahead.

WentWest acknowledges the traditional custodians of the land we walk upon today, and respect their continuing culture and the contribution they make to the life of this city and surrounding region.

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01

WentWest: Progressing Health Now

Image © www.skyviewaerial.com.au

VISION

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

MISSION

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

VALUES

Creativity – Challenge

Leadership – Inspire Action

Equity – Actively Overcome

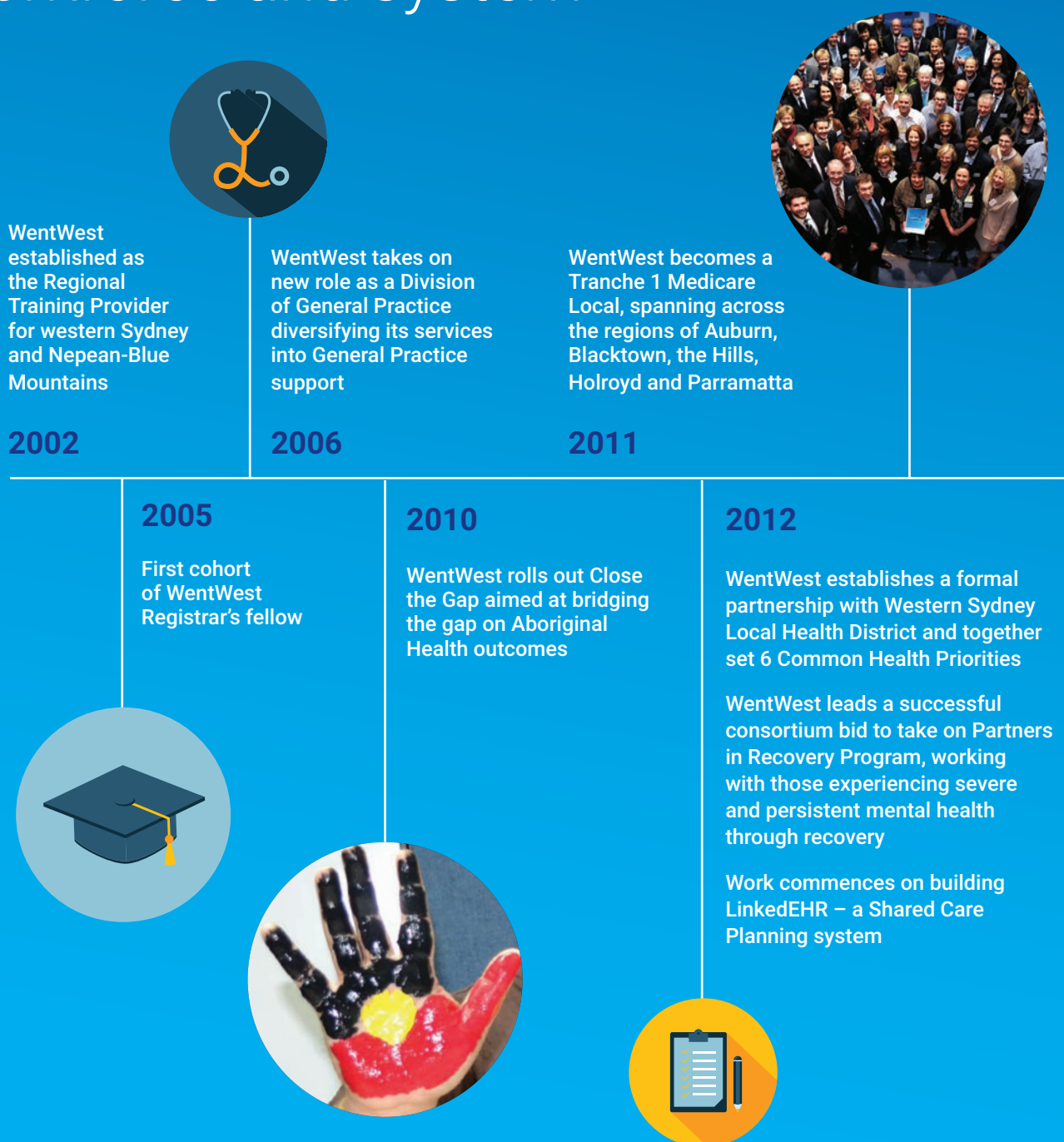
Excellence – Be the Best

Respect – Understand Others

OPERATING PRINCIPLES

- Supports the provision of person-centred, integrated and coordinate care, reflecting Medical Home Principles;
- Promotes 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;
- Leads the design of locally responsive and equitable services by working with local communities to build 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.

Working towards healthier communities, empowered individuals, sustainable primary health care workforce and system





Western Sydney Local Health District selected as one of three demonstrator sites in the NSW Integrated Care Project, with WentWest a critical link between primary and acute care

Partnership for Education, Evaluation and Research (PEER) launched, an extension of a longstanding partnership between WentWest, University of Sydney and Western Sydney University

WentWest signs up more than 90,000+ local residents to the Personally Controlled eHealth Record

The NSW Recovery College is launched to offer consumers, carers and the broader health workforce, training and support in mental health



2014

2013

Western Sydney HealthPathways is launched

WentWest establishes formal partnership with Health Consumers NSW to enhance the voice of consumers in health planning and consultation

The Western Sydney Diabetes Prevention and Management Initiative officially launched to tackle the rise of diabetes



2015

WentWest appointed Western Sydney Primary Health Network to take organisation into a new era

The Western Sydney Clinical Council is established to support engagement between the new Primary Health Network and local health professionals

More than 4000+ local residents screened as part of the Diabetes Prevention project

Western Sydney Partners in Recovery launches the Western Sydney Mental Health Atlas



Chair's Report

For WentWest, 2014-15 has been a year of considerable challenge, with two major tender processes undertaken in addition to the wide range of existing programs and many new initiatives. The tenders related to WentWest's two major areas of responsibility - as a Medicare Local (ML) and a general practice Regional Training Provider (RTP).



The ML tender was decided in April 2015, with WentWest transitioning to become the Western Sydney Primary Health Network (WS PHN). PHNs will undoubtedly have the opportunity to play a major role in system reform. In western Sydney, WentWest will continue to work with the Western Sydney Local Health District and key organisations within and beyond health, to redesign health services to deliver enhanced patient centred, effective, equitable care. Working with general practitioners to build practice quality and capability will be central to achieving this outcome.

WentWest is still the only integrated regional model to combine education, training and research with clinical service planning, delivery and evaluation functions, creating what appears to be the most logical, cost effective model for the future. Whether this logic is recognised in 2016, remains to be seen.

While there have been multiple externally imposed changes over the thirteen years of WentWest's existence, the organisation has remained stable, adapted and moved on, without loss of direction or impetus. Are there 'constants' that have stabilised and sustained the organisation over the years? The most obvious 'sustainability' factors seem to be:

Longstanding Vision and Guiding Principles

WentWest exists to benefit western Sydney's communities and the primary health professionals who care for them. Constancy of Vision, Mission, Values and Guiding Principles have been critical to sustaining organisational culture and the steady pursuit of long term strategic priorities, while enabling rapid responses to challenges and opportunities arising unexpectedly in the environment.

Strength in Partnerships and Collaborations

Collaboration has always been central to WentWest's directions, with partnerships and collaborations only increasing in number and strength over time. From WS LHD's myriad services through NGOs and other sector services, to academic departments, professional networks and consumer-community groups: a shared commitment to working together inevitably leading to the emergence of new and better ways of caring for our communities.

General Practice Leadership

Organisational, professional, consumer and community networks are an increasingly critical constant. One network – that of General Practice, has been there from the very beginning. GPs, registrars, teachers, clinical advisers and local GP associations have always been central to the organisation's strategic objectives and decision making. Our strong GP Leaders group is now mapping the pathways to the primary health care system of the future, while keeping the organisation grounded in the demanding realities of today.

Management and Staff – Dedicated and Skilled

Nothing is possible without the right team, and WentWest has always been fortunate in the outstanding quality of its 'team', from CEO through Senior Management to the many interlinked staff teams. Successfully navigating the challenges of 2014-15 required dedication, determination and sheer hard work by every one of WentWest's management and staff: they have our admiration and sincere thanks.

The Board – Diverse and Determined

WentWest's Board members combine great depth of experience in primary health care clinical services planning, education and research, with expertise and perspectives from beyond health. The Board's dedication, strategic capability and steady nerve, have been invaluable over this last challenging year: my sincere thanks to all.

As we move into a time of major health system reform in 2016, we hope and expect that these constants will continue to support and guide WentWest in "leading integrated primary health care towards better health, equity and empowerment for greater western Sydney communities and the health professionals who care for them".

Di O'Halloran

Chair, WentWest

CEO's Report

It is a great pleasure to be able to report on a year filled with so many achievements during a time of significant change and challenge. First and foremost I thank our wonderful staff, management and Board for their dedication to making a difference in western Sydney. With their commitment WentWest has continued to perform in its role while at the same time preparing for the new opportunities and structures in the primary health care sector.



Most significant during the year was the news that while Medicare Locals were being wound up, a fewer number of Primary Health Networks were to be introduced. Following a tender process WentWest was appointed as the Western Sydney PHN and we are confident that we will fulfil that role with distinction, backed by a strong track record in supporting primary care and general practice since 2002.

Importantly many of the investments made in the areas of integrated care, mental health planning and commissioning, patient centred medical home and eHealth will continue and are all very relevant to the future direction of primary care in Australia. A strategic approach informed by local and international best practice, places WentWest at the forefront of both thought and practical leadership in these and other areas. I look forward to reporting progress in future years.

As reported by the Chair, at the end of the 2014-15 year, RTP tender outcomes are unknown. In order to respond to the tender itself, WentWest formed a formal and effective partnership with other existing RTP's. I would consider this outcome an example of WentWest's strong and collegial industry linkages.

Whatever the news of the tender we have an intention of retaining as much as possible of the integrated approach taken to building capacity and capability in general practice in western Sydney.

Of course we do depend on partnerships and relationships at so many levels to be effective in what we do of projects, programs and activities for which we are responsible. They have been with us all the way. I am particularly thankful of our GP Leaders, Allied Health Leaders, Western Sydney Local Health District and Health Consumers NSW, all perhaps at various ends of a diverse health system, but importantly coming together to achieve an enhanced, person-centred approach to health care in western Sydney.

Our partners help inform the strategic direction and the approach we take in our broad role as a primary health care organisation. In this period of transition and beyond we are very optimistic of being able to make a continued difference in that role and for the people of western Sydney that we serve.

Walter Kmet
CEO, WentWest



Among the 2014-15's highlights was the establishment of Patient Centred Medical Home principles in western Sydney. Above, western Sydney GP's with representatives from the Cambridge Health Alliance (Boston).

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 (until February 2015) and the RACGP's NSW&ACT Faculty Board. She is the Co-Chair of the Agency for Clinical Innovation's General Practice Clinical Advisory Group, and a Conjoint Professor in the Department of General Practice, University of Western Sydney. A past RACGP and GPET Board member, and a past Chair of the NSW General Practice Advisory Council, Diana has had 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.

Deputy Chair, Chair Clinical Governance Committee (from 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.

Member, Governance and Nominations Committee (from February 2014)

Dr 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 led the state-wide evaluation of the Chronic Disease Management Program in NSW. She is currently an advisor to the Ministry of Health Integrated Care Strategy and co-leads the Independent Review of Medical Intern Training for AHMAC.

Chair, 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)

Dr 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 Board, 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)

Dr Linda McQueen
MB, BS, FRACGP, Dip RACOG, 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.

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

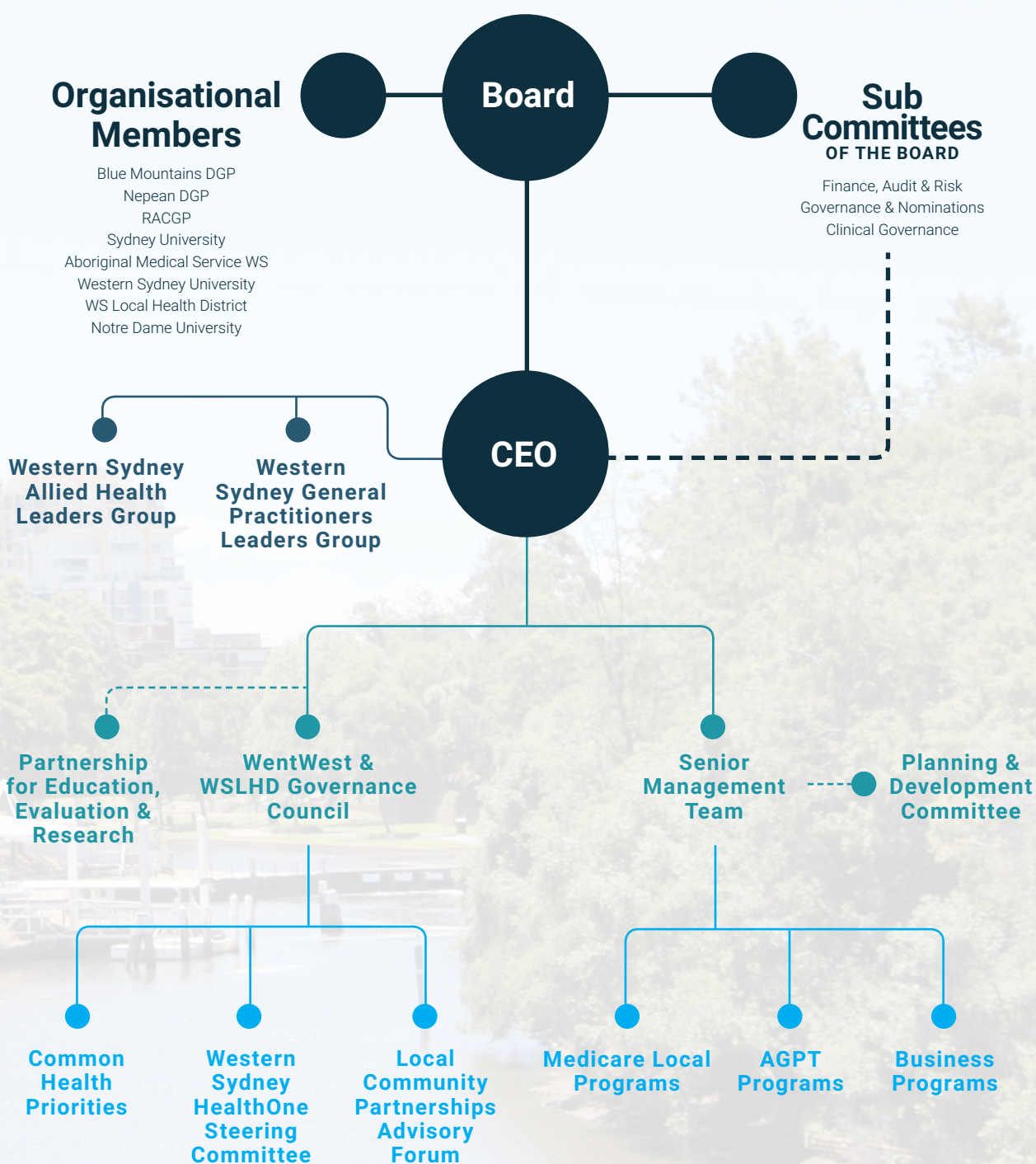
Mr Alan Zammit AM
BBus, ALGA, FCPA, FAICD, LREA

Experience and expertise:
Alan has had an executive career spanning over 40 years in urban, regional and community development. He has extensive experience as a professional Non-executive director, Board Chairman and Chairman and/or member of Finance, Audit and Risk Management Committees spanning multiple sectors including property, funds management, education, health, government and not-for-profit.

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



Organisational structure



Knowing our community

Western Sydney is a thriving and dynamic metropolitan region, diverse in culture and socioeconomic influences. Regarded as one of Australia's fastest growing populations, the evolving needs of our community continue to impact the health care system which supports it. The region accounts for eight of the top 10 Sydney Local Government Areas (LGAs) expected to grow the fastest between 2011 and 2031.¹

Throughout 2014-15, WentWest has worked alongside its community to improve the health outcomes of western Sydney and in doing so is working towards a system which has the patient at its core. WentWest is steadfast in its commitment to supporting patients on their journey and working with both health care consumers and professionals to achieve high-quality, accessible and efficient health care.



POPULATION HEALTH NEEDS ASSESSMENT AND PLANNING

Essential to making informed planning decisions is the need for accurate information. In late 2014, WentWest completed a comprehensive Population Health Commissioning Atlas. The Atlas brings together available information from a range of sources to create a population health profile and utilises the National Health Performance Authority (NHPA) indicators for highlighting variations in health status and health service utilisation.² The Atlas recognises the social, environmental and economic factors which interplay with the health and wellbeing of each population.

Through the Atlas, WentWest has been able to identify specific health priority areas across the region by profiling the population across a range of indicators including: cancer, mental health, hospitalisation, chronic disease prevalence, diabetes and smoking status.

Since the Atlas was launched, WentWest has worked with its local partners to appropriately plan and coordinate joint initiatives which tackle emerging issues within each area. The Atlas is available to the community to support informed planning and decision making.

CONSUMER ENGAGEMENT AND CONSULTATION

Since 2013, WentWest has been working in partnership with Health Consumers NSW (HCNSW) to establish and implement an effective model for engaging health care consumers in the planning and implementation of health services. This ongoing project reached its first major milestone in late 2014, as the two organisations jointly launched the Health Consumers NSW/WentWest Consumer and Community Engagement Model. The overarching objective of the project was to see consumers and health professionals, work together to inform and evidence a range of good practice consumer engagement strategies.

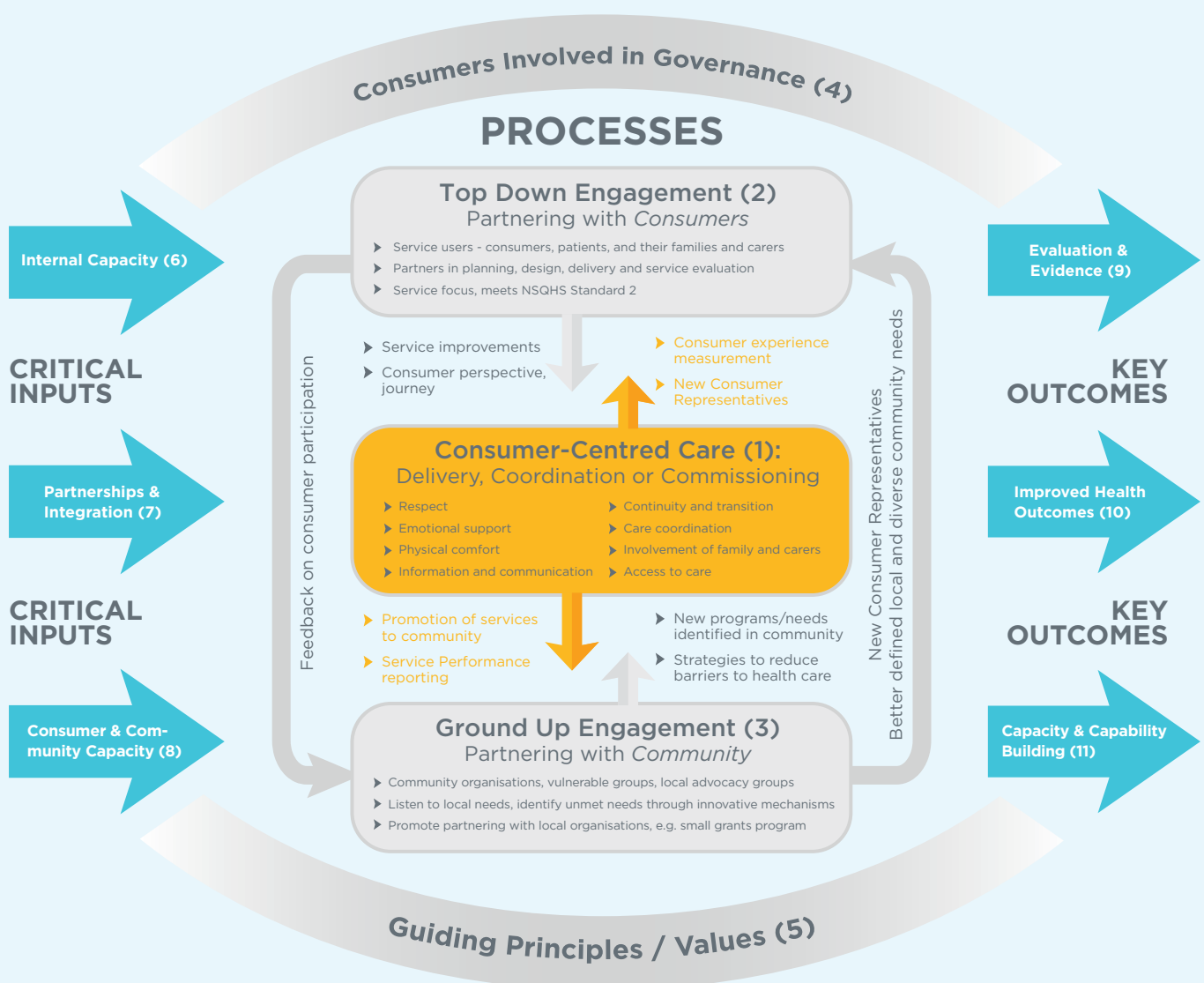
The Health Consumers NSW/WentWest Consumer and Community Engagement Model is built on the best practice premise of Consumer-Centred Care and works on a Top Down - Ground Up philosophy, as depicted in Figure 01 to the right.

¹ Western Sydney: an economic profile, NSW Parliamentary Research Service, 2015

² The PHC Atlas™: Population Health Commissioning Atlas™, Western Sydney Medical Local, 2015

Figure 01: Consumer and Community Engagement Model

Partnering with



LOCAL COMMUNITY PARTNERSHIPS

In its role as a Medicare Local, WentWest has had a strong focus on addressing western Sydney's common health priorities of Aboriginal Health, Aged Care, Child and Family, Chronic Disease, Mental Health and Population Health. Each priority comes with complex challenges, and in many instances there exists an interplay as multiple conditions compound each other. The need for a holistic approach has required WentWest to work in collaboration across the community and a multiple number of sectors to address local health concerns.

Throughout 2014-15, WentWest worked alongside the communities it serves to address some of the most pressing challenges. Among the highlights were initiatives including:

Thrive@Five in Doonside

Following its launch in 2013-14, WentWest continued to build momentum with Thrive@Five in Doonside.³ Thrive@Five – a place based early childhood invention program is aimed at improving Australian Early Development Census (AEDC) scores in Doonside. The initiative identifies and builds on the communities' current strengths in order to support families and their children from birth to five years. Thrive@Five is a jointly funded initiative between WentWest, Western Sydney Local Health District (WSLHD) and the Murdoch Children's Research Institute (MCRI).

In March 2015, Thrive@Five released its *Phase One Report*, detailing the initiatives first 18 months since establishment and initial observations. As part of Thrive@Five's ongoing work, the project has succeeded in implementing a range of community based initiatives, designed to encourage skill development in the early childhood years.

Well Women in the West

With lower rates of cervical screening among both Aboriginal and Culturally and Linguistically Diverse (CALD) communities within western Sydney, WentWest and its partners saw a need to address the disparity. In 2013-14, the *Well Women in the West* project was launched to encourage greater screening among targeted populations, the premise being to engage extensively with the community to find culturally-appropriate solutions to service barriers. While the project particularly focused on cervical screening, the obvious link to breast screening allowed the project to work in conjunction with relevant parties where appropriate. Among the key milestones achieved during the year was extensive consultations with key community groups, particularly those representing Aboriginal and CALD communities, to assess localised knowledge, concerns and barriers to services.

Jade Fan Immunisation Campaign

The *Jade Fan Project* is a Hepatitis B awareness campaign to assist communities throughout western Sydney who have, or are at risk of contracting Hepatitis B virus, and subsequently liver cancer. It is a joint initiative of WentWest, WSLHD and the Australian Society for HIV Medicine (ASHM). The aim of the campaign is to reduce the spread of Hepatitis B and the impact of the virus on an affected person's quality of life by increasing awareness of, and access to immunisation, screening and treatment options. In 2014-15, the Jade Fan Immunisation Campaign hosted an information luncheon for over 120 attendees working within high risk communities.

Immunisation Bike Competition

Introduced in 2011 as a way of encouraging childhood immunisation across western Sydney, WentWest's annual Immunisation Bike Competition ran from October to January. The competition particularly encourages young families to complete the final stage of the Childhood Immunisation Schedule. All four year olds who are immunised through a participating practice during the campaign are eligible to win one of 12 Bikes. In its third year of operation the Bike Competition saw 95 practices and clinics participate, with 786 four year olds immunised during the period.



Local children participate in Mini-Tots soccer as part of Thrive@Five's response to improving participation & engagement.

³ Thrive@Five in Doonside, Phase One Evaluation Report, March 15



CASE STUDY

Creating a path for recovery

In 2012, WentWest initiated a consortium with locally based community organisation in the delivery of national mental health program, Partners in Recovery. The initiative is designed to aid those living with severe and persistent mental illness with a supported path to recovery. Since the formation of the consortium, Western Sydney Partners in Recovery has seen more than 993 individuals and their carers enter the program and commence their journey to recovery.

In May 2015, Western Sydney Partners in Recovery reached another important milestone as it formally launched the Western Sydney Mental Health Atlas. Developed in partnership with the University of Sydney, the Western Sydney Mental Health Atlas plots all mental health services offered across the region and provides a whole of area view of service gaps.

The Western Sydney Mental Health Atlas comprehensively covers different types of care available in the community including: residential care, day care, outpatient care, accessibility to care, information for care, and self help and voluntary care.

Launched by NSW Mental Health Commissioner, Mr John Feneley, the resource is said to be one of the first of its kind in Australia and aims to offer decision markers at all levels a grounded and accurate base for improving the delivery of care to those experiencing mental distress.

Partnering with

aftercare



MISSION
AUSTRALIA



RichmondPRA
Together, we're better.



NSW Mental Health Commissioner, Mr John Feneley launching the Western Sydney Mental Health Atlas in May.

Workforce quality, capacity and performance

The ongoing support and development of western Sydney's primary care professionals has long been a focus for WentWest. In 2014-15, WentWest remained committed to working with general practice and the broader primary health care system to achieve: improved health of populations; enhanced patient experience of care; reduced costs in health care; and better support for health professionals – commonly known as the “Quadruple Aim” (see Figure 04).

PRIMARY CARE SUPPORT AND DEVELOPMENT

Providing support to western Sydney's practices has been a cornerstone of WentWest's work since its inception. First as a Regional Training Provider (RTP) and then as a Division of General Practice, come Medicare Local, providing Australia's only fully integrated regional model has resulted in not only greater efficiency across the system, but a more informed primary care workforce (refer to page 25 for industry commendations on WentWest's model).

Among the recognised benefits of WentWest's unique RTP-Medicare Local model (RTP-PHN from 1st July, 2015) is the integration of:

- workforce planning;
- education and training;
- practice support services;
- coordinated care; and
- professional networks.

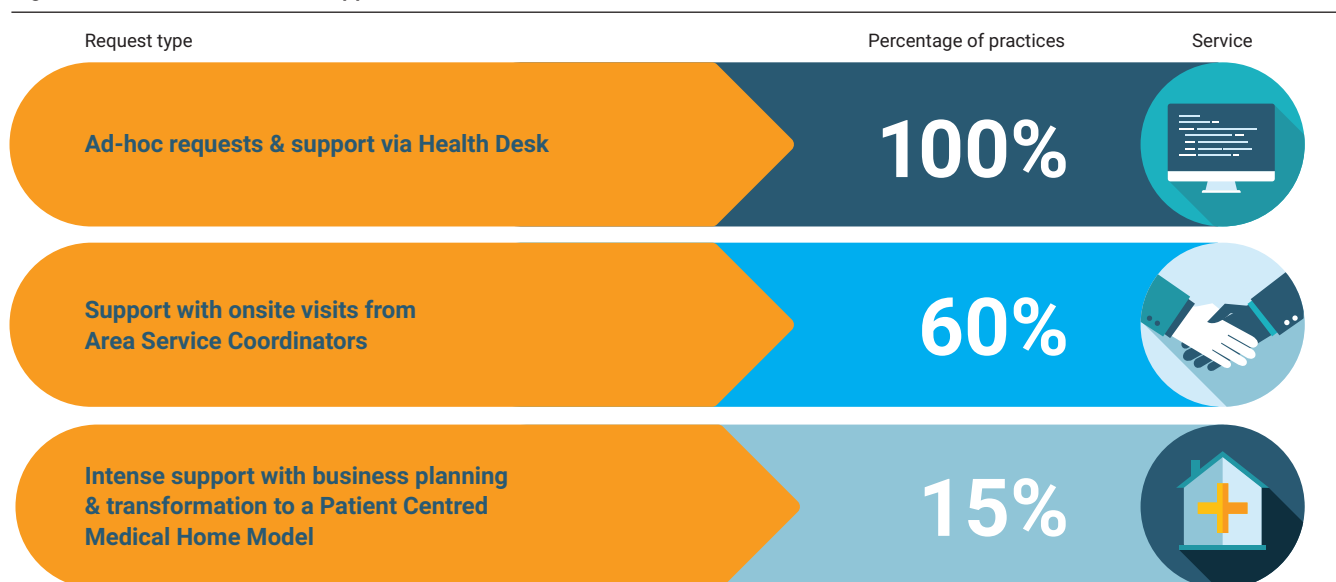
While the future of WentWest's dual function is uncertain post 2015, the organisation's history remains and is evidenced herein.

Practice Support

Throughout its time as a Medicare Local, WentWest has firmed a strategy for providing practice support to GPs (and to other primary health care professionals) centering around four core aims:

- Building sustainable practice capacity and capability;
- Supporting quality improvement and more integrated models of care;
- Deployment of tools and enabling systems to support better capture and utilisation of patient data to improve health outcomes; and
- Progressing innovative and sustainable models of primary care.

Figure 02: WentWest Practice Support Model



The year saw WentWest continue to invest strongly in the support and development of local GPs and the practices in which they operate. Over the period more than 12,000 instances of communication took place with local general practices, including over 1,110 practice visits.

As illustrated in Figure 02, WentWest's practice services operate through a tiered model, whereby practices are offered support through a number of mechanisms.

As the organisation worked towards a potential new role as a Primary Health Network, it remained committed to building on the quality standards of support WentWest has always strived to achieve. In doing so, the organisation sort the services of an external agency to conduct a Practice Support Quality Improvement survey during the year. The survey randomly selected practices to obtain feedback on the support offered by the WentWest team, with the intention being to assess opportunities for enhancing the quality of services offered. Among the feedback obtained, participants were asked whether they would recommend WentWest's practice support services to other practices – with 90% of respondents actively agreeing (see Figure 03 below).

Figure 04: The 'Quadruple Aim'



Figure 03: Practice Support Quality Improvement Survey

Based on your experience from this visit, how likely would you be to recommend our Practice Support Team's services to other practices?												
Answer options	Detractors							Passives		Promoters		Response count 29
	Not at all likely - 0	1	2	3	4	5	6	7	8	9	Extremely likely - 10	
Net Promoter score 90	0	0	0	0	0	0	0	0	3	6	20	
	0%	0%	0%	0%	0%	0%	0%	0%	10%	21%	69%	
	Detractors 0							Passives 10		Promoters 90		
NPS = Promoters 90 - Detractors 0												

Education and Professional Development

Since its inception, WentWest has had a strong focus on the professional development of primary care professionals. In recent years, the array of education events and professional development opportunities has expanded steadily as WentWest responds to the needs of the region's diverse primary care workforce.

An innovative program launched in 2014-15, was one designed to support practices in building workforce capacity, through an educational program centring on Business Administration. The program, offered practices an opportunity for targeted staff members to undertake a qualification in Certificate III, Business Administration (Medical) through the University New England (UNW) Partnerships. The initiative was successful in graduating 17 medical practice staff members from across the region, with the long term intention being to build capability and capacity within individual practices.

As featured on page 19, 2014-15 saw the introduction of an innovative approach to primary care, as we rolled out the Patient Centred Medical Home initiative in partnership with 25 local practices. The establishment of the model in western Sydney, commences a long journey for involved practices as they work towards high-performing primary care, supported by WentWest.

AFTER HOURS

2014-15 saw the launch of a purpose-built portal for the invoicing of After Hours services by local practices. The addition of the portal lead to minimised administration demands for both the organisation and involved practices, allowing a more streamlined and efficient payment system. As WentWest seeks to roll out its Commissioning Framework, the portal will become a key piece of infrastructure supporting the commissioning of services into the future.

WENTWEST COMMISSIONING FRAMEWORK

In preparation for a new role beyond the Medicare Local, WentWest undertook a consultative process throughout 2014 leading to the development of the organisation's own Commissioning Framework. Launched in early 2015, the WentWest Commissioning Framework has been designed so that services developed or procured meet the needs of patients and consumers involved.

As illustrated in Figure 05, the model operates with the Patient/Consumer at its core and is reviewed by a number of national and international commissioning experts who will form part of the WentWest Commissioning Advisory Group into the future. This Advisory Group will be established to ensure WentWest's commissioning practices align with the best practice national and international standards.

The Advisory Group will be instrumental in ensuring future large scale commissioning projects are commissioned in a way that meets a clearly defined need and produces measurable outcomes.

Figure 05: The WentWest Commissioning Framework





CASE STUDY

Laying the foundations for better health outcomes

The Patient Centred Medical Home (PCMH) is rapidly evolving to be the future of primary health care internationally. The principles that underpin PCMH are universally relevant and fundamental to strong primary care. The model plays a pivotal role in achieving improved health of populations, enhanced patient experiences, health care cost reductions and better support for health professionals.

PCMH is in its early stages of adoption within Australia, however has made significant inroads in areas such as Boston, USA where the Cambridge Health Alliance leads a changing approach to primary care.

In March, WentWest launched the first stage in its PCMH journey, partnering with 25 local general practices, to see PCMH principles applied within the Australian context. As part of the project, WentWest has dedicated a support team, working across the involved practices and continues to facilitate an ongoing education program around the model's 10 critical building blocks.

Known as the Ten Building Blocks for High Performing Primary Care, they include: engaged leadership, data driven improvement, patient registration, team-based care, patient-team partnership; population management; continuity of care; prompt access to care; comprehensiveness & care coordination; and quality general practice of the future.

In leading this change, WentWest welcomed Somava Stout, MD of the Cambridge Health Alliance early in the 2014-15 year, for a series of talks on the PCMH and how it may be applied within the Australian primary care setting. Throughout her visit, Dr Stout spoke on the opportunities and challenges associated in bringing change to primary care based on the Boston experience.

WentWest will continue to evolve the PCMH movement with general practices across western Sydney and already it has become a crucial component in the implementation of the Western Sydney Integrated Care Project, (see page 20 for more information).

WentWest Chair, Prof Di O'Halloran and CEO, Walter Kmet with Somava Stout, MD of the Cambridge Health Alliance.



Integrated and coordinated care

Increasingly, the need for integration across the primary, community and acute sectors is critical. For the past three years, WentWest has used its role as a Medicare Local, as a platform for advocating better service integration and coordination to achieve Quadruple Aim objectives (see Figure 03, page 17).

Over time, this work has led to the formation of longstanding partnerships at all levels of the system as we work with consumers, GPs, allied health, community groups and the acute sector to bring about enhanced outcomes.

HEALTH AND HUMAN SERVICE PARTNERSHIPS

2014-15 saw the materialisation of the NSW Integrated Care Project, with the Western Sydney Local Health District (WSLHD) one of three demonstrator sites state-wide. The Initiative, funded by the NSW State Government aims to progress approaches which integrate care across the region to address the coordination and provision of services for patients. As the premise for the project lies with effective and efficient interaction between the primary and acute sectors, WentWest has played an integral role in establishing Integrated Care in western Sydney.

Throughout the year, Western Sydney Integrated Care achieved several milestones including the appointment of its project management team, which included the secondment of three senior WentWest team members into specialised roles. The supporting infrastructure for the project was also completed with the establishment of a customised LinkedEHR for hospital clinicians and recruitment of primary care support staff located within WentWest to work with involved local practices.

HealthOne

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 Druiitt 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.

Partnering with



Health
Western Sydney
Local Health District

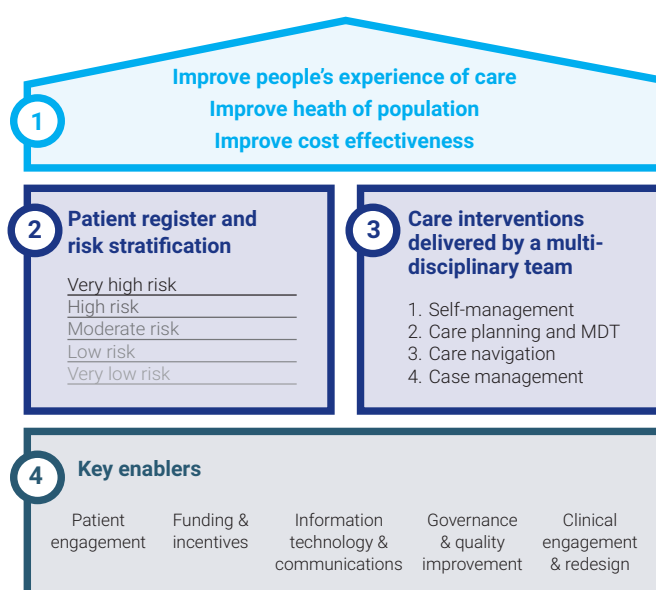
The service models are based on a 'hub and spoke' virtual service approach to meet the needs of identified groups. The 'hub' is based at the community health centre and the 'spokes' are outreach sites, which provide services in more isolated areas.

Aboriginal Health

Since 2010, WentWest has worked across the primary, acute and community sectors to provide holistic and culturally appropriate support to the local Aboriginal community as part of the national *Closing the Gap* initiative. During the year, WentWest's Close the Gap team focused on four key areas, including:

- Ensuring Aboriginal community in western Sydney are accessing primary health care services;
- Improving health outcomes for Aboriginal people in western Sydney;
- Ensuring health care professionals are providing culturally appropriate services for those of Aboriginal and/or Torres Strait Islander descent; and
- Assisting Aboriginal patients to navigate the health system.

Figure 06: Integrated and coordinated care model



A fundamental piece in WentWest's delivery of Close the Gap services is its Aboriginal Outreach Worker team, the role of which it is to work individually with referred patients to coordinate support and access to a holistic range of services. In many instances this not only includes the coordination of health-related services, but more broadly embraces the need for access to psychosocial services such as employment, welfare, housing, education, transportation and legal assistance. During the year, WentWest's Aboriginal Outreach Worker team was responsible for the delivery of more than 1030 supported interactions with enrolled patients.

Mental Health Services

As a Medicare Local, WentWest has greatly expanded its role within Mental Health so that it may respond to known service gaps. As WentWest's role in the system has evolved, so too has the depth of programs offered by the organisation and the partnerships that have been forged across the sector. In 2014-15, this evolution saw the continued expansion of programs delivered and supported by the organisation for those experiencing mental health difficulties. As one of six Common Health Priority areas for the organisation, WentWest is working closely with a range of partners including consumers, WSLHD, community organisations, specialised providers and allied health professionals to tackle complex system challenges. Forming part of WentWest's Mental Health strategy are three key programs: Western Sydney Partners in Recovery (WSPiR), Access To Allied Psychological Services (ATAPS); and the NSW Recovery College.

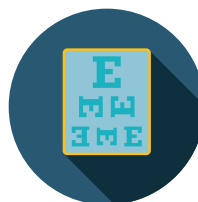
Western Sydney Partners in Recovery (WSPiR)

In 2014-15 WSPiR sort to build on the solid foundations made in the previous year in building enhanced program awareness within the community and a greater number of referrals. The plan included the expansion of the already diverse referral network, coupled with an increased WSPiR workforce to coordinate a greater volume of referrals and clients. This increased capacity and referral network lead to an influx of 625 clients into the program.

As featured on page 15, a highlight for the program was the launch of the Mental Health Atlas in May, which has allowed WSPiR to identify and address service gaps across the sector in partnership with the community. The findings of the Atlas also act as a guide for WSPiR in the commissioning of more than \$1.8million in capacity building grants within the sector during 2014-15.



625
clients referred to PIR



380
Allied Health & Specialist
services commissioned for
CTG patients



1030+
supported interactions
with CTG clients



\$1.8m
Mental Health capacity
grants commissioned



100
new pathways launched



200
local clinicians involved in
HealthPathways



CASE STUDY

Partnering with



Tempering the diabetes hot-spot

From the outset of its partnership, WentWest and the Western Sydney Local Health District (WSLHD) have been focused on addressing diabetes. With one in four residents⁴ experiencing the disease, diabetes has become one of the greatest health challenges for our community.

In an effort to curb the increase and minimise the impact of diabetes, WentWest and the WSLHD have implemented a multifaceted initiative across both the primary and acute sectors.

Commenced in 2013, the Western Sydney Diabetes Prevention and Management Initiative seeks to bring together partners in a whole of district approach.

In 2014-15, key activities undertaken included the further advancement of the groundbreaking project, whereby WSLHD endocrinologists and diabetes educators worked together with local GPs and individual patients to review, tailor and manage the condition.

Supporting this work, has been WentWest's commitment to increased risk screening of the condition. In 2014-15, WentWest surpassed its national target of 2000 residents screened, screening more than 4000 people.

⁴ Western Sydney Diabetes Prevention and Management Initiative, 2013



Access To Allied Psychological Services (ATAPS)

WentWest's ATAPS program experienced its most fruitful year to date, with a record number of services committed and delivered over the period. During 2014-15, the program, which provides mental health services to financially disadvantaged persons, commissioned more than 20,000 services across the region. The rise in commissioned services reflects an additional 3,180 referrals on the previous year – an increase of 5% overall.

Throughout 2014-15, WentWest's ATAPS team were focused on increasing accessibility of the service and did so by working in collaboration with sector partners and the broader community to reach those most in need. This enhanced collaboration has led to better awareness of the program and consequently a visible rise in referral rates across ATAPS' four target groups of: Children (aged 0-12 years); Aboriginal and Torres Strait Islanders; women experiencing perinatal depression and anxiety; and people at risk of suicide.

Another focal point for the ATAPS program was in seeking to improve service delivery, through a more enhanced process of feedback from enrolled consumers. In response to consumer and community feedback, ATAPS introduced free translating services to ATAPS providers for their clients.



4,000
residents screened for
diabetes risk



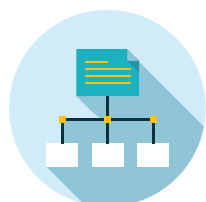
20,000+
ATAPS services commissioned



5%
increase in commissioning
of ATAPS services



1600
new & returning users
engaged in HealthPathways



170 GPs registered
to LinkedEHR
168 AHPs registered
to LinkedEHR

NSW Recovery College

The NSW Recovery College provides opportunities for personal growth through educational programs for people with lived experience of mental illness, their carers and families. It aims to support participants towards improving health and wellbeing, setting and achieving personal goals, gaining self confidence, feeling empowered and developing new skills. The College, established by WentWest in 2014 has developed courses to support a peer workforce and provide additional assistance for consumers and carers. Among the courses offered through the College in 2014-15 was Mental Health First Aid which offers training in dealing with mental health related emergencies.

SYSTEM INNOVATIONS AND MODELS OF CARE

Launched in November 2013, Western Sydney HealthPathways was one of Australia's first locally developed, clinical pathways portals. Stemming from the Canterbury Initiative in New Zealand, HealthPathways is a web-based portal providing locally relevant information on clinical pathways. Increasing engagement between primary care and hospital clinicians has been a basis for improving and in some cases restructuring service delivery because of the HealthPathways program. Western Sydney HealthPathways is a joint initiative between WentWest, the WSLHD and the Sydney Children's Hospital Network (SCHN).

In 2014-15, Western Sydney HealthPathways sort to build on the solid foundations made in its inaugural year by working with local clinicians to develop clinical and care pathways aligning to national health priorities, including chronic diseases (such as diabetes, asthma, chronic obstructive pulmonary disease) as well as cardiology, older persons health, paediatrics and lifestyle and preventative care. In seeking to achieve this goal, the Western Sydney HealthPathways team continued to extensively collaborate across the sector in developing localised pathways, with over 200 local clinicians involved in the project, including GPs, medical specialists, nurses and allied health professionals.

Throughout the year, Western Sydney HealthPathways saw over 100 new pathways go live and an additional 150 in the development stages. Usage of the portal has also started to increase across the sector, with more than 1600 new and returning users engaging with the site throughout the year.

DEFINING AND INVESTING IN SYSTEM ENABLERS

Many of the infrastructure investments WentWest has made in the past three years have formed the foundations of a more connected and efficient health system. Among those investments is WentWest's own IT centrepiece, LinkedEHR: a care planning system, specifically designed to facilitate better team care arrangements between GPs, specialists and allied health professionals.

In 2014-15, the focus was to see the continued expansion of the tool's installation across the region and as such 170 GPs and 168 allied health professionals are now registered users of LinkedEHR. Further supporting LinkedEHR's embedment across the local health sector has been the adoption of the tool by WSLHD as part of the Western Sydney Integrated Care Project. This adoption required the LinkedEHR team to further develop the tool so that its features met the requirements of the project.

Together with HealthPathways and clinical audit tool, PENCAT – LinkedEHR is offering western Sydney GPs online clinical support and seeks to achieve greater efficiency and effectiveness between primary and acute settings.

Teaching, education and research

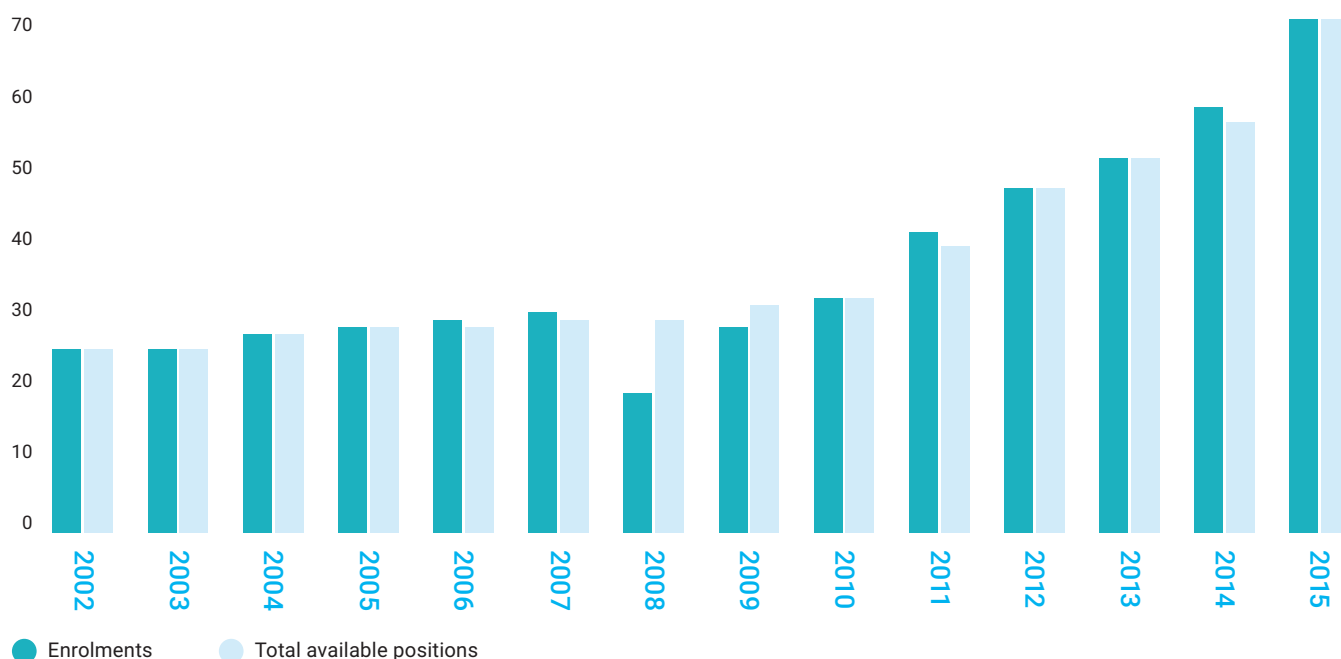
Since 2002, WentWest has established itself on solid foundations in the education and training of primary care professionals, with a particular focus on General Practice. As the Regional Training Provider (RTP) for both western Sydney and the Nepean Blue Mountains regions, WentWest has successfully delivered the Australian General Practice Training (AGPT) Program since its inception. Over this extended history many milestones have been achieved, with strong partnerships with both Sydney and Western Sydney Universities and our Supervisor Network underpinning a program which reflects best-practice standards.

Throughout the year, WentWest forged new partnerships across the sector to build and evolve general practice training within the state. These collaborations included the successful transition of Registrar training for the Aboriginal Medical Service Redfern in January and the establishment of a joint-partnership between WentWest and its nearby training providers, Valley to Coast and North Coast GP Training.

With changes to the delivery of GP training set to take effect from January 2016, the year is WentWest's final full period as an RTP. While it is a poignant time in the organisation's evolution, it is important to acknowledge the achievements that have been made over the past decade, and most importantly the many GPs who have been involved in the program throughout its lifespan.

Notwithstanding the changing environment, WentWest continued to deliver and expand its carriage of AGPT, and in doing so oversaw an increase in supervision capacity of 25% to 101 practices in 2014-15. The organisation also saw the materialisation of its goal for ex-Registrars evolving into Supervisors, with a further 12 taking on the role (an increase of 28%). Underpinning this growth has always been a commitment to high-quality standards, and this was also evident in a successful Bi-College accreditation.

Figure 07: Registrar Growth since 2002



Partnering with



The Bi-College accreditation, a program jointly managed and overseen by the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM), sets the requirements for general practice training across Australia. In 2014-15, WentWest's RTP underwent a rigorous audit process in accordance with Bi-College accreditation standards and in doing so successfully fulfilled and exceeded its obligations resulting in ten commendations from the ensuing report. Among the commendations made of WentWest's AGPT delivery:

- **Co-location of Regional Training Provider and Medicare Local** Feedback from the assessors highlighted the synergy between WentWest's two business arms – that being the RTP and Medicare Local. WentWest's integrated approach between general practice training and broader primary care initiatives has led to enhanced workforce knowledge of the operating environment.
- **Academic Registrar program** WentWest was commended for its efforts in engaging potential registrars at medical student level and the support offered for academic registrars.
- **Partnerships and Reputation** WentWest's longstanding and solid partnerships across the sector were also commended through the Bi-College process, which particularly highlighted the relationships with Sydney University, Western Sydney University and local Aboriginal health agencies as a core attribute.
- **Risk Minimisation** The Bi-College Accreditation process both supported and endorsed WentWest's comprehensive approach to minimising risk across the RTP. The report made particular reference to the organisations quality systems and improvement processes along with its management of Recognition of Prior Learning (RPL), Registrars at Risk program and extensive exam preparation program.

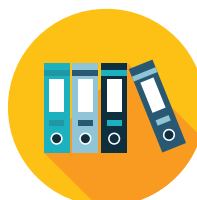
During its 13-year history WentWest has overseen more than 530 GPs Registrars through to fellowship with the Royal Australian College of General Practitioners (RACGP), many of who have chosen to stay within the region and establish their careers and practices in western Sydney. Central to this success has been a large base of GP Supervisors and Medical Educators who have worked tirelessly with Registrars to nurture and develop the skills of tomorrow's GP workforce. WentWest gratefully acknowledges the long list of local GPs who have had active involvement with the program over this time and warmly looks toward a future which has primary care training and education remaining at its core.



20
new practices accredited
to train registrars



37
new supervisors accredited



11
medical educators



2
registrar medical educators



1
dedicated cultural mentor



49
registrars followed



CASE STUDY

Enduring leadership

2014-15 was a year of many highlights for WentWest as we celebrated the achievements and successes of some of our longest serving team members.

In April, Dr Colin Gunter and Dr Michael Crampton became the first two team members to reach important staffing milestones, entering both their eleventh and tenth years of tenure respectively.

For Dr Gunter his work with WentWest commenced as a Medical Educator in 2005. Throughout his time with the organisation, Dr Gunter has remained an enduring fixture of WentWest's RTP arm. In his current role as Senior Medical Educator, Dr Gunter offers strong leadership and mentoring to both his GP peers and Registrar charges in developing tomorrow's general practice workforce.

Having been both a Medical Educator and, in more recent roles, both Director of Training and Clinical Director, 2014 saw Dr Crampton take on a new adventure in a lead clinical role with the Western Sydney Local Health District's Integrated Care Project. The year was a particularly momentous one for Dr Crampton, as he claimed the top industry award as the Royal Australian College of General Practitioner's – General Practitioner of the Year for 2014.

Both doctors head a growing list of WentWest team members who have chosen to evolve their career with the organisation. Together Dr Gunter and Dr Crampton have been the face of WentWest's RTP arm for many years and have represented the organisation at the national level in general practice training forums. With each possessing a passion for general practice and training they have both been instrumental in encouraging fellowed Registrars to take on Supervisor and Medical Educator roles, and so foster enduring leadership for the future of general practice training in western Sydney.



WentWest's
longest serving
team members
Dr Michael Crampton
and Dr Colin Gunter

PARTNERSHIPS FOR RESEARCH AND EVALUATION

Formally established in 2013-14, as an extension of a longstanding collaboration between WentWest along with Sydney and Western Sydney Universities – Partnerships for Education, Evaluation and Research (PEER) continued to build on a shared vision for quality general practice and primary care across the region. Throughout the period the group sort opportunities which promoted, supported and coordinated innovation in primary care delivery, teaching and research in western Sydney.

INTEGRATION OF EDUCATION AND RESEARCH INTO HEALTH SERVICE PLANNING AND DELIVERY

Through its AGPT program, WentWest has always aspired to offer GP Registrars an opportunity to acquire skills in a holistic learning environment. The value of WentWest's role as both an RTP and Medicare Local has been on the ability of the organisation to offer Registrars broad exposure across the primary health care system. Unique to WentWest has been the range of opportunities presented for our emerging health professionals as they consider their long-term career aspirations.

During the 2014-15 year, WentWest was able to offer a large range of extended skills options to its Registrars, with diverse study opportunities including university academic posts, integration between home and hospital-based care, health system planning and specialist areas such as palliative care and paediatrics.

Another area of synergy between WentWest's RTP and Medicare Local arms which came to the fore in 2014-15, was in the establishment of Patient Centred Medical Home (PCMH) principles in western Sydney practices (see page 25). With guidance from Boston's Cambridge Health Alliance (CHA) and the stewardship of western Sydney's longstanding GP Leaders group, WentWest commenced the PCMH journey with a select number of practices across the region. As involved GPs embarked on evolving their practices into the PCMH model, WentWest supported the extension of their knowledge in the field, through a Supervisor Master Class Study Tour. Drawing on the experience of the CHA and other leading agencies across the United States, the Master Class sought to offer insight and edification on PCMH, so that delegates could understand how it may be applied within the Australian context.



WentWest Chair, Prof Di O'Halloran and CEO, Walter Kmet with fellowed GP Registrar Dr Sameera Bhayat

Organisational excellence and sustainability

As WentWest prepared itself for changes in the national health landscape, 2014-15 was an opportunity for the organisation to cement its role as a leader in the primary care sector. Underpinning WentWest's work in the community and with its stakeholders, has been a robust corporate structure focused on building a culture of best-practice.



108 employees: **20** Male **88** Female

DEVELOPING OUR PEOPLE BASED ON A VALUES DRIVEN CULTURE

While uncertainty around the future of WentWest's role as both the Medicare Local and RTP was present throughout 2014-15, the organisation was resolute in maintaining an optimistic outlook. While the year was one of the organisation's more challenging chapters, teams were focused on delivering and exceeding on obligations to stakeholders, whether they be consumers, health professionals, partners or contracting bodies.

Despite the external challenges WentWest faced, the organisation was bolstered by the commitment and loyalty of its team with a low level of turnover throughout the 12 month period. Pivotal to this steady-state was a strong leadership group at both the senior and program management level, who comprehensively planned and prepared for a multiple number of possible outcomes.

Remaining confident, the team carried on with implementing strategies which sort to evolve the high performing culture and values driven workplace to which WentWest has always aspired. To this extent, the organisation continued to progress with a number of programs to support its people, including:

- **Leadership and Management Program** – developing the organisations leaders and future leaders;
- **Learning and Development Program** – supporting individual team members in their career progression;
- **Workplace Health and Wellbeing Program** – encouraging a culture of healthy eating, regular movement, healthy living and healthy mind;
- **Workplace Health and Safety** – embedding a culture of safety throughout the workplace; and
- **Effectively Managing Change Education Sessions** – supporting staff to build resilience and effectively manage change.

At the core of all WentWest's human resource initiatives as been the continual visibility and embedding of the organisation's five values (Creativity; Leadership; Equity; Excellence and Respect) in the culture.

Partnering with



MAINTAINING AND IMPROVING OUR QUALITY SYSTEMS

The role of Quality Improvement across all WentWest operations remained an important area of focus in 2014-15. Drawing on solid foundations established over several years, WentWest used 2014-15 to further embed quality systems at all levels of the organisation. As in previous years, this commitment to improving business processes was central to maintaining and building on the robust quality framework to which WentWest aspires.

Throughout 2014-15, WentWest's Quality Management System underwent two rigorous external audits including ISO 9001 Certification and Bi College Accreditation. Pleasingly both audits were completed successfully, reflecting solid quality assurance across the organisation.

Supporting the successful attainment of these external audits has been an ongoing and thorough calendar of internal auditing activity. During 2014-15, WentWest teams conducted more than 22 internal audits, with a number of improvements identified and implemented. Reinforcing the need for a global approach to quality, the team launched a Quality Induction course for staff members on the Learning Management System and worked to build its internal auditor base through a series of training sessions.

COMMERCIAL SUSTAINABILITY

Operating within an ever-changing environment, WentWest has continued building a commercially robust and diverse organisation to withstand the impact of external factors beyond its control. WentWest has been able to utilise strengths, achieving success in continued funding for both government and commercial contracts that provide diversity in our operations across the primary health care sector. These include the role of lead-agency for Western Sydney Partners in Recovery, partnering with Western Sydney Local Health District on NSW Health's Integrated Care Project, developing new models of care to assist the work of patient centred medical homes and partnering with commercial business to improve health outcomes in western Sydney.

In assessing opportunities WentWest adheres to the guiding principles outlined under its Financial Sustainability Board Policy, to utilise broad strategies that enhance the vision and values of the organisation whilst providing the adequate level of performance and contribution to the long term sustainability.

New processes have been developed during the year utilising the financial and reporting systems already established. By ensuring strong lines of accountability and transparency in reporting, management are aided in decision making allowing early action as the operating environment changes.

STRONG CORPORATE AND CLINICAL GOVERNANCE

WentWest is committed to providing strong corporate and clinical governance across all aspects of the organisation and its operations.

Clinical Governance provides the organisation, senior management team, clinical leaders, funding bodies and local community with an assurance that WentWest services are safe and of a quality standard. The Clinical Governance team utilises an educative and supportive approach to engage and build the capacity of clinicians across the organisation in understanding and complying with their clinical governance requirements. This approach underpins the establishment of the WentWest Clinical Network which provides a supportive platform for shared understanding and operationalising clinical governance across the organisation. The Board appointed Clinical Governance Committee ensures compliance requirements to Medicare Local, Bi-College RTP and ISO 9001:2008 accreditation standards, whilst promoting an organisational culture of continual improvement in performance, via a robust framework for clinical governance framework, underpinned by the Board's Clinical Governance principles. Implementation and monitoring is achieved by WentWest's Clinical Audit Schedule, providing a robust internal audit process to evidence how each of the services within WentWest meet client healthcare record documentation standards and identify areas for improvement. The Quality Improvement Log, captures clinical improvements related to clinical audits, incidents, complaints and innovations and is monitored by the Clinical Governance Committee to determine the effectiveness of these initiatives.

Strong **Corporate Governance** is embedded in the WentWest organisational structure and has defined the strong relationships between Members of the organisation, Directors, Management and external stakeholders. Best practice in corporate governance is embedded throughout the organisation with the implementation of clear policies, principles and delegations of authority that support procedures and practices for the direction and control of the organisation.

WentWest adheres to the current ASX Corporate Governance Council's Principles & Recommendations 3rd edition:

Principle 1:

Lay solid foundations for management and oversight

Well defined strategic direction cascaded throughout the organisations to ensure all activities are directed towards achieving its vision and mission in the most efficient and effective way possible and in accordance with the objects of the Constitution.

Principle 2:

Structure the board to add value

The company is governed by a skills-based board that consists of Directors with an appropriate mix of diversity, competencies, skills and experience in light of the organisation's current needs. A Board appointed, Governance and Nominations Committee (G&NC), reviews and assesses nominations and the composition of the Board and its subcommittees. The G&NC has met six times during the year and is chaired by a non-executive Director other than the Board Chair.

Principle 3

Act ethically and responsibly

Responsible for actively promoting ethical and responsible decision-making and clarifying the standards of ethical behaviours required of company directors and staff. Well defined policies and procedures are embedded at all levels in the organisation with regular review.

Principle 4

Safeguard integrity in corporate reporting

WentWest's board appointed Finance and Risk Management Committee (FARM), ensures the effectiveness and adequacy of the accounting and financial controls and that the responsibility of assessing, monitoring and management risk, internal and external financial reporting with stewardship for organisational assets and resources. FARM committee convened six times during the year to ensure all statutory obligations have been met in accordance with the Corporations Act 2001, the Australian Charities Not for Profit Commission (ACNC) and the government funding contracts and other regulatory bodies.

Principle 5:

Make timely and balanced disclosure

Regularly reporting to members and regulators through the WentWest Annual Report and lodgement of Statutory Financial Statements and other reporting requirements to regulatory bodies such as ACNC. The Annual report highlights achievements and progress delivered by the organisation in meeting its goals and objectives and adding value to the community. The Governance and Nominations Committee (G&NC), regularly reviews all areas of disclosure and compliance and reports to the Board with recommendations.

Principle 6:

Respect the rights of all stakeholders

As a Not for Profit Health Promotion Charity, WentWest responsibilities are to ensure constant communication and consultation with the western Sydney community. The overall structure of the WentWest governance framework includes a number of both clinical and community representative and advisory committees at different points of reference, including peak organisational bodies at a state and national level in health care. The guiding principles of involvement are embodied in the Board approved policies, Memorandum of Understanding and Partnership agreements with the various stakeholder groups.

Principle 7:

Recognise and manage risk

WentWest's Risk Management Framework is based on the internationally recognised quality standard of AS/NZS 31000:2009 *Risk Management – Principles and Guidelines*, aiming to effectively monitor risks which might impede the organisation in achieving its strategic objectives. In addition WentWest has undergone a number of accreditations conducted by external organisations under ISO 9001:2008 for activities under Medicare Local operations and GP training.

Principle 8:

Remunerate fairly and responsibly

As a Health Promotion Charity, WentWest remunerates to attract and retain high-quality directors and provide continuing professional development opportunities for staff at all levels of the organisation.

THE VOICE OF PRIMARY HEALTH CARE FOR WESTERN SYDNEY

As the organisation prepared for new opportunities beyond the Medicare Local and RTP, 2014-15 was a time to evolve WentWest's core communications platforms and position us as a primary health care leader.

Throughout 2014-15, many milestones came to pass including the development of a new corporate identity to reflect the organisation's dynamic and progressive culture. This transformation included an overhaul of the WentWest brand, bringing a contemporary and fresh feel to our visual identity.

In April, the organisation was buoyed by the confirmation it had been awarded the tender for the Western Sydney Primary Health Network (WSPHN). With operations of the new WSPHN set to commence in July 2015, the team was focused on preparing for the transition phase. This period of preparation paved the way for the launch of a communications campaign to support WentWest's new identity: *Progressing Health Now*. Reflective of the organisation's forward-looking approach to evolving the health care sector, *Progressing Health Now* was launched as the organisation's new tagline.

Communicating WentWest's work to our vast stakeholder base, continued to be a focus for the team and this was achieved via a number of channels. The use of social media as a tool for conveying our role was again a vital and valuable instrument in growing our voice to a broader audience. The year saw WentWest double its social media following, which consequently has allowed for increased penetration and awareness of our efforts to progress primary care in western Sydney.



CASE STUDY

Keeping learning options flexible

In any one year, WentWest hosts more than 500 events, a large number of these being for professional development purposes. As the organisation has evolved, so too has been the demand for learning opportunities across the primary health care landscape, in topics as varied as the sector itself.

From both a clinical and business modelling perspective, the need to access industry best-practice knowledge continues to grow. The dynamic, fast paced environment of modern life has also heavily impacted on the need for more flexible learning options within the sector.

In response to this evolving demand, the organisation launched the WentWest eLearning portal in late 2014. The portal is an extensive library housing more than 133 courses in over eight topic areas, designed to offer WentWest stakeholders access to ongoing education and professional development opportunities.

Since its launch, 507 WentWest stakeholders have enrolled in the portal, including Consumers and Carers, GPs, GP Supervisors and Registrars, Allied Health Professionals, Primary Health Care Nurses and Practice Managers.

As WentWest works towards its new era the benefits of the portal will become increasingly visible as an integral component of the education and learning opportunities offered by the organisation.



Directors' Report

30 June 2015

The directors of WentWest Limited ("the company") submit herewith the annual report of the company for the financial year ended 30 June 2015. In order to comply with the provisions of the *Australian Charities and Not-for-profits Commission Act 2012*, the directors report as follows:

DIRECTORS

The names of the directors of the company during or since the end of the financial year are:

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

The above named directors held office during the whole of the financial year and since the end of the financial year.

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 healthcare 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, underpinned by our values of:

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

STRATEGY FOR ACHIEVING THE OBJECTIVES

WentWest operates as a Regional Training provider and a Primary Health Network (Medicare Local to 30 June 2015), 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
- Leads the design of 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 conditions
- Aboriginal health
- Population Health
- Mental Health
- Child and Family
- Aged Care

PRINCIPAL ACTIVITIES

The principal activities of the company during the financial year included:

- 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;
- 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, achieving targeted system change, and improving measures of stakeholder satisfaction and health outcome measures that correspond with the Commonwealth's national performance measures.

WentWest is committed to a five year Strategic Plan encompassing:

1. Patient Centric Shared Values

- Patients, carers and families fully engaged
- Equity and access for all community groups supported by evidence
- Co-design of services using consumer and community engagement frameworks
- Improve health literacy

2. Strategy Focused on Innovation and Outcomes

- Clear strategic objectives set around achieving Quadruple Aim outcomes*
- Leading value through an Innovative Commissioning Model, engaging independent experts
- Leading best practice integrated care, extending into new system models for diabetes and mental health

3. Support and Engage General Practice and Primary Care

- Maintaining deep knowledge and engagement with GPs and other health care professionals
- Driving and supporting data driven quality improvement practice to enhance population health
- Advocating and supporting innovation in practices (e.g. Patient Centred Medical Home)
- Fostering clusters of GP practices and allied health providers to lift capability and capacity

4. Leveraging off Partnerships

- Build on existing formal partnerships to improve integration and coordination of patient care with partnerships: The Western Sydney Local Health District, The Children's Hospital Network, Aboriginal Medical Services & Health Consumers NSW

- Analytics & Population health: University of Western Sydney, University of Sydney. Investing in strong and relevant analysis planning and needs assessment
- Continued collaborative management of over 50 major public, private and non-for-profit sector partnerships

5. System Enablers and Scalable Infrastructure

- Expanding roll out of prioritised, evidence based clinical pathways (HealthPathways)
- Collecting and reporting data for general practice, continuous improvement, safety and quality
- Drive meaningful use of eHealth systems such as PCEHR and LinkedEHR
- Enabling better care transitions across care and functions

6. Organisational Excellence

- Rigorous performance monitoring and internal benchmarking of programme costs
- Cost efficiency through shared service of administration functions with other PHNs and RTPs
- Organisational design that promotes strategic operation and functional excellence
- Leverage established Quality Systems
- Foster the ongoing development, engagement and diversity of our people
- Capitalise on skills-based Board with formalised influence on decision making by Clinical Council working in tandem with Community Advisory Committee
- Strong Corporate and Clinical Governance
- The voice of primary health for western Sydney

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 2015, 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	11			5	6		
Dr Anne-Marie Feyer	8	11			6	6		
Ms Caroline Lamb	8	11	5	6				
Dr Kean-Seng Lim	10	11					3	3
Dr Linda McQueen	11	11	6	6	6	6		
Prof. Diana O'Halloran	11	11	6	6	6	6	3	3
Prof. Tim Usherwood	10	11					3	3
Mr Alan Zammit AM	10	11	6	6				

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 (2014: \$80), based on 8 (2014: 8) current ordinary members.

CHANGES IN STATE OF AFFAIRS

Funding for the core program Medicare Local ceased in June 2015 and the GPET other core program is to cease in December 2015. WentWest Ltd was the successful tenderer for the Primary Health Network (PHN) for Western Sydney, which commenced operation 1 July 2015.

Consequently the company has continued to restructure with the changing environment with provisions having been recognised in the financial report for redundancy costs that Directors had communicated to staff prior to year end including 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 entity, the results of those operations, or the state of affairs of the 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.

ENVIRONMENTAL REGULATIONS

The company's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

PROCEEDINGS ON BEHALF OF COMPANY

No person has applied for leave of court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

AUDITOR'S INDEPENDENCE DECLARATION

The auditor's independence declaration is included after this report.

This directors' report is signed in accordance with a resolution of the Board of Directors.

On behalf of the directors

**Professor
Diana O'Halloran**
Director

Mr Alan Zammit AM
Director

18 September 2015
Blacktown NSW

Board of Directors
WentWest Limited
Level 1, 85 Flushcombe Road
Blacktown NSW 2148 18

September 2015

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 2015, 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



X Delaney
Partner
Chartered Accountants

Financial Report

30 June 2015

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Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2015

	Note	2015 \$	2014 \$
Revenue	3	29,675,936	28,062,617
Registrar specific training and operational contractors		(11,115,862)	(8,571,440)
Teaching allowances and practice subsidies		(2,429,510)	(1,483,958)
Employee benefits expense		(8,817,849)	(10,367,832)
Depreciation and amortisation expense	4	(511,913)	(482,779)
Administrative expenses		(3,372,585)	(4,244,591)
General Practice expenses		(2,304,061)	(1,284,458)
Occupancy expenses		(630,419)	(455,793)
Other expenses		(1,027,631)	(574,965)
(Deficit)/surplus before tax		(533,894)	596,801
Income tax expense		-	-
(Deficit)/surplus for the year	11	(533,894)	596,801
Other comprehensive income for the year		-	-
Total comprehensive (loss)/ income for the year		(533,894)	596,801

Statement of Financial Position

As at 30 June 2015

	Note	2015 \$	2014 \$
Assets			
Current assets			
Cash and cash equivalents	12(a)	8,597,623	10,305,108
Trade and other receivables	5	23,349	591,715
Other assets	6	1,196,897	1,189,925
Total current assets		9,817,869	12,086,748
Non-current assets			
Property, plant and equipment	7	282,482	799,190
Total non-current assets		282,482	799,190
Total assets		10,100,351	12,885,938
Liabilities			
Current liabilities			
Trade and other payables	8	2,216,369	3,164,544
Provisions	9	1,048,839	903,922
Other liabilities	10	4,115,387	5,546,246
Total current liabilities		7,380,595	9,614,712
Non-current liabilities			
Provisions	9	416,400	433,976
Total non-current liabilities		416,400	433,976
Total liabilities		7,796,995	10,048,688
Net assets		2,303,356	2,837,250
Equity			
Accumulated surplus	11	2,303,356	2,837,250
Total equity		2,303,356	2,837,250

Statement of Changes in Equity

For the year ended 30 June 2015

	Accumulated surplus \$	Total equity \$
Balance at 1 July 2013	2,240,449	2,240,449
Surplus for the year	596,801	596,801
Other comprehensive income for the year	-	-
Total comprehensive income for the year	596,801	596,801
Balance at 30 June 2014	2,837,250	2,837,250

	Accumulated surplus \$	Total equity \$
Balance at 1 July 2014	2,837,250	2,837,250
Deficit for the year	(533,894)	(533,894)
Other comprehensive income for the year	-	-
Total comprehensive loss for the year	(533,894)	(533,894)
Balance at 30 June 2015	2,303,356	2,303,356

Statement of Cash Flows

For the year ended 30 June 2015

	Note	2015 \$	2014 \$
Cash flows from operating activities			
Receipts from customers		30,767,227	28,805,618
Payments to suppliers and employees		(33,392,032)	(30,262,383)
Interest received		172,111	168,580
Other revenue		745,209	1,262,685
Net cash used in operating activities	12(b)	(1,707,485)	(25,500)
Cash flows from investing activities			
Payments for property, plant and equipment		-	(312,943)
Net cash used in investing activities		-	(312,943)
Net decrease in cash and cash equivalents		(1,707,485)	(338,443)
Cash and cash equivalents at the beginning of the year		10,305,108	10,643,551
Cash and cash equivalents at the end of the year	12(a)	8,597,623	10,305,108

Notes to the Financial Statements

The accompanying notes form part of these financial statements.

1. GENERAL INFORMATION

WentWest Limited ("the company") is a public company limited by guarantee incorporated in Australia. The address of its registered office and principal place of business is as follows:

WentWest Limited
Level 1, 83-85 Flushcombe Rd
Blacktown NSW 2148

2. SIGNIFICANT ACCOUNTING POLICIES

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.

The financial statements were authorised for issue by the directors on 18 September 2015.

The principal accounting policies are set out below.

(a) 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 at the end of each reporting period, as explained in the accounting policies below. Historical cost is based on the fair values of the consideration given in exchange for goods and services. All amounts are presented in Australian dollars, unless otherwise noted.

(b) Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable.

Contributions – Government grants

A contribution occurs when the company receives an asset, including the right to receive cash or other forms of asset without directly giving approximately equal value to the other party to the transfer; that is, when there is a non-reciprocal transfer. Contributions would include donations and government grants. Contributions that are income exclude contributions by owners.

Income from contributions is recognised when all the following conditions are satisfied:

- the company obtains control of the contribution or right to receive the contribution;
- it is probable the economic benefits comprising the contribution will flow to the company; and
- the amount of contribution can be measured reliably.

Income arising from contributions is measured at the fair value of the contributions received or receivable.

For forgiveness of liabilities, the gross amount of a liability forgiven by a credit provider is recognised by the company (the borrower) as income.

Interest income

Interest income from a financial asset is recognised when it is probable that the economic benefits will flow to the Company and the amount of revenue can be measured reliably. Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to that asset's net carrying amount on initial recognition.

(c) Taxation

The company is exempted from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(d) 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.

(e) Property, plant and equipment

Plant and equipment is stated at cost less accumulated depreciation and impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives, using the straight-line method. The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

Class of property plant and equipment	Useful life
Leasehold improvements	Duration of lease, usually 3 years
Plant and equipment	10 years
Furniture, fixtures and fittings	10 years
Computer equipment	3 years
Software pool	3 to 5 years

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in profit or loss.

Notes to the Financial Statements (cont'd.)

The accompanying notes form part of these financial statements.

(f) Impairment of tangible assets

At the end of each reporting period, the company reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). When it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs. When a reasonable and consistent basis of allocation can be identified, corporate assets are also allocated to individual cash-generating units, or otherwise they are allocated to the smallest group of cash-generating units for which a reasonable and consistent allocation basis can be identified.

Recoverable amount is the higher of fair value less costs of disposal and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

When an impairment loss subsequently reverses, the carrying amount of the asset (or cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in profit or loss, unless the relevant asset is carried at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

(g) Provisions

Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, it is probable that 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 end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. When a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows (where the effect of the time value of money is material).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, a receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

Onerous contracts

Present obligations arising under onerous contracts are recognised and measured as provisions. An onerous contract is considered to exist where the Company has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received from the contract.

(h) Employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and sick leave in the period the related service is rendered.

Liabilities recognised in respect of short-term employee benefits, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of long term employee benefits are measured as the present value of the estimated future cash outflows to be made by the company in respect of services provided by employees up to reporting date.

(i) Financial instruments

Financial assets and financial liabilities are recognised when a group entity becomes a party to the contractual provisions of the instrument.

Financial assets and financial liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition.

Financial assets

Financial assets are classified as 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. All regular way purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Effective interest method

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (including all fees on points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the debt instrument, or (where appropriate) a shorter period, to the net carrying amount on initial recognition.

Income is recognised on an effective interest basis for debt instruments.

Loans and receivables

Trade receivables, loans, and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method, less any impairment. Interest income is recognised by applying the effective interest rate, except for short-term receivables when the effect of discounting is immaterial.

Trade receivables are generally due for settlement within 30 days.

Impairment of financial assets

Financial assets are assessed for indicators of impairment at the end of each reporting period. Financial assets are considered to be impaired when there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been affected.

Trade receivables are assessed for impairment on a collective basis even if they were assessed not to be impaired individually. Objective evidence of impairment for a portfolio of receivables could include the company's past experience of collecting payments, an increase in the number of delayed payments in the portfolio past the average credit period of 60 days, as well as observable changes in national or local economic conditions that correlate with default on receivables.

For financial assets carried at amortised cost, the amount of the impairment loss recognised is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the financial asset's original effective interest rate.

For financial assets that are carried at cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the current market rate of return for a similar financial asset. Such impairment loss will not be reversed in subsequent periods.

For financial assets measured at amortised cost, if, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through profit or loss to the extent that the carrying amount of the investment at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Derecognition of financial assets

The company derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership of the asset to another party. If the company neither transfers nor retains substantially all the risks and rewards of ownership and continues to control the transferred asset, the company recognises its retained interest in the asset and an associated liability for amounts it may have to pay. If the company retains substantially all the risks and rewards of ownership of a transferred financial asset, the company continues to recognise the financial asset and also recognises a collateralised borrowing for the proceeds received.

On derecognition of a financial asset in its entirety, the difference between the asset's carrying amount and the sum of the consideration received and receivable and the cumulative gain or loss that had been recognised in other comprehensive income and accumulated in equity is recognised in profit or loss.

On derecognition of a financial asset other than in its entirety (e.g. when the company retains an option to repurchase part of a transferred asset), the company allocates the previous carrying amount of the financial asset between the part it continues to recognise under continuing involvement, and the part it no longer recognises on the basis of the relative fair values of those parts on the date of the transfer. The difference between the carrying amount allocated to the part that is no longer recognised and the sum of the consideration received for the part no longer recognised and any cumulative gain or loss allocated to it that had been recognised in other comprehensive income is recognised in profit or loss. A cumulative gain or loss that had been recognised in other comprehensive income is allocated between the part that continues to be recognised and the part that is no longer recognised on the basis of the relative fair values of those parts.

Notes to the Financial Statements (cont'd.)

The accompanying notes form part of these financial statements.

Financial liabilities

Financial liabilities are classified as 'other financial liabilities'.

Other financial liabilities

Other financial liabilities, including borrowings and trade and other payables, are initially measured at fair value, net of transaction costs.

Other financial liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective yield basis.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or (where appropriate) a shorter period, to the net carrying amount on initial recognition.

Derecognition of financial liabilities

The company derecognises financial liabilities when, and only when, the company's obligations are discharged, cancelled or they expire. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in profit or loss.

(j) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

- i. where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- ii. for receivables and payables which are recognised inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows are included in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified within operating cash flows.

(k) Critical accounting judgments and key sources of estimation uncertainty

In the application of the company's accounting policies, which are described in note 2, the directors are required to make judgements, estimates and assumptions about the carrying amounts 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.

Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

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 ageing of receivables, historical collection rates and specific knowledge of the individual debtor's financial position.

Useful lives of property, plant and equipment

As described at (e) above, the company reviews the estimated useful lives of property, plant and equipment at the end of each reporting period. 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.

Long service leave provision

As described at (g) above, 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.

(l) Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

When the company applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

(m) Application of new and revised Accounting Standards

Amendments to AASBs and the new Interpretation that are mandatorily effective for the current year

In the current year, the company has adopted all of the new and revised Standards and interpretations issued by the Australian Accounting Standards Board (the AASB) that are relevant to its operations and effective for the current annual reporting period. There has been no material impact of these changes on the company's accounting policies.

Standards and Interpretations in issue not yet adopted

At the date of authorisation of the financial statements, the Standards and Interpretations that were issued but not yet effective are listed at right.

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	1 January 2018	30 June 2019
AASB 15 'Revenue from Contracts with Customers' and AASB 2014-5 'Amendments to Australian Accounting Standards arising from AASB 15'	1 January 2017	30 June 2018
AASB 2014-4 'Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation'	1 January 2016	30 June 2017

¹ The AASB has issued the following versions of AASB 9:

- AASB 9 'Financial Instruments' (December 2009) and the relevant amending standard;
- AASB 9 'Financial Instruments' (December 2010) and the relevant amending standards;
- AASB 2013-9 'Amendment to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments', Part C – Financial Instruments
- AASB 9 'Financial Instruments' (December 2014) and the relevant amending standards

All the standards have an effective date of annual reporting periods beginning on or after 1 January 2018. Either AASB 9 (December 2009) or AASB 9 (December 2010) can be early adopted if the initial application date is before 1 February 2015.

After this date only AASB 9 (December 2014) can be early adopted.

Notes to the Financial Statements (cont'd.)

The accompanying notes form part of these financial statements.

3. REVENUE

	2015 \$	2014 \$
Grant income	28,780,769	26,607,968
Other revenue		
Interest	149,958	191,965
Other revenue	745,209	1,013,581
Other funds	-	249,103
	895,167	1,454,649
Revenue	29,675,936	28,062,617

4. EXPENSES

	2015 \$	2014 \$
Surplus before tax includes the following specific expenses:		
Depreciation and amortisation	511,913	482,779
Loss on disposal of property plant & equipment	4,795	8,459

5. TRADE AND OTHER RECEIVABLES

	2015 \$	2014 \$
Trade receivables	18,605	564,818
Interest receivable	4,744	26,897
	23,349	591,715

6. OTHER ASSETS

	2015 \$	2014 \$
Prepayments	1,019,617	1,008,463
Other deposits	177,280	181,462
	1,196,897	1,189,925

7. PROPERTY, PLANT AND EQUIPMENT

	2015 \$	2014 \$
Leasehold improvements - at cost	958,687	960,753
Less: accumulated depreciation	(901,456)	(667,672)
	57,231	293,081
Plant and equipment - at cost	192,673	213,473
Less: accumulated depreciation	(170,263)	(148,962)
	22,410	64,511
Fixtures and fittings - at cost	176,193	202,498
Less: accumulated depreciation	(131,887)	(137,439)
	44,306	65,059
Computer equipment - at cost	87,513	230,837
Less: accumulated depreciation	(72,521)	(187,360)
	14,992	43,477
Software pool - at cost	537,923	555,591
Less: accumulated depreciation	(394,380)	(222,529)
	143,543	333,062
	282,482	799,190

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 2014	293,082	64,511	65,059	43,476	333,062	799,190
Additions	-	-	-	-	-	-
Disposals	-	(60)	(4,735)	-	-	(4,795)
Depreciation expense	(235,851)	(42,041)	(16,018)	(28,484)	(189,519)	(511,913)
Balance at 30 June 2015	57,231	22,410	44,306	14,992	143,543	282,482

Notes to the Financial Statements (cont'd.)

The accompanying notes form part of these financial statements.

8. TRADE AND OTHER PAYABLES

	2015 \$	2014 \$
Trade payables	26,090	64,281
Other payables	2,190,279	3,100,263
	2,216,369	3,164,544

9. PROVISIONS

	2015 \$	2014 \$
Current		
Annual leave	553,510	481,315
Long service leave	24,427	-
Parental leave	-	626
Provision for redundancy	259,905	421,981
Provision for onerous lease	210,997	-
	1,048,839	903,922
Non-current		
Long service leave	102,830	66,448
Lease make good (i)	313,570	313,570
Provision for onerous lease	-	53,958
	416,400	433,976

(i) 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.

10. OTHER LIABILITIES

	2015 \$	2014 \$
Grants received in advance	4,115,387	5,546,246

11. ACCUMULATED SURPLUS

	2015	2014
	\$	\$
Accumulated surplus at the beginning of the year	2,837,250	2,240,449
(Deficit)/surplus for the year	(533,894)	596,801
Accumulated surplus at the end of the year	2,303,356	2,837,250

12. CASH AND CASH EQUIVALENTS

(a) Cash and cash equivalents

For the purposes of the statement of cash flows, cash and cash equivalents include cash on hand and in banks. Cash and cash equivalents at the end of the reporting period as shown in the statement of cash flows can be reconciled to the related items in the statement of financial position as follows:

	2015	2014
	\$	\$
Cash on hand	500	700
Cash at bank	8,597,123	10,304,408
	8,597,623	10,305,108

(b) Reconciliation of the (deficit)/surplus for the year to the net cash flows from operations

	2015	2014
	\$	\$
Cash flows from operating activities		
(Deficit)/surplus for the year	(533,894)	596,801
Depreciation and amortisation expense	511,913	482,779
Loss on disposal of property, plant and equipment	4,795	8,459
Decrease in trade and other receivables	568,366	5,795,573
Increase in other current assets	(6,972)	(907,174)
Decrease in trade and other creditors	(2,379,034)	(6,310,127)
Increase in provisions	127,341	308,189
Net cash used in operating activities	(1,707,485)	(25,500)

13. 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.

Notes to the Financial Statements (cont'd.)

The accompanying notes form part of these financial statements.

14. KEY MANAGEMENT PERSONNEL COMPENSATION

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

	2015	2014
	\$	\$
Aggregate compensation	1,903,025	1,695,801

15. CONTINGENT ASSETS AND LIABILITIES

In the opinion of the directors, the company did not have any contingent assets or liabilities at 30 June 2015 (30 June 2014: nil).

16. COMMITMENTS

The company had capital commitments for funds to be spent in accordance with the funding agreements as at 30 June 2015 and 30 June 2014. Refer note 10 for the amounts of these commitments. Operating lease commitments less than 1 year amount to \$467,464 (2014: \$487,731) and 1 to 5 years amount to \$106,381 (2014: \$507,271). An onerous lease provision of \$210,997 has been recognised in the current year as a current commitment, (2014: \$53,958 non current commitment), Refer note 9.

17. RELATED PARTY TRANSACTIONS

The following transactions occurred with related parties:

	2015	2014
	\$	\$
<i>Payment for goods and services</i>		
Payment for services to key management personnel	379,688	974,930

The 2015 transactions include \$246,682 (2014: \$766,924) paid to Aboriginal Medical Services Western Sydney. There were no trade receivables from or trade payables to related parties at the current and previous reporting date. There were no loans to or from related parties at the current and previous reporting date. All transactions were made on normal commercial terms and conditions and at market rates.

18. AUDITOR'S REMUNERATION

	2015	2014
	\$	\$
Audit of the financial statements	43,260	40,000
Other services	2,704	2,500
	45,964	42,500

19. ECONOMIC DEPENDENCY

WentWest Limited is dependent on the Department of Health for the majority of its revenue to operate the business. Current contracts are in place with the Department of Health until 31 December 2015 for the General Practice Education and Training Programs. WentWest Ltd was the successful tenderer for the Primary Health Network (PHN) for Western Sydney, which commenced operation 1 July 2015. This program is contracted for three years until June 2018.

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.

20. EVENTS AFTER THE REPORTING PERIOD

Other than previously disclosed, no matter or circumstance has arisen since 30 June 2015 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.

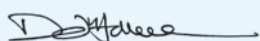
Directors' Declaration

The directors declare that:

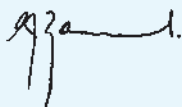
- (a) in the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable; and
- (b) in the directors' opinion, the attached financial statements and notes thereto are in accordance with the *Australian Charities and Not for Profits Commission Act 2012*, including compliance with accounting standards and giving a true and fair view of the financial position and performance of the company.

Signed in accordance with a resolution of directors.

On behalf of the directors



Professor Diana O'Halloran
Director



Mr Alan Zammit AM
Director

18 September 2015
Blacktown NSW

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 2015, 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 37 to 51.

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.

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 2015 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

Deloitte Touche Tohmatsu

DELOITTE TOUCHE TOHMATSU

Delaney

X Delaney

Partner

Chartered Accountants

Parramatta, 21 September 2015

WentWest Limited

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