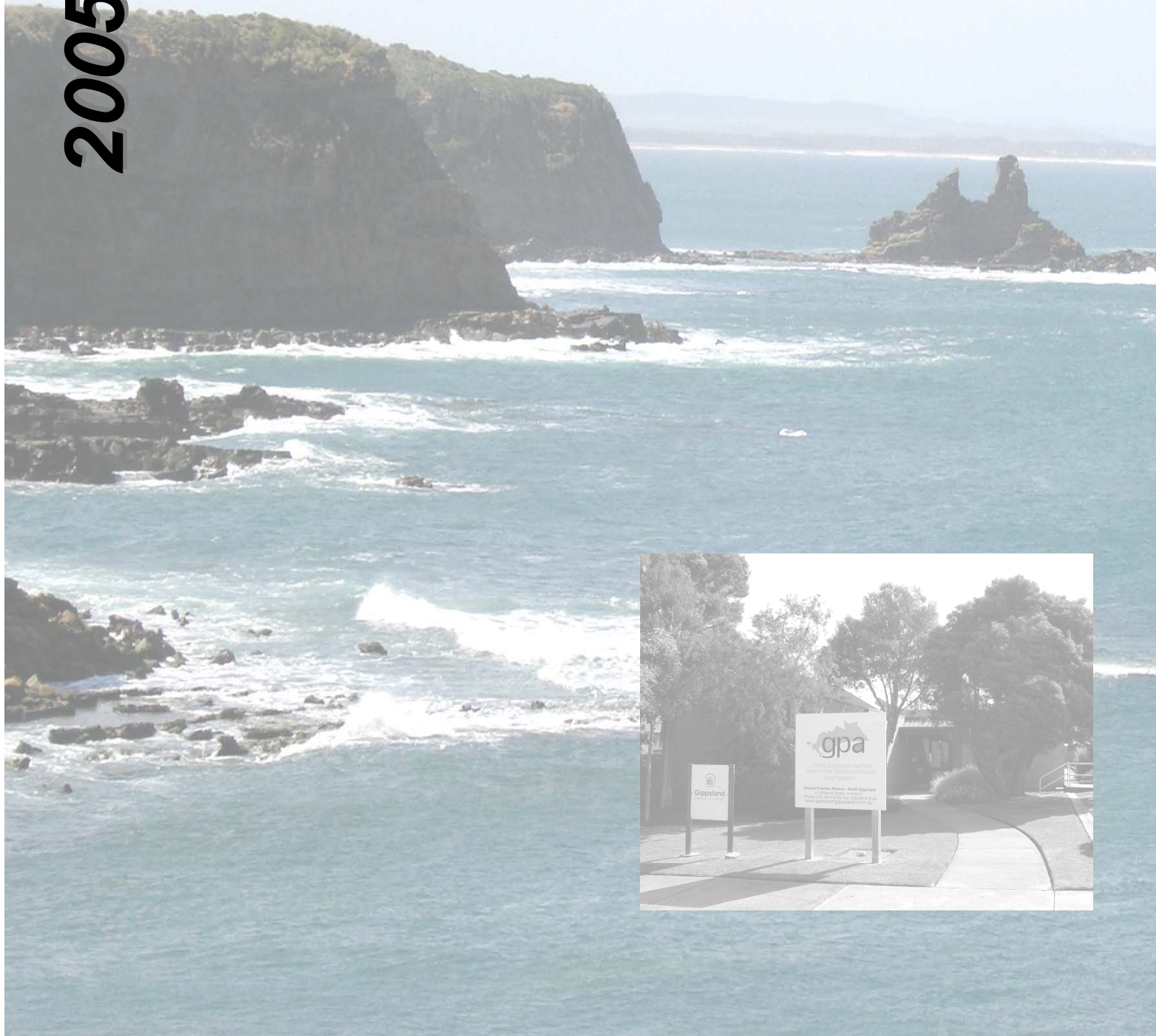


**2005 - 2006**



**General Practice Alliance - South Gippsland Ltd**

# **Annual Report**



## Our Vision

*Sustaining and positioning General Practice as lead agency in Primary Health Care for South Gippsland.*

## Our Mission

*Supporting General Practice in the planning and delivery of local health care services in South Gippsland.*

## Current Strategy

- *Recruiting, supporting and retaining General Practitioners in South Gippsland.*
- *Assisting in the identification of regional / local health care needs and priorities for general practice and opportunities for collaborative health care provision.*
- *Enhancing GP services and working to improve local health outcomes through the delivery of programs focused on prevention, health promotion, treatment and access.*
- *Facilitating GP participation in policy development and the delivery of integrated health care services through collaboration and strategic partnerships.*
- *Continuing professional development for GPs.*
- *Infrastructure support e.g. information technology and information management.*
- *Supporting GPs in implementing new health service delivery arrangements.*
- *Supporting best practice approaches, innovation and accreditation.*
- *Facilitating communication, networking and support between GPs.*
- *Effective Divisional governance and infrastructure capacity.*

**General Practice Alliance - South Gippsland Ltd**

**Annual Report 2005-2006**

---



# staff members

<b>Chief Executive Officer</b>	Alan Gostelow
<b>Mental Health Program</b>	Judy Rockall
<b>Workforce Program - Recruitment &amp; Retention Education</b>	Kerry Beyer Sara Kelly
<b>Clinical Risk Management</b>	Dot Humphrey-Lesque
<b>Immunisation / Aged Care</b>	Jo Hillbrick
<b>Home Medicine Review</b>	Roger Kilpatrick
<b>Office Manager</b>	Kerry Beyer
<b>Administrative Assistant</b>	Sara Kelly

## contents

Directors	5
Chair Report	6
CEO Report	7
Workforce	8
Aged Care, Immunisation & Practice Support	9
Clinical Risk Management	10-11
Mental Health	12-13
South Coast Health Services Consortium	14-17
Audited Financial Statements	18-31

# directors

---

**Chair:** Dr. Nola Maxfield

**Directors:** Dr. Ron Murley  
Dr. Phil Huguenin  
Dr. David Polmear  
Dr. Kola Orundami



*Back row: Dr David Polmear, Dr Kola Orundami, Dr Ron Murley  
Front row: Dr Phil Huguenin, Dr Nola Maxfield (Chair)*

# chair



With a change of name voted for at our previous Annual General Meeting, we are now General Practice Alliance - South Gippsland; however, our programs of support for general practice continue. Having spent the past year consolidating our programs, the Board looks forward to increased involvement with all our practices, in the coming year.

Workforce issues are evolving in a number of practices; however, when you look around rural Australia, we are not alone in this. Most practices in our region now have vacancies, or are looking to replace doctors who will depart soon. Since we believe that South Gippsland is a great place to work and live, the Division will continue to be active in encouraging doctors and their families, to live and practice in our area.

The Annual Report details our ongoing success with the programs undertaken by the Division. Immunisation is well supported by all the providers, but we need to work to maintain our excellent position and if possible, to improve our rates. The Aged Care program is important to South Gippsland; with it's higher than average proportion of this section of the population. We have developed skills in aged care and have strengthened ties with aged care facilities. The Clinical Risk Management program involves the many Visiting Medical Officers within both our Division and those of East Gippsland. This program is appreciated by the doctors, as it subjects their hospital work to peer review, as well as by the hospitals as it allows them to consider potential issues before they actually occur in their facility. The Mental Health program continues to provide much needed services within our community. The Practice Nursing program provides recognition to these important members of the practice team.

Continuing Professional Development is important for all members of the practice team. Excellent uptake of the practice nurse education incentives will improve the care offered in South Gippsland. We appreciate the efforts of all our visiting speakers and the high numbers who attend sessions given by Warragul based regional specialists reflects their understanding of the situations in which we work. The Annual Conference saw us in Richmond for a varied education program for the doctors, along with a fun time for the families and doctors.

Engagement with the wider health sector continues to be an important part of Division work. The Better Health Care in Gippsland project, funded jointly by the Commonwealth and State Governments, is now completed. However, there was seen to be a value in continuing the partnership work and this has evolved into the Gippsland Health Services Partnership. This enables general practice, via Divisions, to be linked with acute and community health services and local government. A focus of the new work will be development of "all of health" planning models for Gippsland.

Ongoing from the Better Health Care in Gippsland work, secure e-referral slowly continues to be developed. Foster Medical Group implemented the chronic disease program arm with respect to a diabetes care pathway. It is anticipated that this can continue in other practices, as part of ongoing work. The Collaboratives program continues to see practices evaluating data and instituting changes in how they work.

We continue to auspice the South Coast Health Services Consortium. The excellent work on health promotion has seen initiatives with regard to healthy choices in school canteens, falls prevention talks and promotion of walking groups along with other exercise programs. The service co-ordination work was subsumed by the Better Health Care in Gippsland project. Following the completion of this work the Consortium is looking to undertake a wider role than the Primary Care Partnership initiative.

None of this could have been achieved without the support of my fellow Board members and Division staff, thank you to all who have worked to improve the well being of the people of South Gippsland, through the exciting area of rural general practice.

**Dr Nola Maxfield**  
Chair of the Board  
GPA - South Gippsland



The past year has heralded some significant changes for the Division and the Divisions' network generally. In particular, the changes flowing through, following the review of the Divisions' network, have provided a greater degree of clarity about requirements and a greater degree of certainty about funding. The Federal Department of Health & Ageing and the government of the day are now showing greater confidence in the ability Divisions' network to deliver outcomes in primary health care throughout Australia. In the medium to long term this can only mean that services to GPs will be maintained and the GP will be firmly placed at the forefront of integrated healthcare.

During the year the Division has undertaken the name change approved by members at our last Annual General Meeting to General Practice Alliance – South Gippsland, trading as GPA South Gippsland. This will also entail a fresh approach to many of the services and support arrangements in place for GPs throughout South Gippsland. One aspect of change is that the GPA South Gippsland website will see a new and fresh look and overtime will see some in depth changes that will better market the Division, region and our practices. While some work has been undertaken with this initiative, I expect that changes will be progressively implemented over time. A number of links have been included on the site for those Practices that have a website; further links will be included as they are identified and a password protected "members only" area will be implemented during the forthcoming year.

The Board and I wish to enhance the experience of dealing with the Division and the alignment of service to member's needs and to that extent we will be embarking upon a process of visits and consultations to ensure that we meet or exceed member's needs. Division staff visit practices regularly in connection with their specific program requirements and it is intended that this will be more structured to ensure that the time of these visits is productive and does not impose excessive demands on GPs. In addition it is intended that a Director representing the Board and accompanied by the CEO will visit each practice during the year to acquire first hand knowledge of specific issues affecting members and practices.

For a number of years, the Division has articulated to both the State and Commonwealth Governments some serious concerns on the escalating pattern of presentations for emergency and after hours care. In recent times this problem has been further exacerbated by workforce issues at various locations across the Region and this was probably more pronounced in Bass Coast Shire where attendances at both practices and hospitals placed the current arrangements and workforce under significant strain. The Department of Human Services, Gippsland convened a Committee involving all stakeholders, which developed a plan that designates agreed short medium and longer term arrangements to meet current and future needs.

In previous years, the Division has reported to the members on its involvement with "Better Health Care in Gippsland" and the projects undertaken in both Chronic Disease Management and Service Coordination. This project concluded on 30<sup>th</sup> June 2006 but did achieve a number of significant outcomes including the establishment of a pilot program for Diabetes pathways that involved several practices right across Gippsland with the Foster Practice as one of the pilot sites. This aspect of the project has established a chronic care pathway protocol that works well with the diabetes patients, but is equally applicable to other chronic disease areas. The last aspect of the project, which will continue for a short time into the next financial year, is the introduction of eReferral between health care agencies including GPs and practices.

During the Financial Year the Division applied to the Department of Health & Ageing to broaden the way that funds could be expended on the Aged Care Panels project and as a result have been able to implement a clinical skills training element through engagement of a Geriatrician and Psychogeriatrician. This element of the program has been well received by GPs participating and we look to continuing it in the forthcoming year.

Throughout the year the Division has been able to maintain an active CPD program, with many GPs availing themselves of the training opportunities provided. During this year we were also able to conduct the Divisions Annual Conference at Rydges Riverwalk Hotel in Richmond. The quality of the speakers and the social activities allowed GP participation in a learning environment, while also providing the opportunity for partners and families to socialise with others from the region.

The past year has been one of consolidation of many Divisional activities, while exploring opportunities for further expanding or refining the services provided to GPs. This was only made possible by the dedication of the Board members and the professionalism of the staff, they have my sincere thanks.

**Alan Gostelow**  
Chief Executive Officer

# workforce program

Once again this year there has been a change with the Workforce Program co-ordinator's role. Angela Rodaughan left the Division for the warmer climate of the Gold Coast and the Workforce role was divided between Kerry Beyer (Recruitment and Retention) and Sara Kelly (Education).

The Continuing Professional Development program continued with a strong association once again with the Victorian Medical Postgraduate Foundation (VMPF). Over the course of the year twenty education meetings were held with an average of 13 GPs in attendance. These education sessions were a mixture of evenings run in conjunction with the VMPF and Division conducted presentations.

The Division's Annual Conference was held on 27<sup>th</sup> and 28<sup>th</sup> August 2005 at Rydges Riverwalk, Richmond. It was well attended with 17 GP's and three medical students. Education sessions included Surgery, Cardiology, ENT and Ophthalmology. Evaluation from the sessions was very positive and more sessions, particularly regarding ENT were requested.



*ENT session at the 2005 Annual Conference*



*Ten Pin Bowling was a huge hit with the families who attended the 2005 Annual Conference.*

Rydges is conveniently situated on Bridge Road which enabled families to spend their free time in this popular shopping precinct of Melbourne. Swimming at the Richmond Recreation centre was organised and well attended.

Saturday evening saw all attendees at Victoria Gardens ten pin bowling and everyone agreed that this was a wonderful experience, especially those that hadn't been bowling for a number of years.

After returning from the bowling everyone enjoyed a relaxed dinner at the conference venue. On Sunday the families spent an enjoyable morning at the museum.

The Division successfully nominated two GP's for the R.W.A.V. Rural Doctors Awards which were presented at the R.W.A.V. Conference in Hepburn Springs. Dr John Williams from Inverloch and Dr Orrie Stewart from Lang Lang, have given their communities over 40 years service and are well deserving of this award.

The workforce within the Division remained reasonably stable in the early part of this year, with a higher number of vacancies occurring toward the end of the year. We had a number of registrars at our teaching practices and the Division continues its program of follow up visits to meet the spouse and families living in the area.

Four practices benefited from our locum subsidy program again this year with funding provided by R.W.A.V. The Division continues to strive to find a permanent locum base to assist our practices when the need arises.

The Division provided support to the first and second year Monash medical students by making the Board Room available for their study meetings whilst they are undertaking their rural placements. It is hoped that in the future some of these students will make their home in a rural practice in South Gippsland.



*Dr John Williams and Mrs Williams receiving their Rural Doctors Award from Senator Judith Troath*

**Kerry Beyer**  
Workforce Coordinator

**Sara Kelly**  
Workforce (Education) Coordinator

# aged care, immunisation & practice support

## **The Immunisation Program**

The sharper points include the GPA South Gippsland having an Immunisation rate of 91.6% at last calculation, which places us in 7<sup>th</sup> place in the State and 13<sup>th</sup> place Nationally.

The year's activities from July 2005 through to June 2006 have been quite varied.

Practice Visits occurred on a regular basis and the Division fridge temperature logger was well utilised. Maintaining the "Cold Chain" and promoting correct Vaccine Management systems is ongoing. Fridge magnets reminding parents of Immunisation times were produced and distributed through GPA South Gippsland.

I attended the bi-monthly Gippsland Immunisation Reference meeting in Traralgon. This meeting involves all Shires and Divisions in Gippsland. It is also attended by representatives from General Practice Divisions Victoria, the Department of Human Services Immunisation program, the Australian Childhood Immunisation Register, Aboriginal Health services, Pharmaceutical company representatives, Maternal and Child Health Nurses and anyone else who has an interest in Immunisation.

General Practice Divisions Victoria held quarterly Immunisation Network meetings for all Victorian and Tasmanian divisions. These were also attended by myself and were a valuable forum for networking and planning activities.

There was a reference group formed to produce a consent folder for use by parents prior to Immunisation. This project is ongoing.

Continuing Professional development for the GPs included an Immunisation presentation by Dr Joanne Molloy. There were continual updates and information on changes to the funded and recommended vaccines made available via email, the GPA South Gippsland Immunisation newsletter and fortnightly fax.

## **Practice Nurse Program**

Nurses have a valuable role to play in General Practice and the widening scope of this role continues to impress. GPA South Gippsland have been funded for another 12 months to support the Nursing in General Practice Initiative. There has been a good uptake of the 80% funded training program offered through General Practice Divisions Vic. Within this program there are some great courses on management of lifestyle factors and behavioural change.

Royal College of Nursing Australia CNE points are now attached to our local education programs and the Practice Nurse Network continues to provide peer support and clinical knowledge.

GPA South Gippsland Practice Support includes AGPAL Accreditation assistance and NPCC Collaboratives involvement.

The Practice Managers meetings are held quarterly and are assisted by Alan Gostelow on management/financial and other topical issues.

## **Aged Care Panel Initiative**

I certainly want to grow old in South Gippsland. It appears the Aged Care Facilities are well attended by General Practitioners and the access problems of other areas do not exist to the same extent here. The three separate bi-monthly network meetings are well supported by Panel members and Aged Care Facility Managers.

Thank you to the Panel members who are providing education for the staff of the facilities and to the Panel members who are educating themselves through time spent with Dr. Craig Clarke and Dr. Bruce Osbourne. Education and experience gained can only lead to improving the quality of care provided to the residents in the regions' Aged Care facilities. The Residential Medication Review program is gaining popularity and we now have Joy Gailer, Pharmacist assisting some facilities.

Plans for the coming year include a Palliative Care forum at Phillip Island in April 2007, expanding the Clinical Skills program to non Panel GPs, promotion of MBS item numbers and systems to facilitate their use.

We look forward to another year full of activity promoting Primary Health Care in General Practice.

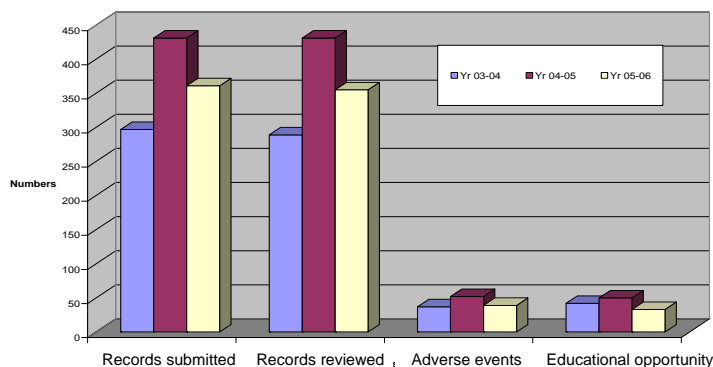
**Jo Hillbrick**  
Aged Care, Immunisation &  
Practice Nurse Coordinator

# clinical risk management

The Small Rural Hospitals Clinical Risk Management (CRM) Program, funded by Department of Human Services (DHS), lives on throughout the State with GPA South Gippsland as one of the lead Divisions.

The following graphs provide comparative program data from the last 3 years.

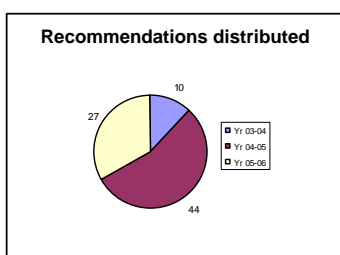
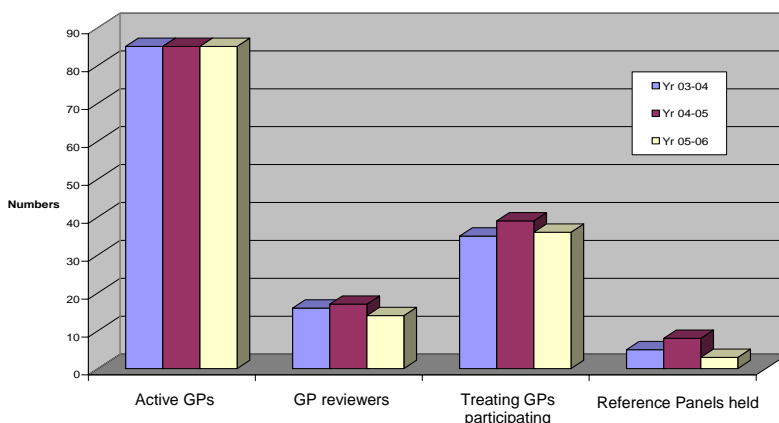
LAOS Data 2003 - 2006



Graph 1 demonstrates some consistency in detection of Adverse Events and Educational Opportunities however there is a variance in the number of records submitted for review each year. Year 2003-04 was early in the program when engaging hospitals and GPs commenced and this may explain the lower numbers.

Graph 2 shows there is little annual variation in the overall GP participation however, late 2006 showed a reduction in reviewing GPs due to workforce movement out of the region.

LAOS Data 2003 - 2006



Graph 3 demonstrates the number of recommendations distributed each year for the 3 years. The variance can be explained in the maturity of the program over time, where year 04-05 was the first year in which the program was fully operational.

Feedback continues to be provided by hospitals and GPs and the activity for this varies per quarter. Of the 10 hospitals participating in the program 5 have provided feedback in the reporting period.

## Milestones:

- ◇ A Program review commenced late June 2005 and was eventually completed. The report was posted in June 2006. Further modification of the recommendations was subsequently agreed between the State-wide Co-ordinators and DHS.
- ◇ One recommendation advises appointment of State-wide Co-ordinator housed at GPDV and the search for a suitable person commenced.
- ◇ Four of the original Statewide Program Coordinators resigned within a short period of time which slowed the growth of the program for several months.
- ◇ New Professional College (RACGP & ACRRM) triennium CPD points were negotiated as a Statewide program, where previously each lead Division had to apply for points individually.

# clinical risk management

- ◇ The posting of recommendations on a separate section of GPDVs website continues with access only by the Coordinators until a decision is made about who will eventually have access to this site.
- ◇ Warley Hospital requested their inclusion in the programme which was granted by DHS.
- ◇ Development of a poster explaining the program was commenced by Murray Plains with input from all regions.
- ◇ Due to the name change of the Division brochures for the program were reviewed and changes implemented.
- ◇ Quarterly reports are completed and forwarded to DHS providing the Project Manager with results from the local program.
- ◇ The DHS Project Manager changed and a new person was appointed after a gap of several months which stalled input from the major stakeholder.

The improvement in patient care and lessons learned has been maintained this year and I thank all GP's and hospital staff for their commitment to patient safety and support of the program.

*Dot Humphrey-Lesque*  
Clinical Risk Management Coordinator



**Family Day at Lamont House  
December 2005**

# mental health

## MAHS PROGRAM

The MAHS Program continues to be a very successful program well utilised by GPs in South Gippsland and Bass Coast areas. The program continues to employ 5 counsellors. Waiting times for counsellors vary and this seems to be related to the dispersal of vouchers for the Better Outcomes program.

Meetings are held with the counsellors each two months to discuss administrative and clinical issues.

MAHS Statistics 01/07/2005 – 30/06/2006

	Total contact hours average 5 counsellors per month	Total direct contact hours including counselling, report writing and secondary consultations	Total indirect contact hours including general admin, meetings, travel, supervision and professional development
01/07/05- 31/12/05	1674.57	1519.46	48.55
1/01/06 – 30/06/06	1165.05	1158.55	79.08

- ◇ Two counsellors had resigned from the program early in the year. There was a 3 month period of recruitment and appointment before statistics improved.

### Main issues seen by counsellors 01/07/2005 – 30/06/2006

Anxiety	142
Depression	349
Childhood / parenting issues	132
Loss and Grief	112
Relationship difficulties - marital	284
Anxiety related disorders - e.g. Panic, OCD, etc	74
Post Natal Depression	63
Relationship difficulties - other – (family, non family, parent/child)	257
Self Esteem	23
Youth Issues	23
Violence - elder, spousal, partnership	75

The remainder of the Statistics are made up from a variety of reasons for referral. These statistics are available on request.

## BETTER OUTCOMES IN MENTAL HEALTH CARE INITIATIVE

This Initiative recognises the skills and experience of GPs who work with people with Mental Health problems.

To date:

- ◇ In the last 12 months another 3 GPs have completed the Familiarisation Training with 6 waiting for registration. 21 GPs are now registered for Level One training enabling these GPs to complete the 3 Step Mental Health Process with their patients and claim the appropriate MBS Item numbers.
- ◇ We now have 12 Psychologists appointed to the South Gippsland region to provide GPs with access to Allied Health Services for counselling purposes.
- ◇ Three GPs now have the appropriate Level Two training that enables them to provide Focussed Psychological Strategies counselling for their patients and claim MBS reimbursement.
- ◇ 21 GPs are regularly using the program.
- ◇ 242 referrals were made between July 2005 and June 2006.

# mental health

## **PRIMARY MENTAL HEALTH and EARLY INTERVENTION INITIATIVE (PMHEII)**

The Primary Mental Health Team now has a psychologist based in South Gippsland for 2 days per week. GPs can access the Primary Mental Health team through Triage and ask for a referral to the team or phone direct on: (03) 5143 8800. GPs only may refer for Primary consultation; however, other health service providers may request a secondary consultation.

## **EATING DISORDERS SUPPORT GROUP**

This group, which was established in February 2006 is held every two weeks, except school holidays, and provides support for sufferers and carers of those with an Eating Disorder. The group has guest speakers that address on a range of topics including personal experiences. It is conducted by a local GP and Psychologist and held in Leongatha.

## **MINDBODYLIFE CLINICS**

These weight management clinics are conducted in small groups for a limited, fixed number of weekly sessions (for example 8), with each session lasting about two hours. Sessions often start with measuring recent weight change and discussion of personal experiences of diet, activity and weight. Structured educational components aim to develop knowledge about the links between mental illness and weight change, skills in food preparation and healthy eating, and ways to integrate physical activity into daily life.

Two clinics were conducted by June 2006 with an average attendances of 10 to 12 participants. One of the main features developed from these clinics is the group cohesiveness and support.

## **PEER SUPPORT**

A peer support group was conducted from 2005 until early 2006 which was informally based on the Balint style of peer support and 5 doctors regularly attended the group. The Facilitator was a Psychiatrist from the local Area Mental Health Service and participants of the group found it to be of benefit in their clinical work. Unfortunately due to difficulties in attracting a level of participants to make it viable, the group was discontinued.

## **CONTINUING PROFESSIONAL DEVELOPMENT**

Regular Mental Health CPDs have been held throughout the year with consistent attendance by interested GPs. Some of the guest speakers have been excellent presenters and provided interesting and valuable information to participants on issues related to Mental Health.

## **MENTAL HEALTH PROVIDERS FORUM**

This bimonthly meeting is coordinated and supported by the South Coast Health Services Consortium. The forum is attended by a large number of Mental Health service providers and people who have a professional interest in Mental Health issues in the local Community. It conducts strategic planning and implementation to meet local Mental Health needs.

## **GPDV ALLIED HEALTH NETWORK MEETING**

This monthly meeting is arranged by GPDV for all Divisional Mental Health Program Coordinators and Allied Health Workers, GPs and others interested in the Divisional Mental Health programs. It is of great benefit for networking, information exchange, support and ideas.

## **MEDIA COLUMN**

The monthly newspaper column has continued to be successful and is published in 4 local newspapers. The topics include a variety of current information about mental health issues and local support services.

*Judy Rockall*  
Mental Health Coordinator

# south coast health services consortium

The South Coast Health Services Consortium (SCHSC) is funded by the Department of Human Services (DHS) as part of the statewide Primary Care Partnership Program (PCP). During the past year the PCP program has changed status and is now an ongoing core funded program activity of DHS.

We have also received project funding from the Department of Victorian Communities under the 'Go for Your Life' banner.

For the period 2005-2006 the General Practice Alliance - South Gippsland continued in its role as lead agency, fund holder and formal employer of Consortium staff. As part of this function GPA South Gippsland provides IT, financial, administrative and office support services to the Consortium staff on the basis of a lead agency fees agreement.

The Consortium members are:

<b>Member:</b>	<b>Position:</b>	<b>Agency:</b>
Ms Judy Abbey	Director Community Services & Facilities	Gippsland Southern Health Service
Mr Alan Gostelow	CEO	General Practice Alliance - South Gippsland
Ms Kaye Beaton	Director Community Services	Bass Coast Regional Health
Ms Colleen Boag	Acting Executive Director	Yarram & District Health Service
Ms Jeanette Draper	Manager, Social Planning	Bass Coast Shire Council
Ms Jenny Johnston	Director Community Health	South Gippsland Hospital
Mr. Ben Leigh	CEO	Bass Coast Community Health Service
Dr Nola Maxfield	Chairperson	General Practice Alliance - South Gippsland
Ms Debbie Knight	Manager	Latrobe Community Health Services Inc.
Ms Rosemary James	Acting Senior Manager, Community Services	South Gippsland Shire Council
Mr Kirk Warren	Coordinator	South Coast Health Services Consortium

Our Budget outcomes are reported as part of the General Practice Alliance - South Gippsland financial reporting statements, refer to page 31.

## **Highlights for the year included:**

### **Health Promotion**

As above this year saw the approval of PCPs on an ongoing basis following the five year pilot.

This has provided stability to the PCP and has allowed health promotion planning for a further 3 years in partnership with member agencies. Partnerships have been further strengthened and new partnerships developed to enable a coordinated approach to health promotion in the areas of physical activity, nutrition, mental health and wellbeing and capacity building of member agencies.

A regional delivery of evaluation planning workshops for management, community and women's health agencies and PCP began the process for planning for the next integrated health promotion planning period.

Planning began with a survey of member agencies in September 2005 followed by workshops in December, February and March to determine the ongoing priorities, objectives and strategies for the 2006 – 09 period. The priorities of environments for physical activity, access to healthy and affordable food and mental health and wellbeing reflect the member agencies' opinion that work in these areas should be continued from the current plan into the next 3 years. As a consequence of this extensive planning process, the PCP now has a community health plan which provides capacity building support to all member agencies and sees many shared objectives and strategies for the promotion of health for the South Coast Health Services Consortium community.

# south coast health services consortium

Walking leader training was delivered to 53 participants in a train the trainer program funded by 'Go for Your Life' leading to many new walking groups being established in the area and many existing groups previously run by health professionals being taken over by trained volunteers.

The Active Plus project funded through 'Seniors Go for Your Life' once again conducted a successful Active Plus Expo, this time in Leongatha. Many people came through the door to participate in come and try activities and to speak with representatives from many recreation and health information services.



The Active Plus program combined funds with the Upright and Independent Falls Prevention project and the YMCA (partners in Active Plus with funding from VicHealth) to provide training to 21 older people to gain their Certificate III in Fitness and Module IV for older people. Thirteen of these have now graduated from the course with the remainder completing their training via distance education and due to complete training in 2007.

Nuts on Nutrition has continued its support for school canteens and has gathered school canteen managers and assistants together on a number of occasions to share information and to listen to speakers talk about healthy alternatives for school food. An exciting project in partnership with GSHS has seen a student dietician work with the schools in research to assess alternative healthy food delivery at both primary and secondary school level involving the Nuts on Nutrition network to provide insight into the main issues for school canteens.

The PCP has extended their delivery of newspaper columns from the mental health column to a physical activity column. This column has featured articles by members of the health promotion working group each month who, through their articles, highlight a different aspect of physical activity.

The mental health provider's forum has hosted a number of speakers in the last year including Ned Dennis from the South Gippsland Shire Council (SGSC) speaking about the youth council, Kaylie Sinnbeck (SGSC) reporting on the youth music event at Mossvale Park, Raw Vibes; Zena Sharples from Carer's Victoria, Department of Veteran's Affairs; Dr David Edwards and Professor Joe Graffam of Deakin University speaking about local research results contributing to the Pathways of Care project. This continuous insight into these areas has provided the mental health provider's forum with an injection of topics and issues to stimulate discussion and action amongst members.

Future work for PCP health promotion will be to ensure that the vision for health promotion established in joint planning is reflected in individual member agency projects and interventions in a collaborative and cooperative way. The PCP's role will be to build the capacity of member agencies to deliver health promotion in a coordinated unified way which addresses the needs of the South Coast Health Services consortium community.

## **Upright & Independent – Falls Prevention Project**

The Upright & Independent project, funded for 3 years by DHS under the Foothold on Safety Initiative, is now well into its second year. The project aims to improve the quality of life and independence of older people living in their own homes, through the implementation of effective and sustainable Falls Prevention strategies and interventions.

# south coast health services consortium

Priorities include improved awareness of Falls Prevention issues, across community, health and government settings, provision of tools and resources to health professionals who work with people at risk of falls, and promoting action to address modifiable falls risks at an individual level.

Steps taken by Alisha McDonald, Project Officer, together with the Project Reference Group, comprised of local health service providers, government and consumer representatives, to achieve project objectives include:

- ◇ Project reference group established – January 2005;
- ◇ Review and identification of existing local services and strategies – March 2005;
- ◇ Consumer Representatives on board – May 2005;
- ◇ Working with RAV to implement a falls referral tool – July 2005;
- ◇ Promoting the awareness and availability of physical activity for older people through facilitating fitness instructor training (February-August 2006). This was achieved together with the Active Plus project and the local YMCA;
- ◇ Development of a Falls are Preventable booklet, incorporating a self-appraisal checklist, for use by consumers:
  - \* Available in English, Italian and Dutch;
  - \* Distribution (10,000 copies) has been to all local government HACC clients, attendees at Community Education sessions and to health and community service agencies to provide to their clients;
- ◇ Development of a Falls Prevention Community Education Package for use by health professionals with knowledge of Falls Prevention issues;
- ◇ Launch Community Education Package – October 2005;
- ◇ Ongoing education sessions across the PCP:
  - \* 46 sessions to date with more scheduled over the coming months;
  - \* 9 presenters reaching around 850 people across 12 townships;
- ◇ Development of a Falls Prevention model, and associated tools (including a Home Safety Checklist), for use by health professionals;
- ◇ Promotion at forums including Active Plus Expos, Regional Falls Prevention forums;
- ◇ Media profile – publication in local papers and newsletters and DHS publications;
- ◇ Involvement in establishing a regional project workers network – Gippsland Falls Prevention Alliance with a view to improved sharing of ideas and resources, as well as undertaking regional activities;



*Allison Murray and Emma Tarquino, discussing Falls Prevention issues with the Wonthaggi Wheezers (Asthma Support Group) at Garnham House in Wonthaggi.*

Planned activities include the provision of Falls Prevention training to HACC staff, in partnership with local Allied Health practitioners and Leongatha GippsTAFE..

## **Evaluation & Future Priorities:**

The project has been evaluated on an annual basis against the action plan. The project is progressing well in relation to the action plan and has achieved a number of objectives.

The future priorities of the project are as below:

- ◇ Delivering Community Education using the Community Education Package:
  - \* Numbers of people/townships reached;
  - \* Number of Allied Health staff using the Community Education Package;
  - \* Distribution of Falls are Preventable booklets;
- ◇ Involving and educating Health Professionals:
  - \* Falls Prevention Model and support tools;
  - \* Delivering education via the Community Education Package;
- ◇ Increasing involvement in regional processes – planning, activities, strategies;
- ◇ Ensuring sustainability of project work beyond the project.

# south coast health services consortium

## **Better Health Care in Gippsland (BHCiG) Project**

We have also maintained our involvement in the Better Health Care in Gippsland (BHCiG) project along with the other three PCP's in Gippsland for the period 2005-2006. This year however has seen the finalisation of key activities and the re-formation of the Gippsland Health Services Partnership which now has formal membership for PCP Chairs and observer status for PCP Executive Officers.

Key issues have been the development and dissemination of Gippsland wide PPPS to support service coordination and roll out of the Infoxchange S2S e-referral platform across Gippsland. Initial implementation occurred in the Bass Coast cluster of agencies which included Bass Coast Community Health Service, Bass Coast Regional Health, Bass Coast Shire, Wonthaggi Medical Group and regional providers Latrobe Community Health Service ACAS and West Gippsland Health Care Group PAC.

In addition we were involved in the implementation of the Chronic Disease pathways project along with other Gippsland PCP's. Foster Medical Practice was the key site in South Gippsland.

## **Strategic Planning**

This year saw us commence a major review of our strategic intentions against the context of key policy frameworks that have been released this year.

These were:

- A: Primary Care Partnerships Strategy 2004-2006.
- B: DHS "Rural directions for a better state of health" statement
- C: DHS "Ambulatory Care Policy and Planning Framework" Consultation paper
- D: Better Health Care in Gippsland Project (BHCiG)

The focus of the strategic planning process and planned workshop was:

*What is the preferred health planning process for South Gippsland that incorporates the existing and future roles for the SCHSC and meets the current challenges and future challenges impacting the area in terms of demographic changes and health services requirements?*

The LIME Management Group were employed to manage the strategic planning process and workshop. Outcomes from this process will be reported in 2006-2007.

We also entered into a major strategic partnership during the year with the Bass Coast/South Gippsland Local Learning Employment Network and the Adult Community Education (ACE) sector and submitted to the Department of Victorian Communities for a major cross sector project on active citizenship (social capital and volunteerism) in South Gippsland and Bass Coast Shires. The outcome of the submission is expected in early 2006-2007 financial year.

## **The Year Ahead**

Our strategic priorities for 2006-2007 will be driven by the outcomes of the LIME Management consultancy and outcomes from the workshop planned for September 2006.

Our ongoing core PCP work will be aligned with the new Gippsland Health Services Partnership (GHSP) and the key priorities for Gippsland PCP's around Service Coordination and Chronic Disease Management. Our Health Promotion and Integrated Health Planning work will continue in parallel with these GHSP priorities.

## **Staffing**

Staffing has remained constant this year. Ongoing thanks to Vicki who continues in her role as Health Promotion Project Officer and Alisha in her role as Foothold on Safety Project Officer.

I would also like to thank the Consortium members individually for supporting me in my role as Coordinator and particularly our Chairperson Dr Nola Maxfield for her direction and support.

**Kirk Warren**  
Coordinator

## General Practice Alliance South Gippsland Limited Financial Statements

### INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2006

	Note	2006 \$	2005 \$
Revenues from ordinary activities	3	944,505	989,734
Raw materials and consumables		682	1,507
Employee benefits expense		346,958	311,790
Depreciation and amortisation expenses	4	23,477	32,850
Borrowing costs expense	4	0	11
Other expenses from ordinary activities		590,627	533,842
Profit/(loss) from ordinary activities before income tax expense	4	32,761	109,734
Income tax expense relating to ordinary activities	1	0	0
Net profit/(loss) from ordinary activities after income tax expense	12	32,761	109,734
Profit attributable to members		32,761	109,734

### BALANCE SHEET AS AT 30 JUNE 2006

	Note	2006 \$	2005 \$
<b>CURRENT ASSETS</b>			
Cash assets	6	362,045	294,879
Receivables	7	31,857	24,605
Other	15	0	347
<b>TOTAL CURRENT ASSETS</b>		<b>393,902</b>	<b>319,831</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	8	82,526	95,520
<b>TOTAL NON-CURRENT ASSETS</b>		<b>82,526</b>	<b>95,520</b>
<b>TOTAL ASSETS</b>		<b>476,428</b>	<b>415,351</b>
<b>CURRENT LIABILITIES</b>			
Payables	9	33,677	24,747
Provisions	10	21,474	19,088
Accruals	11	17,000	0
<b>TOTAL CURRENT LIABILITIES</b>		<b>72,151</b>	<b>43,835</b>
<b>TOTAL LIABILITIES</b>		<b>72,151</b>	<b>43,835</b>
<b>NET ASSETS</b>		<b>404,277</b>	<b>371,516</b>
<b>EQUITY</b>			
Retained profits at the beginning of the year	12	371,516	261,782
Retained profits / (loss)	12	32,761	109,734
<b>TOTAL EQUITY</b>		<b>404,277</b>	<b>371,516</b>

The accompanying notes form part of these financial statements

# General Practice Alliance South Gippsland Limited Financial Statements

## STATEMENT OF CHANGE IN EQUITY FOR THE YEAR ENDED 30 JUNE 2006

	Retained Earnings
BALANCE 1 JULY 2004	261,782
Profit attributable to members	109,734
BALANCE AT 30 JUNE 2005	<u>371,516</u>
Adjustment on initial application of AASB 139	0
Profit attributable to members	32,761
BALANCE AT 30 JUNE 2006	<u>404,277</u>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2006

	Note	2006 \$	2005 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from customers		984,756	947,617
Payments to suppliers and employees		(929,937)	(832,759)
Interest received		20,198	15,472
Borrowing costs		(0)	(11)
Net cash provided by (used in) operating activities	14b	<u>75,017</u>	<u>130,319</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of property, plant and equipment		2,731	49,608
Payment for property, plant and equipment		(10,582)	(85,023)
Net cash provided by (used in) investing activities		<u>(7,851)</u>	<u>(35,415)</u>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
Proceeds from borrowings		0	0
Repayment of borrowings		0	(108,198)
Net cash provided by (used in) financing activities		<u>0</u>	<u>(108,198)</u>
Net increase/(decrease) in cash held		67,166	(13,294)
Cash at beginning of year		<u>294,879</u>	<u>308,173</u>
Cash at end of year	14a	<u>362,045</u>	<u>294,879</u>

The accompanying notes form part of these financial statements

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

#### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a special purpose financial report that has been prepared for use by directors and members of the company. The directors have determined that the company is not a reporting entity.

The financial report has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board.

The financial report is for the entity General Practice Alliance - South Gippsland Ltd (GPA South Gippsland) as an individual entity. General Practice Alliance - South Gippsland is a not for profit company limited by guarantee, incorporated and domiciled in Australia.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets. The financial report of GPA South Gippsland Ltd complies with all Australian equivalents to International Reporting Standards.

The following is a summary of the material accounting policies adopted by the company in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

#### **Basis Of Preparation**

First time adoption of Australian equivalents to International Reporting Standards. GPA South Gippsland Ltd has prepared financial statements in accordance with the Australian equivalents to International reporting standards from 1 July 2005.

In accordance with the requirements of AASB 1: First time Adoption of Australian Equivalents to International Financial Reporting Standards, adjustments resulting from the introduction of AIFRS have been applied retrospectively to 2005 comparative figures excluding cases where optional exemptions have been applied. These accounts are the first financial statements of GPA South Gippsland to be prepared in accordance with AIFRS.

The accounting policies set out below have been consistently applied to all years presented. The company has elected to adopt the exemptions available under AASB 1 relating to AASB 132:

Financial Instruments: Disclosure & Presentation and AASB 139 Financial Instruments:

Recognition & Measurement. Refer note 2 for details.

Reconciliations for the transition from previous Australian GAAP to AIFRS have been included in note 2 of this report.

#### **Accounting Policies**

##### **a. Income Tax**

The company is a Government sponsored entity and is exempt from the provisions of the income tax laws

##### **b. Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

Plant and equipment

Plant and equipment are measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining the recoverable amount.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

### c. Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, is depreciated on a straight line basis over their useful lives to the company commencing from the time the asset is held ready for use. Properties held for investment purposes are not subject to a depreciation charge. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable asset are:

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
Motor Vehicles	22.5%
Computer Systems	33%
General electronics	20%
Furniture & Fittings	15%
Miscellaneous	15%

### d. Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not legal ownership, are transferred to the company are classified as finance leases. Finance leases are capitalised recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual value.

Leased assets are depreciated on a straight line basis over their estimated useful lives where it is likely that the company will obtain ownership of the asset or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

### e. Impairment of assets

At each reporting date, the company reviews the carrying values of its tangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the assets carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

### f. Financial Instruments

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist.

### g. Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions made by the company to employee superannuation funds are charged as expenses when incurred.

### h. Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand and in at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months, net of bank overdrafts.

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

i. **Revenue**

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Interest revenue is recognised on a proportional basis taking in to account the interest rates applicable to the financial assets.

Dividend revenue is recognised when the right to receive a dividend has been established. Dividends received from associates are accounted for in accordance with the equity method of accounting.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

j. **Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

k. **Going Concern**

The going concern basis has been used to prepare the general purpose financial report. The company receives funding for its operation from the Federal Government. The directors are of the opinion that funding for the 2007 financial year will be received from the government in full and received upon a timetable contracted with the Department of Health and Ageing. The directors have no reason to believe funding would not be received and that the company can pay its debts as and when they fall due.

l. **Funds Held for Consortium**

General Practice Alliance South Gippsland Ltd has changed the accounting treatment of funds held on behalf of South Coast Health Services Consortium. These funds are no longer held by General Practice Alliance South Gippsland Ltd and are held in the bank accounts of the Consortium. This change first applied for the 2005 year.

## General Practice Alliance South Gippsland Limited Financial Statements

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 2: FIRST TIME ADOPTION OF AUSTRALIAN EQUIVALENTS TO INTERNATIONAL FINANCIAL REPORTING STANDARDS	PREVIOUS GAAP AT 30 JUNE 2005	EFFECT OF TRANSITION TO AIFRS	AIFRS AT 30 JUNE
Reconciliation of Equity at 1 July 2004			
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash Assets	294,879	0	294,879
Receivables	24,605	0	24,605
Other	347	0	347
<b>TOTAL CURRENT ASSETS</b>	<b>319,831</b>	<b>0</b>	<b>319,831</b>
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	95,520	0	95,520
<b>TOTAL NON-CURRENT ASSETS</b>	<b>95,520</b>	<b>0</b>	<b>95,520</b>
<b>TOTAL ASSETS</b>	<b>415,351</b>	<b>0</b>	<b>415,351</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Payable	24,747	0	24,747
Provisions	19,088	0	19,088
<b>TOTAL CURRENT LIABILITIES</b>	<b>43,835</b>	<b>0</b>	<b>43,835</b>
<b>TOTAL LIABILITIES</b>	<b>43,835</b>	<b>0</b>	<b>43,835</b>
<b>NET ASSETS</b>	<b>371,516</b>	<b>0</b>	<b>371,516</b>
<b>EQUITY</b>			
Retained Earnings	371,516	0	371,516
<b>TOTAL EQUITY</b>	<b>371,516</b>	<b>0</b>	<b>371,516</b>
Reconciliation of Profit and Loss for 2005			
Revenues from ordinary activities	989,734	0	989,734
Raw materials and consumables	1,507	0	1,507
Employee benefits expense	311,790	0	311,790
Depreciation and amortisation expense	32,850	0	32,850
Borrowing Cost expense	11	0	11
Other Expenses from ordinary expenses	533,842	0	533,842
Profit before income tax expense	109,734	0	109,734
Income Tax expense	0	0	0
Profit attributable to members	109,734	0	109,734

## General Practice Alliance South Gippsland Limited Financial Statements

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

**b. Significant Revenue and Expenses**

The following revenue and expense items are relevant in explaining the financial performance

The company is predominantly government funded with funds made available for the company to deliver its services to users

NOTE 5 REMUNERATION AND RETIREMENT BENEFITS	2006 \$	2005 \$
<b>a. Remuneration of Directors</b>		
Remuneration received or receivable by all directors of the company:		
— from the company or any related party in connection with the management of the company	26,753	41,222
— from the company in connection with the management of a related party	0	0
The names of directors who held office during the financial year:		
<b>Dr Nola Maxfield</b>		
<b>Dr Ron Murley</b>		
<b>Dr Kola Orundami</b>		
<b>Dr Phil Huguenin</b>		
<b>Dr Russell Hamilton (1/7/2005 to 21/10/2005)</b>		
<b>Dr David Polmear</b>		
<b>b. Retirement Benefits</b>		
Amounts paid to a superannuation plan for the provision of retirement benefits by:		
— the company or any related party for directors of the company	0	0
— the company for directors of any related party	0	0

**NOTE 6: CASH ASSETS**

Cash at bank	361,895	397,922
Cash on hand	150	150
	362,045	398,072

**NOTE 7: RECEIVABLES**

Trade debtors	31,857	24,605
	31,857	24,605

## General Practice Alliance South Gippsland Limited Financial Statements

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 8: PROPERTY, PLANT AND EQUIPMENT	2006 \$	2005 \$
Plant and equipment at cost	223,490	213,007
Less accumulated depreciation	(140,964)	(117,487)
	<u>82,526</u>	<u>95,520</u>
Capitalised leased plant and equipment	0	0
Less accumulated depreciation	0	0
	<u>0</u>	<u>0</u>
Total Plant and Equipment	<u>82,526</u>	<u>95,520</u>
Total Property, Plant and Equipment	<u>82,526</u>	<u>95,520</u>

#### a. Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year

	Motor Vehicles \$	Plant and Equipment \$	Leased Plant and Equipment	Total \$
Balance at the beginning of year	57,841	37,679	0	95,520
Additions	0	10,582	0	10,582
Disposals	0	(99)	0	(99)
Revaluation increments/	0	0	0	0
Depreciation expense	(10,846)	(12,631)	0	(23,477)
Carrying amount at the end of year	<u>46,995</u>	<u>35,531</u>	<u>0</u>	<u>82,526</u>

NOTE 9: PAYABLES CURRENT	2006	2005
Employee benefits	11,044	5,343
GST payable	12,322	12,428
	<u>10,311</u>	<u>6,977</u>
	<u>33,677</u>	<u>24,748</u>

#### NOTE 10: PROVISIONS CURRENT

Employee benefits	<u>21,474</u>	<u>19,088</u>
	<u>21,474</u>	<u>19,088</u>

#### NON-CURRENT

Employee benefits	<u>21,474</u>	<u>19,088</u>
a. Aggregate employee entitlement liability	21,474	19,088
b. Number of employees at year end	13	11

## General Practice Alliance South Gippsland Limited Financial Statements

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

NOTE 11: ACCRUALS CURRENT	2005	2006
Accrued Income Received	17,000	0
	17,000	0
NOTE 12: RETAINED PROFITS		
Retained profits (accumulated losses) at the beginning of the financial year	371,516	261,784
Net profit(loss) attributable to members of the company	32,761	109,732
Retained profits at the end of the financial year	404,277	371,516
NOTE 13: CAPITAL AND LEASING COMMITMENTS		
<b>Operating Lease Commitments</b>		
Non-cancellable operating leases contracted for but not capitalised in the financial statements Payable		
— Not later than 1 year	23,400	23,400
— later than 1 year but not later than 5 years	0	0
— later than 5 years	0	0
	23,400	23,400
The property lease is a non-cancellable lease with a one-year term, with rent payable monthly in advance. The lease allows for subletting of all lease areas.		
NOTE 14: CASH FLOW INFORMATION		
a. <b>Reconciliation of Cash</b>		
Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:		
Cash on hand	150	150
At call deposits with financial institutions	361,895	294,729
	3362,045	294,879
b. <b>Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax</b>		
Profit/(loss) from ordinary activities after income tax	32,761	109,733
Non-cash flows in profit from ordinary activities:		
— Amortisation	0	506
— Depreciation	23,477	32,344
— Net gain on disposal of plant and equipment	(2,632)	(8,148)
Changes in assets and liabilities, net of the effects of purchase and disposals of subsidiaries		
Decrease/(Increase) in accruals	17,000	0
Decrease/(Increase) in receivables	(6,905)	(16,655)
(Decrease)/Increase in payables	8,930	3,486
(Decrease)/Increase in provisions	2,386	9,053
Cash flows from operations	75,017	130,319

## General Practice Alliance South Gippsland Limited Financial Statements

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2006

	2006	2005
	\$	\$
NOTE 15 OTHER ASSETS		
Future GST benefit	0	347

#### NOTE 16 COMPANY DETAILS

The registered office of the company is:

General Practice Alliance - South Gippsland Ltd  
11 Williams Street  
Inverloch Vic 3996

The principal place of business is:

As Above

The principal activity of the company is provision of training and support for General Practice Medical practitioners and related health care providers.

#### NOTE 17: CONTINGENT LIABILITIES

Revenue is received from various funding bodies, including State and Federal Government. The funds are provided for specific activities carried out by the company.

In some cases, if funds are not fully expended on the specific activity by balance date, the company is required to apply to carry over funds into the next financial year. In circumstances where this is not approved by the funding body the funds may be required to be repaid to the funding body. Where approved by the funding body the unexpended funds will be matched against costs of services, programs and operational expenditure that had not yet been incurred or brought to account. At the 30<sup>th</sup> June 2006 the amount of \$47,001 has been identified as subject to this contingency. On the 21<sup>st</sup> September 2006 the funding body approved the carry over of the funds for the amount of \$47,001.

#### NOTE 18: SEGMENT REPORTING

The company operates in one business and geographical segment, being the provision of training and support services for General Practitioner doctors and related health care providers of South Gippsland.

#### NOTE 19: MEMBERS GUARANTEE

The company is limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30<sup>th</sup> June 2006 the number of members was 63.

## DIRECTORS' DECLARATION

The directors of the company declare that:

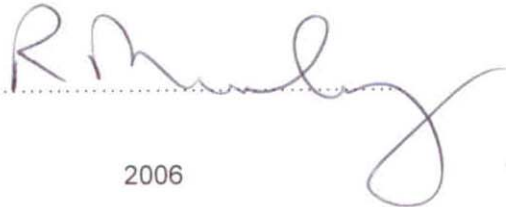
1. the financial statements and notes, as set out on pages 18 to 28 present fairly the company's financial position as at 30 June 2006 and its performance for the year ended on that date in accordance with Accounting Standards and other mandatory professional reporting requirements;
2. in the directors' 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.

This declaration is made in accordance with a resolution of the Board of Directors.

Director Dr. Nola Maxfield  
(Chair)

  
.....

Director Dr. Ron Murley

  
.....

Dated this 10th day of October 2006

## COMPILATION REPORT TO GENERAL PRACTICE ALLIANCE - SOUTH GIPPSLAND LIMITED

On the basis of the information provided by the directors of General Practice Alliance – South Gippsland Ltd, we have compiled, in accordance with APS 9: Statement of Compilation of Financial Reports the general purpose financial report of the client for year ended 30 June 2006 as set out on pages 18 to 28.

The directors are solely responsible for the information contained in the general purpose financial report.

Our procedures use accounting expertise to collect, classify and summarise the financial information which the directors provided into a financial report. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

To the extent permitted by law, we do not accept liability for any loss or damage which any person other than the company may suffer arising from any negligence on our part. No person should rely on the general purpose financial report without having an audit or review conducted.

The general purpose financial report was prepared exclusively for the benefit of the company. We do not accept responsibility to any other person for the contents of the general purpose financial report.

Address: 16 McCartin St. Leongatha 3953 Name of Firm: Morrison Jefferis & Associates

Dated: 12<sup>th</sup> September 2006



## GENERAL PRACTICE ALLIANCE – SOUTH GIPPSLAND LIMITED

### INDEPENDENT AUDIT REPORT TO THE MEMBERS

#### SCOPE

We have audited the attached financial report, being a special purpose financial report, of General Practice Alliance – South Gippsland Limited (a company Limited by Guarantee) for the year ended 30 June 2006 as set out on pages 18 to 28. The company's directors are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the *Corporations Act 2001* and are appropriate to meet the needs of the members. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of General Practice Alliance – South Gippsland Limited. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting requirements under the *Corporations Act 2001*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.


Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the company's financial position, and performance as represented by the results of its operations and its cash flows. (These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.)

The audit opinion expressed in this report has been formed on the above basis.

#### AUDIT OPINION

In our opinion, the financial report of General Practice Alliance – South Gippsland Limited is in accordance with:

- (a) the *Corporations Act 2001*, including:
  - (i) giving a true and fair view of the company's financial position as at 30 June 2006 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
  - (ii) complying with Accounting Standards in Australia to the extent described in Note 1 and complying with the *Corporations Regulations 2001*; and
- (b) other mandatory professional reporting requirements in Australia to the extent described in Note 1.

<b>Name of Firm</b>	PERRETT & ASSOCIATES PTY LTD	<b>Name of Partner</b>	DONALD JAMES PERRETT
<b>Signature of Partner:</b>		<b>Auditor No:</b>	9371
<b>Member of:</b>	INSTITUTE OF CHARTERED ACCOUNTANTS AUSTRALIA	<b>Address:</b>	15 Roughead Street Leongatha Vic, 3953 27 September, 2006

## AUDIT REPORT

### INDEPENDENT AUDITOR'S REPORT TO THE DEPARTMENT OF HUMAN SERVICES

#### SCOPE

We have audited the attached Financial Statements comprising of Annual Financial Indicators Statement and Certificate for the year ended 30 June, 2006.

The organisation's directors/management are responsible for the preparation and presentation of the financial statements and the information they contain.

The Statements have been prepared for the Department of Human Services to show accountability for the grants received and not for any purpose other than that for which it was prepared. We have conducted an independent audit of the Statements in order to express an opinion on them as required by the Department of Human Services.

Our audit has been conducted in accordance with applicable Australian Auditing Standards prescribed by the Australian Accounting Standards Board to provide reasonable assurance as to whether the financial statements are free of material misstatement. Our procedures included an examination, on a test basis, of evidence supporting the amounts disclosed in the financial statements. These procedures have been undertaken to form an opinion as to whether, in all material respects, the statements are presented fairly in accordance with the requirements of the Department of Human Services.

The audit opinion expressed in this report has been formed on the above basis.

#### AUDIT OPINION

In our opinion, the attached financial statements, as listed below, of

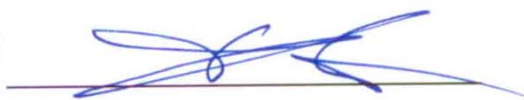
#### GENERAL PRACTICE ALLIANCE - SOUTH GIPPSLAND LIMITED SOUTH COAST HEALTH SERVICE CONSORTIUM

- (i) presents fairly the transactions for the year ending 30 June, 2006 of GENERAL PRACTICE ALLIANCE - SOUTH GIPPSLAND LIMITED - SOUTH COAST HEALTH SERVICE CONSORTIUM as required by the Department of Human Services; and
- (ii) have been extracted from the financial records of GENERAL PRACTICE ALLIANCE - SOUTH GIPPSLAND LIMITED - SOUTH COAST HEALTH SERVICE CONSORTIUM which have been prepared on the basis of accounting policies consistent with applicable Australian Accounting Standards.

**Firm Name:** PERRETT & ASSOCIATES PTY LTD

**Name of Partner:** DONALD JAMES PERRETT CA

**Signature of Partner:**



**Auditor No:**

9371

**Address:**

15 Roughhead Street,  
LEONGATHA VIC 3953  
27 September, 2006

**Member of:** INSTITUTE OF CHARTERED ACCOUNTANTS AUSTRALIA

## SCHSC Primary Care Partnership Financial Statements

### FINANCIAL PERFORMANCE (FOR YEAR ENDED 30TH JUNE 2006)

From 01/07/2005  
To 30/06/2006  
\$

1/07/2004  
30/06/2005  
\$

#### Income Statement

Recurring revenues (e.g. Government Grants)	240,818	268,217
Employee benefits expense	151,834	156,049
Depreciation and amortisation expenses	563	751
Less expenses	9,120	7,600
Other expenses	80,038	71,654
<b>Net Surplus /(Deficit)</b>	<b>-737</b>	<b>32,163</b>

### BALANCE SHEET AS AT 30/06/2006

#### Current Assets

Cash & Cash equivalents	135,645	130,839
Receivables	0	11,000
Other current assets	0	0
<b>Total Current Assets</b>	<b>135,645</b>	<b>141,839</b>

#### Non Current Assets

Property, plant and equipment	1,525	2,088
<b>Total Non Current Assets</b>	<b>1,525</b>	<b>2,088</b>
<b>Total Assets</b>	<b>137,170</b>	<b>143,927</b>

#### Current Liabilities

Payables	9,813	16,605
Short term provisions (e.g. Annual leave, sick leave, vested LSL)	6,723	5,950
<b>Total Current Liabilities</b>	<b>16,536</b>	<b>22,555</b>

#### Non Current Liabilities

<b>Total Non Current Liabilities</b>	<b>0</b>	<b>0</b>
<b>Total Liabilities</b>	<b>16,536</b>	<b>22,555</b>
<b>Net Assets</b>	<b>120,634</b>	<b>121,372</b>

#### Equity

Retained earnings/(losses)	120,634	121,372
<b>Total Equity</b>	<b>120,634</b>	<b>121,372</b>

### ANNUAL CASH INDICATORS STATEMENT

Total cash at start of year	130,839
-----------------------------	---------

#### A) Cash receipts and payments (for the year ended 30/6/2006)

##### **Cash receipts**

DHS ordinary grant	173,698
specific purpose funding (e.g. DHS capital grant)	60,059
Other	7,061
<b>Total cash receipts</b>	<b>240,818</b>

##### **Cash payments**

Salaries and wages	138,490
Other (e.g. Program expenses, consumables)	101,730
<b>Total cash expenditure</b>	<b>240,220</b>

#### **NET CASH SURPLUS / (DEFICIT)**

**598**

#### B) Cash balances as at 30th June 2006

Bank account balances	135,645
-----------------------	---------



Printed by

**General Practice Alliance South Gippsland Limited**

**ABN 36 061 882 565**

**October 2006**

**General Practice Alliance South Gippsland Limited wishes to thank the following companies and organisations for their sponsorship during 2005 - 2006:**

