

Turanganui Primary Health Organisation

**ANNUAL REPORT**

2008



**Turanganui PHO**  
Healthy Fit Whanau Ora



**HealthRight**  
Put your future in good hands your own.

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## CHAIRMAN'S REPORT

Kia ora,

This year saw the completion of negotiations with Tairāwhiti District Health (TDH) Board for the funding and implementation of the HealthRight programme. Given the longevity of the programme with its potential for markedly reducing inequalities and improving personal health it was important to secure funding beyond the normal annual/bi-annual allocations.

The HealthRight programme continues to grow and expand based on the pace and readiness of the GP practices. The co-operation and willingness of the “trial practices” is to be commended as it is not an easy ask to have additional support people and IT programmes mixed in with the day to day operation of the practice. Enrolments in this programme where there are additional supports in social work, nutrition, clinical nursing, and lifestyle are growing as both patients and GPs see value in the process.

This year TPHO has invited the CE of TDH to come and share the development of the TDH Annual Plan. This has proved to be a two-way process allowing both organisations to plan supportive parallel programmes.

This year the “old guard” retired. John Macaskill-Smith and Dr Johan Peters were original Company Directors when the TPHO Company was formed in 2003. The enrolled patients, Company shareholders and current TPHO Directors owe them a debt of gratitude as they guided the Company through the often painful and sometimes acrimonious birth process. The Board wishes them well in their future endeavours. The Board welcomes new Directors Dr David Maplesden and Dr Tom James who represent Pinnacle Group Ltd and Mr. Pene Brown representing Te Hauora o Turanganui a Kiwa (Turanga Health).

The TPHO Board completed and released its Strategic Plan 2007-2010. This plan “Healthy Fit Whānau Ora” aims to improve the health outcomes of the enrolled population of Turanganui PHO through improving access and reducing inequalities. It is hoped to achieve this by enhancing stakeholder relationships, continually improving organisation development and planning future TPHO pathways.

We were honoured this year in having our Chief Executive Keriana Brooking selected as one of the 2008 Sir Peter Blake Emerging Leader Award winners. Keriana was one of six selected from throughout New Zealand and had her award presented at a function in Parliament Buildings in July. The Board of Directors are very proud of Keriana's achievement not only on the national scene but also in the way she uses her innate skills in both strategic thinking and the empowerment of her dedicated staff to achieve better health outcomes for our enrolled TPHO population. The Board congratulates the staff for their energy, innovation and commitment to a successful year.

David Scott



## CEO'S REPORT

The 2007 – 2008 financial year has seen another year of maturity and development for Turanganui PHO. Highlights include:

- ✚ Increased emphasis on communication through the continued relationship with Redpath Communications Limited has seen the popularity and value of the PHOnetic continue to rise. Other communication opportunities include the release of the Snack n Go (annual report summary), HealthRight information, public reporting of fees and media releases.
- ✚ Establishment of HealthRight through the development of resources and decision making tools, the appointment of staff based at the PHO, the support of TPHO providers selected as navigational sites and the continued strong support of TDH Planning and Funding in our quest to deliver systematic and sustainable services to all TPHO enrolled patients who have or are at risk of having a long term condition.
- ✚ The continual increase of Maori and Pacific patients who are accessing additional services that TPHO offer to assist in improving their health status
- ✚ The continuing strong relationship with both providers and owners Turanga Health and Pinnacle Incorporated, both dynamic and complimentary organisations committed to working to the next level to meet the needs of our enrolled population

For the 2008 – 2009 financial year, TPHO turn our gaze to consolidating and improving existing services, while establishing and supporting new services both delivered by TPHO and other health service providers in our community. HealthRight will continue to grow as more providers get on board, and TPHO is looking at services that will sit within the HealthRight framework such as pharmacist delivered Medicine Management Services, Ministry of Social Development funded Primary Mental Health and Tairāwhiti District Health funded Cardiac and Pulmonary Rehabilitation services.

Thank you to the TPHO Board, staff and providers for contributing to our important health services and goals

Keriana Brooking



## Organisational structure and governance

OWNERSHIP		
PINNACLE INCORPORATED	TURANGA HEALTH	
GOVERNANCE		
PINNACLE (3) John Macaskill Smith Dr Johan Peters (resigned) Dr Tom James Dr Ken McFarlane	COMMUNITY (2) David Scott (Chair) Tracey Tangihaere	TURANGA HEALTH (3) Reweti Ropiha Pene Brown Albie Stewart
TURANGANUI PRIMARY HEALTH ORGANISATION		
	KERIANA BROOKING Chief Executive	
MANAGEMENT SUPPORT		
<i>GENERAL PRACTICE</i> PINNACLE GROUP LTD	<i>PRIMARY HEALTH ORGANISATION</i> PINNACLE GROUP LTD	
PROVIDERS		
CITY MEDICAL CENTRE	DESMOND RD MEDICAL CENTRE	ELGIN HEALTHCARE
KAITI MEDICAL CENTRE	MANGAPAPA MEDICAL CENTRE	VILLAGE CLINIC
TURANGA HEALTH	SPORT GISBORNE TAIRAWHITI	



## Quality indicators and targets

QP11 saw the further development of the partnership between the Pinnacle general practice network and Turanganui PHO, established during QP10. QP11 recognised the six domains of quality in health care outlined below.

- access/equity
- clinical effectiveness
- appropriateness
- safety
- patient centered care/responsiveness
- efficiency

The plan took into account various national and local priorities, including the performance management programme (PMP) and the roll out of the Healthright chronic care management programme. QP11 acknowledged that while general practice is pivotal to achieving optimal outcomes in these key areas, engagement with a range of other providers and organisations is also required.

Full achievement of all goals resulted in measurable achievement across all six domains of quality but notably and most importantly in **enhancing access/equity** of primary health care and in **improving safety**.

A summary of QP 11 is included in this reporting package.



## Performance

The following programmes were developed, implemented, continued or completed 01 July 2007 – 30 June 2008.

### **Smoking Cessation - continued**

The objectives of this project are to provide smoking cessation support to those patients in the contemplative stage of the 'stages of change' model to enable them to give up smoking.

Project Approach:

Two approaches are undertaken:

#### Smoking Cessation Facilitator based at Turanga Health:

Utilising the national service specification (C-PH8N Tobacco Control), purchasing additional smoking cessation services delivered by Turanga Health. The goal of the service will be to provide smoking cessation programmes that:

- Reduce prevalence and consumption among Maori who smoke; and
- Increase positive changes in smoking behaviour

#### Smoking Cessation Services at a TPHO General Practice

#### Status:

Turanga Health:

New Clients Enrolled (Maori)	53
New Clients Enrolled (Other)	16
New Clients Enrolled (Pacific Island)	1
Referrals from (GP)	15
Referrals from (Self/Whanau)	51
Referrals from (Turanga Health)	3
Referrals from (Other)	1
Number completed initial assessment	70
Number completed individual plans	70
Number completed programme	71
Number smokefree after 12 months	53

General Practices:

The following information has been prepared by Pinnacle Group Limited on behalf of TPHO:

Demographics

Ethnicity	No Of Patients	%	Gender	No of Patients	%	Age Group	No of Patients	%
European	99	51	Female	122	62	<25	14	07
Maori	87	44	Male	74	38	25-44	84	43
PI	2	>1				45-64	89	45
Other	9	4				65+	9	5
	196			196			196	

Motivation for Quitting

Motivation to Quit	Number of People	Percentage
Own Health	163	83
Cost	11	5
Health of Family	22	11
Smokefree Legislation	0	0
	196	

Total Programme spend to date: \$228, 084

**Diabetes – continued**

The Diabetes Get Checked annual report is included in this reporting package.

Total Programme spend to date: \$332, 952

### Oral Health - continued

The Oral Health Facilitator programme aims to decrease the incidence of poor oral health in the children of Gisborne by:

- Improving the level of enrolment in the school dental service and the uptake of the free dental service provided under the Oral Health Service Agreement (OHSA) for adolescents
- Supporting oral health promotion activities e.g. Brush – in programmes in Kohanga reo, pre-schools, schools and like venues and in the community
- Ensuring families have information about how to access free oral health services for children and adolescents under the age of 18 years.
- Promoting oral health and hygiene to young people and their families.

<p><b>DESCRIPTION OF ACTIVITIES:</b></p>	<p>Follow up oral health Lift the Lip &amp; Brush In Programmes continue to be implemented and followed up in Kohanga.</p> <p>Follow up oral health messages for whanau are sent out through the Kohanga. The aim is to promote oral health education at home</p> <p>Involving Tamariki in different oral health physical activities continue.</p> <p>Oral health resources are delivered as required to all Kohanga</p> <p>Ongoing networking with Kohanga &amp; dentists to maintain relationships and discuss any issues of concern.</p> <p>Attending Whanau Hauora health days (Turanga Health, ongoing) to promote oral health awareness for Tamariki.</p> <p>Establishing report &amp; networks with town Kohanga &amp; Te Kura Kaupapa Maori O Nga Uri A Maui for oral health education.</p>	
<p><b>PRESCHOOL ENROLMENTS:</b> <i>Enrolled with the school dental service</i></p>	<p><b>No Enrolled:</b></p> <p>Nil. No new entrants to submit at present</p>	<p><b>No Accessing:</b></p> <p>All preschool Tamariki are seen &amp; treated by the Mobile dental service</p>
<p><b>ADOLESCENT ENROLMENTS:</b> <i>Enrolled with the school dental service</i></p>	<p>19 Enrolments made, with future progress from Rangatahi event days</p>	

<p><b>BRUSH IN PROGRAMMES IMPLEMENTED:</b></p>	<p>New knowledge has been implemented into all Rural Kohanga Reo have had the Lift the Lip and Brush In programmes</p> <p>Te Pahou Kohanga  Muriwai Kohanga  Rongowhakaata Te Kohanga Reo  Pakowhai Kohanga  T.O Kohanga visits  Manutuke School  Te Kura Kaupapa Maori O Nga Uri A Maui.  Tapuhikutia Kohanga  Parekereke Kohanga  Kimihi Kohanga (New)  Waihirere Kohanga  T.K Playcentre (New)</p>
<p><b>HEALTH PROMOTION COMPLETED &amp; VENUE:</b></p>	<p>Turanga Health service of Tamariki Ora had a two Well Child event days at Manutuke (Pahou Marae) and Puha (Tapuihikitia Marae) Oral health division provided a static display highlighting O. H and information, stickers with spot prizes were also given out. Elgin And Cobham schools Health Expo, Health Promotional day. Oral health static display present with dental quiz activity.</p>

Status:

This programme will continue to be funded through to 30 June 2009 utilising SIA funding.

Total Programme spend to date: \$278, 500

## **Palliative Care - continued**

The SIA programme was developed to enable and support the:

- General practice to provide extended consultations to those patients who are in the end stage of terminal disease; or
- General practice team to provide home visits to those patients who are in the end stage of terminal disease and unable to attend the surgery. The home visits will be provided by the patients own GP (or the GP on call – as this service is available in a community where there is a shared roster, close communication could ensure an on-call GP is aware of all terminal patients in the area); or
- Pharmacist to provide pharmaceutical management and advice to those patients and their caregivers; or
- Turanga Health to provide ancillary services to those patients.
- Improve communication and co-ordination between GP's and Gisborne Palliative Care Service

### Status:

This programme has been delivered since October 2005. The following information has been prepared by Pinnacle Group Limited on behalf of TPHO:

### Number of Palliative Care claims processed in the period

	No. of Claims
City Medical Gisborne Ltd	133
Desmond Road Medical Centre	70
Kaiti Medical Centre	62
Mangapapa Medical Centre	12
Serendipity Health Limited	42
The Village Clinic Ltd	24
Turanganui PHO	343

### Demographic Characteristics of Patients enrolled

	Percentage
Maori	24
Pasifika	>1
Non Maori/Pacific	75

Total Programme spend to date: \$190,247

## Sexual Health - continued

### AIMS

To improve access to first level GP services in order to facilitate a;

- ♦ Reduction in unwanted pregnancies amongst the target group
- ♦ Reduction in STIs amongst the target group
- ♦ Reduction in infertility amongst target group

### Status:

This programme has been delivered since March 2006. The following information has been prepared by Pinnacle Group Limited on behalf of TPHO:

### Number of Consults and Patients

	Consultation count	No of patients
<b>Turanganui PHO</b>	1306	745

### Type of service provider (GP or Nurse)

	Doctor Consults	Nurse Consults	Total Consults
<b>Turanganui PHO</b>	891	415	1306

### By Age

	Consultations
<b>13 – 17 yrs</b>	393
	<b>30%</b>
<b>18 – 21 yrs</b>	567
	<b>43%</b>
<b>22 – 24 yrs</b>	346
	<b>27%</b>

### By Ethnic Group

	Consultations
<b>Maori</b>	545
	<b>41%</b>
<b>Pasifika</b>	15
	<b>1%</b>
<b>Others</b>	746
	<b>57%</b>

Total Programme spend to date: \$125, 650

### **Skin Lesions - continued**

TPHO have received feedback from both TDH Group Manager Adult Services (responsible for Outpatients and Surgical Services) and the General Practice Liaison Group that the PHO should investigate subsidising general practice to perform skin lesion minor surgery.

The minor surgery project is intended to improve access to skin lesion removal in general practice. The minor surgery subsidy provides the GP with a set fee which can be used to fully or partly reimburse the cost of removal of skin lesions when the patient cannot afford the full price of this service in primary care. The PHO will pay per procedure (dependant on complexity) for:

- Clinically suspicious skin cancer identified of a nature that can be safely excised by the doctor's skill and expertise
- A lesion identified on previous incisional biopsy or punch biopsy to require removal

#### Status:

This proposal was accepted by TDH and delivered from 01 March 2006. The following information has been prepared by Pinnacle Group Limited on behalf of TPHO:

#### Number of Procedures and Patients

Practice	Vouchers Allocated	Vouchers used
City Medical Gisborne Ltd	63	56
Desmond Road Medical Centre	86	83
Kaiti Medical Centre	155	150
Mangapapa Medical Centre	27	6
Serendipity Health Limited	38	35
The Village Clinic Ltd	31	31
<b>Turanganui PHO</b>	<b>400</b>	<b>361</b>

#### Demographics:

	Percentage
Maori	10
Pacific	>1
Non Maori/Pacific	88

Total Programme spend to date: \$88, 697

## **HealthRight - implemented**

### Clinical Management and Governance

At the broadest senses the Clinical management and governance is supplied by the Pinnacle Clinical Advisory Group.<sup>1</sup> This group meets quarterly and provides advice on the clinical aspects of the HealthRight programme for Turanganui PHO.

Dr David Maplesden (Pinnacle Clinical Director) is a TPHO board member. Dr Maplesden has the key support responsibility to ensure that the processes and policies development are clinically sound and appropriate to our general practices and identified population. Dr Maplesden is assisted locally by Dr Marla Williams who works 1/2 day a week employed by Pinnacle as a GP Liaison.

Turanganui PHO seconded Shirley Keown (0.8FTE) for the period to provide clinical project management support. Shirley's secondment ended in January 2008 with Di Williams employed to provide clinical management and support to the HealthRight programme and more specifically to the HealthRight staff employed by TPHO.

It is anticipated that additional clinical management support will be provided by the recently appointed TDH GP Liaison Officer and Primary Care Nursing Advisor.

### Project Governance

There are several layers of project governance. Bi-monthly reporting via the Chief Executive report to the Turanganui PHO board ensures that the PHO governance level is informed of activities, opportunities and risks. Dr Dave Maplesden also provides updates on behalf of PGL at those board meetings.

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<sup>1</sup> Shirley Keown (Turanga Health Quality Manager) and Dr Ken McFarlane (TPHO Board member and co-owner of Mangapapa Medical Centre) are both members

A HealthRight Steering Group was formed and contains representation from the following organisations:

- Turanga Health
- Tairāwhiti District Health (Te Puna Waiora & Provider Arm)
- Pinnacle Group Ltd
- Turanganui PHO

Finally, the Turanganui PHO HealthRight team along with the PGL practice liaison staff member meets each week to oversee the programme roll out.

#### Provider Management

As most of the annual report period could be categorized as the programme implementation phase, provider management occurred as an extension of the ongoing relationship management between Turanganui PHO, PGL and the providers involved with the first wave roll out. All general practice providers involved in phase one have had ongoing meetings with TPHO/PGL staff with staff covering all aspects of general practice including administration, nursing and medical. Project champions have been identified at each navigational site. Most of the discussion has focused on building up the level of knowledge in order that each site can determine how best to deliver the programme.

#### Information Management

PGL and Pinnacle Inc have over the past three years been actively investigating the opportunity offered around the introduction of Electronic Clinical Decision Support (eCDs). This has involved a range of specific activities including a trial of the two major tools alongside numerous discussions with the midland PHOs and other stakeholders.

BestPractice has been identified as the tool of choice for a wide range of reasons including the flexibility the Arezzo engine offers to meet a range of midland specific needs and projects. The roll out of BestPractice to the Pinnacle general practices with Turanganui PHO network has been completed. Alongside this Pinnacle Inc is working with the vendor to develop a range of specific additional tools to support its application and the PHO needs within the midland area.

The midland approach between the PHOs and Pinnacle has resulted in significant economies and savings already and further development of this via additional arrangements currently being developed will further increase this.

#### Employment Relations

The following staff are based at Turanganui PHO as the HealthRight team:

#### Diane Williams: HealthRight Clinical Manager

Diane will oversee the HealthRight staff and the care plans put into place for patients. She is a Nurse Practitioner specialising in Primary Health Care, which includes diagnosing, prescribing, ordering lab tests, providing initial ACC assessments, smear taking, and vaccination for patients.

#### Shelley Mitchell: HealthRight Lifestyle Coordinator

Shelley, who is of Te Aitanga a Mahaaki descent, will support our HealthRight patients looking to improve their health, through encouragement and access to local health services and supporting patients progress towards achieving their goals.

#### Tina Holmes: HealthRight Social Worker

Tina, who is Ngati Porou, has worked for a number of organisations as a social worker including Turanga Health and the Ministry of Social Development. She will be able to offer patients professional support, and help them access any other social services they have been referred to in their care plan.

Robert Armstrong: HealthRight Clinical Liaison Coordinator for Mental Health

Robert is a mental health nurse who has worked in the community and in a hospital setting. Robert will be able to help patients with mild to moderate mental health conditions by coordinating the range of care, support and services they need.

**Health Right - Service Delivery**

Primary Mental Health

Identification, Assessment and Care Planning

<b>Month -</b>	<b>Dec 07</b>	<b>March 08</b>	<b>June 08</b>
Ref to PMH HR (new clients)	4	44	60
Total consults	2	142	353
No. telephone/other consults	0	50	157
No. HVs	0	5	5
Ref to Counselling	0	11	22
No of sessions involved		0	22
Ref to Psychologist care	0	12	16
No of sessions involved		0	67
No. Exited	1	16	65

Ethnicity/ Age range of PMH HealthRight clients from Dec 2007

	<b>Percentage</b>
Maori	23
Pacific	0
Non Maori/Pacific	67

General Practice extended consultations

<b>Quarter -</b>	<b>Dec 07</b>	<b>Feb 08</b>	<b>June 08</b>
Number	11	56	58

Total Primary Mental Health programme spend to date: \$148, 000

HealthRight

Social Worker:

<b>Month</b>	<b>Dec 07</b>	<b>Mar 08</b>	<b>Jun 08</b>
SW self / TurangaH referrals	2	5	25
Total consults	4	97	306
No. HVs	3	23	77
No. Telephone/ Other	1	36/28	144/73
Benefit assessment	1	3	6
Referrals Out			4
Exited care		5	16

Nurse Practitioner:

<b>Month -</b>	<b>Dec 07</b>	<b>Mar 08</b>	<b>Jun 08</b>
JNL CLIENTS			
Total Consults	14	114	209
No. 1 <sup>st</sup> yr assess	1	17	20
No. 2 <sup>nd</sup> yr + assess	2	33	53
No Telephone/other consults	1	15	13/1
No. ref to GP A&E	0	9	11 1
No. ref to Opt	0	8	6
No. ref to Dental	0	6	5
No. ref to Podiatry		2	4
No. pts labs ordered & completed	2 2	4 4	25 17
No. script itms wrttn	0	2	15
No. new ACC generated	1	4	6
No. ref to Quitcard	0	1	3
No Cx @ CHC	0	12	14
Fluvacs given	0	20	114
ADts given	0	2	2
BPac done	0	7	14
No on statins	13	44	63

Lifetime Lifestyle:

This proposal was accepted by TDH and delivered from 01 March 2008. The following information has been prepared by Pinnacle Group Limited on behalf of TPHO:

Number of Procedures

Practice	
Kaiti Medical Centre	42
Serendipity Health Limited	12
The Village Clinic Ltd	06
<b>Turanganui PHO</b>	<b>60</b>

Demographics:

	Percentage
Maori	93
Pacific	>1
Non Maori/Pacific	06

Chance Check:

The following information has been prepared by Pinnacle Group Limited on behalf of TPHO:

Number of Procedures

Practice	
The Village Clinic Ltd	41
<b>Turanganui PHO</b>	<b>41</b>

Demographics:

	Percentage
Maori	90
Pacific	>1
Non Maori/Pacific	09

Total HealthRight Programme spend to date: \$265, 274

### **Active Whanau Health Initiative (AWHI) - implemented**

This Service aims to improve health gain and reduce childhood obesity through delivery a service for children with the aim of helping children and their families make healthier lifestyle choices.

The outcomes sought through this service are:

- Early identification of overweight/obese children;
- Improved access and uptake of physical activity options and nutritional advice

The service users will be children and their families who:

- have developed or are at risk of developing medical conditions related to inactivity and / or poor eating patterns
- are of school age
- have BMI  $\geq$  85<sup>th</sup> percentile
- have a stable medical condition which would improve with a change in lifestyle
- do less than 30 minutes of moderate physical activity most days of the week
- are ready to make positive changes to their lifestyle

Status:

Reporting information is attached.

Cost of programme: \$120, 000

**Active Whanau Health Initiative 6-Monthly Report  
Sport Gisborne Tairāwhiti**

**Critical Success Factors-  
Referrals**

**ANNUAL TARGETS  
7 September 2007- 16 September  
2008**

**Actual for 12 month reporting period**

- 12 families in programme

4.3	Number of <u>children participating</u> in child focused workshop sessions per intake
6	Number of <u>parents/ caregivers participating</u> in adult focused workshop sessions per intake
9	Number of <u>families participating</u> in the programme for this reporting period
74	Number of <u>overall family members</u> involved in the programme
1	Number of <u>families</u> withdrawn permanently from the programme before completion
-	Number of <u>families</u> who have completed the programme

*Comments:*

- The number of overall family members involved in the programme excludes six family members throughout 9 families who have not attended workshops or activity sessions, and are not participating in household changes due to work commitments and/or alternative residences.
- The family that has withdrawn from the programme moved back to England mid way through their second term. They are therefore not included in the current demographic statistics

**Critical Success Factors-  
Demographics**

**ANNUAL TARGETS  
7 September 2007-16 September  
2008**

**Actual for first reporting period**

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Engagement of those groups identified as high risk populations within our community</li> </ul> | <ul style="list-style-type: none"> <li><b>60% Maori</b></li> <li><b>35% Non-Maori</b></li> <li><b>5% Pacific Island peoples</b></li> </ul> | <ul style="list-style-type: none"> <li>81% Maori</li> <li>18% Non-Maori</li> <li>0% Pacific Island peoples</li> </ul> |
|---|--|---|

*Ethnicity of children participating*

*Gender of children participating*

NZ Euro	Maori	Pacific Island Maori	Samoan	Tongan	Other
2	9				

Male	Female
7	4

*Age of children participating at time of registration*

5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs
	2	3	2	2	1	1			

*Referred by*

Paediatrician	GP	Ward RN	Practice Nurse	Community Nurse	Dietician/Nutritionist	Other
1	6	1	1			2

Critical Success Factors-Client Outcomes	ANNUAL TARGETS 7 September 2007-6 September 2008	Actual for first reporting period
• Decrease in parent/caregiver BMI	• Decrease in BMI at completion of 1 <sup>st</sup> term	-0.5 Change in BMI
	• At 6 months	-1.48 Change in BMI
	• At 12 months	- Change in BMI
• Decrease in child's BMI	• Decrease in BMI at completion of 1 <sup>st</sup> term	-0.75 Change in BMI (average across all 1 <sup>st</sup> term measured participating caregivers e.g -0.7 points)
	• At 6 months	-0.6 Change in BMI
	• At 12 months	- Change in BMI
• Increase in physical capability in adults 6 minute walk/run test	• Increase across all participants	21.5 % Increase in distance covered (Average )
• Increase in physical capability in children's 6 minute walk/run test	• Increase across all participants	24.6 %Increase in distance covered (Average)

*Comments:*

- This data is representation of all 3 intakes. The results continue to be positive with all but 2 children decreasing their BMI. There has been an improvement across all participants in the 6 minute walk/run test.



## Fee Levels

Practice	0-5 years	6-17 years	18-24 years	25-44 years	45-64 years	65 plus
City Medical	Free	\$10.50	\$16	\$16	\$16	\$16
Desmond Road	Free	\$15	\$24	\$24	\$24	\$19
Kaiti Medical Centre	Free	\$10.50	\$16	\$16	\$16	\$16
Mangapapa Medical Centre	Free	\$10.50	\$16	\$16	\$16	\$16
Serendipity Health Ltd	Free	\$10.50	\$16	\$16	\$16	\$16
The Village Clinic	Free	\$10.50	\$16	\$16	\$16	\$16



## Audited Financial Reports

The information for the financial year relating to this report is attached.