NEWTOWN UNION HEALTH SERVICE

Annual Report 2014 - 2015

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SECTION ONE

Newtown Union Health Service Policy Board and Staff

Policy Board

Chairperson	Eileen Brown
Treasurer	Julie Lamb
Secretary	Fiona Osten
Kaumatua	Te Urikore (Julius) Waenga
Staff (clinical) Representatives	Dianne Theobald Jonathan Kennedy
Māori Rōpu Representative	-
Union Representative	Eileen Brown Grant Brookes
Community Representatives	Julie Lamb Debbie Leyland Shyama Kumar Adam Awad (Resigned April 2015)

Staff

Administration Team	Fiona Osten (Manager), Michelle Curel (Operations Coordinator), Kareena Bryant (PA/Senior Administrator), Tunisia Pohatu (Clinical Administrator), Maribeth Major (resigned September 2014), Briar Bloomfield (Administration Support)
Allied Health	Philippa Thompson (Social Worker), Tanya Kotua (Māori Social Worker), Sonia Smith (Mental Health Advocate), Flora Toma (Interpreter), Meri Haapu (Māori Social Worker resigned February 2015)
GP Team	Vivienne Coppell (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Ben Gray, Victoria Scobie, Nikki Turner, Phillip Dashfield, Kerry Daniel, Pauline Horrill (resigned July 2015), Rini Chegudi (July 2014 - December 2014) Esther Tilly (July 2014 - December 2014) Scott Newman (December 2014 - December 2015), Derek Ngieng (December 2014 - June 2015)
Nurse Team	Dianne Theobald (Team Leader), Fou Etuale, Bryony Hales, Maureen McKillop, Louise French, Fiona Da Vanzo, Barbara Bos, Karen Fry, Shivann Raemakers (Locum Nurse), Lynn Davies (Locum Nurse), Asha Clark (maternity leave to December 2015), Delisa Paau (maternity leave to January 2016), Serena Moran, Joanne Forsyth (resigned February 2015), John Sepulveda (resigned June 2015)
Reception Team	Debbie McGill, Erin Stewart, Elaine Hill, Judith McCann, Emma Barnett, Pito Toeleiu (maternity leave to February 2016), Annie Tills (resigned June 2015) Freya Osten (fixed term contract)
Inner City Project (Closure June 2015)	Tina Bennett (Team Leader), Janine Hauraki (Administrator), Stephen Jardine, Sonia Smith**,** Lisa Stone (resigned March 2015)

SECTION TWO

Chairperson's Report

Tēnā koutou katoa,

The annual report is a good opportunity to look back and reflect on the challenges, issues and activities for NUHS in the last year. Despite it being a tough economic and social climate NUHS finishes the year in good shape and heart and has delivered on its mission "to provide very low-cost, accessible, quality, comprehensive and innovative primary health care services that improve the health outcomes and wellbeing of our members".

There have been plenty of challenges in 2015. The most significant was the termination of the Inner City Project (ICP). Ending this contract was unsettling for all involved. The ICP has been part of NUHS for 15 years. However, we were pleased, following discussion with CCDHB, to retain an involvement with mental health peer advocacy services. There are some learnings we have to take on board from the termination of the ICP contract. A moving event, tinged with much sadness, was the official farewell/hui for the ICP staff on 30 June. We are keeping a watching brief on the impacts of the ICP closure on former clients and the local community.

The 2014-2019 Strategic Plan developed last year is the guiding document for NUHS. Work continues on operationalising it and ensuring that we are meeting the goals established in that plan.

The Board has supported several new projects and their implementation has been a Board focus in 2015. There has been progress with most projects: a data project, the upgrade of the reception area and a nursing education/ orientation project. Another project - an analysis of the health needs of our enrolled population - is yet to be commenced. Other work that the Board has supported are some capital expenditure projects and supporting Fiona Osten's study tour to the UK and Europe to look at Integrated Health models. We are committed to the principle of the Living Wage movement, and soon we will be an accredited Living Wage employer showing that support in practice.

NUHS services a population of approximately 6600 people. The current population and staffing seems to be a good match and overall it is manageable. But sudden staff changes and shortages can very easily put pressure on the service and the capacity to deliver on health needs and provide quality care. We have discussed expansion of NUHS which necessitates thinking about our facilities and what sort of facilities and services we need if we were to expand our services. There may be some services that we need to rethink or new ones we could consider offering. This all falls under the Strategic Plan 2014-2019.

I recognise and salute the energy and commitment of all the Board members throughout the year. NUHS is fortunate to have a Board with members who have a real feeling and commitment to the values, kaupapa and aspirations of NUHS. The skills of Julie Lamb who leads the Audit and Finance committee and provides financial advice and analysis are invaluable. Other community members on the Board this year and who have played a valued role are Debbie Leyland and Shyama Kumar. NUHS is unique in having two staff representatives on its Board. Dianne Theobald and Jonathan Kennedy provide expertise, and give us a real link into the day to day realities of NUHS. We were sorry to lose Adam Awad on the Board because of health reasons but we have asked him to play a role advocating and liaising with us about the needs of the NUHS African refugee population. A considerable issue and big gap in the year was not having Māori representatives at the Board table. It is very important next year to ensure we have this voice and representation at the Board table. Fiona Osten plays a pivotal role in the skilled leadership of the service and management of staff and in the critical relationship between governance and management. Kareena Bryant's practical and constant support to the Board is valued.

Our PHO, Well Health Trust, is always supportive and we are very fortunate to have easy and close access to the CEO Sharon and her team. An innovation in the year was establishing Board to Board meetings of the PHO member organisations. Strong relationships with other Well Health member Boards are needed due to the increasing pressures on the PHO and for the PHO to meet our needs and vice versa. The Board is doing some critical thinking and analysis to ensure that there is the right support from the PHO to meet the health needs of our population. There are other challenges facing us next year too. Contracts are a constant pressure and our sustainability depends upon contract continuity. We need to keep a careful watch on any government changes to health funding that would impact on access and service delivery to low- cost health services.

Finally, our kaumatua, Papa Julius, gifted us this year with this whakatauki to sustain and inspire our work: " Te manu e kai ana te miro ngonga te ngahere, te mea e kai kaiana te matouranga ngonga te ao - The bird that feasts on miro berries, the forest he owns, the one who feasts on knowledge, the world is his.

Ngā mihi, nui

Eileen Brown
Chairperson NUHS Policy Board

Manager's Report

This last year has once again provided Newtown Union Health Service (NUHS) with opportunities to improve and enhance the services we offer to our members. We have welcomed new staff and said farewell to others as we endeavour to provide affordable, accessible and high quality services to the population of the eastern, southern and central suburbs of Wellington.

Consumer Advocacy Service

In June 2015 we saw the closure of the Inner City Project. With the changes to mental health service provision within the CCDHB region and the introduction of the Te Ara Pai services, the Consumer Advocacy contract previously known as the Inner City Project ended. This meant saying farewell to three members of the team and I would like to acknowledge and thank them for their commitment to supporting and advocating for mental health consumers within the Wellington and Porirua areas. There is still a need within the community for this work and NUHS accepted a one year contract from CCDHB to be part of peer led advocacy research to identify and scope the need within the community. Sonia Smith, Mental Health Advocate, previously part of the ICP team is filling this role. This is an innovative and exciting project and we partner with Kites, Vincent's Art Studio and Te Ara Korowai providing a virtual team approach to this proactive research.

Midwifery

We have provided a space and established a relationship with four Lead Maternity Carers from the Wellington Midwifery Service. This means that we have been able to continue to have a close relationship with midwives who provide services for the pregnant woman of Newtown Union Health Service.

Living Wage

NUHS is pleased to announce our Living Wage accredited employer organisation status. NUHS endorses the objective of the Living Wage campaign, of the right of workers to a Living Wage, that enable them and their families to not only meet their basic needs but also to live with dignity and participate as active citizens in society. It is for these reasons that NUHS is working and uniting with other organisations which are committed to addressing poverty and inequality and why we publicly support the Living Wage campaign.

Building

Various maintenance projects previously identified continue to be rolled out this year with the commencement of work on upgrading the building; this included replacing the wooden boards behind the hand basins in all rooms and the soap dispensers, along with the installation of new curtains. The team acknowledged the history of the curtain-making by Viv Walker, a previous NUHS Board Chair and NUHS supporter. Viv shopped for and made the original curtains that have held a place of importance in the organisation for the last 15 years. Along with the challenges faced with the building at Hall Avenue, we will continue to work on repairs to the roof and upgrade of the kitchen and reception areas. These are all additional improvements that should continue to improve the surrounding for patients and staff.

The Broadway Clinic saw the installation of a new sign at street level, and the upgrade to the reception area has meant better workflow for the staff. There are limitations to improvements given this is a rental property, however we enjoy a positive working relationship with the landlord with this year resulting in the removal of the old garage at the rear of the property that was a safety concern. This has allowed additional parking for patients and staff.

Manager Professional Development

With the support of the NUHS Board I was very fortunate to attend the International Integrated Care Conference and study tour sponsored by the International Foundation for Integrated Care. This is a non-profit network that brings together academics, researchers, managers, clinicians, policy makers and carers of services throughout the world, together to advance knowledge and adopt integrated care policy and practice. This has given me the opportunity to see in action how the joining of funding health and social services can enhance services offered across the primary care spectrum. It is the opportunity to improve services to patients and reduce duplication of services. I returned with innovative ideas and motivation to review, plan and enhance ways of delivering services within NUHS.

Staff

There have been staff changes this year. Although always a sad occasion to say goodbye to staff it was an opportunity to wish them well for their future adventures; we farewelled Meri Haapu, Māori Social Worker, Maribeth Major, Operations Coordinator, Receptionist Annie Tills, Nurse John Sepulveda and Dr Pauline Horrill. We welcomed to the service, Dr Victoria Scobie, and Social Worker Philippa Thompson, Dr Phil Dashfield, Michelle Curel, Operations Coordinator, and Nurse Barbara Bos.

My continuing thanks and gratitude go towards Kaumatua Te Urikore (Julius), whom we all call Papa, for his practical and spiritual input into our service. We greatly value Papa's support and dedication to NUHS. I would also like to thank Eileen Brown, Chairperson of the NUHS Board along with the members of NUHS Board for their support over the last 12 months. I would like to acknowledge and thank the hard work of all Newtown Union Health Service staff. Every day I value the work of a diligent and responsive team who have the focus on improving the experience and health outcomes of those who use the services of Newtown Union Health Service. The health environment continues to change rapidly and we need to remain open and flexible to make the changes required of us. This would not be possible without the commitment and vision shown by the team. I thank the wider community for their continued support and positive words of encouragement, which help to ensure NUHS remains part of the community for the years to come.

Fiona Osten
Manager

Administration and Operations Report

Website

The Newtown Union Health Service website was launched www.newtownunionhealthservice.org.nz

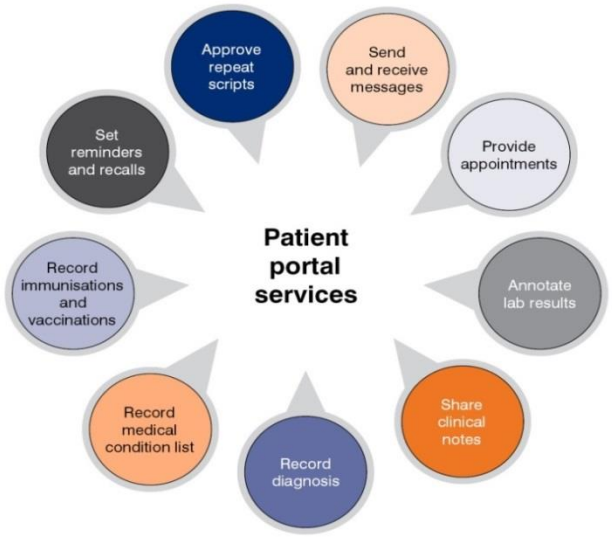
The development of the website has been an integral part of the service we offer to our patients. The site has practical and current information for patients including the services we offer, opening hours, registration criteria, useful links to other community and healthcare resources and providing up to date news, such as flu vaccine notifications and upcoming events. The site is mobile friendly for a smartphone or tablet. The website is available 24/7 to provide the convenience of reviewing our services.

Online Patient Portal

During the year, the Ministry of Health rolled out the online patient portal which has been developed for medical practices. Patient portals give patients access to view their own health care records; they can manage and keep track of their own and families health, book appointments, access their medical history, clinical notes, and lab results with their own secure log in and password.

Portals do not change the level of contact patients have with their practice. Portals are a proactive tool that enables patients to play a greater role in managing their own care. Patients may find it easier and faster to articulate their issues or questions in a secure message delivered through a portal than in a phone call, especially as many of these questions arise out of normal working hours.

Patients can register for a portal by providing an email address so they can be sent a login and password. The process is similar to signing up for online banking or Trade Me. Patients should protect their portal password in the same way they would protect an internet banking password. They can choose to authorise access to a family member or caregiver, and are responsible for what information they share and who they share it with. An audit trail shows who has accessed the portal to give patients certainty that their information has been seen only by authorised staff or by authorised family members or care givers. Portals are voluntary and opt-in, and that they can opt out at any time.



Source Patient Portals: Practical Guidelines for Implementation Version 1.0 April 2015

Electronic Medical Certificates

Newtown Union Health Service has been the pilot practice for the Ministry of Social Development implementing the electronic medical certificate, which has been successfully rolled out throughout the country to other practices.

The success has eliminated the need for staff to manually scan medical certificates, and the ability for medical certificates to be electronically accessed securely. These were completed online by our Doctors who have found this to be more efficient. The patient does not need to return the form to a WINZ office as all forms go electronically to a main data centre. The benefits are certainly more accurate (due to not being able to read hand writing).

Environmental Science and Research

Another successful year saw our participation in the Environmental Science and Research (ESR) scheme, which is part of World Health Organisation (WHO) flu surveillance.

This year we had a new electronic notification form that made the process of reporting numbers of patients with Influenza Like Illness much easier. A few patients that presented with flu like symptoms were swabbed, and all the others with flu symptoms were notified. All staff at NUHS were involved and patients were advised about the research collected.

This is an essential public health tool for assessing and implementing strategies to control influenza. The surveillance monitors the incidence and distribution of influenza, assists with early detection of influenza epidemics and identifies the predominant circulating strains.

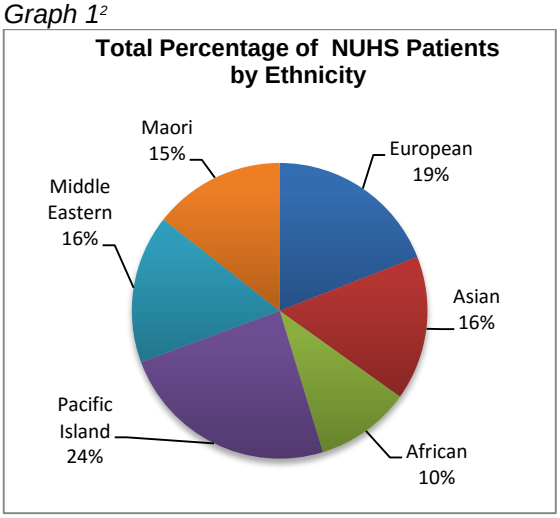
Michelle Curel
Operations Coordinator

Patient Register Demographics Report

Our current number of registered patients at Newtown Union Health Service is 6534 (excluding casual patients)[1]. Our on-the-day service sees an average of 33 patients per day.

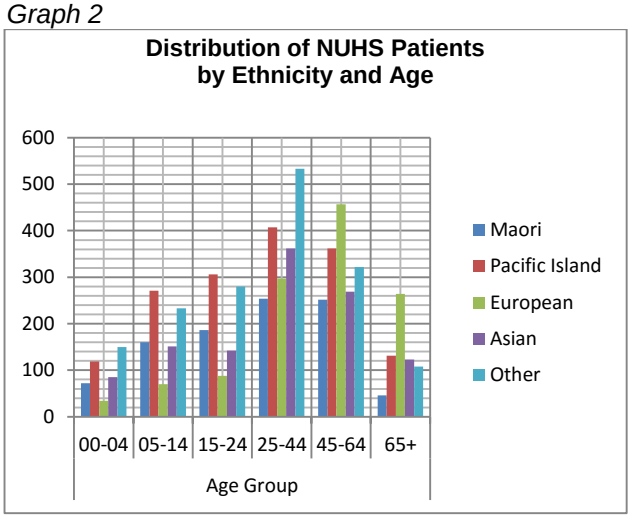
The distribution of patients, as seen in Graph 1 illustrates the ethnicity by percentage. It shows the majority of patients (24%) fall in the Pacific Island ethnic group with 1596 registered Pacific Peoples.

Graph 1[2]



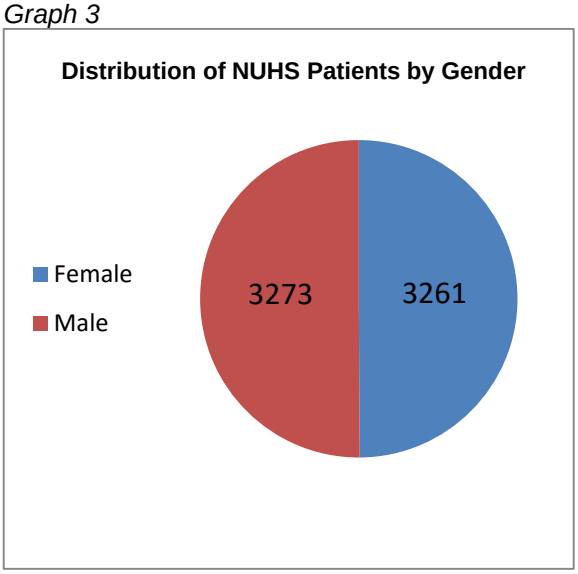
Source: Newtown Union Health Service, Medtech

Graph 2



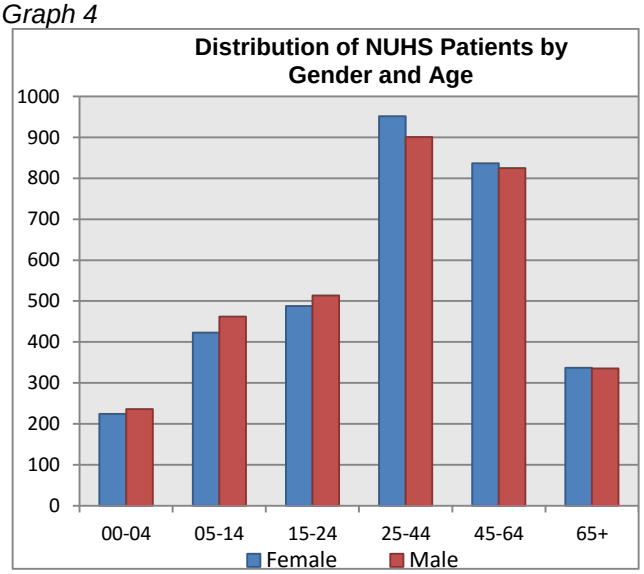
Source: Newtown Union Service, Karo Data Management Ltd

Graph 3



Source: Newtown Union Service, Karo Data Management Ltd

Graph 4



Source: Newtown Union Service, Karo Data Management Ltd

This year the distribution of patients by gender at NUHS is almost 50/50 with 3273 registered males (only 12 less) compared to 3261 registered females, as pictured in Graph 3. Our highest number of patients by age is 25 year olds to 44 year olds, which is 29% of our total patient count, as shown in Graph 4.

The data shown above gives an overview of the patients registered at NUHS. The following reports in Section three give a more detailed breakdown about the health care services we provide and work done with these services over the past 12 months.

[1] Patients who are still in the process of being enrolled; or enrolled with another practice and in the process of transferring out.
[2] Please see the detailed breakdown of the changing composition of the ethnicities in our patients on page 17

SECTION THREE

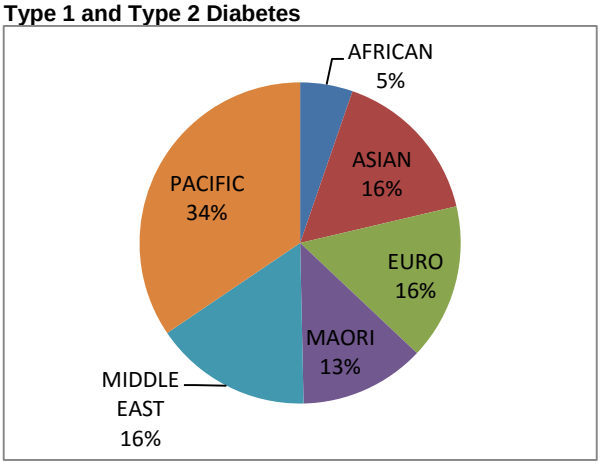
The reports in this section give more detailed information about the health care services provided and the work done with these groups over the period from 1 July 2014 – 30 June 2015.

Diabetes Report

Newtown Union Health Service (NUHS) provides a comprehensive Diabetes screening assessment and treatment service as per our Diabetes management plan (DMP). We have a team of two Doctors, two Nurses, and an interpreter who provide oversight of Diabetes Services at Newtown Union Health Service.

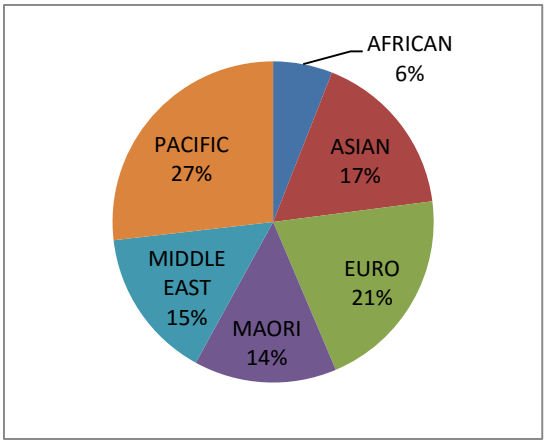
We currently have 586 patients (Graph A) who have a diagnosis of Diabetes, most of whom receive comprehensive Diabetes Care from their primary care provider. Of this 586, 561 have Type 2 Diabetes, 25 patients have Type 1. We also have **623** people that have a diagnosis of pre Diabetes for which it is well known that many of these people will go on to develop Diabetes within the next 5-10 years.

Graph A
Total Percentage of NUHS patients with Type 1 and Type 2 Diabetes



Source: Newtown Union Health Service, Medtech

Graph B
Total Percentage of NUHS patients with pre Diabetes



Source: Newtown Union Health Service, Medtech

What we offer
All patients with Diabetes are offered funded appointments with a nurse every 3 to 6 months for ongoing education and management of their Diabetes as well as a funded annual review with either their GP or nurse. Patients starting on insulin are currently supported by funded appointments to establish their insulin regime and ensure that they are able to manage their treatment in a safe way.

We have an education programme that covers all aspects of Diabetes care, including initial assessment and education as well as ongoing screening and recalls for follow up. The programme is delivered on an individual basis at regular scheduled appointments with their allocated Diabetes Nurse. Regular appointments provide the opportunity to monitor and manage their condition. People are encouraged to set and review their goals on a regular basis to reduce the long term negative impact of Diabetes and improve overall wellbeing.

We routinely screen patients who may be at risk of developing Diabetes. This is often done when people present for other reasons as well as in a more structured way when patients are having a Cardiovascular Risk Assessment.

People who are identified as having Pre Diabetes are offered initial diet/lifestyle education and are recalled in an appropriate time frame to review their progress.

We offer an outreach nursing service for Pacific People with Diabetes where there are identified barriers to them attending appointments. We endeavour to involve the Pacific Navigation Service to provide support for them to access care for Diabetes screening, education and management. We have a Samoan Diabetes Nurse Educator who coordinates monthly health promotion sessions in the area of Diabetes and nutrition for the Taranaki Exercise Group. Elderly Pacific patients are encouraged to attend this group for regular exercise and support.

Māori patients with Diabetes are referred to and encouraged to attend Te Puna Waiora who hold monthly meetings providing education and support for people living with Diabetes and other long term conditions.

All patients with Diabetes who choose to see us for their Diabetes Care will be engaged in a self-management programme and will be encouraged to attend an appropriate self-management group as available.

Some key activities that we engage in

- Monthly Diabetes team meeting involving Nurses/GP's/Community Dietitian/Interpreter.
- Three monthly Diabetes Specialist consultation clinic with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity. On average 3- 5 patients have consultations with Dr Krebs and we also have opportunity to discuss and review management of approximately another 15- 20 people with poorly controlled Diabetes.
- Regular meetings and liaison with community Podiatrists to ensure collaborative approach to managing patients with Diabetes.
- The provision of education sessions from the community podiatrist to all clinicians on high risk feet, who and how to refer to specialist services.
- Educations session to Nurses from community dietitian on diet and insulin.
- Regular updates to all staff from the Diabetes Team on best practice management for people with Diabetes.
- Interdisciplinary patient consultations involving nurses and dietitian for patients with diabetes.
- One on one mentoring of Nurses by staff Diabetes Nurse Educators.
- Participation in Health Promotion Events, providing and promoting Cardiovascular Risk Assessments and Diabetes screening to local community.
- Monthly Group Health Education and support by Diabetes Nurse Educator to community Pacifica Group (Taranaki Group).
- Ongoing education for nurses. All of our nurses have completed an online Diabetes Education Programme and have achieved up to level 2 of the National Diabetes Nursing Knowledge and Skills Framework. We also have 3 nurses who are competent and confident in insulin initiation and another nurse who is undergoing training for this.

We have two Diabetes Nurses who are members of the Diabetes Nurse Practice Partnership Team (DNPPT). This is collaboration between primary and secondary care and was initiated to promote quality and consistency of Diabetes Services to priority practices across the region. Nurses involved attend regular monthly meetings as well as additional working parties when required. NUHS Diabetes Nurses facilitate communication between the DNPPT and NUHS and take responsibility for ensuring that quality diabetes care is being delivered in a consistent manner to our patients.

Challenges

Diabetes is just one aspect of care that we are delivering but, along with our waistlines it is expanding! We are seeing increasing numbers of people being diagnosed with Pre Diabetes and Diabetes. We are providing care for increasing numbers of patients with multiple co morbidities and diabetes related complications. At the same time there are increasing expectations put on Primary Care to provide the same if not better service for the same if not less resource.

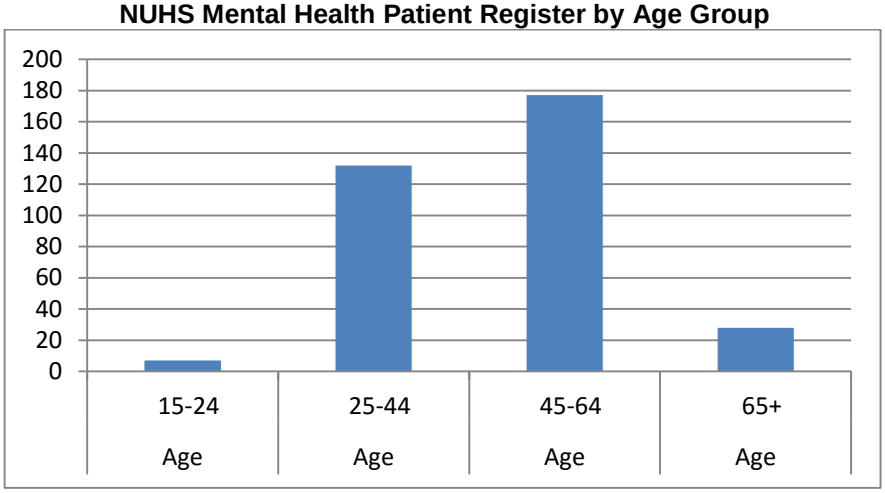
The Diabetes Team

Mental Health Report

The mental health team comprises of Dr Katrina Harper and Nurse, Fiona Da Vanzo and Nurse, Bryony Hales, who provide oversight of mental health services to 344 mental health programme registered patients. Over the past year work has continued to incorporate patients registered at NUHS Broadway fully into the programme.

The overall figure has remained stable although there has been a number of admissions and discharges. Our ethnicity data shows Māori patients 70; Pasifika 23; Other (NZ Pakeha, Middle Eastern, African, Asian and European). The higher users are the 45-64 years age group followed closely by 25-44 years age group with more male than female registered.

NUHS Mental Health Patient Register by Age Group



Source: Newtown Union Health Service, Medtech

The service aims to ensure quality healthcare is provided meeting each patient's mental and physical health needs. Over the last six months of the reporting period increasing effort has been made to ensure all the patients have regular screening for Cardio Vascular Disease Risk Assessment (CVDRA), diabetes, smoking risks, cervical screening, immunisation and mammography. Those patients who do not access services regularly are followed up and care offered on a regular basis.

Of the 344 patients on the register, 147 are from deprivation quintile 5. This figure does not fully reflect the true level of deprivation, as many of our patients live in clustered pockets of socially provided housing within higher income areas such as Te Aro, Central city , Newtown and Mt Cook.

The Mental Health Register allows patients with severe mental health illness to receive funded health care to maintain wellbeing. To provide good continuing care many of these patients do require intense, input with frequent clinic visits, home contacts and phone calls. A significant amount of time is spent by all the clinicians at NUHS in coordinating and liaising with other services such as CATT, Te Haika, Te Ara Pai, WINZ, Wellington City Council and other NGOs involved in offering services to our patients.

Our Mental Health Primary Healthcare Nurse began visiting the City Mission on a monthly basis, to provide an outreach health service to those who attend. We are aware that the numbers of NUHS patients attending the City Mission is increasing and we hope that this will build relationships with both the staff and patients. This is also an opportunity to meet those without a GP and to encourage them to access primary health care. This is in addition to the continuing monthly clinics at Henry Street, supported accommodation for people living with mental illness.

In late 2014 final closures of community led organisations for Mental Health meant for many people the loss of these services is the end of an era and risks further alienating them from society. Te Ara Pai offered assistance through their navigators at these sites to assist clients to find alternative supports. We are aware from both discussions with clients and the services that there was a limited uptake of the supports offered.

The workload remains high and intensive, including booked consultations, on the day services, telephone calls, outreach contacts, home visits, hospital visits, and prescriptions.

The Mental Health Team

"On the Day" Report

We have a team comprising of a GP, two nurses, and receptionists who manage requests for health care "on the day". For some of the time this team is augmented by a clinical pharmacist. This work involves responding to people who have acute presentations with an urgent need to be attended to, either by being seen or by responding to telephone requests, urgent requests for repeats of medication, review of urgent lab results (particularly warfarin monitoring) and the provision of telephone advice.

All requests for on the day care are first assessed by the nursing staff (either by phone or in the clinic). Nurses do a comprehensive assessment of these patients and either organise an appointment for them to be seen at a later time, address the problems themselves (when doctor involvement is not needed) or triage them in preparation for the doctor seeing them. Patients are seen for this service between 8.30am-1.00pm and 2.00pm-4.00pm (3.00pm-5.00pm on Wednesday because of staff meeting) five days a week.

Demand fluctuates but at the busiest times we would see more than 7 patients an hour averaged over a whole morning; per day this would average 34 patients. "On the day" health care is somewhat different to other practices due to the need for an interpreted consultation. Despite this our ability to manage the work load compares well with other After Hours Medical Centres. At these services they have an average consultation rate around the 3.00-3.5 ratio[3]. We can achieve this safely by knowing our patients well, utilising our nurses to the top of their scope of practice and having experienced doctors. Because of the complexity of our patients (limited English proficiency, mental health diagnoses, people from refugee background, at risk children) there are considerable benefits in them receiving their acute care at NUHS. If they do present to other services providing good management is challenging in the absence of an existing relationship and good background notes.

We have noticed a steadily increasing workload managing patients on warfarin. This work used to be done at the hospital coagulation clinic but has been devolved to primary care. The numbers of people on Warfarin has increased markedly in recent years. We now manage 52 people. Warfarin is one of the commonest causes of adverse reactions and close monitoring is required that involves regular blood testing and contacting the patient with the result and where needed adjusting the dose of medication. The frequency of testing varies from patient to patient but would probably average once every two weeks.

In the last twelve months the service has been used by 8212 patients. This is a reduction from the previous year by 234, however the reason for this is that we have been one doctor short for the past year. Our new doctor, Phil Dashfield, started working at the end of March 2015. Whilst Phil was building up his patient load many patients who had previously been seen on the day were able to be given booked appointments particularly those who had socially rather than medically urgent problems (sickness benefit forms, for example).

The OTD Team

Clinical Advisory Pharmacist Report

This year **Clinical Advisory Pharmacist** services were provided by Dr John Dunlop to Well Health Trust PHO. Dr Dunlop has been at Newtown Union Health Service establishing the role of a prescribing pharmacist. From May 2015 Dr Linda Bryant replaced John in the role of clinical advisory and prescribing pharmacist.

The clinical advisory / prescribing pharmacist works on Tuesday and Wednesday at Newtown Union Health Service. The initial introduction of pharmacist prescribing was through managing the repeat prescribing requests. The process involved the prescribing pharmacist receiving the repeat prescription request, reviewing the patient's medical notes for appropriateness, that the general practitioner has seen the patient recently for a review, and the patient appears to be adherent (timely prescriptions).

Overall, the integration of a prescribing pharmacist from July 2014 into Newtown Union Health Service has been extremely successful with administration, medical and nursing staff demonstrating support for controlled repeat prescribing and the development of greater patient involvement. Scripts are being done faster and accurately. It's been helpful to patients to have in-depth discussions regarding their prescription requests.

Dr Linda Bryant
Clinical Advisory Pharmacist

[3] NUHS Contract Reporting for 2014/15

Outreach Immunisation Report

The Outreach Immunisation Service continues to deliver an effective and culturally sensitive approach to working with a diverse, high needs population. The service has been and will continue to be based at Newtown Union Health Service. The staff team has had continuity with two part-time, experienced, registered nurses; Nurse, Louise French and Nurse, Karen Fry.

The service received a total of 223 referrals. 122 of these were from Porirua Union Health Community Service (PUCHS), 75 from Newtown Union Health Service (NUHS), 14 from National Immunisation Register (NIR) and 14 generated by the Outreach Immunisation Service (OIS). 1 referral was a self-referral and 1 referral from a Tamariki Ora Nurse. 18 referrals were unable to be contacted due to the child/family moving out of the area, living overseas or their whereabouts unknown.

The nurses are able to reach vulnerable, hard to reach families update the childhood immunisations, and assist them in re-engaging with their primary health provider. This service provides a much needed resource to increasing the overall immunisation rates for the lower socio-economic groups in the region. The OIS team continues to work with other primary care providers. Children who had moved out of the area were referred to other OIS providers.

Home visits to several Pacific Island families were completed with an OIS Nurse and Pacific Navigator. Immunisations were given and other health matters were discussed. Several children were referred to the GP as they were found to be quite unwell at the time of a home visit and required medical attention. In these cases immunisation was deferred to a later date.

Several referrals were received for large refugee families. Input from the local Somali Council was used to make initial contact with them, and an interpreter accompanied the OIS Nurses on the home visits needed to give the catch-up immunisations.

By the end of June 2015 Capital & Coast DHB had reallocated the Outreach Immunisation Service to Well Health and Ora Toa. Well Health covers Johnsonville/Paparangi south.

The nurses have attended an IMAC professional development day locally to update re current issues with Immunisation in New Zealand and world trends.

The Outreach Immunisation Team

Child Health Report

The Child Health Team is comprised of Dr Katrina Harper, Nurse Maureen McKillop, Social Worker Philippa Thompson and recently Māori Social Worker Tanya Kotua. The team meets fortnightly to discuss families in the service that may need extra support and/or the involvement of our Social Worker and Māori Social Worker.

This year policies relating to child health have been updated and goals for the team were reviewed at a half day planning event in April. The team has been working on a tool to identify vulnerable children and families and hope to introduce an advance form screening tool for this in the near future.

Dr Kate Hall (Developmental Paediatrician) continues to have a quarterly clinic at NUHS for children requiring assessments and access to Child Development services. This clinic is accessible to families at NUHS. Interpreters are organised for onsite consultations, and access to the child's clinician and Medtech notes provide a broader view of the needs of the child for the Specialist.

Once a term Regional Public Health School Nurses meet with the Child Health Team to identify children that may have extra needs e.g. eczema follow-up, allergy plans for schools, or if the sick child at school presented to the service. Other agencies that have meet with the Child Health Team are: Child, Youth and Family Service Social Worker and a Speech, Language Therapist.
The benefits of the multidisciplinary team are the skills and relationships that each professional has to contribute and who the most appropriate person is to respond to particular issues for families.
Four Independent Midwives currently hold clinics at NUHS weekly on Thursday and Friday caring for many pregnant women from the service. They have been able to refer women to the Social Worker for issues such as housing, family concerns, coping with parenting and teenage parenting.

The Dallow fund (legacy of Graham Dallow) is available for the use of children at NUHS. The Child Health Team has tried to identify how best to use this fund for low income families. Currently children from 13-18 years of age are able to have pharmacy prescriptions costs met with this fund.

The Child Health Team

Strathmore Community Clinic Report

The Strathmore outreach clinic has continued to run for this year, although there have been a couple of changes which have affected our ability to provide the service as we would have liked.

The staff for this time has been Dr Vivienne Coppell, receptionist Georgie Makamaka, and Coordinator Elaine Hill. We have not had a consistent nursing presence on site since Joanne Forsyth left us in November 2014, but various nurses have provided cover either on site at the community centre or as outreach from the Broadway clinic where Fou Etuale and Bryony Hales are based.

Outreach from NUHS to the Strathmore community consists of a weekly Wednesday morning clinic, visits, phone-calls, referrals and documentation associated with this. The service provides a drop-in service, for acute illness, with some planned follow-up for chronic conditions. We have had a pro-active approach to vaccinate against influenza from April 2014 when this year's vaccine became available.

There have been challenges with computer networking as we try to embrace the new technologies that are now available. There was also a change of management at the community centre, which resulted in a rearrangement of the rooms that we use, and a change in the other services provided within the centre. We look forward to further developments in the community centre environment such as visits from the mobile library service which are planned.

With NUHS now having a clinic in Broadway as well as at the community centre, the residents of this community have more options to access care and this has enabled enhanced teamwork between both sites.

Our data confirms that the people seen are mainly local residents (that includes Miramar/Strathmore) and the ethnic mix also reflects the multinational nature of this area.

The Strathmore Outreach Team

Newtown Park Flats Clinic and Outreach Report

The Newtown Park Flats clinic team comprises of Dr.Tin Maung Maung and Nurse, Fou Etuale. The clinic is operated every Friday by a nurse, and a doctor attends the first Friday of each month. Volunteers and tenant coordinators support the weekly clinics by hosting patients and supporting the nurse.

This Wellington City Council purpose-built clinic provides easy access, low cost health care and support to the Newtown Park tenants and nearby areas. It is aimed at reducing barriers and health inequalities and especially in those who find it hard to attend their own providers. The clinic delivers full medical care including health checks for asthma, diabetes, sexual health, mental health, blood pressure checks, child health checks, immunisation, social support, smoking cessation, elderly support, health education, and health promotion etc. Those who need urgent support or treatment are referred to Newtown Union Health Service or to the hospital. Patients needing social support are assessed and referred to a Social Worker or appropriate social services.

489 visits were recorded this year of the 138 registered patients. European was the highest users followed by Pacific Peoples and Māori. Age groups who visited the clinic more frequently were aged 65 years and over, followed by those aged between 46 years to 64 years. There were more male visits than female. Most of the elderly use the clinic regularly for health checks and social gathering and it is encouraging to see them take responsibility of their health and wellbeing.

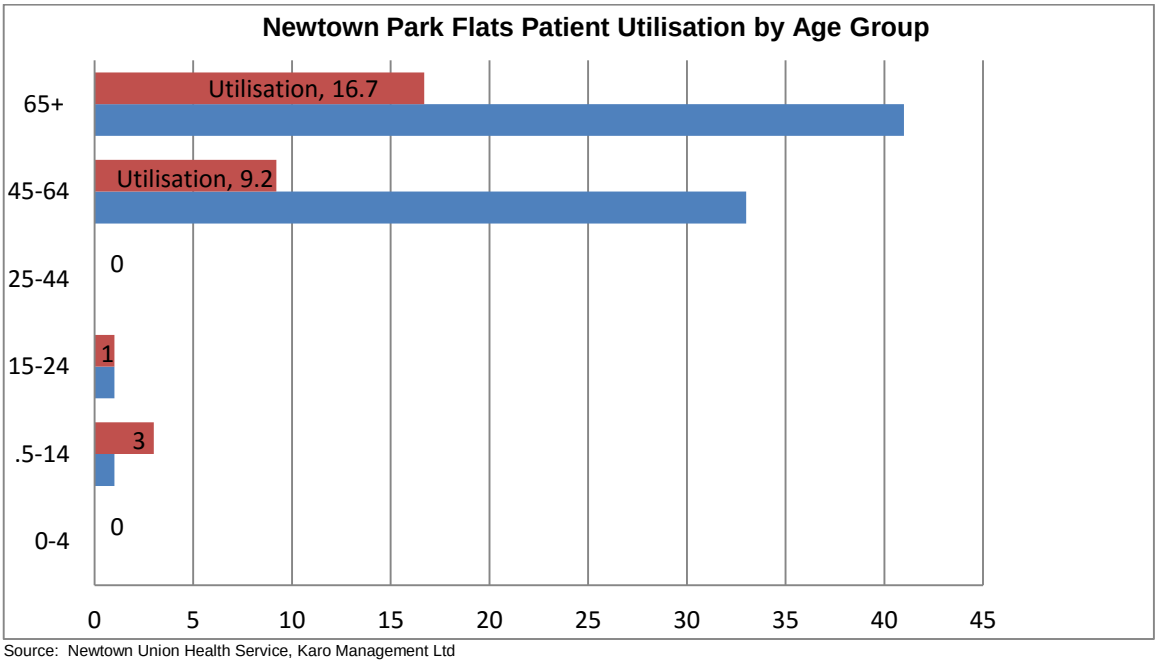
Newtown Park Flats Registered Population by Age Group and Ethnicity

Age Group	00-05	06 14	15-24	25-44	45-64	65-74	75+
AFRICAN	11	1	12	23	2		
ASIAN	2	1	1	5	2	3	1
EURO		1	1	2	9	1	5
MAORI		1	1	3	4	2	
MIDDLE EAST	3	2		9	3	4	
PACIFIC	1	3	3	7	3	1	5

Source: Newtown Union Health Service, Medtech

There have been two free flu vaccine clinics with good success. This year saw a significant increase in the number of Africans followed by Pacific Peoples, Middle Eastern, European, Asian and Māori attending.

This Graph illustrates the utilisation number of Newtown Park Flats patients by age group; of the 41 patients aged 65 years and older this group saw the Doctor or Nurse an average of 16.7 visits. Overall patients utilise the service an average of 16.35 visits.



Source: Newtown Union Health Service, Karo Management Ltd

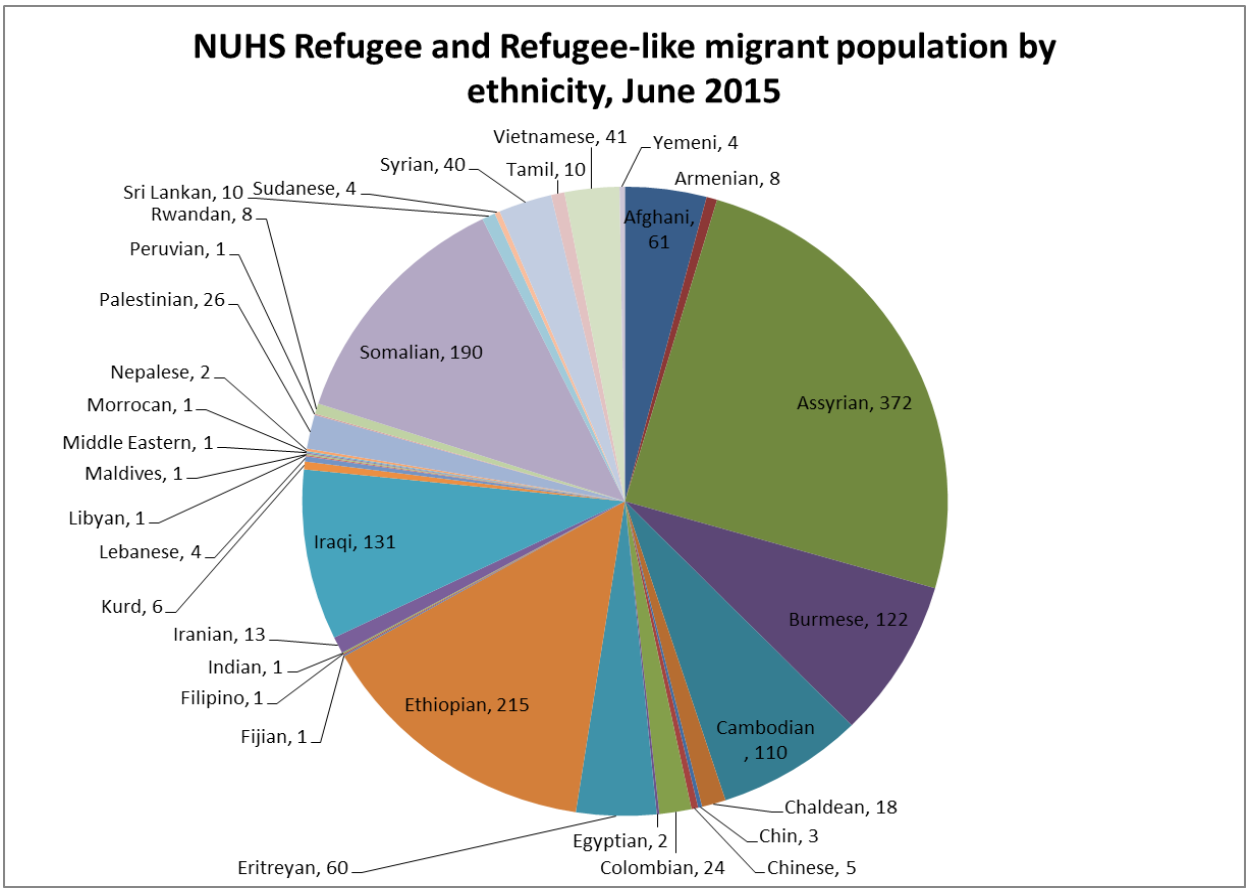
The message we endeavour to provide, is that of education and awareness. The challenge is to ensure African people and those hard to reach tenants are more involved at utilising the clinic.

The Newtown Park Flats Clinical and Outreach Team

Refugee Report

The Refugee Team staff at Newtown Union Health Service this year welcomed Philippa Thompson (Social Worker) in August 2014, after the departure of Stefanie Döbl (Social Worker), who had been a key member of the Refugee Team for five years. Nurse, John Sepulveda finished in June 2015, and Nurse, Barbara Bos started in the refugee team nurse role in May 2015. The team also includes general practitioner Jonathan Kennedy (GP).

The Team organises and attends regular fortnightly Refugee Liaison meetings. These meetings incorporate general updates regarding the sector, new refugee group arrivals and shared case multidisciplinary problem solving for efficient care with respect to individual patients.



Source: Newtown Union Health Service, Medtech

NUHS Refugee and Refugee-like migrant patients

The refugee team works closely with the Mangere Refugee Resettlement Centre (MRRC) in Auckland and Regional Public Health to improve referral processes especially regarding refugees with mental health problems. Refugee-like migrants (see appendix for definition) usually arrive at short notice, under various immigration categories, after being sponsored by a family member already in New Zealand.

They usually have their first contact with health care services in New Zealand in primary care. NUHS accepts the family members of enrolled refugee or refugee-like migrant patients including when our patient register is otherwise closed. After enrolment these migrants receive a well health check at their first appointment and medical screening is arranged.

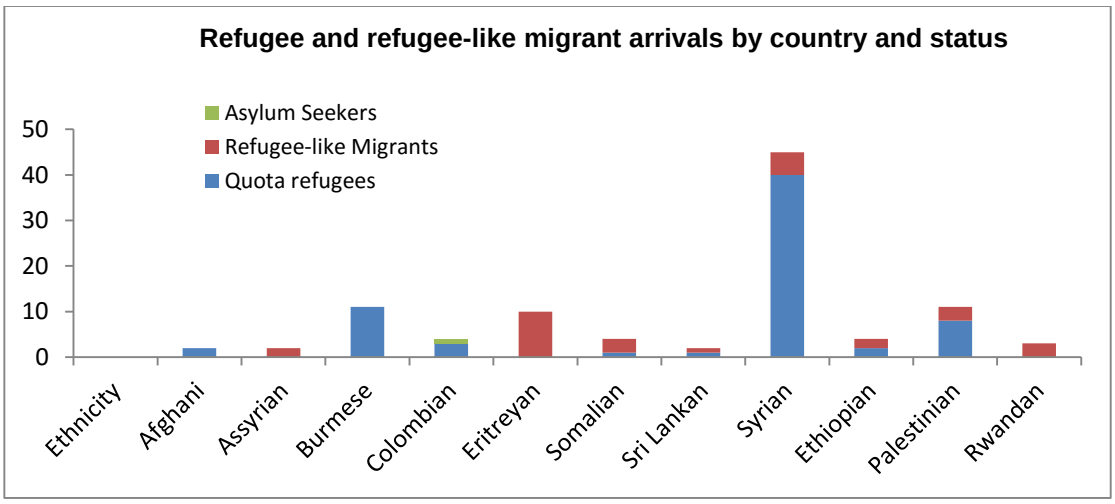
Screening is similar to that which quota refugees receive at the Mangere Refugee Resettlement Centre (MRRC). Arrivals are referred to Regional Public Health for tuberculosis screening. Chronic condition management is started or continued. Screening for family violence, past torture and trauma, and mental health problems take place over successive appointments. NUHS provides or arranges social work assistance when required.

New Refugee arrivals
This year saw 68 quota refugees, 25 refugee-like migrants and one asylum seeker arrive from 11 ethnic groups. Quota refugees came principally from Syria, Iraq (of Palestinian ethnicity) Burma (Myanmar) and Colombia, with refugee-like migrants arriving from Eritrea, Syria, Iraq (of Assyrian ethnicity), Rwanda, Ethiopia, Somalia and Sri Lanka. Arrivals included 31 children aged four months up to 15 years.

The Syrian refugees are the first of what is expected to be a significant group. Jonathan, John and Philippa enjoyed attending a presentation on Syrian culture run by Red Cross Refugee Services in preparation for receiving these people.

The arrivals presented with medical problems including dental problems, post-traumatic stress disorder, parenting issues, orthopaedic issues, ear and hearing problems and chronic conditions. Catch up immunisation programs were arranged where appropriate.

Quota refugee, refugee-like migrants (RLM) and asylum seekers by country of origin
Quota refugee arrivals usually come to Wellington after six weeks at the Mangere Refugee Resettlement Centre (MRRC) in Auckland. Health checks, screening and referrals to secondary services are started at the MRRC, and then followed up on after arrival to Wellington by the Newtown Union Health Service (NUHS) staff.



Source: Newtown Union Health Service, Medtech

The year has been consistent with patients and additional activities in the refugee health sector. Many refugees remain well known to the service for years after settlement in Wellington. This is especially true for growing young families and those dealing with chronic health and complex social or psychological conditions.

They attend the clinic on a regular basis and have ongoing involvement with the practice doctors and nurses demonstrating the trust and valuable service that Newtown Union Health Service provides. Most new arrivals have little or no English language proficiency making interpreting services vital when accessing the health system. The NUHS Assyrian/Arabic interpreter and cultural worker Flora Toma, is greatly valued.

As always, working with diverse populations has been enriching for all the Refugee Team members.

The Refugee Team

Appendix: *Newtown Union Health Service 'Refugee-like Migrant' Eligibility Criteria
(Also referred to as 'direct' refugees, 'humanitarian' refugees, 'family reunification' refugees)

1. From a background comparable to people admitted to New Zealand with refugee status **AND**
2. Has similar health needs and requires screening similar to a refugee.
   Specific criteria may include:
   - High rates of endemic disease in country of origin
   - Poor access to health care
   - Exposure to trauma/ Exposure to war or conflict
   - Prolonged residence in refugee camps or asylum countries
   - Forced migration or internally displaced people
   - Origin from country where refugees are currently originating

Social Worker Report

Social work at Newtown Union is an essential service to support families where their health needs intersect with issues such as access to services, immigration, employment, housing or changing family dynamics. This year saw significant changes in the social work team. Stefanie Döbl finished her role in August 2014 after 4 and a half years. Philippa Thompson began working here in the same month. Meri Haapu also resigned her position as Māori social worker in February 2015 and the position remained vacant until recently (see below).

Philippa's role combines her interests in health and community social work and is a good fit with her previous experiences. The work is challenging but enjoyable due to the wide variety of people seen and the issues they face. She has particularly enjoyed working with some of the refugee communities in Wellington and seeing how much they contribute to this city despite the issues they face. Some stories in particular stand out; one woman managed to buy her own house after years of living in City Council Housing; one woman has started a business; one woman successfully negotiated the family court process; one solo father has managed to get a visa to bring his wife to New Zealand; these stories are challenging and inspiring.

The Māori social work service had a gap of six months with the departure of Meri Haapu, however the team has been fully completed in August 2015 with the introduction of our new **Māori Social Worker – Tanya Kotua.** This role aims to encourage and support whānau, hapū and iwi in their journeys toward mauri ora. Māori make up fourteen percent of patients registered with NUHS, however whānau for a various number of reasons do not visit the clinic unless they are seriously ill. Therefore a significant part of this role is to follow-up whānau who have not been to the clinic for two years or more. Engagement would enable them to access numerous services that will ultimately lead to mauri ora and whānau ora. Our records show that after a home visit, whanau members are more likely to visit the clinic and access services more frequently.

The main social work interventions include increasing health knowledge, strengthening coping strategies and ensuring access to information, resources and to informal/formal supports. Advocacy on frontline and higher levels is also crucial. It was great to see that clients have stayed resilient and utilised their strengths well in those distressing times, achieving good outcomes for themselves and their families. The shortage of appropriate and affordable housing has become increasingly noticeable with more and more clients seeking social work support for this reason. Many clients live in houses that are unhealthy, overcrowded, or for which they must pay more than half their income; others have no secure housing at all. Wellington City Council and Housing New Zealand have long waiting lists and private rentals are generally too expensive. This challenge is exacerbated by difficulties communicating with the state housing provider via the call centre rather than through face-to-face contact.

The relationships with the Council, government agencies, community networks and health providers continue to be strong. Our social work peer group in Newtown ensures ongoing, strong community connections.

The Social Worker Team

Financial Report

NEWTOWN UNION HEALTH SERVICE INC.

ANNUAL REPORT

FOR THE YEAR ENDED 30 JUNE 2015

1. Audit Report
2. Statement of Financial Performance
3. Statement of Movements in Equity
4. Statement of Financial Position
5. Notes to the Accounts

DENT and HEATH
CHARTERED ACCOUNTANTS

J.M. DENT C.A.
L.E. HEATH B.C.A., C.A.

INDEPENDENT AUDITORS REPORT

To the Members of Newtown Union Health Services Incorporated

Report on the Financial Statements

We have audited the financial statements of Newtown Union Health Services Incorporated on pages 1 to 6, which comprise the statement of financial position as at 30 June 2015, the statement of financial performance, and statement of changes in equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

Board Responsibility for the Financial Statements

The Board are responsible for the preparation of financial statements in accordance with generally accepted accounting practice in New Zealand and that give a true and fair view of the matters to which they relate, and for such internal control as the Board determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entitys preparation of financial statements that give a true and fair view of the matters to which they relate in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entitys internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluating the presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion. Other than in our capacity as auditor we have no relationship with, or interests in, Newtown Union Health Services Incorporated.

Opinion

In our opinion, the financial statements on pages 1 to 6 comply with generally accepted accounting practice in New Zealand and give a true and fair view of the financial position of Newtown Union Health Services Incorporated as at 30 June 2015 and its financial performance for the year ended on that date.

Dent & Heath

Dent and Heath
22 September 2015
Lower Hutt

NEWTOWN UNION HEALTH SERVICE INC.

Statement of Financial Performance
For the Year Ended 30 June 2015

2014 $		Notes		2015 $
	INCOME			
	OPERATING INCOME			
	Primary Care Contracts			
55,530	After Hours Services		32,059	
76,702	Capitation - Care Plus		74,570	
1,086,528	Capitation - GMS		1,091,673	
	Cardiovascular Screening		27,916	
	Children High Disability Support		4,620	
74,537	Diabetes Practice Population Management		102,010	
69,896	Immunisation Outreach		69,896	
258,506	Improving Access		231,979	
407,831	Mental Health Consumer Advocacy and Peer Support Services		317,679	
42,930	Mental Health Quality and Audit		42,800	
308,532	Primary Mental Health Services and Community Liaison		308,532	
25,000	Primary Care Workforce Development		25,000	
426,217	Refugee New Settler Services		426,217	
	Vary Low Cost Practice Sustainability		33,424	
2,832,209				2,788,375
	PHO IPIF Programme			16,439
	Operations			
50,095	ACC Fees		48,655	
13,413	Casual GMS		10,392	
193,240	Consultation Fees		197,146	
25,701	Diabetes Annual Reviews		25,701	
14,877	GPTVP Registrar Training		13,727	
39,675	Immunisations		44,374	
17,974	Maternity Non-LMC		10,625	
3,621	Rent Received		3,671	
7,298	Sexual Health		5,714	
25,218	Staff Services		23,982	
391,111				383,987
3,223,320	**TOTAL OPERATING INCOME**			3,188,801
	NON OPERATING INCOME			
549	Grants and Donations		5,342	
26,954	Interest on Investments		38,779	
27,503				44,121
3,250,823	**TOTAL INCOME**			3,232,922
3,184,293	**LESS EXPENSES**			3,144,668
66,530	**NET SURPLUS FOR THE YEAR** before extraordinary items			88,254

This statement is to be read in conjunction with the Notes to the Financial Statements and Audit Report

NEWTOWN UNION HEALTH SERVICE INC.

Statement of Financial Performance
For the Year Ended 30 June 2015

2014 $		Notes	2015 $	
	EXPENSES			
	Staff Costs			
2,535,612	Wages		2,441,165	
73,223	Non Wage Staff Costs		81,993	
2,608,835				2,523,158
	Operating Costs			
47,384	Cleaning & Housekeeping		48,678	
37,889	Computer Expenses		45,775	
20,053	Insurance		18,975	
46,177	Medical Supplies & Services		48,548	
28,666	Office Supplies/Stationery		31,156	
80,348	Rent		84,582	
16,998	Repairs & Maintenance		43,472	
14,171	Service Overheads		18,083	
43,720	Telephone Tolls & Fax		37,653	
26,228	Travel		25,241	
361,634				402,163
	Financial Costs			
110,165	Accounting & Payroll Support		113,915	
9,000	Audit Fees		10,000	
23,204	Bad Debts		12,000	
832	Bank Charges		848	
39,477	Depreciation		33,514	
1,446	Interest		711	
3,031	Legal Fees		2,145	
750	Quality Programs		2,250	
187,905				175,383
	Other Costs			
8,008	Consultancy		27,084	
10,000	Healthcare Aotearoa		10,000	
7,911	Policy Board & AGM		6,380	
	Union Support Fund		500	
25,919				43,964
3,184,293	**TOTAL EXPENSES**			3,144,668

This statement is to be read in conjunction with the Notes to the Financial Statements and Audit Report

DENT AND HEATH Chartered Accountants LOWER HUTT

NEWTOWN UNION HEALTH SERVICE INC.

Statement of Movements in Equity
For the Year Ended 30 June 2015

2014 $		Notes	2015 $	
	NEWTOWN UNION HEALTH SERVICE			
1,096,890	Opening Balance		1,163,420	
66,530	Net Surplus for the year		88,254	
1,163,420	**ACCUMULATED FUNDS AS AT 30 JUNE 2015**			1,251,674

Movements in Reserves
For the Year Ended 30 June 2015

	NEWTOWN UNION HEALTH SERVICE			
48,930	**CAPITAL REPLACEMENT RESERVE**			48,930
	REDUNDANCY RESERVE			
117,325	Opening Balance		117,325	
-	Redundancy		58,887	
117,325	Closing Balance			58,438
	SERVICE DEVELOPMENT RESERVE			
122,048	Opening Balance		122,048	
	Practice Manager Study Tour & Conference		20,000	
				102,048
288,303	**RESERVES AS AT 30 JUNE 2015**			209,416

This statement is to be read in conjunction with the Notes to the Financial Statements and Audit Report

DENT AND HEATH Chartered Accountants LOWER HUTT

NEWTOWN UNION HEALTH SERVICE INC.

Statement of Financial Position
For the Year Ended 30 June 2015

2014 $		Notes	2015 $	
	CURRENT ASSETS			
352,093	Cash at Bank and on Hand		413,389	
666,600	Short Term Deposits		695,264	
303,919	Accounts Receivable	1	194,182	
16,117	Accrued Income		7,183	
7,075	Prepaid Expenses		15,970	
1,345,804				1,325,988
626,365	**FIXED ASSETS**	6		622,840
1,972,169	**TOTAL ASSETS**			1,948,828
	CURRENT LIABILITIES			
207,014	Accounts Payable		195,210	
78,733	Advance Income		51,109	
	Contracts		49,998	
44,472	GST Payable		28,465	
145,727	Holiday Pay Provision	3	117,955	
4,500	Union Support fund		5,000	
480,446				447,737
	TERM LIABILITIES			
40,000	Trade Union Loans	2	40,000	
40,000				40,000
520,446	**TOTAL LIABILITIES**			487,737
1,451,723	**NET ASSETS**			1,461,090
	REPRESENTED BY:			
48,930	Capital Replacement Reserve	5a	48,930	
117,325	Redundancy Reserve	5b	58,438	
122,048	Service Development Reserve	5c	102,048	
1,163,420	Accumulated Funds		1,251,674	
1,451,723	**TOTAL EQUITY**			1,461,090

Approved by:

Chairperson **Treasurer**

22/5/15

Date

This statement is to be read in conjunction with the Notes to the Financial Statements and Audit Report

DENT AND HEATH Chartered Accountants LOWER HUTT

1. STATEMENT OF ACCOUNTING POLICIES

(a) ENTITY

Newtown Union Health Service Incorporated is an Incorporated Society registered under the Incorporated Societies Act 1908 and is registered as a Charitable Entity under the Charities Act 2005.

The Union is entitled to use Differential Reporting exemptions as it is not publicly accountable and does not qualify as large.

These financial statements have been prepared using Generally Accepted Accounting Principles and advantage has been taken of all appropriate differential reporting exemptions.

(b) MEASUREMENT SYSTEM

The measurement system adopted is standard historical cost accrual accounting.

(c) PARTICULAR ACCOUNTING POLICIES

Goods & Services Tax

These financial statements have been prepared on a GST exclusive basis with the exception of Accounts Receivable and Accounts Payable.

Depreciation

Depreciation has been provided on a diminishing value basis at rates considered appropriate for the Health Service ranging from 18% to 60%. This also includes Buildings, which have been depreciated at 2.5%. The Health Service considers the rates used allocate as fairly as practicable depreciation to the periods expected to benefit from the use of the assets.

Accounts Receivable

A provision for doubtful debts of $ 12,000 (2014 $ 7,000) has been made to cover amounts owing to Newtown Union Health Service, the collection of which is considered doubtful.

(d) CHANGES IN ACCOUNTING POLICIES

All accounting policies have been applied on a consistent basis with the previous years.

2. HOLIDAY PAY PROVISION

An amount has been provided to represent the cost to the Health Service of Holiday Pay owing to employees at 30 June 2015

4. CONTINGENT LIABILITIES

There were no contingent liabilities at the balance date.

5. RESERVES

The specific reserves created by the Board are intended to provide against:

a) The potential costs of replacing or adding capital equipment;
b) 30% of the total contractual obligations under Clause 26 of the Wellington Primary Health Care Services Collective Agreement to make redundancy payments to staff;
c) Costs incurred in expanding existing or adding new service locations and/or projects.

6. **FIXED ASSETS**

2014 $		2015 $
	Furniture & Fittings	
74,402	At cost	76,870
62,202	Less Accumulated Depreciation	64,970
12,200		11,900
	Hall Street Buildings	
88,081	At cost	88,081
44,361	Less Accumulated Depreciation	45,454
43,720		42,627
	NUHS Building & Additions	
703,982	At cost	714,233
190,863	Less Accumulated Depreciation	204,514
513,119		509,719
	Office Equipment	
143,646	At cost	155,872
110,881	Less Accumulated Depreciation	122,591
32,765		33,281
	Medical Equipment	
59,663	At cost	64,708
37,151	Less Accumulated Depreciation	41,008
22,512		23,700
	ICP Equipment	
16,971	At cost	16,971
14,922	Less Accumulated Depreciation	15,358
2,049		1,613
$ 626,365	**Total Fixed Assets**	$ 622,840

The Hall Street building is valued in the Financial Statements at cost less accumulated depreciation. The Health Service owns half of the building with the other half and all of the land being owned by the Tumau Trust who act as landlords for the whole facility. In the event of the building being sold it is doubtful that the book value would be realised.