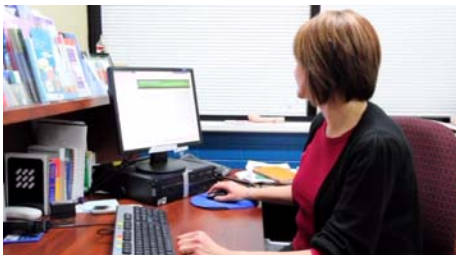




Central West Gippsland

Division of General Practice

2009-10 Annual Report



Contents

Our Region	Page 3
Chair Report	Page 4
Chief Executive Officer Report	Page 5
Governance	Page 7
Practice Support Program	Page 8
Mental Health Services	Page 11
Committees, Representatives and GP Participants	Page 13
Staff	Page 15
Financial Report	Page 17

Our Mission

Central West Gippsland Division of General Practice Inc. will take a leading role in the development of high quality health care through dynamic general practice and integrated primary care.

Our Vision

Central West Gippsland is a leading contributor to the development of an effective and efficient primary health care system.

Our Values

Collaboration

Respect

Integrity

Commitment

Innovation

Trust

Our Region

The Central West Gippsland covers the Baw Baw Shire and the Latrobe City. The region provides 95% of Victoria's electricity, 60% of Melbourne's water and 20% of Australia's milk production. Other major industries include manufacturing, forestry, sheep and beef farming, vegetable growing and tourism.

Baw Baw Shire has an estimated population of 40,114 and covers an area of just over 4,000 square kilometers. It borders the south-eastern suburbs of Melbourne. Latrobe City is the population and geographical centre of Gippsland which covers 1,400 square kilometres and has an estimated population of 73,982. Latrobe City is the principal service centre for the Gippsland region.

Since the 2001 census the Central West Gippsland catchment has experienced population growth of 8.9%, representing 9,004 more persons residing in the area. By 2031 it is estimated that the catchment population will increase by 6.3%. Growth will be most evident in the Baw Baw Shire.

All of the communities in Central West Gippsland are classified as ASGC-RA 2 (Inner Regional) with communities located within approximately 15 minutes to a major township where a mix of public and private medical, allied health and nursing services are available.

There are 34 general practices with 118 general practitioners, 15 GP registrars and 88 practice nurses working in the Central West Gippsland catchment. In Baw Baw Shire there is 0.94 GPs per 1,000 population; in Latrobe City there is 0.87 GPs per 1,000 population. The Victorian rate is 1.09.

Epidemiological data confirms that diabetes, cardiovascular disease, dental, mental illness and respiratory illness (Asthma and Chronic Obstructive Pulmonary Disease) are priority health issues for Central West Gippsland.

Chair Report

This has been a busy year for the board and staff of the division. The health reform agenda has dominated the strategic activities of the division. Much of the detail of the roles and structure of “Medicare Locals”, a central component of the primary care reform, is still under discussion. What is clear is that the current structure of local divisions of general practice will not be funded after June 30th 2012.

The board of the division regards the proposed primary care reform as both an opportunity and a challenge. We have been working closely with our two adjacent Divisions to prepare for a tender process to develop a Gippsland-wide primary health care organization once the details are released. A key aim of a Gippsland-wide Medicare Local will be to improve the continuity and coordination of care for our community. To help achieve this we have also been working closely with the other primary health services in our region, including community health, local government and the aboriginal community controlled health services, to ensure our tender is inclusive.

As we evolve into a broader focused and governed primary care health organisation, the board is very clear that the primary functions of the division that have been valued by our members will be maintained. Our role in practice support; workforce development; continuing education for GPs, practice nurses and practice managers; and assisting our members and their patients to navigate a complex health care system remain a priority.

A key achievement for the division this year has been our successful reaccreditation assessment. I would like to acknowledge the commitment of all the staff and board and thank them for their efforts this year.

Julie Thompson
Chair

Chief Executive Officer Report

I am pleased to present the 2009/10 annual report, a year that has been exciting and positive for the Division. We have continued to grow and develop programs and services.

Our organisational review and restructure (begun in May 2009) was fully implemented by November 2009 and resulted in a stable Leadership Team and a full complement of staff. It was then down to business as we embarked upon an ambitious work schedule, which I am proud to say has resulted in many positive outcomes.

The Board and Leadership Team have worked hard to prepare and position the Division for the National Primary Health Care Reform. We were instrumental in starting the conversation with our neighboring Divisions of General Practice, our members and interested stakeholders. In December 2009 a regional primary health care reform forum sponsored by the Gippsland Divisions with financial assistance from the Gippsland Region of the State Department of Health, was held with over 59 people from the private and state-funded health sector attending. The reform process will no doubt be a challenging and possibly uncomfortable process for Divisions, but we will make every endeavor to play a meaningful and central role in primary health care reform in our region.

Planning and partnership development was a priority for the Division in 2009-10. In December we commenced a thorough planning and consultation process for the Rural Primary Health Services Program and the Closing the Gap initiative. Over 84 members, consumers and local stakeholders were consulted, informing our needs assessment and service delivery plans for both programs. This consultation resulted in the establishment of the Division's Mental Health Nurse Service. In June 2010 six Mental Health Nurses were employed and are now working in 18 general practices.

The Division continues to actively foster and develop partnerships that support positive outcomes for general practice and the community. Our commitment to work in partnership is evident by the number of local, sub-regional and regional steering groups, advisory committees and task groups that we are involved with.

The Practice Support Program again provided a quality program of services which was well received by general practices. The team made 132 practice visits, and facilitated 73 education training and professional development sessions. Our Annual conference focused on Palliative care and was held in partnership with the Gippsland Palliative Care Consortium. The conference was well attended by GPs and practice staff. In addition, there are now 24 practices which have installed the PEN Clinical Audit Tool, this means we receive data from 74% of our GPs which provides us with important population health data. The e-health movement continues to be a vital area of work for the Division, with plans ahead for e-referral services to be implemented.

headspace has continued to grow and develop, we have maintained our two sites in Morwell and Warragul and we have provided a great generic and primary mental health service to the young people of Central West Gippsland whilst managing the program frugally. We await further information confirming our on-going funding for this most valuable program.

A key outcome for this year was our re-accreditation with the Quality Improvement Council. I congratulate all staff who worked collaboratively and collegiately to ensure our favorable result, I particularly wish to acknowledge our Service Development Manager Julie Rogalsky who managed the process and worked tirelessly to get us the great result we got - thank you!

This year we fare-welled two long standing staff members; Kerryn Chewe (Practice Support Coordinator) and Kaye McIntyre (Medication Management Review Facilitator). We thank them for their long standing involvement in the Division and wish them well for the future.

I thank the Board for their leadership and guidance, along with the Leadership Team and staff who have all shown their commitment and willingness to go the extra mile. I would also like to reassure our members that we are committed to participating in the national health reform process; most likely through a partnership with our regional Divisional and primary health service partners. It is our intention to submit an interest to the Commonwealth Government in establishing a Gippsland "Medicare Local". Our clear aim will be to support strong, integrated and equitable primary health care, with general practice central to this function.

We look forward to the many challenges that lay ahead, the next year will require us to be flexible and adaptable to take on the many changes that we will face.

Regina Kalb
CEO

Governance

Board of Directors

Dr Julie Thompson (12 years 6 months service)	Chair
Dr Malcolm McKelvie (3 years 9 months service)	Deputy Chair
Dr Sue Clarke (2 years 6 months service)	Secretary/Treasurer
Dr Telge Peiris (1 year 8 months service)	Director
Elizabeth Dobson (5 years service)	Associate Director
Di Jamieson (5 months service)	Associate Director
Rod Wellard (5 months service)	Associate Director

Board Recruitment

Following an extensive recruitment process we successfully recruited two additional Associate Directors to the Board. Ms Di Jamieson and Mr Rod Wellard bring important skills and expertise, especially in regard to financial management, quality improvement, risk management and strategic planning.

Primary Health Care Reform

The Board and Leadership Team have been working hard to strengthen and position the Division for future growth, development and change. We demonstrated our leadership and willingness to work together with regard to primary health care reform. In December 2009, the Board led a regional consultation forum. 59 people from the private and state-funded health sector attended the forum. This led to the establishment of the Gippsland Primary Health Reform Interest Group, of which the Division is a member.

To further demonstrate our commitment to working collaboratively and preparing for primary health care reform the Division partnered with East Gippsland Primary Care Alliance and GPA South Gippsland to establish a steering committee and to sign a Memorandum of Understanding that states:

“The three Gippsland Divisions of General Practice will work together and with other Primary Health Care Stakeholders in a united, cooperative and transparent way to establish a regional Primary Health Care Organisation for Gippsland.”

Strategic Planning

We have started to prepare for our next strategic planning cycle. BrandQuest was contracted to develop a brand strategy for the Division. The brand strategy provides the foundation for consistent and disciplined marketing which will help us communicate more effectively with our members and stakeholders.

Partnerships, Consultation and Population Health Planning

Strong partnerships and links have been established on a local, sub regional and regional basis. The Division is a member of many key advisory committees, working groups and task groups.

A comprehensive needs assessment and service planning consultation process was completed for the Rural Primary Health Services Program and the Closing the Gap Initiative. Over 84 people were consulted with and their feedback and advice helped inform the action plan for the Closing the Gap project and the establishment of the Mental Health Nurse Service (operational from July 2010).

Continuous Quality Improvement

During May we completed our accreditation review and satisfactorily met all of the Quality Improvement and Community Services Accreditation (QICSA) standards. The Division received accreditation for the next three years.

Practice Support Program

The Practice Support Program provides support, resources and assistance that enhances patient care, builds business success and efficiency, promotes quality improvement and improves integration between primary health care providers.

The Program directly interacts with General Practitioners, Practice Nurses and Practice Managers to provide high quality information and assistance that helps general practice deliver excellent health outcomes for the community. Where possible additional funding and grants are sought to further enhance and consolidate our work.

Aged Care Access Initiative

Five residential aged care facilities participated in this program which aimed to increase allied health service provision for residents with a chronic disease. 90 podiatry services and 23 dietetic services were provided.

“Can Do” Co-morbidity Mental Health Project

51 people participated in a mental health clinical education session. A total of 23 people went on to participate in “Can Do” Networking Units. The following topics were covered:

- Module 1: Alcohol and Depression
- Module 2: Benzodiazepines and Anxiety
- Module 3: Culturally and Linguistically Diverse
- Module 4: Men in Rural Areas

Chronic Disease Management and Care Planning

The Division participated in a number of local and regional chronic disease management task groups. General practice is supported in adopting a more systematic and comprehensive approach to chronic disease management.

		2008/09	2009/10	%
721	Preparation of a GP Management Plan	6,170	6,838	↑11%
723	Development of Team Care Arrangements	4,252	5,271	↑24%
10997	Service provided to a person with a chronic disease by a practice nurse or Aboriginal Health Worker	2,010	2,022	↑0.6%
732	Review a GP Management Plan	7,758	9,346	↑20%
2702 & 2710	Preparation of a Mental Health Treatment Plan	4,756	5,151	↑8%
2712	Review of a Mental Health Treatment Plan	2,471	2,742	↑11%

Closing the Gap Initiative

In April 2010, we recruited to the Project officer position. A significant amount of time has been spent on planning, consulting, building relationships and linking with Aboriginal people, local health services and general practice.

Nine general practices (26%) have registered with the Indigenous Practice Incentive Program. The Division is working closely with these practices with regard to providing templates, cultural training, education and resources.

Education, Training and Professional Development

The Division delivered a comprehensive education, training and professional development program. Our education advisory groups helped inform the program. 73 clinical education sessions were provided in the general practice setting, these focused on mental health, palliative care and pandemic planning. 34 different education and training events were offered. This year our annual conference focused on Palliative Care, which was attended by 14 GPs and 4 practice nurses.

The Division continued to coordinate the Practice Nurse Network and the Practice Managers Network.

e-health

One general practice and Latrobe Community Health Service completed a successful live e-referral trial using Argus and S2S (infoexchange service to service).

H1N1 and Pandemic Planning

Pandemic preparedness resources, alerts and flu kits were provided to all practices. 12 Pandemic Planning education sessions were held in the general practice setting (reach = 51 people from general practice).

Immunisation

Central West Gippsland maintained the immunisation coverage rate of 92.4% (national ranking = 8 and Victorian ranking = 4). The Division applies a multifaceted approach to supporting general practice this involves education, resources, information, data logging service, schedule changes/updates and overdue reminders.

GP Health Checks

The Division contracts the services of a female and male GP from outside the catchment to provide GP health checks. Five GPs participated in the program.

Medication Management Review (MMR)

There were 421 MMR services (item number 900) and 437 residential MMR services (item number 903) claimed during the financial year. There are seven accredited pharmacists in the Division.

Moe After Hours Medical Service (MAHMS)

The Division supports MAHMS by coordinating the after hours GP roster. Over 6,000 people accessed the MAHMS during the year.

National Prescribing Service (NPS)

The NPS offers evidence based updates and educational activities for GPs, practice nurses and pharmacists. 21 sessions were provided in the general practice setting during lunchtime. Topics covered included:

- Therapeutic choice for menopausal symptoms (reach = 44 GPs)
- Management options to maximise sleep (reach = 36 GPs)

Nursing in General Practice

The Nursing in General Practice program provides training and professional support for practice nurses. This year we focused on increasing the utilisation of MBS item number 10997 (provision of monitoring and support for people with

a chronic disease) along with professional development that covered: immunisation, motivational interviewing, viral hepatitis, heart disease and kidney health.

PEN Clinical Audit Tool

The PEN Clinical Audit Tool is now used by 24 practices, representing 98 (74%) GPs. 21 training sessions were provided either on-site or from our training venue.

Practice Visits

132 practice visits were conducted by the Practice Support Team. This represents an average of 3.9 visits to each practice per year.

Rural Palliative Care Project

28 Palliative Care Clinical Education sessions were delivered in the general practice by the Division and a representative from Latrobe Community Health Service or West Gippsland Healthcare Group. (Reach = 114 people) Palliative Care Referral, Access and Management Flow Charts were distributed to all GPs. Two GPs are involved in the Palliative Care Multidisciplinary Teams.

Type 2 Diabetes Prevention

Lifestyle modification programs are offered to people aged 40 years and older who are at risk of developing Type 2 Diabetes. There were 10 referrals to the Commonwealth funded Type 2 Diabetes Prevention Programs and 58 to the state funded Life! Taking Control of Diabetes Program. Programs are facilitated by Latrobe Community Health Service and West Gippsland Healthcare Group.

Workforce Support

The Division provides workforce support to GPs, registrars, students and practice staff. Key partnerships have been maintained with getGP, Monash University Rural Medical School and the Rural Workforce Agency Victoria (RWAV). All new GPs and practice nurses are offered resources and orientation to the Division. 15 registrars participated in 11 "Cluster Groups" which provides a supportive peer learning environment.

Mental Health Services

In Victoria, one in five Victorians will suffer from depression, anxiety or other mental illnesses at some time in their life. Latest research and evidence suggests that there needs to be a shift from a response based on illness and acute intervention to one emphasising wellness, early intervention and recovery.



headspace

headspace is a youth mental health initiative that aims to promote and facilitate improvements in the mental health, social well being and economic participation of young people aged 12-25.

548 clients were seen at headspace and 4,138 occasions of service were provided. A significant amount of work was undertaken with regard to assertive monitoring of a young person's mental health and wellbeing and completing headspace holistic assessments.

Services provided include:

Private psychology	Mental Health Nursing	General Practice Youth Clinic
Alcohol and Drug	Community Health Nursing	Centrelink Community Engagement
Employment Services	FReeZa program	Youth Diversity

The headspace promotional material has been widely distributed and staff participated in a number of educational and community awareness activities. headspace also coordinated training and education such as Young Minds training, Can Do youth networking modules and the Mental Health Professionals Network.

The Division Counselling Program (More Allied Health Services)

Funding for the MAHS program ceased in December 2009. 65 GP made referrals to the Division Counselling Program which resulted in 441 counselling sessions.

Access to Allied Psychological Services (ATAPS)

The Division receives funding through the Better Outcomes in Mental Health Initiative – Access to Allied Psychological Services (ATAPS) Program to coordinate free psychological counselling services for people on a low income or for people who were affected by the Victorian bushfires.

The program is coordinated by the Division using “vouchers” to access counseling from private psychologists. This year 165 vouchers were issued, representing a 189% increase from the previous year.

Mental Health Nurse Service

The Mental Health Nurse Service is funded by the Rural Primary Health Services Program and the Mental Health Nurse Incentive Program. The program works on a shared care model with General Practice aiming to assist in the provision of coordinated clinical care and treatment for people with severe mental health disorders.

The Mental Health Nurse Service has been taken up by 18 different general practices providing 53% coverage of the Divisions catchment. Six Mental Health Nurses were employed in June and service provision commenced in the new financial year.

Mental Health Support for Drought Affected Communities

The Community Support Worker formed many collaborative partnerships with key service providers and community groups. A significant amount of work was done with communities and stakeholders to build the capacity of communities so they are able to better respond to the psychological impact of drought.

28 different community outreach activities were provided and reached in excess of 1,503 people. Feedback from project participants was positive, especially with regard to the Pit Stop Program, Mental Health First Aid and Don't Beat about the Bush workshops. To raise awareness and to promote help seeking behaviour 8,000 rural households received a copy of the Central West Gippsland Mental Health Service Directory.

Mental Health Response to Victorian Bushfires, Community Capacity Building Activities

The Resilience Institute of Australia facilitated Practical Resilience Workshops for people affected by the Victorian Bushfires. 29 people attended the workshops held in the Baw Baw Shire and 39 attended the workshops held in the Latrobe City. The Practical Resilience Workshops were an important component of the Bushfire Recovery Plans, which focused on moving forward in a proactive and positive way.

Committees, Representatives and GP Participants

Finance Sub-Committee

Dr Sue Clarke
Regina Kalb

Elizabeth Dobson
Karen Trenerry

Risk/Continuous Quality Improvement Sub-Committee

Dr Malcolm McKelvie
Regina Kalb

Di Jamieson
Julie Rogalsky

getGP Board Representative

Dr Fred Edwards

GPV Board Representative

Dr Julie Thompson

NPS Quality Use of Medicines Facilitator

Dr Kate Noakes

Education Program Advisor

Dr Wayne Thompson

Central West Cluster Group for GP Registrars

Dr Chris Lampel

GP Education Program Advisory Group

Dr Wayne Thompson
Dr Jocelyn Apostol
Margaret Bogart

Dr Paul Coughlan
Dr Chris Lampel
Alexei Doherty

Practice Nurse Education Program Advisory Group

Barb Booth
Heather Scott
Margaret Bogart

Sharlene Hardistry
Gail Fiddelaers
Alexei Doherty

Gippsland Health Service Partnership

Regina Kalb

Gippsland Primary Health Care Reform Special Interest Group

Regina Kalb (Secretariat)

Gippsland Service Coordination and Chronic Disease Management Task Group

Regina Kalb (Chair)

Gippsland Health Promotion Task Group

Julie Rogalsky

Gippsland Palliative Care Consortium

Regina Kalb (Gippsland Divisions Representative)

Gippsland Palliative Care Clinical Practice Group

Margaret Bogart

headspace Consortium

Regina Kalb

Liz Jones

Central West Gippsland Primary Care Partnership

Regina Kalb

Staff

Leadership Team

Regina Kalb	Chief Executive Officer
Karen Trenerry	Finance and Administration Manager (from August 2009)
Julie Rogalsky	Service Development Manager
Margaret Bogart	Practice Support Manager
Liz Jones	headspace Manager
Teresa D'Astoli	Mental Health Services Manager (from Feb 2010 to April 2010)

Corporate

Juliene Bradley	Senior Administration Officer – Finance (from March 2010)
Jan Geiran	Senior Administration Officer – Finance (from October 2009 to November 2009)
Leanne Short	Cleaner

Practice Support Program

Kerryn Chewe	Practice Support Coordinator (to August 2009)
Alexei Doherty	Senior Administration Officer – Practice Support (from July 2009)
Audra Fenton	Practice Support Coordinator (September 2009 to April 2010)
Susan Griggs	Practice Support Coordinator (from January 2010)
Jenny Harrington	Practice Support Coordinator (to March 2010)
Sandra Johnston	Practice Support Coordinator (from April 2010)
Brendan Kennedy	Practice Support Coordinator (from September 2009)
Kaye McIntyre	Medication Management Review Facilitator (to June 2010)
Dr Kate Noakes	NPS Facilitator (from July to June 2010)

Mental Health Support for Drought Affected Communities

Leah Bell	Community Support Worker
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More Allied Health Services (Counselling) Program

Anne Delahay	Team Leader/Counsellor (to November 2009)
Sheridan McDonald	Psychologist (to February 2010)
Kerri Scanlon	Counsellor (to October 2009)
Barbara Steng	Counsellor (to September 2009)
Annemieke Van Vliet	Counsellor
Anne Welshe-Word	Counsellor (from January 2010)

Mental Health Nurse Service

Brian Gray	Mental Health Nurse (from June 2010)
Ian Edgar	Mental Health Nurse (from June 2010)
Kerri-Anne Gafa	Mental Health Nurse (from June 2010)
Julie Lock	Mental Health Nurse (from June 2010)
Jacquelyn Metcalfe	Mental Health Nurse (from June 2010)

headspace

Liana Brennan	Senior Administration Officer – headspace (from August 2009)
Natasha Brown	Youth Access Team (from March 2010)
Dr Mark Fontaine	General Practitioner
Bonnie Gray-Healey	Youth Access Team
Jack Hegarty	Reception - casual and Freeza Coordinator
Dr John O'Donoghue	General Practitioner
Kerri Rixon	Access and Intake Clinician (to June 2010)
Lisa Somerville	Reception (from August 2009)
Suzanne Tennant	Senior Clinician (from July 2009)

LSH Accounting

Chartered Accountants

Correspondence to
P.O. Box 600 Morwell 3840
Telephone: (03) 5134 4955
Facsimile: (03) 5134 6201

Email: admin@lshaccounting.com.au

INDEPENDENT AUDITOR'S REPORT

To the Members of Central West Gippsland Division of General Practice Inc

Scope

Report on the Financial Report

We have audited the accompanying financial report, which comprises the Balance Sheet as at 30 June 2010 and the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows, Accompanying Notes to the Financial Statements and Statement by the Members of the Board.

The Board of Managements' Responsibility

The Board of Management of Central West Gippsland Division of General Practice Inc are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Associations Incorporation Act 1981 [VIC]. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

Creating & Protecting Your Wealth

LSH Accounting Pty Ltd A.C.N. 103 861 561

LSH Accounting Registered Company Auditors

Liability limited by a scheme approved under Professional Standards Legislation

Audit Opinion

In our opinion, the financial report of Central West Gippsland Division of General Practice Inc. is in accordance with the Associations Incorporation Act 1981 [Vic] including:

- giving a true and fair view of the financial position of Central West Gippsland Division of General Practice Inc as at 30 June 2010, and of its performance and its cash flows for the year ended on that date; and
- complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the Associations Incorporation Act 1981 [Vic].

LSH Accounting
LSH Accounting



JOANNE LOH
Partner

Morwell
27th August 2010

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	<u>2010</u>	<u>2009</u>
Revenue	2	1,935,229	2,304,687
Employee Benefits Expense	3	(1,072,218)	(1,242,141)
Depreciation and Amortisation Expense		(62,454)	(67,163)
Other Expenses	3	<u>(769,086)</u>	<u>(828,586)</u>
Profit before income tax		<u>31,471</u>	<u>166,797</u>
Income tax expense		-	-
Profit for the year		<u>31,471</u>	<u>166,797</u>
Profit attributable to members		<u>31,471</u>	<u>166,797</u>
Other comprehensive income		-	-
Total comprehensive income attributable to members		<u><u>31,471</u></u>	<u><u>166,797</u></u>

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
BALANCE SHEET AS AT 30 JUNE 2010

	NOTE	<u>2010</u>	<u>2009</u>
ASSETS			
<i>Current Assets</i>			
Cash and Cash Equivalents	4	517,367	948,432
Trade and Other Receivables		185,582	76,232
Prepayments		-	-
Total Current Assets		<u>702,949</u>	<u>1,024,664</u>
<i>Non-Current Assets</i>			
Property Plant and Equipment	5	161,164	181,682
Total Non-Current Assets		<u>161,164</u>	<u>181,682</u>
TOTAL ASSETS		<u>864,113</u>	<u>1,206,346</u>
LIABILITIES			
<i>Current Liabilities</i>			
Trade and Other Payables	6	455,355	782,875
Short term provisions	7	36,875	83,059
Total Current Liabilities		<u>492,230</u>	<u>865,934</u>
<i>Non Current Liabilities</i>			
Long term provisions	7	-	-
Total Non Current Liabilities		<u>-</u>	<u>-</u>
TOTAL LIABILITIES		<u>492,230</u>	<u>865,934</u>
NET ASSETS		<u>371,883</u>	<u>340,412</u>
EQUITY			
Retained earnings		371,883	340,412
TOTAL EQUITY		<u>371,883</u>	<u>340,412</u>

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2010

	<u>2010</u>	<u>2009</u>
BALANCE AT 1ST JULY		
Retained Earnings	340,412	173,615
Total comprehensive income attributable to members	<u>31,471</u>	<u>166,797</u>
BALANCE AT 30 JUNE	<u>371,883</u>	<u>340,412</u>

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	<u>2010</u>	<u>2009</u>
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from Customers		1,792,443	2,531,525
Payments to suppliers & employees		(2,215,008)	(2,122,153)
Interest Received		<u>33,438</u>	<u>28,628</u>
<i>Net Cash provided by (used in) Operating Activities</i>	9	(389,128)	438,001
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of Plant & Equipment		-	259
Purchase of Property, Plant & Equip.		(41,937)	(152,713)
<i>Net Cash provided by (used in) Investing Activities</i>		<u>(41,937)</u>	<u>(152,454)</u>
NET INCREASE (DECREASE) IN CASH HELD			
		(431,065)	285,547
Cash at the beginning of the financial year		948,432	662,885
CASH AT THE END OF THE FINANCIAL YEAR	4	<u><u>517,367</u></u>	<u><u>948,432</u></u>

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

This financial report covers Central West Gippsland Division of General Practice Inc as an individual entity. Central West Gippsland Division of General Practice Inc is an association incorporated in Victoria under the Associations Incorporations Act 1981.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations and the Associations Incorporations Act 1981.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted in the preparation of this financial report are presented below and have been consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

a. Property, Plant and Equipment

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

Plant & Equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

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

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is held ready for use. 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 as follows:

Class of Fixed Asset	Depreciation Rate	Expense
Office Equipment	27.00%	10,951
Furniture & Fittings	13.0%	6,083
Computers & Other Equipment	40.00%	34,014
Leasehold Improvements	13.0%	11,406
		<u>\$62,454</u>

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income.

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

b. Revenue

- Revenue from Government Grants is recognised when the control of the grant is established and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably. If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied. When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the balance sheet as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

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

All revenue is stated net of the amount of goods and services tax (GST).

c. 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.

d. Cash & Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet.

e. Leases

Leases of fixed assets where substantially all the risk and benefits incidental to the ownership of the asset, but not the legal ownership are transferred to the association are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments. Including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term.

Lease payments for 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.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

f. Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

g. Comparative Figures

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

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

NOTE 2: REVENUE	<u>2010</u>	<u>2009</u>
Revenue from government & other grants		
Grant - DOHA	906,767	886,852
Grant - Headspace	390,620	601,400
Grant - AGPN	80,000	98,640
Grant - Mental Health Bushfire	133,333	220,000
Grant - ABHI	33,860	46,124
Grant - MMR	35,374	35,374
Grant - NPS	43,709	29,705
Grant - RWAV	-	7,000
	<u>1,623,663</u>	<u>1,925,095</u>
Revenue Received in Previous Year	520,787	675,233
Unexpended Grant Funds	<u>(381,827)</u>	<u>(520,787)</u>
Total grant revenue	1,762,623	2,079,541
Other revenue		
Interest Received	33,438	28,628
Other Income	134,139	183,648
Profit on sale of assets	-	(187)
Sponsorship	<u>5,030</u>	<u>13,057</u>
	<u>172,606</u>	<u>225,146</u>
	<u>1,935,229</u>	<u>2,304,687</u>

NOTE 3 EXPENDITURE	<u>2010</u>	<u>2009</u>
Remuneration Expense		
Directors Costs	70,240	51,792
Other salaries	915,918	1,064,219
Other Employee costs	86,060	126,130
<i>Total Remuneration</i>	1,072,218	1,242,141
Other Expenses		
Audit Fees - auditing the financial report	19,430	4,520
Consultants and Contractors	200,053	210,651
Motor Vehicle	58,275	79,797
Occupancy	148,943	190,890
Travel and Accommodation	4,855	17,446
Program delivery expenses	151,630	177,574
Other costs	185,900	147,708
<i>Total Other</i>	769,086	828,586

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

NOTE 4: CASH AND CASH EQUIVALENTS	<u>2010</u>	<u>2009</u>
Cash on Hand	14	58
Cash at bank	517,353	948,373
	<u>517,367</u>	<u>948,432</u>

NOTE 5: PROPERTY, PLANT AND EQUIPMENT	<u>2010</u>	<u>2009</u>
Computer Equipment - at cost	180,053	152,320
Acc Depreciation	(130,173)	(96,158)
	<u>49,880</u>	<u>56,162</u>
Office Equipment - at cost	102,446	95,891
Acc Depreciation	(78,105)	(67,156)
	<u>24,341</u>	<u>28,735</u>
Furniture & Fittings - at cost	57,573	49,925
Acc Depreciation	(19,976)	(13,893)
	<u>37,597</u>	<u>36,033</u>
Leasehold Improvements - at cost	87,744	87,743
Acc Depreciation	(38,398)	(26,991)
	<u>49,346</u>	<u>60,752</u>
TOTAL PROPERTY, PLANT AND EQUIPMENT	<u>161,164</u>	<u>181,682</u>

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

2009	<u>Computer Equipment</u>	<u>Office Equipment</u>	<u>Furniture & Fittings</u>	<u>Leasehold Improvements</u>	<u>Total</u>
Balance at 1st July	26,493	20,983	27,200	21,903	96,579
Additions at cost	62,228	20,288	21,952	48,245	152,713
Disposals	-	-	(446)	-	(186)
Depreciation expense	(32,559)	(12,535)	(12,673)	(9,396)	(67,163)
Carrying amount at the end of year	<u>56,162</u>	<u>28,735</u>	<u>36,033</u>	<u>60,752</u>	<u>181,682</u>
2010	<u>Computer Equipment</u>	<u>Office Equipment</u>	<u>Furniture & Fittings</u>	<u>Leasehold Improvements</u>	<u>Total</u>
Balance at 1st July	56,162	28,735	36,033	60,752	181,682
Additions at cost	27,732	6,558	7,647	-	41,937
Disposals	-	-	-	-	-
Depreciation expense	(34,014)	(10,951)	(6,083)	(11,406)	(62,454)
Carrying amount at the end of year	<u>49,880</u>	<u>24,341</u>	<u>37,597</u>	<u>49,346</u>	<u>161,164</u>

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

NOTE 6: TRADE AND OTHER PAYABLES	<u>2010</u>	<u>2009</u>
Current		
Trade payables	64,642	144,371
Other current payables	8,887	117,717
Deferred Grant Income	381,827	520,787
	<u>455,355</u>	<u>782,875</u>

NOTE 7: PROVISIONS	<u>2010</u>	<u>2009</u>
CURRENT		
Accrued Annual Leave	36,875	55,869
Long Service Leave Provision	-	27,190
	<u>36,875</u>	<u>83,059</u>
NON-CURRENT		
Long Service Leave Provision	-	-

NOTE 8: CAPITAL AND LEASING COMMITMENTS

Operating lease commitments	<u>2010</u>	<u>2009</u>
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable - minimum lease payments		
- not later than 12 months	103,043	182,460
- between 12 months and 5 years	21,751	69,107
- greater than 5 years	-	-

The 2 property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with three and one year terms. Increase in lease commitments may occur in line with CPI.

The motor vehicle lease commitments are 24 month operating leases with lease payment payable monthly in advance. No capital commitments exist in regards to the lease commitments at year-end. Increase in lease commitments may occur in line with CPI. The leases are secured by the underlying motor vehicle.

NOTE 9: KEY MANAGEMENT PERSONNEL COMPENSATION

	Short-term benefits	Post- employment benefits	Total
2010			
Total compensation	142,524	8,099	150,623
2009			
Total compensation	124,199	7,861	132,060

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

NOTE 10: RELATED PARTY TRANSACTIONS

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

Transactions with related parties:

Payment to Dr McKelvie for project work	136
Payment to Dr Thompson for project work	256

NOTE 11: CASH FLOW INFORMATION

	<u>2010</u>	<u>2009</u>
Reconciliation of Cashflow from Operations with Profit after Income Tax		
Net Profit/(Loss)	31,471	166,797
Non-cash flows in profit		
- Depreciation	62,454	67,163
- Profit / Loss on sale of assets	-	187
Changes in assets and liabilities		
- (Increase)/Decrease in Trade and Other receivables	(109,349)	255,467
- (Increase)/Decrease in Prepayments	-	3,946
- (Increase)/Decrease in Other Current Assets	-	-
- Increase/ (decrease) in Trade and Other Payable	(327,520)	(75,245)
- Increase/ (decrease) in Employee entitlements	(46,184)	19,686
	<u>(389,128)</u>	<u>438,001</u>

NOTE 12: FINANCIAL RISK MANAGEMENT

The entity's financial instruments consist mainly of deposits with banks, and accounts receivable and payable.

Financial Risk Management Policies

The association's treasurer is responsible for, among other issues, monitoring and managing financial risk exposures of the association. The treasurer monitors the association's transactions and reviews the effectiveness of controls relating to credit risk, financial risk, and interest rate risk. Discussions on monitoring and managing financial risk exposures are held and minuted by the committee of management.

The treasurer's overall risk management strategy seeks to ensure that the association meets its financial targets, whilst minimising potential adverse effects of cash flow shortfalls.

NOTE 13: SEGMENT REPORTING

The association operates predominantly in one business and geographical segment, being the health care sector providing support facilities to members of the association throughout central west Gippsland.

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

NOTE 14: ASSOCIATION DETAILS

The registered office and principal places of business of the Association is:

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE INC.
3 OLLERTON AVE,
MOE, VIC, 3825

CENTRAL WEST GIPPSLAND DIVISION OF GENERAL PRACTICE INC.

STATEMENT BY MEMBERS OF THE BOARD

In the opinion of the Board the financial report as set out in the Balance Sheet, Statement of Comprehensive Income, Statement of Changes of Equity, Statement of Cash Flows and notes to and forming part of the financial statements:

1. Presents a true and fair view of the financial position of the Central West Gippsland Division of General Practice Inc. as at 30th June, 2010 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that the Central West Gippsland Division of General Practice Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and is signed for an on behalf of the Board by:


Julie Thompson
Chairman


Sue Clarke
Secretary / Treasurer

Dated this 27th day of August 2010



Central West Gippsland
Division of General Practice

PO Box 253 Moe 3825
03 5126 2899
reception@cwgdogp.com.au