

2011 WENTWEST ANNUAL REPORT





2011 WentWest Annual Report

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Who we are

WentWest is unique in Australia as the only organisation that is both a Regional Training Provider (RTP) and a Medicare Local (formerly a Division of General Practice).

WentWest was established in 2002 to provide the Australian General Practice Training (AGPT) program across Greater Western Sydney. Since January 2006, we have also provided Division of General Practice services to more than 200 general practices in the LGAs of Auburn, Blacktown, Holroyd and Parramatta.

As the recently appointed Western Sydney Medicare Local, WentWest is responsible for the ongoing integration and delivery of primary health care services across the region in collaboration with its partner organisations including the Local Health District and Aboriginal Medical Service Western Sydney.

WentWest is committed to supporting General Practitioners and Primary Health Care professionals to provide equitable, accessible, high quality patient-centred primary and preventive care to the residents and communities of Greater Western Sydney.

Vision

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

Mission

Leading integrated primary health care towards better health, equity, and empowerment for our Greater Western Sydney communities and the health professionals who care for them.

Values

Quality
Collaboration
Respect
Accountability
Innovation
Empowerment
Equity

Governance

WentWest is a not-for-profit company limited by guarantee and governed by a Board of Directors.

WentWest's Members are:

- Blue Mountains General Practice Network
- Nepean Division of General Practice
- Hawkesbury Hills Division of General Practice
- NSW Faculty of the Royal Australian College of General Practitioners; and
- The University of Sydney.

WentWest contracts with General Practice Education and Training (GPET), the Department of Health and Ageing (DoHA) and other state and federal government bodies to deliver services consistent with its Mission.

Strat
Build Genera
workforce q



Strategic Objective 1:

Plan and develop a strong and integrated primary health care service network – from local to regional levels, to meet community needs equitably and effectively.



Strategic Objective 2:

Enhance General Practice and Primary Health Care quality, capacity, performance and sustainability.



Strategic Objective 3:

Strengthen organisational capabilities to advocate for our communities and respond to the changing primary health care landscape.



Strategic Objective 4:

Establish a network of excellent teaching and research practices, with priority given to areas of greatest community health and workforce need.

BOARD OF DIRECTORS



DR CHARBEL BADR

B App Sc (Pthy) (Hons), MB BS (Hons), FRACGP, GAICD

Charbel has worked at multiple hospitals and general practices throughout western Sydney and the rest of NSW. He joined WentWest in 2006 as a GP Registrar and subsequently joined the WentWest board as the registrar representative. Charbel completed his training with WentWest and obtained his FRACGP in 2009. He works in two general practices on a part-time basis. **Special responsibilities:** Audit & Risk Committee Member



MR BRAD DELANEY

Chair, Aboriginal Medical Service Western Sydney

Brad is an Aboriginal community member and the current Chair of the Aboriginal Medical Service Western Sydney, where he has been a member and Board member for nearly 20 years. Brad brings great awareness of Aboriginal community needs in Western Sydney relating to Primary Health Care. Currently Brad works as a Senior Aboriginal Programs Officer in the NSW Justice System. **Special responsibilities:** Business Development Committee Member



MR WALTER EDGAR

MBA, FCMA, FAIM, FAICD, FCPA

Walter is currently Director of Finance and Support Services, The Royal Australasian College of Physicians. He has previously held the roles of Chief Financial Officer, Australian Institute of Management NSW & ACT and of Director of Finance and Business Operations, Food Science Australia. Walter has gained more than 35 year of experience with companies in the UK, Australia and New Zealand. **Special responsibilities:** Chairperson, Audit & Risk Committee



DR KATRIONA HERBORN

MB, BS, FRACGP, DipRACOG, MPM, FACPM, GAICD

After having her own private practice for many years Katriona has joined with other local practitioners to work in a larger group practice in Katoomba. She is a Board member of the Blue Mountains General Practice Network and also a Director of the GPSA. Katriona has been associated with WentWest since its inception as a GP Trainer, and was previously WentWest's Supervisor Liaison Officer (SLO).



MR FRANK KELLETT

Cert Adv Hosp Mgt, Cert Ind Eng, C Eng, Grad Soc Eng, AMSE

Mr Kellett has held executive appointments in both public and private companies in the Australasian region over the past 30 years, including Mayne Health. During that time, he has successfully developed and operated a network of private hospitals and ophthalmology day surgeries throughout Indonesia. Additionally, he has completed collaborative projects with Harvard University Medical School and the Joslin Diabetes Centre at Harvard for the diagnosis and treatment of diabetes. Frank is currently the CEO at the Hawkesbury Hills Division of General Practice.



DR LINDA MCQUEEN

MB BS, FRACGP, DipRACOG, FAICD

A GP in Hazelbrook for over 20 years, Linda has been a GP Trainer since 1987. An inaugural Board member of WentWest from 2002-2007, Linda was reappointed to the Board in December 2008. Linda is also past Chair of GPNSW, and Board Member of Blue Mountains General Practice Network.



PROFESSOR DIANA O'HALLORAN

MB BS, FRACGP, MHPEd, FAICD

Diana is a member of the NSW Health Care Advisory Council (HCAC), chairs the NSW General Practice Advisory Council, and is an adviser to the NSW Department of Health. She chairs the RACGP's National Standing Committee-Education and the Presidential Task Force on Health Reform, is immediate past Chair of the RACGP NSW & ACT Faculty, Conjoint Professor in the Department of General Practice, University of Western Sydney and Adjunct Associate Professor, Department of General Practice, Sydney University. **Special responsibilities:** Chairperson



PROFESSOR TIM USHERWOOD

BSc, MD, MB BS, FRCGP, FRACGP, FRCP, FAICD, DMS

Tim is Professor of General Practice at the University of Sydney, Sub Dean (Community) at the University's Westmead Clinical School and Head of the Dept of General Practice at Westmead Hospital. Prof Usherwood's clinical practice is at the Aboriginal Medical Service Western Sydney (AMSWS). **Special responsibilities:** Deputy Chair



DR MICHAEL TAN

MB BS (UNSW), MFM (Monash), M.Th (SCD), Grad Dip Prof Ethics (UNSW), GAICD

Michael has been practising in General Practice in Blacktown for over 23 years. He is President of the Blacktown Medical Practitioners Association and Co-chair of Mt Druitt HealthOne. Michael is Adjunct Senior Lecturer, UND and USyd and Conjoint Senior Lecturer, UWS. He is also Palliative Care Medical Officer at SWAHS.



DR STEVEN WONG

MB BS, FRACGP, GAICD

Steven is a partner of Tindale Family Practice, Penrith, a GP Trainer and RACGP Examiner. He has served as Treasurer of Nepean Division of General Practice and is currently a director of NDGP. **Special responsibilities:** Audit & Risk Committee Member



*"The exciting role Medicare Locals will play in the future is recognised by the key objectives of *improving the patient journey, health promotion activities and supporting GPs and other primary care providers.*"*

WentWest began life as the Regional General Practice Training Provider for Greater Western Sydney in 2002. It was not until 2006 that the organisation incorporated Division of General Practice functions for western Sydney.

Since then, progressive integration of divisional and training program functions combined with close collaboration with our member organisations, partners and stakeholders has delivered benefits at multiple levels, from organisational efficiencies to increased general practice capacity at local levels.

While the benefits of this dual role seem obvious, WentWest remains the only organisation to deliver both functions – and now the functions of the Western Sydney Medicare Local will be incorporated into our plans and priorities.

This is a wonderful opportunity to build on all our current services and initiatives, and to progressively broaden their scope to better service our diverse communities, their local general practitioners and other health care professionals

Elsewhere in this report are details of WentWest's programs and services over the last year. Here, I would like to briefly outline the Commonwealth's strategic objectives for Medicare Locals to demonstrate the high degree of "fit" with our existing directions.

Currently WentWest's mission is "to lead integrated primary health care toward better health, equity and empowerment for our Greater Western Sydney Communities and the health professionals who care for them".

Looking at the Commonwealth's strategic objectives for Medicare Locals (MLs), it's easy to see how well they fit

with our current endeavours and our future aspirations – and I believe, with those of the Western Sydney Local Health District, or WS LHD.

Medicare Local objectives

The first objective is to improve the patient journey through integrated and coordinated services. This at the heart of what WentWest Limited does now, most frequently in partnership with Sydney West Area Health Service, now the WS LHD.

Many partnerships are already in place: initiatives for families with special needs, for young people with problems who 'fall through the cracks', and for those with chronic, complex conditions. HealthOne NSW brings GPs and Community Health professionals together to provide integrated "wrap around" care to those with complex needs. It's already well established in some LGAs, and is being extended across the District.

So what will be different? We now have a clear expectation that we will work together to enhance patient journeys on a much broader scale, and this is a welcome challenge.

The second objective is to provide support to clinicians and service providers to improve patient care. Until now, our professional support services have mainly focussed on GPs and practice teams, and this will certainly continue.

What will be different? We will also work with other professional groups: community nurses, allied health professionals, pharmacists – and with their patients, to explore how to develop the professional support services that best support quality patient-centred care.

The third objective is to identify local area health needs and develop locally focused and responsive services. This is a wonderful opportunity to expand the HealthOne approach that has worked well in Mt Druitt. In each Local Government Area, a Local Community Partnership will be established involving local communities and their health professionals in identifying local community needs and how best to meet them. Equity for disadvantaged groups will remain a high priority.

Fourthly, MLs will facilitate implementation and successful performance of primary health care initiatives. This requires diverse elements for success: strong leadership (from GPs, other health professionals and communities), systematic collaborative processes, and information systems designed to support quality improvement, evaluation, teaching and research: all integral to clinical planning and quality practice.

Finally, MLs are to be efficient and accountable with strong governance and effective management. Here, we are building on sound foundations, and this can only be enhanced by the strengthened ties between the Local Health District (LHD) and ML at every level, from the Board to very local levels – and the signs are good that this relationship is flourishing. In reality, the difference for every objective is one of expectations, scale and scope, rather than a fundamental change in direction.

May I sincerely thank our western Sydney general practitioners and our many stakeholders for your support, involvement and advice over the last year (and for many years before that). We are embarking on a new phase of development and new system-wide opportunities for reform and change. I hope you will continue your involvement and advice in the years to come.

A huge thank you is due to our wonderful staff members who have continued to deliver on WentWest's mission while the uncertainties of health reform swirled around them. As you know, our CEO, Olivia Wood leaves in the new year to spend time with her family: the Board can only express its thanks, appreciation and admiration for the extraordinary role Olivia has played over the last two years as CEO – a role

which has culminated in WentWest's success in becoming the first Medicare Local in metropolitan Sydney. We wish her all the very best.

Lastly – my personal thanks to the members of the WentWest Board who have individually and collectively pursued our mission and strategic directions with passion, commitment and integrity. The foundations have been laid for what should be a productive and successful 2012.

Di O'Halloran
Chair, WentWest



Above: Health professionals discuss local primary health care needs at the Medicare Local Community & Consumer forum.



“Looking at the Commonwealth’s strategic objectives for Medicare Locals (MLs), it’s easy to see how well they fit with our current endeavours and our future aspirations – and I believe, with those of the Western Sydney Local Health District, or WS LHD.”

As 2011 draws to a close, we reflect on what has been an exciting and busy year in both Divisional Services and GP Training. We have spent time supporting and building up our GP and Primary Health Care networks towards integrated service delivery and education and training. This has resulted in many highlights, too many to mention here, but a few that spring to mind:

WentWest – first tranche Medicare Local site

WentWest was the only site in Sydney to be selected to deliver on the Government’s Health Reform agenda to strengthen the role of general practice and primary health care in local communities. This has brought with it challenges of rapidly expanding and increasing services whilst maintaining the services we provide to GPs, other health care providers and community members.

The exciting role Medicare Locals will play in the future is recognised by the key objectives of *improving the patient journey, health promotion activities and supporting GPs and other primary care providers*.

We thank the GPs and others who have worked with us in the development of the Western Sydney Medicare Local, with particular mention to our partners Hawkesbury-Hills Division of General Practice (HHDGP) and the Aboriginal Medical Service Western Sydney (AMSWS).

Changes to GP Training

For the first time WentWest was involved in the PGPPP training program, allowing Junior Medical Officers (JMOs) to undertake a rotation in general practice. The program has proved to be challenging but rewarding with four training practices participating and more than 10 JMOs experiencing general practice. We have also seen a large increase in GP Registrars for 2012 – our largest cohort ever. We thank our training practices for their support and dedication to education and training.

Expansion of patient programs

Several of our patient programs were expanded to support GPs and other providers in managing care, including Close the Gap, SHAPE (Sessions for Health & Physical Exercise) and ATAPS (Access to Allied Psychological Services).

I would like to mention and thank a number of our key partners who make the work we do possible and share with us the same vision for integrated general practice and primary health as the foundation and centre of the health care systems: the AMSWS, HHDGP, Nepean Division of General Practice (NDGP), Blue Mountains General Practice Network (BMGPN), Sydney University Western Clinical School, University of Western Sydney, Western Sydney Local Health District (formerly SWAHS), Mt Druitt Medical Practitioners’ Association (MDMPA), Blacktown Medical Practitioners’ Association (BMPA) and the Royal Australian College of General Practitioners (RACGP).

I would like to take this time to thank our passionate and hardworking GPs, GP Trainers, practice staff, and of course our talented staff without whom WentWest Limited would not be a high-functioning, responsive organisation, working to improve the health of the extremely diverse communities who call western Sydney home.

This will be my final annual report, after six years at WentWest in a variety of roles, including the last two and a half years as CEO, as I am moving overseas to spend more time with my young family. I thank you for all the personal support and for the many friendships I have formed over the past six years and look forward to seeing general practice and primary health care continue to flourish in western Sydney, albeit from a distance.

Olivia Wood
Chief Executive Officer



Top: Western Sydney Local Health District Chair Professor Stephen Leeder, WentWest Chair Professor Di O'Halloran, CEO Olivia Wood and Greenway MP Michelle Rowland launch the Western Sydney Medicare Local.

Top Right: WentWest CEO Olivia Wood accepts AGPT Environment Award;

Bottom Right: Professor Tim Usherwood, CEO Olivia Wood, Health Minister Nicola Roxon and Dr Kean Seng Lim at the e-Health launch.



“Registrar Surveys show a satisfaction level higher than the national average with the support and education provided in practice and through WentWest...”

WentWest has seen considerable growth in the Regional Training Provider operations in the past 12 months. Our Registrar numbers for our 2012 cohort rose by over 20% with GPET funding 47 Registrar placements within the WentWest Region throughout Greater Western Sydney, an increase from 39 placements from 2011.

A new selection process was introduced by GPET this year and this has seen a national approach to the selection of Registrars for the Australian General Practice Placement Program. WentWest was pleased to have filled all of its available placements in the first intake of Registrars.

The Prevocational General Practice Placement Program (PGPPP) was implemented by WentWest this year and commenced with 4 of our Training practices accepting Junior Medical Officers (JMOs) from both Nepean and Westmead hospitals. 15 JMOs have undertaken hospital rotations in General practice in 2011 and WentWest has been funded by GPET to continue delivering this program in 2012 with additional placements being filled by Blacktown/Mt Druitt Hospitals.

Dr Sarah Nakhel, a Registrar in her final year of training with WentWest, was awarded the RACGP Registrar of the year award. Sarah commenced training with WentWest in 2010 and is a very deserving recipient following nominations from a number of her Supervisors and Colleagues.

The RACGP has accredited WentWest as their agent for the purpose of training practice accreditation. The WentWest Accreditation Committee has been formed to assess all applications for new accreditations and reaccreditations under this process. We have worked actively throughout the year to increase our training practices to accommodate the increase in Registrar

placements and maintain a balance with Registrar continuity to existing experienced practices.

A collaborative agreement was reached with the Children’s Hospital Westmead to provide a subsidised opportunity for Registrars to participate in the Diploma of Child Health (DCH) which saw 17 Registrars commence the program. We will continue this program in 2012. We are also considering opportunities for Supervisors interested in the DCH to participate.

Two additional projects were funded by GPET providing additional resources and support to WentWest Supervisors and Training Practices:

- In Practice Education and Teaching Resource Grants which invited practices to apply For resources required within their practices to support Registrar training. Over \$162K was approved for practices and Registrar and Supervisor Development based on the applications submitted to GPET.
- Education Integration Project which saw the introduction of a collaborative project between WentWest, USYD and UWS to deliver teaching in clusters throughout the local government areas within our training region for Supervisors, Registrars, JMOs and Medical Students.
- These will be run and delivered locally by Supervisors and Registrars.
- Our team has expanded to accommodate each of these activities and includes additional Medical Educators, three of whom are ex WentWest Registrars as well as an increase in Administrative support to the program.

Independent surveys were run by both GPET and WentWest throughout this year. There was an increase in Supervisor satisfaction with their role as a supervisor and their involvement with WentWest. The Registrar Surveys show a satisfaction level higher than the national average with the support and education provided in practice and through WentWest with 100% of respondents stating that General Practice remains their preferred career choice.



Above: Supervisor Dr James Aitken with Registrar's Dr Sangeetha Bobba and Dr Joanne Ma attend the 2011 GP Registrar Dinner.



Top Right & Bottom Right: GP Registrar Training at WentWest.





“WentWest’s *Close the Gap* project has continued to build on community partnerships to deliver continuity of care for Aboriginal and Torres Strait Islander patients in Western Sydney.”

Practice Support

2011 saw the continued delivery of support services to local GPs with more than 1581 practice visits conducted on a variety of topics such as Accreditation, Practice Management and Nursing, Immunisation, Chronic Disease Management, Mental Health and Preventative Health.

The practice support team has achieved numerous milestones throughout 2011 including:

- Establishment of partnerships with key organisations to further enhance service delivery including the *Prevention in Primary Health Care* program, a joint initiative with the Heart Foundation, Northern Rivers Division and Outback Division of General Practice which aims to increase the numbers of referrals into preventative health services
- Launch of the Cervical Screening Program with the Pap Test Register that aims to increase recalls from general to practices to patients using secure messaging notifications;
- Successful completion of the annual Practice Nurse recruitment event with 39 new nurses recruited into general practice and 18 new practices expressing an interest in hiring a nurse;
- Establishment and maintenance of 20 disease-specific clinics in general practice;
- Increase from 112 GPs to 137 in 42 general practices that participated in one of several of WentWest’s quality improvement programs;
- Increase in immunisation coverage rate to 87.4%;
- The launch of the consumer competition to win a bike is an innovative strategy WentWest has implemented to increase childhood immunisation rates in the region during 2011;

- The Launch of the Mental Health Meet Your Neighbour event which, attracted over 30 local mental health stakeholders to work together to improve mental health in Western Sydney;
- Sign up and maintenance of 127 Accredited general practices within the WentWest boundaries;
- Achieving target expectations for National Prescribing Service topics *CVD Risk: Lipids Management* and *Opioid Therapy in Chronic Pain*.

E-Health and Personal Controlled Electronic Health Record (PCEHR)

Greater Western Sydney will be one of the first areas in NSW to implement the Lead Site for PCEHR, enabling the secure sharing of health information between hospitals, community health, GPs and consumers, which will improve patient care and help shape the future of the national PCEHR system.

We will be working towards GP uptake of 35% by June 2012; launching comprehensive service directory for use by patients and providers by December 2012; and continuing to scope feasibility of point to point secure messaging between WSML and the Local Health District (LHD) by June 2012

Close the Gap

WentWest’s *Close the Gap* project has continued to build on community partnerships to deliver continuity of care for Aboriginal and Torres Strait Islander patients in Western Sydney.

Throughout 2011, have included:

- Development and launch of a highly successful Aboriginal and Torres Strait Islander Cultural Awareness training program for local health professionals;

- Recognition in *The Indigenous Times*, for our Aboriginal Outreach Team's efforts in improving the patient journey. The article gave specific mention of the Team's holistic approach to aiding patient access to critical services.
- Featured in Oxfam's 2011 "Power through Partnership" documentary.

SHAPE

2011 has been a very successful year for the SHAPE program as it continues to expand across the region. Among the highlights for 2011 have been:

- Receipt of over 260 referrals from local GPs;
- Patient retention rate of 75% throughout during of program;
- Establishment of a *Diabetes Support Service*, a unique variation of SHAPE, tailored to meet the needs of patients with Type 2 Diabetes;
- Launch of the *SHAPE for Families* program, a new stream of SHAPE specifically targeting overweight and obese children and their families;
- Collaboration with the Mental Health Unit at Blacktown Hospital on a SHAPE program specifically targeting mental health patients;
- Partnership with Holroyd City Council on its *Healthy Holroyd Initiative* which will see the further expansion of SHAPE programs for specific sectors of the Holroyd Community.

Integration

Primary health care service integration is a key point of differentiation that sets WentWest and our partner organisations apart as leaders and champions of health reform.

The results of *Health and Workforce Needs Assessment*, are helping to develop service integration models that target socially disadvantaged communities.

Continued collaboration with the Local Health District (formerly Sydney West Area Health Service), to jointly implement a range of health initiatives aimed at improving the integration of primary health care and

Right: SHAPE continued to grow in 2011, with over 260 patients referred into the program.

health outcomes in Western Sydney. Key examples include:

- **HealthOne:** HealthOne brings together general practitioners, Community Health staff and other primary health care service providers to collaborate in the care of identified Community Health clients, facilitate communication processes and support care planning and care coordination for the clients. HealthOne is supported through an agreement between WentWest and Western Sydney LHN which has facilitated in depth engagement with local GPs and fostered collaboration with local GP associations. This has led to joint population planning, identification of local health care and psychosocial needs of the Western Sydney population, identification of gaps in services and service delivery, mapping of existing resources and development of a model of care that not only supports GPs, allied health, AMSWS (Aboriginal Medical Service Western Sydney) and other care providers but also ensures that care is wrapped around the patient who then receives ongoing case management and outreach.
- **Connecting Care:** The Connecting Care - Western Sydney Severe Chronic Disease Management Program. The program aims to enhance shared care arrangements for individuals with severe chronic illness.





“The transition from a Division into the Medicare Local will see the organisation work closely with local communities and health professionals to create a more streamlined health care system, through the integration and expansion of new and existing services...”

From 1 July 2011, WentWest became the Western Sydney Medicare Local. The transition from a Division into the Medicare Local will see the organisation work closely with local communities and health professionals to create a more streamlined primary health care system, through the integration and expansion of new and existing services, which reflect local health care needs of Western Sydney's diverse populations.

Since its establishment, the Medicare Local has focused on the formation of its governance structure to reflect the increase in scope and responsibility. Geographically the new Medicare Local boundaries have expanded to include the Local Government Areas of Auburn, Blacktown (including Mt Druitt), the Hills, Holroyd and Parramatta. This geographical expansion matches that of the newly created Local Health District (formerly the Sydney West Area Health Service), allowing for a more coordinated and strategic approach in the planning and delivery of primary health care services across the region.

The first six months of transition have been a period of rapid expansion across the organisation as we build on the depth and diversity of services offered to local health professionals and their patients through the Medicare Local. Initial milestones which have occurred over this time include:

Local Community Partnerships

WentWest has begun to establish a network of six Local Community Partnerships (LCPs). These partnerships are a platform for health professionals including GPs, allied health professionals and community health leaders to identify primary health care needs at a local level. Operating in the key regions of Auburn, Blacktown, the Hills, Holroyd, Mt Druitt and Parramatta, the LCPs will use results of a comprehensive population health assessment

combined with local knowledge and experience to identify the main primary health care concerns for each region. In engaging LCPs, WentWest will seek to find suitable, sustainable solutions to the concerns raised.

Community & Consumer Forum

To help gauge the success of the Medicare Local in meeting local primary health care needs WentWest has established a Community & Consumer Forum. The Forum is a platform for local community representative and organisations, from outside the health care sector to feed-back to the Medicare Local including its performance in achieving the strategic objectives set by the Department of Health and Ageing. It will also assist the Medicare Local in forging strong and effective links and partnerships with the local community and the organisations within it.

Western Sydney Local Health District

As part of its commitment towards providing more integrated primary health care services, the Medicare Local has been working with the Local Health District to look at areas where a partnership model will benefit patients, GPs and primary care providers to deliver more seamless and integrated care. We will continue to work with the LHD over the coming years on various projects including HealthOne, Connecting Care and developing new models of care to support high needs patients.

Health Prevention Programs

As the new Medicare Local, the organisation will continue to expand on the range and depth of services provided through SHAPE and will work closely with partner organisations such as the Aboriginal Medical Service Western Sydney, Local Health District, HealthOne, and Local Councils to further tailor programs which meet the specific needs of identified patient groups.

After-Hours Services

All Medicare Locals are expected to examine after-hours primary care services in their region, identifying and prioritising gaps and proposing approaches to improve after hours care. This will include a trial of revised After-Hours arrangements beginning in early 2012 and a region wide needs assessment to identify the community's after hours needs, utilisation and awareness of services and barriers to accessing services.

Top Right: Hawkesbury Hills CEO, Frank Killett, AMS Deputy CEO Jo Delaney, WentWest CEO Olivia Wood and AMS Development & Engagement Advocacy Officer Dea Delaney-Thiele attended the Western Sydney Medicare Local Launch.

Bottom Right: Prime Minister Julia Gillard with First Tranche Medicare Locals.

Below: The new Western Sydney Medicare Local logo which will be launched in early 2012.



DIRECTORS' REPORT

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2011.

Directors

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Dr Charbel Badr

Mr Walter Edgar

Dr Katriona Herborn

Dr Linda McQueen

Professor Diana O'Halloran

Dr Michael Tan

Dr Steven Wong

Professor Tim Usherwood

Mr Brad Delaney (appointed on 20 August 2010)

Mr Frank Kellett (appointed on 11 February 2011)

Objectives

The company has four key objectives:

1. Plan and develop a strong and integrated Primary Health Care service network – from local to regional levels, to meet community needs equitably and effectively;
2. Build General Practice and Primary Health Care work force quality, capacity, performance and sustainability;
3. Strengthen organisational capabilities to advocate for our communities and respond to the changing Primary Health Care landscape; and
4. Establish a network of excellent teaching and research practices across Greater Western Sydney, with priority given to areas of greatest community health and workforce need.

Strategy for achieving the objectives

WentWest operated as a Regional Training Provider to deliver education and training within general practice and primary health care, working towards the establishment of a network of excellence in teaching and training across Greater Western Sydney.

WentWest also runs comprehensive support service to general practice and other providers through quality improvement activities aimed at improving patient care. In addition WentWest runs patient focused programs within Western Sydney to aid in preventative health and treatment of identified chronic illness.

Collaboration is the key to all WentWest programs and activities and we work with a range of partners in achieving our objectives.

Principal activities

During the financial year the principal continuing activities of the company consisted of:

- Promoting and delivering general practice support to existing General Practices through information, resources and support as part of the Division of General Practice Program ;
- Provision of education and training to GP Registrars, PGPPP and Medical Students through the Australian General Practice Training;
- Delivery of direct patient services to improve the health of the western Sydney community;
- It should be noted that from the 1 July 2011 WentWest will transition to a Medicare Local expanding its operations with a broader remit that includes population based Primary Health Care including the development of strategies improve the health of the community in western Sydney responsibility and the provision of support and training services to a broad range of Primary Health Care providers.

Performance measures

The company measures its performance based on meeting and exceeding contractual deliverables, satisfaction levels for key stakeholder groups, and health outcome improvement measures that correspond with the Commonwealth's national performance measures.

Meetings of Directors

The number of meetings of the company's Board of Directors and of each board committee held during the year ended 30 June 2011, and the number of meetings attended by each director were:

DIRECTORS	FULL BOARD		AUDIT AND RISK COMMITTEE	
	Attended	Held	Attended	Held
Dr Charbel Badr	7	7	4	5
Mr Walter Edgar	6	7	5	5
Dr Katriona Herborn	4	7	–	–
Dr Linda McQueen	7	7	–	–
Professor Diana O'Halloran	7	7	–	–
Dr Michael Tan	7	7	–	–
Dr Steven Wong	7	7	4	5
Professor Tim Usherwood	5	7	–	–
Mr Brad Delany	5	7	–	–
Mr Frank Kellett	3	4	–	–

Held: represents the number of meetings held during the time the director held office or was a member of the relevant committee.

Contributions on winding up

In the event of the company being wound up, ordinary members are required to contribute a maximum of \$10 (2010: \$10) each. Honorary members are not required to contribute.

The total amount that members of the company are liable to contribute if the company is wound up is \$10 (2010: \$10), based on 5 (2010: 5) current ordinary members.

Auditor's independence declaration

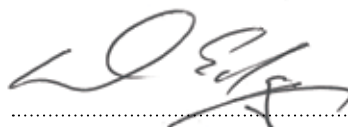
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

This report is made in accordance with a resolution of directors, pursuant to section 298(2) (a) of the Corporations Act 2001.

On behalf of the directors



.....
Professor Diana O'Halloran
Director



.....
Mr Walter Edgar
Director

11 November 2011
Blacktown

Jl Moore & Partners
CHARTERED ACCOUNTANTS

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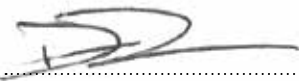
**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001**

**TO THE DIRECTORS OF WENTWEST LIMITED
ABN 80 099 255 106**

We declare that, to the best of our knowledge and belief, during the year ended 30 June 2011 there have been:

- i) No contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- ii) No contraventions of any applicable code of professional conduct in relation to the audit.

J.I. Moore & Partners
Chartered Accountants



Duncan Barber
Partner

Suite 701, 100 Christie Street
ST LEONARDS NSW 2065

26 September 2011

WENTWEST LIMITED FINANCIAL REPORT

For the year ended 30 June 2011

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General information

The financial report covers WentWest Limited as an individual entity. The financial report is presented in Australian dollars, which is WentWest Limited's functional and presentation currency.

The financial report consists of financial statements, notes to the financial statements and the directors' declaration.

WentWest Limited is a not-for-profit unlisted public company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business are:

Level 1,
83-85 Flushcombe Road
Blacktown NSW 2148

A description of the nature of the company's operations and its principal activities are included in the directors' report, which is not part of the financial report.

The financial report was authorised for issue, in accordance with a resolution of directors, on 29th August 2011. The directors do not have the power to amend and reissue the financial report.

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2011

	Note	2011 \$	2010 \$
Revenue	3	6,191,423	5,525,654
Other income	4	1,157	–
Expenses			
Registrar Specific Training & Operational Contractors		(687,876)	(723,744)
Teaching Allowances & Practice Subsidies		(1,161,623)	(732,708)
Employees salaries and wages, and superannuation		(2,656,306)	(2,461,368)
Depreciation and amortisation expense	5	(126,965)	(67,046)
Other expenses		(1,604,810)	(1,523,018)
Surplus/(deficit) before income tax expense		(45,000)	17,770
Income tax expense		–	–
Surplus/(deficit) after income tax expense for the year attributable to the members of WentWest Limited	15	(45,000)	17,770
Other comprehensive income for the year, net of tax		–	–
Total comprehensive income for the year attributable to the members of WentWest Limited		(45,000)	17,770

The above statement should be read in conjunction with the accompanying notes.

STATEMENT OF FINANCIAL POSITION

As at 30 June 2011

	Note	2011 \$	2010 \$
Assets			
Current assets			
Cash and cash equivalents	6	2,587,468	2,336,897
Trade and other receivables	7	1,148,682	266,472
Other	8	121,419	44,275
Total current assets		<u>3,857,569</u>	<u>2,647,644</u>
Non-current assets			
Property, plant and equipment	9	349,781	206,444
Total non-current assets		<u>349,781</u>	<u>206,444</u>
Total assets		<u>4,207,350</u>	<u>2,854,088</u>
Liabilities			
Current liabilities			
Trade and other payables	11	558,498	347,037
Employee benefits	12	288,428	203,245
Other	13	2,635,707	1,556,441
Total current liabilities		<u>3,482,633</u>	<u>2,106,723</u>
Non-current liabilities			
Employee benefits	14	22,352	-
Total non-current liabilities		<u>22,352</u>	<u>-</u>
Total liabilities		<u>3,504,985</u>	<u>2,106,723</u>
Net assets		<u>702,365</u>	<u>747,365</u>
Equity			
Retained surpluses	15	702,365	747,365
Total equity		<u>702,365</u>	<u>747,365</u>

The above statement should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2011

	Retained Surplus \$	Total Equity \$
Balance at 1 July 2009	729,595	729,595
Other comprehensive income for the year, net of tax	–	–
Surplus after income tax expense for the year	<u>17,770</u>	<u>17,770</u>
Total comprehensive income for the year	<u>17,770</u>	<u>17,770</u>
Balance at 30 June 2010	<u>747,365</u>	<u>747,365</u>
	Retained Surplus \$	Total Equity \$
Balance at 1 July 2010	747,365	747,365
Other comprehensive income for the year, net of tax	–	–
Deficit after income tax expense for the year	<u>(45,000)</u>	<u>(45,000)</u>
Total comprehensive income for the year	<u>(45,000)</u>	<u>(45,000)</u>
Balance at 30 June 2011	<u>702,365</u>	<u>702,365</u>

The above statement should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2011

	Note	2011 \$	2010 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		5,094,664	4,321,141
Payments to suppliers and employees (inclusive of GST)		(4,772,448)	(5,734,274)
Interest received		322,216	(1,413,133)
Other revenue		98,280	78,253
		116,269	-
Net cash from/(used in) operating activities	21	536,765	(1,334,880)
Cash flows from investing activities			
Payments for property, plant and equipment	9	(287,351)	(49,234)
Proceeds from sale of property, plant and equipment		1,157	94
Net cash used in investing activities		(286,194)	(49,140)
Cash flow from financing activities			
Net cash from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		250,571	(1,384,020)
Cash and cash equivalents at the beginning of the financial year		2,336,897	3,720,917
Cash and cash equivalents at the end of the financial year	6	2,587,468	2,336,897

The above statement should be read in conjunction with the accompanying notes.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Any significant impact on the accounting policies of the company from the adoption of these Accounting Standards and Interpretations are disclosed in the relevant accounting policy.

The adoption of these Accounting Standards and Interpretations did not have any impact on the financial performance or position of the company. The following Accounting Standards and Interpretations are most relevant to the company:

AASB 2009-5 Amendments to Australian Accounting Standards arising from the Annual Improvements Project

The company has applied AASB 2009-5 amendments from 1 July 2010. The amendments result in some accounting changes for presentation, recognition or measurement purposes, while some amendments that relate to terminology and editorial changes had no or minimal effect on accounting. The main changes were:

- AASB 101 'Presentation of Financial Statements' – classification is not affected by the terms of a liability that could be settled by the issuance of equity instruments at the option of the counterparty;
- AASB 107 'Statement of Cash Flows' – only expenditure that results in a recognised asset can be classified as a cash flow from the investing activities;
- AASB 117 'Leases' – removal of specific guidance on classifying land as a lease;
- AASB 118 'Revenue' – provides additional guidance to determine whether an entity is acting as a principal or agent; and
- AASB 136 'Impairment of Assets' – clarifies that the largest unit permitted for allocating goodwill, acquired in a business combination, is the operating segment as defined in AASB 8 'Operating Segments' before aggregation for reporting purposes.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the Corporations Act 2001. These financial statements also comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

Historical cost convention

The financial statements have been prepared under the historical cost convention, except for, where applicable, the revaluation of available-for-sale financial assets, financial assets and liabilities at fair value through profit or loss, investment properties, certain classes of property, plant and equipment and derivative financial instruments.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the company and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Note 1. Significant accounting policies (continued)

Government Grant revenue

Government grants are recognised as revenue where there is reasonable assurance that the grant will be received and all grant conditions will be met.

Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants used to purchase assets are credited to income on the purchase of the asset. However the asset is written off to the profit and loss over the expected useful life of the asset on a straight-line basis.

Grant Revenue (Non-Government Bodies)

Grant revenue is recognised in the income statement when the entity obtains control of the grant 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.

Unexpended Grants

The entity receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the entity to treat grant monies as unexpended grants in the balance sheet where the entity is contractually obliged to provide services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

Interest

Interest revenue is recognised when received.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income Tax

As the company is a not-for-profit organisation, it has been granted exemption from the Commissioner of Taxation for payment of income tax.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Trade receivables are generally due for settlement within 30 days. Collectability of trade receivables is reviewed on an ongoing basis. Debts that are known to be uncollectable are written off by reducing the carrying amount directly. A provision for impairment of trade receivables is raised when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation and default or delinquency in payments (more than 60 days overdue) are considered indicators that the trade receivable may be impaired. The amount of the impairment allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. Cash flows relating to short-term receivables are not discounted if the affect of discounting is immaterial.

Other receivables are recognised at amortised cost, less any provision for impairment.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

Note 1. Significant accounting policies (continued)

Property, plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

Class of fixed asset	Depreciation rates/useful
Leasehold improvements	18 months to 5 years
Plant and equipment	5 to 10 years
Furniture, Fixtures and Fittings	13.3 years
Computer Equipment	3 to 4 years
Software Pool	3 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

Leasehold improvements and plant and equipment under lease are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained profits.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs to sell and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee benefits

Wages and salaries, annual leave and sick leave

Liabilities for wages and salaries, including non-monetary benefits, annual leave and accumulating sick leave expected to be settled within 12 months of the reporting date are recognised in the current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled. Non-accumulating sick leave is expensed to profit or loss when incurred.

Note 1. Significant accounting policies (continued)

Long service leave

The liability for long service leave is recognised in the current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with term to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investigating or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the company for the annual reporting period ended 30 June 2011. The company's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the company, are set out below.

AASB 124 Related Party Disclosures (December 2009)

This revised standard is applicable to the annual reporting periods beginning on or after 1 January 2011. This revised standard simplifies the definition of a related party by clarifying its intended meaning and eliminating inconsistencies from the definition. The definition now indentifies a subsidiary and an associate with the same investor as related parties of each other; entities significantly influenced by one person and entities significantly influenced by a close member of the family of that person are no longer related parties of each other; and whenever a person or entity has both joint control over a second entity and joint control or significant influence over a third party, the second and third entities are related to each other. This revised standard introduces a partial exemption of disclosure requirement for government-related entities. The adoption of this standard from 1 July 2011 will not have a material impact on the company.

IAS 1 (AASB 101) Presentation of Financial Statements (Revised)

This revised standard is applicable to annual reporting periods beginning on or after 1 July 2012. The amendments requires grouping together of items within other comprehensive income on the basis of whether they will eventually be 'recycled' to the profit or loss. The change provides clarity about the nature of items presented as other comprehensive income and their future impact. The adoption of the revised standard from 1 July 2012 will impact the company's presentation of its statement of comprehensive income.

AASB 1054 Australian Additional Disclosures

This Standard is applicable to annual reporting periods beginning on or after 1 July 2011. The standard sets out the Australian-specific disclosures, which are in addition to International Financial Reporting Standards, for entities that have adopted Australian Accounting Standards. The adoption of these amendments from 1 July 2011 will not have a material impact on the company.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

Note 1. Significant accounting policies (continued)

AASB 2011-4 Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirement

These amendments are applicable to annual reporting periods beginning on or after 1 July 2013, with early adoption not permitted. They amend AASB 124 'Related Party Disclosures' by removing the disclosure requirements for individual key management personnel (KMP). The adoption of these amendments from 1 July 2013 will remove the duplication of relating to individual KMP in the notes to the financial statements and the directors report. As the aggregate disclosures are still required by AASB 124 and during the transitional period the requirements may be included in the Corporations Act or other legislation, it is expected that the amendments will not have a material impact on the company.

Note 2. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Provision for impairment of receivables

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtors financial position.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and definite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Long service leave provision

As discussed in note 1, the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Note 3. Revenue

	2011	2010
	\$	\$
<i>Sales revenue</i>		
Operating grants	5,976,874	5,370,120
<i>Other revenue</i>		
Interest	98,280	78,253
Other revenue	116,269	77,281
	<u>214,549</u>	<u>155,534</u>
Revenue	<u>6,191,423</u>	<u>5,525,654</u>

Note 4. Other income

	2011	2010
	\$	\$
Net gain on disposal of property, plant and equipment	<u>1,157</u>	<u>–</u>

Note 5. Expenses

	2011	2010
	\$	\$
Surplus/(deficit) before income tax includes the following specific expenses:		
<i>Depreciation</i>		
Plant and equipment	<u>126,965</u>	<u>67,046</u>
Remuneration of the auditors		
– audit services	27,500	26,500
– other services	6,500	13,348
	<u>34,000</u>	<u>39,848</u>
<i>Net loss on disposal</i>		
Net loss on disposal of property, plant and equipment	<u>15,891</u>	<u>4,646</u>

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

Note 6. Current assets – cash and cash equivalents

	2011 \$	2010 \$
Cash on hand	700	700
Cash at bank	2,558,225	2,309,115
Cash on deposit	28,543	27,082
	<u>2,587,468</u>	<u>2,336,897</u>

Note 7. Current assets – trade and other receivables

	2011 \$	2010 \$
Trade receivables	1,148,682	259,434
Other receivables	–	7,038
	<u>1,148,682</u>	<u>266,472</u>

Note 8. Current assets – other

	2011 \$	2010 \$
Prepayments	39,529	31,308
Other deposits	81,890	12,967
	<u>121,419</u>	<u>44,275</u>

Note 9. Non-current assets – property, plant and equipment

	2011 \$	2010 \$
Leasehold improvements – at cost	181,086	28,608
Less: Accumulated depreciation	(56,594)	(28,608)
	<u>124,492</u>	<u>–</u>
Plant and equipment – at cost	156,413	118,428
Less: Accumulated depreciation	(74,280)	(64,101)
	<u>82,133</u>	<u>54,327</u>
Fixtures and fittings – at cost	108,634	97,387
Less: Accumulated depreciation	(39,811)	(37,239)
	<u>68,823</u>	<u>60,148</u>
Computer equipment – at cost	169,030	144,535
Less: Accumulated depreciation	(105,463)	(69,600)
	<u>63,567</u>	<u>74,935</u>
Software Pool – at cost	19,796	40,933
Less: Accumulated depreciation	(9,030)	(23,899)
	<u>10,766</u>	<u>17,034</u>
	<u>349,781</u>	<u>206,444</u>

Reconciliations

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	Leasehold Improvements \$	Plant & Equipment \$	Fixtures & Fittings \$	Computer Equipment \$	Software Pool \$	Total \$
Balance at 1 July 2009	45	64,305	64,389	90,824	7,852	227,415
Additions	–	15,400	2,954	27,180	16,733	62,267
Write-off of assets	–	(8,075)	–	(1,914)	(5,029)	(15,018)
Depreciation expense	(45)	(17,303)	(7,195)	(41,155)	(2,522)	(68,220)
Balance at 30 June 2010	–	54,327	60,148	74,935	17,034	206,444
Additions	176,337	56,519	24,692	29,803	–	287,351
Write-off of assets	–	(7,766)	(8,009)	(1,273)	–	(17,048)
Depreciation expense	(51,844)	(20,947)	(8,008)	(39,898)	(6,269)	(126,966)
Balance at 30 June 2011	<u>124,493</u>	<u>82,133</u>	<u>68,823</u>	<u>63,567</u>	<u>10,765</u>	<u>349,781</u>

On 3 January 2011, WentWest limited relocated from 20 Wentworth Street, Parramatta to Level 1, 83-85 Flushcombe Road Blacktown.

As part of the relocation process management of the company undertook a review of all assets held prior to this move and made the decision to write off and/or dispose of assets that, in their opinion, would not provide any future economic benefit to the company through continued use.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

Note 10. Non-current assets - intangibles

	2011 \$	2010 \$
Other intangible assets – at cost	40,900	40,900
Less: Accumulated amortisation	(40,900)	(40,900)
	<u>–</u>	<u>–</u>

Note 11. Current liabilities – trade and other payables

	2011 \$	2010 \$
Trade payables	29,167	59,746
Sundry payables and accruals	529,331	287,291
	<u>558,498</u>	<u>347,037</u>

Refer to note 16 for detailed information on financial instruments.

Note 12. Current liabilities – employee benefits

	2011 \$	2010 \$
Annual leave	178,490	123,149
Sick leave	109,938	80,096
	<u>288,428</u>	<u>203,245</u>

Note 13. Current liabilities – other

	2011 \$	2010 \$
Grants received in advance	<u>2,635,707</u>	<u>1,556,441</u>

Note 14. Non-current liabilities – employee benefits

	2011 \$	2010 \$
Long service leave	22,352	–

Note 15. Equity – retained surpluses

	2011 \$	2010 \$
Retained surpluses at the beginning of the financial year	747,365	729,595
Surplus/(deficit) after income tax expense for the year	(45,000)	17,770
Retained surpluses at end of financial year	702,365	747,365

In the year ended 30 June 2005 GPET advised that the under spent funds of \$373,140 did not have to be returned and could be used by WentWest in accordance with the GP training program. In the year ended 30 June 2011 GPET advised that the policy on underspent funds had changed and that these funds now had to be refunded to GPET. GPET actioned this return of funds by reducing the funding payments during the calendar year 31 December 2012. Accordingly, the year ended 30 June 2011 funding to WentWest was reduced by \$248,760 and the balance of \$124,380 has been withheld in the year ending 30 June 2012. This resulted in WentWest incurring an operating loss of \$45,000 for the year ended 30 June 2011.

Note 16. Financial instruments

Financial risk management objectives

The company's activities expose it to a variety of financial risks: market risk (including foreign currency risk, price risk and interest rate risk), credit risk and liquidity risk. The company's overall risk management program focuses on the unpredictability of financial markets and seeks to minimise potential adverse effects on the financial performance of the company. The company uses derivative financial instruments such as forward foreign exchange contracts to hedge certain risk exposures. Derivatives are exclusively used for hedging purposes, i.e. not as trading or other speculative instruments. The company uses different methods to measure different types of risk to which it is exposed. These methods include sensitivity analysis in the case of interest rate, foreign exchange and other price risks, ageing analysis for credit risk and beta analysis in respect of investment portfolios to determine market risk.

Risk management is carried out by senior finance executives ('finance') under the policies approved by the Board of Directors ('Board'). These policies include identification and analysis of the risk exposure of the company and the appropriate procedures, controls and risk limits. Finance identifies, evaluates and hedges financial risks within the company's operating units. Finance reports to the Board on a monthly basis.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

Note 16. Financial instruments (continued)

Market risk

Foreign currency risk

The company is not exposed to any significant foreign currency risk.

Price risk

The company is not exposed to any significant price risk.

Interest rate risk

The company is not exposed to any significant interest rate risk.

Credit Risk

Credit risk is managed on a company basis. Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in financial loss to the company. The company has a strict code of credit, including obtaining agency credit information, confirming references and setting appropriate credit limits. The company obtains guarantees where appropriate to mitigate credit risks. The maximum exposure to credit risk at the reporting date to recognised financial assets is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the statement of financial position and notes to the financial statements. The company does not hold any collateral.

Liquidity risk

Vigilant liquidity risk management requires the company to maintain sufficient liquid assets (mainly cash and cash equivalents) and available borrowing facilities to be able to pay debts as and when they become due and payable.

The company manages liquidity risk by maintain adequate cash reserves and available borrowing facilities by continuously monitoring actual and forecast cash flows and matching the maturity profiles of the financial assets and liabilities.

Remaining contractual maturities

The following tables detail the company's remaining contractual maturity for its financial instrument liabilities. The tables have been drawn up based on the undiscounted cash flows of financial liabilities based on the earliest date on which the financial liabilities are required to be paid. The tables include both interest and principal cash flows disclosed as remaining contractual maturities and therefore these totals may differ from their carrying amount in the statement of financial position.

Note 16. Financial instruments (continued)

2011	Weighted average interest rates %	1 year or less \$	Between 1 and 2 years \$	Between 2 and 5 years \$	Over 5 years \$	Remaining contractual maturities \$
Non-derivatives						
<i>Non-interest bearing</i>						
Trade payables	–	29,167	–	–	–	29,167
BAS payable	–	43,376	–	–	–	43,376
Other payables	–	485,955	–	–	–	485,955
Total non-derivatives		558,498	–	–	–	558,498
2010						
	Weighted average interest rates %	1 year or less \$	Between 1 and 2 years \$	Between 2 and 5 years \$	Over 5 years \$	Remaining contractual maturities \$
Non-derivatives						
<i>Non-interest bearing</i>						
Trade payables	–	59,746	–	–	–	59,746
Other payables	–	287,291	–	–	–	287,291
Total non-derivatives		347,037	–	–	–	347,037

The cash flows in the maturity analysis above are not expected to occur significantly earlier than disclosed.

Fair value of finance instruments

Unless otherwise stated, the carrying amounts of financial instruments reflect their fair value. The carrying amounts of trade receivables and trade payables are assumed to approximate their fair values due to their short-term nature. The fair value of financial liabilities is estimated by discounting the remaining contractual maturities at the current market interest rate that is available for similar financial instruments.

Note 17. Key management personnel disclosures

Directors

The following persons were directors of WentWest Limited during the financial year:

Dr Charbel Badr	Professor Diana O'Halloran	Mr Brad Delany
Mr Walter Edgar	Dr Michael Tan	Mr Frank Kellett
Dr Katriona Herborn	Dr Steven Wong	
Dr Linda McQueen	Professor Tim Usherwood	

Other key management personnel

The following persons also had the authority and responsibility for planning, directing and controlling the major activities of the company, directly or indirectly, during the financial year:

Mrs Olivia Wood	Mrs Georgina Van De Water	Mr Micheal Kundukulam
Dr Margaret Ginger	Mrs Dionne Barton	

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

Note 17. Key management personnel disclosures (continued)

Compensation

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

	2011	2010
	\$	\$
Short-term employee benefits	667,026	712,595
Post-employment benefits	70,203	82,622
	<u>737,229</u>	<u>795,217</u>

Related party transactions

Related party transactions are set out in note 18.

Note 18. Related party transactions

Parent entity

WentWest Limited is the parent entity

Key management personnel

Disclosures relating to key management personnel are set out in note 17.

Transactions with related parties

The following transactions occurred with related parties:

	2011	2010
	\$	\$
Payment for goods and services:		
Payment for services from key management personnel (Practice Subsidiaries & Teaching Allowances)	165,152	137,830

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the reporting date.

Loans to/from related parties

There were no loans to or from related parties at the reporting date.

Terms and conditions

All transactions were made on normal commercial terms and conditions and at market rates.

Note 19. Economic dependency

WentWest Limited is dependent on the Department of Health and Ageing (DOHA) and General Practice Education and Training (GPET) for the majority of its revenue to operate the business. Current contracts are on place with DOHA until June 2012 and with GPET until December 2012. Major proposed reforms with the primary health care sector currently under review by the Government, as at the date of this report the Board of Directors has executed a Medicare Local contract with DOHA until June 2014.

Note 20. Events occurring after the reporting date

WentWest will commence as a Medicare Local on 1 July 2011, expanding its operations to include support and care coordination for GPs and other Primary Health Care providers. It will contract with DOHA until June 2014 as the Western Sydney Medicare Local.

No other matter or circumstance has arisen since 30 June 2011 that has significantly affected, or may significantly affect the company's operations, the result of those operations, or the company's state of affairs in the future financial years.

Note 21. Reconciliation of surplus/(deficit) after income tax to net cash from/(used in) operating activities

	2011 \$	2010 \$
Surplus/(deficit) after income tax expense for the year	(45,000)	17,770
Adjustments for:		
Depreciation and amortisation	126,966	67,046
Write off of assets	17,048	-
Net loss/(gain) on disposal of non-current assets	(1,157)	4,646
Change in operating assets and liabilities:		
Increase in trade and other receivables	(882,210)	(63,163)
Increase in prepayments	(8,221)	(6,983)
Increase in other operating assets	(68,923)	(6,944)
Increase/(decrease) in trade and other payables	211,461	(274,322)
Increase/(decrease) in employee benefits	107,535	(9,834)
Increase/(decrease) in other operating liabilities	1,079,266	(1,063,096)
Net cash from/(used in) operating activities	536,765	(1,334,880)

NOTES TO THE FINANCIAL STATEMENTS


For the year ended 30 June 2011

DIRECTORS' DECLARATION

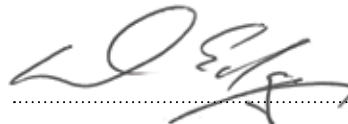
In the directors' opinion:

- The attached financial statements and notes thereto comply with the Corporations Act 2001, the Accounting Standards, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- The attached financial statements and notes thereto comply with International Financial Reporting Standards as issued by the International Accounting Standards Board as described in note 1 to the financial statements;
- The attached financial statements and notes thereto give a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the financial year ended on that date; and
- There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made in pursuant to section 295(5) of the Corporations Act 2001
On behalf of the directors



Assoc. Professor Diana O'Halloran
Director



Mr Walter Edgar
Director

29 August 2011
Blacktown

WENTWEST LIMITED
ABN 80 099 255 106
INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF WENTWEST LIMITED

Report on the Financial Report

We have audited the accompanying financial report of WentWest Limited, which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error. In Note 1, the directors also state, in accordance with Accounting Standard AASB 101 Presentation of Financial Statements, which the financial statements comply with International Financial Reporting Standards.

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. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 judgement, including the assessment of the risk 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 of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Continued on following page

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2011

J I Moore & Partners
CHARTERED ACCOUNTANTS

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St Leonards NSW 1590

T 02 9439 1411

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E info@jimmoore.com.au

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of WentWest Limited, would be in the same terms if given to the directors as at the time of this auditor's report.

Opinion

In our opinion:

- (a) the financial report of WentWest Limited is in accordance with the Corporations Act 2001, including:
 - (i) giving the true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001; and
- (b) the financial report also complies with International Financial Reporting Standards as disclosed in Note 1.

J I Moore & Partners
Chartered Accountants



Duncan Barber
Partner

Blacktown
26 September 2011

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