

gp links wide bay
general practice, delivering better health

Annual Report 2010



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to enhance & support general practice



Back row:

Dr Tim Smart (Community Representative)

Mr Michael Waters (Community Representative)

Dr Ishri Ajesh (Treasurer)

Dr Daud Yunus (Member);

Front row:

Mr Shane Dawson (CEO, ex officio – non voting)

Dr John Potter (Vise Chair)

Dr Paul Neeskens (Chair)

Dr Presly Varghese (Member)

Dr Elaine Dunne (Member)

board of directors



mission

vision

to enhance and support General Practice

gp links wide bay will navigate Primary Health Care forward

& values

accountability

ethics and integrity

collaboration

engagement between GPs, practices and stakeholders

responsiveness

identifying and responding to need

quality

effectiveness and efficiency

leadership

listening, discerning, negotiating and delivering

relevance

value to members and the community

our goals

by 2012, **gp links wide** will

be robust and viable

an annual budget of \$10 million

increase its membership

2,400 associate members and 150 GP members

build equity to increase strength and flexibility

\$2 million in equity (in any form)

our message



our division

- 187** gps
- 63** practices

our members

- 110** gps
- 11** pharmacists
- 52** practice nurses
- 38** allied health professionals
- 36** practice administration staff
- 2** racf
- 41** other

our population



generosity

gp links wide bay acknowledges the generous funding and sponsorship provided by the following organisations:

funding bodies



sponsorship



acknowledgements



It is with great pleasure I present the Chair's report to the 2010 AGM.

This year completes the first full year of the operation of **gp links wide bay** as a company limited by guarantee, with the majority of the assets, tangible and intangible transferred successfully from the old incorporated association late in 2009. This year should be the last and final AGM for the old association.

In line with the Board's strategic direction, our organisation has continued to build its scope and funding base and I commend our CEO, Mr Shane Dawson, for the achievement of this growth, which is outlined in our Annual Report.

Consistent with our maturation to a public company has been investment in developing robust governance. In line with corporate best practice, **gp links wide bay** has two key sub-committees – Audit and Risk, and Governance - each with well defined terms of reference and tasks. As in previous years, the Board undertook externally facilitated governance and strategic review as well as its annual Board performance review.

Lastly, two directors, myself and Dr Daud Yunus, have successfully achieved the graduate status of the Australian Institute of Company Directors.



gp links wide bay

All of these initiatives I believe put **gp links wide bay** in a good position to listen, discern, negotiate and deliver, especially in the current environment of proposed health care reform.

The critical strategic issue for **gp links wide bay** is that Commonwealth core funding for Divisions of General Practice will cease on June 2012, with the establishment of Primary Health Care Organisations (PHCOs) to continue and expand on the previous work of Divisions.

I strongly recommend you review the National Health and Hospitals Network Agreement of COAG April 2010 which outlines the Commonwealth's actual commitments to reform.

A link to this document is available on our website. Further insight to the Commonwealth's position is presented in "Building a 21st Century Primary Health Care System – Australia's First National Primary Care Strategy", also available online.

A key achievement in the past year has been the ongoing development of our relationship with Queensland Health. In particular, our GP Hospital Liaison program has brought some genuine capacity to address the public hospital – private GP interface.

This program highlights **gp links wide bay's** continued focus on building linkages and relationships between general practice and relevant health stakeholders.



As an independent company **gp links wide bay** will continue to exist irrespective of Commonwealth grants. A first key task for the Board in 2010-2011 will be to discern the best path for the company's future in a funding limited environment. The exciting news is that Divisions of General Practice have been granted first and sole opportunity to participate in the development of regional PHCOs. This is the second key task for **gp links wide bay** in 2010-11.

Lastly, I wish to thank the Board members for their hard work and support, and to congratulate our CEO, Mr Shane Dawson, and his team for a year of ongoing growth and development.

A handwritten signature in black ink, appearing to read 'P Neeskens', with a long horizontal line extending to the right.

Paul Neeskens
Chair



gp links wide bay

We have seen the announcement of a number of significant reform agenda items by the Commonwealth Government which will change the health care landscape in Australia. Whilst it is not yet clear what the overall health reform agenda will mean for **gp links wide bay**, the organisation will continue *to support and enhance General Practice* together with the commitment to securing quality health of our community.

General Practice, as the centerpiece of health reform, will continue to be the key position of **gp links wide bay** message.

With this in perspective, this year has been one of **gp links wide bay** reaffirming the Division's position and strengthening its connection with General Practice.

gp links wide bay has ensured that General Practice has been fully informed and aware of prospective changes and impacts. The Division continues to actively update the **gp links wide bay** website, meeting forums and Tuesday's Thoughts weekly fax as important forms of information dissemination and advice to the membership.

gp links wide bay, as an organisation, is determined to demonstrate leadership and in doing so to proactively contribute and shape reform opportunities.

As components of this leadership, **gp links wide bay** has established an Allied Health Task Group. The purpose of this group is to provide a mechanism to inform Allied Health Professionals in the region of the potential health reform actions and impacts. The Allied Health Task Group has an elected Chair and the group will work with the Board of Directors, **gp links wide bay** in future primary health service planning and delivery and governance.



gp links wide bay has also established a Citizen Engagement Strategy. This has the purpose of creating community awareness and securing community opinion in the health reform agenda and implications for primary care.

The transition from an incorporated organisation to a company limited by guarantee has been finalised. This occurred in October 2009.

The organisation has successfully re-secured funding for the Fraser Coast Headspace hub for a further three year tenure. **gp links wide bay** will continue to promote Headspace as the organisation's flagship for youth mental health.

The organisation is currently discussing with Focus (Sunshine Coast Division) ATAPS management under a coordinated banner as part of a total east coast wide mental health strategy approach. This will contribute more positively to the recruitment strategy for allied health services, particularly in regional and rural areas. It will also deliver a consolidated database across the eastern seaboard for ATAPS and other related allied health service related activity.

We have placed a significant effort in addressing the key attributes of data management and information management. We now have nine practices participating in the Australian Primary Care Collaboratives (APCC). Combined with APCC we have seen the rollout of clinical data tools within General Practice as part of a coordinated data management approach. We now have over twenty practices actively using data management tools and providing non identifiable consolidated data. This is starting to present a significant population profile of the health status of our community.



gp links wide bay

As an organisation we continued to support the roll out of the Queensland Health Enterprise Discharge System (EDS). The EDS delivery results within **gp links wide bay** are reported with the consistently highest penetration in Queensland.

gp links wide bay has implemented the ReferralNet as part of an integrated Primary Care communication protocol. This tool, once fully operational, has the capacity to deliver seamless communication and information sharing across all providers, reduced patient requirement to repeat information and create a platform of interoperability across all primary care providers. It also provides a single point of communication entry into the primary care system for government providers such as Queensland Health.

gp links wide bay has established Health Industry Training Queensland (HITQ), a Registered Training Organisation (RTO) as part of our primary health care expansion activity. HITQ provides an important contribution to the region and also Statewide to health workforce training, education, workforce expansion and retention. This is particularly focused towards the wider primary health care workforce agenda.

We successfully secured funding under the Aboriginal and Torres Strait Islander program – Closing the Gap. This program will deliver a region-wide approach to increase access to mainstream services, key health promotion and awareness activity with a particular focus on healthy lifestyles, smoking cessation, tobacco action and awareness. These are exciting times for the Division in the development and delivery of a culturally sensitive and responsive program delivery to meet the needs of Aboriginal and Torres Strait Islanders of our community.



gp links wide bay continues to provide the auspice and leadership role in the conducting of CHIC – Primary Care Partnerships business for the Fraser Coast/ Wide Bay Region. This has proven to be an invaluable measure in securing a strong platform for the launching and proliferation of a range of **gp links wide bay** primary care integration activities.

gp links wide bay and Queensland Health have developed a partnership agreement in the Wide Bay Region. This agreement provides clear commitment by both **gp links wide bay** and Queensland Health to work together to achieve mutual and respective outcomes that are both constructive and beneficial to our community.

The division secured funding to assist Queensland Health in the expansion of their property asset infrastructure via the extension and fit-out of the existing on-site GP surgery at Mundubbera. The division also assisted and has provided expertise to the Fraser Coast Regional Council in securing and the the ultimate extension of the Tiaro Medical Centre using the same funding pool.

Commercial initiatives have shown growth and expansion. The private diabetes clinic has increased days providing services from the Mater Hospital and extended its service directly into general practice by visits. Vertical integration is evolving too facilitated by a Dietitian directly employed by **gp links wide bay** and providing services to the patients of the Private Diabetes Clinic.



The organisation continues to successfully deliver and promote a strong General Practice and primary care integration agenda. This is evidenced by the GPHLO program, Case Management and Avoidable Admissions program, PallNet – Community Palliative Care project, Healthy Lifestyle and Diabetes Education activities. All of these activities continue to promote and secure a position for **gp links wide bay** as a key player and valued partner within the primary care partnerships and delivery in the region.

It has once again been an exciting and productive year at **gp links wide bay** and I wish to thank the Chair, Dr Paul Neeskens, and the Board of Directors for their leadership, direction and faith in the **gp links wide bay** staff.

In concluding I wish to thank the excellent and hard working staff group at **gp links wide bay**. A CEO is only as good as the staff who surrounds him and contributes to the organisation's growth and potential. Once again, I thank you for all your hard work and fantastic contribution this year. Great job team.

Finally, General Practice is entrenched within the mission of **gp links wide bay**. It will continue to be the principle and core value on which the organisation continues to position itself in managing this challenging and turbulent future in health service delivery.

Shane Dawson
CEO

gp links
wide bay



programs



improving health

The Lighten Up health promotion programs being delivered in the North Burnett and on the Fraser Coast have continued their activities throughout the past year with great success.

Programs have been regularly run in Maryborough and Hervey Bay with good attendance and high patient retention rates. General practice referrals to the programs are being maintained at their historic high level.

The challenges of patient recruitment to the programs in the small North Burnett towns have been taken up by a newly appointed member of staff who has more than risen to the occasion. We are anticipating that this program will go from strength to strength as opportunities to promote the program are grasped and word spreads through the North Burnett of the great patient benefits that the program brings.

maintain quality service



The Information Management Unit within **gp links wide bay** is involved with all facets of the information lifecycle, from data use, collection, analysis, aggregation and interpretation.

This includes data within **gp links wide bay** as well as external General Practice/stakeholder data.

This Unit is actively involved in eHealth activities such as secure messaging and facilitating Queensland Health projects, such as EDS and eReferral.

The future direction of the IM Unit is to have all health-related providers accessible via secure messaging communication with functional traffic being sent and received.

Continuous data quality improvement will be another key focus of this Unit in the future.



commitment in health

The GP Services team continues to coordinate and facilitate professional development events for clinicians and non clinicians alike throughout the Wide Bay area.

Both local, intra and interstate presenters have been extensively utilised with all educational events being well supported (average of 20-30 participants).

There are well developed and strong communications systems between the Division and general practice for example, constant use of email, weekly news and events updates, monthly newsletters and the Division website. GP, Practice Manager and Practice Nurse Networking meetings remain strongly attended as well. Chronic Disease Management and Immunisation remain strong focus areas within the Division and are discussed at each and every networking meeting as is the Closing the Gap initiative (in recent times).

During 2010, the Division engaged 6 additional practices (to make a total of 9) to participate in the APCC Collaborative Program which focuses on chronic disease management. Between February and June 2010, the Division sponsored a very successful pilot project in which a Division-employed registered nurse set up and conducted a nurse-led chronic disease clinic at one general practice. The pilot focused on chronic heart disease and COPD/Asthma. Preliminary clinical data (HbA1C and BP) and patient and practice staff satisfaction surveys reflected the pilot's success. Further, that Practice has since employed a practice nurse to continue with the nurse-led clinics.

improving access to primary care



Under Closing the Gap initiative, **gp links wide bay** has increased its workforce to support the Commonwealth's Indigenous Chronic Disease Package. This package is aimed at closing the life expectancy gap between Indigenous and non-Indigenous Australians. The Closing the Gap measures are designed to improve the prevention, early detection and ongoing management of those chronic diseases that are the main causes of mortality for Indigenous Australians.

The Division's newly appointed Indigenous Health Project Officers and Indigenous Outreach workers have primary duties and responsibilities are to conduct a needs assessment and develop strategies to improve access to mainstream primary care. They are extensively involved in establishing linkages, partnership and networks with the Aboriginal and Torres Strait Islander agencies, community leaders and mainstream service providers. The program has a focus in the development of coordinated approach in identifying and resolving issues to address barriers and to increase the access to and use of mainstream primary care services by Aboriginal and Torres Strait Islander people.

closing the gap



community awareness

Immunisation continues to be a strong program with this Division being ranked 21 out of 113 Divisions nationwide with an overall coverage rate of 91.3%. Medicare report dated 11/08/2010.

Immunisation activities in the last 6 months include:

- 3 x 1 day immunisation workshops in conjunction with the Public Health Unit which had an average of 20 participants;
- completion and distribution of Indigenous immunisation reminder postcards;
- constant provision of immunisation resources to practices in particular the Common Observed Reactions to Vaccines and Bravery Certificates;
- timely dissipation of immunisation and disease outbreaks (pertussis and measles) information via email networks.

Two workshops were held re the 4 year old healthy kids check which included information about the 4 year old vaccination schedule with 25 attendees.

immunisation program

supporting gps



The **gp links wide bay** Workforce Support for Rural General Practitioners (WSRGPs) program involves a wide range of activities including:

- recruitment and vacancy advertising
- orientation
- professional development
- personal and family support
- workforce capacity building
- support for the application for District of Workforce Shortage status, IMG registration renewal, area of need applications, and applications for Medicare provider numbers.

gp links wide bay has a well developed IMG mentoring program designed to provide specific support to those GPs studying for the RACGP examinations.

3 local GPs provide fortnightly mentoring and pre-examination sessions in preparation for the RACGP clinical examinations.

Financial assistance is offered for IMGs and Australian trained GPs to attend pre-clinical RACGP exam workshops in Brisbane. In August, **gp links wide bay** invigilated the RACGP AKT and KFP written exams with 19 GPs sitting for these exams from throughout Queensland.

workforce



financial assistance scheme

gp links wide bay has provided funding to assist practice nurses attend training & education programs that focus on the management of patients in the general practice setting.

The areas in which the training has been provided include:

- Diabetes management;
- Chronic disease management and illness;
- Mental health;
- Asthma;
- Chronic heart disease;
- Health and clinical assessments;
- Immunisation.

This program complements the continuing education program provided through the practice nurse seminars.

The following practices have benefited from this scheme this year:

- The Monsour Clinic
- Grace Family Practice
- Bourbong Family Practice
- Linden Medical Centre
- Central Medical
- Burnett Medical Centre

driving rural health reform



The Rural Primary Health Service (RPHS) Program is the consolidation of four previously separate primary and allied health programs. The More Allied Health Services (MAHS) program; Regional Health Services (RHS) program; Multipurpose Centre program (MPC); and Building Healthy Communities in Remote Australia program.

gp links wide bay is using RPHS funding to deliver Counselling, Diabetes Education, Physiotherapy and Podiatry. These services are provided free of charge to consumers in rural communities and may be accessed by individuals through their GP, Health Professional (Nurse in a specialist role or other allied health professional) or by Self (including Family or Carer).

The RPHS is directed at providing allied health and primary care services to rural populations according to the ASGC-RA system. To be eligible for funding under the RPHS program, communities must be located in ASGC-RA categories 2 (Inner Regional) to 5 (Very Remote). Priority has been given to ASGC-RA 3 (Outer Regional) – 5 (Very Remote) rural communities located in North Burnett (Eidsvold, Munduberra, Gayndah, Biggenden, Mt Perry), Koaln (Gin Gin), Discovery Coast (Agnes Waters, Miriam Vale, Rosedale, Baffle Creek) and Isis (Childers).

During November 2009 – March 2010 the Division consulted with key stakeholders to inform the development and implementation of the RPHS program. Additionally, an RPHS Network Email chain has been established to provide regular updates on progress. Key partners involved in the RPHS Program are: General Practice, Combined Health Agency Groups, QHealth, Private Allied Health and Community Health Services.

Since the commencement of the RPHS Allied Health Team in April 2010 there have been 361 referrals that consist of Diabetes Education 66%, Podiatry 37%, Physiotherapy 16% and Counselling 6%.



driving rural health reform

rural primary health services

The Division undertakes regular needs assessments and project evaluation in the communities to delivery primary health care in a way that best meets the identified needs of rural communities. The first review was undertaken during 22 July – 4 August 2010 with 11 Session Site Visits conducted in Gin Gin, Biggenden, Gayndah, Eidsvold, Munduberra, Childers, Hervey Bay and Bundaberg. There were 25 people representing 17 different organisations that participated in facilitated discussion enabling key partners to provide possible solutions to improve the delivery and management of the RPHS Program.

The RPHS Review proved successful in promoting the service and obtaining direct feedback from key partners. A report with recommendations based on the findings from the review is currently being developed which will be disseminated to local organisations and key partners within the region.

CHIC initiative



gp links wide bay is the fund holder of the CHIC Initiative on behalf of the Wide Bay Fraser Coast Partnership Council. Commencing in 2007, the initiative is due to cease 30 June 2011.

The WBFC PC has submitted a Request for Extension of funding post 30 June 2011 including a budget and model to support the coordination of the PC.

The Division continues to establish and maintain partnerships through the Wide Bay Fraser Coast Partnership Council to progress work locally in supporting chronic disease prevention and management.

The following projects are being delivered through the CHIC initiative

- Telehealth
- Community Outreach Program
- General Practice Diabetes Service Improvement Program
- Avoidable Hospital Admissions Program (CoPD)
- General Practice Hospital Liaison Program
- Integrated Shared Care

Additionally, a comprehensive Health Needs Assessment activity is being undertaken in response to various health agencies in the region expressing the need of improving data and the difficulties in accessing relevant data.

The WBFC PC have engaged the University of Southern Queensland with Joanne Lambden and Associates to research health support needs of our region in the following four major healthcare areas:

- chronic disease
- women's and children's health needs
- drug and alcohol services, and
- mental health services

This resource will be accessible to all health agencies and will be beneficial in supporting funding proposals, targeted service planning, identifying health priorities and succession planning and resource allocation. This Health Needs Assessment Activity is due for completion November 2010.

As a result of the WBFC PC Strategic Planning Day held in May 2010, a Marketing and Communication Activity has been funded to create awareness of the WBFC PC and to demonstrate the collaborative activities undertaken in partnership.



The Allied Health Professionals Group was formed early in 2010. The first meeting was held by telephone linkup, which was quickly followed by a meeting in Childers. At this meeting Stacey Carson was elected Chair, Tracy Bauer vice chair, with Kallum Ireland and Greg Bell as executive committee members.

At present the committee are looking at

- RCHE submission – An application has been submitted for \$50 000 worth of government grants towards rural health education for AHPs
- Referralnet – We are currently working with **gp links wide bay** and Referralnet in setting up a secure email service between GPs and AHPs in the Wide Bay Region
- The utilisation of HITQ, the registered training organization arm of **gp links wide bay**, to help train up AHPs staff
- Ways to improve communication between GPs and AHPs with a focus on Primary Health Care

The Committee is currently trying to meet every month.



focused on health care

The aim of the Aged Care Access Initiative (ACAI) is to improve access to primary care (GP and allied health services) for residents of aged care facilities through:

- an incentive payment through the Practice Incentives Program (PIP) to encourage GPs to provide more services in RACFs which will be administered by Medicare;
- a payment for clinical care provided by Allied Health Professionals (AHPs) in RACFs, where these services are not currently covered by Medicare or other government funding arrangements. This component is managed by SBOs in collaboration with Divisions of General Practice.

6 RACFs participate in this initiative during 2009 to 2010. The program generated significant interest and as a result the Division has been successful in engaging 16 RACFs in 2010-11. This is an increase of 37.5% in comparison to last financial year.

RACFs participating in the initiative utilise the funding to expand the existing services of current Allied Health Service provision.

service & support



Patient Care Coordination is an initiative of the Avoidable Hospital Admissions Committee, and is geared at improving coordination and management of the care of patients with chronic illnesses.

The project utilises an integrated case management model of care to help identify and provide coordinated care to those patients with COPD and cardiac disease (excluding heart failure) who are identified as being at risk of avoidable presentation and admission to Bundaberg hospital.

The Patient Care Coordinator works with the patient, GP, multidisciplinary health team and external service providers to plan and coordinate care, and enhance patient access to services. Patient care coordination seeks to deliver better outcomes for patients and reduce unplanned hospital presentations and admissions among the target cohort.

The Patient Care Coordinator receives referrals from key stakeholders within Bundaberg hospital, and conducts a comprehensive assessment of the patients' health and social needs, and facilitates a management plan in consultation with the health team.

The Patient Care Coordinator also provides ongoing monitoring and support to patients to assist with ongoing management of chronic disease.

patient care coordination



headspace Fraser Coast provides services to young people aged between 12 -25 years from two hubs, Maryborough and Hervey Bay.

headspace assists young people who are at risk of developing a mental health or substance use disorder and also helps by providing information and support on other issues which impact on the lives of young people.

headspace staff consists of a Client Services Integration Manager, a Receptionist / Administration Officer, two generalist Counsellors, one Drug and Alcohol Counsellor, one Indigenous Youth Health Worker, one Youth Worker and a General Practitioner.

headspace has seen significant client growth as we become an established and respected service within the community. **headspace** maintains a strong community presence at local youth events, workshops and forums and is regularly asked to speak at schools and to groups of young people. In the last financial year **headspace** had 409 new client registrations, an increase of 141 clients from the previous year.

As an early intervention service, we aim to encourage young people to seek early assistance with any mental health issues, to enable timely diagnosis and treatment, and to provide skill development to enable young people to re-engage in their lives with positive growth. Offering a holistic service we are able to provide mentoring, support and information if young people are not ready to engage in a counselling process and this can assist them to access help in the future. Most of our referrals are for young people aged between 15-17 and are self referrals or by family, friends or the education system. These word of mouth referrals are a testament to the faith they place in **headspace** as a youth friendly and accessible service.



Health Industry Training Queensland (HITQ) was established to provide quality health and community services accredited training to Queenslanders. After a successful initial audit in April 2010 the business received registration through the Queensland State Training Authority. Since registration, the business has applied for an extension to the scope of registration and to date has the following qualifications registered under its scope:

- Certificate III Allied Health Assistance
- Certificate III Health Administration
- Certificate III Health Services Assistance
- Certificate III Health Support Services
- Certificate III in Aged Care
- Certificate IV Aged Care
- Certificate IV Disability Work
- Certificate IV Health Administration
- Certificate IV Health Supervision
- Certificate IV Mental Health Work
- Diploma of Community Services (Mental Health)
- Certificate IV Training and Assessment
- Diploma of Disability
- Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
- Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)
- Diploma of Aboriginal and/or Torres Strait Islander Primary Health (Community Care)
- Certificate II in Population Health
- Certificate III in Population Health
- Certificate IV in Population Health

Since registration, HITQ has secured funding for *Skilling Queenslanders for Work* Productivity Places Program, a joint initiative through both the Australian and Queensland Government. This funding is for 60 students within Hervey Bay, Maryborough and Bundaberg to complete a Certificate III qualification in Allied Health Assistance, Health Support Services or Health

Services Assistance through the Health Connect Training Program. The first half of the funding (totalling \$177, 290.00) was administered to HITQ for courses to commence in August for completion by mid December. The second half of the funding will be administered for the second round of courses to commence in February 2011.

In addition to the Productivity Places Program, HITQ has received further funding through *Skilling Queenslanders for Work* for the Healthcare Connect Program (totalling \$ 51,600) which will provide accredited training in the health sector for disadvantaged people within the Wide Bay area to be able to re-enter the workforce.

A partnership has been formed with Sarina Russo Apprenticeship Centre to provide training to existing staff working in the health and community services sector. The training is fully funded through the Australian Government's Australian Apprenticeship Services.

Through this partnership, many local health organisations including medical centres, private hospitals and aged care residentials are providing training to their staff in the areas of health administration and allied health, with HITQ being nominated as the Registered Training Organisation. This funding provides HITQ with \$3,000/training placement in revenue.



HEALTH INDUSTRY TRAINING QUEENSLAND



An application to receive 'preferred supplier' status for Recognition of Prior Learning (RPL) as requested by Skilling Solutions Queensland has been submitted. The application covered several qualifications on our scope of registration for people residing in Mackay to the Sunshine Coast.

If successful, this will provide \$500 to \$1,000 in revenue for each RPL applicant as well as revenue from gap training which may be required for applicants to receive a full certificate.

The establishment of HITQ has been well received by the community and the health industry. Promotion of the business has resulted in many partnerships and networking opportunities with JSAs, health professionals, hospitals and government agencies.

HITQ has an increasing number of fee paying students throughout Queensland and national enquiries regarding HITQ courses and auspice opportunities.

HITQ staff are looking forward to an increasing student base and partnerships which will be formed throughout the future of the business. It is anticipated that further funding will be secured through both the Australian and Queensland Government initiatives.

Following the successful completion of the Australian Primary Care Collaboratives (APCC) program by three Wide Bay Practices (in Gin Gin, Maryborough and Bundaberg) **gp links wide bay** secured places for additional Practices in the current 'Fourth Wave' of this Commonwealth Government funded initiative.

The APCC is coordinated Australia wide by the Improvement Foundation, based in Adelaide, and supported by the network of Divisions of General Practice in each State and Territory.

The program has a focus on chronic disease management and quality improvement through improved data collection, monitoring, and a team approach to better clinical outcomes.

Currently, another four Wide Bay Practices are on track to complete the program in February 2011.

Another four or five Practices in our area have also expressed interest in participating in the next 'National Wave', subject to the Improvement Foundation securing continuing funding.



National Prescribing Service Limited



In 2009/2010 the following topics were delivered to GPs, Pharmacists and Practice Nurses.

- Antiplatelet and anticoagulant therapy in Stroke Prevention to 84 GPs 15 Pharmacists and 4 Practice Nurses.
- Treating the symptoms of Dementia to 8 GPs and 4 Practice Nurses.
- Management options to Maximize Sleep to 69 GPs and 6 Pharmacists.



Assisted the CEO in his role as the QA Manager and the Executive Secretary to review of all policies and procedures In the QMS and HR manuals resulting in many policies being modified.

6 new policies were drafted to be included into either the QMS or HR manual.

Internal audits were conducted as required to identify both strength and weaknesses in the Quality System.



gp links wide bay promoted Home Medicines Review to General Practice. The number of HMR increased in 2009-10 by 25% by March 2010. Funding for this project ceased in June 2010.



Quality
ISO 9001



PallNet (Palliative Care Network) was formed during the 2006 – 2009 research project funded by the Department of Health and Ageing and undertaken by Blue Care in partnership with the University of Queensland.

It is a network of coordinated services, practitioners and community members on the Fraser Coast who respond to the needs of an informed community in promoting excellent care and support to people at end-of-life and their families.

The PallNet project has an important contribution to make in the development of community palliative care services across the Fraser Coast.

In May 2009 a Palliative Care Services Development Officer role was introduced. This position is funded by Queensland Health, is community based and auspiced by [gp links wide bay](#) .

Activities are focused around the valuable work already achieved during the three year project, with enhancing palliative care services across all diagnoses and continuum of care settings now the key priority.

Highlights:

The Palliative Care Service Development Officer has:

- built and fostered networks with all key stakeholders
- facilitated education and training programs across the Fraser Coast
- promoted “Palliative Approach in Residential Aged Care” Guidelines in the RACFs
- introduced a Palliative Care Link Nurse Program across the Fraser Coast



PallNet
palliative care network

- provided up to date Palliative Care resources to RACFs and community nursing services
- attended the:
 - International Palliative Care Conference in Perth
 - Third National Palliative Care Education Conference in Brisbane
 - Inaugural International Advanced Care Planning Conference in Melbourne
- presented at the Centre for Palliative Care Research and Education Conference in Brisbane
- drafted a “Fraser Coast Palliative Care Referral Pathway”
- PallNet funded and coordinated 2 x two day palliative care workshops in Hervey Bay and Maryborough. The Palliative Care Education Facilitator from St Vincent’s Brisbane delivered the sessions. The program was designed for Registered Nurses and Endorsed Enrolled Nurses from all health care sectors. In total 109 applicants attended the two workshops.
- coordinated Palliative Care education for GPs
- planned further education programs for the Fraser Coast
- conducted an intense quantitative evaluation of the PallNet Project
- provided a comprehensive project report to Queensland Health for 2010



The General Practitioner and Health Care Professionals surveys identified more home based community nursing care and an on-going program of professional development and education as the priority to improving palliative care services on the Fraser Coast.

Whilst confidence in palliative care services is generally high, there are notable gaps in service provision related to population growth, demand for palliative care services, workforce capacity and limited community funding.



bundaberg

| Date | Event title | Attendance |
|--------|--|------------|
| 07-Jul | Hearing loss: The silent disability | 12 |
| 09-Jul | Pandemic Planning | 32 |
| 01-Oct | Multiple Sclerosis workshop | 13 |
| 07-Oct | Rollout of Panvax | 38 |
| 15-Oct | Practix training | 7 |
| 11-Nov | Young people and drugs in Bundaberg | 20 |
| 25-Nov | Palliative Care: Management of symptoms other than pain | 16 |
| 02-Dec | Initiation and titration of insulin in type 2 diabetes | 14 |
| 08-Dec | Child protection: Mandatory reporting of child abuse | 25 |
| 06-Feb | Team approach to medical emergencies in practice environment | 25 |
| 24-Mar | Breast disease exposed: Module 1 | 24 |
| 14-Apr | Implanon insertion & removal training | 8 |
| 28-Apr | Breast disease exposed: Module 2 | 23 |
| 01-Jun | Management of the obese patient in 2010 | 8 |
| 24-Jun | Interpretation of results of iron studies | 19 |

hervey bay

| Date | Event title | Location | Attendance |
|--------|--|------------|------------|
| 08-Jul | Pandemic Planning | Hervey Bay | 9 |
| 08-Oct | Rollout of Panvax | Hervey Bay | 25 |
| 31-Oct | Level 1 mental health training | Hervey Bay | 53 |
| 03-Jun | Pain management and end of life planning | Hervey Bay | 23 |
| 10-Jun | Management of the obese patient in 2010 | Hervey Bay | 15 |



key services



meeting attendance

During the financial year, 2009-2010 meetings of directors (including committees of directors) were held. Attendances by each director were as follows:

| | Directors' Meetings | |
|---|---------------------|----------------|
| | Total Held | Total Attended |
| Dr Paul Neeskens (Chair) | 10 | 10 |
| Dr John Potter (Vice Chair) | 10 | 10 |
| Dr Ajesh Ishri (Board Member) | 10 | 8 |
| Dr Elaine Dunne (Board Member) | 10 | 9 |
| Dr Preshy Varghese (Board Member) | 10 | 10 |
| Dr Daud Yunus (Board Member) | 10 | 10 |
| Dr Tim Smart (Community Representative) | 7 | 4 |
| Michael Waters (Community Representative) | 9 | 9 |
| Shane Dawson (CEO, ex-officio – non voting) | 10 | 10 |

| | Finance & Audit Meetings | |
|---|--------------------------|----------------|
| | Total Held | Total Attended |
| Dr Ajesh Ishri (Board Member) | 4 | 3 |
| Dr Preshy Varghese (Board Member) | 4 | 2 |
| Michael Waters (Community Representative) | 1 | 1 |

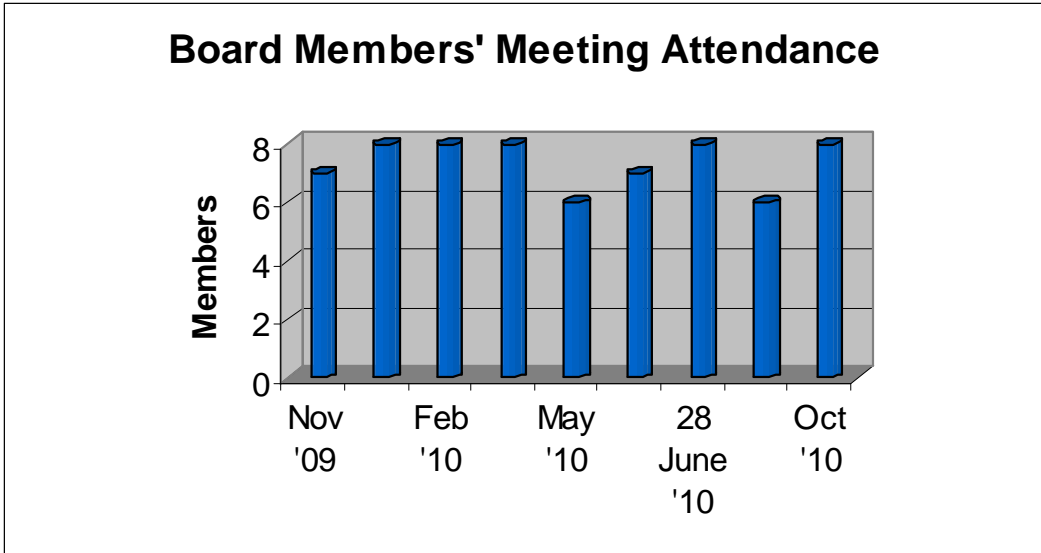
directors meetings

meeting attendance



Between November 2009 and October 2010 board members' meetings were held. Attendances by each board member were as follows:

| | Total Attended |
|-----------------------------------|----------------|
| Dr Paul Neeskens (Chair) | 9 |
| Dr John Potter (Vice Chair) | 9 |
| Dr Ajesh Ishri (Board Member) | 8 |
| Dr Elaine Dunne (Board Member) | 9 |
| Dr Presly Varghese (Board Member) | 8 |
| Dr Daud Yunus (Board Member) | 9 |
| Dr Tim Smart (Community rep) | 5 |
| Michael Waters (Community rep) | 9 |



board meetings

gp links
wide bay inc.

year ended
30 june 2010

audited financial report





Dear Members of **gp links wide bay** , Funding Partners, Sponsors, and well wishers, it gives me great pleasure to present to you the Treasurer's report for the 2009-2010 Financial year. This has been my fourth year as the Treasurer of this organisation.

As you will recall, it was decided last year that **gp links wide bay inc.** to cease operations and transfer its assets to **gp links wide bay ltd.** On 30th September 2009, the association has ceased operating as GP Links Wide Bay and transferred its surplus assets and liabilities to a new company limited by guarantee, **gp links wide bay ltd.**, which commenced operating as **gp links wide bay** from 1st October 2009. The organisation did trade for the first three months and the financial reports for these three months are appended in the reports for your perusal.

The total assets for the organisation for the trading period were \$9,021.95. The total liabilities for the same period were \$9,021.95. The Current ratio being 1.0.

A total of \$226,934.41 in accumulated surplus had been distributed to the associate body **gp links wide bay ltd.**

This entity has now ceased to operate, but the entry with The Australian Business Register has been left open for future planning.

The **gp links wide bay inc.'s** financial records have been audited and the audited report presented to the Board in October 2010. The report is appended for your perusal and discussion and comments are welcomed.

I submit the attached report for your consideration and endorsement.

Dr. Ajesh Ishri
Treasurer

***MBBS, FRACGP, Master of Health Management,
Master of Epidemiology, Master of Health Social Science,
Diploma in Frontline Management.***



| Income | 2010 | 2009 |
|-------------------------------------|-----------------------|-----------------------|
| | \$ | \$ |
| Aged Care GP Panel Activities - DHA | \$ - | \$ 57,060.00 |
| Aged Care GP Support Work - DHA | \$ 23,470.22 | \$ 25,125.13 |
| Aged Care Panel Allied Health | \$ 13,509.00 | \$ 20,167.20 |
| Australian Better Health Initiative | \$ 55,467.96 | \$ 105,355.68 |
| Better Outcomes MH - DHA | \$ 188,417.51 | \$ 259,965.73 |
| Capacity for Local Partnership | \$ - | \$ - |
| CHIC Grant | \$ 648,669.00 | \$ 654,715.25 |
| Clinics Patient Co-Payment | \$ 1,710.00 | \$ 3,490.00 |
| Core Funds Grant - DHA | \$ 406,723.79 | \$ 668,636.91 |
| Education program income | \$ - | \$ 181.82 |
| Gain on Sale of Fixed Assets | \$ - | \$ 2,768.18 |
| Governance Training Grant | \$ - | \$ - |
| GP Hospital Liason Program | \$ 115,588.47 | \$ 289,145.53 |
| Grant Unspent | \$ - | \$ - |
| Headspace Grant | \$ 362,168.43 | \$ 374,023.57 |
| Healthy Lifestyle | \$ 138,806.84 | \$ 108,294.16 |
| HMR Home Medicine Review Grant | \$ 4,967.00 | \$ 37,025.00 |
| Immunisation Income - DHA | \$ 24,621.00 | \$ 25,502.95 |
| Interest Income | \$ 13,633.29 | \$ 78,514.19 |
| L/Partnership Grant | \$ - | \$ - |
| MAHS Grant - DHA | \$ 74,977.56 | \$ 256,270.65 |
| Medicare Income Clinics | \$ 10,255.95 | \$ 18,941.40 |
| Mental Health-Drought Grant | \$ 4,843.71 | \$ 119,918.29 |
| MSOAP Partnership Agreement | \$ - | \$ 5,500.00 |
| Nursing in GP Program | \$ 10,046.40 | \$ 25,550.00 |
| Office Space Rental | \$ 480.00 | \$ 2,768.71 |
| Other Funding | \$ 237,859.73 | -\$ 225,509.38 |
| Other Income | \$ 5,289.00 | \$ 30,168.16 |
| Palliative Care Edu | \$ 130,983.78 | -\$ 113,483.78 |
| Patient Care Plans | \$ 1,171.50 | \$ - |
| Pall Net Income | \$ 37,316.00 | \$ - |
| Population Health Training Grant | \$ - | \$ - |
| Program Event Income | \$ 1,375.00 | \$ 22,220.03 |
| NPS Grant | \$ 43,008.78 | \$ 75,299.90 |
| Sponsorship | \$ 909.09 | \$ 5,619.10 |
| Wage subsidy | \$ - | \$ 1,500.00 |
| Workforce Grant - DHA | \$ 34,791.28 | \$ 40,882.06 |
| Youth Mental Health Grant | \$ 108,743.54 | \$ 225,584.46 |
| TOTAL INCOME | \$2,699,803.83 | \$3,201,200.90 |



| Expenditure | 2010 | 2009 |
|-------------------------------|---------------------|---------------------|
| | \$ | \$ |
| Administration | | |
| Accounting & Audit | \$ 3,632.07 | \$ 20,297.02 |
| Bad Debts | \$ - | \$ 479.09 |
| Bank Fees | \$ 410.23 | \$ 1,662.19 |
| Books & Magazines | \$ 184.44 | \$ 1,528.05 |
| Cleaning | \$ 2,527.61 | \$ 10,545.11 |
| Clinical Audit Tools | \$ 1,128.75 | \$ 4,886.25 |
| Computer Consumables | \$ 2,464.41 | \$ 11,720.53 |
| Electricity | \$ 1,021.17 | \$ 11,562.42 |
| Insurance | \$ 3,885.17 | \$ 10,231.22 |
| Legal Fees | \$ 833.44 | \$ 8,763.03 |
| Motor Vehicle: | | |
| Lease | \$ 13,469.75 | \$ 38,452.16 |
| Petrol | \$ 2,196.58 | \$ 10,269.92 |
| Registration & Insurance | \$ 4,134.77 | \$ 1,061.65 |
| Repairs & Maintenance | \$ 1,721.55 | \$ 4,622.06 |
| Office Supplies & Stationery | \$ 5,733.60 | \$ 13,969.19 |
| Postage | \$ 2,587.35 | \$ 11,989.60 |
| Printing | \$ 6,260.25 | \$ 13,135.88 |
| Provision for Legal Fees | \$ - | -\$ 15,000.00 |
| Quality/Accreditation | \$ - | \$ 29,897.19 |
| Rent | \$ 37,402.46 | \$130,840.09 |
| Rent of Equipment | \$ 2,080.20 | \$ 8,320.80 |
| Repairs & Maintenance | \$ 926.26 | \$ 6,605.72 |
| Security | \$ 350.19 | \$ 2,246.29 |
| Server Hire Purchase Expenses | \$ - | \$ 564.84 |
| Staff Amenities | \$ 1,745.24 | \$ 6,953.48 |
| Subscriptions | \$ 3,393.12 | \$ 1,746.57 |
| Sundry Expenses | \$ - | \$ 229.10 |
| Telephone & Internet | \$ 17,287.82 | \$ 61,087.85 |
| Uniform Costs | \$ 745.46 | \$ 3,293.87 |
| Waste Removal | \$ 63.88 | \$ 463.40 |
| Total Administration | \$116,185.77 | \$412,424.57 |

statement of expenditure



| Expenditure (continued) | 2010 | 2009 |
|--|---------------------|----------------------|
| | \$ | \$ |
| Capital Equipment | | |
| Assets less than \$5,000 Depreciation | \$ 2,556.73 | \$ 32,939.75 |
| Plant and Office Equipment Depreciation | \$ - | \$ 71,624.03 |
| Office Equip/Furn (non-deprec) | \$ 5,406.97 | \$ 4,339.59 |
| Total Capital Equipment | \$ 7,963.70 | \$ 108,903.37 |
| Program Expenses | | |
| Catering | \$ 5,683.81 | \$ 29,544.77 |
| CHIC Projects | \$ 164,168.00 | \$ 190,195.00 |
| Chronic Disease Education | \$ 666.72 | \$ - |
| Collaborative Learning Exp | \$ 730.91 | \$ 2,974.46 |
| Consumer Fees & Travel | \$ 502.50 | \$ 2,041.50 |
| GP Payments | \$ 49,802.59 | \$ 237,338.76 |
| MAHS Contract A.H.P. | \$ 24,790.46 | \$ 82,540.03 |
| Other Program Costs | \$ - | \$ 12,117.91 |
| Better Outcomes in Mental Health A.H.P.s | \$ 60,546.44 | \$ 309,626.79 |
| Total Program Expenses | 306,891.43 | \$ 866,379.22 |
| Other | | |
| Advertising | \$ 2,236.45 | \$ 1,030.78 |
| Clinical Supervision for Staff | \$ 300.00 | \$ - |
| Conference Accommodation & Travel | \$ 33,513.47 | \$ 81,069.95 |
| Conference Registration | \$ 12,063.66 | \$ 18,919.67 |
| Consultancy Fees | \$ 22,560.07 | \$ 85,567.86 |
| Hire - Car Expenses | \$ 435.96 | \$ 6,623.78 |
| Medical supplies for clinic | \$ - | \$ 2,728.78 |
| Payments to Practice Staff | \$ 438.14 | \$ 7,085.02 |
| Program Materials | \$ 1,956.14 | \$ 8,813.17 |
| Venue Hire | \$ 336.36 | \$ 4,388.19 |
| Loss on Sale of Fixed Assets | \$ - | \$ - |
| Meal & Incidentals Allowance | \$ 520.75 | \$ 1,548.59 |
| Marketing | \$ 4,346.32 | \$ 35,063.36 |
| Public Relations | \$ 3,183.18 | \$ 2,885.46 |
| Tender Submission Costs | \$ - | \$ 4,500.00 |
| Training - Non-Division Staff | \$ - | \$ 2,856.27 |
| Total Other | \$ 81,890.50 | \$ 263,080.88 |



| Expenditure (continued) | 2010 | 2009 |
|---|------------------------|-----------------------|
| | \$ | \$ |
| Other Personnel | | |
| Fringe Benefits Tax | \$ - | \$ 1,952.53 |
| KM Reimbursements I Allowances | \$ 625.40 | \$ 1,586.48 |
| Long Service Leave | \$ - | \$ 1,480.55 |
| Other Employment Expenses | \$ - | \$ 40.00 |
| Payroll Tax Expense | \$ - | \$ - |
| Provision for Staff Leave | \$ - | \$ 35,208.59 |
| Recruitment | \$ 219.97 | \$ 17,514.89 |
| Salaries - Other | \$ 379,182.35 | \$ 1,287,691.32 |
| Superannuation | \$ 33,457.57 | \$ 117,390.53 |
| Training | \$ 133.00 | \$ 7,641.57 |
| Work Cover | \$ 6,827.09 | \$ 5,277.70 |
| Workplace Health and Safety | \$ 107.00 | \$ 2,104.48 |
| <i>Total Other Personnel</i> | \$ 420,552.38 | \$1,477,888.64 |
| | | |
| Transfer Expense | | |
| Income Transfer to GP Links Wide Bay Ltd. | \$ 1,766,320.05 | \$ - |
| | \$ 1,766,320.05 | \$ - |
| | | |
| TOTAL EXPENDITURE | \$ 2,699,803.83 | \$3,128,676.68 |
| NET OPERATING SURPLUS(DEFICIT) | \$ - | \$ 72,524.22 |

| | | |
|---|---------------|---------------|
| Operating Surplus/(Deficit) before income tax | \$ - | \$ 72,524.22 |
| Income tax expense relating to ordinary activities | \$ - | \$ - |
| Net profit from ordinary activities after income tax expense attributable to the association. | \$ - | \$ 72,524.22 |
| Distribution to associated body | \$ 226,934.41 | \$ - |
| Accumulated Surplus as at the beginning of the financial year | \$ 226,934.41 | \$ 154,410.19 |
| Accumulated Surplus as at the end of the financial year | \$ - | \$ 226,934.41 |



| | <u>Note</u> | 2010 | 2009 |
|----------------------------------|-------------|--------------------|-----------------------|
| | | \$ | \$ |
| <u>Current Assets</u> | | | |
| Petty Cash on Hand | | \$ - | \$ 550.00 |
| Cash at Bank - NAB | | \$ 9,021.95 | \$ 19,541.10 |
| Business Cash Maximiser | | \$ - | \$1,910,436.56 |
| Accounts Receivable | | \$ - | \$ 340,201.30 |
| Prepaid Expenses | | \$ - | \$ 35,478.45 |
| TOTAL CURRENT ASSETS | | \$ 9,021.95 | \$2,306,207.41 |
| <u>NON-CURRENT ASSETS</u> | | | |
| Plant & Equipment - Grants | | \$ - | \$ 110,133.87 |
| Accumulated Depreciation | | \$ - | -\$ 86,132.92 |
| | | \$ - | \$ 24,000.95 |
| Leasehold improvements | | \$ - | \$ 171,802.82 |
| Accumulated Depreciation | | \$ - | -\$ 140,985.92 |
| | | \$ - | \$ 30,816.90 |
| Office Equipment at Cost | | \$ - | \$ 150,884.51 |
| Accumulated Depreciation | | \$ - | -\$ 150,884.51 |
| | | \$ - | \$ - |
| Low Value Pool | | \$ - | \$ 12,735.28 |
| Accumulated Amortisation | | \$ - | -\$ 12,735.28 |
| | | \$ - | \$ - |
| TOTAL NON-CURRENT ASSETS | | \$ - | \$ 54,817.85 |
| TOTAL ASSETS | | \$ 9,021.95 | \$2,361,025.26 |



| | <u>Note</u> | 2010 | 2009 |
|--------------------------------------|-------------|--------------------|-----------------------|
| | | \$ | \$ |
| <u>Current Liabilities</u> | | | |
| Trade Creditors & Accruals | 2 | \$ 9,021.95 | \$ 232,378.09 |
| Grants Unspent | | \$ - | \$1,793,687.51 |
| GST Payable | | \$ - | \$ 24,334.43 |
| Provision for Annual Leave | | \$ - | \$ 82,102.27 |
| Provision for Long Service Leave | | \$ - | \$ 1,588.55 |
| TOTAL CURRENT LIABILITIES | | \$ 9,021.95 | \$2,134,090.85 |
| NON-CURRENT LIABILITIES | | | |
| Provision for Long Service Leave | | \$ - | \$ - |
| Hire Purchase Liability Non-Current | | \$ - | \$ - |
| TOTAL NON-CURRENT LIABILITIES | | \$ - | \$ - |
| TOTAL LIABILITIES | | \$ 9,021.95 | \$2,134,090.85 |
| NET ASSETS | | \$ - | \$ 226,934.41 |
| Member Funds | | | |
| Retained Profits | | \$ - | \$ 226,934.41 |
| TOTAL EQUITY | | \$ - | \$ 226,934.41 |

The accompanying notes form part of these financial statements.

statement of balance sheet



statement of changes in equity

| | Retained Profit | Total |
|---|----------------------|----------------------|
| | \$ | \$ |
| 2010 | | |
| Balance, 1 July 2009 | \$ 226,934.41 | \$ 226,934.41 |
| Net results attributable to the members | \$ - | \$ - |
| Distribution of Retained Profits | -\$ 226,934.41 | -\$ 226,934.41 |
| Balance, 30 June 2010 | \$ - | \$ - |
| | | |
| 2009 | | |
| Balance, 1 July 2008 | \$ 154,410.19 | \$ 154,410.19 |
| Net results attributable to the members | \$ 72,524.22 | \$ 72,524.22 |
| Balance, 30 June 2009 | \$ 226,934.41 | \$ 226,934.41 |



Note 1 – Statement of Accounting Policies

This financial report is a special purpose financial report that has been prepared in accordance with Australian Accounting Standards and other mandatory professional reporting requirements and the requirements of the Associations Incorporation Act 1981.

The financial report covers **gp links wide bay inc.** as an individual entity. **gp links wide bay inc.** is an association incorporated in Queensland under the Associations Incorporations Act 1981.

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.

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

(a) Income Tax

The association is exempt from income tax pursuant to Section 50-40 of the Income Tax Assessment Act 1997 being a non-profit association.

(b) Operating Revenue

Revenue from grants is recognised upon the receipt of monies, adjusted for timing differences. Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.



Note 1 – Statement of Accounting Policies (continued)

(c) Cash

for the purposes of the Financial Report, cash includes cash on hand and at banks.

(d) 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.

(e) Property, Plant and Equipment

The depreciable amount of fixed assets costing more than \$5,000 are depreciated using the straight line method over the term of the project for which they have been purchased, commencing from the time the asset is held ready for use. The depreciation rates used for each class of depreciable asset are:

| Class of Fixed Asset | Depreciation Rate |
|-----------------------------|--------------------------|
| Office, Plant and equipment | 7.5%-100%PC |
| Low Value Pool | 100%DV |
| Leasehold Improvements | 5 -100% PC |



Note 1 – Statement of Accounting Policies (continued)

The carrying amount of fixed assets is reviewed annually by the Board to ensure it is not in excess of the service potential value of those assets.

The depreciable amount of fixed assets costing less than \$5,000 are depreciated in the financial year in which the asset is purchased.

(f) Employee Entitlements

Liability to employees for annual leave is recognised on the basis of statutory contractual obligations and arrangements.

The liabilities arising in respect of accrued leave is measured at the amounts unpaid at balance date at current pay rates in respect of services up to that date.

Note 2 – Trade Creditors & Accruals

| | \$ 2,010.00 | \$ 2,009.00 |
|------------------|--------------------|----------------------|
| | \$ | \$ |
| Trade Creditors | \$ 9,021.95 | \$ 161,124.88 |
| Accrued Expenses | \$ - | \$ 65,311.30 |
| Credit Cards | \$ - | \$ 5,941.91 |
| | \$ 9,021.95 | \$ 232,378.09 |



Note 3 – Grants Unspent

The Board has resolved to undertake programs for all grants received during the year. As at 30 June 2009 the Board was implementing the following programs which are due for completion prior to 30 June 2010. The Grant money's remaining to be expended on each program are as follows:

| | 2010 | 2009 |
|--|-------------|----------------|
| | \$ | \$ |
| DOHA Grants: | | |
| More Allied Health Services (MARS) | \$ - | \$ 8,584.55 |
| Better Outcomes in Mental Health | \$ - | \$ 131,911.26 |
| Australian Better Health Initiative (ABHI) | \$ - | \$ 29,751.90 |
| GP Immunisation | \$ - | \$ 4,787.25 |
| General Practice Program | \$ - | \$ 27,595.29 |
| Rural Workforce Support | \$ - | \$ 4,000.00 |
| Mental Health Drought | \$ - | \$ 4,843.71 |
| Youth Mental Health | \$ - | \$ 108,743.54 |
| | \$ - | \$ 320,217.50 |
| Special Grants | | |
| CHIC Partnerships | \$ - | \$ 392,482.00 |
| CHIC Innovation | \$ - | \$ 173,831.00 |
| GP Hospital Liaison | \$ - | \$ 115,588.47 |
| Quality Use of Medicines (NPS) | \$ - | \$ 1,657.00 |
| Allied Health Aged Care Access | \$ - | \$ 23,470.22 |
| Avoidable Admissions Project | \$ - | \$ 69,461.61 |
| Home Med Management | \$ - | \$ 4,967.00 |
| GP Diabetes Service Improvement Project | \$ - | \$ 11,000.00 |
| Diabetes Management Program | \$ - | \$ 93,336.66 |
| Headspace | \$ - | \$ 334,419.43 |
| Healthy Lifestyle (Fraser Coast) | \$ - | 25,067.00 |
| Healthy Lifestyle (North Burnett) | \$ - | \$ 62,293.84 |
| Immunisation Population Health | \$ - | \$ - |
| Palliative Care Education | \$ - | \$ 6,024.93 |
| Pall Net | \$ - | \$ 119,958.85 |
| Telehealth Project | \$ - | \$ 39,912.00 |
| Local Partnerships | \$ - | \$ - |
| | \$ - | \$1,473,470.01 |
| | \$ - | \$1,793,687.51 |



Note 4 – Incorporation

gp links wide bay inc. incorporated under the Associations Incorporation Act 1981.

Note 5 – Mortgages and Charges

The association had no mortgages, charges or securities affecting the property of the association at balance date.

Note 6 – Related Parties

The following Board members held office during the financial year:

| | |
|--------------------|--|
| Dr Paul Neeskens | Chairperson (Appointed 18/09/07) Vice Chairperson 11/10/06 to 18/09/07 |
| Dr John Potter | Vice Chairperson (Appointed 18/09/07) Secretary 11/10/06 to 18/09/07 |
| Dr Ajesh Ishri | Chairman of Finance and Audit Committee (Appointed 01/07/09) Treasurer 11/10/06 to 30/09/09 |
| Dr Elaine Dunne | Board Member (Appointed 18/09/07) |
| Dr Preshy Varghese | Board Member (Appointed 01/10/09) Secretary 21/09/06 to 30/09/09 |
| Dr Daud Yunus | Board Member (Appointed 24/03/09) |
| Dr Tim Smart | Board Member (Appointed 18/11/09) |
| Michael Waters | Board Member (Appointed 27/07/09) |



Note 6 – Related Parties (continued)

Remuneration of board members:

| | 2010 | 2009 |
|------------------------------|---------------|--------------|
| Income Paid to Board members | | |
| during the year | \$ 107,076.00 | \$ 88,439.00 |

Of the \$107,076 of payments to the Board, \$38,729 can be allocated to work within programs. General Practitioners that were not members of the Board were paid a total of \$131,635 for their involvement in Division Programs.

| | 2010 | 2009 |
|---------------------|-------------|-------------|
| \$0 - \$9,999 | 3 | 5 |
| \$10,000 - \$19,999 | 4 | 1 |
| \$20,000 - \$29,999 | 1 | 2 |

Note 7 – Non-Cash Financing

During the year the association had one vehicle lease arrangement with Q-Fleet and five vehicle leases with Summit. These vehicles have not been capitalised, nor a liability disclosed in the balance sheet, as the nature of the agreement is that of a full service vehicle rental arrangement.

The association also had an operating lease agreement with Impressions Finance Pty Ltd. The corresponding lease payments of \$13,469.75 (2009: \$46,772.96) have been expensed.



Note 8 – Significant Event

On the 30 September 2009 **gp links wide bay inc.** ceased trading as an incorporated association and the Board distribution excluding the bank account, to **gp links wide bay ltd.** , a public company limited by guarantee. The Board undertook structure from which the entity **gp links wide bay** operates.

Note 9 – Financial Instruments

a Interest Rate Risk

The association's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities , is as follows:

| | Weighted Average | | Floating Interest Rate | | Fixed Interest Rate Within 1 | | Maturing 1 to 5 Years | |
|-------------------------|------------------|-------|------------------------|------|------------------------------|------|-----------------------|------|
| | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| | % | % | \$ | \$ | \$ | \$ | \$ | \$ |
| Financial Assets | | | | | | | | |
| Cash | 2.00% | 3.66% | - | - | - | - | - | - |

b. Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

The association does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the association.



Note 9 – Financial Instruments (continued)

c. Net Fair Values

Methods and Assumptions Used in Determining Net Fair Value

Financial assets and liabilities' net fair values approximate their carrying value. No financial assets and liabilities are readily traded on organised markets in standardised form.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to and forming part of the financial statements.



In the opinion of the Board the financial report:

1. Presents fairly the financial position of the **gp links wide bay inc.** as at 30 June 2010 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that the **gp links wide bay inc.** will be able to pay its debts as and when they fall due.
3. The division has managed funds and kept accounts and records in respect of the Funds in accordance with the Australian Accounting and Auditing Standards.
4. The participant has complied with its obligations in respect of the Funds for each program.

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

Signed at Bundaberg, this 26th day of September, 2010

Dr Paul Neeskens
Chairperson

Dr Ajesh Ishri
Chairman of Finance and Audit Committee

statement by board members



To the members of **gp links wide bay inc.**

Report on the Financial Report

We have audited the financial report, being a special purpose financial report, of the **gp links wide bay inc.** (the association) which comprises the balance sheet as at 30 June 2010 and the income statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act Qld 1981 and are appropriate to meet the needs of the members. 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. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. 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.



Auditor's Responsibility (continued)

An audit involves performing procedures to obtain 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 committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting obligations under the Association Incorporation Act 1981. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared. 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 have complied with the independence requirements of Australian professional ethical pronouncements.

Basis for Qualified Opinion

The association have fully depreciated assets with a cost of less than \$5,000 upon incurring the expenditure and assets over \$5,000 are depreciated over the term of the project for which they are purchased. This policy has been adopted to meet the reporting requirements of the associations major funding body, the Department of Health and Ageing. This is a departure from AASB 116 which requires that the cost of the asset be depreciated over it's useful life to the association.



Basis for Qualified Opinion (continued)

On 30 September 2009 the association ceased operating as GP Links Wide Bay and transferred their surplus assets and liabilities to a new company limited by guarantee, GP Links Wide Bay Ltd, who commenced operating as GP Links Wide Bay from 1 October 2009. Due to the association not accurately calculating the correct balances for the surplus assets and liabilities at that date, and specifically the balance of unspent grant funding, we were unable to obtain sufficient appropriate audit evidence about the amount of \$1,766,320.05 disclosed as Income Transfer to GP Links Wide Bay Ltd as well as the amount of \$226,934.41 disclosed as Distribution to Associated Body in the Income Statement . Consequently we were unable to confirm that the Net Operating Surplus disclosed in the Income Statement is materially correct and appropriately disclosed.

Qualified Opinion

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraphs above, the financial report presents fairly, in all material respects the financial position of GP Links Wide Bay Inc. as at 30 June 2010 and its financial performance for the year then ended in accordance with the accounting policies described in Note I to the financial statements, and the Associations Incorporation Act 1981.

Signed at Hervey Bay, this 27th day of September, 2010

ULTON
Chartered Accountants
20 Main Street
Pialba Qld

BERNARD WHEBELL CA
Partner

gp links
wide bay ltd.

year ended
30 june 2010

audited financial report





gp links wide bay ltd.

Dear Members of **gp links wide bay**, Funding Partners, Sponsors, and well wishers, it gives me great pleasure to present to you the financial report for the 2009-2010 financial year. This has been my fourth report for this organisation and first for **gp links wide bay ltd.** As you will all recall, on 30th September 2009 the association ceased operating as **gp links wide bay inc.** and transferred its surplus assets and liabilities to a new company limited by guarantee, **gp links wide bay ltd.** , which then commenced operating as **gp links wide bay** from 1st October 2009. This is the first financial report of the new organisation and represents 9 months of operations.

During this reporting financial period the organisation has shown significant growth in terms of its budget and range of programs and services provided.

The total assets of the organisation at the end of this financial reporting period showed a decline of 18 percent. This has been largely attributable to completion of some major programs and the reporting period being only 9 months as compared to 12 month periods previously. A large number of new programs have been started towards the beginning of the financial period with large sums of monies being rolled over from the 2008/2009 financial period, which had overly inflated the total asset standing of the association. These program monies have now been consumed and hence the decline in the total assets.

Income for the company for the year was \$1,718,786.93. Income transferred from **gp links wide bay inc.** was \$1,766,320.05. This gave the association a total of \$3,485,106.98 as the operational income. Total expenditure for the organisation within the same financial period was \$3,526,053.90. This translates into a loss of \$40,946.92 for the reporting period. Members are advised that the loss is a result of a board decision to invest in the RTO program. The program is now fully operational and the outlay with profits will be realised in the next financial period.

The organisation also carried over a comprehensive income of \$226,934.41 from the associated entity, which gave the organisation end of year comprehensive income of \$185,987.49.



The Asset Liability ratio of the organisation at the end of financial period was 1.109, with a current ratio of 1.095. This translates to the association being solvent. Asset to Liability ratio and the current ratio is very similar, translating into the fact that the organisation is highly based on current assets with non-current assets amounting to only \$24,810.91 for the financial period.

Principal Activities

The principal activities of **gp links wide bay ltd.** (GPLWB) throughout the year remained focussed at supporting its members and their practices and promoting high standards of care in general practice for the benefit of the community. This was achieved through education, training and provision of allied health workforce to disadvantaged communities within the division whilst ensuring that general practice and general practitioners remained recognised as the principal source of primary health care service providers and co-ordinators within the division and beyond.

Funding of the Organisation

gp links wide bay ltd. derives funding under two different streams. The core funding is derived from the Department of Health and Ageing (DoHA) under the Divisions' Program. This type of funding is “**Outcome Based Funding**” (**OBF**). These have set targets that need to be achieved with the provided funding. We are in the second year of new Multi-Funding agreement (MFA, Single contract with multiple schedules).

In 2009-2010 the DoHA funded programs amounted to \$1,020,500.81. This amounted to 62% of total grant income and 28% of the total organisational income. The Special Grants amounted to \$620,745.18 or 38% of grant income and 18% of the total income.

Total grant income made 48% of the Total operational income for the organisation.



Results of Operations

Income for the company for the year was \$1,718,786.93. Incomes transferred from **gp links wide bay inc.** was \$1,766,320.05. This gave the association a total of \$3,485,106.98 as the operational income. Total expenditure for the organisation within the same financial period was \$3,526,053.90. This translates into a loss of \$40,946.92 for the reporting period.

The organisation also carried over a comprehensive income of \$226,934.41 from the associated entity, which gave the organisation end of year comprehensive income of \$185,987.49. The Asset Liability ratio of the organisation at the end of financial period was 1.109, with a current ratio of 1.095. This translates to the association being solvent. Asset to Liability ratio and the current ratio is very similar, translating into the fact that the organisation is highly bases on current assets with non current assets amounting to only \$24,810.91 for the financial period.

Total Equity of the organisation for this reporting period was \$185,987.49. Although GP Links Wide Bay showed a loss for the year of \$40,946.92, the removal of the \$65,000 invested in the setting up and development of the RTO (HITQ) would have returned a surplus of \$24,053.08. This operating surplus was achieved by prudent and clever financial and organisational management for this financial year despite challenging local and global financial situation.

There was a total of \$1,294,620.46 in unspent grants funding that will be rolled over into 2010/2011 Financial Year. This is made up of \$169,059.25 in DoHA Grants and \$1,125,561.23 of Special Grants.

Unspent DoHA grants includes:

- \$3,486.28 for the Multi-Program Funding (MFA)²
- \$2122.34 for Better Outcomes in Mental Health
- \$33,258.75 for Closing the Gap Project Officers
- \$23,481.46 for Closing the Gap-Outreach
- \$995.30 for GP Immunisation
- \$1,188.31 for Workforce Support
- \$18,630.83 for Rural Primary Health
- \$3,431.04 for Mental Health Drought
- \$62,464.94 for Tackling Smoking



Unspent Special Grant Funding includes:

- \$273,860.44 for CHIC partnerships
- \$150,808.40 for CHIC Innovation
- \$74,071.84 for CHIC Avoidable Admissions Project
- \$30,598.00 for CHIC Telehealth Project
- \$17,603.25 for GPHLO project
- \$3,880.30 for APCC Improvements Foundation
- \$7,918.68 for Quality Use of Medicines (NPS) Programs
- \$29,745.83 Allied Health Aged Care Access,
- \$2,327.28 for Clinical Practice Development
- \$959.89 for CDSM Support Network
- \$208,128.92 for Headspace
- \$9,831.12 for Healthy Lifestyle (Fraser Coast)
- \$9,587.17 for Healthy Lifestyle (North Burnett)
- \$297,440.00 for Rural and Remote Health Infrastructure
- \$8,797.11119, 958.85 for Pall Net

A different approach in the management of invested funds and interaction with our bank including payments being made using electronic banking has lead to an interest received from cash amount of \$60,145.87. Other revenue received during the year included \$30,579.20 from Medicare Income Clinics, this income is expected to increase significantly in the successive years as more services become available, \$1,440.00 from rental of office space, \$1,817.50 for patient Care plans, \$667.17 from Sale of books, \$9,840.87 from Program Event Income, \$2,299.09 from Sponsorship, and \$1,383.31 from Wage subsidy. Other smaller incomes amounted to \$50.00

An increased need to provide an Audited Financial report for each individual Grant and the variations in audit requirements across programs has maintained a high Audit fee of \$30,990.00. This is an increase of 50 percent from 08/09. It is resolved that future auditing will be based on tendering process. This will provide a competitive pricing and different viewpoint.

Our income shows the result of continuing funding for most programs. Some of our costs in relation to Rent, cleaning and Electricity have increased but should now be looked at three sites for a twelve month period against two in previous periods.



Payments to Board Members in 2009/10 were \$107,706 compared to \$88,439 from the previous financial period. This has largely been the result of having all Board positions filled. Board Members did not take any increases in their Stipends within this financial period. Of the \$107,076 payment to the Board, \$38,729 can be allocated to work within programs. General practitioners that were not members of the Board were paid a total of \$131,635.00 for 09/10 period for their involvement in division programs.

The major reason is the involvement in the GPHLO programs in the Fraser Coast and Bundaberg.

The cost of maintaining our Accreditation status has been moved to a separate account to deliver a very clear picture of this cost. The increase in Consultancy Fees reflects the increase use of outside contracts to assist in the delivery of program outcomes. The cost of I.T. contractor is now a separate line item.. Tender fee submission costs increased as the division was very pro-active in attempts to obtain future funding. Printing costs increased with the production of resource material for programs and the new RTO (Health Industry Training Queensland).

The increase in salary is just a reflection of an increase in staff numbers. **gp links wide bay ltd.'s** financial records have been audited and the audited report presented to the Board in October 2010. The report is appended for your perusal and discussion and comments are welcomed.

I submit the attached report for your consideration and endorsement.

Dr. Ajesh Ishri
Chairman Finance Subcommittee

***MBBS, FRACGP, Master of Health Management,
Master of Epidemiology, Master of Health Social Science,
Diploma in Frontline Management.***



| <u>Income</u> | 2010 | 2009 |
|---|-----------------------|-------------|
| | \$ | \$ |
| Aged Care Panel Allied Health | \$ 29,343.17 | \$ - |
| APCC Program | \$ 44,867.70 | \$ - |
| Australian Better Health Initiative | \$ 31,430.74 | \$ - |
| Better Outcomes MH - DOHA | \$ 254,482.29 | \$ - |
| CDSM Support Network | -\$ 959.89 | \$ - |
| CHIC Grant | \$ 108,558.07 | \$ - |
| Clinics Patient Co-Payment | \$ 9,474.05 | \$ - |
| Closing the Gap Funding | \$ 119,745.25 | \$ - |
| Course Fees for following year | -\$ 2,327.28 | \$ - |
| Headspace Grant | \$ 98,698.17 | \$ - |
| Healthy Lifestyle | \$ 60,145.87 | \$ - |
| HITQ Accredited Training | \$ 1,110.00 | \$ - |
| HMR Home Medicine Review Grant | \$ 33,813.00 | \$ - |
| Immunisation Income - Doha | \$ 5,615.95 | \$ - |
| Interest Income | \$ 60,043.00 | \$ - |
| MARS Program | \$ 62,808.45 | \$ - |
| Multi Program Funding - DOHA | \$ 355,642.22 | \$ - |
| Medicare Income Clinics | \$ 30,579.20 | \$ - |
| Mental Health-Drought Grant | \$ 91,440.96 | \$ - |
| Nursing in GP Program | \$ 4,305.60 | \$ - |
| Office Space Rental | \$ 1,440.00 | \$ - |
| Other Funding | \$ 27,448.38 | \$ - |
| Other Income | \$ 50.00 | \$ - |
| Patient Care Plans | \$ 1,817.50 | \$ - |
| Pall Net Income | \$ 103,153.89 | \$ - |
| Program Event Income | \$ 9,840.87 | \$ - |
| Quality Use of Medicine - NPS | \$ 9,803.51 | \$ - |
| R & R Health Infrastructure | \$ 28,281.00 | \$ - |
| Rural Primary Health Service | \$ 114,155.18 | \$ - |
| Sale of Books | \$ 667.17 | \$ - |
| Sponsorship | \$ 2,299.09 | \$ - |
| Tackling Smoking - DOHA | \$ 7,535.06 | \$ - |
| Wage subsidy | \$ 1,383.31 | \$ - |
| Workforce Support Grant - DOHA | \$ 9,075.45 | \$ - |
| Youth Mental Health Grant | \$ 3,020.00 | \$ - |
| TOTAL OPERATIONAL INCOME | \$1,718,786.93 | \$ - |
| | | |
| Income - Funds transferred from GP Links Wide Bay Inc | \$1,766,320.05 | \$ - |
| TOTAL OTHER INCOME | \$1,766,320.05 | \$ - |
| | | \$ - |
| TOTAL OPERATIONAL INCOME | \$3,485,106.98 | \$ - |

statement of income



| Expenditure | 2010 | 2009 |
|---|-----------------|-------------|
| | \$ | \$ |
| Administration | | |
| Accounting & Audit | \$ 30,990.00 | \$ - |
| Bank Fees | \$ 2,025.59 | \$ - |
| Books & Magazines | \$ 741.17 | \$ - |
| Cleaning | \$ 6,965.24 | \$ - |
| Clinical Audit Tools | \$ 3,622.50 | \$ - |
| Computer Consumables | \$ 12,844.27 | \$ - |
| Electricity | \$ 13,506.28 | \$ - |
| Insurance | \$ 13,431.90 | \$ - |
| Legal Fees | \$ 7,490.34 | \$ - |
| Motor Vehicle Expenses | \$ 43,196.28 | \$ - |
| Office Supplies & Stationery | \$ 15,092.56 | \$ - |
| Postage | \$ 5,908.55 | \$ - |
| Printing | \$ 15,331.96 | \$ - |
| Rent | \$ 102,378.42 | \$ - |
| Rent of Equipment | \$ 6,943.09 | \$ - |
| Repairs & Maintenance | \$ 5,735.72 | \$ - |
| Security | \$ 965.37 | \$ - |
| Subscriptions | \$ 671.45 | \$ - |
| Sundry Expenses | \$ 389.44 | \$ - |
| Telephone & Internet | \$ 53,882.38 | \$ - |
| Uniform Costs | \$ 637.48 | \$ - |
| Waste Removal | \$ 314.14 | \$ - |
| <i>Total Administration</i> | \$ 343,064.13 | \$ - |
| Capital Equipment | | |
| Assets less than \$5,000 Depreciation | \$ 71,510.27 | \$ - |
| Plant and Office Equipment Depreciation | \$ 47,631.94 | \$ - |
| Office Equip/Furn (non-deprec) | \$ 13,753.59 | \$ - |
| <i>Total Capital Equipment</i> | \$ 132,895.80 | \$ - |
| Program Expenses | | |
| Allied Health Cont Services | \$ 435,993.27 | |
| Catering | \$ 19,235.01 | \$ - |
| CHIC Projects | \$ 450,285.60 | \$ - |
| Chronic Disease Education | \$ 6,454.55 | |
| GP Payments | \$ 194,375.59 | \$ - |
| Headspace Consortium Fees | \$ 1,776.09 | \$ - |
| MAHS / RPHS Contract A.H.P. | \$ 45,747.11 | \$ - |
| <i>Total Program Expenses</i> | \$ 1,153,867.22 | \$ - |



| Expenditure (continued) | 2010 | 2009 |
|--|----------------------|-------------|
| | \$ | \$ |
| Other | | |
| Advertising | \$ 4,609.24 | \$ - |
| Clinical Supervision for Staff | \$ 3,737.05 | \$ - |
| Conference Accommodation & Travel | \$ 63,430.07 | \$ - |
| Conference Registration | \$ 14,166.80 | \$ - |
| Consultancy Fees and Contractors | \$ 117,082.66 | \$ - |
| Hire - Car Expenses | \$ 2,284.03 | \$ - |
| Program Materials | \$ 52,853.67 | \$ - |
| Venue Hire | \$ 5,086.11 | \$ - |
| Meal & Incidentals Allowance | \$ 842.75 | \$ - |
| Marketing | \$ 9,641.10 | \$ - |
| Practice Support Costs | \$ 1,554.09 | \$ - |
| Program Evaluation Costs | \$ 8,000.00 | \$ - |
| Public Relations | \$ 811.83 | \$ - |
| Quality / Accreditation | \$ 21,241.67 | \$ - |
| Tender Submission Costs | \$ 12,589.39 | \$ - |
| <i>Total Other</i> | \$ 317,930.46 | \$ - |
| Other Personnel | | |
| Fringe Benefits Tax | \$ 3,196.00 | \$ - |
| KM Reimbursements / Allowances | \$ 1,334.69 | \$ - |
| Long Service Leave | \$ 2,927.00 | \$ - |
| Other Employment Expenses | \$ 5,290.52 | \$ - |
| Payroll Tax Expense | \$ - | \$ - |
| Provision for Staff Leave | \$ 29,651.95 | \$ - |
| Recruitment | \$ 11,161.22 | \$ - |
| Salaries - Other | \$ 1,389,832.20 | \$ - |
| Superannuation | \$ 121,846.78 | \$ - |
| Training | \$ 5,877.28 | \$ - |
| Work Cover | \$ 6,201.28 | \$ - |
| Workplace Health and Safety | \$ 977.37 | \$ - |
| <i>Total Other Personnel</i> | \$ 1,578,296.29 | \$ - |
| TOTAL EXPENDITURE | \$ 3,526,053.90 | \$ - |
| PROFIT FOR THE YEAR | -\$ 40,946.92 | \$ - |
| Other Comprehensive Income | | |
| Distribution from associated entity | \$ 226,934.41 | \$ - |
| TOTAL COMPREHENSIVE INCOME FOR THE YEAR | \$ 185,987.49 | \$ - |

statement of expenditure



statement of financial position

| <u>Current Assets</u> | <u>Note</u> | 2010 | 2009 |
|---------------------------------|--------------------|------------------------|-------------|
| | | \$ | \$ |
| Petty Cash on Hand | | \$ 550.00 | \$ - |
| Cash at Bank - Daily Banking | | \$ 14,102.34 | \$ - |
| Cash Management Account | | \$ 1,574,257.28 | \$ - |
| Accounts Receivable | | \$ 276,250.64 | \$ - |
| Other Assets | | \$ 2,648.75 | |
| Prepaid Expenses | | \$ 35,457.23 | \$ - |
| Prepaid Insurance | | \$ 4,658.65 | \$ - |
| Total Current Assets | | \$ 1,907,924.89 | \$ - |
| Non-Current Assets | | | |
| Plant & Equipment - Grants | | \$ 197,972.34 | \$ - |
| Accumulated Depreciation | | -\$ 175,392.34 | \$ - |
| | | \$ 22,580.00 | \$ - |
| Leasehold improvements | | \$ 165,741.10 | \$ - |
| Accumulated Depreciation | | -\$ 163,483.19 | \$ - |
| | | \$ 2,230.91 | \$ - |
| Office Equipment at Cost | | \$ 93,816.43 | \$ - |
| Accumulated Depreciation | | \$ 93,816.43 | \$ - |
| | | \$ - | \$ - |
| Low Value Pool | | \$ 12,735.28 | \$ - |
| Accumulated Amortisation | | -\$ 12,735.28 | \$ - |
| | | \$ - | \$ - |
| Total Non-Current Assets | | \$ 24,810.91 | \$ - |
| TOTAL ASSETS | | \$ 1,932,735.80 | \$ - |



| <u>Current Liabilities</u> | <u>Note</u> | 2010 | 2009 |
|--------------------------------------|--------------------|------------------------|-------------|
| | | \$ | \$ |
| Trade Creditors & Accruals | 3 | \$ 333,858.06 | \$ - |
| Grants Unspent | 4 | \$ 1,296,620.48 | \$ - |
| Provision for Annual Leave | | \$ 111,754.22 | \$ - |
| Total Current Liabilities | | \$ 1,742,232.76 | \$ - |
| Non-current Liabilities | | | |
| Provision for Long Service Leave | | \$ 4,515.55 | \$ - |
| Total Non-Current Liabilities | | \$ 4,515.55 | \$ - |
| TOTAL LIABILITIES | | \$ 1,746,748.31 | \$ - |
| Net Assets | | \$ 185,987.49 | \$ - |
| Members' Funds | | | |
| Retained Profits | | \$ 185,987.49 | \$ - |
| TOTAL EQUITY | | \$ 185,987.49 | \$ - |

The accompanying notes form part of these financial statements.

statement of financial position



statement of changes in equity

| | Retained Profit | Total |
|---|----------------------|----------------------|
| | \$ | \$ |
| 2010 | | |
| Balance, 1 July 2009 | \$ - | \$ - |
| Net results attributable to the members | -\$ 40,946.92 | \$ 40,946.92 |
| Distribution of surplus assets from | | |
| GP Links Wide Bay Inc | \$ 226,934.41 | \$ 226,934.41 |
| Balance, 30 June 2010 | \$ 185,987.49 | \$ 185,987.49 |
| | | |
| 2009 | | |
| Balance, 1 July 2008 | \$ - | \$ - |
| Net results attributable to the members | \$ - | \$ - |
| Distribution of surplus assets from | | |
| GP Links Wide Bay Inc | \$ - | \$ - |
| Balance, 30 June 2009 | \$ - | \$ - |



| | <u>Note</u> | 2010 | 2009 |
|--|-------------|------------------------|-------------|
| <u>Cash Flows from Operating Activities</u> | | \$ | \$ |
| Income | | \$ 2,904,900.00 | \$ - |
| Interest Received | | \$ 60,043.00 | \$ - |
| Other Receipts | | \$ - | \$ - |
| Payment to Suppliers & Employees | | -\$ 2,998,401.00 | \$ - |
| <i>Net Cash from Operating Activities</i> | 5 | -\$ 33,458.00 | \$ - |
| <u>Cash Flows from Investing Activities</u> | | | |
| Payments for Property, Plant & Equipment | | -\$ 91,692.00 | \$ - |
| <i>Net Cash from Investing Activities</i> | | -\$ 91,692.00 | \$ - |
| <u>Cash Flows from Organisation</u> | | | |
| <u>Structural Change</u> | | | |
| Funds Gifted from GP Links Wide Bay Inc | | \$ 1,714,059.00 | \$ - |
| <i>Net Cash from Financing Activities</i> | | \$ 1,714,059.00 | \$ - |
| Net Increase/(Decrease) in Cash Held | | \$ 1,588,909.00 | \$ - |
| Cash at the Beginning of the Financial Year | | \$ - | \$ - |
| Cash at the End of the Financial Year | 5 | \$ 1,588,909.00 | \$ - |

The accompanying notes form part of these financial statements.

statement of cash flows

The financial statements are for **gp links wide bay ltd.** As an individual entity, incorporated and domiciled in Australia. **gp links wide bay ltd.** is a company limited by guarantee.

1. summary of significant accounting policies

(a) Basis of preparation

The financial statements are a general purpose financial report that has been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the *Corporations Act 2001*.

The financial statements have been prepared on an accruals basis and are based on historical costs and do not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange of assets.

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

Accounting Policies

(b) Income Tax

No provision for income tax has been raised as the company is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

(c) Operating Revenue

Revenue from grants is recognised upon the receipt of monies, adjusted for timing differences.

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

(d) Cash

For the purposes of the Statement of Cash flows, cash includes cash on hand and at banks.



(e) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation 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 expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

(f) Property Plant and Equipment

The depreciable amount of fixed assets costing more than \$5,000 are depreciated using the straight line method over the term of the project for which the asset has been purchased, commencing from the time the asset is held ready for use.

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

| Class of Fixed Asset | Depreciation Rate |
|-----------------------------|--------------------------|
| Office, Plant and equipment | 7.5% - 100% PC |
| Low Value Pool | 100% DV |
| Leasehold Improvements | 5 % - 100% PC |

The carrying amount of fixed assets is reviewed annually by the Board to ensure it is not in excess of the service potential value of those assets.

The depreciable amount of fixed assets costing less than \$5,000 are depreciated in the financial year in which the asset is purchased.

(g) Employee Entitlements

Liability to employees for annual leave is recognised on the basis of statutory contractual obligations and arrangements.

The liabilities arising in respect of accrued leave is measured at the amounts unpaid at balance date at current pay rates in respect of services up to that date.

2. Grant Income

| | 2010 | 2009 |
|-------------------------------------|------------------------|-------------|
| | \$ | \$ |
| DOHA Grants: | | |
| Multi-Program Funding (MFA) | \$ 355,642.22 | \$ - |
| Better Outcomes Projects | \$ 254,482.29 | \$ - |
| Closing the Gap - Project Officers | \$ 119,745.25 | \$ - |
| G.P Immunisation | \$ 5,615.95 | \$ - |
| Workforce Support | \$ 9,075.45 | \$ - |
| Rural Primary Health | \$ 114,155.18 | \$ - |
| Mental Health Drought | \$ 91,440.96 | \$ - |
| Tackling Smoking | \$ 7,535.06 | \$ - |
| MARS Program | \$ 62,808.45 | \$ - |
| | \$ 1,020,500.81 | \$ - |
| Special Grants | | |
| CHIC Projects | \$ 108,558.07 | \$ - |
| APCC Improvements Foundation | \$ 44,867.70 | \$ - |
| Allied Health Aged Care Access | \$ 29,343.17 | \$ - |
| CDSM Support Network | -\$ 959.89 | \$ - |
| Headspace | \$ 98,698.17 | \$ - |
| Healthy Lifestyle Grants | \$ 60,145.87 | \$ - |
| R & R Health Infrastructure | \$ 28,281.00 | \$ - |
| Pall Net | \$ 103,153.89 | \$ - |
| Quality Use of Medicine - NPS | \$ 9,803.51 | \$ - |
| HMR Home Medicine Review Grant | \$ 33,813.00 | \$ - |
| Nursing in GP Program | \$ 4,305.60 | \$ - |
| Other Funding | \$ 27,448.38 | \$ - |
| Youth Mental Health Grant | \$ 3,020.00 | \$ - |
| Australian Better Health Initiative | \$ 31,430.74 | \$ - |
| Medicare Income Clinics | \$ 30,579.20 | \$ - |
| HITQ Accredited Training | \$ 1,110.00 | \$ - |
| Course Fees for following year | -\$ 2,327.28 | \$ - |
| Clinics Co-Payment | \$ 9,474.05 | \$ - |
| | \$ 620,745.18 | \$ - |
| Total Grant Income | \$ 1,641,245.99 | \$ - |



3. Trade Creditors and Accruals

| | 2010 | 2009 |
|------------------|--------------|-------------|
| | \$ | \$ |
| Trade Creditors | \$249,668.98 | \$ - |
| Accrued Expenses | \$ 77,627.83 | \$ - |
| Credit Cards | \$ 6,561.25 | \$ - |

4. Grants Unspent

The Board has resolved to undertake programs for all grants during the year. As at 30 June 2010 the Board was implementing the following programs which are due for completion prior to 30 June 2011. The Grant money's remaining to be expended on each program are as follows:

| | 2010 | 2009 |
|------------------------------------|------------------------|-------------|
| | \$ | \$ |
| DOHA Grants | | |
| Multi-Program Funding (MFA)2 | \$ 3,486.28 | \$ - |
| Better Outcomes in Mental Health | \$ 2,122.34 | \$ - |
| Closing the Gap - Project Officers | \$ 33,258.75 | \$ - |
| Closing the Gap - Outreach | \$ 23,481.46 | \$ - |
| G.P Immunisation | \$ 995.30 | \$ - |
| Workforce Support | \$ 1,188.31 | \$ - |
| Rural Primary Health | \$ 18,630.83 | \$ - |
| Mental Health Drought | \$ 3,431.04 | \$ - |
| Tackling Smoking | \$ 62,464.94 | \$ - |
| | \$ 169,059.25 | \$ - |
| Special Grants | | |
| CHIC Partnerships | \$ 273,860.44 | \$ - |
| CHIC Partnerships and Innovation | \$ 150,808.40 | \$ - |
| CHIC Avoidable Admissions Project | \$ 74,071.84 | |
| CHIC Telehealth Project | \$ 30,598.00 | |
| GP Hospital Liaison | \$ 17,603.25 | \$ - |
| APCC Improvements Foundation | \$ 3,880.30 | \$ - |
| Quality Use of Medicines (NPS) | \$ 7,918.68 | \$ - |
| Allied Health Aged Care Access | \$ 29,745.83 | \$ - |
| Clinical Practice Development | \$ 2,327.28 | \$ - |
| CDSM Support Network | \$ 959.89 | \$ - |
| Headspace | \$ 208,128.92 | \$ - |
| Healthy Lifestyle (Fraser Coast) | \$ 9,831.12 | \$ - |
| Healthy Lifestyle (North Burnett) | \$ 9,587.17 | \$ - |
| R & R Health Infrastructure | \$ 297,444.00 | \$ - |
| Palliative Care Education | \$ - | \$ - |
| Pall Net | \$ 8,796.11 | \$ - |
| Local Partnerships | \$ - | \$ - |
| | \$ 1,125,561.23 | \$ - |
| | \$ 1,294,620.48 | \$ - |

5. Reconciliation of Cash Flows from Operations with Operating Surplus/(Deficit)

| | 2010 | 2009 |
|---|------------------|------|
| | \$ | \$ |
| Operating Surplus/(Deficit) After Income Tax | \$ 185,987.00 | \$ - |
| <i>Non-Cash Flows in Operating Surplus/(Deficit)</i> | | |
| Depreciation | \$ 119,142.00 | \$ - |
| Distribution | -\$ 1,766,320.00 | \$ - |
| <i>Changes in Assets and Liabilities</i> | | |
| Movement in Sundry Creditors & Accruals | \$ 338,374.00 | \$ - |
| Movement in Trade Debtors | -\$ 276,251.00 | \$ - |
| Movement in Other Assets | -\$ 42,765.00 | \$ - |
| Movements in Other Liabilities | \$ 1,408,375.00 | \$ - |
| Cash Flows from Operations | -\$ 33,458.00 | \$ - |
| <i>Reconciliation of Cash</i> | | |
| Petty Cash on Hand | \$ 550.00 | \$ - |
| Cash at Bank - Daily Banking | \$ 14,102.00 | \$ - |
| Cash Management Account | \$ 1,574,257.00 | \$ - |
| | \$ 1,588,909.00 | \$ - |

6. Incorporation

gp links wide bay ltd. is incorporated under the Corporations Act 2001 and is a public company limited by guarantee.

7. Mortgages and Charges

The company has no mortgages, charges or securities affecting the property of the company at balance date.



8. Related Parties

| | | |
|------------------------------|---------------|--------------|
| Income paid to Board members | | |
| during the year | \$ 107,076.00 | \$ 88,439.00 |

Of the \$107,076 of payments to the Board, \$38,729 can be allocated to work within the programs. General Practitioners that were not members of the Board were paid a total of \$131,635 for their involvement in Divisional Programs.

Number of Board members whose income was within the following bands:

| | 2010 | 2009 |
|---------------------|------|------|
| \$0 - \$9,999 | 3 | 5 |
| \$10,000 - \$19,999 | 4 | 1 |
| \$20,000 - \$29,999 | 1 | 2 |

9. Non-Cash Financing

During the year the company had one vehicle lease arrangement with Q-Fleet and five vehicle leases with Summit. These vehicles have not been capitalised, nor a liability disclosed in the balance sheet as the nature of the agreement is that of a full service vehicle rental agreement.

The company also had an operating lease agreement with Impressions Finance Pty Ltd. The corresponding lease payments of \$30,838.54 (2009: \$46,772.96) have been expensed.

10. Financial Instruments

a. Interest Rate Risk

The company's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

| | Weighted Average | | Floating Interest Rate | | Fixed Interest Rate Within 1 | | Maturing 1 to 5 Years | |
|-------------------------|------------------|-------|------------------------|------|------------------------------|------|-----------------------|------|
| | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 | 2010 | 2009 |
| | % | % | \$ | \$ | \$ | \$ | \$ | \$ |
| Financial Assets | | | | | | | | |
| Cash | 2.00% | 3.66% | - | - | - | - | - | - |

b. Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

The company does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the company.

c. Net Fair Values

Methods and Assumptions Used in Determining Net Fair Value

Financial assets and liabilities' net fair values approximate their carrying value. No financial assets and liabilities are readily traded on organised markets in standardised form.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet in the notes to and forming part of the financial statements.



11. Post Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the company, the results of those operations or the state of affairs of the company in future financial years.

12. Economic Dependency

As is common with this type of entity, **gp links wide bay ltd.** is dependant upon the ongoing receipt of grants from various Government Departments such as the Department of Health and Ageing (DOHA). Should the Government change its' policy in relation to funding this organization the economic viability of The original and removes it would avoid a trade for your the Company would need to be reassessed.

Auditor's Independence Declaration Under S307C of The Corporations Act 2001

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2010 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.

Signed at Hervey Bay, this 27th day of September, 2010

ULTON
Chartered Accountants
20 Main Street
Pialba Qld

BERNARD WHEBELL CA
Partner



Report on the Financial Report

We have audited the accompanying financial statements of **gp links wide bay ltd.** (the company), which comprises the balance sheet as at 30 June 2010, and the income statement, statement of changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Director's Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements 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 statements 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 statements is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.



In making those risk assessments, the auditor considers internal control relevant to the company's preparation and fair presentation of the financial statements 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 company'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 statements.

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 have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of **gp links wide bay ltd.** on , would be in the same terms if provided to the directors as at the date of this auditor's report.

Basis for Qualified Opinion

The company has fully depreciated assets with a cost of less than \$5,000 upon incurring the expenditure and assets over \$5,000 over the term of the project for which the asset was purchased. This policy has been adopted to meet the reporting requirements of the company's major funding body, the Department of Health and Ageing. This is a departure from AASB116 which requires that the cost of the asset be depreciated over its useful life to the association.

On 1 October 2009 the company commenced operating as **gp links wide bay** after receiving a transfer of surplus assets and liabilities from **gp links wide bay inc.** , an incorporated association that was originally operating as **gp links wide bay** and ceased these operations on 30 September 2009.



Due to the incorporated association not accurately calculating the correct balances for the surplus assets and liabilities at that date, and specifically the balance of unspent grant funding, we were unable to obtain sufficient appropriate audit evidence about the amount of \$1,766,320.05 disclosed as Income — Funds Transferred from **gp links wide bay inc.** as well as the amount of \$226,934.41 disclosed as Distribution from Associated Entity in the Income Statement . Consequently we were unable to confirm that the Net Operating Surplus disclosed in the Income Statement is materially correct and appropriately disclosed.

Qualified Opinion

In our opinion, except for the effects of the above qualification, the financial statements of **gp links wide bay ltd.** is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2010 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

Signed at Hervey Bay, this 27th day of September, 2010

ULTON
Chartered Accountants
20 Main Street
Pialba Qld

BERNARD WHEBELL CA
Partner



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