

Adelaide PHN
(Formerly Northern Adelaide Medicare Local)

phn
ADELAIDE

An Australian Government Initiative



Australian Government

ANNUAL REPORT

2014/2015



connecting you to health



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The Adelaide PHN is working closely with the broader Adelaide community and benefitting from the experience and knowledge of primary health providers. It's the job of the Adelaide PHN to ensure the health system better services peoples' real needs.

Specifically, the Adelaide PHN is tasked to:

- increase the efficiency and effectiveness of medical services for patients in its region, particularly those at risk of poor health outcomes; and
- improve coordination of care to ensure patients receive the right care in the right place at the right time.

The Adelaide PHN is one of 31 PHNs now operating Australia-wide. Established and funded by the Federal Government, the Adelaide PHN replaces three Medicare Locals – Southern Adelaide, Fleurieu, Kangaroo Island; Central Adelaide and Hills; and Northern Adelaide.





HOSPITALISATIONS

When compared to other capital cities, our region has higher Emergency Department presentations



FAMILIES AND HOUSING

In APHN

Couples with no children: 38.7%

Couples with children: 42.2%

One parent families: 17.2%

Other Families: 1.9%

GENERAL PRACTICE

There are approximately **450 General Practices** within the Adelaide PHN region.



LIFE EXPECTANCY

Life expectancy at birth for males in SA is 80.0 years and 84.3 years for females, similar to national rates. 2011-13

Life expectancy in SA for people who identify as Aboriginal and Torres Strait Islander, at birth is 75.4 years for males and 79.6 years for females. 2010-12



37.5 PER 10,000

There are 5,985 homeless people in South Australia or 37.5 per 10,000 people. The Australian rate is 49 per 10,000 people.

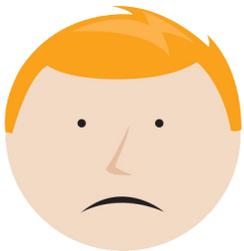
In APHN there are approximately

1.560

same-sex couple households.

MENTAL HEALTH

Compared to Australia, our region has higher rates of high or very high **psychological distress**.



Low Income Households experiencing Mortgage stress

Adelaide PHN: 8.41%
Australia: 10.5%

Low Income Households experiencing rental stress

Adelaide PHN: 26.91%
Australia: 25.2%

Dwellings rented from public housing authority

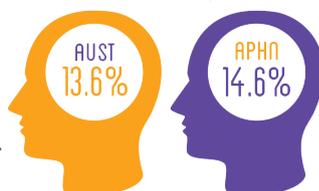
Adelaide PHN: 6.2%
Australia: 4.1%

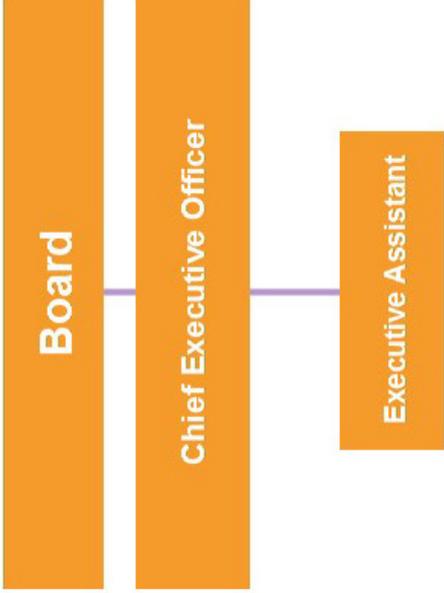
2011

Mental and behavioural problems are higher in our region when compared to the national average.

Adelaide PHN: 14.6 per 100 people.

Australia: 13.6 per 100 people.







Dr Nick Vlachoulis (Chair)

General Practitioner in Salisbury.

Immediate previous Chair of the Northern Adelaide Medicare Local. General Practitioner in the Northern region for 20 years, on various State Clinical Committees, member of the Clinical Senate of South Australia and past Chair of the Northern Health Network (NHN) and Northern Region GP Council (NRGPC).

Extensive professional medical practice experience along with extensive Board experience. Governance trained, GAICD.



Ms Deb Lee (Secretary)

Adelaide PHN CEO.

Previous CEO of the Northern Adelaide Medicare Local. Extensive senior management experience within community and health sector. Member of the AASW with extensive Mental Health qualifications and experience. Masters in Business Administration.

ADELAIDE PHN BOARD



Ms Jill Davidson

CEO of SHine SA.
CEO in the Health sector for the last 20 years, Masters in Business Administration, Bachelor of Health Administration, Graduate of the Australian Institute of Company Directors. Significant experience in overseeing HR and industrial relations in health and large scale organisational change. Extensive involvement in CEO management at Board and CEO level and state and national levels.



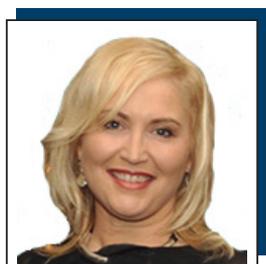
Mr Rick Albertini

(Finance Chair) Managing Partner at Brentnalls SA. Extensive and sound Financial Accounting and Business Management Experience; Strong links and associations with health. Fellow of the Institute of Chartered Accountants; Member of the Institute of Company Directors; extensive Board experience.



Dr Vikas Jasoria

General Practitioner in Adelaide. Extensive professional medical practice experience in the Adelaide region for over 5 years. BSc. in Management and extensive Board and strategic governance experience. Graduate of the Australian Institute of Company Directors. Previously worked at Headspace and in Aboriginal Health Care, previous Board Director of the Northern Health Network and NRGPC, and a Director at Arkaba Medical Centre and Craigmore Family Practice.



Dr Hendrika Meyer

Divisional Director of Critical Care & Emergency Services Northern Adelaide Local Health Network. Emergency Medicine physician. Council member AMA SA. Former Chair South Australian Faculty of Emergency Medicine. Former Chair of Clinical Senate of South Australia.



Mr Wayne Oldfield

Aboriginal Community Health Advocate. Extensive Board experience within SA Health sector. Has been employed by Community Support Incorporated SA, The Country Homes Advocacy Programme and Intellectual Disability Services Council. A member of the Health Consumer's Alliance of SA, The Aboriginal Health Council of SA Inc, Country Health SA Local Health Network Board Health Advisory Council Inc (Ministerial appointment) and a member of the SA Minister's Disability Advisory Council. The Aboriginal Consumer Representative to the National Mental Health Consumer and Carer Forum and a member of the Consumer Reference Group involved in creating a 'Peak' Mental Health Consumer Organisation. Wayne is also a Board Director on the SA Country PHN Board.



Professor Paul Worley

Dean of Medicine, Flinders University. Instrumental in leading the strategic development of the School of Medicine at Flinders to be recognised as first to market leader in innovative medical education and research. Extensive NFP Board experience including Finance committees and extensive experience with the ethical and legal frameworks for IT management via his work with Ethics Committees. Experience in both SME and the large enterprise environment. Graduate of the AICD. Practicing GP at Bedford Medical Clinic.



CHAIRMAN MESSAGE

After winning the tender for the establishment of the Adelaide PHN, the Northern Adelaide Medicare Local (NAML) changed its name to the Adelaide PHN and began to transition the organisation. We successfully transitioned all service delivery in the North to the Northern Health Network (handing it lovingly back from whence it came in 2012!). We called for Expressions of Interest for Board Director positions for the Adelaide PHN and appointed 7 Board Directors, with our first member elected Director, Mr Wayne Oldfield joining the Board this year. We have a strong skills based, dedicated and passionate Board already working on setting the strategic directions for the Adelaide PHN, incorporating the advice of each of our 3 Clinical Councils, 3 Community Advisory Committees and 7 Health Priority Groups. We appointed our CEO, Deb Lee and transitioned existing NAML staff either to the new Adelaide PHN or to service delivery positions within NHN. It's been a year of challenges and opportunities and we are certain that with our many stakeholders and partners, we will successfully achieve improved health outcomes across our metropolitan region.

We will continue with the development and implementation of the Medical Home Model ensuring that we work together to provide person centred care – providing the right care, in the right place and at the right time. Truly promoting collaboration and integration, focusing on multi-disciplinary teams, chronic disease, multi morbidities and those most vulnerable in our communities.

We are working closely with the Country SA PHN and together we can share resources and levels of infrastructure. We have established our new offices in Mile End and a core country team will share with us ensuring that our scrutiny, redesign and innovation works across the whole of our State's health system.

We are building on the fantastic work done by the previous Medicare Locals and by the Divisions of General Practice before them. We fully intend to ensure that the fantastic relationships, partnerships and networking continues strongly into the future. The Adelaide PHN will be a community informed model, ensuring equity of access in services across the metropolitan region.

Further we will work closely and strategically with SA Health, ensuring that the opportunity afforded by Transforming Health, includes the fundamental intersect and connection with primary health care.

Each of us are stakeholders and our organisations and businesses provide strong partnership opportunities where we can work together to achieve the Adelaide PHN's objectives. Improving care coordination, quality and access will all ultimately improve the overall patient journey. We very much look forward to your individual and/or organisational input and to working with you to achieve these goals.



CEO REPORT

I attended a workshop several years ago, talking about relationships, culture of organisations and change and a conversation has stayed in my head – “always look for people who survive and thrive in chaos, they will build a culture of resilience and bounce on through change”! Well we have certainly been surrounded by exactly those people in the last few years! The change process has been unsettling for many, including those in our community, but grasped with both hands by all of our staff, our stakeholders and our partners. Together, regardless of the outcome of the tenders – we were all determined and committed to ensuring that we did not lose any of the fantastic work, projects, activities, knowledge, relationships, stakeholders and partners that we have built up across our region over many years.

Clearly we were absolutely delighted to be awarded the tender for the new Adelaide PHN – however, we were well aware of how it would have felt to have to hand over projects, assets, knowledge and wind up a successful organisation. It was with a genuine sense of understanding and compassion that we undertook to set up the Adelaide PHN and to support our colleagues who’s Medicare Locals, many born from Divisions of General Practice, had to cease operations on 30th June 2015. This has all been successfully achieved with the significant assistance of all of our many stakeholders and partners.

We are also very aware that our brief is now across the entire metropolitan region – approximately 1.2 million people with diverse regions, cultures and needs. What was once supported by 5 metropolitan Divisions of General Practice, and was then supported with a broader primary care brief by 3 metropolitan Medicare Locals is now 1 PHN.

PHNs will not be service delivery providers – they will be commissioning only organisations with 2 very clear Commonwealth objectives: to improve

the effectiveness, quality and efficiency of health service, with a specific focus on chronic disease and vulnerable communities AND to ensure the better coordination and integration of care so that people can access the right care, in the right place at the right time.

So it’s our job to work collaboratively with our community to keep people healthy and out of hospital. Then if they do have to access health services, including hospitals, it is clear to them what they have to access and where and when best to access them.

However due to the very short transition process and the changing of boundaries for the 2 SA PHNs, the Adelaide PHN has had to pick up the service delivery in the South and the West – services that were previously provided by the Southern Adelaide-Fleurieu-Kangaroo Island and the Central Adelaide and Hills Medicare Locals. We will ensure that these services are well looked after until next year and then along with all service provision and activity we will take these service out to competitive tender to operate from 1st July 2016. We will support our current service delivery provider organisations to improve quality and effectiveness and assist them to sustain and maintain these services into the future. Ultimately the Adelaide PHN is striving for consistency of quality, effectiveness, efficiency and access. We are very proud that we transitioned all of our services, seamlessly, ensuring continuity and building confidence in the community that services that had previously been provided would continue. We have also maintained the health workforce that has been built up, nurtured and sustained over many years.

We have reconnected with each of the communities in our metropolitan region and we are firmly and passionately committed to ensuring that the Adelaide PHN is community focused and community advised. Our Clinical Councils and Community Advisory Committees are established and our Health Priority Groups will meet soon with open invitations to all service delivery providers across the metropolitan region.

I would like to sincerely thank our staff and our Board. Firstly the Board of the previous Northern Adelaide Medicare Local (NAML) for the tireless dedication, commitment and trust that they showed us throughout a very challenging year. To the NAML Board Directors who stood down, to enable new Directors to join the Adelaide PHN Board; Dr Richard Heah, Dr Rizwan Latif and Ms Gretchen Scinta – thank you all for your ongoing dedication to primary health care and to the Northern community. To the NAML staff, core and service delivery – without you, your tireless efforts, belief, trust, passion and commitment – this would not have been possible – thank you all.

To the Northern Health Network who have stepped straight up to the plate and happily taken back all of the Northern service delivery to ensure that the Adelaide PHN would not have to be a service delivery provider in the North. You have the absolute best mix of skilled and passionate people and a newly invigorated Board. You will be, as you always were, very successful in your service delivery and in ensuring that the needs of the Northern community, residents and providers are heard and addressed.

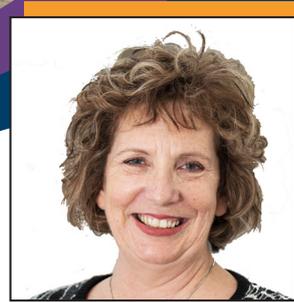
Our new Adelaide PHN Board has a fabulous skill mix and the very right blend of historical knowledge, expertise and new eyes and ideas. I look forward to the next 3 years and continuing to forge links across the metropolitan region.

Finally our new Adelaide PHN staff group – again just the very right blend of passion, commitment, integrity, regional knowledge and expertise – some familiar faces, some very new and some from each of the previous Medicare Locals. I know that we will achieve fantastic things and I look forward to every opportunity that comes our way in the next 3 years.

We very much look forward to working with you all into the future.



EXECUTIVE TEAM



DEB LEE
Chief Executive
Officer



SARAH MURRAY
Service Design
Manager



SAGERAN NAIDOO
Service Innovation
Manager (Transition)



ALISON SMITH
Community
Collaborations Manager



ANDREA POWLEY
Executive Assistant



MALCOLM ELLIS
Development &
Commissioning Manager



DEBBI EDWARDS
Corporate Services
Manager



MATHEW BOOY
Information &
Technology Manager



COMMUNITY COLLABORATIONS TEAM



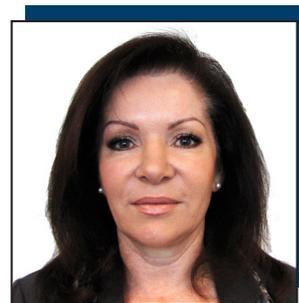
ALISON SMITH
Community
Collaborations
Manager



STACEY HALL
Collaborations Officer



JANEEN LALLARD
General Practice
Liaison Officer



NELL SPROULE
General Practice
Liaison Officer



FIONA HILL
Community
Engagement Officer

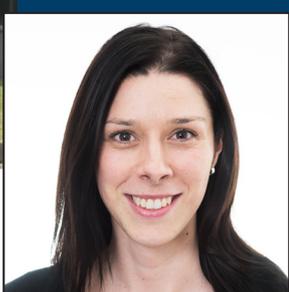


ANNA DI SALVATORE
Community
Engagement Officer

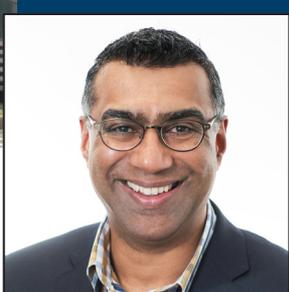


MARIA FANTASIA
Community
Engagement Officer

Photos not provided:
Ismael Lara - Collaborations Officer
Jill Agius - Collaborations Officer
Chloe Morris - Education & Events Officer
Jodie Casey - General Practice Liaison Officer



SARAH MURRAY
Service Design
Manager



SAGERAN NAIDOO
Service Innovation
Manager (Transition)

SERVICE INNOVATION & DESIGN TEAM



MERYL HORSELL
Design & Innovation
Coordinator



SALLY NGUYEN
Design & Innovation
Officer



WENDY SAUNDERS
Primary Care Pathways
Coordinator



JANE GOODE
Chronic Disease Liaison
Officer



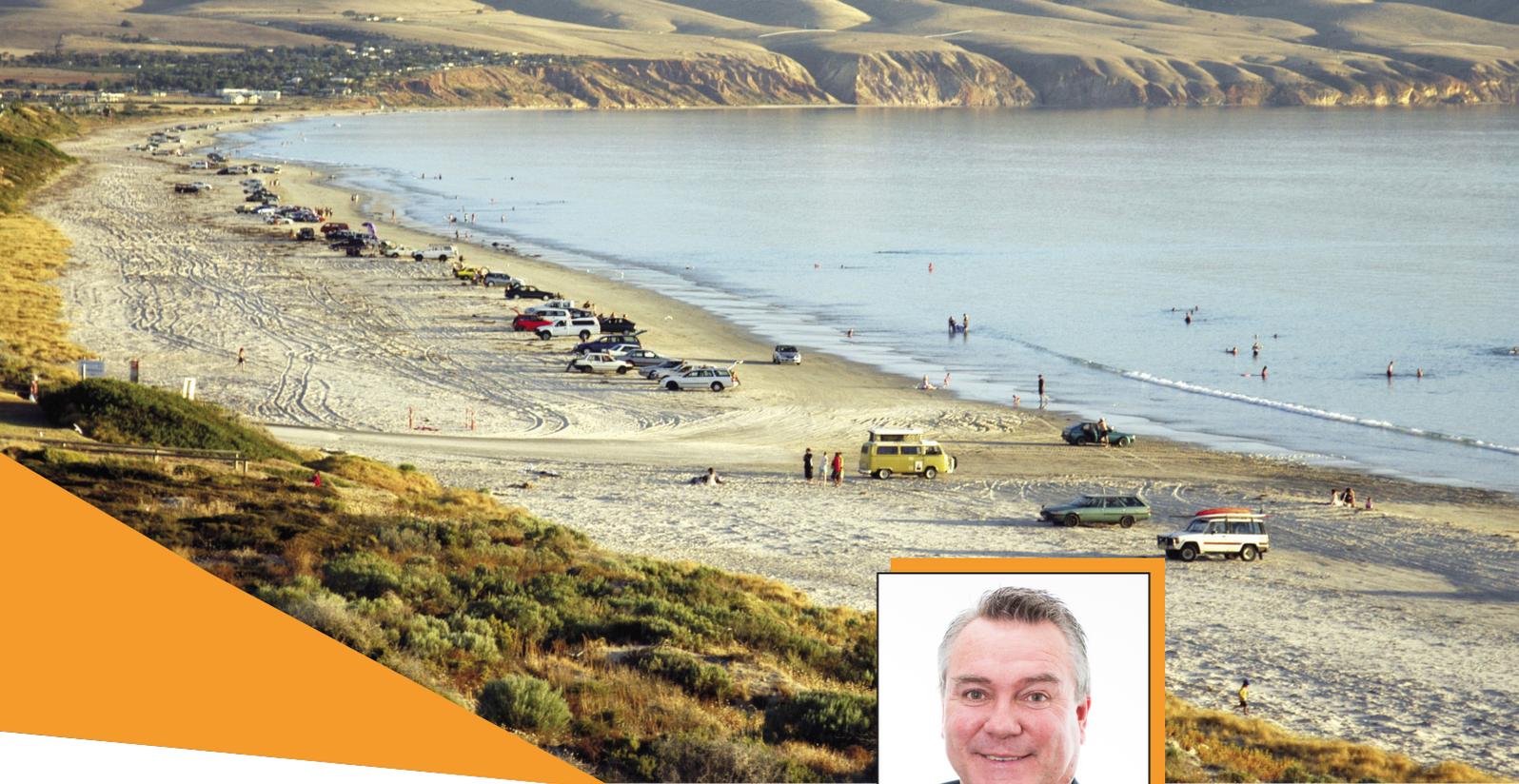
GARTH EBELTHITE
Chronic Disease Liaison
Officer



MARY DICKSON
Chronic Disease Liaison
Officer



**ANGELA
NEWBOUND**
Immunisation Project
Coordinator



MALCOLM ELLIS
Development &
Commissioning Manager

DEVELOPMENT & COMMISSIONING TEAM



ALICE WINDLE
Development &
Commissioning Officer



RAJ BALASINGAM
Health Planning &
Analysis Officer



ANDREW BEARD
Contracts & Compliance
Officer



SIMONE CHAMPION
Research & Evaluation
Officer

Photos not provided:
Katherine Pontifex - Development & Commissioning Officer
Sarah Ambrose - Data Analysis and Governance Officer



DEBBI EDWARDS
Corporate Services
Manger

CORPORATE SERVICES TEAM



MARNIE HOSKING
Communcations Officer



BETINA CLIFFORD
Human Resources
Manager



GRACE CAI
Finance Manager



ABBEY HENRYS
Finance Officer



KIMBERLY ZUPANIC
Corporate Services
Support Officer



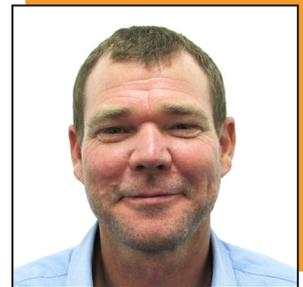
JULIE CANINO
Corporate Services
Support Officer



INFORMATION & TECHNOLOGY TEAM



MATHEW BOOY
Information &
Technology Manager



PAUL DICKSON
Information & Technology
Project Officer

ADELAIDE PHN MEMBERSHIP MODEL



COMMUNITY COLLABORATION

Adelaide PHN has been established with collaboration as a core part of its operational structure. Thirteen groups have been created to provide clinical, community and stakeholder input to help fully inform the organisation's decision making processes including advising the APHN Board.

CLINICAL COUNCILS (3)

Based in the northern, central and southern Adelaide regions, these Clinical Councils comprise GPs, medical specialists, nurses, allied and community health professionals, and hospital representatives. These members are regional champions for their communities.

COMMUNITY ADVISORY COMMITTEES (3)

Three regional/community based Community Advisory Committees have been created to give local communities a voice. Also based in the northern, central and southern Adelaide regions, these Committees are open to any member of the local community (except for those currently employed in health and community services).

HEALTH PRIORITY GROUPS (7)

Health Priority Groups bring together health professionals, service providers and community members to provide input around specific health care issues and provide strategic input into the work of the Adelaide PHN. Health Priority Groups are able to raise and discuss relevant primary health care issues, and work together to advocate and identify solutions. Groups are based on population health priority areas and are:

- Mental Health
- Aboriginal Health
- Consumers and Carers
- Disability
- Childhood
- Older People and Aged Care
- Palliative Care

FINANCE REPORT

Adelaide Primary Health Network Limited (formally Northern Adelaide Medicare Local Limited)

Financial Statements

For the Year Ended 30 June 2015

Adelaide Primary Health Network Limited

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2015

	2015	2014
Note	\$	\$
Revenue	3 9,380,853	11,494,795
Other income	3 545,230	570,686
Employee benefits expense	(6,366,806)	(5,174,517)
Depreciation and amortisation expense	8(a) (372,610)	(143,331)
Subcontractors	(1,884,256)	(2,410,075)
Consultants	(19,945)	(218,558)
Information technology costs	(223,853)	(501,950)
Administrative service charges	138,118	(1,003,541)
Other expenses	(1,541,592)	(1,721,521)
Profit before income tax	(344,861)	891,988
Income tax expense	-	-
Profit from continuing operations	(344,861)	891,988
Profit for the year	(344,861)	891,988
Other comprehensive income, net of income tax		
Items that will not be reclassified subsequently to profit or loss		
Items that will be reclassified to profit or loss when specific conditions are met		
Total comprehensive income for the year	(344,861)	891,988

FINANCE REPORT

Adelaide Primary Health Network Limited

Statement of Financial Position

30 June 2015

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,156,922	3,165,733
Trade and other receivables	6	314,785	155,101
Other financial assets	7	-	10
Prepayments		106,118	-
TOTAL CURRENT ASSETS		4,577,825	3,320,844
NON-CURRENT ASSETS			
Property, plant and equipment	8	-	372,612
TOTAL NON-CURRENT ASSETS		-	372,612
TOTAL ASSETS		4,577,825	3,693,456
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	788,872	1,623,436
Borrowings	10	1,320	1,101
GST liability		250,619	(126,329)
Employee benefits	13	465,580	344,911
Grant funds repayable	11	-	227,656
Grant funds carried forward	12	1,978,106	129,109
TOTAL CURRENT LIABILITIES		3,484,497	2,199,884
NON-CURRENT LIABILITIES			
Employee benefits	13	-	55,383
TOTAL NON-CURRENT LIABILITIES		-	55,383
TOTAL LIABILITIES		3,484,497	2,255,267
NET ASSETS		1,093,328	1,438,189
EQUITY			
Retained earnings		1,093,328	1,438,189
TOTAL EQUITY		1,093,328	1,438,189

The accompanying notes form part of these financial statements.

FINANCE REPORT

Adelaide Primary Health Network Limited

Statement of Changes in Funds For the Year Ended 30 June 2015

2015

	Note	Retained Earnings \$	Total \$
Balance at 1 July 2014		1,438,189	1,438,189
Profit attributable to members of the entity		(344,861)	(344,861)
Balance at 30 June 2015		<u>1,093,328</u>	<u>1,093,328</u>

2014

	Note	Retained Earnings \$	Total \$
Balance at 1 July 2013		546,201	546,201
Profit attributable to members of the entity		891,988	891,988
		-	-
Balance at 30 June 2014		<u>1,438,189</u>	<u>1,438,189</u>

The accompanying notes form part of these financial statements.

FINANCE REPORT

Adelaide Primary Health Network Limited

Statement of Cash Flows For the Year Ended 30 June 2015

	2015	2014
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	\$ 11,668,416	\$ 11,278,569
Payments to suppliers and employees	(10,773,511)	(11,248,768)
Interest received	96,274	110,522
Net cash provided by/(used in) operating activities	21 <u>991,179</u>	<u>140,323</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	-	(139,524)
Purchase of available-for-sale investments	10	(10)
Net cash used by investing activities	<u>10</u>	<u>(139,534)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Net increase/(decrease) in cash and cash equivalents held	991,189	789
Cash and cash equivalents at beginning of year	<u>3,165,733</u>	<u>3,164,944</u>
Cash and cash equivalents at end of financial year	5 <u>\$ 4,156,922</u>	<u>\$ 3,165,733</u>

The accompanying notes form part of these financial statements.

FINANCE REPORT

Adelaide Primary Health Network Limited

Auditors Independence Declaration under Section 307C of the Corporations Act 2001 To the Directors of Adelaide Primary Health Network Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015, 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.



Accru Harris Orchard



Ben Willington
Director

Signed at Dulwich this *24th* day of *August* 2015.

FINANCE REPORT

Adelaide Primary Health Network Limited

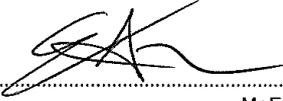
Directors' Declaration

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 8 to 32, are in accordance with the *Corporations Act 2001* and:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2015 and of the performance for the year ended on that date of the entity.
2. In the directors' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director 
Dr Nicholas Gerasimos Vlachoulis

Director 
Mr Enrico David Albertini

Dated this 24th day of August 2015

FINANCE REPORT

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ADELAIDE PRIMARY HEALTH NETWORK LIMITED

Report on the Financial Report

We have audited the accompanying financial report of Adelaide Primary Health Network Limited, which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and other comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the 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 of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

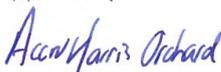
Independence

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

Opinion

In our opinion the financial report of Adelaide Primary Health Network Limited 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 2015 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards and the *Corporations Regulations 2001*; and
- (c) complies with International Financial Reporting Standards as disclosed in Note 1


ACCRU* HARRIS ORCHARD


BEN WILLINGTON
Director - Audit & Assurance

Signed at Dulwich this 21st day of August, 2015.

34

172 Fullarton Road,
Dulwich, 5065
PO Box 2268, Kent Town, 5071
South Australia, Australia

Telephone + 61 8 8431 1488
Facsimile + 61 8 8431 1441
Email info@accruadel.com.au
Web www.accru.com

Chartered Accountants + Business Advis
Sydney + Melbourne + Brisbane
Perth + Adelaide + Hobart + Auckland

Accru Harris Orchard ABN 66 328 793 534 is an autonomous and separately accountable member of Accru and CPA Associates International Inc.



NOTES





NOTES



THANK YOU TO OUR ANNUAL
GENERAL MEETING SPONSORS
FOR THIS EVENING



Benson Radiology



Northern Health Network



sa heart



Calvary

nabhealth



NAB



GUILD INSURANCE

OUR PARTNERS

- › ABORIGINAL HEALTH COUNCIL OF SA
- › AGED CARE HOUSING
- › ARTHRITIS SA
- › ASTHMA SA
- › AUSTRALIAN CHINESE MEDICAL ASSOCIATION SOUTH AUSTRALIA
- › BANGLADESH MEDICAL SOCIETY OF SOUTH AUSTRALIA
- › CALVARY CENTRAL DISTRICTS PRIVATE HOSPITAL
- › CITY OF PLAYFORD
- › HEART FOUNDATION
- › KINCARE HOME CARE SERVICES
- › LUNG FOUNDATION
- › NORTHERN ADELAIDE LOCAL HEALTH NETWORK
- › NORTHERN CARERS NETWORK
- › PAKISTANI MEDICAL ASSOCIATION OF SOUTH AUSTRALIA
- › ROYAL SOCIETY FOR THE BLIND
- › SA AMBULANCE SERVICE
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Level 1, 22 Henley Beach Road, MILE END SA 5031
www.adelaidephn.com.au | 08 8219 5900
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