



Annual Report

For the year ending 30 June 2017



Primary
Health **Alliance**

He huinga ratonga hauora

*...to support the development, exchange
and promotion of policies and strategies
which advance health outcomes for the
population of New Zealand through our
member organisations.*





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1. Chairman's Report

Once again it gives me a great deal of pleasure to present this Annual Report which highlights our collective commitment to improving health outcomes and reducing inequalities for the communities we serve. In this, the 11th year of operation of our organisation, there have been a number of successes as well as a number of frustrations for our members and the wider primary care sector in New Zealand.

As always, I am very proud of the work the Primary Health Alliance has undertaken over the past year. Our voice has been strong, credible and well respected on a national stage as we have sought to advocate for and directly influence policy development, specifically that underpinning the New Zealand Health Strategy and the essential supporting financial framework.

Our financial year culminated in June 2017 with the publication of our latest discussion paper; *One team, many businesses: Supporting delivery of the 2016 New Zealand Health Strategy*. The development of our latest publication owed much to a wide range of sector partners and stakeholders who gave of their time and expertise to work with members of the Primary Health Alliance to propose solutions to the barriers which are inherent in our health system and currently prevent the move to a one-team, patient-centred approach as envisioned in the 2016 refresh of the New Zealand Health Strategy. We say more about our publication later in this Annual Report but I would like to take this opportunity to sincerely thank our sector partners and stakeholders for their contribution and support in the development of *One team, many businesses* which has subsequently received much positive feedback from across the health system.

The last year was our first full year as a member of the General Practice Leaders Forum (GPLF), a national forum where leaders and representatives of New Zealand's general practice providers come together with the aim of supporting the development of the sector and influencing relevant national policy. Our ability to sit at the same table is further progress in our desire to achieve a united sector voice and increase the ability of the sector to help shape national strategy and supporting policy on behalf of our communities and the New Zealand population.

That same desire is behind the significant progress which has been made over the past year, in partnership with General Practice New Zealand, to seek to develop a credible sector-wide membership offering such that we can achieve a united sector voice encompassing a wide multi-professional national body which carries the mandate of all PHOs alongside the representative bodies of each and every health professional group which serve patients across the sector. This is obviously a significant challenge but I am indebted to the support of Dr Jeff Lowe, Chair of General Practice New Zealand, for his efforts in helping keep this matter progressing. I am excited by what 2017 could hold in this regard for the sector and, more importantly, the population we serve.

The past year has however unfortunately been marked by some on-going frustrations of significance for our members. The well documented failings of the financial framework settings for primary health

continue unaddressed despite high profile reviews and expert commentaries, which even go so far as to recommend implementable solutions to the inherent problems. New Zealand will continue to embarrassingly and visibly fail the vulnerable and high need communities across our country whilst we ignore the inequalities which plague their access to healthcare and their health outcomes.

Similarly, as stated in our publication *One team, many businesses*, the lack of action at a national level to implement a policy and financial framework which supports the 2016 Health Strategy will, we believe, lead to the same national Strategy spectacularly failing.

The Primary Health Alliance will however continue to strive to change that and I must specifically thank Dr Andrew Miller and Dr Denis Lee for their national influence and representation through forums such as the GPLF. Similarly I thank Dr Angus Chambers for his input on behalf of all members at the PSAAP forum and, the additional members of the Executive Committee; Bill Eschenbach, John Hunter, Ian Macara and Richard Townley, for their very significant contributions made throughout the year on top of the demanding day jobs they each already hold.

The strength and credibility of the Primary Health Alliance has again been reflected in a further year of increased membership and the delivery of a small financial surplus for another successive year. Our multi-professional sector-wide focus has been considerably strengthened by the welcome addition of the New Zealand College of Midwives to our membership as well as the Asthma and Respiratory Foundation and, Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa.

Despite a significantly increased work-plan on behalf of members, our membership levies have remained unchanged for yet another successive year. Our ability to hold levies at that level is due in no small part to our increasing membership base and the willingness of members to altruistically give of their time and expertise to support our work-plan and the greater common good. I take this opportunity to thank them all for their input whilst acknowledging the on-going pressures of their respective day jobs.

Finally and on behalf of all members, I would again like to formally record the contribution made to the affairs of the Primary Health Alliance by our Chief Executive – Philip Grant. His excellent vision, administration and organisation has ensured that the Primary Health Alliance remains the independent, sustainable and credible force I believe it has become and helps make my role as Chair an enjoyable privilege to fulfil. For that I am grateful.



A handwritten signature in blue ink that reads "John Ayling".

John Ayling
Chair

2. About the Primary Health Alliance

The Primary Health Alliance is a sector-wide consortia of member primary health care organisations and representative associations working together to share learning, share best practice and support better outcomes for patients.

Our member organisations encompass a wide range of health practitioners including pharmacists, midwives, allied health professionals and doctors providing services in each and every community across New Zealand.

Our member Primary Health Organisations encompass over 1 million enrolled New Zealanders living in some of the most deprived communities from Cape Reinga to Bluff.

Our reason for being is to improve health outcomes and reduce inequalities for the communities we serve.

Our objectives are to:

- a) Advocate with regards to health and wellbeing, on behalf of members for the benefit of the population of New Zealand.
- b) Promote primary and community health through integrated multi-agency and multi-professional partnerships.
- c) Foster effective partnerships between providers and communities.
- d) Foster and nurture key strategic relationships at a local and national level.
- e) Encourage collaboration and the sharing of resources, good practice and, information across Members and the wider sector.
- f) Contribute to the development and implementation of health policy at a national level.
- g) Promote and support enrolled list-based primary and community care.
- h) Promote General Practitioners as overarching clinical guardians for patient level primary and community care supported where appropriate by nominated care co-ordinators.
- i) Carry out other activities consistent with the charitable objects of the society.

3. The year in summary

2016/17 has again been a year of notable achievements and increasing influence for the Primary Health Alliance. Throughout the year members have continued to give tirelessly of their time and resources for the collective benefit of all member organisations and, most importantly, the improvement of outcomes for patients.

The following is a snapshot of the significant number of activities undertaken across the year, several of which are noted in the Chairman's report and detailed further in specific sections of this publication.

National Advocacy and Representation

One of the key membership benefits of the Primary Health Alliance is that which is achieved through the strength and alignment of the collective voice of members. The programme of advocacy and representation work undertaken by the Primary Health Alliance over the course of the year is significant and whilst this features strongly on the workplan for the Chair, Executive Committee and Chief Executive, it is a feature of the Primary Health Alliance operating model which provides for individual members all undertaking such a lead role at various stages of the year. This consortia approach ensures the voice of the Primary Health Alliance remains firmly based on up-to-date first hand expertise direct from the coal face of the health service.

A significant area of policy influence has been the continuation of the series of policy discussion papers published by the Primary Health Alliance. Following the widespread and positive feedback received in respect of the PHO Alliance publications *A time to act: 7 actions that will help sustain the New Zealand health service for future generations* (February 2015) and *Targeting Resources: Strengthening New Zealand's primary care capitation funding formula* (December 2015), the Primary Health Alliance published *One team, many businesses: Supporting delivery of the 2016 New Zealand Health Strategy* in June 2017 with the input and support of a wide range of sector partners and stakeholders (see Section 4 for further details).

During the year the Primary Health Alliance also continued to make numerous representations on behalf of members, particularly in relation to:

- The development of policy to support the New Zealand Health Strategy,
- PHARMAC policy,
- Primary health funding and the Very Low Cost Access (VLCA) scheme,
- Access and outcome Inequalities relating to vulnerable and high needs communities.

The Primary Health Alliance continues to be called upon, and will continue to support, national expert advisory groups and working parties in the support of improving patient outcomes for the population of New Zealand.

Collective Engagement with Government and Central Agencies

The profile and advocacy work of the Primary Health Alliance has again increased over the past year, continuing the trend experienced in previous years. Our Chair, Executive Committee members and Chief Executive have all maintained stronger relationships with Government and central agencies including vital ongoing dialogue with the Minister of Health, health leads from other political parties, Ministry of Health officials, Treasury officials, PHARMAC, ACC and Central TAS (DHB Shared Services) agents.

National Contract Negotiation

A significant component of all PHO income continues to be derived through the PHO Services Agreement between individual PHOs and their District Health Board(s).

Whilst a local contract, it is negotiated and developed nationally between PHOs, DHBs, the Ministry of Health and general practice providers through a formal process known as the PHO Services Agreement Amendment Protocol (PSAAP) Group.

The PSAAP Group:

- (a) considers and make decisions and/or recommendations on proposals for variations to the PHO Services Agreement (excluding local agreements between a DHB and a PHO recorded in Part E of the PHO Services Agreement),
- (b) considers and makes decisions and/or recommendations on proposals for variations to a Referenced Document, or to add a Referenced Document, and
- (c) is a forum for information sharing and discussion of strategic, policy and operational settings that may have a consequential impact on parties to the PHO Services Agreement.

PSAAP meets regularly during the year to fulfil an agreed workplan and agree fundamental changes to the PHO Services Agreement. During 2016/17 PSAAP undertook an intensive programme of work and met on the following dates:

- 17 August 2016
- 17 November 2016
- 12 December 2016
- 22 December 2016
- 28 March 2017
- 20 June 2017

Primary Health Alliance members were represented by Dr Angus Chambers (GP and chair of Christchurch PHO) and/or Philip Grant (Chief Executive, Primary Health Alliance) at every meeting of PSAAP. All PSAAP papers, where possible, were shared with Primary Health Alliance members for review ahead of PSAAP meetings and a detailed feedback briefing provided to members following each PSAAP meeting.

Shared Resources and Best Practice

One of the most significant of the Primary Health Alliance membership benefits is that of sharing resources and good practice to improve health outcomes for the entire population of New Zealand. Sharing good practice and improving health outcomes for all is at the heart of what the Primary Health Alliance stands for.

Whilst members regularly share examples of what works well in each locality, with the aim of ensuring universally good health outcomes regardless of where in the country you may live and regardless of what your ethnic background may be, the Primary Health Alliance also proactively seeks other opportunities to avoid 'reinventing the wheel'. This includes working on a consortia basis wherever possible to make best use of limited manpower and resources in smaller and mid-sized PHOs, as well as openly sharing learning and successful approaches between localities which may often be at different ends of the country.

In August 2016, for the third year running, the Primary Health Alliance worked in partnership with the Heart Foundation and the Health Promotion Agency to provide a national Primary Care Symposium open to all primary care practitioners, champions and facilitators from PHOs and DHBs regardless of whether or not they are members of the Primary Health Alliance.



Minister of Health, Hon. Dr. Jonathan Coleman at the 2016 Primary Care Symposium.

200 delegates attended this event held at the Te Papa museum in Wellington and which was provided free of charge thanks to the kindness of presenters who gave freely

of their time as well as support from our partners at the Heart Foundation and Health Promotion Agency.



Sir John Kirwan captivates delegates at the 2016 Primary Care Symposium.

The programme for the day included keynote addresses from Hon. Dr Jonathan Coleman, Minister of Health and the ever popular Sir John Kirwan who provided a personalized account of his journey through mental health. Work is already well underway for the fourth national symposium being held in November 2017.

Each full member meeting of the Primary Health Alliance includes one or more formal presentation and open discussion session showcasing the learnings, both positive and negative, from an individual member's experience of implementing a local patient service or sector innovation. During 2016/17 such presentations have included:

- A review of European integrated care systems,
- Developing successful Health Care Homes and Neighbourhood Homes,
- Delivering a fit-for-purpose Health Manifesto in election year,
- A summary of PRIME (Primary Response in Medical Emergencies) service developments,
- The management of pre-diabetes, and
- Funding and prioritisation of the Pharmac workplan.

The 'Sharing innovation' section of the Primary Health Alliance website continues to grow and provide an on-line resource to share learning across the sector with material covering a wide range of subjects including acute demand, long-term conditions, corporate governance and pharmacy. This resource will continue to grow and be expanded over the coming months.

Professional Networking and Peer Support

The mutual support, collegiality and common purpose which unites Primary Health Alliance members is uniquely evident at each and every member meeting. The title of our Strategic Plan, "Together we achieve more", came directly from our members and is entirely reflective of the goodwill and collective working demonstrated by each and every member. Sharing time, resources and expertise as well as mentoring, nurturing and counselling between and across members is a significant benefit that the organisation facilitates both formally and informally.

Outside of the formal processes of the Primary Health Alliance, members regularly meet on a 1:1 basis with colleagues for the purpose of professional networking and peer support. Additionally, ahead of all Primary Health Alliance member meetings,

members will informally meet on a social basis to further cement the established relationships and mutual support which exists.

On an annual basis, the Primary Health Alliance will arrange one of its regular member meetings at a regional location with additional networking events to support this membership benefit (see below).

Strong Alliance with National Representative Organisations Across the Sector

The Primary Health Alliance has long recognised that securing long-term improvements in health outcomes and addressing the wider determinants of health will take a multi-agency intersectorial approach.

We have been delighted with the continued growth in the multi-professional membership of the Primary Health Alliance, including during 2016/17 welcoming the New Zealand College of Midwives and Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa.

Similarly, we continue to seek, and be sought, to work alongside and develop constructive relationships with a wide range of agencies and key stakeholders including the Pharmacy Guild of New Zealand, ACC, the Treasury, the General Practice Leaders Forum, General Practice New Zealand and others.



John Ayling and Dr Jeff Lowe signal the start of an era of closer working between the Primary Health Alliance and GPNZ.

Regular Member Meetings and Leadership Forums

The chairs and chief executive officers of member organisations meet quarterly to undertake the business of the Primary Health Alliance, to agree collective responses to relevant national issues, to share good practice, to network and to have a two-way exchange with invited guests and sector stakeholders.

Member meetings continue to be further enhanced by the attendance of, and engagement with significant partners from the wider health sector.

In December 2016, the quarterly meeting was held at the Richmond Community Health Hub – the home of our member PHO Nelson Bays Primary Health. This continued the



*Sector wide partners support the development of **One team, many businesses** at a workshop in April 2017*

established trend of holding the December meeting at a different regional venue and follows the 2015 meeting in Napier and the 2014 meeting in Queenstown.

At our Nelson meeting, members heard from the local teen health fest, the community based specialist service and, the pre-diabetes programme before visiting and touring the part PHO owned Nelson Medical and Injury Centre.

The objective to support greater sharing of good practice and improved networking between members was well achieved. The formalities of the member meeting were surrounded by a successful programme of networking and sharing of local primary care innovations.

Regular Communications and Briefings

Members of the Primary Health Alliance receive a detailed monthly briefing via e-mail which highlights the current work programme of the organisation as well as its latest successes. It also includes key national and local developments which may impact upon members own activities. The monthly briefing is intended for use by members within their own reporting to their respective governance Boards and feedback from members has been very positive. Once again this supports the principle that we will share resources and prevent 'reinventing the wheel' wherever possible.

Members receive frequent additional 'real-time' communications covering relevant matters from across the sector including:

- Ministerial announcements and policy updates,
- Partner newsletters,
- PSAAP proposals and immediate feedback from PSAAP meetings,
- International research reviews and findings,
- Member announcements.

4. One team, many businesses

In June 2017 the Primary Health Alliance published the latest in its series of policy discussion papers *One team, many businesses: Supporting delivery of the 2016 New Zealand Health Strategy*.

In announcing its publication, Primary Health Alliance chairman, John Ayling said "New Zealand's current primary care policy and financial framework settings do not support the thousands of individual provider organisations across our health sector to work together in a 'one team', integrated and patient-focused way. The result is dysfunctional competition and a health system that often continues to fail the most vulnerable members of our communities."

"The 2016 New Zealand Health Strategy is destined to be a spectacular failure unless we remove the barriers to service integration which are inherent in our system."

The Primary Health Alliance worked in partnership with representatives from across the sector in the development of this latest publication including a widely attended initial workshop held in Wellington in April 2017.

Our latest publication follows our February 2015 publication *A time to act: 7 actions which will help sustain the New Zealand health service for future generations* and our December 2015 publication *Targeting Resources: Strengthening New Zealand's primary care capitation funding formula*.

In *One team, many businesses*, we provide a number of recommendations including:

- The establishment of sector-wide, inter-disciplinary provider organisations with a single consolidated budget,
- A fundamental review of primary health care funding with proposed three-year funding allocations issued directly to primary and community health care.

The publication was subsequently presented to the Minister of Health, Hon, Dr Jonathan Coleman, to whom the Primary Health Alliance made the following key points:

- The recommendations were the result of significant cross-sector engagement and consultation (including Pharmacy, Midwifery, Allied Health, Pharmac, ACC, Treasury, non-Member PHOs, Heart Foundation, Health Promotion Agency and NGOs),
- This broad church is also well reflected in the widening membership of the Primary Health Alliance,
- The Primary Health Alliance does not see a lot of traction with regards the Health Strategy at a national level,
- The Primary Health Alliance believes more must be done with regards:
 - ~ Inequalities,
 - ~ The funding framework, and
 - ~ Leadership and engagement with the sector [by the Ministry of Health],
- The Ministry appears unsystematic and fragmented with its approach to engagement with the sector.

In response and during further discussion the Minister made the following key points:

- He liked the 'One team, many businesses' theme – he advised it was well aligned with their thinking,
- He liked the broad sector-wide membership and associations the Primary Health Alliance has – the sector can often feel fragmented and cluttered,
- He agreed the Ministry needed to look at how it engages and communicates with the sector,
- He felt that with the funding available, the system settings already seem fairly "well-tuned",
- He acknowledged he was however looking at how funding and resources could be better targeted (including workforce skills such as Pharmacy and Nursing). He also acknowledged that the Very Low Cost Access (VLCA) scheme is not targeted well enough, and
- He has set expectations on District Health Boards to shift more resources from secondary to primary care settings.

All PHO Alliance and Primary Health Alliance publications are available on our website www.primaryhealth.org.nz.

5. Executive Committee

The Primary Health Alliance Constitution allows for a minimum core executive committee of four and a maximum of seven members. The executive committee also has the power to co-opt additional committee members from time to time to ensure adequate capacity and capability to fulfil its responsibilities on behalf of all members.

The executive committee members for 2016/17 were:

- John Ayling (Chair),
- Dr Angus Chambers, Chair of Christchurch PHO,
- Bill Eschenbach, Chief Executive of Rural Canterbury PHO,
- John Hunter, Chair of Nelson Bays Primary Health,
- Dr Denis Lee, Chair of East Health Trust PHO,
- Ian Macara, Chief Executive of WellSouth Primary Health Network,
- Dr Andrew Miller, Chair of Manaia Health PHO, and
- Richard Townley, Chief Executive of the Pharmaceutical Society of New Zealand.

The Register of Interests for the Executive Committee is shown on page 16.

Executive Committee Register of Interests



JOHN AYLING – *Chairperson*

- Director – Split Ridge Associates Ltd – a provider of contracted services to the health and disability sector.



DR ANGUS CHAMBERS

- Chair of Christchurch PHO
- GP/Shareholder/Director Riccarton Clinic limited – General Practice provider
- Director Canterbury Community Trust – Acute demand services provider
- Chair Christchurch PHO clinical governance group.



BILL ESCHENBACH

- Chief Executive, Rural Canterbury PHO
- Rural Health Alliance Aotearoa New Zealand (RHAANZ) Executive Member
- Director of Health Systems Solutions
- Member of Canterbury Alliance Support Team
- Member National Rural Health Alliance Group.



JOHN HUNTER

- Chair Nelson Bays Primary Health
- Councillor Ara Institute of Canterbury
- Trustee, Hunter York Family Trust
- Powerhouse Ventures Limited (Director).



DR DENIS LEE

- Chair of East Health Trust PHO
- General Practitioner
- Director of East Health Services Limited (MSO)
- Honorary Senior Lecturer
- Director, Botany Junction Medical Ltd
- Shareholder, EastCare Group
- Honorary Senior Lecturer, Dept General Practice, University of Auckland.



IAN MACARA

- Chief Executive of WellSouth Primary Health Network
- Director, Health Systems Solutions Ltd
- Member, Southern Alliance.



DR ANDREW MILLER

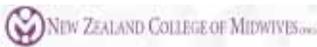
- Chair of Manaia Health PHO
- GP Bush Road Medical Centre
- Director of Whangarei Healthcare Ltd
- Shareholder of Whangarei Doctors Ltd (White Cross)
- Member of Northland Alliance Leadership Team
- Member, and Deputy Chair of the national Health Care Home Collaborative Governance Group
- Member Northland DHB Executive Leadership Team
- Clinical Lead Northland DHB Neighbourhood Health Care Homes Programme
- Clinical Director of Information Services Northland DHB.



RICHARD TOWNLEY

- Chief Executive of the Pharmaceutical Society of New Zealand.

6. Our members and strategic partners



Manaia Health PHO



7. Financial statements for the year ended 30 June 2017

Summary of financial performance 1 July 2016 – 30 June 2017

The Primary Health Alliance's income receipts for the twelve months ending 30 June 2017 were \$143,491 (2015-2016: \$124,165) and total expenditure was \$129,896 (\$108,825) resulting in a net operating surplus of \$13,595 (\$15,340).

Total equity as at the end of the eleventh year of operation has increased to \$82,044 (\$68,449). Cash in the bank is \$94,651 (\$70,136).

PRIMARY HEALTH ALLIANCE Inc

Statement of Financial Performance

For the year ended 30 June 2017	2017	2016
Income	\$	\$
Membership Fees	132,068	122,300
Other Income	11,423	1,865
Total Income	143,491	124,165
Expenses	\$	\$
Management Services	80,800	70,800
Meetings, Travel and Subsistence	18,094	8,390
Chair Fee	10,000	10,833
PSAAP Expenses	6,105	4,217
Venue Hire & Catering	3,797	2,819
Telephone IT & Website	932	1,015
Office & Sundry Expenses	10,168	10,591
Bank Charges	0	160
Total Expenses	129,896	108,825
Net Surplus	13,595	15,340

Statement of Movements In Equity

For the year ended 30 June 2017	2017	2016
	\$	\$
Opening Balance as at 1 July	68,449	53,109
Plus: Total Recognised Revenues and Expenses for the year	13,595	15,340
Closing Balance as at 30 June	82,044	68,449

Statement of Financial Position

As at 30 June 2017	2017	2016
	\$	\$
Assets		
Current Assets		
Bank Accounts	94,651	70,136
GST Receivable	8,160	7,853
Total Current Assets	102,811	77,989
Total Assets	102,811	77,989
Liabilities		
Current Liabilities		
Creditors, Accruals and Prepayments	20,767	9,540
Total Current Liabilities	20,767	9,540
Net Assets	82,044	68,449
Equity		
Retained Earnings	82,044	68,449
Total Equity	82,044	68,449



John Ayling, Chair

Dated: 1 September 2017



Philip Grant, Chief Executive

These accounts are to be read in conjunction with the attached Notes to the Financial Statements

Notes to the financial statements

For the year ended 30 June 2017

1. Reporting Entity

Primary Health Alliance Incorporated (Organisation number 1863830) is a body that represents and promotes the interests of its members for the population of New Zealand. The Primary Health Alliance does this through advising and consulting with key stakeholders in the sector, representing common positions on issues of substance to key stakeholders, and facilitating the performance of member organisations through information and resource sharing.

The Alliance's members are organisations responsible for the provision of primary health care services and population health action across New Zealand.

The financial statements have been prepared in accordance with generally accepted accounting practice as required by the Institute of Chartered Accountants of New Zealand.

2. Basis of Preparation

The Primary Health Alliance has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting – Accrual (Not for Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in this report are reported using the accrual basis of accounting. The report is prepared under the assumption that the Primary Health Alliance will continue to operate in the foreseeable future.

3. Income Tax

The Primary Health Alliance Inc. is registered as a charitable entity under the Charities Act 2005; it is therefore exempt from Income Tax.

4. Goods and Services Tax

The financial statements have been prepared stating all income and expenditure items exclusive of GST.

5. Financial Operations

This is the 11th financial year the Primary Health Alliance has been operating (previously under the name of the PHO Alliance Incorporated).

6. Changes in Accounting Policies

There have been no changes in accounting policies during the financial year.

7. Auditors

For the year ending 30 June 2017, Primary Health Alliance Incorporated has not appointed auditors.

Primary
Health Alliance

He huinga ratonga hauora

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