



South Western Sydney PHN

# Annual Report

2024-2025

**phn**  
SOUTH WESTERN  
SYDNEY

An Australian Government Initiative



Quality  
ISO 9001

COVER PHOTO: Dr Grigoris Platis from Myhealth Macarthur Square Medical Clinic and Anthony Tomelic from Gold Standard Physiotherapy & Sports Medicine collaborate on patient care. Partnerships like this reflect SWSPHN's focus on building stronger multidisciplinary teams – bringing together GPs, physiotherapists and other allied health professionals to provide more coordinated, comprehensive care for the community.

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## Our values



### Trust

Maintain mutual respect for one another and act in good faith



### Empathy

Gather insights and understanding of others' experiences



### Courage

Strength to lead and innovate



### Fairness

Make decisions free from bias and discrimination



### Integrity

Behave honestly and accept responsibility for one's conduct



### Optimism

Present a positive and constructive approach to future events

## Our goals



A healthier and more enabled community



A better health system experienced by General Practitioners and Primary Care Providers



An integrated health system that is fit for purpose



Primary healthcare that demonstrates value



A trusted and socially responsible organisation

## Our purpose

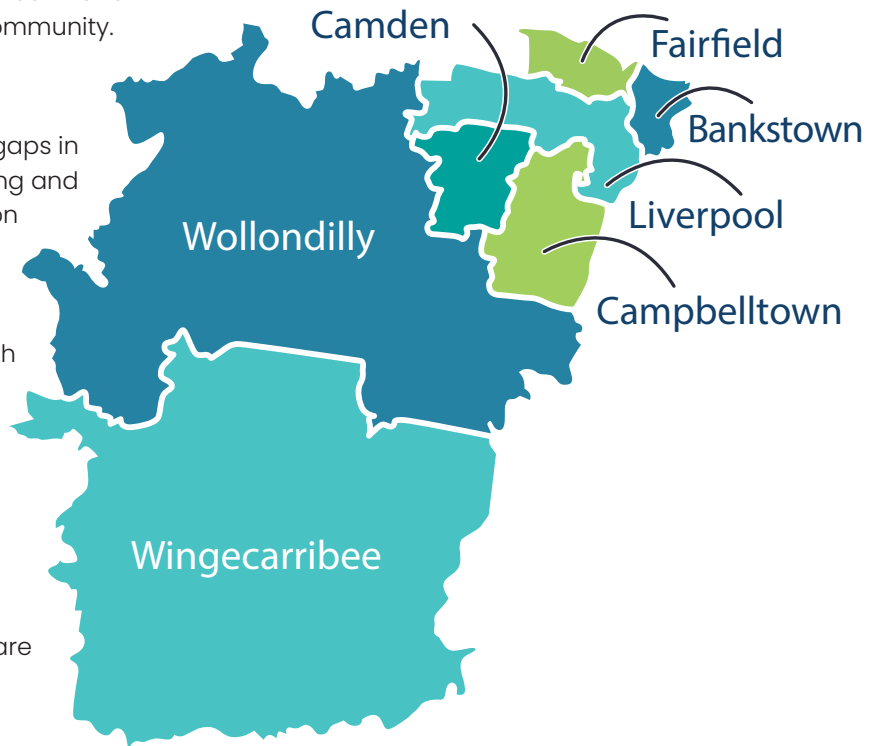
South Western Sydney PHN (SWSPHN) is one of 31 Primary Health Networks the Australian Government established to increase the efficiency and effectiveness of health and medical services in the local community.

We do this by supporting local clinicians; understanding the healthcare needs and service gaps in our community through planning and consultation; and by focusing on improving access to primary care services for patients, particularly those in our community at risk of poor health outcomes.

We are dedicated to supporting GPs, allied health, practice nurses and other primary health providers to deliver the best possible care for their patients and improve access to quality local healthcare for the whole community.

We are also dedicated to improving the coordination of care to ensure patients receive the right care, in the right place, at the right time.

SWSPHN covers the local government areas of Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee.



### Our vision

Better health for South Western Sydney



### Our mission

Enhancing and connecting care to meet our local health needs



### Our service standard

To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location

# Our region

## South Western Sydney at a glance



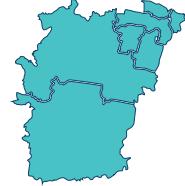
**1,215,435**

population



**1,594,919**

population rise  
expected by 2041



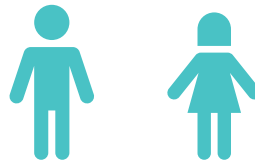
**6,234km<sup>2</sup>**

7 local government  
areas



**3 nations**

Our region encompasses  
the Dharawal, Gundungurra  
and Dharug nations



**49.6% 50.4%**

male female



**90%**

of people attended GP  
in the past 12 months  
(2024-2025)



**396**

general practices



**1,483**

GPs and registrars  
(GPs alone = 1,235)



**475**

practice nurses



**SWS 3%**  
**NSW 4%**

First Nations people



**SWS 51%**  
**NSW 32%**

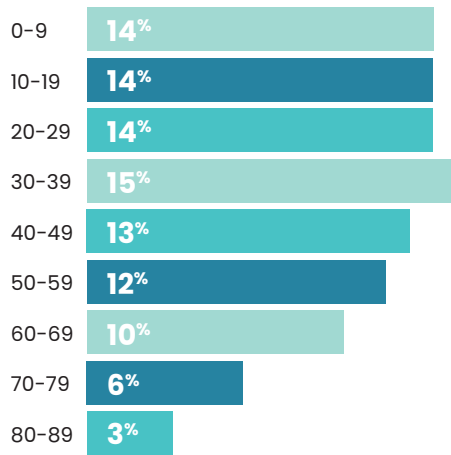
Speaks a language other  
than English at home



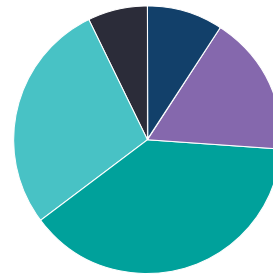
**SWS 42%**  
**NSW 35%**

Born outside Australia

## Age across our region years



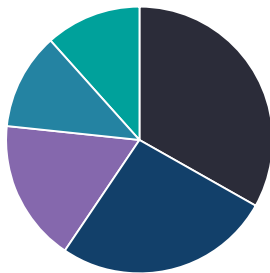
## Health concerns



Smoke daily	8%
Drink alcohol at harmful levels	20%
Overweight (BMI 25 to 30)	32%
Obese (BMI =>30)	33%
Diabetes or high blood sugar	7%

## Deaths

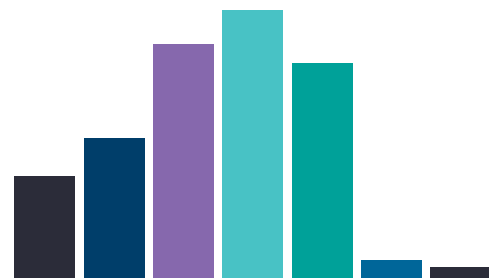
per 100,000



Cancer	164
Cardiovascular	128
Potentially avoidable <75 years	87
Diabetes related	43
Respiratory disease	42

## Languages

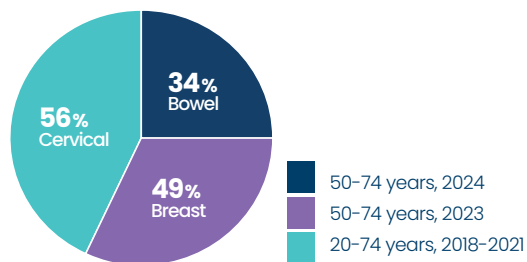
other than English spoken at home per LGA



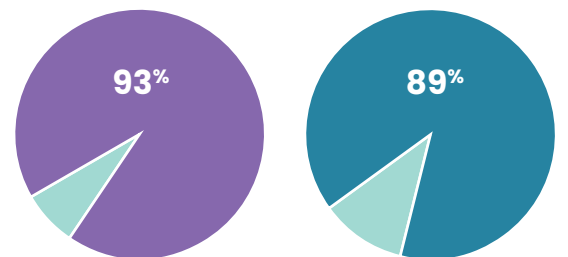
Camden	23%
Campbelltown	36%
Canterbury/Bankstown	59%
Fairfield	70%
Liverpool	54%
Wingecarribee	7%
Wollondilly	6%

## Preventative health

### Cancer screening rates



### Childhood immunisation



At 1 year, March 2025

At 5 years, March 2025

## Our board



**Dr Matthew Gray OAM**

Chair

B.Med (Newcastle), B.Ec,  
FRACGP, FAICD,  
GradCertClinEd



**Ms Karen Edwards**

Deputy Chair

BA Hons, M Clin Psych, Grad  
Cert Adult Ed, GAICD, M Health  
Management, Cert Gov Prac



**Prof Jennifer Reath**

MBBS (UQ), MMed (U Syd),  
PhD (WSU), FRACGP GAICD



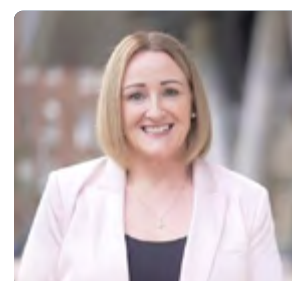
**Dr Kenneth McCroary**

BSc (Med), MBBS, FRACGP



**Mr John Adam**

B.Comm/LLB



**Ms Sonia Marshall**

MBA, Grad Dip PA, Bsc (Nursing)



**Dr Michael Tam**

BSc (Med), MBBS, MMH (GP),  
FRACGP



**Ms Michelle Cutler**

GAICD, BEc LLB



**Ms Christine Carriage**

M Indg Hlth Studies  
B Comm Mgt, Prof Cert Indg Res.  
Cert in Governance



**Dr Andrew McDonald**

(Retired October 2024)  
MBBS (Hons 2) Sydney University,  
DCH FRCPCH FRCP FRACP

# Chair's report

Dr Matthew Gray OAM

On behalf of the Board and staff team it is with great pleasure that I welcome you to the 10th annual report of SWSPHN for the year ending 30 June 2025.

Marking a decade of dedication is certainly a noteworthy milestone, one worth saluting and celebrating.

As SWSPHN has matured on our journey, we have become a trusted and trustworthy organisation with a pivotal role in the primary healthcare system and the wider health landscape.

We are a robust and resilient organisation, having grown in scale and scope over time, with a bright future. It is with a sense of satisfaction and amazement I reflect on the myriad of achievements, and challenges overcome, throughout the years.

We continue to strive towards our vision of "Better health for South Western Sydney" with passion and purpose, as we pursue our mission of "Enhancing and connecting care to meet our local health needs".

Our ability to meet our aims has been enabled and enhanced through the strong, and expanding, partnerships and networks which have been forged over many years.

Furthermore, we are grateful for the recognition by the Australian Government of our key role in supporting and shaping the health of our region, as evidenced by the consistent growth in our responsibilities year on year.

Reaching 10 years is a testament to the dedication, efforts and commitment of many, both past and present.



I would like to sincerely thank my various Board colleagues for the insight, skill, and support they have provided to SWSPHN and myself as Chair. Heartfelt thanks also to our wonderful Executive and staff team, as well as our Clinical Council, Community Advisory Council and other committee members.

Finally, as my time as Board Chair draws to a close, I would like to acknowledge and wholeheartedly thank our steadfast CEO Keith McDonald for his exceptional leadership of, and unwavering commitment to, SWSPHN.

It has been a privilege and a pleasure working closely with Keith and I have greatly appreciated his integrity, loyalty and counsel.

As we continue to build momentum, I do hope you enjoy reading this snapshot of all that has been achieved this year and all that is still to come.

# CEO's report

Dr Keith McDonald PhD

As we celebrate our 10-year anniversary operating as the SWSPHN, I trust you will recognise throughout our 2024-2025 Annual Report, a trusted and socially responsible organisation built on a sound financial position, quality management systems, continuous development of performance and a genuine commitment to shared values.

At this point, it is also opportune to reflect on our legacy over the last decade. From the outset, our strategic goals have always sought to make meaningful contributions and a lasting difference for the highly diverse and rapidly growing communities across South Western Sydney.

This is only possible if each of the individuals in our team focus on their commitment to making a positive impact.

Therefore, there is no better time to highlight Dr Matthew Gray's long-standing contributions, with his term as our inaugural Chair coming to a close. He has instilled in the SWSPHN a governance ethos characterised by the courage to be calm and measured in the face of many challenges. Truly demonstrating the culture of an organisation starts from the top, Matthew has driven a commitment to putting our shared values into practice. His integrity and fairness have often been recognised by other PHNs and the Department of Health, Disability and Ageing. On a personal note, I have been privileged in this time to have Matthew as a sage mentor, true friend and confidante.

Celebrating Matthew's legacy, I am confident both our Board of Directors and Executive team are well-positioned to lead the SWSPHN as we progress into our next decade. Our sound systems and structures should ensure we continue to be well-advised by the dynamism of our Clinical Council, Community Advisory, Governance plus Audit and Risk committees.

You will see throughout this report our activities are built on sound needs-based planning, refreshed advisory committees, best-practice data management, a robust Practice Census and co-design with key stakeholders. For clinicians, this informs a relevant calendar of



continuous professional development, targeted training opportunities plus well-focused service supports for practices. For providers, their patients and communities, it helps us target our investment in meaningful resources and timely communications.

Our place within the healthcare sector is also recognised for the progressive rollout of key Commonwealth initiatives – cases in point in this report include the diligent commissioning of further headspace, Medicare Mental Health and Urgent Care centres across our region.

Just as importantly, SWSPHN has earned a hard-earned reputation as a sector leader in championing best practice in digital interoperability, integrated medical neighbourhoods and workforce development for outer-metropolitan Sydney.

We have a responsibility to respond to the significant place-based needs of our diverse communities. We actively seek better value for our investments through leveraging partnerships with other key agencies, including the South Western Sydney LHD; health alliances including local government; neighbouring PHNs; universities; and non-government organisations.

For all these reasons, I am privileged to present to you the SWSPHN 2024-2025 Annual Report. More than a year in review, I encourage you to consider the progressive maturation and growth in our first decade of operations. This positions us well to continue making an impact through a shared focus on our vision – better health for South Western Sydney.

# A healthier & more enabled community



## Endometriosis and pelvic pain clinic

**151** unique patients

**35%** of clients travel more than 20km to receive care

## Type 2 diabetes case conferencing clinics

**142** telehealth case conference consultations

**42** day clinics

**24** review clinics

## Suicide prevention grants

**9** community grants

**\$50k–\$200k** grants range awarded

## Health Resource Directory

**25,852** users

**80,993** page views

**3.13** average views per user

## Hepatitis B strategy

*The Viral Hepatitis Mapping Project: National Report, Hepatitis B 2023* found, of people living with CHB in South Western Sydney:

**20.2%** engaged in treatment

**37.2%** engaged in care (ie monitoring and/treatment)

**72.5%** had a history of care engagement in the past 10 years

## HEAL multi-disciplinary team care grants

# Program tackles small lifestyle changes to reduce risk of chronic disease

SWSPHN's multi-disciplinary team care HEAL grant funding facilitated the roll-out of the locally designed and nationally delivered Healthy Eating Active Lifestyle (HEAL) program across South Western Sydney, at no cost to participants, in 2025.

We recruited 12 allied health organisations – specifically accredited exercise physiologists and physiotherapists – from across the region to run the eight-week program, which helps people with, or at risk of, chronic disease improve their health through group education and exercise. Through HEAL, participants:

- learn how healthy eating and regular movement supports long-term wellbeing
- become more active with guidance from trained facilitators
- gain confidence in managing their health
- access practical tools and tips to use every day
- connect with others and stay motivated in a supportive group setting

During the eight weeks, participants take part in group lifestyle education and exercise classes, and one-on-one consultations

at the start and end of the program, focused on fitness checks, goal setting and exercise plans.

Participants are also encouraged to turn to their GP for support, advice, motivation and for referral to other services if needed.

SWSPHN CEO, Dr Keith McDonald PhD, said South Western Sydney had higher rates of behaviours linked to chronic disease prevalence, particularly for diabetes, cardiovascular disease, respiratory disease, cancer and mental health.

“Changing behaviours, like increasing the amount of physical activity you do and improving what you eat, can reduce your risk of developing a chronic condition,” he said.

“HEAL is about giving people with long-term health conditions and/or at risk of poor outcomes, the tools and support to make small lifestyle changes which can have a big impact on their health, and their overall quality of life.”

HEAL was developed 25 years ago and has been tried and tested, reviewed and improved during those two decades.

## SWSPHN-funded HEAL program providers

Active Approach Physiology

Aspire Physiotherapy and Sports Injury Clinic

Campbelltown Physiotherapy and Sports Injury Centre

Effect Exercise Physiology

Harmony Specialist Healthcare

Healthstin

Infinite Rehab

MEND – Leumeah

Optimum Health Solutions

South West Health Management

Stride Out Physiotherapy

Concentric – Revesby

## headspace

# Youth can reach out for mental health support at new sites

Young people across South Western Sydney now have greater access to mental healthcare and wellbeing support, with the opening of two new headspace centres at Edmondson Park and Oran Park in the last financial year.

headspace Edmondson Park officially opened in October 2024, and headspace Oran Park opened, along with an outreach service in Narellan, in early 2025.

Both centres were commissioned by SWSPHN and are operated by Grand Pacific Health.

headspace offers young people and their families access to free and confidential support across mental, physical and sexual health, alcohol and other drug use, and work or study.

SWSPHN CEO, Dr Keith McDonald PhD, said SWSPHN was proud to fund services like headspace on behalf of the Australian Government, which enhanced access to mental health treatment in our region.

Between 1 July 2024 and 30 June 2025, there were 3,550 total direct and indirect occasions of service provided to 440 young people at headspace Edmondson Park. In the same period, there were 420 total direct and indirect occasions of service provided to 138 young people at headspace Oran Park.

In all, at South Western Sydney's five headspace centres – which includes sites at Liverpool, Campbelltown and Bankstown – between 1 July 2024 and 30 June 2025, there were 20,660 total direct and indirect occasions of service provided to 3,035 young people.

Young people can drop in or call their local centres directly, with no referral needed.

We thank our lead agencies for these sites Grand Pacific Health, One Door Mental Health and Flourish Australia (respectively) for their dedication to the community.



SWSPHN's Procurement and Contracts Coordinator Laura Murphy and Director of Planning and Performance Amy Prince joined in the celebrations at the official opening of headspace Oran Park.



SWSPHN CEO, Dr Keith McDonald PhD (back right), Assistant Minister for Mental Health and Suicide Prevention Emma McBride (second from left), Werriwa MP Anne Stanley (second from right) and Youth Reference Group members celebrate the official opening of headspace Edmondson Park.

## Medicare Mental Health

# Free, walk-in service improves access to care

SWSPHN continues to strengthen mental health services across the region, with a second Medicare Mental Health Centre set to open in Campbelltown in October 2025.

Commissioned by SWSPHN and delivered by Grand Pacific Health in partnership with Odyssey House, Relationships Australia and Tharawal Aboriginal Corporation, the Campbelltown centre will offer free, walk-in mental health support with no appointment, referral or Medicare card required.

The service builds on the success of the region's first Medicare Mental Health Centre in Liverpool, delivered by Neami National, which opened in August 2023 and supported 816 individuals in 2024-2025.

Medicare Mental Health Centres are designed to provide immediate, short-to-medium term support for people experiencing moderate to high levels of mental distress.

Multidisciplinary care teams, including social workers, psychologists, nurses and peer support workers, offer compassionate, confidential help and guide people to additional supports such as housing or employment services.

"What makes Medicare Mental Health Centres so effective is the holistic approach they provide," SWSPHN CEO, Dr Keith McDonald PhD, said. "People can simply walk in and get on-the-spot help from trained professionals."

The Campbelltown centre complements broader national mental health reforms, including the permanent establishment of the Liverpool centre (formerly Head to Health), which replaced interim pop-up services set up during the COVID-19 pandemic.

By improving access and lowering barriers to care, these centres offer a vital lifeline to people in distress, their families and carers, delivering support when and where it's needed most.



SWSPHN's Acting Mental Health and Alcohol and Other Drugs Manager Pritika Desai (left) and Federal Health Minister Mark Butler (second from left) visited with staff at Liverpool Medicare Mental Health Centre in February.



Assistant Minister for Mental Health and Suicide Prevention Emma McBride (centre), Macarthur MP Dr Michael Freeland (third from left) with representatives from Grand Pacific Health and SWSPHN, visited the Campbelltown Medicare Mental Health Centre construction site in August this year.

## Hepatitis B and C projects

# Standout strategy works to tackle hepatitis

SWSPHN has led the way on a number of fronts in the battle to eliminate hepatitis B and C from the community, with our region standing out as an example of what can be achieved to reduce infection rates, given the right approach.

## Hepatitis B

As a national strategy to identify and eliminate chronic hepatitis B (CHB) continues, SWSPHN was the only Primary Health Network in Australia to reach the 2022 National Strategy target of 20 per cent, with treatment uptake in our region sitting at 20.2 per cent.

The results were published in the annual Viral Hepatitis Mapping Project: National Report, Hepatitis B 2023 (published 2025).

According to the report, SWSPHN also recorded the highest uptake of care in Australia at 37.2 per cent against a target of 50 per cent.

SWSPHN again had the highest proportion of people who had any history of care engagement in the past 10 years in Australia, at 72.5 per cent.

CHB is a major health issue in South Western Sydney due to its prevalence, which makes it a priority in terms of prevention and treatment.

In 2023, our most recent figures, there were 14,474 people living with CHB in the region and 2,920 people receiving treatment.

In South Western Sydney, 61.5 per cent of CHB monitoring is by a GP which is above the national average of 54.9 per cent.

## Hepatitis B (HBV)

In 2022, an estimated 205,549 people in Australia (0.78 per cent) were living with chronic hepatitis B (CHB). South Western Sydney had the second highest prevalence (1.33 per cent), with 13,838 affected individuals. Fairfield (2.5 per cent) and Bankstown (1.5 per cent) LGAs recorded the highest rates.

SWSPHN was the only PHN to meet the 20 per cent treatment target (achieving 20.6 per cent) and led the country with 38.1 per cent in care uptake.

SWSPHN manages several projects which promote screening, testing and treatment of CHB throughout our region.

We provide free hepatitis B prescriber training to GPs and nurse practitioners and actively promote hepatitis B screening and treatment initiation via our CPD, HealthPathways and communication channels.

In 2024, we provided scholarships for GPs to become S100 prescribers for hepatitis B and the uptake was strong with 17 GPs registered and 12 so far completing the training.

## Hepatitis C

Hepatitis C testing rates have tripled in the South Western Sydney region in the past year and treatment rates continue to climb, thanks to a targeted program supporting GPs to identify and care for patients with the chronic health condition. From July 2024 to June 2025 there were 7,113 hepatitis C related tests.

A hepatitis clinical nurse consultant was appointed in September 2024 to work with GPs and practice nurses to help them increase testing and treatment rates. This was part of a joint SWSPHN and South Western Sydney LHD Hepatitis Clinical Support and Quality Improvement Project.

This year the project has followed up on more than 1,000 hepatitis C notifications. This role has provided advice, resources and education sessions to about 60 GPs within the region.

## Hepatitis C (HCV)

In 2022, an estimated 162,690 people in Australia were living with chronic hepatitis C (CHC). In South Western Sydney, prevalence was 7.4 per cent above the national average (2021 to 2023). In NSW the numbers were more concerning, with prevalence in Campbelltown and Fairfield exceeding the NSW average by 53 per cent and 31 per cent respectively. In 2022, 7,669 people in our region were living with CHC.

## Service Navigators

# Connecting vulnerable residents with support

A service launched this year, and funded by SWSPHN, is providing connection and care to some of the most vulnerable members of our community.

The Service Navigator links people from culturally and linguistically diverse and refugee backgrounds, as well as those who are homeless and at risk of homelessness, with appropriate primary healthcare services.

The service is being delivered by Settlement Services International (SSI) – an organisation with known expertise in delivering support to our diverse community.

According to the 2021 Census, more than 42 per cent of South Western Sydney residents were born overseas and more than 12,000 are homeless or at risk of homelessness.

Service Navigators help clients overcome challenges such as navigating the health

system, financial hardship, cultural and language barriers, and limited knowledge of available services.

They ensure individuals receive holistic care which is trauma-informed, culturally appropriate and focused on their needs. Cultural differences are respected, and the support strives to be compassionate and practical to overcome social or healthcare barriers.

Up until June this year, 67 residents had already been helped by the Service Navigator within 21 days of making a request. Of these, 38 have received ongoing care co-ordination. A further breakdown of the figures shows 25 were from culturally and linguistically diverse backgrounds and 19 were homeless.

Services which have been most in demand are GP and specialist appointments.

## Wollondilly after-hours GP service

# Healthcare available outside normal hours

The Wollondilly community gained improved access to healthcare when an after hours service opened at Oakdale Healthcare Centre in September last year.

Commissioned by SWSPHN, the service addresses a critical primary healthcare gap in the region by ensuring residents have access to care when they need it, especially if their own GP is unavailable.

SWSPHN CEO, Dr Keith McDonald PhD, said the service reduced the strain on hospital emergency departments, allowing emergency rooms to be for emergencies only.

Up until June this year, there were 733 after-hours service consultations. Of those, 16 were new patients who registered for the after-hours service. The rest were return patients.

In total, the service offered 1,080 hours of medical assistance from September 2024 to June 2025. Between April and June 2025 there were 165 telehealth consultations and 276 face-to-face appointments.

Patients who do not regularly attend Oakdale Healthcare Centre can have their consultation details forwarded to their usual GP to ensure continuity of care.

All after-hours patients are bulk billed for the service, whether it be face-to-face or a telehealth consultation.

## Endometriosis and Pelvic Pain Clinic

# Enhanced access to specialised care for women

The Women's Health Centre Southern Highlands in Mittagong continues to play a vital role in improving access to care for women with endometriosis and pelvic pain in South Western Sydney.

Funded by SWSPHN as part of a national pilot program, the Mittagong clinic supported 151 unique patients in the 2024-2025 financial year.

Most patients self-refer, although GP referrals are also accepted to ensure continuity of care.

The clinic promotes early access to multidisciplinary assessment and treatment, helping reduce diagnostic delays.

The team includes a nurse practitioner and women's health allied health professionals,

with patients referred externally for procedures requiring specialised equipment.

The multidisciplinary team also offers quarterly group patient education sessions. In 2024-2025, between nine and 16 patients attended each session.

Beyond clinical care, the clinic is also supporting professional education in the region. In November 2024, clinic lead Dr Hanady Nasreddine presented on endometriosis to 79 GPs at SWSPHN's Women's Health Conference.

In 2025, the Australian Government announced an extension of the clinic's funding to expand the pilot's scope to include perimenopause and menopause, from the 2025-2026 financial year.

## Wellness and Resilience: Gaza Conflict project

# Building social resilience and creating a community of support

A project funded by the Department of Health, Disability and Ageing in November 2023, realised its full potential this year when the Wellness and Resilience: Gaza Conflict project was delivered to the community.

Partnering with three other Sydney-based PHNs, we funded a range of projects to build social resilience and increase community connection for those affected by the ongoing crisis in Gaza.

Two Regional Mental Health Coordinators were recruited to support on-the-ground service delivery and community engagement; training of commissioned mental health service providers delivered by Transcultural Mental Health Centre (TMHC) with a focus on working effectively with refugee and migrant communities; and the provision of community grants with a grassroots approach delivering targeted culturally responsive mental health initiatives.

The project supported several community-led organisations across Sydney to deliver tailored mental health and wellbeing programs which include:

- **Educaid** which is building mental health literacy and community resilience for Palestinian communities through healing circles, school-based programs and workshops
- **Palestinian Christians in Australia** which is using narrative therapy and cultural celebrations to support emotional wellbeing and strengthen community identity
- **The Gaza Association** whose aim is to help people better understand and access mental health services through education and practical support
- **The Australian National Imams Council** which equips Imams with the right tools and knowledge to provide culturally safe mental health support within their congregations and advocacy within their communities

As a result of the project, these community-led organisations have reached out to thousands of community members offering support.

With funding secured to June 2026, negotiations have begun with several providers to continue delivering these much-needed services into the new financial year.

## Targeted Regional Initiatives for Suicide Prevention grants

# Small grants boost grassroots initiatives focused on resilience, knowledge and help-seeking

Grassroots initiatives aimed at reducing the stigma of suicide and mental ill health by promoting social connectedness, reducing loneliness and increasing help-seeking for priority populations were funded by SWSPHN in 2024.

A total of nine community grants were funded under the Department of Health, Disability and Ageing's Targeted Regional Initiatives for Suicide Prevention program.

The program aims to build resilience and knowledge within the local community by increasing mental health literacy, help-seeking and knowledge of local services, all protective factors for suicide prevention.

Local activities boosted under the grants program include peer-led supports and small group spaces, community development activities, a podcast awareness and communications campaign, an online hub, and creative campaigns which promote group supports and increase local knowledge.

SWSPHN CEO, Dr Keith McDonald PhD, said the grants were an important part of the multifaceted approach needed to tackle high suicide rates among priority populations.

Activities undertaken under the grants program run until December 2025.

### Funded activities include:

Group supports for Assyrian and Mandaean men (STARTTS)

Design-a-thon and online hub (University of Sydney)

Peer-led group support (The Men's Table)

Community development officer (Mentoring Men)

Batyr@school program (Batyr Australia)

Seasons for Growth Adult program (Mackillop Seasons)

Drop-in support groups (Parents Beyond Break-up)

Looking for Change podcast series, training and communications campaign (Prosper Australia)

Eight-week therapeutic photography and support groups, followed by art exhibition (Folkal/Ironbark)

## Health Resource Directory

# A safe place to find reliable health information

Community members seeking safe, reliable and locally relevant health information about their new diagnosis accessed SWSPHN's Health Resource Directory more than 31,000 times from July 2024 to June 2025.

An initiative of SWSPHN, the website includes more than 300 factsheets covering a wide range of information on health conditions, medical tests and procedures, and local services.

Information is published in English, Vietnamese, Simplified Chinese and Arabic, and there are audio versions in each language.

In the past year, 25,852 people have turned to Health Resource Directory for advice, viewing more than 80,000 pages of medical information on everything from abuse to wounds.

The site is regularly updated with new health information, and each factsheet is reviewed by local GPs and SWSPHN's Community Advisory Committee.

The Health Resource Directory factsheets are adapted from the clinical content on HealthPathways and can be printed directly from the Patient Information section on HealthPathways pages.

## Gambling Harm Screening Tool

# Steps taken to embed tool in holistic approach to GP care

Work progressed on a project which aims to provide healthcare professionals with a reliable, user-friendly and accessible tool for assessing gambling harm risk levels, and guiding decision-making regarding intervention and support, in 2024-2025.

The Gambling Harm Screening Tool was developed by the Fairfield City Health Partnership and Alliance (FCHPA) – a collaboration between SWSPHN, South Western Sydney LHD (SWSLHD) and Fairfield City Council – and piloted at practices in the Fairfield LGA in 2020.

In the intervening period, the tool has been refined based on feedback from clinicians, community workers and the project team.

In 2024, after careful deliberation and discussion, SWSPHN's Board and Executives decided to reduce its reliance on venues to hold events, including CPD events, which have on-site gaming machines (poker machines) or access to any other gambling affiliated activities.

### In the last financial year:

The tool was added to the SWSPHN website

Work began on a training package, including videos, which will be uploaded to HealthPathways

SWSPHN, as part of the FCHPA, hosted a CPD event in Fairfield – Understanding gambling harm: how GPs can identify and support at-risk patients – for 14 practitioners

FCHPA presented at Allied Health Grand Rounds for allied health staff from SWSLHD and Illawarra/ Shoalhaven LHD, with more than 13 staff attending two sessions

## Supporting Recovery pilot program

# Supporting long-term recovery after violence

The Supporting Recovery program continues to provide vital long-term support to people impacted by family, domestic and sexual violence in South Western Sydney.

Funded by SWSPHN, the program offers free, trauma-informed and culturally sensitive support to adults, children and young people for up to two years.

The program is delivered by The Benevolent Society, Anglicare Sydney and CatholicCare Sydney, and includes case management and mental health support from professionals trained in trauma recovery.

It complements short-term responses by helping victim-survivors rebuild their lives through coordinated access to mental healthcare, legal and financial support, parenting help and more.

In 2024-2025, Supporting Recovery continued to operate as a pilot program:

- providing 8,332 hours of support
- supporting 504 individuals across South Western Sydney

In 2024-2025, mental health support services expanded to include Bankstown and Wingecarribee, joining existing service areas in Fairfield, Liverpool and Campbelltown, with the potential to expand into Camden and Wollondilly based on local need.

As part of a broader push toward integrated care, the program is also co-locating with some headspace centres, creating more accessible pathways for young people to receive trauma-informed support within youth-friendly settings.

The program aligns with the National Plan to End Violence Against Women and Children, addressing recovery as a crucial phase in ending the cycle of violence.

# A better health system experienced by general practitioners & primary care providers



## Digital Health – Residential Aged

### Care Homes (total signed up as of 30 June 2025)

- 49** homes are signed up to use Healthdirect video call with 106 unique users
- 49** homes are registered for My Health Record
- 5** CPD webinars in partnership with other PHNs highlighting My Health Record use in aged care (from January 2025 to the last one, 3 July)

### CPD events

- 70** events
- 59** unique topics
- 49** webinars
- 21** face-to-face
- 2,206** total attendees
- 701** unique attendees

### CPD events for nurses

- 10** unique nurse events
- 331** nurses attended unique events
- 128** unique attendance at these events

### IAR-DST 2024-2025

- 26** workshops  
*a combination of six in-person, 13 virtual and seven mixed learning sessions*

- 132** medical practitioners
- 55** non-GP health service providers

### Lumos participation

(total signed up as of 30 June 2025)

- 153 (39%)** practices are enrolled in the program

## HealthPathways

**754** unique pathways

Leading region was Macarthur

- 3** top viewed pathways:
  - Antenatal – Initial Consult
  - COVID-19 Medications
  - Menopause

## My Health Record registrations

(total signed up as of 30 June 2025)

- 358** GPs
- 223** pharmacies
- 147** specialist practices
- 80** allied health providers
- 49** aged care homes
- 5** GP after hours services
- 3** community organisations

## Clinical and Quality Improvement engagement

- 45** remote/online sessions
- 1,049** email/phone
- 233** practice visits, individually/with other team members
- 1,327** total contacts

## NewGen Practice Nurse Training engagement

- 332** email/phone contacts
- 13** nurses currently enrolled
- 47** modules completed

## General Practice Census

# Working together to strengthen our primary care workforce

In the 2024–2025 financial year, SWSPHN made significant progress on two major workforce initiatives: the inaugural General Practice Census and the continued development of the Greater Western Sydney Primary Care Workforce Strategy.

The General Practice Census, launched in August 2024, included two survey rounds: one practice-wide, from August 2024 to January 2025, and the other targeted at individual GPs, registrars and nurses, conducted from February 2025 to June 2025.

Round one received strong engagement, with 74 per cent of general practices completing the survey, while practitioner participation in round two was lower, at seven per cent, requiring SWSPHN to continue data collection through direct phone calls to follow-up with practitioners.

The census provides up-to-date workforce intelligence, highlighting service gaps, recruitment and retention issues, and professional development needs.

The insights are already shaping how SWSPHN supports general practice and informs broader workforce planning.

The census data is also feeding into the Greater Western Sydney Primary Care Workforce Strategy – a five-year, tri-PHN collaboration between SWSPHN, Nepean Blue Mountains PHN and Western Sydney PHN.

The strategy aims to address ongoing workforce shortages and build a more sustainable, future-ready health system across one of Australia's fastest-growing regions.

In the 2024–2025, the three PHNs agreed on the strategy's structure, completed early stakeholder engagement and are now finalising data collection.

The next phase includes analysing the findings and continuing sector-wide consultation.

Together, these initiatives reflect SWSPHN's commitment to evidence-based planning, stronger partnerships and better health outcomes for our communities.



*SWSPHN Workforce Strategy Coordinator Hannah Reveley is leading the Practice Census project.*

## Continuing Professional Development

# Successful CPD program featuring webinars, a conference and training

The GP Living 101 series of workshops, delivered by SWSPHN’s Workforce Development team, offered a bigger and broader curriculum for GPs and practice staff in 2025.

The 2025 workshop series focused on non-clinical topics, based on GP feedback. The webinars also offered GPs the opportunity to earn RACGP-approved Continuing Professional Development (CPD) hours.

GP Living 101 recognises the importance of providing holistic support to our GP workforce, which is increasingly under pressure and suffering burnout from growing workloads. It aims to share localised, practical advice on running practices more efficiently, and the tools to improve the wellbeing of staff.

Five GP Living 101 workshops were held in 2024-2025, attracting 302 attendees, including 192 unique attendees. This included:

149 GPs, with 98 unique attendees
79 practice managers, with 43 unique attendees
49 practice nurses, with 33 unique attendees
16 receptionists, with 10 unique attendees
seven GP registrars, with six unique attendees
two allied health providers, with two unique attendees

GP Living 101 was one of the highlights of another successful SWSPHN CPD program in the last financial year, which overall included 70 events covering 59 unique topics.

We held 21 face-to-face events and 49 webinars. These included:

26 for GPs
10 for practice nurses
four for practice managers
27 for a combined audience

In all, our CPD program attracted 2,206 total attendees, with 701 unique attendees. This included:

1,171 GPs, with 352 unique attendees
637 nurses, with 171 unique attendees
66 GP registrars, with 34 unique attendees
199 practice managers, with 66 unique attendees
119 receptionists, with 65 unique attendees
14 allied health providers, with 13 unique attendees

In addition to CPD events, SWSPHN’s Workforce Development team hosted the Women’s Health Matters GP conference at Rydges Hotel in Campbelltown in November, attracting 79 GPs from across the region, and a skin cancer and skin biopsy in general practice session at the Bryan Brown Theatre and Function Centre, attracting 29 GPs, also in November.

## General practice accreditation support

# Strengthening primary care through expert guidance

Accreditation is a fail-safe, structured and systematic way for South Western Sydney's general practices to embed quality and safety, improve accountability, reduce risk and improve practice viability.

SWSPHN's Practice Support team plays an important role in guiding practices through the accreditation process, helping them clearly understand their requirements and navigate the steps with confidence and support.

Practice Support Officers (PSO) provide an overview of the accreditation process, as well as practical assistance such as contact information for the relevant agencies, feedback regarding accreditation readiness, templates and resources, links for online training for practice staff, guidance on quality improvement initiatives and help navigating the various resources and websites.

More than 278 practices across South Western Sydney are currently accredited and a further 23 have started the journey. In 2024-2025, a total of 10 practices achieved accreditation for the first time.

Accreditation has a range of benefits for practices, along with its goal of ensuring accountability and promoting a culture of

quality and safety. It enables the practice to develop the skill level of their staff and engage their team in continuous quality improvement, which increases practice efficiency as well as their patients' overall health outcomes.

Accreditation also increases a practice's eligibility to access government schemes and financial incentives such as the Practice Incentives Program (PIP), Workforce Incentive Program (WIP) and MyMedicare.

General practices are assessed for accreditation against the Royal Australian College of General Practitioners (RACGP) standards for general practice, which are considered the benchmark for high quality care. It is voluntary and valid for three years.

Dr Thoa-Van Le's Cabramatta practice gained accreditation in August 2024. He said his practice's PSO helped to simplify the process.

Dr Le said his PSO broke down complex requirements into manageable steps, provided clear explanations and offered guidance tailored to his practice's specific needs. The support provided was practical and hands-on and made the process less daunting and far more achievable.



*Dr Thoa-Van Le's Cabramatta practice gained accreditation in August 2024.*



*Our Practice Support Officers play an important role in guiding practices through the accreditation process.*

## Workforce Incentive Program – Practice Stream

# Giving GPs the tools to expand their practice and strengthen the healthcare system

Encouraging general practices to expand their role in the community through the Workforce Incentive Program – Practice Stream (WIP-PS) has been a major focus of SWSPHN’s Practice Support team this year.

The program, established by the Department of Health, Disability and Ageing, offers financial incentives to help general practices employ additional health professionals, giving them more flexibility to respond to their patients’ needs.

The WIP-PS helps practices to integrate a broader range of health professionals, providing a multidisciplinary approach to care for their patients. This includes nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health workers and health practitioners.

Practice Support staff spent the nine months until June 2025 working on a project aimed at increasing WIP-PS participation rates in South Western Sydney and enhancing the

current use of multidisciplinary teams within general practice.

To 30 June 2025, this work resulted in 158 practices engaging in the WIP-PS process, with 121 being supported to enhance their existing model of multidisciplinary care.

A CPD event was held in June 2025, addressing the WIP-PS and its benefits to practices. We also featured WIP-PS articles in our newsletter and shared resources on our website such as how to complete the registration process.

By increasing WIP participation, more general practices will have the financial support to employ additional health professionals, enhancing their practice capacity by offering patients a wider range of health service.

This will positively impact the healthcare system through improved patient access and health outcomes, reduced strain on hospitals, and addressing workforce shortages, particularly in rural and under-served communities.

## General Practice in Aged Care Incentive

# Stronger partnerships for better quality care

The General Practice in Aged Care Incentive (GPACI) is designed to foster stronger, more effective partnerships between general practices and residential aged care homes (RACHs).

By encouraging RACHs to work with local GPs in a collaborative way, SWSPHN aims to ensure the delivery of proactive, consistent and high-quality healthcare.

The goal is to ensure aged care homes understand and implement processes, and continue to work with general practices to coordinate care planning and regular planned reviews for their residents.

For residents to benefit from the incentive they must be registered with MyMedicare, as does the general practice and the GP.

The Practice Advancement team plays a key role in supporting general practices with the implementation of MyMedicare and the GPACI. This includes providing up-to-date information, resources and training to ensure practices understand eligibility, benefits and how to participate.

Residential Aged Care Engagement Officers (REOs) support RACHs in understanding the GPACI and encouraging their residents to sign up for MyMedicare. They also provide up-to-date information to RACHs and encourage collaboration between GPs and aged care staff.

Up until June 2025, there were 113 general practices in the South Western Sydney region registered for the GPACI and 4,611 aged care residents registered with their preferred provider.

## Initial Assessment and Referral Decision Support Tool

# Positive response to mental health tool training

SWSPHN's Initial Assessment and Referral (IAR) Decision Support Tool (DST) training wound up on 30 June this year with a total of 379 GPs and 88 GP registrars trained as part of the four-year project.

The IAR-DST is a nationally consistent, evidence-based and objective approach to initial assessment and referral of patients seeking mental health support.

Overall, SWSPHN delivered 57 training sessions, including nine in-person workshops and 48 virtual sessions. More than 75 participants from non-GP roles, including nurses, peer workers, commissioned providers and mental health service staff, were also trained.

In the 2024-2025 financial year, 26 workshops were held, including six in-person workshops, 13 virtual sessions and seven mixed learning sessions. In the same period, 132 medical practitioners, including 104 GPs and 28 GP registrars, and 55 non-GP mental health service providers were trained.

Participant feedback to the training was positive with more than 92 per cent of participants indicating all key learning outcomes were entirely met, and 90 per cent of participants indicating the training entirely met their expectations.

National IAR-DST training will continue to be available online for primary care providers.

## First Nations Toolkit

# Resource aims to create safe space to access healthcare

SWSPHN launched the Aboriginal and Torres Strait Islander Health Toolkit for General Practice in September last year, in recognition of the need for cultural sensitivity when it comes to ensuring equitable medical treatment for all members of the community.

The region covered by SWSPHN sits on Dharawal, Gundungurra and Dharug country and more than 21,000 First Nations people call South Western Sydney home.

Since its launch, the toolkit has been downloaded 307 times and any GPs who have asked about cultural awareness training have been provided with a copy as additional support.

The toolkit offers health practitioners comprehensive guidance on how to create a welcoming and safe environment as well as information about government initiatives, incentives, services and programs, and a range of health resources to support holistic, patient-centred care.

In addition, it includes:

- government initiatives and practice incentive payments (Closing the Gap, Pharmaceutical Benefits Scheme co-payments)
- MBS 715 health assessment details
- support for chronic conditions through the Integrated Team Care program
- cultural awareness training opportunities
- steps to implement a culturally safe practice
- support for First Nations patients with self-identification
- checklists for receptionists, practice managers, nurses and GPs

Resources and information are presented in an easy-to-use format which can be read in sections, or according to individual, practice and patient needs. It can be printed as a hard copy or accessed online.

The toolkit is currently being updated to ensure all information is accurate and reflects current best practice.

## Subsidised training

# Giving GPs and practice staff the skills to broaden their clinical knowledge

General practices throughout South Western Sydney benefited from a range of subsidised training opportunities this year.

The training packages funded by SWSPHN for GPs, practice nurses, residential aged care home nurses and practice staff is designed to build the capacity of primary care services and encourage ongoing improvements.

### ODT training

The Opioid Dependence Treatment (ODT) project offers GPs financial payment for completing training to equip them to support patients wanting to overcome addiction.

SWSPHN offered remuneration of up to \$20,000 to eligible practices to train two or more GPs or nurse practitioners, practice nurses and frontline staff, and develop referral pathways with South Western Sydney LHD Drug Health Services.

From July 2024 to June 2025, eight practices took up the training offer, with 22 GPs, 21 nurses and 30 frontline staff participating.

### Suicide prevention

SWSPHN subsidised advanced suicide prevention training for GPs and mental health professionals through a three-hour online and one full-day face-to-face workshop.

Fully funded through Targeted Regional Initiatives for Suicide Prevention, the workshops aimed to increase skills and confidence in taking a detailed suicide history and developing a collaborative management plan to increase the safety of those at risk of suicide.

Five GPs completed the course online, while six GPs and 12 allied mental health professionals attended the face-to-face training.

### Nurse immuniser training

Tailored to the needs of practice nurses and those working in residential aged care, our immuniser training enables nurses to administer vaccines without needing to have a GP present.

All four intakes held during the year booked out in record time. From July 2024 to June 2025, a total of 41 registered nurses completed the training.

### Trauma-informed care training

Provided by the Blue Knot Foundation, trauma-informed training equips GPs with the tools to better recognise complex trauma and possible health presentations in their patients, while also supporting the clinician's ability to cope with what comes as a result of providing such care.

So far, four GPs have undertaken the training, which is delivered online, with the cost fully refunded by SWSPHN once completed.

## HealthPathways

# Portal offers a pathway to greater understanding

South Western Sydney GPs have turned to HealthPathways more than 55,000 times in the last 12 months for vital information or updates.

The clinical and referral information portal is a joint SWSPHN and South Western Sydney LHD project maintained by health professionals.

Our GPs can access management and treatment options for a range of clinical presentations, and find information about local clinical services and their referral processes.

There are more than 754 localised pathways and more are being added all the time.

Content is developed collaboratively by GPs, hospital clinicians and a wide range of other health professionals.

Between July 2024 and June 2025, the total number of HealthPathways page views reached 55,008.

In July 2024 HealthPathways began the transition to individual logins for users. This allows GPs to earn CDP hours, use AI-powered searches and improves security.

Since that time, 663 users have registered for individual logins.

# An integrated health system that is fit for purpose



## Urgent Care

- 5** Urgent Care sites:  
Fairfield, Campbelltown, Liverpool, Bankstown, Gregory Hills
- 27,703** patients accessed Urgent Care
- 39.95%** of patients would have gone to the hospital emergency department if Urgent Care wasn't available

## Antenatal Shared Care

- 250** GP providers
- 291** general practices participate
- 684** or 6.1% of women chose Antenatal Shared Care at their first pregnancy booking

## Mental health

- 8,729** referrals
- 11,189** clients receiving a service
- 106,715** service contacts (89,692 hours)

## Care finders

- 913** people accessed services
- 70** average age of clients
- 50%** male
- 50%** female
- 91%** of clients maintained contact after referral

## Working with our stakeholders

# Strategic restructure opens door for broader membership and meaningful consultation

In 2024-2025, SWSPHN undertook a strategic review and re-alignment of our committees and governance structure, reflecting the growth and maturity of our organisation in its 10th year.

The restructure included transitioning some of our existing steering committees into advisory committees to allow for broader membership, stronger alignment with the overall governance structure and more in-depth consultation and robust questioning from committee members.

Overhauling the structure also made way for additional committees, including formalising more joint committees with South Western Sydney LHD (SWSLHD) such as the Joint Aged Care Committee and the Population Health and Planning Committee, further strengthening our partnerships with the LHD.

The Joint Aged Care Committee is now jointly chaired between SWSPHN and SWSLHD, overseeing projects within that space from both organisations, while the Population Health and Planning Committee reports to the SWSPHN/SWSLHD Joint Executive Committee and oversees the implementation of the Joint Collaboration Agreement.

The Aboriginal Health Committee, now known as the Aboriginal Advisory Committee, has a greater focus on consultation while the previous Antenatal Shared Care Working Group has transformed into the Women, Children and Families Advisory Committee broadening its remit beyond Antenatal Shared Care to include women's health, family and domestic violence, and the first 2,000 days of life.



SWSPHN staff highlighted our regional health achievements at last year's AGM Showcase.

## Community Advisory Committee

The Community Advisory Committee had a busy year supporting SWSPHN on many key focus areas while also welcoming an injection of new members.

Under the steady and ongoing leadership of long-standing Chair Cath Brennan and Deputy Chair Kylie Richardson, the committee supported consultation and promotion of the two Local Health Forums, provided key insights into the 2024 Needs Assessment and provided ongoing support for the consultation and development of the Joint Health Literacy Framework.

Members also received updates on the projects and ongoing work of the local health alliances, and updates on Health Resource Directory, the lung cancer screening program roll-out and the Supporting Recovery program.

During the year the committee farewelled long-time member Vicki Martins and formally welcomed Yassmen Yahya, who also took over Vicki's dual role as Community Advisory Committee representative on the SWSPHN Clinical Council. The group also welcomed new Board representative Christine Carriage, and six additional new members bringing a wealth of experience and expertise.

## Clinical Council

The Clinical Council continued its important advocacy work across many key clinical areas throughout the past year while ably guiding and

supporting new and existing program areas across SWSPHN.

Under the leadership of Chair Dr Vince Roche, the Clinical Council supported PHN work areas including Antenatal Shared Care, Peace of Mind Project (PoMP), workforce planning and prioritisation, Healthy Eating Active Lifestyle (HEAL) multidisciplinary team care grants and the Integrated Health Care program.

The group also provided input into SWSPHN's research framework and the first phase of the Commissioned Mental Health Services Review.

The council continued its advocacy work on improving the quality and prevalence of discharge summaries across the district, and advocated for GPs to play a greater role in prescribing stimulants for children with ADHD.

Urgent Care Clinics and Urgent Care Services remained a focus for the group in 2024-2025, with SWSPHN funding four Medicare Urgent Care Clinics, including the Fairfield clinic which opened in late 2024, and one Urgent Care Service.

## Our Experience Matters

Throughout the 2024-2025 financial year, the Our Experience Matters (OEM) Advisory Committee provided vital lived experience insights to help shape SWSPHN's mental health initiatives.

The committee met quarterly to offer feedback and guidance on projects, including the South Western Sydney Mental Health and Suicide Prevention Regional Plan, the Campbelltown Medicare Mental Health Centre, the SWSPHN response to the Advice on the National Suicide Prevention Strategy and the Universal Aftercare Service.

OEM members reviewed service delivery data and advised on how to better engage priority populations, improve consumer experience measures and support regional suicide prevention efforts.

Their voice continues to be instrumental in designing and refining mental health services which are accessible, responsive and community informed.



Fairfield Medicare Urgent Care Clinic opened in November 2024

## Health alliances

# Strengthening health outcomes through local partnerships

Health alliances provide SWSPHN with an opportunity to work strategically with partners across South Western and Western Sydney from all three levels of government to support a healthier population through place-based projects which target areas of identified need.

Both the Fairfield and Wollondilly health alliances had a busy year with both re-writing the Memorandum of Understanding, which included commitments to strengthening partnerships in planning, healthy eating and physical activity.

## Fairfield City Health Partnership and Alliance

In 2024-2025, the Fairfield City Health Partnership and Alliance (FCHPA), a partnership between SWSPHN, Fairfield City Council, South Western Sydney LHD and local stakeholders, advanced a number of key projects.

The Social Prescribing Project links those at risk of social isolation or loneliness with community support groups.

The Diabetes Community Education Project was another focus area, moving from using pharmacies to recruit people with insulin-treated type 2 diabetes for free education sessions, to engaging with community groups and Bilingual Community Educators to recruit participants, a change which is already proving effective.

The Diabetes Scoping Report was also finalised and acknowledged the crucial role GP care plays in diabetes management.

The alliance commenced planning for mental health capacity-building sessions, developed

with Transcultural Mental Health, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), the Mental Wellbeing Promotion Team and the Fairfield Multicultural Interagency, to deliver culturally appropriate support in 2024-2025.

The Gambling Harm Screening Tool progressed, with amendments made based on clinician and community input to enhance usability and referral pathways. In April 2025, a GP education session and hospital presentations were delivered, and additional training videos are being developed.

Another notable milestone in the last financial year was the publication of the "Antibiotics in Childcare" paper in BMC Public Health.

A Workforce Options Paper Working Group was formed during the year and met three times and has resulted in Fairfield City Council and SWSPHN engaging in discussions around planning for primary care in the Fairfield LGA.

## Wollondilly Health and Planning Alliance

The Wollondilly Health and Planning Alliance (WHPA), a partnership between Wollondilly Shire Council, South Western Sydney LHD and SWSPHN, continued to deliver projects in 2024-2025 to improve local health and wellbeing.

The WHPA's Health Needs Assessment was finalised, with combined current and future state reports nearing completion and due for review by the WHPA Steering Committee.

The Wilton Health and Wellbeing Strategy was placed on public exhibition and the Wilton Social Cohesion Plan finalised, outlining ways to unite long-standing and new residents.

The Social Prescribing Project explored and developed a pilot model of a volunteer-led, co-location with general practice model of social prescribing. The project received committee

approval for volunteer recruitment, training and care packages to support participants and will commence in the 2025-2026 financial year.

In virtual care and telemedicine, the alliance acknowledged the work of the Campbelltown and Camden Outpatient Clinic, which concluded its involvement due to capacity and uptake challenges. New virtual care opportunities are now being explored, with an evaluation underway.

Under disaster preparedness, Big Yellow Umbrella received training to deliver post-disaster support programs, strengthening referral pathways to mental health services.

Together, these initiatives reflect WHA's ongoing commitment to meeting the health needs of the Wollondilly community.

## Western Sydney Health Alliance

The Western Sydney Health Alliance works to create healthier communities across the Western Parkland City.

The alliance is a collaboration with our neighbouring Nepean Blue Mountains PHN, our respective Local Health Districts and eight local councils within the region.

In 2024-2025, key initiatives focused on domestic and family violence (DFV) support, disaster preparedness, and active travel to schools, delivering practical progress and strengthening local capacity.

The DFV Support Project improved service visibility and community capacity by identifying 98 missing or incorrect service listings, updating 38, and developing a toolkit for non-clinical workers to recognise DFV signs, respond appropriately and link people to support. Accurate listings in Ask Izzy and 1800 RESPECT, alongside targeted resources, are improving awareness of available services, particularly for culturally and linguistically diverse communities.

The Disaster Handbook Project created plain-language, culturally appropriate guides tailored for each Local Government Area, covering topics like medication management, healthcare access and staying informed during emergencies. Supported by a communications plan, these guides will help culturally and linguistically diverse and vulnerable

communities prepare for and manage health needs during crises.

The Active Travel to Schools Project assessed travel patterns, safety and infrastructure in participating schools. With benchmarking almost complete, tailored plans will be developed to map safe routes and recommend infrastructure improvements, encouraging walking and cycling, and building long-term confidence among parents, students and staff.

Other initiatives included planning for an Increasing Resilience to Climate Change (IRCC) workshop and a GP roundtable to strengthen collaboration and innovation across the region.



SWSPHN CEO, Dr Keith McDonald (second from left), with fellow panellists (left to right) Professor Annemarie Hennessy, Kate Tye (from Nepean Blue Mountains PHN) and Andrew Newton (from WentWest) at the forum in Penrith.

## Regional Mental Health and Suicide Prevention Plan

# Working together for better outcomes

The 2024-2025 year marked the conclusion of the South Western Sydney Regional Mental Health and Suicide Prevention Plan – a five-year commitment between SWSPHN and South Western Sydney LHD (SWSLHD) to make receiving care feel seamless, no matter who delivers it.

The plan was developed through extensive consultation, with more than 200 people contributing across nine co-design workshops.

Participants included people affected by mental health conditions, their family, carers and kin, as well as GPs, clinicians, mental health workers and community organisations.

Feedback highlighted the complexity of the service system and the need for stronger leadership and greater integration, which shaped the plan's focus on accessibility,

timeliness, affordability, family-inclusive care, and reducing stigma and discrimination.

Over its five years, these priorities translated into meaningful actions.

The plan strengthened collaboration between primary and hospital care, expanded family-inclusive practice, and embedded lived experience into planning and decision-making.

In June 2025, consultations began for the next five-year plan to ensure progress continues.

In 2024-2025, 57 people contributed through two current state focus groups, one workshop and two future state workshops with associated surveys.

Their input will guide the next phase of work, building on achievements to date and reinforcing the region's shared commitment to better mental health outcomes.



*SWSPHN and SWSLHD staff meet to finalise the five-year plan to 2025.*

## Urgent Care

# New clinic offers easy-to-access alternative to hospital for non-critical care

South Western Sydney's fifth Urgent Care site opened in November last year.

Fairfield Medicare Urgent Care Clinic (UCC) joined Medicare UCC sites at Campbelltown, Liverpool and Bankstown, and the Urgent Care Service at Gregory Hills, in providing medical care for non life-threatening conditions.

Urgent Care complements the role of GPs by providing short-term, episodic care for acute health conditions which do not require hospital emergency department attention but can't wait for a patient's usual GP.

Sites are equipped to manage a wide range of minor illnesses and injuries, including respiratory and gastrointestinal illnesses, urinary tract infections, minor fractures, lacerations and burns.

Services are bulk-billed and can be accessed until late at night, seven days a week, including public holidays. Appointments are not required.

From July 2024 to June 2025, a total of 27,703 patients accessed Urgent Care sites across the SWSPHN region.

Of these, 39.95 per cent of patients reported they would have gone to the hospital emergency department if Urgent Care wasn't available to them.

SWSPHN CEO, Dr Keith McDonald PhD, said the figures highlighted the important role of Urgent Care in freeing up busy emergency departments to focus on life-threatening emergencies, while at the same time providing the community with access to high-quality and timely healthcare.

Dr Bishoy Marcus is a GP at the Liverpool Medicare Urgent Care Clinic. He said while they were not a "substitute for a patient's regular GP", the Urgent Care sites offered an alternative to the local hospital's emergency department for patients needing immediate medical attention.

"As the healthcare system continues to evolve, Urgent Care will play an increasing role in supporting GPs and easing the demand for medical services," he said.



SWSPHN CEO, Dr Keith McDonald PhD (right), with McMahon MP Chris Bowen (second from right), Fairfield MP, Dr David Saliba (left), and then Labor candidate for Fowler Tu Le at the official opening of the Fairfield Medicare Urgent Care Clinic in November last year.

## Antenatal Shared Care

# Program supports GP care during pregnancy

Expectant mothers looking for comfort, convenience and continuity of care during their pregnancy can access the GP Antenatal Shared Care (ANSC) program, a partnership between SWSPHN and South Western Sydney LHD (SWSLHD).

There are currently 250 ANSC-eligible GPs providing care to women who are likely to have an uncomplicated or low-risk pregnancy, across 291 practices in our region.

In 2024-2025, 684 or 6.1 per cent of women chose antenatal shared care at their first pregnancy booking.

Through ANSC, the patient's GP and local public hospital work together to provide care before and after their baby is born.

Local midwives Wendy Pickup and Rebecca Bedding from SWSLHD, are the ANSC program's Clinical Midwife Consultants and GP Liaison Officers. They provide expertise and support to GPs and registrars providing antenatal care.

"We guide GPs on what to do, when to do it, and how – from the first booking all the way to birth," Rebecca said.

"South Western Sydney is an incredibly diverse area, and we care for women of all cultural backgrounds and religions," Wendy said. "GPs often know their communities best, and we build on this knowledge to deliver the best care."

In 2024, SWSPHN launched a new registration renewal process for GP ANSC providers to create a more efficient, structured process for ensuring ANSC providers meet program requirements, including CPD hours.

To remain on the recognised ANSC list, providers are now required to complete three hours of CPD in the previous year and complete a short online survey to confirm their intentions to remain in the program.

The new process has ensured hospitals in South Western Sydney now have an accurate list of recognised ANSC providers they can refer women to.

Following the 2024 survey responses and GP feedback, the survey has been improved to better capture CPD evidence and to provide a submission receipt. The ANSC team has also created an ANSC guide to support providers and practice staff to join and maintain their status in the program.

## Mental Health and Alcohol and Other Drugs Roundtable

# Event focuses on promoting sector collaboration

SWSPHN hosted the Mental Health and Alcohol and Other Drugs Roundtable on 29 August 2024 at Rydges Campbelltown.

The roundtable brought together 51 leaders from mental health and alcohol and other drug (AOD) services to discuss integrated, person-centred care.

Keynote speaker David Kelly, Executive Director of Programs at Odyssey House NSW, highlighted the importance of holistic approaches which address not only clinical needs but also housing, trauma, justice involvement and social determinants of health.

Participants agreed stronger partnerships, better system navigation and inclusion of lived experience are essential to designing services which respond to the real-world challenges of those most in need.

The roundtable reinforced SWSPHN's role as a facilitator of cross-sector collaboration and a leader in building more connected, effective systems of care across South Western Sydney.

## Disaster booklets

# Guide helps locals manage health needs when nature strikes

Localised, easy-to-follow guides to help residents plan for their health during emergencies were created by SWSPHN last year in partnership with three local councils, which are often faced with natural disasters such as bushfires and flooding.

Launched in September 2024, the guides provide important information to help residents prepare for, and navigate, the challenges of a disaster while ensuring their health needs are met, even in the most challenging circumstances.

Each guide includes information such as how to access your prescription medication if you've had to evacuate quickly, steps to manage chronic conditions like diabetes, ways to get healthcare when you can't see your regular GP, tips to look after your mental health in stressful situations, and information on the Next of Kin program if you live alone.

While much disaster preparedness advice is consistent across NSW, each booklet has been tailored to the needs of its specific region and to align with each council's priorities.

They are available as a booklet from each council or can be accessed via the SWSPHN website and downloaded from their respective council websites. The booklets are:

**Emergency Preparedness: Being Informed is Being Prepared:** Created by SWSPHN in collaboration with Campbelltown City Council and in consultation with GPs, the Pharmaceutical Society of Australia and disaster experts.

**Health Resilience: Be Ready for a Disaster:** An initiative of the Wollondilly Health Alliance made possible by SWSPHN, Wollondilly Shire Council and South Western Sydney LHD in consultation with GPs, the Pharmaceutical Society of Australia and disaster experts.

**Your Health During a Natural Disaster: Being Informed is Being Prepared:** Created by SWSPHN in collaboration with Wingecarribee Shire Council and in consultation with GPs, the Pharmaceutical Society of Australia and disaster experts.

From September 2024 to June 2025, our webpage with links to the disaster booklets was viewed 432 times by 155 individuals. The disaster booklets were accessed 47 times in that same period.

## Universal Aftercare

# New service expands, enhances support after a suicide attempt

A new service which began operating in South Western Sydney in September this year will expand and enhance the free support available to people who have recently attempted suicide.

In 2025, SWSPHN commissioned mental health service provider Neami National to deliver Universal Aftercare services – free, non-clinical psychosocial support for people after a suicide attempt.

The service will work with consumers in the short to medium-term to:

- improve mental wellbeing and capacity to self-manage distress
- build formal and informal supportive networks
- reduce risk of future suicidal crisis and/or suicide attempts

Universal Aftercare services will be fully operational by October this year, following a transition from The Way Back Support Service, delivered by Grand Pacific Health, which played a significant role in providing lifesaving suicide aftercare support in our region since 2021.

## Women's Health Insights Conference Day focuses on women's health

Women's health was front and centre when SWSPHN presented the Women's Health Matters Conference in November last year.

Attended by 79 GPs representing seven local government areas within the South Western Sydney region, the conference held at Rydges Hotel in Campbelltown offered participants the chance to hear the latest updates in women's health and take part in lively question and answer sessions.

The 12 guest speakers included staff from the South Western Sydney LHD as well as local specialists.

They covered a wide range of women's health topics from various life stages, including managing pre-pregnancy for women with diabetes, postnatal physiotherapy guidelines, breast cancer survivorship, stroke in women and menopause services.

Case studies provided GPs with the opportunity to see how learning can be applied in practice

and how service integration can optimise the clinician and patient experiences.

SWSPHN Integration and Priority Populations Team Lead Kathryn Dovey said dividing the day into different subject streams gave the GPs a chance to concentrate on what interested them most.

She said there was variation in the streams with different topics proving popular, but the number one choice out of all the options was the talk about menopause.

"Questions were asked throughout presentations and the GPs were very engaged, happy to participate in the online quizzes and discussions. Those present appeared to really enjoy the day. There was a lot of positive energy and comments around how great it was, with a desire to have more days like this."



With 79 GPs and 12 speakers in attendance, last year's Women's Health Matters Conference covered a wide range of women's health topics.

## Mental Health Symposium

# Fostering innovation and integration in care provision

On 1 November 2024, SWSPHN hosted the Mental Health Symposium, providing a welcoming space for advancing collaboration, innovation and integration in mental healthcare across the region.

Held at Campbelltown Arts Centre, the event brought together 122 sector leaders, health professionals, lived experience advocates and community representatives to reflect on progress and set a course for a more inclusive, responsive and sustainable mental health system.

Beyond a showcase of programs, the symposium emphasised the region's collective call for systemic reform, particularly in relation to workforce sustainability, service integration and the meaningful inclusion of lived and living experience in all levels of mental health planning and delivery.

Keynote speakers Dr Evelyne Tadros, CEO of the Mental Health Coordinating Council, and Bronwen Edwards, CEO of Roses in the Ocean, challenged attendees to reimagine mental health systems grounded in flexible funding models, consistent outcomes, and trauma-informed, co-designed approaches to suicide prevention.

Across a full day of panels and breakout sessions, participants examined priority issues including peer-led support, Indigenous wellbeing, eating disorders, gambling harm and regional suicide prevention.

The event highlighted both the complexity of mental health needs and the power of coordinated cross-sector responses.

## Pulmonary Rehabilitation – PuRe – project

# Multi-disciplinary team approach trialled for COPD care

In 2025, SWSPHN supported a research project which will trial healthcare strategies aimed at improving chronic obstructive pulmonary disease (COPD) care and patient management.

The project is called: A primary care Multi-Disciplinary Team care approach, including Pulmonary Rehabilitation, to improve uptake and outcomes of comprehensive evidence-based care for COPD (MDT-PuRe-Primary Care).

SWSPHN worked with researchers from the University of Sydney to recruit three ForHealth general practices and four allied health service provider organisations – some with two exercise physiologists and/or physiotherapists enrolled in the project – from across our region to participate in the trial.

By working with the University of Sydney, we're aiming to strengthen current and future allied health practice and collaboration with primary care, to promote a multidisciplinary approach to providing timely access to high quality healthcare for our community.

Several exercise physiologists and physiotherapists across South Western Sydney have been trained in the new model of pulmonary rehabilitation.

The University of Sydney is now working closely with South Western Sydney LHD's Keeping Well in Community program's nursing care coordinators, and local GPs from ForHealth, to identify suitable patients to trial the model.

# Primary healthcare that demonstrates value



## Commissioning contracts

**133** active contracts over the financial year

### Tenders

- 1** Request for Proposal (open tender)
- 3** Expressions of Interest (open tender)
- 1** grants approach (open tender)
- 3** direct engagements

### Research projects

- 57** research projects were promoted in Practice Pulse
- 5** letters of support provided for research grant applications
- 4** projects provided with research support through the provision of POLAR data

### Mental Health Services Review

- 14** stakeholders surveyed on the current state
- 14** focus groups/interviews and 2 workshops held to understand the current state and explore future state
- 1** testing workshop held with SWSPHN staff
- 2** high level literature reviews identifying 12 articles for commissioning approaches and service delivery models
- 77** stakeholders including SWSPHN staff, commissioned mental health, suicide prevention and alcohol and other drug services, GPs, and people with lived experience and carers

### Local Health Forums

- 70** people attended in August/September 2024
- 90** people attended in April 2025

## Mental Health and AOD Roundtable

**51** participants

## NSW State Joint Needs Assessment Workshop

**63** participants including presenters and staff

## Early Breast Cancer Survivorship Shared Care

- 131** new patients referred
- 91** patients contacted
- 5** GP escalations to CNC within first year of shared care
- 91** GPs contacted

### Communications

- 50** Practice Pulse
- 12** Community Pulse
- 4** QI Pulse
- 4** The Baby Monitor
- 4** Quarterly Dose for members
- 93** Electronic Direct Mail emails sent

### Social media platforms

Facebook, LinkedIn, Instagram, X

### Website

717,792 views  
176,388 active users  
17,796 files downloaded

## Local Health Forums and Needs Assessment

# Planning a healthier future: community engagement and leadership

In 2024–2025, SWSPHN continued to improve the quality and access of healthcare, making sure services meet the needs of our diverse community.

A key part of this work was community consultation, with six Local Health Forums held across Bankstown, Bowral and Campbelltown focusing on two important health topics: Advance Care Planning, and Alcohol and Other Drugs (AOD).

Between August and September 2024, SWSPHN held three forums under the theme A Good Death.

More than 70 community members, healthcare workers and service providers took part, sharing their views on what a good end-of-life care means to them.

These discussions provided important insight into cultural needs, preferred care options and the types of support people want when planning for the final stages of life.

Feedback from these sessions will help guide palliative care planning so services reflect the values and expectations of the community.

In April 2025, SWSPHN hosted another three forums – Breaking Barriers: Help Shape the Future of Alcohol and Other Drug Support in South Western Sydney – with 90 attendees, including people with lived experience, community, healthcare and service providers.

The forums highlighted difficulties in accessing AOD services and the impact of harmful alcohol use on individuals, families and the wider community.

Attendees called for services which are easier to access, respectful of cultural needs and designed for local people.

Community input gathered from Local Health Forums is included in SWSPHN's health needs assessment process. This three-year process establishes and analyses our region's health priorities, service gaps and areas for improvement, ensuring health planning reflects real experiences and needs.

## Leading the way in statewide health planning

SWSPHN continues to show leadership in health planning, helping build a healthcare system which is connected, effective and able to meet the needs of our growing community.

In May 2025, SWSPHN hosted the NSW State Joint Needs Assessment Workshop, which was positively received by attendees.

The event attracted 63 participants, including executives, directors and health planners from across NSW, along with participants from Queensland, Victoria, the ACT and Tasmania, to learn from SWSPHN's approach.

The workshop showed how strong leadership, effective strategic partnerships and combined local knowledge can improve planning, reduce duplication and more efficiently coordinate services to bring about better results for communities.

South Western Sydney is one of two NSW regions to have completed a Joint Needs Assessment.

We are now working on our second Joint Needs Assessment with South Western Sydney LHD (SWSLHD), which will come in three parts.



*April 2025: our community came together to help shape the future of alcohol and other drugs support.*

The first part will be the SWSPHN Needs Assessment Report 2025–2028. Developed by SWSPHN and released in January 2025, the report supports overall health planning and is available on the SWSPHN website.

The second step includes the SWSPHN and SWSLHD Joint Needs Assessment Report. Work began on the report in 2024 and it will be released in late 2025.

SWSPHN is contributing a high-level description of our region and its people exploring the environmental, structural and socioeconomic determinants of health. As part of the wider report, we are also compiling a summary report which will explore the health of the people in South Western Sydney.

This includes recognising the intersection of health determinants with individual people’s choices and the health landscape. SWSLHD is looking in greater detail at three focus areas identified as being of significant strategic importance in our region. The three key focus areas are:

- the First 2,000 days of life
- healthcare for older people
- cancer screening, diagnosis and treatment

As part of the final step the SWSPHN and SWSLHD Snapshots will give quick overviews of the region, its people and important health topics integrating infographics for heightened usability. The snapshots will be developed and released progressively throughout 2026.



*SWSPHN’s Integration and Priority Populations Manager Ben Neville and SWSLHD’s Population Health Director Mandy Williams speak about how to improve data sharing across LHDs and PHNs.*



*The Joint Needs Assessment workshop was a success.*



*SWSPHN Director of Planning and Performance Amy Prince (from left), and Integration and Priority Populations team members, Anne Harley, Alissa Nicolaidis, Navnita Chetty and Nicole Gonzaga at the NSW State Joint Needs Assessment Workshop in May 2025.*

## Outcomes-focused commissioning

# Harnessing data and using innovative approaches to drive effectiveness

SWSPHN is harnessing data and using innovative approaches to enhance how we commission services and ultimately improve health outcomes in our region.

This year we launched a redefined outcomes-focused commissioning framework – which involves a continuous cycle of planning, procurement, monitoring and evaluation of our programs, all centred around achieving meaningful outcomes. This has been a collaborative effort across various teams within our organisation and our commissioned service providers.



*Key initiatives and innovations informed the development of this updated framework.*

### Externally accessible dashboards

The external dashboards, which update regularly, allow service providers to easily review and track their own data, utilising row-level security to ensure only a provider's own data is displayed. Service providers can track the number of outcome measures collected as well as the actual outcomes (for example, improvements in experience and improvements in level of psychological distress).

The dashboards provide a top-level overview of all Key Performance Indicators (KPIs), detailed pages for each KPI and outcome measure,

and filters. It supports providers to evaluate outcomes, visualise their data and track their performance against their KPIs.

In the 2024-2025 financial year:

64 per cent of mental health service episodes had valid pair of pre and post outcomes

52 per cent of consumers had a significant improvement in outcomes

95.4 per cent of clients who completed the YES (Your Experience of Service) survey reported a positive experience

81.6 per cent of clients who completed the YES survey reported a positive experience

### Mental Health and Alcohol and Other Drugs (AOD) team initiatives

In 2024-2025, our Mental Health and AOD team undertook a number of initiatives to support outcomes-focused commissioning.

The team began by encouraging our commissioned service providers to collect outcome measures (for example, K10, a psychological screening tool designed to identify adults with significant levels of psychological distress) from clients through the Outcome Measure Payment Initiative.

The initiative rewards organisations for improving the number of outcome measures collected at the start and end of a client's care.

The Mental Health and AOD team then worked with SWSPHN's Digital and Data team to create externally accessible dashboards for mental health and AOD service providers.

Outcomes-focused KPIs were then built into service provider contracts. These KPIs include the number of outcome measures, both experience and mental health outcomes, and improvements in experience and mental health outcomes.

## Annual Commissioned Contract Review Cycle

The next step was the Annual Commissioned Contract Review Cycle.

The contract review cycle plays a pivotal role in streamlining our commissioning processes by giving us the opportunity to reflect on outcomes and make decisions about programs and where they sit on the scale of impact and outcomes.

It ensures our commissioned services are regularly assessed to evaluate their performance against set outcomes which promote continuous improvements, opportunities and enhancements to service. It ensures all programs are assessed fairly, using the indicators specific to their programs.

We collect and analyse data on program inputs, outputs and activities - using surveys, service reviews and service data - to gain useful insights and enable informed decision-making based on accurate, up-to-date information.

This is done in a continuous quality loop linking the evaluation of current services' successes in improving the health of our community to planning for the next commissioning cycle.

### The results

Our outcomes-focused commissioning initiatives have resulted in greater structure and clarity of expectations for service providers in collecting outcomes data, along with an increased sense of collaboration and transparency.

Initial results include increases in data collection and positive feedback from service providers.

Feedback from the Mental Health and AOD team has included:

- the external dashboard has built the capacity of our Mental Health and AOD team to use data in a more meaningful way
- sharing data has had a positive effect on relationships with providers
- building outcomes focused KPIs into most contracts provides clarity around achievement of meaningful outcomes

## My Health Record

### Helping to keep GPs and patients in the loop

Helping general practices and residential aged care homes (RACHs) to implement My Health Record is a core responsibility for SWSPHN.

Our Digital Health team offers end-to-end support which includes promotion, registration, set-up and training, often done in partnership with our practice support staff.

SWSPHN supplements the assistance with recommendations on how the practice can use My Health Record as a tool to improve their workflow and better service their patients.

My Health Record is a secure online summary of key health information which can be accessed by providers and patients who can view the system and add relevant information.

From July 2024 to June 2025, SWSPHN helped 70 organisations register for My Health Record, 29 of which were general practices.

There has also been a strong focus on bringing RACHs on board.

In the South Western Sydney region, so far 358 out of a possible 392 general practices have registered for My Health Record. Others who have registered include 223 pharmacies, 147 specialist practices, 80 allied health providers, 49 aged care homes, five GP after hours services and three community organisations.

Ingleburn Medical and Dental Centre practice manager, Teresa Ly, said her team valued the assistance provided by SWSPHN practice support staff which ensured they made the best possible use of the tools they have available.

**"By encouraging GPs to keep the data up-to-date with Shared Health Summary uploading, we can help patients keep an accurate electronic record of their health," she said.**

"Having access to previous information in real time means we don't have to go searching for it via other mediums."

## Mental Health Services Review

# Project reflects commitment to continuous improvement in service provision

A review of SWSPHN's commissioning approach to mental health services and the service delivery models we use for these services, began in February this year.

The Commissioned Mental Health Service Review Project works to:

ensure programs and the way they are commissioned are suitable for current need and address current service gaps in South Western Sydney

find efficiencies and more streamlined referral pathways

ensure the sustainability of our services and commissioning approaches in a climate of growing demand for mental health services

The review is being carried out in a phased approach, with consultants Lineaire Projects undertaking the first stage of the review during the first half of this year.

Lineaire Projects consulted with the mental health sector, consumers, carers and GPs in South Western Sydney and undertook a deeper analysis of local mental health planning data.

The review considered how services are accessed, referral processes and the work needed to understand and/or rectify any barriers to accessing care. It also looked at opportunities to build and refine how we commission services in the future.

As of 30 June 2025, 77 stakeholders had been consulted, including SWSPHN staff, commissioned mental health service providers, suicide prevention and alcohol and other drug services, GPs and people with lived experience, including carers.

This included 14 people who were surveyed about the current situation. A further 14 focus groups/interviews and two workshops were also held to better understand the sector and to explore future options.

The first stage of the review also included two high-level literature reviews which identified 12 articles for commissioning approaches and service delivery models. SWSPHN staff participated in a testing workshop to discuss proposed commissioning approaches, service delivery models and implementation.

The mental health sector is constantly evolving. Mental health funding structures are currently under review at both a state and national level, and SWSPHN must remain agile to ensure we have a model for commissioning mental health services which best supports primary mental healthcare needs.

In the 10 years since SWSPHN was established, we have gathered invaluable knowledge and expertise both about the local mental health sector and in commissioning services to meet local need.

The review project builds on this and other valuable information including our 2023 deep dive into local mental health needs and the stakeholder consultation which is part of our regular health planning and needs assessment cycle.

Work on the project continues to progress with phases two and three of the review involving implementation and evaluation.

## Allied health

# New portfolio aims to strengthen multidisciplinary care

SWSPHN's dedicated allied health portfolio was established in 2024 in response to the National PHN Allied Health in Primary Care Engagement Framework, introduced to strengthen collaboration between PHNs and allied health professionals.

The portfolio is part of SWSPHN's Primary Care Workforce team, and our focus in the past financial year has been on workforce support, with a localised Allied Health Engagement Framework and Strategy also currently in development.

In 2024-2025, SWSPHN:

- facilitated Multidisciplinary Team Care Grants which provided \$42,000 grants to accredited exercise physiologists and physiotherapists to deliver the Healthy Eating Active Lifestyle (HEAL) Program. A total of 12 allied health organisations have been commissioned from across the region to deliver the program
- supported the MDT-PuRe-Primary Care research project aimed at improving care for patients with chronic obstructive pulmonary disease. The research promotes a multidisciplinary approach to patient care and strengthens collaboration between allied health and general practice
- promoted the Workforce Incentive Program – Practice Stream, which provides financial incentives to help general practices employ allied health professionals. A Practice

Noticeboard has also been developed to connect allied health professionals and general practices and enhance multidisciplinary team-based care

- prioritised Customer Relationship Management (CRM) data cleaning. The allied health team called and verified the essential data of allied health professionals in our region to strengthen the accuracy of our CRM system, needs assessment and integration approaches



SWSPHN's Workforce Engagement team, from left: Anielka Dimakis, Brendan Chiew and Nisha Nair

## Clinical Suicide Prevention Service

# New providers offer vital help to those most at risk

Community Links Wellbeing and One Door Mental Health were commissioned by SWSPHN in November last year to deliver the Clinical Suicide Prevention Service.

Funded by SWSPHN, the service aims to improve access to appropriate, safe and timely clinical care for people at low-to-moderate risk of suicide following a suicide attempt or experiencing a suicidal crisis.

Since opening their doors, the service has supported more than 190 people with 40 per cent of referrals coming from local GPs. In June 2025, One Door began offering group therapy.

The Clinical Suicide Prevention Service provides free psychological therapies for people who have continued suicidal ideation after discharge from acute services, present at a GP clinic after a suicide attempt or who have persistent suicidal ideation.

Community Links Wellbeing is providing services in Wollondilly and Wingecarribee, while One Door Mental Health delivers the service in Camden, Campbelltown, Liverpool, Fairfield and Bankstown local government areas.

## Residential aged care homes

# New team reaches out to provide support

A new year and new Residential Aged Care Engagement Officers (REOs) joined SWSPHN's Integration and Priority Populations team in 2025, to support our work with residential aged care homes (RACHs) across South Western Sydney.

In the three months between February and June, the team contacted 90 per cent of the 71 RACHs in South Western Sydney, introducing themselves and providing important information about:

- the General Practice in Aged Care Incentive (GPACI), an initiative designed to foster stronger, more effective partnerships between general practices and RACHs, and ensure residents receive proactive, consistent and high-quality healthcare
- the Aged Care On-site Pharmacist (ACOP) measure which aims to improve the quality and safety of medication use in RACHs by having credentialed pharmacists working on-site to regularly review medications to reduce medication-related harm and optimise the use of medicines
- support to strengthen after hours care processes. SWSPHN is close to finalising an after-hours toolkit, an instructional guide which explains the importance of after-hours care planning, where to find useful resources, how to use and keep these up-to-date, and available services and changes in care

SWSPHN also funded Continuing To Be Me (C2bMe), a psychological treatment program for people living in RACHs.

In the last financial year, 296 clients accessed the C2bMe program. Client outcome measures showed an average reduction of seven points in distress levels after completing the program.

In the same period, 105 clients accessed the C2bMe@home program. Client outcome measures reflected an average reduction of four points in distress levels post-program.

### In 2024-2025, SWSPHN's Digital Health team continued to provide support to RACHs:

to improve residents' access to telehealth (as of 30 June, 49 RACHs are signed up to use Healthdirect video call)

to access My Health Record which assists with medication reconciliation and pathology and diagnostic reports (as of 30 June, 49 RACHs are registered for My Health Record)

by holding five webinars in partnership with other PHNs highlighting My Health Record use in aged care



Our new Residential Aged Care Engagement Officers, Bobby Kumar (from left), Kirsty Young and Sofi Milosevic.

## No Wrong Door

# Simplifying collaboration in mental health support

In early 2025, the No Wrong Door initiative transitioned to a more streamlined membership model.

Previously, organisations formally signed a charter to show their commitment to collaborative mental health support. Now, individuals can join simply by indicating they work in mental health support and naming their organisation via an online form – making participation more inclusive.

A total of 400 members from 65 organisations have transitioned to the new model.

No Wrong Door is for organisations which support people with mental health challenges either directly or indirectly.

It was developed as a collaboration between long-time partners, SWSPHN and One Door Mental Health/South Western Sydney Partners in Recovery.

SWSPHN coordinates No Wrong Door on behalf of all members which includes services in disability, housing, domestic and family violence, migrant support, education, charity, government and health. Membership remains open to organisations which service the South Western Sydney region.

As part of the transition, the dedicated No Wrong Door website and service hub were phased out. This included retiring the underutilised Connect Your Client tool and replacing the online framework with a downloadable workbook, making it easier for teams to reflect, set goals and embed the principles together.

Members continue to be offered free Mental Health First Aid training, opportunities to promote events and stories, and a quarterly newsletter with tips and resources.

## Mental Health Governance Manual

# Committed to ensuring consistent, high quality service delivery

SWSPHN's commitment to best practice was demonstrated with the update of our Mental Health Governance Manual in 2024-2025.

The manual is updated every three years and aims to ensure effective governance and consistency in the commissioning and delivery of clinical and non-clinical mental health services. All SWSPHN-commissioned mental health services are expected to adhere to the manual.

Some of the key changes include:

- simplifying and streamlining the previous suite of documents into one consolidated manual
- removing program specific details as new programs are continually being commissioned
- expanding mental health governance requirements to include services using their own Client Information Management System

- adding the Initial Assessment and Referral (IAR) Decision Support Tool (DST)

The manual is important because it:

- provides a consistent and effective approach for service delivery across all mental health services
- defines expected timeframes, processes and procedures
- gives consumers the same service quality across all SWSPHN commissioned mental health services
- gives service provider organisations and the PHN a clear understanding of service delivery requirements and expectations
- embeds key PHN Performance and Quality Framework indicators into program delivery

# A trusted & socially responsible organisation



## Celebrating 10 year milestone

# Vision for better health for whole region underpins work over past decade

This year SWSPHN celebrates 10 years of proudly building healthier communities by enhancing and connecting care to meet local needs.

On 1 July 2015, the Australian Government established 31 Primary Health Networks across Australia to reduce service fragmentation and understand and address unmet local health service needs by working with a broad range of stakeholders within primary care and beyond.

Guided by our three core functions, also affectionately known as the 'three Cs', SWSPHN has been at the forefront of commissioning local services to address service gaps, building the capacity of local general practices and health providers to enhance care, and in supporting and enabling the coordination and integration of care services.

During the past decade, PHNs have become experts at establishing and leveraging partnerships to achieve whole of system collaboration and to bring to fruition place-based approaches which truly address health inequities and improve health outcomes.

SWSPHN CEO, Dr Keith McDonald PhD, said the organisation's strong alignment with our values and dedication to our vision and mission ensured ongoing growth and success, and better health for our community.

"Our vision of better health for South Western Sydney underpins all we do and all decisions we make are in service of achieving that vision and delivering on our mission," he said.

"We have a deep understanding of our local community's primary healthcare needs and we are proud of the services we have shaped and funded to meet those needs.

"This last financial year alone we have managed more than \$50 million in funding to local providers, managing up to 139 agreements across mental health, aged care, Aboriginal health, Urgent Care, preventative health, chronic disease management and numerous integrated health initiatives."



Dr McDonald emphasised partnerships in innovation and service delivery were often the backbone of success, saying the PHN's work was rarely accomplished in isolation.

"Our strong track record in innovation has enhanced our integration and capacity building efforts," he said. "We are focused on interoperability solutions to link hospitals and GPs as well as the development of local medical neighbourhoods through focused care coordination. This is not done in isolation. We work closely with many partners including NGOs, primary care providers and the Local Health District."

He said a unique characteristic of PHNs was the ability to adapt and implement truly local solutions and become change agents in a system which could be disconnected and slow to respond.

"PHNs are passionate about improving health outcomes and have become very effective change agents for major health reforms at a grassroots level," Dr McDonald said.

"We have worked collectively at state and national level on many initiatives in the past 10 years which continue to enhance primary healthcare service delivery and our agility and responsiveness at a local level was never more evident than during the COVID-19 pandemic when we were able to implement government initiatives such as the GP respiratory clinics and support rapid rollout of vaccinations through GPs in our local community."

## ISO 9001 and ISO 27001

# Focus on quality and security key to success

SWSPHN's commitment to quality and information security continued in the 2024-2025 financial year – we achieved our ISO 9001 three-year re-certification and undertook substantial steps towards ISO 27001 certification, due in June 2026.

### ISO 9001

SWSPHN had another outstanding result in 2024, again achieving ISO 9001 recertification with no nonconformities and receiving positive feedback from the external auditor SAI Global.

ISO 9001 is an internationally recognised standard for Quality Management Systems (QMS) and ensures our products and services consistently meet customer and regulatory requirements.

In 2024, the auditor made specific mention of the confidence SWSPHN staff demonstrate in our policies and procedures, and the impressive way we work together to achieve success.

Strengths noted by auditors included:

- we have evolved and matured not just in terms of our QMS, but as an organisation, since first obtaining certification in 2018
- our ongoing journey of continuous improvement – always seeking ways to work efficiently, identifying new ways of working, introducing new systems and technologies

### ISO 27001

SWSPHN made significant progress towards ISO 27001 certification, in the financial year to 30 June 2025.

ISO 27001 is an Information Security Management System (ISMS) standard which focuses on managing and protecting our data from breaches and unauthorised access by ensuring their confidentiality, integrity and availability.

The work we undertook included:

- implementing regular online cyber security training for employees
- introducing a formal bring your own device process for personal mobile phones accessing SWSPHN systems
- enforcing exclusive use of company-issued laptops for accessing SWSPHN systems
- restricting access to public/unsecured Wi-Fi on company-issued laptops
- completing an internal gap analysis
- conducting a risk assessment to identify focus areas and gradually implementing risk treatments, with a focus on high-priority controls

### What next?

We are in the initial phases of implementing an Integrated Management System (IMS) which merges the QMS (ISO 9001) and ISMS (ISO 27001) into one streamlined system.

## Staff culture benchmarking study

# Staff grow, feel connected in positive workplace

SWSPHN's "culture of soaring" continues, according to the latest 2025 Benchmarking Study which attracted responses from 88 per cent of staff.

The survey, conducted in March this year, is undertaken every two years.

Key highlights from this year's survey included:

- 82 per cent of respondents say SWSPHN is a truly great place to work
- 73 per cent of staff feel positive about their workplace

Overall, 107 questions rated above the primary healthcare (PHC) sector norm, 17 on the PHC norm, 14 below the PHC norm.

An action plan was developed, with initial priorities focusing on retaining quality staff and fostering our positive workplace culture.

SWSPHN's workforce is made up of 103 (97 full-time equivalent) passionate people. In 2024-2025, we welcomed 25 new staff and offered 64 staff professional development opportunities through internal role changes, promotions, secondments and higher duties.

## Reconciliation Action Plan

# Shared vision prompts progress of RAP

A shared recognition that reconciliation is everyone's responsibility, brought together a group of eight passionate and motivated staff in 2024 to begin work on SWSPHN's second Innovate Reconciliation Action Plan (RAP).

The Innovate RAP is about demonstrating our commitment to reconciliation and building meaningful relationships with Aboriginal and Torres Strait Islander people to improve the health and wellbeing of First Nations communities through culturally safe healthcare.

We engaged consultant Julie Moore, from Koorimunication, to provide input and advice on the implementation of the RAP, and support for SWSPHN's Aboriginal Advisory Committee.

RAP Working Group members met bi-monthly throughout the year to organise activities which celebrate and raise awareness of our rich cultural history, and to promote positive relationships with our large and vibrant Aboriginal and Torres Strait Islander communities.

Activities have included:

- cultural awareness training for staff. The training provided an insight into First Nations history and culture, and included information tailored to our role in supporting safe and accessible healthcare systems

- updated our Acknowledgement of Country and Code of Meeting Practice in response to feedback from First Nations staff
- hosted special screenings of the documentary *Occupation: Native*, and encouraged staff to reflect on the meaning of reconciliation, attend local events and explore resources to deepen our understanding during National Reconciliation Week
- purchased books *The Welcome to Country Handbook* by Professor Marcia Langton, and *Dharawal Climate and Natural Resources* and *Dharawal Dreaming Stories* by botanist and Dharawal elder Frances Bodkin, for our kitchen library
- held a stall at Dharawal Aboriginal Corporation's Family Fun Day at Campbelltown Sports Stadium during National NAIDOC Week

SWSPHN launched our first RAP, the Reflect RAP, in 2019 and received Reconciliation Australia's endorsement of our second RAP, the Innovate RAP in 2023.



SWSPHN's Integration and Priority Populations (IPP) team members Georgia Eggert and Adam Whereat at Tharawal Aboriginal Corporation's NAIDOC Week Family Fun Day at Campbelltown Sports Stadium in July.



The IPP team's Georgia Eggert and Nicole Gonzaga at a NAIDOC morning tea at Canterbury-Bankstown's First Nations Cultural Hub.

## Corporate charity

# Staff support shelter which provides safe, secure place for women in need

A local shelter which gives women and children experiencing domestic and family violence a safe, secure and supported place to call home will receive the proceeds from SWSPHN's corporate charity fundraising in 2025.

The community-based, not-for-profit charity, Blue Wren House – Camden Women's Shelter, is the only shelter of its kind in the Camden and Wollondilly local government areas. It provides crisis accommodation to women and families who are homeless as a result of domestic violence.

Each January SWSPHN staff select a local charity which will receive the proceeds of fundraising activities throughout the year. Past charities have included WILMA, Society 389, South West Multicultural and Community Centre and our 2024 charity, Bears of Hope.

Blue Wren House's shelter manager, Marion Batchelor, joined our February staff meeting to stress the importance of the work the charity undertakes.

"We require the support of the community to continue to run our service and our motto

is 'by the community for the community,'" Ms Batchelor said. "We really encourage the community to take ownership of this shelter by volunteering time, donations of products or trade."

Three of our stand-out fundraising activities so far in 2025 have been a raffle of the 'Ultimate Foodie Hamper' which raised \$350, wearing blue during National Homelessness Week which raised \$221 and an ongoing staff tie-wearing challenge.

In 2024 we raised \$1,178 for Bears of Hope, which provides support and care for families who experience the loss of their baby during pregnancy, birth or infancy.

Funds were raised for the charity through a variety of activities including a 'family picnic day', a bake sale, adopt a plant campaign and Christmas earrings sale. A GoFundMe page was also active throughout the year.

If you would like to donate to Blue Wren House, SWSPHN's GoFundMe page and search 'Blue Wren House'.

## Dementia Action Plan

# Staff member joins Dementia 100 Panel

In 2024, SWSPHN's Kate Noble joined The Dementia 100 panel, an advisory group created to gather perspectives on the National Dementia Action Plan 2024-2034 and its implementation.

The panel consisted of 100 individuals from diverse backgrounds, including people living with dementia, carers, healthcare professionals, researchers and experts from various disciplines.

The action plan aims to enhance dementia awareness, decrease the population's risk of developing dementia, and improve coordination of services for people living with dementia.

A highlight of Kate's involvement was the inclusion of the Greater Choice for At Home

Palliative Care measure in the National Dementia Action Plan, something she had been advocating for.

"The measure aims to improve palliative care coordination across the health system and create links between local hospitals, GPs and palliative care services to improve access to quality palliative care," she said.

Dementia is the leading cause of death for Australian women and the second leading cause of death for all Australians.

According to SWSPHN's 2025-2028 Needs Assessment, the estimated number of people living with dementia in South Western Sydney in 2022 was 13,456, made up of 8,384 women and 5,072 men.

## Mental Health First Aid

# Course supports healthy working environment

Twelve SWSPHN staff and 18 No Wrong Door signatories completed Mental Health First Aid training provided by our Mental Health and AOD team in 2024-2025.

One in five Australians will experience a mental health concern in any given year. That means every person is likely to know someone who is experiencing a mental health concern, whether that is a family member, a friend or colleague.

The two-day course aims to provide evidence-based training to equip people with:

- practical skills and knowledge about the different types of mental illness
- confidence to listen, connect and support someone experiencing mental ill health

- decreasing stigmatising attitudes
- increased awareness of the amount of support and types of support available

Participants not only gained theoretical knowledge in understanding mental health and mental ill health but also acquired practical and transferable skills in applying Mental Health First Aid. Using case studies, participants discussed and applied the Mental Health First Aid steps to real life scenarios, customising the five steps to best fit the situation presented.

Developing these skills contributes to SWSPHN's ongoing commitment to support employee health and wellbeing at work and in all other aspects of life.

## Leadership development program

# Training promotes communication, collaboration

Studies show effective leadership can significantly boost engagement, productivity and job satisfaction.

In early 2025, SWSPHN staff, including 11 senior managers and 17 team leads, began a 12-month leadership development program.

What makes the program special, is it was built from the ground up – co-designed with program providers Red Wolf Group, to ensure it aligns with our organisation's values and unique leadership framework.

The program includes: all staff completing the Predictive Index Behavioural Assessment; one one-on-one coaching session; one small group coaching session; six workshops; and Ruby online training.

Our leaders are gaining practical skills they can apply immediately, strengthening their ability to champion local health and mental health services.

By connecting individual growth to organisational purpose, the program is helping SWSPHN deliver even greater value to the communities we serve.



SWSPHN's senior managers at their first leadership workshop in March.

# Financial report



**ABN 74 605 441 067**  
**Annual Financial Report**  
**For the period ended 30 June 2025**

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## Corporate Information

### Our Vision

Better health for South Western Sydney.

### Our Mission

Enhancing and connecting care to meet our local health needs.

### Our Service Standards Aim

To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location.

### Directors in office during the financial year ended 30 June 2025

Dr Matthew Gray (Chair)

Ms Karen Edwards (Vice Chair)

Mr John Adam

Dr Ken McCroary

Dr Andrew McDonald (resigned 24 October 2024)

Professor Jennifer Reath

Dr Michael Tam

Ms Sonia Marshall

Christine Delia Carriage (appointed 22 August 2024)

Michelle Cutler (appointed 21 November 2024)

### Chief Executive Officer

Dr Keith McDonald

### Company Secretary

Ms Kristen Short

Ms Amy Prince

### Incorporation

South Western Sydney Primary Health Network Limited is a public company limited by guarantee registered under the Corporations 2001 Act in New South Wales, Australia.

### Australian Business Number (ABN)

74 605 441 067

### Company registered office and principal place of business

Level 2, 1 Bolger Street, Campbelltown, NSW, 2560

### Company contact details

Post: PO Box 90, Macarthur Square, NSW, 2560

Phone: 02 4632 3000

Fax: 02 4625 9466

Email: [enquiries@swsphn.com.au](mailto:enquiries@swsphn.com.au)

Website: [www.swsphn.com.au](http://www.swsphn.com.au)

### Auditors

BDH Audit & Assurance Pty Ltd, Level 12, 111 Elizabeth Street, Sydney, NSW 2000

### Bankers

National Australia Bank Ltd, 255 George Street, Sydney, NSW 2000

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## Directors' Report

### For the Period Ended 30 June 2025

Your Directors present this report to the members of South Western Sydney Primary Health Network Limited (SWSPHN) for the year ended 30 June 2025.

### Principal Activities

The principal activity of the company South Western Sydney Primary Health Network Limited is health administration and commissioning by supporting general practitioners and other primary care providers to improve the health of their patients.

### Short-Term Objectives

- A healthier and more enabled community;
- A better health system experienced by General Practitioners and primary care providers;
- An integrated health system that is fit for purpose;
- Primary health care that demonstrates value; and
- A trusted and socially responsible organisation.

To achieve these short-term objectives we will enable our team, through the development of systemic enablers including:

- The development of robust operational systems, including continuous improvement supported by ISO9000 certification and preparation for ISO27001 cybersecurity certification
- Alignment of our work with the PHN National Priority areas
- Effective infrastructure
- Fostering high performance through reward and recognition, professional development and fostering a supportive, transparent and productive culture which is committed to the service of our communities.

### Long-Term Objectives

Within the next 5 years the vision of the SWSPHN is to attain better health for South Western Sydney with a mission to enhance and connect care to meet our local health needs.

We will enable our team to deliver our strategic initiatives that address the Quadruple Aim in an effective and trusted way through transformative capacity building of primary care; ambitious integration with key partners; and intelligent commissioning of services.

Planned activities include maturation of a robust, secure business intelligence framework; moving progressively towards outcome-based commissioning; integrated place-based initiatives through formal health alliance agreements with local government and state-based agencies; implementing the agreed scope of works of the collaboration agreement with the SWSLHD; and enabling new models of care and modes of operation.

### Review of Operations

During 2024/2025, the company continued to focus on supporting its stakeholders and all primary care providers to improve the health of our South Western Sydney community.

## Directors' report (continued)

### Performance Measurement

Performance is measured against delivering to our 5 strategic goals and the funding is primarily received from the Commonwealth Department of Health. SWSPHN in its eighth year of operations and has performed well against these criteria.

### Results

For the year ended 30 June 2025, the company's surplus was \$351,344 (year ended 30 June 2024, \$288,473).

### Dividend

As a Health Promotion Charity, SWSPHN is prohibited by its Constitution from declaring or paying dividends. Accordingly, no dividends were paid during the year and no recommendation is made to declare a dividend.

### Directors

The names of each person who has been a director during the year and to the date of this report are:

Director	Date Appointed	Board Meetings	
		A	B
Dr Matthew Gray	23 April 2015	7	7
Mr John Adam	28 October 2021	7	6
Ms Karen Edwards	29 October 2020	7	7
Dr Ken McCroary	28 October 2021	7	4
Ms Sonia Marshall	1 November 2022	7	4
Dr Andrew McDonald	28 October 2021	2	2
Professor Jennifer Reath	29 October 2020	7	6
Dr Michael Tam	2 November 2022	7	6
Ms Christine Carriage	22 August 2024	7	6
Ms Michelle Cutler	21 November 2024	4	4

**A** – Number of meetings eligible to attend

**B** – Number of meetings attended

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

## Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
<b>Dr Matthew Gray OAM</b>	BMed(Newcastle), BEc, FRACGP and FAICD	General Practitioner in Elderslie; Director Camden Surgical Hospital; Board Member, MDGP Inc (2003-06); Board Member and Chair, MDGP Ltd (2006-11); Board Member and Chair, SSWGPL Ltd (2011-12); Board Member, SWSLHD (2013-2022); Deputy Chair, SWSLHD (2019-2022); Member, AMA (NSW) Council (2013-2017); Conjoint Associate Professor, School of Medicine, Western Sydney University (2021-current); Fellow, Australian Institute of Company Directors	SWSPHN Board Chair (2015–current); Member, SWSPHN Community Advisory Committee; Member, SWSPHN Governance Committee; Member, SWSPHN My Care Partners Steering Committee
<b>Ms Karen Edwards</b>	BA Hons, M Clin Psych, M Health Mgt Grad Cert Adult Ed, GAICD, Cert Governance Practice	Clinical Director Gidget Foundation Australia (Current) Director of Governance and Corporate Services, Karitane (2018-2022) Clinical Psychologist MAPS (Australian Psychological Society) GAICD (Australian Institute of Company Directors) AACHSM (Australian College of Health Service Managers)	Deputy Chair, SWSPHN Board  Member, SWSPHN Governance Committee
<b>Mr John Adam</b>	Bachelor of Commerce, Bachelor of Laws, College of Law	Solicitor at Marsdens Law Group since 1980, Partner since 1985 and Managing Partner from 1988 to 2024, Consultant from 2024 to date  Member of Liverpool Rotary since 1984 and President in 1993/94, Member and Secretary of the Macarthur Club since inauguration in 2005, Director of the Mater Dei School from 2003 to 2020 and Chairman from 2015 to 2020, Director of the North Sydney Rugby League Football Club from 1992 to 2000, President of the Rugby League Players Association from 1985 to 1990	Chair, SWSPHN Audit and Risk Management Committee
<b>Ms Sonia Marshall</b>	MBA, Grad Dip Public Service Administration, Bachelor Science (Nursing)	Chief Executive, South Western Sydney Local Health District (Jan 2024 – Current); Executive Director Nursing Midwifery & Performance, South Western Sydney Local Health District (2016 – 2023); Associate Professor WSU School of Nursing & Midwifery (2018 to current); Director Nursing & Midwifery, Wollongong Hospital (2012 – 2016); Manager Leadership & Workforce Development,	Member, SWSPHN Audit and Risk Management

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

**Directors' Qualifications, Experience & Special Responsibilities**

Name	Qualifications	Experience	Special Responsibilities
		Murrumbidgee Local Health District (2008-2012) Member, Notre Dame School of Nursing and Midwifery External Advisory Board; Board member of the Ingham Institute of Applied Medical Research	
<b>Dr Andrew McDonald (Retired October 2024)</b>	MB BS (Hons 2) Sydney University, DCH FRCPCH FRCP FRACP	Consultant Paediatrician in Campbelltown since 1990; currently working at Campbelltown Hospital and Tharawal AMS (since 1993); visiting Paediatrician Karitane 2015 onwards; Conjoint Associate professor UNSW; Conjoint Associate professor WSU; Examiner RACP 1999 – ongoing; MP for Macquarie Fields 2007-2015; Parliamentary Secretary for health (2008 – 2011); Shadow Health Minister (2011 – 2014)	Member, SWSPHN Clinical Council
<b>Dr Ken McCroary</b>	BSc (Med), MBBS, FRACGP	GP; Owner and Director for Macarthur General Practice; Chair, Sydney Southwest GP Link; NSW & ACT Faculty Board Regional Representative for South Western Sydney Royal Australian College of General Practitioners (RACGP); Deputy Chair, RACGP Expert Committee - Quality Care (REC-QC); Chair, Council of General Practice Australian Medical Association AMA (NSW); Primary and Community Care Community of Practice Member NSW Ministry of Health; Conjoint Senior Lecturer, School of Public Health & Community Medicine University of New South Wales; Conjoint Lecturer School of Medicine University of Western Sydney; Member Council of General Practice Australian Medical Association AMA (Federal); Member Council of Australian Medical Association AMA (NSW)	Member, SWSPHN Audit and Risk Management Committee; Member, SWSPHN Clinical Council; Member & Clinical Co-Chair, SWSPHN Mental Health Advisory Committee; Member & Clinical Co-Chair, SWSPHN Aged Care Committee; Member, SWSPHN Palliation & Primary Care After Hours Steering Committee; Member, SWSPHN Medical Neighbourhood Steering Committee
<b>Professor Jennifer Reath</b>	MBBS, PhD, MMed, FRACGP, DipRANZCOG, GAICD	Foundation Peter Brennan Chair of General Practice, Western Sydney University (2010- end July 2022); General Practitioner working mostly in Aboriginal Community Controlled Aboriginal Health Services since 1983 including at Tharawal Aboriginal	Chair, SWSPHN Governance Committee

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

## Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
		Corporation 2017-2022; Foundation Deputy Chair of RACGP National Aboriginal and Torres Strait Islander Health Faculty from 2010 and Chair Education Committee until 2015, continuing as an invited member of the Council; founding director of the Nepean Blue Mountains Local Health District and Chair Health Care Quality Committee 2010 – 2020; invited member of the Aboriginal Health and Medical Research Council Ethics Committee 2008-17; 2016 Associate Member of the Year, Australian Indigenous Doctors Association Deputy Director, Professional Services Review from 30/5/2022 for 5 years; Member, Integrated Clinical Council NBMPHN up to July 2022	
<b>Dr Michael Tam</b>	BSc(Med), MBBS, MMH(GP), FRACGP, MAICD	General Practitioner in Fairfield and Liverpool; Director (2022-) and Staff Specialist (2014-) of the Primary and Integrated Care Unit, South Western Sydney Local Health District; Conjoint Senior Lecturer (2014-), Discipline of General Practice, School of Clinical Medicine, UNSW Medicine & Health; Non-Executive Director (2020-) and Deputy Chair (2021-), Sydney South West GP Link Ltd.; Co-Chair (2019-2023), 'First Do No Harm: A Guide to Choosing Wisely In General Practice' project, RACGP; Member (2018-), RACGP Expert Committee-Quality Care.	Member, SWSPHN Clinical Council; Member, SWSPHN Mental Health Advisory Committee
<b>Ms Christine Carriage</b>	Master's Indigenous Studies; Bachelors in Community Management; Diploma in Community Management; Professional Certificate in Indigenous Research; Certificate Creating a	Lead Indigenous Strategy – Medical Deans Australia and New Zealand; Director of Cultural Integrity – Australia Indigenous Doctors Association (AIDA); Director of Programs & Outcomes (AIDA); Research Assistant/Project Management Translation Health Research Institute – Western Sydney University (WSU); Professional Staff - Student Support - School of Medicine (SoM/WSU); Academic - Medicine in Context Tutor (SoM WSU) Indigenous Project Manager (SoM/WSU); Training, Research, and Workforce Development Manager,	Member, SWSPHN Community Advisory Committee

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

## Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
	Structure for Literature Review; Certificate Foundation of Qualitative Methodologies; Certificate Data Collection and Analysis; Certificate IV Governance Training	<p>Aboriginal Health College (Aboriginal Health and Medical Research Council); Casual Lecturer - The Royal Australian College of General Practitioners; Health Education/Promotion Officer/Manager - South Western Sydney Area Health Service; Acting Deputy Chief Executive Officer - Clinical Coordinator - Medical Unit Tharawal Aboriginal Corporation; Tharawal Aboriginal Corporation</p> <ul style="list-style-type: none"> <li>• Board of Directors 2015 - Current</li> <li>• Treasurer 2012 - 2014</li> <li>• Treasurer/Chairperson 2009 - 2011</li> <li>• Treasurer/Secretary/Board of Directors 2003 - 2011</li> <li>• Board of Directors September 1998 - 1999</li> <li>• Board of Directors 1992 - 1993</li> </ul> <p>Member, South Western Sydney Local Health District Board; Chair, South Western Sydney Local Health District Board - Aboriginal Health Board Committee; Member, South Western Sydney Local Health District Board - Teaching and Research Board Committee</p>	
<b>Ms Michelle Cutler</b>	GAICD; BEc LLB	<p>Governance Consultant - governance and strategic advisor to boards and senior executives of social purpose organisations 2022 to present; Warringah Financial Services (Bendigo Bank Mosman) Non Executive Director 2024 to present; Chair and Non-Executive Director, Shaun Parker &amp; Company 2020 to present; CEO and executive roles in social purpose organisations 2010 to 2022</p>	SWSPHN Governance Committee

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

### **Company Secretary**

Ms Amy Prince was appointed the Company Secretary on 23 June 2022. Amy Prince has 16 years' experience in health care management at various levels from frontline to executive roles. She has served as Director of Planning and Performance since 2017. Amy holds a Master of Public Health and a Master of Management and has completed The Board and the Company Secretary course with the Australian Institute of Company Directors.

Ms Kristen Anne Short was the Company Secretary appointed on 23 February 2023. Ms Short has a Master of Business and Technology and has held senior positions with Hunter New England Central Coast Primary Health Network and in both the financial services and technology industries. Kristen has also completed The Board and the Company Secretary course with the Australian Institute of Company Directors.

### **Transactions with Directors**

No Director has received or become entitled to receive, during or since the end of the financial year, any other benefit because of a contract made by the company or a related body corporate with the director, a firm of which a director is a member, or an entity in which a director has a substantial financial interest, except as disclosed in note 11 to the financial statements. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the accounts of the company.

The Directors have declared interests in contracts with SWSPHN that the organisations they represent, deal with SWSPHN in the ordinary course of business, by disclosing their interest before or at the first Board meeting after the director became so interested.

### **Indemnification and insurance of officers**

During the year, SWSPHN paid premiums for professional indemnity and directors' and officers' liability insurance for its Directors and Officers against claims arising from, or by reason of, any wrongful act committed by them in their capacity as Directors and Officers. This does not include such liabilities that arise from conduct involving a lack of good faith.

The nature of the insurance contract providing this cover does not allow the company to disclose either the extent of the cover or the premium paid.

### **Member's Guarantee**

The company is incorporated under *the Corporations Act 2001* and is a company limited by guarantee. In the event of the company being wound up, the constitution states that each member is required to contribute a fee towards SWSPHN.

As at 30 June 2025, there were 8 members of SWSPHN, meaning the aggregate amount that the members of the company would be liable to contribute in the event of the company being wound up is \$80.

### **Proceedings on behalf of the company**

No person has applied to the Court under section 237 of *the Corporations Act 2001* for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

No proceedings have been brought, or intervened in, on behalf of the company with leave of the court under section 237 of *the Corporations Act 2001*.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

**Environmental Regulation**

The company’s operations are not regulated by any particular and significant environmental regulation under a law of the Commonwealth, or of a State or Territory.

**Significant changes**

The Company remains a key commissioner of health services which meet population need including mental health, drug and alcohol, aged care and chronic disease services. Investment in GP capacity building and support remains significant. The strategic plan was reviewed and remains fit for purpose.

**Auditor’s independence declaration**


A copy of the auditor’s independence declaration as required under section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 is set out on the following page.

**Directors’ signatures**

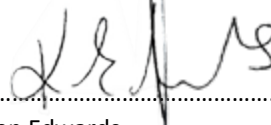
Signed in accordance with a resolution of the Board of Directors made pursuant to s.298 (2) of *the Corporations Act 2001*.

On behalf of the Directors:

Chairperson

  
.....  
Dr Matthew Gray

Director

  
.....  
Ms Karen Edwards

Dated

28 August 2025



## Auditor’s independence declaration

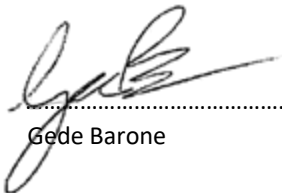
To the Directors of South Western Sydney Primary Health Network Limited

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-Profits Commission Act 2012*, as lead auditor for the audit of South Western Sydney Primary Health Network Limited for the period ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been:

- a. No contraventions of the auditor independence requirements of *Section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012* in relation to the audit; and
- b. No contraventions of any applicable code of professional conduct in relation to the audit

BDH Audit & Assurance Pty Ltd  
BDH Audit & Assurance Pty Limited

Director

  
.....  
Gede Barone

Dated

28<sup>th</sup> August 2025

Sydney

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

## Statement of Profit or Loss and Other Comprehensive Income For the year ended 30 June 2025

	Note	2025 \$	2024 \$
Revenue from grants	2(a)	73,216,425	59,013,700
Other revenue	2(b)	2,932,196	2,177,507
<b>Total revenue</b>		<b>76,148,621</b>	<b>61,191,207</b>
Employee benefit expense	8(a)	10,782,906	10,287,806
Occupancy costs		329,878	289,253
Contractors		62,859,231	48,362,188
Training & conferences		534,466	503,000
Other expenses		1,290,796	1,460,487
<b>Surplus before income tax expense</b>		<b>351,344</b>	<b>288,473</b>
Income tax benefit / (expense)	1(o)	-	-
<b>Net Surplus for the year</b>		<b>351,344</b>	<b>288,473</b>
Other Comprehensive Income for the year		-	-
<b>Total Comprehensive Income for the year</b>		<b>351,344</b>	<b>288,473</b>

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the accompanying notes to the financial statements.

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

## Statement of Financial Position

### As at 30 June 2025

	Note	2025 \$	2024 \$
<b>Current assets</b>			
Cash and cash equivalents	3	45,617,843	53,793,823
Trade and other receivables	4	912,516	34,427
Other current assets	5	1,477,380	1,758,731
<b>Total current assets</b>		<b>48,007,739</b>	<b>55,586,981</b>
<b>Non-current assets</b>			
Property, plant and equipment	6	601,505	826,966
<b>Total non-current assets</b>		<b>601,505</b>	<b>826,966</b>
<b>Total assets</b>		<b>48,609,244</b>	<b>56,413,947</b>
<b>Current liabilities</b>			
Trade and other payables	7	7,671,849	6,065,391
Provisions	8	1,055,133	904,210
Other liabilities	9	37,469,824	47,216,991
Lease liability	10	230,173	202,856
<b>Total current liabilities</b>		<b>46,426,979</b>	<b>54,389,448</b>
<b>Non-current liabilities</b>			
Provisions	8	167,366	111,979
Lease liability	10	382,680	631,645
<b>Total non-current liabilities</b>		<b>550,046</b>	<b>743,624</b>
<b>Total liabilities</b>		<b>46,977,025</b>	<b>55,133,072</b>
<b>Net assets</b>		<b>1,632,219</b>	<b>1,280,875</b>
<b>Equity</b>			
Retained surpluses		1,632,219	1,280,575
<b>Total equity</b>		<b>1,632,219</b>	<b>1,280,875</b>

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the accompanying notes to the financial statements.

## Statement of Changes in Equity For the year ended 30 June 2025

	<b>Retained surpluses \$</b>
<b>Balance at 1 July 2023</b>	992,402
Net surplus for the year	288,473
Other comprehensive Income for the year	-
Total comprehensive Income for the year	<u>288,473</u>
<b>Balance at 30 June 2024</b>	<b><u>1,280,875</u></b>

	<b>Retained surpluses \$</b>
<b>Balance at 1 July 2024</b>	1,280,875
Net surplus for the year	351,344
Other comprehensive Income for the year	-
Total comprehensive Income for the year	<u>351,344</u>
<b>Balance at 30 June 2025</b>	<b><u>1,632,219</u></b>

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the accompanying notes to the financial statements.

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

## Statement of Cash Flows

### For the year ended 30 June 2025

	Note	2025 \$	2024 \$
<b>Cash flows from operating activities</b>			
Receipts from grants and other receipts (inclusive of GST)		69,078,158	87,224,571
Payments to suppliers and employees (inclusive of GST)		(79,784,280)	(69,116,632)
Interest received		2,810,193	2,141,956
<b>Net cash (used in) / provided by operating activities</b>	15	(7,895,929)	20,249,895
<b>Cash flows from investing activities</b>			
Payments for property, plant & equipment		(58,404)	(30,823)
<b>Net cash used in investing activities</b>		(58,404)	(30,823)
<b>Cash flows from financing activities</b>			
Principal elements of lease payments		(221,647)	(213,438)
<b>Net cash (used in) / provided by financing activities</b>		(221,647)	(213,438)
<b>Net (decrease) / increase in cash and cash equivalents</b>		<b>(8,175,980)</b>	<b>20,005,634</b>
Cash and cash equivalents at beginning of the year	15	53,793,823	33,788,189
<b>Cash and cash equivalents at end of the year</b>	3	<b>45,617,843</b>	<b>53,793,823</b>

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the accompanying notes to the financial statements.

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## Notes to the financial statements for the year ended 30 June 2025

### 1. Statement of material accounting policies

#### **General information and statement of compliance**

The financial statements of the company are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards – Tier 2 Simplified Disclosures and the Australian Charities and Not-for-Profits Commission Act 2012, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board. South Western Sydney Primary Health Network Limited is a not-for-profit Company for the purpose of preparing the financial statements.

South Western Sydney Primary Health Network "SWSPHN" Limited is a public company limited by guarantee incorporated on 23 April 2015 and domiciled in Australia. The address of its registered office and its principal place of business is Level 2, 1 Bolger Street Campbelltown NSW, Australia.

The financial statements for the period ended 30 June 2025 were approved and authorised for issue by the Board of Directors on 28th August 2025. All amounts are in Australian dollars.

#### **(a) Economic dependency**

SWSPHN is dependent on the Department of Health for the majority of its revenue used to operate the business.

#### **(b) Revenue**

Grant revenue is recognised in the statement of profit and loss when the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Except where noted, all revenue is stated net of the amount of goods and services tax (GST).

## 1. Statement of material accounting policies (continued)

### (c) Operating Expenses

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

### (d) Property, plant and equipment

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

#### Plant and equipment

Plant and equipment are measured using the cost basis. The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal.

#### Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to the company commencing from the time the asset is held ready for use.

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

Class of Fixed Asset	Depreciation rate
Plant and equipment	20-25%

The asset's residual value and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

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

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

### (e) Leases and Right-of-use assets

The company leases its current office. Rental contracts are typically made for a fixed period of 3 years but may have an extension option. The extension option is exercisable by the Company and provides operational flexibility in managing contracts.

Leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by the company. Each lease payment is allocated between the liability and finance cost. The finance cost is charged to profit or loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. The right-of-use asset is depreciated over the shorter of the asset's useful life and the lease term on a straight-line basis.

Assets and liabilities arising from a lease are initially measured on a present value basis. Lease liabilities include the net present value of the following lease payments:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payment that are based on an index or a rate
- amounts expected to be payable by the lessee under residual value guarantees
- the exercise price of a purchase option if the lessee is reasonably certain to exercise that option, and

## 1. Statement of material accounting policies (continued)

- payments of penalties for terminating the lease, if the lease term reflects the lessee exercising that option.

Payments associated with short-term leases and leases of low-value assets are recognised on a straight-line basis as an expense in profit or loss. Short-term leases are leases with a lease term of 12 months or less.

### (f) Financial instruments

#### Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

#### Classification and subsequent measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- amortised cost
- fair value through profit or loss (FVPL)
- equity instruments at fair value through other comprehensive income (FVOCI)

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

Classifications are determined by both:

- The entities business model for managing the financial asset
- The contractual cash flow characteristics of the financial assets.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables, which is presented within other expenses.

## 1. Statement of material accounting policies (continued)

### **Subsequent measurement financial assets**

#### Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are not designated as FVPL):

- they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. The Company's cash and cash equivalents, trade and most other receivables fall into this category of financial instruments as well as long-term deposit that were previously classified as held-to-maturity under AASB 139.

#### Financial assets at fair value through profit or loss (FVPL)

Financial assets that are held within a different business model other than 'hold to collect' or 'hold to collect and sell' are categorised at fair value through profit and loss. Further, irrespective of business model financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVPL. All derivative financial instruments fall into this category, except for those designated and effective as hedging instruments, for which the hedge accounting requirements apply.

#### Equity instruments at fair value through other comprehensive income (Equity FVOCI)

Investments in equity instruments that are not held for trading are eligible for an irrevocable election at inception to be measured at FVOCI. Under Equity FVOCI, subsequent movements in fair value are recognised in other comprehensive income and are never reclassified to profit or loss. Dividends from these investments continue to be recorded as other income within the profit or loss unless the dividend clearly represents return of capital.

### **Impairment of Financial assets**

AASB 9's impairment requirements use more forward looking information to recognise expected credit losses - the 'expected credit losses (ECL) model'. Instruments within the scope of the new requirements included loans and other debt-type financial assets measured at amortised cost and FVOCI, trade receivables and loan commitments and some financial guarantee contracts (for the issuer) that are not measured at fair value through profit or loss.

The Company considers a broader range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial instruments that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1'); and
- financial instruments that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').

'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date.

## 1. Statement of material accounting policies (continued)

'12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category.

Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

### ***Trade and other receivables***

The Company makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the Company uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

The Company assesses impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The Company allows 1% for amounts that are 30 to 60 days past due, 1.5% for amounts that are between 60 and 90 days past due and writes off fully any amounts that are more than 90 days past due.

### ***Classification and measurement of financial liabilities***

As the accounting for financial liabilities remains largely unchanged from AASB 139, the Company's financial liabilities were not impacted by the adoption of AASB 9. However, for completeness, the accounting policy is disclosed below.

The Company's financial liabilities include borrowings and trade and other payables.

Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless the Company designated a financial liability at fair value through profit or loss.

Subsequently, financial liabilities are measured at amortised cost using the effective interest method except for derivatives and financial liabilities designated at FVPL, which are carried subsequently at fair value with gains or losses recognised in profit or loss (other than derivative financial instruments that are designated and effective as hedging instruments).

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

### ***Loans and receivables***

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less provision for impairment. Discounting is omitted where the effect of discounting is immaterial. The Company's trade and most other receivables fall into this category of financial instruments.

Individually significant receivables are considered for impairment when they are past due or when other objective evidence is received that a specific counterparty will default. Receivables that are not considered to be individually impaired are reviewed for impairment in groups, which are determined by reference to the industry and region of a counterparty and other shared credit risk characteristics.

The impairment loss estimate is then based on recent historical counterparty default rates for each identified group.

## 1. Statement of material accounting policies (continued)

### **Classification and subsequent measurement of financial liabilities**

The Company's financial liabilities include borrowings and trade and other payables.

Financial liabilities are measured subsequently at amortised cost using the effective interest method, except for financial liabilities held for trading or designated at FVTPL, that are carried subsequently at fair value with gains or losses recognised in profit or loss.

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

### **(g) Impairment of assets**

At each reporting date, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use (determined as the depreciated replacement cost), is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives. Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

### **(h) Employee benefits**

#### *Short-term employee benefits*

Short-term employee benefits are benefits, other than termination benefits, that are expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled.

#### *Long-term employee benefits*

The Company's liabilities for long service leave are included in other long-term benefits as they are not expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. They are measured at the present value of the expected future payments to be made to employees. The expected future payments incorporate anticipated future wage and salary levels, experience of employee departures and periods of service, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality government bonds that have maturity dates that approximate the timing of the estimated future cash outflows. Any re-measurements arising from experience adjustments and changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Company presents employee benefit obligations as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement for at least twelve (12) months after the reporting period, irrespective of when the actual settlement is expected to take place.

### **(i) Provisions, contingent liabilities and contingent assets**

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated

## 1. Statement of material accounting policies (continued)

with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. Provisions are discounted to their present values, where the time value of money is material.

No liability is recognised if an outflow of economic resources as a result of present obligation is not probable. Such situations are disclosed as contingent liabilities, unless the outflow of resources is remote in which case no liability is recognised.

### (j) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits at call with banks, other short-term highly liquid investments with original maturities of six months or less, and bank overdrafts.

### (k) 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 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 the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

### (l) Grants in advance

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

### (m) Deferred income

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within twelve (12) months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds twelve (12) months after the reporting date or the conditions will only be satisfied more than twelve (12) months after the reporting date, the liability is discounted and presented as non-current.

### (n) Trade and other payables

Trade and other payables represent the liability at the end of the reporting period for goods and services received by the company during the reporting period, which remain unpaid.

### (o) Income tax

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

### (p) Critical accounting estimates and judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within

## 1. Statement of material accounting policies (continued)

the company. Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

### *Impairment*

In assessing impairment, management estimates the recoverable amount of each asset or cash generating units based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

### *Useful lives of depreciable assets*

Management reviews its estimate of the useful lives of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain software and IT equipment.

### *Long Service Leave*

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

### *Leases*

The lease liability is recognised and measured at the present value of the estimated cash flows to be made in respect of monthly lease payments. In determining the present value of the liability, the Company has estimated the incremental borrowing based on government bond rates.

### **(q) Comparative figures**

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation in the current year.

### **(r) New and amended Australian Accounting Standards that are effective for the current year:**

There are no new mandatory or amended Australian Accounting Standards applicable to the Company's financial statements for the year ended 30 June 2025.

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

	2025 \$	2024 \$
<b>2 Surplus before Income Tax</b>		
<b>(a) Revenue from grants</b>		
Federal grants	69,503,365	51,311,578
Other organisations	3,713,060	7,702,122
	<u>73,216,425</u>	<u>59,013,700</u>
<b>(b) Other Revenue</b>		
Donations	23,000	23,000
Interest	2,810,193	2,141,956
Other	99,003	12,551
	<u>2,932,196</u>	<u>2,177,507</u>
<b>Total Revenue</b>	<u>76,148,621</u>	<u>61,191,207</u>
<b>(c) Expenses</b>		
Remuneration of the Auditor for:		
Auditing the financial statements	35,400	35,800
Auditing the programme revenue and expenditure statements	21,000	21,000
Depreciation and Amortisation of:		
Property Right of Use Asset	224,843	224,844
Plant and Equipment	59,021	23,694
<b>Total Depreciation and Amortisation</b>	<u>283,864</u>	<u>248,538</u>
<b>3 Cash and cash equivalents</b>		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled in the Statement of Financial position as follows:		
Cash at bank	7,336,969	7,801,422
Short term deposits	38,280,874	45,992,401
	<u>45,617,843</u>	<u>53,793,823</u>
<b>4 Trade and other receivables</b>		
Current trade receivables	912,516	34,427
Provision for impairment of receivables	-	-
	<u>912,516</u>	<u>34,427</u>
<b>Trade receivables</b>	<u>912,516</u>	<u>34,427</u>

Current trade receivables are non-interest bearing. A provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. An impairment of \$Nil at 30 June 2025 (\$Nil 30 June 2024).

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

	2025	2024
	\$	\$
<b>5 Other current assets</b>		
Prepayments	365,579	284,236
Accrued income	427,311	603,498
GST Receivable	680,220	848,009
Deposit paid in advance	4,270	22,988
	<b>1,477,380</b>	<b>1,758,731</b>
<b>6 Property, plant &amp; equipment</b>		
Plant and equipment – at cost as at beginning of the year	410,098	579,930
Additions at cost	56,138	28,637
Disposals	-	(198,469)
Total Plant and equipment at cost	466,236	410,098
Less: Accumulated depreciation	(458,719)	(400,075)
Carrying amount at the end of the year	<b>7,517</b>	<b>10,023</b>
Furniture and Fittings - at cost as at beginning of the year	30,481	28,295
Additions at cost	2,266	2,186
Total Furniture and fittings	32,747	30,481
Less: Accumulated depreciation	(19,605)	(19,228)
Carrying amount at the end of the year	<b>13,142</b>	<b>11,253</b>
Right-of-use assets		
Right-of-use assets – at cost as at beginning of the year	1,236,640	1,236,640
Additions at cost	-	-
Disposals	-	-
Total Right-of-use assets	1,236,640	1,236,640
Less: Accumulated amortisation	(655,794)	(430,951)
Carrying amount at the end of the year	<b>580,846</b>	<b>805,689</b>
Total Property, plant & equipment at the end of the year	<b>601,505</b>	<b>826,966</b>

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

	2025 \$	2024 \$
<b>7 Trade and other payables</b>		
Trade payables	1,959,332	130,604
Other creditors and accruals	5,712,517	5,934,787
	<u>7,671,849</u>	<u>6,065,391</u>
<b>8 Provisions for employee benefits</b>		
The liabilities recognised for employee benefits consist of the following amounts:		
<b>Current</b>		
Annual leave	694,915	549,436
Long service leave	360,218	354,774
	<u>1,055,133</u>	<u>904,210</u>
<b>Non Current</b>		
Long service leave	<u>167,366</u>	<u>111,979</u>
<b>8(a) Employee benefits expense</b>		
Expenses recognised for employee benefits are analysed below:		
Wages, salaries	8,659,626	8,304,098
Workers compensation insurance	58,010	41,923
Superannuation	1,112,575	1,101,320
Employee benefits provisions	952,695	840,465
	<u>10,782,906</u>	<u>10,287,806</u>
<b>9 Other liabilities</b>		
Deferred income	<u>37,469,824</u>	<u>47,216,991</u>

Deferred income consists of government grants received for services to be rendered by the Company.

Deferred income and grants in advance are amortised over the life of the contract.

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

	2025 \$	2024 \$
<b>10 Lease liabilities</b>		
Maturity analysis – contractual undiscounted cash flows		
No later than one year	249,378	249,378
Later than one year and not later than 5 years	394,849	664,227
<b>Future minimum lease payments</b>	<b>644,227</b>	<b>893,605</b>
<b>Less: Unearned interest</b>	<b>31,374</b>	<b>59,104</b>
<b>Lease liabilities included in the statement of financial position at the end of the year</b>	<b>612,853</b>	<b>834,501</b>
<b>Current</b>	<b>230,173</b>	<b>202,856</b>
<b>Non- Current</b>	<b>382,680</b>	<b>631,645</b>

The company executed a 2.5 year lease renewal effective from 1<sup>st</sup> July 2022 with a 3 year option with the landlord which has been accounted for in the cost of the right to use asset and related lease liability accounts.

**11 Key management personnel & related parties**

The key management personnel of the company are the directors, the Chief Executive Officer, Director of Innovations and Partnerships, Director of Planning and Performance and Director of Corporate Services.

The total compensation paid and payable to the key management personnel including a stipend paid to the Chair and directors, consists of short term benefits of \$1,151,499 (period ended 30 June 2024 \$1,324,276).

The Company has a number of Integrated Health and Alcohol and Other Drugs and Mental Health Commissioned Services with organisations of which two directors are key management personnel. The contractual amounts paid/payable amounted to \$4,147,502 (2024: \$2,651,176). The outstanding balance as at the reporting date was \$Nil (2024: \$Nil).

The Company has Mental Health and General Practitioner Commissioned Services Agreements with one (2024: one) director related entity. The amounts billed were based on normal market rates and amounted to \$1,804 (2024: \$22,599). There were no outstanding balances at the reporting dates under review.

In June 2020 the company executed an unincorporated joint venture with the South Western Sydney Local Health District (SWSLHD) to jointly invest in the implementation of a 'medical neighbourhood' model of care ('My Care Partners'). This is intended to be a sentinel integrated care project for the region, aiming to reduce levels of potentially preventable hospitalisations for a risk-rated register of identified patients. The joint venture deed sets out the terms on which resources including funding and in-kind services which will be committed by each party. In order to further scale the program to more practices and patients; the company introduced a commissioned service provider (separate to SWSPHN and SWSLHD) to deliver the care coordination, care navigation and care enabling components of the My Care Partners program.

In the current financial year, the joint venturers contributed \$748,000. (2024: \$374,000). The brought forward underspent funds were utilised with the current year contribution to meet cash flow requirements of the project. The amount of \$536,165 (2024: \$701,443) was spent on care enabler commissioned payments, practice payments, and costs incurred to run the project. A total of 21 practices (2024: 23) remain active participants in the program and expansion expected in the coming year when the care coordination role is commissioned to an external service provider.

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

**12 Fair Value measurement****Fair Value estimation**

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the balance sheet. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Areas of judgment and the assumptions used have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded.

	2025		2024	
	Amortised Cost	Net Fair Value	Amortised Cost	Net Fair Value
	\$	\$	\$	\$
<b>Financial assets</b>				
Cash and cash equivalents	45,617,843	45,617,843	53,793,823	53,793,823
Trade and other receivables	912,516	912,516	34,427	34,427
<b>Total financial assets</b>	<b>46,530,359</b>	<b>46,530,359</b>	<b>53,828,250</b>	<b>53,828,250</b>
<b>Financial liabilities</b>				
Financial liabilities measured at amortised cost				
Trade and other payables	7,671,849	7,671,849	6,065,391	6,065,391
Lease Liabilities	612,853	612,853	834,501	834,501
<b>Total financial liabilities</b>	<b>8,284,702</b>	<b>8,284,702</b>	<b>7,056,343</b>	<b>7,056,343</b>

**13 Contingent liabilities**

There are no contingent liabilities that have been incurred by the company.

**14 Capital commitments**

The company has no capital commitments as at 30 June 2025 (30 June 2024 \$0).

## SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

**15 Cash flow information**

## (i) Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:

	<b>2025</b>	<b>2024</b>
	<b>\$</b>	<b>\$</b>
Cash and cash equivalents for cash flow purposes	<u>45,617,843</u>	<u>53,793,823</u>
<b>(ii) Reconciliation of cash flow from operations with surplus after income tax</b>		
Net Surplus for the period	351,344	288,473
<b>Non-cash flows in net surplus for the period</b>		
Depreciation	59,021	23,694
Amortisation	224,843	224,844
<b>Net changes in assets and liabilities</b>		
(Increase)/decrease in receivables	(878,089)	(30,908)
(Increase)/decrease in other current assets	281,351	60,987
Increase/ (decrease) in payables	1,606,458	(672,884)
Increase/(decrease) in provisions	206,310	10,780
Increase/(decrease) in grants in advance and deferred income	(9,747,168)	20,344,909
<b>Net cash (used in) / provided by operating activities</b>	<u><b>(7,895,929)</b></u>	<u><b>20,249,895</b></u>

**16. Members Guarantee**

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum \$10 each towards meeting any outstanding obligations of the Company. At 30 June 2025, the total amount that members of the Company are liable to contribute if the Company is wound up is \$80.

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## Directors' Declaration

In the opinion of the Directors of South Western Sydney Primary Health Network limited:

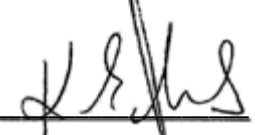
1. The financial statements, comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity and accompanying notes, are in accordance with the Australia Charities and Not-for-Profits Commission Act 2012
  - a) comply with Accounting Standards – Tier 2 Simplified Disclosures (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2022; and;
  - b) give a true and fair view of the company's financial position as at 30 June 2025 and of its performance for the period ended on that date.
2. There are reasonable grounds to believe that South Western Sydney Primary Health Network Limited will be able to pay its debts as and when they become due and payable.

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



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Dr Matthew Gray – Director



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Ms Karen Edwards – Director

Dated 28 August 2025



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## Independent Auditor's Report

**TO THE MEMBERS OF SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK LIMITED**

**ABN 74 605 441 067**

### **Opinion**

We have audited the financial report of South Western Sydney Primary Health Network Limited (the Company), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes comprising a summary of material accounting policies and other explanatory information, and the directors declaration

In our opinion, the accompanying financial report of South Western Sydney Primary Health Network Limited has been prepared in accordance with *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2025 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Tier 2 Simplified Disclosures and *Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022*.

### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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



### **Information other than the Financial Report and Auditor's Report Thereon**

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2025, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report and our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Responsibilities of the Directors 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 – Tier 2 Simplified Disclosures and the *Australian Charities and Not-for-Profits Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so. The directors are responsible for overseeing the Company's financial reporting process.

### **Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.



- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

*BDH Audit & Assurance Pty Ltd*

**BDH Audit and Assurance Pty Ltd**

A handwritten signature in black ink, appearing to read "Gede Barone", is written over a horizontal line.

Gede Barone

Director

Address: Level 12, 111 Elizabeth Street, Sydney, NSW, 2000

Dated 28 August 2025

LIABILITY LIMITED BY A SCHEME UNDER PROFESSIONAL STANDARDS LEGISLATION

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## Our members

### Full members

Southern Highlands Division of General Practice

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South West Sydney GP Link Ltd

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One Door Mental Health

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Lifeline Macarthur

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Sector Connect

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Ingham Institute

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Karitane

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Western Sydney University School of Medicine

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### Friends of SWSPHN

Obion Holdings Pty Ltd

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Hepatitis NSW

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Quest for Life Foundation

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Qualitas Australia Pty Limited

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Grow residential rehabilitation program

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Oxley Home Care

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Regal Home Health

---

Bovec Pty Ltd t/a The Foot Company

---

Completely Aligned Pty Ltd

---

Walder Road Pty Ltd

---

Bernard Chiropractic

---

Guiding Light Psychology

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Waypoint Counselling

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Unbound Minds

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Chapel Street Pharmacy

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Stepping Stone Services

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AK & DS Pty Ltd T/A My Family Health Medical Centre

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PsychOrium

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My Guardian

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## South Western Sydney PHN

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**phn**  
SOUTH WESTERN  
SYDNEY

An Australian Government Initiative

While the Australian Government contributed funding for this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.