

Osteoporosis New Zealand Annual Report

2017



OSTEOPOROSIS
NEW ZEALAND
Better bones, fewer fractures

Contents

Osteoporosis New Zealand	
ONZ Vision	
ONZ Mission	
ONZ Values	2
The Board	3
Advisory Group and Supporters	4
Context of Osteoporotic Fractures	5
The impact of hip fractures	6
The burden of osteoporosis in New Zealand	6
Osteoporosis is an intergenerational issue	7
ONZ strategy to drive positive outcomes	8
The Live Stronger for Longer initiative	8 - 9
What has ONZ achieved and what challenges still need to be addressed?	10
Activity	11
Chairman's Report	12
Executive Director's Report	13
Summary of Financial Information	
Summary Statement of Financial Performance	
Summary Statement of Financial Position	
Summary Statement of Cash Flows	14
Summary Statement of Service Performance	15
Auditor's Report	16

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Live Stronger for Longer



Osteoporosis New Zealand?

Osteoporosis New Zealand (ONZ) is a national charitable trust dedicated to raising awareness of bone health and improving care and outcomes for people who are at risk of, or are living with, osteoporosis.

ONZ exists to enable our older people to remain independent and live at home for longer by ensuring they have stronger, better bones, sustain fewer fragility fractures and improving their quality of life.

Fractures caused by osteoporosis can be life-threatening and a major cause of pain and long-term disability. ONZ believes that all New Zealanders at high risk of suffering a hip fracture should receive pre-emptive intervention to reduce the incidence of hip fracture in New Zealand and, ultimately, save lives.

The major challenge facing ONZ is sustainability funding as we currently have no government funding and have a low brand awareness with consumers. This is due to the fact that our work to date has focused on secondary prevention to close some of the clinical care gaps.

Whilst we have achieved a considerable amount there is still a lot to do.

ONZ Vision:

Better bones, fewer fractures

ONZ Mission:

To prevent bone fractures caused by osteoporosis, and the resulting impact on people's quality of life, by:

- Engaging with the public, health professionals, policymakers and the private sector
- Undertaking programmes of awareness, advocacy and education
- Promoting, publicising and assisting with research into osteoporosis in New Zealand.

ONZ Values:

Prevent suffering

Our primary concern is for the suffering and loss of those affected (or likely to be affected) by osteoporosis-related bone fractures.

Respect expertise:

Our advice and actions will reflect evidence based solutions for osteoporosis interpreted by appropriately qualified health practitioners and academics.

Recognise resource constraints:

We recognise the practical financial limits of budgets and priorities in New Zealand's public healthcare system.

Collaborate:

We will collaborate with the health and private sectors and our communities to achieve optimal outcomes for current osteoporosis sufferers and those at risk.

The Board



Paul Mitchell
BSc (Hons), C.Chem, MRSC
Chairman



Dr Michael Nowitz
MB, BCh FFRad (D) FRANZCR



Professor Jillian Cornish
PhD



Dr Susannah O'Sullivan
MBChB, FRACP, PhD



Lynne Hayman
BBus, CA



Peter Tynan



Dr David Kim
MBChB, FRACP



Adrienne von Tunzelmann
(QSO) MA (Hons), MPP (Dist), CFinStD

Executive Team



Christine Gill
BSc
Executive Director



Debbie Wray
Accounting and
Administrative Services

The Advisory Group



Dr Nigel Gilchrist
MBChB, FRACP



Dist Prof Ian R Reid
MD FRSNZ



Dr Stella Milsom
MBChB, Dip Obs, FRACP



Dr Jacob Munro
MBChB, FRACS, PhD

Our Vice Regal Patrons



Her Excellency, The Rt Hon
Dame Patsy Reddy
The Governor General
of New Zealand



His Excellency, The Rt Hon
Sir David Gascoigne

Images © Government House | CC BY 4.0

Our Supporters

**LIVE STRONGER
FOR LONGER**

PREVENT FALLS & FRACTURES

Osteoporosis New Zealand values our partnership with the Live Stronger for Longer Alliance. We also want to thank ACC for funding development of the Guidance for the Diagnosis and Management of Osteoporosis in New Zealand.



Osteoporosis New Zealand was delighted to be selected as one of the four charities in the Meadow Fresh Milk 4 Good Campaign in 2017. We were humbled to receive a generous donation of \$10,000.

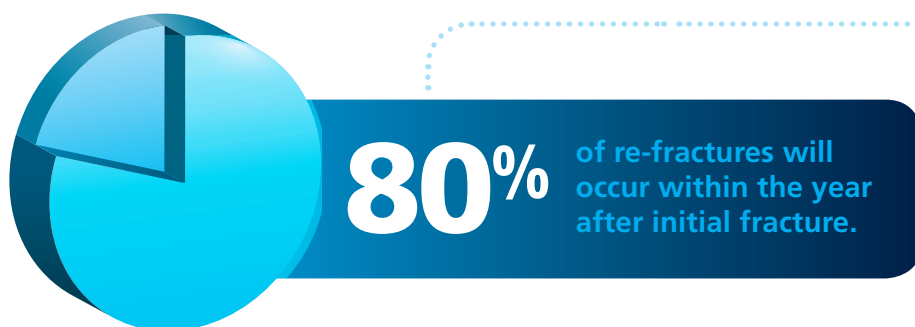
Context of Osteoporotic Fractures

Fractures from osteoporosis are common.



After having an osteoporotic fracture, the chance of having another fracture

doubles



It is essential that osteoporosis is diagnosed and treated to prevent further fractures.

~30 000 clinically apparent fractures happen every year in New Zealand, including approx. 3,640 hip fractures.

Hip fractures are the most serious fracture caused by osteoporosis with half of hip fracture sufferers requiring long-term care and a quarter suffering an early death.

As half of people who break their hip have broken another bone – the wrist, spine, or shoulder – before breaking their hip these people represent half of hip future fracture patients.

To date only approximately **20%** of these people have received treatment so **80% have not**.

FLS are doing a great job of finding future fracture patients, however, there are approximately **180,000** people who are at high risk of breaking a hip that do not know it.

They need to be found and treated.

The first osteoporotic fracture provides an opportunity to seek treatment to prevent further fractures, especially painful and potentially life changing hip fractures.

I Respond to the first fracture (broken bone) to prevent a second.

The impact of hip fractures

Hip fractures are the most serious fractures caused by osteoporosis, and particularly devastating to a person's independence. Hip fractures result in the highest morbidity, mortality and healthcare costs.

From the International Osteoporosis Foundation's Compendium of Osteoporosis ("the Compendium")¹:

- Less than half of individuals who survive a hip fracture will walk unaided again and a significant proportion will never regain their former degree of mobility
- A year after hip fracture, 60% of sufferers require assistance with activities such as feeding, dressing or toileting, and 80% need help with activities such as shopping or driving
- Between 10-20% of sufferers will become residents of care homes in the year following a hip fracture

Importantly, half of people who break their hip have broken another bone – the wrist, spine, shoulder or other hip – before breaking their hip.

The burden of osteoporosis in New Zealand

With 1 million baby boomers aging and about to retire, the prevalence of chronic conditions which afflict older people is poised to rise considerably, and this will include osteoporosis and the fragility fractures it causes.

More than 1.6M New Zealanders are currently aged over 50. Every year almost 3,700 people sustain a hip fracture and almost 13,800 are admitted to hospital with other [fractures](#)². ONZ estimates that more than 180,000 older Kiwis have broken a bone since their 50th birthday.

In terms of financial costs, a hip fracture results in three weeks in hospital and costs \$47,000 ([on average](#))³. A hip fracture with complications, followed by discharge to an aged residential care facility costs \$135 000. In 2014, it was estimated that hip fractures cost the New Zealand Health system \$171M. The total costs including fragility fracture at all sites is likely to exceed \$300M per year.

It is estimated that the population over 50 will increase from [33% in 2015 to 38% in 2035](#)⁴. Accordingly, the burden of osteoporosis is set to rise steeply.

Fractures will result in a significant sociality opportunity cost for those in both paid and unpaid work in addition to direct healthcare costs. This will be particularly relevant to ACC.

The good news is that osteoporosis can be treated, and fractures prevented, with consumer awareness and improved systems of care across the country. For those with osteoporosis, early diagnosis, a bone-healthy lifestyle and medication can allow people to remain fracture free.



Image kindly provided by Live Stronger for Longer

² <https://public.tableau.com/profile/lisa.hunkin#!/vizhome/shared/MTMB9XJZ4>

³ <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1446-2-december-2016/7089>

⁴ <http://perspectives.eiu.com/healthcare/demystifying-ageing-lifting-burden-fragility-fractures-and-osteoporosis-asia-pacific>

Osteoporosis is an intergenerational issue

Osteoporosis is commonly thought of as an older person's condition. Prevention and treatment have, consequently, concentrated on older people – overlooking the critical importance of building healthy bones over a life time.

Childhood and adolescence are critical periods in skeletal development which will determine an individual's peak bone mass, which is usually achieved by age 20 – 25. Our youth is the time to maximize savings in the 'bone bank', because during the remainder of our lives, we will be making withdrawals against that peak balance.

Whilst genetics plays a significant role in determining skeletal growth, decisions made by parents and their children regarding nutrition and exercise, can have a profound effect upon fracture risk later in life. We genuinely owe it to our children to ensure that they have a well-balanced diet, rich in calcium, vitamin D and protein, and take adequate exercise to set them up for a long, healthy and active life.

| Osteoporosis: A paediatric disease with geriatric consequences

As highlighted in the International Osteoporosis Foundation's Compendium, "It's therefore never too early to invest in bone health. The prevention of osteoporosis begins with optimal bone growth and development in youth. It has been estimated that a 10% increase of peak bone mass in children reduces the risk of an osteoporotic fracture during adult life by 50%."

**BUILD A STRONG
SKELETON
IN YOUR YOUTH**

**MAINTAIN IT THROUGH
ADULT LIFE**

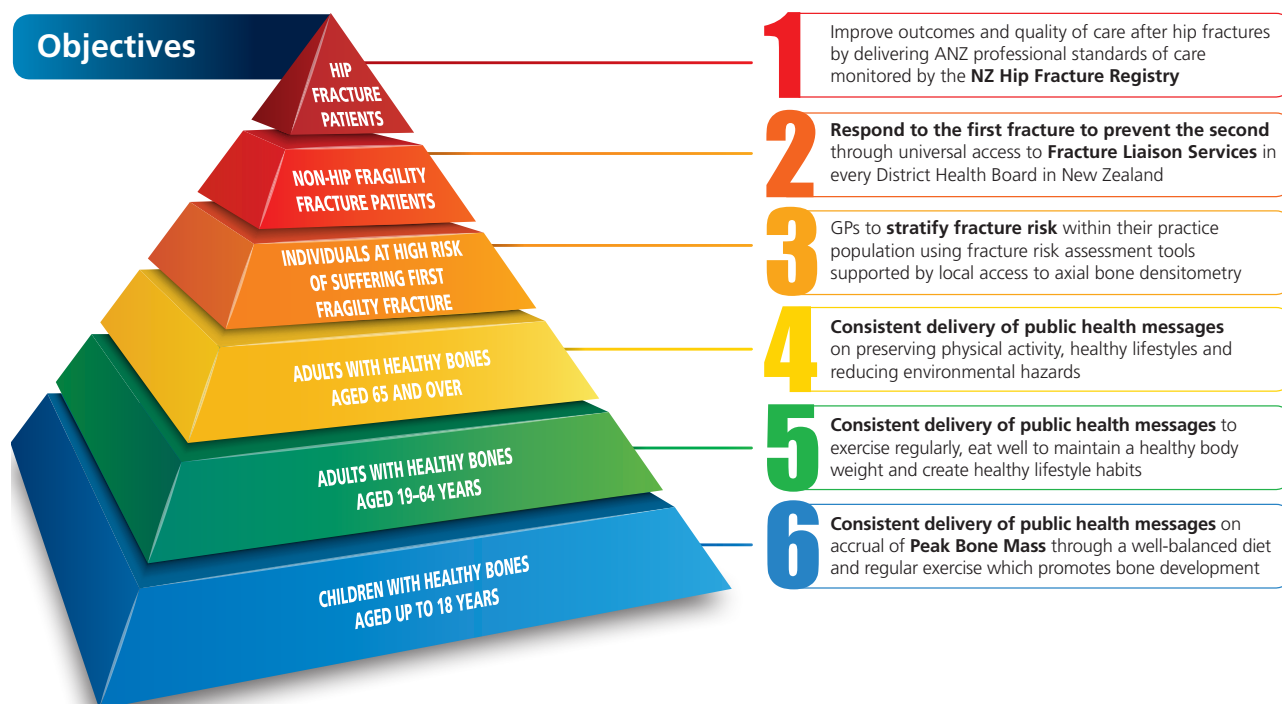
**SUSTAIN IT IN
LATER YEARS**



ONZ strategy to drive positive outcomes

In December 2012, ONZ published **BoneCare 2020** - a systematic approach to hip fracture care and prevention for New Zealand. This strategy has been informed by successful policy, guidance and quality improvement initiatives ongoing in Europe and North America, and more recently some Asian countries.

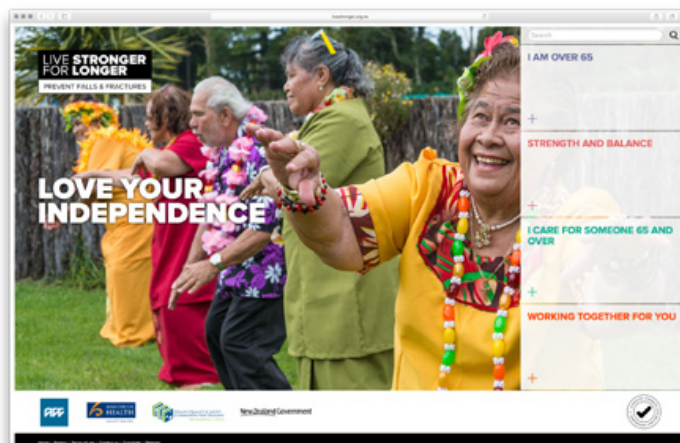
This document clearly defined ONZ's strategic objectives, and programmes follow a top-down approach to the Bone Care 2020 pyramid.



Through our collaborative relationships, implementation of ONZ's strategy **BoneCare 2020** has accelerated significantly over the past two years with the launch of the Live Stronger for Longer Initiative.

The Live Stronger for Longer initiative

A multisector, multidisciplinary team effort resulted in the **Live Stronger for Longer**⁵ alliance. The Live Stronger For Longer alliance is as a national movement that is bringing all parties (health providers consumers, NGOs and government agencies) together to support better falls and fracture prevention including treatment of osteoporosis and preventing fractures through preventing falls. The Live Stronger for Longer movement spans health and community fields.



In 2016, ACC announced [an investment of \\$30.5 million](#)⁶ over 4 years into falls and fracture prevention initiatives, including:

- The Australian and New Zealand Hip Fracture Registry (ANZHFR). The first patient level audit report was published in addition to trans-Tasman clinical care standards for hip fracture care.
- Increased support for Fracture Liaison Services (FLS), to identify and treat those at risk of osteoporosis and further fractures. By February 2017, 15 of our 20 District Health Boards (DHBs) had an FLS in place or in development.
- In-home and community-based strength and balance programmes.
- Assessment and management of hazards in the home.
- Medication review for people taking multiple medicines.
- Vitamin D prescribing in Aged Residential Care.
- Service integration across primary and secondary care to provide seamless pathways in the falls and fracture system.

This work will pay tremendous dividends for older New Zealanders and their loved ones, health care professionals, administrators, and policymakers.

Unfortunately, ACC is not able to provide operational or governance funding to support ONZ. If ONZ can achieve financial stability we will continue to work with MoH, ACC and other partners to continue implementation of the critical remaining objectives of our [BoneCare 2020](#) strategy.

Delivery of ONZ's strategy and programmes will:

- Identify and educate those at risk of suffering a fragility fracture and make a major difference to improving the quality, consistency of care and outcomes for those who are living with osteoporosis.
- Save lives through a reduction in the incidence of hip fractures in New Zealand.
- Provide optimal care to fragility fracture patients presenting to urgent care facilities.
- Reduce clinical care gaps to ensure all patients are provided with appropriate osteoporosis management and falls assessment.
- Achieve greater awareness of osteoporosis and the lifestyle changes and effective treatments that can improve bone health and prevent fractures.
- Empower consumers with improved health literacy so that they can make the best decisions for themselves.
- Save considerable cost for the health system of New Zealand.
- Provide a consumer voice at all levels of local and national decision making.



Image kindly provided by Live Stronger for Longer

⁵ <http://livestronger.org.nz> ⁶ <https://www.beehive.govt.nz/release/acc-invests-30m-reduce-falls-and-fractures-older-new-zealanders>

What has ONZ achieved and what challenges still need to be addressed?

We've made great progress to date.

Phase One of BoneCare 2020 has been delivered:

Between 2012 and 2016, ONZ focused on secondary fracture prevention. This involved case finding and management to close the most obvious care gap by ensuring that every patient presenting with a fragility fracture to urgent care services in New Zealand receives appropriate osteoporosis management and falls assessment to reduce their future fracture risk.

We've changed lives for the better.

ONZ has:

1. Supported development of a hip fracture registry which enables hospitals to benchmark the care that they provide against new national standards.
2. Championed nationwide implementation of Fracture Liaison Services (FLS) in every hospital/District Health Board (DHB) which case find all new patients with a fragility fracture.
3. Published widely endorsed clinical care standards for FLS, so that these services can also benchmark their care against best practice.
4. Led development of clinical guidance for the diagnosis and management of osteoporosis in New Zealand, which will help all health professionals, particularly GPs, to provide optimal care for their patients.
5. Provided expert advice to the national movement Live Stronger For Longer.

With this critical clinical work having been achieved, our next challenge is to improve fracture prevention in primary care and raise public awareness to make a real impact on the lives of hundreds of thousands of Kiwis.

To improve fracture prevention in primary care:

As life expectancy increases for the majority, the financial and human costs associated with osteoporotic fractures will increase dramatically unless effective preventive measures are taken. With 1 million baby boomers aging and about to retire, the burden of osteoporosis will increase rapidly. The burden of osteoporosis is likely to add significant workload to primary care. In addition to the demand on primary care there is also a care gap between the recommended practice and day-to-day practice.

In early 2018, ONZ, ACC and MoH will meet with the Royal New Zealand College of General Practitioners (RNZCGP) to explore how we can collaboratively work to develop and deliver a world-first clinically effective and cost-effective strategy to improve falls and fracture prevention in primary care by improving:

- Uptake of the recommendations made in the guidance
- Identification of individuals who are at high risk of suffering a hip fracture
- Improving management of osteoporosis in New Zealand.

Delivery of this objective is subject to funding.

To address the major public awareness and knowledge gap:

Currently, public awareness of osteoporosis is very limited. Many people have never heard of osteoporosis, cannot spell it nor know what it means.

This lack of awareness, insufficient understanding of the risk factors and the lifestyle steps that anyone can take to build and maintain healthy bones results in part in an unnecessarily high incidence of osteoporosis.

There is a need for evidence-based, easily understood information on bone health. Through well designed public campaigns and messaging, people of all ages can be made aware of bone health, inclusive of the impact of food choices, the importance of life-long exercise, fracture prevention and osteoporosis management.

With improved bone health knowledge people can be proactive in the health and lifestyle choices that they make. This will impact on their health in general which will improve their bone health too.

ONZ has developed an innovative campaign to engage the New Zealand population in bone health awareness, fracture prevention and osteoporosis management.

Delivery of this objective is also subject to funding.

Activity - 2017 was a successful year

Key highlights against our Strategic Goals were:

Strategic Goal #1 A National Audit of Hip Fractures

Achieve comprehensive clinical participation in a New Zealand Hip Fracture Registry, which will prospectively benchmark the quality of hip fracture care in all DHBs against trans-Tasman professional guidelines published in 2014.

- Near total participation in the ANZ Hip Fracture Registry in New Zealand's Hospitals
 - 65% (13 DHBs) Utilising Registry
 - 25% (5 DHBs) with Locality approval
 - 5% (1 DHB) Locality application in process
 - 5% (1 DHB) Other

Strategic Goal #2 Improve DHB Services

Ensure full implementation by all DHBs of FLS, the model of care which ensures that all patients presenting with bone fractures caused by osteoporosis receive the osteoporosis assessment and treatment that they need, combined with intervention to reduce falls.

- Publication of very widely endorsed ONZ Clinical Guidance for Osteoporosis
- Launch of the Live Stronger for Longer Alliance
- Near universal access to Fracture Liaison Services across NZ's District Health Boards
- Establishment and publication of the NZ Falls and Fractures Outcomes Framework
- A very successful Clinical Densitometry Training (DXA) course

Strategic Goal #3 Improve Prevention in Primary Care

Through collaborative process, develop clinically effective and cost-effective systems for the prevention of the first bone fracture caused by osteoporosis – First Fracture Prevention Programmes – for nationwide implementation by 2020.

- Development of a concept plan for Osteoporosis New Zealand to lead development and testing in primary care of an Osteoporosis Model of Care
- Endorsement of this plan from FLNNZ

Strategic Goal #4 Raise Public Awareness

Address the major public awareness and knowledge gap of osteoporosis in the entire New Zealand population. This will result in empowered consumers with improved health literacy who can make the best decisions for themselves.

- An innovative new approach by ONZ to engage school students, their teachers and school alumnae
- Inaugural lecture to Epsom Girls Grammar staff and Alumnae

Strategic Goal #6 High Performing Charity

Ensure the Osteoporosis NZ Trust is sufficiently resourced so that it can operate effectively and efficiently to focus on delivery of its strategy to prevent bone fractures caused by osteoporosis.

- A massive focus on fund-raising
- \$10,000 Donation from Goodman Fielder in the Milk 4 Good campaign
- Recognition of New Zealand as an example of best practice in systematic national approaches in Asia Pacific by the Economist Intelligence Unit
- Advisory Group Formed
- Susannah and Peter join the board of ONZ
- And finally, our strategy also featured in the [3rd Edition of the Oxford Textbook of Geriatric Medicine](#)

Chairman's Report

In 2017 Osteoporosis New Zealand (ONZ) has benefitted from the tremendous hard work of our Executive Director, Christine Gill, our committed Board of Trustees and numerous colleagues in the clinical community and others who work in government agencies.



For the first time in over a decade, clinicians in New Zealand now have practical clinical guidance to inform management decisions for people who are at high risk of sustaining fragility fractures caused by osteoporosis. We are sincerely grateful to Dr. Nigel Gilchrist from Canterbury DHB, who chaired the Expert Panel charged with developing the clinical guidance in a very rapid time frame. We are also very appreciative for the time given to this project by the members of the Expert Panel: Professor Ian Reid (University of Auckland), Dr. Shankar Sankaran (Counties Manukau DHB), Dr. David Kim (ONZ Board Member and Waitemata DHB), Dr. Alison Drewry (Accident Compensation Corporation [ACC]), Professor Les Toop (University of Otago) and Dr. Frances McClure (Mission Bay Doctors). We also want to thank Gill Hall and her team at ACC for funding development of the guidance.

The NZ Implementation Committee of the Australian and New Zealand Hip Fracture Registry (ANZHFR) has made significant progress with implementation of the registry in 2017. Almost 3,700 New Zealanders sustain a hip fracture every year, which is a very serious injury. The ANZ HFR provides a mechanism for hospital teams to benchmark the care that they provide against clinical standards of care which are based on international best practice. The virtuous cycle of quality improvement that is now ongoing across the entire health system for hip fracture patients means better outcomes for them, less distress for their families and the potential to reduce the current \$171 million financial burden imposed by hip fractures on our economy. We want to thank Mr. Mark Wright (Department of Orthopaedic, Auckland City Hospital) and Dr. Shankar Sankaran for their commitment to chair the NZ Implementation Committee and for the hard work of all committee members: Dr. Roger Harris (Auckland City Hospital ret'd.), Kris Dalzell (Canterbury DHB), Andrea Pettett (NZ Orthopaedic Association), Gill Hall (ACC), Heather Robertson (Counties Manukau DHB), Paula Eyres (MidCentral DHB), Stewart Fleming (SO3 IT), Carmela Petagna (Health Quality and Safety Commission New Zealand [HQSC]), Mark O'Brien (Orthopaedic Implant Liaison Association), Chris Pegg (NZOA), Dr. Phil Wood (Ministry of Health) and Karina Kwai (Ministry of Health).

The best hip fracture is a hip fracture that doesn't happen. In this regard ONZ is absolutely delighted that almost all NZ DHBs now have established a Fracture Liaison Service (FLS). The FLS model of care ensures that a determined effort is made to ensure that all individuals who sustain a first fragility fracture do not go on to sustain secondary fractures. The Fracture Liaison Network New Zealand (FLNNZ) is comprised of an incredibly dedicated group of healthcare professionals who are critical to the success of FLS across the country. ONZ salutes each and every member of FLN NZ for their unstinting commitment to improve outcomes for people presenting with their first fragility fracture. A significant increase in the capacity of FLS has also been funded by ACC, who should be applauded for their substantial investment in better patient outcomes.

In conclusion, once again, I thank Christine Gill, our tenacious, indefatigable Executive Director, without whom ONZ would be a shadow of the organisation that it has become since Chris' appointment in 2015. Finally, I thank all of those New Zealanders who have brought ONZ's strategy **BoneCare 2020** to life. This includes numerous health care professionals, DHB service managers, our collaborators at ACC, the Ministry of Health and HQSC, our partner organisations in NZ and throughout the world who have shared so many resources, all of those who have contributed through financial donations to ONZ, including a very generous donation of \$10,000 from Goodman Fielder, and last, but absolutely not least, all New Zealanders who have been diagnosed with osteoporosis, who are our true customers.

Paul Mitchell

BSc (Hons), C.Chem, MRSC

Chairman



Executive Director's Report

2017 has been a successful year for Osteoporosis New Zealand. Our work to ensure that all New Zealanders at high risk of suffering a hip fracture receive pre-emptive intervention to reduce the incidence of hip fracture in New Zealand has accelerated significantly with the formation of the Live Stronger for Longer alliance.

ONZ has provided expert advice to the national Live Stronger for Longer alliance, a national movement that is bringing all parties (health providers consumers, NGOs and government agencies) together to support better falls and fracture prevention including treatment of osteoporosis...and preventing falls and fractures.

The Live Stronger for Longer Alliance provides an illustration of what can be achieved when all stakeholders in a country work together in the best interests of the people. It has already been recognised for its successes in reports from the Economist Intelligence Unit, International Osteoporosis Foundation and a growing number of publications in the scientific literature.

Some highlights for me this year have been:

- Near comprehensive clinical participation in a New Zealand Hip Fracture Registry with 95 % of DHB's now using or approved to use. This will allow all DHB's to benchmark their quality of hip fracture care and greatly improve patient care and outcomes.
- Supporting the Fracture Liaison Network of New Zealand. The additional funding has allowed the team to grow. With near universal access to Fracture Liaison Services across NZ's District Health Boards the team can now manage first fractures to prevent a second.
- Publication of the widely endorsed clinical guidance for the diagnosis and management of osteoporosis in New Zealand, which will help all health professionals, particularly GPs, to provide optimal care for their patients. Thank you to all the organisations that provided feedback and endorsed this document. A special thanks to the Guidance Expert Group who provided their time and expertise at no cost. You were an amazing team to work with.
- Working with Epsom Girls Grammar to develop an innovative new programme to engage school students, their teachers and school alumnae

The major challenge that continues to face ONZ is sustainability funding. We currently have no government funding and have a low brand awareness with consumers. This is due to the fact that our work to date has focused on secondary prevention to close some of the clinical care gaps.

Osteoporosis New Zealand was humbled to receive a generous donation of \$10,000 from Meadow Fresh as part of its Milk 4 Good campaign. Thank you to the team at Goodman Fielder.

Whilst we have achieved a considerable amount there is still a lot to do. We are actively trying to secure funding to support our next strategic objectives which are to work with primary care to support improved fracture prevention and to fulfil a huge community need to raise the public's health literacy and awareness so that they can be proactive in the management of their Bone Health. Fundraising is not my area of expertise however I have learnt during our huge drive to attract funding. Thank you to everyone that has offered their support and assistance.

We would welcome and value your input or support to make a lasting impact on the quality of thousands of New Zealanders lives.

In conclusion, I would like to thank all ONZ Board members especially Paul Mitchell. They continue to volunteer their time to drive the **BoneCare 2020** strategy and provide governance and expertise to our vision for Better Bones and Fewer Fractures for all New Zealanders.

Christine Gill

BSc

Executive Director

Summary Financial Statements

Summary Statement of Financial Performance (Year ended 31st December 2017)

	(NZD) 2017	(NZD) 2016
INCOME		
Donations	16,495	770
Projects and Promotions	51,771	46,680
Interest Received	6,801	11,396
Total Income	75,067	58,846
EXPENDITURE		
Personnel and Administration	125,662	112,543
Compliance and Governance	7,875	8,870
Projects and Promotions	38,304	43,287
Depreciation	3,102	13,293
Total Expenditure	174,943	177,993
NET SURPLUS/(DEFICIT)	\$(99,876)	\$(119,147)

Summary Statement of Financial Position (As at 31st December 2017)

CURRENT ASSETS		
Bank Accounts	38,905	59,039
Debtors and Prepayments	1,535	15,241
Investments	143,293	207,760
Other Current Assets	2,316	2,171
Non Current Assets	843	3,947
Total Assets	186,892	288,158
CURRENT LIABILITIES		
Creditors and Accrued Expenses	16,501	17,890
Total Liabilities	16,501	17,890
NET ASSETS/EQUITY	\$170,391	\$270,268

Summary Statement of Cash Flows (Year ended 31st December 2017)

Net Cash Flows from Operating Activities	(84,601)	(106,256)
Net Cash Flows from Investing and Financing Activities	64,467	142,240
Net Increase (Decrease) in cash	20,134	35,984
Opening Cash	59,039	23,055
Closing Cash	\$38,905	\$59,039
This is represented by: Bank Accounts and Cash	\$38,905	\$59,039

NOTE: This Statement is to be read in conjunction with the Notes to the Financial Statements

Summary Statement of Service Performance

ONZ has changed lives for the better. We have supported national roll out of the hip fracture registry which enables hospitals to benchmark the care that they provide against new national standards. Championed nationwide implementation of Fracture Liaison Services (FLS) in every hospital/District Health Board (DHB) which case find all new patients with a fragility fracture. Published clinical guidance for the diagnosis and management of osteoporosis in New Zealand, which has been endorsed by 14 organisations. This guidance will help all health professionals, particularly GPs, to provide optimal care for their patients.

In conjunction with ANZBMS ran a very successful Clinical Densitometry Training Course

ONZ has played an integral role and provided expert advice to the Live Stronger for Longer Alliance.

ONZ in partnership with Epsom Girls Grammar School (EGGS) has commenced planning to develop, pilot and evaluate an appropriate evidence-based teaching module which will provide education for the students at various levels, as well as their families, staff, former pupils and friends of the respective schools.

Throughout the year ONZ has consistently delivered public health messages to improve consumer awareness.

Notes

- The summary of financial performance, financial position and cash flows have been extracted from the full financial statements. Expenditure has been reclassified into the summary categories of personnel and administration, compliance and governance and projects and promotions.
- The full financial statements were authorised for issue on the 29th June 2018 by the Chairman of the Board Mr Paul Mitchell.
- The Osteoporosis NZ Trust has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting – Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000.
- These summary financial statements do not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided in the full financial statements.
- A copy of the full financial statements can be obtained from the Charity Commission website www.charities.govt.nz under the registration number CC43137.
- The full financial statements for the year ending 31st December 2017 have been audited.



Mr Paul Mitchell
Chairman

Independent Auditor's Report on the Summary Financial Report

To the Board of the Osteoporosis New Zealand Trust

Report on the Summary Financial Report

The accompanying summary financial report of the Osteoporosis New Zealand Trust (the 'Trust') comprises the summary statement of financial position as at 31 December 2017, and the summary statement of financial performance, summary statement of cash flows and summary statement of service performance for the year then ended, are derived from the audited financial statements of the Trust for the year ended 31 December 2017. In our opinion, the full financial statements are materially correct except for the statement of service performance for which we issued a qualified audit opinion over, in our report dated 29 June 2018.

The summary financial report does not contain all the disclosures required for full financial statements under generally accepted accounting practice in New Zealand. Reading the summary financial report, therefore, is not a substitute for reading the audited financial statements of the Trust.

This report is made solely to the Board, as a body, for the purpose of expressing an opinion on the summary financial report for the year ended 31 December 2017. Our audit has been undertaken so that we might state to the Board those matters we are required to state to them in an auditor's report on the summary financial report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board as a body, for our audit work, for this report, or for the opinions we have formed.

Basis for Qualified Opinion over the Statement of Service Performance

Controls over the recording of the relevant outputs identified to be reported in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Not-For-Profit) was limited during the period. Reporting of this type information is a new requirement and the entity's controls have not been in operation throughout the period.

Because of these limitations, we have been unable to obtain sufficient appropriate audit evidence to support the reported outputs for the year. Consequently, we are unable to determine whether any adjustments are necessary.

Board of Trustees' Responsibility for the Summary Financial Report

The Board are responsible for the preparation of a summary of the audited financial statements, in accordance with PBE FRS 43: Summary Financial Statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial report based on our procedures, which were conducted in accordance with International Standards on Auditing (New Zealand) (ISA (NZ)) 810: Engagements to Report on Summary Financial Statements.

Other than in our capacity as auditor we have no relationship with or interests in the Trust.

Opinion

In our opinion, the summary financial report derived from the audited financial statements of the Trust for the year ended 31 December 2017 are consistent, in all material respects, with those financial statements, in accordance with PBE FRS 43: Summary Financial Statements.



BDO Wellington Audit Limited


31 July 2017

Wellington

New Zealand



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New Zealand

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