2014–2015 Annual Report

Consumers Health Forum of Australia

The Consumers Health Forum of Australia prides itself on a reputation as an independent organisation that is in the business of generating consumer-led ideas for a better health system.

While the challenges facing the health sector are enormous, CHF continues its mission to work collaboratively with health consumers, our members and stakeholders to improve the viability and sustainability of the health system for all health consumers.

The Board of CHF is pleased to present the Annual Report for 2014–2015 which outlines the work we have done over the past year.

Click through the headings to read more

representing consumers on national health issues

WHO WE ARE

The Consumers Health Forum of Australia is the national peak body representing the interests of Australian healthcare consumers with a network reaching millions of Australian consumers.

CHF has the capacity, credibility and authenticity to ensure that governments and decision makers hear and understand the consumer perspective. Our members are diverse: they cover organisations and individuals with key conditions and issues across the health system and also include professional and research bodies with an interest in healthcare consumer affairs.

VISION

A world class health system with consumers at the centre of all decision making

MISSION

To generate consumer-led ideas for a high quality and affordable health system centred on the needs and preferences of consumers

OUR OBJECTIVES

OBJECTIVE ONE

Develop and promote consumer-centred health system policy and practice to governments, stakeholders, providers and clinicians

OBJECTIVE TWO

Engage with the members of CHF to ensure collective consumer voices are involved in the co-design of health system change and innovation

OBJECTIVE THREE

Generate new and harness existing evidence to shape and co-create consumer-centred health policy and practice

OBJECTIVE FOUR

Partner strategically to achieve a consumer-centred health system

OBJECTIVE FIVE

Sustain and grow a member-driven, values based, reputable and well governed organisation

WHAT IS THE CHAIR SAYING?

They say a week is a long time in politics – well it feels even longer if you operate in the health space! The past year has once again proved a time of significant change for Australia's health consumers and for CHF itself. A year ago I was writing the Chair's report with a level of despondency as the Coalition Government was proposing quite drastic change that could impact negatively on consumers. I am pleased to report at this time that a number of those proposals have been taken off the table. During this period CHF has conducted a number of public campaigns highlighting the impacts on our constituency. I am also happy to report that Minister Ley is very consultative, and has made numerous public statements confirming that she respects and values the voice of the health consumer in developing Australian health policies and programs. Our relationship with the Minister, her office and the Department of Health continues to be a very positive one, built on mutual respect. There is a genuine recognition that CHF has a valuable contribution to make in the development of good health reform, and strong policy and programs.

The Department of Health Stakeholder Forum established by the Secretary of the Department of Health and Ageing, Martin Bowles, has been a very positive initiative in the past year, as it provides key stakeholders like CHF the opportunity to make a valuable contribution to discussion and debate on contemporary health issues, with other health sector partners and colleagues.

Promising Health Reform Reviews

The past months has seen the Minister announce a number of major and wide ranging reviews, including the whole of the Medicare Benefits Schedule, Primary Health Care, e-Health, Pharmacy Regulation, and various TGA and PBAC guidelines and processes. A review of private health insurance has also been mooted. CHF is playing an active role across all of these reviews, and provides representation through membership on the reviews, and/or through consultation and close liaison with Departmental staff on working groups and committees. While CHF has welcomed many of these reviews, indeed has been calling for the opportunity to review significant health expenditure programs, we also note that these undertakings have central implications for a universal and equitable health system as espoused by CHF members. We are very cognisant that the follow on of a lot of these activities will also be crucial, when we have the recommendations and final determinations to consider and respond according to the potential impacts on consumer's lives and their capacity to manage their health issues. CHF stands ready to be a critical voice and invest heavily in the best possible outcomes of these reviews, but with one key proviso, that we have the capacity, in program scope and human resource terms, to make a worthwhile contribution.

There continues to be a broad debate on the sustainability of the health system or otherwise. CHF continues to argue through our campaigns, research with membership, and submissions to the various parliamentary and departmental mechanisms that there are numerous measures which could be taken to make considerable savings but also improve the health outcomes for consumers.

Valuing Relationships

The CHF Board maintains its key priority of member and stakeholder engagement, generating opportunities through the development of a forward looking Strategic Plan launched earlier this year, enhancements to our website and publications, and also through membership workshops or forums we have held on major issues. We know our membership values these contacts and opportunities and we value the rich information and advice we receive, and which we then use in mounting arguments and positions with key stakeholders and government.

Prudent Financial Management

During the year CHF had to take stock of its future viability as a consequence of reduced income streams in the challenging national funding environment. The Board noted at the beginning of 2015 that there was no surety of this trend being reversed for some time, which included uncertainty over future arrangements for the critical base funding for national peaks from the Department of Health and Ageing to support the organisation. While CHF has been buoyed by healthy financial reserves, the Board was concerned these could be quickly depleted if we did not reduce expenditure. Consequently a savings package was endorsed and this unfortunately resulted in some staff reductions. I pay tribute to all those staff members, departed and ongoing, who made a very good contribution to CHF during a difficult period.

However, CHF continues to operate very professionally and effectively, albeit as a smaller entity; the contributions and outputs of the organisation deliver at very high levels, but cannot continue without additional revenue. We are working assiduously, through our CEO, to garner new sources of funding and we await critical decisions from the Federal Government on the provision of essential funding to provide the capacity to fulfil our role as the key peak health consumer advisory organisation in Australia.

Governance Change and Consolidation

CHF has also experienced a number of changes at the Board and senior staffing levels with the departure of CEO, Adam Stankevicius at the beginning of 2015, and the appointment of our new CEO, Leanne Wells. Leanne has assumed the role in a challenging time, but has hit the ground running. She has made a first class contribution already, including her appointment to the Primary Health Care Review Advisory Group, and enhancing our relationships with the Minister's Office, and Department. Leanne also quickly engaged with the options available to secure our financial situation, and developed the organisation's savings package plan in conjunction with the Finance and Audit Committee and ultimately the Board. We welcomed her on board as we continue our work ahead, and consolidate our skills and expertise across the Secretariat.

During the year, long term Board member, John Daye, announced his retirement, and his decision to step off the CHF Board. John had been a Director of CHF for 8 years, and had come to CHF through his long standing work as a HIV community advocate and health consumer. I would like to thank John for his positive contribution to the CHF Board and the organisation over such a long period of time. We wish John well.

I would also like to take this opportunity to give thanks to former Deputy Chair, Ainslie Cahill, who retired at the last AGM at the end of her official term. Ainslie performed an outstanding role on the CHF Board over a long period of time with her insightful contributions and very strategic approach to contemporary consumer health issues. When Ainslie first joined the CHF Board it and the organisation were still developing in many governance and operational areas, and making critical decisions for future growth of the programs. Through her tireless efforts and those of her fellow board members, she was instrumental in rebuilding CHF into the viable and dynamic organisation it is today.

I would also like to, thank all my other Board Director colleagues, and the CHF Secretariat staff for their undying devotion to CHF and their consistent fight to improve outcomes for all Australian health consumers.

While the challenges facing the health sector are enormous, CHF continues its mission to work collaboratively with health consumers, our members, our stakeholders, the Federal Government and health providers to improve the viability and sustainability of the health system for all health consumers. The opportunities and foundations have been set in this period, and we look forward to the next period to realise great advances across the Australian health system.

Tony Lawson
Chair

WHAT IS THE CEO SAYING?

I am pleased to present Consumers Health Forum of Australia's Annual Report for 2014/15. I was delighted to take up the role of Chief Executive Officer in April and to join such an active and committed sector.

Knowing the needs and interests of our members

Member and stakeholder rating of our performance and value is important to how we stay relevant. Towards the end of 2014-15 CHF planned for and conducted a member feedback survey. We were left with no doubt that members expect us to be a 'thought leadership' and agenda-setting organisation, not one that is reactive to the government's priorities alone.

The main reason for CHF membership included supporting CHF's work (82.6 per cent), keeping abreast of current health consumer issues (73.9 per cent) and to provide input to CHF policy and advocacy (65.2 per cent). The overall response rate across all membership classes was 84.8 per cent for individual members, 40.4 per cent for voting members, and 20.0 per cent for associate member organisations a rate that benchmarks well with rates typically generated by surveys of this nature.

Communicating with members, extending our networks

HealthUpdate, our monthly e-bulletin, continues to be our primary channel for keeping members up-to-date on developments in the wider national health landscape. Consumers Shaping Health continues as key publications by CHF for stakeholders.

We introduced a Board Communique to keep members' and consumer representatives abreast of strategic matters on the Board agenda, and a Report Card which we will update quarterly and disseminate to members, stakeholders and parliamentarians. We hosted webinars, workshops and telephone-based focus groups in order to open up further opportunities for member input to our policy and advocacy work.

CHF recognises that we can further our influence and impact by extending our networks and working in partnership with others. Increasingly, we will be looking to strike strategic partnerships to pursue common goals through co-hosted events, joint programmes and advocacy.

Consolidation and crystalising our core priorities

In May our new Strategic Plan 2015-2018 was finalised. This followed extensive member consultation via the 2014 national roadshow. It also took into account the strategic opportunities we face, and the trends in healthcare consumer affairs globally.

Developing and promoting consumer-centred health system policy and practice that is designed to put people in control of their health and care continues to be a core objective.

CHF is also placing a priority on working with others to build capacity of the consumer sector in key areas such as leadership and participation in research. This work is designed to support the sector to be an even more effective agent of change than it already is and will be accelerated in 2016. It will build on existing resources such as the Our Health, Our Community website and Real, People Real Data to put the spotlight on the value of consumer stories in framing policy and services.

The promise of health reform

The Government initiated several reviews into some fundamental aspect of our health system including primary health care, the Medicare Benefits Schedule, mental health and future pharmacy arrangements. We hosted Health Minister Sussan Ley and the Chairs of the two key reviews, Dr Steve Hambleton and Professor

Bruce Robinson, at a members' and stakeholders' forum in August. This forum provided the opportunity for participants to provide their insights and perspectives directly to the Minister and the review leads.

CHF is an active participant and informant to all these reviews, contributing to workshops, responding to surveys, making submissions and adding to commentary in the media and other fora.

I was privileged to be selected as a member of Minister Ley's Primary Health Care Advisory Group examining how our primary health care system can transform in order to provide better care to people with complex and chronic conditions.

Strategic, integrated communications

CHF continued to be a credible source of balanced commentary and advocacy about healthcare consumer issues in the media. Our opinion is regularly sought by all the major broadcast, press and online media outlets.

Deliberate efforts were made to strengthen CHF's social media footprint. Our twitter and facebook presence has grown proving this to be an effective and efficient way to build our profile and extend our commentary in order to raise issues that matter to healthcare consumers through these rapidly evolving media channels.

Health Voices continues to be our premier journal. Published biannually it focuses on topical health themes and issues. Themes for 2014/15 editions included eHealth and primary health care.

CHF: Well placed and credible

CHF prides itself on a reputation as an independent organisation that is in the business of generating consumer-led ideas for a better health system. Our future is strong and we have some exciting plans in the pipeline for 2016 on which we will consult members as they progress.

To succeed and make a mark as Australia's national peak body for healthcare consumers and those with an interest in health consumer affairs, we rely on valued membership, effective networks and stakeholder partnerships.

Our success also hinges on good governance and staff with commitment, capability and passion. I would like to pay tribute to the small and very talented CHF team and the CHF Board for their enormous contribution to CHF and for their welcoming support of me since commencing at CHF.

Leanne Wells
Chief Executive Officer

WHAT HAVE WE DONE IN 2014–15?

POLICY

CHF continued to be active across a broad range of policy issues seeking to ensure that the consumer perspective is included in all policy deliberations. CHF draws on our network of members, both organisational and individual, consumer representatives and other consumers to inform and ensure that there is a truly consumer centred approach to our policy work.

Our policy agenda includes developing policy positions, writing submissions in response to proposals from government and other key stakeholders and participating in inquiries and participating on a wide range of committees and working groups.

As well as using national and international evidence to inform our positions CHF incorporates consumer evidence obtained through qualitative and quantitative methods such as consultations, focus groups and surveys.

CHF put made 30 submissions as well as several statements and representations across the areas that are most important to consumers, including access to affordable and appropriate care, access to safe and affordable medicines, health system reform including improved primary health care, pharmacy and workforce issues.

Affordable Care

The issue of co-payments for GP services and increased co-payments for PBS medicines dominated health policy discussion. CHF opposed both measures as they would increase out of pocket costs for health care and reduce access, particularly for low income and vulnerable consumers.

> *"There is good evidence that overall co-payments reduce access to both inappropriate and necessary care and there is no evidence that they reduce overall health costs. There is a risk that the introduction of additional co-payments to access PBS subsidised medication could adversely impact upon the health of some already marginalised and disadvantaged groups.....)" Extract from CHF submission to Senate Inquiry into the National Health Amendment (Pharmaceutical Benefits) Bill 2014*

Pharmaceuticals and therapeutic goods

CHF strongly believes that there needs to be a robust regulatory framework to ensure consumers can have confidence in the safety and quality of therapeutic goods in Australia.

> *"We agree that managing risk is a part of regulation, the ultimate purpose of any regulatory scheme should be two-fold: To protect public health and safety and to provide consumers with confidence in the products they use to manage their health." Extract from CHF submission to The Review of Medicines and Medical Devices Regulation*

CHF also has concerns around access to medicines, looking at timeliness and affordability.

> *"CHF does not have any objection to biosimilars being prescribed and administered if there is robust evidence to show they are clinically safe and effective. We understand the need for and support measures that contain health costs. However there is a need to always ensure these savings are not made at the expense of consumers' well-being" Extract from CHF Submission to Inquiry into National Health Amendment (Pharmaceutical Benefits) Bill 2015.*

Pharmacy

Community pharmacy received attention through the Harper Competition review, the Australian National Audit Office report into the implementation of the Fifth Community Pharmacy Agreement and the negotiations of the Sixth Community Pharmacy Agreement.

"The overarching objective of the CPA is to provide reliable, timely and affordable access to cost-effective, sustainable and high quality pharmaceutical services and medicines. However, CHF believes that further investigation of the CPA model is necessary to establish whether it is the most effective and efficient way to deliver pharmacy services compared to alternative models. Importantly, the Review should consider the impact of the current pharmacy location and ownership rules and whether these serve the public interest and the interests of health consumers" Extract from CHF Submission to Competition Policy review.

Health Care Reform

Primary health needs to be reformed to better meet the needs of an increased number of people with chronic and complex needs. The momentum around health care reform and the appetite for health system improvement was spearheaded by the Government's announcement of its Healthier Medicare Package in April 2015. Healthier Medicare placed considerable emphasis on the fact that Medicare's design no longer efficiently supports patients and practitioners to manage chronic conditions or the complex interactions between primary and acute care. The two key elements of a Healthier Medicare was the Medicare Benefits Schedule Review set up to consider how services can be aligned with current clinical practice and improve health outcomes for patients and the Primary Health Care Advisory Group (PHCAG) convened to investigate ways to provide better care for people with complex and chronic illness, innovative care and funding models and greater connection between primary health care and hospital care. CHF had active engagement with these two bodies of work, including the appointment of CEO Leanne Wells to the PHCAG. Other developments in which CHF engaged with to provide consumer perspectives included the health reforms being examined through reform of federation and the establishment of Primary Health Networks.

> *"There is mounting evidence and stakeholder support for strengthening Australia's primary health care system and wide recognition of the key role GPs and the general practice setting play. At the same time there is growing recognition of the limitations of current general practice financing models on the depth, nature and quality of care for consumer's experience" Extract from CHF submission to RACGP Paper: Vision for a Sustainable Health System*

Workforce

Robust health workforce policy and programs that promote a modern Australian health workforce that works to its full scope of practice, is supported to work in integrated, multidisciplinary models of care, offers safe quality care and, importantly, adopts the principles of patients as partners in care is the backbone of our health system. CHF worked on several fronts with government, professional colleges, accrediting and training organisations throughout the year.

> *"The most profound concern when it comes to the education of medical professionals is whether aspiring health care professionals are able to provide safe and quality care. Health professionals, in the course of their education, should have experience in community settings, be trained in best-practice, consumer-centric principles of care, and receive feedback from experienced patient advocates and consumer representatives on their performance, in addition to their primary supervisors." Extract from CHF Submission to Review of Medical intern Training*

Parliamentary Inquiries

CHF continued to advocate for consumer interests through participation in a number of parliamentary inquiries. As well as putting in submissions CHF was routinely invited to present evidence at public hearings and our submissions were often cited in parliamentary reports.

Key inquiries in which we participated this year included:

- Submissions to the Senate Inquiry into Health
- Submission to Inquiry into PBS Co-payment
- Submission to Inquiry into the Private Health Insurance Amendment (GP Services) Bill 2014
- Submission to the Inquiry into the National Health Amendment (Pharmaceutical Benefits) Bill 2015
- Submission to Inquiry into the Private Health Insurance Amendment Bill (no2) 2014
- Submission to the Inquiry into the Availability of New Innovative and Specialist Cancer Drugs in Australia.

MAJOR PROJECTS AND SURVEYS

National Registration and Accreditation Scheme

The National Registration and Accreditation Scheme for the health professions (NRAS / the Scheme) is established under the Health Practitioner Regulation National Law Act as in force in each state and territory. An Intergovernmental Agreement (IGA) signed by Council of Australian Governments (COAG) members in March 2008 underpins NRAS. The IGA stated that an independent review of NRAS was to be initiated following three years of the Scheme's operation.

Ahead of the release of its Consultation Paper on the Scheme, the Review sought to engage with consumers and consumer groups to ensure that consumer voices were heard throughout. The purpose of the consumer engagement strategy was to ensure there is an effective process in place to capture issues regarding the Scheme and, as far as possible, the views of consumers on those aspects of the Scheme that affect them most.

To inform the NRAS review, CHF facilitated a national workshop on 3 September 2014 in Melbourne to brief participants about the Scheme, and then seek their views on how the Scheme is working particularly in relation to: confidence in the health and safety of the public, accessibility, flexibility and complaints/notifications. The workshop was attended by consumer state peak representatives, rural health consumers, and consumers from CHF's network. Following the workshop, participants shared the information with other consumer agencies and individuals and then attended the Forums held in each state or territory.

CHF also conducted a general survey for consumers on the major themes of the NRAS review. The survey revealed that consumers' unfamiliarity with the Scheme, the process for making a notification of health professionals' conduct, and broad dissatisfaction with the outcomes – real or expected – present serious issues for reforming the Scheme. Other research indicated that consumers expect to have their issues with the health care system, to include specific practitioners, resolved quickly and transparently.

Life Saving Drugs Programme (LSDP)

CHF was contracted by the Department in February 2015 to undertake a consumer consultation regarding two of the Review's Terms of Reference: Term of Reference 4, "Compare the subsidisation and equity principles of the Pharmaceutical Benefits Scheme (PBS) and the LSDP," and Term of Reference 7, "Establish a framework for data collection on rare diseases in Australia and assess how this could function internationally."

In order to provide broad consumer feedback, CHF looked both within and beyond its traditional member base to ensure a broad spectrum of views would be represented. We hosted two workshops – one in Melbourne on 19 March 2015, the other in Sydney on 24 March 2015 – that included consumer organisations within and outside of CHF's membership, and consumer representatives. CHF also launched an online survey for consumers broadly and promoted it through the workshop attendees, CHF's membership, and social media platforms.

There was a lack of consensus in both the workshops and in the survey about the standards that need to be used to assess quality of life, who ought to resource a broader rare disease strategy, and what the governing framework ought to be for the LSDP going forward. There was a general suggestion that PBAC criteria also need to be examined and perhaps revised as part of a future rare disease scheme, but where and what those changes need to be was beyond the scope of this consultation.

For the consumer, the most important concerns are whether the medicines being subsidised by government are effective and targeting the most severe diseases, while keeping costs to consumers low. Although there was a broad recognition by survey respondents and workshop attendees of the need for Government to be mindful of overall costs, many believed that these concerns could be addressed through improved surveillance of effective treatments through better data collecting and sharing. Moreover, there was a broad view that pharmaceutical companies need to be held to greater transparency standards so that Government could better assess whether the costs it pays to support consumers with rare diseases are fair.

After Hours Primary Care

In August, CHF was invited by the Department of Health to provide input to its review of After Hours Primary Health Care services as part of its work informing transition of Medicare Locals to Primary Health Networks. To inform its submission, CHF launched the survey on 22 August to allow the consumer experience to inform the review.

The key findings of the survey were:

- Most consumers who seek after hours primary health care do so because they perceive the need to be moderately or highly urgent
- The majority of consumers who receive after hours care are treated in an emergency ward.
- Wait times for care varied significantly by place of care, with wait times for at-home and emergency ward care often exceeding one to two hours. Wait times correlated strongly with consumer satisfaction of the care received.
- The survey revealed broad awareness of the After Hours Primary Care Helpline, with limited data suggesting high levels of satisfaction with the service provided.

Private Health Insurance

In order to assist the Australian Competition and Consumer Commission's (ACCC) ongoing review of private health insurance, CHF launched a consumer survey to gather consumers' opinions about their experience in researching private health insurance.

The key findings of the survey were:

- Most consumers who had private health insurance had combined cover (77.4 per cent).
- Just over half of consumers who had private health insurance ever updated their policies or switched insurers (58.5 per cent), with less than half of those having updated their policies three or more years ago (38.7 per cent).
- When researching insurance policies, most consumers relied on information directly provided by insurers (56.6 per cent), while one-in-three used family or friends' experiences in helping them decide.
- None of the respondents used information from Private Health Insurance Advisory Council (PHIAC) or the Private Health Insurance Ombudsman (PHIO) in researching private health insurance, and fewer than one in six consumers (15.0 per cent) used the Government's insurance comparison website.
- Of the 55.6 per cent of respondents who used non-government websites to research insurance policies, just over one-third (40.0 per cent) did not know that most non-government insurance websites did not cover all possible policies.

Taken on the whole, the picture that emerges from the survey's results is that consumers with private health insurance are operating with a "set and forget" attitude. This attitude might stem from consumers' lack of understanding of the private health insurance market, or their intimidation by its complexity.

Pharmacists in Primary Care

The Sixth Community Pharmacy Agreement, finalised in May 2015 and which commenced on 1 July 2015, provides for $50 million for a Pharmacy Trial Programme that would expand the role of pharmacists in the delivery of certain healthcare services.

CHF undertook a survey in order to ensure that consumers' opinions are considered and reflected in what promises to be a major shift in how Australians receive front-line care. Over 500 consumers responded to the survey. Overall, survey respondents were very supportive of the position that pharmacists could have a larger role to play in the provision of primary health care services.

The key findings of the survey were:

- Most respondents believed that pharmacists have a larger role to play in providing primary care services, with similar levels of support for their local pharmacists offering additional primary care services.
- Most respondents were also supportive of having pharmacists providing medicines management and other non-dispensing clinical services within a GP care setting.
- While four out of five respondents indicated that their local pharmacy already offered one of several primary care services expected to be trialled by the programme, less than one in three respondents said that they had used them.
- The prevailing concerns about expanding pharmacists' role in primary care or utilising their services were having GPs "out of the loop," the potential safety and quality of the services to be provided, and the level of privacy afforded in the pharmacy setting.
- Respondents who had less frequent encounters with GPs were more strongly supportive of expanding primary care services within pharmacies, although the overall level of support was about the same across respondents' health system utilisation.

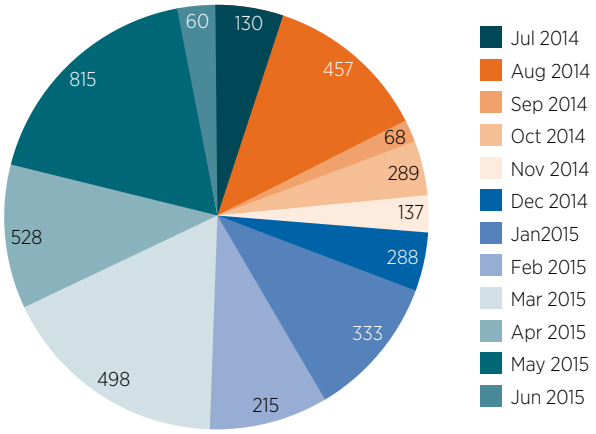
What clearly came through in the results was a desire among consumers for their health care providers to be "on the same page" and better integrated as a "health care home" when it comes to the provision of primary health services. They viewed the potential for the expansion of pharmacies from their traditional settings as one possible way to achieve greater coordination. This should give support to the mission of PHNs to improve the coordination of community services, to possibly include providing support to pharmacists who desire to expand into the primary care space, or GPs who desire to have a pharmacist collocated to assist with medicines management.

WHAT HAVE WE SAID IN 2014–15?

CHF reached tens of thousands of people through its social media platforms and generated interviews and mentions in over 3,000 reports in mass media and specialist publications over the year. CHF's official Twitter account had over 158,000 impressions (number of times content was seen by other social media users) during the financial year. CHF's Facebook page for Our Health, Our Community, had 83,100 impressions, while the Our Health, Our Community Twitter account had 77,200 impressions. This outreach added hundreds of new followers to CHF's social media pages and drew large volumes of traffic to CHF's media releases and public submissions.

The issues CHF was most commonly on quoted in media ranged widely and included primary health care, health checks in supermarkets, eHealth, patient waiting times, mental health services, medicines safety and obesity. Heaviest media demand for CHF comment however was generated by hip-pocket issues: the GP co-payment debate, health insurance costs and coverage and pharmacy costs.

This graph illustrates peaks in CHF communications and media activity.



The areas of key media interest for us included the subsequently-ditched plan for a patient co-payment, seeking greater consumer say in primary health care developments and in the Community Pharmacy Agreement.

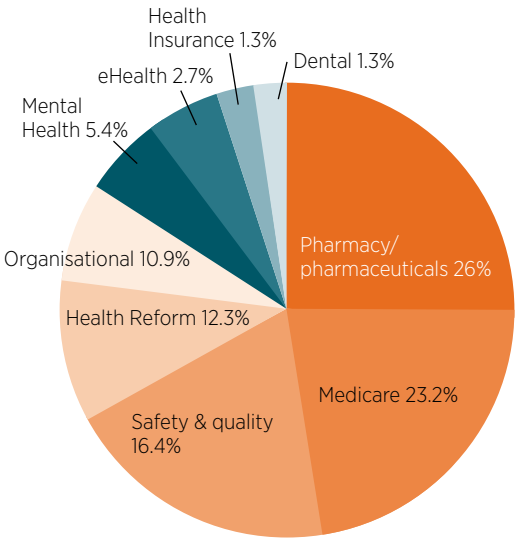
In August 2014 we joined with the Public Health Association of Australia (PHAA) and Australian Council of Social Service (ACOSS) in a media campaign calling on parliamentarians to reject any agreement with doctors for a co-payment. In December in a joint statement with the PHAA we warned that millions would be hit by GP co-payments for the first time if the Government proceeded with the measure.

In February CHF led a campaign with the National Heart Foundation, Obesity Policy Coalition and PHAA highlighting findings of a CHF-commissioned poll revealing overwhelming community support for stronger action by Government to discourage unhealthy diets.

CHF has maintained an active presence in the mass media as the "go-to" source for comment on health hip-pocket issues like gap payments and health insurance premiums and coverage. The frequent media requests to CHF to provide individual consumers for interviews and filming in order to illustrate the "real life" impact of a given issue highlights the need for CHF to develop further a responsive, inclusive support base, enabling us to bring together media and consumers who are prepared to share their health experience.

A key communications challenge for CHF is to best adapt to and exploit social media and in this era of immediacy to be able to respond credibly and promptly on behalf of health consumers.

2014–2015 media releases by topic



HOW IS CHF GOVERNED?

CHF's Constitution allows a maximum of nine Directors with six of the Directors being elected on a rotational basis from the membership. The Board may also at their discretion appoint up to three skills based directors. At the 2014 AGM three new Directors were elected by our Voting Members.

Our current Directors are as follows:

Mr Anthony (Tony) Lawson–Chair
Ms Ainslie Cahill–retired October 2014
Ms Rowan Cockerell
Mr John Daye–retired May 2015
Ms Jan Donovan
Ms Melissa Fox
Ms Bel Harper
Mr Stephen Murby–retired October 2014
Mr Robert Pask
Ms Moya Sandow
Ms Jo Watson

Board Meeting Attendance 2014–2015

Name	Position	Term of Office	Board Meetings Attended
Ainslie Cahill	Board Deputy Chair to October 2014	Retired October 2014	2
John Daye	Board Member	Resigned May 2015	4
Jan Donovan	Board Member	To October 2017	4
Melissa Fox	Board Member	To October 2017	4
Bel Harper	Board Member	To October 2017	4
Tony Lawson	Board Chair	To October 2016	5
Stephen Murby	Board Member	Retired October 2014	0
Robert Pask	Board Member – Chair Membership Committee	To October 2015	4
Moya Sandow	Board Member	To October 2016	5
Jo Watson	Board Member –Deputy Chair from October 2014	To October 2015	5

The Board of CHF is very ably supported by a small but dedicated staff team in the Secretariat led by our new CEO Ms Leanne Wells who started in April 2015.

OUTLOOK: WHAT ARE OUR PLANS FOR NEXT YEAR?

Like other charities and not for profits, CHF will continue to face ongoing financial and operational competing demands. In this climate it is imperative that we focus on priorities for members and consumers indicated in our 2015 members' and stakeholders survey.

In 2016 we will:

Develop a Federal Election Statement and a Federal Budget submission as the key basis for our policy and advocacy agenda. Priorities will reflect those of our members and close stakeholders.

Continue to play a strategic and constructive role to bring consumer insight and perspectives to Government as it makes its responses to the current series of health reform reviews

Produce and launch a dossier of consumer stories using the Real People, Real Data tool as a support to our policy and advocacy agenda.

Seek to diversify membership and leadership networks to deepen our commentary and analysis, maximize our impact and influence with government and other key decision makers

Sustain and enhance our online and social media presence, including use of the Our Health, Our Community interactive website to engage directly with consumers

Work with state based members and others to explore ways we can build the capacity of and leadership within the consumer sector to participate in all aspects of national policy, research and system design and implementation.

CONSUMER REPRESENTATIVES 2014–15

CHF nominated consumer representatives contributed to a wide range of national health committees during 2014-15. Representatives make a valuable contribution to committees by ensuring that consumer perspectives were considered in health decision-making. They remind committees that health policy and healthcare delivery must focus on consumer experience and consumer health outcomes.

CHF supports consumer participation on committees by nominating and supporting consumer representatives on select national committees and by referring and advertising other consumer representative opportunities to our network.

Their contribution was sought and valued on a wide variety of Australian Government Department of Health and Ageing, industry, professional and research project committees dealing with national health issues, with CHF nominating consumer representatives to over 40 strategic committees.

Consumer representatives bring an essential consumer perspective to policy setting and decision-making. They ensure that the committees on which they serve focus on consumer experience and consumer health outcomes. This contributes to better decisions in planning, policies and programs that shape the health of Australians, and for this we would like to thank all our consumer representatives for the commitment during the past year.

Membership

CHF's membership includes diverse consumer health organisations and those with an interest in health consumer affairs. Among these are organisations that operate nationally, at the state and territory level, and organisations that work for the interests of particular groups of health consumers at the regional and local levels. CHF's members include specific Illness groups, disability organisations and population groups including young people, older people and women. Through the members CHF reaches and represents a wide network of Australian health consumers.

CHF's members are highly valued partners in the effort to make the consumer perspective a priority for decision makers. CHF's membership currently stands at 170, made up of Voting Members, Associate Organisational Members, Associate Corporate Members, Associate Individual Members and Honorary Life Members. A full list of CHF members can be found on the CHF Website.

In 2014-15 CHF members received copies of the CHF monthly newsletter, healthUPdate, the bimonthly newsletter, Consumers Shaping Health and the Health Voices journal which is published twice a year, covering issues that affect health consumers. We consult our members on topical issues in a variety of ways including telephone based focus groups, webinars, surveys and workshops. Our members also have access to our policy briefings and consultations on key health issues and reports and submissions based on health consumer views to Senate Inquiries

CHF members again took the opportunity presented by the OurHealth website to highlight the issues affecting their constituencies. The library of discussions, posts, news articles and personal stories that bring to life the experience of health consumers involved in the CHF member network continues to grow.

CHF thanks our members for their involvement and support in 2014–15.

FINANCIAL REPORTS

FOR THE YEAR ENDING 30 JUNE 2015

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

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For the Year Ended 30 June 2015

Financial Statements

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

Directors' Report

For the Year Ended 30 June 2015

Your directors present their report on the company for the financial year ended 30 June 2015.

General information

Directors

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

Names	Position	Appointed/Resigned
Tony Lawson	Director, Chair	
Ainslie Cahill	Director	Resigned: 10/11/2014
Jo Watson	Director, Deputy Chair	
John Daye	Director	Resigned: 20/5/2015
Moya Sandow	Director	
Robert Pask	Director	
Jan Donovan	Director	
Christine Walker	Director	Resigned: 4/7/2014
Bel Harper	Director	Appointed: 10/11/2014
Stephen Murby	Director	Resigned: 10/11/2014
Rowan Cockerell	Director	Appointed: 10/11/2014
Melissa Fox	Director	Appointed: 10/11/2014

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activities of Consumers Health Forum of Australia Ltd during the financial year were to provide information, representation and advocacy on national health issues for its membership of health consumer organisations. No significant changes in the nature of the company's activities occurred during the financial year.

Objectives

The company's objectives are to:

1. Develop and promote consumer-centred health system policy and practice to governments, stakeholders, providers and clinicians
2. Engage with the members of CHF to ensure collective consumer voices are involved in the co-design of health system change and innovation
3. Generate new and harness existing evidence to shape and co-create consumer-centred health policy and practice
4. Partner strategically to achieve a consumer-centred health system
5. Sustain and grow a member-driven, values based, reputable and well governed organisation

Consumers Health Forum of Australia Ltd

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Directors' Report

For the Year Ended 30 June 2015

Strategies for achieving the objectives

To achieve these objectives, the company will:

Objective 1:

- Engage and communicate with consumers to understand their issues and experiences and reflect this in our work
- Communicate the importance of a consumer-centred health system to key stakeholders and initiate public debate and campaigns on health issues
- Build skills and spread improvement in consumer-centred governance and practice by governments, stakeholders, providers and clinicians

Objective 2:

- Consult and communicate with members to understand their issues, experiences and desired outcomes
- Build consumer skills and support participation in health policy and decision making
- Promote opportunities for members to share experiences and expertise and provide input to CHF strategy, policy development, and advocacy and research activities
- Promote the benefits and manage a process to ensure diverse consumer representation in influential healthcare advisory committees, reviews and taskforces

Objective 3:

- Undertake and promote the use of consumer-centred research and evaluation findings in evidence-based policy and health system development
- Pursue collaborations with leading health research institutions and organisations in consumer-centred healthcare

Objective 4:

- Engage with a broad range of healthcare and other consumer organisations to inform public debate on health issues
- Develop partnerships and alliances with key stakeholders to advance priority consumer-centred health issues

Objective 5:

- Adopt corporate governance practices that uphold responsibility, accountability, transparency and compliance and a governance culture that promotes continuous improvement
- Implement a member relations program to maintain engagement and relevancy to members
- Develop and implement an organisational growth plan to support financial viability and independence
- Ensure efficient and effective management of CHF resources and operations

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 of $ 1 each towards meeting any outstanding obligations of the company. At 30 June 2015 the total amount that members of the company are liable to contribute if the company is wound up is $ 166 (2014: $ 222).

Consumers Health Forum of Australia Ltd

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Directors' Report
For the Year Ended 30 June 2015

Information on directors

Tony Lawson

Experience

Tony has been a member of the CHF board for four years and in that period has served as Chair, Governance Committee. Until his appointment as Chair of the CHF Board, Tony was Treasurer and Chair, Finance and Audit Committee. Tony has also represented CHF on various boards and committees including Health Workforce Australia, Australian Council on Healthcare Standards, the National Health Performance Authority and the Australian Commission on Safety and Quality in Health Care. Tony is also a former Chair of Health Consumers Alliance in South Australia (HCA) and facilitated the organisation's evolution into the peak consumer health organisation for South Australia. Tony supported various joint submissions led by CHF and collaborated with CHF through his roles at the Health Consumers Alliance. Tony has extensive experience in consumer participation and engagement projects, including as Commissioner for Consumer Affairs South Australia and HCA. Tony was a member of the Central Adelaide Local Health Network Governing Council and the SA Health Ethics Health Advisory Council. Through his consulting practice spanning over 18 years, Tony has undertaken many health related projects, a number of which focus on consumer engagement and satisfaction. Tony has also developed a good understanding of Indigenous health issues as a consequence of working on Indigenous heath related projects for UniSA, Baker IDI and SAHMRI.

Ainslie Cahill

Experience

Ainslie has long been involved in health advocacy and has a special interest in aged care. She is currently the CEO of Arthritis Australia where she has led a range of advocacy campaigns for Australians living with arthritis, including Removal of Joint Injections from the MBS and ease of use packaging and labelling. Ainslie has served on the CHF Governing Committee since 2008 and chairs the CHF Governance Subcommittee. She was a member of the Finance and Audit Committee and Chair of the CHF Constitution Subcommittee from 2008-2010.

Jo Watson

Experience

Jo has been a Board Director of the Consumers Health Forum (CHF) since her appointment in 2012, and was nominated as Deputy Chair in November 2014. She has been a member of the Finance & Audit Committee since 2012. She has been engaged in the areas of health policy development and access to medicines for the past several decades, as a community advocate. She was the consumer nominee on the Pharmaceutical Benefits Pricing Authority (PBPA) from 2002 to 2012, and has also been a community representative in various Department of Health public health committees over this period. From 1998 to 2014 she was the Executive Director for the National Association of People living with HIV Australia (NAPWHA) and has led a number of community partnerships, as well as national community health promotion campaigns, focused on personal health management and decision making. Jo has been the consumer nominee to the Pharmaceutical Benefits Advisory Committee (PBAC) since early 2013, and is also the CHF nominated Director on the Board of the Australian GP Accreditation Ltd organisation (AGPAL).

Consumers Health Forum of Australia Ltd

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Directors' Report
For the Year Ended 30 June 2015

Information on directors (continued)

John Daye

Experience

John has extensive experience in community advocacy and was awarded an Order of Australia Medal for his advocacy on behalf of the Victorian community. John has contributed to health and research oriented national and state committees, including positions on the Alfred Hospital HIV Advisory Care Committee and the Community Advisory Committee of Bayside Health. John has also been an active CHF member, serving on the Governing Committee since 2008 and undertaking varied consumer representative positions.

Moya Sandow

Experience

Moya has extensive experience in health advocacy, with a focus on rural and remote health issues and the use of technology and telecommunications to progress such issues. For the past fifteen years, Moya has held executive positions with both State and National non-profit organisations, including Health Consumers of Rural and Remote Australia, where she has worked alongside statutory authorities and government bodies to negotiate better health outcomes for consumers. Moya has served on the CHF Board since 2008.

Robert Pask

Experience

Robert has been an active advocate for people with disabilities for more than 10 years. He is currently Community Engagement and Advocacy Manager at Safe Futures Foundation and is a member of a range of committees including the Chronic Illness Alliance Committee of Management and the Cairo Project for inclusive housing. In the past 12 months Robert was the recipient of the National Disability award "Excellence in Advocacy & Rights" as well as Huntington's Victoria Advocacy award.

Jan Donovan

Experience

Jan Donovan is a consumer advocate who for two decades has represented health consumers nationally and internationally. She is a member of the Chronic Illness Alliance in Melbourne. She has a particular interest in those with chronic illness including mental health, maternal and child health and the health and social issues affecting marginalised people. Jan has had the privilege of serving on the (NPS) Board as the consumer class director for nine years. She has also served on (APHCRI) board at ANU. She has been a deputy chair, director and company secretary of the Alola Australia Board - an organisation that supports the women and children of Timor-Leste. Jan has a BA from UWA and qualifications in education and a diploma in English as a second language from the University of Papua New Guinea. She has been a secondary teacher, most recently in Timor-Leste with the Dili International School as their English as Second language coordinator for 18 months. She also has a postgraduate diploma in public policy from the University of Melbourne. Her work experience includes time with the Council on the Ageing Australia as their National Policy Officer.

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Directors' Report

For the Year Ended 30 June 2015

Information on directors (continued)

Christine Walker

Experience

Christine Walker is the Executive Officer of the Chronic Illness Alliance. This is an organisation which represents some fifty advocacy and consumer health groups comprising people with chronic illness. Its aim is to provide a better focus for people with chronic illness in areas of health policy, health funding and services, through education and information to the wider community, and to health professionals and policymakers.

Bel Harper

Experience

Bel joined the CHF Board in 2014, bringing more than 12 years experience in program development and managing not-for-profit organisations together with a long-standing commitment to social justice and community representation. Bel holds an honours degree in anthropology and community development from La Trobe University. She undertook fieldwork in Indonesia and has worked with a number of international NGOs. A co-founder of Aardvark, a music-focussed not-for-profit organisation for adolescents with chronic illness, Bel continues to work hard to be a voice for young people and for all people with chronic illnesses in her current role with the Chronic Illness Alliance. She manages the Peer Support Network, the Chronic Disease Self-Management Special Interest Group, and various online training and peer support projects.

Stephen Murby

Experience

Stephen was first elected to the CHF Governing Committee in 2008 and served as Treasurer and Chair of the Finance and Audit Committee prior to accepting the role of A/Chair in 2011. During his time with CHF, Stephen has made pivotal contributions to the restructuring of the CHF business model and the finance and accounting systems. He also Chairs the Chronic Illness Alliance and is Chief Executive Office of Cystic Fibrosis Victoria. Stephen is committed to ensuring that Australia meets the public health challenge of both an ageing population and an increasing number of people living with multiple condition chronic illnesses.

Rowan Cockerell

Experience

Rowan Cockerell has worked across healthcare and community services, aged care and service development projects for 28 years. Over this time she has held executive positions across the private, not-for-profit and public sector. As Deputy Chief Executive Officer of the Continence Foundation of Australia, Rowan has been an advocate for the interests of Australians affected by, or at risk of, bladder and bowel control problems through national education and awareness campaigns of the Foundation and continues to support the advocacy role through committee representation at both national and international level.

Consumers Health Forum of Australia Ltd

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Directors' Report
For the Year Ended 30 June 2015

Information on directors (continued)

Melissa Fox

Experience

Melissa Fox is a Brisbane health consumer and mother of 2 daughters, aged 7 and 11. Having worked in documentary and reality television, Melissa now works to improve the safety, quality and consumer-centredness of health services through her position as General Manager of Queensland's peak health consumer organisation Health Consumers Queensland (HCQ), as a consumer representative on the Queensland Clinical Senate and a Board Member of the national peak health consumer organisation Consumers Health Forum (CHF). She is also a consumer representative on the Australian Commission on Safety and Quality in Healthcare (ACSQHC)'s Partnering with Consumers Advisory Committee and the Australian Council on Healthcare Standards (ACHS)'s QLD/NT State Advisory Committee. She currently sits on ANMAC's Expert Advisory Group on the Review of Re-Entry to the Register of Midwife Accreditation Standards (ReEMAS), QUT's School of Nursing External Advisory Committee and the Queensland Nursing and Midwifery Executive Council (QNMExC).

Meetings of directors

During the financial year, 5 meetings of directors were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Tony Lawson	5	5
Ainslie Cahill	2	2
Jo Watson	5	5
John Daye	4	4
Moya Sandow	5	5
Robert Pask	5	4
Jan Donovan	5	4
Christine Walker	-	-
Bel Harper	4	4
Stephen Murby	2	-
Rowan Cockerell	4	3
Melissa Fox	4	4

Consumers Health Forum of Australia Ltd

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Directors' Report

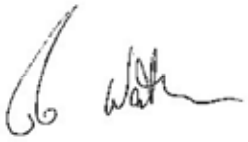
For the Year Ended 30 June 2015

Auditor's independence declaration

The auditor's independence declaration for the year ended 30 June 2015 has been received and can be found on page 8 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director: .....
Tony Lawson



Director: .....
Jo Watson

Dated: 9 November 2015

Hardwickes
more than accounting

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Hardwickes Services Pty Ltd
ABN [illegible]

Liability limited by a scheme approved under Professional Standards Legislation

Auditors Independence Declaration under Section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012

To the Directors of Consumers Health Forum of Australia Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015, there have been no contraventions of:

(i) the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

Hardwickes
Chartered Accountants

Hardwickes
R Johnson

Robert Johnson FCA
Partner

Dated: 9 November 2015

Canberra

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

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Consumers Health Forum of Australia Ltd

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Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2015

	Note	2015 $	2014 $
Revenue	10	**1,017,001**	3,088,938
Administrative expenses	11	**(774,283)**	(1,162,130)
Employee benefits expenses		**(1,146,991)**	(1,376,617)
Depreciation expense		**(15,419)**	(12,228)
Profit (loss) before income tax		**(919,692)**	537,963
Income tax expense		**-**	-
Profit (loss) for the year		**(919,692)**	537,963
Total comprehensive income for the year		**(919,692)**	537,963

Consumers Health Forum of Australia Ltd

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Statement of Financial Position

As At 30 June 2015

	Note	2015 $	2014 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	**426,836**	1,015,846
Trade and other receivables	3	**-**	241,314
Other financial assets	4	**1,026,045**	1,526,045
Current tax receivable	8	**3,194**	-
Other assets	5	**29,892**	23,943
TOTAL CURRENT ASSETS		**1,485,967**	2,807,148
NON-CURRENT ASSETS			
Property, plant and equipment	6	**19,289**	33,648
TOTAL NON-CURRENT ASSETS		**19,289**	33,648
TOTAL ASSETS		**1,505,256**	2,840,796
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	**90,773**	472,604
Current tax liabilities	8	**-**	20,969
Provisions	9	**38,097**	45,636
TOTAL CURRENT LIABILITIES		**128,870**	539,209
NON-CURRENT LIABILITIES			
Provisions	9	**153**	5,662
TOTAL NON-CURRENT LIABILITIES		**153**	5,662
TOTAL LIABILITIES		**129,023**	544,871
NET ASSETS		**1,376,233**	2,295,925
EQUITY			
Retained earnings		**1,376,233**	2,295,925
TOTAL EQUITY		**1,376,233**	2,295,925

Consumers Health Forum of Australia Ltd

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

2015

	Note	Retained Earnings $	Total $
Balance at 1 July 2014		**2,295,925**	**2,295,925**
Loss attributable to members of the entity		**(919,692)**	**(919,692)**
Balance at 30 June 2015		**1,376,233**	**1,376,233**

2014

	Note	Retained Earnings $	Total $
Balance at 1 July 2013		1,757,962	1,757,962
Profit attributable to members of the entity		537,963	537,963
Balance at 30 June 2014		2,295,925	2,295,925

Consumers Health Forum of Australia Ltd

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Statement of Cash Flows
For the Year Ended 30 June 2015

	Note	2015 $	2014 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		**1,000,760**	3,497,606
Payments to suppliers and employees		**(2,146,865)**	(2,920,822)
Interest received		**58,155**	58,447
Net cash provided by (used in) operating activities	13(b)	**(1,087,950)**	635,231
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from held-to-maturity investments		**500,000**	-
Purchase of property, plant and equipment		**(1,060)**	(21,402)
Payment for held-to-maturity investments		**-**	(1,500,000)
Net cash provided by (used in) investing activities		**498,940**	(1,521,402)
Net increase (decrease) in cash held		**(589,010)**	(886,171)
Cash and cash equivalents at beginning of financial year		**1,015,846**	1,902,017
Cash and cash equivalents at end of financial year	13(a)	**426,836**	1,015,846

Consumers Health Forum of Australia Ltd

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Notes to the Financial Statements
For the Year Ended 30 June 2015

The financial statements cover Consumers Health Forum of Australia Ltd as an individual entity, incorporated and domiciled in Australia. Consumers Health Forum of Australia Ltd is a not-for-profit company limited by guarantee.

The financial statements were authorised for issue on 9 November 2015 by the directors of the company.

1 Summary of Significant Accounting Policies

(a) Basis of Preparation

These general purpose financial statements have been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

(b) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(c) Trade and other receivables

Trade and other receivables include amounts due from customers for goods sold and services performed in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Trade and other receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(k) for further discussion on the determination of impairment losses.

(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 on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses.

In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

1 Summary of Significant Accounting Policies (continued)

(d) Property, Plant and Equipment (continued)

Plant and equipment (continued)

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial period in which they are incurred.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the company commencing from the time the asset is available for use.

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

Fixed asset class	Depreciation rates
Office equipment	20-33%
Member/Contact database	20%
Leasehold improvements	33%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise.

(e) Impairment of assets

At the end of each reporting period the company assesses whether there is any indication that an asset may be impaired. The assessment will include the consideration of external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the company would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

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.

(f) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

1 Summary of Significant Accounting Policies (continued)

(g) Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(h) Employee Provisions

Short-term employee provisions

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds (2014: government bonds) that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as a part of employee benefits expense.

The company's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

(i) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the company are classified as finance leases. Finance leases are capitalised by recording an asset and a liability equal to the present value of the minimum lease payments including any guaranteed residual values. Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the company will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term. Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

1 Summary of Significant Accounting Policies (continued)

(j) Unexpended Grants

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 unexpended grants in the statement of financial position 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.

(k) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions of the instrument. For financial assets, this is the equivalent to the date that the company commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transactions costs, except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

(i) *Financial assets at fair value through profit or loss*

Financial assets are classified at ‘fair value through profit or loss’ when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying amount being included in profit or loss.

(ii) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

1 Summary of Significant Accounting Policies (continued)

(iii) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) *Available-for-sale investments*

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are included in non-current assets when they are expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(v) *Financial liabilities*

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets will be deemed to be impaired if, and only if, there is objective evidence of impairment as a result of the occurrence of one or more events (a 'loss event'), which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include indications that the debtors, or a group of debtors, are experiencing significant financial difficulty, default or delinquency in interest or principal payments, indications that they will enter into bankruptcy or other financial reorganisation and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having undertaken all possible measures of recovery, if the management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

1 Summary of Significant Accounting Policies (continued)

Impairment (continued)

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the company no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.

(l) Fair Value of Assets and Liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the company at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in the highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the company's own equity instruments (excluding those related to share-based payment arrangements) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

(m) Revenue and other income

Non-reciprocal grant revenue is recognised in profit or 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.

1 Summary of Significant Accounting Policies (continued)

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.

Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where the outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest method. Membership income is recognised on a receipts basis as it is voluntary in nature.

All revenue is stated net of the amount of goods and services tax (GST).

(n) Income Tax

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

(o) 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 (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(p) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When the company retrospectively applies an accounting policy, makes a retrospective restatement or reclassifies items in its financial statements, an additional statement of financial position as at the beginning of the preceding comparative period, in addition to the minimum comparative financial statements, must be disclosed.

(q) 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 the company.

1 Summary of Significant Accounting Policies (continued)

(q) Critical accounting estimates and judgements (continued)

Key estimates - impairment

The company assesses impairment at the end of each reporting period by evaluating conditions and events specific to the company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

(r) Economic dependence

Consumers Health Forum of Australia Ltd is dependent on Australian Government funding from the Department of Health for the majority of its revenue used to operate the business.

At the date of this report, the company has an extended contract with the Australian Government Department of Health for a further 6 months core grant funding from July 2015 to December 2015. A funding application has been submitted to the Australian Government Department of Health competitive grants process under the Health Peak and Advisory Bodies Programme which is a three year funded programme. The outcome of the funding application process is expected to be notified in October 2015.

(s) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these Standards. The following table summarises those future requirements, and their impact on the company:

Standard Name	Effective date for entity	Requirements	Impact
AASB 9 Financial Instruments and amending standards AASB 2010-7 / AASB 2012-6 / AASB 2013-9 / AASB 2014-1 / AASB 2014-7 / AASB 2014-8	30 June 2019	Significant revisions to the classification and measurement of financial assets, reducing the number of categories and simplifying the measurement choices, including the removal of impairment testing of assets measured at fair value. The amortised cost model is available for debt assets meeting both business model and cash flow characteristics tests. All investments in equity instruments using AASB 9 are to be measured at fair value.	The available-for-sale investments held will be classified as fair value through OCI and will no longer be subject to impairment testing. Other impacts on the reported financial position and performance have not yet been determined.

1 Summary of Significant Accounting Policies (continued)

(s) New Accounting Standards and Interpretations (continued)

Standard Name	Effective date for entity	Requirements	Impact
AASB 15 Revenue from contracts with customers AASB 2014-5 Amendments to Australian Accounting Standards arising from AASB 15	30 June 2018	AASB 15 introduces a five step process for revenue recognition with the core principle of the new Standard being for entities to recognise revenue to depict the transfer of goods or services to customers in amounts that reflect the consideration (that is, payment) to which the entity expects to be entitled in exchange for those goods or services. Accounting policy changes will arise in timing of revenue recognition, treatment of contracts costs and contracts which contain a financing element. AASB 15 will also result in enhanced disclosures about revenue, provide guidance for transactions that were not previously addressed comprehensively (for example, service revenue and contract modifications) and improve guidance for multiple element arrangements.	The changes in revenue recognition requirements in AASB 15 may cause changes to the timing and amount of revenue recorded in the financial statements as well as additional disclosures. The impact of AASB 15 has not yet been quantified.
AASB 2015-3 Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality	30 June 2016	AASB 2015-3 makes amendments to particular Australian Accounting Standards to delete their references to AASB 1031 Materiality as each standard is amended for another purpose.	There is not expected to be any changes to the reported financial position, performance or cash flows of the entity.

2 Cash and cash equivalents

	Note	2015 $	2014 $
CURRENT			
Cash on hand		**150**	150
Cash at bank		**426,686**	1,015,696
	13, 16	**426,836**	1,015,846

3 Trade and other receivables

	Note	2015 $	2014 $
CURRENT			
Trade receivables	16	**-**	241,314
Total current trade and other receivables		**-**	241,314

3 Trade and other receivables (continued)

(a) Provision for Impairment of Receivables

Current trade receivables are generally on 30-day terms. These receivables are assessed for recoverability and a provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. No provision for impairment was required at year end.

(b) Credit risk - Trade and Other Receivables

The company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties other than those receivables specifically provided for and mentioned within Note 3. The main source of credit risk to the company is considered to relate to the class of assets described as 'trade and other receivables'.

The following table details the company's trade and other receivables exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the company and the customer or counterparty to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the company. The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

			Past due but not impaired (days overdue)				
	Gross amount	Past due and impaired	< 30	31-60	61-90	> 90	Within initial trade terms
	$	$	$	$	$	$	$
2014							
Trade and other receivables	241,314	-	146,019	-	-	-	95,295

4 Other financial assets

	Note	2015 $	2014 $
CURRENT			
Held-to-maturity financial assets	4(a)	**1,026,045**	1,526,045
Total current assets		**1,026,045**	1,526,045

(a) Held-to-maturity investments comprise:

	Note	2015 $	2014 $
Fixed interest securities - current	16	**1,026,045**	1,526,045
		1,026,045	1,526,045

Notes to the Financial Statements
For the Year Ended 30 June 2015

5 Other assets

	Note	2015 $	2014 $
CURRENT			
Prepayments		**25,591**	23,943
Accrued income		**4,301**	-
		29,892	23,943

6 Property, plant and equipment

	Note	2015 $	2014 $
Office equipment			
At cost		**28,798**	27,738
Accumulated depreciation		**(14,680)**	(6,962)
Total office equipment		**14,118**	20,776
Member/Contact database			
At cost		**12,400**	12,400
Accumulated depreciation		**(7,229)**	(4,749)
Total member/contact database		**5,171**	7,651
Leasehold improvements			
At cost		**17,082**	17,082
Accumulated depreciation		**(17,082)**	(11,861)
Total leasehold improvements		**-**	5,221
Total property, plant and equipment		**19,289**	33,648

(a) Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Office equipment $	Member/Contact database $	Leasehold improvements $	Total $
Year ended 30 June 2015				
Balance at the beginning of year	**20,776**	**7,651**	**5,221**	**33,648**
Additions	**1,060**	**-**	**-**	**1,060**
Depreciation expense	**(7,718)**	**(2,480)**	**(5,221)**	**(15,419)**
Balance at the end of the year	**14,118**	**5,171**	**-**	**19,289**

6 Property, plant and equipment (continued)

(a) Movements in carrying amounts (continued)

	Office equipment	Member/Contact database	Leasehold improvements	Total
	$	$	$	$
Year ended 30 June 2014				
Balance at the beginning of year	3,429	10,131	10,914	24,474
Additions	21,402	-	-	21,402
Depreciation expense	(4,055)	(2,480)	(5,693)	(12,228)
Balance at the end of the year	20,776	7,651	5,221	33,648

7 Trade and other payables

	Note	2015 $	2014 $
CURRENT			
Unsecured liabilities			
Trade payables		**45,552**	151,896
Accrued expenses		**45,221**	41,305
Deferred income		**-**	279,403
		90,773	472,604

(a) Financial liabilities at amortised cost classified as trade and other payables

	Note	2015 $	2014 $
Trade and other payables:			
- total current		**90,773**	472,604
Less:			
Deferred income		**-**	(279,403)
Financial liabilities as trade and other payables	16	**90,773**	193,201

8 Tax

	Note	2015 $	2014 $
CURRENT			
GST receivable		**3,194**	-
Current tax receivable		**3,194**	-
CURRENT			
GST payable		**-**	20,969
Current tax liabilities		**-**	20,969

9 Provisions

	Note	2015 $	2014 $
CURRENT			
Annual leave entitlements		**38,097**	45,636
		38,097	45,636
NON-CURRENT			
Long service leave entitlements		**153**	5,662
		153	5,662

Analysis of total provisions

	Note	2015 $	2014 $
Current		**38,097**	45,636
Non-current		**153**	5,662
		38,250	51,298

	Annual leave entitlements $	Long service leave entitlements $	Total $
Current			
Opening balance at 1 July 2014	**45,636**	**-**	**45,636**
Additional provisions	**75,136**	**-**	**75,136**
Provisions used	**(82,675)**	**-**	**(82,675)**
Balance at 30 June 2015	**38,097**	**-**	**38,097**
Non-current			
Opening balance at 1 July 2014	**-**	**5,662**	**5,662**
Additional provisions	**-**	**114**	**114**
Provisions used	**-**	**(5,623)**	**(5,623)**
Balance at 30 June 2015	**-**	**153**	**153**

Employee Provisions

Employee provisions represent amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

9 Provisions (continued)

Employee Provisions (continued)

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

10 Revenue and Other Income

	Note	2015 $	2014 $
Revenue			
- grant revenue		**778,065**	2,827,447
- member subscriptions		**52,010**	41,883
- other income		**124,470**	161,161
- interest received		**62,456**	58,447
Total Revenue		**1,017,001**	3,088,938

11 Profit (loss) for the Year

Profit (loss) includes the following specific expenses:

	Note	2015 $	2014 $
Administrative expenses			
- Campaigns		**18,182**	44,851
- Communications		**82,205**	37,819
- Corporate Services		**349,959**	328,047
- Governance		**44,881**	91,620
- Membership		**1,380**	250
- Other Grant Expenses		**277,676**	65,762
- Other Grant Expenses - Consultancy		**-**	372,521
- Other Grant Expenses - Workshop Costs		**-**	221,260
Total administrative expenses		**774,283**	1,162,130
Rental expense on operating leases:			
- Minimum lease payments		**115,657**	114,599

12 Remuneration of Auditors

	Note	2015 $	2014 $
Remuneration of the auditor of the company for:			
- auditing or reviewing the financial report		**7,700**	6,740

Notes to the Financial Statements
For the Year Ended 30 June 2015

13 Cash Flow Information

(a) Reconciliation of cash

	Note	2015 $	2014 $
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:			
Cash and cash equivalents	2	**426,836**	1,015,846
		426,836	1,015,846

(b) Reconciliation of Cash Flow from Operations with Profit (loss) after Income Tax

	Note	2015 $	2014 $
Profit (loss) for the year		**(919,692)**	537,963
Non-cash flows in profit (loss):			
- depreciation		**15,419**	12,228
Changes in assets and liabilities:			
- (increase)/decrease in trade and other receivables		**238,120**	360,614
- (increase)/decrease in prepayments		**(1,648)**	(7,051)
- (increase)/decrease in accrued income		**(4,301)**	-
- increase/(decrease) in deferred income		**(279,403)**	(193,936)
- increase/(decrease) in trade and other payables		**(123,397)**	(49,626)
- increase/(decrease) in provisions		**(13,048)**	(24,961)
Cash flow from operations		**(1,087,950)**	635,231

(c) Credit standby arrangements with banks

	Note	2015 $	2014 $
Credit facility		**14,000**	14,000
Amount utilised		**(805)**	(3,586)
		13,195	10,414

The company has credit card facilities setup with their bank with general terms and conditions. Interest rates are variable and subject to adjustment.

(d) Non-cash financing and investing activities

There were no non-cash financing or investing activities during the year.

14 Capital and Leasing Commitments

(a) Operating Lease Commitments

Non-cancellable operating leases contracted for but not recognised in the financial statements:

	Note	2015 $	2014 $
Payable - minimum lease payments			
- not later than 12 months		**101,936**	109,649
- between 12 months and 5 years		**3,690**	107,309
		105,626	216,958

The property lease is a non-cancellable lease with a 3 year term expiring on 14 May 2016, with rent payable monthly in advance. Contingent rental provisions within the lease agreement require the minimum lease payments shall be increased by CPI per annum.

The other operating lease is a non-cancellable lease with a 4 year term and fixed monthly payments.

15 Key Management Personnel Compensation

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director is considered key management personnel.

The totals of remuneration paid to the key management personnel of the company during the year are as follows:

	Note	2015 $	2014 $
Short-term benefits		**307,735**	278,026
		307,735	278,026

16 Financial Risk Management

The company's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable and payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

16 Financial Risk Management (continued)

	Note	2015 $	2014 $
Financial Assets			
Cash and cash equivalents	2	**426,836**	1,015,846
Loans and receivables	3	**-**	241,314
Held-to-maturity investments	4	**1,026,045**	1,526,045
Total financial assets		**1,452,881**	2,783,205
Financial Liabilities			
Financial liabilities at amortised cost			
- Trade and other payables	7(a)	**90,773**	193,201
Total financial liabilities		**90,773**	193,201

Financial Risk Management Policies

The directors' risk management strategy seeks to assist the company in meeting its financial targets whilst minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the directors on a regular basis. These include credit risk policies and future cash flow requirements.

Specific financial risk exposures and management

The main risks the company is exposed to through its financial instruments are credit risk, liquidity risk and market risk relating to interest rate risk.

There have been no substantive changes in the types of risks the company is exposed to, how these risks arise, or the director's objectives, policies and processes for managing or measuring the risks from the previous period.

(a) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to the company.

Credit risk is managed through the maintenance of procedures ensuring to the extent possible, that customers and counterparties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment. Credit terms are generally 30 days from the invoice date.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating.

Credit Risk Exposures

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period, excluding the value of any collateral or other security held, is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

The company has no significant concentration of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of Trade and Other Receivables are provided in Note 3.

16 Financial Risk Management (continued)

(a) Credit risk (continued)

Trade and other receivables that are neither past due nor impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 3.

Credit risk related to balances with banks and other financial institutions is managed by the directors. The following table provides information regarding credit risk relating to cash and money market securities based on Standard & Poor's counterparty credit ratings.

	Note	2015 $	2014 $
Cash and cash equivalents			
- AA Rated	2	**426,686**	1,015,696
		426,686	1,015,696
Held to maturity securities			
- AA Rated	4	**1,026,045**	1,526,045
		1,026,045	1,526,045

(b) Liquidity risk

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The company manages this risk through the following mechanisms:

- preparing forward-looking cash flow analysis in relation to its operational, investing and financial activities;
- monitoring undrawn credit facilities;
- maintaining a reputable credit risk profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The table below reflect an undiscounted contractual maturity analysis for financial liabilities. Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

16 Financial Risk Management (continued)

(b) Liquidity risk (continued)

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2015	2014	2015	2014	2015	2014	2015	2014
	$	$	$	$	$	$	$	$
Financial liabilities due for payment								
Trade and other payables (excluding deferred income)	**90,773**	193,201	**-**	-	**-**	-	**90,773**	193,201
Total contractual outflows	**90,773**	193,201	**-**	-	**-**	-	**90,773**	193,201
Financial assets - cash flows realisable								
Cash and cash equivalents	**426,836**	1,015,846	**-**	-	**-**	-	**426,836**	1,015,846
Trade, term and loans receivables	**-**	241,314	**-**	-	**-**	-	**-**	241,314
Held-to-maturity investments	**1,026,045**	1,526,045	**-**	-	**-**	-	**1,026,045**	1,526,045
Total anticipated inflows	**1,452,881**	2,783,205	**-**	-	**-**	-	**1,452,881**	2,783,205

(c) Market risk

Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. The company is also exposed to earnings volatility on floating rate instruments.

The financial instruments that expose the company to interest rate risk are limited to fixed interest securities and cash and cash equivalents.

Sensitivity analysis

The following table illustrates sensitivities to the company's exposures to changes in interest rates. The table indicates the impact on how profit or loss and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

	Profit	Equity
	$	$
Year ended 30 June 2015		
+/- 2% in interest rates	**29,000**	**29,000**
Year ended 30 June 2014		
+/- 2% in interest rates	50,000	50,000

There have been no changes in any of the assumptions used to prepare the above sensitivity analysis from the prior year.

16 Financial Risk Management (continued)

Fair values

Fair value estimation

The fair values of financial assets and financial liabilities approximate their carrying values as presented in the statement of financial position and notes to the financial statements. Fair value is the amount at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgement, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgement and the assumptions have been detailed below.

Differences between fair values and carrying amounts of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the company. Most of these instruments which are carried at amortised cost are to be held until maturity and therefore the fair value figures calculated bear little relevance to the company.

The fair values of financial assets and financial liabilities as disclosed in the statement of financial position and in the notes to the financial statements have been determined based on the following methodologies: Cash and cash equivalents, trade and other receivables and trade and other payables are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude deferred income which is not considered to be a financial instrument.

17 Capital Management

The directors control the capital of the company to ensure that adequate cash flows are generated to fund its operations and that returns from investments are maximised within tolerable risk parameters. The directors' ensure that the overall risk management strategy is in line with this objective.

The company's capital consists of financial liabilities, supported by financial assets.

The directors effectively manage the company's capital by assessing the company's financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels.

There have been no changes to the strategy adopted by the directors to control the capital of the company since the previous year.

The gearing ratios for the years ended 30 June 2015 and 30 June 2014 are as follows:

	Note	2015 $	2014 $
Total borrowings		**-**	-
Less Cash and cash equivalents	2	**(426,836)**	(1,015,846)
Net debt		**(426,836)**	(1,015,846)
Equity		**1,376,233**	2,295,925
Total capital		**949,397**	1,280,079
Gearing ratio		**- %**	- %

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

Notes to the Financial Statements
For the Year Ended 30 June 2015

18 Company Details

The registered office of the company is:
Consumers Health Forum of Australia Ltd
Unit 9, 11 National Circuit
Barton ACT 2600

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

Directors' Declaration

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 9 to 33, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:

   (a) comply with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 201*3; and

   (b) give a true and fair view of the financial position of the company as at 30 June 2015 and of its performance for the year ended on that date.

2. In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

Director: .....
Tony Lawson

Director: .....
Jo Watson

Dated: 9 November 2015

Hardwickes
more than accounting

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Liability limited by a scheme approved under Professional Standards Legislation

Independent Auditor's Report

To the members of Consumers Health Forum of Australia Ltd

Report on the Financial Report

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

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission 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.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

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Independent Auditor's Report

To the members of Consumers Health Forum of Australia Ltd

Opinion

In our opinion the financial report of Consumers Health Forum of Australia Ltd is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(a) giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Hardwickes
Chartered Accountants

Hardwickes
R Johnson

Robert Johnson FCA
Partner

Canberra

Dated: 9 November 2015

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

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