

 ProCare

Annual Report 2024





He whakatauki

He ika kai ake i raro, he rāpaki ake i raro
Committing to a journey begins with the first steps

Contents

ProCare – Who we are	2
ProCare Network Chair’s Report	4
ProCare Health Chair’s Report	6
ProCare Group CEO Report	8
Services for our Healthcare Practices	12
ProCare in numbers	
Financial Highlights	13
ProCare Network	14
Clinical Highlights	15
Our Impact	
Ways of delivering population health	16
Health and wellbeing services	20
Delivering healthcare services in the community	26
Virtual healthcare	28
Telehealth	30
ProCare Foundation Chair’s Report	32
Community, Equity, and Partnerships	34
ProCare Governance Boards and Committees	40
Directors’ Report	47
Financial Statements	51
Independent Auditor’s Report	87
Directors’ Interests to June 2024	92

ProCare

Who we are

For nearly 30 years, ProCare has been committed to creating equitable health outcomes.

As a leading healthcare provider, the ProCare Group delivers healthcare services both directly and indirectly to the people of Aotearoa New Zealand.

We work to improve the health and wellbeing of New Zealanders in many ways through:

- **The ProCare Network:** the largest co-operative network of healthcare professionals in New Zealand, supporting more than 800,000 enrolled patients across Tāmaki Makaurau, including the largest Māori population enrolled in general practice (82,427) and the largest enrolled Pacific population in New Zealand (101,847)
- **Fresh Minds:** our leading mental and behavioural health and wellbeing services
- **CareHQ:** virtual general practice services in partnership with Southern Cross
- **Whakarongorau Aotearoa:** a national telehealth service in partnership with Pegasus Health
- **Clinical Assessments Limited:** supporting healthcare professionals to provide care in the community in partnership with East Health
- **Ready Steady Quit:** supporting people to improve wellbeing by quitting smoking
- **Here Toitū:** a collaborative programme with the Ministry of Social Development supporting whānau living with a health condition or disability
- **Charitable Foundation:** reducing health inequities and increasing community health and wellbeing
- **Elevate:** supporting the future generation of healthcare business owners
- **Your Health Summary:** a digital platform which allows authorised medical practitioners to easily access up-to-date health information so they can continue to provide the best care if a patient can't visit their normal medical centre or if they need emergency care.

As an organisation we have a strong commitment to Te Tiriti o Waitangi and wider equity principles, and this is something that is actively at the forefront of ProCare's approach to increase positive health outcomes for Māori, Pacific and those in need.

ProCare's purpose is to support and uplift the health and wellbeing of the people of Aotearoa New Zealand and our mission is to deliver the most progressive, proactive and equitable health and wellbeing services in Aotearoa New Zealand.

You can read more about the ProCare Group by visiting our website procare.co.nz.

OUR PURPOSE

Our reason for being

Supporting and uplifting the health and wellbeing of the people of Aotearoa New Zealand.

OUR MISSION

How we act on our purpose

Together we are reimagining healthcare to deliver the most progressive, pro-active and equitable health and wellbeing services in Aotearoa New Zealand.

OUR VISION

What the world will look like when we've completed the mission?

An Aotearoa where all people, across all life stages are enabled to meet their full potential.

The ProCare team
As of 30 June 2024

532 Employees
(Includes contractors)

Chair's Report

ProCare Network



Dr Craig King,
GP & ProCare Network Limited Chair

Tēnā koutou katoa,

I've been a GP for more than 30 years now, and the last 12 months have been some of the toughest I can remember — particularly in terms of meeting the needs and demands of patients, attracting staffing, having access to sufficient funding, and ensuring the practice is financially sustainable.

The economic environment and workforce challenges have certainly added an additional dimension to our healthcare challenges.

However, that said, I continue to be amazed and feel uplifted at the way primary care practitioners take everything that happens around them in their stride. The passion and dedication the practices across our network display towards their patients is to be lauded.

Advocacy

Ensuring that the voices and needs of our practices are effectively represented and championed remains a core pillar of the mahi we undertake on behalf of our Co-operative practices. Through strong advocacy, we hope to influence policies where we can, create positive change, and safeguard the interests of our members.

Key areas of advocacy included funding for general practices, the capitation uplift/PSAAP, MECA, and pay equity.

Additionally, we wrote several submissions to Pharmac. Foremost, was around vaccinating children

in pharmacies where we outlined our view that we strongly believed that general practice, Māori providers and outreach providers should be the key point for all immunisation needs for children up until the age of four rather than pharmacies. Additional submissions included proposals to fund aripiprazole depot injection as an alternative antipsychotic treatment option and, lastly, we wrote to Pharmac expressing our concern, and apprehension around the ongoing supply shortages of Oestradiol patches that was affecting thousands of women across the country.

After months of advocating on behalf of practices, we were delighted that Te Whatu Ora agreed to increase the funding for ultrasounds via the ProExtra Access to Diagnostics (ATD) programme. Initially, there was a risk that additional funding was not going to be made available, which would have meant that Auckland Radiology Group (ARG) wouldn't have been able to accept referrals for ultrasounds via the ATD programme — so we were delighted to secure this additional funding and allow the programme to continue uninterrupted.

Support for practices

In addition to the existing benefits and services already in place to support our Co-operative members of which you can read more information about on page 12, in the last 12 months we have made a number of new offers available to members. These offers have sought to save members money and are just a small way we look to add value and say thank you to our existing Co-op members.

Some of the offers launched include banking packages with ANZ, discounted insurance with Gallagher, a reduction in the cost of funded and un-funded influenza vaccines with Viatrix, discounted business broadband and mobile packages with One NZ, offering Tier 1 pricing for practices with EBOS, making available discounted website design and marketing support services with AW Consulting, and providing a discount for Nabla Copilot — the virtual scribe tool. We have had very positive feedback from practices around the EBOS pricing with a number of practices commenting on how this has helped their practice to save money on healthcare related consumables.

We also held a number of webinars for members including a Privacy and Health Information webinar with Buddle Findlay, a cyber security webinar, a webinar that looked at overcoming barriers when engaging with your Pacific patients, and lastly a webinar looking at virtual scribe tools. These events make it easy for our members to upskill themselves on specific health-adjacent topics, and feedback from these events continues to be positive.

Board changes

After an initial two-year term, at last year's AGM we welcomed back Dr Jodie O'Sullivan to the Co-op Board with shareholders re-appointing her as an Elected Director for an additional three-year term. Having been a GP and practice owner at Mt Eden 575 Doctors for 25 years, Jodie brings extensive knowledge to our Board.

Additionally, we welcomed Dr Karl Cole (Ngāi Tahu) from Papatoetoe Family Doctors as an Elected Director. Karl brought extensive governance and IT expertise to the Board, which were welcome key skills to help ensure the Board remained well versed in its knowledge and expertise.

In February this year, we were delighted to welcome Marama Royal, Chair of Ngāti Whātua Ōrākei Trust, to the Co-op Board. We recognised this occasion with a mihi whakatau culminating in whakawhanauatanga with the wider Ngāti Whātua Ōrākei iwi. Welcoming Marama to our Co-op Board was an important step forward in solidifying the partnership between ProCare and Ngāti Whātua Ōrākei and recognising our joint commitment towards improving the health and wellbeing of whānau in Tāmaki Makaurau. Relationships, partnership and connection are key to reducing health inequities among our community, and we know that working together with iwi will result in greater success for our communities than if we work alone.

Financial result

Revenue was \$304 million, down 13.7% from the prior financial year, impacted by the reduction in COVID revenue, particularly in our Clinical Assessments business which handled COVID testing and vaccinations payments over the past few years. Removing the impact of the loss in covid revenue, saw non-covid revenue increase by 12% to \$293 million (the highest in five years).

Given the current economic climate healthcare is operating in, it is unsurprising that the final position for the Group was a loss-making position. The loss was primarily from a non-cash impairment on one

of our investments, partially due to the sale of Totara Clinical Research, along with the loss-making results of our joint ventures. If we add back the non-cash impairment, the Group made a profit of \$1.1m, \$1.6m up on FY23.

Looking forward, will see a focus on gross margin, which will ensure we are laser-focused on the continued changes we anticipate across the healthcare sector. Additionally, there will be a continued tight control of our costs to drive margin improvement.

Acknowledgements

I would like to acknowledge and thank my fellow Board members for their support, commitment, and expertise over the last year. We have a diverse group of Directors who all bring unique skills and strengths to the Boardroom table, and this collegiality allows us to support the Network in an uplifting and positive way. I also want to express my thanks to the ProCare Executive Leadership Team who day in, and day out, drive the organisation forward and do their best to support our practices in an ever-changing environment.

After having served nine years on the Board, I will be stepping down from the Co-op Board at the upcoming AGM. I have thoroughly enjoyed my time with the Board, including two years as Chair, but as a practicing GP operating as part of the ProCare Network, I am delighted that I will still be able to see the colleagues and peers I have worked with and have built such great relationships with.

I have no doubt the new Chair, who will be appointed at the upcoming AGM, will continue to ensure ProCare remains at the negotiating table and will continue to have our members' interests at the forefront of their agenda.

I wish you all the best for the future, and I look forward to keeping in touch.

Ngā mihi nui,



Dr Craig King

Chair's Report

ProCare Health



Tevita Funaki
ProCare Health (PHO) Limited
Chair

Mālō e lelei,

We are now two years on since the implementation of the Pae Ora (Healthy Futures) Act which aims to protect, promote, and improve the health of all New Zealanders, achieve equity in health outcomes, and build towards healthy futures for all New Zealanders.

As a PHO we are committed to improving the health of the whānau, communities and practices we serve by taking a local and personal approach to delivering leading healthcare services, which are backed by clinical excellence and put whānau at the centre of all care.

In the past year, we have begun to regain ground on preventive care measures such as childhood immunisations, smoking brief advice, cardiovascular disease risk assessment, and diabetes control — both in terms of blood pressure control and the management of microalbuminuria. These are all areas that suffered during the pandemic, so it is pleasing to see things slowly returning to where preventative care was. Of course, there is more to do, particularly as patients continue to present with increasingly complex healthcare needs and our practices need more support than ever due to the increasing financial pressures placed on their businesses.

There were many highlights, successes, and ways we supported our practices over the last 12 months. I just want to highlight some that I believe are worth emphasising.

Taking an agile approach to population health

As the needs of our practices and the wider healthcare environment continued to change and evolve, we sought to respond by taking an agile approach to supporting our practices. By streamlining the way we approached population health and by taking a more targeted and personal approach to supporting our practices, this has meant that we have been able to be more proactive and achieve better outcomes for our whānau, communities, and practices. You can read more about the work we've undertaken on page 16.

Advocacy

Advocating on behalf of our patients and communities for more equitable healthcare outcomes remains a core pillar of the work we undertake as a PHO. Some of the activity we undertook over the last 12 months in this space included advocating to the Minister of Justice before Parliament rose for the election to urge her to pass the Second and Third Reading of the Sale and Supply of Alcohol (Community Participation) Amendment Bill. We were successful in achieving this request, as the legislation was passed before the House rose for the election, thereby enabling communities to have reduced alcohol-related harm.

Additionally, we called for the National Director of National Public Health Service to enable increased access to HPV Screening for wāhine by allowing more Registered Nurses (RNs) to undertake HPV Primary Screenings. Our advocacy work highlighted this would help reduce barriers to access, reduce pressure on GPs, and ensure we meet our commitment to Te Tiriti o Waitangi. We were delighted to receive acknowledgement from Te Whatu Ora, confirming they explored this further and were supportive of ProCare in taking a lead role in expanding the scope of RNs. The team has since been working on this to explore options and opportunities.

One of the best things patients and whānau can do for their health is to give up smoking. We acknowledged this in our advocacy work whereby we highlighted this to the Associate Minister for Health pointing out our concerns, and the potential ramifications, around the decision to repeal the amendments to the Smokefree Environments and Regulated Products Act 1990 and regulations.

We also made submissions around the importance of childhood immunisations remaining in general practice or with Māori/outreach providers until children are four years of age.

Mission Possible – the sequel

Last year the team ran a project called 'Mission Possible' as a way of helping our network by providing support across several key areas to help practices through the winter months. This year, we ran 'Mission Possible – the Sequel' and offered support with smoking brief advice, immunisations, microalbuminuria/dual therapy support, and

cardiovascular risk assessments. This additional support was something that our network identified as a need in the Quarterly Pulse Survey and is a special benefit for belonging to the ProCare Network. All up, the team provided practices with in excess of 820 hours free, intensive support. When speaking to practices, I know how grateful they were for the additional support at a very busy time of year.

Education

Ensuring our practices are kept abreast of key education opportunities and issues in the healthcare sector forms a key part of our strategic support to practices.

Our small group education sessions (Cell Groups) were well attended by GPs and practice nurses alike, with the mix of face to face and virtual sessions proving popular. More than 135 sessions were provided over the year meaning clinical staff had plenty of opportunities to attend.

Again, our best practice sessions (Better Together Collaboratives) were well attended, with topics this year including high-grade overdue smears/ implementation of HPV self-testing, cardiovascular disease (CVD) management, diabetes medication management and gout.

Additionally, we established three new nursing groups in the last financial year – for Nurse Leaders, Nurse Practitioners and Nurse Practitioner Trainees.

Acknowledgement

I would like to thank my fellow PHO Board Directors for their commitment and dedication to their governance role and for guiding ProCare's commitment to improving the health of our enrolled population. As a Board we are all equally passionate about population health and improving equity of access and outcomes for our Māori and Pacific communities. Special thanks to ProCare's Clinical Directorate, Population Health team, and the wider team who work tirelessly behind the scenes to support our practices and the communities they serve.

Māloro 'aupito.



Tevita Funaki

Group CEO Report

ProCare Group



Bindi Norwell,
ProCare Group CEO

Kia ora koutou,

I am delighted to present my fourth annual report on behalf of the ProCare Group. As I reflect on the past 12 months, it is pleasing to see how far we've come as an organisation. The past year has been marked by both challenges and successes, each contributing to our growth as an organisation.

I am proud of everything the team has achieved in order to support our practices, our patients, and the wider communities which we serve.

Advocacy

Advocating on behalf of the practices in our network remains a key pillar of the mahi we undertake in any given year. Over the last 12 months the team has undertaken a significant amount of work to help drive progress in the healthcare sector during a complex period of change.

We have been pleased with the success and growth of our collective bargaining unit 'PCBC' which represents practices across New Zealand at the Primary Healthcare MECA bargaining, Nursing Pay Equity Claims and the PSAAP contract negotiations. Having a collective voice at the negotiating table has been valuable, with more work to do.

Given the importance of funding to our practices, we also advocated on the significance of providing adequate levels of funding for primary care and implored Te Whatu Ora to extend the primary mental health funding for the Counties Manukau Wellness Support programme.

Additionally, we regularly engaged with key stakeholders from the Te Whatu Ora Board and executives, Ministers, and healthcare organisations, including taking them to visit healthcare practices. These opportunities enabled us to provide an update on the mahi that general practice undertakes, the pressures and opportunities in the



system, and the support that ProCare provides practices. It was also a good opportunity for relationship building at a national level.

Innovation

In a changing environment, innovation is essential to enable progression, have high performing teams, have operational efficiency, and support our practices with the technological solutions they need to provide care to their patients.

Key achievements in the past 12 months included final delivery of the Modern Data Platform (MDP) – a project started a number of years ago, which essentially saw us build a powerful data engine.

By completing the MDP this in turn enabled us to migrate from Tableau to Power BI as our main analytics platform for business services. This newer, more modern platform enabled us to deliver practices with the reports and dashboards they had been asking for, and reduced costs.

We also began a significant two-year project for the Fresh Minds team, with the start of a new Client Management System being developed. Completion is due in FY25 and will enable the team to seamlessly manage their client data and thereby better manage client relationships.

Other key innovations included the new IDAM (Identity Management) system which added an additional layer of protection to significantly reduce the chances of an attack using stolen credentials and started implementing a Case Management System for Fresh Minds. We also sought to undertake a formal RFI for a new Customer Relationship Management (CRM) system for the ProCare Group which would allow for better management of our relationships across the Network. We completed the analytics platform (Te Ara – the path) which is on the PowerBI platform, to enable practices to self serve data in order to better serve their patients and

make data-driven decisions around the healthcare their patients need.

Additionally, we sought to revolutionise general practice with our cutting-edge robots which are designed to streamline daily tasks such as cardiovascular risk assessments, specialist referral assistance, inbox management and more. Thereby giving healthcare professionals more time to focus on what really matters—their patients. From managing routine admin tasks to assisting with patient care, these robots help to enhance efficiency, reduce burnout, and elevate the standard of care. Several practices have now subscribed to the service across Auckland and the Eastern Bay of Plenty.

Comprehensive Primary and Community Care Teams

ProCare was delighted to be appointed a lead provider to help provide workforce for the newly funded, programme initiative called Comprehensive Primary and Community Care Teams (CPCTs). This service saw the introduction of a variety of funded allied health roles into general practice teams including clinical pharmacists, care coordinators, physiotherapists, and extended care paramedics.

ProCare has been a key lead in the establishment team working with Te Whatu Ora on shaping what the CPCT programme looked like and addressing how these funded roles could be integrated into existing primary care teams.

We now have a significant number of practices across the network participating in the programme. Feedback thus far, has been extremely positive, and that the now integrated roles are making a real difference to supporting practices and patients. Specifically, CPCT roles are helping practices take a more preventative and proactive approach to supporting whānau and working to increase the capacity of our stretched workforce to be more responsive to health needs. We look forward to onboarding more practices in the coming year.

Investment in Workforce

As a sustainable workforce in healthcare is crucial, we have continued to invest in our Workforce Strategy including internships, scholarships, and placement programmes including:

- Psychology Intern Hub
- GPEP programme
- Primary Care Nurse programme
- Unitec, MIT and University of Auckland Māori and Pacific Scholarships.

Equity

Equity continues to lie at the heart of everything we do, and the last 12 months have seen a continued focus on ensuring we align our mahi and policies to Te Tiriti o Waitangi across the ProCare group.

We continue to make significant progress on our commitment to Te Tiriti o Waitangi as part of our ProEquity strategy. This year the organisation achieved a number of key milestones spanning from Board level through to investment in new services to improve equitable health outcomes. Considering when we started on this journey, it is heartening to see how far we've come, and a huge congratulations goes out to the team for their determination and dedication to ensure we continue to make progress. Of course there is more to do, but it is worth noting how far we've come.

Our Ara Hauora mobile health service continues to undertake amazing work in the community and are working with whānau with some of the most unmet needs in Tāmaki Makaurau. This mahi can be as simple and supportive as enrolling patients with a GP, right through to providing vaccinations for rangatahi, or providing whānau with specific healthcare information on Hepatitis C and Gout which affect Māori and Pacific disproportionately.

We have had some great successes working with community organisations to achieve better outcomes for whānau, so this is something we will look to replicate going forward.

Lastly, we continue to work on building strong and positive relationships with the Iwi Māori Partnership Boards (IMPBs).

Partnerships

To help address health inequities across Aotearoa, it is essential we work with other organisations to collaborate, provide expert support, and integrated services. Our partnerships with other organisations are key to achieving this.

Some of the partnerships we formalised over the last 12 months included Asian Family Services. We see this partnership as key to helping improve the wellbeing of our Asian communities and a significant step forward in delivering whānau-centred healthcare that is more responsive towards for our Asian patients.

Additionally, to support Pacific healthcare in Tāmaki Makaurau we signed a formal partnership with Le Va. This was a natural step given the two organisations have worked alongside one another for several years now to support Pacific families. Some of the activities this partnership will support include workforce development, co-designing Pacific models of care, and collaborating to address health and wellbeing.

Informally, our relationship with the Heart Foundation had spanned many years, from supporting health initiatives, sharing knowledge and resources, to working together on campaigns. Therefore, coming together to form a partnership



was a natural next step in our work together to help drive health outcomes for our communities and empower patients to live a healthy lifestyle. Some of the key areas this partnership will focus on include sharing heart health information, research, expertise, and connections, and working collaboratively to positively impact health outcomes and reduce the risk of heart-related disease.

We look forward to long, and engaging relationships with these organisations and to the fantastic results we can achieve by working together.

Mental Health & Wellbeing

Over the past few years, the Fresh Minds team has been on a journey as it has grown and expanded to help even more people across Aotearoa. We have won a number of new contracts and have also invested in new technology and services.

Earlier this year the team marked a significant milestone in its journey, with the launch of its refreshed brand. This enhanced look and feel was a way of ensuring that the visual identity of Fresh Minds matches the energy and fresh approach that the team take to their daily mahi. We hope this new brand will serve us well as the organisation continues to grow in the future.

However, the real mahi for the Fresh Minds team comes from supporting the mental health and well-being of our whānau and communities be it in our practices, centres, schools, or via our online

webinars.

We recognise that a healthy, engaged community is essential to an environment where everyone feels supported, valued, and empowered. You can read more about the work our Fresh Minds team has undertaken on page 20, but it is great to see the team continue to strive towards achieving its vision of a thriving mind, body, spirit, and community for all people in Aotearoa. I look forward to seeing the team continue to support even more patients in the coming months and years.

Vote of thanks

This year, the team has navigated a rapidly changing healthcare landscape with agility and innovation. I am honoured to lead such a remarkable team, and I look forward to all that we will achieve together in the coming year. I want to express my thanks to the Board and my Executive Leadership Team for their continued support. Additionally thank you to the wider team for their hard work and dedication, and to our practices for their trust and loyalty. Together, we will build on this year's successes and navigate the future in order to continue to support and uplift the health and the wellbeing of the people of Aotearoa New Zealand.

Ngā mihi

Bindi Norwell

Bindi Norwell



Services for our Healthcare Practices

Running a healthcare business can be challenging at the best of times, let alone in the midst of issues such as workforce shortages, having access to sufficient funding, and dealing with the healthcare reforms. As a way of supporting our practices, ProCare offers a range of services to allow them to get on with their core business – caring for patients.

Clinical benefits - Helping to create and support thriving practices through:

- Data and analytics capability — e.g. Your Health Summary
- Individualised 'Your Population Health reports' to provide targeted healthcare
- Online resources and reporting
- Clinical programmes, support, and guidance
- General practice operations Model of Care — Free access to Health Care Home modules.

Providing quality education via:

- Cell groups and Better Together Collaboratives
- Tailored education webinars
- Professional development for CME and CNE points for GPs and Nurses
- A learning management system enabling professional development and digital learning
- Free cultural competency training (RNZCGP CME Endorsed) and access to two free cultural competency apps

Assistance with delivering primary health care services, by providing:

- Practical Owners' forums
- Assistance with Foundation Standards and assessments/accreditation provided by ProCare
- Policy documents and templates for Cornerstone
- Access to a practice advisory team of business, clinical and population health improvement specialists
- Fees review support
- Support for development and training e.g. Practice Managers education events
- Weekly email communication and an up-to-date Members' Website

- Available workday helpdesk - to support practices with funding queries, practice management system (PMS) advice and claims
- Fully funded three days cover, during normal business hours by Whakarongorau Aotearoa during the Christmas holiday period
- CPCT programme - introducing new roles to support general practices and the community.

Bulk buying schemes and discounts on products & services

The ProCare Buying Group — receive discounts with Bunnings Warehouse, Mercury Energy, OfficeMax and many more suppliers.

- Exclusive pricing with EBOS Healthcare
- Discounted business, personal mobile, and broadband plans with One NZ
- Discounted insurance with Gallagher*
- Discount on Nabla Copilot - a virtual scribe*
- Access to the 'ANZ@work' discounted banking package*
- Subsidised Cyber Security training*
- Discounts on Health TV
- Discounted website and social media offering*
- Managed print services discount with Brother
- Xero accounting services resources
- Rollex Medical vaccine fridge discount
- Discounted annual flu vaccine purchase scheme
- Discounted NIB Health insurance plans
- Southern Cross discounted health insurance.

Looking forward we will continue to look at other ways to support our practices.

ProCare in numbers: Financial Highlights

Financial measures

Revenue

\$304m

Down 13.7% from \$352m in 2023 (due to a reduction in pass-through Covid funding)

Profit from Operations

\$2.3m

Up 28% from \$1.8m in 2023 when excluding the goodwill adjustment

Operating Profit

\$0.3m

Down 84.6% from \$1.8m in 2023

Net Cash Flow

\$4.8m

Up 113% from \$2.2m in 2023

Total Equity

\$15.3m

Down 8% from \$16.5m in 2023

Employee engagement measures

ProCare alignment to Te Tiriti

81%

Up 4 percentage points from 77% in 2023

Employee engagement

75%

Up from 73% in 2023

Clearly articulated vision & strategy

76%

Up 7 percentage points from 69% in 2023

Great place to work

80%

Up 2 percentage points from 78% in 2023

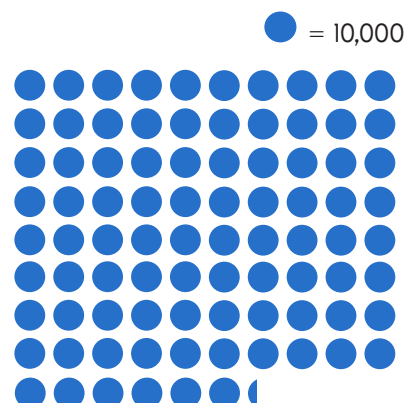
Network

Increased patient numbers by

11,276

Total 860,227

Total Network patient numbers



ProCare in numbers: Our Network

As at 30 June 2024

167

Practices

860,227

Enrolled patients

903

General Practitioners

729

Nurses

94

Healthcare Assistants

112

Practice Managers

45

Health Improvement Practitioners (HIPs)

38

Health Coaches

49%

of Te Whatu Ora Auckland

16.5%

Of estimated NZ population*

30%

Of patients are considered high needs

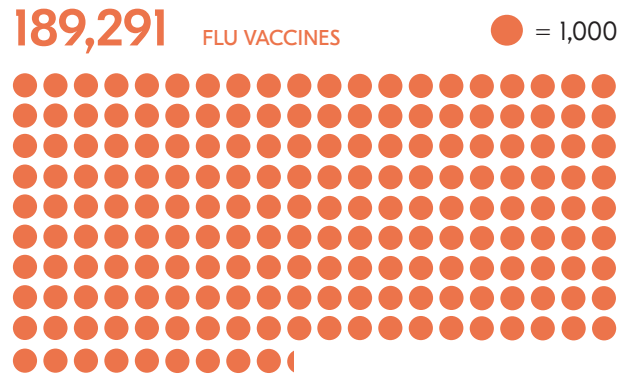
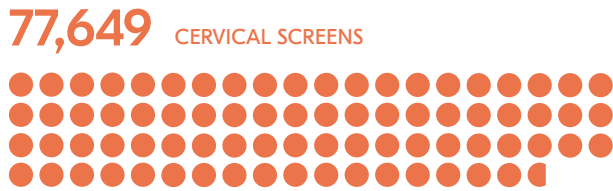
22%

Of patients are Māori or Pacific

*5,338,900 as at June 2024
Source: Stats NZ

ProCare in numbers: Clinical Highlights

Working together, we have impacted the health of **860,227** people living in Tāmaki Makaurau and Te Tai Tokerau by providing preventative healthcare.



CLINICAL RESULTS

Results as at 30 June 2024, displayed as percentage of eligible population.

CVDRA screens (old cohort)

83%

Smoking brief advice given

82%

CVDRA screens (new cohort)

66%

8-month immunisations

85%

Alcohol brief advice rate

72%

2-year immunisations

83%

Management of microalbuminuria

79%

Our Impact

Ways of delivering population health

A population approach to improving health and wellbeing

Our Population Health Strategy is a direct response to the health gaps identified in 'Our Picture of Health', a comprehensive health needs analysis, completed in 2018, using aggregated health data of approximately 800,000 enrolled patients across the ProCare network.

The ProCare Population Health Strategy was a five-year programme of work, and guided clinical care and practices, with the 2023-2024 financial year being the final year of the strategy – Year Five. To deliver the strategy, ProCare has led the way by shaping systems and new models of care encompassing acute, chronic disease, mental health and care planning, all of which supported our practices to improve the health and wellbeing of their patients.

The strategy aimed to improve health outcomes, experience of care and address equity across the ProCare network, especially for Māori and Pacific people.

The strategy took a life course approach based around five goals that are designed to improve the health of the population:

1. Encouraging a healthy start to life, focusing on pregnancy, newborns and children up to school age (0 - 4 years)
2. Youth engagement (15 - 24 years), focusing on encouraging young people to access primary care
3. Supporting people of all ages in their mental health, wellbeing, and preventive care
4. Improving the health experiences and wellbeing of people living with long term conditions
5. Improving the quality of life of older people (65yrs+ for Māori and Pacific, and 75yrs+ for all others).

Population Health Strategy - Year 5

During this financial year, there was a huge emphasis on workforce shortages, funding shortfalls and navigating a shifting political landscape. In the main instance, practices focused their limited resources on presenting issues, complex patients, and supporting key population health measures. Where time and

resources allowed, practices did their best to achieve health indicators such as immunisations, CVDRA and cervical screenings.

Despite these challenges, some fantastic results were achieved to improve the health and wellbeing of our community, which we have detailed further below.

New practice enablement team structure

As the world of healthcare continued to change around us, so must we evolve. Being able to respond to the needs of our practices was the driving force behind our growth, innovation, and success. In response to feedback from practices and the changing healthcare landscape, we realigned our practice enablement teams into squads. This was to make sure we remain relevant, forward-thinking, and proactive in this ever-shifting landscape.

We segmented practices into three allocated groups:

- Small/medium practices
- Large practices
- High needs practices.

Population Health Campaigns

Building on the success of last year, we continued the focus of certain population health goals each month, tying into international days/months and aligning with clinical focuses during certain points in the year.

We shared with our practices a schedule of the campaign focuses for each month, created dedicated pages on the Members' Website, and shared tips, tricks and resources in the Members' Bulletin.

Better Together Collaboratives

The Better Together Collaboratives were a key way to enhance practices' quality improvement capabilities.

These interactive and practical sessions focused on the following topics:

1. High-grade overdue smears & HPV implementation
2. Cardiovascular disease (CVD) management
3. Diabetes medication management
4. Gout management.

Across all topics, the practices who took part in the collaboratives achieved better clinical results compared with the ProCare Network average, highlighting that cross-collaboration, sharing tools and ideas positively impacts patient outcomes.

Smoking brief advice

To try and increase the level of smoking brief advice (SBA) given to patients, ProCare ran a multi-pronged campaign to support practices with their mahi. This included:

- Developing health campaigns featuring our Clinical Directorate team which highlighted the importance of smoking brief advice and Smoking Cessation
- Working with other NGOs to contact patients on behalf of practices to provide smoking brief advice
- Organised a text message campaign which resulted in more than 1,000 completed SBAs
- Funded a Smokefree Practitioner to support 44 practices and achieved more than 2,200 SBAs delivered
- Invested in training programmes for Health Coaches to deliver SBA and provide better smoking cessation referrals pathways for whānau.

Doing things differently resulted in 82% of our population being offered smoking brief advice – the highest in four years! These initiatives not only lifted the rates of documented SBA and referrals to quit smoking services, but also educated our practices and their staff on what is needed to successfully complete and record Smoking Brief Advice.



Mission Possible – the Sequel

During this financial year, we have been acutely aware of the challenges general practice is facing with increasing demand from patients, challenges to financial sustainability of practices and workforce shortages. The country has also faced a cost-of-living crisis which has meant many of our populations, especially our vulnerable and priority populations, have found it harder to afford and make time for preventative healthcare.

To support our practices, this year we relaunched 'Mission Possible – the Sequel'. This was a continuation of the Mission Possible programme we provided in the 2022/2023 financial year providing support across a number of key areas during the winter months.

The additional support is something that our network identified a need for in our Quarterly Pulse Survey and is a special benefit for belonging to the ProCare Network.

We helped our practices with the following support, amounting to more than 820+ hours of free intensive support:

- Smoking brief advice – text campaigns and additional workforce
- Immunisations – support with 0-4 recalls, immunisation clinics, completion of overdue reports, assistance with messaging errors and outreach referrals
- Microalbuminuria and cardiovascular disease Dual therapy support – preparation of lists for clinicians to review, prescribe medication, or add exemption codes
- Cardiovascular risk assessments (CVDRA) – completion of risk assessments, using the CVDRA readiness report, patient recalls and digital assistants for Indici practices.



Ara Hauora

This year, Ara Hauora has continued to build on the relationships with practices and community organisations from last year to support hard to reach and vulnerable whānau, completing a significant increase in referrals from practices.

For many referrals, there were several unmet health needs that needed completing during the appointment, such as vaccinations, CVDRA, blood pressure checks and cervical smears.

The work by the Ara Hauora team to build whakawhanaungatanga (relationships) with the whānau they supported saw their services achieve a 5-star average rating. This is through connecting with patients on a deeper level, then spending time increasing whānau health literacy and re-engaging them with their general practice.

The Ara Hauora team have also supported various events, such as the Haranui and Reweti Marae in Kaipara, Ngāti Whātua Ōrakei Whānau Day, HVAZ events, Te Matatini, and Pasifika Festival.

Practices have continued to provide positive feedback about how this outreach service underpins the work they do in practices and supports whānau in need.



Community Care Challenge

The Community Care Challenge was designed to help encourage practices to meet their population health clinical indicators by the end of June 2024 and then recognise them for their achievements.

There were four categories:

1. General Practice Gold Champions

For practices who achieve at least 4 out of 5 Population Health Clinical Key Performance Indicators.

2. General Practice Innovation Champion

For practices that implement an innovative solution that increases the reach and outcomes of any or all of the Population Health Clinical Key Performance Indicators.

3. Immunisation Achievers

The practices that over the year, have consistently achieved high results across child immunisation targets for Māori, Pacific, and Total Population.

4. Most Improved

The practices that over the year, have implemented processes to achieve the highest percentage change across all targets.

To support practices with reaching their health targets, we shared resources, tips and tricks and helpful guidance practice could utilise each week in the bulletin and on the 'Our Picture of Health' page on the Members' Website.

Winners of the challenge will be announced at ProCare's Annual General Meeting in November.

Population Health campaigns

A key focus for this year was creating resources and guidance in an engaging format for practices that could be reused for years to come. We created a

series of campaigns, some of which were specifically for practices and their staff, and some that were designed for their patients.

Topics that we covered included:

- Cervical screening
- Smoking brief advice and referrals
- Immunisations
- Microalbuminuria and kidney health
- Cardiovascular disease.

These videos have been a useful resource for our practices.

Advocacy activity

We have a duty to advocate on behalf of the communities we serve, and some of the key submissions and letters of advocacy during the 2023-2024 financial year included:

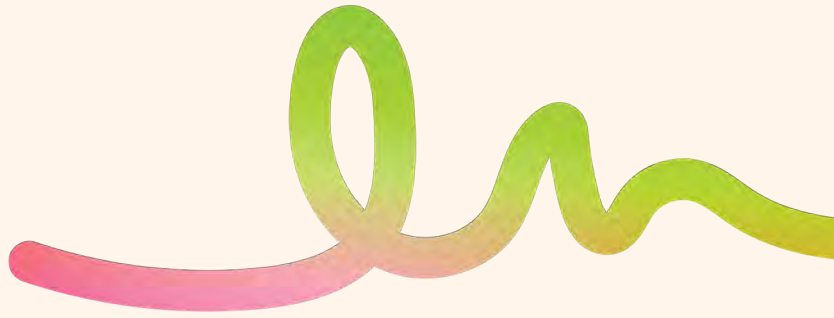
- Proposal to fund aripiprazole depot injection as an alternative antipsychotic treatment option
- Letter to Hon. Ginny Andersen advocating on passing the Sale and Supply of Alcohol (Community Participation) Amendment Bill
- Special Authority for GPs to diagnose and prescribe ADHD medication
- Assistance with future smoking and vaping policy and legislation
- Increasing Access to HPV Screening for our Wāhine
- Joint proposal from Pharmac and Te Whatu Ora to enable many childhood vaccinations to be given in pharmacies
- Update on joint proposal from Pharmac and Te Whatu Ora to enable many childhood vaccinations to be given in pharmacies
- Proposal to fund continuous glucose monitors, insulin pumps, and insulin pump consumables.



Our Impact

Fresh Minds

Health and wellbeing services



Overview

The last 12 months have been a journey for Fresh Minds, through significant growth, as we have continued to expand and diversify our service offering and reach more people. Referrals to the Fresh Minds Centres increased by nearly 30% over the last two years, similarly referrals from practices are up nearly 25% for the same period.

Following the election, we saw the introduction of a new Minister of Mental Health, Hon. Matt Doocey. Minister Doocey set a number of new targets for the Health and Wellbeing sector. We are pleased that we are already working well towards some of these targets, particularly as indicated by Te Tumu Waiora, and by our commitment to doing our part in supporting workforce development.

The Fresh Minds visual brand identity underwent a refresh this year, to better align with our recent years of growth and ensure that we are fit for purpose, approachable, and easily recognisable. Along with this came the build of an enhanced website with easier navigation, clearer information about the services available, and simpler language to ensure clients could easily understand what Fresh Minds is and what help they may access there.

To further improve the client experience and streamline services, this year Fresh Minds has invested in new technology including a Client Management System (CMS), on the Tacklit platform. The new CMS will be rolling out in the new financial year and will allow clients to complete their pre-appointment forms digitally, manage appointments, and more. The system will allow Fresh Minds to continue to expand more readily and will first be available to Workplace Wellbeing and school-based clients.

We moved our Ready Steady Quit and Here Toitū teams under the Fresh Minds umbrella in order to better facilitate client success and programme cross referrals, as well as improve knowledge sharing in an effective manner.

Intern Hub

As part of our continued efforts toward building a strong workforce pathway, we were pleased to be appointed alongside Tāmaki Health, for Te Whatu Ora's two-year Psychologist Intern Hub Services pilot, a first for primary care. The internships are available for students in any university in Aotearoa, undertaking their final year of post-graduate training in either Clinical Psychology or Health



Psychology. This year across Fresh Minds and Tāmaki Health, we have students from the University of Auckland, AUT, and Victoria University of Wellington. This year, Fresh Minds has funded an additional general scope psychology intern from Massey University.

Te Ara Rāranga Hapainga

We were pleased to make progress in our cultural competency as an organisation and enhancing culturally safe practice, with the launch of Te Ara Rāranga Hapainga. This programme of work was built to support safe Te Ao Māori cultural practice towards Pae Ora in Primary Care and is the result of a collaboration of primarily Māori staff from Fresh Minds, Tū Ora Compass, and ProCare with a focus on Equity, Clinical, Cultural, and Workforce Development. The programme is being delivered by our partners at Te Pūheke with a mixture of online learning, and wānanga (seminars) at Ōrākei Marae. Team members from across Fresh Minds and the wider ProCare Group have begun their journey, with fantastic feedback.

Therapy Centres

Although the last 12 months may not have seen as much disruption with weather events and global health events as the years prior, it came with its own challenges, including a cost of living crisis and financial pressures across the motu (country).

Over the 12 months ending 30 June 2024, Fresh Minds Centres received 5,518 referrals, with 4,853

of those coming from ProCare practices, a 4.3% increase in total referrals, with a 7.1% uplift in those from the ProCare Network. The triage process has continued to work well and ensures that clients are referred to and accessing the best solution pathway for them. This year, for the first time, we were pleased to reach full staffing capacity at our Fresh Minds Therapy Centres – no small feat in an industry with a known professional shortage.

Our commitment to a stepped model of care has seen strong numbers of clients accessing our webinar series again this year. Run by qualified and accredited therapists, topics this year included Managing Anxiety, and Mind, Mood, and Wellness.

To ensure support is available to clients when and how they need it, Fresh Minds has continued to include e-resources, webinars, video conferencing, and apps in their recommendations to clients, all of which have been well-received as part of a hybrid model of care.

Te Tumu Waiora

This year saw the completion of our four-year roll-out of Te Tumu Waiora programme, the integrated Primary Mental Health and Addiction (IPMHA) service. As a key workstream in the “Access and Choice” programme, this falls under the new Ministers targets for faster access to primary mental health and addiction services, aiming for 80% of people accessing support within one week.

Thanks to the diligent work of the Health Improvement Practitioners, Health Coaches, Awhi Ora, and participating practices, we are pleased that 85% of referred patients are seen within one week, leaving us in a strong position to support our community when and where they need us.

Te Tumu Waiora is now present in 60 practices, 22 additional practices from last year, meaning nearly 440,000 patients within the ProCare Network now have access to mental and behavioural health services via their primary care provider, 27% of whom are Māori and Pacific.

Here Toitū

The Here Toitū programme continued to make tangible changes in the lives of whānau across Tāmaki Makaurau over the last 12 months, working with people over a number of months to make positive impacts on their lives and get them back into work.

Kaimanaaki, Kaitohutohu, and Work Retention Specialists now operate in a number of practices across the Auckland Region. The accessibility of Here Toitū services continues to improve as the team has now been able to accept community and self-referrals for Work Retention from anyone in Tāmaki Makaurau, as long as they are enrolled with a GP.

In the past 12 months, we have seen:

- 143 whānau engaged with our service (some ongoing)
- More than 75 whānau achieve work readiness or employment outcomes
- 100 whānau reporting enhancements in overall wellbeing.

Here Toitū success story

One of our key whānau stories of success from this year features 'DH', who has ASD and social anxiety. He's been working in retail as a volunteer for the past 12 months and wanted to work in a customer service role in retail. Our Kaimanaaki worked with DH to find an NZ Certificate in Retail course provider and facilitated a meeting for DH to enrol in the course, which he had to do in person.

As DH was uncomfortable in unfamiliar social settings, our Kaimanaaki/Health Navigator accompanied DH by train to the venue to enrol and get more comfortable with the location including checking out nearby food options, the route from the train to the course, and the course venue itself – all things he would need when travelling there on his own. DH is now doing well in his course and is comfortable looking around the mall on his own

without the Kaimanaaki/Health Navigator – a huge positive step forward. The team look forward to seeing DH complete his course, at which point they will help him look into paid employment.

School Based Health Services

The Enhanced School Based Services has now expanded to 11 high schools and 6 alternative education sites, with more on the horizon in the new financial year. More than 11,500 students now have access to school-based services through our programme, with more than 50% of students accessing the health centre in the last year.

With a Fresh Minds psychologist in each of the schools within the programme, we have been making great progress towards improving overall health and wellbeing access and outcomes for students.

Triple P

Fresh Minds has continued to deliver the Triple P service (Positive Parenting Programme) to whānau in Counties Manukau alongside 10 different community organisations. Friendship House, The Fono Manurewa, and Anglican Trust for Women and Children (ATWC) have all come onboard this year. Fresh Minds has been able to provide them with practical, clinical, and resource support to enable them to roll out the programme within their respective services. This year, the programme achieved all targets and has drawn positive feedback from the funders.

We continue to maintain close working relationships with early adopters of the Triple P programme, such as Refugees as Survivors, Barnardos, and Sowers Trust. The last year has proven difficult for a number of organisations that have faced challenges in retaining funding to continue delivering support services such as Triple P. Fresh Minds has taken a supportive approach through this period, assisting with funding bids and retaining programme delivery.

Triple P is delivered in a bid to support parents and help them provide the 'best start' in life for their tamariki. The early years in a child's life have a long-lasting impact and can affect their future – our goal is to enable whānau to empower their children in their day-to-day life.

This year the Triple P programme supported more than 200 families to attend parenting groups (0-12 years, or teen), additional whānau received one-to-one, support and many others accessed the online Triple P service available free of charge.

Wellbeing services at a glance

With one in five New Zealanders needing support with mental health, Fresh Minds continues to provide crucial services for people across a range of settings including Fresh Minds therapy centres, general practices and in schools across Auckland.

5,518

Referrals to Fresh Minds Centres

4,853

Referrals from ProCare general practices

3,372

Virtual sessions

60

Practices using Te Tumu Waiora model of care

438,250

People now have immediate access to mental health and wellbeing support via Te Tumu Waiora

11,679

Students with access to services

210

Families attended parenting groups (0-12 years, or teen)

11,527

Consults (face-to-face, online, and group sessions)



Workplace Wellbeing

Fresh Minds has been growing its support for companies addressing the wellbeing of their employees. Sonder, who provides health and wellbeing support to major organisations in Australia and New Zealand continues to be a key client.

Over the last 12 months, we delivered almost 3,000 brief talking therapy sessions to more than 840 individuals across the country.

New partnerships have generated a need for an EAP-type service which Fresh Minds now offers, and with our network of clinicians now spanning across Aotearoa, becoming a national programme. The high-quality value delivered by Fresh Minds over the past year has prompted a trans-Tasman expansion of our services as Sonder’s mental health provider into the Australian market to come in the new Financial Year.

Ready Steady Quit

This year our dedicated smoking cessation service, Ready Steady Quit (RSQ), has continued to provide support for our community wanting to take charge of their health and quit smoking.

The accomplishments over the past year reaffirm our commitment to fostering healthier communities:

- **1,113** enrolments reflect the strong demand for our services
- A remarkable **97.6%** of enrolled clients displayed their commitment by setting a quit date, showcasing their determination to embrace positive change
- Among those who embarked on this transformative journey, **70%** successfully achieved CO2-validated four-week quit status. This underscores the effectiveness of our support in guiding individuals through the critical initial phases of quitting.

To achieve these results, we have used multiple different approaches to connect with our community, such as:

Community engagement and partnerships

To build awareness about Ready Steady Quit, connect with our community, and ultimately help as many people as possible to quit smoking, we partnered with likeminded community groups, organisations, and events.

Over the past 12 months, we have continued to develop our strong working relationship with The Fono and Living Smokefree, allowing us to share ideas, workshop initiatives, and discuss other ideas we can use to enhance reach to communities.

We have also connected with local iwi and marae, building our presence in the community and supporting health promotion events they run through connecting directly with clients where they already socialise.

Support across the ProCare Network

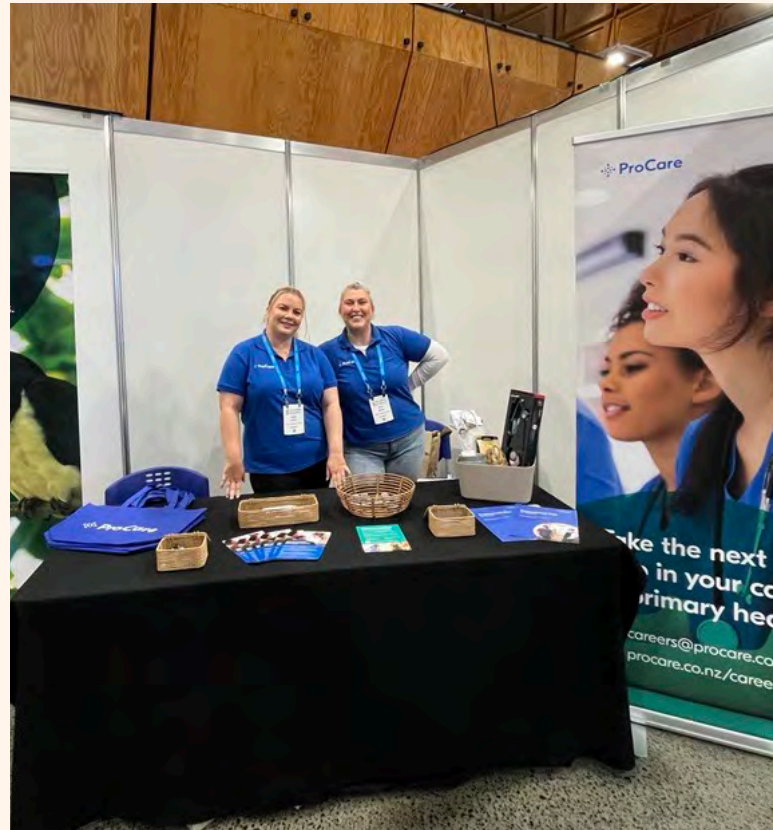
Over the past 12 months, the Ready Steady Quit team have been engaging with practices and practice support staff across the Network. This collaboration has enabled training initiatives and shared resources to be used more effectively across the group and access a number of clients via direct referrals.

This last year has seen a particular focus on connecting with the Health Coaches and Health Improvement Practitioners under Te Tumu Waiora, and the Kaimanaaki under the Here Toitū programme. These practitioners are supporting their patients with many needs, and oftentimes need support with quitting smoking.

Drop-in clinics

Drop-in clinics have continued to be an effective activation to engage with the community and improve quit rates. Having consistent locations available for client drop-ins has improved accessibility to services, as clients are able to

join at their convenience, share stories with one another, discuss quit methods that have worked for them, make new connections with others in similar situations, and find new support networks.



Our Impact

Delivering healthcare services in the community

Elevate

In December 2023 ProCare acquired Greenhithe Medical Centre.

ProCare maintained full ownership of the other five practices in the Elevate programme – Kaipara Medical Centre, OneCare Health Ōtāhuhu, OneCare Health Papatoetoe, Mt Smart Medical Centre, and Health New Lynn.

The focus over the last 12 months has been to support the practices, weather the economic headwinds and clinical resourcing constraints, and empower the practice teams to better support their patients. This included the integration of new

workforces as part of the Comprehensive Primary and Community Teams (CPCT) initiative. The CPCT resource is new and is still being embedded, but early indications demonstrate a good fit with general practice and supporting patient outcomes.

As the primary healthcare landscape continues to change, and the pressures the system faces evolve, we will further develop the Elevate programme as and when is appropriate.

We will also continue our commitment to the original intent of the Elevate strategy around providing ownership pathways for our members and retaining the independent clinician business model.





Totara Research Clinic

Options to participate in clinical research activities are increasing in and around general practice, providing additional opportunities for our patient-facing businesses. Totara Clinical Research, acquired as part of Health New Lynn, showed strong growth this past year and is well positioned for the future, offering both our practice teams and patient population the opportunity to access leading edge treatments and to play an active role in advancing health outcomes. In September 2024 we entered an agreement to sell Totara Clinical Research to Pacific Clinical Research Network (PCRN) – another clinical trials business that TCR has worked closely with since the inception of TCR.

Exchange

ProCare's Exchange brokerage service helps facilitate the sale and transfer of independent general practices between clinicians. The service handles both full and partial/partner share practice listings, providing a confidential and trustworthy option for GPs looking to exit ownership and an increasing variety of medical professionals seeking to purchase.

Our Impact

Virtual Healthcare



The 2024 Financial Year proved to be a defining year for CareHQ, with consult numbers increasing from ~24,000 in FY 2023, to ~43,000 consults in FY 2024 – a significant 78% increase.

ProCare’s joint venture partner in CareHQ, Southern Cross Health Insurance, continues to offer access to members as part of its value of membership and this has driven a significant portion of CareHQ’s growth. ProCare also provided funding over the summer break period through UnifyHealth which allows their members’ patients to access CareHQ at the same price they would pay to see their normal doctor. This funding allows ProCare Network doctors and nurses to take a well-deserved break and refresh themselves, whilst ensuring high-needs patients can still access affordable care when they need.

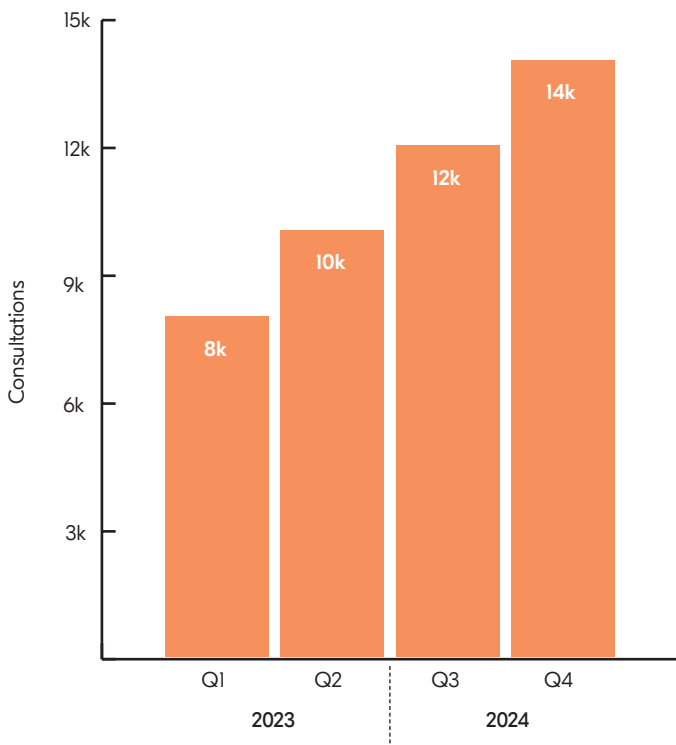
To meet the increased demand, CareHQ has continued to focus on recruitment and building a high-quality GP Fellow workforce. Word of mouth and recommendation from existing GPs has increasingly become the pathway for interested GPs. In the context of a workforce shortage, CareHQ’s growing popularity is a testament to the focus on clinical safety, co-design, and GP-centricity. To support the GPs, CareHQ launched nurse led consults in April 2024. These consults allow CareHQ’s

nurse team to work to the top of their scope, seeing patients for STIs, UTI’s, and off-work certificates, supported by an on-call GP.

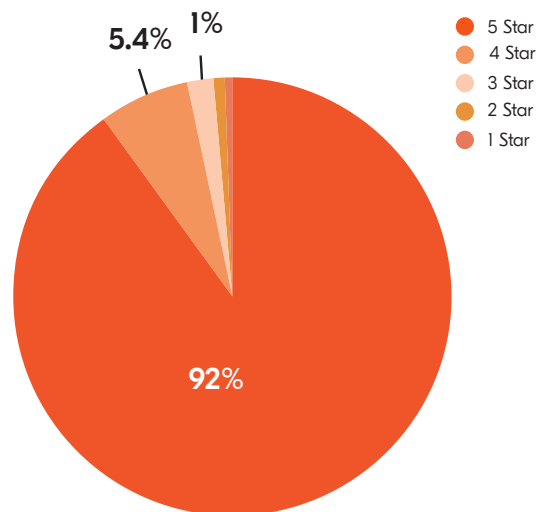
CareHQ is here to undertake a support role in the wider primary care system. The key technological advancement made during the financial year was the deployment of a portal for GP practices. The portal allows administrators within GP practices to securely log into the CareHQ PMS to book and monitor appointments on behalf of their patients. This allows practices to triage telehealth appropriate patients to CareHQ, freeing up the in-person appointments for those who require seeing a GP in person. This technology, coupled with strong practice partnerships, promises to deliver more capacity into primary care. This will help practices meet the demands of their patients without clawback fees, retain enrolment, and promote the sustainability of the sector.

Despite CareHQ’s rapid growth, customer satisfaction remains high. After receiving more than 21,000 patient ratings, CareHQ’s average post-consultation feedback score is over 4.8 out of 5.

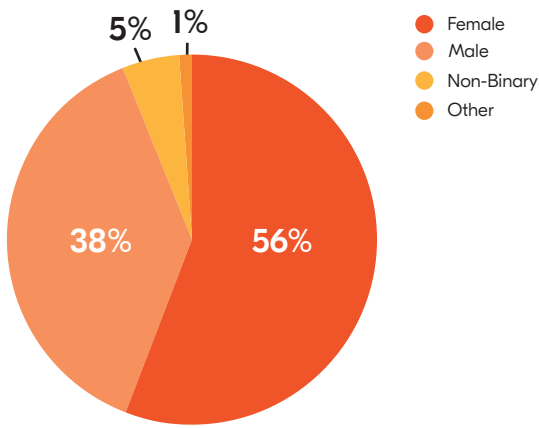
Consults by Quarter 23/24 Financial Year



Post Consultation Survey Ratings

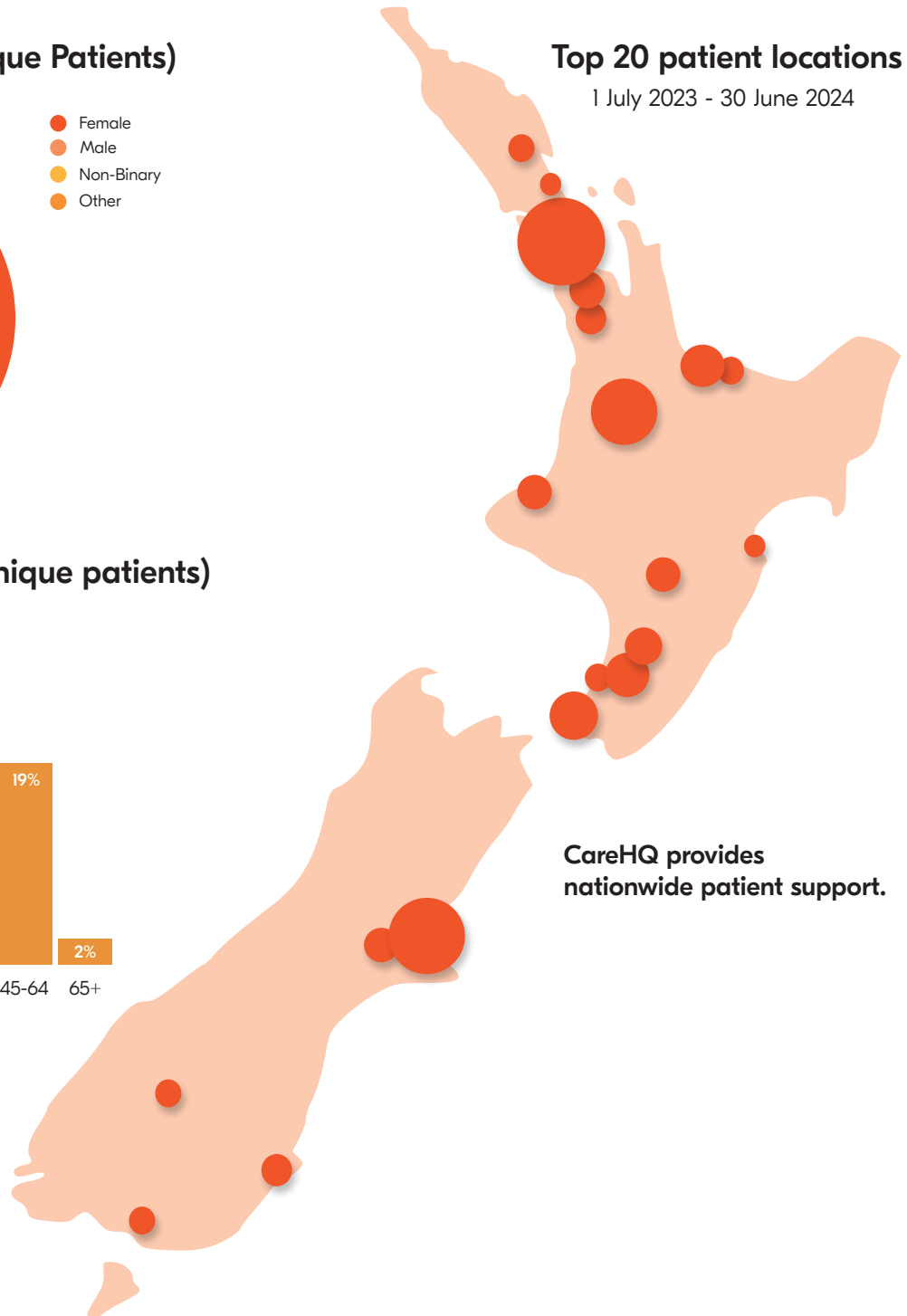


Patient Gender (Unique Patients)



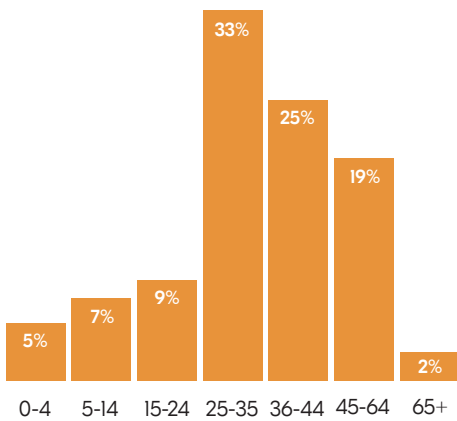
Top 20 patient locations

1 July 2023 - 30 June 2024



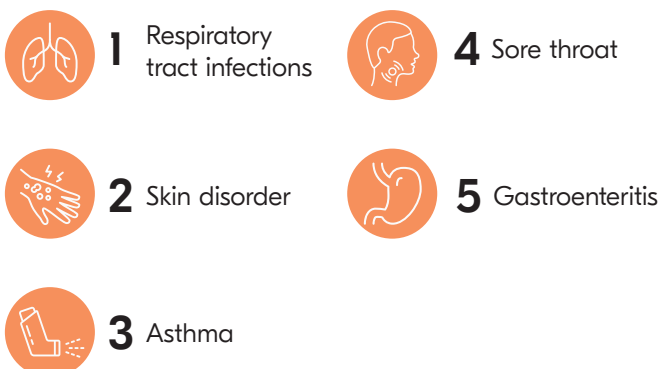
CareHQ provides nationwide patient support.

Patient Age Groups (Unique patients)



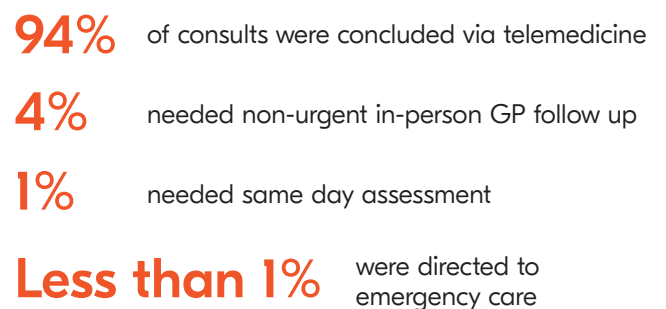
Reason for using CareHQ

Top 5: (Diagnosis Coding 1 Jan to 1 July 2024)



Outcomes

(Diagnosis Coding 1 Jan to 1 July 2024)





THE MAHI THAT MATTERS

Our virtual healthcare work and impact in the 12 months to 30 June 2024.

We responded to over 1.8 million contacts across all services

That's over 5,000 contacts a day

We connected with 1.3 million people – 1 in 4 people in Aotearoa

90% of calls were answered within 10 minutes

That meant improved access, resolution, and choice for tāngata whai ora / people seeking wellness

55% of all contacts were resolved for the person at the time of contact

88% of contacts to Whakarongorau-run services don't get referred to 111 or ED

54% of 'at risk' individuals had their distress managed without emergency services being required

43% of the 101,000+ injury-related contacts got self-care advice and were diverted away from the sector

28% of contacts supported Māori, Pacific, and Disabled tāngata whai ora

70,000+ people chose support through our dedicated priority populations pathways (in Healthline, Quitline, COVID Healthline, Disability Helpline and Bowel Screening)



HEALTH SERVICES

Healthline nurses, paramedics and doctors **supported more than 284,000 people** – **~34%** of the **~377,000** callers had their issue resolved on the call.

~10% of contacts shared an image or video to support the triage - callers supported using an image are less likely to be sent to ED or 111 – **8% vs 16%** without image

Our Emergency Triage nurses **managed ~44,000 non life-threatening 111 ambulance calls** - **52%** were redirected to non-emergency services which keeps our hospitals and ambulances for emergencies

The National Bowel Screening Programme team **answered ~39,000** calls and made **follow-up calls to 53,800+ priority people** who were yet to return their test kits – **37%** subsequently did

The National Cervical Screening Programme team **received ~620,000 test results**

The team answered **~2,800 inbound contacts** and made **900+ proactive calls** – to support the successful roll out of the HPV screening programme

The Poisons team **helped ~25,800 people** – **76%** required no further treatment or info



IMPACT OF OUR NON-CLINICAL TAKI-O-AUTAHU PARTNER TEAMS

While COVID service demand dropped from the peaks seen in previous years, demand has been solid through the last 12 months - our teams **supported 643,000+ contacts** connecting with **~600,000 people** (1 in 10 people in Aotearoa)

That included making **556,000+ outbound calls** to encourage and support booking COVID, flu and whooping cough vaccinations

They also supported **~8,000 contacts** from the Disability Community - providing COVID and general health advice and support



SUPPORTING GENERAL PRACTICE

Our clinicians supported 430+ GP practices answering **84,000+** calls from their patients for them, when they couldn't





THE MAHI THAT MATTERS

Our virtual healthcare work and impact in the 12 months to 30 June 2024.



HELP PEOPLE QUIT SMOKING AND VAPING

Quitline supported **~16,200 people on their quit journey** – **33% were smokefree** after 4 weeks (an increase of 5% on last year)

2,500+ people enrolled in the new Quitline programmes to become smoke or vape free



SUPPORTING PEOPLE IMPACTED BY FAMILY VIOLENCE AND SEXUAL HARM

~26,800 women and concerned whānau were supported by our 3 family violence services, including contacts through webchat and after-hours support for **40 Women's Refuges**

6,700+ people were supported by the Safe to talk sexual harm team

We helped **~2,800 people** who contacted the Elder Abuse Response Service for support



MENTAL HEALTH SUPPORT

Across all Whakarongorau-run mental health services we supported **~144,700 people, responding to ~346,300 contacts**

34,700+ people relied on the 1737 Need to talk? service – the team responded to **~110,600 contacts**

5,700+ people had peer support from someone with lived experience

10,000+ people were supported when they contacted the Depression Helpline

The Alcohol and Other Drugs team supported **~8,800 people** dealing with the effects of substance abuse

The Gambling Helpline team supported **~2,500 people**

Our mental health nurses took **92,000+** calls on behalf of **13 districts, to support ~40,000 people in mental health distress** - **96%** of calls were diverted away from an emergency response

The Earlier Mental Health Response team triaged **~12,000 contacts** from Police and ambulance services, to support **~6,400 people** in social and psychological distress - **90%** were diverted away from those emergency services

The Puāwaitanga team received **~2,000 referrals** and delivered over **6,000 appointments** to people seeking ongoing mental health support

1,100 Whitiaki Tauā mentoring sessions supported people to reach their work goals



SUPPORT FROM WHAKARONGORAU DOCTORS

Completed **24,000+** telehealth consults across Healthline and COVID services - **68%** of medical needs were resolved on the call, allowing people to stay in their homes; **85%** were diverted away from ED or 111

Supported **~2,000 paramedics on-scene** - resulting in **76%** of those patients diverted from EDs

Responded to **1,100+** calls into the Clinical Advice Line to provide peer-to-peer medical advice to frontline clinicians, pharmacists and allied health professionals



Chair's Report

ProCare Foundation



Dr Peter Didsbury,
ProCare Charitable
Foundation Chair



Kia ora koutou,

It is a privilege to deliver my first Chair report for the ProCare Charitable Foundation.

For those working in General Practice, on a daily basis we see the effects of disadvantage on individuals and communities. It invokes frustration because what is needed to help is often beyond the realm of healthcare.

These determinants are far reaching and include social, economic, or environmental factors. As the charitable arm of the ProCare Network, the Foundation's intent is to contribute to the health and wellbeing of the communities across the Greater Auckland Region by focusing on these determinants.

This year the Foundation granted \$210,000 of funding to six organisations in Tāmaki Makaurau who are striving to reduce health inequity, alleviate the symptoms of poverty and increase community health and wellbeing.

Recipients of the 2023 ProCare Charitable Foundation funding were:

- Dance & Arts Therapy NZ
- The Friendship House Trust
- Family Success Matters
- KiwiHarvest Ltd
- Well Foundation
- Youth in Transition Charitable Trust.

The Foundation's contribution relies heavily on the commitment and work of many dedicated staff and volunteers in each of the not-for-profit organisations it supports. A huge thank you to everyone involved in these organisations supporting whānau in need.

Also, a thank you to our two business partners: the Public Trust team who provide an efficient grants programme and administration service; and Craigs Investment Partners for their exemplary financial advisory services.

Ngā mihi



Dr Peter Didsbury

KiwiHarvest

Funding is a constant challenge and the grant from ProCare has enabled us to rescue and deliver 109,000 meal equivalents. This good nutritious food has gone to charitable agencies around Auckland. As the food was rescued and did not go to waste this grant prevented the release of 130 tonnes of CO²-equivalent emissions.

Angela Calver – CEO KiwiHarvest



Youth in Transition

We feel blessed to have the ProCare Foundation as supporters of our cause. Without their generosity and belief in us over the last few years we would not be able to have the impact we have had. You have enabled us to put all our resources and efforts into our programme 'The Journey Back to Awesome', which takes our young people from a place of despair to hope. Thank you from everyone at Youth In Transition.

Nick Schanschieff – Operations Manager Youth in Transition

Well Foundation

Thanks to funding from the ProCare Foundation, more than 300 young people across 13 schools in Auckland have had specialist early intervention mental health support via the Skills Training for Emotional Problem Solving for Adolescents (STEPS-A) pilot programme.

Well Foundation Chief Executive Ruth Morse comments, "We're very grateful to the ProCare Foundation for their support of this mental health early intervention programme for pre-teens. Feedback from parents highlights its effectiveness with some reporting their child is less angry, more engaged and better able to cope with whatever life throws at them.

"Additionally, early outcome measures from young people who have completed the programme show a 26% - 39% decrease in their difficulty with emotional regulation. Alongside this there has been a consistent increase in students' life-satisfaction scores. The biggest change in life satisfaction scores was reported by students from some of Auckland's most deprived areas and demonstrates the programme's effectiveness at helping reduce anxiety by providing kids with tools to help them cope with the challenges they may be facing which are out of their control."

Ruth Morse – CEO Well Foundation

Friendship House

The generous funding from the ProCare Charitable Foundation has been pivotal in supporting Friendship House's initiative to assist women and girls in Manukau, allowing us to effectively address critical issues of violence, safety, and abuse. With this crucial assistance, we have significantly increased accessibility to essential support services, empowered victims through counselling and advocacy, and made a lasting impact on the lives of those in need.

Neil Denney – CEO Friendship House

Dance & Arts Therapy

With the generous funding from the ProCare Charitable Foundation, we've made significant strides at the halfway point of our project, delivering 130 creative art therapy sessions in Tāmaki Makaurau, with a total of 420 visits so far. This support has been instrumental in positively impacting the vulnerable tamariki in our community.

Chanri Bezuidenhout – Client & Funding Manager



Our Impact

Community, Equity, and Partnerships

A key strategic pillar across the ProCare Group is to build authentic partnerships with community, health, and equity-focused organisations to help improve the health and wellbeing of our Māori, Pacific and high-needs communities. This commitment has helped us collectively design and deliver localised solutions to health issues over the last few years.

In addition to our existing partnerships, ProCare has formed and continued to foster partnerships and collaborations with the following organisations over the 23/24 Financial Year.

Heart Foundation

ProCare has had a longstanding relationship with the Heart Foundation.

Informally, our relationship with the Heart Foundation has spanned many years, from supporting with events, sharing knowledge and resources, to working together on campaigns.

In our formal partnership we have committed to:

- Sharing heart health information, research, expertise, and connections
- Working collaboratively to positively impact health outcomes and reduce the risk of heart-related disease
- Exploring funding opportunities.

For too long New Zealanders have been dying too early from heart-related diseases. Together we have and will continue to work collaboratively using our shared strengths to educate and empower our communities, particularly Māori, Pacific, and South Asian people, who are disproportionately affected by heart disease.



Le Va

Le Va is part of the Wise Group, one of the largest providers of mental health, addiction, and wellbeing services in Aotearoa New Zealand, which has many social support services that benefit ProCare families. Le Va has built strong connections with Pacific people over many years, so is a trusted leader in this space.

In our partnership with Le Va, we have committed to sharing knowledge and resources to support both our communities and our practices. Through this partnership we will support workforce development, co-designing Pacific models of care, and collaborating to address health and wellbeing.

A key enabler for reducing inequalities in health outcomes is developing a capable workforce. This past financial year we have begun work developing customised Pacific cultural competency training for our clinical staff. The partnership we have formed with Le Va will strengthen the Pacific public health workforce, and enhance the capability of the non-Pacific workforce to ensure access the best possible services for Pacific people and their families.



Building on our existing partnership with SmearYourMea

This year we came together once again at Te Matatini Kapa Haka Regionals in Tāmaki Makaurau.

This mahi forms part of our agreement to raise awareness of the importance of cervical screening with the Kapa Haka community. Our Ara Hauora team joined up with Well Women and Family Trust to promote and provide cervical and HPV screenings for wāhine.

Our team spent time educating and screening kaihaka (kapa haka performers), wāhine, and whānau about the '#SmearYourMea' campaign and shared important information on how regular screenings is a vital way of detecting cervical cancer early – allowing for timely testing and treatment.

There was an abundance of kōrero with wāhine and whānau who were eager to learn about the campaign and help spread the word. providers and community groups.



Leadership

Co-Operative Board

This year we welcomed Marama Royal, Chair of Ngāti Whātua Ōrākei Trust, to the ProCare Co-operative Board. This was an important step forward in solidifying the partnership between ProCare and Ngāti Whātua Ōrākei, and our joint commitment towards improving the health and wellbeing of whānau in Tāmaki Makaurau.

Relationships, partnership, and connection is key to reducing health inequities among our community. We know that working together with other like-minded people will result in greater success than if we work alone.

We have worked extremely hard over the years to develop strategies to address health inequities in our organisation. Having Marama as representative of Ngāti Whātua Ōrākei enhances our commitment to Te Tiriti o Waitangi.

Clinical Quality Committee

Our Clinical Quality Committee (CQC) advises on implementation and performance of ProCare from a clinical perspective. Having a diverse set of views, experience and backgrounds is imperative to ensure equitable, high quality clinical decision-making.

This year we welcomed Minnie Strickland back to CQC as a Pacific Representative. Minnie is the Director of Primary Care for Etu Pasifika and brings extensive knowledge to support ProCare in Pacific health.





Our Community

Celebrating Māori and Pacific Student success

This year we are proud to have continued our partnership with universities across Tāmaki Makaurau to support Māori and Pacific students.

These awards provide recognition and support for Māori and Pacific nursing students who go above and beyond in their studies. These awards are focused on those who demonstrate dedication, resilience, community involvement, cultural understanding, and leadership potential.

Through sponsoring these awards, we hope that the scholarships will continue to uplift the nursing community and provide support and recognition for other Māori and Pacific nurses.

Top Māori and Pacific Nurse Awards - Unitec

Māori Award recipients

- Geranium Taavale (Ngāpuhi and Te Rarawa)
- Corren Awheto (Aupouri, Tainui, Ngāti Mākinō).

Pacific Award recipients

- Katherine Matoto for Leadership
- Jessily Segedin for Clinical Competency.



Top Māori and Pacific Nurse Awards - Manukau Institute of Technology (MIT)

Māori MIT Recipients

- Leitisha Wainohu
- Sasha Beale.

Pacific Award recipients

- Leadership — Sione Posesi 'Ulufonua
- Clinical Excellence — Talaheu Vea
- Clinical Excellence — Nellie Jean Pulefolau
- Academic Excellence — Alex Luatutu Nanai.





ProCare Annual Prize in General Practice scholarships – University of Auckland

We also supported the University of Auckland, sponsoring the ProCare Annual Prize in General Practice scholarships. These scholarships are awarded annually to the top-achieving Māori and Pacific students in the General Practice attachment of the University’s Bachelor of Medicine and Bachelor of Surgery (MBChB).

The recipients of these awards are:

- Tūmanako Bidois (Ngāti Rangiwewehi, Ngāti Tahu, Ngāti Whāoa, Ngāti Whakaeu)
- Ngaire Hartley (Ngāi Tahu/Te Rarawa)
- George Powell (Tongan and British descent).

These awards both commend the success of our top young Māori and Pacific students and aid them in their journey to become medical professionals, helping to ensure that Māori and Pacific people are represented in the medical field.

Gout - It’s not all about the kai!

This year our Ara Hauora team partnered with Arthritis New Zealand to support people at the Pasifika Festival to get tested for gout.

Our team welcomed people in through friendly talanoa (conversation) about gout covering what can trigger gout, common misconceptions, and how to manage it. From there we encouraged people to get tested through a simple finger prick test and learn more about their results.

We had a steady flow of visitors throughout the weekend, screening a few hundred people for gout and educating many more!

We received fantastic feedback such as: *“I learnt more than I ever had from in the 10-15 years of having gout.”*

“You teach gout differently (more clearly) than we had at university studies.”

“Imagine giving this type of talk to our staff (Corrections) and the community.”

This initiative highlighted how the impact of strategic partnerships with organisations and taking initiatives directly to the community we are targeting can have widespread positive impact, not only for the people at the event, but also the sharing of this new knowledge with their whānau and friends.

Recognising Matariki, Te Wiki o Te Reo Māori and Pacific Language Weeks

Celebrating and acknowledging the rich cultures that make up the ProCare whānau is something we take pride in. Creating a safe space to learn about new customs, share food, try traditional activities, and allow staff to share their knowledge enhances our understanding of not only the people we work with, but the communities we serve.

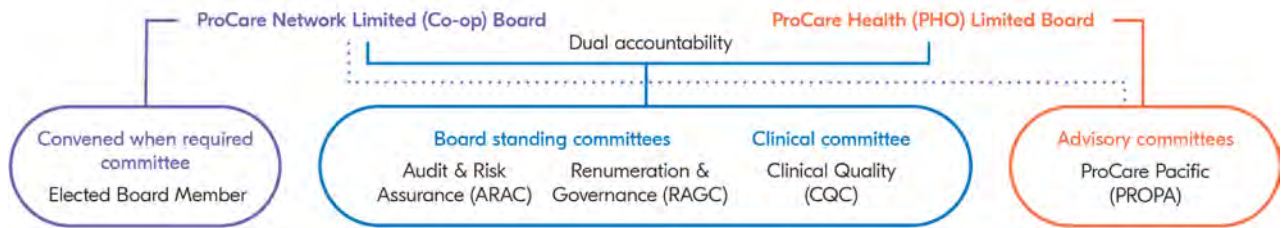




ProCare Governance Boards and Committees

ProCare Governance Boards and Committees

ProCare’s Governance Boards and Committees provide business expertise, leadership, and clinical governance for our organisation, ensuring the ongoing success of our business and clinical direction. They are as follows:



ProCare Network Limited

ProCare Network Limited is the largest Co-operative of healthcare professionals in New Zealand. The Co-operative provides services to general practices in the network. Shareholders in the Co-operative hold shares aligned to their individual general practice in accordance with the constitution and the share standard adopted by the ProCare Network Limited Board.

ProCare Network Limited (Co-op) Board

The ProCare Network Limited Board is responsible for setting the strategic direction of the organisation and adopting appropriate governance processes to ensure effective oversight of the organisation on behalf of shareholders, employees, and other stakeholders. The Board is committed to high standards of corporate governance and follows, in principle, the corporate governance guidelines and principles established by the Financial Markets Authority and the New Zealand Institute of Directors.

BOARD OF DIRECTORS: Dr Craig King (Chair), Dr Harley Aish (retired November 2023), Donovan Clarke, Dr Karl Cole (appointed November 2023) Tevita Funaki, Dr Wikitoria Gillespie, Alister Lawrence, Dr Francesco Lentini, Dr Jodie O’Sullivan, Marama Royal (appointed March 2024), Mike Schubert.



Dr Craig King
(Chair)



Dr Harley Aish



Donovan Clarke



Tevita Funaki



Dr Wikitoria
(Wiki) Gillespie



Alister Lawrence



Dr Francesco
Lentini



Dr Jodie O’Sullivan



Marama Royal



Mike Schubert

ProCare Health (PHO) Limited

ProCare Health (PHO) Limited is a Primary Health Organisation, it has full charitable status and operates exclusively for the charitable purposes set out in the charitable objectives. The objectives of the company are to promote and enhance the health and wellbeing of all individuals, families, and communities within Aotearoa New Zealand. Accordingly, all income of the Charity will be applied to carrying out and fulfilling those charitable purposes and is not intended for any other purpose.

ProCare Health (PHO) Limited Board

The ProCare Health (PHO) Limited Board is responsible for ensuring that the PHO discharges its responsibilities under the PHO Services Agreement and achieves the agreed outcomes and ensures the provision of essential primary healthcare services, mostly through general practices, to those people who are enrolled with the PHO. The PHO currently holds a PHO agreement with Te Whatu Ora (Health New Zealand) for Auckland, Counties Manukau, Waitematā, and Northland regions.

BOARD OF DIRECTORS: Tevita Funaki (Chair), Sally Dalhousie, Ann Davis, Sarah Kinred, Dr Jodie O'Sullivan, Dr Stephanie Taylor (retired December 2023), and Braden Te Ao.



Tevita Funaki
(Chair)



Sally Dalhousie



Ann Davis



Sarah (Hera) Kinred



Dr Jodie O'Sullivan



Dr Stephanie Taylor



Braden Te Ao

Audit & Risk Assurance Committee (ARAC)

ARAC assists the ProCare Network Co-op and PHO Boards in fulfilling their responsibilities relating to accounting and reporting, external audit, legislative and regulatory compliance, and general risk management for ProCare. The Committee oversees, reviews, and provides advice to the Boards on each company's financial information, policies, and procedures in regard to financial matters, external audit functions and internal control, and risk management policies and processes. The Committee reviews and reports to the Boards on management processes for the identification, prioritisation and management of risk.

ARAC members: Mike Schubert (Chair), Tevita Funaki, Dr Wikitoria Gillespie (retired February 2024), Dr Craig King, Alister Lawrence.

Remuneration & Governance Committee (RAGC)

RAGC assists the ProCare Co-op and PHO Boards in the establishment of remuneration and governance policies and practices for each company, and in discharging the Boards' responsibilities related to remuneration and governance. Additionally, it evaluates the Chief Executive Officer's performance and assesses the effectiveness of the Boards and their committees.

RAGC members: Alister Lawrence (Chair), Tevita Funaki, Dr Wikitoria Gillespie, Dr Craig King, Mike Schubert.

Clinical Quality Committee (CQC)

CQC advises the ProCare Co-op and PHO Boards and is available to provide clinical guidance to ProCare subsidiaries of joint ventures. The Committee provides a population health perspective in relation to the clinical performance of ProCare and its provider network, recommends clinical goals, champions a culture of clinical excellence while providing oversight of the clinical safety and quality of ProCare's providers. The Committee advises and is supported by ProCare's Clinical Directorate for implementing its programme of work and managing clinical risks.

CQC members: Dr Wikitoria Gillespie (Chair), Dr Ona Blanks (appointed June 2024), Michelle Cray, Dr Edward Huang (appointed June 2024), Dr Georgina Kaye (retired November 2023), Dr Jim Kriechbaum (voluntary member), Dr Willem Landman, Charlotte Roberts, Dr Minnie Strickland (appointed July 2023), Dr Doone Winnard (appointed February 2023), and Dr Stephanie Taylor (retired December 2022).

ProCare Pacific Advisory Committee

ProCare's Pacific Advisory Committee (ProPA) advises and supports the ProCare PHO Board in recognising the special place Pacific people have in New Zealand society, to respond to the diverse cultural needs of Pacific people, and to prioritise Pacific health and wellbeing. The Committee is responsible for developing a Pacific Strategy to support ProCare achieving Pacific health goals and reduce inequities in Pacific health. The Committee also provides the Pacific voice, advice, and support to other ProCare entities as required.

ProPA members: Sally Dalhousie (Chair), Dr Canaan Aumua, Tevita Funaki, Judy Matai'a, Dr Viliami Puloka, Stephen Stehlin.

Other Boards

CAREHQ LIMITED Board of Directors: Bindi Norwell (Chair), Regan Savage, Kerry Boiella (retired December 2023), Nicholas Astwick, Jonathan Duncan (appointed May 2024), Stephen Webber (retired May 2024).

CLINICAL ASSESSMENTS LIMITED (CAL) Board of Directors: Paul Roseman (Chair), John Betteridge, Dr Allan Moffitt.

PROCARE FRESH MINDS LIMITED (PFM) Board of Directors: Bindi Norwell (Chair), Dr Allan Moffitt, Stephen Webber (retired November 2023).

WHAKARONGORAU Board of Directors: Roger Sowry (Chair), Catherine Able-Pattinson (appointed July 2023), Shayne Hunter, Dr Francesco Lentini, Jacquelyn Percy, Mike Schubert, Benesia Smith.



ProCare Network Limited and Subsidiaries

DIRECTORS' REPORT & FINANCIAL STATEMENTS

For the year ended 30 June 2024

Contents

Directory	46
Directors' Report	47
Consolidated statement of profit or loss and other comprehensive income	51
Consolidated statement of financial position	52
Consolidated statement of changes in equity	54
Consolidated statement of cash flows	55
Statement of material accounting policies	56
Notes to the consolidated statements	63
Independent Auditor's report	87
Directors' Interests	92

PROCARE NETWORK LIMITED AND SUBSIDIARIES DIRECTORY

DIRECTORS

PROCARE NETWORK LIMITED

Dr C L King (Chair)
 Dr H E Aish (resigned 23 November 2023)
 D R Clarke
 Dr K Cole (appointed 1 December 2023)
 T F Funaki
 Dr W E Gillespie
 A J Lawrence
 Dr F Lentini
 Dr J J O'Sullivan
 M Royal (appointed 1 March 2024)
 M Schubert

PROCARE FRESH MINDS LIMITED

B Norwell (Chair)
 Dr A Moffitt
 S Webber (resigned 7 November 2023)

PROCARE HEALTH (LP) LIMITED

B Norwell (Chair)
 Dr W E Gillespie (appointed 1 August 2023)
 R Boase (appointed 7 November 2023)
 M Schubert (appointed 1 August 2023)
 S Webber (resigned 7 November 2023)

PROCARE HEALTH (PHO) LIMITED

T F Funaki (Chair)
 S M Dalhousie
 A T Davis
 S A M Kinred
 Dr J J O'Sullivan
 Dr S L Taylor (resigned 31 December 2023)
 B Te Ao (appointed 1 April 2023)

PROCARE NETWORK PARTNERSHIPS LIMITED

B Norwell (Chair)
 R Boase (appointed 7 November 2023)
 S Webber (resigned 7 November 2023)

CLINICAL ASSESSMENTS LIMITED

Dr J H Betteridge
 Dr A Moffitt
 P D Roseman

GREENHITHE MEDICAL CENTRE LIMITED

B Norwell (appointed 22 November 2023)
 G Lord (appointed 22 November 2023)

HEALTH NEW LYNN LIMITED

B Norwell
 G Lord (appointed 7 November 2023)
 S Webber (resigned 7 November 2023)

KAIPARA HEALTH LIMITED

B Norwell (appointed 7 November 2023)
 G Lord (appointed 7 November 2023)
 S Webber (resigned 7 November 2023)

MT SMART HEALTH (2020) LIMITED

B Norwell (appointed 7 November 2023)
 G Lord (appointed 7 November 2023)
 S Webber (resigned 7 November 2023)

ONECARE HEALTH (2020) LIMITED

B Norwell (appointed 7 November 2023)
 G Lord (appointed 7 November 2023)
 S Webber (resigned 7 November 2023)

TOTARA CLINICAL RESEARCH LIMITED

B Norwell
 G Lord (appointed 7 November 2023)
 S Webber (resigned 7 November 2023)

GROUP CHIEF EXECUTIVE

B Norwell

SUBSIDIARIES

ProCare Fresh Minds Limited	100%
ProCare Health (LP) Limited	100%
ProCare Health (PHO) Limited	100%
ProCare Network Partnerships Limited	100%
Clinical Assessments Limited	67%
Greenhithe Medical Centre Limited	100%
Health New Lynn Limited	100%
Kaipara Health Limited	100%
Mt Smart Health (2020) Limited	100%
OneCare Health (2020) Limited	100%
Totara Clinical Research Limited	100%

All subsidiaries have a 30 June balance date

JOINT VENTURES

Whakarongorau Aotearoa New Zealand Telehealth Services LP	50%
CareHQ Limited Partnership	50%

REGISTERED OFFICE

Level 1, 12-16 Nicholls Lane, Parnell, Auckland

BANKERS

ANZ Bank
 PO Box 12 060, Auckland 1642

SOLICITOR

Buddle Findlay
 PWC Tower
 188 Quay Street, Auckland 1140

AUDITOR

BDO Auckland
 Level 4, BDO Centre, 4 Graham Street, Auckland

PROCARE NETWORK LIMITED AND SUBSIDIARIES

DIRECTORS' REPORT

For the year ended 30 June 2024

The Directors present their Annual Report including the consolidated financial statements of the Group for the year ended 30 June 2024.

DIRECTORS

The persons listed on the directory page held office as Directors during the year. No other person held the office of Director at any time during the year.

PRINCIPAL ACTIVITIES

ProCare Network Limited is a Co-operative Company that provides management services to its subsidiaries, as well as clinical and corporate services support to its Practices. It also provides the design and management of health programmes funded by non-Health New Zealand partners.

ProCare Health (PHO) Limited is a Registered Charity and a Primary Health Organisation (PHO) that provides primary healthcare services in the Auckland and Northland region. The Company's functions include the design, development, implementation and management of health programmes with the objective of improving the health status of patients in the care of associated general practitioners and their professional colleagues.

The Company's other subsidiaries and joint ventures are:

- ProCare Health (LP) Limited (PHLP) is an intermediate holding company that holds the Group's investment in Whakarongorau Aotearoa New Zealand Telehealth Services LP, CareHQ Limited Partnership (CHQLP) and Fresh Minds NZ Limited Partnership (FMNZLP) (ceased trading December 2020), which are 50% owned equity accounted joint ventures
- Clinical Assessments Limited facilitates the delivery of specific health service initiatives in the wider Auckland region
- Health New Lynn Limited, Kaipara Health Limited, Mt Smart Health (2020) Limited, Greenhithe Medical Centre (acquired in FY2024) and OneCare Health (2020) Limited provide primary care medical services in the wider Auckland region
- Totara Clinical Research Limited (subsidiary of Health New Lynn) undertakes clinical research trials
- ProCare Fresh Minds Limited provides services which aim to support the health and wellbeing of children, youth, young adults, and adults in Aotearoa
- ProCare Network Partnerships Limited is a holding company
- CareHQ Limited Partnership (CHQLP) is aligned with ProCare's strategy to adopt and integrate a sustainable virtual GP service for practices to benefit patients and their businesses
- Whakarongorau Aotearoa New Zealand Telehealth Services LP ("the Partnership") is a limited partnership. The Partnership provides telephone services to General Practitioners so their patients' calls are answered after-hours, and National Telehealth Services (helplines) to the public, 24 hours a day, seven days a week. The Partnership is the provider of the first integrated national telehealth service for New Zealand. The Partnership is the National Coordination Centre Provider for the National Bowel and Cervical Screening Programmes. In conjunction with the Ministry of Health (Manatū Haurora), the Partnership is responsible for supporting participant progress through the screening pathway, central coordination, mail-house functions, call centre operations and data management.

RESULTS

	2024	2023
	\$000	\$000
(Loss) for the year and total comprehensive (expense)	(1,240)	(225)
Non-controlling interest in profit of subsidiary	(4)	(2)
Opening retained earnings	16,161	16,388
Closing retained earnings	14,917	16,161

DIVIDENDS

No dividends were paid during this financial year.

REDEEMABLE PREFERENCE SHARES

Interest on Redeemable Preference Shares was paid in December 2023 at a coupon rate of 8.34% and is recognised as an interest expense for accounting purposes.

AUDITORS

BDO Auckland continue in office as auditors. Please refer to Note 4.2 for fees paid to auditors.

DIRECTORS' INTERESTS

Directors' interests have been declared pursuant to section 140(2) of the Companies Act 1993. Those Directors are to be regarded as having an interest in any contract that may be made with any one of the Group companies by virtue of their Directorship or membership of those entities.

DIRECTORS' REMUNERATION

	2024	2024
	\$000	\$000
ProCare Network Limited	Directors' Fees	Committee Fees
Dr C L King (Chair)	90	—
Dr H E Aish	19	—
D R Clarke	45	8
Dr K Cole	26	—
T F Funaki	45	—
Dr W E Gillespie	45	8
A J Lawrence	45	15
Dr F Lentini	45	—
Dr J J O'Sullivan	45	—
M J Royal	15	—
M Schubert	45	15
	465	46

	2024	2024
	\$000	\$000
ProCare Health (PHO) Limited	Directors' Fees	Committee Fees
T F Funaki (Chair)	27	—
S Dalhousie	13	5
A T Davis	13	—
S A M Kinred	7	—
Dr J J O'Sullivan	14	—
Dr S L Taylor	7	—
B Te Ao	14	—
	95	5

	2024
	\$000
Clinical Assessments Limited	Directors' Fees
Dr J H Betteridge – paid to East Health Services Limited	2
Dr A Moffitt – paid to ProCare Network Limited	2
P D Roseman – paid to ProCare Network Limited	2
	6

The following subsidiaries had no Directors' fees paid to the Directors;

Greenhithe Medical Centre Limited
 Health New Lynn Limited
 Kaipara Health Limited
 Mt Smart Health (2020) Limited
 OneCare Health (2020) Limited
 ProCare Fresh Minds Limited
 ProCare Health (LP) Limited
 ProCare Network Partnerships Limited
 Totara Clinical Research Limited.

Additional remuneration was paid to Directors for services separate from services as a Director as disclosed in note 17.3 of the financial statements.

EMPLOYEE REMUNERATION

The number of employees in the Group, whose remuneration and benefits exceeded \$100,000 in the financial year were:

Range	2024
	Number
\$100,001 – \$110,000	17
\$110,001 – \$120,000	17
\$120,001 – \$130,000	12
\$130,001 – \$140,000	5
\$140,001 – \$150,000	5
\$150,001 – \$160,000	3
\$160,001 – \$170,000	5
\$170,001 – \$180,000	2
\$180,001 – \$190,000	2
\$190,001 – \$200,000	4
\$200,001 – \$210,000	2
\$210,001 – \$220,000	1
\$220,001 – \$230,000	1
\$230,001 – \$240,000	2
\$240,001 – \$250,000	3
\$250,001 – \$260,000	3
\$290,001 – \$300,000	1
\$300,001 – \$310,000	1
\$360,001 – \$370,000	1
\$500,001 – \$510,000	1

DIRECTORS' AND EMPLOYEES' INDEMNITY AND INSURANCE

The Company has insured all its Directors and employees and those of its subsidiaries against liabilities to other parties (except the Company or a related party of the Company) that may arise from their positions as Directors or employees.

DONATIONS

In accordance with section 211(1)(h) of the Companies Act 1993, the Company records that it donated a total of \$1,985 (2023: \$1,029) to various charities during the year.

DIRECTOR SHARE OWNERSHIP

ProCare Network Limited's ordinary shares owned by Directors have the same voting rights as all other ordinary shares of ProCare Network Limited currently on issue.

As at 30 June 2024, Directors had a relevant interest in ProCare Network Limited shares as follows:

Name	Relevant interest in ProCare Network Limited Shares	
	30 June 2024	
Dr C L King (Chair)		1
Dr K Cole		1
Dr W E Gillespie		1
Dr F Lentini		1
Dr J J O'Sullivan		1

Some Directors also received Redeemable Preference Shares (RPS) as part of the capital restructure. Refer to Note 15 on the RPS issue.

USE OF COMPANY INFORMATION

The Board received no notices during the year from Directors requesting to use Company information received in their capacity as Directors which would not have been otherwise available to them.

DIRECTORS' RESPONSIBILITY STATEMENT

The Directors are responsible for the preparation of these financial statements in accordance with New Zealand Generally Accepted Accounting Principles and that give a true and fair view of the matters to which they relate and for such internal controls as the Directors determine are necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

For and on behalf of the Board



Dr Craig King
Board Chair and Director
1 October 2024



Michael Schubert
Director
1 October 2024

PROCARE NETWORK LIMITED AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2024

	NOTES	2024 \$000	2023 \$000
Revenue	3.1	304,061	352,220
Total income		304,061	352,220
Expenses			
Clinical costs	4	(251,579)	(304,055)
Administrative expenses	4.2	(50,165)	(46,360)
Impairment of goodwill	11	(2,039)	—
Total expenses		(303,783)	(350,415)
Operating Profit before interest and tax		278	1,805
Finance Income and Expenses			
Interest income - financial assets at amortised cost		480	215
Derivative fair value loss		(11)	(23)
Lease liability interest	21	(706)	(684)
Other finance costs - financial liabilities at amortised cost		(361)	(492)
Net finance expense	4.3	(598)	(984)
Profit before share of results of equity accounted joint ventures		(320)	821
Share of loss of equity accounted joint ventures	13	(591)	(1,331)
(Loss) before tax		(911)	(510)
Income tax (expense)/credit	14.1	(329)	285
(Loss) after tax/Total comprehensive (expense) for the year		(1,240)	(225)
(Loss) and total comprehensive (expense) attributable to:			
Owners of the Company		(1,244)	(227)
Non-controlling interests		4	2
(Loss) for the year and total comprehensive (expense)		(1,240)	(225)

The accompanying notes form part of, and should be read in conjunction with, these financial statements.

PROCARE NETWORK LIMITED AND SUBSIDIARIES CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As at 30 June 2024

ASSETS	NOTES	2024 \$000	2023 \$000
Current assets			
Cash and cash equivalents	5	12,039	7,277
Investments – short term deposits	5	5,850	2,900
Trade and other receivables	6	13,448	16,571
Inventory		17	19
Derivative asset	19	–	11
Income tax receivable		–	599
Receivables from equity accounted joint ventures	8	247	232
Total current assets		31,601	27,609
Non-current assets			
Property, plant and equipment	10	1,006	1,441
Right of use assets	21	12,074	12,599
Computer software	11	493	606
Goodwill	11	14,457	16,436
Deferred tax asset	14.2	1,186	1,143
Investment in equity accounted joint ventures	13	5,711	6,101
Total non-current assets		34,927	38,326
TOTAL ASSETS		66,528	65,935
LIABILITIES			
Current liabilities			
Trade and other liabilities	7	12,630	15,200
Contract liabilities	9	18,456	12,115
Income tax payable		293	–
Payables to equity accounted joint ventures	8	45	46
ProCare Charitable Foundation loan	17.2	–	2,274
Borrowings	22	–	1,557
Redeemable preference shares	15	144	144
Lease liability	21	2,057	1,128
Total current liabilities		33,625	32,464
Non-current liabilities			
Redeemable preference shares	15	1,482	1,626
Contract liabilities	9	5,418	3,336
Lease liability	21	10,743	11,968
Total non-current liabilities		17,643	16,930
TOTAL LIABILITIES		51,268	49,394
NET ASSETS		15,260	16,541

The accompanying notes should form part of, and should be read in conjunction with, these financial statements.

PROCARE NETWORK LIMITED AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF FINANCIAL POSITION (CONTINUED)

As at 30 June 2024

REPRESENTED BY:	NOTES	2024	2023
		\$000	\$000
EQUITY			
Share capital	16	291	332
Treasury Shares	16	(7)	(7)
Retained earnings		14,917	16,161
Equity attributable to parent		15,201	16,486
Non-Controlling Interests		59	55
TOTAL EQUITY		15,260	16,541

For and on behalf of the Board



Dr Craig King
 Board Chair and Director
 1 October 2024



Michael Schubert
 Director
 1 October 2024

The accompanying notes form part of, and should be read in conjunction with, these financial statements.

PROCARE NETWORK LIMITED AND SUBSIDIARIES CONSOLIDATED STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2024

		Attributable to Owners of the Company					
	NOTES	Share Capital	Treasury Shares	Retained Earnings	Total Equity	Non-Controlling Interests	Total Equity
		\$000	\$000	\$000	\$000	\$000	\$000
Balance at 1 July 2023		332	(7)	16,161	16,486	55	16,541
Total comprehensive (expense) for the year (Loss) for the year		—	—	(1,244)	(1,244)	4	(1,240)
Total comprehensive (expense) for the year		—	—	(1,244)	(1,244)	4	(1,240)
Transactions with owners in their capacity as owners							
Shares repurchased and cancelled	16	(58)	—	—	(58)	—	(58)
Issue of ordinary "A" shares	16	17	—	—	17	—	17
Balance at 30 June 2024		291	(7)	14,917	15,201	59	15,260

		Attributable to Owners of the Company					
	NOTES	Share Capital	Treasury Shares	Retained Earnings	Total Equity	Non-Controlling Interests	Total Equity
		\$000	\$000	\$000	\$000	\$000	\$000
Balance at 1 July 2022		319	(7)	16,388	16,700	53	16,753
Total comprehensive (expense) for the year (Loss) for the year		—	—	(227)	(227)	2	(225)
Total comprehensive (expense) for the year		—	—	(227)	(227)	2	(225)
Transactions with owners in their capacity as owners							
Shares repurchased and cancelled	16	(13)	—	—	(13)	—	(13)
Issue of ordinary "A" shares	16	26	—	—	26	—	26
Balance at 30 June 2023		332	(7)	16,161	16,486	55	16,541

The accompanying notes should form part of, and should be read in conjunction with, these financial statements.

PROCARE NETWORK LIMITED AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF CASH FLOWS

For the year ended 30 June 2024

	NOTES	2024 \$000	2023 \$000
Cash flows from operating activities			
Cash provided from:			
Receipts from customers and funders of health services		315,964	369,339
Interest income received		461	208
Income tax refunded		592	—
		317,017	369,547
Cash applied to:			
Payments to suppliers and providers		(272,576)	(337,939)
Payments to and on behalf of employees		(29,518)	(27,495)
Income tax paid		(73)	(2,098)
		(302,167)	(367,532)
Net cash from operating activities	20.1	14,850	2,015
Cash flows from investing activities			
Distributions by equity accounted joint ventures	13	—	7,341
Cash applied to:			
Purchase of property, plant and equipment		(181)	(158)
Purchase of software	11	(228)	(111)
Settlement of business acquisition (net of cash acquired)	24	(65)	(103)
Settlement of business acquisition (held in escrow)	24	—	200
Investment in equity accounted joint ventures		(218)	(441)
Investment in short term deposits		(2,950)	(1,700)
Net cash from/(to) investing activities		(3,642)	(5,028)
Cash flows from financing activities			
Cash provided from:			
Issue of ordinary "A" shares	16	17	26
Cash applied to:			
Share repurchase	16	(58)	(13)
Redemption of non-taxable Redeemable Preference Shares	15	(144)	(90)
Payment of lease liabilities (principal)	21	(1,259)	(1,091)
Payment of lease liabilities (interest)	21	(706)	(684)
Payment of ANZ and PCF loans (principal)		(3,831)	(2,489)
Payment of Interest on ANZ Loans, Redeemable Preference Shares, ProCare Charitable Foundation and others		(465)	(466)
		(6,463)	(4,833)
Net cash (to) financing activities		(6,446)	(4,808)
Net increase in cash and cash equivalents		4,762	2,235
Cash and cash equivalents at the beginning of the year		7,277	5,042
Cash and cash equivalents at the end of the year	5	12,039	7,277

The accompanying notes should form part of, and should be read in conjunction with, these financial statements.

PROCARE GROUP

STATEMENT OF MATERIAL ACCOUNTING POLICIES

For the year ended 30 June 2024

I CORPORATE INFORMATION

The consolidated financial statements presented are for the reporting entity ProCare Network Limited ("the Company" or "the Parent"). The Group comprises ProCare Network Limited (the parent company and the ultimate holding company), ProCare Health (LP) Limited, Clinical Assessments Limited, ProCare Fresh Minds Limited, ProCare Health (PHO) Limited, ProCare Network Partnerships Limited, Kaipara Health Limited, Mt Smart Health (2020) Limited, Greenhithe Medical Centre Limited, Health New Lynn Limited (including Totara Clinical Research) and OneCare Health (2020) Limited (together, the subsidiaries), and the Group's interest in equity accounted joint ventures. The Company and its subsidiaries together are referred to in these financial statements as the Group.

The financial statements for the Group for the year ended 30 June 2024 were authorised for issue in accordance with a resolution of the Directors on 1 October 2024.

The subsidiary companies within the Group are limited liability companies incorporated and domiciled in New Zealand under the Companies Act 1993.

The Group is registered under the Companies Act 1993 and is a Financial Markets Conduct Act 2013 reporting entity in terms of the Financial Reporting Act 2013. ProCare Health (PHO) Limited is a Public Benefit Entity for reporting purposes. ProCare Network Limited is a Co-operative Company and complies with the Co-operative Companies Act 1996.

For the purposes of complying with generally accepted accounting practice in New Zealand ("NZ GAAP"), the Company and its subsidiaries (other than the PHO) are for-profit entities.

Principal Activities

ProCare Network Limited is a Co-operative Company that provides management services to its subsidiaries, as well as clinical and corporate services support to its GP shareholders' medical practices. It also provides the design and management of health programmes funded by non-Health New Zealand partners.

ProCare Health (PHO) Limited is a Registered Charity and a Primary Health Organisation that provides primary healthcare services in the Auckland and Northland regions. The PHO's accounting policies have been amended to comply with those of the Group for consolidation purposes.

The Company's functions include the design, development, implementation and management of health programmes with the objective of improving the health status of patients in the care of associated general practitioners and their professional colleagues.

The Company's other subsidiaries are:

ProCare Health (LP) Limited holds the Group's investment in Whakarongorau Aotearoa New Zealand Telehealth Services LP, and CareHQ Limited Partnership (see the detail below), which are 50% owned equity accounted joint ventures.

Clinical Assessments Limited facilitates the delivery of specific health service initiatives in the wider Auckland region.

Health New Lynn Limited, Kaipara Health Limited, Mt Smart Health (2020) Limited, Greenhithe Medical Centre (acquired in FY2024) and OneCare Health (2020) Limited provide primary care medical services in the Totara Clinical Research Limited is a clinical research trial company based in Auckland region.

ProCare Fresh Minds Limited provides services which aim to support the health and wellbeing of children, youth, young adults, and adults across Aotearoa.

ProCare Network Partnerships Limited is a holding company.

CareHQ Limited Partnership (CHQLP) is aligned with ProCare's strategy to adopt and integrate a sustainable virtual GP service for practices to benefit patients and their businesses.

Whakarongorau Aotearoa New Zealand Telehealth Services LP ("the Partnership") is a limited partnership. The Partnership provides telephone services to General Practitioners so their patients' calls are answered after-hours, and National Telehealth Services (helplines) to the public, 24 hours a day, seven days a week. The Partnership is the provider of the first integrated national telehealth service for New Zealand. The Partnership is the National Coordination Centre Provider for the National Bowel and Cervical Screening Programmes. In conjunction with the Ministry of Health (Manatū Hauora), the Partnership is responsible for supporting participant progress through the screening pathway, central coordination, mail-house functions, call centre operations and data management.

1.1 BASIS OF PREPARATION

The consolidated financial statements comply with NZ GAAP, New Zealand equivalents to International Financial Reporting Standards ("NZ IFRS") and IFRS Accounting Standards and the relevant requirements of the Financial Markets Conduct Act 2013.

The accounting policies of all subsidiaries are amended where necessary to comply with those of the Group.

Changes in Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

a) New standards, interpretations and amendments adopted from 1 January 2024.

The following amendments are effective for the period beginning 1 January 2024:

NZ IAS 1

Disclosure of Accounting Policies (Amendments to NZ IAS 1 Presentation of Financial Statements and IFRS Practice Statement 2 Making Materiality Judgements)

The amendments aim to make accounting policy disclosures more informative by replacing the requirement to disclose 'significant accounting policies' with 'material accounting policy information'.

The amendments also provide guidance under what circumstance the accounting policy information is likely to be considered material and therefore requiring disclosure.

These amendments have no effect on the measurement or presentation of any items in the Consolidated financial statements of the Group but affect the disclosure of accounting policies of the Group.

NZ IAS 8

Definitions of Accounting Estimates (Amendments to NZ IAS 8 Accounting policies, Changes in accounting policy and prior period errors).

The amendments in NZ IAS 8, which added the definition of accounting estimates, clarify that the effects of a change in an input or measurement technique are changes in accounting estimates, unless resulting from the correction of prior period errors. These amendments clarify how entities make the distinction between changes in accounting estimate, changes in accounting policy and prior period errors.

These amendments had no effect on the annual consolidated financial statements of the Group.

NZ IAS 12

Deferred Tax related to Assets and Liabilities arising from a Single Transaction (Amendments to NZ IAS 12 Income Taxes).

The amendments to NZ IAS 12 clarify whether the initial recognition exemption applies to certain transactions that result in both an asset and a liability being recognised simultaneously (e.g. a lease in the scope of NZ IFRS 16). The amendments introduce an additional criterion for the initial recognition of an asset or liability which at the time of the transaction, gives rise to equal taxable and deductible temporary differences.

These amendments had no effect on the annual consolidated financial statements of the Group.

Functional and Presentation Currency

The consolidated financial statements are presented in New Zealand thousand dollars (a change from last year's reporting which was in dollar value), which is the Company's functional currency and the Group's presentation currency. All values are rounded to the nearest thousand dollars.

Basis of Measurement

The consolidated financial statements are prepared on the historical cost basis, other than the embedded derivative which is recorded at fair value.

2 SUMMARY OF MATERIAL ACCOUNTING POLICIES

2.1 USE OF ESTIMATES AND JUDGEMENTS

The preparation of consolidated financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

Significant areas of estimation, uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the consolidated financial statements are as follows:

Revenue

- The Group derives revenue from various health and clinical services and projects. Estimates and judgements are made relating to a number of factors when assessing different contracts. These primarily include the programme of work throughout the contract period and assessment of future costs after considering changes in the scope of work. The details around income

2.1 USE OF ESTIMATES AND JUDGEMENTS (CONTINUED)

recognition and deferral utilising the income recognition policies can be found in notes 2.2, 3.1 and 9

- Funds received from customers are deferred until the Group has satisfied the performance obligations. The balance is shown as deferred revenue and is classified as current if the Group expects to satisfy the performance obligations in the next financial year. The remaining balances are classified as non-current

2.2 MATERIAL ACCOUNTING POLICIES

- Primary health organisations (PHOs) ensure the provision of essential primary health care services, mostly through general practices, to people who are enrolled with the PHO. PHOs are funded by Health New Zealand which focuses on the health of the population. A PHO provides primary health services either directly or through its contracted providers. The services provided aim to improve and maintain the health of the enrolled PHO population, ensuring that general practice services are connected with other health services to ensure a seamless continuum of care. As such, the Directors have judged that the Company is a principal not an agent with regard to Government funding.

Leases

- Significant judgements were made to only recognise leases to the first renewal date in the lease agreements and excluded leases shorter than 12 months and low value assets (under \$10,000). An exception is Health New Lynn Limited that valued the full term of the medical centre property lease including right of renewals, and Mt Smart Health (2020) Limited which included leases on some low value office equipment. The determination of the expected term and discount rates in lease calculations can be found in Note 21.

Impairment Assessments

- The goodwill arising from the acquisitions were tested for impairment at June 2024
- Assessing the carrying value of goodwill requires management to estimate future cash flows to be generated. The key assumptions used in the value in use models include the expected rate of growth of revenues and earnings, the terminal growth rate and the appropriate discount rate to apply
- The recoverable amount of the business was tested for impairment on a value-in-use basis using a discounted cash flow model.

Management has used its past experience of sales growth, operating costs and margin, and external sources of information where appropriate, to determine their expectations for the future. Assumptions used in the discounted cashflow model to assess the value of goodwill are noted in Note 11

- The Group's investment in CareHQ was tested for impairment at June 2023. The recoverable amount of the investment was tested for impairment on a value-in-use basis using a discounted cash flow model. Management has used its past experience of sales growth, operating costs and margin, and both internal and external sources of information where appropriate, to determine their expectations for the future
- While Whakarongorau has had losses in 2023 and 2024 due to technology improvements, based on past performance and long-term projections, it is expected to return to a profit position. Management believe that both companies will continue to achieve ongoing growth with all the initiatives and growth strategies hence this indicates there is no impairment needed. Please see Note 13 for more details.

Control

- *NZ IFRS 10 Consolidated Financial Statements* outlines the requirements for the preparation and presentation of consolidated financial statements, requiring entities to consolidate entities it controls. Control requires exposure or rights to variable returns and the ability to affect those returns through power over an investee. When assessing the 3-step consideration of control; understand the investee design and the relevant activities; how are decisions about relevant activities made, specifically the power, variable returns; and the link between power and returns as defined by *NZ IFRS 10*, management deem that the Group sufficiently control their investment in Clinical Assessments Limited (majority of share ownership and the Board and control of decision making), and therefore it is correct to consolidate this entity in their annual financial statements.

2.2 MATERIAL ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition

NZ IFRS 15 Revenue from Contracts with Customers

The Group's revenue recognition policy is detailed below. Please refer to Note 3.1 for revenue details.

Revenue from contracts with customers

Type of service	Nature and timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies	Included in Note 3.1
(i) Stand Ready (Over Time)	For service agreements in which the contract obligation is to provide a "stand ready" service. These relate to the provision of general practitioner (GP) services. They are funded based on registered patient (ESU) numbers and their demographics. Payment terms are monthly or quarterly as per the contracted agreement.	Within this service is First Level Services and Patient Access Subsidies. Revenue is therefore recognised over time as the GP practices stands ready to provide the contracted performance obligations which are simultaneously received and consumed by the customer.	Patient access subsidies, First level services, Health System Indicators.
(ii) Provision of Service (Over Time)	For service agreements in which the contract obligation is to provide certain health services. The Group satisfies the performance obligations in the contracts by provision of services by GP practices, specific strategic initiatives and employment of specified staff. Payment terms are monthly or quarterly as per the contracted agreement.	Health service-related revenue is recognised over time, based on the input method of when the costs of meeting the performance obligations are incurred; as the benefits provided are simultaneously received and consumed by the customer. Within these services are CarePlus, Services to Improve Access, Health Promotion and Management fees.	Ready Steady Quit programme, Telehealth and Digitally Enabled Health Services, Careplus, Services to Improve Access, Health Promotion, Management Fees, Programmes, COVID Testing & Vaccinations, Ministry of Social Development, ACC and Health Alliance.
(iii) Activity Basis (Point in Time)	For service agreements in which the contract obligation is to provide certain activity to specifically address certain health priorities (CVD assessments, cervical screenings for example). Payment terms are monthly or quarterly as per the contracted agreement.	Activity-related revenue is recognised at point in time when the contracted activity is delivered. Health New Zealand programmes and Patient co-payments are included in this revenue stream.	Programmes, COVID Testing & Vaccinations, Ministry of Social Development and General Practice Co-payments.
(iv) Performance Targets (Point in Time)	For service agreements in which the contract obligation is to meet certain criteria or performance targets (Health System Indicators, other clinical targets for example). Payment terms are monthly or quarterly as per the contracted agreement.	Revenue from performance targets is recognised at a point time in the accounting period(s) in which the target is met. Within this service is Health System Indicators.	Health System Indicators and Programmes.

Principles of Consolidation

Subsidiaries are fully consolidated from the date on which control is transferred to the Group. They are deconsolidated from the date that control ceases.

Intercompany transactions, balances and unrealised gains on transactions between Group companies are eliminated.

Business Combinations

The consolidated financial statements incorporate the results of business combinations using the acquisition method. In the statement of financial position, the acquiree's identifiable assets, liabilities and contingent liabilities are initially recognised at their fair values at the acquisition date. Transaction costs are expensed as incurred and goodwill is stated at cost.

Acquisition of Non-Controlling Interests

Acquisition of non-controlling interests are accounted for as transactions with owners in their capacity as owners. Adjustments to non-controlling interests arising from transactions that do not involve the loss of control are based on a proportionate amount of the net assets of the subsidiary.

Investments in Joint Ventures

An investment in a joint venture is accounted for using the equity method from the date on which the investee becomes a joint venture.

Any excess of the Group's share of the net fair value of the identifiable assets and liabilities over the cost of the investment, after reassessment, is recognised immediately in profit or loss in the period in which the investment is acquired.

2.2 MATERIAL ACCOUNTING POLICIES (CONTINUED)

Property, Plant and Equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses.

Depreciation is recognised in the profit or loss on a straight line basis over the estimated useful lives. Property, plant and equipment depreciation rates are summarised as follows for the current and prior year:

- Computer hardware: 33% straight line
- Furniture and fittings: 20% straight line
- Leasehold improvements: 12.5% – 20% straight line
- Office and other equipment: 20 – 40% straight line.

Intangibles

Intangibles are carried at cost less any accumulated amortisation and accumulated impairment losses. Goodwill is not amortised but is tested for impairment annually. Intangible assets with a definite life are amortised on a straight-line basis. Goodwill is stated at cost, less any impairment losses.

Computer Software

Development expenditure that is directly attributable to the design and testing of identifiable and unique software products controlled by the Group is capitalised only if development costs can be measured reliably, the product or process is technically and commercially feasible, future economic benefits are probable, and the Group intends to and has sufficient resources to complete development, and to use or sell the asset.

The expenditure capitalised includes the cost of materials, direct labour, overhead costs based on normal operating capacity that are directly attributable to preparing the asset for its intended use, and capitalised borrowing costs.

Capitalised development expenditure is measured at cost less accumulated amortisation and accumulated impairment losses. Costs incurred on computer software maintenance are expensed to the profit or loss as they are incurred.

Computer software is amortised over the period of time during which the benefits are expected to arise, being two to five years. Amortisation commences once the computer software is available for use. The amortisation period is reviewed at each reporting date, with the effects of any changes in estimate accounted for on a prospective basis.

Financial Instruments

Non derivative financial assets and liabilities are initially recognised in the statement of financial position at fair value plus any directly attributable transaction costs. Subsequent to initial recognition financial instruments are measured as described:

(i) Derivative Financial Instruments

Derivatives are initially recorded at fair value and are then revalued to fair value at reporting date with the resulting gain or loss on remeasurement recognised in profit or loss. The derivative is a conversion feature on a convertible note

(ii) Non-Derivative Financial Instruments

Non-derivative financial instruments carried on the Statement of Financial Position includes cash and cash equivalents, trade and other receivables, trade and other payables.

Financial assets measured at amortised cost includes cash and cash equivalents, short term deposits and trade receivables and related party receivables. Please see Note 19 for more details.

Financial liabilities at amortised cost includes trade payables, related party payables, borrowings and redeemable preference shares.

Trade and Other Receivables

The Group applies the *NZ IFRS 9* simplified approach to measuring expected credit losses for trade receivables which uses a lifetime expected loss allowance for all trade receivables and contract assets (accrued income). Receivables of a short-term duration are not discounted.

Impairment provisions for receivables from related parties and loans to related parties are recognised based on a forward looking expected credit loss model. The methodology used to determine the amount of the provision is based on whether there has been a significant increase in credit risk since initial recognition of the financial asset.

The Group classifies its financial assets is amortised using the effective interest rate method, less provisions for expected credit losses. Specifically, an increase in credit risk is considered when the impaired receivables are aged over 3 months or 12 months for government contracts, the debtors have defaulted on their payments, or the invoice is under dispute. Delays in settlement do not necessarily indicate increased credit risk due to the nature of the debtors.

Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

Investments – Short Term Deposits

Investments in short term deposits include short-term liquid investments maturing in more than 3 months to 12 months.

2.2 MATERIAL ACCOUNTING POLICIES (CONTINUED)

Redeemable Preference Shares

Preference shares are often classified as financial liabilities rather than equity due to their specific terms and conditions, mainly:

1. Contractual Obligation: The Group's preference shares include a contractual obligation for the issuer to deliver cash or another financial asset to the holder, they are classified as financial liabilities. This is common when the shares are redeemable at the option of the holder or have mandatory redemption features
2. Fixed Dividends: Preference shares that pay fixed dividends, which accumulate over time and are not at the discretion of the issuer, are also considered financial liabilities. This is because the issuer has an obligation to pay these dividends, regardless of its financial performance.

Non-Financial Assets Impairment

The carrying amounts of the Group's non-financial assets, other than deferred tax assets and inventories, are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated.

Impairment tests on goodwill are undertaken annually at the financial year end.

The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. For the purpose of impairment testing, assets are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets ("the cash-generating unit").

An impairment loss is recognised if the carrying amount of an asset or its cash-generating unit (CGU) exceeds its estimated recoverable amount. Impairment losses are recognised in profit or loss and are adjusted first against any goodwill in the CGU and then against other assets in the CGU on a pro-rata basis.

An impairment loss for goodwill is not reversed.

Employee Benefits

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be wholly settled within 12 months of reporting date, are recognised in other payables in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Taxation

Income tax for the period comprises current and deferred tax.

Deferred tax is not recognised for the following temporary differences: the initial recognition of assets or liabilities in a transaction that is not a business combination and that affects neither accounting nor taxable profit, and differences relating to investments in subsidiaries and joint ventures to the extent that it is probable that they will not reverse in the foreseeable future and goodwill.

A deferred tax asset is recognised to the extent that it is probable that future taxable profits will be available against which the temporary difference can be utilised. Deferred tax assets are reviewed at each reporting date and are reduced to the extent that it is no longer probable that the related tax benefit will be realised.

Goods and Services Taxation (GST)

The consolidated statement of profit or loss and other comprehensive income has been prepared on a basis exclusive of GST.

All items in the statement of financial position are stated net of GST, with the exception of receivables and payables which are GST inclusive.

Share Capital

Ordinary shares are classified as equity. Incremental costs directly attributable to the issue of new shares are shown in equity as a deduction, net of tax, from the proceeds.

Repurchased and cancellation of Share Capital

When share capital recognised as equity is repurchased and cancelled, the amount of the consideration paid, which includes directly attributable costs, net of any tax effects, is recognised as a deduction from equity.

2.2 MATERIAL ACCOUNTING POLICIES (CONTINUED)

Treasury Shares

1. Recognition and Measurement: Treasury Shares are recognised at cost and presented as a deduction from equity. They are not classified as an asset
2. No Gain or Loss on Purchase, Sale, Issue, or Cancellation: When Treasury Shares are purchased, sold, issued, or cancelled, no gain or loss is recognised in the profit or loss. Instead (when shares are repurchased but not cancelled, any difference between the carrying amount and the consideration received is recognised directly in equity.

Lease Accounting

All leases are accounted for by recognising a right-of-use asset and a lease liability except for:

- a) Leases of low value assets; and
- b) Leases with a duration of 12 months or less.

(i) Initial measurement

Lease liabilities are measured at the present value of the contractual payments due to the lessor over the lease term, with the discount rate determined by the Group's incremental borrowing rate.

For leases of property, the Group has elected to apply the practical expedient to include contractual payments to the lessor for non-lease elements of the arrangement in determining the lease liability.

On initial recognition, the carrying value of the lease liability also includes:

- a) Amounts expected to be payable under residual value guarantee
- b) The exercise price of any purchase option grants in favour of the Group if it is reasonable certain to assess that option
- c) Any penalties payable for terminating the lease, if the term of the lease has been estimated on the basis of termination option being exercised.

2.3 NEW STANDARDS AND INTERPRETATIONS NOT YET EFFECTIVE

All new and amended standards were implemented and the impact deemed not to be material. At the date of authorisation of the financial statements of the Group for the year ended 30 June 2024, the following Standards and Interpretations were issued but not yet effective: In April 2024 the New Zealand Accounting Standards Board issued a new standard, *NZ IFRS 18: Presentation and Disclosure in Financial Statements*. The Objective of the standard is to set out the overall requirements for presentation and disclosures in the financial statements. The new standard introduces new requirements on presentation within the statement of profit or loss by introducing new subcategories. It also requires disclosure of management defined performance measures and includes new requirements for aggregation and disaggregation of financial information on the face of the primary statements and in the supporting notes. The Group is currently assessing the impact of the new standard, as it will have a material impact on the presentation of the financial statements.

In April 2024 the New Zealand Accounting Standards Board issued amendments to *NZ IAS 1: Presentation of Financial Statements - Classification of Liabilities as Current or Non-current*. The amendments are effective for the Group from 1 July 2024 and will not materially impact the financial statements.

The Group is not aware of any other standards issued but not yet effective that would materially affect the amounts recognised or disclosed in the financial statements.

PROCARE NETWORK LIMITED AND SUBSIDIARIES

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the year ended 30 June 2024

3 REVENUE AND OTHER INCOME

		2024	2023
		\$000	\$000
3.1 REVENUE	See Note 2.2		
Ministry of Health			
Ready Steady Quit programme	(ii)	1,629	1,423
Telehealth and Digitally Enabled Health Services	(ii)	178	116
Patient Access Subsidies	(i)	1,034	815
Other	(ii & iii)	21	165
Health New Zealand (formerly District Health Boards)			
First Level Services	(i)	188,692	179,858
Care Plus	(ii)	15,459	14,492
Services to Improve Access	(ii)	10,858	10,425
Health Promotion	(ii)	1,951	1,990
Health System Indicators	(i & iv)	4,532	3,922
Management Fees	(ii)	8,000	7,694
Programmes	(ii, iii, & iv)	48,486	29,122
Covid Testing & Vaccinations	(ii & iii)	11,336	91,986
Ministry of Social Development	(ii & iii)	1,642	1,791
Accident Compensation Corporation	(ii)	1,395	1,110
General Practice Co-Payments	(iii)	2,466	2,204
Health Alliance	(ii)	767	697
Other	(ii, iii, & iv)	5,615	4,410
		304,061	352,220

Covid testing and vaccinations revenue has declined significantly year-on-year with the pandemic now over and the Group expect the funding to be minimal moving forward.

In accordance with *NZ IFRS 15 Revenue from Contracts with Customers*, the Group has reviewed the performance obligations required within its contracts and recognises revenue based on the following categories:

		2024	2023
		\$000	\$000
NZ IFRS 15 Analysis			
Stand Ready (Over Time)	(i)	193,124	183,613
Provision of Service (Over Time)	(ii)	47,923	59,049
Activity Basis (Point in Time)	(iii)	60,957	106,342
Performance Targets (Point in Time)	(iv)	2,057	3,216
		304,061	352,220

The Group operates across Aotearoa.

Contract balances	NOTE	2024	2023
		\$000	\$000
Receivables in trade and other receivables	6	11,527	14,476
Accrued income (contract assets)	6	1,135	1,627
Deferred revenue (contract liabilities)	9	(23,874)	(15,451)

The contract assets primarily relate to the Group's rights to consideration for work completed but not billed at the reporting date on health services provided. The contract assets are transferred to receivables when the services are complete for the relevant invoicing period as per the contract. As at reporting date this movement on the prior year relates to decreased Covid testing claims by Clinical Assessments Limited and HSI (formerly SLMF) revenue paid in September, based on performance measured against the targets.

3 REVENUE AND OTHER INCOME CONTINUED

The contract liabilities primarily relate to the Group's advance consideration for payments received as per the relevant invoicing period as per the contract but the performance obligation has not yet been satisfied. This will be recognised as revenue once the performance obligation has been met. As at reporting date this movement on the prior year primarily relates to new contract funding from Health New Zealand which majority of them is the Primary Care Equity Adjustment for selected primary care providers to more equitably allocate primary care funding to practices on the basis of their enrolled high needs populations.

No information has been provided about remaining performance obligations at 30 June 2024 or at 30 June 2023 that have an original expected duration of one year or less, as allowed by *NZ IFRS 15*.

	2024	2023
	\$000	\$000
Interest received	480	94
	480	94

Interest income is from financial assets measured at amortised cost.

4 EXPENSES

	2024	2023
	\$000	\$000
4.1 Clinical Costs		
Clinical costs		
First level services to GPs	183,269	170,909
Covid testing and vaccination claims	11,006	89,975
Other clinical costs	57,304	43,171
Clinical costs	251,579	304,055
Administrative expenses – refer Note 4.2	50,165	46,360
	301,744	350,415

	NOTE	2024	2023
		\$000	\$000
4.2 Administrative Expenses			
Fees paid to auditors – BDO			
Audit of financial statements		201	165
Tax return preparation services		44	39
Due diligence services		–	19
Bad debts		8	–
Professional fees		366	787
IT costs		3,328	3,477
Licencing		1,053	719
Management Fees		1,924	1,911
Depreciation	10, 21	2,216	2,097
Amortisation	11	341	423
Directors' remuneration	17	613	627
Employee remuneration		29,912	27,748
Property expenses		807	806
Staff cost (training, recruitment, temp/contract staff) ¹⁾		6,110	4,154
Direct Covid expenses ²⁾		310	453
Co-op Practice Support Payment		–	(14)
Other expenses		2,932	2,949
		50,165	46,360

1) Includes KiwiSaver defined contribution for the Group of \$790k (2023: \$630k).

2) Direct Covid expenses relate to the Community Based Assessment Centre, non-financial support to Practices, and POAC management fees to East Health.

4 EXPENSES (CONTINUED)

4.3 FINANCE INCOME AND COSTS	NOTE	2024 \$000	2023 \$000
Interest received — financial assets at amortised cost		480	214
Derivative fair value loss		(11)	(23)
Interest expense on lease liabilities	21	(706)	(684)
Interest paid on tax liabilities		(95)	(7)
Interest on redeemable preference shares	15	(91)	(104)
Interest expense on ANZ loans		(95)	(219)
Interest expense on PCF loan		(80)	(161)
Interest expense — financial liabilities at amortised cost		(266)	(484)
		(598)	(984)

5 CASH AND CASH EQUIVALENTS AND SHORT TERM DEPOSITS	2024 \$000	2023 \$000
Cash at bank available on demand	12,038	7,276
Cash on hand	1	1
Cash and cash equivalents	12,039	7,277
Short term deposits with maturities that mature within 12 months of balance date > 3-12 months	5,850	2,900
Total short term deposits	5,850	2,900

Bank balances and cash held by the Group is on a short term basis with an original maturity of three months or less. The carrying amounts of these assets approximate their fair value. Short term deposits are held with both ANZ and Westpac at interest rates 5.16% - 5.82%. The original investment term of these ranges from 90-92 days.

Cash at bank earned interest rates of 2.75% (2023: 2.75%).

6 TRADE AND OTHER RECEIVABLES	2024 \$000	2023 \$000
Trade receivables	11,527	14,476
Impairment allowance	(40)	(20)
Trade financial assets at amortised cost	11,487	14,456
Prepayments	826	487
Accrued income (contract assets)	1,135	1,627
	13,448	16,570
Movements in the specific impairment allowance		
Balance at start of year	(20)	(10)
Balance written back	20	—
Additional allowance	(40)	(10)
Balance at end of year	(40)	(20)

Trade receivables have a 30 day collection cycle. Any debtors that extend beyond this point are assessed for the change in the credit risk and generally they don't change due to the nature of the debtors. See Note 19 for further disclosures related to credit risk. The expected credit loss of aged debtors are assessed by management to determine the need for an impairment allowance.

See Note 3 for discussion on contract assets.

7 TRADE AND OTHER LIABILITIES

	2024 \$000	2023 \$000
Trade creditors	1,118	1,125
Health service claims	5,778	8,492
Other accruals	2,406	2,328
Trade financial liabilities at amortised cost	9,302	11,945
GST payable	525	777
Other taxes (PAYE)	0	69
Accrual for holiday pay	1,370	1,205
Accrual for bonuses	360	280
Accrual for employee entitlements	1,073	924
	12,630	15,200

The fair value of trade financial liabilities at amortised cost and other payables approximates their carrying value. No interest is paid on payables.

8 RECEIVABLES FROM/(PAYABLES TO) EQUITY ACCOUNTED JOINT VENTURES

	2024 \$000	2023 \$000
Receivables Owed From:		
CareHQ Limited Partnership	247	232
Payables Owing To:		
Whakarongorau Aotearoa New Zealand Telehealth Services LP	(44)	(43)
CareHQ Limited Partnership	(1)	(3)
	202	186

The amounts outstanding are unsecured, interest free, repayable on demand and will be settled in cash. No guarantees have been given or received.

Refer to Note 17 Related Parties.

9 CONTRACT LIABILITIES

	2024 \$000	2023 \$000
Programme funding	23,874	15,451
	23,874	15,451
Current	18,456	12,115
Non-current	5,418	3,336
Contract liabilities	23,874	15,451

Funds received from Health New Zealand and other health sector funders are deferred until the Company has satisfied the performance obligations. The balance is shown as deferred revenue and is classified as term or current depends on the conditions of the contract and when the Company expects to spend the funds on meeting the underlying performance obligations. Any unspent funds from prior years are to be used for future period service delivery, or may be subject to recovery of funding by Health New Zealand and other health sector funders.

The current year deferred revenue has been classified as a term and current liability based on Revenue Recognition Policies (refer 4.1). Prior year figures have been restated based on this criteria.

Contract liabilities of \$6,954k carried forward from 2023 was recognised as revenue or recovered by Health New Zealand in the current financial year (2023: \$6,577k). The remaining balance carried forward remains a contract liability until the performance obligation is satisfied.

No funds have been received for services not currently being provided.

**10 PROPERTY, PLANT,
AND EQUIPMENT**

	Computer Hardware \$000	Furniture & Fittings \$000	Leasehold Improvements \$000	Office & Other Equipment \$000	Total \$000
2024					
Carrying value at 1 July 2023	297	104	928	113	1,442
Additions	155	9	—	34	198
Reclassifications, Disposals and Transfers	—	(1)	(1)	(10)	(12)
Depreciation expense net of reclassifications	(199)	(43)	(338)	(42)	(622)
Carrying value at 30 June 2024	253	69	589	95	1,006
Represented by:					
Cost	1,065	323	3,121	367	4,876
Accumulated depreciation	(812)	(254)	(2,532)	(272)	(3,870)
	253	69	589	95	1,006
2023					
Carrying value at 1 July 2022	319	158	1,269	146	1,892
Additions	208	11	7	32	258
Reclassifications, Disposals and Transfers	(0)	(6)	(0)	(7)	(13)
Depreciation expense net of reclassifications	(230)	(59)	(348)	(58)	(695)
Carrying value at 30 June 2023	297	104	928	113	1,442
Represented by:					
Cost	962	323	3,134	381	4,800
Accumulated depreciation	(665)	(219)	(2,206)	(268)	(3,358)
	297	104	928	113	1,442
2022					
Represented by:					
Cost	811	347	3,129	388	4,675
Accumulated depreciation	(492)	(189)	(1,860)	(242)	(2,783)
	319	158	1,269	146	1,892

There is a general security agreement over these assets as part of the ANZ loan agreement, refer to Note 22.

II INTANGIBLE ASSETS

2024	\$000	\$000	\$000
	Computer Software	Goodwill	Total
Cost			
At 1 July	1,816	16,436	18,252
Additions			
– Additions – software & internally developed	228	–	228
– Other acquisitions	–	60	60
Write off of obsolete or impaired assets	(73)	–	(73)
At 30 June	1,971	16,496	18,467
Accumulated Amortisation and Impairment			
At 1 July	1,210	–	1,210
Amortisation for the year	340	–	340
Write off of obsolete or impaired assets	(72)	2,039	1,967
At 30 June	1,478	2,039	3,517
Carrying amount at 30 June	493	14,457	14,950

2023	\$000	\$000	\$000
	Computer Software	Goodwill	Total
Cost			
At 1 July	1,829	16,333	18,162
Additions			
– Additions – software & internally developed	26	–	26
– Acquired through business acquisitions	–	103	103
Write off of obsolete or impaired assets	(39)	–	(39)
At 30 June	1,816	16,436	18,252
Accumulated Amortisation			
At 1 July	787	–	787
Amortisation for the year	462	–	462
Write off of obsolete or impaired assets	(39)	–	(39)
At 30 June	1,210	–	1,210
Carrying amount at 30 June	606	16,436	17,042

Goodwill

Goodwill arose from the purchase of the general practices: Kaipara Health in December 2019, OneCare Health (including Rangitoto Medical Centre) and Mt Smart Health in February 2021, Health New Lynn in March 2022 and Greenhithe Medical Centre in December 2023.

	2024	2023
	\$000	\$000
Kaipara Health	482	482
OneCare Health	1,406	1,406
Greenhithe Medical Centre	60	–
Mt Smart Health	253	253
Totara Clinical Research	342	–
Health New Lynn	11,914	14,295
	14,457	16,436

Goodwill Impairment Assessment

The Group is required to test, on an annual basis, whether goodwill has suffered any impairment, by comparing the carrying amount of each CGU to its recoverable amount.

The existing goodwill was tested for impairment as at 30 June 2024. The recoverable amount of the businesses was valued on a value-in-use basis using a discounted cash flow model.

II INTANGIBLE ASSETS (CONTINUED)

Goodwill Impairment Assessment Continued

The impairment assessment confirmed that the recoverable amount exceeds carrying values as at 30 June 2024 and hence no impairment was recognised during the financial year for Kaipara Health, OneCare Health, Mt Smart Health and Greenhithe Medical Centre.

For these companies based on current economic conditions and performances of these businesses, no reasonable possible change in any of the key assumptions used in the determination of the recoverable value of these CGUs would result in a material impairment to the Group. The inputs to these key assumptions is outlined in the table below. Based on these calculations there are no impairments.

Due to the expected sale of Totara Clinical Research (TCR), the goodwill of the CGUs of Health New Lynn (HNL) and TCR needed to be reallocated. TCR was valued on expected sale proceeds, resulting in an impairment of \$221k.

The impairment assessment for HNL is calculated on discounted future cashflows, based on the approved budget for financial year 2025 and applying the key assumptions for a further 4 years.

The calculated recoverable amount is less than the current carrying value of HNL's assets and a goodwill impairment allowance of \$1,818k has been recognised.

Cash-Generating Units - Key Assumptions

	2024 Growth Rate	2024 Terminal Growth Rate	2024 Discount Rate
Greenhithe Medical	8.1%	3.0%	10.7%
Health New Lynn	8.1%	3.0%	10.7%
Kaipara Health	8.1%	3.0%	10.7%
Mt Smart Health	8.1%	3.0%	10.7%
OneCare Health	8.1%	3.0%	10.7%

Cash-Generating Units - Prior Year Rates

	2023 Growth Rate	2023 Terminal Growth Rate	2023 Discount Rate
Health New Lynn	8.0%	2.5%	11.6%
Kaipara Health	6.0%	2.5%	11.6%
Mt Smart Health	6.0%	2.5%	11.6%
OneCare Health	6.0%	2.5%	11.6%

Directors are required to assess if any of the value-in-use calculations are sensitive to a reasonably possible changes in its key assumptions on which management has based its determination of the CGU's recoverable amounts that would cause the CGU's carrying amount to exceed its recoverable value. Directors have applied the below sensitivities, changing one assumption at a time to each of the discounted cash flow models, and concluded that based on current economic conditions and performances of these businesses, no reasonable possible change in any of the key assumptions used in the determination of the recoverable value of these CGUs would result in a material impairment to the Group.

Cash-Generating Units - Sensitivity Analysis (Considered Reasonably Possible)

	Growth Rate	Terminal Growth Rate	Discount Rate
Greenhithe Medical	1.0%	2.0%	12.3%
Kaipara Health	1.0%	2.0%	12.3%
Mt Smart Health	1.0%	2.0%	12.3%
OneCare Health	1.0%	2.0%	12.3%

11 INTANGIBLE ASSETS (CONTINUED)

Impact of possible changes in key assumptions on Health New Lynn CGU

For Health New Lynn, if the terminal growth rate was 2%, 100 basis points (bp) lower than directors estimates as at 30 June 2024 (3%), the additional impairment would be \$1,061k and if the discount rate applied to the cashflow projections was 12.3% (instead of 10.7%), the additional impairment would be \$2,037k. If the growth rate used in the value-in-use calculation had been 7.1% instead of 8.1%, the Group would have had to recognise an additional impairment against the carrying amount of goodwill of \$347k.

Basis of Key Assumptions

Cash flow projections

The cashflow projections used in the value-in-use calculations are based on management's forecasts for the year ending 30 June 2025, then applicable growth rates applied to revenue and costs from year 2 to 5. Directors have used its past experience of revenue growth, operating costs and margin, and external sources of information where appropriate, to determine their expectations for the future.

Growth rates

The growth rates reflect the long-term average growth rates for the product lines and healthcare industry (publicly available). The growth rate for the healthcare segment is expected to continue to grow at above-average rates for the foreseeable future. Investors are optimistic on the New Zealand Healthcare industry, and appear confident in long-term growth rates.

Discount rate

The present value of the expected cash flows is determined by applying a suitable discount rate. The discount rate was derived based on the weighted average cost of capital (WACC) for comparable entities in the healthcare industry, based on market data. The discount rates reflect appropriate adjustments relating to market risk.

12 INVESTMENT IN SUBSIDIARIES

The following entities meet the definition of a subsidiary as described in the specific accounting policy “Principles of Consolidation” and accordingly are fully consolidated. All entities are incorporated and domiciled in New Zealand, and have a 30 June balance date.

Subsidiaries

	2024	2023
Clinical Assessments Limited	67%	67%
Health New Lynn Limited	100%	100%
Greenhithe Medical Centre Limited	100%	0%
Kaipara Health Limited	100%	100%
Mt Smart Health (2020) Limited	100%	100%
OneCare Health (2020) Limited	100%	100%
ProCare Fresh Minds Limited	100%	100%
ProCare Health (LP) Limited	100%	100%
ProCare Health (PHO) Limited	100%	100%
ProCare Network Partnerships Limited	100%	100%
Totara Clinical Research Limited (Subsidiary of Health New Lynn)	100%	100%

Clinical Assessments Limited

Non-controlling interest as per <i>NZ IFRS 12</i> .	2024	2023
	\$000	\$000
Current assets	3,810	5,856
Non current assets	1	—
Total assets	3,811	5,856
Current liabilities	3,633	5,690
Total liabilities	3,633	5,690
Net assets	178	166
Group's share of net assets	178	166

Non-controlling share	59	55
------------------------------	-----------	-----------

	2024	2023
	\$000	\$000
Revenue	29,325	103,222
Finance income	0	0
Clinical Costs	(27,887)	(101,730)
Administration Costs	(1,423)	(1,483)
Income Tax Expense	(4)	(3)
Profit	11	6

Non-controlling share	4	2
------------------------------	----------	----------

13 INVESTMENT IN EQUITY ACCOUNTED JOINT VENTURES

All entities are incorporated and domiciled in New Zealand, and have a 30 June balance date. All Group transactions are unsecured, interest-free and repayable upon demand.

Investment in equity accounted joint ventures	2024	2023
	\$000	\$000
Whakarongorau Aotearoa New Zealand Telehealth Services LP	5,384	5,856
CareHQ Limited Partnership	327	245
Total	5,711	6,101

Share of (loss) of equity accounted joint ventures	2024	2023
	\$000	\$000
Whakarongorau Aotearoa New Zealand Telehealth Services LP	(473)	(1,176)
CareHQ Limited Partnership	(118)	(155)
Fresh Minds NZ Limited Partnership	—	—
Total	(591)	(1,331)

Whakarongorau Aotearoa New Zealand Telehealth Services LP

	2024	2023
	\$000	\$000
Opening Balance	5,856	14,373
Distribution received	—	(7,341)
Share of (loss) of equity accounted joint ventures	(473)	(1,176)
Total	5,383	5,856

As Whakarongorau Aotearoa is a Limited Partnership it is not responsible for income tax. The results reported above are exclusive of income tax which is accounted for by the Limited Partners (ProCare Health (LP) Limited and Pegasus Health (LP) Limited).

The Group holds 50% of the capital of Whakarongorau Aotearoa. This investment has been accounted for as a Joint Venture.

Summary financial information for the equity accounted joint venture, not adjusted for the percentage ownership held by the Group for the period ending 30 June 2024:

	2024	2023
	\$000	\$000
Current assets		
Cash & cash equivalents	12,870	17,775
Other current assets	19,816	12,959
Non current assets	3,789	8,380
Total assets	36,475	39,114
Current liabilities		
Financial liabilities	4,829	8,831
Deferred revenue	13,107	7,751
Other current liabilities	5,609	5,252
Non current liabilities	1,138	4,548
Total liabilities	24,683	26,382
Net assets	11,792	12,732
Group's share of net assets	5,896	6,366

13 INVESTMENT IN EQUITY ACCOUNTED JOINT VENTURES (CONTINUED)

Whakarongorau Aotearoa New Zealand Telehealth Services LP (Continued)

	2024	2023
	\$000	\$000
Revenue	69,442	109,013
Interest Income	451	381
Expenses		
Interest Expense	(269)	(323)
Depreciation	(1,472)	(1,830)
Other expenses	(69,097)	(109,530)
Profit	(945)	(2,289)
Group's reported share of profit	(473)	(1,176)

CareHQ Limited Partnership

CareHQ Limited Partnership is aligned with ProCare's strategy to adopt and integrate a sustainable virtual GP service for practices to benefit patients and their businesses.

CareHQ, a Joint Venture Limited Partnership between ProCare Health (LP) Limited and Southern Cross was established in November 2020. It has also positioned itself as an 'after hours' and 'overflow' service for practices and patients and maintains an important point of difference in the market by not enrolling patients or seeking capitation. Its processes are designed to support continuity of care with the patient's regular GP and aim to be the most trusted and preferred telehealth provider in the market, and be seen as an extension of general practice.

The Partnership was established with both intellectual property and cash contributions by both partners.

	2024	2023
	\$000	\$000
Investment in CareHQ Limited Partnership		
Investment in Limited Partnership	327	245
	327	245
Opening Balance	245	92
Additional Capital introduced during the year	200	308
Share of (loss) of equity accounted joint ventures	(118)	(155)
	327	245

The Group holds 50% of the capital of CareHQ. This investment has been accounted for as a Joint Venture.

Summary financial information for the equity accounted joint venture, not adjusted for the percentage ownership held by the Group for the period ending 30 June 2024:

	2024	2023
	\$000	\$000
Current assets		
Cash & cash equivalents	520	428
Related parties	—	3
Other current assets	370	208
Non current assets		
Intellectual property asset	156	155
Property, plant and equipment	6	8
Total assets	1,052	802

13 INVESTMENT IN EQUITY ACCOUNTED JOINT VENTURES (CONTINUED)

CareHQ Limited Partnership (Continued)

	2024 \$000	2023 \$000
Current liabilities		
Related parties	248	236
Other current liabilities	150	77
Total liabilities	398	313
Net assets	654	489
Group's share of net assets	327	245

	2024 \$000	2023 \$000
Revenue	2,812	1,671
Interest Income	4	2
Expenses		
Other Expenses	(3,052)	(1,983)
Loss	(236)	(310)
Group's share of loss	(118)	(155)

14 TAXATION

14.1 INCOME TAX

	2024 \$000	2023 \$000
Income tax		
Income tax represented by:	329	(285)
Current tax	372	(13)
Deferred tax asset	(43)	(272)
	329	(285)
Net (loss) before taxation	(911)	(510)
Prima facie income tax at 28%	(255)	(143)
Non-assessable income	(111)	(204)
Non-deductible expenses	695	66
Adjustments including prior year	—	(4)
Income tax expense/(credit)	329	(285)

14.2 DEFERRED TAX ASSET/(LIABILITY)

	2024	2023
	\$000	\$000
Balance at beginning of year	1,143	871
Prior year tax adjustment	—	(69)
Current year temporary differences	43	341
Balance at end of year	1,186	1,143
	2024	2023
	\$000	\$000
Balance at year end attributable to:		
Employee entitlements	719	726
Trade receivables	13	26
Provisions/Accruals	89	75
Lease Liability	3,864	4,614
Property, Plant & Equipment (incl Right of Use asset)	(3,301)	(4,219)
NZ IFRS 15 Revenue	(198)	(323)
Benefit of tax losses carried forward	—	244
	1,186	1,143

14.3 IMPUTATION CREDIT ACCOUNT (ICA)

The Company is part of a consolidated imputation credit tax group and accordingly imputation credits are only presented at a Group level.

Movements for the year were:

	2024	2023
	\$000	\$000
Opening balance	5,788	3,161
Add:		
Income tax paid	50	2,656
Resident Withholding Tax paid	24	9
Less:		
Refund received	(592)	(1)
Credit attached to dividends (paid)	(41)	(37)
Closing balance (at year end)	5,229	5,788

The closing credits represent the maximum amount of tax credits available to be attached to future dividends payable by the Group and are subject to shareholder continuity rules.

15 REDEEMABLE PREFERENCE SHARES (RPS)

The RPS will pay a coupon rate set at the Board's discretion (set every 5 years) and is to be set at a premium over the five year swap rate at 30 June of the year of review. The last review set the coupon rate at 8.34% per annum non-cumulative, effective from 1 July 2022. The fair value of this will depend upon the relationship of the current market interest rates to the coupon rate set by the Board.

The holders of non-voting taxable RPS have the right to the return of the amount paid up on the RPS \$500 and any accrued but unpaid (coupon) dividend in priority to the ordinary shares.

The RPS are redeemable for cash at the discretion of the Board.

Redeemable Preference Shares	Number of shares	\$000
Opening balance as at 1 July 2023	3,540	1,770
Shares repurchased	(288)	(144)
Closing balance as at 30 June 2024	3,252	1,626
	Number of shares	\$000
Opening balance as at 1 July 2022	3,720	1,860
Shares repurchased	(180)	(90)
Closing balance as at 30 June 2023	3,540	1,770
	2024	2023
	\$000	\$000
Current	144	144
Non-current	1,482	1,626
	1,626	1,770

The liability represents the net present value of the shares payable over the expected term until redemption, which has been estimated at 10 years. See Note 4.3 for current year interest accrued.

16 SHARE CAPITAL

	2024	2023
	\$000	\$000
Paid in capital		
485 (2023: 540) Ordinary A shares	291	332
Treasury Shares (10 shares)	(7)	(7)
	284	325
	Number of shares	\$000
Movement in Ordinary A shares		
Opening balances as at 1 July 2023	540	332
Share repurchased	(77)	(58)
Issue of shares	22	17
Closing balance as at 30 June 2024	485	291
	Number of shares	\$000
Opening balance as at 1 July 2022	523	319
Share repurchased	(17)	(13)
Issue of shares	34	26
Closing balance as at 30 June 2023	540	332

All shares on issue are fully paid. All ordinary shares rank equally. Each fully paid Ordinary A share has one vote. Each ordinary share has identical dividend rights. During the year there were 77 buy back shares that were acquired by the Company at \$750 and cancelled (2023: 17 at \$750). Health New Lynn was acquired in March 2022 and holds 10 shares in ProCare Network Limited. These shares have not been cancelled and have been recorded as Treasury Shares in accordance with the Companies Act 1993 67A.

17 RELATED PARTIES

For the purpose of this note, related parties include any of the following:

- Key management personnel or a close member of their family
- Directors and entities they control or have significant influence over subsidiaries and associates.

17.1 TRANSACTIONS WITH KEY MANAGEMENT PERSONNEL

	2024	2023
	\$000	\$000
Transactions with Key Management Personnel		
Short-term employment benefits	3,054	2,883
Directors' fees	613	627

17.2 TRANSACTIONS BETWEEN RELATED ENTITIES

	2024	2023
	\$000	\$000
EQUITY ACCOUNTED JOINT VENTURES		
Whakarongorau Aotearoa New Zealand Telehealth Services LP		
Revenue (including lease income and locums) paid to ProCare Network Ltd	—	(17)
Costs paid by the Group	445	466
Distribution to ProCare Health (LP) Ltd	—	(7,341)
CareHQ LP		
Capital introduced by ProCare Health (LP) Ltd	200	308
Management fee paid to ProCare Network Ltd	(55)	(59)
Cost recoveries (including locum payments) paid to ProCare Network Ltd	(1,806)	(1,428)
Costs paid by the Group	49	50

All Group receivables and payables are unsecured, interest-free and repayable upon demand. At reporting date, receivables from equity accounted joint ventures equate to \$247k (2023: \$232k) and payables of \$43k (2023: \$45k). Refer to Note 8.

Other Entities	2024	2023
East Health Services Limited	\$000	\$000
Common Director in Clinical Assessments Ltd		
Income paid to Group practices	(168)	(1,205)
Management Fee paid to ProCare Network Ltd	(54)	(49)
Clinical costs and management fees paid by the Group	29,719	112,545
ProCare Charitable Foundation		
Trustees are Directors in ProCare Network Limited		
Interest expense paid by the Group	175	161
Loan to ProCare Network Partnerships Limited	—	(2,274)

On 30 June 2019, the 4,548 Ordinary B shares in the Company held by ProCare Charitable Foundation were bought back by ProCare Network Limited for \$2,274,000. Refer to Note 19. ProCare Charitable Foundation agreed to the assignment of this debt for this purchase by the Group's wholly owned subsidiary ProCare Network Partnerships Limited ("PNPL"). The debt was payable in whole or in part at any time, at the discretion of PNPL and must be repaid 60 months from date of assignment. The current loan agreement matured in June 2024 and was repaid.

The debt component is accounted for at amortised cost. The debt is unsecured and attracts interest at a rate of 7.09% per annum (2023: 7.09%).

17 RELATED PARTIES (CONTINUED)

17.3 OTHER TRANSACTIONS WITH DIRECTORS

During the year the Group made payments to GPs in relation to first level services, programme claims and PHO performance management, as well as Practice Support Payments from ProCare Network Ltd. Some of these GPs are Directors in the Company and its subsidiaries.

In the case of payments for first level services, the payments are based on registers of enrolled patients submitted by the doctors to Health New Zealand. The payments to GPs for programme claims are made to all GPs at the same rate within their PHO area, regardless of their status as a Director or Non-Director.

The payments for performance management are based on algorithms that reflect the contribution of GP's and/or practices to PHO performance management targets. The algorithms are applied consistently in calculating and making of payments to GPs or GPs practices regardless of whether the GP is a Director or not.

The amounts outstanding are unsecured and payable on normal trade terms as with all GPs.

	2024	2023
	\$000	\$000
Transactions between the Group and Directors in their capacity as shareholders in ProCare Network Limited		
First level services	14,881	13,357
Programme claims	1,941	1,723
Health System Indicator (formerly SLMF)*	237	230
Practice Support Payment *	2	28
Interest on Redeemable Preference Shares	—	2
Income earned	(43)	(60)
Medical Services and Other	81	296
	17,099	15,576

* the payments for performance management are made to the Directors' Practices, instead of each individual GP

	2024	2023
	\$000	\$000
Balances arising from transactions with Directors in their capacity as shareholders in ProCare Network Limited is included in:		
Trade Creditors (Refer to Note 7)	15	121

18 CONTINGENT LIABILITIES AND CAPITAL COMMITMENTS

There were no contingent liabilities or capital commitments at reporting date (2023: \$Nil).

19 FINANCIAL INSTRUMENTS

The accounting policies for financial instruments have been applied to the line items below:

	NOTE	2024 \$000	2023 \$000
Financial Assets at Amortised Cost			
Cash and cash equivalents	5	12,039	7,277
Investments – short term deposits	5	5,850	2,900
Trade and other receivables	6	11,487	14,456
Receivables from equity accounted joint ventures	8	247	232
		29,623	24,865
Financial Assets at Fair Value			
Derivative asset		–	11
		–	11
Financial Liabilities at Amortised Cost			
Trade and other liabilities	7	9,302	11,945
Lease liability	21	12,800	13,095
Payables to equity accounted joint ventures	8	45	46
Redeemable Preference Shares	15	1,626	1,770
ProCare Charitable Foundation loan	17.2	–	2,274
ANZ Bank Loans	22	–	1,557
		23,773	30,687

Derivative asset is the fair value of the embedded derivative recorded in ProCare Network Partnerships and relates to the value of the option to convert the ProCare Charitable Foundation loan to shares. Refer to Note 17.2.

The ProCare Charitable Foundation loan was accounted for at amortised cost and therefore the embedded derivative “the conversion feature embedded in the loan” was carried at fair value under *NZ IFRS 13* until repaid on 30 June 2024 (\$11.4k at 30 June 2023). See section on Fair Values later in this note. The loan was repaid on 30 June 2024 and interest is at 7.09% and payable at the discretion of the Group at an earlier date.

The ANZ loan repayment date is 24 months from 15 April 2022 or earlier at the borrower's option. Interest is at 7.34% and 8.50% and payable at the discretion of the Group at an earlier date. The loan was repaid in full in June 2024.

Currency Risk

The Group has no exposure to foreign exchange risk. The Group primarily transacts in New Zealand Dollars.

Interest Rate Risk

At reporting date, the Group has the following financial assets exposed to New Zealand variable interest rate risk:

	2024 \$000	2023 \$000
Bank – Cash and cash equivalents	12,039	7,277
Investments – short term deposits with maturities > 3-12 months	5,850	2,900
	17,889	10,177

The average interest rate earned on cash deposits and short term deposits was 3.42% (2023: 2.11%).

The Group is not exposed to floating interest rates on its debt; lease liabilities, Redeemable Preference Shares and ProCare Charitable Foundation loan, other than the flexible facility with ANZ, see Note 22. At 30 June 2024 8.88% fixed until 31 May 2026. It is estimated a 100 basis point decrease in interest rates would result in a decrease in the Group's interest earned in a year by approximately \$4.8k on the Group's investment portfolio exposed to floating rates at reporting date (2023: 100 basis point decrease of \$2.1k).

Based on historical movements and volatilities, as well as management's knowledge and experience, management believe that the above movements are 'reasonably possible' over a 12 month period: a shift of between 1%-2% in market interest rates. The impact on the profit or loss of a 1% (100 basis points) movement is presented above.

19 FINANCIAL INSTRUMENTS (CONTINUED)

Credit Risk

To the extent that the Group has a receivable from another party, there is a credit risk in the event of non-performance of the counterparty. Financial instruments which potentially subject the Group to credit risk are listed below.

The Group manages its exposure to credit risk by performing credit evaluations on all customers requiring credit. Internal reporting surrounding the aging of its trade receivables occurs. The Group does not take guarantees, security interest as collateral or charge penalty interest on receivables past due.

Maximum exposures to credit risk at reporting date are:

	NOTE	2024 \$000	2023 \$000
Cash and cash equivalents	5	12,039	7,277
Investments - short term deposits	5	5,850	2,900
Trade receivables	6	11,487	14,456
Receivables from equity accounted joint ventures	8	247	232
		29,623	24,865

The ageing of trade receivables at reporting date that were not impaired was as follows:

	2024 \$000	2023 \$000
Neither past due nor impaired	7,531	11,160
1-90 days past due	2,958	1,728
Over 90 days past due	958	1,548
	11,447	14,436
Allowance for impairment	40	20
	11,487	14,456
Trade receivables not past due and not impaired	7,531	11,160
Trade receivables past due but not impaired	3,916	3,276
Trade receivables impaired individually	40	20
	11,487	14,456

Refer to Note 6 for the reconciliation of the movement in the impairment allowance.

The allowance for impairment is deemed sufficient despite the high value of trade receivables over 90 days as there is confidence these amounts are collectible due to correspondence with the relevant debtors (primarily New Zealand Government departments) and receipts post-reporting date.

Loss allowances for trade receivables are always measured at an amount equal to lifetime Expected Credit Losses (ECLs). When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Group considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Group's historical experience and informed credit assessment and includes forward looking information. Delays in settlement do not necessarily result in increased credit risk, because of the nature of the debtors.

19 FINANCIAL INSTRUMENTS (CONTINUED)

Concentrations of Credit Risk

Cash and short term deposits are held with two separate trading banks which both have acceptable credit ratings. Acceptable credit ratings are defined as Standard & Poor's "Strong" or above as per the Reserve Bank of New Zealand. The New Zealand Government departments and Health New Zealand are regarded as a single customer. They comprise 97% (2023: 98%) of revenue for the Group and are considered an acceptable credit risk given their Government backing. There are no other large concentrations of risk identified by the Directors.

Credit Facilities

The Group does not have an overdraft facility. It does have a flexible credit facility - see Note 22.

Liquidity Risk

All contractual financial liabilities stated in Note 7 are due to mature in less than six months time. Redeemable Preference Shares can only be redeemed when a shareholder leaves the Group, at the discretion of the Board. Liquidity represents the Group's ability to meet its contractual obligations. The Group evaluates its liquidity requirements on an ongoing basis. The Group generates sufficient cash flows from its operating activities to meet its obligations arising from its financial liabilities.

The table below analyses the Group's financial liabilities into relevant maturity bands, based on the remaining period from reporting date to the contractual maturity date. The cash flow amounts disclosed in the table represent undiscounted cash flows liable for payment by the Group.

Group	Notes	Carrying amount	Total contractual cash flows	On demand <6 months	6 months – 1 year	More than 1 year
As at 30 June 2024 (\$000)						
Trade and other liabilities	7	9,302	9,302	9,302	—	—
Redeemable Preference Shares ¹	15	1,626	1,717	1,717	—	—
ProCare Charitable Foundation Loan	17	—	—	—	—	—
ANZ Bank Loans	22	—	—	—	—	—
		10,928	11,019	11,019	—	—
As at 30 June 2023 (\$000)						
Trade and other liabilities	7	11,945	11,945	11,945	—	—
Redeemable Preference Shares ¹	15	1,770	1,874	1,874	—	—
ProCare Charitable Foundation Loan	17	2,274	2,435	—	2,435	—
ANZ Bank Loans	22	1,557	1,885	353	1,532	—
		17,546	18,139	14,172	3,967	—

¹ The Group is committed to pay \$91k per annum (2023: \$104k) until such time as the shares are redeemed. The liability for the face value of the shares only arises when a shareholder leaves the Group, at the discretion of the Board. It is estimated that \$144k of shares will be redeemed in the next 12 months.

It is not expected that the cash flows included in the maturity analysis could occur significantly earlier, or at significantly different amounts.

19 FINANCIAL INSTRUMENTS (CONTINUED)

Fair Values

The following financial assets and liabilities being cash, investments, short-term deposits, and trade balances, are of a short term nature, accordingly the carrying amount is a reasonable approximation of their fair values. The interest rate on Redeemable Preference Shares is set once every five years by the Board (next review 30 June 2027). The fair value of this financial instrument will depend upon the relationship of the current market interest rates to the coupon rate set by the Board (refer to Note 15).

The ANZ loan is repaid. The ANZ loans were fixed within three months of balance date, management deem the book value to be a fair approximation of the market value of the liabilities, though there is an interest rate risk with the volatility of the market.

The fair value of the derivative financial instrument is determined by applying market discount rates to the value of the loan and scheduled payments. Financial instrument derivatives (embedded derivative) are measured at fair value determined on a daily basis. The fair value was determined by applying a net present value model comparing the market discount rate to the interest rate payable on the ProCare Charitable Foundation Loan. See Note 19 for more details. The Group holds derivative instruments until expiry except where the underlying rationale from a risk management point of view changes, in which case early termination occurs.

Capital Risk Management

The Group's capital management objectives are to safeguard the Group's ability to continue as a going concern and to deliver its services to its members and the public. The Group has various debt facilities. Some key measures are maintaining a bank debt to EBITDA ratio of 3:1 or lower as well as a EBITDA to interest cost ratio of 2:1 or higher.

The current bank debt to EBITDA ratio is 0:1 (2023 0.2:1). The EBITDA to interest cost ratio is 3.22:1 (2023 8.3:1).

Working Capital Deficit

Current liabilities exceed current assets at balance date. The Directors assessment is that this will be resolved with careful management and monitoring of key lending covenants and recognition of Deferred Income as performance obligations are met. It is intended that the Group will not be materially outside the target leverage ratio ranges on a long-term basis. The Group has produced a cashflow forecast that confirms the Group can meet

its obligations going forward and will continue to forecast and monitor its cashflow position. The ANZ loans were repaid on 30 June 2024 and there is an additional \$1m flexible facility available for use should it be required.

Bank Guarantee

In June 2011 ProCare Network Limited signed a lease with Manukau City Centre Limited for premises in Westfield Manukau for seven years. The condition of the lease (which has been extended) is an ANZ bank guarantee in favour of Manukau City Centre Limited of \$39,015.

In February 2021 ProCare Network Limited has signed a lease with P.F.I Property No 1 Limited to lease part of Level 1, Building 1 at 12-16 Nicholls Lane for six years. The condition of the lease is an ANZ bank guarantee in favour of P.F.I Property No 1 Limited of \$214.3k.

Bank Security Agreement

The Group has executed a General Security Agreement providing a first ranking charge over its present and after property in favour of its bankers in consideration of receiving a clean credit payroll facility of \$1,644k.

Changes In Liabilities Arising From Financing Activities

The Group's principal liabilities arising from financing activities are its Redeemable Preference Shares see Note 15. Lease liabilities see Note 21 and cashflows are reconciled in Note 20.2.

During the prior period (year ended 30 June 2022), the Group entered a loan agreement with ANZ to enable acquisitions, these have now been fully repaid. The agreement included a \$6,500k flexible credit facility with ANZ Bank New Zealand Limited, now \$1,000k. Please see details in Note 22.

20 SUPPORTING STATEMENT OF CASHFLOWS

20.1 NET CASHFLOW FROM OPERATING ACTIVITIES

	2024	2023
	\$000	\$000
Profit for the year	(1,240)	(225)
Non-Cash Items		
Depreciation and amortisation	2,556	2,559
Bad debt and impairment allowances	21	9
Deferred income tax	(67)	286
Share of losses/(profits) of equity accounted joint ventures	591	1,331
Derivative fair value loss/(gain)	11	23
Impairment on investment in subsidiaries	2,039	—
Right of use asset & liability	178	673
	5,329	4,881
Movements in Working Capital		
(Increase)/decrease in Prepayments	(339)	32
Decrease in Inventory	2	5
Decrease in Trade/Other Receivables	3,441	14,525
(Increase) in Related Parties Receivables/Payables	(17)	(152)
Increase/(decrease) in Taxation Payable	892	(2,799)
(Decrease) in Trade Payments	(2,316)	(17,212)
Increase in Deferred Revenue	8,422	2,578
(Decrease)/increase in GST	(253)	341
Increase in Lease Liability	929	41
	10,761	(2,641)
Net cash from operating activities	14,850	2,015

20.2 NET CASHFLOW FROM FINANCING ACTIVITIES

	Redeemable Preference Shares	ProCare Charitable Foundation Loan	Lease Liability	ANZ Bank Loans	Total
	Notes 4.3, 15	Notes 4.3, 17	Notes 4.3, 21	Notes 4.3, 22	
Financing Liabilities	\$000	\$000	\$000	\$000	\$000
Balance at 1 July 2023	1,770	2,355	13,095	1,567	18,787
Cash Flows	(236)	(2,435)	(1,965)	(1,557)	(6,203)
Non-cash flows					
Interest in the period	91	80	706	—	877
Net interest accrued not paid	1	—	—	2	3
Lease additions	—	—	(378)	—	(378)
Lease modifications	—	—	1,342	—	1,342
Balance at 30 June 2024	1,626	—	12,800	2	14,428

	Redeemable Preference Shares	ProCare Charitable Foundation Loan	Lease Liability	ANZ Bank Loans	Total
	Notes 4.3, 15	Notes 4.3, 17	Notes 4.3, 21	Notes 4.3, 22	
Financing Liabilities	\$000	\$000	\$000	\$000	\$000
Balance at 1 July 2022	1,860	2,274	12,157	4,046	20,337
Cash Flows	(182)	(161)	(1,776)	(2,489)	(4,608)
Non-cash flows					
Interest in the period	92	161	684	—	937
Net interest accrued not paid	—	81	—	10	91
Lease additions	—	—	515	—	515
Lease modifications	—	—	1,515	—	1,515
Balance at 30 June 2023	1,770	2,355	13,095	1,567	18,787

21 LEASES

The Group leases various offices and medical centres at different locations. The leases range from terms of 2 to 22 years, with some contracts containing further extension options. Contracts may contain both lease and non-lease components, in which case the consideration in the contract is allocated to each component based on their relative stand-alone prices.

The carrying amounts of right-of-use assets and lease liabilities are as below:

		Properties \$000	Vehicles & Other Equipment \$000	Total \$000
Right-of-Use Asset				
Balance at 1 July 2023		12,508	91	12,599
Additions		378	—	378
Depreciation	4.2	(1,543)	(51)	(1,594)
Lease modifications		683	8	691
Balance at 30 June 2024		12,026	48	12,074
Lease Liability				
Balance at 1 July 2023		12,998	97	13,095
Additions		(378)	—	(378)
Interest	4.3	702	4	706
Lease payments		(1,909)	(56)	(1,965)
Lease modifications		1,334	8	1,342
Balance at 30 June 2024		12,747	53	12,800
Current				2,057
Non-current				10,743
Total Liabilities				12,800
		Properties \$000	Vehicles & Other Equipment \$000	Total \$000
Right-of-Use Asset				
Balance at 1 July 2022		11,947	12	11,959
Additions		515	—	515
Depreciation	4.2	(1,347)	(55)	(1,402)
Lease modifications		1,393	134	1,527
Balance at 30 June 2023		12,508	91	12,599
Lease Liability				
Balance at 1 July 2022		12,143	13	12,156
Additions		515	—	515
Interest	4.3	677	7	684
Lease payments		(1,714)	(61)	(1,775)
Lease modifications		1,377	138	1,515
Balance at 30 June 2023		12,998	97	13,095
Current				1,127
Non-current				11,968
Total Liabilities				13,095

21 LEASES (CONTINUED)

The Group recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, and subsequently, at cost, less any accumulated depreciation and impairment losses and adjusted for certain remeasurements of the lease liability. The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Group's incremental borrowing rate.

Generally, the Group uses its incremental borrowing rate as the discount rate.

During the year ended 30 June 2024 \$706k (2023: \$684k) of interest expense relating to lease liabilities was recognised and total cash outflow for leases was \$1,965k (2023: \$1,775k).

Maturity analysis of Lease Liabilities is as follows:

	2024	2023
	\$000	\$000
Maturity Analysis - Contractual undiscounted cashflows		
Less than one year	2,112	1,867
Two to five years	4,714	5,364
More than five years	12,110	12,800
Total	18,936	20,031

22 LOANS

	2024	2023
	\$000	\$000
ANZ Bank Loans		
Current	—	1,557
Total ANZ Bank Loans	—	1,557

At 30 June 2024, the Group had repaid the secured loans (2023: \$1,557k) and a \$1,000k flexible credit facility with ANZ Bank New Zealand Limited. The terms of the credit facility will end in May 2026. At balance date the facility has not been drawn down.

At 30 June 2024, the Group was in compliance with the applicable covenants. There is a general security agreement with these ANZ Bank loans held over the subsidiaries Health New Lynn Limited, ProCare Fresh Minds Limited, ProCare Network Partnerships Limited, ProCare Network Limited and ProCare Health (LP) Limited.

23 DIVIDENDS

On 1 October 2024 the Board resolved no dividend was payable during that financial year (2023: \$Nil).

24 BUSINESS COMBINATIONS IN CURRENT PERIOD

The Group acquired the business of Greenhithe Medical Centre on 8 December 2023 through the acquisition of shares and started trading from that date. The acquisition was acquired for inclusion in the Elevate ownership programme.

The programme is focused on facilitating ongoing independent general practice ownership by clinicians. Under the programme, the ProCare Co-operative acquires practices and then offers shareholdings to clinicians and other key staff over time.

A fair value assessment of the Greenhithe Medical Centre assets and liabilities has been undertaken and the identifiable assets and liabilities are shown at fair value.

The table below summaries the major classes of consideration transferred, and the recognised amounts of asset required, and liabilities assumed at the acquisition date. All amounts are in NZD \$'000.

	2024
Fair value of net assets acquired	\$000
Property, plant and equipment	5
Total net assets	5
<hr/>	
Fair value of consideration paid	
Cash paid (NZD), net of cash acquired	65
Total consideration	65
<hr/>	
Goodwill	11
	60

25 SUBSEQUENT EVENTS

In September 2024, the Group entered into an conditional agreement to sell Totara Clinical Research Limited. Subsequent to year end, Green Cross Health's practices have departed from the Company. The estimated financial effect of this departure is a reduction to revenue of \$46m with minimal impact on surplus.

PROCARE GROUP
INDEPENDENT AUDITOR'S REPORT



BDO Auckland

**INDEPENDENT AUDITOR'S REPORT
TO THE SHAREHOLDERS OF PROCARE NETWORK LIMITED AND SUBSIDIARIES**

Opinion

We have audited the consolidated financial statements of Procure Network Limited ("the Company") and its subsidiaries (together, "the Group"), which comprise the consolidated statement of financial position as at 30 June 2024, and the consolidated statement of profit or loss and other comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including material accounting policy information.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Group as at 30 June 2024, and its consolidated financial performance and its consolidated cash flows for the year then ended in accordance with New Zealand Equivalents to International Financial Reporting Standards ("NZ IFRS") and IFRS[®] Accounting Standards.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) ("ISAs (NZ)"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Consolidated Financial Statements* section of our report. We are independent of the Group in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (including International Independence Standards)* (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our firm carries out other assignments for the Group in the areas of taxation compliance. The firm has no other relationship with, or interests in, the Company or any of its subsidiaries.

Key Audit Matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the consolidated financial statements of the current period. These matters were addressed in the context of our audit of the consolidated financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.



Revenue Recognition

Key Audit Matter

The Group reported revenue from contracts with customers of \$304m, detailed disclosed in note 3.1.

The judgements and estimates that significantly impact the accuracy of revenue recognition include:

- Identifying the separate performance obligations;
- Whether the Group is acting as the principal or agent in the transactions; and
- Assessing whether the performance obligations are satisfied at a point in time or overtime to determine when to recognise revenue.

We focussed on revenue recognition as a key audit matter due to the significance of the balance on the profit or loss for the year and the judgements and estimates involved in revenue recognition.

The Group’s accounting policy in relation to revenue recognition is included in accounting policy note 2.2, significant estimates and judgements related to contract revenue is included in note 2.1, and revenue is disclosed in note 3.1 of the consolidated financial statements.

How The Matter Was Addressed in Our Audit

- We assessed the compliance of the Group’s revenue recognition policies with applicable accounting standards.
- We examined, on a sample basis, Management’s assessment of the key contracts which in turn allowed us to assess the recognition of revenue.
- We verified a sample of revenue transactions to supporting contracts and associated receipts based on the identified performance obligations.
- We evaluated and assessed the relevant IT systems, the systems, processes, and controls in place for recording revenue and associated costs.
- We used data analytics on a sample of Group entities to confirm the underlying accounting entries are as we expected and performed tests on entries that were outside of expectations.
- We performed cut off testing focused on the satisfaction of performance obligations to ensure revenue is recognised or deferred into the correct period.
- We considered Management’s assessment of whether they are the principal or agent in the transactions.
- We reviewed disclosures in the consolidated financial statements to the requirements of the accounting standard.



Goodwill Impairment Assessment

Key Audit Matter

The Group has recognised goodwill on historical acquisitions.

The total goodwill balance of \$16.50m at 30 June 2024 is subject to an annual impairment assessment in accordance with NZ IAS 36 *Impairment of Assets*.

Management performed their impairment assessment by considering the recoverable amount of the Group's Cash Generating Units ('CGU') (to which goodwill is allocated), using a value in use calculation. This calculation is complex and subject to key inputs and assumptions, such as discount rates, terminal growth rates and future cash flows, which inherently include a degree of estimation uncertainty and are prone to potential bias or inconsistent application and therefore considered to be a key audit matter.

An impairment of goodwill of \$2.0m was recognised for the year.

Refer to note 11 - Intangible Assets of the consolidated financial statements.

How The Matter Was Addressed in Our Audit

- We obtained an understanding of key controls relating to the review and approval of the impairment assessments.
- We obtained Management's impairment assessment including the value in use calculation prepared for each of the CGUs. Specifically, we evaluated and challenged the key inputs and assumptions for Health New Lynn Limited CGU. The key inputs included revenue growth rates, terminal growth rate, gross margins and discount rate.
- We assessed the accuracy of previous forecasts to actual performance to form a view on the reliability of Management's forecasting ability and to understand key differences between historical actual versus forecast performance.
- We engaged our internal valuation experts to assess the methodology used by Management, in their value in use calculation for Health New Lynn Limited, is in accordance with NZ IAS 36 - *Impairment of Assets*, the accuracy of the model and to assess the terminal growth rate and discount rate based on our expert's market and valuation knowledge.
- We reviewed Management's sensitivity analysis performed on key inputs and assumptions to determine the extent to which any changes would affect the recoverable amount of the CGUs. We also considered and tested alternative sensitivities.
- We compared the carrying value of the CGUs' assets to the recoverable amount determined by the impairment test to identify any impairment losses.
- We reviewed disclosures in the Note 11 to the consolidated financial statements to the requirements of the accounting standard.

Other Information

The directors are responsible for the other information. The other information comprises the Directory, Directors' Report and Directors' Interests, but does not include the consolidated financial statements and our auditor's report thereon.

Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.



In connection with our audit of the consolidated financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Directors' Responsibilities for the Consolidated Financial Statements

The directors are responsible on behalf of the Group for the preparation and fair presentation of the consolidated financial statements in accordance with NZ IFRS and IFRS Accounting Standards, and for such internal control as the directors determine is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, the directors are responsible on behalf of the Group for assessing the Group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Group or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

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

A further description of our responsibilities for the audit of the financial statements is located at the External Reporting Board's website at: <https://www.xrb.govt.nz/assurance-standards/auditors-responsibilities/audit-report-1/>.

This description forms part of our auditor's report.

Who we Report to

This report is made solely to the Company's shareholders, as a body. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's shareholders, as a body, for our audit work, for this report or for the opinions we have formed.

The engagement partner on the audit resulting in this independent auditor's report is Junita Sen.

BDO Auckland

BDO Auckland
Auckland
New Zealand
1 October 2024



PROCARE NETWORK LIMITED AND SUBSIDIARIES DIRECTORS' INTERESTS

As at 30 June 2024

The following are general disclosures of interest given by Directors of the Parent pursuant to section 140(2).

D R Clarke

Anglesea Urgent Care Clinic
Kirikiriroa Health General Partner Limited
Kirikiriroa Health Holdings Limited
Medium Rare Ltd
ProCare Network Limited
Te Rau Ora

Group CEO
Director
Director
Director
Pou Matua
Chair

Dr K Cole

Health Hub Holdings Limited
Hira Steering Board
National Whānau Consumer Clinician Digital Council
Papatoetoe Primary Health Care Limited
Pfizer Primary Care Advisory Committee
Royal New Zealand College of GPs
Spark Health

Director, Shareholder
Primary Care Representative
Member
Director, Shareholder
Member
Member
Contractor

T Funaki

Family Action
Foundation North
Moana Pasifika
MSD Pacific Steering Group
NZ Police Commissioner National Pacific Board
Oceania Career Academy Limited
ProCare Health (PHO) Limited
ProPa (ProCare Pacific Advisory)
Te Hiringa Mahara Mental Health and Wellbeing
Commission - Sector Reference Group
The Fono Trust
University of Auckland Te Poutoko Ira a Kiwa –
Centre for Pacific and Global Health - Governing
Council
Waitemata Police District Pacific Advisory Board

Trustee
Trustee
Director
Chair
Member
Chair
Chair, Director
Member
Member

CEO
Member

Member

Dr W E Gillespie

ProCare Clinical Quality Committee
ProCare Health (LP) Limited
Swanson 716 Limited
Swanson Medical Centre Limited
Te Akoranga a Maui - Māori Chapter
Te Ohu Rata O Aotearoa: Māori Medical Practitioners
Association
Verdure Holdings Limited

Chair
Director
Director, Shareholder
Director, Shareholder
Member
Member

Director, Shareholder

Dr C L King

Doctor Craig King Limited
The New Lynn Health Centre Consortium Limited

Director, Shareholder
Director/Chair, Shareholder

A J Lawrence

A J Lawrence Limited
AQTH (NZ) Limited
Aquatherm NZ Limited
Enviropiaz International Limited
Finesse Holdings Limited
Lawrence Corporate Trustee Limited
Miro Partners Limited
My Business Partner Limited
NZ Fashion Holdings Limited
NZEP Limited
Plazrok International Holdings Limited
Plazrok International Limited
ProCare Charitable Trust Board
The Building Research Association of NZ Inc. (BRANZ)

Managing Director, Director, Shareholder
Director
Chair
Director
Chair (retired Jul 2024)
Director, Shareholder
Managing Director, Director, Shareholder
Shareholder
Director, Shareholder
Director
Director
Director
Director

Dr F Lentini

Lentini Medical Limited
Mairangi Medical Centre Limited
Mairangi Property Owners Limited
Medical Council
Whakarongorau Aotearoa New Zealand Telehealth
Services (GP) Limited

Director, Shareholder
Director, Shareholder
Director, Shareholder
Educational Supervisor
Director

Dr J J O'Sullivan

Mt Eden 575 Doctors Limited
ProCare Health (PHO) Limited

Director, Shareholder
Director

M Royal

Auckland Police Taumata
Auckland University of Technology Council
Justice of the Peace Association
National Iwi Chairs Forum, Pou Take Ahurangi
Ngāti Whātua Ōrākei Reserves Board
Ngāti Whātua Ōrākei Trustee Limited
Ranginui No. 12 Trust
Rauawa Limited
Selwyn College Board of Trustees
Sky City Community Trust Board
Variety - the Children's Charity

Co-chair
Pro Chancellor
Member
Chair
Chair
Chair, Shareholder
Chair
Director, Shareholder
Member
Chair
Trustee

M Schubert

ProCare Health (LP) Limited
AIG Insurance New Zealand Limited
Resolution Life NZ Limited
ProCare Charitable Foundation Trust Board
Whakarongorau Aotearoa New Zealand Telehealth
Services (GP) Limited
TSB Bank Limited

Director
Non-Executive Director
Director
Director
Director
Director

PROCARE NETWORK LIMITED AND SUBSIDIARIES DIRECTORS' INTERESTS

As at 30 June 2024

DIRECTORS OF PROCARE NETWORK LIMITED'S SUBSIDIARIES (AS AT 30 JUNE 2024)

ProCare Health (PHO) Limited	T F Funaki (Chair)
ProCare Health (PHO) Limited	S Dalhouse
ProCare Health (PHO) Limited	A T Davis
ProCare Health (PHO) Limited	S A M Kinred
ProCare Health (PHO) Limited	Dr J J O'Sullivan
ProCare Health (PHO) Limited	B Te Ao

ProCare Fresh Minds Limited	B Norwell (Chair)
ProCare Fresh Minds Limited	Dr A Moffitt

ProCare Health (LP) Limited	B Norwell
ProCare Health (LP) Limited	Dr W E Gillespie
ProCare Health (LP) Limited	R Boase
ProCare Health (LP) Limited	M Schubert

ProCare Network Partnerships Limited	B Norwell
ProCare Network Partnerships Limited	R Boase

Health New Lynn Limited	B Norwell
Health New Lynn Limited	G Lord

Greenhithe Medical Centre Limited	B Norwell
Greenhithe Medical Centre Limited	G Lord

Kaipara Health Limited	B Norwell
Kaipara Health Limited	G Lord

Clinical Assessments Limited	Dr J H Betteridge
Clinical Assessments Limited	Dr A Moffitt
Clinical Assessments Limited	P D Roseman

Mt Smart Health (2020) Limited	B Norwell
Mt Smart Health (2020) Limited	G Lord

OneCare Health (2020) Limited	B Norwell
OneCare Health (2020) Limited	G Lord

Totara Clinical Research Limited	B Norwell
Totara Clinical Research Limited	G Lord

Reimagining healthcare

