



phn
TASMANIA

An Australian Government Initiative



primary
health
TASMANIA

Primary Health Tasmania

ANNUAL REPORT 2023-24

Our shared values



TEAMWORK

Together, we excel



RESPECT

We value each other



ACCOUNTABILITY

We own our actions



COURAGE

We are brave

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Primary Health Tasmania is committed to providing inclusive services and work environments where people of all backgrounds, sexualities, genders, cultures, spiritual beliefs, ages, bodies and abilities are valued, supported and celebrated.

We acknowledge that the lands we work from are the traditional lands of the Tasmanian Aboriginal Community. We respect their spiritual relationship with their country and honour and respect their ongoing cultural and spiritual connections to the lands we work from.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families, carers and support people.

Cover image: Bay of Fires – Christian Devereux (Unsplash)

About us

Our role

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital.

Our national network

We are one of 31 organisations under the Australian Government's Primary Health Networks Program. Collectively, all PHNs deliver national primary health care reforms by creating tailored, local and innovative solutions for metropolitan, regional and rural and remote communities.

The core functions and activities of PHNs were outlined in the 2023-24 PHN Strategy:

1. Coordinate and integrate local health care services in collaboration with Local Hospital Networks (LHN) to improve quality of care, people's experience and efficient use of resources.
2. Commission primary care and mental health services to address population health needs and gaps in service delivery and to improve access and equity.
3. Capacity-build and provide practice support to primary care and mental health providers to support quality care delivery.

Our priorities

Our activities are based on national priorities set by the Australian Government as well as the identified needs of local community and priority population groups. They focus on service delivery, provide support and health system improvement in the areas of:

- Aboriginal health
- after hours care
- aged care
- alcohol and other drugs
- cancer screening
- connecting care
- chronic condition management
- digital health
- disease prevention
- emergency management
- family, domestic and sexual violence
- general practice and primary care provider support
- immunisation
- intellectual disability (enhancing primary care)
- mental health
- palliative care
- potentially preventable hospitalisations
- rural primary health
- suicide prevention.

Our region



68,018km²

an island state



29

local government areas and 21 are classified as regional or remote



557,571

our population



5.4%

identify as Aboriginal or Torres Strait Islander



21%

born outside Australia



20%

are over 65 years



30.5%

people living with a disability

Chair's report



This year a highlight for me was visiting Flinders and Cape Barren Islands to meet with the respective Aboriginal organisations — together with CEO Phil Edmondson and General Manager Susan Powell.

There is an ongoing conversation about how Australian Government funding for Aboriginal health services will flow in the future. Primary Health Networks (PHNs) and the Aboriginal community organisations themselves, continue to wait for formal advice on funding arrangements.

The Board publicly supported The Voice and the other elements of the Uluru Statement of the Heart and continue to do so in the disappointing aftermath of October's referendum. As an organisation focused on helping address the diverse physical and mental health needs of Tasmania's population, we believe ensuring fairness and equity of outcomes for Aboriginal and Torres Strait Islander people requires us to embrace the principles and practises of reconciliation, and our organisation is working on strengthening our approach to respect and reconciliation, and our relationships.

The Board has continued to focus on improving outcomes reporting. We are required to report annually on our funding schedules and against the National PHN Performance and Quality Framework, however, our performance reporting against Primary Health Tasmania's Strategic Plan is of significant interest to the Board. These outcomes are mapped against a suite of performance indicators identified by the Board and present a more detailed and integrated view rather than providing program-specific reporting.

During the year, the Australian National Audit Office undertook a performance review of the Department of Health and Aged Care and their management of the PHN Program. We welcomed this review as it will enable the Department to focus on long term issues with program funding and agreements, core funding contracts, reporting, and aspects of overall governance.

During the year, we experienced significant personnel changes in the Australian Government Department of Health and Aged Care, however we have maintained close engagement and 'ear' of government nationally. This has been reinforced by the CEO's involvement in several national workgroups and committees and my appointment to the six-member PHN CEO and Chair Coordination Committee, ensuring a solid Tasmanian influence in the national direction. In addition, the PHN Collaborative engages in activities across the 31 Primary Health Networks, including Primary Health Insights, Data Warehouse, Primary Sense GP clinical support and extraction tool, the Data Governance Centre of Excellence, and numerous other projects and support for PHNs around quality, natural reporting practise support and commissioning.

I am also Chair-elect of the Victorian/Tasmanian PHN Alliance. This alliance enables Primary Health Tasmania to work closely with the executives and staff of the six Victorian PHNs as well as serving as a collaborative forum for the Chairs of each participating PHN, and has been invaluable.

A significant focus of our work this year has been implementing the Strengthening Medicare Taskforce recommendations, which include encouraging multidisciplinary team-based care, increasing access to primary care, modernising primary care, and supporting change management and cultural change.

Primary Health Tasmania partners with the Australian and Tasmanian Governments in both the primary care and mental health bilateral agreements. The scale and scope of collaborative mental health investment drives a positive and productive partnership, where we are a delivery partner. Development of the bilateral agreement for primary care has not yet progressed to the same level with agreed activity and resourced commitments, but we participate in all aspects of planning through to delivery. Other significant partnerships include working with the Tasmanian Data Linkage Unit, and the Tasmanian Collaboration for Health Improvement, alongside a strong relationship with the Tasmanian Department of Health through a Memorandum of Understanding.

In May, the Board farewelled Melissa Snadden, who resigned as a director to take up a role in the health minister's office. Melissa has been an extremely conscientious director with a passion for governance and learning. She brought her many interests to the board table including health and wellbeing, preventive health, lived experience and community engagement.

Dr Gavin Quek commenced as our inaugural intern director, and the Board has significantly benefited from and enjoyed his involvement throughout the year. The intern role is about growing governance skills and providing experience to emerging leaders and the Board is committed to continuing this initiative into the future.

The organisation has a robust governance structure with the Audit and Risk Advisory Committee, Governance Advisory Committee, and Finance Advisory Committee undertaking a great deal of 'legwork' for the Board. I am indebted to the collegiate and diligent work undertaken by all directors throughout the year. This, together with our Community and Clinical Advisory Councils and the Tamarian General Practice Forum, inform the direction of management and board decision-making. There are also numerous time-limited, consultative mechanisms to inform our needs assessment, engagement and service planning, as well as steer specific projects and initiatives.

During the year, we have had to increase floor space in the Hobart office and remodel the Launceston office to accommodate the growing workforce required to deliver our work here in Tasmania. The Board is very thankful and acknowledge the hard work and commitment of all Primary Health Tasmania staff, and the leadership of the CEO and executive team.



Graeme Lynch AM
Chair

Board of Directors at 30 June 2024



Mr Graeme Lynch AM
Chair



Dr Ruth Kearon
Deputy Chair



Mr Scott Adams



Dr David Knowles



Dr Ginita Oberoi



Distinguished Professor
Greg Peterson



Dr Katrena Stephenson

CEO's report



As our 9th year draws to a close, PHNs are now well embedded in the Australian healthcare landscape, with the scope and reach of our work vastly broader than our starting remit in 2015.

The network continues to advocate strongly for investment and innovation in primary care as the level of healthcare that people typically access first in their community.

Perhaps of greatest significance is the suite of initiatives that PHNs are now rolling out as part of the Australian Government's Strengthening Medicare national policy. For many years, PHNs have been advocating that investment in the primary care system has been both inadequate and unreflective of international benchmarks. In recognising this in new policy, the government is providing opportunities that better integrate models of care with different mechanisms to resource the costs of that care. With the struggles of affordability, workforce retention and recruitment and the sustainability of traditional care models clearly in question, a new approach to the structure and resourcing of care is surely needed.

As this reform continues to unfold, PHNs will certainly be at the forefront of the work involved in supporting the change required in our service and support system and much of the work we have been involved in over the past 9 years has sought to demonstrate how services might be provided and accessed by communities differently. This has recognised the absolute need to support the health workforce to be able to adapt to and adopt rather than resist changes. Our role in working closely with health service providers on the ground and alongside their communities has been the key to some of the success we have enjoyed.

Also featuring strongly in the reform environment will be a supported and active health consumer and community sector. Primary Health Tasmania has and will continue to work closely with health consumers and those with lived experience in both shaping and embedding new services and new service models. As our approaches continue to evolve they will increasingly feature a strong emphasis on community codesign and this is most evident in our work with communities on the ground who are struggling to retain access to primary health services.

Our relationships and partnerships with the governments of the day at both state and national level is critical and we continue to apply significant effort and attention to ensuring these partnerships and engagements are productive, trusting, supportive but encouraging of change. Driving change with well-established governments can often prove harder and require increasing resource and effort but both management, staff and Board have this as a key priority.

Against a backdrop of challenging workforce access that has hit communities and providers hard, Primary Health Tasmania this year has been heavily involved in work to establish a number of new services. We have had to contend with every challenge from providers exiting the service market, recruitment failures, real estate access limitations and declining resource availability across a number of areas and expect these barriers to continue to impact our work. Despite this, this year has seen the successful implementation of a range of new services and procurement of new service providers to support Tasmanians across the State.

Work in mental health continues to be the area of greatest funding and focus for Primary Health Tasmania. There has significant investment in new mental health services across the state through both the expansion of headspace services and new early psychosis youth services, as well as an expansion of support for adults through the Head to Health centres. There are no quick wins in establishing new services and look forward to these developments progressing in the coming years.

As we move towards a future that promises to offer greater opportunity for integrated long term funding we anticipate further changes ahead — for the better. This work, together with a much more limited scope of work in the broader primary care space, has been formalised in both the Mental Health and Suicide Prevention and Primary Care Bilateral Agreements.

These agreements have certainly offered us a mechanism for a stronger partnership between Primary Health Tasmania and the Tasmanian Government. Once again, these promise bigger opportunities ahead and we will watch with interest as these processes between State and Federal Government continue to mature.

Primary Health Tasmania's staff are always at the forefront of our successes and challenges in any given year. Alongside the demanding pace of health system reforms, we have continued to progress improvements in our program delivery, service planning and commissioning areas across a very large program of work.

Our organisation is fortunate to have such committed and skilled staff, and we will continue to support them to achieve on our collective behalf. Our Board continues to lead by example and has been responsive and completely supportive of management and staff in all aspects of our work.

The year ahead looks set to deliver all we have come to expect from our respective government agendas, and more. With a federal election looming, there are always surprises, some welcome and some less than desired. However, I remain confident in our organisation's expertise in understanding the health needs of communities, and our ability to work collaboratively with our primary care workforce providers, local communities, government and the broader health system to deliver great outcomes for Tasmania.



Phil Edmondson
CEO

Executive team at 30 June 2024



Phil Edmondson
CEO



Scott McKay
General Manager
Business and Finance



Alison O'Neill
General Manager
Health Service
Commissioning



Susan Powell
General Manager
Health System
Improvement

Strategic Goal 1

IMPROVED HEALTH OUTCOMES

Improved population health and wellbeing outcomes through prioritised investment

Commissioning service delivery — designing and procuring health services to meet priority needs

This year our commissioned service providers:

delivered 7,304 Integrated Team Care services to 656 Aboriginal Tasmanians living with chronic health conditions including a mix of care coordination services and supplementary services — overall there was a reduction in services (11%) but an increase in clients (13%)

continued to significantly increase health assessments under MBS item 715 through the fourth year of the Deadly Choices program delivered by Karadi Aboriginal Corporation

delivered primary health services (allied health group-based or individual support) to people at risk of poor health outcomes in rural areas and living with chronic conditions including Chronic Obstructive Pulmonary Disease, cardiovascular disease, and musculoskeletal conditions — 4,382 people received services across Tasmania, a 31% increase from the previous year

delivered a diabetes management program with 2,425 occasions of service — a variety of clinical measures are employed to measure outcomes

supported 417 clients to access aged care services and social supports through the first full year of the Care Finders program — with a focus on improved data collection to enhance demographic reporting

delivered 44 healthy ageing exercise treatment programs to 403 people in priority communities across Tasmania, achieving positive health outcomes such as weight maintenance, reduced systolic blood pressure, improved physical fitness, and decreased waist circumference

handled 13,220 after hours calls, including 3,792 from health professionals and 1,684 from residential aged care homes with many requests related to requests for prescriptions and palliative care, with an 85% diversion rate from Emergency Departments to alternative services through GP Assist

delivered mobile primary care services to people in the Greater Hobart area (1,076 episodes of care), through Moreton Group Medical Services — with 234 first-time users, 581 people without a regular GP, helping improve access to medical services for vulnerable communities

established new endometriosis and pelvic pain services to 203 clients through three clinics in Hobart, Launceston and Burnie for improved access for patients to diagnostic, treatment and referral services.

This year our mental health commissioned service providers:

collectively provided 46,914 mental health and suicide prevention services to 6,965 people — including 3,024 headspace clients and 3,941 clients for all other mental health services, where a variety of clinical indicators are used to measure improvement or deterioration

delivered 219 episodes of care through a range of psychosocial support services for people with a severe mental illness — a small increase in both clients (3.9%) and episodes of care (2.4%) but a reduction in services at 7.6%

delivered community-based alcohol and other drug treatment and intervention across the state to 3,408 people — a 2.7% increase from the previous year

What does this mean?
People experience improvements in morbidity, avoidable mortality and / or quality of life

provided 12,611 youth mental health services to 3024 headspace clients, a 7.5% increase in total clients and a 27.4% increase in services — headspace operates centres in central Hobart, Launceston and Devonport and a satellite service in Burnie

ensured access to community-based suicide prevention services to targeted population groups including people and families in rural and remote communities (through Rural Alive and Well), construction and large industry (through Lifeline), and refugee and migrant communities (through the Migrant Resource Centre)

provided 4,480 service contacts to Aboriginal and/or Torres Strait Islander clients, of which 4,458 were provided by mainstream commissioned mental health providers — 99.5% had received cultural training, up from 97.4% in 2022-23.

New service establishments included:

Short Term Psychological Services (STPI) under the northwest funding in 2023-24, which includes a new trauma counselling service.

Karadi Aboriginal Corporation piloted a new Integrated Team Care service in Bicheno. This blended face-to-face and virtual service for remote clients addressed a service gap, providing services to 9 clients from the local community (a 100% increase from 2022-23).



Care finder Heather Ross and COTA team leader Emma-Jean Jatan (image by Brooke Potts)

'Care finder' Heather helps Robin navigate support

Robin* first made contact with COTA (Council on the Ageing) Tasmania's care finder service in December 2023.

A range of life challenges, including a period of homelessness, had led to barriers for them in accessing aged care and other support services. Services received in the past hadn't taken account of Robin's individual circumstances and history, and had lapsed.

Robin was now having difficulties functioning in the local community.

It was 'care finder' Heather Ross's job to help re-establish entry level support services to meet Robin's needs.

Care finders help vulnerable older people who don't have a trusted family member or friend to help them, and who need intensive support to navigate aged care and other local services.

Primary Health Tasmania has commissioned four organisations, including COTA Tasmania, to deliver the Australian Government-funded care finder program in Tasmania.

Heather listened to Robin, arranged an appropriate aged care assessment, and — when Robin was allocated a home care package and a case manager — Heather helped connect them with the services they needed under the package.

Robin is thrilled about the support Heather has provided. They say they have always struggled to navigate the aged care system, and Heather has been a "revelation".

"I can't express enough my thanks to Heather for getting me my home care package and helping my cultural concerns be heard," they said.

Heather says without care finders undertaking this work, there would be some very different outcomes for people like Robin.

"Robin didn't need help with showering and going shopping. But they needed help so that they could engage in their community, feel comfortable in their own home, look after their own health."

"This package has done that and if they didn't get that, they'd still be back where they were."

**A real client features in this story, but a different name and gender-neutral pronouns have been used for privacy reasons.*

Strategic Goal 2

PERSON-CENTRED CARE

Consumers at the centre of health decisions

Culturally appropriate care — supporting improved mainstream service provider cultural awareness

This year we:

ensured that all four commissioned drug and alcohol treatment services are accredited under a health standard that includes culturally appropriate care

continued delivering 'Come walk with us' cultural awareness training sessions across the state, engaging a further 19 primary health care providers (accredited by the Royal Australian College of General Practitioners)

facilitated training to enhance trauma-informed practice skills with 3-day workshops for Aboriginal Community Controlled Organisations and Integrated Team Care providers (21 participants), and a 2-day workshop for general practitioners and allied health professionals (18 participants) — all participants reported a high level of satisfaction and would recommend the training

observed a 20% increase in views of the Aboriginal cultural competency online training module on Primary Health Tasmania's Learning Hub (265 to 318 views). These resources support the Tasmanian Department of Health's Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026 as a continued collaboration

distributed 1,032 Indigenous Passport to Better Health Booklets to mainstream general practices and Aboriginal Community Controlled Organisations, a 1,353% increase from 2022-23. General practices also received a range of desk flags, health resource kits, and promotional 715 health checks cards

partnered with Karadi Aboriginal Corporation to deliver an educational event aimed at building clinical capability in primary health professionals, to increase participation in breast, bowel, and cervical cancer screening for vulnerable Tasmanians — with excellent feedback

engaged with the Migrant Resource Centre Tasmania to deliver workshops to implement the Embrace Framework with commissioned service providers and other organisations

completed a new needs assessment and service mapping for multicultural Tasmanians to inform ongoing health system improvement initiatives.

Self-management — improving consumer ability to manage their care

This year we:

recorded 19,131 views on Primary Health Tasmania's After Hours website, a 5% increase, while users dropped by 14% to 15,572, indicating more repeat visits but highlighting the need for broader ongoing promotion. The four new Medicare Urgent Care Clinics in Tasmania potentially influencing after-hours self-management options

broadened the 2023-24 After Hours Awareness Campaign to improve understanding of after-hours services through social media, posters, and community radio, and directing people to Primary Health Tasmania website resources. Highlights included an increased awareness and engagement among younger users and the campaign surpassed its impression target by 20%

developed and distributed a resource on Annual Health Checks and the Comprehensive Health Assessment Program tool for people with intellectual disability to 137 primary care professionals registered for training, and targeted allied health providers with links to the tool and resources

collaborated with Oral Health Services Tasmania to improve oral health care for people with intellectual disabilities. Primary Health Tasmania funded the reproduction and printing of the NSW Health resource, 'How to Brush Someone Else's Teeth: A Guide for Carers of Adults with Disability'

What does this mean?

People receive care that meets their needs and are equal partners in planning and improving the service they receive

maintained Our Services Portal with 8,630 pageviews — there was a 1% decrease in users from 2022-23 and an 8% decrease in pageviews

continued to resource an Employee Assistance Program for general practice to ensure access to professional support services — whilst not in high demand the availability of this support continues to be well received by primary health providers.

System navigation — supporting providers to access information and resources that improve coordination of care

This year we:

required all commissioned service agreements to ensure providers collect Patient Reported Experience Measures to monitor consumer experience — where the CAREs tool is applied Primary Health Tasmania has visibility of results

resolved Tasmanian Health Directory reporting changes with key insights showing there were 36,000 direct access interactions with 17,000 unique users during the reporting period, and strong use of the specialities function

continued to partner with TasCOSS FindHelp Tas to support an integrated approach to consumer service directories and promote widely

transitioned the Intake Assessment Referral service directory to the Central Intake Referral Service and promoted it through 18 training sessions. The IAR was embedded into the Mental Health and Alcohol and Other Drugs eReferral form, which was launched in February 2024, receiving 273 eReferrals, including 68 through the IAR-Decision Support Tool

expanded work with the Victorian/Tasmanian PHN Alliance to develop a dementia resource for GPs, increasing translated versions from 5 to 7 languages

continued to engage with residential aged care homes to support improved care with access to training resources for managing deteriorating residents through medical assessment and treatment after hours — this includes developing an online module for future training

distributed 3,838 Yellow Envelopes to residential aged care homes — 32% less than last year

distributed Primary Care Enhancement for People with Intellectual Disability (PCEP) resources and facilitated information session for general practice staff — a 'whole of practice' approach to promote awareness and inclusivity

advanced efficiency by completing the Communicare integration with HealthLink Smart Forms as part of the Tasmanian eReferral system

partnered with the Tasmanian Department of Health and the Tasmanian Health Service to develop a Hospital Clinical Viewer prototype, and continued integrating mental health tools, eReferral, and HealthPathways for improved system navigation.

Consumer partnerships — engaging consumers as part of our work

This year we:

increased consumer partnership activities in Primary Health Tasmania's programs from 53% to 77% including governance, engagement, and leadership activities

engaged with Speak Out Advocacy Tasmania to create resources and workshops for young people with intellectual disability transitioning to adult health services, incorporating feedback to guide content for individuals, families, and professionals

consulted individuals with lived experience of intellectual disability to inform care coordination principles between public hospitals, the National Disability Insurance Scheme, and primary care providers

jointly funded the Tasmanian Asthma Discovery Project with Asthma Tasmania and Healthy Tasmania to enhance understanding of asthma management by exploring community experiences and identifying gaps in care

continued to support Mental Health Lived Experience Tasmania and Mental Health Family and Friends to provide consumer representation, promote and distribute mental health materials, and facilitate workshops with consumers and carers to inform program development

continued to work in partnership with Health Consumers Tasmania to support regional health population health planning governance models with community representation in Central Highlands, Southern Huon Valley and Tasman local government areas

ensured people with lived experience participated on two tender evaluation panels for commissioning work in early psychosis and headspace, and also for the Head to Health satellite services

engaged Mental Health Lived Experience Tasmania to develop principles for including lived experience for use by Tasmanian health, communities service or primary care organisations principles resulting in the Lived Experience Engagement: Seven Steps Framework

partnered with the Tasmanian Department of Health to fund the Mental Health Council of Tasmania in developing The Lived Experience Training and Development (LEx) Hub to meet the growing demand for a trained and supported lived experience workforce in mental health and alcohol services

commissioned a small grants program, following the October 2022 floods, with 33 local community and not-for-profit groups, with 100% stating they would not have been able to hold their event/activity without the grant.



Members of the Tasman Voice for Health; Primary Health Tasmania flyer – Working with the Tasman community; November 2023

Community-led action for better health

Efforts to understand and address the health and wellbeing needs of residents in the Tasman local government area have been led by the community itself in the form of two grassroots groups: the Tasman Voice for Health and the Tasman Clinical Services Action Group.

The two groups use their expertise and knowledge — either as local residents or health professionals — to address difficulties Tasman community members face in accessing health services in the area.

This is all part of work supported by Primary Health Tasmania, the Tasmanian Health Service and Health Consumers Tasmania.

Priorities identified during a community consultation process were allocated to each group based on whether they were deemed to have a predominately clinical or consumer focus.

The groups can collectively agree on, implement or advocate for activities such as the purchase of a life-saving iSTAT machine (which the Clinical Services Action Group identified as a priority) and the Tasman Connect Health and Wellbeing directory (implemented by the Tasman Voice for Health), confident that they are progressing priorities endorsed by the local community.

Mary Downie, chair of the Tasman Voice for Health, says supporting community-driven projects with funding makes volunteer community groups like the Tasman Voice for Health feel they've been listened to.

"That makes the volunteers feel that they're valued, and keeps the Tasman Voice for Health motivated," she says.

Local pharmacist Millicent Borowicz — a member of the Tasman Clinical Services Action Group — says: "We're in a special spot down here. We have different needs than other parts of the state, and we don't have access to services as easily as people who can quickly drive into the city.

"I think asking locals what they need and what they would like to see is super-important for the community."

Strategic Goal 3

ENGAGED AND SKILLED PRIMARY CARE WORKFORCE

Responsive and committed primary care workforce delivering quality care

Improving data literacy — supporting providers to provide high quality data and improve understanding and use of data to inform service planning and improvement

This year we:

maintained data sharing agreements with the majority of general practices in Tasmania — with 83% of these practices participating in the Primary Health Information Network sharing deidentified data beyond the PIP QI minimum dataset

continued to invest in data extraction and reporting tools like PHN Primary Sense, the PHN Exchange and Primary Health Tasmania health reports

observed an increase in general access to the PHN Exchange at 32%, although the number of practices engaging with data reports significantly decreased — this result has been impacted by the transition to PHN Primary Sense and the required redevelopment of reporting functions. Re-engagement with practices is a priority for 2025

completed the Tasmanian rollout of the new national PHN Primary Sense tool in October — the most accessed reports include health assessments, patients with high complexity, PIP QI, and accreditation reports

created Dropbox folders for sharing resources with general practice linked with the PHN Exchange to increase engagement

maintained data insight resources including the Community Health Checks and the General Practice in Tasmania report — both resources are highly valued by stakeholders

continued to support general practice with data and clinical decision support tools — with a focus on national quality improvement measures

commenced initial analysis of data from TasLink Health which is the second general practice linked dataset in Australia, the first to be research ready, and critical to providing insights about patient journeys across the Tasmanian health system — 17 general practices, covering 218,000 unique patient records, are linked with key Tasmanian hospital and administrative datasets including public hospital admissions, emergency department, birth, deaths and cancer registries and mental health.

Education and training — supporting providers to improve the quality and safety of care

This year we:

delivered 47 workforce events, with 30 events focused on clinical education and 17 of these events were accredited by the Royal Australian College of General Practitioners

increased event registrations by 17% with consistent attendance rates — and a very high level of feedback that most events increased understanding and professional confidence

facilitated access to event webinars through Primary Health Tasmania's Learning Hub — popular recordings included 'Guide to deprescribing in multimorbidity' and 'National Real Time Prescription monitoring (TasScript) implementation'

What does this mean?

People receive care from providers who have the skills, knowledge and attributes to deliver high quality care

continued to implement the Initial Assessment and Referral tool with facilitated training sessions across a range of providers

collaborated with the Victorian/Tasmanian PHN Alliance to develop consistent telehealth training resources and implementation approaches — nationally, other PHNs have expressed interest in this initiative

commissioned a new clinical governance training package for commissioned service providers with an online version soon to be finalised

funded training for 22 primary care providers under the October 2022 Flood Funding to support individuals and communities affected by disaster.

Clinical decision support — supporting providers to provide high quality, safe and efficient care through making evidence-based clinical decisions

This year we:

distributed 9,568 non-COVID-19 resources, consistent with 2022-23. The top resources requested by practices included the Yellow Envelope, emergency decision guidelines, GP pregnancy care records, and dementia resources

completed the first full year of the Primary Health Tasmania's Learning Hub, with 10,722 resources accessed, consistent with 2022-23 (10,162)

maintained consistent Primary Health Tasmania website page views, with the After Hours Website, deprescribing resources, and Tasmanian Health Directory being the top three viewed resources

commissioned training for residential aged care homes focused on emergency decision guidelines and the After Hours Support Plans Toolkit — this was undertaken by 59% of facilities in Tasmania which is lower than anticipated due to challenges in accessing staff impacted by lockdowns and turnover.

Collaboration between providers — providing opportunities for improved relationships and collaboration between commissioned service providers

This year we:

resumed regional practice manager network meetings, with 15 events and 88% attendance (174 participants). Positive feedback indicates improved relationships and referrals between local general practices and allied health providers

established targeted community of practice activities, including support for Medicare Urgent Care Clinics and specific meetings for Integrated Team Care and Care Finder commissioned providers

continued regional population health planning in three rural local government areas — Tasman, Southern Huon Valley, and Central Highlands. We successfully applied for Innovative Models of Care funding to support local providers in developing integrated care models with strong collaborative governance — this work will continue to December 2027.

Quality improvement — commitment to continuous improvement and aiming high

This year we:

facilitated 17 general practices to engage in the 8-month Practice Leadership Advantage course aimed at enhancing collaboration, leadership and continuous quality improvement in general practice

delivered a second round of the General Practice Incentive Funds, expanding the grant program to the south. Grants were awarded to 27 practices for initiatives focused on staff recruitment and retention, including team building events, professional development, and practice software. Practices were encouraged to apply the Australian Workforce Assessment and Recruitment Experience (AWARE) self-assessment tool as part of these grants

continued to administer the Strengthening Medicare grants for general practice. The grants have been used to modernise IT systems and improve data security and access to electronic medical records, as well as infection prevention and control measures. Of the nine practices that were previously unaccredited, six practices had successfully achieved accreditation with two practices awaiting results, and one actively pursuing accreditation

rolled out a third round of palliative care small grants in partnership with the Tasmanian Department of Health, resulting in five grants awarded to support innovative service redesign and quality improvement for 2023-24 and 2024-25

finalised the review and re-design of the Yellow Envelope to improve the transfer of care for older people between residential aged care homes and hospital services. In collaboration with the Tasmanian Department of Health Aged Care Reform Unit, Launceston General Hospital adopted the Yellow Envelope as the sole communication tool, resulting in a significant increase in requests for the resource following its January release.



Beaconsfield Family Medical Practice GP Dr Reddy

Supporting a new general practice in regional Tasmania

A small town in regional Tasmania is probably not the first place people think of settling down and building a life when migrating to Australia.

However, Dr Prashanth Reddy Gangapuram — or Dr Reddy, as he is affectionately known — says it was the golden hearts of the local people that helped cement Beaconsfield as his family's second home when he bought and took over the Beaconsfield Family Medical Practice at the start of 2023, after moving from India.

While Dr Reddy was sure that helping the people of Beaconsfield was his destiny, he had never set up a practice before and needed some support.

He reached out to rural primary health workforce agency HR+, who recommended he also contact Primary Health Tasmania.

"I can tell you that's the best thing we have done as a clinic," Dr Reddy says. "When I spoke with Maxine from Primary Health Tasmania, she was very helpful. She said 'Doctor Reddy, you don't worry. You look after your patients, and we'll come and help you'."

Primary Health Tasmania provided information and support in areas including accreditation, Australian Government funding programs, digital readiness work and other programs.

"We feel like the PHN has stood as a backbone in this journey of our new medical practice," Dr Reddy says. "And we are very thankful for that."

"What I've seen in this last 12 months is that not only did Primary Health Tasmania help me to set up the clinic, but it also helps me and my staff to have continuous professional development through the workshops it runs."

Strategic Goal 4

INTEGRATED PRIMARY HEALTH SYSTEM

What does this mean?
People receive seamless care that reflects the whole of their health needs and is connected across different health care providers

Effective, cohesive Tasmanian primary health sector working in partnership with other parts of Tasmania's health system

Stakeholder relationships — building engagement between Primary Health Tasmania and health and wellbeing stakeholders

Overall Primary Health Tasmania's engagement profile remains stable with nearly half of our engagement focused on health care practices, reflecting a return to 'business as usual' rather than pandemic levels of engagement. This is similar for aged care although on a smaller scale.

Co-design — shared planning and design

This year we:

continued implementation of Rethink 2020 Tasmania's strategic mental health plan with the Mental Health Council of Tasmania and the Tasmanian Department of Health — key strategic initiatives include Initial Assessment and Referral and Central Intake and Referral Service development and implementation

supported the University of Tasmania to evaluate the Healthcare Connect North service, focusing on consumer experience of the co-design process and as service participants

led regional health planning in the Tasman, Central Highlands, and Southern Huon Valley local government areas to improve community health and wellbeing. This approach has continued to demonstrate positive benefits in engaging stakeholders, understanding local needs, and collaborating on service improvements.

Leadership development — enhancing clinician leadership skills in local health service improvement and health system reform

This year we:

engaged a Clinical Champion to support the new family, domestic, and sexual violence program which is aimed at providing increased support to GPs and other primary care providers to assist in the early identification of family, domestic and sexual violence and child sexual abuse, and to aid early intervention

supported our team of clinical editors to coordinate clinical working groups and undertake reviews and updates of Tasmanian HealthPathways

expanded clinical representation on the Primary Health Information Network Advisory Group.

Role delineation — describing who delivers clinical care across the health system

This year we:

expanded membership on to all Tasmanian Clinical Networks with relevance to primary care (from 8 to 13), with the opportunity to enhance the primary care focus and further integrating Tasmanian HealthPathways into clinical planning. Examples include the development of new eating disorder adult pathways with key partners including the National Eating Disorders Collaboration and the Butterfly Foundation, and supporting the establishment of Community Pharmacy in Palliative Care Tasmania

progressed the Central Intake and Referral Service establishment and led the implementation of the Initial Assessment and Referral tool, improving assessment and referral to the correct type of mental health services

continued collaborating on key Tasmanian health system reforms, focusing on advocating for the role of primary care providers in improving system efficiency and effectiveness, for example, Rethink 2020 Implementation Plan, the Suicide Prevention Strategy, and various initiatives under the Tasmanian Department of Health's Long-Term Plan for Healthcare in Tasmania 2040 including primary care after-hours and urgent care.

Digital health systems and technology — using digital health technology to improve integration of care across the whole health system

This year we:

significantly increased the use of state and national digital health infrastructure to improve patient access to key health information and increasing the efficient and safety of clinical health information, for example:

- achieved a 340% increase in statewide eReferrals, with 54,841 eReferrals sent to hospital outpatient services, and 29,669 eReferrals to non-GP medical specialists and allied health providers
- increased the registration and interaction with My Health Record reflecting the increasing value of information made available on the system by general practice, pharmacy and hospitals, for example 36% increase in the number of electronic prescriptions uploaded

completed the integration of Communicare and HealthLink Smart Forms with all Aboriginal Community Controlled Organisations with a significant level of positive feedback and national media and PHN attention

successfully submitted the eReferral project for presentation at the Asia-Pacific Health Leadership Congress in October 2024.

Co-commissioning — joint funding and contracting of initiatives

Co-commissioning is a focus area under the Memorandum of Understanding with the Tasmanian Department of Health. This year our commissioned services and projects with the Tasmanian Department of Health included:

co-funding the palliative care grants phase 2 offering grants for innovative service redesign

co-funding Health Consumers Tasmania to influence and improve the Tasmanian health system by building the voice of its health consumers to have a say on the health services they need

employing a Peer Workforce Coordinator to lead the implementation of the Peer Workforce Development Strategy

providing grant funding for The Lived Experience Training Hub (LEx Hub), with additional funding from Tasmanian Department of Health through to 30 June 2025

partnering to strengthen health literacy in Tasmania by funding TasCOSS to maintain and promote the HelloTas! toolkit, helping community organisations develop Health Literacy Action Plans.

This year we:

continued engagement with the Tasmanian General Practice Forum which has been focusing on improving general practice engagement with the Tasmanian Government on key primary care initiatives

engaged with stakeholders through the new Supporting the Primary Care Response to Family, Domestic and Sexual Violence Pilot to ensure input into the project plan and that these strong relationships are fostered for ongoing collaboration

participated in the Community Pharmacy in Palliative Care Reference Group to provide expertise and advice for the design, development and delivery of project products

continued work with the Tasmanian Department of Health to share and work on strategic priorities such as place-based approaches and thin markets initiatives, as well as the development of a primary care strategy and action plan

continued engagement with key groups related to program activity such as the Tasmanian Aboriginal Health Reference Group, and Improving Primary Care for People with an Intellectual Disability Advisory Group

continued to engage with the Primary Health Tasmania's Allied Health Advisory Committee and finalise the Allied Health Engagement Strategy for the organisation

successfully collaborated with the Victorian PHNs to fund and develop online training modules for a consistent approach to improving virtual access in residential aged care homes



Snug Village resident Ray Munro, GP Anna DeVries, nursing staff Josh Levett and Teena Joy; Primary Health Matters Issue 18, July 2024

Virtual services yield real benefits in aged care

An aged care home might not be the first place that comes to mind when thinking about cutting-edge technology in health care. But Snug Village in the state's south is full of surprises.

The home purchased telehealth equipment under a small grants program aimed at increasing the uptake of telehealth services by aged care homes.

In 2023 and 2024, Primary Health Tasmania offered grants of up to \$10,000 each which homes could use to improve internet connectivity, buy equipment or software, or undertake minor building improvements such as soundproofing a telehealth consultation room. A total of 49 aged care homes around the state received funding.

The Snug Village team says the new equipment is helping improve access to health appointments and coordination of care for residents.

Janine Fyfe, executive manager of resident services at Christian Home Tasmania (the organisation that runs Snug Village), says many people who go into residential care are very frail and have complex health issues, which can make it difficult for them to attend medical appointments outside of the home.

"Telehealth removes these barriers," she says. "Instead of the resident missing out on much-needed services due to poor health or the inability to physically get to an appointment, they can access telehealth within the facility and still have their family attending for support.

"Ultimately the resident receives much needed medical care and we maintain continuity of care."

Strategic Goal 5

VALUE, EFFECTIVENESS AND EFFICIENCY

Enduring, value-for-money outcomes

What does this mean?
People receive accessible,
effective, efficient and
affordable care

Tasmanian HealthPathways — a partnership-based system improvement methodology and web portal to help connect people to timely and appropriate care

Tasmania now has 898 localised pathways, a decrease of 27 from 2022-23. This reflects a focus on review, consolidation or decommissioning of exiting pathways/suites, to align with the newly established Statewide Referral Criteria and embedding the use of eReferral as the preferred method of referral across enrolled services.

This year we:

completed 26 new pathways, 147 reviews, 130 partial updates, and 54 decommissions, an 18% increase of activity from the previous year — the most viewed pathway suites continue to be COVID-19, along with Child and Youth Health, Gynaecology and Pregnancy, Mental Health, Musculoskeletal/Orthopaedics, Haematology, Endocrinology, and Cardiology

continued to see an upward trend for total pathways sessions of 18%, although there was a small reduction of 1% in total pathways page views

responded to 397 access requests for Tasmanian HealthPathways, slightly down from 413 in 2022-23

developed new pathways in response to community and service needs for Attention Deficit Hyperactivity Disorder in adults, eating disorders in adults, Tasmanian Health Service's Rapid Access In-reach Service, Hospital@home, persistent pelvic pain, and Medicare Urgent Care Clinics

continued to integrate Tasmanian HealthPathways into key system reforms, such as eReferral, and to embed the Initial Assessment and Referral framework to support GPs in using the decision support tool effectively

supported the rollout of Statewide Referral Criteria across Tasmania with the Tasmanian Department of Health Outpatient Transformation team. The Tasmanian HealthPathways team, GP Liaison Officers, and specialist services review all criteria to ensure suitability and reduce clinical risks from inconsistent referral guidance

became the first region in Australia to develop a stepped care approach to Mental Health Request Pages, supporting GP awareness and providing a model for other regions. This achievement has been celebrated across the HealthPathways community

reviewed the Cardiovascular Risk Assessment HealthPathways to align with new Heart Foundation guidelines and updated risk calculator. Tasmania is the first region in Australia to launch the pathway, and it was adopted by Streamliners New Zealand as an exemplar for other regions

continued working with the Victorian/Tasmanian PHN Alliance to improve pathway efficiency, leading aged care pathways and collaborating on initiatives like clinical governance for HealthPathways.

Commissioned provider performance — working with our commissioned providers to support performance and quality improvement

This year we:

managed 67 service contracts held by 49 contractors with a value of \$43.3 million. This reflects an increase from 55 contracts, 40 organisations, and \$30.6 million in 2022-23.

integrated significant improvements in assessment methodology and contracts into quarterly assessments and reporting with commissioned service providers to measure performance

developed a service performance assessment scorecard to provide more objective service performance ratings, which will be included in next year's reporting

supported all mental health commissioned service providers to complete data entry in the Primary Mental Health Care — Minimum Data Set including paired mental health measures and suicide referral follow-up — contractor compliance with data collection exceeded 95% during 2023-24

improved our own reporting capabilities and understanding of value including costs for different service types particularly for mental health services that collect data for the Primary Mental Health Care - Minimum Data Set

completed a review of Primary Health Tasmania's clinical governance role and responsibilities with further refinement of the processes to support commissioned health providers and other primary care organisations, and increasing clinical governance training options.

Social worker removes barriers to diabetes care

Shane had been working with his diabetes dietitian for some time when he revealed he couldn't actually make the meals she had been recommending to him.

Alongside his diabetes, a vascular condition meant the single dad from Rocky Cape suffered from a mix of intense pain and loss of feeling in his hands that made pushing a shopping trolley and driving a car difficult.

"The hardest thing is trying to eat healthy — it's only a half-hour drive to Wynyard, but fresh stuff doesn't last that long and it's so bloody expensive as well," Shane says. "My oldest son does probably ninety per cent of the cooking, because my hands just can't take too much of it."

Cue Neeta Oakley — social worker with Diabetes Australia based in Tasmania.

Diabetes Australia introduced this new role as part of its Primary Health Tasmania-funded clinical services, in response to feedback from clinical staff about an increase in psychosocial issues that were preventing clients from achieving diabetes self-management.

After talking to Shane about the challenges he was facing, Neeta helped organise home care services including some cooking support, cleaning and yard work. Young carers support was arranged for his son, and Neeta helped fill out forms and arrange medical reviews to support an application for the disability support pension.

Shane says: "Unless someone tells you what help's out there, you don't know."

"Without their support, I would have gone crazy by now. I can't thank them enough — that's for sure."



Neeta; Primary Health Matters Issue 17, December 2023

Clinical and Community Advisory Councils

Primary Health Tasmania's Clinical Advisory Council and Community Advisory Council are standing advisory bodies to the Board and provide informed professional and local perspectives on how to improve Tasmania's health system and the unique health needs of our local communities.

Their work includes:

- planning for and the delivery of Primary Health Tasmania's strategic objectives
- monitoring the organisation's performance in achieving health outcomes
- assessing the Tasmanian community's health needs
- determining health service priorities and solutions
- assessing the impact of changes in national and state health policy.

Summary of work undertaken in 2023-24:

Combined advisory council consultation on:
various priorities under the Australian Government's Strengthening Medicare Reform focused on integrated models of care and sustainable primary care

lived experience and public participation models

digital health and virtual care.

Review of Primary Health Tasmania's outcomes performance reporting and health needs assessment.

Review of Primary Health Tasmania's Strategic Plan with a focus on equity.

Clinical Advisory Council membership at 30 June 2024

Olivia Boer Psychology
Katie-Jane Brickwood Exercise Physiology
Carsten Grimm GP
Diane Hopper GP
Jack Muir Wilson Community pharmacy
Donald Rose GP
John Saul GP
Boon Shih Sie GP
Gemma Tuxworth Physiotherapy
Tania Winzenberg GP/research

Community Advisory Council membership at 30 June 2024

Jo Flanagan
Casey Garrett
Gabe Gossage
Nicole Grose
Sue Leitch
Ellen MacDonald
Miriam Moreton

Board intern report

In November the Primary Health Tasmania's board intern program was launched.

The intern position is a governance training opportunity and represents a commitment from the Primary Health Tasmania Board to increase local governance capability with the aim of:

- growing governance skills and providing experience to emerging leaders
- building confidence in aspiring directors and encouraging early career governance interest
- improving diversity in governance.

Our first intern was Dr Gavin Quek started in December. Gavin is a dentist and is a passionate advocate for preventive oral health and primary care to improve peoples' overall health. He is connected to the Australian Dental Association and has a long list of awards under his name because of his dental and community advocacy including Hobart Young Citizen of the Year 2023 and the 2023 Tasmanian Young Achiever of the Year.

Gavin receives mentoring from Chair Graeme Lynch and will work with the Primary Health Tasmania Board for 12 months.

Members

Membership of Primary Health Tasmania is open to eligible organisations and individuals that are working to improve the health outcomes of the Tasmanian community.

Primarily a governance function in Primary Health Tasmania's Constitution, there are two tiers of membership. Tier 1 membership entitles professional peak bodies or other statewide entities to vote at general meetings and to elect directors to the Board. Tier 2 membership is open to the workforce that delivers and supports the delivery of primary health services in the community.

Tier 1 members at 30 June 2024

Alcohol, Tobacco and other Drugs Council of Tasmania	COTA Tasmania (Council on the Ageing)	Pharmaceutical Society of Australia
Anglicare Tasmania	Diabetes Australia Tasmania	Pharmacy Guild of Australia
Australian Chiropractors Association	Family Planning Tasmania	Relationships Australia Tasmania
Australian College of Rural and Remote Medicine	General Practice North	Richmond Fellowship Tasmania
Australian Medical Association Tasmania	General Practice Training Tasmania	Royal Australian College of General Practitioners
Australian Nursing and Midwifery Federation	HR+ Tasmania	Royal Flying Doctor Service Tasmania
Australian Physiotherapy Association	Lifeline Tasmania	Rural Doctors Association of Tasmania
Cancer Council Tasmania	Mental Health Council of Tasmania	The Salvation Army
Carers Tasmania	Optometry Tasmania	Women's Health Tasmania
Colony 47		

Commissioned service providers

At its simplest, commissioning means planning and buying services to meet the health needs of local populations

Primary Health Tasmania is funded by the Australian Government to commission services designed to improve the health and wellbeing of Tasmanians across a range of priority areas.

Commissioned service providers funded by Primary Health Tasmania at 30 June 2024

Anglicare Tasmania	Flinders Island Aboriginal Association	Royal Flying Doctor Service Tasmania
Baptcare	Healthy Business Performance Group	Rural Alive and Well
Cape Barren Island Aboriginal Association	Holyoake Tasmania	Rural Health Tasmania
CatholicCare Tasmania	Karadi Aboriginal Corporation	South East Tasmanian Aboriginal Corporation
Circular Head Aboriginal Corporation	Life Without Barriers	Stride Mental Health
Coastal Psychology	Lifeline Tasmania	Tasmanian Aboriginal Corporation
Cornerstone Youth Services	Medical Practice Management Solutions (GP Assist)	The Crawley Clinic
Corumbene Care	Migrant Resource Centre	The Link Youth Health Service
COTA Tasmania (Council on the Ageing)	Mindfulness Programs Australasia	The Salvation Army
Department of Health Tasmania	Moreton Group Solutions	Wintringham
Diabetes Australia Tasmania	Prospect Medical Centre	Youth, Family and Community Connections
EACH	Psychology CAFFE	
Family Planning Tasmania	Richmond Futures	

An aerial photograph of a rugged coastline. The left side of the image shows a rocky shore with large, light-colored boulders and some sparse green vegetation. The right side shows clear, turquoise water with white foam from waves crashing against the rocks. A dark blue rectangular overlay is positioned on the right side, containing white text.

Primary Health Tasmania

**DIRECTORS' REPORT
FINANCIAL REPORT**

Primary Health Tasmania Limited

Directors' Report for the year ended 30 June 2024

The directors of Primary Health Tasmania Limited present their report together with the Financial Report for the year ended 30 June 2024 and the Independent Auditor's Report thereon.

Directors

The names of the directors of Primary Health Tasmania, and their qualifications, during and since the end of the financial year are:

Mr Graeme Lynch AM (Chair)	LLB (Hons), BCom, FCPA, GradDip Leg St, FAICD, PIA (Hon. Fellow)
Mr Scott Adams	BCom, FCPA, MBA, EMPA, GAICD
Ms Melissa Snadden ¹	BPharm, MMedSci(ClinEpid), GAICD
Dr Ruth Kearon	MBBS, MHM, FRACGP, FRACMA, GAICD
Dr David Knowles	MBBS, FRACGP, DCH
Dr Ginita Oberoi	MBBS, FRACGP, DCH, GAICD
Distinguished Prof Gregory Peterson	BPharm (Hons), PhD, MBA, FSHP, FACP, GAICD, AACPA, ARPharmS, FPS
Dr Katrena Stephenson	BSc, GradDipEnvStudies (Hons), PhD (Health Sociology), GAICD, FLGP

¹ Ms Melissa Snadden resigned on 31 May 2024.

Directors meetings

The following table sets out the number of directors' meetings, including meetings of committees of directors, held during the financial year and the number of meetings attended by each director (while they were a director or committee member). Attendances were as follows:

Directors	Directors Meetings		Finance Advisory Committee	Audit and Risk Advisory Committee ²	Governance Advisory Committee
	Number eligible to attend	Number attended	Meetings held = 5 Number attended	Meetings held = 4 Number attended	Meetings held = 5 Number attended
Mr Graeme Lynch AM (Chair)	7	7	5 / 5		5 / 5
Mr Scott Adams	7	7	5 / 5		
Ms Melissa Snadden ¹	6	6		3 / 3	
Dr Ruth Kearon	7	6	4 / 5		5 / 5
Dr David Knowles	7	6		4 / 4	
Dr Ginita Oberoi	7	5	4 / 5		
Distinguished Prof Gregory Peterson	7	7		4 / 4	
Dr Katrena Stephenson	7	7			5 / 5

¹ Ms Melissa Snadden resigned on 31 May 2024.

² Independent audit, risk and probity advisor Mr Russell Pearce, a legal practitioner experienced in corporate and public sector governance attended 4 of 4 meetings of the Audit and Risk Advisory Committee.

Directors also represented the Board in the following forums:

- Clinical Advisory Council - Distinguished Prof Gregory Peterson and Mr Graeme Lynch
- Community Advisory Council - Ms Melissa Snadden and Mr Graeme Lynch

Primary Health Tasmania Limited

Directors' Report for the year ended 30 June 2024

Company secretary

Mr Phil Edmondson held the position of Chief Executive Officer and Company Secretary during the financial year.

Constitutional objects

The objects for which Primary Health Tasmania is established are to improve the statewide and regional health outcomes of the Tasmanian community by:

- identifying and responding to the primary health care needs of the Tasmanian community
- supporting and enhancing the central role of the General Practitioner in delivering primary health care services
- supporting and enhancing the role of other primary health care providers in delivering primary health care services
- promoting the integration and coordination of primary health care services across the Tasmanian health care system
- contributing to and providing informed advice on Tasmanian primary health care policy, service planning, education, training and research
- facilitating national and state primary health care initiatives and programs
- addressing locally identified health needs and priorities through direct provision of services to the community
- receiving, raising and distributing funds in any manner aimed at achieving the objects of Primary Health Tasmania
- doing any such things that are incidental or conducive to attaining the objects of Primary Health Tasmania.

Principal activities

The principal activities of Primary Health Tasmania in the course of the financial year were:

- commissioning a range of mental health intervention services including suicide prevention and drug and alcohol services
- delivery of a range of initiatives with priority population health groups including older people, and Aboriginal and Torres Strait Islander people
- development and use of clinical care pathways for a range of health conditions and a range of eHealth activities
- commissioning the provision of statewide after hours care and services to support general practice
- delivery of a range of services across the general practice and allied health workforce
- working with rural municipalities across Tasmania to improve access to appropriate health care services
- coordinating primary health care services and improving accessibility, quality and performance
- collaborating to improve health literacy
- undertaking comprehensive needs analysis (researching, identifying, prioritising and planning innovative solutions) that support local community needs
- continuing to develop and refine the organisation's approach to commissioning as well as supporting providers to be able to participate in commissioning opportunities
- improving the capacity and capability of the service provider market in Tasmania to respond to current and emerging health and service access needs.

Primary Health Tasmania Limited

Directors' Report for the year ended 30 June 2024

Corporate governance statement

Primary Health Tasmania is a company limited by guarantee, incorporated under the Corporations Act 2001 and registered under the Australian Charities and Not-for-Profits Commission (ACNC). The Company's governance functions are supported by a membership. Tier 1 membership (voting) entitles professional peak bodies or other statewide entities to vote at general meetings and to elect directors to the Board. Tier 2 membership (non-voting) is open to the workforce that delivers and supports the delivery of primary health services in the community.

Review of operations and financial performance

Primary Health Tasmania performed planning, design, procurement, reporting, service delivery and service management activities across a range of primary health streams including mental health, rural health, Aboriginal health, after hours general practice, refugee health and population health based initiatives. These activities were undertaken primarily through funding contracts with the Australian Government Department of Health and Aged Care as well as contracts with the Tasmanian Department of Health and a range of health sector professional bodies.

Assets

Current assets \$56,652,898 (2023: \$44,462,658) increased 27.4% during the financial year ended 30 June 2024. Cash balances increased to \$53,815,394 (2023: \$40,511,089) reflecting an increase in deferred income.

Non-current assets decreased to \$2,371,331 (2023: \$2,774,114) due to the amortisation and consequent decrease in right of use assets recognised for leased assets.

Liabilities

Trade and other payables have increased to \$2,392,868 (2023: \$1,368,939) or 74.8% during the financial year. This is due to the movements in:

- trade payables and accrued expenses \$1,932,953 (2023: \$714,094)
- accrued committed costs \$459,915 (2023: \$654,845)

Contract liabilities have increased to \$51,018,922 (2023: \$39,990,611) or 27.6% during the financial year.

Provision for employee benefits decreased to \$984,109 (2023: \$1,019,095) and lease liabilities decreased to \$2,657,898 (2023: \$2,970,259).

Expenditure

Other Expenses decreased slightly to \$49,381,250 (2023: \$49,529,649) during the financial year.

Equity

Equity has decreased to \$1,970,432 (2023: \$2,059,849) due to an operating deficit for Primary Health Tasmania for the financial year.

Operating deficit

An operating deficit of \$89,417 (2023: surplus \$28,490) was generated from interest earned on Primary Health Tasmania's cash investments and sundry revenue, less interest on lease liabilities and amortisation of right of use assets and leasehold improvements associated with leases and other expenses.

Risk management

The Audit and Risk Advisory Committee (ARAC) has oversight of risk management at Primary Health Tasmania. ARAC reviews Primary Health Tasmania's enterprise risk framework for identifying, monitoring and managing significant business risks across Primary Health Tasmania and considers whether the enterprise risk framework and internal controls effectively identify areas of potential material risk.

Primary Health Tasmania Limited

Directors' Report for the year ended 30 June 2024

Change in state of affairs

There has been no significant change in the state of affairs during the financial year.

Subsequent events

There were no material events that occurred after the reporting date which significantly affected the financial statements of Primary Health Tasmania as at 30 June 2024 and its results for that year.

Future developments

No significant structural changes or developments are anticipated for Primary Health Tasmania.

Environmental regulations

Primary Health Tasmania's operations are not regulated by a significant environmental regulation, under a law of the Australian Government or a State or Territory.

Dividends

Primary Health Tasmania's constitution prohibits the payment of dividends to members.

Indemnification of officers

Primary Health Tasmania has paid insurance premiums in respect of directors' and officers' liability and legal expenses. This was for the current and former directors and officers and executive officers of Primary Health Tasmania. The insurance premiums relate to:

- costs and expenses incurred by the relevant officers in defending proceedings, whether civil or criminal and whatever their outcome
- other liabilities that may arise from their position, with the exception of conduct involving a wilful breach of duty or improper use of information or position to gain a personal advantage.

The premiums were paid in respect of the directors and officers of Primary Health Tasmania listed in this report.

Proceedings on behalf of the company

No person has applied for leave of Court or other tribunal, to bring proceedings on behalf of Primary Health Tasmania or intervene in any proceedings to which Primary Health Tasmania is a party for the purpose of taking responsibility on behalf of Primary Health Tasmania for all or any part of those proceedings. Primary Health Tasmania was not a party to any proceedings during the financial year.

Auditor's independence declaration

The Auditor's Independence Declaration is set out on the next page and forms part of the Directors' Report for the financial year ended 30 June 2024.

Directors' declaration

The Directors' Report is signed in accordance with a resolution of directors.

On behalf of the Directors



Mr Scott David Adams
Dated this 25th day of September 2024



Mr Graeme Bernard Lynch AM
Dated this 25th day of September 2024

Auditor's Independence Declaration

In relation to our audit of the financial report of Primary Health Tasmania Limited for the financial year ended 30 June 2024 to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in respect of the audit.

Wise Lord & Ferguson

WISE LORD & FERGUSON

Rebecca Meredith

REBECCA MEREDITH
Partner

Date: *25/9/2024*

Primary Health Tasmania Limited

Statement of Comprehensive Income for the year ended 30 June 2024

	Note	2024 \$	2023 \$
Income			
Grant revenue	2	57,002,869	58,697,087
Other income	2	2,992,227	1,589,697
Total income		59,995,096	60,286,784
Expenditure			
Employee benefits		9,587,863	9,743,527
Depreciation and amortisation	3	931,401	815,200
Interest expense on lease liabilities		183,999	169,918
Other expenses	4	49,381,250	49,529,649
Total expenditure		60,084,513	60,258,294
Surplus/(Deficit)		(89,417)	28,490
Other comprehensive income		-	-
Total comprehensive income/(expense)		(89,417)	28,490

The above statement should be read in conjunction with the accompanying notes.

Primary Health Tasmania Limited

Statement of Financial Position as at 30 June 2024

	Note	2024 \$	2023 \$
Assets			
Current assets			
Cash and cash equivalents	5	53,815,394	40,511,089
Trade receivables	6	1,633,289	3,336,389
Other assets	7	1,204,215	615,180
Total current assets		56,652,898	44,462,658
Non-current assets			
Property, plant and equipment	8	25,028	171,981
Right of use assets	9	2,346,303	2,774,114
Total non-current assets		2,371,331	2,946,095
Total assets		59,024,229	47,408,753
Liabilities			
Current liabilities			
Trade and other payables	10	2,392,868	1,368,939
Contract liabilities	11	51,018,922	39,990,611
Employee provisions	12	895,706	894,443
Lease liabilities	13(a)	756,618	695,680
Total current liabilities		55,064,114	42,949,673
Non-current liabilities			
Employee provisions	12	88,403	124,652
Lease liabilities	13(a)	1,901,280	2,274,579
Total non-current liabilities		1,989,683	2,399,231
Total liabilities		57,053,797	45,348,904
Net assets		1,970,432	2,059,849
Equity			
Retained earnings		1,970,432	2,059,849
Total equity		1,970,432	2,059,849

The above statement should be read in conjunction with the accompanying notes.

Primary Health Tasmania Limited

Statement of Changes in Equity for the year ended 30 June 2024

	Retained Earnings \$
Balance as at 30 June 2022	2,031,359
Surplus/(Deficit)	28,490
Other comprehensive income	-
Balance as at 30 June 2023	2,059,849
Surplus/(Deficit)	(89,417)
Other comprehensive income	-
Balance as at 30 June 2024	1,970,432

Statement of Cash Flows for the year ended 30 June 2024

	Note	2024 \$	2023 \$
Cash flows from operating activities			
Receipts of grants		76,583,438	70,608,474
Other receipts		245,706	182,910
Interest received		2,859,523	1,129,525
GST paid		(1,001,265)	(1,671,545)
Payments to suppliers and employees		(64,539,503)	(64,045,053)
Short term lease payments		-	(1,547)
Interest paid		(183,999)	(169,918)
Net cash from/(used in) operating activities	18	13,963,900	6,032,846
Cash flows from investing activities			
Proceeds from sale of plant and equipment		26,611	27,118
Net cash from/(used in) investing activities		26,611	27,118
Cash flows from financing activities			
Repayment of lease liabilities		(686,206)	(647,446)
Net cash from/(used in) financing activities		(686,206)	(647,446)
Net increase/(decrease) in cash and cash equivalents		13,304,305	5,412,518
Cash and cash equivalents at the beginning of the financial year		40,511,089	35,098,571
Cash and cash equivalents at the end of the financial year	5	53,815,394	40,511,089

The above statements should be read in conjunction with the accompanying notes.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

The financial report relates to the entity Primary Health Tasmania, a company limited by guarantee, incorporated and domiciled in Australia. Primary Health Tasmania is a non-government, not-for-profit organisation which is funded to deliver tailored solutions to local needs in a more streamlined, coordinated health care system.

The financial report was authorised for issue on 25th day of September 2024 by the directors of the company.

Note 1 Summary of material accounting policy information

Basis of preparation

The financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards. Due to the application of Australian specific provisions for not for profit entities contained only within Australian Equivalent of International Financial Reporting Standards (AIFRS), this financial report is not necessarily compliant with international accounting standards. The financial report is prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards.

The financial report has been prepared on an accrual basis, based on historical costs, and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is generally based on the fair value of the consideration given in exchange for assets. Where assets have been acquired through transactions with related parties, cost has been determined through independent assessment of fair value.

All amounts are expressed in Australian Dollars.

The following is a summary of the material accounting policy information adopted in preparation of the financial report. The material accounting policies have been consistently applied, unless otherwise stated.

Summary of material accounting policy information

(a) Revenue

When the company receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both of these conditions are satisfied, the company:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the company:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (eg AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the company recognises income in the profit or loss when or as it satisfies its obligations under the contract.

Interest income is recognised using the effective interest method.

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

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

(b) Property, plant and equipment

Property, plant and equipment are measured on a cost basis less depreciation and impairment losses.

The carrying amount of property, plant and equipment is reviewed annually by directors to ensure it is not in excess of its recoverable amount. Any purchase under \$10,000 (exclusive of GST) is accounted for as an operating expense in accordance with grant guidelines.

The cost of property, plant and equipment acquired through transactions with related parties is determined at fair value. Fair value is determined by an independent qualified valuer.

(c) Depreciation

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated to its residual value using both diminishing value and straight line basis over the assets useful life to Primary Health Tasmania commencing from the time the asset is held ready for use. Leased assets are depreciated over the shorter of either the unexpired period of the lease or the estimated useful life of the leased asset. The useful lives for each asset class is as follows:

- | | |
|-------------------------------------|--------------|
| • Leased buildings and improvements | 3 to 5 years |
| • Leased and owned motor vehicles | 3 to 4 years |
| • Leased plant and equipment | 5 years |

The residual values and useful lives of assets are reviewed and adjusted if appropriate at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the carrying amount is greater than the estimated recoverable amount.

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

(d) Leases

i. The company as lessee

At inception of the contract, Primary Health Tasmania assesses if the contract contains or is a lease. If there is a lease present, a right of use asset and a corresponding lease liability is recognised by the company where the company is a lessee. However, all contracts that are classified as short term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight line basis over the term of the lease.

Initially, the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the company uses the incremental borrowing rate.

Lease payments included in the measure of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options
- the lease payments under extension options if the lessee is reasonably certain to exercise the options, and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right of use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of right of use assets is at cost less accumulated depreciation and impairment losses.

Right of use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right of use asset reflects that the company anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

ii. The company as lessor

The company has entered into a lease agreement as a lessor with respect to a property which it in turn leases from a head lessor. The company is an intermediate lessor, it accounts for the head lease and the sub-lease as two separate contracts.

Leases for which the company is a lessor are classified as finance or operating leases. Whenever the terms of lease transfer substantially all the risks and rewards of ownership to the lessee, the contract is classified as a finance lease. All other leases are classified as operating leases.

The sub-lease is classified as a finance or operating lease by reference to the right-of use asset arising from the head lease. In this instance the sub-lease has been classified as an operating lease. Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease and included in revenue in the statement of profit or loss due to its operating nature. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

(e) Financial instruments

Initial recognition and measurement

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

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

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value through profit or loss or amortised cost using the effective interest rate method. All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented with other expenses.

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

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

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

i. Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are designated as FVPL): they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows; and, the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

After initial recognition, these are measured at amortised cost using the effective interest method. The company's cash and cash equivalents and trade and other receivables fall into this category of financial instruments.

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

Financial assets that are held within a different business model other than "hold to collect" or "hold to collect and sell" are categorised at fair value through profit and loss. Further, irrespective of business model, financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVPL.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

iii. Trade and other receivables

Primary Health Tasmania makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the company uses its historical experience, external indicators and forward looking information to calculate the expected credit losses. Due to the nature of the company's operations, trade receivables are normally associated with outstanding amounts from funding providers and are assessed on an individual basis as the credit risk characteristics are unique for each funding contract.

iv. Financial liabilities

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

(f) Impairment

At the end of each reporting period, Primary Health Tasmania reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

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

Where it is not possible to estimate the recoverable amount of an asset class, Primary Health Tasmania would estimate the recoverable amount of the cash-generating unit to which the class of assets belong.

Where an impairment loss on a re-valued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

(g) Employee benefits

Provision is made for Primary Health Tasmania's liability for employee benefits arising from services rendered by employees to the end of the reporting period in respect of wages and salaries, annual leave, long service leave and time off in lieu when it is probable that settlement will be required and they are capable of being measured reliably.

Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year are measured at the present value of the estimated future cash outflows to be made in respect of services provided by employees up to reporting date. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using the "high quality corporate bonds" (HQCBB) market.

Contributions are made by Primary Health Tasmania to an employee's superannuation fund and are charged as expenses when incurred.

(h) Cash and cash equivalents

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

(i) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expenses. Receivables and payables are stated with the amount of GST included.

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

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

(j) Income tax

No provision for income tax has been raised as Primary Health Tasmania is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(k) Provisions

Provisions are recognised when Primary Health Tasmania has a present obligation (legal or constructive), as a result of a past event, it is probable that Primary Health Tasmania will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

(l) Trade and other receivables

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

(m) Comparative figures

Where required by accounting standards comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(n) Trade and other payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by Primary Health Tasmania during the reporting period which remain unpaid.

Where Primary Health Tasmania has entered into a services grant contract with an outsourced provider, and there are outstanding payments that relate to the current financial year, those outstanding payments are accrued and identified as accrued committed costs. Primary Health Tasmania enters into multi-year services grant contracts. The liabilities under these agreements are only taken up when the provider meets their obligations under the agreement.

Grants received but unspent at balance date, which are to be carried forward to future years to meet deliverables specified in grant funding contracts, are recognised as a contract liability - grant surpluses carried forward. Grants received but unspent which are not to be carried forward for use in future years are taken up as a grant funding repayable.

Trade and other payables are recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability. Accrued committed costs are paid as services grant contract compliance milestones are met.

(o) Contract liabilities

Grants received but unspent at balance date, which are to be carried forward to future years to meet deliverables specified in grant funding contracts, are recognised as 'grant funding deferred income'. Grants received but unspent, and surplus to program implementation requirements, which are not to be carried forward for use in future years are taken up as 'grant funding repayable'. Grants received at balance date which are required to be used in a future year, in accordance with a grant funding contract, are recognised as 'grant funding received in advance'.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

(p) Critical accounting estimates and judgments

In the application of Primary Health Tasmania's accounting policies, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other relevant factors. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis.

Key judgments

- **Performance obligation under AASB 15**
To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/type, cost/value, quantity and the period of transfer related to the goods or services promised.
- **Lease term and option to extend under AASB 16**
The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonable going to be exercised is a key management judgement that the company will make. The company determines the likelihood to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to future strategy of the entity.
- **Employee benefits**
For the purpose of measurement, AASB 119: Employee Benefits defined obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. The company expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

(q) Economic dependence

Primary Health Tasmania is dependent on the Australian Government for the majority of its revenue used to operate the organisation.

(r) New Accounting Standard adopted during the financial year

Primary Health Tasmania adopted *AASB 2021-2 Amendment to Australian Accounting Standards - Disclosure of Accounting Policies and Definition of Accounting Estimates* in the current financial year. The standard required that note 1 include a 'Summary of material accounting policy information' which replaced 'Significant accounting policies'.

(s) New Accounting Standards for application in future periods

There are no new or amended accounting standards or interpretations issued by the Australian Accounting Standards Board (AASB), with mandatory application dates for future reporting periods, that are anticipated to have a material effect on Primary Health Tasmania.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 2 Revenue and other income

	2024	2023
	\$	\$
Grant revenue		
Grants and subsidies - Australian Government	56,672,221	57,210,513
Grants and subsidies - Tasmanian Government	313,022	1,468,392
Grants and subsidies - Other	17,626	18,182
Total grant revenue	57,002,869	58,697,087
Other income		
Interest received on financial assets	2,737,118	1,397,084
Gain/(Loss) on disposal of plant and equipment	9,403	9,703
Lease income from sub lease	243,161	105,462
Other income	2,545	77,448
Total other income	2,992,227	1,589,697
Total revenue	59,995,096	60,286,784

Note 3 Depreciation and amortisation

	2024	2023
	\$	\$
Property, plant and equipment		
Owned motor vehicles	8,983	-
Leasehold improvements	120,762	120,762
	129,745	120,762
Right of use assets	801,656	694,438
Total depreciation and amortisation	931,401	815,200

Note 4 Other expenses

	2024	2023
	\$	\$
Short term lease expense	-	1,547
Employee training, professional development and support	141,255	203,274
Consultants and contractors	46,110,818	45,838,375
Information and communications technology	1,798,756	2,466,579
Motor vehicle and travel	330,254	131,065
Occupancy	485,187	212,009
Stakeholder engagement and events	255,523	463,074
Other expenses	259,457	213,726
Total other expenses	49,381,250	49,529,649

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 5 Cash and cash equivalents

	2024	2023
	\$	\$
Cash at bank	53,815,394	40,511,089
Cash and cash equivalents	53,815,394	40,511,089

Note 6 Trade receivables

	Note	2024	2023
		\$	\$
Trade receivables	(a),(b)	1,633,289	3,216,333
Other receivables		-	120,056
Total trade receivables		1,633,289	3,336,389

(a) Trade receivables

Trade receivables are generally 30 day terms. These receivables are assessed for recoverability and a provision for impairment would be recognised when there is objective evidence that an individual trade receivable is impaired. These amounts would be included in other expense items.

(b) Credit risk - trade receivables

Whilst credit risk is not diversified over a large group of receivables, credit risk is considered low as the majority of receivables are with Australian Government and State Government departments. Larger receivables are typically covered by contractual funding obligations with the respective government entity.

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

The receivables as at 30 June 2024 comprises primarily of amounts from funding contracts due but not paid until after the end of the financial year.

	Gross Amount	<30 Days	31-60 Days	61-90 Days	>90 Days
	\$	\$	\$	\$	\$
Balance as at 30 June 2024					
Trade receivables	1,633,289	1,569,175	62,364	-	1,750
Total	1,633,289	1,569,175	62,364	-	1,750
Balance as at 30 June 2023					
Trade receivables	3,336,389	3,308,889	25,850	1,650	-
Total	3,336,389	3,308,889	25,850	1,650	-

Primary Health Tasmania does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 7 Other assets

	2024	2023
	\$	\$
Prepayments	1,059,061	347,621
Other current assets	145,154	267,559
Total other assets	1,204,215	615,180

Note 8 Property, plant and equipment

	2024	2023
	\$	\$
Leasehold improvements		
At cost	553,158	553,158
Accumulated depreciation	(553,158)	(432,396)
Total leasehold improvements	-	120,762
Motor vehicles		
At cost	71,528	108,232
Accumulated depreciation	(46,500)	(57,013)
Total motor vehicles	25,028	51,219
Total property, plant and equipment	25,028	171,981

Movements in carrying amounts

	Leasehold improvements	Motor vehicles	Total
	\$	\$	\$
Balance as at 30 June 2022	241,524	-	241,524
Transfers from right of use assets	-	51,219	51,219
Disposals	-	-	-
Depreciation expense	(120,762)	-	(120,762)
Balance as at 30 June 2023	120,762	51,219	171,981
Transfers from right of use assets	-	-	-
Disposals	-	(17,208)	(17,208)
Depreciation expense	(120,762)	(8,983)	(129,745)
Balance as at 30 June 2024	-	25,028	25,028

Note 9 Right of use assets

	2024	2023
	\$	\$
Leased buildings	4,612,147	4,494,264
Accumulated depreciation	(2,574,368)	(1,839,936)
	2,037,779	2,654,328
Leased motor vehicles	393,072	407,950
Accumulated depreciation	(101,697)	(288,397)
	291,375	119,553
Leased equipment	20,579	21,921
Accumulated depreciation	(3,430)	(21,688)
	17,149	233
Total right of use assets	2,346,303	2,774,114

Primary Health Tasmania's lease portfolio includes buildings, motor vehicles and equipment.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Option to extend

Options to extend are contained in the building leases of the company. There were no extension options for motor vehicle or equipment leases. These clauses provide the company opportunities to manage leases in order to align with its strategies. All of the extension options are only exercisable by the company. The extension options which are probable to be exercised have been included in the calculation of the right of use asset.

Movement in carrying amounts

	Leased buildings	Leased motor vehicles	Leased equipment	Total
	\$	\$	\$	\$
Balance as at 30 June 2022	1,056,129	148,850	5,129	1,210,108
Changes in lease assumptions	24,460	-	-	24,460
Extension of lease terms	1,063,411	41,501	-	1,104,912
Additions	1,135,833	62,027	-	1,197,860
Transfers to motor vehicles	-	(51,219)	-	(51,219)
Disposals	-	(17,569)	-	(17,569)
Depreciation expense	(625,505)	(64,037)	(4,896)	(694,438)
Balance as at 30 June 2023	2,654,328	119,553	233	2,774,114
Changes in lease assumptions	44,098	-	-	44,098
Extension of lease terms	73,786	-	-	73,786
Additions	-	252,592	20,579	273,171
Transfers to motor vehicles	-	-	-	-
Disposals	-	(17,208)	-	(17,208)
Depreciation expense	(734,433)	(63,562)	(3,663)	(801,658)
Balance as at 30 June 2024	2,037,779	291,375	17,149	2,346,303

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 10 Trade and other payables

	2024	2023
	\$	\$
Trade payables and accrued expenses	1,932,953	714,094
Accrued committed costs	459,915	654,845
Trade and other payables	2,392,868	1,368,939

Note 11 Contract liabilities

	2024	2023
	\$	\$
Grant funding repayable	5,620,718	2,278,531
Grant funding deferred income	44,895,838	36,724,785
Grant funding received in advance	502,366	987,295
Contract liabilities	51,018,922	39,990,611

Note 12 Employee provisions

	2024	2023
	\$	\$
Current - Short-term employee benefits		
Annual leave	445,040	471,646
Leave in lieu	7,685	10,513
Long service leave	442,981	412,284
Total current	895,706	894,443
Non-current - Long-term employee benefits		
Long service leave	88,403	124,652
Total non-current	88,403	124,652
Total employee provisions	984,109	1,019,095

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 13 Leases

	2024	2023
	\$	\$
(a) Lease liabilities		
Current		
Lease liabilities	756,618	695,680
Non-current		
Lease liabilities	1,901,280	2,274,579
Total lease liabilities	2,657,898	2,970,259

(b) Lease facilities

In addition to leases recognised at balance date, the Company has access to a master lease facility from a financial institution of \$500,000. Interest is charged at prevailing market rates. At 30 June 2024, \$238,634 of the facility was utilised (2023: \$nil)

	2024	2023
	\$	\$
Presented below is a maturity analysis of future lease payments:		
• not later than 12 months	908,991	866,259
• between 12 months and 5 years	2,080,519	2,558,256
Total future lease payments	2,989,510	3,424,515

AASB 16 related amounts recognised in the statement of comprehensive income:

	2024	2023
	\$	\$
Depreciation charge related to right of use assets	801,658	694,438
Interest expense on lease liabilities	183,999	169,918
Low value asset leases expenses	-	1,547
Leased assets total expense	985,657	865,903

(c) Lease payments receivable

	2024	2023
	\$	\$

The company has entered into a lease agreement as a lessor with respect to a property which it in turn leases from a head lessor. This sublease is classified as an operating lease.

Minimum lease payments receivable on a sublease of property:

• not later than 12 months	257,647	247,500
• between 12 months and 5 years	257,547	495,000
Total lease payments receivable	515,194	742,500

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 14 **Contingent assets**

In accordance with Primary Health Tasmania's funding agreement with the Australian Government a commissioning model has been created to support the operational objectives across a range of primary health streams. At 30 June 2024, Primary Health Tasmania has contracts with external provider organisations to implement health initiatives in Tasmania. The majority of the contracts are formulated on the requirement that monies that are not spent by the provider on the approved program within the financial year, are returned to Primary Health Tasmania. The financial acquittals for these programs are not able to be received until after the provider organisation has had the funding expenditure audited. At the time of preparation of this financial report, Primary Health Tasmania is unable to accurately measure the level of underspend on contracted programs and therefore what monies will be returned.

It is Primary Health Tasmania's policy to recognise a receivable for unspent funds when an audited financial acquittal is received with an identified underspend.

Note 15 **Issued capital**

Primary Health Tasmania is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If Primary Health Tasmania is wound up, the constitution states each member is required to contribute a maximum of 20 dollars each towards meeting any outstanding obligations of Primary Health Tasmania.

Note 16 **Events after the end of the financial year**

There were no material events that occurred after the reporting date which significantly affected the financial statements of Primary Health Tasmania as at 30 June 2024 and its results for that year.

Note 17 **Related party transactions**

Key management personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of Primary Health Tasmania, directly or indirectly are considered key management personnel. All Directors, the Chief Executive Officer and key executives reporting to the Chief Executive Officer who hold the position of General Manager, are considered key management personnel.

Remuneration principles

Directors

Primary Health Tasmania maintains a Directors Fees Policy in accordance with Primary Health Tasmania's Constitution. The policy is reviewed from time to time and any change in directors remuneration requires ratification by members. Office bearers are remunerated to reflect the respective additional roles and responsibilities undertaken. Additional duties performed outside the normal scope of a director's engagement are remunerated on the basis of an agreed hourly rate and reimbursement of any costs incurred.

Executive Management

The Chief Executive Officer was appointed by a transparent competitive process and is engaged by the Board.

The Chief Executive Officer is delegated the responsibility for recruiting all key executive positions within the organisation. Remuneration packages of key executives are determined based on role scope, responsibility, identified skills and experience. No member of the executive team receives additional remuneration for achieving performance targets.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Compensation

For the current and prior financial years, compensation made to key management personnel for Primary Health Tasmania is set out below.

	2024	2023
	\$	\$
Short term benefits	1,377,022	1,227,438
Post employment benefits	170,100	135,873
Other long-term benefits	34,860	4,460
	1,581,982	1,367,771

Short term benefits include directors fees, salary, salary packaging, employment allowances and the net movement in annual leave provided for during the year.

Post employment benefits include superannuation and termination benefits, where applicable.

Other long-term benefits represent the net movement in long service leave provided for during the year.

Contracts with director associated organisations

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated. Additional oversight of related party transactions is provided by the Australian Government in accordance with Primary Health Networks Conflicts and Related Party Policy. Commercial agreements for the provision of services entered into with director associated organisations were:

- Terry White Lindisfarne Pharmacy \$27,150 (2023: \$14,250) for COVID 19 vaccinations for vulnerable populations
- Southern Cross Care \$90,000 for residential aged care facility telehealth infrastructure grant
- Related parties with transactions in the prior financial year only, the Consultant Pharmacy Services (2023: \$2,400) for supporting medication management by general practitioners in aged care and digital health improvements, Alcohol Tobacco, Other Drugs Council Tasmania (2023: \$77,881) for consumer participation, data sharing and sector capacity building and Glebe Hill Family Practice (2023: \$50,000) and Victoria Street Practice (2023: \$112,500) for general practice recruitment, retention and support grants. None of these director associated organisations had transactions with Primary Health Tasmania in the 2024 financial year.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 18 Cash flow information

	2024	2023
	\$	\$
Reconciliation of cash		
Cash at bank	53,815,394	40,511,089
	53,815,394	40,511,089
Reconciliation of cash flow from operating activities with the surplus/(deficit)		
Surplus/(Deficit)	(89,417)	28,490
Non cash flows		
Depreciation and amortisation	931,401	815,200
Profit on sale of plant and equipment	(9,403)	(9,703)
Changes in assets and liabilities		
Decrease/(increase) in trade receivables	1,703,100	(3,258,121)
Decrease/(increase) in other assets	(589,035)	(396,290)
Increase/(decrease) in trade and other payables	1,023,929	210,116
Increase/(decrease) in contract liabilities	11,028,311	8,564,390
Increase/(decrease) in employee provisions	(34,986)	78,764
Cash flow from operating activities	13,963,900	6,032,846
Changes in liabilities arising from financing activities		
Financial liabilities at the start of the year	2,970,259	1,290,627
Repayments of lease liabilities	(686,206)	(647,446)
Changes in lease assumptions	44,098	24,460
Extension of existing lease terms	73,786	1,104,912
New leases entered into during the year	255,961	1,197,706
Financial liabilities at the end of the year	2,657,898	2,970,259

Note 19 Financial instruments

(a) Categories of financial instruments

The company's financial instruments consist mainly of deposits with banks and receivables and payables, including unexpended grant funding. The totals for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	2024	2023
	\$	\$
Financial assets		
Cash and cash equivalents	53,815,394	40,511,089
Trade receivables	1,633,289	3,336,389
Total financial assets	55,448,683	43,847,478
Financial liabilities		
Trade and other payables	2,392,868	1,368,939
Contract liabilities	51,018,922	39,990,611
Other finance liabilities	2,657,898	2,970,259
Total financial liabilities	56,069,688	44,329,809

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

(b) Financial risk management

Primary Health Tasmania's finance group provides services to the organisation and manages the investments and interest rate risk relating to the operations of the company. The Board of Directors has overall responsibility for the establishment and oversight of the risk management framework. Risk management policies are set to identify and monitor risks and adherence to limits. The Finance Advisory Committee and the Audit and Risk Advisory Committee seek to assist Primary Health Tasmania in meeting its financial targets, whilst minimising potential adverse effects on financial performance. Primary Health Tasmania, through its financial instruments has minimal exposure to the following:

- credit risk
- liquidity risk
- market risk.

(c) Material accounting policies

Details of the material accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, in respect of each class of financial asset or financial liability are disclosed in note 1.

(d) Credit risk management

Credit risk represents the financial loss that would be recognised at the reporting date if a counter-party failed to meet their contractual obligations. The risk primarily arises from receivables and cash investments held with banks.

Credit risk associated with trade receivables has been described in note 6.

The credit risk framework put in place by the Board limits investments to the four major Australian banks.

The majority of Primary Health Tasmania's credit risk is to Australian based banks and government departments. At balance date, the significant concentration of credit risk with any counterparty is to Australian Government as the major provider of funding to Primary Health Tasmania.

The carrying amount of financial assets recorded in the financial statements, represents Primary Health Tasmania's maximum exposure to credit risk at reporting date. In respect to those financial assets and the credit risk embedded within them, Primary Health Tasmania holds no significant collateral as security and there are no other significant credit enhancements in respect to those assets.

(e) Liquidity risk management

Prudent liquidity management for Primary Health Tasmania implies maintaining sufficient cash to meet the financial obligations as and when they fall due and sufficient liquidity to meet the liabilities under both normal and stressed conditions. Primary Health Tasmania manages this risk through the following mechanisms:

- continuous monitoring of forecast and actual cash flows and matching the maturity profiles of assets and liabilities
- matching outflows to inflows appropriately through the budgetary process
- expenditure to budget and likely end of year reporting
- maintaining a reputable credit profile.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

The following table details Primary Health Tasmania's remaining contractual maturities for its financial assets and liabilities at the reporting date. The table has been drawn up based on the undiscounted cash flows over the current and prior financial years where Primary Health Tasmania will be required to repay the balance of its financial liabilities and receive its financial assets.

	Within 1 Year		1 to 5 Years			Total
	2024	2023	2024	2023	2024	2023
	\$	\$	\$	\$	\$	\$
Financial assets						
Cash and cash equivalents	53,815,394	40,511,089	-	-	53,815,394	40,511,089
Trade receivables	1,633,289	3,336,389	-	-	1,633,289	3,336,389
Total expected inflows	55,448,683	43,847,478	-	-	55,448,683	43,847,478
Financial liabilities						
Trade and other payables	2,392,868	1,368,939	-	-	2,392,868	1,368,939
Contract liabilities	51,018,922	39,990,611	-	-	51,018,922	39,990,611
Lease liabilities	756,618	695,680	1,901,280	2,274,579	2,657,898	2,970,259
Total expected outflows	54,168,408	42,055,230	1,901,280	2,274,579	56,069,688	44,329,809
Net inflow/(outflow) on financial instruments	1,280,275	1,792,248	(1,901,280)	(2,274,579)	(621,005)	(482,331)

(f) Market risk management

Primary Health Tasmania is exposed to market risk through its use of financial instruments and specifically to interest rate risk which results from its operating and investing activities.

Interest rate risk

Primary Health Tasmania is exposed to changes in market interest rates through short and long term deposits. Primary Health Tasmania had no debt obligations that were exposed to interest rate risk.

Interest rate sensitivity

A sensitivity analysis has been performed on the movement in interest revenue. A +/- one per cent change in interest rate would impact interest income by an estimated \$538,000 (2023: \$405,000).

(g) Fair value of financial instruments

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position.

	Note	2024		2023	
		Net Carrying Value	Net Fair Value	Net Carrying Value	Net Fair Value
		\$	\$	\$	\$
Financial assets					
Cash and cash equivalents	(i)	53,815,394	53,815,394	40,511,089	40,511,089
Trade receivables	(i)	1,633,289	1,633,289	3,336,389	3,336,389
Total financial assets		55,448,683	55,448,683	43,847,478	43,847,478
Financial liabilities					
Trade and other payables		2,392,868	2,392,868	1,368,939	1,368,939
Contract liabilities		51,018,922	51,018,922	39,990,611	39,990,611
Lease liabilities		2,657,898	2,657,898	2,970,259	2,970,259
Total financial liabilities		56,069,688	56,069,688	44,329,809	44,329,809

(i) Cash and cash equivalents, trade receivables, trade and other payables and contract liabilities are short-term instruments in nature whose carrying value is equivalent to the fair value.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2024

Note 20 Auditor's remuneration

	Note	2024	2023
		\$	\$
Remuneration for the auditor for:			
Audit of financial report		25,750	25,000
Audit of grant acquittals		1,110	2,150
Assistance with other audit matters		-	3,400
Total auditor's remuneration	(i)	26,860	30,550

(i) Disclosed as per invoices rendered and expected.

Note 21 Commitments

	2024	2023
	\$	\$
Contractual commitments for operating expenditure at the end of the financial year but not recognised in the financial report, including GST:		
• not later than 12 months	44,063,265	26,132,986
• between 12 months and 5 years	8,609,972	28,515,022
Total commitments for operating expenditure	52,673,237	54,648,008

The contractual commitments relate to agreements to pay health service providers, under Primary Health Tasmania's commissioning model, over multiple years.

The company had no capital expenditure commitments at the end of the financial year.

Note 22 Company details

The registered office and principal place of business of Primary Health Tasmania is:
Level 2, 85 Collins Street
Hobart Tasmania

Major operating locations are:

Level 2, 85 Collins Street Hobart Tasmania	Level 1, 11 Alexandra Road Ulverstone Tasmania	Level 1, 182 - 192 Cimitiere Street Launceston Tasmania
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Primary Health Tasmania Limited

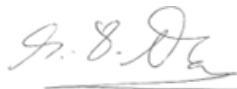
Directors' Declaration for the year ended 30 June 2024

The directors of the company declare that:

- 1 In the directors' opinion the financial statements and notes thereto are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - (a) comply with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2022*; and
 - (b) give a true and fair view of the financial position as at 30 June 2024 and the performance for the year ended on that date of the company.
- 2 In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors.

On behalf of the directors:



Mr Scott David Adams
Dated this 25th day of September 2024



Mr Graeme Bernard Lynch AM
Dated this 25th day of September 2024

INDEPENDENT AUDITOR'S REPORT

To the members of Primary Health Tasmania Limited

Opinion

We have audited the financial report of Primary Health Tasmania Limited, which comprises the statement of financial position as at 30 June 2024, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- (a) giving a true and fair view of the company's financial position as at 30 June 2024 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the company in accordance with the auditor independence requirements of the Australian Charities and Not for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of the Directors for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the directors determine is necessary to enable the

preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Those charged with governance are responsible for overseeing the company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit

evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Wise Lord & Ferguson

WISE LORD & FERGUSON

Rebecca Meredith

REBECCA MEREDITH

Partner

Date: *25/9/2024*



OUR VISION
Healthy Tasmanians

OUR PURPOSE
Creating high quality
healthcare solutions with
the Tasmanian community