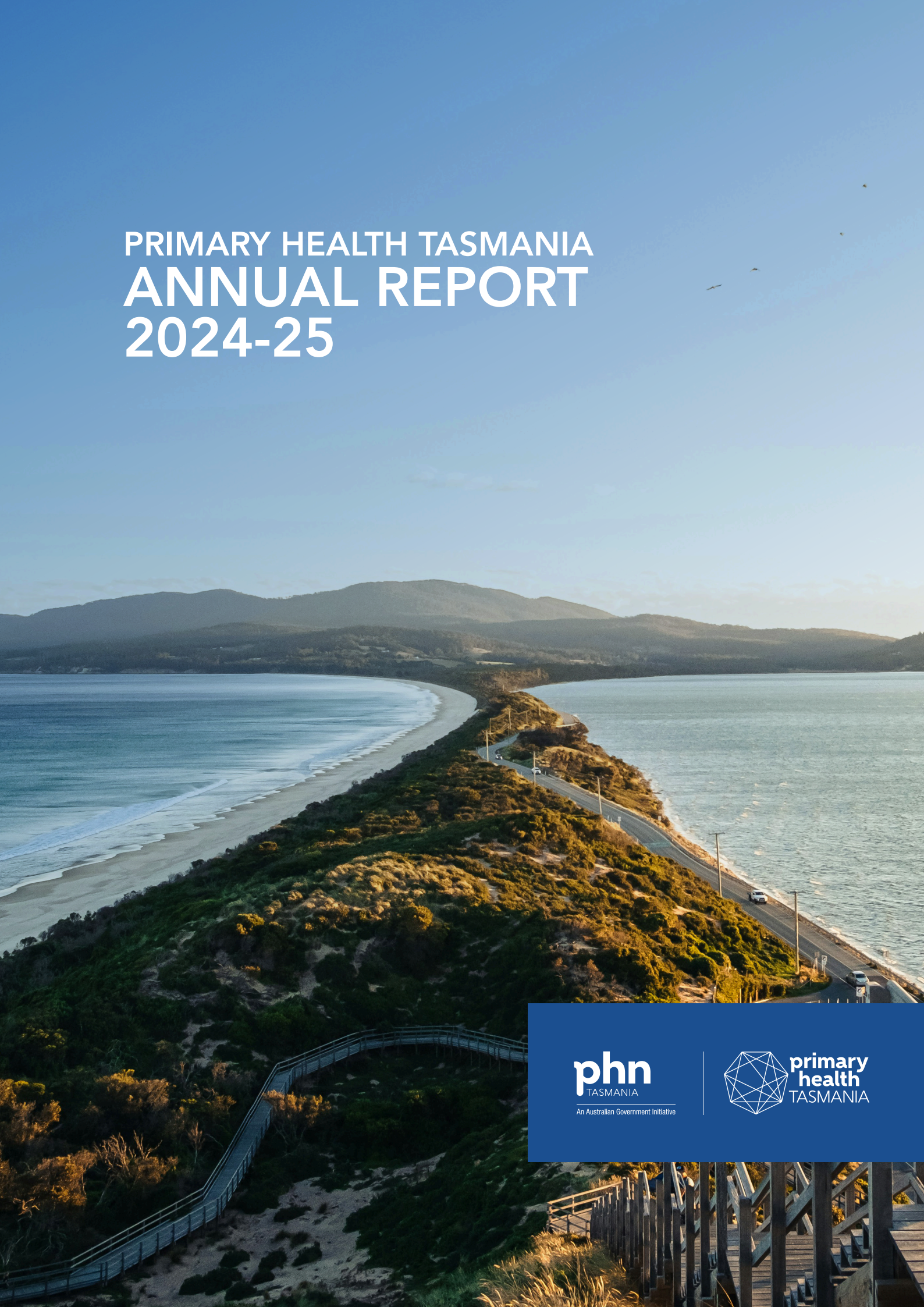


PRIMARY HEALTH TASMANIA ANNUAL REPORT 2024-25



phn
TASMANIA

An Australian Government Initiative



**primary
health**
TASMANIA

Contents

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: Bruny Island – Zachary Ferguson (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



21%

are over 65 years



30.5%

people living with a disability

Chair's report



This year's report is, in part, reflective as I have revisited the 10-year journey of Primary Health Tasmania and the previous entities that have operated under the same company structure. These reflections have been in the context of our CEO Phil Edmondson's retirement, which takes effect at the beginning of September.

As this big change approaches I have had the opportunity to share with staff and the Board some of my reflections on Phil's attributes: a talented leader, an innovator, a gifted negotiator, an opinion leader, an astonishingly hard worker, and a person respected widely by his peers and stakeholders both here in Tasmania and across the broader PHN network for his authenticity and principled approach to everyone. The Board commenced a recruitment process in May to recruit our next CEO. Special thanks to Katrena Stephenson, also Chair-elect, who is leading the process for this very important appointment. Phil's departure precedes my own retirement from the Board at the conclusion of this year's Annual General Meeting in November.

I would like to acknowledge the work of the Executive Team, who have borne a heavy workload amid continual service expansion and commissioning challenges, and generally a few curve balls throughout the year. The work required to stand up the Medicare Mental Health Centres in Devonport, Burnie and outer Hobart, the headspace and early psychosis services in Rosny, and now the new Medicare Urgent Care Clinics has been demanding. These major infrastructure and service investments for the state have required a huge amount of work by our staff and we are now on the verge of commencing a host of new services for the Tasmanian community.

The Australian Government commissioned the Boston Consulting Group to undertake a review of the broader PHN Business Model. We have worked alongside our colleagues through the PHN Cooperative and the Victoria/Tasmania PHN Alliance to contribute to this review in January.

There was some very consistent and strong messaging from the network about the things that would really make a difference to PHNs and our commissioned service providers including: core funding, responsiveness and scalability, flexible funding, and the length of core and service funding arrangements.

From a national perspective, 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 has been a significant flavour of our health system improvement programs.

We welcomed the opportunity to engage with the Tasmanian Government as it starts to frame a Tasmanian Primary Care Strategy as an action from the Long-Term Plan for Healthcare in Tasmania 2040, striving to ensure primary health care providers are strongly linked to state services with an emphasis on sustainable care in community care settings. There has also been a welcome focus by the Tasmanian Government on health prevention and Primary Health Tasmania enthusiastically contributed to the consultation process to develop a 20-year Preventive Health Strategy. Importantly, the process has set a high bar for community expectation and involvement. For us, our Clinical and Community Advisory Councils provided excellent contributions as we workshopped our submission, continuing to evidence their value to the Board and the broader organisation.

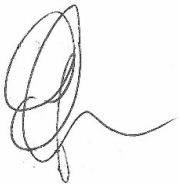
The Board's annual strategic workshop in May focused on preparing for the outcomes of the Australian Government's PHN Business Model Review. The Board were impressed with a thought-provoking panel of stakeholders who shared their insights on what a high-performing PHN could look like. Contributors were Connie Digolis, as the immediate past CEO of the Mental Health Council of Tasmania; Luke Cameron, Chief Health Officer of St Luke's; and Dr Toby Gardner, President of the RACGP. Angela Driver, from Tasmanian Leaders, led an excellent workshop on Board leadership in a dynamic environment, and Danielle Elston from Good Government Advisory presented on current politics and its implications for PHNs. Priorities for the Board include:

- Preparation for the renegotiation of the National Health Reform Agreements – specifically the bilateral agreements for both mental health and suicide prevention, and also for primary care.
- Political engagement with new governments.
- Readiness for future PHN directions (post the PHN Business Model Review).
- Preparation for commissioning Medicare Urgent Care Clinics as a new role for Primary Health Tasmania.

At the Annual General Meeting in November, the Board farewelled Dr David Knowles after six years' service, and this included playing a significant role with the Tasmanian General Practice Forum, particularly during the Covid period, and leading the Board's Audit and Risk Advisory Committee. At the same time Dr Tim Jones and Dr Miranda Hann, joined the Board and have already made significant contributions, bringing not only primary health clinical expertise but more broadly, whole-of-system population health perspectives.

This year the Board has developed a director exchange program with North Eastern Melbourne PHN to deepen governance experience and foster connections between our boards – this commences in September 2025.

All directors and staff have worked incredibly hard this year, always in positive, professional and collegial ways, and there is much to be proud of. Personally, the Chair role has been extremely enjoyable and rewarding and I will no doubt miss my weekly interactions and updates. I look forward to seeing 'what comes next' for Primary Health Tasmania and feel that the organisation is well placed to evolve and strengthen with the PHN program, ready for the next 10 years.



Graeme Lynch AM
Chair

Board of Directors at 30 June 2025



Mr Graeme Lynch AM
Chair



Dr Ruth Kearon
Deputy Chair



Mr Scott Adams



Dr Miranda Hann



Dr Tim Jones



Dr Ginita Oberoi



Distinguished Professor
Greg Peterson



Dr Katrena Stephenson

CEO's report



On somewhat of a sad note, having made the difficult decision to retire from my role in September, it seems somewhat fitting that after seeing Primary Health Tasmania through its first decade, this will be my 10th and final report as CEO and the end of a long career in organisational leadership.

Across all three iterations of our primary care organisation, the last 10 years have been amongst the most challenging but equally the most rewarding. Since the establishment of Primary Health Tasmania, I have always maintained that PHNs were here to stay, and the significant and increasing value and scope of investment confirms this belief.

In the last 12 months, Primary Health Tasmania has continued to strengthen its foundations, leverage the skills and expertise of staff, the commitment of stakeholders and the capacity of the primary care sector in Tasmania. We don't always get everything right, and often advancements and achievements are hard fought, but the work of the organisation now reaches far into the Tasmanian health system.

As is so often the case in health, politics has loomed large over much of this year, and the activities of Primary Health Tasmania can get interrupted. The resounding return of the Federal Labor Government reaffirmed policy directions and a suite of new investments through the national Strengthening Medicare measures. It continues, however, to be an uncertain environment for Aboriginal Community Controlled Organisations regarding potential changes in funding arrangements with PHNs – the original intention to align with reform priorities identified under the National Agreement for Closing the Gap.

As we close out the current financial year, a host of new Tasmanian Liberal Government election promises and initiatives are rapidly emerging that will almost inevitably impact our decisions and activities in the coming years – such is the nature of life in Tasmanian health.

At the national level Primary Health Tasmania, together with the broader PHN network have been working closely with the Australian Government as it undertakes reviews on several levels to strengthen future funding foundations and to help guide the PHN program into the next decade. At the time of writing, the PHN Business Model review has still not been publicly released – we trust that this review will provide positive recommendations for PHN program reform.

Our focus on health data has continued to feature for Primary Health Tasmania with work locally in partnership with the Tasmanian Government and the University of Tasmania, particularly in maximising our capacity to use a single dataset to drive funding allocation and policy directions in Tasmania. This work ties in well with the National Primary and Acute Care Data Linkage program that is on the verge of re-funding for the next 3 years, with PHNs, general practice and allied health providers as significant players. It is critical that primary care provider data is central to this work to ensure that health policy and funding is not informed by hospital-based data, as has been the case historically.

Sadly also, the year saw a decision taken by the Australian Government (against much protest from the primary care workforce in Tasmania) to wind down the GP Assist service which has been a hugely important and valuable program for 15 years. It was inevitable that the Government's national HealthDirect Australia program would at some point take the lead and this finally happened in 2025.

Organisationally we have continued to build and evolve strong and accountable systems for service commissioning, probity and integrity, and financial management. A focus for this year has been working to prepare the organisation for ISO 27001 information security accreditation which will be completed in first half of 2026. We have also had a considerable focus on our clinical governance roles and responsibilities to support commissioned service providers, and ensure our partnerships and healthcare supports, e.g., Tasmanian HealthPathways, remain safe, effective and trusted.

The general practice landscape has also changed considerably in the last decade with greater corporate ownership, national policy shifts and reforms, and ongoing financial viability challenges especially in rural and remote areas. Primary Health Tasmania maintains its strong general practice foundations through practice support programs that focus on engagement, multidisciplinary teams, change management, and on primary care sustainability. It is a rapidly evolving space alongside urgent care clinics and the need to drive proactive emergency preparedness across primary care.

The work of PHNs continues to reflect the diversity of the program and the primary care system itself. As I step down to somewhat different pursuits to those that have characterised the past 29 years of my life in supporting primary care, there are many people whom without, my own longevity and enjoyment of work in primary care would not have been possible. I must thank the many Board directors and Chairs who I have had the privilege to learn from, my fantastic executive team who challenge and lead with great skill and capability, my wonderful corporate services team who have shouldered much of the organisational efficiency load, and my executive assistant who has guided and grounded me every day.

It has been an absolute privilege to lead and grow this organisation. I have thoroughly enjoyed all aspects of my time and work here including both the challenges and the achievements and wish the incoming CEO, Board, staff, and stakeholders of Primary Health Tasmania a rosy and rewarding future.



Phil Edmondson
CEO

Executive team at 30 June 2025



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 Integrated Team Care services to 723 Aboriginal Tasmanians living with chronic health conditions including a mix of care coordination services (8% increase) and supplementary services (5% increase) – new client numbers remain stable, but the discharge rate has increased to 75%

delivered the Deadly Choices program across Tasmania through Karadi Aboriginal Corporation including facilitating access to 1,150 MBS item 715 health assessments – these assessments have contributed to the overall rate of Aboriginal and Torres Strait Islander people receiving health assessments increasing from 17.1% in 2023-24 to 18.7% in 2024-25 (an additional 578 assessments)

responded to local community needs and extended Integrated Team Care services to include both Bicheno and Triabunna testing a blended service model to include virtual services for people living remotely

delivered primary health services (allied health group-based or individual support) to people at risk of poor health outcomes in rural areas – 3,549 occasions of service

supported people living with diabetes to access services through diabetes educators, dietitians, a social worker and nurse practitioner – 2,533 occasions of service

delivered Care Finders services to 459 people through four providers, with increased access by older age groups and improvements in understanding of aged care services, engagement with the system and access to supports

delivered Healthy Ageing exercise programs to 324 people with measurable improvements in physical performance - particularly in walking distance and sit-to-stand ability and small improvements in cardiometabolic and broader quality-of-life outcomes – programs were commissioned across 17 of Tasmania's 29 local government areas

handled 11,723 after hours calls through GP Assist, 3,582 were received through the health professional line with the majority originating from residential aged care homes and community hospitals. Follow up survey calls with 190 people reported that 92.6% of patients followed the triage doctor advice and that 66% of those patients would have attended the emergency department if they had been unable to speak with a doctor

increased the delivery of mobile primary care services to people experiencing homelessness in the Greater Hobart area through Moreton Group Medical Services with the service expanding in the north and north west during 2024-25 – 401 people were first time users of the service.

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

This year our mental health commissioned service providers:

collectively provided mental health services (excluding headspace) to 5,774 people, with 6,273 episodes of care and 45,294 services – a variety of clinical indicators are used to measure improvements or deterioration

delivered youth mental health services to 2,865 young people through Cornerstone Youth Services and The Link Youth Health Service, reflecting a 5.3% decrease in clients and 5.7% increase in services. headspace operates centres in central Hobart, Launceston and Devonport and a satellite service in Burnie. A new centre will open on the Eastern Shore of Hobart during 2025-26

delivered community-based alcohol and other drug treatment and intervention services across the state to 2,713 people – this is lower than the previous year due to increased client complexities and workforce constraints

delivered a range of psychosocial support services for people with a severe mental illness – this program saw the highest increase in clients, episodes of care and attendance amongst all mental health programs commissioned by Primary Health Tasmania

delivered community-based suicide prevention supports to targeted population groups including people and families in rural and remote communities (through Rural Alive and Well), workplace education and training (through Lifeline), and refugee and migrant communities (through the Migrant Resource Centre)

embedded new services in Hobart, Burnie and Launceston to improve diagnosis, care options and service access for people experiencing endometriosis and pelvic pain – 490 people received care compared with 203 in the previous year.



Community members at the Generations Connect Fun Day, Primary Health Matters, Issue 19 December 2024

Building resilience, building community

Resilience is often seen as an individual trait, but in Tasmania's north and north west, two organisations are proving it's a community effort.

Following the 2022 floods, COTA and RANT Arts used Wellbeing and Resilience Grants funded by the Australian Government through Primary Health Tasmania to help residents reconnect and recover.

For COTA, the focus was on intergenerational connection. The Generations Connect Fun Day in Ulverstone brought together over 360 people, from toddlers to aged care residents. COTA CEO Brigid Wilkinson noted the magic of seeing different ages drumming and weaving together: "Human connection helps strip away age stereotypes... building relationships across generations helps rethink what it means to age." By breaking down social barriers, the event fostered a deep sense of belonging.

Meanwhile, RANT Arts focused on mental health literacy through its Pathways to Wellness program. By offering free online training, they reached those in remote areas or those too anxious to leave home. One participant, who struggled with leaving the house due to bipolar disorder, shared: "I have realised I am actually stronger than I thought I was." Program manager Karen Revie highlighted the "ripple effect" of this education: "When individuals take care of their mental health, it positively impacts the people around them." Whether through a shared drum circle or an online course, these initiatives have empowered Tasmanians to build a stronger, more connected foundation for the future.

Strategic Goal 2

PERSON-CENTRED CARE

What does this mean?
People receive care that meets their needs and are equal partners in planning and improving the service they receive

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 received cultural training and are accredited under a health standard that includes culturally appropriate care

reviewed and facilitated access to Aboriginal and Torres Strait Islander cultural awareness training focused on culture, history and health – 62 participants attended 6 sessions delivered across the state

facilitated multicultural health training which focused on working with interpreters, cultural humility and delivering culturally responsive care

strengthened the focus on Aboriginal health in mainstream general practice with 100% of practices receiving resources and access to support aimed at enhancing cultural safety

increased delivery and uptake of Aboriginal and Torres Strait Islander cultural awareness training and multicultural health training, with increased Learning Hub views of Aboriginal cultural competency resources

created and shared multicultural resources including the creation of the Digital Multicultural Care Toolkit featuring the 'Culture Counts' fact sheet and poster, a 'Multicultural Health Ready' checklist to assist practices in meeting the Royal Australian College of General Practice standards, and a comprehensive guide to working with interpreters combining a focus on cultural appropriateness and clinical and practice standards.

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

This year we:

continued to require all commissioned service agreements to ensure providers collect Patient Reported Experience Measures to monitor consumer experience – where the CAREs tool is used Primary Health Tasmania has visibility of results

increased the use of the Tasmanian Health Directory during 2024-25 with a 28% increase in page views and 108% increase in unique users overall

promoted and delivered Intake Assessment and Referral Decision Support Tool training and community of practice sessions to 216 health professionals over 22 sessions – this achieved 67% of the key performance indicator and one the highest performing PHNs

continued to work with the Tasmanian Department of Health to grow the Central Intake and Referral Service although promotion remains low – during 2024-25 there were 593 direct calls (a 43% increase) and 1,212 GP eReferrals

engaged with residential aged care homes to support improved care and appropriate transfers with training for nursing staff on managing resident deterioration for 350 staff across 44 homes (includes 2023-24 data) – two online learning models were launched to ensure the training remains accessible

collaborated with the Tasmanian Department of Health Aged Care Reform Unit, Ambulance Tasmania, the Aged Care Quality and Safety Commission and Aged Care Research and Industry Innovation Australia to run 'To Call or Not to Call' workshops in response to rising hospital admissions from residential aged care homes

created a resource to support primary care providers in transitioning young Tasmanians with intellectual disability to adult health services

promoted Primary Health Tasmania's Seven Steps Lived Experience Framework through communities of practice with growing interest from stakeholders

continued participation in reform initiatives focused on improving efficiency, navigation and access across the health system – this includes the Tasmanian Government's Bluegum Digital Health Transformation Strategy ensuring the system improves communication between primary care and acute care services.

Self-management — improving consumer ability to manage their care

This year we:

maintained Our Service Portal which was accessed by 2324 people

recorded 14,806 views on Primary Health Tasmania's After Hours website, a 23% decrease, however return users remained consistent – further promotion required

delivered the 2025 After Hours Awareness Campaign aligned with public holidays and periods of reduced service availability – increasing awareness and engagement across all key demographics contributed to strong performance particularly with younger people and older adults

developed and distributed over 2,132 consumer resources to health care providers, an 11% increase from 2023–24 – with GP Pregnancy care records, oral health booklets (targeted to people with intellectual disability) and dementia posters the most requested

supported the HeLLOtas! Project which aims to build health literacy in Tasmania and support an integrated approach to consumer service directories – led by TasCOSS there were 17 workshops, mentoring and coaching sessions reaching 75 organisations.

Consumer partnerships — engaging consumers as part of our work

This year we:

continued to partner with Mental Health Lived Experience Tasmania and Mental Health Family and Friends to facilitate consumer consultation as part of the Mental Health Continuum of Care project

consulted community as part of the Defining Universal Aftercare in Tasmania project including those with lived and living experience of suicide, and families, friends, care givers and support people

engaged with consumers and carers who are actively engaged in the planning, implementation, and evaluation of the Primary Care Enhancement for People with Intellectual Disability activities

collaborated with the Tasmanian Department of Health to deliver a small grants program focused on compassionate communities, enabling community leadership in palliative care

partnered with Speak Out Tasmania to deliver *Going to Hospital? How to Be Ready* workshop at the annual conference – the session led by a person with lived experience and focused on hospital preparation and importance of annual health checks.



Ruth Rowlands and Nepalese community members, Primary Health Matters, Issue 20 July 2025

Alcohol goggles and flashing lights – navigating addiction in Tasmania

For many in Launceston's Nepalese community, the transition to Australian life brings a jarring encounter with the "dazzling yet dark" world of gambling and social drinking.

Recognising the risks posed by the gambling industry's sophisticated design, the proactive community turned to Anglicare Tasmania for support through a program commissioned by Primary Health Tasmania.

Social worker Ruth Rowlands led an engaging education session just before the festival of Dashain, using hands-on tools like "alcohol goggles" to demonstrate impairment and sharing data on how gambling can lead to severe financial loss.

Community member Rajan Shrestha emphasised the session's eye-opening impact: "People were really surprised to see how deeply gambling affects people here... it was good to hear that there are useful services available to migrants, and that these are free no matter what visa conditions you have."

By providing practical tips on the Tasmanian Gambling Exclusion Scheme and harm-minimisation, the program empowered residents to protect their families while enjoying their traditions.

As Ruth reflected: "It's all about understanding the limits and knowing the resources available... we want to ensure that celebrations do not lead to long-term problems."

This initiative has sparked a ripple effect of awareness, ensuring that as the community grows, it remains resilient, informed, and safely connected to local support systems.

Strategic Goal 3

ENGAGED AND SKILLED PRIMARY CARE WORKFORCE

Responsive and committed primary care workforce delivering quality care

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

This year we:

delivered 45 clinical education events and this included 25 events accredited by the Royal Australian College of General Practitioners

maintained strong event registrations and increased the number of evaluated events (35 to 43), with 91% of events reporting 100% positive impact and no events falling below 85% self-assessed level of professional confidence

facilitated access to event webinars through Primary Health Tasmania's Learning Hub – popular recordings included enhancing patient outcomes in breast screening and risk management, the launch of the Tasmanian guide to support young people to quit e-cigarettes, and RSV maternal and infant immunisation and winter immunisation update

ensured strong alignment between education programs and Primary Health Tasmania priority programs, for example, investing in Vagenius Persistent Pelvic Pain clinician scholarships, with high uptake and completion

delivered and promoted telehealth online training resources for residential aged care homes and primary care providers in partnership with the Victoria/Tasmania PHN Alliance.

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 – there were small improvements in the ratio of PIP QI eligible practices to those sharing deidentified data beyond the minimum dataset

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

updated data insight resources including the Community Health Checks as highly accessed by stakeholders

supported 78% of general practices to strengthen their use of data and clinical decision support tools through practice presentations focused on improving use of Primary Sense with practice workflows – improvements include data and measures in Indigenous status and allergy status reporting

focused data linkage efforts on TasLink Health 2.0, working towards establishing collaborative governance with the Tasmanian Department of Health

participated in the development of a national business case for establishing primary and acute care data linkage project with the Tasmanian Department of Health and via national PHN forums – presentation due in 2025-26.

What does this mean?

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

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

This year we:

maintained a consistent level of collaboration across Primary Health Tasmania programs and projects, with significant activity in mental health and aged care, as well as the Strengthening Medicare reforms

facilitated forums to support collaboration including:

Practice Manager networking breakfasts (20 events attracting 260 attendees)

Medicare Urgent Care Clinic communities of practice now an important platform for sharing learnings, addressing challenges and shaping collective approaches to urgent care delivery

communities of practice events for Aboriginal Community Controlled Organisations staff delivering Integrated Team Care, and for Care Finder providers

continued engagement of the Primary Health Tasmania's Allied Health Network Advisory Group

continued regional population health planning in rural local government areas including Tasman, southern Huon Valley, Central Highlands, Flinders Island and the West Coast, supporting local providers and consumers to work together to develop and implement integrated models of care

developed a draft framework for place-based work to support a consistent and proactive approach to understanding the priorities, strengths and needs of local communities, as well as a monitoring, evaluation, accountability and learning framework to support local evaluation of impact and outcomes.

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

This year we:

distributed 10,046 resources, a 5% increase from 2023-24. The top resources requested by practices were Yellow Envelope, emergency decision guidelines, GP pregnancy care records, and dementia resources

maintained Primary Health Tasmania's Learning Hub with 9,049 resources accessed – a 15% decrease from 2023-24

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

promoted the After Hours Support Plans Toolkit for residential aged care homes as part of training for managing deteriorating residents – although uptake remains low.

Quality improvement — commitment to continuous improvement and aiming high

This year we:

supported data quality improvement initiatives with general practice, including a 'First 2000 Days' project in the north west that was showcased in the PenCS Awards 2024, with the general practice winning the Data Quality Award

collaborated with the Tasmanian Health Service to develop a localised Guide to supporting young people to quit e-cigarettes to assist GPs and primary health care providers

worked with the University of Tasmania on an initiative developed to improve blood pressure measurement and cardiovascular risk management in primary care, Primary Health Tasmania specially supported the co-design of the model with primary care providers.



L to R: Port Sorell Medical Centre's office manager Rose Lillico, receptionists Laura Distill and Meegan Willians, and practice manager Noleen Davey, Primary Health Matters, Issue 20 July 2025

Harnessing the power of health data

For Port Sorell Medical Centre's practice manager, Noleen Davey, harnessing the power of data has become a game-changer for the entire community.

Recently, the practice received national recognition with the 2024 PenCS Award for Excellence in Data-Driven Quality Improvement, celebrating its innovative approach to patient care. Supported by Primary Health Tasmania, the journey began with a project to improve childhood immunisation rates but quickly expanded into a full-scale data cleansing initiative covering cancer screenings and preventive health.

Noleen credits the success to a culture of continuous improvement and team buy-in. "This was a team effort," she says. "Yes, I used Pen CAT and Practice Cloud to extract data and identify gaps, but it was our staff who put in the hard yards. They're the ones making sure our patients are getting what they need." By embedding data integrity into everyday workflows like nurses checking records during ten-minute gaps, the practice ensures that eligible patients are proactively recalled for vital screenings and vaccines.

Primary Health Tasmania's Kathy Lowry provided the support needed to grow these ideas into tangible results. As Noleen reflects, the real reward isn't the award itself, but the impact on families: "It's about making sure we're identifying what patients need, not just what they ask for." Now serving as a national case study, Port Sorell is inspiring other practices across Australia to use smart systems to drive meaningful change.

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 stakeholder relationships profile in 2024-25 remained consistent with previous reporting:

engagement primarily focused on health care practices at 57% followed by 18% engagement with government agencies

regional engagement was distributed across the south, north and north west at 62%, 24% and 13%

stakeholder engagement activity was recorded across 100% of Primary Health Tasmania's programs.

Engagement

This year we engaged with:

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

Ageing Australia to promote Primary Health Tasmania's activities and seek insights into opportunities and barriers for the aged care sector

supported the Department of Premier and Cabinet in the development of two new Tasmanian frameworks – TARA Framework guiding appropriate identification, assessment and management of family violence risk, and the Harmful Sexual Behaviours Framework for preventing, identifying and responding to harmful sexual behaviours.

Collaboration

This year we:

supported the Tasmanian Department of Health in the implementation of the Community Pharmacy in Palliative Care Tasmania Project

continued collaboration with the state's Alcohol and Other Drug reform agenda including contributing to the review and endorsement of a stigma and discrimination position statement, review of the service delivery framework, and participation in focus groups to develop an alcohol and other drugs youth service and practice framework.

Consultation

This year we facilitated consultations:

to understand the current Tasmanian context and barriers for GPs in identifying, treating, supporting and managing people with alcohol and other drugs use

across the state for the Universal Aftercare service to inform new model design

as part of the evaluation and design of the Mental Health Continuum of Care program with key partner organisations, people with lived experience and health service providers.

Co-commissioning

This year we:

continued co-funding Health Consumers Tasmania with the Tasmanian Department of Health to provide health consumer voices to inform Tasmania's health system planning and improvement.

Co-design

This year we:

commenced work with local Aboriginal Community Controlled Organisations to develop a localised version of A Journey into Sorry Business to provide culturally appropriate information about palliative care and available services and encouraging conversations about rights and the importance of yarning

worked with the Flinders local government area service providers and community stakeholders to identify need and design service model solutions through both Access2Health Services and Primary Health Tasmania's multidisciplinary teams funding.

Partnership

This year we:

established a new Memorandum of Understanding with the University of Tasmania – Partnering for Primary Care Capacity and Advancement

implemented the revised Partnership Agreement with the Tasmanian Department of Health

participated in the bilateral arrangements with government for both mental health and primary care.

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

This year we:

engaged in collaborative digital health initiatives aligned with Primary Health Tasmania's Digital Health Strategy including:

collaborating on bespoke eReferral templates for referring directly to Aboriginal Community Controlled Organisations

training for Aboriginal Community Controlled Organisations on using Communicare – this was supported by a small grants program to improve digital success although uptake this year was low

continued engagement with the Tasmanian Department of Health's Bluegum Digital Health Transformation Strategy

achieved a 47% increase in statewide eReferrals – this included a 43% increase in eReferrals being sent to hospital outpatient services and a 45% increase in eReferrals sent to non-GP medical specialists and allied health providers

piloted the eReferral system with optometrists and ophthalmologists to inform future implementation

increased interactions with My Health Record across general practice, allied health and pharmacy reflecting the increasing value of information now available – this included a 32.9% increase in general practices uploading documents to My Health Record, a 71% increase in cross views, and a consistent increase in the prescriptions and prescription dispensing records (both at 8%).

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

This year we:

continued work to engage clinical leadership, for example, employment of a mental health clinical lead focused on Intake Assessment and Referral Decision Support Tool education

embedded a clinical lead role to support the family, domestic and sexual violence program and prepared to recruit a similar clinical lead to support the Enhancing Access to Primary Care for People with Intellectual Disability program – to be completed in 2025-26

supported our team of clinical editors to continue coordinating clinical working groups to undertake reviews and updates of Tasmanian HealthPathways suites.

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

This year we:

continued to promote the use of the Intake Assessment and Referral Decision Support Tool with health service providers as well as seeking to embed the tool within existing clinical decision support resources, including Tasmanian HealthPathways and Tasmania's eReferral system – the tool aims to assist referral to the right level of mental healthcare through clinical assessment of needs

provided clinical representation on the Tasmanian Department of Health's clinical network groups (now 12) as part of a whole-of-system approach to the management of priority health conditions. Examples included the Cardiology Clinical Network and Cardiology Community Network, and the Tasmanian Frailty Network Working Group.



Bellerive GP Dr Brodie Carlon, Primary Health Matters, Issue 20, July 2025

eReferrals sweep Tasmania: Five years on

Five years ago, Tasmania set out to replace dusty fax machines with a secure, statewide eReferral system. Today, that ambitious digital transformation has become a clinical reality.

Developed through a partnership between Primary Health Tasmania and the Tasmanian Department of Health, the system allows GPs to send encrypted referrals directly to specialists and hospitals, ensuring patient data is both secure and legible.

The impact on patient care is striking. At the Royal Hobart Hospital's cardiology department, triage times have been slashed by over 60%, dropping from a 22-day average for paper to just eight days for eReferrals. Cardiologist Dr. Nathan Dwyer highlights the clinical benefits: "Now we see timely referrals, timely triaging and timely action. An ECG definitely doesn't fax well, so for them to come through as interpretable PDF documents is amazingly helpful."

For GPs like Dr. Brodie Carlon, the system removes the "worry" of referrals going missing. "It's really nice to receive that feedback that they've received it, that it's pending and that it's accepted," he says, noting that the two-way communication allows specialists to answer questions or suggest investigations instantly. With over 180,000 eReferrals sent by early 2025, the system is moving toward universal adoption. As Dr. Dwyer encourages, once you pass the short learning curve, "the value of knowing your referral is being received, and not going missing, is so high."

Strategic Goal 5

VALUE, EFFECTIVENESS AND EFFICIENCY

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

Enduring, value-for-money outcomes

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

Tasmania now has 873 localised HealthPathways reflecting a continued focus on achieving a consolidated and sustainable number of pathways through review and decommissioning.

This year we:

completed 19 new localised pathways, 142 reviews, 225 partial updates and 41 decommissions, representing a combined 20% increase in operational activity from the previous year - the most viewed pathway suites continued to include Child and Youth Health, Endocrinology, Mental Health, Gynaecology and Pregnancy, and Gastroenterology/Hepatology

continued to see an upward trend for total pathway sessions of 8%, following growth of 18% in 2023-24 and 10% in both 2022-23 and 2021-22

responded to 838 access requests for Tasmanian HealthPathways a significant increase as the platform transitioned from shared login arrangements to personalised accounts

delivered multiple initiatives to support integrated primary health care approaches including partnering with:

BreastScreen Tasmania to develop a GP education session on enhancing patient outcomes in breast screening and risk management, including updating the Breast Screening – Imaging pathway

Cancer Council Victoria, Australian Centre for the Prevention of Cervical Cancer, BreastScreen Tasmania, BreastScreen Victoria and Karadi Aboriginal Corporation to develop and deliver an education session for GPs on enhancing early detection of breast cancer

the Tasmanian Department of Health to deliver an education session for GPs supporting the launch of the new National Lung Cancer Screening Program, including promotion of the newly localised Lung Cancer Screening pathway

the Victoria/Tasmania PHN Alliance HealthPathways teams to progress lead regional pathways sharing opportunities - Tasmania is the lead for 11 pathways

a Tasmanian Health Service General Surgeon to update the Hernia in Adults pathway to include new information for GPs on how to manage complex hernias in general practice, this was accompanied by an education session

an Emergency Medicine Specialist at the Royal Hobart Hospital to develop a new Naloxone for Opioid Overdose pathway

continued to embed the Initial Assessment and Referral decision support tool into the Non-acute Child and Young Person Mental Health Request pathway by localising three new pathways to the Tasmanian HealthPathways platform

conducted mental health interface group meetings between the Tasmanian HealthPathways team and local subject matter experts, resulting in new mental health pathways being localised to the platform

continued supporting the Outpatient Transformation Program to rollout Statewide Referral Criteria across Tasmania.

Program evaluation — informing all program and commissioning design activities

This year we:

completed an internal evaluation of the Mental Health Continuum of Care program

ensured all major programs were reviewed with planned activities to support upcoming internal or external evaluations scheduled in 2025-26 and ensure alignment with national priorities

monitored legislative changes in sharing of data which has impacted Primary Health Tasmania's ability to use external parties to undertake evaluation work as planned.

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

This year we:

managed 70 service contracts with 66 organisations, with a total value of \$44.5 million – improving contract management relationships with practical processes is a continued focus for Primary Health Tasmania

supported all mental health commissioned services to complete data entry in the Primary Mental Health Care Minimum Data Set including paired mental health measures and suicide referral follow-up - data compliance targets of 95% were exceeded

continued developmental work focused on assessment of value for mental health services to strengthen performance reporting for services that contribute to the Primary Mental Health Care Minimum Data Set

continued to promote access to online clinical governance modules to primary care providers including commissioned service providers.



Family Planning Tasmania's lead nurse Jo McShane, clinic services manager Karen Brooks, CEO Marcus Di Martino, GP Jenny Davidson and project Amanda Duncan, Primary Health Matters, Issue 20 July 2025

A pathway through persistent pelvic pain

Persistent pelvic pain affects one in four Australian women and people assigned female at birth, impacting every aspect of their lives.

To tackle this debilitating condition, Family Planning Tasmania, supported by Primary Health Tasmania, launched a multidisciplinary pathway in Hobart, Launceston, and Burnie. This “umbrella of care” brings together GPs, pelvic floor physiotherapists, psychologists, and dietitians to create tailored treatment plans for complex cases.

For patients like Maggie, who had previously experienced “gaslighting” regarding her pain, the clinic provided a life-changing turning point. “It was validation across the whole program,” she says. “I didn’t know that it wasn’t normal to feel that much pain, and Janet [the physio] reassured me that I don’t just have to live with it.” The pathway combines clinical care with free education workshops, empowering patients to understand their bodies and take charge of their recovery.

The collaborative model ensures that health professionals aren’t working in silos. Clinical services manager Karen Brooks explains that the team meets regularly to ensure support from all directions. As Dr. Jenny Davidson, a GP involved in the program, reflects: “You see the relief in patients when their problems are validated. There’s light at the end of the tunnel.” By offering affordable, trauma-informed, and expert care, the program is helping Tasmanians move from managing pain to improving their overall quality of life.

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 2024-25:

Combined advisory council consultation on:
shaping Primary Health Tasmania's emergency management role

reviewing health practitioner resources to support the multicultural health access program

providing early feedback on Mental Health Commissioning in Tasmania - Continuum of Care and the Central Intake and Referral Service (mental health and alcohol and other drugs) ahead of consultation with the sector and community.

Contributing to Primary Health Tasmania's response to the Tasmanian Government's 20-Year Preventive Health Strategy.

Received briefings on Federal election announcements, state budget, and the PHN Business Model Review.

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

Clinical Advisory Council membership at 30 June 2025

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

Community Advisory Council membership at 30 June 2025

Jo Flanagan
Casey Garrett
Gabe Gossage
Nicole Grose
Sue Leitch
Ellen MacDonald – Health Consumers Tasmania
Miriam Moreton

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 2025

Alcohol, Tobacco and Other Drugs Council of Tasmania
Anglicare Tasmania
Australian Chiropractors Association
Australian College of Rural and Remote Medicine
Australian Dental Association Tasmania
Australian Medical Association
Australian Nursing and Midwifery Federation
Australian Physiotherapy Association
Cancer Council Tasmania
Care2Serve
COTA Tasmania
Diabetes Australia
Family Planning Tasmania
General Practice North
General Practice Training Tasmania
Lifeline Tasmania
Mental Health Council of Tasmania
Optometry Tasmania
Pharmaceutical Society of Australia
Pharmacy Guild of Australia
Relationships Australia Tasmania
Richmond Futures
Royal Australian College of General Practitioners
Royal Flying Doctor Service
Rural Doctors Association of Tasmania
Salveo Healthcare
The People Project Tasmania
The Salvation Army
Women's Health Tasmania

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 2025

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

PRIMARY HEALTH TASMANIA DIRECTORS' REPORT FINANCIAL REPORT



Primary Health Tasmania Limited

Directors' Report for the year ended 30 June 2025

The directors of Primary Health Tasmania Limited present their report together with the Financial Report for the year ended 30 June 2025 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
Prof Ruth Kearon	MBBS, MHM, FRACGP, FRACMA, GAICD
Dr David Knowles ¹	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), FAICD, FLGP
Dr Miranda Hann ²	MBBS, FRACGP
Dr Timothy Jones ²	MBBS, DCH (Westmead), FRACGP-RG, CCCH

¹ Dr David Knowles completed his final term on 20 November 2024.

² Dr Miranda Hann and Dr Timothy Jones commenced on 20 November 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 ³	Governance Advisory Committee
	Number eligible to attend	Number attended	Meetings held = 6 Number attended	Meetings held = 4 Number attended	Meetings held = 4 Number attended
Mr Graeme Lynch AM (Chair)	9	9	5 / 6		4 / 4
Mr Scott Adams	9	9	6 / 6		
Prof Ruth Kearon	9	8	2 / 3	2 / 2	2 / 2
Dr David Knowles ¹	4	2		2 / 2	
Dr Ginita Oberoi	9	9	5 / 6		
Distinguished Prof Gregory Peterson	9	9		4 / 4	2 / 2
Dr Katrena Stephenson	9	9		2 / 2	4 / 4
Dr Miranda Hann ²	5	5	3 / 3	2 / 2	
Dr Timothy Jones ²	5	5			2 / 2

¹ Dr David Knowles completed his final term on 20 November 2024.

² Dr Miranda Hann and Dr Timothy Jones commenced on 20 November 2024.

³ Independent audit, risk and probity advisor Mr Russell Pearce, a legal practitioner experienced in corporate and public sector governance attended 2 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, Mr Graeme Lynch, Prof Ruth Kearon and Dr Timothy Jones
- Community Advisory Council - Mr Graeme Lynch and Dr Katrena Stephenson

Primary Health Tasmania Limited

Directors' Report for the year ended 30 June 2025

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 2025

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 \$72,382,057 (2024: \$56,652,898) increased 27.8% during the financial year ended 30 June 2025. Cash balances increased to \$70,398,412 (2024: \$53,815,394) reflecting an increase in deferred income.

Non-current assets increased to \$2,603,099 (2024: \$2,371,331) due to the new operating leases for motor vehicles and extension of lease terms for two office premises reflecting an increase in the right of use assets. The commencement of a new sublease agreement for a new program premises has resulted in the recognition of lease receivables.

Liabilities

Trade and other payables have decreased to \$2,248,744 (2024: \$2,392,868) or a reduction of 6.0% during the financial year. This is due to the movements in:

- trade payables and accrued expenses \$1,687,533 (2024: \$1,932,953)
- accrued committed costs \$561,211 (2024: \$459,915)

Contract liabilities have increased to \$66,567,434 (2024: \$51,018,922) or 30.5% during the financial year.

Provision for employee benefits increased to \$1,124,324 (2024: \$984,109) and lease liabilities increased to \$2,990,599 (2024: \$2,657,898).

Expenditure

Other Expenses decreased slightly to \$48,525,907 (2024: \$49,381,250) during the financial year.

Equity

Equity has increased to \$2,054,055 (2024: \$1,970,432) due to an operating surplus for Primary Health Tasmania for the financial year.

Operating result

An operating surplus of \$83,624 (2024: deficit \$89,417) 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. This is separate from interest earned on program funds.

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 2025

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 2025 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 2025.

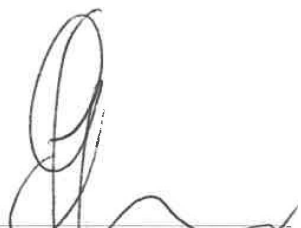
Directors' declaration

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

On behalf of the Directors



Dr Ginita Oberoi
Dated this 25th day of September 2025



Mr Graeme Bernard Lynch AM
Dated this 25th day of September 2025

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 2025, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements in accordance with Subdivision 60-C of the Australian Charities and Not-for-profits Commission Act 2012 and any applicable code of professional conduct

Wise Lord & Ferguson

WISE LORD & FERGUSON



REBECCA MEREDITH

Partner

Date: 30 September 2025



Primary Health Tasmania Limited

Statement of Comprehensive Income for the year ended 30 June 2025

	Note	2025 \$	2024 \$
Income			
Grant revenue	2	57,250,574	57,002,869
Other income	2	3,641,312	2,992,227
Total income		60,891,886	59,995,096
Expenditure			
Employee benefits		11,280,344	9,587,863
Depreciation and amortisation	3	828,840	931,401
Interest expense on lease liabilities		173,172	183,999
Other expenses	4	48,525,907	49,381,250
Total expenditure		60,808,263	60,084,513
Surplus/(Deficit)		83,623	(89,417)
Other comprehensive income		-	-
Total comprehensive income/(expense)		83,623	(89,417)

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

Primary Health Tasmania Limited

Statement of Financial Position as at 30 June 2025

	Note	2025	2024
		\$	\$
Assets			
Current assets			
Cash and cash equivalents	5	70,398,412	53,815,394
Trade receivables	6	121,977	1,633,289
Lease receivables	7	124,782	-
Other assets	8	1,736,886	1,204,215
Total current assets		72,382,057	56,652,898
Non-current assets			
Property, plant and equipment	9	40,152	25,028
Right of use assets	10	2,325,661	2,346,303
Lease receivables	7	237,286	-
Total non-current assets		2,603,099	2,371,331
Total assets		74,985,156	59,024,229
Liabilities			
Current liabilities			
Trade and other payables	11	2,248,744	2,392,868
Contract liabilities	12	66,567,434	51,018,922
Employee provisions	13	1,049,135	895,706
Lease liabilities	14(a)	862,594	756,618
Total current liabilities		70,727,907	55,064,114
Non-current liabilities			
Employee provisions	13	75,189	88,403
Lease liabilities	14(a)	2,128,005	1,901,280
Total non-current liabilities		2,203,194	1,989,683
Total liabilities		72,931,101	57,053,797
Net assets		2,054,055	1,970,432
Equity			
Retained earnings		2,054,055	1,970,432
Total equity		2,054,055	1,970,432

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 2025

	Retained Earnings
	\$
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
Surplus/(Deficit)	83,623
Other comprehensive income	-
Balance as at 30 June 2025	2,054,055

Statement of Cash Flows for the year ended 30 June 2025

	Note	2025	2024
		\$	\$
Cash flows from operating activities			
Receipts of grants		82,669,597	76,583,438
Other receipts		207,948	245,706
Interest received		2,583,231	2,859,523
GST paid		(2,564,728)	(1,001,265)
Payments to suppliers and employees		(65,288,655)	(64,539,503)
Interest paid		(173,172)	(183,999)
Net cash from/(used in) operating activities	19	17,434,221	13,963,900
Cash flows from investing activities			
Proceeds from sale of plant and equipment		11,391	26,611
Net cash from/(used in) investing activities		11,391	26,611
Cash flows from financing activities			
Repayment of lease liabilities		(862,594)	(686,206)
Net cash from/(used in) financing activities		(862,594)	(686,206)
Net increase/(decrease) in cash and cash equivalents		16,583,018	13,304,305
Cash and cash equivalents at the beginning of the financial year		53,815,394	40,511,089
Cash and cash equivalents at the end of the financial year	5	70,398,412	53,815,394

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 2025

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 2025 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 2025

(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 2025

ii. The company as lessor

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

Leases for which the company is a lessor are classified as finance or operating leases. The lease agreement is classified as a finance lease when the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases not within this definition are classified as operating leases. Rental income due under finance leases are recognised as receivables at the amount of the company's net investment in the 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. 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 2025

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" (HQCB) 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 2025

(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 2025

(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 reasonable 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

There are no new accounting standards that have been adopted by Primary Health Tasmania during the financial year.

(r) 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 2025

Note 2 Revenue and other income

	2025	2024
	\$	\$
Grant revenue		
Grants and subsidies - Australian Government	57,008,050	56,672,221
Grants and subsidies - Tasmanian Government	143,175	313,022
Grants and subsidies - Other	99,349	17,626
Total grant revenue	57,250,574	57,002,869
Other income		
Interest received on financial assets	3,391,394	2,737,118
Gain/(Loss) on disposal of plant and equipment	11,391	9,403
Lease income from operating sub lease	235,982	243,161
Other income	2,545	2,545
Total other income	3,641,312	2,992,227
Total revenue	60,891,886	59,995,096

Note 3 Depreciation and amortisation

	2025	2024
	\$	\$
Property, plant and equipment		
Owned motor vehicles	3,135	8,983
Leasehold improvements	-	120,762
	3,135	129,745
Right of use assets	825,705	801,656
Total depreciation and amortisation	828,840	931,401

Note 4 Other expenses

	2025	2024
	\$	\$
Employee training, professional development and support	227,562	141,255
Consultants and contractors	45,519,397	46,110,818
Information and communications technology	1,883,917	1,798,756
Motor vehicle and travel	197,322	330,254
Occupancy	192,324	485,187
Stakeholder engagement and events	281,171	255,523
Other expenses	224,214	259,457
Total other expenses	48,525,907	49,381,250

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

Note 5 Cash and cash equivalents

	2025	2024
	\$	\$
Cash at bank	70,398,412	53,815,394
Cash and cash equivalents	70,398,412	53,815,394

Note 6 Trade receivables

	Note	2025	2024
		\$	\$
Trade receivables	(a),(b)	121,977	1,633,289
Total trade receivables		121,977	1,633,289

(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 2025 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 2025					
Trade receivables	121,977	48,742	21,156	-	52,079
Total	121,977	48,742	21,156	-	52,079
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

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 2025

Note 7 Lease receivables

During the reporting period, Primary Health Tasmania entered into a new lease agreement as a lessor with respect to a property which it in turn leases from a head lessor. The terms of the sub lease arrangement meet the definition of a finance lease as outlined at note 1(d)(ii).

(a) Lease receivables	2025	2024
	\$	\$
Current		
Lease receivables	124,782	-
Non-current		
Lease liabilities	237,286	-
Total lease receivables	362,068	-
	2025	2024
	\$	\$
(b) Lease payments receivable		
Minimum lease payments receivable on a sublease of property:		
• not later than 12 months	145,440	-
• between 12 months and 2 years	149,803	-
• between 2 and 3 years	101,846	-
Total lease payments receivable	397,089	-

Note 8 Other assets

	2025	2024
	\$	\$
Prepayments	747,569	1,059,061
Other current assets	989,317	145,154
Total other assets	1,736,886	1,204,215

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

Note 9 Property, plant and equipment

	2025	2024
	\$	\$
Leasehold improvements		
At cost	553,158	553,158
Accumulated depreciation	(553,158)	(553,158)
Total leasehold improvements	-	-
Motor vehicles		
At cost	109,932	71,528
Accumulated depreciation	(69,780)	(46,500)
Total motor vehicles	40,152	25,028
Total property, plant and equipment	40,152	25,028

Movements in carrying amounts

	Leasehold improvements	Motor vehicles	Total
	\$	\$	\$
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
Transfers from right of use assets	-	18,259	18,259
Disposals	-	-	-
Depreciation expense	-	(3,135)	(3,135)
Balance as at 30 June 2025	-	40,152	40,152

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

Note 10 Right of use assets

	2025	2024
	\$	\$
Leased buildings	5,271,866	4,612,147
Accumulated depreciation	(3,317,761)	(2,574,368)
	1,954,105	2,037,779
Leased motor vehicles	538,416	393,072
Accumulated depreciation	(179,893)	(101,697)
	358,523	291,375
Leased equipment	20,579	20,579
Accumulated depreciation	(7,546)	(3,430)
	13,033	17,149
Total right of use assets	2,325,661	2,346,303

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

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 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
Changes in lease assumptions	(31,312)	-	-	(31,312)
Extension of lease terms	691,032	-	-	691,032
Additions	-	163,602	-	163,602
Transfers to motor vehicles	-	(18,259)	-	(18,259)
Disposals	-	-	-	-
Depreciation expense	(743,393)	(78,196)	(4,116)	(825,705)
Balance as at 30 June 2025	1,954,106	358,522	13,033	2,325,661

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

Note 11 Trade and other payables

	2025	2024
	\$	\$
Trade payables and accrued expenses	1,687,533	1,932,953
Accrued committed costs	561,211	459,915
Trade and other payables	2,248,744	2,392,868

Note 12 Contract liabilities

	2025	2024
	\$	\$
Grant funding repayable	7,376,531	5,620,718
Grant funding deferred income	59,024,340	44,895,838
Grant funding received in advance	166,563	502,366
Contract liabilities	66,567,434	51,018,922

Note 13 Employee provisions

	2025	2024
	\$	\$
Current - Short-term employee benefits		
Annual leave	623,190	445,040
Leave in lieu	10,971	7,685
Long service leave	414,974	442,981
Total current	1,049,135	895,706
Non-current - Long-term employee benefits		
Long service leave	75,189	88,403
Total non-current	75,189	88,403
Total employee provisions	1,124,324	984,109

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

Note 14 Leases

	2025	2024
	\$	\$
(a) Lease liabilities		
Current		
Lease liabilities	862,594	756,618
Non-current		
Lease liabilities	2,128,005	1,901,280
Total lease liabilities	2,990,599	2,657,898

(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 2025, \$365,094 of the facility was utilised (2024: \$238,634)

	2025	2024
	\$	\$
Presented below is a maturity analysis of future lease payments:		
• not later than 12 months	1,211,625	908,991
• between 12 months and 5 years	2,069,815	2,080,519
Total future lease payments	3,281,440	2,989,510

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

	2025	2024
	\$	\$
Depreciation charge related to right of use assets	825,705	801,658
Interest expense on lease liabilities	173,172	183,999
Low value asset leases expenses	-	-
Leased assets total expense	998,877	985,657

(c) Lease payments receivable

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:

	2025	2024
	\$	\$
• not later than 12 months	257,647	257,647
• between 12 months and 2 years	-	257,547
Total lease payments receivable	257,647	515,194

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

Note 15 **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 2025, 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 16 **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. As at 30 June 2025 there were 29 members of Primary Health Tasmania, unchanged from 30 June 2024.

Note 17 **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 2025 and its results for that year.

Note 18 **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 2025

Compensation

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

	2025	2024
	\$	\$
Short term benefits	1,364,457	1,377,022
Post employment benefits	174,457	170,100
Other long-term benefits	(30,387)	34,860
	1,508,527	1,581,982

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 \$23,950 (2024: \$27,150) for COVID 19 vaccinations for vulnerable populations
- Related parties with transactions in the prior financial year only, Southern Cross Care (2024: \$90,000) for residential aged care facility telehealth infrastructure grant. This organisation is no longer identified as a director associated organisation and had no transactions with Primary Health Tasmania in the 2025 financial year within the relationship period.

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

Note 19 Cash flow information

	2025	2024
	\$	\$
Reconciliation of cash		
Cash at bank	70,398,412	53,815,394
	70,398,412	53,815,394
Reconciliation of cash flow from operating activities with the surplus/(deficit)		
Surplus/(Deficit)	83,623	(89,417)
Non cash flows		
Depreciation and amortisation	828,840	931,401
Profit on sale of plant and equipment	(11,391)	(9,403)
Changes in assets and liabilities		
Decrease/(increase) in trade receivables and other receivables	1,521,217	1,703,100
Decrease/(increase) in other assets	(532,671)	(589,035)
Increase/(decrease) in trade and other payables	(144,124)	1,023,929
Increase/(decrease) in contract liabilities	15,548,512	11,028,311
Increase/(decrease) in employee provisions	140,215	(34,986)
Cash flow from operating activities	17,434,221	13,963,900
Changes in liabilities arising from financing activities		
Financial liabilities at the start of the year	2,657,898	2,970,259
Repayments of lease liabilities	(862,594)	(686,206)
Changes in lease assumptions	(31,312)	44,098
Extension of existing lease terms	691,032	73,786
New leases entered into during the year	535,575	255,961
Financial liabilities at the end of the year	2,990,599	2,657,898

Note 20 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:

	2025	2024
	\$	\$
Financial assets		
Cash and cash equivalents	70,398,412	53,815,394
Trade receivables	121,977	1,633,289
Total financial assets	70,520,389	55,448,683
Financial liabilities		
Trade and other payables	2,248,744	2,392,868
Contract liabilities	66,567,434	51,018,922
Other finance liabilities	2,990,599	2,657,898
Total financial liabilities	71,806,777	56,069,688

Primary Health Tasmania Limited

Notes to the Financial Statements for the year ended 30 June 2025

(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 2025

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	
	2025	2024	2025	2024	2025	2024
	\$	\$	\$	\$	\$	\$
Financial assets						
Cash and cash equivalents	70,398,412	53,815,394	-	-	70,398,412	53,815,394
Trade receivables	121,977	1,633,289	-	-	121,977	1,633,289
Total expected inflows	70,520,389	55,448,683	-	-	70,520,389	55,448,683
Financial liabilities						
Trade and other payables	2,248,744	2,392,868	-	-	2,248,744	2,392,868
Contract liabilities	66,567,434	51,018,922	-	-	66,567,434	51,018,922
Lease liabilities	862,594	756,618	2,128,005	1,901,280	2,990,599	2,657,898
Total expected outflows	69,678,772	54,168,408	2,128,005	1,901,280	71,806,777	56,069,688
Net inflow/(outflow) on financial instruments	841,617	1,280,275	(2,128,005)	(1,901,280)	(1,286,388)	(621,005)

(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 \$704,000 (2024: \$538,000).

(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	2025		2024	
		Net Carrying Value	Net Fair Value	Net Carrying Value	Net Fair Value
		\$	\$	\$	\$
Financial assets					
Cash and cash equivalents	(i)	70,398,412	70,398,412	53,815,394	53,815,394
Trade receivables	(i)	121,977	121,977	1,633,289	1,633,289
Total financial assets		70,520,389	70,520,389	55,448,683	55,448,683
Financial liabilities					
Trade and other payables		2,248,744	2,248,744	2,392,868	2,392,868
Contract liabilities		66,567,434	66,567,434	51,018,922	51,018,922
Lease liabilities		2,990,599	2,990,599	2,657,898	2,657,898
Total financial liabilities		71,806,777	71,806,777	56,069,688	56,069,688

(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 2025

Note 21 Auditor's remuneration

	Note	2025	2024
		\$	\$
Remuneration for the auditor for:			
Audit of financial report		26,900	25,750
Audit of grant acquittals (i)		1,130	1,110
Assistance with other audit matters (i)		1,000	-
Total auditor's remuneration	(i)	29,030	26,860

(i) Disclosed as per invoices rendered and expected.

Note 22 Commitments

	2025	2024
	\$	\$
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	51,588,501	44,063,265
• between 12 months and 5 years	5,732,339	8,609,972
Total commitments for operating expenditure	57,320,840	52,673,237

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 23 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 2025

The directors of the company declare that:

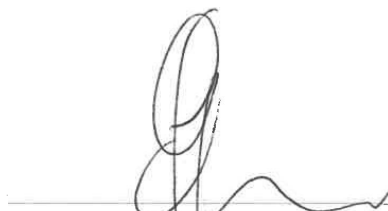
- 1 In the directors' opinion the financial statements and notes thereto are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - (a) comply with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2022*; and
 - (b) give a true and fair view of the financial position as at 30 June 2025 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:



Dr Ginita Oberoi
Dated this 25th day of September 2025



Mr Graeme Bernard Lynch AM
Dated this 25th day of September 2025

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 2025, 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 material 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 2025 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 (including independence standards)* (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

Partner

Date: 30 September 2025

OUR VISION
Healthy Tasmanians

OUR PURPOSE
Creating high quality
healthcare solutions with
the Tasmanian community