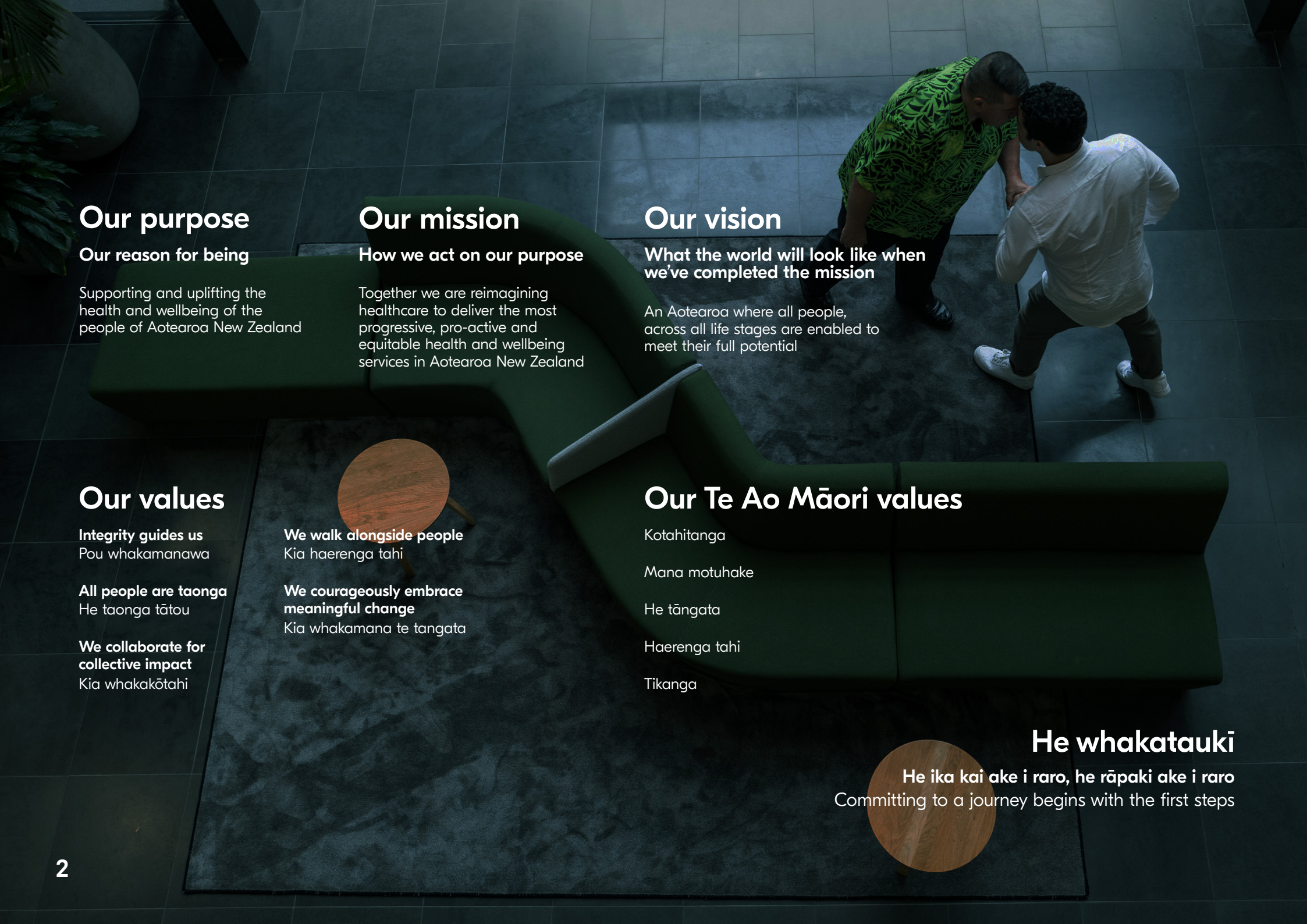
ProCare

Statement of Service Performance

2025



Our purpose

Our reason for being

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

Our mission

How we act on our purpose

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

Our vision

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

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

Our values

Integrity guides us
Pou whakamanawa

All people are taonga
He taonga tātou

We collaborate for collective impact
Kia whakakōtahi

We walk alongside people
Kia haerenga tahi

We courageously embrace meaningful change
Kia whakamana te tangata

Our Te Ao Māori values

Kotahitanga

Mana motuhake

He tāngata

Haerenga tahi

Tikanga

He whakataukī

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

Who we are

As an organisation we exist to fund, organise, and support trusted, quality primary healthcare for the population of Tāmaki Makaurau. We strive to improve equity of access and outcomes for Māori, Pacific, and at-risk communities.

ProCare is New Zealand's largest primary care organisation and serves the largest Pacific and South Asian populations enrolled in general practice in New Zealand as well as the largest Māori population in Auckland.

We are committed to improving the health of the community with a local and personal approach to delivering world leading health services which are backed by clinical excellence and put whānau at the centre of all care.

As an organisation, we are committed to partnership and innovation to deliver quality healthcare which improves equity of access and outcomes for Māori and Pacific whānau.

The ProCare team includes clinicians, advisors skilled in quality improvement and change management, as well as roles focused on the delivery of clinical services.

Statement of Service Performance Reporting-Judgements

ProCare has been established as a primary health organisation and operates exclusively for the charitable purposes set out in the Statement of Service Performance Reporting.

In compiling the Company's Statement of Service Performance report, management has made judgements in relation to which outcomes and outputs best reflect the achievement of our performance for the Company's mission. This is represented by through the implementation of the Company's 2024-2025 Population Health Plan that aims to empower whānau to be well through three key objectives that span all the ages of our lives, to help achieve our vision that, 'An Aotearoa where all people, across all life stages, are enabled to meet their full potential': ProCare's five-year Population Health Strategy concluded in June 2024, and led to the development of the refreshed one-year plan and revised outcomes for 2024/25.

Outputs and outcomes are aggregated from information reported across the Auckland region.

What we do

1 July 2024 – 30 June 2025

Supporting the health needs of 693,414 people through:

(2024: 860,227)

143
Practices
(2024: 167)

657
Nurses
(2024: 729)

751
General Practitioners
(2024: 903)

63
Healthcare Assistants
(2024: 94)

Collectively providing:

1,673,556
GP consultations
(2024: 2,095,096)

25,280
HPV vaccines
(2024: 26,057)

191,632
Flu vaccines
(2024: 189,291)

61,410
Cervical screens
(2024: 77,649)

30,952
Mental health referrals
(2024: 28,775)

7,533
2 year immunisations
(2024: 9,529)

ProCare's Population Health Plan
2024/25

We have embraced a "Back to Basics" approach for our health plan over the last year, refining our focus to where we can make the greatest impact.

ProCare's Population Health Plan adopted a "Back to Basics" approach, prioritising practical, high-impact support for practices facing workforce shortages, financial pressures, and rising patient needs.

Rather than continuing unfinished activities from the previous five-year strategy, the plan focused on helping practices adapt to COVID-19 recovery, sector reform, and new national health indicators introduced in 2025 by Health New Zealand | Te Whatu Ora (such as immunisation and smoking cessation reporting).

This reset has enabled practices to remain resilient, deliver equitable, high-quality care, and stay aligned with ProCare's long-term Population Health Goals and the Our Picture of Health framework. We have implemented this through a strategic approach focused on three key pillars.

Population health approach

2024/25

01 Support high quality access to care

Support general practices to provide consistent and high-quality access to primary care services despite the ongoing challenges facing the sector.

02 Achieve health goals

Support practices to help achieve health measures and KPIs as set in the "Our Picture of Health' (OPoH) goals:

- 2.1 Children to have a healthy start to life
- 2.2 Increasing youth engagement with primary care
- 2.3 All people in a whānau are engaged and enabled to improve wellbeing
- 2.4 Improved quality of life for people living with long-term conditions
- 2.5 Older people to have improved quality of life.

03 Build strategic partnerships

Develop national, regional and local partnerships and be active in associated working groups to ensure we are supporting our enrolled population.

01 Support high quality access to care

Milestones and achievements

- Developed a comprehensive reporting tool to look at general practice workflows, revenue, protocols, and processes to address areas of concerns. The tool we developed uses Power BI (Microsoft business analytics) and is called 'Operational Excellence'
- Identified how practices were successfully achieving Population Health Goals, documented the process and shared these across the Network to enable other practices to benefit from approaches and learnings
- Investing in tools and services such as population health data analytics, technology & AI tools to help reduce administrative burden on practices, conduct health checks, improve efficiency and patient experience
- Ran initiatives to drive collaborative behaviour in and between practices and competitiveness to achieve KPI measures.

Ongoing activity

- Over the coming year we will continue to engage with practices and identify new technology solutions and opportunities so we can test and scale in a low-risk way and help to reduce administrative burden, so we can learn quickly and share what works across the Network – we have not documented this work to date.

02 Achieve health goals

Milestones and achievements

2.1 Children to have a healthy start to life

- Provided the Network with clear guidelines for newborn enrolments and encouraged integration into practice workflows to ensure babies are connected to health services as early as possible
- Supported the Network to improve newborn immunisation rates in alignment with Health New Zealand's strategic direction, by using enrolment as a key mechanism. Strategic, process-improvement support was delivered through on-site visits, webinars, and regular communications
- Partnered with The Fono, an Auckland healthcare provider to deliver the Pacific Child Immunisation Project, with the goal of improving practice relationships with their communities and connect with whānau (to increase vaccination rates)
- Expanded the role and use of the Ara Hauora mobile health service to reach more communities with high unmet health needs — particularly those who have been harder for practices to engage with. The service attended health expos and events, and visited churches and marae, helping connect people who may not otherwise have access to healthcare and screening
- Worked with practices to identify unvaccinated babies and implement improved immunisation recall methods. These approaches were shared across the Network to support learning and encourage adoption by other practices
- Continued to drive performance of practices through targeted videos and messaging explaining the purpose behind health initiatives, like childhood immunisations, and updating content on the Members' Website
- Developed a research report to understand young Māori whānau attitudes and perceptions towards pēpi immunisation, with the aim of identifying the key factors influencing decision-making. Shared findings and outcomes with the network.

Suspended activity

- Continue to explore tools and assessments to help practices improve health outcomes for hapū māmā and their babies, like The Best Start Kōwae Tool (funding for this tool ended July 2025). This work was reprioritised in 2024/25 to allow greater focus on enrolments and immunisations.

02 Achieve health goals

Milestones and achievements

2.2 Increasing youth engagement with primary care

- Provided management, direction, and oversight of enhanced school-based health services, in 11 Auckland district high schools and several alternative education sites. Services included nurse-led clinics, with visits from GPs and psychologists, providing accessible and engaging youth friendly healthcare
- Worked with schools to help them engage with Year 13 students about health services available to them, like GPs, social, dental, and sexual health services to make sure young people are informed and connected to care as they move into adulthood
- Enabled more than 50 practices to improve access to mental health and wellbeing support in their practice through the funding of Te Tumu Waiora (TTW) an integrated behavioural model of healthcare, also known as Integrated Primary Mental Health & Addiction Services (IPMHAS). Roles includes Health Coaches and Health Improvement Practitioners that could provide free alternative support to young people
- Distributed information to practices about gender affirming care in primary health, including pathways for training for clinical and non-clinical staff, and funding of some appointments for hormone therapy
- Continued to engage with practices by leveraging communication channels such as the Members' Website with information and links relevant to the 'Youth to increase engagement with primary care' goal.

Ongoing activities

- Information on how to create Youth Friendly Practices remains accessible to the Network through the Members' Website
- A youth health brochure was made available on the Members' Website for practices to download as needed to help youth understand what health services are available to them.

02 Achieve health goals

Milestones and achievements

2.3 All people in a whānau are engaged and enabled to improve wellbeing

- Trained Health Coaches to deliver smoking brief advice and improve referral quality to cessation services. A series of support videos were added to the clinical section of the Members' Website to further build workforce capability
- Continued the rollout of the TTW health model and worked with the wider team (TTW Leads, Health Coaches and Health Improvement Practitioners) to strengthen their understanding of key pathways to providing health support, such as cardiovascular (CVD) risk assessment and smoking brief advice, and how these contribute to achieving population health goals (KPIs)
- Continued to support the rollout of HPV self-testing through Network communications, reinforcing awareness of this option among practices. Messaging also promoted culturally appropriate care and reminded providers that cervical smears remain necessary for some individuals at risk
- Built on previous success working with practices to focus on equity-driven tasks, such as encouraging practices with the highest number of Pacific women to increase cervical screening completion rates (aiming for over 50%) to help close the screening gap
- Explored a process for accepting overseas screening results for cervical screening to increase understanding of health results for Asian populations
- Set a cervical screening coverage goal of 65% for Māori and Pacific peoples across Network practices. By February 2025, the target was exceeded with coverage reaching 67%, meaning more people received the health checks needed to understand their health and stay well
- Encouraged practices to review and update their alcohol brief advice education, promoting the use of Ko Awatea LEARN — Health New Zealand's learning platform — through the clinical section of the Members' Website and Network communications
- Built on existing practice knowledge and past initiatives to tailor approaches for increasing smoking brief advice (SBA) and cervical screening rates for practices with the greatest need. SBA support included funded Smokefree Contractor providing SBA on behalf of practices and onsite training. Cervical screening support was customised by staff to match individual practice needs
- Continued to update the Members' Website with information and links relevant to the 'All people in a whānau are engaged and enabled to improve wellbeing' goal ensuring that practices had timely access to supporting material
- Continued to drive performance of practices through targeted videos and messaging explaining the purpose behind health initiatives and practical steps to achieve them, like Ready Steady Quit (smoking cessation) videos.

Suspended activity

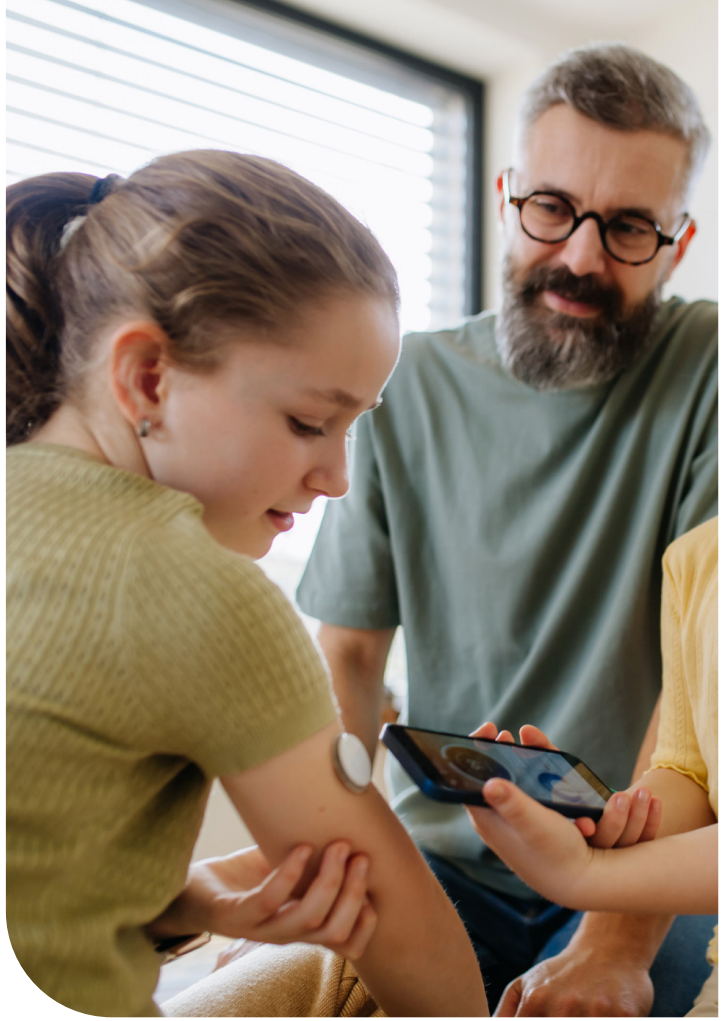
- Due to legal constraints around data sharing, we were unable to progress partnerships with Well Women and Family Trust aimed at identifying and supporting wāhine overdue for screening or at higher risk.

02 Achieve health goals

Milestones and achievements

2.4 Improved quality of life for people living with long-term conditions

- Encouraged practices to increase cardiovascular risk assessments, particularly among newly eligible Māori and Pacific populations. Applying learnings from prior campaigns, an incentive ensured we were able to reach the screening target of 90% of the eligible population
- Supported practices in addressing long-term condition gaps using tools like the CVD readiness report, diabetes overview, and unmet needs lists. This included delivering targeted training such as sessions for pharmacists in the Comprehensive Primary and Community Care Teams (CPCT) programme to improve patient management of microalbuminuria
- Funded practices to deliver self-management education for their patients and/or shared medical appointments. These new initiatives aimed to demonstrate the value of these self-help care models in improving support for people living with long-term conditions
- Successfully completed an audit across five general practices, identifying key reasons for microalbuminuria treatment exemptions, primarily GP-initiated and due to intolerance, contraindications, declined treatment, or missing codes providing valuable insight to inform future clinical guidance
- Supported practices in identifying and managing patients needing dual therapy or treatment for microalbuminuria. This was delivered through broad Network communications to raise awareness and encourage appropriate patient management
- Invested in a technology platform and digital assistants for practices to conduct health checks (e.g. CVDRA) in an automated manner to improve efficiency and reduce administrative burden
- Continued to drive performance of practices through targeted videos and messaging explaining the purpose behind health initiatives, diabetes awareness, updating content on the Members' Website.



Ongoing activity

- We will invest in digital tools such as the patient dashboard prompts to include primary prevention of cardiovascular disease (dual therapy), enabling practices to easily identify patients requiring treatment. Implementation is set for July 2025, with reporting to commence in the following financial year.

02 Achieve health goals

Milestones and achievements

2.5 Older people to have improved quality of life

- Issued communications to practices about resources that were available for people aged 65 years and over are eligible for the funded flu vaccine — with a result of an additional 2,341 people getting vaccinated in 2024/25 compared to 2023/24
- Continued to update the Members' Website with information and links relevant to the 'Older people to have improved quality of life' goal.

03 Build strategic partnerships

Milestones and achievements

- Partnered with national, regional, and local stakeholders to support organisational priorities and respond to evolving needs including:
    - **Iwi Māori Partnership Boards:** Maintained consistent engagement through the Kaiwhakahaere Hauora Māori, Mana Taurite (General Manager of Māori Health and Equity) and Senior Māori Advisor, with work underway to develop a cohesive plan for future collaboration
    - **Health New Zealand:** ongoing engagement and collaboration in a range of strategic, operational, and implementation groups, like, the Primary Care Clinical Leaders Group, and the Patients After hours and Urgent care Access group
    - **Community working groups:** Continued to strengthen local connections and work with community-led initiatives such as, Health Village Action Zone that work at a number of Auckland churches, and health charities like Diabetes NZ and Arthritis NZ
- Supported practices to explore and adapt to future models of care in response to workforce shortages and sustainability challenges. This included:
    - **Health Care Home:** Provided resources and guidance
    - **CPCT programme:** Advocated and secured an additional year of funding through to June 2026
    - **Telehealth:** Funded CareHQ appointments over the Christmas – New Year period, reducing patient costs
    - **Ara Hauora:** Promoted community use of the service to complement in-practice care.

Table of health outcome measures

KPI measure	Achieved	Targets	Result 2024/25	Result 2023/24
85% of smokers offered smoking brief advice	Y	85%[#]	88%	82%
82% of people with diabetes and microalbuminuria are treated with an ACE or ARB*	Y	82%	84%	83%
65% of those with a 5-year CVD risk of 15% or more are on dual therapy for primary prevention*	Y	65%^	71%	66%
65% of Māori and Pacific wāhine receive cervical screening	Y	65%	68%	NA *measure set 23/24*
83% of Māori and Pacific 2-year-olds are fully immunised**	Y	83%	89%	80%^^
83% of Māori and Pacific 8-month-olds are fully immunised**	N	83%	82%	80%

[#] KPI in FY23/24 was 90% and the result was 82%, so the KPI for FY24/25 was reduced to 85%; population cohort maintained

** Patients removed (microalbuminuria and dual therapy coded exempt, respectively) from the eligible population*

^ In FY23/24 the dual therapy KPI was 62% for the Māori and Pacific combined population. As there was no equity gap identified in for this indicator in FY24/25, this was changed to include the total population and to reach 65% of this cohort

*** Decliners and babies overseas (for 8-month and 2-year-olds) are excluded. KPI changed from total population to Māori and Pacific population reporting to address the ethnicity gap identified in FY23/24*

^^ In FY23/24 the result of immunisations for 2-year-olds was 87% for total population, and the KPI was 90%

Updated measures for FY24/25 to reflect our focus areas, included comparable data, where available, to ensure consistency, and established new baselines for future reporting

KPI: Establish a baseline for atrial fibrillation prevalence (Achieved: Y)

To support the 2024/25 measure of establishing a baseline for prevalence of atrial fibrillation we have reviewed the indication data, including the number of enrolled patients, expected future prevalence, and percentage of patients who have received risk assessments or have been prescribed treatment. The baseline was set on 31 March 2025 and will be used in the following financial year to measure performance and set future targets.

KPI: Establish a baseline for bias & equity audit (Achieved: Y)

To support the 2024/25 measure of establishing a baseline for cultural bias and equity auditing, the Equity Team at ProCare developed the TIKA Tool. Based on evidence, experience, and environmental scanning, the tool helps general practices apply Te Tiriti o Waitangi principles and assess responsiveness to tikanga Māori in both clinical and administrative settings. It was made available to practices in May 2025 and will be used in the following financial year to measure performance and set future targets.

Summary of advocacy submissions

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

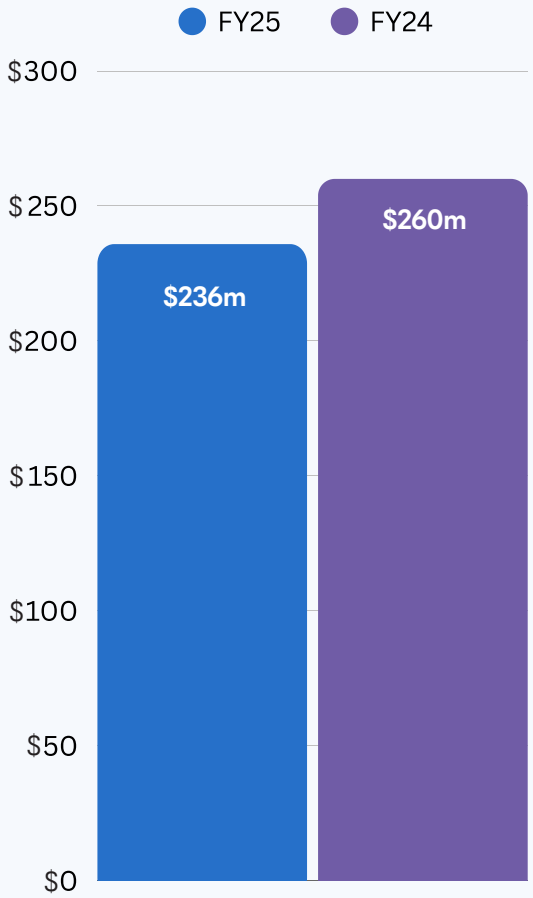
Key areas of advocacy included over the past 12 months included:

1. Modernising health workforce regulations (*Ministry of Health)
2. Oestradiol patches funded brands (Pharmac)
3. Medicines for melanoma (Pharmac)
4. ADHD medicine regulatory and funding changes (Pharmac and Ministry of Health)
5. Letter about funding for nasal spray naloxone (Pharmac)
6. Principles of the Treaty of Waitangi Bill (Health Committee)
7. Draft Suicide Prevention Action Plan (Ministry of Health)
8. Extending the maximum prescription duration from 3 months to 12 months (Ministry of Health)
9. Medicines for cancer, COPD, and RSV prevention (Pharmac)
10. Removal of renewal criteria for stimulant treatments (Pharmac)
11. Smokefree Environments and Regulated Products Amendment Bill (No 2) (Health Committee)
12. Medicine for ADHD (Pharmac)
13. Medicine for heart failure (Pharmac)
14. Medicines for several health conditions (Pharmac)
15. Therapeutic Products Act Repeal Bill (Health Committee)

**The name in brackets represents the government organisation where submissions, letters or meetings were held with*

Funding revenue recognised

Total funding ($m)



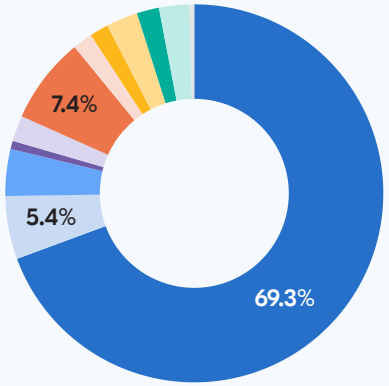
Decrease is due to the departure of Green Cross practices in FY25.

99.95% of funding is received from Te Whatu Ora Te Toka Tumai, Te Whatu Ora Counties Manukau and Te Whatu Ora Waitematā (FY24: 99.92%)

$254k of funding was utilised on Population Health Strategy initiatives (FY24: $448k)

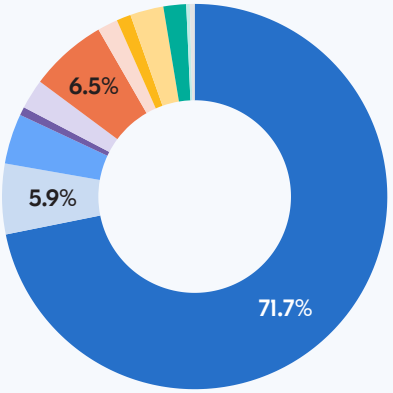
FY25 revenue streams

- First level services **69.3%**
- Care Plus **5.4%**
- Services to improve access **4%**
- Health promotion **0.7%**
- Contribution to management costs **2.2%**
- Other programmes **7.4%**
- Performance management fee **1.7%**
- GP access to diagnostic radiology **1.6%**
- Te Tumu Waiora (HNZ) funding **2.7%**
- Pay disparities in general practice providers nursing and kaiāwhina workforces **1.9%**
- Comprehensive primary & community care teams (CPCT) **2.6%**
- MOH **0.4%**



FY24 revenue streams

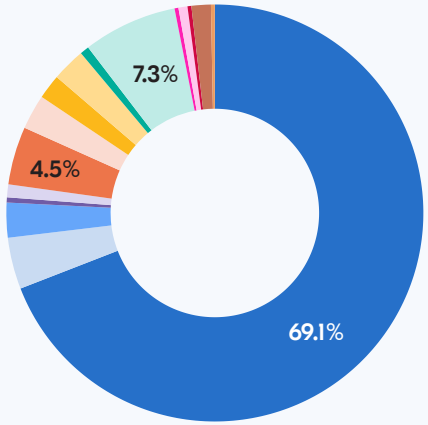
- First level services **71.7%**
- Care Plus **5.9%**
- Services to improve access **4.2%**
- Health promotion **0.7%**
- Contribution to management costs **2.5%**
- Other programmes **6.5%**
- Performance management fee **1.7%**
- GP access to diagnostic radiology **1.2%**
- Te Tumu Waiora (HNZ) funding **2.8%**
- Pay disparities in general practice providers nursing and kaiāwhina workforces **1.9%**
- Comprehensive primary & community care teams (CPCT) **0.3%**
- MOH **0.4%**



Clinical and Administrative Expenditure Incurred

FY25 spend

- First level funding to general practitioners **69.1%**
- Care Plus **4.0%**
- Services to improve access **2.7%**
- Health promotion **0.4%**
- System Level Measures Framework **1%**
- Other programmes **4.5%**
- Te Tumu Waiora (HNZ) - ProCare Fresh Minds Limited **2.7%**
- Pay disparities in general practice providers nursing and kaiāwhina workforces **1.9%**
- Comprehensive primary & community care teams (CPCT) **2.6%**
- Primary mental health services **0.7%**
- Administrative expenses **7.3%**
- Long term conditions **0.3%**
- Youth Service Alliance **0.7%**
- Cardiovascular disease (CVD) **0.3%**
- Primary Care Equity Adjustment **1.5%**
- Patient Access Subsidy **0.3%**



FY24 spend

- First level funding to general practitioners **71.5%**
- Care Plus **4.7%**
- Services to improve access **2.9%**
- Health promotion **0.4%**
- System Level Measures Framework **1%**
- Other programmes **3.9%**
- Te Tumu Waiora (HNZ) - ProCare Fresh Minds Limited **2.8%**
- Pay disparities in general practice providers nursing and kaiāwhina workforces **1.9%**
- Comprehensive primary & community care teams (CPCT) **0.3%**
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- Administrative expenses **6.8%**
- Long term conditions **0.3%**
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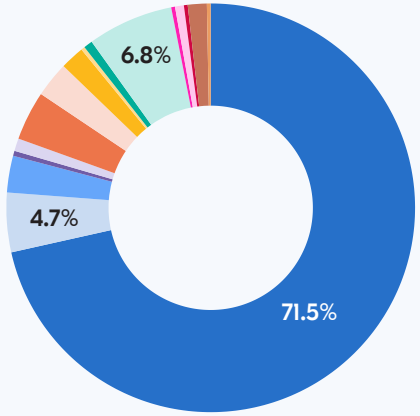
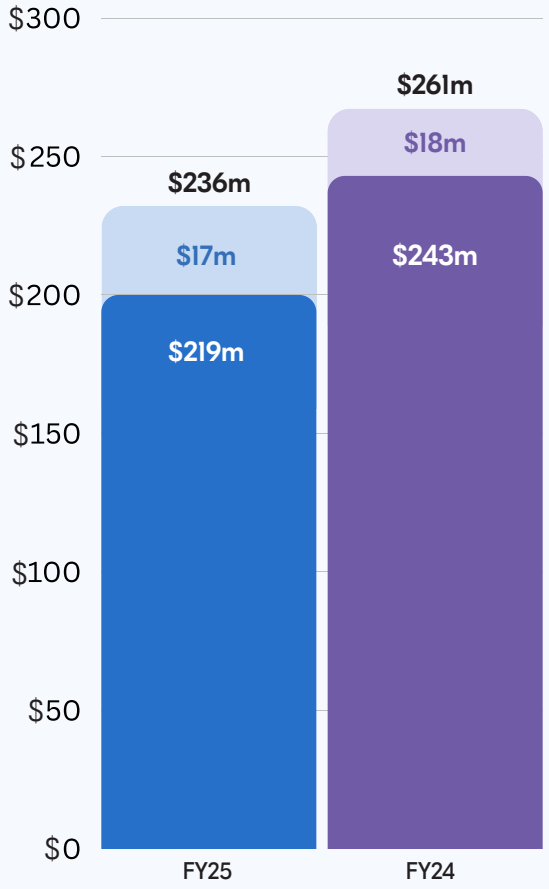


Total expenses ($m)



Decrease is due to the departure of Green Cross practices in FY25.

Whakapuaki tānga

Our Declaration of Intent

We're born full of potential, of spirit, of hope, of readiness
Ready to experience all that life brings to us
Ready with laughter
Ready with tears, sometimes of joy, sometimes of pain
Ready to feel
It makes us want to support
To uplift
To be present
To be there
It makes us want to care
For people, for whānau
Delivering progressive, pro-active and equitable services
Walking alongside people, a precious taonga
With empathy, with kindness, with humility
Presenting pathways to enable potential to thrive
It's the best of what makes us human and all of what makes us ProCare

Healthcare reimagined

ProCare