

Healthcare of New Zealand Holdings Limited

**Notice seeking clearance to acquire 100% of the shares of
Geneva Healthcare Limited and related entities**

To: registrar@comcom.govt.nz

Executive summary

Healthcare NZ seeks clearance to acquire Geneva	<p>Healthcare of New Zealand Holdings Limited (Healthcare NZ) seeks clearance to acquire 100% of the shares of Geneva Healthcare Limited and the related entities described in paragraph 11 of the application (Geneva) from Geneva Group Holdings Limited.</p> <p>The acquisition will add scale to Healthcare NZ that will enhance its capability to continue its drive to provide services in the most cost-effective way it can. Healthcare NZ expects to share the benefits of the acquisition with its customers and the people to whom it delivers services.</p>
Aggregation of home and community support services	<p>The acquisition will result in the aggregation of Healthcare NZ's and Geneva's home and community support service businesses. Home and community support services enable injured, unwell, disabled and elderly New Zealanders to continue to live in their own homes through the provision of personalised care. (The acquisition will also result in some other minor overlaps, and this application addresses these.)</p> <p>Healthcare NZ was the successful bidder in a competitive sales process. That process is currently on hold. Other bidders have been told that the process is on hold, but have not been told that Healthcare NZ was the successful bidder, although there are still other interested parties. Therefore, if this acquisition does not proceed, it is likely that Geneva will continue as an independent provider (albeit under new ownership).</p>
Government agencies fund almost all home and community support services	<p>The home and community support services market is characterised by large funders who contract with providers. Government agencies fund almost all home and community support services.</p> <ul data-bbox="558 1276 1388 1792" style="list-style-type: none">• ACC funds both short-term and long-term home and community support services for those people injured in an accident.• New Zealand's 20 District Health Boards (DHBS) fund aged care home and community support services for New Zealand over 65 or who meet specific criteria.• The Ministry of Health funds home and community support services for New Zealanders under 65 who have a disability (or who meet other criteria).• Privately funded services have a minor role in the market given these public sources of funding, and Healthcare NZ and Geneva are relatively small providers of privately funded services.
Continued pressure from funders to reduce prices	<p>Public funders' budgets have continued to come under pressure to deliver an ever-increasing level of health services. In response, the funders have looked for ways to constrain the amount they spend on home and community support services. This has led to decreases in margins in the sector.</p>

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Healthcare NZ expects this trend to continue; the acquisition will not change that trend.

All funders will retain sufficient options

The home and community support services market is characterised by three national provider groups and numerous regional or supra-regional providers. These providers are all competing to be contracted by funders, and this is where price and service levels are set.

While the acquisition combines two national providers, all funders will still have one alternative national provider and numerous regional or supra-regional providers to contract with.

Healthcare NZ expects that many or all of these providers would readily expand to supply services to a new funder or in a new region were they given the opportunity and incentive to do so.

Healthcare NZ holds this view because entry and expansion conditions are very low. Competing in the market does not require significant capital investment, and little incremental capital investment for expansion.

Rather, the two major resources needed for expansion are support workers and the technical/logistical capability to put together proposals, win contracts and organise/operate the services.

While support workers are valuable and skilled at what they do, they are not highly specialised. There are already 55,000 support workers in New Zealand, and these workers are not subject to restraints that would prevent them working for a new employer.

The ease of entry and expansion is illustrated by the fact that two of the larger providers have been actively seeking to expand their services in the last few years.

Funders have significant countervailing power

In addition to simply choosing between the numerous existing providers, funders can exert significant countervailing power in other ways. Funders can and do structure their contracting behaviour to harness competition between and constrain providers.

Moreover, given low barriers to entry and expansion, funders can encourage new entry or expansion, to achieve their goals.

Therefore, no change in funders' ability to constrain Healthcare NZ

Therefore, the acquisition will not materially impact funders' ability to constrain Healthcare NZ in the future.

Indeed, Healthcare NZ expects that funders will seek to share in the benefits Healthcare NZ will achieve from the acquisition.

No substantial lessening of competition

For all these reasons, Healthcare NZ considers that its acquisition of Geneva will not substantially lessen competition. Healthcare NZ, therefore, requests that the Commission grant clearance for its acquisition of Geneva.

Confidentiality

1. Confidential information in this application is enclosed in bolded square brackets (i.e., [REDACTED]) and listed in Attachment A. The confidential information is commercially sensitive, and disclosure of it would be likely to prejudice Healthcare NZ's or Geneva's commercial positions unreasonably.

The parties

Healthcare of New Zealand Holdings Limited – the Applicant

2. The applicant for clearance is Healthcare of New Zealand Holdings Limited (**Healthcare NZ**). Healthcare NZ is the holding company of several operating companies that deliver services designed to meet the specific needs of the people they support, in their homes and communities. In summary, Healthcare NZ's subsidiaries are:

Healthcare of NZ Limited	Provides: <ul style="list-style-type: none">• home and community support services and nursing services and is contracted to various DHBs throughout the country for that purpose;• home and community support services for people with mental health issues, funded by the Ministry of Health; and• training for the health and disability support sector to train and develop workers to meet contractually required qualification standards.¹
NZCare Group Limited	Provides support to people with disabilities (including people with intellectual and physical disabilities, Huntington's disease and Autism Spectrum Disorder) and their family/whānau. The Ministry of Health funds these services as part of its Disability Support Services.
Healthcare Rehabilitation Limited	Provides injury-related home and community and nursing services, including highly complex, serious injury support services. A 'lead provider' to ACC for home and community support services and a contracted provider of ACC nursing services. (What a 'lead provider' is, and how the ACC contracts for services is discussed later in this application.)

¹ Healthcare NZ runs its training as a cost centre rather than a commercial operation. As a very small addendum (gross revenues \$[REDACTED] per year) Wellcare Training provides training support to third parties as an assistance rather than a commercial operation. Wellcare Training is not currently seeking other third-party work.

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Explore Services Limited

Provides specialist behaviour support services for people with challenging behaviour. The Ministry of Health funds these services and selected Healthcare NZ as the sole provider of these services after a competitive tender in 2013.

Solora Limited

Contracted lead provider of home and community support services for ACC. Does not provide any services itself; all services provided by a nationwide network of 15 sub-contractors with Solora retaining a small portion of the funding ([REDACTED]) to provide a return. (What a 'lead provider' is, how the ACC contracts for services, and Solora's role is discussed later in this application.)

3. Healthcare NZ also has a 49% shareholding in Pharmacy 547, a Hamilton pharmacy and a 70% shareholding in Freedom Medical Alarms, which provides personal alarms that give people direct access to an emergency ambulance communications centre. Healthcare NZ is looking to cease or reduce its involvement in each of these companies.
4. Healthcare NZ's contact details are:

Nokia House, 13-27 Manners Street
Wellington, 6011

PO Box 24445, Manners Street
Te Aro
Wellington 6142

Attention: Jaimes Wood, Chief Executive
5. Healthcare NZ requests that the Commission sends all correspondence regarding this application to David Blacktop (david@blacktoplawyers.com).

Geneva – the target

6. Geneva Healthcare Limited and related entities (Geneva) are the companies Healthcare NZ is acquiring. Geneva's structure chart is below. The trading companies within Geneva are Geneva Healthcare Limited, and Geneva Elevator LP (a limited partnership in which Geneva has a 50% share). Geneva Healthcare Central Ltd and Geneva Northlink Healthcare Ltd trade as non-disclosed agents for Geneva Healthcare Limited under an agency agreement but do not trade in their own right.



7. Like Healthcare NZ, Geneva is a lead provider for the ACC for home and community support services. Geneva is also contracted to ACC to provide community nursing services, and provides home and community support services to DHBs and the Ministry of Health. Geneva provides most of these services itself, but also has nine sub-contractors which provide home and community support services on its behalf.
8. In addition to home and community support services, Geneva provides community living services to New Zealanders who have a physical or intellectual disability and has contracts with ACC to provide specialist allied health and supported rehabilitation services. Geneva also provides temporary staffing and recruitment services to hospitals and other providers. Finally, Geneva Elevator Limited Partnership holds several contracts for supported employment and training for work services.
9. Geneva's contact details are:

Level 2, 139 Quay Street
Auckland 1010

PO Box 106 339
Auckland 1143

Attention: Josephine Wallis, Chief Executive
10. Geneva requests that the Commission sends all correspondence regarding this application to Tony Dellow and Dipti Manchanda at Buddle Findlay (tony.dellow@buddlefindlay.com / dipti.manchanda@buddlefindlay.com).

The acquisition

Healthcare NZ to acquire 100% of the shares in Geneva

11. Healthcare NZ is acquiring 100% of the shares in Geneva by virtue of acquiring 100% of the shares from each of Geneva Health Technology Ltd, Geneva Care Ltd, Geneva Healthcare Ltd, Geneva Clean Ltd, and My Skill Ltd from Geneva Group Holdings Limited. A copy of the sale and purchase agreement is attached as Confidential Attachment C. That sale and purchase agreement is confidential.
12. The parties signed the sale and purchase agreement on 29 May 2017. There are three conditions in the sale and purchase agreement:
 - 12.1 receipt of clearance for the acquisition from the Commerce Commission;
 - 12.2 assignment of the head office lease; and
 - 12.3 consent from ACC to the deemed assignment provision as a result of a change in control of Geneva.
13. The parties expect the conditions in 12.2 and 12.3 to be satisfied shortly.
14. There is an ancillary escrow agreement between Geneva, Healthcare NZ, and Buddle Findlay (as escrow agent), dated 29 May 2017, which relates to the deposit payable under the sale and purchase agreement.
15. While Geneva has some business interests outside New Zealand, Healthcare NZ is not informing any overseas competition agency about the acquisition.

Healthcare NZ's rationale for the transaction

16. Healthcare NZ did not have a strategy to acquire Geneva. Indeed, Healthcare NZ had never considered the idea until it learned through marketplace comment of the Geneva's owners' decision to sell their interests in Geneva. After due consideration of the matter Healthcare NZ decided to investigate the opportunity to acquire Geneva.
17. Healthcare NZ sees the acquisition as adding scale that will enhance its capability to continue its drive to provide services in the most cost-effective way it can. Two benefits particularly stand out.
 - 17.1 The first is better nationwide coverage, particularly in Auckland where Geneva has a materially more significant on-the-ground presence than Healthcare NZ.
 - 17.2 Second, in systems. Healthcare NZ understands that Geneva has developed IT (e.g. customer relationship software) and training systems superior to those currently in use by Healthcare NZ that could usefully be employed throughout the whole organisation.
18. Healthcare NZ fully expects that the funders it contracts with, will benefit from the scale benefits Healthcare NZ will achieve through the acquisition.

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Geneva's rationale for selling the business

19. The shareholders of Geneva are comprised of a diverse base of executive and non-executive directors who are at differing stages of their working lives and investment life cycles. The shareholders recognise that the healthcare sector is currently experiencing a period of transformation and consolidation and believe that this is an opportune time to exit the business and enable new shareholders to grow the Geneva business.

Counterfactual

20. Healthcare NZ was the successful bidder in a competitive sales process. Therefore, if this acquisition does not proceed, it is likely that Geneva will continue to operate independently (albeit under new ownership). Healthcare NZ has framed this application for clearance against that counterfactual.

Why the acquisition will not substantially lessen competition

Overlap between Healthcare NZ and Geneva

21. The major overlap arising from the acquisition is in the home and community support services market, and this application focusses on competition in that market.
22. However, the acquisition will also result in minor aggregation between Healthcare NZ and Geneva in respect of:
 - 22.1 residential disability support services;
 - 22.2 community nursing services; and
 - 22.3 bureau nursing services.²

Residential disability support services

23. Residential disability support services enable people with a disability to live in a supported community environment. The Ministry of Health funds these services. Healthcare NZ estimates that around 6,000 New Zealanders are supported in this way.
24. Geneva supports approximately 176 people in 26 houses in Auckland, Hamilton, Rotorua and Tauranga. Healthcare NZ (through NZCare Disability) supports 580 people in 120 homes throughout New Zealand. IHC is the largest provider supporting around 1,800 people. A range of other providers support the remaining approximately 3,500 New Zealanders who use these services.

Community nursing services

25. Community nursing services provide nursing services to people in their homes. Both Healthcare NZ and Geneva offer community nursing service and are contracted to the ACC to provide nursing services. Healthcare NZ and Geneva are relatively small participants in this market, and there are many competing providers throughout New Zealand.³

Bureau nursing services

26. Bureau nursing services involve providing temporary and short-term contract nursing staff. Healthcare NZ operates a small bureau nursing service in Wellington, while Geneva's is nationwide (and international). Capital & Coast DHB now self-provisions much of the temporary support it needs, and there are also other providers in the Wellington region, notably Care on Call, Senate, Astra and Kiwikatou.

Home and community support services

Summary

27. Government agencies fund almost all home and community support services. Healthcare NZ and Geneva are already contracted to provide those services, and so any change in terms

² Healthcare NZ and Geneva also train their own support care workers, but neither provides training to any other party.

³ The ACC's contracted providers are set out at <http://www.acc.co.nz/for-providers/nursing-services/index.htm>.

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would only occur when those contracts are retendered or renegotiated. At that time, Healthcare NZ will continue to be constrained in all parts of New Zealand by funders' ability to access alternative providers (national and regional) and structure their contracts to exercise countervailing market power.

28. For these reasons, Healthcare NZ considers that its acquisition of Geneva will not substantially lessen competition in the home and community services market, however that market is defined.

Home and community support services

29. The nature of home and community support services is described on the Home & Community Health Association's website as follows.

Home and community support includes a range of services available for people who need support to live at home. Services include personal care, household management, nursing treatment, and complex care for people with serious needs.

Community-based agencies and companies employ support workers, caregivers and health care professionals to provide these services. Home support for those living with disability and injury related needs can also be provided by family carers. It can be managed by the person using the services or by their representative.⁴

30. Almost all home support services are publicly funded.

30.1 ACC funds both short and long-term home and community support services for those people injured in an accident.

30.2 New Zealand's 20 DHBs fund aged care home and community support services for New Zealand over 65 or who meet specific criteria. The DHBs provide this funding on behalf of the Ministry of Health.

30.3 The Ministry of Health funds home and community support services for New Zealanders under 65 who have a disability. This funding forms part of the Ministry's Disability Support Services.

31. Each funder contracts with providers to provide home support services, although they all procure the same essential services. This is illustrated by how funders describe the services they procure. ACC describes home and community support services as follows.

Home and Community Support Services include personal support (for example, assistance with personal hygiene and grooming, toileting, transfers and mobility) and household support (for example, vacuuming and laundry).⁵

32. The Ministry of Health describes home support services funded by DHBs as follows.

Support services for older people are funded by district health boards (DHBs). They are services or things that help you to stay in your home for as long as you can.

⁴ See <http://www.hcha.org.nz/about-us/about-support-services/>.

⁵ See <http://www.acc.co.nz/for-providers/contracts-and-performance/all-contracts/WPC118752>

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They may include:

- personal care (e.g., getting out of bed, showering, dressing, medication management)
- household support (e.g., cleaning, meal preparation)
- carer support (help for the person who lives with you and/or looks after you for 4 hours or more each day)
- equipment to help with your safety at home.⁶

33. Similarly, the Ministry describes home and community support services provided for New Zealanders with disabilities as follows.

Home and Community Support Services funded by the Ministry are services to help you live at home. They can help with both household management and personal care.

Household management may include help with:

- meal preparation
- washing, drying or folding clothes
- house-cleaning, vacuuming and tidying up.

Personal care may include help with:

- eating and drinking
- getting dressed and undressed
- getting up in the morning and getting ready for bed
- showering and going to the toilet
- getting around your home.⁷

34. As can be seen from these descriptions, while home and community support services require particular skills and attributes, they are not specialist medical services as such.

The relevant market – New Zealand market for home and community support services

35. Healthcare NZ considers that the relevant market is the national market for the provision of home and community support services.⁸ This market encompasses all the different combinations of services provided, all the different types of services, and all the different regions in New Zealand.

⁶ See <http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/support-services-older-people>

⁷ See <http://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/home-and-community-support-services>

⁸ The ACCC has considered similar markets in *Decision in respect of a notification lodged by Attendant Care Industry Association of NSW Inc*. The ACCC considered there was a market for “the supply of attendant care services in NSW and a series of regional areas around Australia”. However, the ACCC did not analyse the specific markets in detail and so little weight can be placed on that analysis.

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36. Healthcare NZ believes this approach is appropriate because of the significant degree of supply side substitution that exists across the product, geographic, functional and customer levels of the home and community support services market. That is, while different people need support services for different reasons, and may require different combinations of services, all these different services fall naturally to be provided by the same providers.
37. This is because the key resource needed to provide home and community support services is people, and most particularly support workers. There are 55,000 support workers in New Zealand in the aged and disability residential care and home and community support services sectors.⁹ Providers also employ some nurses and other health professionals to assist in developing and implementing a support plan (a requirement of the ACC contract) but in much fewer numbers.
38. As a result:
- 38.1 there is nothing to prevent a provider of one type of home and community support service (e.g., household management) switching to provide another type of service (e.g., personal care), and generally speaking, clients will not have a different provider of household management and personal care;
- 38.2 there is nothing that would prevent a provider in one region commencing supply in another region;
- 38.3 there is nothing to prevent a provider competing to become a provider to a different funder of services subject to that funder seeking alternative options – e.g., most providers already supply one or more of DHBs, ACC (either as a lead provider or a sub-contractor) and the Ministry of Health; and
- 38.4 there is nothing to prevent a sub-contractor who provides home and community support services funded by ACC, becoming a lead provider at the next contracting round (the ACC contracting system is discussed in more detail below).
39. However, Healthcare NZ does not consider that anything turns on the way the Commission defines the market as all funders in all regions will continue to have sufficient options to constrain Healthcare NZ. This application, therefore, provides information on the home and community support services market, and the home and community support services procured by each funder (i.e., ACC, DHBs, Ministry of Health, and privately funded).

Competition in the home and community support services market as a whole

40. Estimating total revenues in the home and community support services market is difficult as neither DHBs nor the Ministry of Health publishes the amount that they spend on home and community support services.
41. However, Healthcare NZ's best estimate is that total revenues in the home and community support market is in the order of \$580 million to \$600 million per year. This comprises \$165 million of ACC funded services (excluding funding for self-provision), approximately \$240 million-\$260 million of services funded by DHBs, and approximately \$175 million of home

⁹ See <http://www.health.govt.nz/new-zealand-health-system/care-and-support-workers-pay-equity-settlement/pay-equity-settlement-information-employees>

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and community support services funded by the Ministry of Health as part of disability support services.

42. Healthcare NZ's total home and community support revenues are in the order of \$[] million, and Geneva's in the order of \$[] million. Based on these figures, Healthcare NZ's best estimate is that post-acquisition, its revenue share would be in the order of or below []%.


Providers in the home and community support services market

43. The home and community support services market is unconcentrated and characterised by a mix of 'for profit' and 'not for profit', national, supra-regional, and regional providers.
44. Healthcare NZ is the largest provider in the market and would remain so post-acquisition. The next largest provider is Access Homehealth Limited (a for-profit company), a national provider with revenues in the order of \$110 million (19% share). The next largest is Presbyterian Support Northern (a not for profit charity) which operates in the Upper North Island with revenues in the order of \$35 million (6% share).
45. There is a range of providers below that level. Healthcare NZ believes that there are over 50 providers throughout New Zealand, although less than 50 are of substance. The table below outlines the more significant (but not all) providers throughout New Zealand.




Table 1: Providers of home and community support services

Provider	Coverage	Brief description
 <p>Access Community Health Ltd</p>	<p>Nationwide</p>	<ul style="list-style-type: none"> • A division of Green Cross Health Group (includes Unichem and Life Pharmacy). Green Cross is listed on the NZX • Home and community services revenue of approx. \$110 million • ACC lead provider nationally • Sole provider for Capital & Coast, Hutt Valley and West Coast DHBs, and contracted provider to Northland, Waitemata, Counties Manukau, Waikato, Lakes, Taranaki, Hawkes Bay, Mid Central, Whanganui, Wairarapa, Nelson-Marlborough, Canterbury, South Canterbury, and Southern DHBs • Expansion focussed since Green Cross acquired the business from Federated Farmers in 2014




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Provider	Coverage	Brief description
<p>Presbyterian Support (Enliven)</p>	<p>Upper North Island Nelson-Marlborough South Canterbury</p>	<ul style="list-style-type: none"> • Not-for-profit charity • Seven regions throughout the country operating independently: Northern, East Coast, Central, Upper South Island, South Canterbury, Otago, Southland • Presbyterian Support Northern has home and community support services revenues of approx. \$35 million • Presbyterian Support Northern is an ACC Lead Provider for Upper North Island • Presbyterian Support Northern a contracted provider to Auckland, Waitemata, Counties Manukau, Waikato, Bay of Plenty and Lakes DHBs and Ministry of Health • Presbyterian Support Southern contracted provider for Nelson-Marlborough and South Canterbury DHBs and Ministry of Health
 <p>Royal District Nursing Society</p>	<p>Greater Auckland Otago and Southland</p>	<ul style="list-style-type: none"> • Not-for-profit charity • Home and community support services revenues of approx. \$15 million • ACC Lead Provider for Greater Auckland • Contracted provider for Auckland, and Southern DHBs and is seeking to bid for DHB business as it comes up • Contracted to the Ministry of Health





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Provider	Coverage	Brief description
 <p>Vision West</p>	<p>Auckland Waikato King Country</p>	<ul style="list-style-type: none"> • Not-for-profit community trust • Home and community support services revenues of approx. \$14 million • ACC sub-contractor through Solora in Auckland and Waikato • Contracted provider to Waitemata, Waikato and Lakes DHBs • Contracted provider to Ministry of Health
 <p>Healthvision</p>	<p>Northland Auckland Waikato Bay of Plenty Manawatu</p>	<ul style="list-style-type: none"> • For-profit company • Home and community support services revenues of approx. \$13 million • ACC provider via Solora in Auckland, Northland, Waikato, Bay of Plenty, Manawatu • Contracted provider to Counties Manukau and MidCentral DHBs and Ministry of Health
 <p>Lifewise Home and community Services (Methodist Mission Northern)</p>	<p>Auckland</p>	<ul style="list-style-type: none"> • Not-for-profit charity • Home and community support services revenues of approx. \$12 million • Contracted provider for Auckland DHB • Contracted provider to the Ministry of Health




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Provider	Coverage	Brief description
 <p>Nurse Maude Association</p>	<p>Canterbury</p>	<ul style="list-style-type: none"> • Not-for-profit charity • Home and community support services revenues of approx. \$11 million • Sub-contracted ACC provider via Access and Solora • Contracted provider to Canterbury DHB • Contracted provider to Ministry of Health
 <p>Florence Nightingale Agency</p>	<p>Nelson-Marlborough Canterbury</p>	<ul style="list-style-type: none"> • For-profit company • ACC provider via Solora • Contracted provider to Nelson-Marlborough DHB • Contracted provider to Ministry of Health
 <p>Pacific Homecare</p> <p>Pacific Healthcare</p>	<p>Auckland</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Royal District Nursing Society • Contracted provider to Counties Manukau DHB

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Provider	Coverage	Brief description
 <p>Care on Call</p>	<p>Northland Auckland Hawkes Bay Manawatu- Wanganui Wellington- Wairarapa Canterbury</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Solora and Geneva • Contracted provider to Ministry of Health
 <p>Custom Care Nursing</p>	<p>Nationwide</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Solora • Contracted provider to Ministry of Health
 <p>TLC4U2</p>	<p>Northland</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Solora • Contracted provider to Ministry of Health
 <p>Life Plus</p>	<p>Auckland Wellington</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Solora • Contracted provider to Ministry of Health

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Provider	Coverage	Brief description
 <p>Lavender Blue</p>	<p>Manawatu-Wanganui</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Solora • Contracted provider to Mid Central and Whanganui DHBs • Contracted provider to Ministry of Health
 <p>Good Partners</p>	<p>Canterbury Otago-Southland</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Solora • Contracted provider to Ministry of Health
 <p>Home Comfort</p>	<p>Manawatu-Wanganui</p>	<ul style="list-style-type: none"> • For-profit company • Sub-contracted ACC provider via Solora • Contracted provider to Ministry of Health

Geographic spread of providers

46. Table 1 above shows that there are a range providers of varying sizes and with different geographic coverages.
47. Indeed, the market is characterised by three national providers (Healthcare NZ, Geneva, and Access) supplemented in each region by significant regional or supra-regional providers. There are no regions where this acquisition will leave Healthcare NZ as the only provider or even the only national provider. This is illustrated in Table 2 below, which shows the providers Healthcare NZ is aware of in each region in addition to Healthcare NZ and Geneva.

Table 2: Providers by region

Region	Providers in addition to Healthcare NZ and Geneva
Northland	Access Care on Call Custom Care Nursing TLC4U2 Home Support North Charitable Trust Te Hauora O Te Hiku O Te Ika Trust Ngati Hine Health Trust Board Hokianga Health Ngati Whatua O Orakei Health Clinic Ltd
Auckland	Access Care on Call Custom Care Nursing Presbyterian Support Northern LIFEWISE Royal District Nursing Service Te Runanga o Ngati Whatua VisionWest Pacific Home and community Huakina Home and community Counties Manukau Home Care Life Plus Health Vision
Waikato	Access Custom Care Nursing Presbyterian Support Northern VisionWest Te Korowai Hauora o Hauraki Te Kohao Health Te Ata Resthome Disabilities Resource Centre Trust Health Vision

Region	Providers in addition to Healthcare NZ and Geneva
Bay of Plenty / King Country	Access Presbyterian Support Northern Salvation Army Home and community Health Vision Custom Care Nursing Disabilities Resource Centre Trust Korowai Aroha Tuwhare Toa Health Service
Gisborne	Customer Care Nursing CCS Disability Action Ngati Porou Hauora Kaupapa Maori Mental Health Alcohol & Drug Services Ngati Porou Hauora Charitable Trust
Hawkes Bay	Access Care on Call Custom Care Nursing Central Health and Supreme Care
Taranaki	Access Omahanui Home Care Maryann – Age Care Central Custom Care Nursing
Manawatu-Wanganui	Access Lavender Blue Nursing and Home Care Agency Health Vision Home Comfort Custom Care Nursing Care on Call Anglican Care Waiapu
Wellington / Wairarapa	Access Care on Call Customer Care Nursing Home Comfort Life Plus
Nelson-Marlborough	Access Presbyterian Support Southern Florence Nightingale Services Nelson Nursing Services Custom Care Nursing
West Coast	Access Custom Care Nursing

Region	Providers in addition to Healthcare NZ and Geneva
Canterbury	Access Nurse Maude Presbyterian Support Southern Forward Home and community Care on Call Custom Care Nursing Limited Florence Nightingale Services Good Partners Home and community and Nursing Healthvision NZ Insight New Zealand
Otago/Southland	Access Royal District Nursing Service Custom Care Nursing Limited Good Partners Home and community and Nursing

Competition occurs when requirements are tendered or renegotiated

48. Competition in this market occurs (primarily) at discreet times when funders tender or renegotiate their requirements. A level of day-to-day competition remains as providers win clients, but the key price and service parameters are set in tenders or negotiations between providers and funders.
49. Healthcare NZ acknowledges that different providers may have different appetites to expand their services geographically due to their makeup or structure. However, there is nothing structural in the market that would prevent any of those providers expanding their services should a customer show an interest.
50. This is because the key resource needed to expand is people, and specifically support workers. There are 55,000 support workers in New Zealand. This is not a labour constrained market and workers can readily transfer between providers as this is not an industry with restraints of trade.¹⁰ An existing provider will have systems and processes in place already to win contracts and run their operations and could leverage this into other regions with little difficulty.
51. A provider like Access is already present across the country and could easily expand its services in any one or more region. Access has expanded in the Wellington region recently by winning the contract to be the sole provider of home and community services to the Capital and Coast and Hutt Valley DHBs.

¹⁰ The Commission should be aware that support workers are protected by the vulnerable workers provisions of the Employment Relations Act 2000. These protections apply where an employer loses a contract to another employer. Vulnerable workers are able to opt to transfer their employment to the new employer on the same terms and conditions. More information is available at <https://www.employment.govt.nz/workplace-policies/workplace-change/restructuring-when-business-sold-or-transferred/>

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52. Similarly, RDNS, which currently operates in Auckland and the south of the South Island is capable of bidding to become a contracted provider to another DHB. If successful in such a bid, would simply have to employ support workers to provide services in the relevant region.
53. Another example of the ability to expand is Geneva itself. Geneva only recently entered the central North Island through the acquisition of Presbyterian Support Central's home and community support services business. Given the large number of local and regional providers, expansion by acquisition or through partnerships is also an option.
54. The large number of providers, the fact that many of them are not for profit, and the ability of some, or many of them, to increase the number of services they provide with little capital investment means that Healthcare NZ will remain constrained post-acquisition.
55. While Healthcare NZ believes that it is appropriate to look at the home and community services market at this aggregated level, the following sections describe the options available to various funders of services, i.e., ACC, DHBs, the Ministry of Health, and private funders.

Competition for services funded by ACC

56. ACC funds both short and long-term home and community support services for those people injured in an accident. As already described, ACC funds approximately \$165 million of home and community support services. In addition, the ACC provides a further \$57 million directly to clients who self-provision their own care.
57. The ACC splits the services it procures into "Return to Independence" and "Maximise Independence". Return to independence is for clients who are expected to be able to return to their pre-accident level of independence. Maximise independence services are for clients who need long-term support to live their everyday lives and are not expected to return to their pre-injury level of independence. The aim of the service is to assist clients to achieve and sustain their maximum level of participation in everyday life. All providers currently provide both services.

Six lead providers to ACC and numerous sub-contractors

58. ACC has contracts with six lead providers to provide services. ACC awarded these contracts after a competitive tender in 2012. This tender saw ACC reduce its contracted providers from over 90 to 6.
 - 58.1 Healthcare NZ, Geneva and Access are contracted to provide services nationally. These providers use sub-contractors to a greater or lesser extent to supplement the services they provide themselves.
 - 58.2 Solora is also contracted to provide services nationally. Solora provides no services itself but uses 15 sub-contractors to provide these services.
 - 58.3 Presbyterian Support Services (Enliven) is contracted to provide services in the Upper North Island.
 - 58.4 Royal District Nursing Society is contracted to provide services in Auckland.¹¹

¹¹

See <http://www.acc.co.nz/for-providers/contracts-and-performance/all-contracts/WPC118752>

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59. These contracts are in place until August 2018. The contracts have the same fixed price for all providers (subject only to ACC adjustment).¹² The contracts also contain service quality requirements etc. that providers must meet. This means there will be no price or service impact during the current contract term.

Sub-contractors also present

60. Before it appointed six lead providers in 2012, ACC contracted with around 90 providers of home and community support services throughout New Zealand. Many of the providers who missed out on securing lead provider status in 2012 now continue to provide ACC funded services as sub-contractors for the lead providers. Geneva, for example, uses nine sub-contractors to provide services,¹³ while Healthcare NZ uses five.
61. Some sub-contractor relationships are non-exclusive meaning a sub-contractor can sub-contract for more than one lead provider. An example of this is Care on Call who sub-contracts to both Geneva and through Solora.
62. Solora is an umbrella organisation that is an ACC lead provider that does not provide services itself. Solora enables non-lead providers to provide services to ACC under the Solora lead contract. Solora provides systems and processes, assumes the risk of performance and undertakes quality oversight and audit and in return receives a portion ([redacted]) of the ACC funding.¹⁴ From ACC's perspective, it is dealing with a single entity, Solora. From a non-lead provider's perspective, Solora enables a provider to compete to do ACC funded work through Solora.
63. There are currently 15 sub-contractors providing \$[redacted] million of services through Solora nationally across New Zealand.
- 63.1 Care on Call
 - 63.2 TLC4U2
 - 63.3 Custom Care Nursing Ltd
 - 63.4 Life Plus
 - 63.5 Healthvision NZ
 - 63.6 Visionwest Baptist home and community
 - 63.7 Disabilities Resource Centre Trust
 - 63.8 Salvation Army
 - 63.9 Central Health and Supreme Care
 - 63.10 Anglican Care Waiapu

¹² A copy of Healthcare NZ's contract with ACC is included as Confidential Attachment D.

¹³ Nelson Nursing Service; Omahanui Homecare; Waiheke Health; Tuwharetoa Health Charitable Trust; Te Kohoa Health; Drake New Zealand; Home Help Limited; Huakina Development; Care On Call; Masonic Care Limited; Miranda Smith's; Personal Home Care Ltd.

¹⁴ A representative copy of Solora's contracts with its sub-contractors is included as Confidential Attachment E.

Public version

- 63.11 Lavender Blue
- 63.12 Home Comfort
- 63.13 Florence Nightingale
- 63.14 Forward Care Home Health
- 63.15 Good Partners Home and community and Nursing.

Competition to be an ACC lead provider

- 64. Competition between providers is primarily competition to be an ACC lead provider. Price and service terms are set through this competitive process. As already noted, the current ACC contracts are in place until August 2018. The next round of competition will take place at that time.
- 65. Nevertheless, while competition occurs primarily at each tender round, some competition remains at a day-to-day level. While prices and service levels are set, clients can and in many instances do choose the provider they wish to use.¹⁵ However, the existence of sub-contractors means that the competition to provide services to ACC clients who need care is more diffuse than the six lead providers. Indeed, the approximately []% revenue share Solora has illustrates the significance of sub-contractors at this level of competition. The acquisition will not change that competition either now, or after the next contracting round.
- 66. Healthcare NZ currently provides []% of ACC funded home and community support services, and Geneva []%. There is some variation in these figures by region as illustrated in ACC's market share reports. As a general guide, post-acquisition Healthcare NZ would provide a lower proportion of services in Auckland, Bay of Plenty, Wellington, Marlborough and Canterbury, and a higher proportion in other regions.¹⁶
- 67. However, since competition between providers is primarily competition to be an ACC lead provider, these shares of service have less relevance than would be the case in other markets. The acquisition will not provide Healthcare NZ with the ability to increase prices or reduce the service provided to ACC as compared to the position without the acquisition.
[]
- 68. ACC is the single largest contract for Healthcare NZ, and this acquisition will increase Healthcare NZ's exposure to ACC as a customer. In contrast, ACC will have many options open to it to secure a competitive outcome when it re-tenders the home and community support contracts next year.
 - 68.1 Access will still exist as a national provider and could expand its share of ACC work.
 - 68.2 RDNS is currently only contracted to provide services in Auckland. ACC could also contract RDNS to provide services in Otago/Southland where RDNS is present. Moreover, []

¹⁵ In the cases where a client chooses not to pick a provider, ACC allocates those customers.

¹⁶ ACC reports showing the shares of each of Healthcare NZ, Solora and Geneva are enclosed as Confidential Attachment F.

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[redacted]. Furthermore, RDNS's not-for-profit status provides an additional constraint for Healthcare NZ and other for-profit operators like Access.

68.3 Presbyterian Support Northern will still exist as a major supplier in the Auckland region. As with RDNS, Presbyterian Support Northern is not-for-profit, which increases the constraint it places on for-profit providers.

68.4 ACC could award a contract to a new lead provider either on a regional basis or a national basis if the provider undertook to put together a national sub-contractor network. Healthcare NZ understands that [redacted].

69. In the presence of so many options, ACC will have significant countervailing power. Specifically, ACC will be able to structure (or threaten to structure) the lead provider contracts to constrain Healthcare NZ. As one example, over 50% of all contracted revenue is from the Upper North Island. Access, RDNS and Presbyterian Support are all lead providers in that region and Health Vision is a sub-contractor. ACC could choose (or threaten) to exclude Healthcare NZ as a lead provider in the Upper North Island

Competition for services funded by DHBs

70. As already described, DHBs are responsible for delivering home and community support services for those over 65 as part of their obligations to deliver health services. DHBs can either deliver these services themselves (although Healthcare NZ is not aware of any DHB doing that currently) or contract with providers to deliver those services.

71. Each DHB determines the level of home and community support services that will be provided. A DHB funds home and community support services from its general appropriation, balancing that spend versus the other health outcomes it wishes to secure.

72. People in need of support have their needs determined by a Needs Assessment and Coordination Service (NASC).¹⁷ NASCs determine the type of support a person needs, and then refer that work to a DHB contracted provider. The NASC (working with the DHBs) determine who is to provide home and community support services from the DHB's contracted providers.

73. DHBs' contracts with providers are usually for one year but are often rolled over for periods of up to three years or more. DHBs use different contracting approaches; some award sole supplier or multiple supplier contracts after an RFP process, while others seek to renegotiate with existing providers in the first instance. In either situation, the provider is competing against other providers to be awarded a contract. Some DHBs also define which providers will provide services by specifying service regions or client types. NASCs then allocate work according to these directions. Recent contracting moves by the Southern DHB reflect case mix and service allocation by NASCs.

Existing providers to DHBs

74. Healthcare NZ has existing relationships with most DHBs in New Zealand. As shown in Table 3 below, the acquisition will lead to material aggregation in MidCentral, Whanganui and

¹⁷ The NASC throughout the country are described here: <http://www.nznasca.co.nz/services/older-peoples-nasc-services/>

Public version

Taranaki DHBs. There will also be some minor aggregation in relation to the Counties Manukau, and Waitemata DHBs.

Table 3: Contracted providers to DHBs

DHB Area	Estimated spend (m)	Healthcare NZ (m)	Geneva (m)	Combined share	Other contracted providers
Northland	\$14	-	[]	[]% (no change)	Access Home Support North Charitable Trust Te Hauora O Te Hiku O Te Ika Trust Ngati Hine Health Trust Board Hokianga Health Ngati Whatua O Orakei Health Clinic Ltd
Auckland	\$20	[]	-	[]% (no change)	LIFEWISE Presbyterian Support Northern Royal District Nursing Service
Waitemata	\$27	[]	[]	[]% (negligible change)	Access Te Runanga o Ngati Whatua VisionWest
Counties Manukau	\$20	[]	[]	[]% (negligible change)	Access Presbyterian Support Northern Pacific Home and community Huakina Home and community Counties Manukau Home Care
Waikato	\$16	[]	-	[]% (no change)	Access Presbyterian Support Northern VisionWest Te Korowai Hauora o Hauraki Te Kohao Health Te Ata Resthome

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DHB Area	Estimated spend (m)	Healthcare NZ (m)	Geneva (m)	Combined share	Other contracted providers
Bay of Plenty	\$19	[]	-	[]% (no change)	Salvation Army Home and community Presbyterian Support Northern
Tairāwhiti	\$2	-	-	-	CCS Disability Action Ngati Porou Hauora Kaupapa Maori Mental Health Alcohol & Drug Services Ngati Porou Hauora Charitable Trust
Lakes	\$5	[]	-	[]% (no change)	Presbyterian Support Northern VisionWest Korowai Aroha Tuwhare Toa Health Service
Hawkes Bay	\$12	[]	-	[]% (no change)	Access
Taranaki	\$6	[]	[]	[]% (+ []%)	Access Omahanui Home Care Maryann – Age Care Central
Whanganui	\$6	[]	[]	[]% (+ []%)	Access Lavender Blue Nursing and Home Care Agency
Mid Central	\$11	[]	[]	[]% (+ []%)	Access Lavender Blue Nursing and Home Care Agency Health Vision
Wairarapa	\$2	[]	-	[]% (no change)	Access
Hutt Valley	\$6	-	-	-	Access

Public version

DHB Area	Estimated spend (m)	Healthcare NZ (m)	Geneva (m)	Combined share	Other contracted providers
Capital & Coast	\$11	-	-	-	Access
Nelson Marlborough	\$12	[]	-	[]% (no change)	Access Presbyterian Support Southern Florence Nightingale Services Nelson Nursing Services
West Coast	\$2	-	-	-	Access
Canterbury	\$26	[]	[]	[]% (negligible change)	Access Nurse Maude
South Canterbury	\$4	[]	-	[]% (no change)	Access Presbyterian Support Southern Forward Home and community
Southern	\$17	[]	[]	[]% (negligible change)	Access Royal District Nursing Service

Overlap between Healthcare NZ and Geneva in Taranaki, Wanganui, and Mid Central DHBs

75. The table above indicates that the most significant aggregation of revenue share would be in contracts for the Taranaki, Wanganui, and Mid Central DHBs. Other DHBs will lose the potential for Geneva to compete for their contracts. However, as illustrated, every DHB will continue to have multiple provider options.
76. There is no structural reason why the parties overlap for some DHBs but not for others. These market shares are an accident of history more than anything else and simply reflect the fact that Healthcare NZ (and Geneva) have been successful in securing some DHB contracts over time but not others. To illustrate, Healthcare NZ began its business in Wellington and so has been traditionally strong in the lower North Island. In contrast, Geneva began its business in Auckland and has been historically strong there.
77. But there is no barrier preventing Healthcare NZ from expanding its offering in Auckland or any other DHB region should it win the right to do so. The same goes for Geneva or any other provider as shown in the table above. As discussed above, all a provider needs to do is to employ more staff and make the other necessary investments to carry out the work.
78. In Healthcare's view, the only 'barrier' that might prevent expansion – if it can be described in that way – is the need for a DHB to identify a need to move away from, or supplement, a current provider. Therefore, existing providers are focussed on providing good service and value for money to ensure that they minimise the incentive for procurers to seek out alternatives when they come to retender their work. This will continue after the acquisition.

Competition at the next tender round

79. The parties' contracts with DHBs are already set, meaning that the parties will not be able to increase prices or decrease service quality under existing contracts. For example, historically, support workers have been paid the minimum wage but DHB contracts have not provided for prices to adjust to reflect changes in the minimum wage.
80. Nor will the acquisition provide Healthcare NZ with the ability to increase prices at subsequent tender rounds in any DHB region and more specifically in the Taranaki, Whanganui or Mid Central DHB regions.
81. By itself, the presence of Access will continue to provide a significant (and sufficient) constraint on Healthcare NZ in all DHB regions. This is illustrated by Access' success in winning the tender to become the sole provider of home and community services to the Capital & Coast/Hutt Valley DHBs. In Healthcare NZ's view, this illustrates two things.
 - 81.1 First, it illustrates the increasing sophistication of DHBs in procuring services. Capital & Coast and Hutt Valley DHBs operate separately and partnered together on this (and a few other arrangements) to achieve an improved value for money result through a combined sole supplier tender. While this approach will not be right for all DHBs, this example illustrates that DHBs are actively seeking ways to utilise their buying power to achieve the best outcome.

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- 81.2 Second, Access' success illustrates its ability to expand its services in these regions should the DHBs wish to expand their use of Access. Access has publicly stated that winning the tender increased its clients by 100% in the region.¹⁸
82. Nor will competition at a re-tender be restricted to Access. Tables 2 and 3 illustrate the number of other contracted, or uncontracted, providers in each DHB region.
83. Specifically, in Mid Central and Whanganui, Lavender Blue is a contracted provider. There is no reason to believe it will not continue to operate in the region and no reason why it could not expand. Similarly, HealthVision is contracted to the Mid-Central DHB and can be expected to bid again; Health Vision could also, easily expand to contract with the Wanganui DHB given the proximity of Whanganui to Mid Central areas. The same is true for the Taranaki DHB.
84. Similarly, in Taranaki, there are two other contracted providers, Omahanui Home Care and Maryanne Age Care Central. These providers can be expected to remain in the market.
85. In addition to those existing DHB contracted providers, other providers are also present in these DHBs region including Custom Care Nursing, Home Comfort, and Care on Call.
86. Moreover, as described above, there is nothing to prevent a new provider expanding into the region should a DHB encourage that. For example, RDNS has made clear to Healthcare NZ that it will be bidding for all DHB business as it comes up indicating its intention and ability to expand if Healthcare NZ was to seek to raise prices or decrease service quality.
87. Finally, it should not be forgotten that there is nothing to stop a DHB directly providing home and community support services.

Conclusion

88. While the acquisition will remove Geneva as a provider for Whanganui, Taranaki, and Mid Central DHBs, and Geneva as a potential competitor for other DHBs, it will not substantially lessen competition.
89. All DHBs have multiple providers they can contract with to provide home and community support services. DHBs can also structure their contracts to facilitate a competitive outcome, and can encourage new entry and expansion in their regions to ensure a competitive outcome. In addition, DHBs could directly provide home and community support services themselves.

Competition for services funded by Ministry of Health

90. The Ministry of Health funds approximately \$1.2 billion of disability support services, including approximately \$175 million of home and community support services. The Ministry uses a large range of providers to provide these home and community services throughout the country. Healthcare NZ and Geneva have a smaller share of home and community services funded by the Ministry of Health. Healthcare NZ believes this has arisen over time from the Ministry's preference to direct more work to smaller not-for-profit providers.

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91. Healthcare NZ provides \$[] million worth of services and Geneva approximately \$[] million – a combined []% share.¹⁹
92. For very similar reasons to those described in relation to ACC and the DHBs, Healthcare NZ does not consider that the acquisition would lead to a reduction in competition for contracts with the Ministry of Health.

Competition for privately funded services

93. Given the wide range of funding available in New Zealand, the privately funded market for home and community services in New Zealand is small. Healthcare NZ believes that it would be no more than \$10 million.
94. Healthcare NZ and Geneva are not significant providers, and their combined revenues are expected to be minimal (Healthcare NZ less than \$[] million per annum and Geneva less than that). As illustrated in the tables above, numerous options will remain available for private care throughout the country. Moreover, the private market has some additional business models. For example, MyCare which disintermediates providers by connecting support workers and clients directly.²⁰ Business forms like this can be expected to continue to evolve as customers get used to dealing with individual service contractors directly in other contexts (e.g., Uber, Air bnb).

Summary and conclusion

95. For the reasons explained, Healthcare NZ's acquisition of Geneva will not substantially lessen competition in any market (and however the markets are defined).
96. Post-acquisition, Healthcare NZ will remain one of many providers of home and community services within New Zealand. All funders will have numerous providers that could deliver their requirements. Moreover, the funders can and do structure their contracting behaviour to achieve their goals. The acquisition will not materially impact funders' ability to constrain Healthcare NZ in the future.
97. Healthcare NZ, therefore, requests that the Commission grant clearance for its acquisition of 100% of the shares of Geneva.

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<https://mycare.co.nz/>

Confidential version

I, **Jaimes Wood, Chief Executive**, have prepared, or supervised the preparation, of this notice seeking clearance.

To the best of my knowledge, I confirm that:

- all information specified by the Commission has been supplied;
- if information has not been supplied, reasons have been included as to why the information has not been supplied;
- all information known to me that is relevant to the consideration of this notice has been supplied; and
- all information supplied is correct as at the date of this notice.

I undertake to advise the Commission immediately of any material change in circumstances relating to the notice.

I understand that it is an offence under the Commerce Act to attempt to deceive or knowingly mislead the Commission in respect of any matter before the Commission, including in these documents.

I am the Chief Executive of Healthcare of New Zealand Holdings Limited and I am duly authorised to submit this notice.



Jaimes Wood, Chief Executive

Date:

Attachment A: Schedule of confidential information

The following information in this application is provided in confidence and is confidential and commercially sensitive. Disclosure of this information would be likely to unreasonably prejudice the parties' commercial position, and prejudice the supply of similar information in the future.

- The gross revenue figure in footnote 1
- The figures in line 5 of the description of Solora Limited at paragraph 2
- The revenue and market share figures at lines 1, 2 and 4 of paragraph 42
- The figures in parentheses at lines 4 and 5 of paragraph 62
- The figure in line 1 of paragraph 63
- The revenue share percentage at line 5 of paragraph 65
- The percentages at lines 1 and 2 of paragraph 66
- The last sentence of paragraph 67
- The words after "Moreover," in the second sentence of paragraph 68.2
- The words after "that" in the second sentence of paragraph 68.4
- The revenue and percentage figures in Table 3
- The figures and percentage in paragraph 91
- Footnote 19 in its entirety
- The figure at line 2 of paragraph 94
- The contact details in Attachment B
- Attachments C, D, E and F

Attachment B: Schedule of industry contacts

Party	Contact
ACC	[REDACTED]
Ministry of Health	[REDACTED]
Whanganui DHB	[REDACTED]
Taranaki DHB	[REDACTED]
Mid Central DHB	[REDACTED]
Access Homehealth	[REDACTED]
Presbyterian Support Northern	[REDACTED]
Royal District Nursing Society	[REDACTED]
Solora	[REDACTED]
Vision West	[REDACTED]
HealthVision (New Zealand) Limited	[REDACTED]
The Lifewise Trust	[REDACTED]
The Nurse Maude Association	[REDACTED]
Lavender Blue	[REDACTED]

Public version

Confidential Attachment C: Sale and Purchase Agreement

Public version

Confidential Attachment D: Healthcare NZ's contract with ACC

Public version

Confidential Attachment E: Example Solora contract with sub-contractor

Public version

Confidential Attachment F: ACC market share reports