


20
24

Midlands Regional Health Network Charitable Trust
& Pinnacle Group

Annual
Performance
Report

Kia hauora te katoa, kia puaawai te katoa — Everyone healthy, everyone thriving.



Kiingi Tūheitia Pōtatau Te Wherowhero VII ki te rangi.
Te Kiingi o te Kotahitanga, Te Kiingi o te Maungarongo.

E rere ana ngā mihi maioha ki Te Arikinui Kuīni Ngā wai hono i te pō Pōtatau Te Wherowhero VIII, otirā ki Te Whare o Pōtatau. Pai māriri ki a rātou.

E haere tonu ana ngā mihi ki a rātou mā kua ngaro atu i te tirohanga kanohi. Moe mai rā koutou.

Hoki mai anō ki a tātou ngā waihotanga ake o rātou mā, tēnā katoa.

Ko wai tātou me ta mātou mahi — *Who we are and what we do*

Midlands Regional Health Network Charitable Trust

Trustees (as at 30 June 2024)

Craig McFarlane - Independent Chair
(until September 2023)

Amit Prasad - Independent Chair
(since February 2024)

Dr Brendon Eade

Vui Dr Tamatoa Blaiklock

Wayne Mulligan

Pehimana Brown

Lisa Hayes

Gary Thompson

The Midlands Regional Health Network Charitable Trust (the Trust) is the primary health organisation (PHO) serving Te Manawa Taki. It manages the primary healthcare of nearly 470,000 patients across 85 practices in Tairāwhiti, Taranaki, Rotorua, Taupō, Tūrangi, Thames-Coromandel, and Waikato.

As a PHO, the Trust, through Pinnacle Midlands Health Network, provides services that integrate with general practices and other health and social care providers.

The Trust's purpose is to deliver primary care that supports all people to thrive by realising their health and wellbeing potential. We are committed to improving health equity by ensuring individuals and whānau have equitable access to healthcare that meets their needs, recognising that different approaches are necessary to achieve equitable health outcomes for all.

We aim to do this by:

- providing access to primary health services through the enrolment of patients within general practice for the regions we serve
- enabling the provision of general practice through funding allocations to Pinnacle practices
- governing the execution of PHO functions through the Pinnacle Midlands Health Network (MHN).

Pinnacle Group

Executive committee – Pinnacle Incorporated (as at 30 June 2024)

Craig McFarlane - Independent Chair (until February 2024)

Amit Prasad - Independent Chair (since February 2024)

Dr Kiyomi Kitagawa - Deputy Chair

Michelle Nathan - Independent Director

Dr Brendon Eade - Executive Committee Member

Dr Hayley Scott - Executive Committee Member

Dr Gishani Egan - Executive Committee Member

Vui Dr Tamatoa Blaiklock - Executive Committee Member

Manu Sione – Independent Director (since May 2024)

Julia Arnott-Neenee (resigned 10 July 2023)

Pinnacle Incorporated is the parent of the Pinnacle Group of not-for-profit care-focused organisations.

MHN is the operational arm for the group, delivering PHO functions to the 85 practices in the network, and supporting the day-to-day activity taking place in general practice and wider community settings. MHN also directly provides health services in the community to ensure people have their primary health care needs met.



Whakatau tātou huarahi — *Defining our direction*

To ensure a healthier and more equitable future, Pinnacle aims to shape our commitment to enhancing healthcare systems, ensuring access to quality primary care, and improving the overall wellbeing of individuals and communities.

Tā mātou kaupapa — *our mission/purpose*

Pinnacle's purpose, to "deliver primary care that supports all people to thrive by realising their health and wellbeing potential," recognises that a strong health system centres around high quality primary care and community services that are continually developing and evolving to meet local need. We play our part by ensuring the right resources and capacity are in place so our tūrora (patients) and our network can thrive.

Tō tātou tirohanga — *our vision*

Kia hauora te katoa, kia puaawai te katoa — Everyone healthy, everyone thriving.

Pakiaka — *our roots*

- Whakawhanaungatanga (connection): developing understanding through relationships.
- Akoranga (learning): taking an evidence-based approach to everything we do.
- Mahi tahi (collaboration and partnership): working together to achieve our goals.
- Kawa whakaruruhau (cultural responsiveness): respecting the unique value and perspective people bring.
- Kaitiakitanga (stewardship): caring for and protecting our resources.
- Hauora (health and wellbeing): supporting our people to lead healthy lives.

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Mihimihi — Greeting

- **Tēnā koutou katoa.**

E ngā mana, e ngā reo, e ngā karangatanga maha o te wā, tēnā koutou.

E mihi ana ki a koutou mō ō koutou tautoko me ō koutou mahi i te tau kua hipa.

Ka whakarongo ake ki ngā wawata o te tau e heke mai ana.

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

- *Greetings to you all.*

To the powers, the voices, the many calls of the times, greetings to you.

Thank you for your support and work over the past year.

We listen and look forward to the aspirations of the upcoming year.

Greetings, greetings, greetings to you all.

A farewell message from the outgoing Chair

During my time with Pinnacle, we have worked through Better, Sooner, More Convenient and several other national health plans alongside governments and Ministers of the Crown. Some decision makers clearly understand the crucial role of primary care within the overall healthcare system, but just as sadly, many do not. As a result, we have observed significant damage to primary care, and the wounds are deep.

Through these ups and downs, Pinnacle has always had a dedicated and amazingly robust network of practices (and individuals in those practices) and have been led by a great team and they have been governed by exceptionally dedicated governors.

Very proudly, Pinnacle has been at the forefront of national practice management systems, data warehousing and model of care developments, pushing scopes of practice and new role developments amongst many other amazing initiatives.

General practice is always front of mind for all Pinnacle team members and governors — and a vast majority of what we have developed has been network-led. Latterly, our leadership has focused on Māori health equity and having a clear Pasifika plan, and again our team and our network is absolutely leading this.

In closing, I'd like to thank all the team members and Board colleagues for making my role as stimulating as it has been. I wish everyone well — keep up the amazing mahi!

Hei konā mai, goodbye for now,



Craig McFarlane

Craig McFarlane was appointed Independent Chair of the combined Board governing Pinnacle Incorporated and Midlands Health Network, in February 2020. He was chair of the Midlands Regional Health Network Charitable Trust Board and had previously served as chair of the Pinnacle Ventures Ltd. Board.

Craig has been at the helm of Pinnacle through some demanding years and has ably led us through a substantially evolving primary care environment, a pandemic, and the cyber incident in late 2022.

Craig, ngā mihi nui, thank you, from all of us at Pinnacle.

Kupu Whakataki —

Introduction

It has been another challenging year, with many functions within Te Whatu Ora (Health NZ) undergoing reviews that have kept health in the political spotlight and on the front page of the media.

Te Whatu Ora is undergoing a hard reset to return to a financially sustainable position, however secondary care is not the only area of healthcare affected. Waitlists to see a GP are growing in many locations. This has resulted in some general practices closing their books — or even their doors — or merging due to workforce and financial issues.

Despite funding constraints, pay disparities, and an unpredictable landscape, our practices have shown resilience and dedication. We're proud of the network and the services our providers have delivered under challenging conditions.

In the face of often misguided and misdirected negativity around access to general practice, the network's commitment to caring for our communities is commendable. We should be proud of all our efforts to reduce barriers to access; however, unless we address the sustainability of our general practice systems, we will continue to face difficulties.

Equity remains central to our work; it is embedded in each of our five pou rautaki (strategic pillars); it's evident in our ongoing extended care extended team outcomes framework; and it's the driver in the new Quality Improvement Programme we developed for practices this year.

Over the past 12 months, we have built and delivered equity-focused initiatives and formed strategic relationships with mana whenua, all aimed at improving health outcomes. These initiatives include:

- gifting Ōwhata Medical Centre to Te Rūnanga o Ngāti Pikiao
- signing a Kawa-Hono (relationship agreement) in Tairāwhiti with Ngāti Porou Oranga and Te Hauora o Tūranganui a Kiwa Limited
- establishing a partnership with Rongomaiwahine Iwi Trust in Tairāwhiti to improve health outcomes for whānau

- supporting general practice, particularly through the implementation of Iwi Māori Partnership Board (IMPB) initiatives in the coming year
- partnering with K'aute Pasifika to create a new joint entity, Fatu Lalaga, aimed at delivering equitable healthcare for Pasifika, Māori, and priority populations.

The next 12 months indicates another challenging year. Workforce, complexity, and funding issues will continue to impact us. With our new organisational strategy nearing completion we will continue to provide support and advocacy for our network so they can deliver services in a challenging environment.

We would like to acknowledge our wider community partners for their ongoing support, Pinnacle's executive committee, the Midlands Regional Health Network Charitable Trust, Te Taumata Hauora Māori, our governance sub-committees, the leadership team and our Midlands Health Network staff. We're grateful for the invaluable guidance and innovative strategies that steer our collective journey, and all those who turn them into outcomes.

In conclusion, we especially acknowledge the general practice network whose tireless commitment to the communities you serve, amid an exceptionally difficult environment, is extraordinary. As the healthcare environment continues to change, we are proud to be a part of your journey and look forward to working together to address the challenges of today, and build an equitable, healthier future together.

Tēnā rā koutou katoa,



Amit Prasad
Independent Chair



Justin Butcher
Kaiwhakatere, Chief Executive Officer

The Pinnacle network

Stretching from south Taranaki to Gisborne, and from Coromandel to southern Lakes, Pinnacle's network covers most of Te Manawa Taki region. Rural communities feature heavily in our geography, and responding to the differing needs of rural people – including rural clinicians – is central to our work.

This year, the network recorded a 3.8 per cent increase in its total patient base, from 450,944 to 468,249 registered patients (+17,305). This included an increase in the Māori patient population by 3.5 per cent (+3,309).

Despite practice closures, mergers, changes in ownership, and Pinnacle's gifting of Ōwhata Medical Centre to Te Rūnanga o Ngāti Pīkiao during the year, the total number of practices in the network remained stable at 85.

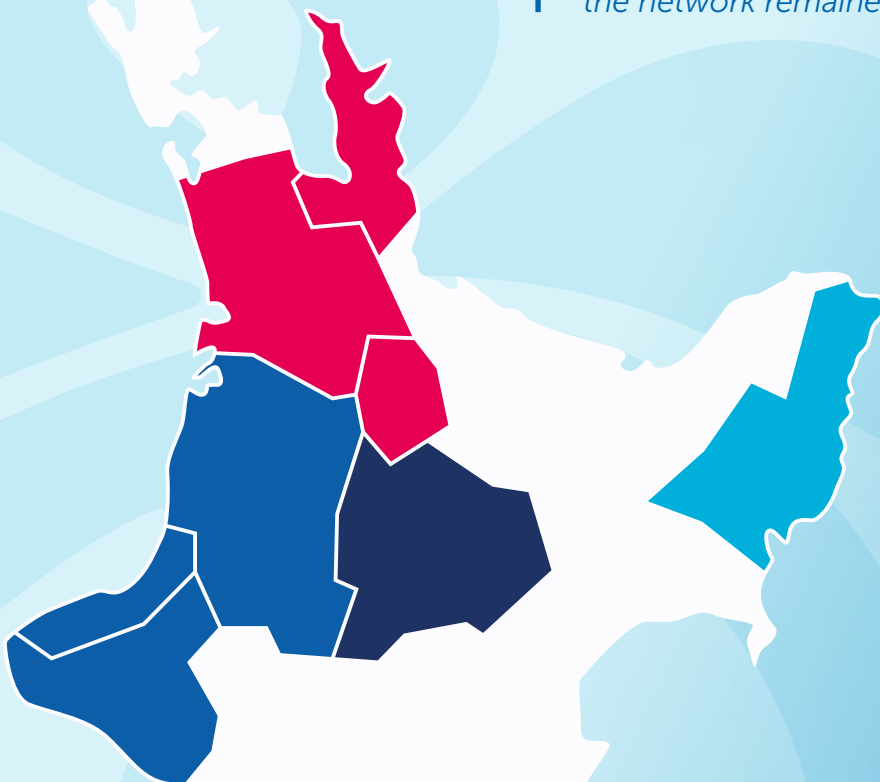
Network workforce 30 June 2024¹

OVERALL	2024	2023
Total no. of practices in the Pinnacle Group network	85	85
No. of practices owned by Primary Health Care Limited (PHCL)	10	11
Rural practices (35 rural, 2 rural non-funded)	37 (43.5%)	37 (43.5%)
Total patients registered with a Pinnacle network practice	468,249	450,944
Māori patients	97,831 (20.9%)	94,617 (21.0%)
Pasifika patients	10,414 (2.2%)	9,354 (2.1%)
GP FTE	275.3	270.3
Nurse FTE	326.5	319.0 ²
Nurse Practitioners FTE	29.9	17.6
Primary Care Assistants FTE	77.9	51.8
Overall GP to patient ratio	1:1,700.9	1:1,668.6

¹ Data presented in this annual performance report is accurate to the best of our knowledge. Nurse FTE includes Nurse Practitioners. Primary Care Assistant FTE (overall) is included from this year.

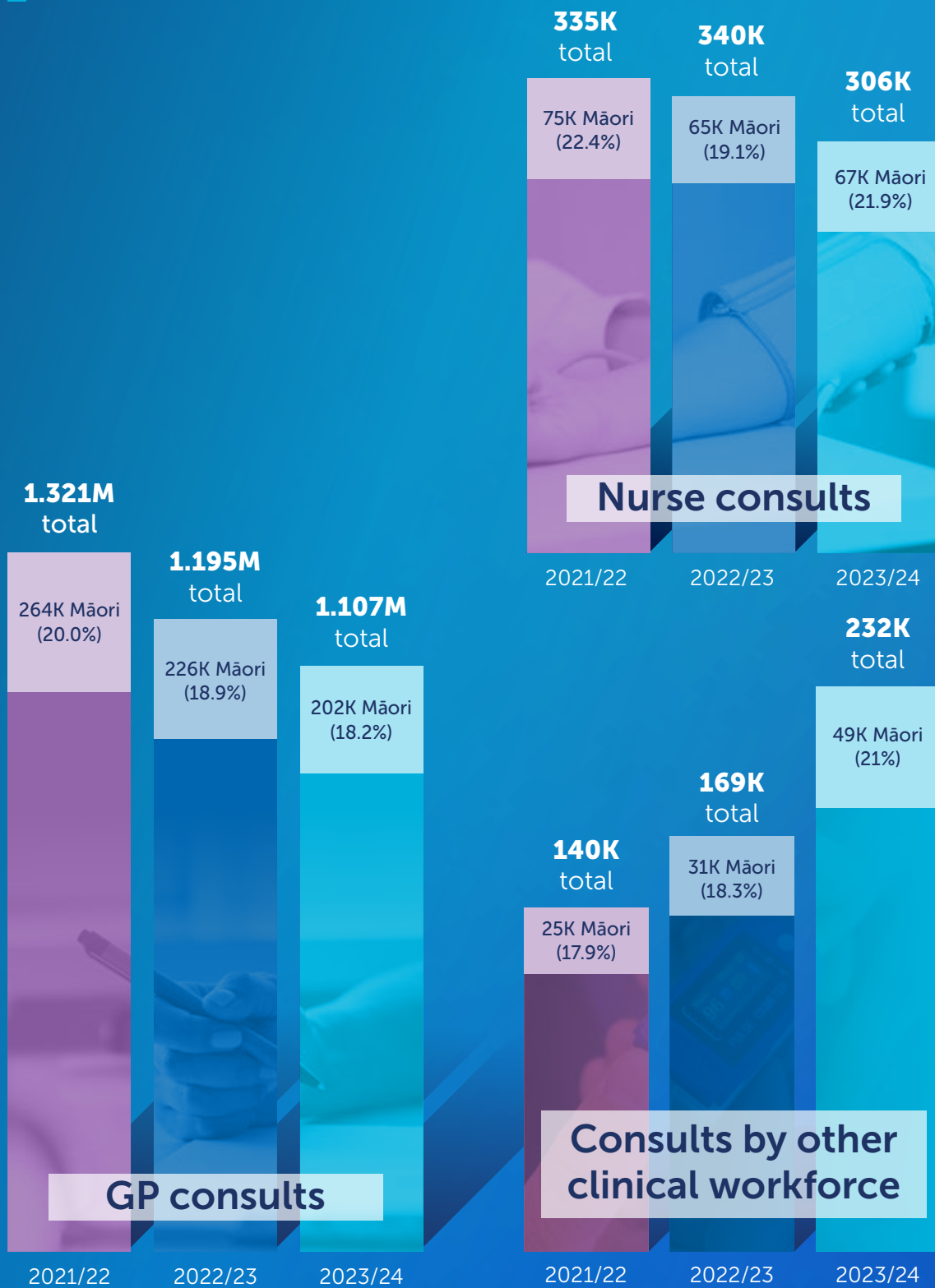
² A correction from the previous year's report.

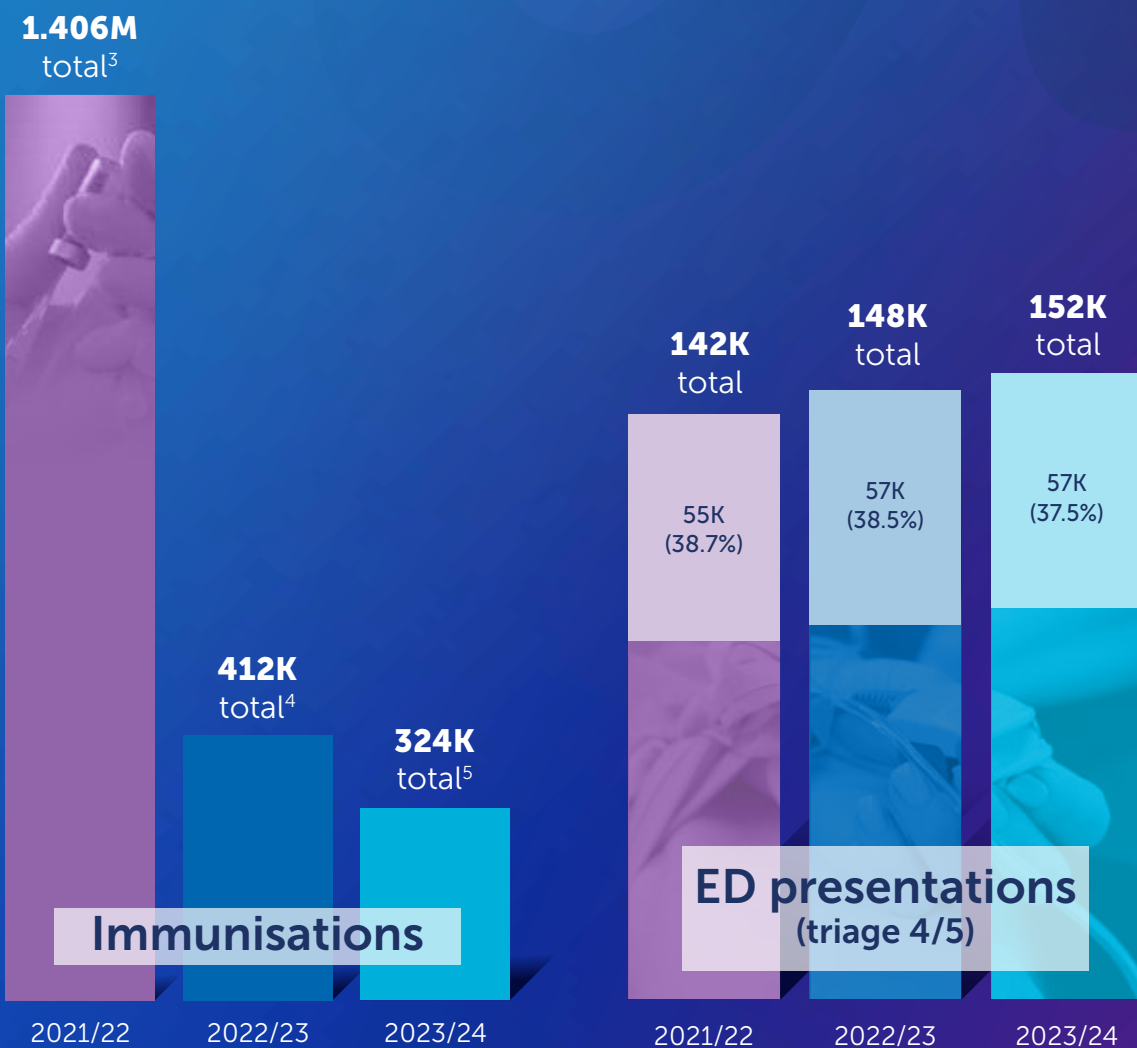
Despite practice closures, mergers, changes in ownership, and Pinnacle's gifting of Ōwhata Medical Centre to Te Rūnanga o Ngāti Pīkiao during the year, the total number of practices in the network remained stable at 85.



	Waikato		Tairāwhiti		Taranaki		Lakes	
	2024	2023	2024	2023	2024	2023	2024	2023
Practices	43	46	5	5	31	28 ²	6	6
Rural practices	20 (46.5%)	19 (41.3%)	1 (20.0%)	-	12 (38.7%)	16 (57.1%)	2	2 (33.3%)
Total patients	265,181	250,401	40,845	39,818	118,009	116,386	44,214	44,339
Māori patients	44,459 (16.8%)	42,659 (17.0%)	17,233 (42.2%)	16,591 (41.7%)	21,782 (18.5%)	20,949 (18.0%)	14,357 (32.5%)	14,418 (32.5%)
GP FTE	162.6	162.7	21.3	22.8	71.3	65.3	20.3	19.5
Nurse FTE	172.7	176.1	27.5	31.2	83.5	79.7	45.9	32.0
Nurse Practitioners FTE	13.5	-	3.2	-	8.7	-	4.8	-
GP to patient ratio	1:1,631	1:1,540	1:1,932	1:1,746	1:1,656	1:1,782	1:2,184	1:2,274

Practice activity and network trends





³ The high volume of immunisations in 2021/22 was attributed to COVID-19.

⁴ The number of immunisations for 2022/2023 differs from those reported in last year's annual performance report due to changes in data sources.

⁵ In 2023/2024, rates declined below pre-COVID levels. This will be multi-factorial including vaccine hesitancy, increased access to immunisations in other settings and the accessibility of general practice in some areas.

Network snapshots as at 30 June 2024



60.1%

of high risk⁶ population
received a cardiac assessment



4,506

patients seen by Extended
Care Teams (ECTs)



2,033

Māori patients (and
contacts) seen by ECTs



653

rural patients seen by ECTs



74.6%

patients with diabetes
with blood sugar levels
below 64mmol/mol



27,240

patients booked consultations
with Practice Plus



5,038

after hours consults⁷ via
Whakarongorau Aotearoa

⁶ High Risk is defined as identifying patients who have previously had a CVRA > 15%.

⁷ The number of calls answered and responded to by the virtual after-hours clinical team is down from the previous year due to some practices moving over to Te Whatu Ora's newly funded Ka Ora virtual care service for rural general practice.



3,273

calls to Ka Ora from patients registered with a rural GP

1,905

managed via nurse triage

1,368

escalated (to GP/NP/
Emergency Medicine
Specialist)

48.3%

patients eligible for triple
therapy are receiving
best practice care



14.0%

increase in the overall patient
volume seen by ECTs



71.0%

quit rate achieved in smoking
cessation programme



An increase from 59.3% to

59.5%

for cervical screening (Māori)

System level measures

Childhood immunisations and other outcomes

Equity gaps in immunisation coverage persist, especially for Māori and Pasifika communities. We're committed to addressing these gaps and the ongoing impact of the pandemic, vaccine hesitancy, and healthcare disparities.

As at 30 June 2024, Pinnacle sat at 75.20 per cent for total immunisation rates (24 months old). Although this is above the Te Whatu Ora comparison, there is no room for complacency given our decline rate is more than 7 per cent.

To work towards the national target of 95 per cent coverage for all recommended childhood vaccines by 24 months, we will need continued focus and a new strategic approach to health literacy to reduce the number of whānau actively declining childhood immunisations.

This year, we strengthened our immunisation programme by increasing B4 School Checks (B4SC), improving workforce stability, and delivering over 3,000 vaccines through mobile services. We partnered with Whānau Āwhina Plunket for immunisation support and training, introduced a kaimanaaki role to improve our engagement with whānau Māori – and importantly, how we engage – and navigated substantial issues with the Aotearoa Immunisation Register (AIR).

We exceeded contractual requirements for outreach immunisation services, incorporated immunisation into our new Quality Improvement Programme with full immunisation at 24 months a compulsory clinical indicator, and strengthened how we collect and monitor data.

Partnering with community organisations and NGOs, we delivered community wellness days and offered opportunistic immunisations.



After the pandemic: working together to improve childhood immunisation coverage

Despite the country's ambitious goal of achieving a 95 per cent childhood immunisation rate, ongoing challenges will make achieving this target difficult.

Longstanding inequities have worsened with Māori and Pasifika children less likely to be fully vaccinated. The COVID-19 pandemic exacerbated these inequities, as the shift of healthcare resources and disruptions to routine services impacted immunisation coverage.

Vaccine hesitancy has emerged as a significant concern in recent years and is now considered one of the greatest threats to global public health. Before the pandemic, structural, economic and cultural barriers were reported as more influential barriers than vaccine hesitancy.

A consequence of declining coverage and increased hesitancy is the increased risk of outbreaks of vaccine-preventable disease. Any significant outbreak would be devastating for whānau straining the healthcare system.

To address these challenges, we need to consider how the pandemic's spillover effects impact our efforts to improve childhood immunisation rates. Understanding factors influencing vaccine uptake and addressing barriers will help ensure all children have access to the essential protection provided by immunisation.

Transparent communication, equitable access to vaccines, reinforcing the importance of routine immunisations, and partnering with other organisations will be key to improving trust in our communities.

Network immunisation

The drop in reported national immunisation uptake from 2023 to 2024 is significant. Substantial data reporting changes occurred during this time, likely due to the shift from the National Immunisation Register (NIR) to the Aotearoa Immunisation Register (AIR).

Tairāwhiti, where all but one practice uses MedTech Evolution for their practice management system (PMS), has the greatest disparity when comparing 2023 to 2024. We are still working through the data-matching using Microsoft Fabric to ensure alignment with practices' PMS and AIR data.

Assuming data quality issues affect districts uniformly, and excluding the anomaly in Tairāwhiti due to the dominance of a single PMS, Pinnacle's other districts do not show the same national decline in immunisation rates.

Given the considerable impact of these data issues, it is difficult to provide substantive commentary on immunisation outcomes this year. The 2024 data shows decline in all areas across our region, the exception being for Pasifika (8 months old) in Tairāwhiti. However, such increases – or decreases if that is the case – can also be attributed to the small sample size of this demographic in Tairāwhiti.

REGION	TOTAL (%)		MĀORI (%)		PASIFIKA (%)	
	2024	2023	2024	2023	2024	2023
8 months						
Waikato	80.4	83.4	69.3	68.7	76.8	84.8
Tairāwhiti	74.3	85.8	69.8	80.2	100	94.1
Taranaki	79.6	81.1	69.8	70.5	72.7	85.7
Lakes	73.6	77.3	59.4	65.9	76.5	58.3
National achievement ⁸	78.4	83.8	64.3	69.4	73.7	82.4

REGION	TOTAL (%)		MĀORI (%)		PASIFIKA (%)	
	2024	2023	2024	2023	2024	2023
24 months						
Waikato	75.4	80.8	72.0	72.0	69.2	74.7
Tairāwhiti	72.0	82.3	79.3	79.3	93.8	88.2
Taranaki	77.9	79.8	68.7	68.7	62.1	93.5
Lakes	70.5	68.4	56.2	56.2	58.3	58.8
National achievement ⁸	77.3	82.4	64.3	68.2	73.7	80.6

⁸ National achievement rates were sourced from immunisation coverage data 12-month reporting period available at www.tewhatoru.govt.nz/for-the-health-sector/vaccine-information/immunisation-coverage.

Outreach immunisation

We reported a slight decrease in childhood immunisation rates for both the total and Māori populations this year.

- Outreach immunisation programmes have resulted in a higher number of vaccines administered; however, this has not translated into an increase in immunisation rates.
- The number of B4SC checks has decreased, potentially impacting the overall immunisation coverage.



Wonita with her tamariki, Ahurei, Ragnar and Esmaye.

Childhood immunisation rates	2024	TWO / DHB comparison	2023	TWO / DHB comparison
Immunisation rates – total 8 months	79.0%	72.6%	82.2%	76.2%
Immunisation rates – Māori 8 months	67.1%	58.9%	70.3%	62.1%
Immunisation rates – total 24 months	75.2%	70.6%	79.4%	75.4%
Immunisation rates – Māori 24 months	65.3%	59.1%	69.9%	62.9%

Other outputs	2024	2023
Outreach Immunisations⁹		
Total number of vaccines given	3,107	2,873
Total number of children vaccinated	1,180	1,192
B4SC checks completed	2,270	4,572

⁹ Outreach immunisation data within the table is limited to the Waikato locality only. Other locality data was not able to be presented due to limitations in data reporting processes and interfaces with our funding partners in the Taranaki and Tairāwhiti localities.

People with a past CVD event taking triple therapy

Current New Zealand guidelines recommend that unless contraindicated, people who have experienced an ischaemic CVD event (primarily heart attacks or stroke) should be treated with a combination of medications that includes aspirin (or an anticoagulant), a statin and a blood pressure lowering medication. There is strong evidence that each of these medications could reduce five-year event rates by 25-30 per cent and triple therapy by at least 50 per cent over five years.

Work has occurred during the year to develop a dashboard for practices to access their own data and identify patients who are not meeting CVD targets, with an equity focus. They will also be focussing on closing the gap around therapy from 1 July 2024 through the new Quality Improvement programme.

People with a past CVD event taking triple therapy				
	Total Waikato	Total Tairāwhiti	Total Taranaki	Total Lakes
2024	48.1%	52.1%	48.8%	44.4%
2023	48.0%	42.2%	47.4%	40.9%



Improvement in HBA1c

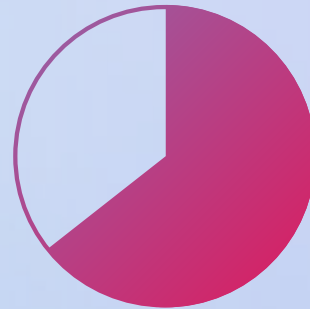
Our initiatives this year focused on nurse education through mentoring, study days and shared resources.

We encouraged practices to engage with a diabetes education programme developed with Dr Ryan Paul from the University of Waikato (Te Whare Wānanga o Waikato). We collaborated on diabetes initiatives with other PHOs across Waikato to develop a model of care that empowers primary care providers to deliver high-quality, evidence-based diabetes care to all whānau.

Māori patients on diabetes medication



26.4% patients
on GLP1RA



66.4% patients
on SGLT2i



Diabetes study days during the year are a key part of our nurse education programme.

Tā tātou ara — *Our approach*

Midlands Regional Health Network Charitable Trust is committed to health equity. We firmly believe that every individual and whānau deserves the best in health outcomes and care experiences. People in our communities have different levels of access to the health care they need, so different approaches are needed to ensure equitable health outcomes for all.

1. Access to primary care

We provide access to primary health services through the enrolment of patients within general practice for the regions we serve.

While enrolment with a general practice is voluntary, enrolled patients can access comprehensive care from specialist general practitioners and their teams, coordinated care across various health services, and continuity of care through building relationships with healthcare providers.

Enrolled patients also benefit from equitable access to primary health services, including after-hours care, whānau-centric and marae-based health services, and maternity services. They can receive regular GP care through a designated practitioner, preventative care through regular check-ups and screening programmes, and general practices at a lower cost with reduced prescription medication costs compared to unenrolled patients.



2. Provision of GP services through funding

The Trust plays a key role in enabling and allocating health funding for primary care providers through to Pinnacle practices across Tairāwhiti, Taranaki, Rotorua, Taupō, Tūrangi, Thames-Coromandel and Waikato. The funding goes to:

- general practice via the capitation model
- needs based and localised programmes for the long-term conditions' coverage and capacity programme, an incentivised funding pool based on quality targets, and the Health Care Homes programme
- minor surgery
- end of life (formerly palliative) care
- services including psychology and counselling
- B4 School Checks (B4SC) programmes
- supporting patients with long term conditions, for example, diabetes
- general practice facilities through the Trust's Facility Development Fund.

Funding	2024	2023
Capitation funding passed through to general practice	\$111.9M ¹⁰	\$104.3M
Funding provided to third parties ¹¹	\$5.5M	\$6.7M ¹²
Rural funding	\$3.9M	\$3.7M
Facility Development Fund approvals	\$268K	\$200K
System Level Measures funding ¹³ (%)	74.0	75.0

Funding to third parties

Funding to third parties aims to improve primary care services and address community health needs. In the reporting period, funding passed on to third parties decreased significantly. This decrease primarily reflects tightened criteria for accessing primary mental health services, ensuring alignment with contractual funding requirements and the long-term sustainability of the service. Additional adjustments were made to some programmes to reflect evolving priorities and increased demand or changes in scope for certain initiatives.

¹⁰ Includes additional equity funding in 2024.

¹¹ Funding to third parties excludes Pinnacle Group transactions.

¹² Previous year figure has been reduced due to a reclassification of payments to third parties.

¹³ Directly passed through to general practice in the form of cash.

Facility development funding

The Facility Development Fund provides grants to support various facility development projects, such as construction or refurbishment costs for a new or existing general practice facility, architectural or design work related to a facility development, other professional or consent fees associated with a new building or refurbishment, and the fit-out of a new or refurbished medical facility as part of a new build or refurbishment project.

Applications are assessed based on criteria that prioritises those that serve high-needs communities with a predominantly Māori population, support the continued shift to virtual consultations, and help practices become more environmentally sustainable.

3. Governing the execution of PHO functions

Pinnacle Midlands Health Network (MHN) is the operational arm or 'engine room' for the Trust, delivering PHO functions and supporting the day-to-day activity taking place in general practice and wider community settings. MHN also directly provides health services in the community to ensure people have their primary healthcare needs met.

During the year the Trust funded a wide range of programmes that MHN delivered across four key areas:

- primary health services to tamariki and rangatahi
- primary health services to whānau living with chronic conditions
- proactive access to preventative cancer and diagnostic services
- primary mental health services.

a) Primary health services to tamariki and rangatahi

Collaboration with whānau and communities remains central to our approach as we work to empower rangatahi to prioritise their own health and wellbeing.

This year we funded no-cost after-hours care and expanded our workforce to better support the health of our tamariki. Our School-based Health Service provided approximately 13,000 total consultations and/or assessments.

We will continue to prioritise increasing immunisation rates, especially within Māori and Pasifika communities. Our extended care teams (ECTs) continue to drive tangible and community-focused improvements in health outcomes for tamariki, rangatahi and whānau. For tamariki and rangatahi in Tairāwhiti, Lakes, and Taranaki, a key reason for establishing these initiatives is to ensure timely immunisations.

Primary care social worker Lana Reed with Josh Grant, one of many individuals in Tairāwhiti she has been able to help.



b) Primary health services to whānau living with chronic conditions

Delivering equitable healthcare and improving overall wellbeing for individuals with chronic conditions remains our focus. Our teams provide tailored support, empowering individuals with chronic conditions to manage and achieve their own health goals.

We deliver comprehensive, personalised care by enhancing access, leveraging data-driven insights, working with whānau and collaborating with community.

More than 4,500 individuals received care from our ECTs this year, a 14 per cent increase on the previous reporting year. The number of Māori patients seen by the ECTs rose by nearly 11.8 per cent.

We expanded our partnerships with social service providers, Whānau Ora, and Iwi Māori hauora providers to ensure wraparound care. Rural access decreased significantly (-23.3%) and we are working to address the challenges. The transition to Te Whatu Ora's Ka Ora service impacted after-hours nurse consultations (-30.9%), but we continue to adapt to meet patient needs.

For whānau living with chronic conditions, general practices offer diabetes and respiratory management, aided by the development of clinical dashboards. These dashboards provide a comprehensive overview of data related to COPD, bronchiectasis, asthma, lung cancer, and smoking, enabling the application of quality improvement skills to enhance health outcomes.

Our focus remains on equitable healthcare delivery and improving overall wellbeing for those living with chronic conditions by enhancing access, leveraging data-driven insights, and collaborating with communities to deliver comprehensive, tailored care.

c) Access to preventative cancer and diagnostic services

We continue to see encouraging results from our efforts to address cancer and smoking-related harm in our communities through screening programmes, targeted interventions, and ongoing support.

The transition to HPV primary screening for cervical cancer, in collaboration with the national screening unit and healthcare professionals, is expected to significantly reduce cervical cancer rates in the long term.

Our proactive engagement in the National Bowel Screening Campaign, particularly focused on increasing participation from Māori and Pasifika communities, resulted in 863 positive tests being followed up by our network.

We observed a marked increase in requests for faecal immunochemical test (FIT) tests, the screening tests for colon cancer, across the region. While follow-through rates are measured nationally and at the district level, our region experienced a remarkable 70 per cent increase, largely due to the primary care health promotion efforts conducted in May.

A national pathway is being developed to pilot lung cancer screening. Our respiratory clinical dashboard provides practices with critical information about patients who are at high risk for lung cancer. This resource enables practices to implement effective population health interventions, including case reviews, patient recalls, and smoking cessation advice.

Our "Once and For All" smoking cessation programme continues to achieve positive outcomes, with 1,339 individuals successfully quitting this year, resulting in a 71 per cent quit rate. The use of vaping as a transitional tool contributes to this success. We are proud of the results achieved in our group support programmes for young (under 30 years) wāhine Māori, where quit rates were 72 per cent on average, by addressing both addiction and social factors.



The Once and For All smoking cessation team; Hannah Lang (facilitator), Jacob Taiapa (programme lead) and Sapphire Barron (programme support).

Once and For All smoking cessation



1,339

participants quit smoking



71%

quit rate overall



72%

quit rate for wāhine Māori

d) Primary mental health services

Building primary mental health responsiveness and a strong network of community support

We have continued to use a stepped person and whānau-centred approach to mental health.

The model includes extended GP and nurse consults, brief community-based psychological and counselling interventions, with group programmes for a range of health challenges and shared care coordination.

We continued to integrate health improvement practitioners and health coaches into general practice and experienced an increase in HIP interactions with GPs and mental health providers this year, notably in Taranaki.

Secondary care continued to narrow their entry criteria. The result is limited access with more whānau being directed back into primary care management.

Front line clinicians are frustrated with identifying need that does not meet constrained criteria. Referral complexity has increased and there is no capacity for 'mild' need anymore, with most need being at the higher end of 'moderate'.

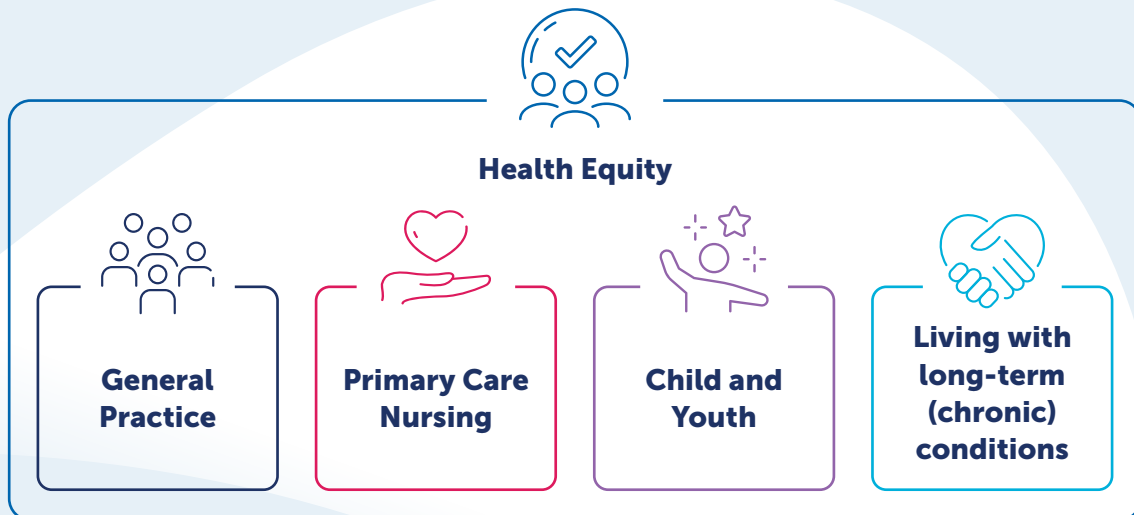
Our advocacy centres around practical recommendations for building a stronger continuum of care in the community. We look forward to continuing discussions with Te Whatu Ora, and increasing our collaborative efforts on behalf of the network.

Despite funding constraints that led to a decline in counselling and psychology sessions in Waikato, we remain committed to adapting and advocating for increased investment in primary mental health services to provide timely, effective, and accessible mental health support to our communities.





Ngā pou rautaki — *Our strategic pillars*



In pursuit of a healthier and more equitable future, we continue to be guided by our five pou rautaki, the strategic pillars that underpin Pinnacle’s healthcare vision.

Our pou rautaki serve as guiding principles that shape our commitment to transforming healthcare systems, strengthening relationships, addressing disparities, and ensuring healthcare is both accessible and responsive to the needs of diverse communities.

While we have categorised various initiatives under specific pou rautaki for clarity in our annual performance report, many of our efforts span multiple pillars. A service highlighted under one category often has relevance and impact in other areas as well.

In the coming year, we will launch our new organisational strategy. It builds upon our existing foundation, ensuring that our efforts remain aligned with changing needs and the broader healthcare sector.

Pou rautaki – *Health equity*



The cornerstone of our mission is a commitment to health equity, which drives our efforts both internally and externally. We are currently updating our Māori health strategy, He Ara Whakamua, and look forward to launching a Pasifika strategy in the coming year. Our partnership with K’aute Pasifika has led to the creation of a new entity, Fatu Lalaga, which aims to further enhance health outcomes in our communities. We look forward to reporting on first year outcomes in next year’s annual performance report.

Our collaboration with iwi across the region is focused on supporting the establishment of iwi, hapū, and marae-based clinics, along with various hauora initiatives. These initiatives seek to reduce health inequities and ensure the right resources are allocated to support whānau Māori most effectively.

We provide clinical dashboards so practices can use data related to mortality, ethnicity, and deprivation. All localities are partnering with iwi, hapū or marae to develop marae-based clinics and initiatives.

Te Taumata Hauora Māori

Te Taumata Hauora Māori works closely with the Pinnacle Incorporated executive committee and leadership team to provide strategic and expert advice and guidance about Māori health issues and solutions to help address health disparities, and applying a Māori lens to healthcare.

Te Taumata Hauora Māori, through regional Midland Māori membership, supports our ongoing connections with Midland Iwi Māori, further develops and strengthens relationships with our Māori stakeholders and enables our board members and senior leadership to make better informed decisions concerning Māori health.

Te Komiti o Te Taumata Hauora Māori o Pinnacle

Gary Thompson
(Kaiwhakarite - Chair)

Willow Salvador

Michelle Nathan

Cheri (Panda) Waititi

Rangimahora Reddy

Reweti Ropiha

Atutahi Riki

Justin Butcher
(Pinnacle CEO)

Dr Brendon Eade
(Pinnacle Incorporated
representative)

Cultural competency in our organisation

In our pursuit of cultural competency, Pinnacle has developed a comprehensive cultural competency framework that guides our policies, recruitment, and training. All MHN staff receive training on both Te Tiriti o Waitangi and cultural competency, so no-one is left behind.

Our regional cultural partners guide our understanding of mātauranga (knowledge) and tikanga Māori.

Across the region, they lead us as we welcome manuhiri (guests) appropriately and respectfully, host mihi manaaki for all new starters, improve our te reo Māori, and learn and deliver our pēpēhā, safely and proudly.

Annually, we honour events like Matariki, Te Wiki o Te Reo Māori, and Mahuru Māori.

Significantly, the cultural partners also support the organisation's efforts to build and maintain respectful relationships and partnerships with mana whenua, and to help keep us culturally safe.

As a mainstream organisation, we recognise we may not always get it right, but we are committed to becoming — and being — good partners under Te Tiriti o Waitangi. We are grateful for the guidance and leadership of our GM Māori and Equity, our four cultural partners, and Te Taumata Hauora Māori, who help us navigate this important journey.



Some of our Hamilton team joined colleagues from other organisations in the same building for a harakeke weaving session.



During Matariki, Pinnacle's Lakes team visited "Te Ātea – Tapuaeharuru" – an array of pou and sculptures between the Taupō CBD and Tapuaeharuru Bay, where Taupō township meets the lakefront. Te Ātea (the Māori word for 'space') is a meeting place for all, with a story behind it that began thousands of years ago.



Pinnacle CEO Justin Butcher with Te Rūnanga o Ngāti Pikiao Chairperson Mapihi Raharuhi.



The gifting of Ōwhata Medical Centre to Ngāti Pikiao

In October, Pinnacle gifted Ōwhata Medical Centre to Te Rūnanga o Ngāti Pikiao. We were welcomed on to Pounamunui Marae near Okere Falls in what was an extraordinary milestone in our commitment to addressing health inequities.

We believe in the potential of iwi/Māori-led health solutions; action aligned with our organisational values (ngā pakiaka, meaning “roots of a tree”) and our ongoing efforts to honour the principles of Te Tiriti o Waitangi through true partnership. It was not a symbolic gesture, but a genuine demonstration of our commitment to creating a more equitable healthcare system, with Ngāti Pikiao best placed to provide culturally relevant, responsive and accessible healthcare services to their people.

Positive impact can be achieved when organisations work together towards a shared goal. We are committed to our role in supporting Māori and iwi to develop innovative and culturally appropriate health solutions.

“For us, this is just the beginning. We’re excited to continue this journey, strengthening our ties with Māori communities across the regions we serve in Te Manawa Taki Midlands. Stepping into the world of te ao Māori is indeed challenging, but incredibly enriching. My biggest lesson? Be authentic, be humble, and listen. It’s not about imposing our ideas – it’s about being patient, respectful, and waiting for the right moments to contribute.”

- Justin Butcher, Kaiwhakatere (CEO), Pinnacle

Launch of new Quality Improvement Programme to enhance evidence-based practice

This year we developed a new Quality Improvement (QI) Programme designed to support evidence-based practice across our network, as we shift our approach to funding and reporting quality-related activity.

Many of our teams were involved in developing this programme and resources such as new or improved dashboards for clinical indicators and QI training modules, which will better support practices to implement the programme successfully.

Launched just one day outside the reporting year, practices will focus in the first year on two indicators: one relating to childhood immunisation, and one other relating to cardiovascular diseases, diabetes or respiratory diseases. Both indicators have an explicit equity outcome.

The QI Programme is focused on a data-driven analysis of our practice systems. The demands of change on our practices are immense and our staff will continue to work alongside practices as they step through quality improvement. It is early days, and we look forward to providing an update on outcomes and learnings in the next reporting year.

Strategic partnership with K'aute Pasifika

K'aute Pasifika and Pinnacle announced a strategic partnership, forming a new venture named Fatu Lalaga. This marked K'aute Pasifika's expansion into general practice ownership, with the new venture Fatu Lalaga acquiring Hamilton East Medical Centre on 1 July, one day out of this reporting period.

The partnership enables both partners to leverage each other's strengths – Pinnacle's leadership in the primary care space and K'aute Pasifika's leadership in cultural responsiveness and equity.

K'aute Pasifika and Pinnacle share a deep commitment to uplifting the health and wellbeing of Pasifika peoples.



From left, Namulauulu Lale Ieremia – K'aute Pasifika Chair, Leaupepe Rachel Drent – K'aute Pasifika CEO, Amit Prasad – Pinnacle Independent Chair, Justin Butcher – Pinnacle CEO.

Community led marae health clinics address health disparities

We continued to partner with iwi, hapū and marae this year to establish or support community-led health initiatives that address health disparities and improve access to care.

One such marae-based health clinic is located at Mangatoatoa Pā near Te Awamutu, established in 2022 to provide essential health services to the local community. Funding, resources and clinical expertise from supporters such as Pinnacle, Te Awamutu Medical Centre, Waikato Tainui and the Mangatoatoa Marae Committee, have helped to ensure the clinic's continued success. In January, Mahoe Medical Centre came on board.

The services are free, provided weekly, and include GP, diabetes nurse and pharmacist consults, cervical screening and prescriptions. They are tailored to the specific needs of the local community, with a focus on providing culturally relevant and accessible care.

Our partnership in marae clinics highlights the impact of collaboration to address health disparities and improve access to care.



Mangatoatoa Pā co-chairs Hone Hughes, left, and Derek Roberts – outside the old and new wharenui, not only share marae duties, such as mowing the lawn, but a vision for the health of the community.

Fortnightly clinic provides healthcare access for vulnerable communities in Raglan

Fortnightly clinics at two Raglan marae have enabled Raglan Medical to engage with some of the most vulnerable members of its Waikato west coast community.

Mai Uenuku ki te Whenua is 12kms northeast of Raglan township and Te Papatapu 23kms south.

The GP and nurse clinics operate for eight hours and alternate between the two. They are supported by Te Toi Ora ki Whaingaroa, a charitable trust founded in 2020 to meet the needs of whānau struggling with COVID and mandatory isolation.

The trust provides immunisations, hepatitis C testing, traditional Māori healing and a cardiac nurse specialist.

Te Kohao Health provides a health improvement practitioner and health coach, while several other organisations provide other services.

Pinnacle's strategic development general manager Katie Latimer says the clinics have removed barriers caused by distrust, cost and lack of transport.

Ninety per cent of the people presenting have been Māori, 70 per cent female, 38 per cent aged 65 plus and 37 per cent whakapapa to the marae and attended because they could not get timely access to their GPs in other towns.

Raglan Medical and Te Toi Ora ki Whaingaroa are encouraged by the stories and experiences of whānau who attend the clinic, such as the 50-year-old wahine Māori who looks after young tamariki from extended whānau while also having her own mahi. She had recurring medical issues, but finances were tight. By attending the marae-based clinic she was able to have continuity of care for herself and her whānau.

By using an opportunistic approach with a 41-year-old Māori man, the clinic was able to support him to be seen by a GP, have bloods taken, blood sugars checked, and appropriate medication prescribed.

Reducing the barriers to access was key to engagement.

A collective effort is behind Raglan Medical's contribution to fortnightly marae-based clinics to reduce access barriers to health and wellbeing services, in Waikato west coast community.



Do it yourself test proves a game changer

When women get together, and the subject turns to health, chances are one of the things they mention is how they hate going to the doctor for cervical screening.

Some are so embarrassed by the prospect they refuse their screening; many have never bothered to go at all.

Te Whatu Ora's National Cervical Screening Programme has human papillomavirus (HPV) self-testing available, and it has been a game changer, says Pinnacle Support to Screening mobile outreach nurse Tracey Bates.

"When I do in-home visits and explain how easy the new test is to do, it overcomes barriers to screening particularly for anyone who has been reluctant in the past," she says.

"We consistently see women who have refused screening but are then happy to do it themselves in the comfort of their own home."

Pinnacle outreach mobile nurses have screened 776 hard to reach priority group women in Waikato in the past year. They have all been referred to the service by their Pinnacle medical centre.

The focus has been on Māori and Pasifika communities and disengaged women.

"There is no doubt screening saves lives but for some women the previous standard speculum examination was embarrassing and painful, which prevented them from having it done," says Tracey.

"We have been able to successfully screen women who are 20-30 years overdue or never been screened before."

By working with practices, Pinnacle's mobile health nurses receive referrals and visit wāhine at their whare, outreach clinics or at the medical centre.



The cervical screening support to services outreach team from left: Tracey Bates, Selena Batt (regional support manager - screening services), Simone Schuil, Sapphire Barron, Taryn Gillespie.

Hauora hāpori (community) event prioritises whānau wellbeing

Supporting whānau to prioritise their wellbeing, Pinnacle's Once and For All stop smoking team held a World Smokefree Day event on 31 May at the K'aute Pasifika Village Fale in Kirikiriroa Hamilton.

Providing stop smoking information and support, as well as free health checks, whānau were given a health 'passport' as they walked in the doors.

Whānau were encouraged to visit each hauora provider in the room to collect a stamp. Once the passport was full, they were set to collect their free hāngī, with 300 hāngī gifted on the night.

Despite Smokefree May being the lead kaupapa for this event, breast, cervical and bowel screening all had 'first time engagers' on the night, reinforcing that opportunistic health checks work. Our quit coaches had hundreds of smokefree conversations, which could hopefully flow on to hundreds more within homes and communities.

Talking to health providers at the end of the night, Jacob Taiapa, Pinnacle's smoking cessation programme lead, said "they were overwhelmed with the steady flow of people coming to talk to them."

Creating a sense of community and purpose, the event provided an opportunity to engage with health services in a welcoming and safe environment, along with live entertainment, market stalls, food trucks and activities for tamariki.

"This event was an opportunity for hāpori to come together and have fun, and to learn about their health at the same time, I believe we achieved that", Jacob says.



Pinnacle Once and For All quit coaches kōrero with whānau.

Partnering with other PHOs to address health outcomes

By partnering with other primary health organisations, sharing best practices and learning from each other, we are collectively addressing the health needs of our communities to better improve national health outcomes.

Among the PHOs we collaborate with is Tū Ora Compass Health (Tū Ora Compass), a PHO and not for profit social enterprise that serves an enrolled population of 331,000 people across the Wellington, Porirua, Wairarapa and Kāpiti areas.

Tū Ora Compass CEO Justine Thorpe and a delegation of kaimahi (staff) came to Kirikiriroa in January 2024 to tautoko Rāwiri Blundell, who was leaving his role with them to rejoin Pinnacle as GM Māori Health and Equity.

Following the mihi manaaki, we shared initiatives that are making a difference in our respective communities, with an emphasis on health equity and programmes that support whānau to achieve their hauora aspirations.

Tū Ora presented an in-depth review of their initiative, He Ika - a programme which supports rangatahi to discover their potential as they transition to adulthood, through learning leadership and diving skills.

Pinnacle presented some of our regional initiatives including a new enrolment service in Taranaki which helps connect unenrolled patients - particularly Māori whose enrolment numbers are declining - with practices, in a whānau-centric enrolment process. We also provided an update on our clinical dashboards, and shared our Cyclone Gabrielle response and recovery in Coromandel and Tairāwhiti, including the role primary care played during the cyclone disaster.



Preparing to welcome manuhiri (visitors) to Pinnacle's Hamilton office are Selena Batt (Waikato regional support manager - screening services) and Anne-Marie Midwood-Murray, cultural partner - Lakes).



Rāwiri Blundell, far left, at the mihi manaaki to welcome him to Pinnacle in the role of GM - Māori Health and Equity.

Acknowledging the past to build a more equitable future

We were invited to send a small group to join the Tū Ora Compass Health team on a tour of Rangiriri Paa.

The battle of Rangiriri Paa is considered the bloodiest combat during the Waikato Land Wars and was marked by fierce and determined fighting which cost both Māori and Pākehā dearly. The Rangiriri project provides an opportunity for visitors to learn the history of the war, the injustices of raupatu (land confiscation), and the impact the conflict has had on our society and politics.

Our 'why' behind the site tour was to learn more about the historical injustices that have disproportionately affected Māori health. By acknowledging the past, we can better understand the present and develop more effective strategies that address these health disparities.



Te Whatu Ora visits Pinnacle

Pinnacle was among the PHOs visited by Dame Karen Poutasi in her then-role as Te Whatu Ora Board chair, and Fepulea'i Margie Apa, Te Whatu Ora CEO, in late July and early August. The hiko around several regions was part of a broader initiative by Te Whatu Ora to gain a deeper understanding of the primary healthcare sector and identify opportunities for improvement.

During the visit, we highlighted our innovative approach to addressing community health challenges. This included showcasing outreach initiatives through the power of collaboration and partnership, pro-equity approaches for priority populations, future models of primary care, and using digital enablement, data and informatics to actuate change. The group also participated in a visit to general practice looking at rural resilience, workforce innovation and primary care agility.

Dame Karen remarked how rewarding it was to see how primary care and community 'make it work' and rise to the opportunities that challenge brings. Margie Apa was engaged and keen to understand how the connection points between primary and secondary care operated. Both leaders said they appreciated the opportunity to learn from Pinnacle's experiences and the insights gained during their time with us.



Fepulea'i Margie Apa (centre left) and Dame Karen Poutasi (centre right) with Pinnacle and GPNZ leaders in Pinnacle's Hamilton office.

Pou rautaki – *General practice*



This pou rautaki: general practice, supports a network of 85 practices to thrive as primary care hubs within their communities. We do this by developing new models of care, developing wider workforce roles to support the future health need and a thriving and engaged GP network, and developing a sustainable model of after-hours primary care.

We work with individual practices on staff recruitment and retention, provide resources for international medical graduates, and support long-term workforce planning initiatives like NZRex community registration and the proposed Waikato medical school. We expand primary care teams, create resources for nurses to become prescribers, employ extended care paramedics, pharmacists, and clinical assistants, and provide resources on employing these staff, including protocols.

Twenty practices selected Pinnacle as their contract provider in the PSAAP negotiations. We support them in the negotiations and advocate for improved funding via the contracted provider caucus. In addition, our CEO was nominated as one of the lead negotiators for primary care and our clinical director participates in the capitation reweighting advisory group.

General practice movements within the PHO during the year

Over the past year, the PHO experienced changes in our general practice network driven by factors including mergers, acquisitions, closures, and the gifting of one practice.

Several general practices merged or were acquired by larger entities, resulting in a consolidation of services within certain regions. For example, Chartwell Health Centre merged into Northcare Medical Centre, and Lake Surgery was sold to Taupo Medical Centre.

Some practices closed their doors, leading to potential disruptions in healthcare access for patients in those areas. However, in many cases, alternative arrangements were made to ensure continuity of care.

We were pleased to welcome several new practices to our PHO. These additions have expanded our network and improved access to healthcare services for patients in various regions.

While these changes may have caused some initial disruption for patients, our goal has been to minimise any negative impacts and ensure patients continue to receive high-quality care. We worked closely with affected practices and patients to facilitate a smooth transition and provide support as needed.

The opening of Ngāruahine Iwi Health Services in October marked a milestone, providing equitable access to healthcare for the Ngāruahine Iwi and expanding the rural health services offered by the iwi. The kaupapa Māori clinic in Taranaki is a natural extension of Pinnacle's extended community team's existing initiatives, and is deeply rooted in tikanga Māori, prioritising whānau-centred care and holistic wellbeing.

Pinnacle 2023 Workforce Survey

"Our workforce survey highlighted the importance of workforce recruitment and retention, and support for ECTs. Surprisingly, we found a growing number of our members are employed rather than practice owners. This has prompted us to re-evaluate our value proposition as an organisation for employing Pinnacle doctors and nurses. We offer mentoring services for those facing challenges, provide support to practices under mental and social pressure, and encourage staff to prioritise self care and utilise EAP resources."

- Dr Jo Scott-Jones, Clinical Director, Pinnacle

Our 2023 workforce survey, the first comprehensive survey since 2009, was conducted in the context of significant changes to healthcare, and the passing of the Pae Ora (Healthy Futures) Act 2022. The survey aimed to shed light on the pressures, pitfalls, and challenges faced by our workforce.

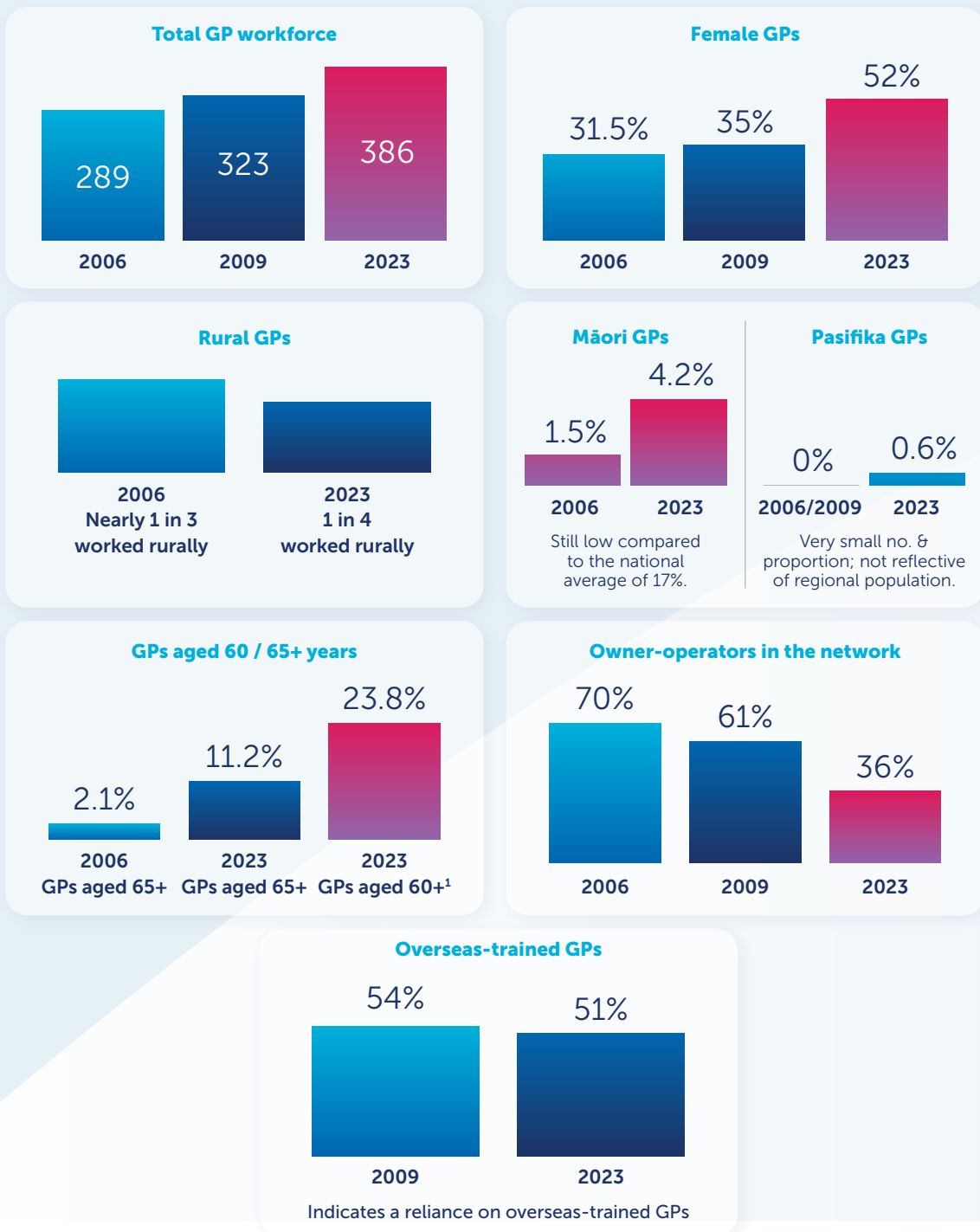
The insights and feedback gathered will guide our strategies for meeting demand, recruitment planning, and retention and advocacy efforts for a competent and valued general practice and primary care network and advocating on its behalf.

General practice teams have expanded to include extended teams and non-regulated roles. The survey examined key workforce demographics, workload, burnout, career development, and training opportunities. It also included responses from extended care teams, practice centre assistants, practice management, and school-based nursing.

The survey provided an opportunity to establish a baseline for how general practice staff were working with patients, particularly those who identify as Māori, to uplift the mana of all patients. The questions were developed to identify strengths, weaknesses, and areas for improvement in our network. The survey identified opportunities for improvement to ensure our work is fully aligned with the principles of the Waitangi Tribunal's Wai 2575 report.

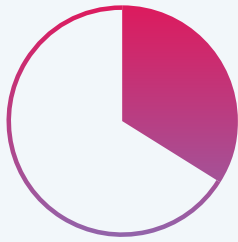
Full reports from the survey can be found on our website at: www.pinnaclepractices.co.nz/resources/pinnacle-workforce-survey-reports-2023

Total GP workforce



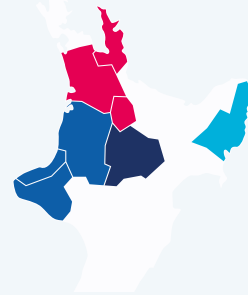
Practice Nurse highlights

Experience



Over one-third of practice nurses have 16+ years in primary healthcare

Plans to retire by 2028 (five years)



25% Tairāwhiti

26% Waikato

30.1% Taranaki

No additional change identified in the Lakes region

Age distribution

Increase in nurses under



35 years

Decrease in average age



47 years

Decrease in age group



35-54 years

Mātanga Tapuhi Nurse Practitioner highlights

Demographic



Age range:
40s-60s
Average age:
51.3 years

Female: 100% of respondents

Experience level



Years since first registration:

Average of 27.7 years

Community-based Nurse highlights

Age demographic



Age range:
30s to 60s
Average age:
46.9 years

Additional training



30% are nurse prescribers

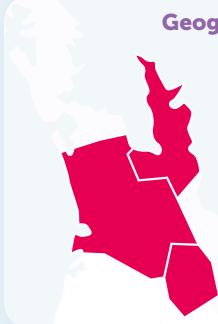
>70% are authorised vaccinators

35.3% have completed B4 school checks and sexual health training

2 community nurses were working towards nurse prescriber registration

School-based Nurse highlights

Geographic coverage



Waikato region:
From Te Kauwhata to Taumarunui, including the Coromandel

Number of sites covered:
37

Special qualifications

Apart from minimum training requirements, school nurses have specialist qualifications, e.g. sexual health, cervical screening, and authorised vaccination.



40%
have RNPCH
(nurse prescriber) training

Practice Centre Assistance highlights

Skills and roles



Specialisation:
admin and non-
clinical tasks



Support: practice
nurses and health
professionals

Education and training

Completed specific
PCA training (with
a further 6.5%
on the course)



Over 60%

Trained
as vaccinators



20%

Extended Care Team highlights

Demographics

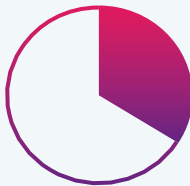


Total number:
51 professionals

Majority gender:
Female

Average age:
46.5 years

Cultural representation:
31%
Māori



Practice-based or Pinnacle ECT

45%
Part of the
Pinnacle
ECT in Lakes,
Taranaki and
Tairāwhiti



55%
Practice-
based

Practice Management and Administration highlights

(PM = Practice Managers, PA = Practice Administrators)

Age distribution



PMs: Range: 35-65 years
(average 50.9 years)

PAs: Range: 18-64 years
(average 43.2 years)

Experience level



Across both groups,
38% had 10+ years'
experience in general practice.

Lunchtime learning programme

In response to the feedback received from last year's Pinnacle workforce survey, we introduced a new fortnightly lunchtime learning programme. This initiative aimed to provide the network with opportunities to enhance their knowledge and skills. The programme featured a wide range of topics presented by experts from various work areas. Each session was live on Zoom, and recorded for those unable to attend.

Sessions covered various topics, including new graduate programmes, immunisations, Point of Care testing, nurse practitioner scope and implementation, environmental health, eating disorders, registered nurse prescribing, routine check-ups, brief interventions, ADHD, and general practice.

Successful pilot NZRex set to end

The NZRex pilot of extended (18 months) community-based attachments during the pre-vocational training period concludes at the end of 2024.

Ten candidates who had primary care experience in their country of origin have had the opportunity to spend most of their pre-vocational two years in general practice and have demonstrated this training is at least equivalent, and in some domains better than the traditional two years of hospital-based training.

The community-based attachments provided candidates with a wider exposure to more conditions and a longer exposure to patients and their families, with more involvement in chronic and preventative care than junior doctors typically get during hospital rotations.

Eight of the candidates have been accepted on the vocational training pathway to become a GP, one is looking at further hospital experience before applying and one has decided on a different speciality training path.

This highly successful programme has placed 10 more doctors in the New Zealand health system and demonstrated the value of community-based training with skilled and motivated trainers in general practice. We are awaiting a decision from Te Whatu Ora about extending the pilot and hope to see this roll out to more districts and to include NZ graduates in the future.

Toolkit developed to help integrate extended paramedics into general practice

The integration of paramedics and extended care paramedics into general practice has emerged as a powerful strategy to enhance service delivery, improve patient outcomes and alleviate pressures on traditional healthcare roles.

Pinnacle was involved in the development of a toolkit with Collaborative Aotearoa, a national network of primary health care organisations, on how to integrate them successfully in general practice.

Avon Medical Centre in Stratford features strongly in the toolkit with its successful experience of implementing paramedics into the workforce.

Extended care paramedics are registered paramedics with an expanded scope of paramedic practice specialising in acute primary and preventive care in the community.

They have the specialist training, skills and knowledge to treat a range of conditions in the community and can carry out additional skills such as suturing, administering and supply of medicines using standing orders.

Effectiveness lies in the paramedics' ability to work autonomously and tap into other clinicians to take a collaborative approach to patient care.

In developing the national toolkit, feedback from 45 paramedics and extended care paramedics working across New Zealand highlighted a mix of positive experiences alongside challenges and opportunities.

They appreciated the supportive team environment and the improved work-life balance in comparison to working in an emergency ambulance situation.

But there were frustrations due to limited scope of practice, lack of recognition of their skills and challenges in integrating their roles within the existing healthcare framework.

Encouragingly, from December 2024, paramedics are expected to be recognised as treatment providers under the ACC definition regulations.

This important change recognises the valuable contribution paramedics can make in primary care.



Supplied: Hato Hone St John

Digital Assistant

One of the biggest complaints Pinnacle hears from practice staff is the time it takes to process emails and medical results, and the significant workload challenges they create.

We have never backed away from using digital tools and technology to assist clinical practice and processes when it is safe to do so, and it results in efficient working practices and innovation. Enter Digital Assistant – a new range of robotic process automation tools, which can be considered as a new ‘virtual’ work colleague.

Pinnacle embarked on a trial, with the support of ProCare, and put out an expression of interest to all its Waikato practices outlining how Digital Assistant would work. To be considered practices had to use an existing practice management system and have support from all GPs in the practice.

Two practices – Cambridge Medical Centre and Health Te Aroha – were chosen.

We jointly developed four digital assistants for the project with three concentrating on messages related to specialist referral acknowledgments, referral to inpatient updates, and bowel screening. The fourth digital assistant checks for fields to run the Cardiovascular Risk Assessment tool and produce a list of required information and results for staff to work with.

The trial went live on 1 May.

Early reports from practice managers and GPs showed the cardiovascular digital assistant worked effectively but the others did not appear to have the same degree of impact.

The trial’s next step is to improve the rules so they can capture a wider range of messages safely, ease the burden on practices and look for further opportunities to automate processes.

The project has allowed a close relationship between practices and developers to continually improve the assistants, and we’re looking forward to the future of tools like these.

Nabla Copilot privacy impact assessment gives peace of mind for practices

This year we saw a heightened level of interest by general practice in using Nabla Copilot (and similar AI tools) to reduce the amount of time GPs and other practitioners spend on writing up consultations.

In March, Nabla announced their intention to integrate a Nabla Copilot plugin into several major practice management systems (PMSs). As a leader in patient data security, Pinnacle’s privacy officer and members of the Data team conducted a privacy impact assessment (PIA) to investigate

the potential privacy risks of implementing Nabla Copilot in this form from the perspective of Pinnacle, on behalf of its member practices.

Given the vast number of AI tools that have now emerged, conducting PIAs on all of them is impractical. Our PIA on Nabla Copilot can be found on our website at: www.pinnaclepractices.co.nz/resources/ai-tools-in-general-practice

Practice Plus: Year 2



A virtual telehealth solution founded in 2022 by Tū Ora Compass and Pinnacle Health has now expanded its reach to partner with 12 PHOs, covering more than 260 practices and serving an enrolled population of more than 2.1 million patients.





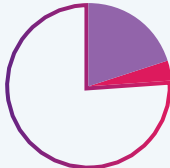


Practice Plus is now at the end of its second year, and our service partners now include Auckland PHO, East Health PHO, Health Hawkes Bay PHO, Pegasus PHO, Ora Toa PHO, Marlborough PHO, Te Awakairangi Health Network, THINK Hauora, Western Bay of Plenty PHO and Whanganui Health.

Practice Plus continues to see the value of telehealth as an additional and increasingly essential resource for general practice. This year more than 27,240 patients booked consultations through Practice Plus, with additional consultations through the virtual practice locum service. Demand peaked during the holiday season, averaging 2,250 patients per month in December and January.

The high utilisation numbers demonstrate both the trust GPs have in the Practice Plus model and its effectiveness in improving access for underserved populations.

Year 2

Patient demographics

-  50% of patients referred by their enrolled practice
-  20% redeemed Practice Plus coupons
-  Patient satisfaction: 4.8 out of 5 stars based on 4,000+ feedback submissions
-  27,240 patients booked consultations
-  20% Māori
3.9% Pasifika
-  40% Quintile 4 and 5
25% Community services card holders
-  Age 70+: over 1,200 patients

***Spotlight:* Supporting our rural communities**

We continued our rural advocacy efforts this year to improve access to healthcare in rural communities. This focus aligns with our strategic intent of ensuring equitable access to healthcare services for all New Zealanders.

Rural health equity challenges and opportunities discussed at RuralFest

RuralFest 2024 once again brought together healthcare professionals, community groups, and industry leaders to discuss the challenges for rural health service delivery and outcomes. Through these discussions, '4 calls to action' were presented to the coalition government.

1. Fund pay parity for all healthcare workers, regardless of location or employer.
2. Adequately fund rural general practices.
3. Endorse and resource the Primary Industries Mental Health and Wellbeing Strategy.
4. Establish and report on clear sector-agreed metrics to demonstrate the effectiveness of the Rural Health Strategy on rural communities.

We are encouraged by the government's commitment to developing a Rural Health Strategy implementation plan with clear goals and measurable outcomes. As the government develops this plan, our advocacy efforts to translate these 4 calls to action into tangible improvements for rural communities will continue.

Point of Care testing capability in Coromandel

Point of Care Testing (POCT) capability is becoming increasingly available in general practice, enabling rapid clinical decision-making and helping to keep patients well within their communities, particularly in rural areas.

As a result of Cyclone Gabrielle, which damaged roading infrastructure in the Coromandel region and elsewhere, Te Whatu Ora Waikato provided funding to address the pressures on health service delivery. The cyclone made access to routine laboratory services and Thames Hospital difficult.

Pinnacle successfully secured funding to develop POCT capability to practices across the Pare Hauraki region (Coromandel and surrounds), supporting six Pinnacle practices, two Te Korowai o Hauraki PHO practices, and one National Hauora Collective PHO practice. This project enabled practices to utilise an existing evidence-based primary care POCT pathway, the Rapid Accelerated Chest Pain Pathway (RACPP), which had been trialled across the network in 2018.

Furthermore, practices who already had POCT capability had their range of options expanded, based on user feedback, to increase the health delivery they could provide.

To address quality control issues noted in literature, we developed guidance and an adverse event monitoring system for practices. These resources are available across the network and have been reviewed by the Royal New Zealand College of General Practice for potential national support.

While clinical governance for POCT is primarily managed within practices, a recent survey indicated interest in additional external monitoring and oversight. POCT enhances care quality and supports shared decision-making, but ongoing training is essential to maintain the capability of rural healthcare practitioners.

Extended Care Paramedics service launches in Northern Coromandel

We successfully launched a new Extended Care Paramedic (ECP) initiative in northern Coromandel. This initiative directly addresses a community-identified need for improved access to urgent and unplanned primary care services, as highlighted in the Te Tara o Te Whai locality plan.

The ECP model is a collaborative effort between Pinnacle MHN, Hauraki PHO, Hato Hone St John, local general practices, and the Te Tara o Te Whai Alliance. By leveraging the expertise of ECPs, we are able to provide timely and comprehensive care, including management of chronic conditions and acute situations. This initiative is a significant step towards ensuring equitable healthcare access for all members of the Northern Coromandel community.

The ECP model demonstrates the power of partnership and community-driven healthcare. By working together, we have been able to develop innovative solutions that address the unique healthcare needs of the Northern Coromandel region. This is one example of how Pinnacle is committed to improving access to primary care services across Te Manawa Taki.

By working together, we have been able to develop innovative solutions that address northern Coromandel's unique healthcare needs.

Networking at Fieldays

Pinnacle clinical director Dr Jo Scott-Jones says there are three very good reasons he likes going to Fieldays, New Zealand's premier agricultural event south of Hamilton.

The networking opportunities with other organisations like the Prostate Cancer Foundation at this year's event, supporting young health professionals during their training and talking to farmers.

Mobile Health piloted the Health Hub in 2017 – with Pinnacle an early supporter – and it has gone from strength to strength, says Jo. In 2024, the Hub, now known as the Hauora Taiwhenua Health and Wellbeing Hub, hosted around 50 different exhibiting organisations.

"It sees 30,000 to 50,000 people coming through every year and there are stories of significant interactions with people which results in them reconnecting with primary services."

Jo talks to a lot of farmers and farm workers to gauge how well they are being served in their rural communities. As co-lead of the national rural clinical network, he wants to gain insights into the standards of care in rural communities.

He talks to other organisations at the hub about Community HealthPathways – Pinnacle's "high trust, clinician-led, management-supported, whole system" approach to health – and they are keen to be involved.

He also talks to some "really enthusiastic" young students who become actively engaged. "Their reflections are always very positive, and I know it helps them when it comes time for their placements," said Jo.

"I also see a lot of loneliness among farmers and various health issues. Some of them haven't seen a GP for years. It's reinforced for me how important it is to be providing rural health services properly because of how they have become so disconnected."

"We know too that mental health is disproportionately impacting people in our rural communities.

"Fieldays is an opportunity for us to really find out what is happening rurally, and we will continue to be involved," said Jo.



Pinnacle's clinical director, Dr Jo Scott-Jones (right) with Sally Lane, MC for the Fieldays 2024 Hauora Taiwhenua Health and Wellbeing Hub.



Pou rautaki – *Primary care nursing*



Nurses are the backbone of the health system. At Pinnacle, our pou rautaki: primary care nursing emphasises the recognition, enablement, and sustainability of nursing excellence. Nurses are often the first point of contact in addressing community health needs, and patients benefit greatly from their high-quality care, leading to improved outcomes and satisfaction.

Pinnacle's nursing director and nurse leads are dedicated to supporting the sustainability, education, growth, and development of Pinnacle's nursing workforce. This investment in education and development opportunities helps strengthen our primary care nursing workforce, which improves health and strengthens our healthcare system.



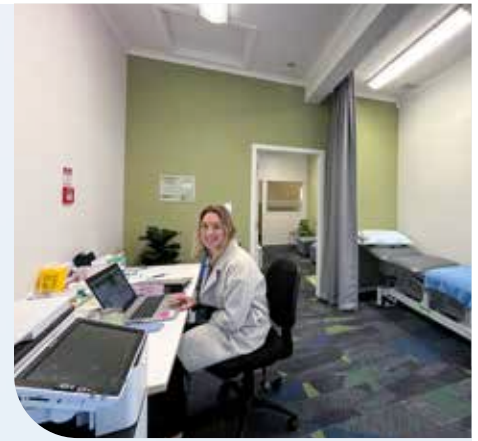
Advocating for pay equity but little progress nationally

During the reporting year we saw a concerning migration of New Zealand-trained nurses to Australia. Additionally, the disestablishment of the Pay Equity Taskforce highlighted ongoing challenges in addressing wage disparities.

While we have and will continue to advocate for pay equity, little progress has been made to date. Our view hasn't changed that pay equity for primary care nurses is essential to recognise the significant contributions our nurses make every day to the health and wellbeing of our communities. Primary care nurses are skilled practitioners who undertake a number of post registration courses and qualifications including but not limited to diabetes management, immunisation, cervical screening, long term condition management, RNPCH, designated nurse prescriber and nurse practitioner status. We have a large number of nurses across the network with specialised post registration certificates, diplomas, master's degrees and PhDs.

Primary Care Nurse Innovation Award for refugee health initiative

Katy Roach, a Hamilton nurse at Fairfield Medical Centre, won the Primary Care Nurse Innovation Award for her initiative to improve healthcare access for Hamilton's migrant and refugee community. With support from her employer, Katy established a free health clinic at the Settlement Centre Waikato, offering services like nursing advice, immunisations, health screenings, blood tests, pregnancy tests, blood glucose level, blood pressure, and diabetes screenings. The clinic is set to run from 1 August 2024, fully funded for seven weeks due to the grant, and aims to provide essential care to this underserved population and helping connect patients with primary care providers. While it is too early to determine the full impact of the clinic, the outcomes will be reviewed.



Designated Registered Nurse Prescribing in Community Health (RNPCH)

The Midland Collaborative's RNPCH programme is one of seven Nursing Council of New Zealand (NCNZ) approved programmes.

Around 167 registered nurse prescribers in community health (RNPCH) have now completed the programme since it was approved as a recertification provider in July 2020, with 96 (57 per cent) being Pinnacle employed registered nurses (RNs). A new cohort of 23 commenced the programme in May.

Delivered virtually, the programme provides region-wide access to those seeking to renew their prescribing credentials. Facilitated by nurse leads with sessions by nurse prescribers/Mātanga Tapuhi, clinical nurse specialists, and a microbiologist, participants who complete the programme are recommended for recertification by the NCNZ.

The RNPCH role is a limited guideline-based model for prescribing limited medications for minor ailments. With additional certification, they can prescribe more for contraception and sexual health.

The programme focuses on cultural responsiveness and addresses healthcare inequities in the Midland region. It enables RNs to work in various community settings, including general practice, Māori and Pasifika health providers, and school-based, youth, and sexual health services. This approach improves access to medication, reduces costs for patients, and empowers RNs to make informed decisions and contribute meaningfully to their communities.

Pou rautaki – *Child and youth*



Our pou rautaki: child and youth, is dedicated to creating connections to improve access to primary care for tamariki and rangatahi. By empowering the next generation to live well, prioritising their health and wellbeing, we lay the groundwork for a healthier and more prosperous future.

Immunisation outreach

Immunisation outreach kaimanaaki engages whānau

Pinnacle's new kaimanaaki for the immunisation outreach programme is supporting the childhood immunisation programme (Waikato) by enhancing whānau engagement.

In her day-to-day work, Bronwyn Dennis accompanies outreach immunisation nurses on their visits to whānau, although frequently she will meet with the whānau first on her own to 'break the ice', especially for families who may feel overwhelmed or nervous about the immunisation process and dealing with a mainstream primary healthcare organisation.

In her previous roles, Bronwyn's work was grounded in the holistic framework of Te Whare Tapu Whā, and the interconnectedness of hinengaro (mental health), tinana (physical health), hauora (wellbeing), and the whare (home).

"It's important to me to get to know whānau first so I can support them effectively," she says. This focus on whanaungatanga helps to ensure whānau feel comforted and understood, and it frequently opens the door to immunisation where it may not have been before.

Bronwyn is aware of the determinates of health and understands that whānau face many challenges beyond healthcare, such as securing essential items for their pēpi, and says it can be difficult for parents to be open to immunising their tamariki when they have more immediate needs such as finding clothing or bedding, or other necessities.

Bronwyn's previous work within the community, particularly with Kainga Ora, has also helped her to deliver a more holistic service. She developed a process which led to 10 successful referrals for whānau living in emergency housing, all of whom transitioned to more stable living situations.



Bronwyn with Charles and his tamariki Azariyaa, Travis, and Vienna.

“Many whānau living in those situations don’t have the basics like pillows, sheets, and blankets,” she says. To support the families she works with, she will often reach out to the community, appealing for donations and resources. Through her efforts, she has been able to source much-needed items such as pyjamas and blankets.

Bronwyn works alongside general practice and organisations such as Kirikiriroa Family Services and Whānau Awhina Plunket. By working with these organisations, she helps to engage whānau in outreach immunisations, which helps to keep families informed and supported throughout the process.

Jackie Passfield, one of the outreach nurses who works alongside Bronwyn visiting whānau about childhood immunisations says: “I think just having her there, especially if it’s the first time we’ve visited the family, is really nice. It’s great to see what she can offer them.”

Helen Connors, clinical services manager – child health, says Bronwyn is not only making the entire experience easier for the families, but she’s also strengthening the overall effectiveness of the immunisation outreach programme. Bronwyn’s role is evolving, the next step is to strengthen engagement with general practice to support whānau.

School-Based Health Services

In the Waikato region, Pinnacle's School-Based Health Services – funded by Te Whatu Ora – supports over 40 lower decile high schools, wharekura, teen parent units, and alternative education sites SBHS. This represents a significant portion (14 per cent) of SBHS services across Aotearoa.

Our team comprises 24 nurses including a nurse practitioner and five registered nurses prescribing in community health; we also have a programme support administrator, and we contract 17 authorised prescribers, 13 GPs and three nurse practitioners.

Our model of care places the young person at the centre of their healthcare journey. Our goal is to promote equity in health outcomes for rangatahi by providing accessible, youth-focused, sensitive and culturally relevant care.

In the 2023 school year¹⁴, we saw 4,737 individual students including 2,350 Māori and Pasifika students (49.6%) and did 11,330 consultations.

We completed 2,279 psychosocial health assessments (HEADSSS assessments) on eligible Year 9, young teen parents, alternative education and Kura Kaupapa students.



Nurses from Pinnacle's School-Based Health Services and outreach immunisation teams with Aldrin Arguelles, Waikato district manager, along with Midlands Sexual Assault Support Service team members, working together – mahi tahi.

| ¹⁴ Data for SBHS outputs relate to the 2023 school year, rather than the 2023/2024 financial year.

Creating convenient and accessible contraception choice in schools

The Pinnacle School-Based Health Services (SBHS) team has been increasing contraception accessibility for rangatahi in the Waikato region. A key part of this initiative is the provision of Jadelle implants directly within the schools we serve.

Sharon (Shaz) Iseli, a registered nurse prescriber with the SBHS team, has a background in sexual health, contraception and Jadelle implants. Her practical and specialist knowledge enables the SBHS team to offer this service effectively and sensitively to rangatahi in schools.

Working alongside the rural school she was working in, Shaz began offering Jadelle implants to students, then was able to extend the offer to nearby SBHS schools too. When working with the schools, Shaz contacts the principal to discuss her visit and that a minor surgical procedure will be taking place. She ensures signed consent with the student involved and, if appropriate, also with their parent or guardian.

The implants provide a five-year contraception option, greatly reducing barriers for rangatahi. General practice access can be difficult, and for those in small communities, whānau may work at the practice, so it can also feel quite awkward. Offering this service through school makes it easy and private, and rangatahi can bring music with them, or a friend.

With a focus on accessibility and relationships, Shaz has the time to go through the process over multiple visits or Zoom calls with young people and answer all their questions. This also allows the space to form a trusting relationship with the student.

The knowledge of the service generally spreads through word of mouth and once one person has been supported in this way, they'll often tell others about the option.

Through this service, we aim to empower rangatahi with the knowledge and resources they need to make confident choices about their sexual and reproductive health.

Supporting Youth Week

To support Pinnacle's commitment to youth, we participated in Youth Week (20-26 May), coordinated by Ara Taiohi. This annual event encourages rangatahi to embrace challenges, share ideas, and celebrate the positive aspects of youth. It also recognises the invaluable work of youth workers, service providers, and others dedicated to supporting young people.

Supporting rangatahi beyond the basics

In 2021, Pinnacle's School-Based Health Services team set up a hardship fund to support the most vulnerable rangatahi in the kura (schools) they work in.

SBHS are funded to deliver healthcare in 42 sites across Waikato, including decile 1-5 schools, kura kaupapa, alternative education and teen parent units. Our service is unique due to its large number of geographically spread kura sites, serving a diverse range of needs and challenges.

"The team works with a lot of rangatahi, who experience the side effects of deprivation. The mahi we deliver has a holistic care approach. If a young person arrives in clinic with a simple injury, we don't just review that injury, but all aspects of the person's life."

- Sarita MacDonald, SBHS clinical nurse educator/school nurse

The fund allows the service to approach each student's situation holistically, and as a result, school nurses can work with the whole whānau.

The school health nurses submitted 100 claims to the fund in the 2023 school year, providing items like food, hygiene supplies, shoes, eyeglasses, and advocacy. They also worked directly with a student with scabies to ensure they had everything from a holistic view, including PJs, bedding, and bodywash. Other support has included enabling students to take part in school sports, or attend their school leavers' dinner. In one case the nurse sourced a jacket for a student with a skin complaint to help her feel more confident and included at the school ball.

Creating the opportunity for school nurses to advocate for individual rangatahi in need has played a key role in reducing inequity some students experience in their daily lives.



School-based nurses consider students' circumstances holistically. This student, pictured with her sister, felt comfortable attending the school ball wearing the jacket sourced for her by SBHS.

Pou rautaki – Living with long-term (chronic) conditions



Our pou rautaki: living with long-term (chronic) conditions, supports the enablement of people with complex health concerns to receive the tailored care they need and to live life on their own terms. We understand the importance of personalised, patient-centred care for those managing multiple health conditions. This work includes helping people with conditions such as diabetes and cardiovascular conditions to better manage their health.

The introduction and promotion of new diabetes medications, the development of dashboards to identify patient specific population groups, the launch of the new Quality Improvement Programme, and the increased impact and reach of ECTs to support whānau have contributed significantly to improved diabetes control. Our results highlight that along with better blood glucose levels 12 months after an interaction with the ECT, patients also utilised less secondary care services, GP consults, and acute presentations.

We have taken our successful dashboard approach and are working with other PHOs in Te Manawa Taki, HQSC and others nationally to share initiatives, expand the datasets and impact people beyond our enrolled population.

What we achieved	2023	2022
Percentage (%) of high-risk ¹⁵ population who received a cardiac risk assessment in the past year	60.1%	48.8%
Total number of patients seen by the ECT team in the year (number of contacts)	4,506 (16,840)	47.4% (14,654)
Number of Māori patients (and number of contacts) by ECT team	2,033 (8,531)	1,818 (7,325)
Proportion of rural patients seen in the year by rural ECTs	14.5%	18.9%
Diabetes - % of patients with diabetes with blood sugar levels of 64 mmol/mol or less who were initially over 64mmol/mol prior to ECT interaction	74.5%	74.6%
Number of telephone calls answered by after-hours nurse consults (via Whakarongorau Aotearoa) – Pinnacle enrolled patients accessing clinical care and health advice	5,038 ¹⁶	7,296
% of patients who are receiving triple therapy care out of all eligible patients. Eligible patients are those who suffered a cardiac event.	48.3%	47.5%

¹⁵ High Risk is defined as identifying patients who have previously had a CVRA > 15%.

¹⁶ The number of calls answered and responded to by the virtual after-hours clinical team is down from the previous year due to some practices moving over to Te Whatu Ora's newly funded Ka Ora virtual care service for rural general practice.

Getting on top of diabetes

A collaborative model of care has been established among four Waikato-based diabetes clinicians – Kathy Knight (Pinnacle), Suzanne Moorhouse (Hauraki PHO), Helen Morton (National Hauora Coalition) and Ryan Paul (Waikato Regional Diabetes Service) – to improve the lives of whānau living with type two diabetes.

Kathy, Suzanne, Helen and Paul make up the Waikato Diabetes Community Team, and say that collectively they can achieve so much more towards improving care for people living with type two diabetes, who are primarily managed in the community.

There are approximately 27,000 people with type two diabetes in the Waikato and the team's goal is to build capacity in primary care so whānau receive the best evidence-based care regardless of the provider they access.

They identified barriers to optimal diabetes care which included reduced co-ordination and variation in care between practices. Lack of specialist expertise and evidence-based updates were also identified.

Through the support to practices that the team – which comprised a nurse, pharmacist, dietitian and endocrinologist – has provided, the average HbA1c of 47 per cent of people living with type two diabetes in the Waikato is now under 53mmol/mol.

HbA1c is the measure used to measure for and monitor diabetes. Glucose in the blood sticks to the haemoglobin molecules (Hb), and the higher the glucose, the more sticks. As haemoglobin is broken down and recycled every three months, the HbA1c is an accurate measure of the average blood glucose in a three-month window. The target for most people with diabetes is an HbA1c under 53mmo/mol.

The team held weekly meetings and developed real-time diabetes dashboards for each primary health organisation, ensuring consistent data collection across practices. They facilitated comprehensive updates to common forms and provided clear and consistent messaging to all practices, ensuring every practice received a copy of the team's diabetes manual, regardless of their PHO.

Additionally, they organised basic and advanced diabetes education days, bimonthly online updates via Zoom, consistent messaging on pharmacy-dispensed medication and established a New Zealand Society for the Study of Diabetes advised diabetes management course through University of Waikato.



Working together, from left: Suzanne Moorhouse (Hauraki), Helen Morton (National Hauora Coalition), Ryan Paul (Waikato Regional Diabetes) and Kathy Knight (Pinnacle MHN).

Spotlight: Pinnacle's localities

The district teams of Midlands Health Network play an important role in delivering essential healthcare services across the regions, with offices in Taranaki, Lakes, Tairāwhiti and Waikato.

By partnering with their communities, local providers and businesses, our locality teams are able to address the unique health needs of each area. These spotlight stories offer a glimpse into the impactful work the locality teams in Tairāwhiti, Taranaki and Lakes did this year to improve the health outcomes in their districts.

Tairāwhiti: Remoteness no barrier for iwi

The North Island east cape settlement of Māhia Peninsula has traditionally been starved of health services because of historical red tape and boundary issues.

So, when Rongomaiwahine Iwi Trust and Pinnacle signed a formal agreement in February to promote the iwi's hauora aspirations in the community it felt historic, said Regional Services manager Bevan Bayne.

On hand were Pinnacle's Justin Butcher and Rongomaiwahine's Terence Maro. In chatting at the ceremony, the two chief executives realised they already had a shared history, they were at Waikato University together several years before.

"It was a great day with mana whenua including their whole Rongomaiwahine kaimahi and whaikorero which was welcoming, thought provoking, and humorous," said Bevan.

Māhia is nestled between Wairoa and Gisborne on a largely rural peninsula. Rongomaiwahine is the mandated iwi authority representing over 4,500 members who whakapapa to Māhia Peninsula rohe.



The Pinnacle Tairāwhiti team and regional services manager Bevan Bayne with Pinnacle Group CEO Justin Butcher at Tuahuru Marae in Māhia.

The relationship between the two groups started 18 months before when Rongomaiwahine chair Paul Ratapu and then Pinnacle district manager Clayton Kohatu got together to discuss ways to support the iwi and its hapu - Ngāi Tama, Ngāi Tarewa, Ngāi Te Rākatō, Ngāi Tu and Ngāti Hikairo.

Suman Te Puni and cultural partner Renata Kururangi responded on behalf of Pinnacle and said the organisation was humbled to be invited to support the kaupapa.

The Pinnacle team have provided workshops since the pōwhiri to help build skills and confidence among the iwi, said Bevan.

The Rongomaiwahine leadership team asked Pinnacle to help build skills and capabilities within their iwi so they could help their whānau.

“They also wanted us to deliver some clinical services to support those who were missing out and we are.”

Lakes: Integrated Hapu-led nurse practitioner marae-based health clinics

In collaboration with Te Kaupua Whakapipi (the office of Te Ariki, Tā Tumu Te Heuheu), we established integrated hapū-led nurse practitioner marae-based and community clinics in Otukou, Korohe, Waitetoko, Pakira, and Mangakino. By partnering with primary care, secondary and tertiary care, Women’s Refuge, iwi, the wider extended care team, and other non-governmental organisations, we aim to provide culturally relevant and accessible healthcare solutions for whānau.

These clinics in the Lakes district are supported by a mobile clinic. At the heart of our initiative is He Ara Whakapikiora, the iwi vision that embodies a collective approach to enhancing the wellbeing (oranga) of our whānau.

*Whakapuawaitia te oranga o ngā whānau, e tōnui ai.
Flourishing whānau, healthy and prosperous.*

Our aim is to reach high-needs whānau at risk of poor outcomes—those who are ‘disengaged’ rather than ‘disempowered.’ The clinics provide holistic, whānau-focused care across the lifespan, allowing time for genuine whakawhanaungatanga.



Taranaki: Mix 'n match a success

Nearly 3,000 people across Taranaki are now enrolled with their own GP thanks to an enrolment matching service set up by Pinnacle.

The initiative came about when dozens of unenrolled residents kept calling into Pinnacle's office pleading for assistance to find an available GP.

At the time only Oakura Medical Centre – 16kms west of New Plymouth – was taking on new patients leaving 180 enrolled patients seeking enrolment in north Taranaki.

Pinnacle's Awhina Mattock said the team decided to take a proactive approach, created some enrolment material and contacted all healthcare providers asking them to display it through their networks.

Te Whatu Ora, NGOs, community nurses, lead maternity carers, Hato Hone, Plunket and WellChild providers shared the enrolment posters via social media and Te Whatu Ora showed the advertisement on their Emergency Department television screens in their waiting rooms.

"We also set up a referral form for healthcare providers so they could refer in a confidential portal," she said.

Pinnacle received 2,800 referrals from community nurses, Building Wellness – an industry-led initiative that helps workers, and families in the construction community – and from Te Whatu Ora Taranaki's Emergency Department, Diabetes Outpatients and Paediatrics.

"Pinnacle encourages, engages and supports Māori, Pasifika, hapu māmā and those with long term conditions who do not have a GP."

Pinnacle funds the patient's first initial consult for eligible unenrolled Taranaki patients wanting to enrol with a Pinnacle general practice.

"We hope the lower rates of unenrolled patients presenting to the Emergency Department and urgent care has a correlation to the service we deliver here in Taranaki.

"Our intention is to support those living in the community to have access to affordable healthcare with their enrolled GP," said Awhina.

Tairāwhiti: Pinnacle brings healthcare to LeaderBrand

Pinnacle Tairāwhiti partnered with LeaderBrand in 2023 to deliver integrated workplace health clinics, providing convenient and accessible healthcare services for LeaderBrand's workforce.

The clinics operated in both urban and rural areas, and were staffed by a nurse practitioner and a support team member from Pinnacle's extended care team, which included a social worker, dietitian, clinical pharmacist, registered nurse, physiotherapist, and administrative support.

The initiative aimed to improve access to healthcare, reduce absenteeism, enhance wellbeing, increase health literacy, deliver proactive health messaging, manage return-to-work plans, and support supervisors in managing workforce health concerns. Pinnacle's Tairāwhiti's district manager Tracy Fergus and nurse practitioner Jade Robertson, said the integrated care clinics were well utilised, which indicated a strong need for timely and accessible healthcare services for seasonal workers.

Highlights included early diagnosis and subsequent referral of a case of undiagnosed anaemia, effective management of hypertension, smoking cessation and healthy lifestyle promotion, support for individuals seeking weight loss, and assisting three people to register with a Tairāwhiti primary care provider.

Pinnacle and LeaderBrand are considering options for continuing the partnership.

"The integrated care clinics played a key role in addressing the healthcare needs of LeaderBrand's workforce, including workers under the Recognised Seasonal Employer (RSE) scheme, demonstrating the importance of culturally responsive and accessible services for this vulnerable population."
– Tracy Fergus, Pinnacle District Manager - Tairāwhiti



Pinnacle's Lana Reed, Tracy Fergus and Jade Robertson with LeaderBrand staff outside one of the clinics.

LeaderBrand health clinic insights



252 total
appointments
offered



160
appointments
attended

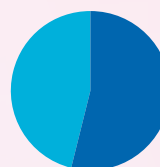


22
missed
appointments

55
unused
appointments



Approximately
65%
overall attendance rate¹⁷



Gender breakdown:
54% male
46% female

Lakes: Managing pain groups monthly support and education

Moving Past Pain (MPP) was established by Pinnacle's Lakes extended care health improvement practitioner (HIP) and health coach (HC) team in 2023 to address the issue of persistent pain experienced by whānau in the Taupō region. The programme seeks to provide both social support and high-quality psychoeducation to improve the self-management of chronic pain conditions. The education and information provided is in line with best practice and up-to-date pain science and current treatments for persistent pain.

MPP is co-facilitated by a HIP and a HC, with regular contributions from guest speakers including our dietitian, clinical pharmacists, GP, and exercise consultants.

It covers a range of key topics related to understanding and managing persistent pain, including: the science of pain, exercise and pacing, nutrition, body-mind syndrome, sleep, and the pain/fear cycle.

Participants self-complete the Hua Oranga outcome measure, set and review goals, and connect with each other for enhanced support to stay on track.



¹⁷ Despite challenges with booking and awareness, the clinics achieved a respectable attendance rate of 65%.

Taranaki and Tairāwhiti: Managing diabetes

Diabetes New Zealand's diabetes self-management education programme, Diabetes: Your Life, Your Journey (DYLYJ), is an evidenced-based programme created for the Aotearoa New Zealand context to support people living with type 2 diabetes.

Delivered in nine locations around the motu including in Tairāwhiti and Taranaki by Pinnacle, the whānau-centred programme uses a tailored approach that addresses local needs. A diabetes lead or coordinator facilitates the kaupapa, with wraparound support from other kaimahi including dietitians.

Participants say the programme has helped them take control of their diabetes, improve their wellbeing and make sustainable lifestyle changes.

Whānau voice

"It has been an eye opener; I didn't realise how much I didn't know."

"I felt very comfortable and not judged, which made me ask questions."

"I feel more reassured about diabetes."

"His whānau are grateful. Thanks for saving my boy's life."

Tairāwhiti: Programme empowers rangatahi Māori on the East Coast

Suman Te Puni – a youth brief intervention clinician with Pinnacle Tairāwhiti - has worked for 19 years in secondary mental health with whānau all along Tairāwhiti's east coast.

Using his local knowledge and experience, Suman is now delivering a unique programme to 12–19-year-old rangatahi Māori on the coast, teaching practical and life skills that reinforce their connection to the whenua (land), Te Ao Māori, and Tangaroa (God of the sea). "The programme incorporates elements of Matariki, such as hāngī, and the Maramataka (the Māori lunar calendar, and we bring tikanga, manaakitanga, and whakawhanaungatanga into our activities," he says.

The programme has been delivered in Tolaga Bay and Te Kura Kaupapa Māori o Kawakawa Mai Tawhiti – geographically isolated areas with limited resources. There's classroom learning and outdoor activities including pest control and fishing. One participant says fishing helps his physical wellbeing, and provides healthy kai for his whānau.

Feedback from schools and the community describes improvements in participants' attitude, behaviour, school engagement, and relationships with whānau. "By acknowledging their resilience and connecting with their heritage, the hope is these rangatahi will have the tools to face challenges now and in the future," says Suman.

Learning about pest control.



Get in touch

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