

20
23

Midlands Regional Health Network
Charitable Trust & Pinnacle Group

Annual Performance Report

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

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

Midlands Regional Health Network Charitable Trust

Trustees — Midlands Regional Health Network Charitable Trust (as at 30 June 2023)

Craig McFarlane (Chairperson)

Pehimana Brown

Fiona Loan

Lisa Hayes

Brendon Eade

Wayne Mulligan

Gary Thompson

Midlands Regional Health Network Charitable Trust is the primary health organisation (PHO) which manages the healthcare of nearly half a million people enrolled with 85 practices in Tairāwhiti, Taranaki, Rotorua, Taupō, Tūrangi, Thames-Coromandel and Waikato.

As a PHO, the Trust, through Pinnacle Midlands Health Network (MHN or Pinnacle MHN), is a provider of services that integrate with general practices and other health and social care providers.

Our purpose is to deliver primary care that supports all people to thrive by realising their health and wellbeing potential. We 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 Pinnacle MHN.

Pinnacle Group

Executive committee – Pinnacle Incorporated (as at 30 June 2023)

Craig McFarlane (Chairperson)

Amit Prasad

Dr Brendon Eade

Dr Fiona Loan

Dr Hayley Scott

Michelle Nathan

Kiyomi Kitagawa

Gishani Egan

Julia Arnott-Neene (resigned 10 July 2023)

Pinnacle Incorporated is the parent in a group of not-for-profit primary care focused organisations. We're a network of forward-thinking general practices that manage the healthcare of nearly half a million people enrolled with 85 practices in Tairāwhiti, Taranaki, Rotorua, Taupō-Tūrangi, Thames-Coromandel and Waikato.

Pinnacle Midlands Health Network (MHN or Pinnacle MHN) is the operational arm of Pinnacle Incorporated, the parent in a group of not-for-profit primary care focused organisations designed to deliver PHO functions and support all Pinnacle general practices to thrive.

Whakatau tātou huarahi — **Defining our direction**

To ensure a healthier and more equitable future, Pinnacle aims to collectively 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 tūroto (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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Kupu Whakataki — Introduction

- *Tēnā koutou katoa.*
E ngā mana, e ngā reo, e ngā karangaranga 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.

On the back of the global pandemic and its ongoing challenges, this past year has been further testament to the resilience and adaptability of the primary care sector. While we've faced some unexpected hurdles, our commitment to our mission and values has not wavered.

We've grappled with pay disparities between primary and secondary care, an unprecedented workforce crisis and the evolving needs of our diverse communities. Economic pressures, along with rising living costs exacerbate these challenges. In response, our strategy is firmly set on nurturing and retaining our workforce and supporting and advocating for our network, ensuring they feel valued, motivated, and integral to our shared vision.

Pae Ora (Healthy Futures) has guided us, and while the vision is clear, there is still no action plan or detailed primary care road map to share with staff and stakeholders. Pinnacle is therefore focused on five key pillars that we believe hold the potential for change: health equity, general practice, primary care nursing, child and youth, and long-term (chronic) conditions.

We are actively advocating for a comprehensive reform of the capitation formula to better serve our diverse communities. Since 2000, our capitation funding system has distributed approximately \$108 million annually to general practices. However, this formula, now decades old, doesn't reflect current health needs, particularly regarding ethnicity, an increasing lifespan, and the prevalence of long-term conditions.

Although equity adjustments were introduced in January 2023 with increased funding for Māori and Pasifika patients, only a fraction of our practices benefited.

We will continue to advocate tirelessly for primary care, ensuring every individual within our community thrives. As we commence a new year, our resolve is stronger than ever.

To our practices and district managers, teams and whānau in Tairāwhiti and Coromandel who were affected by Cyclone Gabrielle and other severe weather events this year, we commit to providing the support you need for the transition to recovery. We have used key learnings from these incidents to boost our capabilities in responsiveness to our localities.

In reflecting upon the year behind and looking to the future, it is imperative to acknowledge the looming presence of climate change and its potential repercussions. Prioritising the resilience of the network in response to these challenges will be a focus for the next year.

While we wait for the detailed primary care road map, early indicators suggest we are well placed to meet the future challenges head on, but ensuring the sustainability of our network amidst present financial and workforce constraints will be a key challenge.

We acknowledge and thank our team for your steadfast mahi; together, the culture we have developed together is outstanding. To our members, we know you are operating in a particularly demanding social and community environment, and we thank you for keeping primary care afloat, with your innovation and willingness to adapt and carry on. We're equally grateful to Pinnacle's leadership team, executive committee and the directors of our subsidiaries for their wise stewardship in these trying times. As we step into the future, we are ready to embrace what comes, always committed to supporting you towards our common purpose: To deliver primary care that supports all people to thrive by realising their health and wellbeing potential.

Tēnā rā koutou katoa,



Craig McFarlane
Chairperson

Midlands Regional Health
Network Charitable Trust



Justin Butcher
*Kaiwhakatere,
Chief Executive Officer*

Pinnacle Inc.



The Pinnacle network

Stretching from south Taranaki to Gisborne, Coromandel to the southern Lakes, the Pinnacle 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.

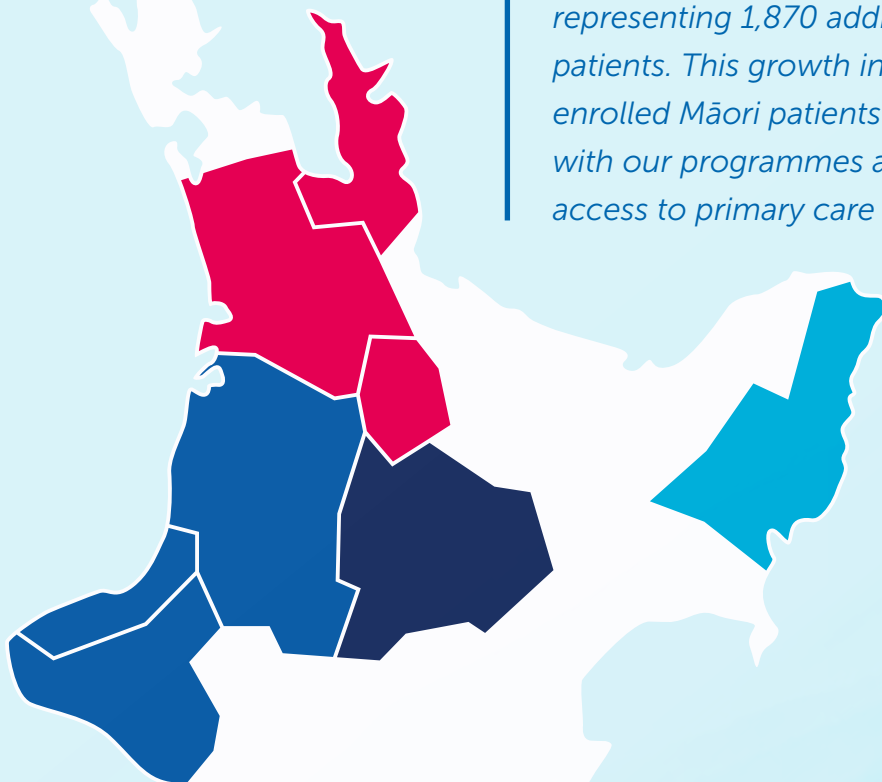
A snapshot of our network workforce and patient composition at 30 June 2023 shows Pinnacle served a total of 450,944 patients across 85 practices. As with every year, we saw changes that reflect the dynamic nature of the general practice landscape, with two mergers (Phoenix Urgent Doctors and Central Medical, and Ngāti Ruanui Patea Medical Centre and Ngāti Ruanui Healthcare), one acquisition, and one closure (River Road Family Practice), but we're delighted to report another year where no practices left the network.

Network workforce as at 30 June 2023¹

Total no. of practices in the Pinnacle Group network	85
No. of practices owned by Primary Health Care Limited (PHCL)	11
Rural practices (35 rural, 2 rural non-funded)	37
Total patients registered with a Pinnacle network practice	450,944
Māori patients	94,617 (21.0%)
Pasifika patients	9,354 (2.10%)
GP FTE	270.27
Nurse FTE (including nurse practitioners)	287
Nurse Practitioners (FTE)	17.6
Primary Care Assistants (FTE)	51.77
Overall GP to patient ratio:	1:1,668

¹ Data presented in this annual performance report is accurate to the best of our knowledge; however, some figures may not reflect the most up to date information.

During the year, our enrolled patient base increased by 2,500 patients. Notably, the proportion of Māori enrolled patients increased by 0.3% from 2022, representing 1,870 additional Māori patients. This growth in the number of enrolled Māori patients corresponds well with our programmes aimed at increasing access to primary care for Māori.



	Waikato		Tairāwhiti		Taranaki		Lakes	
	2023	2022	2023	2022	2023	2022	2023	2022
Practices	46	46	5	5	28 ²	30	6	6
Rural practices	19 (41.0%)				16 (48%)		2 (25%)	
Total patients	250,401	250,307	39,818	39,788	116,386	114,265	44,339	44,078
Māori patients	42,659 (17 %)	41,801 (16.7 %)	16,591 (41.7 %)	16,496 (41.5 %)	20,949 (18.0 %)	20,305 (17.8 %)	14,418 (33 %)	14,145 (32 %)
GP FTE	162.65		22.8		65.32		19.5	
Nurse FTE	176.09		31.19		79.71		31.95	
GP to patient ratio	1:1,540		1:1,746		1:1,782		1:2,274	

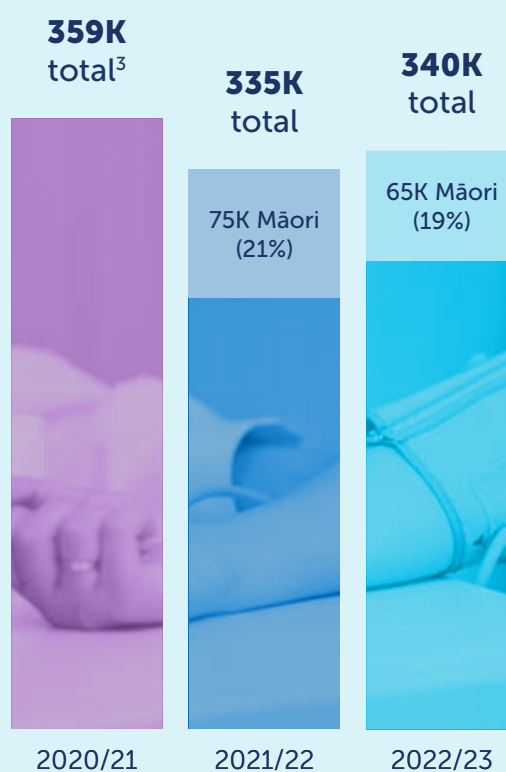
² In the Taranaki region, there was a decrease in the number of practices due to the merger of one practice with another network practice and the closure of a practice following the retirement of its sole GP.

Practice activity and network trends

GP consults

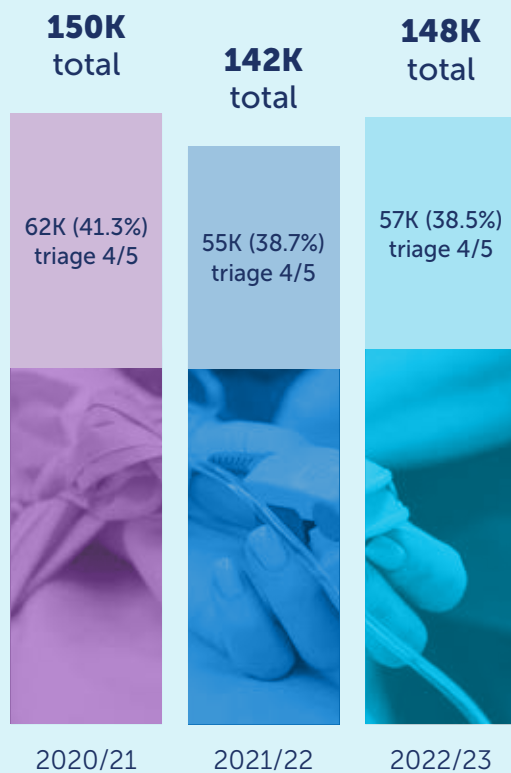


Nurse consults

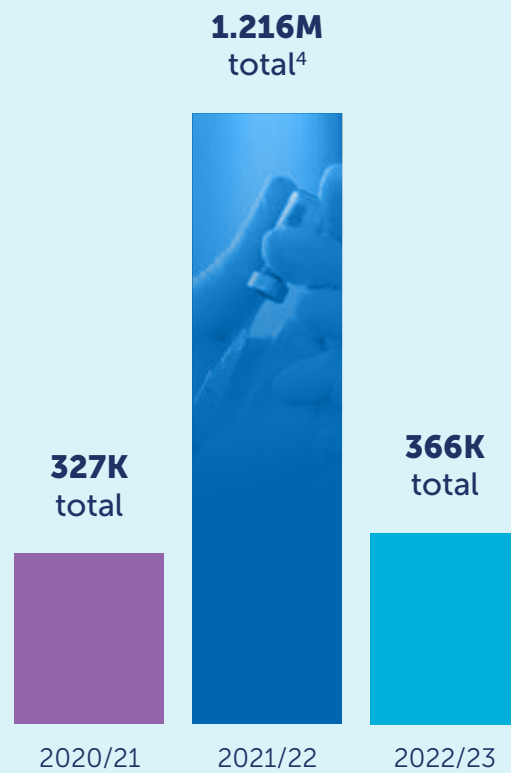


³ The data pertaining to Māori was not compiled during this financial year.

ED presentation



Immunisations



⁴ COVID-19 vaccinations account for the large year on-year increase. Not all COVID-19 vaccinations were delivered in practice. Data collection makes it difficult to separate out practice and non practice activity.

Network snapshots



60.8%

of high risk population
received cardiac assessment



3,952

patients seen by Extended
Care Team (ECT)



1,818

Māori patients
seen by ECT



\$104.31M

capitation funding passed
through to general practice



74.6%

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



450,944

total patients registered
with a Pinnacle network
practice (at 30 June 2023)



4,451

individual students seen
by School-based Health
Services (in school year)

10,511

consults by School-
based Health Services
(in school year)

1,871
HEADSSS

psychosocial assessments
(in school year)



7,296

after hours consults
via Whakarongorau
Aotearoa



47.5%

patients eligible for triple therapy
received best practice care



11.4%

increase in the overall patient
volume seen by ECTs



19.2%

increase in enrolment
for smoking cessation programmes



77.34%

average quit rate for young wāhine Māori
in group-based smoking cessation



An increase from 67.1% to

68.7%

for cervical screening
(New Zealand European)

An increase from 58.9% to

59.3%

for cervical screening (Māori)

System level measures

Childhood immunisations and other outputs

This year posed significant challenges for the healthcare sector. Immunisation rates have fallen significantly both nationally and internationally since the COVID-19 pandemic. The reasons are complex and multifaceted but fatigue and changes in attitude of the public towards government and health messages certainly play a part.

With 5.6 per cent of patients declining immunisation, it is impossible to meet the national goal of protecting 95 per cent of children without a new, innovative public health approach.

Taking this into account it is good that we have seen a small increase in coverage in Tairāwhiti, and relatively small reductions in other areas. The significant fall in the Lakes district for Pasifika patients from 2022 to 2023 is due to the small sample size of Pasifika eligible and enrolled in this district.

Immunisation is a key priority for Pinnacle and our practices and we are engaged in every district in collaboration with Te Whatu Ora, Te Aka Whai Ora, and hauora and community providers in efforts to uplift immunisation outcomes.



Network immunisation

REGION	TOTAL (%)		MĀORI (%)		PASIFIKA (%)	
8 months	2023	2022	2023	2022	2023	2022
Waikato	83.40	86.10	68.70	76.80	84.80	89.90
Tairāwhiti	85.80	83.20	80.20	78.90	94.10	92.80
Taranaki	81.10	84.30	70.50	75.20	85.70	90.00
Lakes	77.30	78.80	65.90	70.20	58.30	88.90
National achievement ⁵	83.80	85.70	69.40	72.20	82.40	84.20

At 24 months a higher proportion of children are fully immunised that at younger ages, partly because they have "caught up" with immunisations not provided on time at earlier ages. The significant drop in achievement for Pasifika in the Lakes district is due to the small sample size.

Given the small drop in national achievement between 2022 and 2023 it is good to see the Tairāwhiti district increasing coverage, and increasing coverage in Waikato and Tairāwhiti for Māori and those areas where achievement is better than the national average. There is however a lot of work to do for all of us to step towards the target of 95% coverage.

REGION	TOTAL (%)		MĀORI (%)		PASIFIKA (%)	
24 months	2023	2022	2023	2022	2023	2022
Waikato	80.80	81.10	72.00	68.80	74.70	76.80
Tairāwhiti	82.30	80.50	79.30	75.20	88.20	94.70
Taranaki	79.80	81.70	68.70	74.00	93.50	79.40
Lakes	68.40	75.70	56.20	61.60	58.80	100.00
National achievement	82.40	83.70	68.20	69.50	80.60	82.20

⁵ National achievement rates were sourced from immunisation coverage data 12-month reporting period available at www.tewhatauora.govt.nz/for-the-health-sector/vaccine-information/immunisation-coverage

Outreach immunisation

Immunisation rates achieved by our child health immunisation team show that overall, Pinnacle delivers higher than Te Whatu Ora average immunisation rates to its enrolled population. However, our immunisation rates are still lower than the national health target and achievement.



We expect to see these rates improve in the next year driven by our initiatives to increase awareness, accessibility, and the effectiveness of our Extended Care Teams (ECTs).

Childhood immunisation rates ⁶	2023	TWO comparison	2022	TWO Comparison
Immunisation rates – total 8 months	82.20%	76.20%	84.50%	80.40%
Immunisation rates – Māori 8 months	70.30%	62.10%	76.00%	68.90%
Immunisation rates – total 24 months	79.40%	75.40%	80.40%	76.40%
Immunisation rates – Māori 24 months	69.90%	62.90%	69.80%	64.00%

Other outputs	2023	2022
Outreach Immunisations ⁷		
Total number of vaccines given	2,873	2,865
Total number of children vaccinated	1,192	1,407
B4SC checks completed	2,525	2,157
Total Year 9 HEADSS psycho-social health assessment delivered during 2022 school year.	1,871	1,909

⁶ This data is also reported in this year's Statement of Service Performance.

⁷ Outreach immunisation data within the table is limited to the Waikato locality only. Other locality outreach immunisation 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 therapy⁸

Region	2023	2022
Total Lakes	40.90%	42.80%
Total Tairāwhiti	42.20%	51.80%
Total Taranaki	47.40%	51.70%
Total Waikato	48.00%	51.00%

The proportion of people who are eligible for a heart and vascular disease risk assessment dropped by around 5 per cent in all regions between 2022 and 2023, especially for the rural communities. Contributing to this may be a change in the eligibility criteria to include people with serious mental illness and our ability to identify those people.

Ideally, all people who have had a cardio-vascular event (heart attack or stroke) would be taking 'triple therapy' for the rest of their lives to reduce the risk of recurrence. Many people do not like taking medication, and around 10 to 20 per cent cannot tolerate it, but we could hope that 80 per cent of people who have had a significant event like this in their lives take their doctor's advice.

Across our network this year there was a reduction in triple therapy uptake from 50.5-47.5 per cent, and a drop in all our districts for Māori and rural populations.

Cardiovascular disease is second only to lung cancer as a cause of the seven-year life expectancy difference between Māori and others, and is a key focus for Pinnacle in the coming year.

⁸ www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/major-causes-death



Improvement in HBA1c

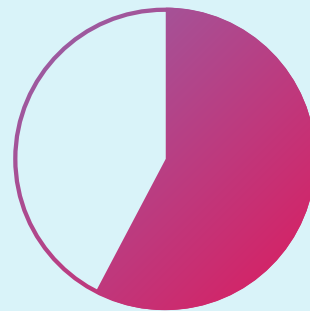
This year we saw an improvement in HBA1c control. We can likely attribute this to our practices implementing the GLP1 receptor agonists and SGLT2 inhibitors for eligible patients, significant efforts of our diabetes teams to get patients engaged, and education provided at network and individual practice level.

Across our network, 57.8 per cent of eligible Māori have been prescribed an SGLT2 inhibitor and 20.7 per cent of eligible Māori a GLP1 inhibitor, despite the difficulty with supply internationally.

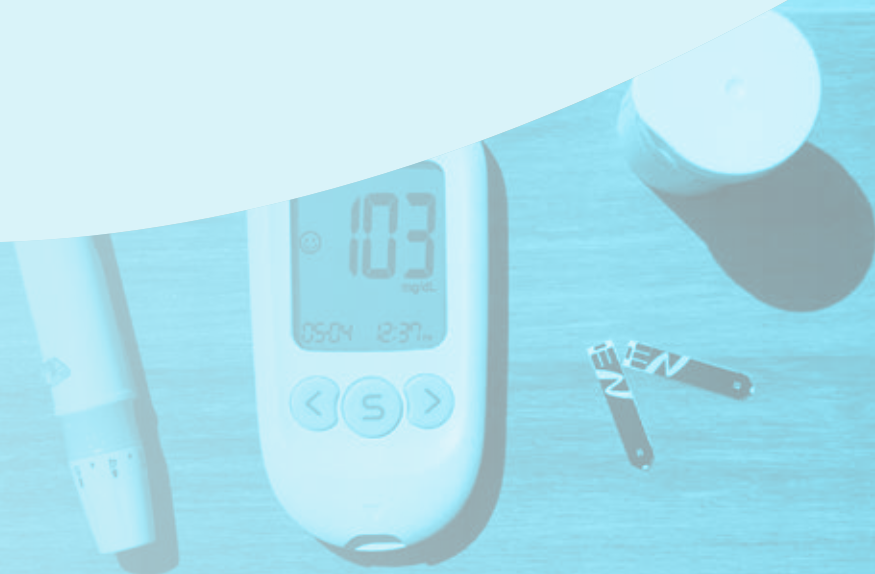
Māori patients on diabetes medication



20.7% patients
on GLP1RA



57.8% patients
on SGLT2i





Pinnacle's clinical director, Dr Jo Scott-Jones, receiving his Distinguished Fellowship of The Royal New Zealand College of General Practitioners at its 2023 annual conference, from college president Dr Samantha Murton.
Credit: Smoke Photography



Koro Samuels, cultural partner for Pinnacle, Waikato.
Credit: Tito Creative



Pinnacle team members from around the region participated in the MND ice bucket challenge. Featured in the photo are those from our Hamilton office.



A mihi manaaki at the Hamilton office to welcome visiting manuhiri to Pinnacle.
Credit: Tito Creative



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

While enrolment of patients with a general practice is voluntary, enrolled patients can access:

- coordinated care across general practice, community nursing, and allied health services
- primary health services on an equitable basis through targeted programmes such as after-hours no-cost access to general practice for under 6 and under 14-year-olds, whānau-centric and marae-based health services, and the Best Start programme launched this year for Māori hapū māmā and pēpī Māori
- regular GP care with a designated general practitioner
- preventative care, including regular check-ups, cancer screening programmes, and cancer preventative programmes
- access to general practices at a lower cost and reduced prescription medications compared to unenrolled individuals.

2. Provision of GP services through funding

The Trust plays a vital role in the allocation of health funding to primary care providers across Tairāwhiti, Taranaki, Rotorua, Taupō, Tūrangi, Thames-Coromandel and Waikato. We operate using a capitation model for general practice. Our focus includes tailored programmes for long-term conditions, achieving quality targets, and the Health Care Homes initiative. We also facilitate B4 School Checks (B4SC), support patients with chronic conditions like diabetes, and provide financial assistance for practice facility improvements through the Trust Facility Development Fund.

During the year, our funding support to third parties had an increased focus on primary mental health, including counselling and psychologist support, smoking cessation screening, and whānau Māori engagement with our services.

Through the Facility Development Fund, we offer grants to support in general practice facility projects, covering construction, architectural and/or design, professional or consent fees, and facility fit outs. Applications are assessed against a range of criteria, with priority consideration given to applications from communities with high needs, significant Māori populations, initiatives that support virtual consultations, and projects that support practices to become more environmentally friendly.

What we achieved	2023	2022
Capitation funding passed through to general practice	\$104.31M	\$100.55M
Funding provided to third parties	\$7.41M	\$6.83M
Rural funding	\$3.70M	\$3.63M
Facility Development Fund approvals	\$200K	\$226K

3. Governing the execution of PHO functions

Throughout the year, the Trust funded various Pinnacle MHN programmes, delivering primary health services to tamariki and rangatahi, whānau with chronic conditions, supporting access to preventive cancer and diagnostic services, and primary mental health services.



Source: Te Waka - Waikato Regional Economic Development Agency

a) Primary health services to tamariki and rangatahi

Our initiatives to boost immunisation rates and enhance primary health service engagement have positively impacted the broader population's health outcomes. With Trust-funded programmes, we've introduced measures like no-cost after-hours services for young tamariki and dedicated school-based health support.

Although our immunisation rates surpassed Te Whatu Ora regional average, we're still working towards reaching the national target of 95 per cent. With the efforts of our Extended Care Teams (ECTs) and ongoing initiatives, we're optimistic about further improvements in the coming year.

b) Primary health services to whānau living with chronic conditions

This year, our funding to support those with chronic conditions included coverage and capacity, quality funding, funding for the Health Care Homes programme and a proactive respiratory care programme. This funding is needs-based and localised.

To enhance data-driven decisions, we funded the development of dashboards and improved Power BI tools, highlighting data driven insights on inequalities within individual practices and across network wide populations.

The Trust's funding allowed for the implementation and extension of ECTs within our network and allowed regional services to be delivered on a larger scale.

This has been achieved through partnering with various social services providers, Whānau Ora, and Iwi Māori health providers to support general practice through a wraparound service for patients and their whānau.

This approach is evidenced by the 11.4% increase in the overall patient volume seen by ECTs, with a significant 31.8% growth in Māori patient volumes.

c) Access to preventative cancer and diagnostic services

The Trust has funded several initiatives for cancer detection and prevention. These include smoking cessation efforts, cervical screening, and a new bowel screening programme designed to prompt GPs to engage in conversations with Māori and Pasifika patients within our region's screening parameters.

Our smoking cessation programmes saw a 19.2% increase in enrolment this year. During the year there was a focus on delivering group-based smoking cessation for young wāhine Māori, who have the highest smoking rates in the country. These sessions have reported quit rates between 70% and 80%, yet achieving health equity for wāhine Māori continues to be a significant challenge.

This year, cervical screening rates saw a slight increase (68.7% vs 67.1% for New Zealand European and 59.3% vs 58.9% for Māori). This is likely due to the impact and recovery of COVID-19 on general practices. We are hopeful for improved screening rates in the upcoming year, with the launch of HPV self-testing.

d) Primary mental health services

The volume and complexity of mental health issues in primary care continues to increase. The Trust is committed to ensuring general practice is supported through the funding of programmes that provide quality primary care interventions to general practice patients. During the year, the total number of sessions and consultations delivered through counselling and psychology sessions, GP extended consultations, and integrated primary health care and addiction sessions, increased by 9.3%.

The increased delivery from our health improvement practitioners (HIPs) and health coaches this year was driven by increased funding and FTE resource, particularly in Taranaki. As this service has become more established in primary care and proven its value, the increased trust built with general practice has meant increased referrals for patients in need.



The team from Pinnacle's Taranaki locality office attending a hui at Parihaka on achieving equity through sustained collaboration.



Pinnacle diabetes clinical specialist Kathy Knight, presenting at the Pan-PHO diabetes study day at the K'aute Pasifika fale in April.



Tairāwhiti district manager Clayton Kohatu, Pinnacle CEO Justin Butcher, general manager: strategic development Katie Latimer, and clinical director Dr. Jo Scott-Jones at the back.



The team from Health Ngātea, one of the rural practices in Pinnacle's network.

Spotlight:

Cyclone Gabrielle response and learnings

Coromandel

Coromandel imposed a state of emergency as a pre-emptive move on 3 February which lasted until 3 March following the national and extended local states of emergency. In Coromandel, we provided support that included:

- delivered Harris radio phones to Coromandel Family Health, Whangamatā Medical Centre, and Mercury Bay Medical Centre
- communicated daily with all Coromandel and Hauraki practices to understand and meet their needs
- funded additional medical practitioners supply order (MPSO) medications for possible isolation scenarios
- extended Te Whatu Ora summer after-hours telehealth services
- facilitated communication between Te Whatu Ora Waikato and the incident management team, delivering daily situation reports to practices
- utilised Practice Plus for prescribing for displaced and/or unenrolled patients
- designed alternative uses for GP beds in aged residential care facilities
- worked with Te Whatu Ora Waikato to develop a process to allow for the reassignment of staff who couldn't reach their usual work locations.



Tairāwhiti

Tairāwhiti experienced four states of emergency this year, with the first declared on 13 February due to Cyclone Gabrielle, and the fourth due to severe weather being terminated on 25 June, with a notice of local transition period.

As soon as the impacted roads were opened, Pinnacle MHN clinical and management support staff were able to enter Gisborne. In the ensuing weeks, we provided support that included:

- standing up community marae-based GP and nurse practitioner clinics, partnering with MSD and other agencies to offer urgent care to affected and displaced residents
- Pinnacle MHN Extended Care Team (ECT) provided multi-disciplinary response and care to support those visiting the marae
- resourced some of our Pinnacle MHN emergency care team on-site
- Pinnacle MHN delivered essentials like food and water to our Pinnacle whānau and practices
- supplied portaloos due to water shortages
- Pinnacle MHN general practice leads (GPLs) and Te Whatu Ora Tairāwhiti GPLs worked in tandem to support practices to open urgent care services — without access to network/cellular services
- partnered with Te Waharoa (a Kaupapa Māori led psycho-social response) to co-visit and offer support to Te Karaka whānau – the most severely affected region of Tairāwhiti
- funded access to general practices for affected Tairāwhiti residents
- delivered care packages to GP staff who still needed to work in the practice and help patients, while their own homes and whānau were also affected due to the cyclone
- post-cyclone, addressed communication issues, supporting and introducing Starlink satellite services in practices.



Key learnings

In responding to support our network and Pinnacle whānau during and after this year's real-life state of emergencies due to the cyclone and extreme weather events, we have taken away several learnings.

We urge our practices to ensure their business continuity and emergency response plans are both practical and actionable. Centralising these plans and maintaining a comprehensive list of community assets will optimise our response times in crises.

These events underscored the importance of robust communication, such as the potential for satellite phones in our locality offices, and increasing the number of four-wheel drive cars able to cope with roads that may be washed out or badly affected by the extreme weather events.

With the sharp increase in anxiety in the community and among our staff, there's a clear understanding of the ongoing need for counselling and support as the communities continue their recovery.

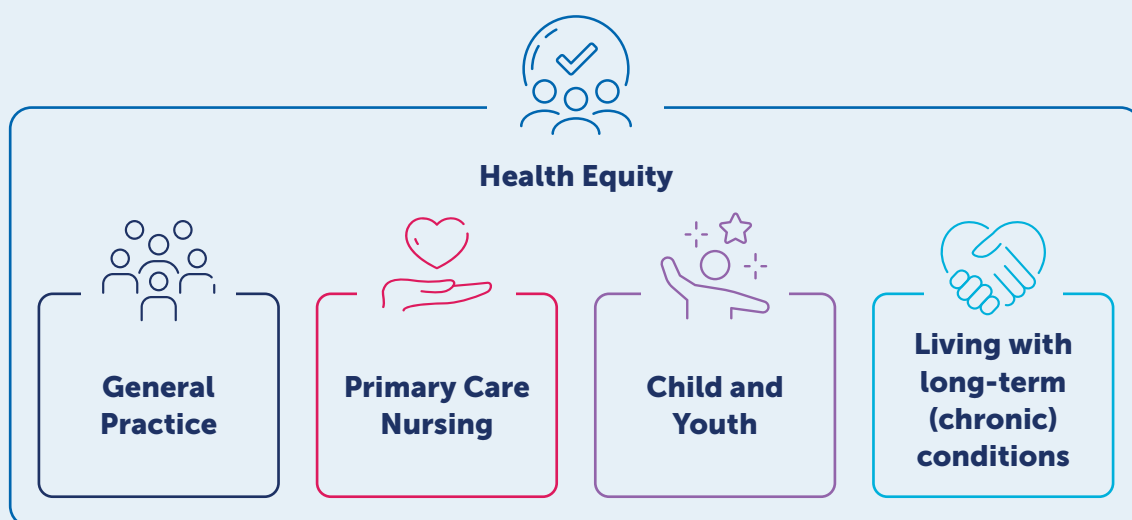
Community and iwi relationships were critical, and made a real difference in enabling organisations to collaborate effectively for community wellbeing. The resilience of our local communities, exemplified during Cyclone Gabrielle, is a testament to the kiwi 'number 8 wire' approach.

Preparedness is key and included pre-event measures, such as distributing satellite phones and additional medications, and assisting vulnerable populations. Technological solutions, including the PASE (patient anywhere, specialist elsewhere) model and on-site diagnostics, have shown significant potential in delivering care closer to home.

We'll continue to heighten our emergency preparedness in conjunction with Civil Defence and ensure our staff are proficient in the Coordinated Incident Management System (CIMS). Furthermore, we're actively considering fly-in support services during disasters and strategies to offer respite and replacement for staff during crises.



Ngā pou rautaki — Our strategic pillars



In pursuit of a healthier and more equitable future, our work is centred on five fundamental pou rautaki; strategic pillars that serve as the cornerstones of Pinnacle's healthcare vision. These pou rautaki collectively shape our commitment to enhancing healthcare systems, ensuring access to quality care, and improving the overall wellbeing of individuals and communities.

Each pou rautaki represents a vital aspect of our vision: *Kia hauora te katoa, kia puāwai te katoa* — Everyone healthy, everyone thriving. They serve as guiding principles that shape our commitment to transforming healthcare systems, fostering stronger patient-provider relationships, addressing disparities, and ensuring that healthcare is both accessible and responsive to the unique needs of diverse communities. By embracing and implementing these pou rautaki, we are charting a course toward a healthier and more equitable healthcare future for our communities in Te Manawa Taki Midland.

For the sake of clarity in our annual performance report, we've categorised various initiatives under a specific pou rautaki. However, it's important to note that many of our efforts span multiple pou rautaki, so while a service might be highlighted under one category in this report, it often has relevance and impact in other areas as well.

Health equity is one of the five pou rautaki and ensuring equitable outcomes for all is the cornerstone of our mission. While we operate on multiple pillars, it is health equity that threads them all together, underpinning and enhancing every aspect of our work. It is not just what we do, but why we do it.

Pou Rautaki – **Health equity**



Matua Atutahi Riki from Te Taumata Hauora Māori Committee, leading a mihi manaaki at Pinnacle's Kirikiriroa (Hamilton) office. Credit: Maine Tito Creative.

Achieving health equity is a core principle of our work. We are dedicated to a targeted approach that addresses disparities in health outcomes and access to care, ensuring that every individual has an equitable chance to lead a healthy life.

Equity and quality

Based on feedback from our practices and in consideration of the challenges posed by COVID-19, we opted to roll the 2022 quality plan forward into the 2023 financial year.

A central element of our quality plan is the equity project, accounting for nearly 20 per cent of the funding.

The equity project remains a fundamental strategy to ensure practices consistently uphold high standards. It places an emphasis on equity, giving greater weight to high-needs populations, underlining our commitment to addressing health disparities.

We have continued to urge practices to periodically assess their alignment with equity principles, particularly through their Māori health plans through the accreditation process. Each practice can shape this project for their population, to integrate their own target-based and equity goals.

Responding to feedback over the years, we've adapted our approach. We've streamlined processes, opting for regular check-ins over extensive reporting, and emphasised flexibility, allowing practices to tailor specific equity goals to their communities. These measures align with broader national objectives, such as promoting a healthier Aotearoa New Zealand and emphasising targeted health interventions.

Our body of work surrounding clinical governance this year has been extensive and reinforces our dedication to supporting practices – especially during these challenging times – to enhance both clinical quality and patient safety.

Te Taumata Hauora Māori Rōpū

Te Taumata Hauora Māori Committee, our rangatahi Māori rōpū, has continued to work closely with the Pinnacle Incorporated board 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 committee, 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.



Funding to improve health equity

Equity funding is aimed at levelling the playing field by providing resources or support for communities that face disadvantages, ensuring they have equal opportunities.

This year, Pinnacle MHN received funding from:

Te Aka Whai Ora for Pinnacle practices that emphasise prevention, screening, early detection, and self-management for whānau, for the prevention of long-term conditions.

Te Whatu Ora for capitation-based funding for Pinnacle practices to allocate primary care funding more equitably for Māori and Pasifika populations. This funding goes towards:

- increased responsiveness to the health, social, and cultural needs of our high-needs populations
- investment in the cultural competency of the workforce and in improving the patient care experience
- improving service coverage (e.g., new/additional workforce capacity, increased opening hours, greater number of appointments)
- removal of co-payments for high needs people and whānau.

Te Whatu Ora: general practice nursing in the community – Tairāwhiti practices

Achieving equitable health outcomes for Māori and other priority populations is a key priority across the health sector. Currently in Tairāwhiti there are significant numbers of whānau Māori who are not sufficiently engaging with primary care to meet their health and wellbeing needs, and primary care is in a critical position to drive achievement of this. This funding from Te Whatu Ora flexible funding is for all Tairāwhiti practices to help support general practice to provide clinical care in the community to priority populations.

The key objectives of this service are to:

- increase access to care for priority populations
- increase health literacy
- improve chronic condition management
- connect with whānau and provide whānau centred care
- reconnect patients with general practice
- reduce health inequities
- improve collaboration between health providers.

Locality plan update

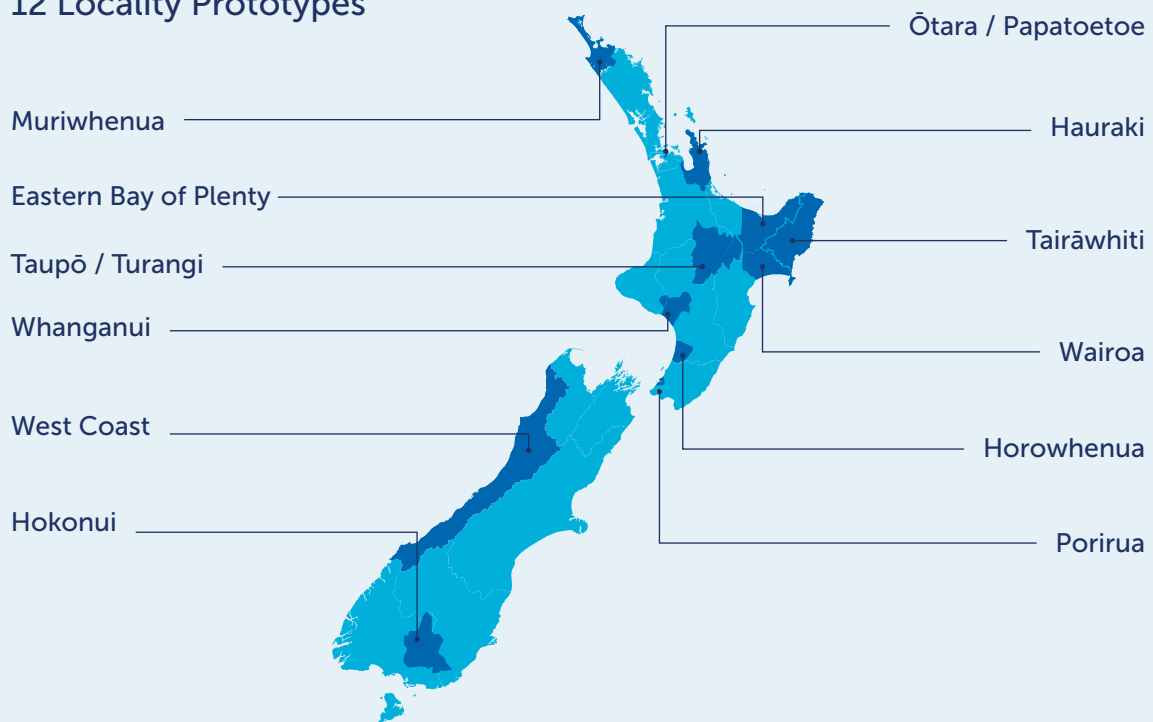
In 2022, the government announced a transformative shift as part of New Zealand's reformed health system, with the development of localities. Pinnacle was excited to hear Tūwharetoa (Taupō-Tūrangi), Hauraki and Tairāwhiti, all rohe in our region, were among the first 12 communities to be selected as localities.

This approach supersedes the traditional framework overseen by district health boards and primary healthcare organisations, and the learnings and impacts from this new approach will be strongly experienced within the Pinnacle network. It paves the way for greater mana motuhake for Māori in developing their own health aspirations and solutions, and ensuring these are heard and addressed.

Pinnacle has been privileged to collaborate alongside mana whenua and communities in this journey. While we are proud to be a part of this significant initiative, we acknowledge our role as supportive partners, committed to enhancing healthcare for these communities.

The insights we have gained from being involved in those three prototypes will stand us in good stead as we see further place-based approaches rolled out across Aotearoa.

12 Locality Prototypes



| * Boundaries are subject to agreement with iwi and local stakeholders

Pou Rautaki – **General Practice**



This pou rautaki: general practice, supports a network of more than 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.

Advocacy

A key part of our strategy to support our general practices to thrive as primary care hubs within their communities has been to make it easier and cheaper for GPs to meet the foundation standard — a key indicator for quality services in general practice in New Zealand. We do this through advocacy and workforce development.



Spotlight:

Workforce survey 2023

General practice is a crucial component of New Zealand's health care system, being the first interaction for most New Zealanders. If general practice fails, there could be an increased reliance on secondary services, which are already under pressure. There is a clear and pressing call for comprehensive change across the health system to ensure the sustainability of primary health care, with general practice as its focal point.

Pinnacle's advocacy for general practice dates back to the inception of the network in 1989. The first workforce survey from 2006 identified challenges both in terms of supply, such as the ageing workforce, and demand, like equity concerns, an ageing population, and the rise in chronic conditions. These issues, echoed in subsequent surveys and reports, highlight that the current workforce predicament has been long in the making. Addressing it will necessitate considerable effort across the entire healthcare system.

In response to these ongoing challenges, Pinnacle conducted a comprehensive workforce survey this year.

Results will be published in the next financial year, in the first public report since 2009. The 2023 survey aimed to shed light on the present pressures, pitfalls, and challenges faced by the workforce.

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



Workforce development

Over the past year, our focus to support general practice in Te Manawa Taki has taken us through diverse initiatives. We've developed partnerships, rolled out educational opportunities, addressed specific challenges faced by practices, reached out to rural communities, and boosted our information-sharing through different tools.

Our combined efforts in advocacy, education, and workforce development reflect our dedication to strengthening general practice in Aotearoa, and includes:



Strategic relationships:

- Continued to work with the University of Waikato including supporting the development of a Bachelor of Health degree and both undergraduate and postgraduate nursing training.
- Engaged tactically in workforce development initiatives, with highlights being the NZREX community vocational pathway and the Practice Plus telehealth support programme in conjunction with Tū Ora Compass.

Education:

- Developed and provided educational opportunities for GPs and nurses while also facilitating the smooth transition of international GPs into primary care in Te Manawa Taki.
- Provided regular educational updates for GPs through monthly clinical practice news shared across different media, and articles in NZ Doctor.
- Provided occasional educational sessions and 16 cluster meetings to link members with Pinnacle Inc. However, with limited participation in the meetings, we're revising our approach for next year.
- The General Practice Lead (GPL) team has been a strong pillar, with dedicated support, professional enhancement, and guidance.
- The Primary Care Clinic Leaders' Forum has emerged as a beacon for primary care leaders, fostering collaboration, peer support, and information sharing.

Firefighting:

- Addressed individual practice workforce challenges by offering recruitment, HR, and wellbeing support via EMA and Healthy Practices memberships.

Rural support:

- Collaborated and connected with organisations for health and wellbeing in rural communities.
- Actively worked with rural communities, partnering with groups like Sepsis and the Prostate Foundation. Our participation in national Fieldays helped strengthen these connections.



Pinnacle was part of the Hauora Taiwhenua Health and Wellness Hub at Fieldays 2022.

Tools and Dashboards:

- Expanded regional dashboards for consistent information sharing and immediate care standard reporting, supported by the Dynamed tool for evidence-based medicine insights.

Spotlight:

Tairāwhiti GPs discover the benefits of speed dating

In November 2022, Tairāwhiti clinicians met with community service representatives for a unique 'speed-dating' event at the local fishing club. The focus was on building stronger ties between GPs and community services, ensuring better care for patients.

The event was inspired by a similar speed dating initiative for community services to get to know each other, organised by Whāngaia Ngā Pā Harakeke, the Police family harm intervention team, earlier in the year. Pinnacle social worker, Lana Reed, and child health nurse, Megan Holmes, heard a Pinnacle GP at an event comment that something similar for local GPs to meet services would break down barriers to health.

With a bit of brainstorming, support from the Tairāwhiti Pinnacle team to identify services, and funding from Pinnacle GPs who saw the value in the concept, Lana and Megan got the first Breaking Barriers in Health event up and running within two months. Lana said, "We wanted to ensure it was health-focused; would GPs refer patients to this service? Is it one they might not know about?"

The event format was straightforward: around 15 GPs and nurse practitioners from five Pinnacle Tairāwhiti practices were at the centre, while representatives from 24 local services had a three-minute consult with each. It was an efficient way for services to introduce themselves and explain their referral pathways.

"With GPs and services often overwhelmed, our aim was to make this process quick, fun, and informative.

"A lot of the services are working with people in the community who have high, complex health needs. Being able to contact someone they know in a general practice to help sort things out for the people they support makes things a bit easier."



The Tairāwhiti Breaking Barriers in Health 'speed dating' event gets underway.

Over three hours, clinicians held a three-minute "consult" with each service, from food parcel groups to the Alzheimer's society and the Police family harm team. On top of professional connections, some GPs realised they were neighbours with colleagues they hadn't met.

The GPs also played a bingo game, filling out cards that were set up like a prescription sheet, with questions about the services. Completed cards entered a draw for a Pinnacle-funded Prezzy Card, which winners could donate to a service of their choice they met that night.

Feedback from both GPs and community services was overwhelmingly positive. Many expressed their gratitude for such a brilliantly executed event, with some GPs immediately using the services they learned about.

Feedback included:

"I want to refer my patients right now!"

"Thank you to the Pinnacle team for organising it! I've already used some of the services I found out about."

"Just wanted to say what a fabulous night. Was brilliantly executed and so valuable. There are so many great services in our community and connecting us all up is brilliant."

"What a wonderful evening you hosted last night. The community is so very grateful to have this opportunity to engage with health practitioners and build better working relationships."



Practice Plus has now been operating for over one year. The core service values are Partnership, Equity, and Continuity of Care. Practice Plus provides telehealth (both video and telephone) consultations to provide primary care for patients, placed as an extension to general practice, to complement and collaborate rather than compete.

If practices are lacking capacity, they have a trusted partner to refer patients to. The service has also grown to offer an in hours dedicated locum service for general practices to have exclusive access to sessions with a Practice Plus clinician, with an appointment book designated for only their patients as well as inbox management support.

There are over 250 practices involved in the service with coverage of approximately 1.5 million enrolled population across a number of PHOs; Pinnacle, Tū Ora Compass, THINK Hauora, Te Awakairangi Health Network, East Health PHO, Auckland PHO, Marlborough PHO, Pegasus Health, and Ora Toa PHO.

The service continues to hold an open dialogue with practices, discussing patients and management, and referring to the enrolled provider if a patient requires re-engagement with primary care. The clinical service delivery is provided by a suite of clinicians; including general practitioners, urgent care clinicians and nurse practitioners; overlaid by robust clinical governance processes and quality assurance policies.

The data shows that after year one of operation nationally, patients utilising the service include:

- 21% Māori
- 4% Pasifika
- 41% from Quintile 4 and 5
- 23% have a community services card
- 12% are from rural practices
- 90% of all Practice Plus consultations are resolved

"On days that we have no capacity for acutely unwell patients, our staff advise and recommend the Practice Plus service due to the positive feedback we have received. Staff have also used Practice Plus (as patients) and have been very impressed with the service. This assists with a personal recommendation of a collaborative and extremely beneficial medical consultation option".

Marion Horton – Business Manager, Hillcrest Medical Centre

Pou Rautaki – **Primary care nursing**



Our pou rautaki: primary care nursing, emphasises the recognition and enablement of nursing excellence.

Pinnacle's nurse lead team supports primary care nurses across the network to be at the forefront of healthcare innovation, contributing to the wellbeing of communities, and ensuring the highest quality of care in Aotearoa New Zealand's primary care sector.

Our multifaceted approach towards primary care nursing, through education, collaboration, peer support, and dedicated programmes, highlights our commitment to advancing the nursing profession and positively impacting patient outcomes. We have continued to advocate for primary care nursing in ensuring a comprehensive approach to patient wellbeing in our services.

Strengthening primary care nursing: highlights from the year

Peer engagement and collaboration

Facilitated and developed by our lead nurse team, peer groups like the Pinnacle Practices Nurse Leads and the Midland Collaborative Prescribing peer group have been instrumental in supporting case discussions, topical conversations, and mutual support to nurses across our network.

Additionally, specialised peer groups for nurse practitioners and designated prescribers regularly met to discuss cases, introduce guest speakers, and have focused discussions.



Source: Te Waka - Waikato Regional Economic Development Agency

Workforce development and education

Pinnacle's nurse leads organised an annual nursing conference for registered nurses in primary care, emphasising the future of nursing. This was a key educational and networking event with a focus on the future of nursing, particularly research, equity, engagement, and inclusivity.

Our workforce survey gave a rich snapshot of our primary care nursing workforce, noting on average a younger workforce and a large increase in nurses becoming nurse prescribers and undertaking additional learning and qualifications to enhance their roles within their practice settings. We will provide more on this significant piece of work in next year's annual performance report.

Registered Nurse Prescriber in Community Health (RNPCH)

Through the Midland Collaborative, we've been driving the recertification programme for Registered Nurse Prescribing in Community Health (RNPCH) to maintain and enhance the expertise of participating nurses, with Pinnacle representing almost 20 per cent of all RNPCH nationally.



Participants from this year's new graduate nurse programme come together from across Waikato, Taranaki and Tairāwhiti for a workshop, in a combination of in-person and virtual attendance.

Scholarships, education and professional development

This year we expanded Pinnacle's new **graduate nurse programme** to offer support, education, and funding for newly graduated nurses across Taranaki, Waikato, Tairāwhiti, and Lakes. This programme has been integral in supporting newly graduated nurses during their initial year of registration, and complements the national Nurse Entry to Practice (NETP) programme by offering support, education, and funding.

We supported three nurses from School-based Health Services to undertake a **PGCertHSc (Postgraduate Certificate of Health Science)**, in collaboration with the University of Waikato, the first course of its kind in New Zealand for school-based nurses.

Pinnacle's \$10K **annual nursing scholarship**, launched in 2020, remains part of our ongoing effort to promote professional growth and enhance service quality. The scholarship targets nurses within the Pinnacle network who aim to address equity and access challenges in primary care, and offers financial support along with comprehensive coaching and mentorship to ensure successful project implementation.

"Pinnacle's nursing strategy is about creating opportunities and giving nurses support they may not have had access to before. We're investing in our nurses because we know nurses, especially rural, will play a bigger part in service delivery as time goes on."

Jan Adams – General Manager Pinnacle MHN, Nursing Director

Advocacy and progress on primary care nursing pay equity

Throughout the year, one of our most fervent areas of advocacy centred on addressing the pay inequity faced by our primary care nursing workforce. Our advocacy included, but was certainly not limited to, a significant open letter sent to the New Zealand Nurses Organisation (NZNO), urging immediate action to be transparent about the negotiations, and to advocate more strongly on behalf of the sector to rectify these disparities.



In May we welcomed the announcement that from 1 July 2023, GP and community nurses, as well as kaiāwhina, would be granted an average pay rise of 8 per cent. This increase was a step towards addressing the longstanding pay discrepancies compared to their hospital nurse counterparts.

However, the journey towards pay equity isn't over yet. Outside of our reporting period, in August 2023, it was announced that hospital nurses would receive a pay increase, effectively re-establishing the pay gap. This development underscores the continuous nature of our advocacy efforts.

We recognise the invaluable contribution of nurses in the primary care sector and remain unwavering in our commitment. We will continue to champion for pay equity, ensuring that our nurses are recognised and compensated fairly for their dedication and service. Our advocacy in this space remains a top priority, and we will persist in pushing for sustained change.

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.

Our initiatives in this area included:

- funding no-cost after hours services for under-6- and under-14-year-olds
- outreach immunisation referrals and response to tamariki and whānau in the community
- employing a workforce to support our tamariki, including immunisation facilitators and child health leadership kaimahi
- funding general practice to deliver before school checks (B4SC)
- providing school-based health services:
 - Our team of 27 nurses (including one nurse practitioner and five registered nurse prescribers in community health), along with 20 GPs provided consults to thousands of students in high schools, Kura Kaupapa Māori, teen parent units and alternative education sites.
 - Our school-based nursing team completed 1,871 psychosocial health assessments (HEADSS assessments) on eligible Year 9, young parents, and alternative education students (within the 2022 school year).
- establishing the Best Start Pregnancy programme; a new initiative developed this financial year. This programme includes a suite of best practice-based assessment kōwae (modules) designed to improve quality care throughout the pregnancy by supporting consistent, comprehensive, and quality care by promoting enquiry, management, and referral to support services. The kōwae are underpinned by a pro-equity approach for Māori hapū mama and pēpi Māori.

Spotlight:

Waikato collaboration enhances whānau engagement in childhood vaccination

A pilot collaboration between Pinnacle Midlands Health Network, Waikato immunisation outreach team, Whānau Āwhina Plunket - Waikato, and Te Whatu Ora Waikato, has highlighted the potential of working to provide more responsive services that better engage families around childhood vaccination.

Childhood immunisation had dropped nationally, and even more so in the Waikato region, especially for tamariki Māori. Several factors had a major impact on immunisation rates, including COVID-19 lockdowns, where general practices were less able to provide Well Child vaccinations for healthy children.

A collective approach was piloted in the Waikato in 2022, focusing on sharing immunisation outreach expertise and skills across all three services. Using no extra funding, it proved highly successful at increasing engagement with whānau referred for immunisation outreach.

During its six-month run, the pilot identified over half of 215 potential referrals being enrolled with Waikato Plunket, and successfully vaccinated 70 children, with a significant 69 per cent being tamariki Māori. Notably, trust built through existing Plunket relationships meant higher acceptance and fewer cancellations, making vaccinations at home more accessible and acceptable for families. This collaboration also increased mutual learning, enhancing service promotion and efficiency.

Discussions are underway to broaden this collaborative framework, maintaining the emphasis on increasing immunisation rates and ensuring health equity for all tamariki. The initiative underscores a commitment to working together, sharing collective expertise to bridge gaps and address healthcare challenges.



Strategic areas to align with Te Pae Tata

Our aim; that every child achieves all their health milestones, including immunisations and before school checks (B4SC), aligns with Kahu Taurima (Starting Well), a strategic area in Te Pae Tata.

We do this by focussing on:

- meeting national childhood immunisation rates by June 2025
- improving newborn enrolment rates and working with partners to achieve this
- increasing smoking cessation outcomes for hapu mama and supporting smoke free home
- fully implementing Best Start pregnancy services.



School-based Health Services⁹, Waikato

Collaborative growth through Mahi tahi

This year we held eight Mahi tahi days for Pinnacle's Waikato school-based health services team. The Mahi tahi days give our entire team a chance to come together for collaboration, partnership, and professional development; school nurses, programme support, GP lead, team leads, clinical nurse specialist, a nurse practitioner and the SBHS clinical services manager.



Collaborative growth through Mahi tahi.



Some of Pinnacle's SBHS team, from left, Teresa McGovern (clinical services manager), Sarita McDonald (clinical nurse specialist), Alesia Wells (programme support), Karla Tipping (team lead), Diana Astwood (team lead).

| ⁹ School-based Health Services reporting captures data during the 2022 school year, not the budget year.

Snapshot of a school year :

The service comprises **27** nurses including **1** practitioner and **5** registered nurse prescribers in community health.

We saw **4,451** individual students including **2,267** Māori or Pasifika students (51%) and did **10,511** consults

We worked with **20** GPs who saw **1,116** students and did **1,782** consults including **529** Māori or Pasifika students (47%) and did **2,293** patient consults (by the service's nurse and GP visits).

We completed **1,871** psychosocial health assessments (HEADSSS¹⁰ assessments) on eligible Year 9, young parents, and alternative education students.

Santoshni Pillay, Melissa Davidson and Susan McInnes completed a PGCertHSc (Postgraduate Certificate of Health Science) this year. As mentioned under our pou rautaki: primary care nursing, Pinnacle as an organisation and our school nurse team are committed to continually developing clinical practice.



¹⁰ HEADSSS is a comprehensive psychosocial assessment tool identifying risk and protective factors to assist health professionals formulate a plan in partnership with the young person.

Spotlight:

Initiative helps Hamilton students catch up on missed HPV vaccinations

A school nurse who is passionate about student wellbeing and improving health equity, finished a pilot programme this year to provide catch-up HPV vaccinations to 36 Waikato rangatahi who missed them due to the disruption of COVID-19 lockdowns and school closures.

Kris Holmes is a school-based health services nurse with Pinnacle. Kris noticed a lot of year nine students had missed getting important, age-dependent vaccinations due to the disruptive lockdowns of COVID-19.

Among the missed vaccinations were HPV* (Human papillomavirus) vaccines and Boostrix, which covers whooping cough, pertussis, and tetanus. Pinnacle's school-based health service clinical services manager Teresa McGovern, said approximately 70,000 HPV vaccines had been purchased for use across the country but weren't used due to the lockdowns, and subsequently expired.

Catch up HPV school vaccine programmes weren't scheduled, and many of the missed students weren't enrolled with a general practice who could provide them with the necessary catch-up.

Kris initiated a trial programme to administer the crucial HPV vaccine in schools that had missed out, beginning with a pilot programme for Year 10 students at Ngā Taiatea Wharekura in Hamilton.

She obtained consent from parents to check the National Immunisation Register (NIR) to confirm the status of each student, and then to follow up by administering the necessary catch-up immunisations.

"Many parents weren't aware their children had even missed these vaccinations and they really appreciated and supported what we were doing," said Kris.

Kris did all the administrative work outside of regular school and work hours to not interfere with the busy school day. In addition, Pinnacle didn't receive any funding for the initiative.

She says the effort was worthwhile though, with 36 students receiving catch-up immunisations that brings them up to date with their HPV vaccinations and providing critical protection against HPV.



Kris Holmes, centre, with School-based Health Service's team lead Karla Tipping (left) and clinical services manager Teresa McGovern.

Ideally, the HPV vaccine should be given before a young person turns 15, but with this large cohort missed, Kris says the parents of the students at Ngā Taiatea Wharekura greatly appreciated the initiative, especially those without access to a GP.

Some students required one dose, others two, and some needed their Boostrix. One student even required an MMR vaccination that had been missed.

While Kris has now completed the pilot programme, she and Teresa would like to expand it to all Waikato schools, however, acknowledge this requires careful planning, resources, and funding – something they don't have.

"We'd like to expand this programme further and as a pro-vaccination team our work contributes to screening and reducing risks for the future, but unfortunately Pinnacle isn't actually funded for this mahi (work),"

Kris and Teresa hope to fill the vaccination gap in Hamilton schools but say time is of the essence; the students in question are approaching the age where they would require a series of three vaccinations instead of a single catch-up dose.

*HPV are a group of common viruses spread through skin-to-skin contact. Some are sexually transmitted and can cause causing genital warts, and a range of types of cancer.

Pou Rautaki – **Living with long-term (chronic) conditions**



Our pou rautaki: living with long-term (chronic) conditions, is to enable 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.

During the year, we provided the following support to whānau living with chronic conditions:

- funded general practice: long term conditions/coverage and capacity, quality targets and health care homes. This funding is needs-based and localised.
- implementation and extension of our ECTS: by providing regional services on a larger scale, our ECTs provide comprehensive assessment and intervention to people with multiple health conditions.
- partnered with various social service providers, Whānau Ora, and Iwi Māori health providers to deliver these services and to support general practice to ensure a wraparound service for patients and their families. Whānau involvement is welcomed and encouraged in an interprofessional and strengths-based approach.
- Developed dashboards and Power BI tools for our network of practices, to highlight data driven insights on inequities within individual practices and across network wide populations.

Pinnacle's extended care teams (ECTs) support patient access to services that might not be available through individual GP teams.

Extended care teams: enhancing healthcare and driving positive community outcomes

Our community-based ECTs in Lakes, Tairāwhiti and Taranaki, support general practices through outreach and education, ensuring more people are informed, and addressing their concerns. The ECTs provide support across multiple areas including pharmacy, dietitian, diabetes, long term conditions, child health, social work, and primary mental health.

This helps us to build strong relationships in the primary care system to increase patient access to healthcare services and improve the quality of care for individuals with multiple health conditions. This collaborative approach, enhanced this year through service expansion, continues to lead to greater health outcomes across the board, such as increased immunisation rates in the community. This model has also strengthened relationships and collaboration among healthcare providers.

Hauora Taiwhenua Health and Wellness Hub strengthens rural health outreach at Fieldays

Fieldays have increased their commitment to mental health and wellbeing over the last few years, and now includes a permanent Hauora Taiwhenua Health and Wellness Hub. This year our smoking cessation service 'Once and For All' attended Fieldays as part of the hub, to increase visibility of our service to rural communities and other health services in the hub. Over the course of the event, we discussed smoking cessation with hundreds of people who visited our stand, enrolling around 40 in our programme, and gave away 100 free bucket hats.

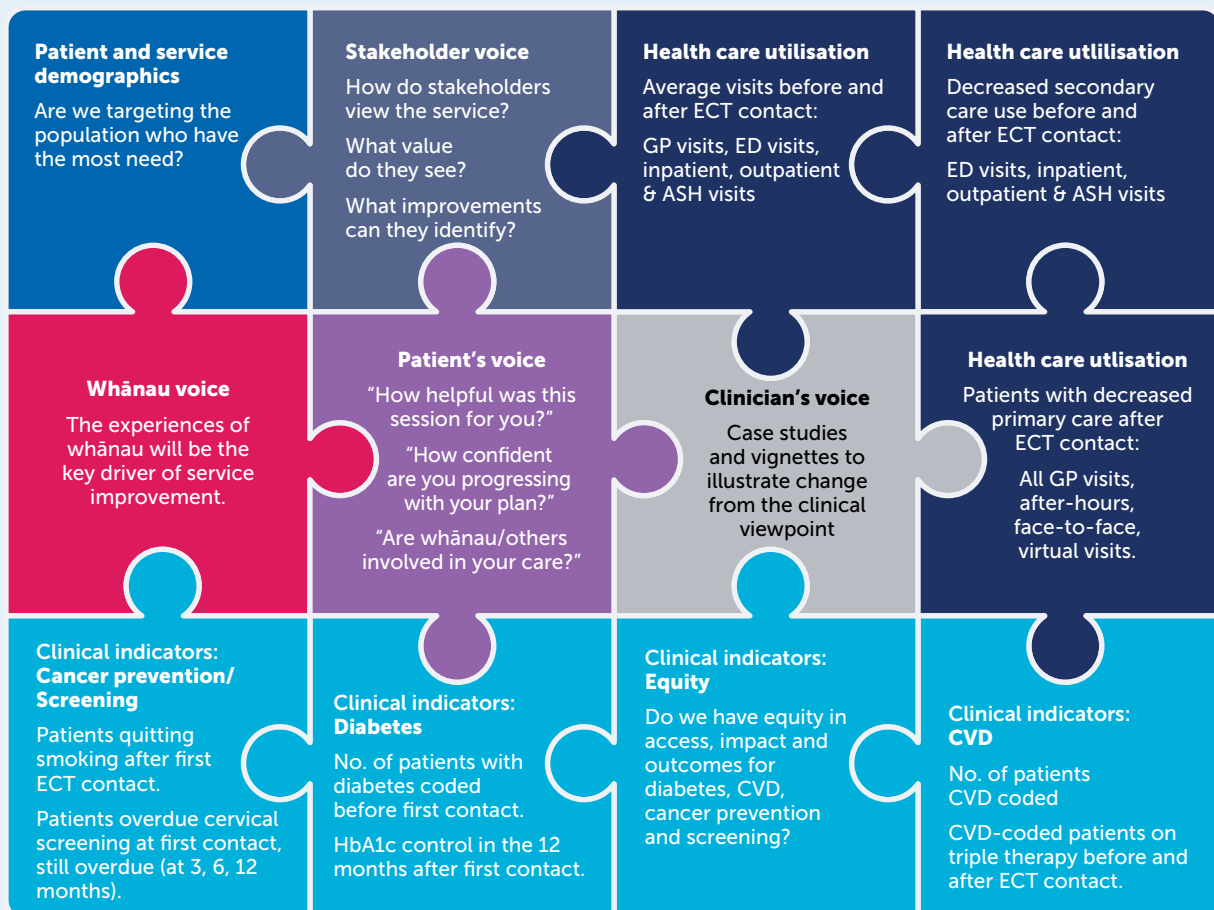
The Hub serves as a central resource addressing the unique challenges faced by our rural communities. With issues like remote living, farm obligations, and workforce constraints in rural general practices, many often put off seeing a doctor. Being part of the hub and discussing our service with the rural community and visitors gave our team another way of bridging the gap.



Extended care outcomes framework

This year, Pinnacle developed an extended care outcomes framework with input from both clinical and non-clinical staff. Viewed holistically, the framework aims to identify needed service improvements that contribute to equitable health care access and outcomes, and measure impacts, bringing together patient views and clinical outcomes data alongside the voices of whānau and stakeholders.

The framework sits across our five strategic pillars and underpins our commitment to improving healthcare systems through strengthening patient-provider relationships, addressing disparities, and ensuring healthcare is both accessible and responsive to the unique needs of our diverse communities to build a healthier and more equitable healthcare future in Te Manawa Taki Midlands.



Providing primary health services to whānau living with long-term (chronic) conditions

The introduction and promotion of new diabetes medications, dashboards to identify patient specific population groups, and the increase in impact and reach of ECTs to support whānau has played an important part in better 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.

What we achieved	2023	2022
Percentage (%) of high-risk population who received a cardiac risk assessment in the past year	60.80%	65.50%
Total number of patients seen by the ECT team in the year (number of contacts)	3,952 (14,654)	3,546 (13,801)
Number of Māori patients (and number of contacts) by ECT team	1,818 (7,325)	1,379 (5,799)
Proportion of rural patients seen in the year by ECT	18.90%	17.20%
Diabetes - % of patients with diabetes with blood sugar levels below 64 mmol/mol	74.60%	69.80%
After hours telephone nurse consults (via Whakarongorau Aotearoa) – Pinnacle enrolled patients accessing clinical care and health advice	7,255	7,020
% of patients who are eligible for triple therapy who are receiving the care (best practice)	47.50%	50.50%

Spotlight:

The transformation of primary care diabetes treatment and management

A primary care diabetes dashboard rolled out to Pinnacle practices in December 2021 has identified an increased uptake of Trulicity and Jardiance from 25 per cent of eligible patients in December 2021 to around 65 per cent now.

Practices are using the dashboard with their teams and have reported it's a great clinical tool. It is very easy and logical to use; and generating query lists using the dashboard rather than through other systems saves considerable time.

The dashboard can drill down to NHI level and identify people that would most benefit from a medication review. For example, it can generate a list of patients who have higher HbA1c levels and meet the criteria for the new medications, so the practice is then able to put in place initiatives to call people in and optimise their diabetes management.

It also gives practices a baseline of where they're at, to help measure the outcomes and see progress in the future.

Pinnacle clinical diabetes specialist Kathy Knight says diabetes management is happening in a way that means we are seeing benefits now, and we'll see more further down the track.

"While we are seeing an overall improvement in clinical markers such as glycaemic control and dropping blood glucose levels, the real long-term impacts and reductions in diabetes complications will be seen 5-10 years from now.

"We estimate that one third of the people with Type 2 diabetes in New Zealand are eligible for funding for one of the new medications. The more eligible people who get these drugs prescribed, the more benefits we will see further down the track."

- Kathy Knight, Clinical Diabetes Specialist, Pinnacle

Study days help motivate, inform, and inspire effective conversations

The diabetes leads in the three Waikato PHOs (Pinnacle, Hauraki, and National Hauora Coalition) have worked together to provide education to practice teams across the rohe. Together we held four separate study days this year which attracted 171 nurses and allied health practice staff.

Further support for improved diabetes management comes from the establishment of a new, easily accessible education course run by Dr Ryan Paul, academic endocrinologist at Te Whatu Ora Waikato and the University of Waikato.

The course is part of Dr Paul's research project about how to improve diabetes knowledge in primary care while reducing the burden of time that education often requires. Run online, the programme provides short, engaging advice and knowledge backed up with mentoring and peer discussion.

Pinnacle clinical diabetes specialist Kathy Knight says this has been embraced by practice teams across Te Manawa Taki and those who have engaged with the course are feeling motivated and more confident in their diabetes mahi and practice.



Kathy Knight, centre, with co-presenters and facilitators at the Pan-PHO diabetes study day.

Diabetes empowerment day for Pasifika in Hamilton

The Pan-PHO diabetes study day was held in April at K'aute Pasifika's fale in Hamilton. Tailored for the Pasifika community—including Fijian, Tongan, Samoan, and Kiribati families from Hamilton—the day aimed to empower attendees with tools and insights for proactive diabetes self-management. Feedback was positive, with one participant describing the day as 'life changing'.

Providing primary mental health services

Mental health is often comorbid with many physical health problems such as cancer, diabetes and many others. The presence of comorbidity has serious implications for the identification, treatment and rehabilitation of affected individuals.

Pinnacle plays an important role in integrating mental health services in primary care by with a stepped, whānau-friendly approach, focusing on diagnosis, prevention, and equipping healthcare workers with essential psychosocial skills to enhance community health outcomes.

The stepped care model encompasses extended GP consultations, brief psychological and counselling interventions for mild to moderate issues, group support programmes for people living with mental distress, illness and addictions, and bolstering an integrated primary mental health workforce with health coaches and health improvement practitioners (HIPs) through the Access and Choice programme.

The increased delivery from our health improvement practitioners (HIPs) and health Coaches in 2023 has been driven by increased funding and FTE resource particularly in Taranaki. As this service has become more established in primary care and proven its value, the increased trust built with General Practice has meant increased referrals for patients in need.



What we achieved	2023	2022
Counselling and psychology sessions	24,765	25,352
No. of GP consultations	7,972	7,773
No. of integrated primary health care and addiction sessions delivered	9,820	5,797

The increased delivery from our health improvement practitioners (HIPs) and health Coaches in 2023 has been driven by increased funding and FTE resource particularly in Taranaki. As this service has become more established in primary care and proven its value, the increased trust built with General Practice has meant increased referrals for patients in need.

Preview of 2023 – 2024 annual performance report

Thank you for reading the 2022-2023 annual performance report for Midlands Regional Health Network Charitable Trust, and Pinnacle Group.

In the next annual performance report, we look forward to updating you on our ongoing advocacy and workforce development efforts, and highlighting other projects, kaupapa and initiatives we lead, develop, and partner on, during the 2023-2024 year.

These will include:

- The establishment of our business enablement team and launch of practice system support service
- Pinnacle workforce survey – results, communication and actions
- The gifting of Ōwhata Medical Centre to Te Rūnanga o Ngāti Pikiao Trust (October 2023)
- The refresh of immunisation information available at the practice, district and Pinnacle MHN management level to better support all aspects of immunisation in general practice, including monitoring equity of access and outcome.

We also look forward to providing updates about our work with organisations including:

- Mangatoatoa Clinic
- Manaia GP Clinic
- Ko wai au Trust
- Waiariki whānau mentoring (Tokoroa)
- Te Whakaruruhau — Women's Refuge NZ.

He Waka Eke Noa —
We are all in this together!

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