



# Annual Performance Report 2024–2025

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



# He mihi maioha

Nei ra te mihi maioha ki  
Te Arikinui Kuini Nga wai hono i te po.  
Pai marire ki a rātou.

E whai whakairo ana ki ngā mate  
huhua o te wā, nga tōtara haemata kua hinga mai,  
kua hinga atu. Moe mai ra koutou.

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

---

Here, we offer our heartfelt greetings to the  
Māori queen, Kuini Nga wai hono i te po.  
Peace be with her.

Following the many losses of our time, the mighty  
tōtara trees have fallen, one after another.  
Rest now, all of you.

Let us return to the legacy left to  
us by those who have gone.  
Greetings and acknowledgements  
to us all who remain.

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# Tō tātou tirohanga me tā mātou kaupapa

## Our vision and mission

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### Tō tātou tirohanga

#### ***Our vision***

Kia hauora te katoa, kia puaawai te katoa –  
Everyone healthy, everyone thriving.  
To build a healthier, more equitable future,  
Pinnacle is focused on strengthening primary  
care, improving access and supporting the  
wellbeing of individuals and communities.

### Tā mātou kaupapa

#### ***Our mission / purpose***

Pinnacle's purpose is to deliver primary care that  
supports all people to thrive by realising their  
health and wellbeing potential. We know strong  
health systems are built on high-quality primary  
care and community services that adapt to  
meet local needs. Our role is to ensure the right  
resources and capacity are in place so our tūroro  
(patients) and our network can thrive.

### Pakiaka

#### ***Our roots***

**Whakawhanaungatanga (connection):**  
developing understanding through relationships.

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**Akoranga (learning):**  
taking an evidence-based approach to everything  
we do.

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**Mahi tahi (collaboration and partnership):**  
working together to achieve our goals.

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**Kawa whakaruruhau (cultural responsiveness):**  
respecting the unique value and perspective  
people bring.

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**Kaitiakitanga (stewardship):**  
caring for and protecting our resources.

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**Hauora (health and wellbeing):**  
supporting our people to lead healthy lives.

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# Pinnacle's commitment to Te Tiriti o Waitangi

**Guided by the principles of Te Tiriti o Waitangi, we are committed to equitable health outcomes and honouring the unique relationship between Māori and the Crown.**

Te Tiriti provides a framework for concepts of tino rangatiratanga, (self-determination), mana taurite (equity), whakamarumarutia (active protection), and kōwhiringa (options) within the health sector environment. This approach enables us to honour Māori aspirations, uphold cultural integrity, and deliver improved outcomes for all communities.



# Kupu whakataki

## Introduction

*(from the Chair and CEO)*

E ngā mana, e ngā reo, e ngā karangatanga maha, tēnā koutou katoa.

**The past year has been one of the most significant for general practice in more than two decades. The Government's capitation uplift, the largest in over 20 years, was a long-awaited recognition of the need to stabilise primary care. While welcome, it is only a first step to addressing historical underfunding. Practices continue to face pressure from rising demand, workforce shortages, and the expectation that more care will be delivered in community settings.**

Against this backdrop, Pinnacle refreshed its strategy in 2024 to focus on what matters most for practices and communities over the next five years. The five pou rautaki (strategic

priorities) reflect where we can make the greatest difference: building strong partnerships; strengthening general practice services and workforce; improving population health and community wellbeing; and embracing digital innovation. Equity is the foundation that shapes every decision.

The role of a PHO has never been more important. Pinnacle is able to tailor programmes to the needs of our local communities, strengthen relationships with iwi and providers, and support practices in ways that a national system cannot always do. This includes helping sustain general practice by investing in training, supporting career development, and enabling GPs, nurses, and extended care and comprehensive primary and community care teams to work at the top of their scope.

### Acknowledgement

We would like to acknowledge the dedication of the general practices, kaimahi, and partners across our network. Their commitment to providing high-quality, compassionate care is at the

heart of everything Pinnacle does. The stories and achievements in this report reflect their mahi, their resilience, and their determination to improve health outcomes for the communities we serve.

This year we are including financial disclosures for all Pinnacle entities at the back of this report as we look to increase the transparency of our activities. This provides a full picture of how resources are used across the group and demonstrates our commitment to openness and accountability. The group continues to perform strongly, and this will provide us more opportunities to support our practices and communities in different ways over the coming years.

The stories and data that follow show how our practices and teams are responding to the challenges and opportunities before us. Whether lifting immunisation coverage,

supporting people to quit smoking, improving diabetes outcomes, or developing the next generation of health professionals, Pinnacle continues to shape the future of primary care.

These efforts also contribute to the Health Minister's current targets and align with the vision of Pae Ora for equitable, community-based care; though for our practices, it is simply about doing the right thing for our patients and whānau.

We thank our practices, partners, and kaimahi for their commitment and resilience. Together, we continue to strengthen general practice and primary care for the future.

Tēnā rā koutou katoa,



**Amit Prasad**  
*Independent Chair*



**Justin Butcher**  
*Kaiwhakatere,  
Chief Executive Officer*



# CHAPTER 1

**Who we are and  
where we're heading**

# Ko wai tātou

## Who we are

---

Pinnacle is a group of entities working together to strengthen primary care across Te Manawa Taki. Our structure may be unique, but each part plays a role in supporting practices, communities, and whānau.





## How Pinnacle is structured

### The Trust – Midlands Regional Health Network Charitable Trust

Holds the Health NZ | Te Whatu Ora contract, governs PHO functions, and is the registered PHO.

#### Pinnacle Group

These three entities work together as the core of the Pinnacle Group

##### **Pinnacle Incorporated (Pin Inc.)**

Provides strategy, advocacy, and governance across the Group.

##### **Pinnacle Midlands Health Network (MHN)**

Delivers PHO services and programmes on behalf of the Trust.

##### **Primary Health Care Limited (PHCL)**

Supports and develops sustainable general practice through practice ownership.

#### Other entities under Pinnacle Inc.

##### **Health Support Systems Ltd (HSSL)**

Manages the implementation and reselling of the indici patient management system.

##### **Pinnacle Group Investments Ltd (PGIL)**

Holds investments in joint ventures including Practice Plus, Hamilton East Medical Centre (Fatu Lalaga Limited Partnership), Health Accelerator, and has 50% ownership of Pihanga Health (Tūrangi) alongside Tūwharetoa Health Charitable Trust.



Representatives of Pinnacle Inc.'s executive committee, L-R: Amit Prasad, Dr Giles Turner, Dr Kiyomi Kitagawa, Michelle Nathan, and Manu Sione.

## Pinnacle Group overview

### Executive committee – Pinnacle Incorporated

Amit Prasad (*Independent Chair*)

Dr Kiyomi Kitagawa (*Deputy Chair*)

Dr Hayley Scott (*Member*)

Dr Giles Turner (*Member*)

Dr Tamatoa Blaiklock (*Member*)

Michelle Nathan (*Independent Director*)

Manu Sione (*Independent Director*)

Dr Gishani Egan (*resigned 27 May 2025*)

Dr Brendon Eade (*resigned 26 November 2024*)

Pinnacle Group is the not-for-profit collective that brings together Pinnacle Incorporated (the parent organisation), Pinnacle Midlands Health Network (the PHO arm), and Primary Health Care Limited (PHCL, the practice ownership entity). Together we support more than 470,000 people across the Midlands region. The Group goes beyond PHO functions to invest in innovation, digital tools, workforce solutions, and cross-system partnerships that strengthen primary care and improve access for our communities.

# The Pinnacle network

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

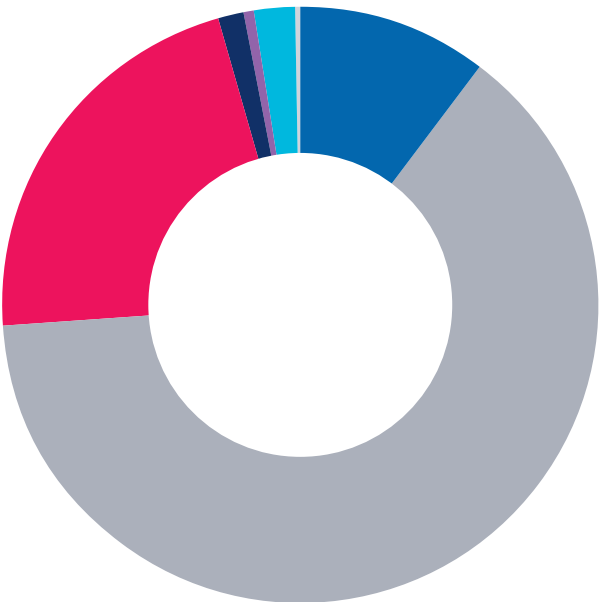
This year, the network recorded a 0.6 per cent increase in its total patient base, from 468,249 to 471,139 registered patients (+2,890). This included an increase in the Māori patient population of 4.1 per cent (+4,016, from 97,831 to 101,847).

While there was movement across the network with practice closures, mergers and ownership changes, these shifts balanced out, and the overall number of practices increased slightly to 87, up from 85 the previous year.

*Note: Unless otherwise specified, all measures and metrics in this report are reported as at 30 June 2025.*

## Our practices – our patients

### Enrolled patients by ethnicity



Ethnicity	Patients	% of total
Asian	48,415	10.3
European	300,759	63.8
Māori	101,847	21.6
Middle Eastern, Latin American, African (MELAA)	6,435	1.4
Other	1,703	0.4
Pasifika	11,430	2.4
Unknown / not stated	550	0.1
<b>Total</b>	<b>471,139</b>	<b>100</b>

# 714



**FTE clinicians  
delivered 2.92 million consults**

↑ from 678 FTE delivering 1.66m in 2023/24

## 471,139

patients enrolled

↑ from 468,249 in 2024

## 101,847

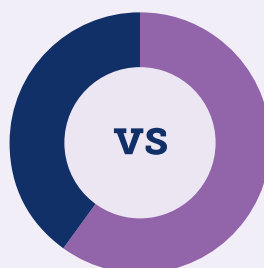
Māori patients (21.6%)

↑ from 97,831 or 20.9% in 2024

## 87 practices

↑ from 85 in 2024

35 rural  
PRACTICES



52 urban  
PRACTICES

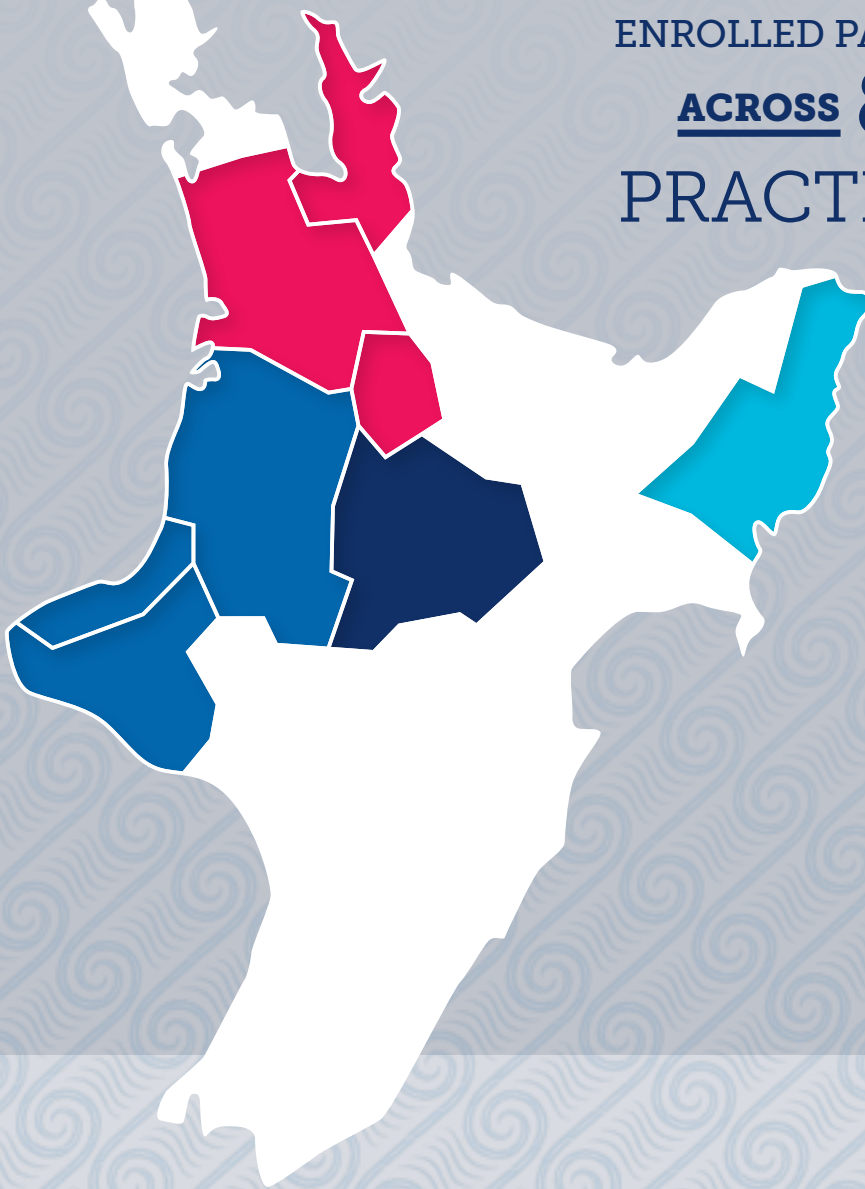
Pinnacle's network  
spans Waikato, Tairāwhiti,  
Taranaki, and Lakes

— **TOGETHER,** —  
**WE SERVE**

**471,139**

ENROLLED PATIENTS

**ACROSS** **87**  
PRACTICES



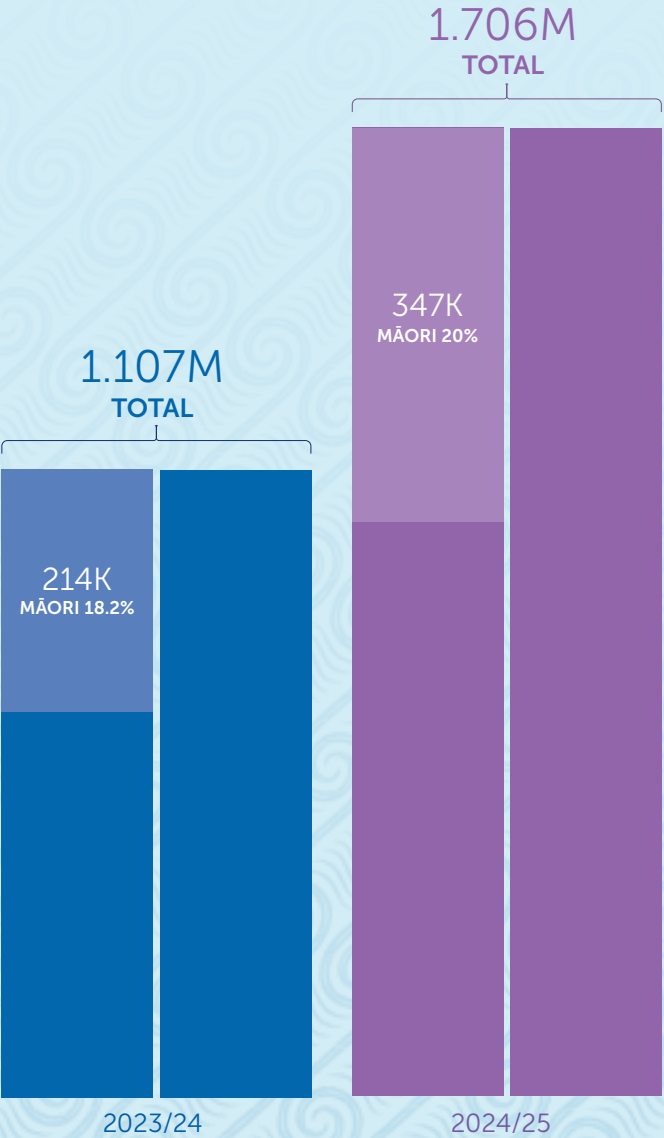


Measure	Waikato		Tairāwhiti		Taranaki		Lakes		NETWORK TOTAL
	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
Practices	47	43	5	5	29	31	6	6	87
Rural practices	21	20	1	1	11	12	2 (33%)	2 (25%)	35
Total patients	265,121	265,181	41,121	40,845	119,047	118,009	45,850	44,214	471,139
Māori patients	45,840 (17.3%)	44,459 (16.8%)	17,553 (42.7%)	17,233 (42.2%)	23,069 (19.4%)	21,782 (18.5%)	15,385 (33.6%)	14,357 (32.5%)	101,847
GP FTE	153.03	162.65	22.65	21.25	68.39	71.25	18.85	20.25	262.92
GP-to-patient ratio	1:1,732	1:1,630	1:1,815	1:1,922	1:1,741	1:1,656	1:2,432	1:2,183	1:1,792
Nurse FTE	172.45	176.09	26.45	27.45	81.75	83.45	33.50	45.90	314.15
Nurse Practitioners (NP) FTE	12.28	13.50	4.00	3.20	7.80	8.70	5.60	4.75	29.68
<sup>1</sup> Nurse Prescribers FTE	5.40	–	0	–	6.10	–	0	–	11.50
<sup>1</sup> Physician Associates (PA) FTE	7.00	–	0	–	0.80	–	0	–	7.80
Primary Care, Health Care and Medical Care Assistants, and Kaiāwhina FTE	37.95	–	5.50	–	17.90	–	18.55	16.95	79.90

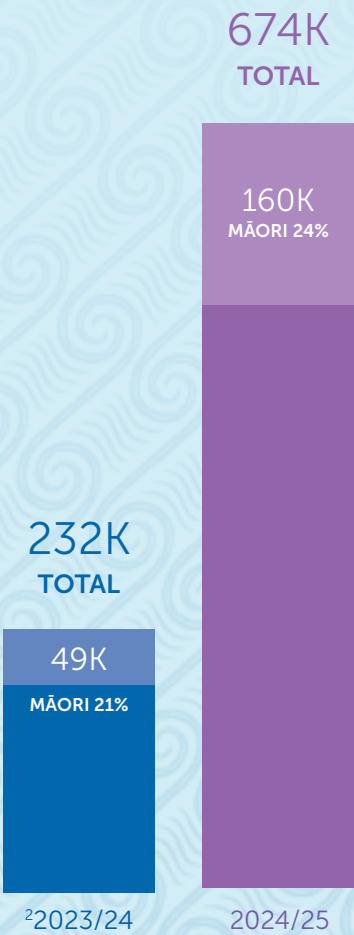
1 Nurse Prescribers (FTE) and Physician Associates (FTE) are included from this year.

# Practice activity and network trends

## GP consults

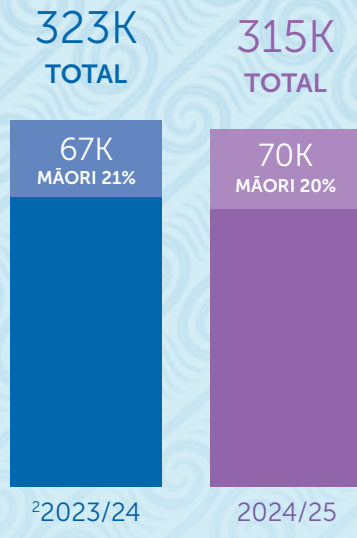


## Consults by other clinical workforce

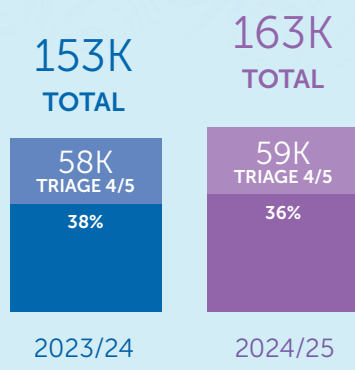


2 Not fully comparable due to source changes.

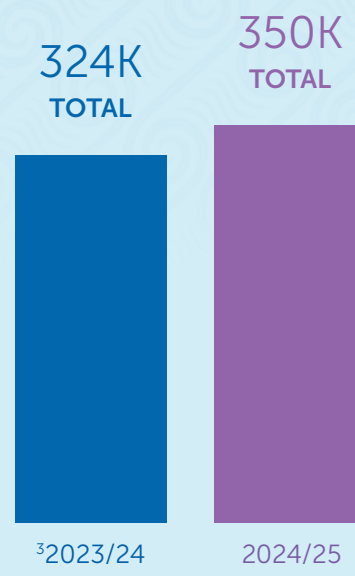
## Nurse consults



## ED presentations TRIAGE 4/5



## Immunisations



3 Figures are not directly comparable year-on-year due to changes in data sources and reporting methods.  
The 2023/24 total of 324,000 was correct at the time of publication.

# Network snapshots



63.5%

CVRA coverage  
(high-risk patients)



4,169

patients seen by ExCTs



1,959

Māori patients  
seen by ExCTs



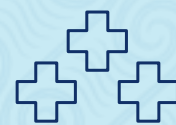
21.6%

of ExCT patients  
were rural



75.7%

diabetes patients HbA1c  
<64 mmol/mol  
(67.0% Māori)



46.9%

on triple therapy



67.7%

cervical screening –  
NZ European

60.4%

cervical screening –  
Māori

## Outreach immunisations



3,640

total vaccines given



1,494

total children vaccinated



2,917

B4 School Checks  
(B4SC)



947

positive bowel  
screening results



1,829

people enrolled in  
smoking cessation



16,622

counselling/  
psychology sessions



1,387

successful quits



78%

quit rate



1,784

quit dates set



9,207

GP extended  
consultations



13,109

integrated primary health  
care & addiction sessions

*Note: Metrics for smoking cessation, outreach immunisation and B4SC are Waikato only.*

# He rautaki hōu

## Our strategy

In 2024 we refreshed our strategy to make sure Pinnacle is focused on what matters most for practices and communities over the next five years. The new strategy builds on our strengths as a network, while being clear about the challenges ahead, from workforce shortages and changing models of care to equity gaps that remain stubborn across the motu.

At its heart, the strategy keeps us anchored to our purpose: to deliver primary care that supports all people to thrive by realising their health and wellbeing potential.

We've organised our work around five pou rautaki (strategic priorities). These priorities reflect the areas where Pinnacle can make the greatest difference, alongside practices, partners, and communities. Equity runs through every pou. It's the foundation that shapes decisions, investments, and the way we work with our partners.

				
He rautaki whakawhanaunga	He mahi hauora	Te whakawhanake i te rōpū kaimahi	Te hauora taupori me te oranga hapori	Auaha matihiko
<i>Strategic partnerships</i>	<i>General practice services</i>	<i>Workforce development</i>	<i>Population health and community wellbeing</i>	<i>Digital innovation</i>



## Equity at the core

### Te Taumata Hauora Māori o Pinnacle

Gary Thompson <i>(Kaiwhakarite – Chair)</i>
Atutahi Riki
Cheri Waititi
Endine Dixon-Harris
Willow Salvador
Manu Sione <i>(Pinnacle Incorporated representative)</i>
Michelle Nathan <i>(Pinnacle Incorporated representative)</i>
Rangimahora Reddy
Reweti Ropiha
Linda Elgar
Justin Butcher <i>(Pinnacle CEO)</i>

Equity is the foundation that runs through everything we do. Every programme, partnership, and initiative is shaped by our responsibility to improve outcomes for Māori, Pasifika, rural communities, and others who face barriers to care.

Te Taumata Hauora Māori guides this work, giving a strong Māori governance voice. We're also supported by pou tikanga – cultural partners in every locality who bring iwi and community perspectives into the way services are designed and delivered.

We keep ourselves accountable by measuring equity progress through the system level measure, primary healthcare measures, PHO performance metrics and our Quality Improvement Programme. Equity is a principle that we track, learn from, and keep working on every day.

You'll see this thread throughout the report, whether it's lifting immunisation rates, strengthening long-term condition support, or building cultural competency in our workforce.



# Chapter 2

How we are  
structured and funded

# The Midlands Regional Health Network Charitable Trust

## Turning funding into services

### Investing in practices

**\$149.3m**

passed directly to general practice

**\$5m**

into quality improvement

↑ 34% on last year

**\$1.7m**

in Capacity and Coverage funding

↑ 25% on last year

**\$337k**

Facility Development Fund  
approvals for upgrades

The Midlands Regional Health Network Charitable Trust (the Trust) is the primary health organisation (PHO) serving Te Manawa Taki. Through Pinnacle Midlands Health Network, we support 87 practices caring for more than 470,000 patients across Tairāwhiti, Taranaki, Rotorua, Taupō, Tūrangi, Thames-Coromandel and Waikato.

The Trust provides oversight and invests in services and facilities to ensure our communities have access to sustainable, high-quality primary health care. It plays a vital role in turning strategy into action, ensuring funding flows to Pinnacle Midlands Health Network so our strategic priorities can be delivered in practices and communities. This section shows how that funding translates into services and the outcomes achieved.



## The Trust Board

Amit Prasad  
*(Independent Chair)*

Dr Hayley Scott  
*(Clinical Representative)*

Dr Tamatoa Blaiklock  
*(Clinical Representative)*

Wayne Mulligan  
*(Founding Māori Partner Representative)*

Pehimana Brown  
*(Founding Māori Partner Representative)*

Gary Thompson  
*(Community Representative)*

Lisa Hayes  
*(Community Representative)*  
*(resigned 12 June 2025)*

## Provision of GP services through funding

The Trust plays a key role in enabling and allocating health funding for primary care providers across the network. Funding supports:

- general practice via the capitation model
- localised programmes for long-term conditions, enablement funding for quality improvement, and the Health Care Home programme
- minor surgery
- end of life (formerly palliative) care
- services such as psychology and counselling
- B4 School Checks (B4SC)
- supporting patients with long-term conditions, e.g., diabetes
- general practice facilities through the Trust's Facility Development Fund.

## At a glance

### Capitation funding

↑ \$10.6m from 2024

### Third-party funding

↑ 12.5%

### Facility Development Fund approvals at record

\$337k

### System Level Measures performance lifted to

84.5%

## Funding to third parties

The Trust provides funding to third parties to strengthen primary care services and address specific community health needs. These funds support services outside of general practice that play an essential role in improving patient access and wellbeing.

Examples of services supported include:

- community-based mental health and counselling services
- psychology and behavioural health programmes
- local health initiatives tailored to population needs.

Funding allocations vary each year depending on service demand and contract priorities. In 2025, adjustments were made to reflect evolving needs in areas such as mental health access and equity-focused programmes.



## Facility development funding

The Facility Development Fund provides grants to support facility development projects across the network, from new builds to additional consulting spaces and safety upgrades. Applications are assessed on criteria that prioritise communities with high needs, particularly those with strong Māori and Pasifika populations, and aim to support sustainable, modern care delivery.



**Through the Facility Development Fund, the Trust supported projects this year including:**

**Carefirst – Bell Block Medical Centre:**

establishment of a new practice in New Plymouth

**NorthCare Thomas Road:**

additional consult rooms to meet rapid community growth

**Hamilton Lake Clinic – Pembroke Street Clinic:**

new triage, consult and red room facilities

**Coastal Medical:**

contribution to the new Bell Block Health Hub

**Little London Medical Clinic:**

fresh air unit and expanded consult space

**Devon Medical Centre:**

expansion for consult rooms, education, and training

**Taupō Health Centre:**

privacy screen for triaging

**Te Awamutu Medical Centre:**

expanded clinic for new staff and patient growth

**Health Te Aroha:**

three new consult rooms to facilitate additional training

**Three Rivers Medical Centre:**

expanded space for changing models of care

In this year's annual performance report, we'll be sharing stories from across the network that show the different ways practices are responding to challenges and supporting their communities.





## Practice in focus:

# Three Rivers Medical – expanded space for changing models of care



In February 2024, Three Rivers Medical began a six-month refurbishment of a previously unfinished space, supported in part by a \$50,000 grant from the Trust's Facility Development Fund. This contribution helped enable a \$170,000 refit that transformed the 70.2m<sup>2</sup> area into a modern, high-spec facility with multi-purpose consulting rooms, a gym and rehabilitation space, and zones for education and training.

Constructed to high acoustic, health and safety standards, the upgraded facility has already drawn new partners. Geneva Healthcare (Physio First) is now onsite, expanding allied health services such as physiotherapy, hand therapy, podiatry and concussion care.

This example shows how the Facility Development Fund turns financial support into practical improvements for patients and communities.

BEFORE



AFTER



By bringing more services under one roof, Three Rivers is making care more convenient, better coordinated and easier to access.

“This strategic development not only strengthens the service ecosystem at Three Rivers Medical but also reaffirms its commitment to proactive, innovative and patient-focused care delivery.”

Michelle Te Kira,  
General Manager, Three Rivers Medical



**Further details** on funding streams and financial results can be found in Chapter 4: Accountability and transparency – Financial disclosures.

# Delivering core PHO functions

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**Pinnacle Midlands Health Network (MHN) is the operational arm of the Trust, delivering PHO functions and supporting day-to-day activity in general practice and community settings. MHN also directly provides services to ensure people have their primary health care needs met.**

These programmes reflect Pinnacle's role in delivering PHO functions and align with the Health Minister's current targets and the Pae Ora vision of equitable, community-based care.

In 2024/25, the Trust funded a wide range of programmes across four key areas: tamariki and rangatahi, long-term conditions, preventative cancer and diagnostics, and primary mental health services.

## 1. Tamariki and rangatahi

Childhood immunisation, the system level measure, was a key focus — particularly for Māori and Pasifika tamariki — where improving coverage is vital for equitable outcomes. Our spotlight feature: *A collective approach to immunisation improvement*, reports on work we've done across Te Manawa Taki to strengthen immunisation systems and lift coverage. Alongside this, no-cost after-hours care continued to provide essential access for families, supported by workforce expansion to strengthen youth health services.

We continued to prioritise the health and wellbeing of tamariki and rangatahi by ensuring timely access to care and prevention. In Waikato, the School Based Health Service (SBHS) remained a cornerstone, with more than 15,000 consultations delivered during the year.

## SBHS in numbers

### Workforce:

25

employed school-based health nurses

14

contracted GPs

4

contracted nurse practitioners

(43 core health professionals in total)

### Reach:

6,524

students seen, including

2,852

Māori and 361 Pasifika

### Consultations:

15,465 total

(12,478 nurse; 2,987 GP/NP)

### Other activity:

1,976 psychosocial health assessments

(HEADSS assessments) within the broader Te Ūkaipō framework. Read more about SBHS in the *Population health and community wellbeing* section.

## 2. Long-term conditions

Pinnacle supports the management of long-term conditions by strengthening the link between primary care and better outcomes for whānau.

Our extended care teams continued to reach thousands of people, supporting more than 3,900 patients this year and improving access for rural communities, where uptake increased by 26 per cent. These teams also strengthened wraparound partnerships with hauora and social services, ensuring people received the coordinated support they needed.

### People with a past CVD event taking triple therapy

Providing patients who have had a cardiac event with triple therapy (aspirin or an anticoagulant, a statin, and a blood pressure-lowering medication) is proven to reduce the risk of further events. In 2024/25, 46.9 per cent of eligible Pinnacle patients were on triple therapy.

This work continues as part of Pinnacle's Quality Improvement Programme. Practices are supported with access to their own dashboards to identify eligible patients and address equity gaps.

Region	2024/25 (%)	2023/24 (%)	2022/23 (%)
Waikato	45.9	48.1	48.0
Tairāwhiti	41.4	52.1	42.2
Taranaki	51.3	48.8	47.4
Lakes	45.5	44.4	40.9
<b>Total PHO</b>	<b>46.9</b>	<b>–</b>	<b>–</b>



### Diabetes and HbA1c

Diabetes remains a significant contributor to poor health outcomes. In 2024/25:

71.7% of Pinnacle patients with diabetes achieved HbA1c levels below 53mmol/mol, a recognised national target. For Māori patients, the rate was 62.6%, 9.1 percentage points lower, though an improvement on previous years.

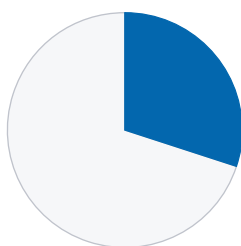
Using Pinnacle's own quality improvement measure, 75.7% of patients with an initial HbA1c above 64mmol/mol improved to below 64 mmol/mol following ExCT interaction, including 67.0% of Māori.

This year our focus in Waikato was nurse education through mentoring, study days, and shared resources, alongside collaboration with other PHOs. Mentoring helped build practice capacity; one example is a new graduate nurse now leading diabetes care in her practice.

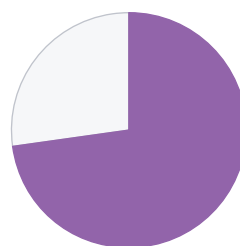


In other Te Manawa Taki regions, our dietitians also played a vital role, providing nutrition education, malnutrition screening, cooking classes, and group programmes. Their mahi connected whānau with practical, holistic support and helped practices link people to the wider care available in their communities.

#### Māori patients across Pinnacle Te Manawa Taki on diabetes medication



30.2%  
on GLP-1RA



72.9%  
on SGLT-2

### 3. Providing access to cancer preventative and diagnostic services

Cancer screening remains a critical tool for early detection and better outcomes.

In 2024/25, cervical screening rates for Māori improved slightly, while bowel screening activity remained stable.

Pinnacle's smoking cessation programme supported nearly 1,900 people to quit in 2024/25, achieving a 78 per cent quit rate. Although enrolments decreased compared with the previous year, quit outcomes remained strong.

Equity remained a key focus, with initiatives such as the wāhine Māori programme.

We also delivered our first World Smokefree and Pinnacle Hauora Day in Hamilton, bringing whānau together for free health checks, immunisations, kai, and entertainment while promoting smokefree support. We were well supported by other organisations, and also took part in a number of community and marae health events during the year. These events helped normalise screening conversations and created opportunities for engagement outside traditional clinical settings.

Mobile health nurses Tracey Bates and Simone Schuil from Pinnacle, with Faatamalii Kesi, health promoter from K'aute Pasifika.



Indicator	Group / Measure	2024/25	2023/24	2022/23
Cervical screening	NZ European	67.7% ↑	66.6%	68.7%
	Māori	60.4% ↑	59.5%	59.3%
Bowel screening	Positive tests returned	947 ↑	863	970
Smoking cessation	People enrolled in service	1,829 ↓	1,960	2,038
	Quit dates set	1,784 ↓	1,898	2,005
	People who successfully quit	1,387 ↑	1,339	1,018
	Quit rate achieved	78% ↑	71%	71%

#### 4. Primary mental health services

Mental health remains a growing need across our communities. Our stepped care model expanded further this year, directly contributing to the national mental health and addiction target on faster access to primary mental health and addiction services. Practices and contracted providers are working more closely together, group programmes are reaching more people, and new initiatives for rangatahi are widening access to care.

Activity increased across counselling and psychology sessions, GP extended consultations, and integrated primary care and addiction services. Free group programmes were delivered across the network, including a rangatahi initiative in Tairāwhiti that connects young people back to whakapapa and Tangaroa, Māori god of the sea. Services prioritised equitable access, particularly for rangatahi Māori.





## Spotlight Feature

# System Level Measure: A collective approach to immunisation improvement



### Improving immunisation rates remained a key priority for Pinnacle in 2024/25.

General practices remain the most important and influential aspect of immunisation coverage. Our practices were supported through a region-wide Quality Improvement Programme, with immunisation a mandatory indicator. Alongside this, an immunisation improvement project was launched starting with identifying the unique communities, needs, resources and relationships in each district, developing improvement ideas, and building capability and capacity.

Our work to improve immunisations aligns with the National Systems Level Measures (SLM) framework, the Te Manawa Taki Regional Immunisation Plan, and is guided by the Strategic Approach to Immunisation in New Zealand 2025-2030. These five focus areas are profiled below.

### Access

Across the rohe, our teams have improved immunisation access through strong partnerships. In Waikato, Pinnacle worked with Mangatoatoa Paa to co-design kaupapa Māori outreach and opportunistic services, building trust and offering care through hauora days and marae-based clinics. We also supported Hamilton practices to deliver over 350 immunisations after-hours.



**Nurse Tash and whānau in the "hallway" at Mangatoatoa Marae hauora clinic.**



## Spotlight Feature

In Tairāwhiti, Pinnacle supported a National Public Health Services (NPHS) drive-through at Kowhai House, while our Lakes team partnered with Tūwharetoa to explore new ways of accessing services. In Taranaki our immunisation nurse worked closely with Tui Ora to streamline and simplify the referral process to the outreach immunisation service (OIS). These efforts reflect our commitment to equity, cultural integrity, and whānau-centred immunisation care.

In Hamilton, Primary Health Care Ltd (PHCL) trialled Saturday clinics at Hillcrest, giving whānau more flexible access. Over the six-week period, many tamariki caught up on overdue vaccines, and the relaxed weekend setting helped build trust with families.



Lots of smiles at Pinnacle's hauora day, held on World Smokefree Day 2025 (31 May).

### Trust and confidence

In 2024/25, we focused on building whānau trust in immunisation through Kai Manaaki/Kaiāwhina, immunisation improvement and newborn enrolment roles, providing holistic care and support. Partnerships with Whānau Āwhina Plunket and Kirikiriroa Family Service Trust expanded access and improved outcomes. By offering services in this manner, we have been able to access whānau previously unknown or 'lost' to our services.

Kaiāwhina and Kai Manaaki have been vital in boosting immunisation rates across districts by taking a holistic, whānau-centred approach. They build trust through direct engagement with referred families, addressing immediate needs like hygiene packs and linking with other health services. By supporting overall wellbeing, they create pathways for immunisation that wouldn't otherwise exist, helping overcome barriers such as misinformation and hesitancy.



L-R: Huingarua Dennis, Bronwyn Dennis (Kai Manaaki Waikato), Mane O'Rourke (Te Whatu Ora) and Pam Rudolph (Waikato Immunisation Improvement Facilitator).



# Immunisation manual for General Practice

**A guide to strengthening immunisation delivery**

Immunisation, especially in primary care settings, is essential to protecting population health. This manual was developed to provide a centralised, up-to-date reference to support consistent, high-quality immunisation delivery across general practices.

The manual includes:

- Practical guide to recording immunisations
- Tips for effective immunisations
- Outreach immunisation services process
- Workflow diagrams and checklists
- Overdue report management
- Whānau perspectives

SCAN the QR code to access the manual online

This project is a collaborative development between three Primary Health Organisations: Pinnacle, Te Puna Hauora Matua Matua o Hauraki (Hauraki PHO), and National Hauora Co-ordinator

**Pinnacle Incorporated** **Hauraki PHO** **National Hauora Co-ordinator**





## Spotlight Feature

### Information for action

High-quality data underpins a responsive system and ensures every child is supported through their immunisation journey. We have made significant improvements in reconciling data between Patient Management Systems (PMS) and the Aotearoa Immunisation Register (AIR). The scale and complexity of this task highlights the significant contribution the data team has made to strengthening the national picture.

At an operational level, reconciliation has been further strengthened by teams working with practices to identify data issues, correct at source, and improve processes.

### Workforce development

Supporting immunisation capability through collaboration and knowledge-sharing strengthens service delivery across general practice. Practice nurses, Plunket, and student nurses were mentored and supported by Pinnacle's immunisation team sharing knowledge, growing immunisation capability, mentoring, and supporting development of compliant cold chain systems.

In Waikato, three PHOs — Pinnacle, Hauraki PHO, and National Hauora Coalition (NHC) collaborated to update the [Waikato Immunisation Manual for General Practice](#), which is now available for all staff across the network.

### System capability

As the focus on immunisation has grown, the need for coordination has become more important. Every district has a Local Operational Group, reporting up to a Regional Operational Group – led by NPHS. These practical groups focus on identifying and resolving issues and improving the system together. Our teams were active in these forums, representing practice issues and collaborating to increase capability and capacity across the system.

Significant work from our teams across each district, together with practices, has delivered a 7 per cent lift in 24-month immunisation coverage across the network. However, we have a way to go to meet the Minister's expectations, and work continues.

## Minister's visit highlights community-led solutions



(L-R): Tania Te Akau (Tūwharetoa IMPB), Amit Prasad (Pinnacle), Justin Butcher (Pinnacle), Health Minister, Hon Simeon Brown, Liz Tasi (Taupō Health Centre), Pen Blackmore (Pinnacle – Lakes), Hannah Milner (Pinnacle – Lakes).

During Immunisation Week in April, we had the opportunity to highlight to the Health Minister the mahi underway across Taupō and Tokoroa to lift immunisation rates and strengthen primary and community care.

Collectively, we showcased what's possible when providers in the community — general practices, iwi, hauora providers, NGOs and outreach teams — work together to improve immunisation rates and understand the issues.

PHOs like Pinnacle have an important part to play as the 'glue' in bringing the various groups together; supporting partnerships, sharing insights, and coordinating system improvements that make a difference on the ground. We thank the Minister for taking the time to hear about the work being undertaken in primary and community care.

## Immunisation uptake across the network

Region	Total (%)		Māori (%)		Pasifika (%)	
8 months	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24
Waikato	81.5	80.4	66.1	69.3	86.5	76.8
Tairāwhiti	76.2	74.3	64.9	80.2	100.0	80.2
Taranaki	75.8	79.6	70.5	69.8	62.5	76.7
Lakes	78.8	73.6	72.1	59.4	71.4	56.3
<b>Total PHO</b>	<b>79.1</b>	<b>79.0</b>	<b>67.1</b>	<b>67.1</b>	<b>83.0</b>	<b>~72.0<sup>4</sup></b>
National achievement <sup>5</sup>	67.3	78.4	47.8	64.3	58.8	73.7

Region	Total (%)		Māori (%)		Pasifika (%)	
24 months	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24
Waikato	81.3	75.4	70.4	72.0	88.0	69.2
Tairāwhiti	77.6	72.0	68.9	72.0	100.0	72.0
Taranaki	80.1	77.9	74.6	68.7	80.0	67.2
Lakes	74.2	70.5	64.4	56.2	87.5	58.7
<b>Total PHO</b>	<b>79.9</b>	<b>75.2</b>	<b>70.2</b>	<b>65.3</b>	<b>87.8</b>	<b>~67.0<sup>4</sup></b>
National achievement <sup>5</sup>	78.1	77.3	47.8	64.3	58.8	73.7

Other outputs	2024/5	2023/4
Outreach immunisations <sup>6</sup>		
– Total no. of vaccines given	3,640	3,107
– Total no. of children vaccinated	1,494	1,180
B4 School Checks completed	2,917	2,270

4 Subject to weighting. AIR data starts September 2024.

5 National achievement rates in these tables were sourced from immunisation coverage data 12-month reporting period available at [2A-Q4-2425-Annual-Childhood-Imms-Coverage-by-age-district-region-dep-and-PR-eth-redacted.xlsx](#)

6 Outreach immunisation data provided is for Waikato only. Other locality data could not be presented due to reporting limitations with our funding partners in Taranaki and Tairāwhiti.



# CHAPTER 3

How we deliver through  
people and partnerships

# He tangata

## Our people

Our people are at the heart of Pinnacle's mahi. With 204 kaimahi across four districts, Pinnacle MHN delivers services that complement general practice and strengthen community care. This year we celebrated lower staff turnover, strong engagement, and greater diversity in our leadership; milestones that reflect the strength of our culture and our commitment to equity.

We launched our first Employee Value Proposition (EVP), setting out what makes Pinnacle a great place to work, and helping us attract and retain diverse talent.

Our equity focus extended into the way we work as an organisation, with the establishment of a diversity advisory rōpū, and continued growth in cultural competency guided by Te Tiriti o Waitangi.

We released Pinnacle's first climate change statement, which commits to collaborating with iwi, community organisations, Te Whatu Ora, and local and central government to build practical climate mitigation and emergency recovery strategies.

Together these steps strengthen our ability to deliver equitable outcomes for practices and communities.

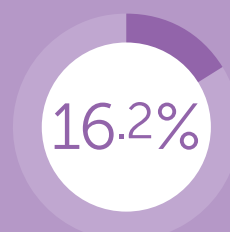


Lunchtime fresh-air reset with some of our Waikato team during Mental Health Awareness Week.

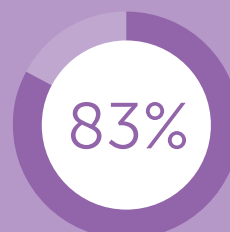
## Workforce profile



ARE  
MĀORI



PERMANENT  
STAFF  
TURNOVER

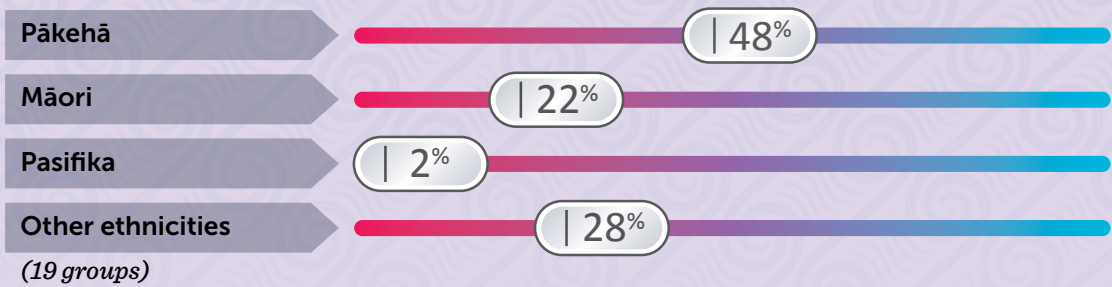


EMPLOYEE  
ENGAGEMENT  
SCORE

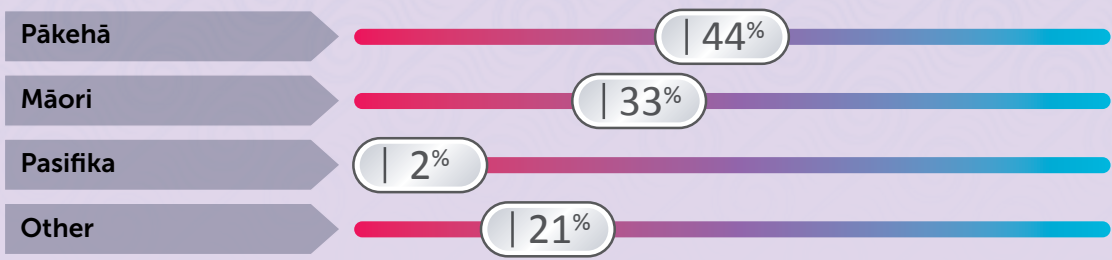
# Diversity snapshot



## Ethnicity ALL STAFF



## Ethnicity MANAGERS



## Highlights

Lower turnover and high engagement mean a more stable, motivated workforce.

A workforce spread across all districts, close to the communities we serve.



Our Pou Tikanga (cultural advisors) work alongside teams in every region to help embed tikanga in daily practice and shape new ways of doing things. Each locality has its own approach, from reo sessions to whakawhanaungatanga activities. Looking ahead, we will invite new practices joining our network to a mihi manaaki to welcome them and offer to bless their own space, reinforcing who we are and the values we stand for.

## Building cultural confidence

Pinnacle is a mainstream organisation committed to honouring Te Tiriti o Waitangi and delivering equitable health services. Central to this is equipping our workforce to provide culturally safe care.

Five years ago, we launched our cultural competency framework, Kākano (seed), Tipu (sprout), Kōhuri (sapling) and Rākau (tree). It begins with pepeha, identity and deepening knowledge, then moves through levels of manaakitanga and whakawhanaungatanga, building cultural confidence step by step. This year, guided by our kaumātua Matua Piripi, we continued embedding the framework through reo classes, mihi practice, and connections across localities.

“Focusing on inequity means investing in our people. When our workforce grows in cultural confidence, our ability to deliver equitable health services grows too.”

Koro Samuels, Pou Tikanga –  
Cultural Advisor (Waikato)

Ki te kotahi te kākaho ka whati,  
ki te kāpuia e kore e whati  
‘Alone we are vulnerable, together  
we are unbreakable.’

Kīngi Tāwhiao



# He rautaki whakawhanaunga

## Strategic partnerships

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Strong relationships are the backbone of everything we do. By working closely with iwi, Iwi Māori Partnership Boards (IMPBs), members, and community partners, we can better understand what whānau are facing and stand alongside them to find solutions. We're also keeping our sights on the bigger picture, making sure funding conversations reflect real community needs.

This means communities are more connected to decision-making, and services are shaped by whānau voice.

### He Ara Whakamua – Pinnacle's Māori health strategy

This year we refreshed He Ara Whakamua, our Māori Health Strategy. It gives us a clear pathway for equity, cultural competency, and stronger partnerships across the network.

The strategy is guided by seven guiding principles (he kaupapa). Together, these principles ensure Māori health is central to how we plan, deliver, and measure services.

Our continued implementation this year will include ensuring our leaders and service managers are equipped to bring the strategy to life in their teams. For Pinnacle, this means strengthening our commitment to strategic partnerships, working confidently alongside iwi, hapū, Māori providers, and communities.



At the Memorandum of Understanding signing between Pinnacle, Hauraki PHO, National Hauora Coalition, and the University of Waikato. [Story on P.43]



**He kaupapa, the seven principles that guide He Ara Whakamua are:**

- 1. Equity** – prioritising improvements in Māori health
- 2. Community** – focusing on the health of communities rather than individuals
- 3. Determinants** – influencing health determinants
- 4. Disparities** – reducing health disparities
- 5. Evidence** – basing practice on best available evidence
- 6. Partnerships** – building effective partnerships across the health sector and other sectors
- 7. Responsiveness** – remaining responsive to new and emerging health challenges

## Partnering with IMPBs to improve Māori health outcomes

This year, Pinnacle supported Iwi Māori Partnership Boards (IMPBs) with tailored Power BI dashboards, built by our data team, to give a clear picture of how Māori are engaging with general practice and wider primary care. From consultation rates and emergency department use to immunisations, cervical screening, smoking, and long-term conditions such as diabetes and asthma, the dashboards highlighted where gaps existed and where effort could make the biggest difference.

The dashboards are at a population health level and allow IMPBs to see population views based not only on the Te Whatu Ora districts but their own IMPB rohe. While the national role of IMPBs has since shifted towards whānau voice, the dashboards remain a valuable tool. They show both expressed and unexpressed need across our Māori population and continue to guide how Pinnacle and practices can respond to improve equity in primary care.



## Strengthening the health workforce pipeline into primary care

In November, Pinnacle signed a Memorandum of Understanding (MoU) with the University of Waikato (Te Whare Wānanga o Waikato), Hauraki PHO, and the National Hauora Coalition (NHC) to strengthen the health workforce pipeline into primary care and improve equity of access to healthcare.

The MoU signalled the university's innovative approach to health education, with a clear focus on addressing the biggest workforce needs and emphasising interprofessional practice. The partnership supports interprofessional clinical placements for students, giving them hands-on experience in real-world general practice and community health settings. Instead of learning in silos, students will train in team-based environments that reflect how modern care is delivered.

“This approach to delivering health education lays a platform for the organisations to support a strong and sustainable primary care workforce. By collaborating with the university, we're taking a future-focused, evidence-based approach to workforce development.”

Justin Butcher, CEO, Pinnacle



Neil Quigley (University of Waikato), Taima Campbell (Hauraki PHO), Rachel Brown (NHC) and Justin Butcher.



## Stronger diabetes care, together

We know diabetes care is stronger when we work together. We joined with Hauraki PHO and National Hauora Coalition to deliver regional training and developed a new Quick Card resource to support prescribing for diabetes, particularly for nurse prescribers. We also contributed to national knowledge sharing with the University of Waikato and the New Zealand Society for the Study of Diabetes (NZSSD).

By connecting local practice teams with national expertise and resources, we are ensuring whānau benefit from the best available support and innovations in diabetes care, no matter where they live.



## Bridging hospital, primary, and community care

3  
organisations

322  
whānau

954  
kanoahi ki te kanoahi  
(face-to-face) contacts

Living rurally has its challenges, but accessing healthcare should not be one of them. On Tairāwhiti's east coast, recurrent weather events can leave communities cut off for days, with damaged roads and patchy telecommunications making it harder for whānau to get the care they need.

There, a Comprehensive Primary and Community Team (CPCT) has taken an innovative approach, building bridges between primary, secondary, and community services to bring healthcare to those who need it most. A collaboration between Ngāti Porou Oranga, Turanga Health, and Pinnacle, the service supports whānau from Pōtaka in the north to Māhia in the south.

Whānau voice is at the centre of this care, with patients and whānau shaping flexible plans that adapt as their journey changes. Each whānau has a key clinician who can draw on support across all three providers and bring in secondary care when needed.

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In its first year, the CPCT supported 322 whānau and completed 954 kano ki te kano (face-to-face) contacts in homes, marae, community venues, hospitals, and GP practices. Clinicians also joined multi-disciplinary hui, strengthening connections across the system and improving whānau care.

The CPCT is now working more closely within secondary health services, supporting patients with discharge planning, developing relationships early, and helping patients and whānau transition back into primary care. It is also developing clinical relationships with community services.

## Recognised for commitment to Māori health

Pinnacle was awarded the top rating of Kua mutu pea for exceptional integration of Te Tiriti o Waitangi principles across all parts of the organisation.

In January, Pinnacle received the highest rating in a Te Whatu Ora cultural audit, acknowledging strong alignment with Te Tiriti o Waitangi principles and our clear commitment to improving Māori health outcomes.

The five-week audit, documented in the He Ritenga report, reviewed our governance, operations, and service delivery, and assessed how well we meet our obligations to provide culturally safe and equitable care for Māori.

The report highlighted work such as marae-based clinics, equity-focused initiatives, workforce development, and cultural safety. It also commended Pinnacle's flexible funding models, strong partnerships with iwi and Māori organisations, and our focus on tailoring services to meet community needs.

Cultural audits are usually undertaken every three to four years. While no recommendations were made this time, we'll continue to seek improvement and remain committed to working alongside iwi, hapū, and Māori communities to deliver authentic, culturally responsive services.



Justin Butcher with Rāwiri Blundell, Pinnacle GM Māori Health & Equity.

"The report recognised our shared focus on improving health outcomes for Māori while supporting their cultural identity and mana motuhake in health decisions."

Rāwiri Blundell



## Networking with purpose

In June, Pinnacle hosted a speed networking event in Taupō, bringing together 20 community service providers alongside primary care teams from every medical provider in Taupō and Tūrangi.

The evening was lively and engaging, with the format proving to be a fun and efficient way to share updates, meet new colleagues, and highlight the wide range of services available in the region. In smaller communities like Taupō and Tūrangi, these targeted opportunities to connect are especially valuable for strengthening collaboration between health teams and local services.

Feedback from attendees was overwhelmingly positive, with many commenting on the usefulness of the information shared and the value of the new relationships formed. The response confirmed the event's place as a fixture on the calendar, with strong support for making it an annual gathering.



Pinnacle development managers, Rochelle West and Heather Lang help to keep things moving at the event.





## Showcasing primary care

In February, Deputy Commissioner Ken Whelan (Te Whatu Ora) and Dr Bryan Betty, chair of General Practice New Zealand (GPNZ), visited Tairāwhiti as part of a national tour of PHOs and frontline general practices.

Pinnacle, Tūranga Health, Ngāti Porou Oranga, Rongomaiwahine Iwi Trust, and local practices Three Rivers, City Medical, and Delatour Medical took part, using the visit to showcase local primary care and to set out the challenges affecting services in the region.

The tour, organised by GPNZ and continuing the site visits begun with then Te Whatu Ora chair Dame Karen Poutasi in 2023, brought national leaders into conversation with PHOs and frontline general practices.

Around 30 GPs, nurses, and practice team members joined the kōrero. The impact of extended care teams was highlighted, and consistent issues being raised across the motu: after-hours access, capitation and sustainable funding, workforce, and health IT, noting these are key themes nationwide. The kōrero balanced clearly defining the issues with practical, locally grounded solutions.

The visit provided a clear picture of what practices are experiencing day to day and the practical realities of maintaining access and continuity for patients.



From left: Justin Butcher (Pinnacle), Bryan Betty (GPNZ), Tracy Fergus (Pinnacle), Iriapa Williams (Rongomaiwahine Iwi Trust), Ken Whelan (Pinnacle), and Bevan Bayne (Pinnacle).

# He mahi hauora

## General practice services

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General practice is where most people experience primary care, and it's where we focus much of our support. We're backing practices with tools and training that help reduce inequities and improve quality. At the same time, we're investing in leadership and innovation, so practices are in a strong position to keep serving their communities well into the future.

This means practices are better equipped to deliver timely, effective care for their patients.

### Advocacy and achieving real change for general practice

A \$178 million uplift was announced during the reporting year to take effect from 1 July 2025 as part of a shift towards outcomes-focused funding.

Pinnacle played a leading role in these PSAAP negotiations. Chief Executive Justin Butcher represented Pinnacle and GPNZ as part of the PHO negotiation team, and Clinical Director Dr Jo Scott-Jones contributed as part of the contracted provider negotiation team.

This long-awaited uplift is the most substantial in more than 20 years, offering some much-needed relief for a stretched workforce and a welcome step forward for general practice. At the same time, we know there's still more to do.

**\$178M**

largest uplift in 20+ years

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**6.43%**

baseline capitation increase

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**\$60M**

contingent capitation  
*(linked to data sharing)*

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**\$30M**

performance-based pool  
*(six-week immunisation outcomes)*

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**\$5M**

planned care initiatives

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**6.43%**

rural funding increase

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## Sustainable funding for general practice

We've continued to advocate strongly for sustainable funding that recognises the real cost of delivering care. This included pushing for pay equity, reviewing funding models such as Capacity and Coverage and the Health Care Home model, and supporting innovation through long-term conditions management. We also worked with stakeholders on after-hours services to help ensure care remains sustainable and accessible for whānau.

Alongside this advocacy, we delivered tangible change for practices. From 1 April 2025, Capacity and Coverage funding increased by 25 per cent, with the base rate lifted to \$6.25 per ESU per year. Payments also shifted to a monthly schedule, smoothing cash flow for practices and providing more predictable income. In Tairāwhiti, practices continued to receive performance payments through the separate GP Nursing in the Community arrangement.

For practices, these changes mean steadier income streams, making it easier to plan staffing and services with confidence.

**+25% uplift**  
to Capacity and Coverage payments  
(from April 2025)

**\$6.25**  
per ESU base rate  
(up from \$5)

**Monthly payments**  
introduced for steadier cash flow

## Rural health front and centre

At RuralFest, the annual advocacy event led by Hauora Taiwhenua, we joined discussions with government ministers and opposition spokespeople to highlight the realities facing rural general practice. Our role is to bring the voice of practices into those conversations, ensuring decision-makers understood the pressures and access challenges across our communities.

This sustained advocacy, alongside Hauora Taiwhenua and the wider collective effort, contributed to a significant uplift in rural funding during the year. The outcome means better recognition of rural pressures, stronger sustainability for general practice, and improved equity for rural whānau.



Pinnacle child health nurse Suzanne Stevenson with Helen MacGregor, Ministry of Health, at the Fieldays 2025 Hauora Taiwhenua Health & Wellbeing Hub.

## Influencing the big picture

Pinnacle contributed to national policy through GPNZ and the N4 alliance (Pinnacle, ProCare, Tū Ora Compass Health, and Pegasus Health), shaping understanding of the true cost of care, creating PHO benchmarking tools, and reinforcing the value of PHOs in the health system.

We submitted against the proposed Treaty Principles Bill, reaffirming our commitment to Te Tiriti o Waitangi and equity in health.

We also advocated for continued Comprehensive Primary and Community Team (CPCT) funding. The government agreed to extend some CPCT funding — a positive step, though not all roles were retained. These teams improve access and equity, and we'll keep pushing for sustained investment.

## A toolkit to strengthen practice management

In response to feedback from the 2023 Pinnacle Workforce Survey, particularly business and administration staff, Pinnacle developed a [practice management toolkit](#) to support those involved in the management of general practices.

Survey respondents shared that navigating the health system can be challenging, funding structures are often difficult to interpret, and the overall business of general practice can feel overwhelming. These insights highlighted the need for practical, accessible tools to support practice managers, business managers, and CEOs in their day-to-day roles.

The toolkit includes a comprehensive practice management manual with clear, structured information to complement practice resources and help staff new to primary care build confidence in their roles, while promoting culturally safe and equitable practice. A task tracker supports practices to stay organised and accountable, simplifies complex systems, supports onboarding, and embeds Te Tiriti principles.

## Quality Improvement Programme, one year on

**The first year of Pinnacle's Quality Improvement Programme (QIP) successfully lifted quality improvement knowledge and capability across practices. An external evaluation confirmed the programme was on track and highlighted areas to refine, including simplifying reporting, improving data quality, tailoring training, and creating opportunities for shared learning.**

Year 2 is focused on consolidation, with practices continuing to work on two indicators and Plan-Do-Study-Act (PDSA) cycles extended to six months to allow more time for embedding change. These adjustments will support practices to sustain progress while Pinnacle works alongside them to implement the evaluation recommendations.



## Practice in focus:

# Strandon's QIP journey: Improving outcomes through a strong first year



**Strandon Health embraced the first year of Pinnacle's Quality Improvement Programme (QIP) as an opportunity to improve patient outcomes and equity. Like all practices, they began with the mandatory immunisation indicator: increasing the proportion of children fully immunised at 24 months.**

For their chosen clinical indicator, the team focused on respiratory health, aiming to reduce the number of patients using a short-acting beta agonist (SABA) without an inhaled corticosteroid/long-acting beta agonist (ICS/LABA).

By the end of year one, they had reduced patients using SABA without an ICS/LABA from 71 to 14, including a 50 per cent reduction for Māori patients. Immunisation recall processes are also now working well.

Practice manager Kathryn Smith describes the year as "a real learning opportunity." The team achieved these results by engaging with data through the Power BI tool. Improvements in respiratory care were led by the nurse practitioners, with "incredible guidance and support" from Pinnacle's Taranaki development manager, Michelle Atkins.

### What's next for Strandon

Strandon Health will continue embedding these improvements, and make use of the new immunisation dashboard currently in development. They are considering selecting diabetes as their new clinical indicator for Year 2, to build on their progress.



From Pinnacle - Taranaki, left: Michelle Atkins (development manager) and right: Dr Gina Kaye (GP Lead); with (L-R) Strandon Health's Rebekka Strauss (nurse practitioner), Kathryn Smith (practice manager), and Candice Dunn (nurse lead).

"The effort Strandon put in during their first year of QIP has resulted in significant improvements for their patients. It's great to see how they've embraced this as a learning opportunity and delivered real change."

Michelle Atkins, Pinnacle development manager Taranaki

## Supporting practices with international recruitment

In April 2025 Pinnacle launched a new [partnership with NZ Shores](#), offering our practices streamlined support for recruiting and onboarding internationally trained health professionals. This exclusive member benefit provides significant cost savings compared to standard recruitment fees and helps reduce the administrative burden on practices.

Through the partnership, practices can access immigration and recruitment expertise, from employer accreditation and job checks through to visa applications and settlement support. By simplifying processes and discounting upfront costs, Pinnacle is making international recruitment more accessible for practices facing workforce shortages.

While this initiative responds to immediate pressures, it sits alongside our ongoing commitment to grow the domestic primary care workforce through education, graduate programmes, and system-wide advocacy. Together, these approaches strengthen the capacity of our network to meet patient needs now and into the future.

## Enhancing practice insights with the network performance dashboard

This year we delivered a major upgrade to the network performance dashboard in Power BI, making it easier for practices to access the data they need. The enhancements were shaped through a co-design process with practices and tested by end users, ensuring the dashboard reflects real-world workflows and reduces the need for separate queries.

The new dashboard consolidates information into a single, intuitive view that supports both day-to-day operations and longer-term planning. Two key sections have been significantly enhanced:

*Practice operational management*, which supports core functions including enrolment and capitation processes, Community Services and High User Health Cards, practitioner demographics, and immunisation milestones.

*Practice management trends*, which provides insights into financial information, funding categories, patient demographics, patient turnover, and patterns such as emergency department (ED) visits and ambulatory sensitive hospitalisations (ASH) admissions.

Feedback from practices has been overwhelmingly positive. To ensure the enhancements are delivering value, we will continue to gather feedback, measure impact, and identify further opportunities to support practices through data.





## Practice in focus:

NorthCare Pūkete

# Integrating rongoā Māori into general practice



“Integrating rongoā Māori into general practice supports the notion of a holistic and more culturally sensitive approach to healthcare; it recognises the value of traditional knowledge and practices in addressing the health needs of Māori communities and the wider community.”

Rāwiri Blundell,  
GM Māori Health and Equity, Pinnacle

**This year, NorthCare Pūkete piloted the integration of rongoā Māori into general practice, partnering with Wai Mauri Health and PHCL to deliver traditional Māori healing alongside clinical care.**

Rongoā Māori is grounded in mātauranga (Māori knowledge); it includes mirimiri and romiromi (traditional bodywork), spiritual healing, native plant medicine, and wānanga. Wai Mauri delivers this care alongside general practice services, with strong clinical alignment.

Patients at NorthCare were referred to Wai Mauri through ACC pathways, allowing coordinated, culturally responsive care with the general practice team.

Patient feedback has been positive, with many engaging with rongoā Māori for the first time. The service is open to everyone under the ACC pathway, but was established to improve access for Māori through care that strengthens cultural safety and practices.



**Celebrating the launch, L-R: Pinnacle's Charlie Poihipi and Koro Samuels, Batami Pundak (PHCL), Megan Pihama (Wai Mauri Health), Kelly Spriggs (ACC), Dale Wilson (Wai Mauri Health), Rāwiri Blundell (Pinnacle), and Marion Horton (PHCL).**



## Taranaki enrolment service

Since Pinnacle's Taranaki Enrolment Service opened in 2023, demand has been high. The service was established to support people who were unable to find a GP, at a time when only one practice in North Taranaki was accepting new patients.

In its second year the service has received hundreds of referrals and supported enrolment for thousands of patients across the region. Many have come through self-referrals and Te Whatu Ora, reflecting the strong need in the community. The focus remains on ensuring Māori, Pasifika, hapū māmā, and people with long-term conditions are not left without care. To reduce barriers, eligible patients are also funded for their first GP and nurse consult at no cost, with a valid Community Services Card.

The service is helping more whānau in Taranaki connect with a GP, easing pressure on emergency departments and urgent care, and improving access to affordable, ongoing primary care through enrolment.

## Supporting practices to deliver culturally confident care

Pinnacle has a long-standing commitment to building cultural confidence across our network.

*Tikanga in practice: A guide for culturally confident care* has been in development as part of this kaupapa, and following insights from our 2023 workforce survey, the project was prioritised this year for further development under the leadership of our Māori Health & Equity team.

The survey included a section on Responsiveness to Māori, which highlighted both strengths and areas where further support was needed. With Māori still underrepresented in our clinical workforce, and 51 per cent of surveyed GPs trained overseas, the findings reinforced an opportunity to better support culturally confident care.

In response, we developed *Tikanga in practice*, a practical resource designed to help general practice teams uphold mana-enhancing behaviours at every point of contact with Māori patients. Early versions were trialled in selected practices, to positive feedback. Full rollout is planned for the new reporting year.





## Practice in focus:

Eltham Medical Centre

# Strengthening resilience in rural Taranaki



**After Cyclone Gabrielle and flooding events highlighted how vulnerable rural practices can be during power outages, Pinnacle worked with the Regional Rural Advisory Group (RRAG) in Taranaki to scope options for alternative power supply.**

Pinnacle engaged directly with rural practices to understand need. Responses varied depending on building ownership and existing infrastructure, but common priorities were backup power, reliable connectivity for video consults, and business continuity planning.

Six practices expressed interest in solar or generator solutions. Using RRAG funding, Eltham Medical Centre was one of two practices supported to install a backup system.

Eltham Medical Centre has now installed roof-mounted solar panels with a Tesla battery unit. The system is grid-connected with automatic backup and isolation capability, allowing the practice to run independently if required. This protects critical services such as vaccine refrigeration and enables continuity of care during outages.

The installation is now a core element of the practice's business continuity plan and aligns with early trials of remote consults supported by improved internet options such as Starlink.

Although uptake was modest, the project prompted practices to assess their preparedness, clarified selection and installation considerations, and highlighted wider rural infrastructure issues.

The work provides a practical framework, including assessing building ownership constraints, comparing solar and generator options, and planning for maintenance and future expansion.

The initiative supports rural practices and their communities, while laying groundwork for further resilience projects.

## Ka Ora Telecare supporting rural practices after hours

In 2024/25, Ka Ora Telecare continued to grow as a trusted way for rural communities to access care when local practices were closed. Delivered through Practice Plus, in which Pinnacle is a shareholder, Ka Ora works alongside general practice to ensure patients receive timely support after hours.

Ka Ora's integrated team includes kaiāwhina, who provide manaaki, answer non-clinical queries and assess eligibility; nurses, who manage triage, safety netting, and often resolve issues directly; and general practice doctors, nurse practitioners and emergency medicine specialists, who provide full clinical assessments, investigations, prescriptions and treatment advice.

The service resolved 82 per cent of patient needs virtually, with only a small proportion requiring a face-to-face consultation. Where escalation was needed, Ka Ora provided interim support such as short medication courses or diagnostics, until patients could be seen in person.

With demand continuing to rise, Ka Ora is helping rural practices maintain quality care, avoid service gaps and ensure whānau have reliable after-hours support.





## Practice in focus:

Ōtorohanga Medical Centre

## Nurse-led model a solution to rural GP shortages



**Like many rural areas, Ōtorohanga faces GP shortages and growing demand for care. Rather than accept the status quo, the practice has taken a “grow your own” approach, building a pipeline for nurses from student placements through to prescribing roles.**

“We’ve had to think differently,” says practice manager Michelle McKenzie. “The community is growing, and we need to respond to what people need. Nurses bring incredible expertise, and when we give them opportunities to upskill, patients get better access and faster care.”



At the heart of the change is Suz Cornelissen, clinical nurse lead and nurse prescriber, who champions the benefits of timely, nurse-delivered care through nurse prescribing and standing orders. If a patient needs something outside standing orders, the GPs back the nurses’ judgment 99 per cent of the time, so people still receive timely, appropriate care. The result is more equitable access, fewer barriers to treatment, and higher job satisfaction for the team.

This support has enabled the team to introduce nurse-led Best Start pregnancy clinics, a dedicated cough and cold clinic, and advanced prescribing pathways.

Nine nurses now work at the practice, with three set to become community prescribers this year. There is a strong emphasis on developing local talent.

New-graduate nurse Katrina Hovind-Marx says, “I grew up here my whole life, so staying in the community was important. I did two placements here as a student and knew this was where I wanted to be. Everyone is so supportive. I’m learning something new every day. In hospital, you might specialise in one area, but here, the variety is amazing.”

Suz recalls a young woman who repeatedly missed appointments for her contraceptive injection. “When she came in, I was able to offer a long-term option on the spot, no waiting, no extra booking. That’s just one example of the difference this model makes.”



Suz Cornelissen leads a high trust model with the team.

# Te whakawhanake i te rōpū kaimahi

## Workforce development

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Great care depends on a strong workforce. We're supporting new training pathways, cultural competency, and leadership opportunities so our network can attract and retain skilled, diverse people. Filling roles remains vital, but we also want kaimahi to feel valued, supported, and confident in the care they deliver.

This means our workforce is sustainable, skilled, supported and reflective of the communities we serve.

### Partnering with communities, growing the workforce, and sharing what works

Pinnacle was strongly represented at the 2025 National Rural Health Conference, with team members presenting across a wide range of kaupapa. From integrated diabetes care and school-based nurse prescribing to marae-based clinics and co-designed rural health career pathways, the breadth of mahi reflected our deep commitment to improving outcomes in rural Aotearoa.

These presentations showcased not only service innovation, but also the relationships and community partnerships underpinning it, working alongside iwi, whānau, schools, and national collaborators to strengthen care where it's needed most.

The conference also offered valuable space for reflection and connection. Presenters shared how affirming it was to hear that "we're on the right path" and "not doing this mahi alone." Some of these kaupapa are profiled in this report.





## Rangatahi initiatives to spark future health workforce recruitment

This encompasses wider work on addressing how we raise awareness of primary care as a career path with rangatahi. We have engaged with regional and national organisations, high schools, and tertiary institutes already working with rangatahi across the regions, to shape our approach and role going forward. Building a future workforce that reflects and serves these communities is critical for both equity and sustainability.

In partnership with Hauora Taiwhenua and the University of Waikato Te Whare Wānanga o Waikato, Pinnacle supported a two-day noho marae with 25 tertiary students from a range of health disciplines. Together, they co-designed a draft programme to inspire rural Waikato secondary students to consider careers in health.

Participants identified ten key elements, including centralised career pathway information, interactive hands-on experiences, tuakana/teina mentorship, improved careers guidance, life skills development, safe spaces for dialogue, and the incorporation of rongoā Māori and te ao Māori.

By addressing both practical and cultural barriers, this kaupapa will help create a pipeline of future health professionals while tackling the inequities faced by rural communities, ensuring access to care is more sustainable.

Next steps include planning a further wānanga and increasing access for rangatahi into hands-on approaches to general practice and primary care.



# Building reflective practice through professional supervision

In response to the 2023 Pinnacle Workforce Survey, Pinnacle funded professional supervision training through the University of Waikato for health professionals across the PHO and practice network. For some, it was the first time they had space to reflect on their practice in this way.

Professional supervision provides a confidential space for reflection, skill development and wellbeing support. Participants valued the chance to step back, understand their decision-making, and view their work through a new lens. Course evaluation showed immediate impact, with participants reporting improved listening and reflective skills that are already benefitting colleagues and patients.

Pinnacle is now developing ongoing mentoring and peer support to grow a pool of trained supervisors within the network, fostering a culture of reflection and continuous improvement.

We're now developing a programme to support participants towards confidence in working alongside others as professional supervision supervisors and to eventually grow a pool of trained supervisors within the network who can support others across primary care.

## Evaluation feedback:

“This is much more useful for me, for the staff I oversee, and patients have already benefitted from this approach.”

“Helping colleagues solve their issues rather than suggesting solutions. I am listening much better.”



# Growing the primary and community workforce

The Workforce Development Fund is an interrelated service component of the Comprehensive Primary and Community Care Teams (CPCT) and is available to kaimahi working within primary care.

Working with our PHO partners across the region, Pinnacle developed the systems and regional governance needed to streamline the application process and administer the fund. Priority scoring favoured applications from Māori and rural providers, approved roles, and applicants who could show how their training supported their community's health needs.

Feedback from recipients shows real impact. Training has boosted knowledge, skills and confidence, and most participants feel motivated to apply what they've learned in practice. Many said enablement funding removed financial and logistical barriers that would otherwise have stopped them from upskilling.

As at July 2025, **65%** of the total fund has been committed to applicants with **409** approved applications.

\$1,182,182  
Waikato

\$158,021  
Lakes / Tūwharetoa

\$134,837  
Taranaki

\$237,444  
Tairāwhiti

\$1,712.484  
total

54%  
supported Māori Hauora providers

51%  
went to Māori applicants

62%  
benefited rural-based providers

40%  
aided registered nurses

48%  
funded postgraduate or vocational study  
*(including 12% for support costs such as travel and accommodation)*

29%  
assisted professional development and training  
*(with 11% allocated to support costs)*

## Supporting new graduate nurses into practice



Graduate nurses with Pinnacle nurse leads at orientation: Back row: Catherine Tobin (L), Jess Knight (3rd from R), Ngaire Signal (R).

In March, Pinnacle welcomed a record 16 nurses to orientation as part of our longstanding new graduate nurse programme. Some are on Pinnacle's fully funded pathway, while others from general practices are accessing the same support framework.

This coincided with Te Whatu Ora announcing national funding for 400 newly graduated nurses, with a focus on primary and community care. For the first time, practices can apply directly for support, with applicants registering through the national ACE portal in August.

Pinnacle is one of the few PHOs that has consistently offered a dedicated new graduate programme. While some adjustments have been made in response to the new funding, our commitment to graduates and the practices who host them remains unchanged. The programme provides study days, peer groups, and ringfenced

funding for preceptors, ensuring graduates have the guidance they need and practices feel confident hosting them. Nurses in Pinnacle's programme are also part of the national Nursing Entry to Practice (NETP) framework, giving them structured clinical and professional support.

The orientation day introduced graduates to primary care nursing, covering professionalism, medicine management, Māori health, and equity. Hearing from a past participant added practical insights and helped build early connections.

Since launching in 2008, Pinnacle's programme has continually evolved to meet the needs of general practice. Ongoing peer groups and development days give graduates a strong support network, while a final celebration acknowledges their progress. By supporting both graduates and the practices that host them, the programme continues to build confidence, capability, and sustainability in the primary care nursing workforce.

## Showcasing primary care nursing

In 2024/25, Pinnacle was proud to host a delegation of chief nurses and midwives from Australia, alongside Aotearoa's chief nurses Lorraine Hetaraka, Nadine Gray, and Marama Tauranga. The visit highlighted the expanding roles of nurse prescribing and nurse practitioners in primary care.

Our guests heard directly from nurses prescribing within their practices and communities, and from nurse practitioners working in general practice and aged care in rural areas. The stories shared demonstrated the impact of advanced nursing roles in improving access and making a real difference for patients and whānau.



L-R Nadine Gray, Alison McMillan, Francine Douce, Jan Adams, Liz Wilkes, Marina Buchanan-Grey, Lorraine Heteraka, Marama Tauranga.

## Kia Puāwai education fund

In 2023/24 Pinnacle established an education fund to support a Māori staff member into study for a health career or a role with an equity focus.

This year, we widened eligibility to include general practices and made three awards through [Kia Puāwai](#), our Māori and Pasifika education fund. Each recipient received \$5,000 to support study and professional development.

Kayla Wairingiringi Luke (Ngāti Ruanui Healthcare Hāwera) is completing a Master of Health Service Management at Massey University.

Ce'Nedra Akarere Hutu Henry (South Waikato Pacific Islands Community Services) has begun a Bachelor of Health, majoring in Health Promotion, at the University of Waikato.

Leesa Kataraina King (Te Rūnanga o Ngāti Pikiao) is completing a Master of Māori and Indigenous Studies at Te Whare Wānanga o Awanuiārangi.

Kayla and Leesa received Māori scholarships, while Ce'Nedra was awarded the Pasifika scholarship. Through Kia Puāwai, Pinnacle is proud to invest in the aspirations of Māori and Pasifika kaimahi and ensure the benefits of their study flow into the communities we serve.



At the Taranaki presentation, Kayla Wairingiringi Luke with, from Pinnacle (L-R): Glen Katu (Pou Tikanga), Tama Tamatea (district manager, Taranaki), Charlie Poihipi (programme manager, Māori health and equity), Jess Knight (nursing lead, Taranaki) and Rāwiri Blundell (GM Māori health and equity) and Koro Samuels (Pou Tikanga).



Ce'Nedra Akarere Hutu Henry with Rāwiri, Charlie Poihipi and Koro Samuels from Pinnacle, at the Waikato presentation.



## Building capability and confidence in diabetes care



Attendees and facilitators at the diabetes proficiency day.

This year we strengthened diabetes care in Waikato through two key initiatives. With the University of Waikato, we evaluated our diabetes specialist mentorship programme, where nurses were supported in nurse-led clinics and mentored alongside patients. The programme improved nurse confidence and capability, and feedback from practices showed the positive impact on whānau care. Nurses told us they felt more equipped to manage consultations independently, knowing they had specialist support to lean on.

We also hosted a diabetes proficiency day with Hauraki PHO and the National Hauora Coalition. More than 80 nurses and health practitioners took part in hands-on training with newly funded Type 1 diabetes technologies, including continuous glucose monitors and insulin pumps. This training means whānau can now confidently return to their general practice for ongoing support with technology that was previously hospital-based.

Together, these initiatives show the value of investing in our workforce so whānau in Waikato can access advanced, evidence-based diabetes care closer to home.

# Te hauora taupori me te oranga hāpori

## Population health and community wellbeing

**Improving wellbeing takes more than clinical care. It includes prevention, connection, and making sure services meet the needs of whānau. We're using richer data and closer collaboration to reduce inequities. Fresh approaches will help create sustainable improvements in community health. We are also supporting initiatives that strengthen resilience and empower communities to lead their own wellbeing.**

This means we can measure progress over time and focus effort where it makes the greatest difference.

### Taking a population health lens to plan for the future

In 2024 Pinnacle committed to developing a population health and community wellbeing plan. This wasn't a traditional 60-page report destined for the shelf. Instead, the aim was to create practical, visual tools to help districts and planners see the bigger picture and make better decisions, faster.

Led by the population health lead with input from an advisory group, the work set objectives ranging from developing a framework and agreeing five priorities, to linking these to the workforce needed in the future.

Each district now has its own health and wellbeing summary and service use profile, supported by Te Manawa Taki-wide context. This provides a concise starting point for leaders, outlining the main issues, opportunities for change, and how to leverage what already exists.

This approach has been tested with Pinnacle's staff, leadership, network, and stakeholders, who confirmed the value of packaging insights this way.

Next comes implementation, using the tools to guide workforce conversations, support district-level planning, and keep equity at the centre of every decision.

“Taking a population health lens means understanding who we serve, the challenges they face, and future needs. It's about using practical tools for better planning and keeping equity at the centre.”

Dr Jo Scott-Jones, Clinical Director

**The five population health priorities to guide the plan are:**

**The network provides equitable and timely access to health care services**

**Community mental health and wellbeing services are interconnected and available**

**Interprofessional care is available for the prevention and management of chronic conditions**

**Pēpi and tamariki have a healthy start to life**

**Eligible people have access to national screening programmes**



## Hapū-led clinics bringing care back to marae

In partnership with Te Kapua Whakapipi (the office of the late \*Sir Tumu te Heuheu Tūkino VIII), we have supported the establishment of marae-based, hapū-led nurse practitioner clinics in the Tūwharetoa district. These clinics are trusted spaces where whānau can access holistic support grounded in tino rangatiratanga.

Alongside clinical care, whānau are supported with school needs, WINZ navigation, ACC assistance, ICAMHS referrals, speech therapy, and access to Health Improvement Practitioners. Care plans are co-created with whānau, ensuring services reflect their priorities and aspirations.

What began with one marae-based clinic co-designed with Te Kapua Whakapipi has now grown to three hapū-led, NP-led clinics. Other hapū are now seeking guidance on establishing their own, recognising the potential of kaupapa Māori models to deliver meaningful, long-term outcomes.



*\*Pinnacle acknowledges the passing of Sir Tumu Te Heuheu Tūkino VIII and honours his enduring leadership, wisdom, and commitment to kaitiakitanga and manaakitanga across Aotearoa.*

**Evaluation found 97 per cent of whānau felt their needs were met, with many reporting greater knowledge across tinana, hinengaro, whānau wellbeing, rongoā Māori and mātauranga Māori.**

More importantly, whānau said they trusted the clinics, returned to them, and felt confident to keep engaging.



## Extended care teams deliver high value for people and system

Pinnacle's extended care teams (ExCT) in Taranaki, Lakes, and Tairāwhiti have shown that investing in tailored, person-centred care delivers far-reaching benefits, not just for those participating, but for the wider health system.

A Social Return on Investment (SROI) study carried out by ImpactLab confirmed the extended care team (ExCT) model in those areas is delivering strong, measurable value for people living with diabetes and pre-diabetes.

For every \$1 invested, an estimated \$6.80 of social value was returned, reflecting improved health outcomes and reduced long-term system costs. The study looked at the year ending 30 June 2023, during which the team supported 1,419 people, generating \$9.82 million in social value.

ExCTs offer wraparound support through a mix of professionals, including social workers, dietitians, clinical pharmacists, and specialist nurses. While much of the value is measurable, several important outcomes embedded in te ao Māori values such as whakapapa and whanaungatanga cannot be monetised. This highlights the limits of mainstream economic models in capturing collective and cultural wellbeing.





For funders and health leaders, the findings show the model meets population needs. For the Pinnacle network, it allows conversations about doing even better in collaboration with general practices and, most importantly, for the people and whānau they serve.

**\$6.80** return  
per \$1 invested

**1,419**  
people supported

**\$9.82** million  
total social value created

**\$1,019**  
average delivery cost per person

**\$6,918**  
returned social value per person

The Waiariki Whānau Mentoring mobile health service at a 2024 hauora event that delivered 102 vaccinations to gang whānau.

*[Image: Supplied]*

## Lived experience extends reach in South Waikato

In South Waikato, Pinnacle has been privileged to support Waiariki Whānau Mentoring, who continue to reach whānau often underserved by traditional health services.

The partnership began during the Covid-19 response in 2021, when Waiariki developed new ways of engaging with whānau on the margins. Their strength lies in trusted relationships and lived experience, working alongside whānau in campgrounds, community hubs, and other spaces where needs are greatest.

What began as clinical involvement has evolved into broader support for health promotion,





navigation, and peer support, with stronger links into general practice. Through the partnership, Pinnacle has helped fund clinical roles including a nurse and healthcare assistant, supporting access to cervical screening, smoking cessation, mental health support, and timely immunisations for tamariki.

Over the past two years, more than 50 whānau connected with gangs in the region have engaged with the service, with very low rates of reoffending. At Tokoroa Medical Centre, acute appointments are protected each day for whānau referred by Waiariki. This step removes barriers to access, builds trust in care, and helps to reduce avoidable ED visits.

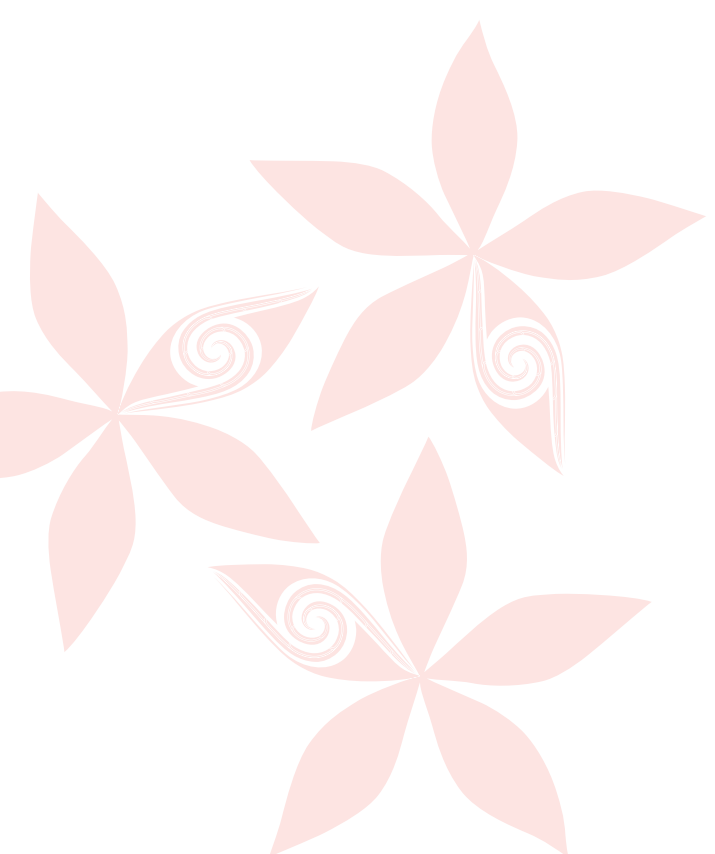
This wraparound model works because it's built on shared values and strong local relationships.

## Supporting whānau through diabetes self-management education

In Tairāwhiti and Taranaki, we work alongside Diabetes NZ to deliver free Diabetes Self-Management Education (DSME) programmes. These courses create a safe, supportive environment where whānau living with Type 2 diabetes can build the skills to manage their own care.

Participants tell us the courses remove any sense of whakamā (shame) and give them the confidence to make choices about food, activity, and daily routines. People leave knowing how to manage their diabetes day to day, supported by others on the same journey.

Better informed and more confident patients also strengthen the support they receive in primary care. Consultations can focus on what matters most, and practices see the benefit of patients who are more engaged with their own health. Demand for these courses continues to grow, and feedback shows they are valued as trusted spaces where whānau can ask questions, learn from each other, and gain confidence to live well with diabetes.





## Proactive respiratory care

This year was the second year of proactive respiratory care funding, with three months of fully funded consults offered in April, May, and June across Waikato, Taranaki, and Lakes, while Tairāwhiti continues to fund the programme all year. The initiative targets patients most at risk of winter exacerbations and links in with flu vaccinations.

Practices identify patients with long-standing respiratory conditions, and see them while they're well. This provides extended nurse consults, prescribing reviews, and follow-ups at no cost to the patient. Some practices call it a "WOF" or a "pre-winter check," but the outcome is the same, which is to get support before winter hits.

Education sessions and resources backed the rollout, with red-flag criteria (such as frequent emergency department visits, multiple courses of prednisone, or heavy reliever inhaler use) helping practices prioritise patients. Practices across the network have described the approach as a practical way to get ahead of winter pressures.



## Supporting wellbeing with nutrition and education

In Tairāwhiti, Pinnacle partnered with Turanga Health's Eke Tū programme to support people living with long-term conditions. Eke Tū brings together exercise, social connection, and health education, empowering participants to gain knowledge, build confidence, and develop healthier habits.

Pinnacle's contribution focused on nutrition and diabetes management, with a dietitian presenting workshops such as seasonal eating, food labels, and "brain food on a budget," and a clinical nurse presenting on diabetes topics including medications, sleep, and stress management.

The outcomes go beyond physical activity. Participants report stronger friendships, greater awareness of how lifestyle choices affect their wellbeing, and the confidence to put new habits into practice. By making health education practical and community based, Eke Tū is helping whānau in Tairāwhiti live well with long-term conditions.





## Supporting rangatahi wellbeing in Waikato schools

This year brought a significant shift for the School Based Health Service, with the introduction of Te Ūkaipō, a new national framework that replaces the Year 9 HEADSS assessments. Te Ūkaipō moves away from a single, one-off assessment and instead focuses on building ongoing partnerships with rangatahi. It prioritises five key groups: Māori, Pasifika, Rainbow, differently abled, and care experienced, while also recognising other groups, such as refugee-background youth, who may face additional barriers.

The change reflects an understanding that different groups experience different risks. For example, rangatahi Māori are at greater risk of suicide, while Rainbow youth are more likely to face mental health challenges. Te Ūkaipō is underpinned by nine values, agreed nationally at a wānanga in July 2024, that emphasise potential, partnership, and reducing inequity.

Pinnacle continues to carry out HEADSS assessments where appropriate, but always within the broader Te Ūkaipō approach. The shift to qualitative reporting shows more clearly how services are reducing inequities and making a difference in the lives of rangatahi.



A few of our SBHS team, taking a rare moment get to be together during the school year.



# Auaha matihiko

## Digital innovation

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Technology is changing the way care is delivered, and we're determined to leverage this. We're moving beyond dashboards and data towards tools that give the right information at the right time. We're also exploring new digital models that uphold indigenous knowledge and support culturally safe approaches to care. Digital solutions strengthen the workforce, help manage workload, and make the best use of funding.

This means digital solutions are improving access, equity, and outcomes in primary care.

## Transforming care delivery with AI and automation

Meeting patient demand means making the very best use of clinical time. This year, automation has started to take on routine but essential tasks across our network.

From reconciling ACC claims and filing screening results to acknowledging specialist referrals, these systems improve accuracy, reduce backlogs, and ensure timely follow-up. Looking ahead, AI scribe tools and decision-support systems are being investigated for their potential to reduce administration and support safe, efficient care.

These advances are not intended to replace clinicians, but rather to free up their time so they can focus on the uniquely human aspects of healthcare: connecting with patients, listening, and providing high-quality care.



Discussing technologies that make clinic life simpler: Clinical director Dr Jo Scott-Jones with GP leads/liaison Dr Dave Maplesden, Dr Natalie Clarke, Dr Gina Kaye, and school clinics GP Dr Robin Baird.



## Supporting equitable access to care with virtual reality

In Tairāwhiti, recurring severe rain events have intensified mental health challenges, particularly among Māori communities with limited access to traditional primary and secondary therapeutic mental health services. In response, Pinnacle, together with local partners, is in the final stages of developing a culturally grounded virtual reality (VR) tool designed to address post-cyclone rain anxiety.

The tool is being constructed to deliver VR exposure therapy tailored to individual needs, with a proposed structure involving therapist-led introductory sessions followed up by self-directed use. As part of the development process, pre- and post-intervention assessments are being designed to evaluate both anxiety reduction and broader wellbeing outcomes.

Once implemented, focus will shift to further refining the tool, evaluating user engagement, satisfaction, and cost-effectiveness. These insights will inform decisions about future implementation and potential adaptation for other rural and indigenous communities.



**Pamela Albert, Pinnacle's Clinical Services Lead Primary Mental Health – Tairāwhiti, leads the team that will trial a VR tool in therapy.**





## Driving digital innovation through Health Accelerator

In 2024/25 Pinnacle worked with Pegasus Health, ProCare, and Tū Ora Compass Health to establish Health Accelerator, a shared innovation hub designed to fast-track digital solutions in primary care.

By pooling expertise and resources across four PHOs, Health Accelerator provides a platform to develop, test, and scale digital solutions that can deliver real benefits quickly to more than 500 practices and around two million patients nationwide.

The official launch took place in July 2025, just outside this reporting year, but the foundations were laid during 2024/25. Early projects include digital assistants, and work is underway to explore AI scribe tools for general practice.

Health Accelerator is a milestone in collaborative innovation. By working nationally, together, we can make sure practical, scalable digital tools reach practices faster and deliver real benefits for clinicians and patients alike.

## Contributing to national insights

This year Pinnacle prepared to join other PHOs in contributing de-identified data to the new General Practice New Zealand (GPNZ) Primary Care Dashboard. The dashboard will provide a national view of population health trends, workforce metrics, and access to care, strengthening advocacy for general practice at a national level.

All data is aggregated and de-identified. No individual practice or patient information is shared, with strong security and privacy protections in place, alongside commitments to uphold tikanga Māori in the use of Māori data. Practices have also been given the opportunity to review the agreement and opt out if they choose.

By contributing to this national platform, Pinnacle can help build a more accurate picture of the challenges and achievements of primary care, ensuring the voice of general practice is visible in national planning and decision-making.

## Network performance dashboard enhanced

In April 2025 we launched significant updates to the network performance dashboard in Power BI, designed to give practices clearer, more accessible insights. The enhancements were co-designed with practices and refined through user acceptance testing, ensuring they reflect real-world needs.

The dashboard brings operational and management data into one place, reducing the need for separate queries. New sections cover practice operational management, including enrolment and capitation, community services card and high user health card, practitioner demographics and immunisation milestones, as well as practice management trends, with capitation breakdowns, patient demographics, turnover, ED visits and ASH admissions.

These tools support better decision-making and free up time for patient care. Training resources, including a walkthrough video, user guide, and quick reference sheets, were also released to help practices make the most of the dashboard.



## Data and data-informed decision-making

Work is underway on a Power BI wrap-up tool that will embed dashboards into a secure web portal. The new interface will support row-level security and single sign-on, making it easier and safer for practices to access the right information when they need it.

By bringing business and clinical data together in this way, Pinnacle is building a stronger foundation for data-driven decisions and giving practices the tools they need to focus on equity and performance.



# CHAPTER 4

## **Accountability and transparency — Financial disclosures**

## 1. Midlands Regional Health Network Charitable Trust



The Midlands Regional Health Network Charitable Trust (the Trust) is the primary health organisation (PHO) serving Te Manawa Taki. It is responsible for managing the primary healthcare of more than 470,000 patients across 87 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.

### *Trust financial results at a glance*




#### **Funding received**

**\$182.9m** 

**Up 10% from \$166.2m in 2024,**  
and included \$122.5m of First Level  
Services Funding (Capitation).



#### **Application of funding**

**\$182.4m** 

**Up 11% from \$164.5m in 2024**  
and included a 100% pass through of First Level  
Services funding to general practice of \$122.5m.



#### **Net cash flow**

**(\$2.2m)** 

**Down 194.2% from \$2.3m in 2024**  
due to investment in strategic initiatives  
across digital health, rangatahi, and  
health programmes focused on  
improving outcomes for Māori.



#### **Net surplus**

**\$0.5m**

**Down 65.1%**  
**from \$1.6m in 2024.**



#### **Total equity**

**\$9.5m**

**Up \$0.6m**  
**from \$8.9m in 2024.**



#### **Uncommitted cash**

**\$2.4m**

**Up \$1m**  
**from \$1.4m in 2024.**

## PHO funding streams

The Trust receives funding from the following sources:

Health New Zealand | Te Whatu Ora through the PHO Services Agreement, which comprises:

- Capitation Funding
- Equity Adjustor Funding
- Rural Funding
- Flexible funding (Care Plus, SIA, Health Promotion, and PHO Management funding)
- Other health delivery contracts from Te Whatu Ora that are outside the PHO Services Agreement (Te Whatu Ora non-PHO agreements).

This section sets out the funding received and the application of funding during the year for each funding stream. Note: the tables exclude the Trust's overheads (governance and administrative fees) and interest income.

During the current and prior year, the following funding streams resulted in a net result (surplus or deficit):

**Flexible funding pool** – a surplus of \$900k was recorded due to Hato Hone St John exiting the South Taranaki See and Treat service, for which funds were earmarked. The resultant surplus has been ring-fenced for future investment back into the Pinnacle network in 2026.

**Te Whatu Ora side agreements** – resulted in a deficit in the 2025 year due to timing of System Level Measures (SLM) application of funding.

Capitation \$m	2024/25	2023/24
Funding to PHO	120.7	110.4
Management Fees	-	-
Funding to Practices	(120.7)	(110.4)
<b>Net Result</b>	<b>-</b>	<b>-</b>

Pay disparity \$m	2024/25	2023/24
Funding to PHO	3.6	3.5
Management Fees	-	-
Application of Funding	(3.6)	(3.5)
<b>Net Result</b>	<b>-</b>	<b>-</b>

Rural \$m	2024/25	2023/24
Funding to PHO	4.1	3.9
Management Fees	-	-
Funding to Practices	(4.1)	(3.9)
<b>Net Result</b>	<b>-</b>	<b>-</b>

Equity adjustor \$m	2024/25	2023/24
Funding to PHO	1.8	1.5
Management Fees	-	-
Funding to Practices	(1.8)	(1.5)
<b>Net Result</b>	<b>-</b>	<b>-</b>

Flexible funding pool \$m	2024/25	2023/24
Funding to PHO	21.8	21.4
Management Fees	(3.7)	(3.6)
Application of Funding	(17.1)	(17.4)
<b>Net Result</b>	<b>0.9</b>	<b>0.4</b>

Te Whatu Ora side agreements \$m	2024/25	2023/24
Funding to PHO	29.9	23.9
Application of Funding	(30.8)	(23.9)
<b>Net Result</b>	<b>(0.8)</b>	<b>-</b>

## Quality and Coverage and Capacity funding

During the year, funding passed through to general practice via our Quality Improvement Programme and Coverage and Capacity initiatives:

**Quality Improvement Programme** – increased by 34 per cent. During the year, \$5m was paid directly to general practices (\$3.6m in 2024).

**Coverage and Capacity** – increased by 25 per cent from 1 April. During the year, \$1.7m was paid directly to general practice (\$1.5m in 2024). The total paid is expected to increase further in 2026 as the higher rate applies for the full 12 months.

Quality and Coverage and Capacity are funded out of flexible funding.

## 2. Consolidated Group Result

The following table presents the consolidated financial performance of the Pinnacle Group. It combines the results from all group entities and removes internal charges between them. Please note that intersegment income and expenditure relate to transactions between group entities, which are eliminated for the purpose of the Group's audited financial statements.

Segment Financial Performance 2024/25 \$m	Pin Inc	MHN	HSSL	PHCL	PGIL	Intersegment	Total Group
Revenue	30.7	25.8	3.1	23.4	–	(6.3)	76.7
Expenditure	(30.7)	(25.1)	(2.4)	(21.2)	–	6.3	(73.1)
<b>Operating Profit</b>	–	0.7	0.7	2.2	–	–	3.6
<b>Net Profit</b>	(0.1)	0.7	0.7	2.2	0.5	–	4.0

Segment Financial Performance 2023/24 \$m	Pin Inc	MHN	HSSL	PHCL	PGIL	Intersegment	Total Group
Revenue	31.8	22.9	3.6	22.4	–	(8.2)	72.5
Expenditure	(31.4)	(22.5)	(3.3)	(21.7)	(0.1)	8.2	(70.8)
<b>Operating Profit</b>	0.4	0.4	0.3	0.7	(0.1)	–	1.7
<b>Net Profit</b>	0.4	0.4	0.3	0.7	(0.1)	–	1.7

### 3. Pinnacle Group



**Pinnacle Incorporated (Pin Inc.)** is the GP member organisation and parent entity for all entities within the Pinnacle Group. It holds contracts with the Midlands Regional Health Network Charitable Trust to deliver services through GP practices, and also contracts directly with practices to manage payments and provide membership benefits. Pin Inc. also holds a 50 per cent ownership stake in Pihanga Health Limited through a partnership with Tūwharetoa Health Services.

#### *Group financial results – at a glance*

##### Revenue

**\$76.7m**

**Up 5.8% from \$72.5m** due to additional funding associated with CPCT programme.

##### Profit from operations

**\$3.6m**

**Up 111.8% from \$1.7m in 2024**

##### Net surplus

**\$4.0m**

**Up 141.2% from \$1.7m in 2024**



##### Net cash flow

**(\$1.5m)**

**Down 155.6% from \$2.7m** due to stepped Property, Plant and Equipment purchases during the year.



##### Total equity

**\$10.6m**

**Up \$3.9m from \$6.7m in 2024**

Pin Inc. Financial Performance \$m	2024/25	2023/24
Revenue	30.7	31.8
Expenditure	(30.8)	(31.4)
<b>Net Profit</b>	<b>(0.1)</b>	<b>0.4</b>
Practices	87	85
ESUs	471,139	468,249

## Pihanga Health

The Group holds a 50 per cent equity stake in Pihanga Health, a rural general practice in Tūrangi serving the Southern Lakes communities. The practice is jointly owned with Tūwharetoa Health Services and governed by a board of iwi representatives, a rural hospital specialist, consumer representatives, and owner delegates.

This investment supports the Group's strategic objectives by:

- strengthening community-based care
- improving access for Māori and Pasifika populations
- maintaining rural teaching capacity.

Pihanga Health is a registered charity operating under a Very Low Cost Access model, providing affordable healthcare and mentoring for medical, nursing, and paramedic students. During the year, the practice secured direct contracts under the He Ara Whakapikiora locality plan to provide prescribing pharmacist services, diversifying its revenue beyond PHO funding and patient fees. Pihanga was also selected as one of the prototypes for the national rural urgent care programme.



Pihanga Health team, L–R: Diana Barry (operations manager), Stacey Manuel (inbox coordinator), Dr Matt Haver (GP), Tracey Liddell (nurse practitioner), Keriana Nicholson (financial administrator), Kyla Whare and Connor Maika (medical administrators), and Jill Whitehead (registered nurse, RN).

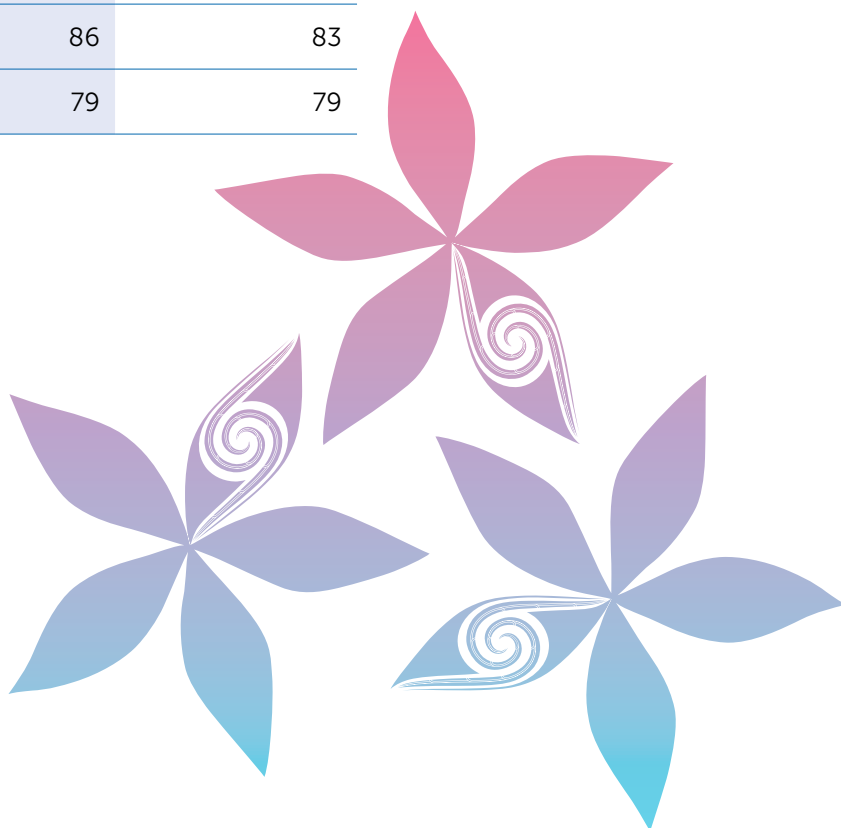
## 4. Primary Health Care Limited (PHCL)



Primary Health Care Limited (PHCL) owns nine general practices in Waikato and Taranaki. PHCL was originally established to support succession planning for retiring GPs. Today it also manages a Patient Access Centre that supports both PHCL practices and others across the Pinnacle network. As at 30 June 2025, PHCL employed 165 staff.

PHCL's ESU base decreased by 1,456 to 51,212 (2023/24: 52,668). While PHCL is part of the Pinnacle group, it does not receive preferential access to PHO funding, including flexible funding streams. PHCL also contributes to group overheads on a commercial basis.

PHCL Financial Performance \$m	2024/25	2023/24
Revenue	23.4	22.4
Expenditure	(21.2)	(21.7)
<b>Net Profit</b>	<b>2.2</b>	<b>0.7</b>
ESUs	51,212	52,668
Number of Practices	9	12
Total Headcount	165	162
– Clinical	86	83
– Non-Clinical	79	79



## Consolidation creating efficiencies

This year PHCL created efficiencies through a series of practice mergers:

Chartwell Health Centre merged into NorthCare Medical Centre, with three GPs transferring to NorthCare Pukete Road.

Beerescourt Medical Centre merged into NorthCare, with all staff transferring.

Central Medical merged into Phoenix Medical Taranaki, with all staff transferring and the Central Medical name retained.

These mergers reduced property-related overheads (rent, insurance, maintenance), compliance costs, and consumables ordering, while creating a surplus of equipment. All GPs were retained, with some continuing at the new sites until planned retirements.

## Highlights

**AI scribing and automation:** PHCL began trialling AI scribing and robotic process automation for inbox management and ACC claims.

**Youth Quest programme:** In partnership with Fast Track Inclusion Trust, PHCL delivered Youth Quest in Hamilton for rangatahi aged 15–21, particularly those who are neurodivergent (ASD, ADHD, or learning/cognitive differences). PHCL referred 74 patients across three fully booked sessions.

**Mental health project:** Together with Pinnacle's primary mental health team, PHCL piloted a project to improve access to counselling and psychology for young adults. Patients aged 20–30 completed online assessments and were quickly referred to counselling or GP/HIP support. To date, 26 patients have been referred.

**Greener initiatives:** All PHCL Hamilton practices transitioned to Amtech Medical's Enviromed system, becoming the first in Waikato to recycle 100 per cent of medical waste. The process eliminates landfill use and repurposes sterile material for cement production in New Zealand.

**Patient Access Centre (PAC):** During the year, PHCL took over management of the Patient Access Centre, which supports both PHCL practices and those within the Pinnacle network.

**Immunisation clinics:** Over six weeks, PHCL ran Saturday clinics at Hillcrest, helping tamariki catch up on overdue vaccines such as MMR2 and MenB. Some parents also received flu vaccinations during these clinics.

## 5. Midlands Health Network (MHN)



Midlands Health Network (MHN) is the management entity of the Pinnacle group. It runs all clinical programmes and locality offices for the group and provides PHO management services onbehalf of the Midlands Regional Health Network Charitable Trust.

As at 30 June 2025, MHN employed 201 staff across the Lakes, Tairāwhiti, Taranaki, and Waikato regions, delivering both management services and clinical programmes.

The year ended with a surplus of \$700k, largely due to the timing of technology investments that were paid at year end. These will be recognised as expenditure in the 2025/26 financial year.

MHN Financial Performance \$m	2024/25	2023/24
Revenue	25.8	22.9
Expenditure	(25.1)	(22.5)
<b>Net Profit</b>	<b>0.7</b>	<b>0.4</b>
Total Headcount	201	182
– Clinical	80	70
– Non-Clinical	121	112

### Highlights

**Funding:** In 2024/25 Health New Zealand | Te Whatu Ora invested in Comprehensive Primary and Community Teams (CPCT). This funding supported the recruitment or contracting of new roles such as clinical pharmacists, paramedics, care coordinators, and physiotherapists across the network. The aim was to increase access to primary care and enable holistic, team-based care. This accounted for much of the proportional increase in both revenue and headcount during the year.

Te Whatu Ora also invested further in workforce development. Pinnacle acted as fundholder on behalf of our PHO partners in Waikato and Tairāwhiti, managing and allocating these funds as directed by district governance groups.

**Expansion of marae clinics:** Pinnacle has an ongoing commitment to supporting general practice services in community-based spaces, including marae-based clinics. These clinics reduce access barriers, improve whānau experience, and address equity. In 2024/25, we committed to funding a further two rural marae clinics delivered by general practices, bringing total marae clinic investment to seven across the network.

## 6. Health Support Services Limited (HSSL)

Health Support Services Limited (HSSL) holds a license to sell, implement and provide support for the indici practice management software in the Te Manawa Taki region.

The largest growth in practices over the past 12 months has been in Rotorua and Bay of Plenty, rather than in our own internal network, where indici now makes up about half of all practices. There has also been significant uptake among allied health and other non-general practice users.

While Pinnacle and HSSL provide licensing and support, HSSL does not hold an ownership stake or beneficial interest other than through reselling and support.

HSSL Financial Performance \$m

	2024/25	2023/24
Revenue	3.1	3.6
Expenditure	(2.4)	(3.3)
<b>Net Profit</b>	<b>0.7</b>	<b>0.3</b>
ESUs (billed)	410,292	354,839
Practices	68	66
Total Headcount	3	4

### Highlights

**indici discount:** HSSL continued to support the Pinnacle network by offering 25 per cent discounted pricing to practices using indici.

**Practices onboarded:** Two new practices were onboarded during the year: Carefirst (Bell Block Medical Centre) and Healthcare Hub Taranaki. Both were supported through a structured onboarding process.

**Dedicated, specialist support:** A dedicated team of indici specialists provides both onboarding and ongoing support, ensuring practices can make the most of the system.

**Digital assistants:** HSSL is also contributing to digital transformation by supporting the implementation and uptake of integrated AI scribes and Health Accelerator digital assistants, helping practices adopt tools that reduce administration and improve efficiency.

## 7. Pinnacle Group Investments Limited (PGIL)

Pinnacle Group Investments Limited (PGIL) holds a 16.7 per cent investment in the Practice Plus Limited Partnership which is a telehealth service providing virtual GP appointments across New Zealand. It also holds a 40 per cent investment in the Fatu Lalaga Limited Partnership which owns Hamilton East Medical Centre, a general practice in Waikato.

### Fatu Lalaga



K'aute Pasifika chair  
Namulauulu Lale  
Ieremia and Pinnacle  
chair Amit Prasad.

In late 2023, the Group entered into a strategic partnership with K'aute Pasifika to acquire Hamilton East Medical Centre, a high-performing general practice with approximately 17,000 enrolled patients. The Group's investment in Hamilton East Medical Centre was completed on 1 July 2024, with the Group holding a 40 per cent equity stake in the practice through the Fatu Lalaga Limited Partnership. K'aute Pasifika holds a 60 per cent ownership interest in the partnership. Fatu Lalaga is a strategic partnership with K'aute Pasifika designed to leverage each other's strengths and work together to uplift and enhance the health outcomes for Māori and Pasifika peoples.

Operationally, the partnership has enabled the Group to align HEMC's service delivery with its broader health equity goals. The investment in the Fatu Lalaga partnership also supports the Group's long-term objective of investing in community-based care models that prioritise access, continuity, and cultural responsiveness.



The Group holds a 16.7 per cent equity stake in Practice Plus (P+) a national virtual telehealth service co-owned by six PHOs: Tū Ora Compass Health, Pinnacle, THINK Hauora, Pegasus Health, Te Awakairangi Health Network, and Western Bay of Plenty PHO. Launched in 2022 to extend access to primary care, P+ complements general practice by referring patients back to their enrolled providers, while also supporting practices with virtual locum cover and inbox management, helping manage overflow and administrative burdens.

Over the past year, Practice Plus has significantly expanded its reach and impact. It now partners with over 300 practices, serving around 2.6 million patients across multiple PHOs including Auckland PHO, East Health PHO, Marlborough PHO, and Whanganui Health. Over the year Practice Plus delivered 37,961 consultations, a 39 per cent increase on the previous year, and provided more than 8,000 hours of locum and inbox support.

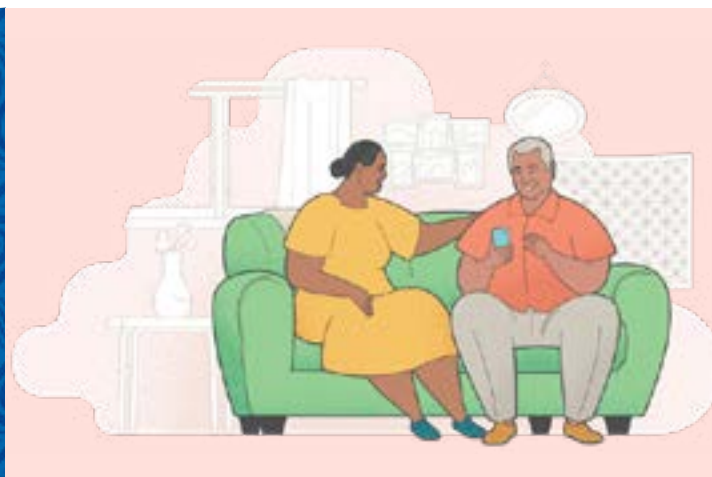
Equity outcomes remained strong, with 22 per cent of patients identifying as Māori, 5 per cent

as Pasifika, and 30 per cent holding a Community Services Card. Nearly a third of consultations were funded through vouchers, and patient satisfaction was consistently high, averaging 4.8 out of 5 from 5,686 survey responses.

The service introduced hybrid models, giving patients the option to access virtual consultations from locations like pharmacies, emergency departments, marae, and nurse-led services. It also supported emergency departments, including Christchurch ED, by triaging patients to virtual consultations, and helping reduce pressure on hospital resources. With robust infrastructure, transparent reporting, and a focus on equity and innovation, P+ continues to evolve as a trusted partner in New Zealand's primary care landscape.

Ka Ora Telecare, delivered through Practice Plus, is part of Pinnacle's shareholder connection to the service. In 2024/25 it continued to work closely with rural practices, offering after hours support so whānau could get help outside of normal clinic times.

PGIL Financial Performance \$m	2024/25	2023/24
Share of profits from associates	0.5	(0.0)
Expenditure	-	(0.1)
<b>Total Profit</b>	<b>0.5</b>	<b>(0.1)</b>







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**Public website:**  
[www.pinnacle.co.nz](http://www.pinnacle.co.nz)



Midlands Regional  
Health Network  
Charitable Trust



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