![Pinnacle Midlands Health Network logo]

Future general practice

Building practices that thrive in a changing landscape

Foreword

General practice has always been the heart of our health system, the place where trusted relationships, continuity of care and wellbeing come together. Yet we all know that the environment in which we work is changing faster than ever.

At Pinnacle, we believe the future of general practice lies in collaboration; working together to design models of care that are sustainable, equitable and focused on people and whānau. This means embracing an adaptive model of care, utilising all available workforces in team-based approaches, making smart use of technology, strategic advocacy and sharing resources and insights across practices.

Our role is to stand alongside you, supporting workforce development, enabling digital transformation, providing data insights and advocating for the system changes needed for general practice to thrive.

Justin Butcher
Kaiwhakatere | Chief Executive Officer

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Pinnacle Incorporated
PO Box 983
Hamilton 3240

Pinnacle practices website
www.pinnacle.co.nz

Facebook
@PinnacleHealthNZ

Linkedin
pinnacle-health

Contents

Using this report

The checklists in each section support a broad self-assessment to help you understand your current position. They're a starting point for conversations to recognise what's working well and where there is potential to improve.

Thinking about Foundation Standard and Cornerstone, the information and processes here may help you think through your business planning and risk management, quality improvement and equity plans. If issues arise through the self-assessments, Pinnacle can support you in various ways to work through those.

Pinnacle has developed a series of booklets on population health and community wellbeing. These provide useful background information and are available on our webpage for network practices.

Population health and wellbeing background information is available
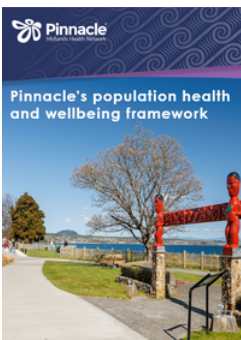
Section 1
Our approach to population health, our framework, our commitment to Te Tiriti, the social determinants of health, our priorities and measuring those.
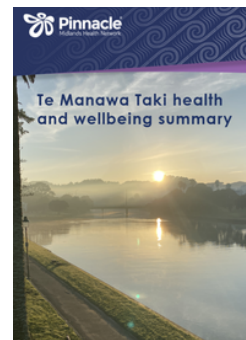
Section 2
Understanding the social determinants of health (a summary of health and wellbeing information).

Available by district
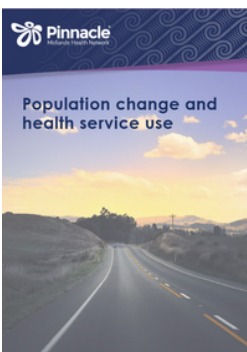
Section 3
Population and health service use: 2023-2043.

Available by district.

Section 4
The primary health care workforce

Section 5 Wrap up
A summary of sections 1-4 looking at how you might apply a population health approach.

Strategic summary
The key parts of sections 1-5. A good place to start if you are short on time.

1

Strategic takeaways

"You've got to think about big things while you're doing small things, so that all the small things go in the right direction".

Alvin Tofler (1928-2016)

Challenges and opportunities

Rising demand, an ageing population with more complex needs, equity gaps and a stretched workforce are intensifying pressure across the sector. At the same time, there is real opportunity to reshape how care is delivered so general practice remains the cornerstone of a strong and equitable health system.

We've long been aware of these facts and future projections. Pinnacle began raising concerns about the intersection of an ageing population and an ageing clinical workforce two decades ago. Today the issues are widely recognised, along with some of the necessary responses - but action still falls short of what's needed.

Key challenges

Communities are facing growing demand, with more people living longer with multiple conditions, rising mental health and urgent care needs, and increasingly diverse populations requiring culturally responsive care. At the same time, the health workforce is under strain, with many nearing retirement and recruitment challenges particularly acute in rural areas.

What's needed?

Best use of available workforces
Practices will need adaptive team-based models that use the full range of available workforces. Nurses, pharmacists, kaiāwhina and health improvement practitioners (among others) all play key roles in improving access, outcomes and sustainability. Regularly reviewing workforce mix and aligning roles with patient need will help practices stay responsive.

Structured team-based care
The sector is moving to more structured, team-based care that moves beyond the traditional model, fully integrating nurse practitioners, physician associates, nurse prescribers, kaiāwhina and allied health, alongside stronger connections with iwi, community providers, and hospital specialists.

Digital and AI innovation

Digital and AI innovation is essential. Telehealth, remote monitoring, and population health data can enhance access and efficiency. Emerging AI tools have the potential to support triage, clinical decision-making, summarise patient records, and automate routine administration, freeing up time for complex care and strengthening patient relationships.

System enablers

Sustainable funding, strategic investment in workforce development and infrastructure, and the adoption of digital tools are needed to support a shift toward proactive more team-based models of care.

Unified action and leadership

What's needed is to scale effective solutions rather than perpetually piloting similar initiatives, share innovation across practices, embed whānau perspectives and strengthen collaboration across the sector.

Future focus for practice owners

Now is the time to rethink your model of care. Consider how well your current approach meets rising demand and increasing complexity, and identify which aspects of care could be shared with other team members or supported by digital tools and AI.

Think about how partnerships with iwi, community providers and hospital specialists could strengthen prevention and continuity of care. Finally, reflect on what investments in workforce, culture and infrastructure will be needed to help future proof your practice.

The message

Without change, pressures on general practice and hospitals will intensify. With individual and collective action, innovation and investment, general practice can continue to thrive as the foundation of our health system.

The good news is that Pinnacle and many network practices have been working through these issues. Although each general practice works in its own unique context there are many experiences to learn from across the network.

The future carries both risks and opportunities

The next decade will bring more patients, older populations, and increasingly complex care needs. Practices will face rising demand for longer, more involved consultations while also working to prevent long-term conditions in younger generations and delivering the full range of health services to young people.

Having a plan to embed equity into every aspect of the practice; from appointment systems and outreach to the cultural competence of the team will ensure services meet the needs of all.

Six aspects of change to consider

① Meeting patient needs

You may have noticed that your enrolled population is ageing and becoming more diverse. Understanding who your future patients will be, and what they will need allows you to plan capacity, skill mix and facilities.

② Workforce sustainability

Workforce shortages will remain one of your constraints. Succession planning for retiring staff is essential. Investing in GPs, NPs, nurse prescribers, practice nurses, pharmacists, kaiāwhina and social workers will help spread the load.

③ Model of care

The traditional practice model will not cope with the demand ahead. Proactive, planned care for high need patients, supported by chronic condition clinics and risk stratification tools can reduce unplanned visits and improve patient outcomes.

④ Digital and AI readiness

Telehealth, remote monitoring and patient portals will increasingly be part of routine care, especially for patients with mobility or transport challenges. Practice premises may need upgrades for accessibility, space for multi-disciplinary teams or to support extended services.

⑤ Funding and sustainability

Future general practice funding faces risks from increasing service demand, workforce shortages and capitation models that may not reflect the true cost of care. However, there are opportunities to create more sustainable systems through integrated care models, and investment in digital innovations.

⑥ Collaboration

Building stronger collaboration across providers, sectors and communities will deliver more coordinated and equitable care. A risk lies in fragmented systems and competing priorities, but the opportunity is to build partnerships that share resources, data and expertise to achieve better health outcomes.

Action: Future ready general practice

Practice self-assessment

Scoring guide
- Mostly yes = well on the way, look for adding more value
- Mostly partly = building capacity, focus on filling gaps
- Mostly no = start with small, high impact changes

Domain	Questions	Yes	No	Part
Meeting patient needs	Do we understand the changing needs of our enrolled population (ageing, multimorbidity, equity gaps)? Are our services culturally safe and responsive to Māori, Pacific, rural, migrant, rainbow and underserved communities?			
Workforce sustainability	Is our workforce mix balanced, or are we too reliant on GPs? Are we making best use of nurse practitioners, nurse prescribers, nurses, kaiāwhina, allied health, physician associates and admin/management staff? Do we have succession planning for upcoming retirements? Do we offer career pathways and work-life balance that appeal to younger clinicians?			
Model of care	Is our model of care moving towards team-based, interprofessional care? Are we integrated with iwi, community providers and hospital specialists? Do we offer proactive care and prevention, not just reactive consults? Is quality improvement part of our everyday activities?			
Digital and AI readiness	Do we use patient portals, telehealth and remote monitoring effectively? Are we using population health data to identify risk and proactively manage care? Are we exploring AI opportunities (e.g., triage, clinical decision support, summarising notes, automating admin)?			
Funding and sustainability	Are we making the most of available funding models, pilots, or innovations? Are we planning for long-term investment in workforce, infrastructure and digital capability?			
Collaboration	Do we actively share and learn from innovations trialled across the network? Are we cultivating leadership within our practice team to drive change?			

2

Your current model of care

"If you do not change direction, you might end up where you are heading."

Lao Tzu (5th century BC)

The past, present and future

The past

Until recently, general practice has centred on the GP as the primary provider of care, often in a small business setting with continuity of care across generations of families. This model was characterised by personal responsibility, autonomy, and a fee for service structure. This approach generally worked well when health needs were simpler, the population was younger and demand on the system was lower (for both primary and secondary services). Patients valued the trust and personal connection with their GP, and practices were sustainable through direct consultations and perhaps a relatively small clinical team (compared to today).

The present

Today's reality is different. Enrolled patients are presenting with multiple, complex conditions, often requiring team based care across GPs, nursing, allied health and community services. Practices are facing continued workforce shortages, rising patient expectations and increasing administrative burden.

The funding model is broken, and many practice owners are balancing sustainability pressures with maintaining quality care. Technology has changed care delivery (especially during the pandemic) through telehealth, patient portals and (maybe also) data informed planning. Integration is uneven though. Today's practice owner is not just a clinician, but also a business leader and employer, tasked with both navigating uncertainty while keeping the practice viable and resilient.

The future

Models of care have always evolved to remain fit for purpose. As noted, our future will demand greater use of multidisciplinary teams, stronger partnerships with other providers and more proactive and preventative care. The elephant in the room is that sustained funding will be needed to support and facilitate change.

Digital tools and virtual models will need to be well understood by everyone working in general practice, and be effectively implemented to improve access and efficiency.

For practice owners, these changes mean progressively shifting from a GP centred model to a team based one, where leaders are able to create the conditions for innovation and resilience. Practices that adapt will be better able to thrive in this changing health system and to continue providing quality health services to those they care for.

Action: Model of care self-assessment

The traditional general practice approaches that have served well may no longer meet the needs of your patients, or prepare you for the challenges ahead. A range of questions may be useful to ask yourself.

Practice self-assessment

Scoring guide
- Mostly yes = well on the way, look for adding more value
- Mostly partly = building capacity, focus on filling gaps
- Mostly no = start with small, high impact changes

Domain	Questions	Yes	No	Part
Meeting patient needs	Patients can access timely care in ways that suit them? We understand the changing demography and health needs of our enrolled population? We actively work to identify and address inequity? We use data and patient insights to guide our service planning?			
Workforce sustainability	We make full use of the skills of our GPs, nurses, HCAs, management and administrative staff? We have a plan for GP and nurse retirement and succession? Our current staffing levels are sustainable?			
Model of care	We offer flexible models of care (in-person, team based, virtual)? We gather and act on feedback? E.g. the regular patient experience survey from HQSC We consider feedback on equity of access to health care? Quality improvement guides service improvement?			
Digital and AI readiness	Are our PMS and IT systems fit for purpose? We use patient portals, telehealth and remote care options? Our practice and patient data are secure?			
Funding & sustainability	Our current revenue model covers increasing demand and costs? We have the financial flexibility to invest in innovation and staff development? We are not over-reliant on a single income stream?			
Resilience & adaptability	Could we adapt to a sudden change? (E.g., funding, weather related emergency in your community). We collaborate with other providers in our community to provide care people need? We have a 5-10 year vision for our practice, and everyone in the team knows it?			

3

Some practical actions to consider

"Kua tawhiti kē to haerenga mai, kia kore e haere tonu. He nui rawa o mahi, kia kore e mahi tonu."

We have come too far not to go further, we have done too much not to do more.

Ta Hemi Henare (Sir James Henare)

Your workforce and model of care

Using all available workforces in an adaptive approach to your own model of care

Meeting future demand will require practices to take an adaptive approach to how care is designed and delivered. Practices that succeed will be those that use the full breadth of the available workforce, including (among others) nurse practitioners, physician associates, clinical pharmacists, social workers, health improvement practitioners, kaiāwhina and administrative teams. By integrating diverse roles and aligning them with evolving patient need, practices will be better placed to maintain access, quality and continuity even as demand continues to rise.

An adaptive model of care means regularly reassessing the match between workforce capability and the type of services patients need. This might involve using data to identify where patients could be safely and effectively managed by non-GP/NP clinicians, investing in training and support for expanded scopes and adopting digital and team-based care models that enhance coordination. Practices that embed more flexibility into their business and clinical models could be better positioned to respond to workforce shortages, evolving community expectations and any unforeseen funding shifts. In this sense, using all available workforces isn't just a strategy for coping with ongoing workforce shortages, it's a pathway to sustainable and equitable care.

A starting point

For practices beginning to take an adaptive approach, a practical starting point is to map your current workforce capability against patient demand and clinical needs.

As already noted, this could include identifying which tasks and patient groups could be managed by allied health staff. Alongside this, you could consider small pilot changes to workflows, such as nurse-led chronic disease reviews, pharmacist medication clinics or health improvement practitioners supporting preventive care.
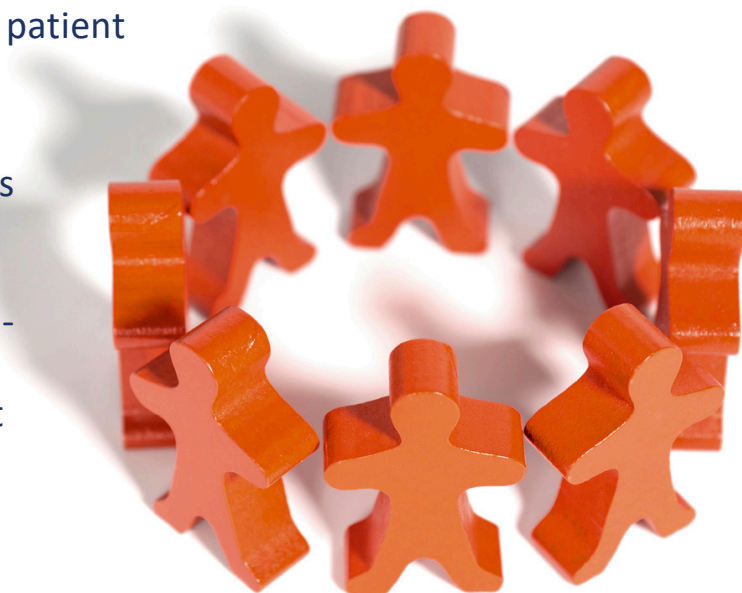
Digital transformation in general practice

Preparing for the future

Given the demographic changes coming, for practice owners the question is no longer whether to embrace digital transformation, but how to do so strategically to meet these challenges.

Digital tools and AI offer opportunities (if done safely) to enhance efficiency, expand access and support proactive team-based care. From telehealth and remote monitoring to population health analytics, these technologies can help practices manage multi-morbidity, strengthen continuity of care and optimise workflows.

AI agents, in particular, have the potential to streamline routine administrative tasks, summarise patient records and support triage and clinical decision-making. This has the potential to free up clinician time for the complex, relationship driven work that cannot be automated (and that clinicians do best). This could help practices to continue delivering high quality and patient centred care in an increasingly demanding environment.

In this context, digital transformation is not just a tool, it is a strategic enabler for sustaining care quality, supporting staff and future proofing your practice.

Strategic positioning

The integration of AI agents offers a powerful opportunity to streamline workflows, reduce administrative burden and free up clinician time for direct patient care. Many tasks within primary care, such as appointment scheduling, results management, recall processes and routine documentation are repetitive and time-consuming. AI-driven tools can automate or assist with these functions.

Practice owners could see agents not just as admin relief but as "delegation amplifiers". Not replacing staff but shifting the GP/NP workload towards the parts of care only they can do, while everything else is drafted, structured and teed up by the agent (but within the bounds you set for it to work in).

Beyond administrative support

AI agents can enhance clinical decision-making and population health management. They can analyse practice data to identify patients at risk of missed screenings, unmanaged long-term conditions or inequitable outcomes. This could prompt proactive outreach.

AI agents don't replace clinical judgement, but they can help manage the paperwork shadow of each consult.

In real time, AI tools embedded within clinical systems can offer evidence-based suggestions or reminders aligned with national guidelines, supporting safer and more consistent care.

Clarifying the goal: Freeing up GP and NP capacity

The successful use of AI depends on thoughtful implementation. AI agents should complement, not replace, human judgement and relationships. Practice owners will need to ensure transparency, data security and clinician oversight at every step.

Too often clinicians spend large portions of their day completing administrative or routine tasks that could be safely managed or supported by agents. By automating documentation, triage, recall management and other repetitive processes, AI can return valuable hours to clinical teams. This time can then be redirected toward patient assessment and relational care.

When deployed responsibly, AI has the potential to transform primary care operations, restoring time for clinicians to do what matters most: building trust, listening to patients and providing compassionate, person-centred care.

Potential uses in general practice

- **Consult note drafting**: The agent listens/transcribes, then generates structured notes aligned to PMS coding.
- **Referral and letter writing**: The agent drafts referral letters, ACC reports, WINZ forms, or patient follow-up instructions. The GP or NP then reviews, editing for the individual patient as needed.
- **Inbox triage:** The agent can flag lab results, categorise correspondence, and suggesting which can be managed by a nurse or administrator versus needing GP or NP attention (again within the bounds you set for it).
- **Patient messaging:** Drafting secure messages to patients (e.g., test results explanations, recalls) that the GP/NP or nurse only needs to check.
- **Clinical support:** Summarising latest guidelines or drug interactions relevant to the case.

The value add?

AI agents can deliver tangible time savings and operational benefits. Taking a modest assumption around efficiencies (such as saving just 2-3 minutes per consultation) can add up quickly. Across a workload of 25 consults per day, that equates to an hour or more of clinician time freed up daily, time that can be redirected to patient care, clinical reflection or team coordination.

From a revenue protection perspective, reducing the burden of non-invoiced administration work creates capacity for more funded activities. These efficiencies could also contribute to staff satisfaction. When GPs and NPs can focus on practicing medicine rather than form-filling, they will likely experience higher professional fulfilment (and perhaps reduced burnout).

There could also be benefits supporting an equity focus, freeing up clinician time allows for more meaningful engagement with high-needs and priority patients.

Practice owner considerations

Practice owners must carefully address data privacy and security. AI systems will often need to access patient information, so compliance with Health Information Privacy Code requirements and robust cybersecurity measures are essential.

Equally important is staff training and change management. Clinicians and administrative teams need clear guidance on how to interact with AI tools, what tasks the AI can safely perform and how to oversee or validate AI outputs.

Change will mean a shift in practice operations, requiring transparent communication about the goals, benefits and limitations of the technology. Engaging staff early, addressing concerns and monitoring adoption will help ensure that any AI agents enhance, rather than disrupt the practice.

Action: Digital transformation self-assessment

Practice self-assessment

Scoring guide
- Mostly yes = well on the way to digital readiness
- Mostly partly = building capacity, focus on filling gaps
- Mostly no = start with small, high impact changes

Domain	Questions	Yes	No	Part
Supporting an ageing population & complex care	Older patients can access and use our digital health tools? We use remote monitoring or telehealth for patients with long term conditions? We have decision support tools to manage polypharmacy? We use shared electronic health tools with other providers?			
Managing multi-morbidity & complexity	We regularly analyse practice data to identify and manage high risk patients? We track and follow complex patients digitally?			
Addressing workforce shortages	Routine administrative tasks (recalls, prescriptions, results) are streamlined or automated? Patients have digital options for booking, repeat prescriptions and queries? Nurses and HCAs are supported with digital tools? We use telehealth/remote consultations to extend the clinical reach of our staff?			
Making better use of limited funding	We offer virtual group consultants or scalable digital services? We use secure messaging or e-consults to reduce unnecessary visits? We use data to track resource use and identify efficiencies			
Resilient & sustainable models of care	We have a hybrid model (digital and in-person)? Our staff have digital literacy and change management training? We have a clear digital strategy aligned with our long-term practice vision which all practice staff understand?			

An example of AI innovation in the network

Taranaki practice owners involved in developing NZ-focused AI tools

Clinicians at Coastal Medical in Taranaki are learning to adapt their consultation style as they integrate a New Zealand-developed AI transcription tool called Practice.Ai into everyday practice.

The system automatically listens to consultations and generates clinical notes, meaning doctors must now verbalise findings such as "blood pressure 120 over 80" and other details they might previously have typed silently. This ensures the AI can accurately capture and enter clinical observations directly into the patient record.

Coastal Medical co-owner Dr Nick Loveridge-Easther explains that clinicians have been refining the way they structure consultations to suit transcription by the AI, while his colleague Dr Shaun Butler notes that, although it may feel unusual at first to narrate everything aloud, patients understand and consent to the process once it is explained.

Practice.Ai is owned by Coastal Medical—which operates four general practices in Taranaki—and Global Digital Solutions, an IT firm based in Hamilton. One of the smaller shareholders, Dr Jamie Ioane, is both a GP locum and a health IT specialist who sits on a Te Whatu Ora advisory group that reviews and endorses AI initiatives. The developers' motivation goes beyond commercial opportunity: they wanted to create AI tools built by clinicians for clinicians, tailored to our environment.

A strong focus has been placed on data sovereignty and privacy. Voice-to-text conversion occurs on Global Digital's New Zealand-based servers, while further data processing uses Amazon Web Services' Auckland data centre, ensuring information remains within national borders. This local hosting addresses concerns about patient data being sent offshore or stored unnecessarily. Dr Butler points to international guidance recommending AI data be deleted within 24 hours—something the team views as a good standard to adopt.

Another hallmark of the project is the effort to train the AI's transcription engine, Deepgram, to recognise te reo Māori and local slang, improving accuracy and inclusivity in clinical documentation. Dr Loveridge-Easther emphasises that overseas AI products often miss vital context, leading to biases and inaccuracies because they are trained on international data and language models. By contrast, Practice.Ai aims to reflect New Zealand's unique clinical, cultural, and linguistic environment—delivering a tool that is both locally relevant and ethically grounded.

Risk and resilience planning

Resilience planning offers one way to prepare for the future. It means recognising the pressures ahead and actively developing strategies to mitigate those risks (as much as possible).

For practice owners, resilience planning is not just about survival in a constrained environment; it is about shaping the working environment so that everyone can thrive regardless of what happens.

Getting started

Step back and take stock

Begin with a simple discussion in your practice team: What are the biggest pressures we face now, and what could make these worse in the future?
These could come under broad headings like workforce, funding, patient demand, equity, technology, emergencies.

Map your vulnerabilities and your strengths

For each area, ask yourself: Where are we most at risk? (e.g. reliance on one GP close to retirement). Then list what strengths or resources you already have? (e.g., a strong nurse team, good patient portal uptake).

Prioritise one or two areas

Don't try to change everything at once. Choose one priority that would make the most difference, for example, succession planning, improving digital use, or equity outreach.

Identify small, achieveable actions

Decide on some achieveable next steps. You don't have to start with the big stuff. Some examples include; develop a locum plan in case of staff sickness; (if you don't already) start a monthly recall review for overdue immunisation; run a team wellbeing check-in once a month.

Learn from others and share your unique experiences

Staff can join practice networks, PHO forums, or peer groups to share what's working and what isn't.

Action: Risk and resilience self assessment

Practice self-assessment

Scoring guide
- Mostly yes = well on the way
- Mostly partly = building capacity, focus on filling gaps
- Mostly no = start with small, high impact changes

Domain	Questions	Yes	No	Part
Demographic change	We understand the age profile and health needs of our patients? We monitor trends in multimorbidity, chronic disease and mental health? We have strategies for increasing demand from an ageing population? We actively engage with Māori, Pacific, migrant and rural whānau about their needs?			
Workforce	We know our workforce profile (age, retirement risk, turnover)? We have a succession and recruitment plan? We use a team-based model ? Staff wellbeing and burnout prevention are prioritised?			
Financial sustainability	We regularly review funding streams and financial risks? We have reserves or a financial buffer for shocks? We monitor costs and look for efficiencies? We explore new revenue streams? We can invest in workforce and service innovation?			
Technology & digital health	We provide digital options (telehealth, portals, online scripts)? Our IT systems are secure and up-to-date? We use data proactively (recalls, screening, outreach)? We consider digital equity (access, affordability, skills)? We have a digital improvement plan?			
Equity	We collect and use data on equity gaps (Māori, Pacific, rural, high needs)? Te Tiriti o Waitangi is embedded in our practice approach? Staff receive training in cultural safety and equity? We track whether inequities in outcomes are narrowing?			
Emergency preparedness	We have an up-to-date business continuity plan? All practice staff know what to do in an emergency? We can maintain essential services if staff are reduced? We can communicate quickly with patients in a crisis? We test our emergency plan regularly?			

4

Being part of the Pinnacle Network

"Kia hauora te katoa, kia puawai te katoa"

Everyone healthy, everyone thriving

Pinnacle benefits

Pinnacle practices have access to a range of benefits designed to make running a practice easier and more sustainable - from national advocacy to hands-on operational support. Our discounted services reduce costs, with funded opportunities to invest in staff wellbeing and professional development.

Advocacy

Advocacy, negotiation and representation

Pinnacle actively represents the network interests in national forums such as PHOSA and PSAAP, ensuring the practice voice is heard in key negotiations. This advocacy helps shape funding models, service expectations and contracts that support fair, sustainable practice operations.

Pastoral and clinical support

Dedicated pastoral and clinical support is available to foster wellbeing, reduce burnout and strengthen clinical confidence. Experienced advisors offer mentorship, guidance, and a safe space to navigate clinical, operational, or personal challenges.

Webinars with our CEO and leadership team

Regular webinars with our leadership team keep practices informed about policy changes, funding updates and sector innovations. These offer insights and practical advice to help practices stay prepared and aligned with the evolving health system.

Your discounted benefits

bpac^{NZ}

For Medtech practices Pinnacle pay for the BPAC suite of tools that enable practices to proactively know where there are gaps in screening/immunisation. These include the patient prompts and the BPI reports. BPAC also provide the common form that is used across all practices.

indici

As part of our ongoing commitment to supporting general practices, Pinnacle offers a 25 per cent discount on fees for all network practices. This helps to ease financial pressure on practices by lowering operating costs.

Medical consumables and waste collection

Pinnacle has negotiated a preferred supplier arrangement with Amtech Medical. Practices can access preferential pricing.

Heidi AI medical scribe

Practices can access this service at up to 42 per cent discount through Health Accelerator's partnership with Heidi.

This AI-powered medical scribe automates clinical documentation and generates accurate notes in real-time during patient consultations. It also facilitates the seamless creation of essential documents, such as referral letters and patient summaries.

Patient Access Centre (PAC)

If you're using indici, you can access our PAC services at a reduced rate. PAC supports practices by providing professional call handling and appointment bookings, along with optional centralised administration support.

HealthyPractice (MAS)

Our network can access guidance on business planning, HR, finance, management, compliance and legal, and governance – all backed by MAS's dedicated business advisory team, including employment agreements, practice structures, risk management or succession planning.

Immigration and recruitment support

Pinnacle partners with NZ Shores to offer a streamlined recruitment and immigration service for our network.

NZ Shores assists employers and skilled migrants in navigating our immigration system, bringing a smooth and compliant process for hiring international professionals.

Southern Cross Health Insurance

Practices can join the Pinnacle Midlands Southern Cross scheme. This offers a group discount of up to 8 per cent off retail rates, plus new members to Southern Cross may be eligible for a further discounts on top of the work scheme discount.

n3 business buying power

n3 is a business buying network dedicated to making it simple for businesses to save money across all areas of day-to-day business. Plus, for our member practices, the n3 membership fee is fully covered by Pinnacle.

Spark Health mobile plan offer

This plan has been created specifically for primary care employees and practices within the network. For $21.85 per month (including GST), the Pinnacle plan provides endless data, unlimited minutes and SMS to any NZ and Australian numbers (the Spark voicemail app is included).

Practice operations and support

Practice Systems Support (Helpdesk)

The team provides virtual assistance to practices. As experts in business processes and tools, they are the first point of contact for resolving general practice queries, supporting the implementation of new initiatives and offering basic troubleshooting.

Development Managers

Each practice is supported by a manager providing guidance to help design, implement and improve services and processes that enhance care delivery.

Free Foundation Standard expertise and assessment

Pinnacle provides an assessor at no cost. Practices can find their own assessor, but fees associated with the process will be at their own cost. We have in-house knowledge of the standard.

Dashboards and practice portal

Pinnacle provides real-time dashboards and a secure practice portal, with insights into enrolment trends, capitation, patient turnover and ED visits, along with actionable details at hand so practices can optimise operations and plan.

HR advice to support practices

Our team can help with support for non-clinical recruitment, performance management and training needs. We offer a free and confidential risk audit.

Mihi manaaki welcome

We offer new practices a mihi manaaki welcome - a chance to meet the wider Pinnacle team. It's a gesture of manaakitanga that helps build early connections, giving visibility of the people supporting practices behind the scenes.

Communication support in challenging times

Our experienced communications and engagement team is here to support practices with professional, empathetic guidance.

Integrated nursing support

The team plays a vital role in supporting the network practice through clinical guidance, workforce development and compassionate care.

Employee Assistance Programme (EAP)

EAP Services provides counselling and advice by face-to-face, phone or virtual e-counselling. Up to three (free) one-hour counsellor sessions per issue are available. The service is confidential and available 24/7.

Funded opportunities

Midlands Regional Health Network Trust facility grant

The Trust offers a Facility Development Fund to support practices investing in new buildings or facility upgrades.

Kia Puaawai - Māori and Pasifika Education Fund

Pinnacle supports staff in pursuing further education that upholds the principles of Te Whare Tapa Whā, embracing a holistic view of wellbeing.

Nursing Innovation Fund

This fund supports creative, practice-based solutions that enhance care delivery, strengthen workforce capability and reflect the evolving needs of our communities.

PMAANZ support

We provide some financial assistance to support attendance at the annual PMAANZ conference. Funding is allocated based on budget availability and a fair distribution among applicants.

Building on where we've come from

INNOVATION TIMELINE

1988 — **General Medical Services Ltd formed providing support to Waikato GPs.**

1997 — General Medical Services Inc renamed to Pinnacle Incorporated

2002 — Pinnacle Inc becomes shareholder in Tūranganui Health

2003 — Four affiliated PHOs start - Lake Taupō PHO, Kawerau PHO, Waikato PHO & Taranaki PHO

2006 — Pin Inc establishes Primary Health Care Limited (PHCL) (to support access/owners needing to sell).

2007 — General practice extended care team pilot starts

2010 — Midlands Regional Health Network Charitable Trust formed

2011 — First Health Care Home practice (PHCL)

2012 — xcrania developed (IT services and support) for Pinnacle network. *Sold to PlatformPlus in 2020.*

2014 — indici collaboration with Valencia Technologies

National Child Health Information Platform (NCHIP) developed (with Orion Health) and pilot starts.

2016 — Health Care Home Collaborative formed

2017 — First indici PMS general practice goes live

2021 — Pinnacle Group Investments (PGI) established to managed joint ventures (JV)

2022 — JV establishes PracticePlus

2023 — JV establishes Ka Ora Telecare

2024 — JV with K'aute Pasifika forms Fatu Lalaga GP Ltd

Collaboration with NZ Shores (immigration and recruitment)

2025 — JV forms Health Accelerator

National Nurse Practitioner Training Support Scheme (NPTSS) *Pinnacle part of this six-PHO consortium*

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