

# Annual Performance Report 2021–2022

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# Introduction



This last year has been paradoxically one of the toughest years we've seen, while also continuing to provide significant opportunity for innovation and service improvement.

The pandemic has pushed health care services to continue providing care for those with COVID-19 in the community when staff are also sick, GP and nurse vacancies persist, and the usual demand for care and support remains. We are very proud of how our practice network and PHO services have risen to the challenge, and the continued focus on ensuring we are driving equitable health outcomes in all that we do.

Pinnacle has a strong reputation for innovation, and whilst the current network environment has not been conducive to major change improvements, we are proud of what we have achieved together. These developments are described in this report, with examples including a new after-hours GP telehealth service to increase access to primary care; clinical dashboards providing our clinicians with clear visibility of clinical outcomes to support greater equity in decision-making; adding collaborative, co-funded roles with other organisations, such as Diabetes New Zealand, to our teams, or partnering with community organisations for outreach activities.

The passing of the Pae Ora Bill in June introduced major health system reform, and this has created opportunity for us to keep doing what we love to do—add value in service innovation and improvement at a system level. We were pleased to support the health reforms directly by seconding our CEO Helen Parker and CFO Dean Cross to Te Whatu Ora and our Māori Health Director, Brandi Hudson, to Te Aka Whai Ora.



We were also delighted to have the opportunity to play our part in two of the first nine locality prototypes selected by the new authorities to develop the policy and learning framework for planning and organising primary and community services. We expect different opportunities will begin to emerge in Taupō-Turangi and Hauraki through this work, and look forward to contributing our skills and ideas alongside other providers and partners in the localities.

This last year has maintained our focus on ensuring the network data we have is used effectively to promote high quality equitable care across the network. Our strength in this area has been recognised and we have been actively supporting national data and digital developments. Five new clinical dashboards developed by the Pinnacle data team are being used by an increasing number of practices in the network to help drive more equitable primary care services, with more in the pipeline.

Whilst we have stayed true to Pinnacle's vision *kia hauora te katoa, kia puaawai te katoa—everyone healthy, everyone thriving*, this year has seen the long-term challenges of primary care funding and national workforce planning increase, particularly in our rural communities. We strongly believe there is still room for optimism even while these long-term challenges continue to prevent the true potential of primary care from being realised in the system. We have continued to do what we can to develop and sustain our workforce and have strongly advocated for recognition of the value of primary care to the whole system, and for its contribution to a reformed health care system to be well-articulated and funded. We will hold our course, and we will transform our own contribution to health care in Te Manawa Taki in line with the reform agenda.

“We strongly believe there is still room for optimism even while these long-term challenges continue to prevent the true potential of primary care from being realised in the system.”

Justin Butcher  
CEO

Craig McFarlane  
Chairman

# Strategic goals



# Network overview

Stretching from south Taranaki to Gisborne, Coromandel to southern Lakes, the Pinnacle network covers most of the Te Manawa Taki region.

Rural communities feature heavily in our geography and responding to the differing needs of rural people—including rural clinicians—is central to our work.

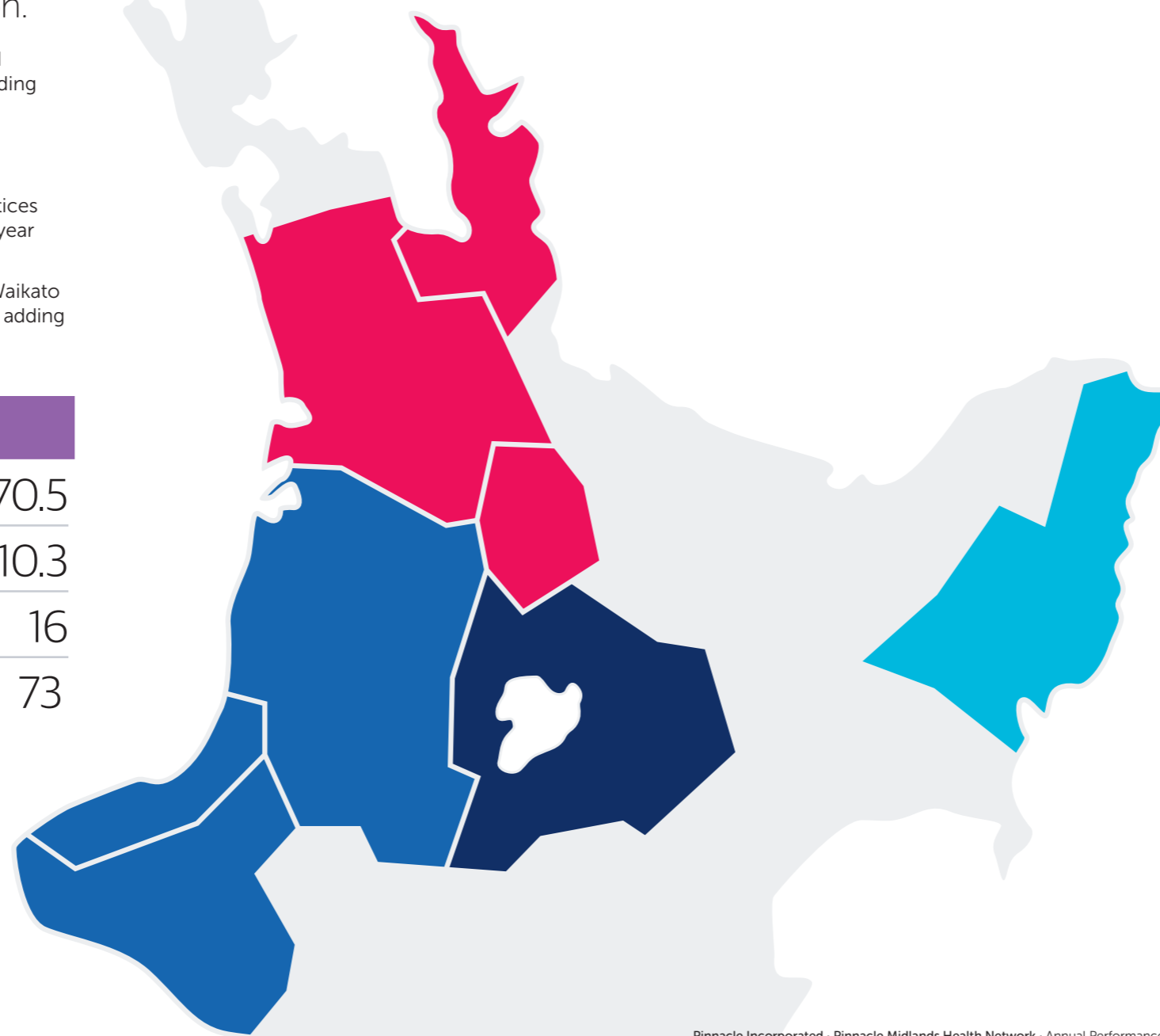
Over the 2021–2022 year Pinnacle looked after a total of 485,985 patients across 89 practices.

While there have been some practice mergers and practices changing ownership, we're delighted to report another year where no practices have left the network.

We've welcomed Third Age Health, with a presence in Waikato and Taranaki. Third Age Health have been instrumental in adding stability for aged residential care providers in Taranaki.

## Pinnacle Network Workforce

 GP FTE	270.5
 Nurse FTE	310.3
 Nurse Practitioners	16
 Primary Care Assistants	73



## Waikato

Practices	46
Total patients	246,803
Māori patients	41,721
GP FTE	163.69
Nurse FTE	164.47

## Tairāwhiti

Practices	5
Total patients	39,888
Māori patients	16,553
GP FTE	23.55
Nurse FTE	27.99

## Taranaki

Practices	32
Total patients	114,870
Māori patients	20,466
GP FTE	62.14
Nurse FTE	85.44

## Lakes

Practices	6
Total patients	44,359
Māori patients	14,281
GP FTE	21.14
Nurse FTE	32.43

# Practice workforce

Recruitment and retention are among the top priorities for all practices, with vacancies across most clinical and administrative roles network-wide. Given the demands of the pandemic, the massive effort to vaccinate against COVID-19 and provide care for those with the virus at home, the workforce is understandably fatigued.

The past year has continued to see practices developing their workforce and services, with the appointment of physician associates and an extended care paramedic pilot.

We've been actively exploring the clinical assistant role insupporting GPs and nurse practitioners with clinical administrative tasks under the direction and delegation framework. The introduction of this role will support improved access and efficient skill distribution within a practice. We intend to support the implementation of this workforce addition over the coming months.

## GP and practice nurse trends

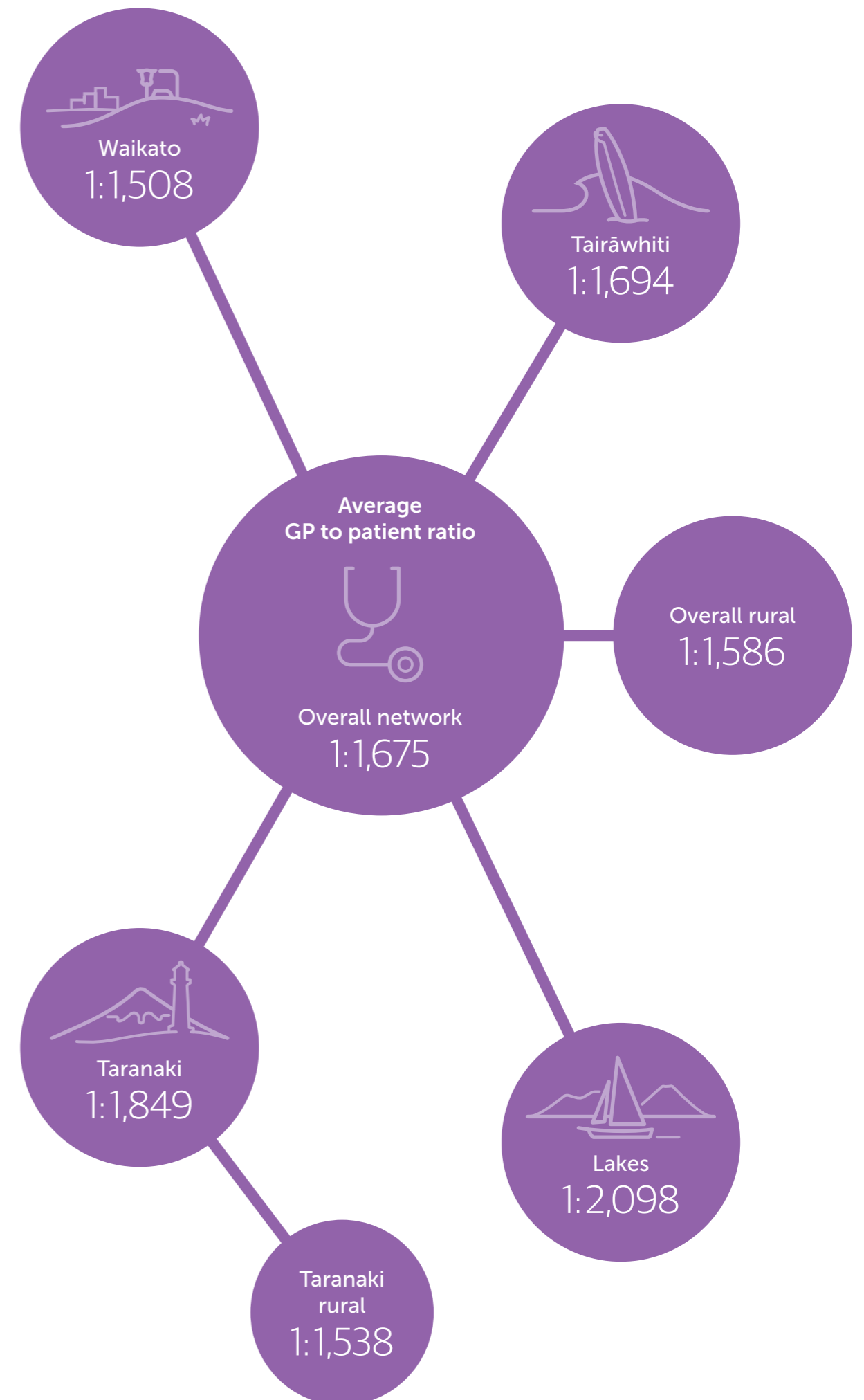
Back in 2017, MHN supported its first rural practice through a persistent GP vacancy, wrapping a telehealth service around the practice and supporting the nurses to keep services going for the community until a GP was found.

At the time this was an oddity, and 'normal service' soon resumed for the town. This year, having a general practice with no GP has become an uncomfortable near-norm for a handful of practices throughout New Zealand.

We've actively supported a small number of practices who have had no onsite GP workforce for short periods of time. This support included providing virtual GPs, collaborating with the funders (DHBs/Te Whatu Ora), and working on building stronger relationships with ED, non-Pinnacle practices, iwi and Pasifika providers.

Overall, GP and nurse practitioner numbers have remained stable. Interestingly, our Lakes practices have 25 per cent of our network nurse practitioners and the highest GP:patient ratios.

A new data collection method has been introduced for collecting FTE. This will impact year-on-year comparisons of GP to patient ratio measures.







43

practices in the network use Practice Plus

551

GP consults delivered to Pinnacle patients between February and June 2022

4.3/5

average star rating given in patient feedback

### Introducing Practice Plus

Practice Plus is a virtual telehealth service established by Pinnacle and Tū Ora Compass. It's specifically designed to complement rather than to compete with practices. Patients can be offered a virtual appointment that evening, rather than having to wait for the next available business hours appointment.

Launched in February 2022, the service now has two clinicians rostered on every weeknight, with 80–100 per cent capacity being booked. This has assisted practices considerably with managing the winter surge.

Patients can book an appointment or join a queue, with booked sessions being most popular to date. With more patients opting for a booked appointment the average waiting time on the urgent queue remains short, averaging 7–8 minutes.

Outcomes of the virtual health offering have been fantastic for practices and patients alike, with 85 per cent of all consults effectively managed within consultation, 5 per cent referred on to secondary care or allied health, and 8 per cent requiring a follow up GP visit for investigations or in-person review. Just 3 per cent of presentations have been outside of scope for Practice Plus.

The success of the service has led to other primary health organisations joining the service. Te Whatu Ora in MidCentral and Lakes have purchased capacity from Practice Plus to help support struggling emergency departments.

With the after-hours service fully up and running, the intention is to extend the service by offering an in-hours locum service.

“Our triage nurses recommend Practice Plus to our patients when we reach capacity and no longer have ‘on the day’ appointments. Feedback from patients has been consistently positive. Practice Plus provides our patients with an alternative quality medical service when medical demand exceeds our resources.”

Dr Mike Loten, Raglan Medical

## Workforce innovation— extended care paramedics in general practice



The current shortage of specialist GPs and difficulties attracting staff to rural settings means patients enrolled with Avon Medical Centre in Stratford, Taranaki, have struggled to get appointments, and acute care is currently unavailable.

Coastal Medical GP and director Dr Nick Loveridge-Easther says alongside recruiting more GPs and developing the great nursing team already existing in the practice, the team needed to find a creative solution to meet the needs of its patients.

A discussion with Pinnacle chief executive, Justin Butcher, who is also an intensive care paramedic, raised the idea of introducing extended care paramedics (ECPs) to the acute setting in the clinic. It sounded like a good fit.

“ECPs have experience with a lot of the same stuff rural general practices see in the urgent care setting,” says Nick.

“By utilising a team of ECPs, nurse prescribers and nurse practitioners to support the acute care work load, we will hopefully free up our specialist GPs, and avoid redirecting patients to urgent care providers and emergency departments.

“It’s also about ensuring staff enjoy their roles; creating a sustainable workload of varied, interesting work for everyone. We are keen to see how ECPs can be part of that picture.”

Avon Medical is in the process of designing systems and putting in place protocols to introduce an ECP acute care model before the end of 2022, with support from Pinnacle regional services lead, Bevan Bayne, and general manager – strategic development, Katie Latimer. They have also benefitted from the expertise and advice of ECP and nurse practitioner, Shell Piercy, who has been involved with setting up similar models elsewhere.

“It’s a solution that benefits the whole health system, by providing the right care at the right time with the right provider,” says Nick. “That’s particularly needed in a rural environment where accessing appropriate primary care is near impossible for large groups of the population.”

IMAGE: Coastal Medical specialist GPs Nick Loveridge-Easther and Shaun Butler outside Avon Medical Centre in Stratford.

Case study

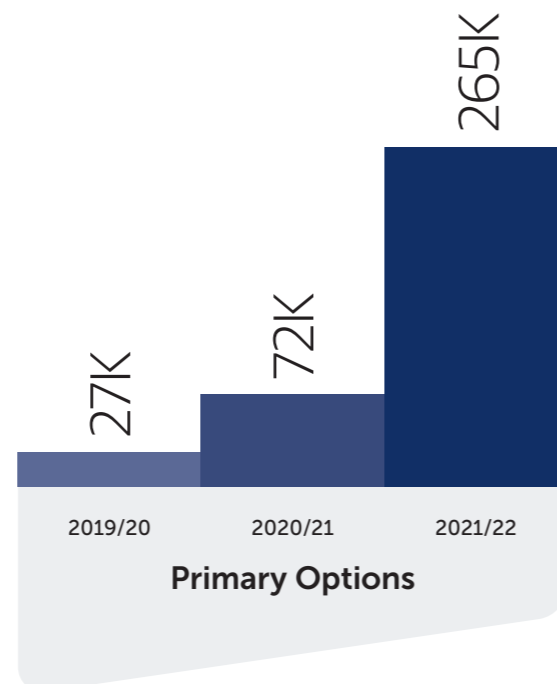
# Practice activity

Two years into the COVID-19 pandemic it is fair to say 'BAU general practice' has been disrupted, first through lockdown restrictions and next through capacity constraints.

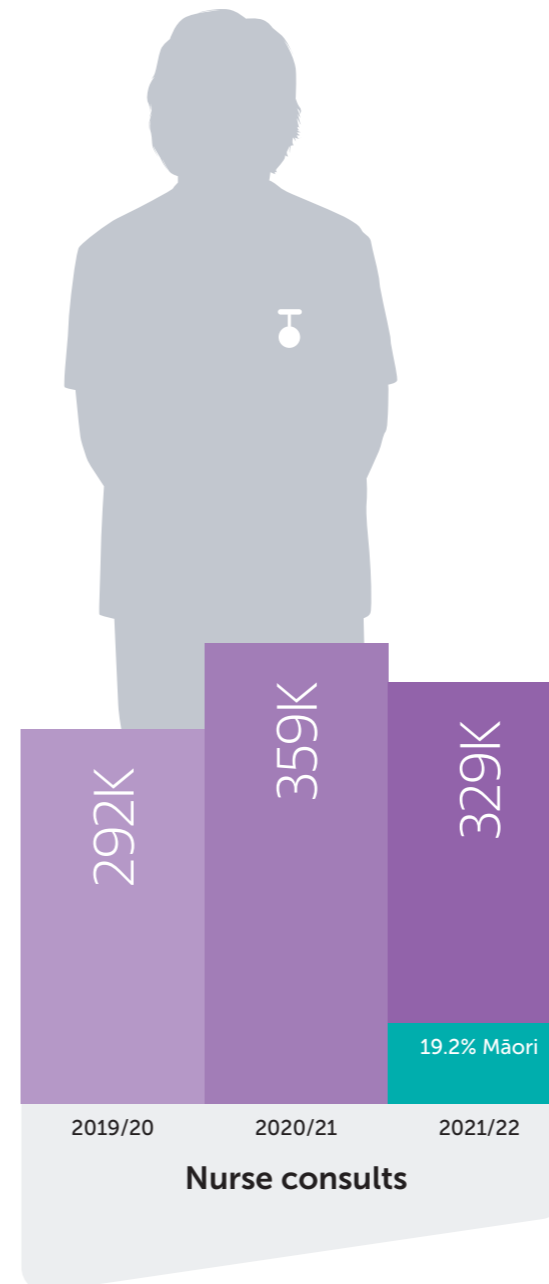
Despite the varied challenges, the trend of delivering more services with less (or similar) FTE that was noted in last year's performance report remains true. Practices continue to go over and above in providing service to their communities.

Remote—or virtual—care is starting to become embedded behaviour with many practices, particularly supported by providing COVID-19 care in the community. Through assessing and monitoring COVID-19 positive patients, GPs and nurses across the network have had a chance to fine tune their telephone consulting skills.

The large increase seen in Primary Options over the past two years is predominantly driven by COVID-19 related claims. This year a massive 237,636 claims relate to COVID-19 while just 27,180 are non-COVID. When you look at the spike of this Primary Options graph, and again in the immunisation graph (see page 15), it is very clear to see the attention and focus has been supporting the community through the pandemic.



“It is very clear to see the attention and focus has been supporting the community through the pandemic.”



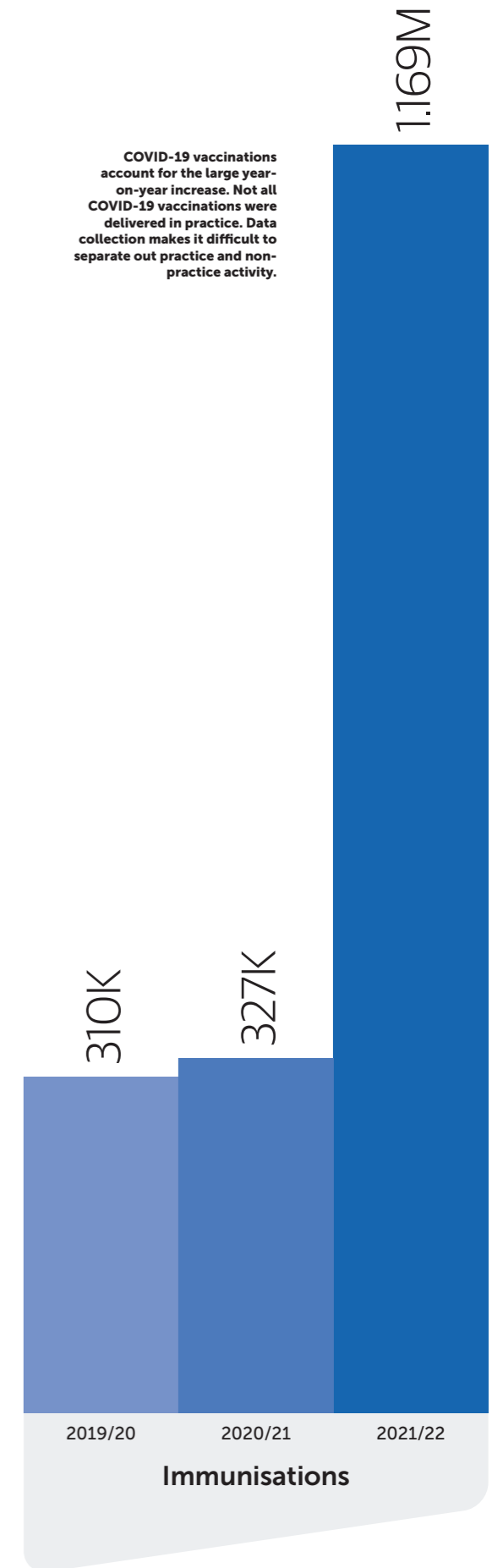
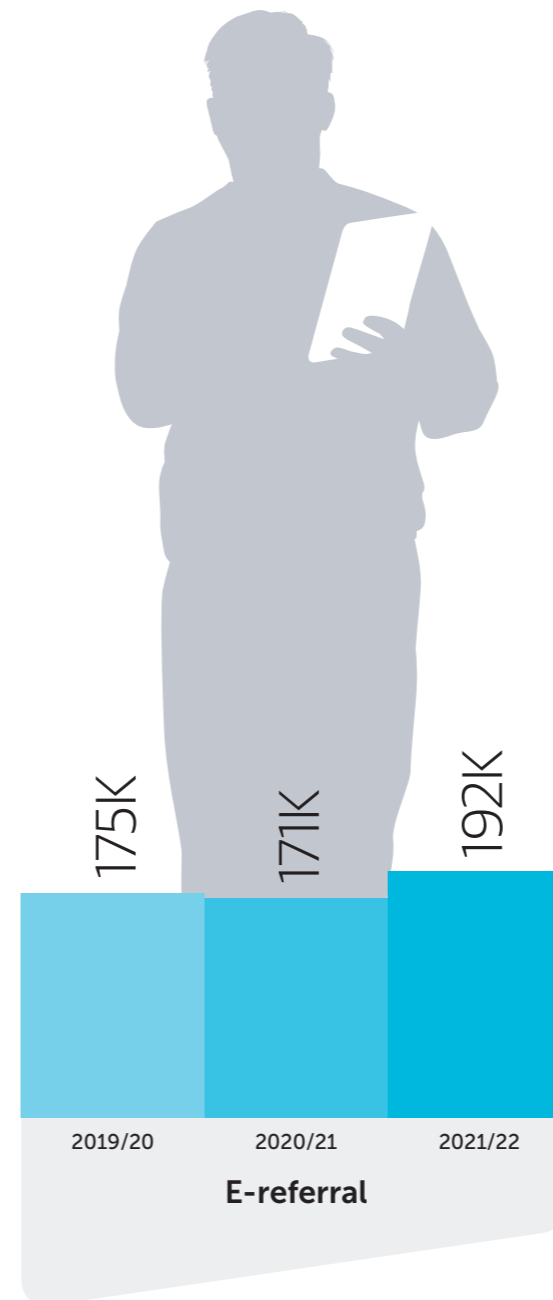
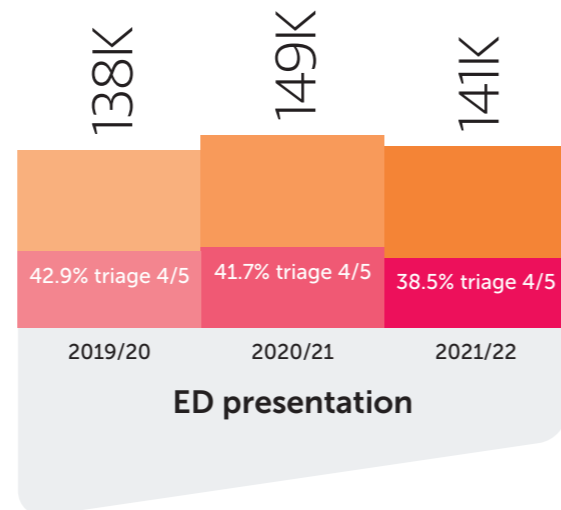
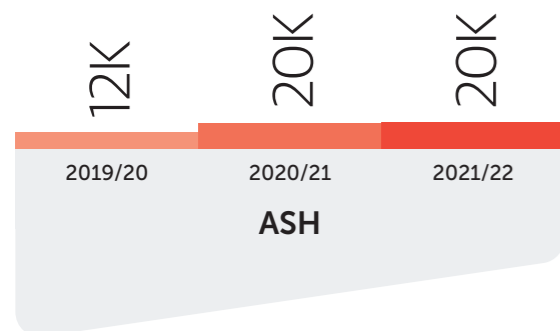


During the COVID-19 response practices may have been using e-referral 'advice only' requests more than at other times to avoid admission and use of outpatient referrals. Meanwhile e-referral to Hauora Māori providers may have been higher because of the manaaki services needed during the pandemic.

During the pandemic patients may have presented to GPs at later stages in illness because of concerns about COVID-19 and access issues associated with the pandemic response. As a result, more referrals than normal may have been needed in any one day. When people present to ED they are less and less likely to be allocated category 4/5 status, which means a higher proportion of people attending ED are deemed appropriate by ED staff. This may reflect higher access to primary care services through telehealth, and through the expansion of roles in primary care such as nurse prescribers, prescribing pharmacists, kaiawhina and primary care assistants.

Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible or avoidable through interventions delivered in a primary care setting. The increasing ASH rates noted over the past two years of the pandemic possibly reflect the broad definition of ASH, which includes respiratory conditions.

“During the COVID-19 response practices may have been using e-referral 'advice only' requests more than at other times to avoid admission and use of outpatient referrals.”



# Network snapshots



COVID-19 assessments

166K



COVID-19 tests

144K



COVID-19 consultations for positive patients and whānau

135K



Other COVID-19 consultations (usually vaccine related)

4K



Portal messages received

247K



Portal messages received: Māori

9%



Medications prescribed

4.2M



Prescriptions issued

1.5M



Vaccinations administered

1.17M



Vaccinations administered: Māori

17%



Children seen after hours

15.2K



Primary options claims processed

265K



Diagnoses made

374K



Diagnoses made: Māori

21%



Measurements taken

1.19M



E-referrals made

192K

# System level measures

## Cardiovascular disease (CVD)

Approximately 3–4 per cent of New Zealanders have had a cardiovascular event. Due to the high risk of a repeat event within 5 years, intensive secondary CVD prevention is recommended.

This year we launched a cardiovascular disease clinical dashboard to support improved outcomes, with a definite improvement seen in triple therapy results when compared with last year. We are working on expanding the CVD dashboard, ideas so far have included looking at heart failure medication uptake, and atrial fibrillation management along with lipid and blood pressure control.

### Eligible patients with a CVRA

	Lakes	Tairāwhiti	Taranaki	Waikato
All	73%	84%	78%	82%
High needs	61%	83%	73%	84%

### CVD triple-therapy

	Lakes	Tairāwhiti	Taranaki	Waikato
All	42%	56%	53%	52%
Māori	35%	61%	54%	51%

## Childhood immunisations


Lockdowns and general community fear of contracting COVID-19 have made reaching tamariki for routine childhood immunisations increasingly difficult in the past two years.

Coupled with this, heightened awareness around the topic of vaccination, and distrust in the system and science, means more parents are delaying and declining.

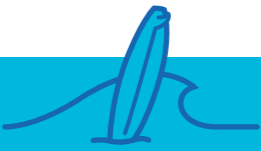
## Tamariki Māori immunisations at 8 months and 24 months

	NZ average	Pinnacle MHN
8 months	72%	78%
24 months	70%	70%
Māori	77%	81%


## Pinnacle localities for all children compared to the DHB total




	Waikato DHB	MHN—Waikato
All	82%	87%
NZ European	86%	89%
Māori	68%	78%



	Tairāwhiti DHB	MHN—Tairāwhiti
All	80%	84%
NZ European	84%	86%
Māori	77%	81%



	Taranaki DHB	MHN—Taranaki
All	82%	85%
NZ European	86%	87%
Māori	71%	76%



	Lakes DHB	MHN—Lakes
All	75%	82%
NZ European	83%	89%
Māori	66%	74%

# Taking screening services to the people



Disrupted access to health services during the COVID-19 pandemic resulted in lower numbers of patients participating in cervical and breast screening services, as well as receiving smoking cessation advice in general practices across Te Manawa Taki (Midlands Region).

To combat the resulting decline in health targets, the Pinnacle smoking cessation and screening team, together with the immunisations outreach team and diabetes kaiawhina Lee Page-Deane, organised to offer a free women and children's pop-up health clinic at the Western Community Centre in Hamilton.

Over five weeks of 'Mondays in May' pop-up clinics, 29 women were screened, six home screenings took place for women who could not get into the clinic, and many more walked through the door to talk about their health.

Selena Batt, Pinnacle smoking cessation and screening lead, practice and network services, says the success of the clinic demonstrates the power of the collective, and being out in the community. "By asking 'what can we do?' we've been able to create a space where whānau can get the services they need."

Future pop-up clinics are being planned for other locations, including Te Awamutu and Tokoroa.

IMAGE: Selena Batt, Pinnacle smoking cessation and screening lead and Justin Butcher, Pinnacle CEO, at the Western Community Centre pop-up health clinic.

Case study

## Cervical screening

Cervical cancer is one of the most preventable forms of cancers. Screening every three years can reduce the risk of this cancer developing by up to 90 per cent.

This year we've seen some amazing outreach work along with 'out of hours' events, which together make screening more accessible. While it is encouraging to see improved rates for Māori this year compared with last, there is still an equity gap to close.

## Cervical screening rates

	Lakes	Tairāwhiti	Taranaki	Waikato
NZ European	75%	78%	76%	74%
Māori	53%	56%	56%	55%

## Smoking brief advice

Being smokefree is still one of the biggest positive changes a person can make for their health. We know for every 40 smokers offered brief advice, one person will quit.

## Smokers receiving brief advice

	Lakes	Tairāwhiti	Taranaki	Waikato
All	56%	60%	66%	74%
High needs	52%	60%	63%	75%

## Diabetes

HbA1c is a measure of how much sugar has soaked into red blood cells. For most people with Type 2 diabetes, the closer they can get their HbA1c to the 'normal' range, the better the outcome will be for them.

## Diabetics with blood sugar levels below 64mmol/l

	Lakes	Tairāwhiti	Taranaki	Waikato
All	59%	50%	66%	65%
High needs	55%	46%	61%	60%



# “Courageous conversations” reconnect patients with diabetes to their practice team



“It’s all about people and communication, having courageous conversations in a way that is respectful and recognises people are scared and often a bit whakamā.”

A newly created community-based kaiawhina role in the Waikato is supporting diabetes patients to reconnect with primary care, and helping reduce serious complications.

General practices routinely offer ongoing support and preventative care to help patients manage their diabetes and prevent serious complications, such as renal failure and amputation.

However, some patients often don’t present to their GP until they are seriously unwell. Complications then become harder to avoid—Diabetes New Zealand estimates there are 600 preventable diabetes-related amputations each year.

To help address the issue Pinnacle and Diabetes New Zealand created a jointly funded full-time job in the Waikato, combining two part-time roles of diabetes kaiawhina for Pinnacle, and kaimahi for Diabetes NZ.

Lee Page-Deane wears both hats. In her non-clinical role as Pinnacle diabetes kaiawhina, practices ask her to get in touch with their disengaged diabetes patients and support them to come back in.

“It’s all about people and communication,” says Lee. “Having courageous conversations in a way that is respectful and recognises people are scared and often a bit whakamā.”

Walking alongside people on their journey, Lee helps patients re-form a bond and connection with their general practice, so they see it as a place of support on their diabetes journey.

In just three weeks, one practice Lee supported saw 20 people who hadn’t been to the clinic for years, return. She also attends community hauora events, and estimates she talks to or engages with around 90 people per week.

“The diabetes epidemic is one that many people don’t understand. If people understood about their diabetes, the implications of not managing it—loss of limbs and loss of life, outcomes could be much better.”

IMAGE: Lee Page-Deane

Case study

# Tairāwhiti: Diabetes kaiawhina now part of the team that helped him



After being diagnosed with Type 2 Diabetes, a chance encounter with Tairāwhiti diabetes nurse specialist Kim Cameron enabled Morgan Haapu to overhaul his diet and lifestyle. Now he’s bringing that lived experience to help other people with diabetes, as a Pinnacle diabetes kaiawhina.

Knocking energy drinks on the head, switching white bread for brown, and giving up smoking are just some of the changes Morgan initially made with Kim’s support. He’s now reaping the benefits of more time with his tamariki, greater activity, and more time spent outdoors. His whānau have also been inspired to make changes—his mother-in-law gave up smoking after seeing the benefits of Morgan’s journey.

Morgan’s positive approach and way with people led to Kim approaching him to take on the role of diabetes kaiawhina with the Pinnacle Tairāwhiti diabetes team, helping others connect with the service. He now works as part of the team who helped him, ensuring other people with diabetes in Tairāwhiti have the access and support they need, just as he did.

From transporting patients to their appointments, to advising them on the forms they need to complete, Morgan provides educational support for people as they embark on their diabetes journey, with expert care from Kim and the Pinnacle team.

Over the past year Morgan says he’s seen awareness grow among patients and their whānau about the support available for diabetes management and care. He believes greater collaboration with healthcare organisations in the area will contribute to better health outcomes and improved equity for Māori.

IMAGE: Morgan Haapu and Kim Cameron

Case study

# Health equity

Individual and whānau outcomes and experience is of fundamental importance. People in our communities have different levels of privilege and therefore different levels of access to the health care they need. We recognise different approaches are needed to ensure equitable health outcomes for all.

Pinnacle continued to deliver on its strategy, driving improvement in inequitable outcomes through recruitment policies to increase the number of Māori in the Pinnacle workforce, targeted funding and partnering, and supporting Māori and Pacific hauora providers.

100%

**innovation funding targeted to Māori health**

40.2%

**extended care team consults are with Māori**

66%

**long term condition quality plan targeted to Māori health and high needs**

## Pinnacle involved in first areas to roll out locality approach

“The locality prototype takes a whole system view of health and wellbeing within a community. It’s a multi-level, multi-pronged, cross sector approach led by iwi-Māori, for the benefit of everyone in the rohe.”

In April 2022, Tūwharetoa (Taupō-Tūrangi) and Hauraki were announced as two of the nine prototypes to roll out the health reform’s new locality approach. As a PHO in both areas, Pinnacle is excited to play a part in the development, and we look forward to drawing learnings into other areas of the network as more localities form.

Localities are a fundamental part of New Zealand’s health system reforms, replacing the existing systems of district health boards and primary healthcare organisations.

Partnership with mana whenua is the foundation of the locality approach, which gives iwi and communities a strong voice in deciding what’s needed in their local area and how primary care and community services should be organised.

“The locality prototype takes a whole system view of health and wellbeing within a community. It’s a multi-level, multi-pronged, cross sector approach led by iwi-Māori, for the benefit of everyone in the rohe,” says Katie Latimer, Pinnacle general manager, strategic development.

Katie says locality development speaks to the ‘holy grail’ of health and social care integration that sits at the heart of the locality approach, creating comprehensive primary and community care teams and building on existing partnerships across sectors. Collaboration with community organisations and other public sector agencies will happen as the prototypes develop.

“We are ready to be a part of the mahi,” says Katie. “Pinnacle’s role as a provider and/or partner is expected to look different in each locality. But we’re hoping to help support and enable the aspirations people have for their locality in any way we can, in terms of high quality, pro-equity, whānau-focused primary care, which promotes pae ora for all.”

Case study



# Supporting K'aute Pasifika in a culturally-responsive model of care



K'aute Pasifika fale construction in progress

“Pinnacle cared before anyone else did, they have been really generous in their care and support.”

K'aute Pasifika is a charitable trust based in Hamilton with a mission to improve the holistic wellbeing of the Pasifika community.

The trust is the driving force behind New Zealand's first Pan-Pacific community hub, a whole village concept featuring a large fale-style community space that will bring together a range of interconnected health, education, employment and social services for the Pasifika and broader community.

Pinnacle has supported K'aute Pasifika in the health space for many years, providing clinical governance framework and expert advice for the trust, and assisting along the journey to realise the Pan-Pacific hub, which is currently under construction in central Hamilton.

“Pinnacle cared before anyone else did,” says K'aute Pasifika chief executive, Leaupepe Rachel Karalus. “They have been really generous in their care and support, and through leadership changes over the years the support hasn't changed. That speaks to values that are aligned with ours.”

Pinnacle's clinical lens sits alongside the cultural lens of K'aute Pasifika to create a model of care that is more culturally responsive, village-like and encompassing of family groups. It's a partnership that has informed both the physical layout of the hub building and the processes and frameworks behind its future health services.

“With the health reforms and changes it's really good timing for us to develop something that drives improved outcomes for the Pasifika community, which hasn't been well served in health,” says Rachel.

She says the hub will work towards 5,000 patients in the general practice, providing access to care in the clinic, at home, and in the community, aiming to address barriers of cost and transport.

Pinnacle will continue helping with clinical governance and workforce development as the hub progresses, and is also working with K'aute Pasifika to share learnings from its data platform.

Case study

# Primary care nursing



40

**community nurse prescribers:**  
**9 Tairāwhiti**  
**5 Lakes**  
**11 Taranaki**  
**15 Waikato**

There was continued work to strengthen the primary care nursing contribution to health care through supporting professional development, broadening the scope of nursing skills and facilitating newly qualified nurses to choose primary care as a career option.



3

**school-based nurses funded to commence a postgraduate diploma**

Peer support and guidance is also provided by the Pinnacle nurse leads to new nurse leads in practice.

Due to the pandemic the 2021 nursing conference had to be cancelled, but plans are well underway for the 2022 event with registration numbers exceeding expectations and at the venue capacity limit.



4

**new graduate nurses into NeTP programme, rising to 8 in the 2022/23 financial year**

# Pinnacle nursing director honoured by University of Waikato



Pinnacle nursing director Jan Adams has been awarded as an honorary professor of Te Huataki Waiora School of Health at the University of Waikato, following her work with the university to establish its Bachelor of Nursing programme with a strong primary care focus.

Jan has an extensive background in health as a registered nurse and midwife and has held a variety of leadership positions, including director of nursing and midwifery, and chief operating officer at Waikato District Health Board (now Te Whatu Ora Waikato); and managing director and global chief nurse for Bupa Villages and Aged Care (Australia and New Zealand), before joining Pinnacle as nursing director. Jan has maintained her nursing certificate throughout and has a unique view of the nursing workforce's challenges and opportunities.

Getting involved with the university's nursing programme was an obvious step for Jan, who met with the university early on to advocate that its new nursing degree needed to be different, with a significant focus on primary care.

"The demand for qualified nurses to work in primary and community settings is huge, and in my opinion the nursing education on offer at the time didn't give it enough focus," says Jan. "We went out to practices and asked about the skills they wanted nursing graduates to have, and how they could be better prepared for a career in primary care."

Jan joined the Bachelor of Nursing advisory board and helped develop a skills matrix to direct the knowledge nursing students would gain during each year of study. Students now complete a 12-week practical block in primary/community settings each year and will graduate with the core competencies of primary care, such as cervical screening. "The course has four critical elements: primary/community care, acute care, Māori health and mental health," explains Jan. "These components prepare nurses to work in a different way, enabling a direct career path into primary care nursing for those that want it. Graduates have the skills and knowledge to hit the ground running, saving practices time and money in upskilling nurses to join the primary care workforce."

Jan says from the outset she wanted to improve the preparation of nurses to work in primary care once they qualify. "Nursing is about people and wanting the best for them, so I got involved in shaping the degree programme to create positive change. To be recognised and honoured for that is a real privilege."

Jan will be honorary professor for a three year period from 1 July 2022 to 1 July 2025, joining Sue Hayward, chief nursing and midwifery officer Te Whatu Ora Waikato, who is the other honorary professor in the nursing programme.

Pinnacle CEO Justin Butcher says, "Jan's leadership in primary care nursing is second to none. She is a powerful advocate for change and supporting nurses to work to top of scope, as an enabler for better delivery of primary care across the board. We're very proud of the relationship Jan has developed with the University of Waikato, and having this mahi formally recognised is an incredible honour."

IMAGE: Jan Adams and Sue Hayward  
Photo credit: Mary Anne Gill,  
Cambridge News

Case study

# The benefits are massive: Why nurse prescribers are the way of the future

With 40 Registered Nurse Prescribers in Community Health (RNPCH) now working in Pinnacle roles across the network, practices and communities are seeing the benefits of this extended nursing role\*.

Tairāwhiti child health nurse and recently qualified RNPCH, Megan Holmes, says the programme is a great thing for nurses to do, and should be encouraged.

"Being a nurse prescriber breaks down barriers for patients, takes pressure off practices, and increases the scope of nursing practice. It builds on the work nurses do every day in the community. We may not be prescribing every day, but we are assessing and making plans with patients, so prescribing is extra support."

Megan sees a lot of children with skin conditions in her work. She says that, for various reasons, whānau at times find it difficult to access practices. That means people often wait until they have a bad flare-up to see a GP, which can cause other complications and delayed healing.

"For patients with conditions like eczema where maintenance is important, they can regularly see me in the community and I can prescribe creams and adjust treatment to support the plan the practice has given them," says Megan.

Similar feedback comes from other recently qualified nurse prescribers. They say the ability to prescribe more common medications, such as paracetamol, reduces both the time patients have to wait for a prescription, and extra workload for GPs and mātanga tapuhi (nurse practitioners) in their practice.

Pinnacle MHN medical director Dr Jo Scott-Jones says it's a "no brainer" for GPs to encourage nurses in their practice to consider the RNPCH programme, and support them to complete it.

"It's about increasing everyone's capacity to do more. The benefits that flow onto the clinical team and patients are well worth the commitment," says Jo.

He says GPs can promote the programme and ensure nurses are aware of the support that's available to them.

"That might be providing some protected work time to complete coursework, or finding out a bit more about being a supervisor yourself. If patients understand and use the expertise of nurses to the fullest, then they're not bringing everything through the doctor. Our nurses are fantastic, they can do so much."

\*Qualified RNPCHs can prescribe from a limited list of medicines to support healthy patients/whānau who are experiencing minor health ailments. They work collaboratively within their community health setting, which includes clinical supervisors who must be authorised prescribers (for example, a GP or mātanga tapuhi/nurse practitioner). A named clinical supervisor is essential to support the required learning and development.

Case study

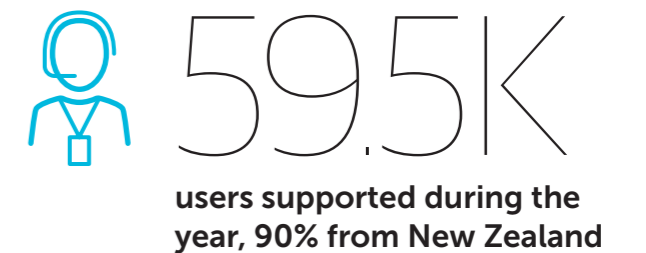
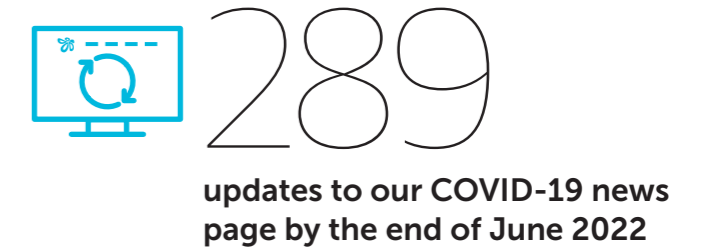
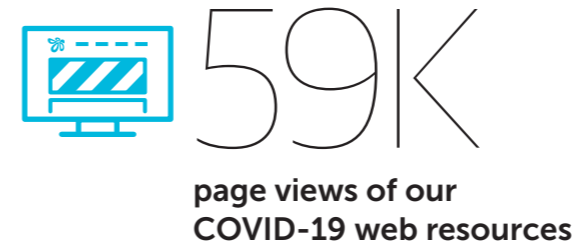


# Network engagement



We intentionally dialled down some of the regular engagement and education opportunities this past year, focusing instead on a 'whatever it takes' approach to helping practices meet the extra demands of COVID-19.

Supporting practices to navigate the pandemic has been a top priority. Communication and peer support have been essential during the pandemic. Alert Level fluctuations, testing strategy changes, vaccination programmes and mandates, and moving from 'stamp it out' with managed isolation through to the introduction of the COVID-19 protection framework and care in communities, have all necessitated a vast amount of information to flow to—and from—practice staff.



# Practice development and support



IMAGE: Justin Butcher with some of the Pinnacle team out swabbing in Kawhia.

In a move that mirrors activity within general practice, our practice development team has pivoted towards where hands have been most needed.

This past year has seen the team:

- work alongside practices to help organise and deliver COVID-19 and flu vaccination clinics
- provide fit testing across the network to ensure PPE is used safely and effectively
- prop up supply chains for PPE and RAT/PCR tests when national distribution lines were not coping
- step into admin roles within practices experiencing workforce challenges due to COVID-19
- troubleshoot IT updates and support the introduction of new systems such as the COVID immunisation register (CIR), COVID clinical care module (CCCM), and the bowel screening patient prompt
- participate in process improvement work to simplify claims and reconciliation for practices
- ensure each practice implemented good process for the new End of Life Choice legislation
- train people on a wave of new clinical data dashboards to help make it easy for practices to target care for patients who need it most
- support and assess practices against Foundation Standard
- host practice manager peer meetings.

Looking to the year ahead the team are set to work alongside practices as they begin to consider the changes necessary to respond to the new health system for Aotearoa. A focus on equity alongside collaboration with other primary and community care providers will feature strongly. Workforce will remain a top priority, ensuring practice teams have the right roles within their teams to achieve the best results for their patients. Of course there will be a continued focus on achieving quality outcomes—supporting improvement efforts within practices, empowered by data-led decision making.

# Patient Access Centre: We take the noise away

“The phone doesn’t ring all the time and there isn’t that bedlam of reception trying to do everything at once, including managing privacy for patients during triage conversations.”

The Pinnacle Patient Access Centre (PAC) provides telephony services to general practices, helping improve patient access by managing calls, triaging patient appointments, and reducing admin workloads for staff.

As PAC operations manager, Linda Norris, explains, the team is there to “take the noise away”.

“When you walk into a practice that uses the PAC, it’s quiet,” says Linda. “The phone doesn’t ring all the time and there isn’t that bedlam of reception trying to do everything at once, including managing privacy for patients during triage conversations.”

The PAC is often a critical resource for practices experiencing staffing shortages, as well as a valuable source of feedback for every clinic they serve. The team can identify processes that aren’t working well for patients and often makes suggestions for improvement.

Alongside phone services, the PAC also offers easy reporting for practices working in the Health Care Home model, measuring how many calls are answered, how many are dropped, and what times of the day are busiest.

Last year the PAC team answered 612,563 calls for the 16 practices it currently supports, with an abandonment rate of only 10.6 per cent—much lower, Linda says, than what the practices could achieve on their own. “We know what we do works.”

The calls are answered by a team of part-time and full-time staff that make up 35 seats in total, both in the Hamilton office and working remotely from home. Several PAC team members are students working part-time while they study for health-related qualifications.

“It’s a great way for future clinicians to see another side of general practice and take that experience with them when they start working,” says Linda. “Many non-medically trained PAC staff also go on to work in general practice and other areas of the health system, becoming MCAs, receptionists and in some cases studying towards clinical qualifications.”

Case study



# Strengthening rural healthcare

Pinnacle has the largest rural primary care network nationally, making rural health and rural communities central to our work.

We are striving to reach a place where people living in rural communities will have the same sort of health outcomes as those living in the city. Our aim is to build services that are sustainable and reflective of local community needs, with the right workforce in place—each carrying a safe workload.

This year our commitment to rural primary care has continued, funding new roles across Waikato rural general practice such as clinical pharmacists, social workers, kaiawhina, dietitians, clinical nurse specialists and practice wellness coordinators. The geography of the Waikato region makes it difficult to use the centralised team approach implemented in our other districts—clinicians could spend more time travelling than with patients. We've responded differently to ensure rural practices and patients can access these invaluable roles, adding essential capacity and capability to primary care.

## Rural accelerated chest pain pathway



IMAGE: The rural chest pain pathway project is a team effort at Coromandel Family Health Centre.

Developed during a 2018 Pinnacle-led research trial, the Rural Accelerated Chest Pain Pathway offered by general practices in Te Manawa Taki (Midlands Region) is an international first for point of care (POC) cardiac testing.

The pathway, which uses a diagnostic POC troponin tool that produces cardiac enzyme results in 10–20 minutes, enables GPs to safely identify low-risk patients who can be assessed and managed in their practice.

The research, published in the British Medical Journal, has shown use of the pathway assessment tool prevents unnecessary hospital referrals for 50 per cent of patients who present to rural practices with chest pain.

Coromandel GP, Dr Bryan MacLeod, says the energy and resources Pinnacle has put towards the pathway is good medicine.

"We are remote, and our community isn't a high-income area. Travelling to hospital for investigation of chest pain ties up an already overburdened ambulance. Being able to offer as many services as we can here helps us as a practice to counteract that inequity," Dr MacLeod says.

Pinnacle medical director, Dr Jo Scott-Jones, says the pathway is a great example of what POC testing can do, and of the expanding role and responsibilities of general practice.

"Primary care in New Zealand is in a phase where things are changing quite rapidly in terms of the 'tools of the trade' and the need to provide more services than ever before. We're trailblazing a bit now, but there's no doubt these are the services we need to provide to improve health equity in rural areas."

The Pinnacle Midlands Health Network (MHN) rural advisory group has purchased i-STAT POC testing machines for all practices involved in the original trial, with further support for the programme from Te Whatu Ora Waikato.

Case study



# Regional services

## The extended care team model

Our extended care teams in Lakes, Taranaki and Tairāwhiti continue to strengthen the comprehensive primary health care team model, which is one component of the new localities being established as part of the health system reforms.

The broader range of roles adds capacity and capability to service delivery with the team closely integrated with locality general practice teams. The ability of the team to 'wrap' care around individuals leads to life-changing outcomes for patients, and more often than not has a trickle-down effect to their wider whānau.



2,503  
dietitian consults



2,574  
social worker consults



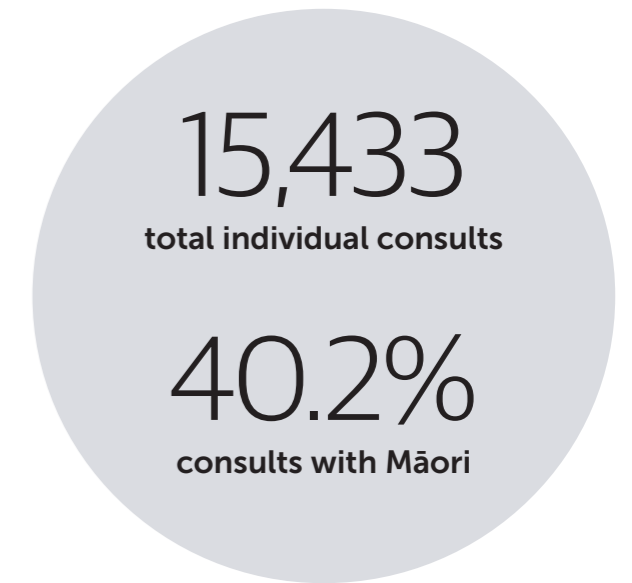
1,052  
exercise coordinator consults



679  
hauora kaimahi (health coach) consults

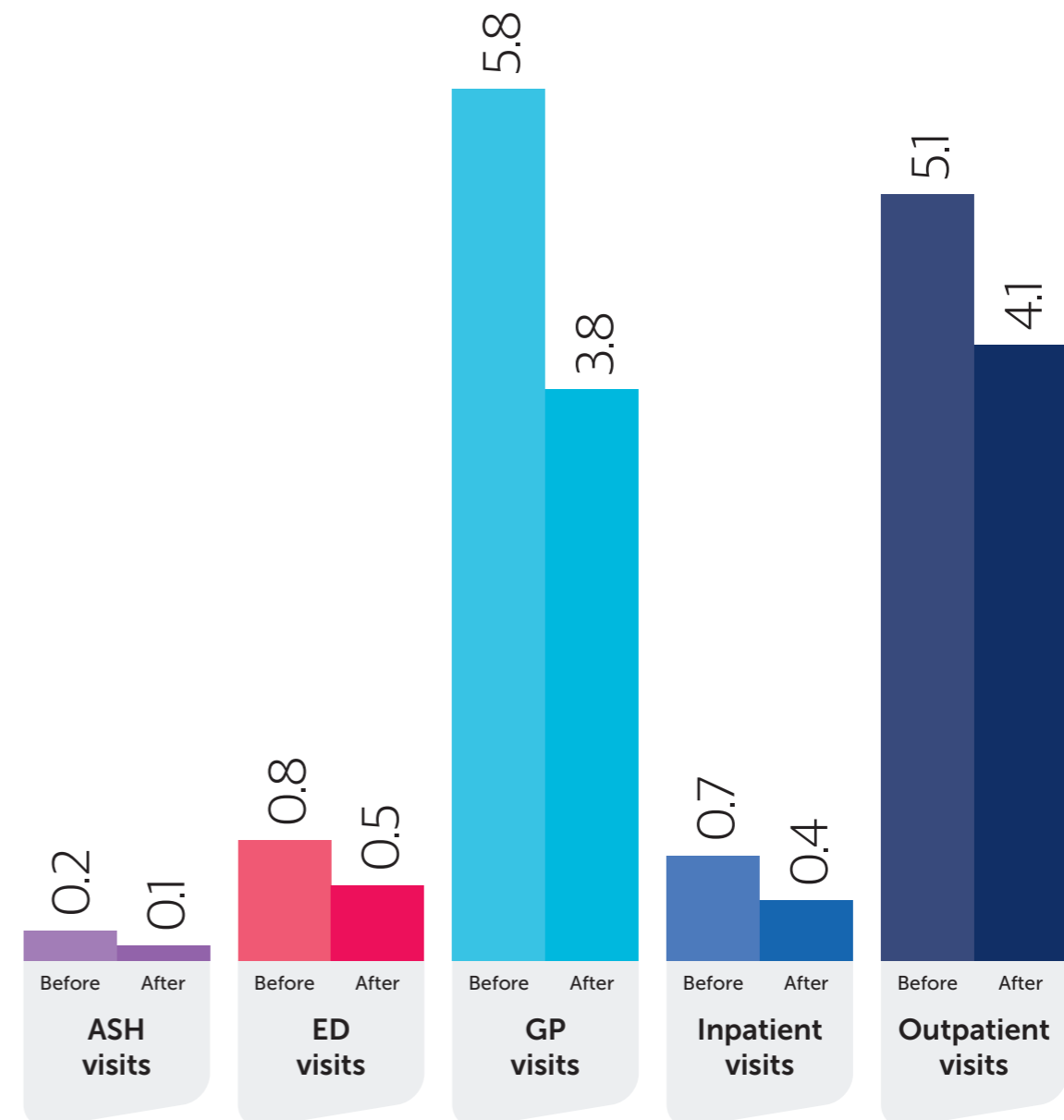


1,583  
clinical pharmacist consults



### Average visits per patient in the 12 months before and after first extended care team contact

After working with the ExCT, a patient's utilisation of care generally decreases across various care providers, with notable reductions in GP and outpatients visits.





# Jarrood's story: Having people in my corner, it's bloody magic



At 152kg Jarrood was struggling with severe sleep apnoea, diabetes, and was out of work due to a back and knee injury. Recently returned from Australia, he had no whānau around.

"I was lonely, I was scared and lost, I didn't know what to do. Then the doctor put me onto the Pinnacle Lakes extended care team. It was life changing, 100 per cent!"

Initially referred to Katie, the team's dietitian, Jarrood quickly connected with nurse practitioner, Sue, exercise consultant, Wendy, and health coach, Troy. They became his team, the people in his corner as he navigated a new health journey and celebrated successes, big and small.

"We tried some meds, I started getting active and got my head in the right place, I began to eat different—all the veggies," says Jarrood. "I changed my whole lifestyle."

Over 12 months Jarrood worked to lose nearly 30kg. His HbA1c levels, which were originally up over 100, reduced to 51. His blood sugars now consistently sit around 7, down from between 12 and 18.

"It wasn't easy, it's been bloody hard work, on both sides. I felt accountable to the team, because they knew what to do and they really cared. I didn't want to let them down," says Jarrood. "Without them I'd be close to death about now. It's amazing and I'm so grateful."

Jarrood recently returned to work, and has set goals of getting his HbA1c level to between 40–50, and losing another 20kg.

"I feel good, I don't struggle to walk around, or run out of breath walking to the mailbox. I wake up with a smile. Life's good!"

**IMAGE: Jarrood holds the basket containing 26kg of weight he lost.**

"Once you take that initial step on the path and see those first little results—your bloods come down, your HbA1cs come down, your health goes up—it's not hard to stay on it."

Case study

# Te Aroha's story: Changing a little thought in my head

"Looking after myself. That's the thing that switched in my mind, that helped me through this whole journey of looking after my health. Just that little thought in your head, it's amazing what it can do."

For diabetes patient Te Aroha, her health wasn't always a priority.

"I wasn't an active person, I ate anything and everything I wasn't allowed to have. I would always get the gout and I knew I had diabetes, bad."

With low energy levels, nothing was changing—until she changed her mindset: "I've got to start looking after myself, I want to be healthy."

Working with the Pinnacle Lakes extended care team, including nurse practitioner Sue, Te Aroha found ways that worked for her to focus on eating and activity.

It wasn't easy, and some things needed time to navigate. Medication in particular was a barrier.

"I hate taking pills. It's like a lot of Māori people, I think being told 'You have to take this drug' with no time to talk or ask questions later, means the defences go up: What am I taking? I'm not taking this."

Te Aroha's relationship with Sue and the ability to come back with questions helped. "I can talk to her on the same level, it's equal and she explains what things do and the benefits. She's on my side."

They celebrated every milestone. Te Aroha's HbA1c counts went from above 100, down to 43. Her blood sugar levels, previously between 26–28, reduced to between 5–6.

Most of all she says, her energy has returned. "I now take my son to the park and the trampolines, which I didn't used to do because I was tired. Even my friends say I've just got so much more energy."

"It's had a huge impact on my whānau, I'm showing them: I can do this, and you can do it too. I tell them, be healthy, do your eating and your active things. I'm a classic example of it does work."

Case study

# School-based Health Services, Waikato

During the 2021 school year our amazing team of 23 nurses (including one nurse practitioner and five registered nurse prescribers in community health), along with 20 GPs provided consults to thousands of students in high schools and kura kaupapa.

Our nursing team completed 1,909 complete psychosocial health assessments (HEADSS assessments) on eligible Year 9, young parent and alternative education students—despite significant disruption to the schools and service delivery as a result of the ongoing pandemic.

 17,860  
GP and nurse consults

 6,089  
individual students seen

 1,909  
HEADSS assessments

## Placing young people at the heart of their healthcare journey

“Ultimately, it’s about placing young people at the centre of their healthcare journey, supporting them to increase their health literacy and setting them up to successfully navigate the health system after they leave school.”

On a mission to reduce barriers to healthcare for rangatahi in low-decile schools, clinicians in the Waikato school-based health service (SBHS) are using a collaborative care model that is improving health outcomes and engagement for both students and their whānau.

Since 2003, Pinnacle clinicians have been funded by Waikato District Health Board to provide school-based health services in decile 1-5 high schools, teen parent units, wharekura and alternative education programmes around the Waikato region. Youth-friendly GPs and nurses are available to students on site and free of charge.

Pinnacle clinical services manager—school-based health, Melissa Davidson, says the goal of the service is to increase access to timely healthcare and improve outcomes for rangatahi. “Reducing sexually transmitted infections and unplanned pregnancies was initially a key goal of the service, however as the programme has grown and evolved over time, the work encompasses so much more.”

“Over recent times, mental health has become a larger component of the work, exacerbated by COVID-19 restrictions and lockdowns. The long-term aim for our rangatahi is to increase their health literacy, which in turn will encourage them to continue accessing health services in the future.”

Karen Thurston, a nurse practitioner who has been with the school health service since 2016, says collaboration between the SBHS, schools, and multiple health services such as Infant, Child and Adolescent Mental Health (ICAMHS), Ngaa Ringa Awhina, ACC, Medical Sexual Assault Clinicians Aotearoa (MEDSAC) and counselling, is essential to providing robust wrap-around care for vulnerable rangatahi.

Karen says she loves the collaboration that is happening to give rangatahi a positive experience with general healthcare. “Ultimately, it’s about placing young people at the centre of their healthcare journey, supporting them to increase their health literacy and setting them up to successfully navigate the health system after they leave school.”

Case study

# Kerryn's story



Teen parent unit student Kerryn celebrates her Pinnacle Health Literacy Award with nurse practitioner Karen Thurston.

Kerryn, the recipient of the Pinnacle Incorporated Annual Health Literacy Award, is the proud mother of a 4-year-old and has overcome significant health issues following a head injury.

When Kerryn met Waikato school-based health service nurse practitioner, Karen Thurston, she was being asked to access healthcare services from multiple sites.

"We coordinated everyone to come to the teen parent unit: psychologist, occupational therapist, physiotherapist, and got permission to use the school gym," explains Karen. "Kerryn's whānau were on board for day-to-day support and I helped with managing medication.

"What Kerryn has achieved with that support is amazing. She has become more independent and improved her resilience in relation to self-regulation and control. Her skills in knowing how to connect with and navigate the health system have increased, and she has since integrated back into GP care."

Case study

# Waikato mobile immunisation team: Thinking and working differently

"As a team we are passionate about supporting innovation that improves access to immunisation services and to collaborative working across service providers."

With a significant increase in referrals and increased staff leave requirements during the pandemic, providing outreach immunisation services has been incredibly challenging in 2021/2022.

For the Pinnacle Waikato mobile immunisation team, this tough environment was the catalyst to trial new ways of working and ultimately improve outreach services in the region.

The team started discussions with the Waikato District Health Board (DHB—now Te Whatu Ora Waikato) and fellow community-based outreach provider Hauraki PHO about working more collaboratively and making better use of resources.

Resulting changes included staff-sharing between outreach providers when staffing levels were critical, supported by a small amount of additional DHB funding. The DHB also provided additional short-term staffing to help address the increased number of referrals. The Pinnacle mobile immunisation team supported DHB vaccination staff to get acquainted with vaccine cold chain requirements and community-based vaccine services.

A new partnership was established with Plunket, piloting an authorised DHB vaccinator working alongside Plunket kaiawhina to vaccinate outreach clients in the community. The Pinnacle team provided initial relationship building, admin support, access to vaccine storage, and outreach development and professional supervision for the vaccinating nurse.

Helen Connors, Pinnacle clinical services manager—child health, says the team wanted to be part of the solution.

"As a team we are passionate about supporting innovation that improves access to immunisation services and to collaborative working across service providers."

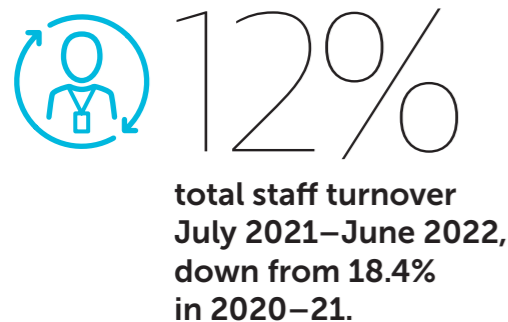
Overall, the changes have increased resource sharing across immunisation providers in the Waikato, reduced duplication and travel, and allowed for better service provision with a community approach that is more whānau-centric—requiring minimal additional funding. Instead of working exclusively with their own enrolled populations, providers now work collectively, focusing on immunising all referred whānau in an agreed geographic area.

Case study



# Our Pinnacle workforce

We are excited our employee turnover is the lowest it has ever been, maintaining stability in the organisation during a time of uncertainty.



## COVID-19 support

Pinnacle’s people and culture team helped the organisation navigate uncertainty during the pandemic to keep services running and staff protected.

A COVID-19 policy was developed to support the vaccine mandates and set out testing requirements. Additional leave was gifted to employees who were impacted by COVID-19. Advice was also proactively provided to Pinnacle practice managers and owners, particularly around the impacts of the vaccine mandates.

## Diversity and inclusion

Pinnacle published its first diversity and inclusion policy, demonstrating a commitment to become a more diverse and inclusive organisation. Rainbow lanyards were made available to staff to support the LGBTQIA+ community and can serve as a discussion point for clinicians to open conversations with their patients. A staff suggestion prompted the introduction of these lanyards and they have been hugely popular!

## Staff wellbeing

The Chnnl app was rolled out across the workforce to support wellbeing. The insights report provides ongoing intelligence on how we can continue to target wellbeing initiatives.

The 2022 wellbeing programme focuses on four domains of staff wellbeing—healthy mind, healthy movement, healthy kai and healthy connections.

## Flexible work

Pinnacle continues to be a leader in offering flexible working, which is an important factor in retaining staff. Working from home arrangements continue to be reviewed to balance individual and business needs.

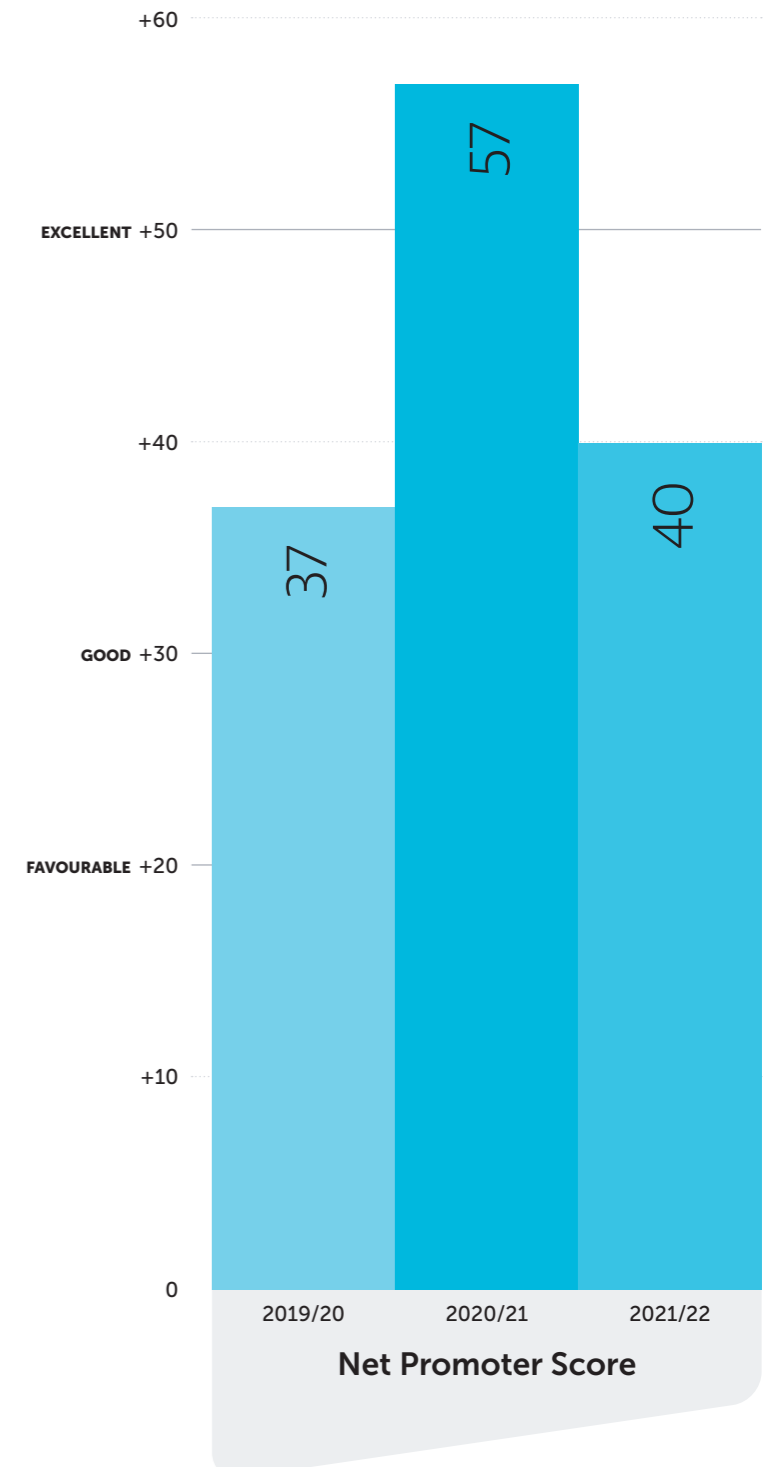
## Learning and development

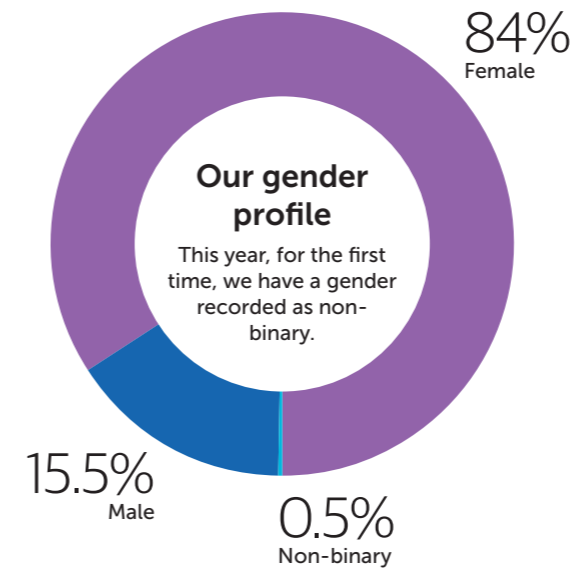
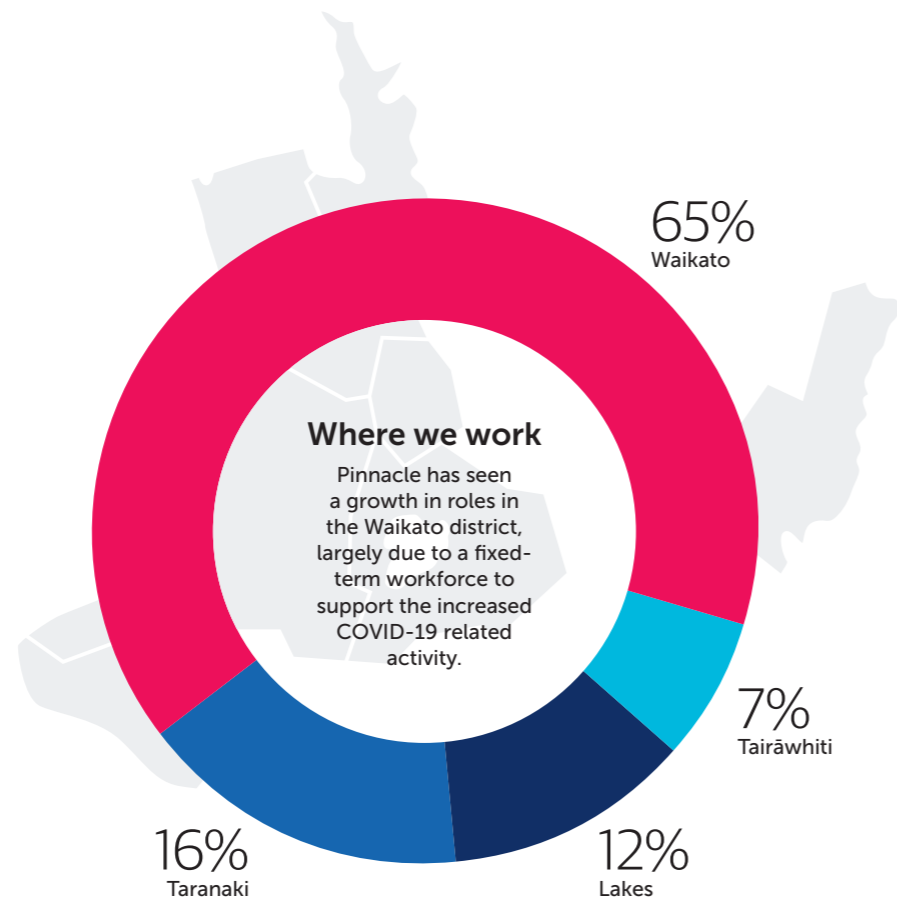
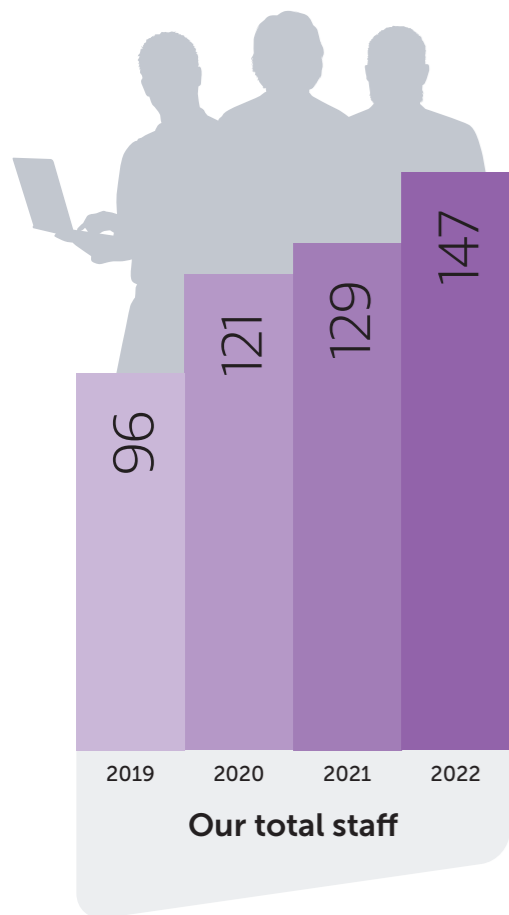
Developing cultural confidence remains a key learning priority. We continue to work with our internal Māori workforce and external providers to provide training options for all staff.

## Would our staff promote Pinnacle as a great place to work?

A net promoter score indicates the extent to which employees would promote an organisation as a good place to work. Anything above 20 is favourable, 20–50 is good and above 50 is excellent.

Pinnacle has seen a decrease in reported employee satisfaction over the past year, from 57 down to 40. This is an area of focus for the workforce council and leadership team. The top dislike from respondents is compensation, which was not in the top five last year. Pressure has also understandably been felt from responding to the COVID-19 pandemic and health system reform.





**19**

staff took new roles within the organisation as part of their career development plan

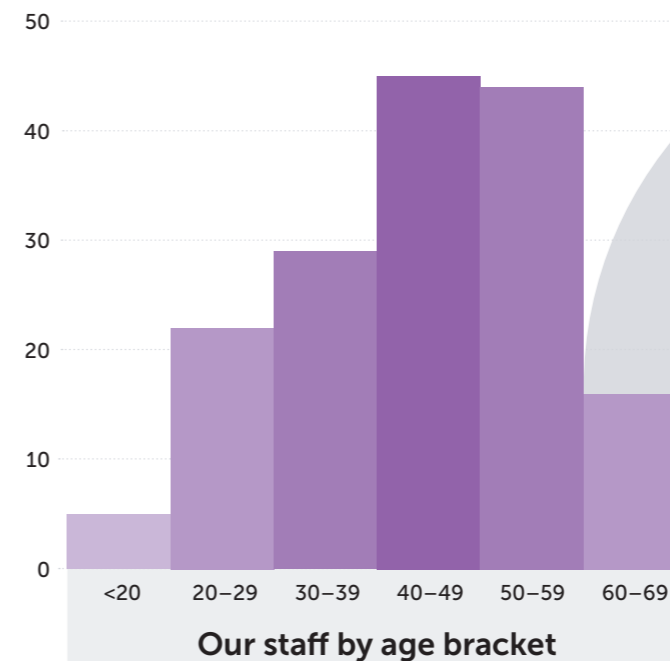
Includes 5 people who changed role to 'back fill' due to secondments of our Pinnacle staff to roles within Interim Health New Zealand.

**100%**

smoke and vape free workforce

**1**

protected disclosure, open and under investigation



**44**  
staff average age

**17-66**  
employee age range

**20**  
youngest new hire in 2020-21



# Our social conscience



LEFT TO RIGHT:  
Bevan Bayne, Mark Taylor, Dr Jo Scott-Jones, Dr Rebekah Doran, Justin Butcher, Will Hughes and Alex Poor.

Often instigated by just one person with a connection to a cause, we find ourselves celebrating and donating to wonderful causes throughout the year. From foodbank contributions through to Christmas gifts for children in need we have heart and we dig deep.

We want to say a special ngā mihi to all Pinnacle people, we are particularly grateful for the support you gave during such a challenging year. Here's just a sample of what we got up to this past year.

## MND Ice Bucket challenge

Would you take pleasure in nominating your boss to have a bucket of ice water dumped over their head in the name of charity? It seems at Pinnacle the answer is a resounding YES! A group of Pinnacle leaders volunteered to take part in the ice bucket challenge and together Pinnacle raised \$640 to make a difference for people living with motor neurone disease.

## Pink Shirt Day

Pinnacle set up a donation page with proceeds going the Mental Health Foundation as they work towards stamping out bullying, celebrating diversity and promoting kindness and inclusion. Pinnacle made a contribution for every person that donated, raising \$500 in total.

## Pink Ribbon Appeal

Money raised for Pink Ribbon goes towards:

1. research to improve long term outcomes for breast cancer patients
2. education to ensure information is readily available and that all women know the signs and symptoms of breast cancer
3. patient support for those recovering from treatment and those living long term with breast cancer, to improve their quality of life and extend survival.

'Team Taranaki' got behind the Pink Ribbon breakfast event and brought a new pink vibe to the board room, decorating, dressing up, eating well and raising \$365 for breast cancer. Meanwhile 'Team Taupō' dressed in pink and participated in the street appeal.

## Tongan eruption and tsunami

The Hunga Tonga-Hunga Ha'apai underwater volcano near Tonga erupted in January 2022, causing a tsunami that flooded the coastlines of Tonga and covered many of its islands in ash. Over 80 per cent on the population of Tonga was impacted by this event. Pinnacle staff filled a container with linen, sheets, pillowcases, duvet covers, duvets, towels, hand towels and face cloths and sent this to family members in Tonga that were affected by the natural disaster.

## Te Whakaruruhau Māori Women's Refuge

Pinnacle is a long-term supporter of Te Whakaruruhau and their mission to deliver the highest quality services aimed at supporting whānau to live safe, secure and violence-free lifestyles. This year we responded to the request for donations of bags that could be used for food parcels. We also put together some of our regularly donated items such as feminine hygiene products, food, cleaning products, toiletries and a few treats for the tamariki.





# Supporting a greener environment

Our greener environment team has been hard at work implementing and maintaining the initiatives below throughout all our offices.

We are working with tools offered by the Sustainable Business Network to measure our current carbon emissions and create a climate action plan.



# How we distributed our funding

The distribution of our discretionary funding is aligned with our priorities—Māori health, rural healthcare and network support.

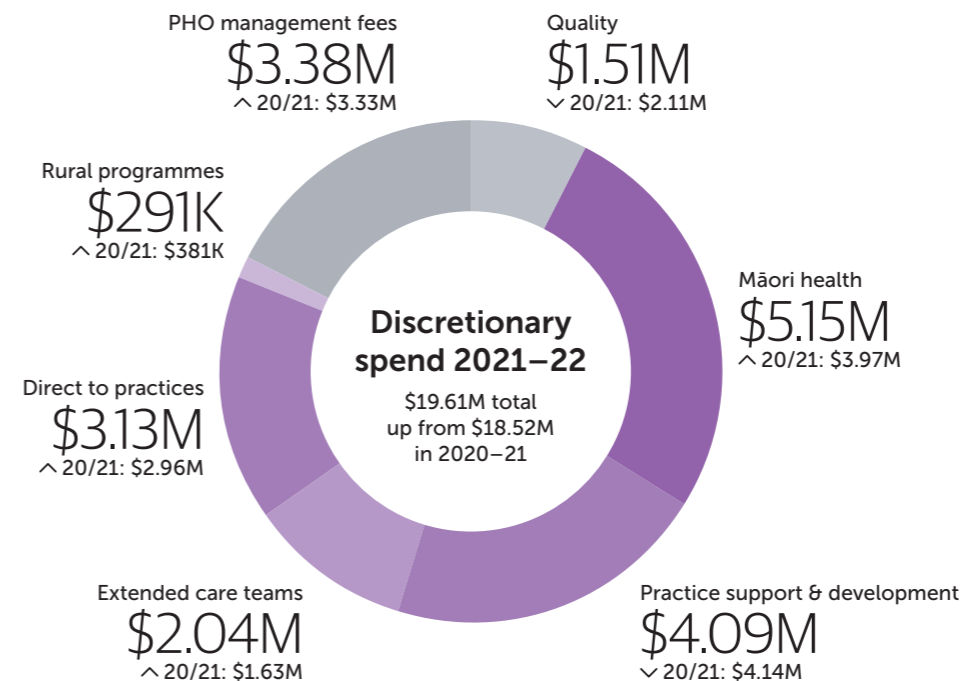
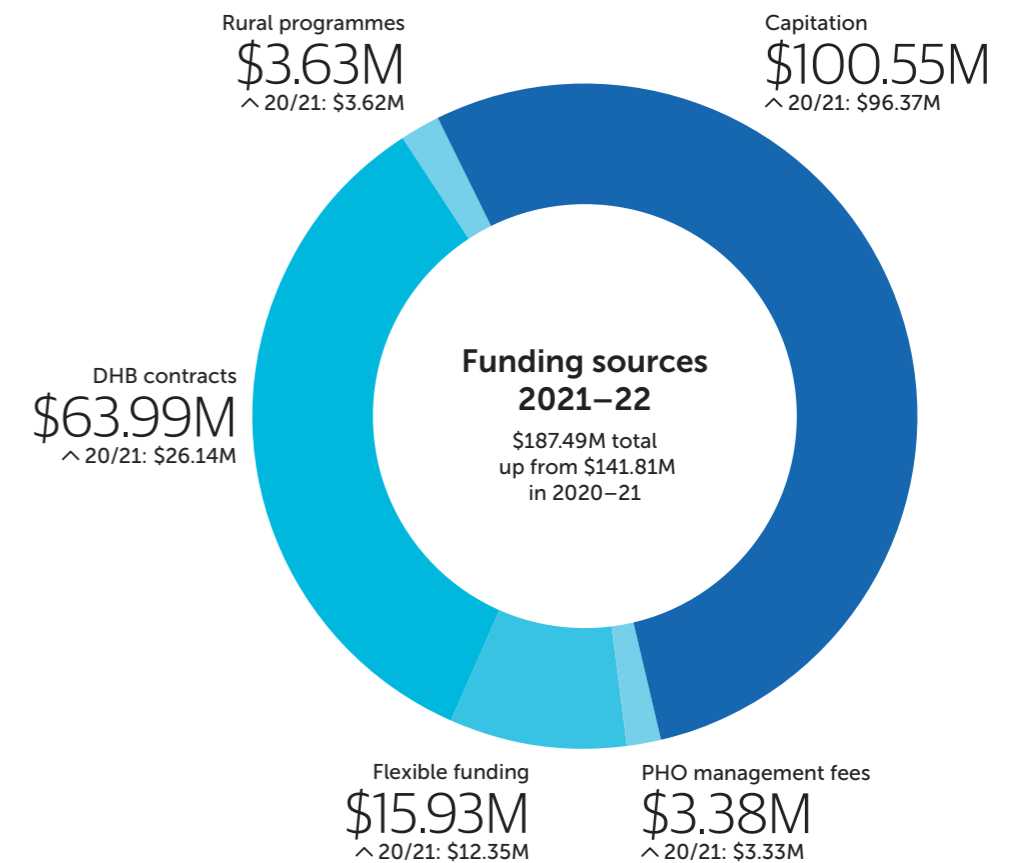
## Facilities development

In the 2021–2022 year \$115,474.00 was awarded from our facility development fund.

Pinnacle is the only PHO to have such a fund, which helps to incentivise our practices to improve their facilities. Grants may be used to fund facility development work, including:

- construction costs for a new general practice facility, or refurbishment of an existing facility
- architectural and/or design work relating to a facility development
- other professional or consent fees relating to new building or refurbishment
- fit-out of a new or refurbished medical facility as part of a new build or refurbishment project.

Applications are assessed against a range of criteria, but were particularly welcomed from communities with particularly high needs and a significant proportion of Māori; where there are changes that support the continued shift to virtual consultation; and projects that support a practice to become more climate friendly.





**Hamilton (Head Office)**  
PO Box 983  
Hamilton 3204  
P: 07 839 2888

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