

Annual Performance Report 2025–2026

Pinnacle™ Incorporated

Midlands Regional Health Network Charitable Trust

Midlands Regional Health Network Charitable Trust & Pinnacle Group

He mihi maioha

Nei rā te mihi maioha ki Te Arikinui
Kuini Nga Wai hono i te po,
ki te whenua, ki te Whare Kāhui Ariki.
Rire, rire hau, Paimārire.

Tuia te rangi e tū nei,
tuia te papa e takoto nei.
Tuia ki a rātou kua ngaro ki te pō uriuri,
ki te pō tangotango, ki te pō i oti atu.
Moi mai rā koutou.

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

Tēnā tātou katoa.

Here we offer our greetings to,
Te Arikinui Kuini
Nga Wai hono i te po, and to the
Royal family of the Kiingitanga.
Peace be with her.

We pay our respects to those
who have passed and bid them
farewell on their journey.
Rest now, all of you.

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

Greetings to us all.

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Tō tātou tirohanga me tā mātou kaupapa

Our vision and mission

Tō tātou tirohanga

Our vision

Kia hauora te katoa, kia puāwai te katoa - Everyone healthy, everyone thriving.

To build a healthier, more equitable future, Pinnacle is focused on strengthening primary care, improving access and supporting the wellbeing of individuals and communities.

Tā mātou kaupapa

Our purpose

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

Strong health systems are built on high-quality primary and community care that can respond to local need. Our role is to help make sure the funding, capability, relationships and practical support are in place so practices, patients and whānau can thrive.

Pakiaka

Our roots

Whakawhanaungatanga (connection): developing understanding through relationships.

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

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

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

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

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



Pinnacle's commitment to Te Tiriti o Waitangi

Guided by Te Tiriti o Waitangi, we remain committed to improving Māori health outcomes and honouring the relationship between Māori and the Crown.

Te Tiriti informs how we work with iwi, hapū, Māori providers, practices and communities, and how we think about tino rangatiratanga, equity, active protection, options and culturally safe care.



That commitment remained practical as well as stated, from the wider rollout of *Tikanga in Practice: A guide for culturally confident care*, to submissions on national health legislation. We advocated that ethnicity be included in the new capitation formula, and we'll continue to work on this so that funding better reflects the higher unmet need and poorer health outcomes experienced by Māori and Pacific communities. Key priorities include whānau-centred service models, Māori and Pacific workforce investment, and the continued use of data to identify inequity and direct effort where it can make the greatest difference.

Our commitment to Te Tiriti also extends to the impacts of climate change.

Te ao Māori recognises the interconnectedness of people and the natural world through whakapapa, and climate change threatens whenua, marae, urupā, taonga species and resources that sustain mātauranga and tikanga Māori. Existing health, housing and economic inequities mean these impacts may fall disproportionately on Māori.

Pinnacle recognises the right of iwi and hapū to exercise rangatiratanga in managing climate risks and protecting the wellbeing of their people, whenua, wai and other taonga, and the importance of mātauranga Māori in developing responses to climate change.

Kupu whakataki
Introduction

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

General practice entered the 2025/26 reporting year carrying many of the same pressures that have defined recent years: rising demand, workforce shortages, increasing complexity and the continued shift of care into community settings. The year also brought significant change across primary care, including the lead-up to the establishment of new PHOs nationally from 1 July 2026, with the effects of that change already being felt across the sector during the year. New funding settings took effect, national debate about the future of primary care intensified, and practices continued to adapt how their teams work so patients can get the right care sooner.

FROM THE CHAIR AND CEO

The value of being part of Pinnacle

For Pinnacle, the focus remained straightforward: help practices stay strong, sustainable and able to care for their communities.

Being part of a PHO should deliver real value. For our practices that means advocacy when national decisions affect primary care, funding and services that respond to local need, practical support when problems arise, investment in workforce and capability, access to useful data and digital tools, and the strength that comes from being part of a network rather than working alone.

That value also comes from being clinically led and having people across Te Manawa Taki who know the towns, communities and providers they work alongside. Many of these relationships have been built over decades.

Our teams go to practices rather than waiting to be called, and our scale allows Pinnacle to do things no individual practice could do alone: advocate for better general



practice funding nationally and regionally, gather and interpret practice-level evidence, represent local interests where decisions are being made, and invest back into the network.

That matters even more when general practice is under pressure. Our job is not to add another layer between practices and the health system. It is to use our scale, expertise and relationships to make things easier where we can.

Practices have always had a choice about which PHO they belong to. During the year, some practices chose to move to other PHOs. We thank them for the contribution they made while part of the Pinnacle network and wish them well.

We are also very grateful to the great majority of practices that chose to stay with us. We do not take that confidence for granted. We will keep working hard for our network, listening to practices, representing their interests and making sure our support is targeted and useful.

Leading and investing in primary care

The network finished the year with 92 practices at 30 June 2026.

We welcomed practices to the network, including an independent, locally owned and clinician-led practice in Taupō, a new kaupapa Māori, Nurse Practitioner-led practice in Rotorua, and two Oceania Healthcare sites, broadening the mix of practice models across the network.

The Midlands Collaborative nurse prescribing programme was reaccredited for another five years. Pinnacle was also contracted to lead the establishment of the Te Manawa Taki Workforce Hub, bringing a more coordinated approach to workforce development across the region.

We continued working with the University of Waikato and other primary care partners to increase opportunities for students to train in community settings across Te Manawa Taki. Securing more placements in general practice is an important part of growing the workforce we will need in future. We also collaborated with the RMO units in Gisborne, Lakes, and Waikato to secure NZREX community pathway trainees.

From Group surplus to practice support

One of the biggest developments was Ko te Hikuwai o Te Tihi Ora – The Pinnacle Foundation.

Pinnacle established the groundwork for the Pinnacle Foundation during the year, creating a new way to return surplus generated by our profit-for-purpose businesses back into primary care and the communities our network serves.

Ko te Hikuwai o Te Tihi Ora – The Pinnacle Foundation – opened for applications on 1 July 2026, with its first funding round making more than $1 million available to general practice for initiatives that improve patient access, technology, recruitment and workforce capability.

By using resources generated within the Group, the Foundation provides a practical way to support practices to respond to current pressures while investing in the longer-term sustainability of primary care.



Speaking up for general practice

Pinnacle advocated strongly and persistently for general practice on funding, workforce, rural health, data and the future of primary care, challenging decisions that added pressure to practices and pushing for their realities to be recognised.

We represented practices through PSAAP, including direct support through our primary care caucus representation and wider sector forums, and contributed to national conversations about the settings that affect primary care.

We also made a submission on the Healthy Futures (Pae Ora) Amendment Bill. Pinnacle's submission opposed the Bill and set out our concerns about its effect on equity, Māori health leadership and access for underserved communities.

Speaking up for practices also meant stepping in when wider system issues created additional work or uncertainty. During the Manage My Health cyber incident, Pinnacle was involved in the national primary care response from the outset, taking part in daily discussions with Te Whatu Ora | Health New Zealand, GPNZ, Manage My Health and other sector partners. We worked closely with GPNZ on messaging and kept practices updated throughout the active phase as information changed.

We also ensured practices weren't burdened with unnecessary work, including clarifying that affected-person notifications would be managed centrally and that practices did not need to make their own privacy breach notifications. We continued to advocate for the additional workload and costs falling on general practice to be recognised.

We took a similar approach when issues involving Awanui Labs created additional work for practices in Taranaki, keeping practices informed, helping manage patient enquiries and raising concerns about the rework being pushed onto general practice.



> That advocacy is part of the value of belonging to an experienced and respected network of this size, with people at the table where important decisions are being made. It gives practices a stronger collective voice in decisions they would otherwise have limited ability to influence individually.

Practices are where the work happens

But the clearest evidence of the network is in what practices themselves have continued to do.

Across Te Manawa Taki, practice teams have kept services open under pressure, grown multidisciplinary teams, tested different models of care, taken services into communities, improved clinical quality and found practical ways to improve access for patients and whānau.

The stories in this report are not intended to suggest every problem is solved. The data shows areas of progress and areas where there is more to do. An annual performance report should show both: what changed, where effort made a difference, and where the work needs to continue.

Most importantly, the work recorded here comes from our practices and the people working in them every day. Alongside them are Pinnacle kaimahi, iwi and Māori providers, community partners and others across Te Manawa Taki who help keep primary care accessible and sustainable.

Ngā mihi nui - thank you for the work you continue to do every day for patients, whānau and communities across Te Manawa Taki.

Tēnā rā koutou katoa, Amit and Justin.



Amit Prasad
Independent Chair

Justin Butcher
Kaiwhakatere,
Chief Executive Officer

CHAPTER 1

Who we are and where we're heading



Ko wai tātou

Who we are

Pinnacle is a group of not-for-profit and profit-for-purpose entities working together to strengthen primary care across Te Manawa Taki.

Our structure is unique, but the purpose is simple: use the strengths of each part of the Group to support sustainable general practice, improve access and help communities get better care closer to home.



How Pinnacle is structured

The Trust – Midlands Regional Health Network Charitable Trust

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

Pinnacle Group

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

Pinnacle Incorporated (Pin Inc.)

Provides strategy, advocacy, and governance across the Group.

Pinnacle Midlands Health Network (MHN)

Delivers PHO services and programmes on behalf of the Trust.

Primary Health Care Limited (PHCL)

Innovates and tests new models of care for sustainable general practice.

Other entities under Pinnacle Inc.

Health Support Systems Ltd (HSSL)

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

Pinnacle Group Investments Ltd (PGIL)

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

Pinnacle™ Incorporated

The Pinnacle network

Pinnacle's network spans Waikato, Tairāwhiti, Taranaki and Lakes, from South Taranaki across to Tairāwhiti, and from Coromandel through Waikato to Rotorua, Taupō and Tūrangi.

The network continues to grow and change, with a mix of urban and rural practices, different ownership models and an increasingly varied clinical workforce responding to local need.

At 30 June 2026, 92 practices were part of the Pinnacle network, caring for 473,573 enrolled patients. Of these, 105,513 were Māori, representing 22.3 per cent of the enrolled population.

Overall enrolment increased by 2,434 people, or 0.5 per cent, from the previous year. Māori enrolment grew more strongly, increasing by 3,666 people, or 3.6 per cent.

Rural communities remain a significant part of the network, with 36 rural practices, reinforcing the importance of workforce sustainability, access, resilience and service models that work across very different communities.

Note: Unless otherwise specified, all measures and metrics in this report are reported as at 30 June 2026.

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

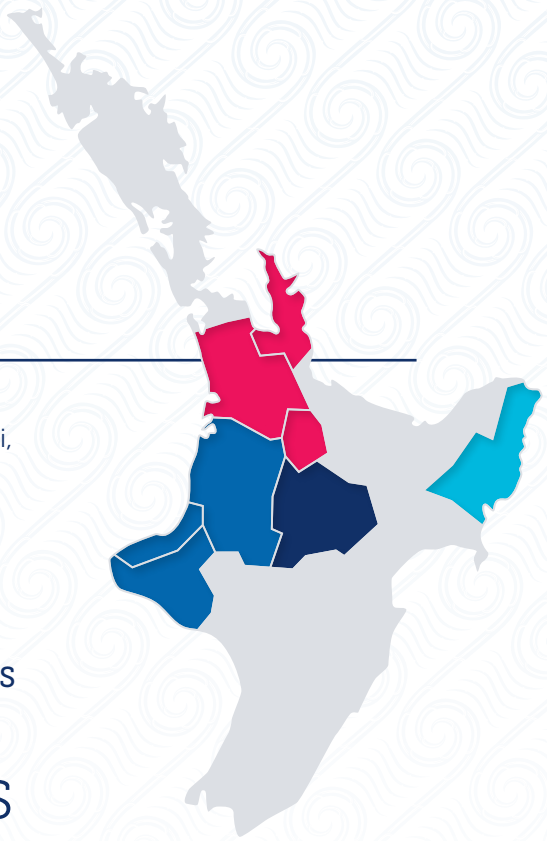
TOGETHER, WE SERVE

473,573

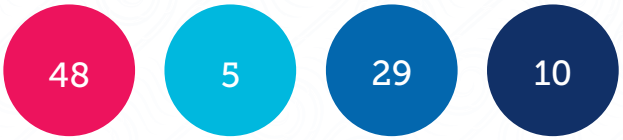
ENROLLED PATIENTS

ACROSS 92

PRACTICES



Numbers of practices in each area



Our practices – our patients

Enrolled patients by ethnicity

Ethnicity	Patients	% of total
Asian	52,447	11.1%
European	293,797	62.0%
Māori	105,513	22.3%
Middle Eastern, Latin American, African (MELAA)	7,211	1.5%
Other	1,778	0.4%
Pasifika	12,227	2.6%
Unknown / not stated	600	0.1%
Total	**473,573**	**100**

Network at a glance

749

FTE clinicians
delivered 1.65 million consultations

473,573
patients enrolled
↑ **from 471,139 in 2024/25**
+2,434

105,513
Māori patients (22.3%)
↑ **from 101,847 or 21.6% in 2024/25**
+3,666

92 practices
↑ **from 87 in 2024/25**

35 rural
PRACTICES
equal to **35 in 2024/25**



56 urban
PRACTICES
↑ **from 52 in 2024/25**

7
PRACTICES
equal to **7 in 2024/25**

owned by Primary Health Care Limited across

9
LOCATIONS
equal to **9 in 2024/25**

Our network by district

General practice increasingly relies on a wider clinical team. Alongside GPs and nurses, Nurse Practitioners (NPs), nurse prescribers, physician associates, medical and health care assistants, kaiāwhina and other roles are contributing to care across the network.

	Waikato		Tairāwhiti		Taranaki		Lakes		Network	
Measure	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26
Practices	47	48	5	5	29	29	6	10	87	92
Rural practices	21	21	1	1	11	12	2	2	35	36
Total patients	265,121	262,663	41,121	41,165	119,047	122,385	45,850	47,360	471,139	473,573
Māori patients	45,840 (17.3%)	47,175 (18.0%)	17,553 (42.7%)	17,762 (43.1%)	23,069 (19.4%)	24,420 (20.0%)	15,385 (33.6%)	16,156 (34.1%)	101,847 (21.6%)	105,513 (22.3%)
GP FTE	153.03	158.85	22.65	17.43	68.39	64.10	18.85	22.60	262.92	262.98
GP-to-patient ratio	1:1,732	1:1,654	1:1,815	1:2,362	1:1,741	1:1,909	1:2,432	1:2,096	1:1,792	1:1,801
Nurse FTE	172.45	151.00	26.45	20.38	81.75	60.70	33.50	30.40	314.15	262.48
Nurse Practitioner FTE	12.28	14.08	4.00	4.78	7.80	11.63	5.60	13.48	29.68	43.97
Nurse Prescriber FTE	5.40	47.00	0	7.35	6.10	26.92	0	12.00	11.50	15.03
Physician Associate FTE	7.00	12.48	0	0	0.80	0	0	1.60	7.80	14.08
Primary Care, Health Care and Medical Care Assistants, and Kaiāwhina FTE	37.95	33.45	5.50	3.50	17.90	15.70	18.55	19.23	79.90	71.88

Data note: Nurse prescriber FTEs are based on staff recorded in the practice as working in a nurse prescriber role, and do not include nurses who hold prescribing qualifications but are employed in another nursing role.

Practice activity and network trends

Practice activity continued to shift across the wider clinical team.

Consultation figures are based on Clinical Performance Indicator (CPI) data submitted by practices to Te Whatu Ora | Health New Zealand. This differs from raw practice management system data, which may include activity not cleaned or classified in the same way.

Overall consultation numbers remained broadly stable, but the mix of care continued to change.

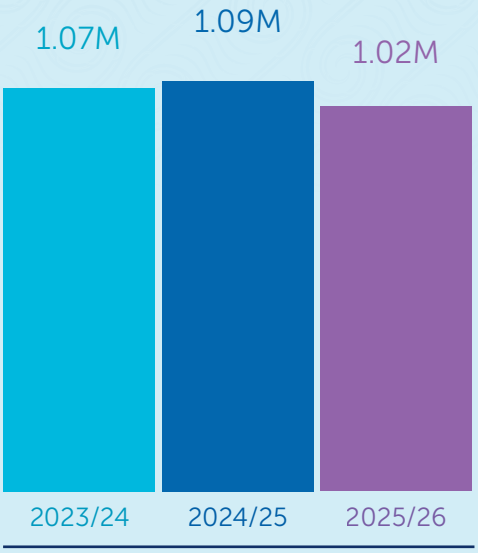
GP consultations fell while nursing and other clinical workforce consultations increased.

Access for Māori also improved through these wider clinical teams, with growth in both the number and proportion of consultations with Māori patients. This reflects the important role diverse clinical workforces play in helping general practice respond to the different needs of communities.

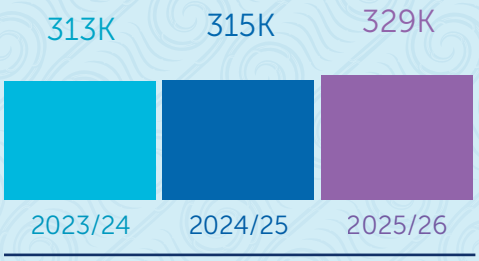
Total consultations



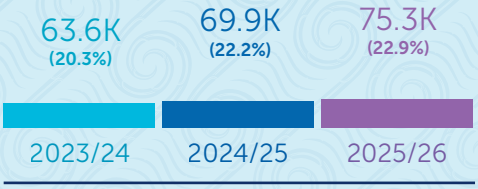
GP consultations



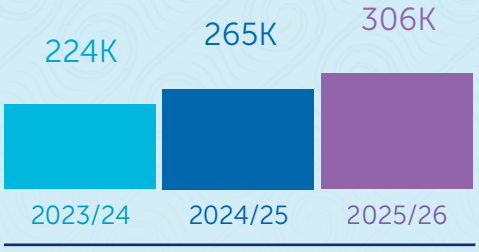
Nurse consultations



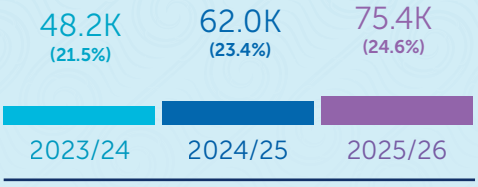
Nurse consultations with Māori patients



Other clinical workforce consultations



Other clinical workforce consultations with Māori patients



Nurse consultations increased, including consultations with Māori patients, which rose from 69,949 to 75,252 and represented 22.9 per cent of all nurse consultations.

Other clinical workforce consultations increased from 265,225 to 306,329.

Consultations with Māori patients in this group rose from 62,002 to 75,396, increasing from 23.4 to 24.6 per cent of activity.

Together, these changes reflect the growing contribution of multidisciplinary roles alongside GPs and nurses.

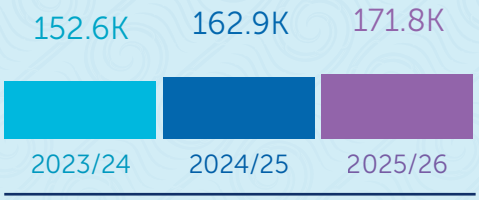
Data note: CPI consultation data uses historic provider categories of Medical/GP, Nurse and Other. Depending on practice system configuration, Nurse Practitioner activity may be recorded within either the Medical/GP or Nurse category and cannot be reliably separated.

Emergency department activity

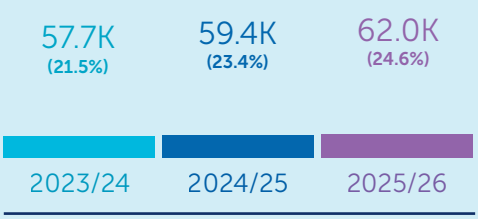
Emergency department presentations increased to 171,756. Triage 4/5 presentations also increased in number, although they made up a slightly smaller share of all ED presentations at 36.1 per cent, compared with 36.5 per cent the previous year. The continued growth in ED use is concerning and points to the need for further work on access to general practice, alternatives such as ED redirect programmes, and stronger coordination between primary and secondary care.



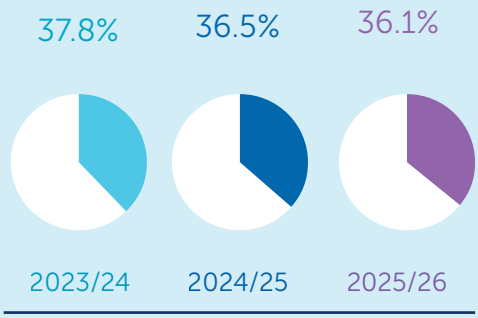
ED presentations



ED triage 4/5



Triage 4/5 share



2 Not fully comparable due to source changes.





CHAPTER 2

Turning funding into primary care delivery



The Midlands Regional Health Network Charitable Trust

The Midlands Regional Health Network Charitable Trust is Pinnacle's primary health organisation. This chapter shows how PHO funding was directed across the network during 2025/26, including funding passed to general practice, services delivered through other providers and investment in practice facilities.



Funding primary care

$141.83m
capitation funding passed through to general practice

$7.36m
funding provided to third parties

$4.36m
rural funding

$295,000
Facility Development Fund approvals

65.57%
System Level Measures* funding passed through to general practice

* System Level Measures Funding is money provided to primary care through the PHO Services Agreement to support local work that improves people's health. It is linked to a set of shared national health goals such as keeping people out of hospital, improving children's immunisation and oral health, and ensuring patients have a good experience of care, with each area agreeing a local plan on how to achieve them.

What Trust funding supports

Through Midlands Health Network and contracted providers, Trust funding supports services across four broad areas.

Primary health services to tamariki and rangatahi

Funding supports childhood and outreach immunisation, B4 School Checks and school-based health services. No-cost after-hours care was funded and workforce capacity expanded to better support tamariki health.

School-based health services delivered more than 16,000 consultations, up from 15,000 the previous year, supporting both physical and mental wellbeing. Immunisation coverage also improved, although further progress is needed to reach the national target of 95 per cent coverage for recommended childhood vaccines by 24 months.



Moeawa waits for her B4SC (Before School Check) with māmā, Rima.

Long-term conditions

Trust funding enables supports cardiovascular risk assessment, extended care teams, diabetes support and secondary prevention following cardiac events.

More than 4,700 people received care from extended care teams, up from 4,100 the previous year. Teams continued to manage caseloads carefully while providing tailored support for people with complex health needs.

Partnerships with social service providers, Whānau Ora and iwi Māori hauora providers continued to strengthen wraparound care. Around 22 per cent of extended care team patients were from rural communities.

Prevention and screening

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



Connecting with the community at the Gisborne A&P Show. Pinnacle kaimahi, from left: Jessica Andrew, diabetes community coordinator; Hinemoa McLellan, support to screening nurse; Selena Batt, regional support manager – screening services; and Kerrin Nalder, kai manaaki screening.

The transition to HPV primary screening for cervical cancer, in collaboration with the National Screening Unit and healthcare professionals, is expected to significantly reduce cervical cancer rates in the long term. Our proactive engagement in the National Bowel Screening Programme, particularly focused on increasing participation among Māori and Pacific communities, resulted in 915 (2025: 947) positive tests being followed up by our network.

Our "Once and For All" smoking cessation programme continues to achieve positive outcomes, with 1,728 (2025: 1,387) individuals successfully quitting this year, resulting in a 77 per cent quit rate (2025: 78 per cent). The use of vaping as a transitional tool contributes to this success. We are proud of the positive results achieved through our group support programmes for young (under 30 years) wāhine Māori, which address both addiction and social factors. We continue to expand the Once and For All programme through monthly events and partnerships with other organisations.

Primary mental health

Funding provides greatly-needed counselling and psychology, GP extended consultations, and integrated primary mental health and addiction services.

Demand and complexity continued to increase. Pinnacle maintained a stepped care model, with health coaches and health improvement practitioners working alongside GPs and mental health providers to improve access and support earlier intervention.

Counselling and psychology activity increased in Waikato as practices became more familiar with revised eligibility criteria, including funded access for community services card holders and young people under 19.



Primary mental health providers at Pinnacle's annual Waikato professional development day.

Supporting quality care through provider development

In June, Pinnacle's Waikato Primary Mental Health team brought together 40 counsellors and psychologists for its annual provider professional development day.

Delivered in a hybrid format for the first time, the event made it easier for providers from across the region to take part and created an opportunity to learn together, share experience and strengthen connections across the Primary Mental Health provider network.

Sessions focused on trauma-informed care, including BrainWorking Recursive Therapy (BWRT), culturally responsive practice and supporting neurodivergent clients, with participants valuing the practical tools and resources they could apply directly in their work.

The day also reinforced the importance of a connected provider network. Bringing clinicians together supports greater consistency across services, strengthens relationships between providers and Pinnacle, and helps build a shared approach to delivering responsive, evidence-informed mental health support for people across Waikato.

PHO performance at a glance

These measures provide a wider picture of prevention, long-term condition management and support for people with more complex health needs across the network.

Cardiovascular health

For CVRA coverage:
65.1%
↑ from 63.5% in 2024/25

For patients seen by ExCTs:
4,740
↑ from 4,169 in 2024/25

For Māori patients seen by ExCTs:
2,137
↑ from 1,959 in 2024/25

For rural ExCT patients:
22.31%
↑ from 21.6% in 2024/25

For diabetes HbA1c ≤64 mmol/mol:
76.8%
↑ from 75.7% in 2024/25

For Māori HbA1c ≤64 mmol/mol:
68.3%
↑ from 67.0% in 2024/25

For triple therapy:
49.3%
↑ from 46.9% in 2024/25

Extended care teams

4,740
patients supported by extended care teams

2,137
Māori patients supported by extended care teams

22.31%
of patients supported by extended care teams were rural

Cervical screening

For cervical screening – NZ European:
68.5%
↑ from 67.7% in 2024/25

For cervical screening – Māori:
62.4%
↑ from 60.4% in 2024/25

Triple therapy by district

Overall, 49.3 per cent of eligible patients with a previous cardiovascular event were receiving triple therapy. Results varied across the network.



2024/25 **45.9%**

2025/26 **51.8%**



2024/25 **41.4%**

2025/26 **51.2%**



2024/25 **51.3%**

2025/26 **44.8%**



2024/25 **45.5%**

2025/26 **46.9%**

Prevention, screening and mental health activity

***Data note**: Metrics for smoking cessation, outreach immunisation and B4 School Checks are for Waikato-only.*

3,866
vaccine doses given through outreach services*

1,587
children vaccinated through outreach services*

2,826
B4 School Checks completed*

915
positive bowel screening results returned

2,286
people enrolled in smoking cessation services*

2,254
quit dates set

1,728
successful quits

76.7%
smoking cessation quit rate

15,457
counselling and psychology sessions

9,219
GP extended consultations

14,918
integrated primary mental health care and addiction sessions

Investment in services and practice capacity



Funding to third parties

The Trust provides funding to third parties to strengthen primary care services and respond to specific community health needs.

$7.36 million was provided to third parties.

Examples of services supported include:

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

Facility Development Fund

The Facility Development Fund (FDF) supports Pinnacle network practices to improve, expand or adapt their premises where investment can increase capacity, improve access and safety, and support the long-term sustainability of general practice.

Practices used the fund to progress local developments responding to the needs of their communities and teams, with the Trust approving **$295,000** through the fund.

Facility Development Fund projects

In the 2025/26 reporting year, the Facility Development Fund supported practices to improve, expand and establish clinical spaces, helping respond to patient growth, safety, access and changing service needs.

Anglesea GP Clinic
Clinic upgrade to improve patient flow

Carefirst Bell Block
New clinic rooms for patient growth

Health Te Aroha
New clinic rooms for patient growth

Taumarunui Health Hub
Facility heating and fire system upgrades

Tau Oranga
Establishment of a new primary care clinic

Taupō Health Centre
Improving clinic security and staff and patient safety

These next two stories showcase some of what two practices have achieved through the Facility Development Fund.

Practice in focus

Tau Oranga Health Care

Helping Tau Oranga open its doors



The dyamic team at Tau Oranga Health Care: Nurse Practitioners Jacinda (left) and Jayme (right) with receptionsts Tarsh Richel and Breeze Clendon-Murray.



When Tau Oranga Health Care opened in Rotorua in January 2026, the team was starting from scratch.

The practice was self-funded, and while the building had plenty of potential, significant work was needed to turn it into a safe, functional clinical environment.

Support from the Facility Development Fund helped with one of the less visible but essential parts of getting the practice established: essential IT infrastructure and secure digital foundations.

Tau Oranga installed separate cabling so its patient management system could run independently from general internet, phones and Wi-Fi, helping the practice meet required security and cybersecurity standards from the outset.

The wider fit-out included converting rooms into consultation spaces and establishing a clinical storeroom for medical supplies and vaccine storage.

For co-founders Jayme Kitiona and Jacinda Childs, having support for that infrastructure made a real difference.

> "It helped all of it become possible," Jayme says. "It was a huge help for us getting started."

There was also something special about bringing a significant Rotorua building back to life. Opened in 1941 as part of the Women's Health League, the building has a long history in the community and has now begun a new chapter as a modern general practice.

That work has helped create a clinic designed around the people Tau Oranga set out to serve, with around 80 per cent of its enrolled population Māori.

For other Pinnacle practices considering applying, Jayme says the process was straightforward and well supported.

> "Go for it. Pinnacle gave us lots of information about how to apply, what to apply for and what would meet the funding requirements."

"For a general practice, the physical environment can become part of the access problem.

A growing patient list may mean there simply aren't enough consulting rooms. Older premises can make it harder to introduce new services, accommodate a wider clinical team or create a safer environment for patients and staff.

Sometimes the need is less visible, such as the IT infrastructure required to run a modern clinical service safely and securely.

That's where the Facility Development Fund can help. During 2025/26, practices used the funding for projects ranging from new clinical rooms and clinic establishment to heating, fire safety, security, patient flow and critical digital infrastructure.

Facility Development Fund projects can be quite different, but the purpose is the same: helping practices make practical changes that support safe, sustainable care for their communities."

Justin Butcher

Practice in focus:

Creating room to grow at Health Te Aroha



Health Te Aroha and Health Ngatea work as a connected pair of practices, with a team of around 40 able to move between sites depending on patient demand, staffing and appointment pressure.

Both have operated as Health Care Home practices for around 12 years, using same-day triage and a flexible team model to help patients access care when they need it.

But continued growth was putting pressure on the physical space at Health Te Aroha.

Patient numbers had increased by at least 1,000 over the previous two years, and the practice wanted room not only for more consultations, but for teaching, skin clinics, integrative medicine and other services.

"We became too big for the space we had and for everything we wanted to offer," says business manager, Dwayne Stewart.







An old pharmacy area that had been largely unused for two to three years was transformed, with support from the Facility Development Fund, into two new consultation rooms and a flexible teaching, integrative medicine and meeting space.

For Dwayne, the funding helped the practice move ahead with confidence.

> "We possibly would have done it without the funding, but knowing we had the funding available made it a really easy decision. It enabled us to just get on and do it."

The additional space has helped the practice expand its workforce and continue keeping its books open while many surrounding practices have closed theirs.

The new area now supports additional clinics, teaching for NZREx doctors and registrars, and other services, giving the practice more flexibility as its community and workforce continue to grow.

CHAPTER 3

Our focus



He rautaki hōu

Our strategy

Our five pou rautaki continued to guide where Pinnacle focused its effort during 2025/26. They provided a clear framework for supporting general practice, building workforce capability, improving population health, strengthening partnerships and using digital tools and innovation in practical ways.

Together with our guiding themes, Equity and People & Planet, these priorities helped keep our work centred on the needs of practices, whānau and communities during a year of significant change across primary care.



Two guiding themes sit across all five:
Mana taurite (Equity) and Ngā tāngata me te taiao (People & Planet).

They influence how we make decisions, where we focus our effort and how we think about the wider impact of our work. You'll see both themes reflected throughout this report in the stories, data and initiatives across our five pou rautaki.

He mahi hauora

General practice services

General practice is where most people experience primary care.

Our role is to support practices with funding, practical expertise, advocacy, tools and connections that help them remain sustainable while continuing to improve access and quality for patients.

A stronger voice for general practice

Pinnacle represented member practices strongly in national policy and sector discussions throughout the year, challenging decisions that did not reflect the realities of general practice.

Through PSAAP and wider sector relationships, we pushed for settings that make a practical difference to practices: sustainable capitation, fair recognition of high-needs and rural populations, sensible data requirements, and expectations that general practice can realistically deliver.

We also contributed through Network4, alongside ProCare, Pegasus Health and Tū Ora Compass Health, to make the case for long-term investment in primary care and a more stable policy environment.

The aim was not advocacy for its own sake. Across this work, our role was to make sure practice experience was heard where decisions were being made about workforce, access targets, data sharing, funding and the future role of PHOs.

Navigating the Manage My Health cyber incident

When a cyber incident involving Manage My Health emerged over the New Year period, Pinnacle moved quickly to support practices as information about the breach changed.

Pinnacle joined the national primary care response from the outset, working with Te Whatu Ora | Health New Zealand, General Practice New Zealand (GPNZ), Manage My Health, other PHOs and sector partners to interpret new information, clarify expectations and challenge unnecessary administrative work being shifted onto general practice.

Practices received regular updates, Q&As, patient and reception scripts, privacy and medico-legal guidance, media support and online briefings. A key focus was avoiding duplication: practices were advised they did not need to make separate privacy breach notifications, with affected-person notifications managed nationally.

Later in the year, attention shifted to strengthening privacy and cybersecurity arrangements, including multi-factor authentication, vendor contracts, privacy impact assessments and credential management.

For practices, the value was practical guidance and support while a complex national issue was still unfolding.



Responding to the Awanui Labs HbA1c issue

When some Awanui Labs HbA1c test results required patients to be retested, Pinnacle worked with Awanui Labs, Te Whatu Ora and local practice leaders to ensure Taranaki practices knew what had happened, who was affected and what they needed to do.

Pinnacle provided regular updates and messaging for patient enquiries, including clarification that Awanui Labs was contacting affected patients directly and that people who had not received a letter were not affected.

We also provided leadership and media support, while raising concerns about the additional workload falling on practices through retesting, patient enquiries and follow-up care.

Working with sector partners, Pinnacle continued to advocate for that impact to be recognised rather than simply absorbed by already stretched general practice teams. This included securing funding for practices to complete the additional work associated with retesting and recalling patients for consultations where needed.



Supporting sustainable general practice

General practice continues to face sustained pressure from many directions. Costs are up, workforce gaps remain, demand is growing and the work itself is becoming more complex.

Pinnacle's role is not only to support clinical care, but to help practices remain viable, resilient and able to keep serving their communities. That included practical operational support, access to discounts and shared services, investment in facilities and new funding mechanisms designed specifically to support general practice.

The stories in this section show some of the ways Pinnacle is helping reduce pressure, strengthen capability and invest in the long-term sustainability of practices across the network.

More value for practices across the Pinnacle network

Pinnacle continued to build the practical value available to network practices, with support spanning advocacy, operational help, discounts, workforce support and funded opportunities.

We negotiated strongly so we could introduce new supplier arrangements for medical consumables and waste collection, giving practices access to preferential pricing and services negotiated across the wider network. These sit alongside a growing range of other benefits designed to help reduce costs and support day-to-day operations.

Together, these benefits are designed to reduce pressure where possible, strengthen practice capability and make being part of the Pinnacle network genuinely useful in the everyday running of general practice.



Advocacy and representation

National advocacy, sector negotiations, leadership webinars, clinical and pastoral support.



Discounts and savings

Medical consumables and waste collection discounts, 25% indici discount, Patient Access Centre (PAC), Best Practice Advocacy Centre (BPAC), Heidi, HealthyPractice, Spark Health, n3 buying power and Southern Cross.



Funded opportunities

Facility Development Fund, Kia Puāwai Māori and Pasifika Education Fund, Nursing Innovation Fund and PMAANZ conference support.



Practice support

Development Managers, practice systems helpdesk, dashboards and portal, nursing support, HR, communications, EAP and Foundation Standards support.

Ko te Hikuwai o Te Tihi Ora The Pinnacle Foundation

> **$2.50 per enrolled service user** available for practices to apply for in 2026/27

A significant piece of work completed during the year was the establishment of Ko te Hikuwai o Te Tihi Ora | The Pinnacle Foundation, creating a new way to reinvest surplus income from Pinnacle's profit-for-purpose entities back into general practice across Te Manawa Taki.

The charitable trust provides a clear separation between PHO funding and charitable investment, while creating another practical mechanism to support Pinnacle network practices and strengthen the sustainability and development of general practice.

Its initial investment priorities reflect areas where practices continue to experience pressure: improving patient access, technology, recruitment and workforce capability.

Te Taumata Hauora gifted the name Ko te Hikuwai o Te Tihi Ora, translated as The headwaters of the peaks of wellbeing. The name reflects resources gathering at the headwaters and flowing across Te Manawa Taki to sustain the land and its people, closely reflecting the purpose of the Foundation.

The governance, design and funding mechanism were established during the year, enabling the Foundation to open for applications immediately after year-end, on 1 July 2026.

For its first funding year, each practice's available funding allocation was calculated at $2.50 per enrolled service user. Pinnacle network practices can apply for funding, up to the value of their allocation, for eligible initiatives aligned with the Foundation's priorities.

Applications are assessed against the Foundation's funding criteria, with a focus on meaningful benefit for patients, whānau and communities, improved access and equity, workforce capability and innovation.

Find out more and apply for funding through The Pinnacle Foundation →

Quality improvement moves into its second year

Pinnacle's Quality Improvement Programme moved into its second year, with practices continuing to use structured improvement methods to identify problems, test changes and measure whether those changes were making a difference.

Practices worked across several clinical areas, including childhood immunisation, cardiovascular disease, asthma and diabetes. Power BI dashboards helped teams identify patients who may benefit from review and prioritise activity, while Plan-Do-Study-Act cycles provided a practical way to test and refine changes.

Practice-led improvements included strengthening immunisation recall systems, prioritising patients for cardiovascular and respiratory reviews, using next-visit alerts, involving clinical pharmacists and specialist nurses, improving coding and classifications and targeting Māori and Pacific patients where data showed an equity gap.

The programme remains deliberately team-based and aligns with the Royal New Zealand College of General Practitioners (RNZCGP) continuous quality improvement module for Cornerstone.

A real strength has been the commitment of practice teams to keep testing, adapting and improving while managing the day-to-day pressures of general p ractice. Those small, practical changes are what give quality improvement its value.

The focus now is on sustaining what works and sharing useful ideas across the network, so quality improvement becomes part of everyday practice rather than a separate reporting exercise.

Improving asthma care through practical quality improvement

Taranaki practices have been using Pinnacle's quality improvement programme to make practical changes to asthma care, supported by better data, education and whole-of-team approaches.

Practices have used respiratory dashboards to identify opportunities to improve asthma management, including reducing the use of short-acting reliever inhalers without inhaled corticosteroid therapy and strengthening follow-up after asthma-related hospital admissions.

A partnership with Asthma New Zealand added locally delivered, kanohi ki te kanohi respiratory education for Taranaki practice teams. Training focused on practical, evidence-based asthma and COPD management, including inhaler technique, asthma action plans and identifying patients who need earlier review.



GPs, nurses, NPs, nurse prescribers, kaiāwhina and administration teams have all contributed to making improvements part of everyday workflows rather than the responsibility of one clinician.

The work is helping practices move from reactive asthma care towards more consistent, proactive management, while using local data and practical improvement methods to focus attention on people facing greater barriers to care.

Onboarding for a growing and changing network

The Pinnacle network continued to grow and evolve, with new practices bringing different models of care into the network.

Onboarding a new practice is more than adding it to a list. It involves bringing teams into Pinnacle systems, support, funding arrangements, clinical processes and the wider network so they can operate effectively from the outset.

One example this year was the addition of two Oceania Healthcare sites in Taupō – St John's Wood and Whārerangi Village.

Together, the two sites support around 140 older people living in residential care. Their clinical model is led locally by Nurse Practitioner (NP) Kulwant Kaur, working alongside wider nursing and clinical teams to provide coordinated primary care for residents and their whānau.

The move also coincided with Oceania Healthcare adopting the indici platform across its sites nationally, supporting more consistent clinical processes and appropriate sharing of health information.

St John's Wood and Whārerangi Village are the first Oceania Healthcare sites to join Pinnacle, extending the range of practice models represented across the network and further strengthening our connection with primary care delivered in aged residential care settings.



NP Kulwant Kaur goes about her mahi.



Officially welcoming Oceania Healthcare to Pinnacle at the launch, L-R,: Heather Lang, Development Manager (Pinnacle), and from Oceania Healthcare at Whārerangi Village: Kaye Isaacs, Clinical Manager, Kulwant Kaur, Nurse Practitioner, Cecilia McGregor, Health Care Assistant, Rasamol Thomas, Health Care Assistant, and Raewyn Whittaker, Activities.

Te whakawhanake i te rōpū kaimahi

Workforce development

A sustainable primary care workforce needs more than recruitment.

It needs training pathways, development opportunities, strong professional support and models that help people build careers in the communities where they are needed most.

Medical workforce development is part of that work too. Pinnacle supports pathways for overseas-trained doctors through NZREX and works with the University of Waikato and other partners on medical education, training opportunities and future workforce pathways that better connect tertiary learning with the realities of primary and community care.

Practice management development day

Practice managers carry an extraordinary breadth of responsibility, from people and finance to quality, compliance, patient experience and keeping a practice running.

Pinnacle partnered with PMAANZ to deliver a professional development day focused on leadership in primary care, with strong speakers, practical content and a panel of practice managers from Three Rivers Medical, Ngāti Pikiao Health Clinic, South Taranaki Rural Health General Practice and Te Awamutu Medical Centre.

The event ran across all four Pinnacle districts, with local groups joining the same programme by livestream while still having the chance to connect in person.



Top: Lakes participants joining the professional development day from our Rotorua office.

Bottom: Waikato participants joining from our Hamilton office.

> Feedback was strongly positive, with attendees describing the day as "a genuine need", "so valuable" and a welcome chance to reconnect with colleagues.

The event was one part of a wider effort to better support the non-clinical leaders who are central to sustainable general practice.

Access our Practice management toolkit →

Practice management competency framework

Practice management roles can differ widely in scope and responsibility. The practice management competency framework was developed to strengthen and support the vital role of practice management and was shaped through consultation with practice managers.

It sets out three levels of career development across five core skill areas: operations and business management, human resources, consumer-focused care, clinical, governance and strategic capability. Each area links to supporting resources.

The framework also deliberately uses the term practice management rather than practice manager, recognising that these responsibilities are increasingly shared across a team rather than held by one person.

The framework was presented and tested at an in-person practice manager meeting in Taupō and refined following feedback before being released through the Pinnacle practice portal on 26 February 2026.

Practices can use the framework alongside practice management job descriptions to identify capability gaps, support professional development and align roles with PMAANZ levels. Future work will link the framework to targeted training resources for each level and skill area.

Practice manager feedback

> "Historically PMs get very little guidance and training and the more we invest in them the better the overall result for all aspects of the business."
>
> "It is not always clear what the expectations are and what is the scope you are expected to work within [in practice management], especially when brand new and just starting out. It is not always easy to try and find the training or answers yourself either, so providing these resources is gold."
>
> "This is going to be a great resource, and I am very excited that this is being developed."

Strengthening practice management through external mentoring

Practice managers carry significant responsibility for the safe and effective running of general practice, yet many move into the role from outside health or without structured professional support.

Pinnacle looked at how mentoring could help and identified three established programmes practice managers can already access.

> PMAANZ offers a national mentoring programme specifically for practice managers, with a mentor database and support for both mentors and mentees.
>
> Wāhine Connect is available nationally to women working in health, offering either a six-month one-to-one mentoring relationship through JOURNEY or a single connection with a key-informant mentor through JUMP.
>
> Community Waikato offers a six-month mentoring programme for leaders working or volunteering in the for-purpose sector and may suit practice managers involved with Waikato charities or trusts.

Rather than create another programme, Pinnacle's focus was on making these existing pathways more visible so practice managers can more easily find support that fits their needs.

Each offers access to experienced people who can help build skills, confidence and professional connections.



Workforce Development Fund

The Workforce Development Fund was part of the national Comprehensive Primary and Community Teams (CPCT) initiative and was available to kaimahi working within primary care.

In its second year, Pinnacle continued to administer the fund in partnership with National Hauora Coalition and Hauraki PHO, supporting academic study, training and professional development across Te Manawa Taki.

The fund closed on 30 June 2026. With more than $2.48 million committed, it helped remove practical barriers to development, making learning and training opportunities more accessible to kaimahi across the region.

The reach of the fund was significant, with:

$2.48m
total value committed

678
approved applications

45%
of applicants Māori

73%
benefiting rural-based providers

41%
supporting registered nurses

43%
of funding supporting Māori hauora providers

42%
supporting postgraduate or vocational study including **20% for support costs**



56%
supporting professional development and training including **32% for support costs**

Te Manawa Taki Workforce Hub

A new Te Manawa Taki Primary Care Workforce Hub was established to provide a more coordinated approach to workforce pressures across primary and community care.

Te Whatu Ora contracted Pinnacle to lead establishment of the Hub, working alongside Hauraki PHO and regional partners.

Contracts and establishment work were in place before 30 June, and the Hub was publicly announced on 19 June 2026.

The Hub brings workforce development activity together across the region, creating a clearer point of coordination for workforce planning, training, enablement funding and primary and community workforce initiatives.

Its role spans the workforce pipeline, from encouraging people into primary care careers and supporting students and new graduates, through to recruitment, retention and development of the existing workforce.

It also gives the region a better way to understand where workforce gaps are emerging and where collective effort or investment can make the greatest difference.

For practices, this should mean workforce support is easier to access, pathways into primary care are clearer, and organisations do not have to keep tackling the same workforce problems separately.

Find out more about Te Manawa Taki primary care workforce support and opportunities →

Building reflective practice through professional supervision

In response to the 2023 Pinnacle Workforce Survey, Pinnacle funded professional supervision training through the University of Waikato for health professionals across the PHO and practice network. Over 15 months, three three-day workshops were held, with 38 participants from 18 organisations, including four Nurse Practitioners (NPs), 14 registered nurses, seven GPs and 13 allied healthcare professionals.

Participants reported a stronger understanding of how professional supervision can support reflection on challenges, positive experiences and ethical dilemmas. Benefits can include:

> reduced burnout and compassion fatigue
>
> improved decision-making
>
> enhanced self-awareness
>
> safer professional boundaries.

Participants also reported using these skills to support others in their teams and across the wider network. Pinnacle Clinical Director Dr Jo Scott-Jones mentors several younger doctors each year and says the skills he learned through the course have been extremely helpful in supporting that work.

Nurse prescribing programme reaccredited for another five years

The Midlands Collaborative Registered Nurse Prescriber in Community Health programme was reaccredited by the Nursing Council of New Zealand for a further five years.

The Collaborative model brings together health districts and PHOs across Te Manawa Taki.

Since the programme began, 218 registered nurses have completed the programme and recertified as Registered Nurse Prescribers in Community Health. At the time of reaccreditation, 108 were working across Pinnacle network practices.

Nurse prescribing increases patient choice and can improve timely access to medicines while making better use of the skills already present in primary care teams.

The five-year reaccreditation gives practices and nurses confidence that this pathway will continue to be available as the workforce evolves.



Nursing leadership, innovation and connection

Pinnacle's 2025 Nursing Conference brought nurses from across Te Manawa Taki into the same room for a day focused on leadership, innovation and the changing role of nursing in primary care.

The programme looked at nursing leadership at both national and local levels, with Te Whatu Ora | Health New Zealand's national chief nursing officer Nadine Gray speaking about leading through change and growing leadership at every level.

Sessions also explored AI and digital tools, equity, nurse prescribing and the contribution of nurses working across Hauora Māori providers, nurse-led businesses and academia.

The conference gave nurses across the network time to share experience, hear from colleagues working in different parts of primary care and strengthen professional connections.

The breadth of the programme reflected how much the nursing role continues to grow, not only in clinical care, but in leadership, prescribing, innovation and service development.

Growing the Nurse Practitioner workforce

During the year, Pinnacle joined Mahitahi Hauora, Pegasus, ProCare, Tū Ora Compass Health and WellSouth in a national consortium delivering the Nurse Practitioner Training Support Scheme (NPTSS) across Aotearoa.

The three-year programme supports registered nurses through the final practicum year of their Master of Nursing qualification and into Nurse Practitioner practice, with 180 places available nationally each year. Of these, 120 are allocated to primary and community care and 60 to specialist settings.

Pinnacle hosts the Te Manawa Taki regional nurse lead, regional coordinator and regional cultural advisor, who support candidates and workplaces across the region.

The programme includes funding, mentoring and clinical supervision, helping grow Nurse Practitioner capability and strengthen the primary and community care workforce. Applications for the 2027 NP practicum and funding were due to open shortly after year end, in August 2026.

Clinical director Jo Scott-Jones gives John McLeod Oration at WONCA



Pinnacle clinical director Dr Jo Scott-Jones delivered the John McLeod Oration at the 21st WONCA World Rural Health Conference in 2026.

The invitation is a significant international recognition in rural health, honouring leadership, contribution and the ability to challenge and inspire the rural health community.

Jo used the oration to reflect on what sustains good rural practice: making genuine connections, understanding the communities that clinicians serve, having the courage to follow the work that matters, and finding and protecting joy in practice.

He also spoke about cultural humility, mātauranga Māori and the importance of relationships in health care.

For Pinnacle, the recognition reflects something much bigger than one speech. Rural primary care is a major part of our network, and leadership in this space matters for both the communities we serve and wider conversations about sustainable rural care.

> "Rural communities need people like you to be there for them."
>
> Dr Jo Scott-Jones

Read Dr Jo Scott-Jones' full John McLeod Oration →

Recognising excellence across primary care



Celebrating success and achievement; Pinnacle's Pen Blackmore, Tammy Hebditch, Katie Latimer and Heather Lang along with Dr Robyn Chan, Dr Bronwen Thomas, Clifton Rupapera and Dr Giles Turner, were at the NZPHA to support Nurse Practitioner finalist of the year, Sue van Mierlo (Midlands Health Network), and the winner of Practice Nurse of the Year, Sarah Poupard (Taupō Medical Centre).

Pinnacle was represented across a range of categories at the 2025 New Zealand Primary Healthcare Awards | He Tohu Mauri Ora, reflecting the quality and breadth of work across our network. In a highly competitive national field, three Pinnacle-connected entries were named as finalists, with two going on to win their categories.

That is a strong result that reflects work of a high calibre, led by people who know primary care, understand their communities and are finding better ways to deliver care.

Awards can never capture everything happening across general practice and primary care, but they're a useful opportunity to recognise excellent work and the people behind it.

Sue van Mierlo was named a finalist in the Nurse Practitioner of the Year category.

Sarah Poupard, from Taupō Medical Centre, was named a finalist and went on to win Practice Nurse of the Year.

Practice Plus was named a finalist and won Excellence in Information Technology or Telehealth, recognising its contribution to improving access through virtual care and partnership with general practice.

We congratulate all those represented and recognised through the awards, and the many others across the network whose work continues every day without a trophy attached to it.

Kia Puāwai – investing in Māori and Pasifika workforce development



Celebrating Kia Puāwai 2026. Workforce development fund recipients Kahira Davis and Taryn Gillespie, supported by colleagues Rima Grant, Simone Schuil and Tracey Gillespie. Pictured from left: Rima, Kahira, Taryn, Simone and Tracey.

Pinnacle's Kia Puāwai education fund provides practical support for Māori and Pasifika kaimahi undertaking further study and professional development.

The fund recognises that cost can be a real barrier to development and that a workforce which better reflects the communities it serves strengthens trust, continuity and access.

For 2026, the fund offered support of up to $15,000 a year, with individual scholarships of up to $5,000.

Two recipients were selected.

Kahira Davis, formerly programme support for School-Based Health Services, received funding to begin Te Ara Pūtake, the New Zealand Certificate in Study and Employment Pathways at Wintec, as a pathway towards a Bachelor of Nursing.

Taryn Gillespie, a Support to Screening mobile health nurse, received funding towards a Postgraduate Certificate in Health Science at the University of Waikato, with a focus on Māori and Pasifika health.

Their study supports individual career development while building capability that can flow back into primary and community care.



Having a clinical pharmacist embedded in the general practice team has provided valuable additional medicines expertise for Waikato practices.

Through the Comprehensive Primary and Community Teams (CPCT) programme, a Te Whatu Ora initiative launched in 2023 to broaden the skill mix in primary care, pharmacists have been embedded directly into practices, working alongside GPs, nurses and the wider team.

The programme is a collaborative approach across the three Waikato PHOs, with the pharmacists employed by Midlands Community Pharmacy Group (MidCPG). They bring specialist medicines expertise into the practice, supporting medication reviews, complex medicines management and safer, more effective use of medicines for patients and whānau.

What has made the model work particularly well is how fully the pharmacists have become part of the practice team. They work directly with patients, pick up medication issues that might otherwise be missed, support other clinicians with medicines questions and free up GPs to focus on other areas of care.

The role is a practical example of how a broader clinical team can strengthen care while making better use of specialist skills within general practice.

Profile

A medicines specialist inside the practice



Clinical Pharmacist Keryn Gage-Brown (front, in white sleeves and sneakers) with some of the team at Whangamatā Medical Centre.

For clinical pharmacist Keryn Gage-Brown, being embedded in general practice means much more than reviewing prescriptions.

Working across Tairua and Whangamatā, she sits alongside GPs, nurses, reception teams and community pharmacists, helping make sure patients understand their medicines, practice records are accurate and medication changes made elsewhere in the health system do not fall through the gaps.

Much of Keryn's patient work happens in 45-minute consultations — these longer conversations can reveal things that are easy to miss in a shorter appointment.

One patient's diabetes was worsening despite changes to his medicines. Talking through his daily routine revealed that instructions to take a tablet at "dinner time" had been misunderstood; for him, dinner meant lunch. He was also regularly missing his evening medicines because his cat would settle on his lap and he did not want to disturb it.

The answer was not another prescription. It was changing the instructions to fit his life.

> "That's about hopping into their lives and understanding what actually works for them," Keryn says.

Medicines reconciliation is another major part of the role. Patients are encouraged to bring everything they take, including supplements, to appointments so Keryn can compare what the patient is actually taking with what appears in the practice system.

> "I want to understand what you are taking so we can match with what we have in our computer."

But patient appointments are only part of her day. Keryn also works through specialist letters, hospital discharge summaries and medication changes, helps doctors with Special Authorities and complex medicine questions, checks for interactions and safety issues, and liaises directly with community pharmacies when doses, blister packs, supply issues or missing prescription items need sorting.

At Tairua, where a small team carries considerable demand, she works closely with the practice nurse on areas including cardiovascular risk, inhaler education and immunisation checks.

At Whangamatā, she supports overseas-trained doctors to understand New Zealand prescribing and pharmacy systems and helps orient medical students to the pharmacist's role in primary care.

Keryn makes a point to work as a community pharmacy locum around four days a month.

> "I need to know what it looks like on both sides."

That keeps her connected to medicine shortages, packaging changes and the practical realities patients encounter once a prescription leaves the practice.

Across both practices, she sees herself as part of a wider wraparound team.

> "The nurses have their expertise and the doctors have theirs. I put my hand up and say, 'I'm the medicine specialist — let's talk about it.'"

Te hauora taupori me te oranga hapori

Population health and community wellbeing

Population health is about seeing the patterns behind individual consultations: who is missing out, where access is harder, what conditions are driving poor outcomes and where collective action can make the biggest difference.

Turning population health data into practical tools

Pinnacle developed a suite of population health and community wellbeing resources to give practices a clearer picture of the communities they serve and what changing population need may mean for general practice.

Separate profiles were produced for Waikato, Taranaki, Tairāwhiti and Lakes, alongside Te Manawa Taki-wide analysis of population health, the primary care workforce and future priorities. A strategic summary brings the key findings together for practices wanting a high-level view.

The resources combine population trends, health indicators, workforce information and wider factors affecting wellbeing, helping practices use local evidence when considering future demand, workforce needs, service models and opportunities to improve equity.

That's where Future general practice: Building practices that thrive, comes in. Released in early 2026, it was developed as a practical companion to the population health series for practice owners. It includes self-assessment across six areas: patient need, workforce sustainability, model of care, digital readiness, funding and collaboration.

Together, the resources help practices move from understanding what is changing to thinking about how they may need to respond. They are available online for practices to use alongside support from their Pinnacle team.

View Pinnacle's population health and community wellbeing resources →



Spotlight Feature

Immunisation

General practice at the centre of childhood immunisation

310,822
total immunisations recorded across the Pinnacle network

General practice delivers most childhood immunisations in Aotearoa New Zealand, and has a central role from the first scheduled immunisations at six weeks through to the 24-month milestone. Practice teams identify and recall tamariki, work with whānau, deliver vaccinations and follow up when immunisations are overdue.

Much of that work happens quietly and persistently. Practice nurses, GPs, healthcare assistants and reception teams make repeated contact, use other encounters with whānau as opportunities to check immunisation status, and continue following up when families are difficult to reach. The results below reflect that work across the Pinnacle network.

For tamariki reaching the relevant age milestones for the 12 months to June 2026, 78.0 per cent of eligible eight-month-olds across the Pinnacle network were immunised, along with 81.3 per cent of eligible 24-month-olds.

Coverage varied considerably across districts. At eight months, Taranaki recorded the highest coverage at 81.7 per cent, followed by Waikato at 79.6 per cent. At 24 months, Taranaki again recorded the highest coverage at 85.2 per cent, followed by Waikato at 82.6 per cent.

Coverage for Māori remained below overall coverage across all Pinnacle districts, reinforcing the need for continued focus on access, follow-up and equity.

Immunisation coverage at 8 and 24 months

District	8 months total	8 months Māori	24 months total	24 months Māori
Lakes ▶	66.5%	54.5%	75.0%	67.1%
Tairāwhiti ▶	73.3%	69.0%	70.1%	63.4%
Taranaki ▶	81.7%	71.3%	85.2%	79.5%
Waikato ▶	79.6%	71.2%	82.6%	72.3%
Pinnacle network ▶	78.0%	68.2%	81.3%	71.1%

Data is from the Aotearoa Immunisation Register and represents tamariki who reached 8 or 24 months of age between 1 and 30 June 2026. National and Te Manawa Taki comparisons for the equivalent period were not yet available at the time of reporting.



Making immunisation easier to access through maternity care

In April 2026, three Waikato maternity providers reached an important milestone in making funded immunisations easier for hapū māmā, pēpi and whānau to access.

Midwives by Chartwell, Waterford Birth Centre and River Ridge Birthing Centre worked through the training, cold chain, policy, monitoring and accreditation requirements needed to provide funded immunisations more directly in maternity settings. Pinnacle's Waikato immunisation team supported the providers through the process.

The change means appropriately trained midwives can provide a wider range of funded vaccines in places whānau already know and trust, creating another opportunity to vaccinate without requiring a separate visit elsewhere.

As Waikato immunisation facilitator Helen Ride put it:

> "This makes it easier for whānau to get vaccinated in a place they already know."

For general practice, this kind of work adds another access point around the wider immunisation system and helps bring prevention closer to whānau.



Enrolment and immunisation reconciliation

In Taranaki, Pinnacle's immunisation support team worked through an Aotearoa Immunisation Register report identifying 528 tamariki aged 0–8 years who were not linked to any general practice.

The team reviewed every case, checking parent and caregiver enrolment details and working with practices to reconnect children to care. Where whānau were already enrolled, practice-specific lists were provided so children could be enrolled or records reconciled. For families not linked to a practice, direct follow-up support was provided to help complete enrolment.

This work also identified children who had been immunised by a practice but were not formally enrolled or aligned through the National Enrolment Service, affecting continuity of care and practice funding.

As a result, 469 tamariki were successfully linked to the same general practice as their parent or caregiver or supported into enrolment. The remaining 59 had either moved out of the region or declined enrolment, and their details were returned to AIR for follow-up through the appropriate regional outreach services.

Practice voices

What keeps immunisation moving

We spoke with several practices about what sits behind their childhood immunisation work. None described a single breakthrough or complicated solution.

Instead, the same themes came through again and again: start early, keep recalls visible, try more than one way to reach whānau, build trust over time and keep going when contact is difficult.

The three practice stories show how that looks in different settings. Each has its own systems and style, but the common thread is persistence and a whole-team commitment to keeping tamariki from being lost to follow-up.

Practice spotlight

Hamilton Lake Clinic



Helping whānau navigate a new immunisation schedule

At Hamilton Lake Clinic, improving childhood immunisation is about more than reminding parents that an appointment is due. Sometimes it means helping parents who are new to Aotearoa New Zealand understand a health system and immunisation schedule that is completely new to them.

Practice nurse Jaspreet Kaur says this comes up regularly with families who have recently moved here.

> "Sometimes parents don't realise their children are due," she says. "They think they're up to date, but the New Zealand schedule is different."

She sees this particularly among some families who have moved from India, where parents may expect vaccines to be given at different ages.

That is one reason the Hamilton Lake Clinic nursing team starts early. For six-week immunisations, they may contact parents two or three weeks before the due date, giving families time to understand what is needed and arrange an appointment.



The team works through recall lists each week, contacting parents of tamariki who are due or overdue. If a phone call goes unanswered, they send a text, may follow up by email or through next of kin, and try again the following week.

> "We don't want to give up on the whānau," Jaspreet says.

The practice also uses Medtech recalls and reports from the Aotearoa Immunisation Register to identify tamariki who need follow-up. If a child comes into the practice for another reason, the team uses that opportunity to check their immunisation status and remind the family.

That repeated contact is paying off.

> "Most of the parents are now booking in. Sometimes they just need the reminder."

Some families remain difficult to reach, and some appointments are still missed, but Jaspreet says the team keeps trying.

For her, the approach is straightforward: contact families early, use different ways of reaching them, understand why they may not realise an immunisation is due, and keep the recall active.

> "It's just old-fashioned persistence."

Practice spotlight

Carefirst Moturoa Medical Centre



Teamwork and building relationships at Carefirst Moturoa, L-R: Practice Nurse, Liz Anderson and Primary Care Assistant, Nikki Streeter PCA, with Kirsten.

At Carefirst Moturoa Medical Centre, childhood immunisation is a whole-team effort, but for practice nurse and community nurse prescriber Kirsten Lawrence, one of the most important parts of the work is building relationships with whānau.

The practice starts early. When pēpi come in for their six-week check, the team encourages immunisation from the outset and, where possible, books the next appointment before the family leaves rather than waiting for a recall.

From there, the follow-up is persistent.

> "We're very annoying with our recalls," Kirsten jokes.

Before referring to outreach services, the team makes repeated attempts to contact whānau, and alerts are added to patient records, so opportunities are not missed when families return for other care.

The core immunisation work sits mainly with three nurses and a healthcare assistant, but Kirsten says the wider practice team plays an important role too. Having a stable team means staff get to know families, recognise names and understand where there may be opportunities to raise immunisation gently during other conversations.

Sometimes, she says, the biggest barrier is fear or suspicion.

> "You pick that up from them, but you start to develop that relationship over time when the kids are coming in. They start to develop more trust, and then you can take it from there."

That can mean taking small steps rather than expecting everything to happen at once.

> "You just chip away at it."

Kirsten says the practice works hard to make sure pēpi are brought in for their early immunisations and not lost to follow-up, even though some families remain difficult to reach.

For her, the strength of the approach is not one particular process or person.

> "I'm just proud of the way we function as a team in general, and it reflects across everything we do."

For Carefirst Moturoa, that combination of persistence, continuity and trusted relationships helps create more opportunities to have sensitive conversations.

Practice spotlight

Devon Medical Centre



Keeping childhood immunisation on the radar

At Devon Medical Centre, childhood immunisation isn't treated as a one-off task or left to one person. It is built into the way the whole practice works.

Nurse manager and practice nurse Robyn Grant-Straathof says the process starts early, with nurses contacting whānau from around four weeks to help arrange the six-week check and immunisations. Families are also reminded before appointments, and immunisation prompts remain visible whenever tamariki are seen.

> "We try and keep it as simple as possible, and we're all on the same page," she says.

The practice has nine nurses working across four pods, with dedicated time set aside for recalls. GPs are part of the process too, because prompts remain active rather than simply being rolled forward.

A continuous quality improvement project helped Devon look more closely at its own immunisation data and identify where changes could make a difference. The review found no equity gap between Māori and non-Māori tamariki at 24 months, but showed that children who had received no immunisations by 12 months were highly likely to remain unimmunised.



A clear policy and all-of-practice approach — Devon's nursing team, L-R: Anneke, Lynne, Valda, Aleisha, Robyn and Bronwyn.

That reinforced the importance of early identification and early engagement with whānau.

> "If a child comes in for something else, we can still see straight away that they're due," Robyn says.

Devon also works with outreach services where whānau need additional support to access immunisation. That provides another pathway for families facing practical or access barriers, while persistence within the practice remains important too.

> "We know we're never going to reach everyone, but we keep trying."

A clear written policy underpins the approach. For Robyn, who has worked at Devon for 25 years, it is important that the process is practical as well as thorough.

Her advice to other practices is straightforward: keep prompts active, avoid simply rolling recalls forward, and make sure the process is written clearly enough that any new nurse joining the team can understand exactly what to do.

For Devon Medical Centre, that combination of early contact, shared responsibility and continuous improvement helps keep pēpi and tamariki from disappearing from view.

Breaking barriers to primary care for people experiencing homelessness



The Taranaki Rough Sleeping Primary Care Pilot was established in July 2025 to provide free primary care to people experiencing homelessness in Ngāmotu New Plymouth.

Developed and funded by Pinnacle and delivered with Practice Plus, Te Whare o Tapatahi, YMCA, Waimanako and the Salvation Army, the service combines virtual primary care with trusted, face-to-face support from organisations already working alongside people experiencing homelessness.

The model was developed for a population that has historically had low enrolment and poor engagement with traditional primary care. Cost is one barrier, but whakamā, previous experiences of the health system and lack of an established relationship with general practice can also prevent people seeking help until health problems become acute.

Using the Practice Plus virtual platform, supported by iPad and TytoCare technology, the service provides both acute and after-hours care and planned continuity care through a dedicated weekly clinic.

Early results show the service is reaching people with significant barriers to care. More than 82 per cent of clients were Māori, 71 per cent lived in areas of high deprivation and more than half were not enrolled with a GP.

Almost half of presentations were resolved immediately, while 17 referrals were facilitated into wider health and social services.

The pilot has also reinforced the importance of trusted relationships. Clients consistently chose to have a shelter manager or other kaimahi alongside them during consultations, reinforcing the importance of designing care around trust for people who have often had poor experiences of the health system.



Updated sore throat management pathway

Pinnacle is piloting molecular point-of-care testing for Group A Streptococcus in Taranaki general practices, enabling same-visit diagnosis and treatment of GAS pharyngitis and strengthening the front line of acute rheumatic fever prevention.

General practice is central to the Rheumatic Fever Roadmap 2023–2028, but timely diagnosis depends on practices having the systems, tools and resources to provide same-visit, evidence-based care. In Taranaki, where Māori and rural communities experience additional barriers to access, point-of-care testing offers an opportunity to strengthen the sore throat pathway.

In late 2025, Pinnacle placed Abbott ID NOW molecular testing machines in six general practices across Taranaki.

By the end of June 2026, practices had administered **331 tests**, with **91 positive results**. Each positive result led to an appropriate antibiotic prescription, while negative results were managed without antibiotics, supporting antimicrobial stewardship.

The next stage will review how well point-of-care testing fits into routine general practice, including its acceptability, impact on workflows and equity of access for Māori and others at increased risk of acute rheumatic fever. Findings will help inform future commissioning decisions and the potential for the model to be sustained or expanded.



SWPICS hauora day — bringing prevention into the community



Bronwyn Dennis, Kaimanaaki and Pam Rudolph, Immunisation Improvement Facilitator, from Pinnacle's Waikato immunisation outreach team, talking with people about vaccination at the SWPICS hauora event.

Pinnacle supported the South Waikato Pacific Islands Community Services hauora event in Tokoroa, working alongside local providers to make health information and preventive care easier to access.

Across the day, the team delivered **68 vaccinations**:

- **11** childhood immunisations
- **49** Covid-19 vaccinations
- **5** Boostrix
- **3** adult MMR

Staff also had immunisation kōrero and status checks with 44 whānau, supported six vaccine-hesitancy conversations, and completed cervical screening for 13 women.

The event demonstrated the value of taking preventive care into trusted community settings, while also reinforcing the importance of strong links back to general practice.

Not everyone is ready to vaccinate or act on the day, so having a clear pathway into ongoing primary care remains an important part of community outreach and follow-up.



Tūturu supports rangatahi wellbeing in Tairāwhiti schools

Near the end of the reporting year, Pinnacle began work to establish Tūturu in Tairāwhiti, a uniquely Aotearoa approach to student wellbeing led by the New Zealand Drug Foundation and supported by health, education and Police partners.

Pinnacle's Tairāwhiti team is working with five local secondary schools to reduce alcohol and other drug harm and strengthen the way schools respond when rangatahi are struggling.

The approach moves away from a purely punitive response and helps schools look at what sits behind behaviour, what support a young person needs and who should be involved.

Senior Tūturu Lead Kim Te Riini joined the programme and national leads hui as local implementation got underway.

The programme includes support to review school policies and pastoral pathways, strengthen connections with health and social services, build staff confidence and use curriculum resources that help rangatahi develop critical thinking and make informed decisions.

Although the first public story was published in July, establishment and delivery work began before 30 June 2026 and forms part of the 2025/26 year.



Building confidence in diabetes self-management on the Coast

A Diabetes Self-Management Education (DSME) pilot gave East Coast whānau practical support to better understand diabetes and how everyday choices can affect their health.

The pilot engaged 27 of 35 participants, ranging in age from 46 to 77. All participants identified as Māori.

The group included 15 people with type 2 diabetes, three with prediabetes, five support people and two Ngāti Porou Oranga staff, giving the programme an opportunity to influence not only individual participants but wider whānau networks.

Participant feedback was exceptionally strong:

Measure	Result
Programme experience	4.93/5
Communication quality	4.87/5
Wellbeing change	4.8/5
Improved wellbeing	14 of 15 participants reported an improvement
Knowledge confidence	4.67/5

Participants particularly valued plain-language diabetes education, the culturally safe and whānau-centred environment, peer and whānau support, facilitator quality, practical nutrition skills and resources they could take home and share with whānau.

The continuous glucose monitoring trial was a particularly useful part of the programme.

Being able to see how food, exercise and daily routines affected glucose levels helped participants translate education into practical changes, including different food choices and increased activity.

The pilot also highlighted an ongoing access issue.

Whānau travelling from Te Araroa, Ruatoria and Tikitiki described long journeys as a barrier, with some requesting future delivery closer to home.

Recommendations include extending future cohorts further up the Coast, retaining the practical education focus, building Coast-based facilitator capability, increasing access to continuous glucose monitoring trials and continuing whānau-centred peer support.



Rongoā Māori improving access to physiotherapy



Pinnacle's GM Māori Health & Equity with rongoā Māori practitioner, Dale Wilson, from Wai Mauri Health.

Across K'aute Pasifika, Rauawaawa Charitable Trust, and NorthCare Pukete GP Clinic, the partnership with Wai Mauri Health continues to show strong growth, high demand, and improved access for people who had not previously used physiotherapy services.

All sites report that most clients or kaumātua have never accessed physiotherapy before, often due to cost, limited health literacy or lack of culturally aligned clinicians. As K'aute notes, "90 per cent of the clients have never accessed physiotherapy rehabilitation," and NorthCare reports similar patterns with "85 per cent of clients not accessing physiotherapy services ever."

A consistent theme is the value of culturally competent, kaupapa-based care, with Māori and Pacific clinicians improving trust, engagement and health outcomes. Rauawaawa highlights that having a Māori physiotherapist has made the service "hugely successful" and strengthened kaumātua independence and confidence.

All sites show rising referrals and increasing utilisation, creating pressure on limited clinic time and space. Each service is managing demand by offering additional appointments at other locations. The partnership also acts as a navigation and wraparound support service, helping whānau access ACC, equipment, home help and other supports.

Preparing practices for changes in diabetes diagnosis

From 1 April 2026, national HbA1c diagnostic thresholds for diabetes changed to alig n with international guidance.

Pinnacle worked early to translate what the change meant in practice, including likely impacts on patient coding, clinical conversations, retinal screening and dashboards.

At the time, around **8,570 people** across the Pinnacle network were recorded as having prediabetes.

Based on the national estimate, the threshold change was expected to move roughly 295 people into the diabetes category.

The support to practices focused on avoiding unnecessary workload while making sure people were reviewed safely and coded correctly.

Correct coding matters increasingly as data tools are used to identify people who may benefit from funded medicines and technologies.

Auaha matihiko

Digital innovation

Digital innovation is useful when it solves a real problem: reducing avoidable administration, making information easier to use, improving access, or helping practices make better decisions.

During 2025/26 the emphasis continued to shift from standalone tools towards a more connected data and digital environment.



Some of the team behind the systems and process improvements that reduced administrative burden and made it easier for practices to access the information and services they rely on. L-R: Abdullah Chikh Alard, Carey Endres, Mark Taylor, Yunru Chen, Nicola Morris, Rochelle West and Fareed Ahmed.

Improving the systems practices rely on

Pinnacle's customer experience programme delivered improvements across the systems practices and Pinnacle teams use every day to access information, make claims and manage funded services.

A significant milestone was the launch of the **Pinnacle Practice Portal**, developed with practice input to provide a secure, centralised way to access claims, payment and funding information.

Practice feedback following launch drove further enhancements, including improvements to document preview, remittance reporting and payment file accessibility, before the portal moved into ongoing operational support.

The **Comprehensive Care Reporting platform** was also significantly improved. Previously, Primary Options claims submitted through indici required manual extraction and re-entry into a separate system for processing and payment. Consolidating these workflows into a single platform eliminated duplicate handling, reduced manual effort and enabled faster processing.

Stronger release management, governance and quality controls also improved the platform's stability and reliability, and migration of Comprehensive Care information into CCR became part of routine monthly processing.

Further changes supported Stop Smoking and Support to Screening services, strengthened multi-factor authentication across key systems, including the introduction of Microsoft Authenticator as an additional option, and helped practices moving between PHOs manage claims and funding transitions more smoothly.

A structured improvement assessment process was also introduced to help ensure future system changes are prioritised against user need, business value, sustainability and cost effectiveness.

Ahead of the new financial year, Pinnacle updated and validated contracted services and pricing across practices to reflect the 2026 PHO contract uplift and support accurate payments from 1 July.

Together, these improvements reduced administrative burden, strengthened security and made it easier for practices to access the information and services they rely on.

Taking repetitive admin off practice teams

Our Health Accelerator digital assistants continued to deliver against the outcomes set out in the original business case, operating within the approved funding envelope. Through the year the robots were focused on indici and ACC claims processing, working through Health Accelerator, a collaboration of the Network4 group of PHOs supporting more than 350 practices and around 1.8 million patients nationally. The digital assistants take repetitive administrative load off practice teams, allowing more time to be redirected to patient-facing work.

The programme reached the end of its initial two-year funded period having met its original objectives, and a strategy workshop was held to shape the next phase of the work. In the coming year we plan to seek a two-year extension, funded entirely from funds already approved, so practices can continue to benefit without any new investment being required. The value has been consistent and practical: fewer manual touchpoints, faster claims handling, and a foundation of automation that later AI work can build on, including the Claim-less Claims concept now in development.

Giving clinicians more time with patients

Heidi, an ambient AI scribe, was well subscribed across the network. Heidi listens during a consultation and drafts clinical notes, referral letters and patient summaries, giving clinicians more time with patients and reducing after-hours documentation.

Through Pinnacle's Health Accelerator partnership with Heidi, practices could access discounted pricing, including a practice plan offering up to 43 per cent off standard pricing for eligible practice teams. Uptake was strong and steady across practices.

A significant learning this year was the importance of helping practices navigate the legal and privacy risks of "free" AI tools in healthcare. Rather than leaving individual practices to work this out alone, we surfaced the risks early and provided clear guidance on safe, compliant use.

> This positioned Pinnacle as a trusted source of advice as clinical AI tools proliferated, and reinforced that the value of these tools depends as much on safe adoption as on the technology itself.

As clinical AI becomes more common, practices should not have to navigate privacy, security and implementation questions on their own. Pinnacle's role is to help practices understand both the opportunities and the risks so these tools can be adopted safely and usefully.

In the coming year we plan to keep building on this guidance as the tools and the regulatory picture continue to evolve.

Getting to answers faster with Ask Pinnacle

Ask Pinnacle is our staff self-service data capability, letting people ask questions of our data directly rather than waiting on manual reporting. We developed it steadily through the year and moved it into pilot from March, testing it with real queries and refining accuracy, guardrails and cost controls as we went.

Daily cost monitoring and optimisation were built in from the outset so the capability could scale responsibly. The pilot showed clear promise: faster answers for kaimahi, less time spent on repetitive data requests, and a more consistent basis for decisions across the organisation. Faster access to reliable information can also help Pinnacle teams respond more quickly to practices and make better-informed decisions. In the coming year we plan a progressive rollout to embed Ask Pinnacle more widely in everyday work, so more of the network can get reliable answers quickly and self-serve with confidence.

Building a safe foundation for AI

Our broader AI at Pinnacle programme progressed through the year, with the groundwork laid to embed AI tools responsibly across MHN and PHCL. The emphasis throughout has been on effectiveness and productivity: helping our people do their work better and freeing up time for higher-value activity, rather than framing this as a cost-cutting exercise.

Work focused on developing the governance, staff capability, training and support needed for AI tools to be adopted safely and consistently across the organisation.

This deliberate, capability-first approach means the tools are introduced in a way that our people trust and can actually use. In the coming year we plan a progressive rollout to embed these tools more widely across the network, continuing to prioritise real usefulness and safe practice over speed of deployment.

Reducing the burden of claiming

Claim-less Claims is a concept we have been developing to tackle a well-known friction point for practices: the administrative effort involved in submitting claims. The idea is to use AI to review clinical notes and prepare claims for practice review, reducing manual handling while keeping clinicians in control of what is submitted.

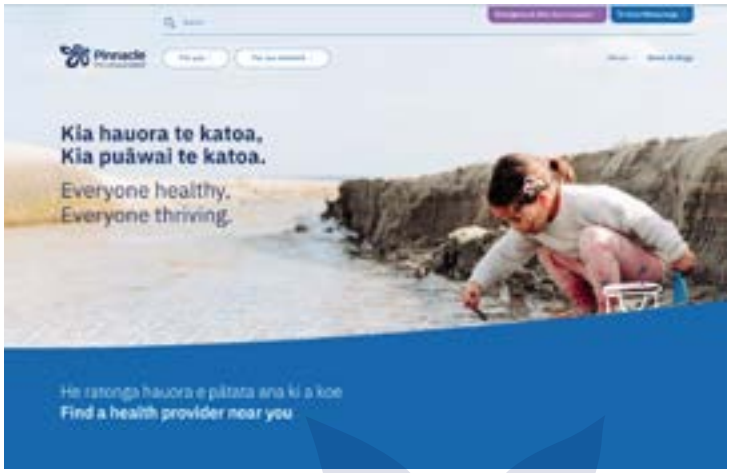
We scoped the approach and began the groundwork to test it safely. In the coming year we plan to move this into a pilot so we can validate the benefit for practices in a controlled setting before any wider use. The next step is to test whether it can safely and accurately reduce claiming effort before considering scaling it.

Rebuilding Pinnacle's website and portal

Pinnacle completed phase 1 of a major rebuild of its public website and practice-facing digital environment.

Previously, information sat across two separate websites with different structures and audiences. The rebuild brought this together and included development of Te Puna Mātauranga, Pinnacle's member portal.

The new structure was informed by user workshops, focus groups, practice feedback and testing, with the aim of giving practices a clearer route to information, resources and member-only content. Post-launch feedback has helped identify opportunities to continue refining the site, with a particular focus on the Programmes and services area.



He rautaki whakawhanaunga

Strategic partnerships

Strong primary care depends on relationships that hold when the system is under pressure.

We continued to work with iwi, Māori providers, community organisations, other PHOs, tertiary partners and national agencies to solve practical problems, strengthen workforce and keep local realities visible in national decision-making

Te Manawanui — integrated mental health support in Taranaki

Pinnacle joined Te Korowai o Ngāruahine Trust, Ngāti Ruanui and Tui Ora to form Te Manawanui, an integrated primary mental health and addiction service across Taranaki.

Through the service, kaitautoko/health coaches and health improvement practitioners (HIPs) support people with a wide range of mild to moderate concerns, including stress, anxiety, whānau issues, sleep, weight management, addictive behaviours and lifestyle change.

The model takes a whole-of-health approach, recognising that mental and physical wellbeing are closely connected and that people often need support that sits across both.

In the previous quarter, HIP consultations and registrations increased while satisfaction remained consistently stable.

The collaboration brings together kaupapa Māori providers and primary care partners to make mental health support more accessible and better connected across Taranaki.



Minister for Mental Health Matt Doocey with Pinnacle CEO Justin Butcher, the then-Taranaki district manager Tama Tamatea, Health NZ representatives and partners involved in Te Manawanui during a visit to Taranaki.



University of Waikato partnership

Pinnacle continued its partnership with the University of Waikato and other primary care partners to strengthen the future health workforce and improve opportunities for students to learn in primary and community care settings.

The work supports a more interprofessional approach to health education and creates stronger links between tertiary training, local workforce need and the realities of care outside hospitals.

The partnership also continued to support wider conversations about workforce pathways, leadership development and the role of primary care in training the health professionals Aotearoa will need in future.

Working together through GPNZ

Pinnacle continued to work closely with General Practice New Zealand (GPNZ) on national issues affecting general practice.

That relationship provided an important channel for sharing what practices were experiencing locally, coordinating responses when national issues emerged and contributing to wider primary care advocacy.

A clear example was the Manage My Health cyber incident, where Pinnacle worked alongside GPNZ and other sector partners as part of the national response. This included regular discussions as information changed, coordinated messaging and efforts to prevent unnecessary administrative work being passed on to practices.

Pinnacle also continued to participate in GPNZ-supported networks and forums, including Ngā Matapihi o te Wairua, helping connect local experience with wider primary care leadership and advocacy.

Network4 — greater national influence through partnering

Pinnacle continued to work alongside ProCare, Pegasus Health and Tū Ora Compass Health through Network4, a partnership between four of New Zealand's largest primary health organisations.

Together, Network4 supports more than 350 practices and over 1.8 million enrolled patients, giving the partners significant collective reach while retaining the local relationships and regional knowledge each organisation brings in its own right.

The partnership provides a stronger national voice for primary care and creates opportunities to work together on issues that affect practices, patients, whānau and communities across Aotearoa. Collaboration continued across advocacy, workforce, service development and innovation.

Health Accelerator is one example of that work in practice. Established by the Network4 partners, it brings together expertise, resources and scale to develop and deploy digital solutions that reduce administrative burden, improve clinical workflows and support primary care teams to spend more time on patient care.

By November 2025, Health Accelerator digital assistants had unlocked more than $180,000 for general practices.



It was an honour to welcome Ngā Matapihi o te Wairua to our Hamilton office.

Hosting Ngā Matapihi o te Wairua

In February, Pinnacle welcomed Ngā Matapihi o te Wairua to Kirikiriroa for a two-day wānanga.

Supported by GPNZ, the rōpū brings together respected Māori health leaders from PHOs and primary care organisations across Aotearoa. It provides a collective Māori voice on equity, access and the issues affecting whānau Māori, while creating a place to share knowledge, resources and approaches that can support general practice.

Its work includes sharing kaupapa Māori and whānau-centred models of care, advising GPNZ on Māori health priorities and contributing to national advocacy on primary and community care.

The wānanga began with a mihi whakatau before two days of kōrero and shared mahi.

As host, Pinnacle also received the taonga Ngā Matapihi o te Wairua, which travels from one host organisation to the next, carrying the mauri, relationships and collective purpose of the rōpū.

Hosting the wānanga was a privilege and an opportunity to contribute to work that supports better care and outcomes for whānau Māori.

Advocating for equity in national health legislation

In August 2025, Pinnacle submitted on the Healthy Futures (Pae Ora) Amendment Bill, setting out concerns about the potential impact of the proposed changes on equity, Māori health leadership and culturally safe care.

The submission drew on what practices and communities across Te Manawa Taki see every day: people do not start from the same place, and barriers linked to geography, deprivation, workforce shortages and longstanding inequity affect access to care.

Pinnacle's submission called for equity to remain a core health system principle, for Māori leadership to be retained, and for strong data to continue to support identification of enrolment and access gaps.

This formed part of Pinnacle's wider advocacy role, using the experience of the network to contribute to national decisions affecting how primary care is funded, organised and delivered.

Our guiding themes

Our guiding themes of Mana taurite (Equity) and Ngā tāngata me te taiao (People & Planet) run across Pinnacle's work.

The stories in this chapter highlight some of the work most directly connected to these themes. They are not an exhaustive account, and you'll also see both themes reflected throughout the other chapters of this report.

Mana taurite

Equity

Health equity is not a separate programme of work. It runs through the way Pinnacle works with practices, iwi, Māori providers, communities and partners, and through the way we use data, funding and advocacy.

During 2025/26, this was reflected in work across the report, including investment in Māori and Pacific workforce development, the wider rollout of Tikanga in Practice, kaupapa Māori and Nurse Practitioner-led models of care, community-based services and targeted work to improve access for people who experience greater barriers to care.

The data also continues to show where inequities remain.

Māori immunisation coverage, diabetes outcomes and access to care are examples where there is still more to do. Using district and population-level information helps us see those differences more clearly and direct effort where it is most needed.

Pinnacle also continued to advocate where national policy settings could affect equity, including through its submission on the Healthy Futures (Pae Ora) Amendment Bill and wider sector discussions about funding, access and Māori health leadership.

He Ara Whakamua — Pinnacle's Māori health strategy

He Ara Whakamua provides Pinnacle's strategic direction for improving Māori health and advancing equity across our work.

Work continued to prepare the strategy for wider use, including finalising the document for publication. At 30 June 2026, broader socialisation with staff and implementation across the organisation are continuing.

In the coming year, the focus will be on making the strategy more visible and accessible, supporting staff to understand what health equity means in their work programmes, and continuing to embed its priorities across Pinnacle's programmes and services.

Supporting IMPBs with meaningful Māori health data

Pinnacle has been working to support Iwi Māori Partnership Boards (IMPBs) across Te Manawa Taki with access to relevant population health information for Māori-led planning and decision-making.

The work has focused on understanding what data can be shared, how it should be governed and what is required to meet privacy, security and legislative obligations. This includes working through Health New Zealand's data-sharing criteria and requirements.

At 30 June, Pinnacle was still awaiting the outcome of Te Whatu Ora's review and approval processes before wider data sharing could progress.

In the meantime, our focus remains on strengthening relationships with IMPBs and preparing for a more consistent approach to sharing useful Māori health information once the national requirements are clear.

Building cultural confidence through tikanga guidance



Some of the Wellspring Medical team who took part in a workshop to learn more about the resources and how they could support the practice's ongoing cultural development. Pictured with them are Pinnacle cultural partner / pou tikanga Koro Samuels (far left), GM Māori health & equity Rāwiri Blundell (next to Koro), and Charlie Poihipi, programme lead – Māori health & equity (back centre).

Tikanga in Practice: A guide for culturally confident care moved from pilot into wider rollout during 2025/26, helping general practice teams build cultural confidence in everyday care.

Developed with early input from Hamilton East Medical Centre, Grandview Medical Centre and Tokoroa Medical Centre, the resource focuses on practical aspects of whānau Māori experience, including communication, whānau support, pronunciation, manaakitanga and the way people are welcomed into a practice.

By 30 June, it had been introduced in **17 practices**, engaging **more than 160 staff** through facilitated workshops. Of the 32 participants who completed an evaluation, **more than 95 per cent** said the workshop provided a safe and respectful environment for open kōrero.

At Wellspring Medical Centre, the resource reinforced practices already in place, including using te reo Māori, welcoming whānau into consultations and taking time for genuine kōrero.

The rollout will continue, with the aim of reaching 80 per cent of the Pinnacle network.

Some of the feedback received...

"The content was presented in a practical and accessible way, without feeling overwhelming or overly focused on rules. The key message of treating our patients with respect came through clearly."

"Very informative, gave a feeling of empowerment to continue to support our patients both spiritually and with empathy."

"This was so good for bonding amongst each other... sharing stories helped our connection and identified how we can better connect with our patients."

Ngā tāngata me te taiao

People and Planet

Ko ahau te taiao, ko te taiao ko ahau

The ecosystem defines my quality of life.

People and Planet recognises the connection between the health of the ecosystem and the wellbeing of people.

The 2025/26 year marked the formal establishment of the Pinnacle Group Sustainability Steering Committee and a deliberate shift from a broad climate commitment to a structured, practical work programme.

The year focused on establishing the governance foundations for the work and beginning to prioritise practical initiatives. The longer-term outcomes in the three-year roadmap remain ahead.



Sustainability steering committee and framework

Pinnacle formally established its Sustainability Steering Committee during 2025/26. This built on earlier work, including Pinnacle's Climate Change Position Statement released in July 2025 and activity already underway through the Climate Action Rōpū.

By 30 June, the committee had confirmed its terms of reference and developed a climate action and sustainability plan to guide work across Pinnacle and the wider practice network.

The plan covers governance, energy and emissions, waste, water and infrastructure, clinical practices and supply chain, workforce engagement, and community and patient engagement. It also distinguishes between actions within Pinnacle's own operations and areas where sustainability work may extend across the network.

Sustainability also became more visible. In August, practice managers heard about opportunities to advance sustainability in general practice, and Pinnacle marked Earth Day in April 2026 as part of building awareness and staff engagement.

The committee began identifying quick wins alongside medium and longer-term initiatives, with the three-year roadmap including goals around emissions reduction, efficiency-related cost savings and stronger Board reporting.



Priorities for 2026/27

Looking ahead to 2026/27, the committee has identified a practical set of priorities to move the programme from planning into action.

At 30 June 2026, baseline carbon measurement had not yet begun and is a priority for the coming year.

Governance – maintain an annual review cycle for the sustainability framework, plan and policy.

Employee engagement – focus first on food waste and targeted staff communication.

Work-related travel – reduce unnecessary travel through better planning, virtual meetings and carpooling.

Clinical and service-delivery waste – identify practical ways to reduce waste.

Carbon footprint – establish Pinnacle's baseline carbon footprint, including confirming the most appropriate measurement approach and tool, identifying where emissions are generated across the Group, and creating a basis for measuring future reductions and change.

Practice network engagement – share useful sustainability ideas and learning with practices.

CHAPTER 4

Accountability and transparency



How we're governed

Pinnacle Incorporated Executive Committee | Pinnacle Board

General practice experience remains central to Pinnacle's governance.

The Pinnacle Incorporated Executive Committee combines member directors with independent directors, bringing experience from general practice and clinical care alongside expertise in areas such as governance, finance, risk and stewardship.

Independent Chair Amit Prasad says having that practice and clinical perspective at the table is important when decisions are being made across the Group.

"Anything that we make as a final decision needs to have that clinical overlay, needs to have the clinical governance, needs to have the GP voice around it."

Pinnacle Board members
(30 June 2026)

Amit Prasad *(Independent Chair)*

Dr Kiyomi Kitagawa *(Deputy Chair)*

Dr Giles Turner *(Member)*

Manu Sione *(Independent Director)*

Michelle Nathan *(Independent Director)*

Vui Dr Tamatoa Blaiklock *(Member)*

Dr Hayley Scott *(resigned 30 June 2026)*

GPs and other health professionals contribute across Pinnacle's governance and leadership, helping keep the realities of general practice and primary care visible in decision-making.

Meet our boards, committees and leadership teams →

Acknowledging Dr Hayley Scott

We want to acknowledge Dr Hayley Scott, who, during the year completed two three-year terms on the Executive Committee. Over six years Hayley brought a strong rural and general practice perspective to governance, combining clinical insight with a willingness to ask difficult questions. She stepped down to return more of her focus to patients and practice, and we are very grateful for the contribution she made during her time on the committee.

Hayley's position on the executive committee will be filled through the 2026 AGM process, with strong interest already received from GPs and NPs across the network.

A lifetime of listening



Dr Frank Cullen with some of the team at Fairfield Medical Centre, where he had worked for more than 40 years.

Dr Frank Cullen retired from general practice in November after more than 40 years in medicine and 42 years at Fairfield Medical Centre.

Frank has also been part of Pinnacle's story for decades. He was involved in the organisation's establishment, served on the Pinnacle Incorporated executive committee until 2020 and was a former chair, bringing a strong general practice voice to governance during some of Pinnacle's formative years.

In practice, he cared for generations of the same families. Not long before retiring, Frank completed a six-week check for a pēpi whose great-grandmother he had seen the previous day. For him, that continuity and connection was at the heart of general practice.

> "For me, the medicine is interesting, but the people are far more interesting."

Frank remembers when Pinnacle was regarded as a small rural PHO in the middle of the North Island, despite developing systems and approaches that would later become widely used, including early work in electronic health records and referrals.

Frank remains convinced that personal connection will be essential to the future of general practice, even as technology changes how care is delivered.

Pinnacle's largest meeting room, The Cullen Room, carries his name in recognition of his contribution to general practice, governance and the network.

Asked how he would like to be remembered, Frank's answer was characteristically simple: "I'd like it to be that I listened."

> "If you go back and look at the systems that are now adopted in the Waikato and variations of them around the country, they were all developed in Pinnacle. All that innovation and early change into health record stuff, the electronic referrals, all that came out of Pinnacle. There was a huge amount, and we kind of just flew under the radar."
>
> Dr Frank Cullen

Read Dr Frank Cullen's full story →

Expanding membership and representation

Pinnacle Incorporated reviewed its membership model during 2025/26 to better reflect how general practice and the organisation have changed.

Historically, GPs within Pinnacle practices paid to become members of Pinnacle Incorporated and received a range of benefits in return. Over time, those benefits have increasingly extended to people across the whole practice team, regardless of role. This prompted the executive committee to reconsider the purpose and value of paid GP membership.

Nurse Practitioners included in membership

The constitution was amended to enable Nurse Practitioners (NPs) to become members of Pinnacle Incorporated, including the right to vote for elected governance roles alongside GPs.

This reflects the growing number of NPs working across the network, including practices owned and operated by NPs.

Wider clinical representation on the executive committee

Clinical representation on the executive committee was also expanded. Four positions are now designated for clinical representatives, with at least three held by GPs.

Clinical representatives include health practitioners registered under the Health Practitioners Competence Assurance Act, with rongoā Māori practitioners also recognised as clinicians for this purpose.

This creates the opportunity for a wider range of clinical voices from general practice to be represented when positions become available.

Membership fees removed

The executive committee confirmed the removal of membership fees from 1 July 2026, meaning there is no longer a cost to become a member of Pinnacle Incorporated.

Together, the changes are intended to make membership more inclusive and ensure a wider range of voices from practices can participate in Pinnacle's membership and governance.

Midlands Regional Health Network Charitable Trust Board

> The Trust Board provides governance of Pinnacle's PHO responsibilities, including how primary care funding is stewarded and directed across the network.

The Midlands Regional Health Network Charitable Trust Board governs the PHO function within the Pinnacle group.

Its role is different from the Pinnacle Incorporated Executive Committee. The Trust Board oversees the PHO responsibilities carried out across the network, including stewardship of primary care funding and the services delivered through Midlands Health Network and contracted providers.

The Board brings together clinical, Māori partner, community and independent representation. This mix is intended to keep decisions connected to general practice, Māori health, community need and sound governance.

Trust Board members
(30 June 2026)

Amit Prasad *(Independent Chair)*

Vui Dr Tamatoa Blaiklock
(Pinnacle Incorporated representative)

Dr Kiyomi Kitagawa
(Pinnacle Incorporated representative)

Pehimana Brown
(Founding Māori Partner representative)

Wayne Mulligan
(Founding Māori Partner representative)

Gary Thompson *(Community representative)*

Claire van der Most *(Community representative)*

Dr Hayley Scott *(resigned 30 June 2026)*

Te Taumata Hauora Māori

Te Taumata Hauora Māori provides Māori health advice and guidance across Pinnacle, bringing iwi, Māori and community perspectives into governance and organisational decision-making.

Its members provide an important connection between Pinnacle and Māori communities across Te Manawa Taki, helping ensure Māori health, equity and cultural perspectives remain visible in decisions that affect the network.

Te Taumata Hauora Māori
(30 June 2026)

Gary Thompson (*Kaiwhakarite — Chair)*

Atutahi Riki

Cheri Waititi

Endine Dixon-Harris

Willow Salvador

Manu Sione

Michelle Nathan

Rangimahora Reddy

Reweti Ropiha

Tonga Karena

Alf Robson



Matua Atutahi Riki, one of the kaumātua on Te Taumata Hauora Māori, with Pinnacle cultural partner and pou tikanga (Waikato) Koro Samuels, preparing to welcome manuhiri to Pinnacle's Hamilton office.







He tangata

Our people

Pinnacle Midlands Health Network's workforce is part of the support system around general practice.

Some teams work directly alongside practices and communities, including School-Based Health Services, immunisation outreach, health improvement practitioners and other clinical roles.

Others provide specialist support in areas such as workforce development, quality improvement, practice management, data, digital services, finance and population health.

Together, this means practices are not working in isolation. They have access to clinical, operational and specialist support that can help extend care, respond to local need and manage the growing complexity of primary care.

At 30 June 2026, Midlands Health Network employed 203 people, representing 167.2 FTE. The following profile provides a snapshot of who makes up that workforce, how people work, and how it has changed from the previous year.

Workforce at a glance

167.2
FTE
↓ FROM 170 FTE IN 2024/25

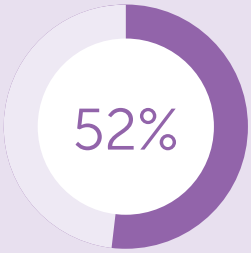
46 years
AVERAGE AGE
↑ FROM 45 YEARS IN 2024/25

203
EMPLOYEES

14%
PERMANENT STAFF TURNOVER
↓ FROM 16.2% IN 2024/25

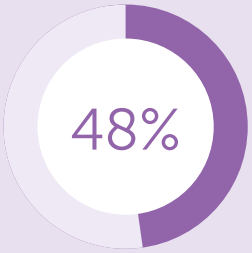
86%
EMPLOYEE ENGAGEMENT
↑ FROM 83% IN 2024/25

Patient-facing workforce



106 people

Network and organisational support



97 people

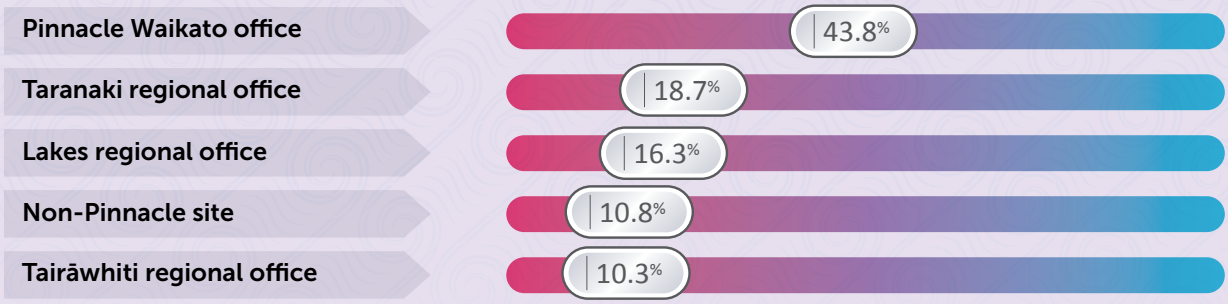
Work pattern



109 people

94 people

Where we work



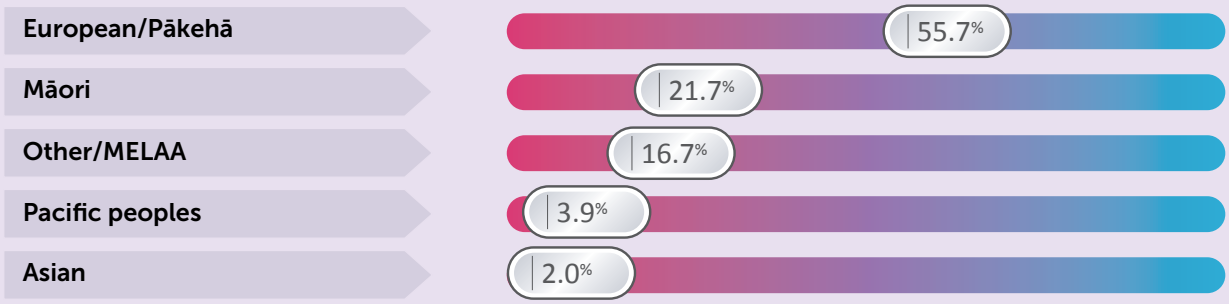
Data note: *"Non-Pinnacle site" primarily refers to the school nurse workforce based in schools.*

Diversity snapshot



Data note: *Gender is reported according to the categories recorded in the HR system at 30 June 2026.*

Ethnicity of all staff



Data note: *Ethnicity is grouped using Stats NZ Level 1 categories. Last year's report grouped the remaining ethnicities differently, so not all categories are directly comparable year on year.*

Financial disclosures



1. Midlands Regional Health Network Charitable Trust

Midlands Regional Health Network Charitable Trust

The Midlands Regional Health Network Charitable Trust (the Trust) is the primary health organisation (PHO) serving Te Manawa Taki. It is responsible for managing the primary healthcare of close to 473,000 patients across 92 practices in Tairāwhiti, Taranaki, Rotorua, Taupō, Tūrangi, Thames-Coromandel, and Waikato.

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

Trust financial results at a glance

Funding received

$203.4m ↑

11% from $182.9m in 2025,
and included $139.8m of first level services funding (capitation).

Application of funding

$203.3m ↑

11% from $182.4m in 2025
and included a 100% pass through of first level services funding to general practice of $141.8m..

Net cash flow

($3.5m)

↓ 59.1% from ($2.2m) in 2025
A decrease of $1.3m from the ($2.2m) recorded in 2025, primarily reflecting the distribution of Comprehensive Primary Care workforce development funds that had been bulk funded by Te Whatu Ora.

Net surplus

($0.8m)

↓ 260% from $0.5m in 2025.

Total equity

$8.7m

↓ $0.8m from $9.5m in 2025

Uncommitted cash

$2.3m

↓ $0.1m from $2.4m in 2025.

PHO funding streams

The Trust receives funding from the following sources:

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

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

This section sets out the funding received and the application of funding for each funding stream.

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

Flexible funding pool

A deficit of $806k was recorded. Major contributors were receiving $238k less than budgeted (primarily, Care Plus stream) and additional investment of $463k in the development of primary care data sharing and immunisation data activity.

Te Whatu Ora side agreements

These were balanced with expenditure matching the funding.

Note: The tables exclude the Trust's overheads (governance and administrative fees) and interest income.

Capitation $m	2025/26*	2024/25
Funding to PHO	139.8	120.7
Management fees	-	-
Funding to practices	(139.8)	(120.7)
Net result	**-**	**-**

* ***Note:*** *Capitation included a new performance-based stream and pay disparity funding.*

Equity adjustor $m	2025/26	2024/25
Funding to PHO	2.0	1.8
Management fees	-	-
Funding to practices	(2.0)	(1.8)
Net result	**-**	**-**

Pay disparity $m	2025/26*	2024/25
Funding to PHO	0.2	3.6
Management fees	-	-
Application of funding	(0.2)	(3.6)
Net result	**-**	**-**

****Data note:*** *Pay Disparity funding is no longer distributed to the Network, as it is now incorporated within Capitation funding. The 2025/26 figures relate to funding received and applied for Midland Health Network nursing staff.*

Flexible funding pool $m	2025/26	2024/25
Funding to PHO	22.1	21.8
Management fees	(3.7)	(3.7)
Application of funding	(19.2)	(17.1)
Net result	**(0.8)**	**0.9**

Rural $m	2025/26	2024/25
Funding to PHO	4.4	4.1
Management fees	-	-
Funding to practices	(4.4)	(4.1)
Net result	**-**	**-**

Te Whatu Ora side agreements $m	2025/26	2024/25
Funding to PHO	34.5	29.9
Application of funding	(34.5)	(30.8)
Net Result	**-**	**(0.8)**

Quality and Coverage and Capacity funding

Quality, and Coverage and Capacity funding are funded out of Flexible Funding.

Funding passed through to general practice via our Quality Improvement Programme. Capacity and Coverage increased.

Quality Improvement Programme – Increased by $32k representing only 2,434 (+0.5%) increase of the enrolled patient base.

$5m

paid directly to general practices

($5m in 2025)

Capacity and Coverage – Funding increased by $300k, primarily reflecting the full-year impact of a 25% increase in the funding rate per ESU, effective from 1 April 2025.

A total of

$2.0m

was paid directly to general practices

↑ from $1.7m in 2025

2. Pinnacle Group

Pinnacle Incorporated (Pin Inc.) is the GP member organisation and parent entity for all entities within the Pinnacle Group.

It holds contracts with the Midlands Regional Health Network Charitable Trust to deliver services through GP practices and contracts directly with practices to manage payments and provide membership benefits.

Group financial results — at a glance

Revenue

$78.1m ↑

Up 1.8%
from $76.7m

Surplus from operations

$4.8m ↑

Up 33.3%
from $3.6m in 2025.

Net surplus

$5.3m ↑

32.5%
from $4.0m in 2025.

Net cash flow

$3.2m ↑

Up 313%
from a cash outflow of $1.5m in 2025
due to improved profitability and lower investment in property plant and equipment.

Total equity

$16.02m ↑

Up $5.3m
from $10.7m in 2025.

Pin Inc. financial performance $m	2025/26	2024/25
Revenue	29.9	30.7
Expenditure	(29.4)	(30.8)
Net surplus	**0.5**	**(0.1)**
Practices	92	87
ESUs	473,573	471,139

3. Primary Health Care Limited (PHCL)

Primary Health Care Ltd (PHCL) is an entity of Pinnacle and is the largest profit-for-purpose operator of general practice in Aotearoa New Zealand.

PHCL owns and operates seven general practices across nine locations in Waikato, Taranaki and the Bay of Plenty, spanning a diverse mix of urban, rural and VLCA communities.

PHCL plays three important roles within the wider Pinnacle network.

It provides a real-world environment to test and refine new models of care, technology and operational approaches before successful initiatives are shared with Pinnacle member practices. PHCL also provides Pinnacle firsthand insight into the workforce, financial, operational and clinical challenges facing general practices and the communities they serve.

Alongside its general practice operations, PHCL has diversified revenue streams, including ownership of investment properties, which provide additional and sustainable sources of income. Any surplus generated by PHCL is directed to the Pinnacle Foundation, supporting and benefiting all practices across the Pinnacle network, their patients and communities.

While PHCL is part of the Pinnacle group, it does not receive preferential access to PHO funding, including flexible funding streams. PHCL also contributes to group overheads on a commercial basis.

As at 30 June 2026, PHCL employed 153 staff. PHCL's ESU base decreased by 923 to 50,289 (2024/25: 51,212).

PHCL Financial Performance $m	2025/26	2024/25
Revenue	*26.5	23.4
Expenditure	(23.0)	(21.2)
Net surplus	**3.5**	**2.2**
ESUs	50,289	51,212
Number of practices	7	7
Total headcount	153	165
– Clinical	85	86
– Non-clinical	68	79

**Includes income from PHCL's investment properties.*
Note: PHCL has seven practices across nine locations.

Responding, adapting and improving

The following highlights are just some examples from the past year that demonstrate PHCL's role in testing practical initiatives that respond to patient needs and challenges facing general practice, with successful approaches shared across the wider Pinnacle network..

Our Tribe Early Childhood Education Centre

PHCL delivered fortnightly onsite nursing clinics at Our Tribe Early Childhood Centre in Hamilton, providing primary healthcare to tamariki aged 0–5 from whānau living in transitional or emergency housing.

Bringing care directly to the centre reduced transport, time and cost barriers, enabling earlier identification of health needs and improved access to immunisations for tamariki.



Pinnacle Deputy CEO - PHCL Batami Pundak (centre), with Community Nurse Prescriber Kaylie Hannah (left) and Medical Centre Assistant Melissa Epiha at Our Tribe in Hamilton, where fortnightly clinics brought care directly to tamariki and helped build trust with whānau. The best measure of success was often the simplest one: children running up to greet them, proud to show how well they were doing.

Childhood immunisation

PHCL analysed the barriers preventing tamariki from being immunised on time and found that 72.4 per cent of delays were linked to access barriers rather than vaccine hesitancy or refusal.

These insights drove targeted responses, including weekend immunisation clinics and outreach support for the whānau most affected. A Q1 2026 audit found that every child still due had been contacted, with no missed opportunities resulting from recall or access failures.

Mental health support

PHCL developed an online self-assessment tool, using the PHQ-9 and GAD-7 clinical screening measures, to identify the level of need in young adults aged 20 to 30 years old.

Over 5,000 patients were invited to complete the assessment and based on their needs, patients were directed to funded counselling or more urgent intervention with a general practitioner.

Clinical waste recycling

PHCL diverted 36,343 litres of clinical waste from its Hamilton clinics away from landfill. The waste was shredded and sterilised before being repurposed as a component in cement at a Whangārei plant, enabling 100 per cent reuse.

36,343 L of waste
diverted from landfill
= zero waste → landfill



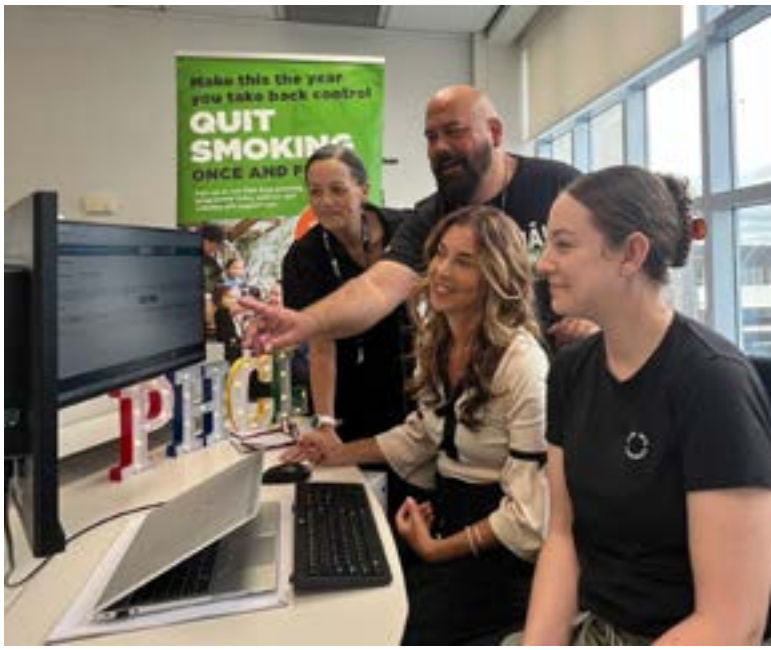
Smoking cessation automation

Together with indici, PHCL developed an automated workflow within the Patient Management System that lets the practice text patients recorded as smokers, allowing them to confirm their current smoking status and access quit support.

Their response automatically updates their clinical record, improving data accuracy and reporting while reducing administrative work for clinics. This feature is available to all indici practices.

ACC claiming bot

PHCL began testing automated ACC claiming agents with Health Accelerator to help prevent eligible claims from being missed, an example of testing automation before wider rollout.



From left: Selena Batt, Pinnacle Regional Support Manager – Screening Services; Jacob Taiapa, Programme Coordinator – Smokefree Service; Batami Pundak, Deputy CEO – PHCL; and Crystal Murphy, then Regional Business Manager for PHCL's NorthCare practices in Hamilton, working through the smoking cessation automation developed to support patient follow-up and automatically update clinical records.

4. Midlands Health Network (MHN)

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

As at 30 June 2026, MHN employed 203 staff across the Lakes, Tairāwhiti, Taranaki, and Waikato regions, delivering both management services and clinical programmes.

MHN financial performance $m	2025/26	2024/25
Revenue	27.4	25.8
Expenditure	(27.2)	(25.1)
Net surplus	**0.2**	**0.7**
Total headcount	203	201
– Clinical	79	80
– Non-clinical	124	121

Funding highlights

Health New Zealand | Te Whatu Ora continued to invest in Comprehensive Primary and Community Teams (CPCT). This funding supported the ongoing contracting of roles based both in the community and in general practice mostly in the Waikato region such as clinical pharmacists, paramedics, care coordinators, and physiotherapists. The aim was to continue increased access to primary care and enable holistic, team-based care.

The year saw a realignment of funding to invest in more clinical patient facing roles and a reduction in administrative roles.

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

5. Health Support Services Limited (HSSL)

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

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

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

HSSL Financial Performance $m

	2025/26	2024/25
Revenue	2.6	3.1
Expenditure	(1.5)	(2.4)
Net surplus	**1.1**	**0.7**
ESUs (billed)	407,551	410,292
Practices	63	68
Total headcount	3	3

Highlights

indici discount

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

Dedicated specialist support

A dedicated team of indici specialists continued to provide onboarding and ongoing support, ensuring practices can make the most of the system.

Digital transformation

HSSL continued to support the implementation of integrated AI scribes and Health Accelerator digital assistants, helping practices reduce administration and improve clinical efficiency.

Growing reach beyond general practice

indici continued to see significant uptake among allied health and other non-general practice users, broadening its role as a platform across primary care.

Practices onboarded

Six new practices were onboarded during the year, stretching from remote Uawa on the East Coast, to provincial Tokoroa and an urban cluster of three practices in Rotorua. Together, they reflect a diverse mix of the following practice models:

- Clinician-owned private practice at Great Lake Medical in Taupō
- Iwi and kaupapa Māori providers Te Whare Hauora in Tolaga Bay
- Nurse Practitioner-led Kaupapa Māori provider Tau Oranga in Rotorua
- Teaching practice Westend Medical in Rotorua
- Specialist single-doctor practice Thrive Sports Medicine.



A special day at Tau Oranga Health Care in Rotorua. From left: Barbara Purdie, Health Systems Support Business Analyst, Pinnacle; Heather Lang, Development Manager – Lakes, Pinnacle; Jacinda Childs and Jayme Kitiona, Nurse Practitioners and Co-founders of Tau Oranga; and Kristine Lyall, indici Implementation Lead, Pinnacle. Together on day one, making sure the new practice had the support it needed from the start.

Dedicated, specialist support

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

Digital assistants

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

6. Pinnacle Group Investments Limited (PGIL)

Pinnacle Group Investments Limited (PGIL) holds a 20 per cent interest in the Practice Plus Limited Partnership, a telehealth service providing virtual GP appointments across New Zealand. It also holds a 40 per cent interest in the Fatu Lalaga Limited Partnership, which owns Hamilton East Medical Centre, a general practice in the Waikato, and a 50 per cent interest in Pihanga Health, a rural general practice in Tūrangi.

Fatu Lalaga

In late 2023, the Group entered a strategic partnership with K'aute Pasifika to acquire Hamilton East Medical Centre, a high-performing general practice with approximately 17,000 enrolled patients.

The Group's investment was completed on 1 July 2024, with the Group holding a 40 per cent equity stake through the Fatu Lalaga Limited Partnership, and K'aute Pasifika holding 60 per cent.

Fatu Lalaga is a strategic partnership designed to leverage the strengths of both organisations to uplift and enhance health outcomes for Māori and Pasifika peoples. Through 2025/26, the partnership continued to align Hamilton East Medical Centre's service delivery with broader health equity goals — supporting accessible, culturally responsive primary care closer to home.

The investment in the Fatu Lalaga partnership also supports the Group's long-term objective of investing in community-based care models that prioritise access, continuity, and cultural responsiveness.

Practice Plus

46,525

national virtual consultations

↑ **23% from 2024/25**

27.7%

Māori

4,082

for Pinnacle-enrolled patients

97.7%

rated four or five stars

Just over one-third

Community Services Card holders

PGIL holds a 20 per cent equity stake in Practice Plus (P+), a national virtual telehealth service co-owned by five PHOs: Tū Ora Compass Health, Pinnacle, THINK Hauora, Pegasus Health and Western Bay of Plenty PHO.

Launched in 2022 to extend access to primary care, Practice Plus complements general practice by providing a back-up virtual care option when a patient's usual practice is unavailable or they need care outside normal opening hours. It refers patients back to their enrolled provider and supports practices with virtual locum cover and inbox management, helping manage overflow and administrative pressure.

Use of the service by Pinnacle-enrolled patients more than doubled, with reach into priority communities also growing. Māori made up a larger share of consultations than the previous year, while just over a third were for Community Services Card holders and around a quarter were for people living in the most deprived areas. Pacific patients made up 2.4 per cent, an area Practice Plus is continuing to work on with partners.

Practice Plus is designed to support continuity of access around general practice, not replace the relationship patients have with their own practice.

Ka Ora Telecare

Ka Ora Telecare - New Zealand's national rural after-hours telehealth service - continued to grow during its third year. The service is delivered through Practice Plus, in which Pinnacle holds a shareholding, giving Pinnacle an indirect interest in Ka Ora Telecare.

During the year, use of the service increased alongside growing acceptance of telehealth from both patients and health care providers. Ka Ora is increasingly being used as an extension of primary care, helping rural communities access timely clinical support after hours, reducing pressure on local practices and supporting workforce sustainability.

As demand grew, the service continued to focus on safe, high-quality care and close collaboration with practices and health system partners.

Investment was also made in the systems supporting Ka Ora's distributed workforce, with clinicians and support staff working remotely across New Zealand. A new CRM platform, improvements to patient management systems and workflow changes were introduced to support a more consistent experience for patients and clinicians.



Health New Zealand has indicated its intention to offer a further 22-month contract extension, providing continuity for the service and reflecting ongoing confidence in the model.

Ka Ora will continue to focus on collaboration, innovation and equitable access to after-hours care for rural communities across Aotearoa.

Pihanga Health

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

This investment supports the Group's strategic objectives by:

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

Pihanga Health is a registered charity operating under a Very Low-Cost Access model, providing affordable healthcare and mentoring for medical, nursing, and paramedic students.

During the year, the practice secured direct contracts under the He Ara Whakapikiora locality plan to provide prescribing pharmacist services, diversifying its revenue beyond PHO funding and patient fees. Pihanga was also selected as one of the prototypes for the national rural urgent care programme.

PGIL financial performance $m	2025/26	2024/25
Share of surplus from associates	0.7	0.5
Expenditure	-	-
Net surplus	**0.7**	**0.5**

7. Consolidated Group Result

Segment financial performance 2025/26 $m	Pin Inc.	MHN	HSSL	PHCL	PGIL	Intersegment	Total Group
Revenue	29.9	27.4	2.6	26.5		(8.3)	78.1
Expenditure	(29.4)	(27.2)	(1.5)	(23.0)		7.7	(73.3)
Operating profit	**0.5**	**0.2**	**1.1**	**3.5**	**0.1**	**(0.6)**	**4.8**
Net profit	**0.5**	**0.2**	**1.1**	**3.5**	**0.7**	**(0.7)**	**5.3**

Segment financial performance 2024/25 $m	Pin Inc.	MHN	HSSL	PHCL	PGIL	Intersegment	Total Group
Revenue	30.7	25.8	3.1	23.4	–	(6.3)	76.7
Expenditure	(30.7)	(25.1)	(2.4)	(21.2)	–	6.3	(73.1)
Operating profit	–	0.7	0.7	2.2	–	–	3.6
Net Profit	**(0.1)**	**0.7**	**0.7**	**2.2**	**0.5**	**–**	**4.0**

Data note: *Intersegment income and expenditure relate to income and expenditure items between group entities which is eliminated for the purpose of the Group's audited financial statements.*

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