Health New Zealand
Te Whatu Ora

4 June 2024

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Tēnā koe Gywn

Your request for official information, reference: HNZ00044877

Thank you for your email on 22 April 2024, asking Health New Zealand | Te Whatu Ora (Health NZ) for the following under the Official Information Act 1982 (the Act):

> *1) The Gender-Affirming Primary Care Advisory Group's presentation to the CARN Conference in June 2023.*
>
> *2) The Phase 1 review draft document circulated within the GAPCAG, and all advisory group responses (referenced in item 8. of the 7/11/2023 meeting).*
>
> *3) The current number of GAPCAG members and their designated group roles and/or titles.*

Response

For the sake of clarity, I will answer each question in turn.

> *1) The Gender-Affirming Primary Care Advisory Group's presentation to the CARN Conference in June 2023.*

The Gender Affirming Primary Care Advisory Group did not present at the Cross Agency Rainbow Network (CARN) Conference in June 2023. Therefore, we refuse your request for this information under section 18(e) of the Act as the information requested does not exist.

> *2) The Phase 1 review draft document circulated within the GAPCAG, and all advisory group responses (referenced in item 8. of the 7/11/2023 meeting).*

The Phase 1 review draft document circulated within the Gender Affirming Primary Care Advisory Group (GAPCAG) and all advisory group responses referenced in item 8 of the 7/11/2023 meeting is attached as Appendix 1 – Review of phase 1.

Some information has been redacted under section 9(2)(a) to protect the privacy of the individuals concerned, section 9(2)(ba)(i) where information is subject to an obligation of confidence and release would be likely to prejudice the supply of information, section 9(2)(g)(i) to maintain free and frank expression of opinions, section 9(2)(g)(ii) to ensure protection from improper pressure or harassment, and section 9(2)(j) to carry on negotiations without prejudice or disadvantage.

The need to withhold that information is not outweighed by the public interest to make that information available.

3) The current number of GAPCAG members and their designated group roles and/or titles.

The GAPCAG consists of 12 members excluding the ex officio members. The membership consists of members who bring the perspectives of the following designated groups:

- Takatāpui communities
- Mahu, Vakasalewalewa, Palopa, Fa'afafine, Akava'ine, Fakafifine and Fakaleiti/leiti (MVPFAFF) and other Pacific communities
- Whaikaha or disabled communities
- Primary care including General Practitioners (GPs) working in primary or community care
- Community advocacy and support groups.

How to get in touch

If you have any questions, you can contact us at hnzOIA@tewhatuora.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

Deborah Woodley
Director – Starting Well
National Commissioning

Appendix 1: Review of Phase 1 – Gender-Affirming Primary Care (GAPC) Project

APPENDIX 1

Te Whatu Ora
Health New Zealand

Improving Access to Gender-Affirming Primary Care - Review of Phase 1

Purpose

1 The purpose of this document is to provide an overview of the first phase of the Gender-Affirming Primary Care (GAPC) Project and share key learnings from the review.

2 Budget 2022 allocated $2.182 million over four years to improving access to primary care for transgender (trans) and non-binary people. The funding is allocated over three workstreams:

a. **Workstream A:** funding up to eight primary and community health providers to deliver gender-affirming services over four years.

b. **Workstream B:** updating national guidelines for gender-affirming health care and lead referral pathways for gender-affirming health services and support.

c. **Workstream C:** workforce development to improve workforce responsiveness to transgender patients.

3 For further contextual information on the background of the budget initiative, please see Background to GAPC project memo.

4 Phase 1 of the GAPC Project covers the establishment period, from the development of the budget bid to the contracting of services for delivery. It also includes the establishment of the Gender-Affirming Primary Care Advisory Group (GAPCAG) to support the delivery of the work programme and provide direction on key issues.

5 As a part of the continuous quality improvement process, a review has been undertaken to evaluate the work programme.

6 The GAPCAG was consulted on the review of Phase 1, and their feedback is integrated below. A separate review on the GAPCAG itself is attached as Appendix 1.

Work programme

Work undertaken in Phase 1

Milestone	Status
Establish project documentation; project plan, procurement plans to cover each workstream, RAID register, gap register	Complete
Establish advisory group	Complete
Contract with a provider to update Guidelines for Gender-Affirming Care	Complete
Contract with 2 providers to deliver community driven models of gender-affirming primary care (CDMC)	Complete
Contract with a provider to deliver workforce development	Complete
Contract with a provider to deliver evaluation of CDMC	Complete

Project design

7 The design of the budget initiative was already fully formed by the time it reached the Primary Care team in July 2022. The Primary Care team had no input into the design of the budget bid, which meant that phasing of implementation did not take into account timeframes for recruitment, procurement and building relationships with key stakeholders. Recruitment for the project manager role was delayed due to the reform as teams moved from what was then known as the Ministry of Health to Te Whatu Ora, which contributed to a slippage of timelines originally posed in the budget.

8 The restructure and change of staff further contributed to the slippage of timelines, as there was initially some ambiguity as to who would be acting as Senior Responsible Officer (SRO) of the project and where documents should go for sign out. However, once an SRO was appointed, the support and guidance of the two people who have had this role has proved invaluable.

9 There was consistent commentary from both internal and external stakeholders that the budget allocation for community driven models of care was insufficient to address the unmet need for gender-affirming healthcare.

10 Pacific health colleagues noted that $25,000 available per year per provider is not sufficient and that further funding for meaningful engagement is required to move away from a tokenistic approach and enable services to be designed with community.

11 s9(2)(ba)(i) noted that the funding available is such a low value it was not possible to put in place a project that met the aspirations of the first Request For Proposal (RFP) (including consultation and co-design) and add to service delivery in a meaningful way. They also noted that 'it is distressing to see the low value that has been assigned to an area of health care that is acknowledged to require significantly more support than is currently in place'.

Resourcing

12 Within Te Whatu Ora, the lack of institutional knowledge on issues faced by trans and non-binary populations, coupled with significant levels of unmet need, meant there was a considerable body of work required beyond the delivery of the project. s 9(2)(g)(ii)

13 These requests, coupled with media and machinery of government requests, required more resourcing to support than was anticipated. As there is a great deal of interest in this work from various communities and individuals, as well as circulation of misinformation and

disinformation[1], there is a need for consistency in messaging and considered nuance in approaches to engaging with the public on this work.

s 9(2)(g)(ii) [redacted]

Community involvement

15 This work is heavily relationship-driven and takes place in a context whereby trans and non-binary communities have poorer health outcomes than the general population[2]. Within health care, there is a significant, recent, and ongoing history of discrimination and pathologising of trans and non-binary people. There is a strong drive from trans and non-binary communities to see progress in this area while simultaneously distrusting the institutions that have both caused and perpetuated harm.

16 s 9(2)(g)(ii) [redacted] This enabled relationship building and engagement with stakeholders that proved key to success of the first phase of the work programme.

17 In order to deliver on the Pae Ora strategies and build trust with trans and non-binary communities, decision-making around trans health care needs to be driven by service users. s 9(2)(g)(ii) [redacted].

18 There is a relatively small number of people with clinical and community expertise in gender-affirming care. Many of these people work across multiple organisations and have close personal or professional ties with others that do.

19 There is a tension between ensuring that those with relevant expertise can inform decision-making, and the need to manage or avoid the risk of potential, perceived or actual conflicts of interest in procurement processes. At times, this has meant that those with crucial community, clinical and cultural knowledge have been unable to participate in evaluation panels. There has also been a lack of clarity around what constitutes a conflict of interest.

20 S9(2)(a) [redacted].

21 s 9(2)(g)(i) [redacted] There is a need to think carefully about balancing the management of conflicts of interest, and ensuring the integrity of the procurement process, while having the right people involved for the best possible outcome for the service.

Equity

22 Trans and non-binary people experience poorer health outcomes than the general population[3]. They also intersect with every minority population group that experience inequities, including Māori, Pacific, and tangata whaikaha, further compounding health inequities. Trans and non-binary communities are multiple, and their gender-affirming care needs vary.

23 In order to address the inequities faced by Māori, Pacific and tangata whaikaha trans and non-binary communities, there needs to be specific focus on the needs, experiences and perspectives of these groups.

24 The GAPCAG was formed to ensure these perspectives were represented and to provide direction on the work programme and key issues. There was also a need for collaboration at the outset with Te Aka Whai Ora, Pacific Health and Whaikaha. While Te Aka Whai Ora have formed a part of the project team, there has not been consistent input from Pacific health and Whaikaha.

25 The advisory group recommended that equity for disabled people is further integrated into the delivery of the work programme. This will be a focus for Phase 2, and options for working collaboratively with Whaikaha will be explored.

26 Across the four evaluation panels assembled to evaluate tender responses, two have not had a Pacific perspective and only one has had a whaikaha perspective. Ensuring these perspectives drive decision making about the services that will meet their needs will be a focus in Phase 2.

27 Engagement with the sector, Te Aka Whai Ora, Pacific health and with both successful and unsuccessful providers has highlighted that the traditional RFP process is inequitable and a barrier to effective selection of capable providers. Providers that have a focus on frontline service delivery, including smaller Māori and/or Pacific providers, are likely to have less overhead resourcing to develop RFP documentation. This feedback was overwhelmingly consistent.

28 S9(2)(j) [redacted]

Next steps

Planned work for Phase 2

Milestone	Status

[1] Hattotuwa, Dr S. Et. Al. (2023) Transgressive transitions Transphobia, community building, bridging, and bonding within Aotearoa New Zealand's disinformation ecologies March-April 2023.
[2] Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019) Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton NZ
[3] Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019) Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton NZ

Monitoring of contract for updating guidelines for gender-affirming care	Ongoing
Monitoring of first 2 contracts for CDMC	Ongoing
Monitoring of contract for workforce development	Ongoing
Monitoring of contract for CDMC evaluation	Ongoing
Phase 2 procurement for CDMC	Ongoing – due to go live from October/November, four contracts anticipated to be in place April 2024
Maintenance of GAPCAG	Ongoing

29 Following this review, the following steps will be taken moving forward:

a. exploration of options to enable an equity focussed approach to procurement, including prioritisation of Māori and/or Pacific providers. Where different approaches have been implemented, information will be gathered on what has worked well.
b. integration of equity for disabled people and options for working collaboratively with Whaikaha will be explored
c. ensuring that Pacific and whaikaha perspectives drive decision making about services that will meet their needs
d. consideration of how conflicts of interest can be managed to ensure the integrity of the procurement process, while having the right people involved to address community needs
e. exploring other options for platforms to schedule GAPCAG meetings that may be more accessible for members
f. sharing information on the organisational structure and functions within Te Whatu Ora, Te Aka Whai Ora and Manatū Hauora when this becomes available.

Appendix 1: Review of the Gender-Affirming Primary Care Advisory Group

The Gender-Affirming Care Advisory Group (GAPCAG) were asked to review the format and function of the GAPCAG, with a series of questions asked around the format and function of meetings and of the group itself.

Members of the GAPCAG reported that the meeting format was suitable and had positive feedback on the chairing of the group led by S9(2)(a) The composition of the group also received positive feedback, as there is representation from a minimum of two Māori, Pacific and disabled trans and non-binary people, so that wherever possible, the burden of representing a multiplicity of perspectives is not held by a single person.

When asked about the accessibility of the information shared, members of the group reported that it would be beneficial to explain the terminology used, particularly acronyms. Microsoft Teams was also not seen as a particularly accessible format for meetings. The group reported finding it difficult to map how things sit within Te Whatu Ora, i.e., who does what, where pieces of work sit, and what that means.

Going forward, the option of scheduling meetings via another platform such as Zoom will be explored. When there is a greater degree of certainty within Te Whatu Ora on organisational structure, this will be shared with the group.

When asked if there was anything they would like to introduce to meetings, an ongoing gap register was recommended. The project team have been maintaining a gap register in response to unmet healthcare needs that are outside the scope of the project and not being addressed elsewhere. It was discussed that a live register would be beneficial to inform policy development and could serve as a standing agenda item.

As the delivery of the budget initiative progresses, the function of the group may be subject to change. As reporting from service delivery starts to come in, this can be shared with the group. Providers may also join hui as guests to discuss the services they are delivering. S9(2)(a) , though the advisory group noted that they would benefit from clearer communication around opportunities to sit on advisory groups and what this might entail. How conflicts of interest are navigated has been consistently raised as a concern, as discussed above.

The GAPCAG consists of those with a range of skills, capabilities and relationships that support gender-affirming care. While the delivery of the project draws on this where possible, members of the group have identified an opportunity for the relationships that the group collectively hold to support further community engagement around the project deliverables.