

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	21 March 2023		
<b>Start Time:</b>	2.00pm	<b>Finish Time:</b>	4.30pm
<b>Location:</b>	Teams		

**Members:** Normal text – Arial, 11pt

Normal text – Arial, 11pt

**In attendance:** s9(2)(g)(ii) s9(2)(a)

**Guests:** None

**Apologies:** None

<b>1. Welcome</b>		
s9(2)(g)(ii) (acting as Chair) opened the meeting at 2.00pm, welcomed everyone to the meeting, and followed with a karakia.		
<b>2. Conflicts of Interest</b>		
2.1 There were no Conflicts of Interest with agenda items.		
<b>3. Confirmation of Minutes and Action Register</b>		
3.1 Confirmation of Minutes None to confirm at this hui.		
3.2 Matters Arising There were no matters arising that were not already listed on the agenda.		
3.3 Action Register		
<b>Action Items</b>	<b>Person Responsible</b>	<b>Deadline</b>
Confirm whether recordings of the meetings are OIAable given safety and privacy concerns	s9(2)(g)(ii)	18 April 2023
Agreed after some discussion that the Co-Chair should be a Māori or Pacific member of the community. Māori and Pacific community members to meet separately and elect Co-Chair. This meeting was held at the conclusion of the GAPCAG meeting.	s9(2)(g)(ii) s9(2)(a)	21 March 2023

The Terms of Reference were agreed with some minor tweaks as they related to Te Tiriti o Waitangi	All	21 March 2023
Discussion around other ethnic minorities not explicitly names. 9(2)(a) suggested connecting with the Ethnic Rainbow Alliance and said that she could make this introduction.	9(2)(a)	18 April 2023
<b>5 General Business</b>		
<p>6.1 9(2)(a) suggested the project team speak to the Ministry of Pacific Peoples about the correct language to use when speaking about gender-diverse Pacific peoples. MVPFAFF+ is not the equivalent of LGBTQIA+.</p> <p>6.2 The group agreed to meet monthly, with the Māori and Pacific caucus having their own hui before the main GAPCAG hui.</p>		
<p><b>Meeting Closed: 4.20pm</b>  <b>Next meeting: 18 April 2023, over Teams</b></p>		

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## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	18 April 2023		
<b>Start Time:</b>	2.04pm	<b>Finish Time:</b>	4.05pm
<b>Location:</b>	Teams		

**In attendance:** s9(2)(g)(ii) s9(2)(a)

**Guests:** None

**Apologies:** s9(2)(g)(ii)

<b>1. Welcome</b>		
s9(2)(g)(ii) (acting as Chair) opened the meeting at 2.04pm, welcomed everyone to the meeting, and followed with a karakia.		
<b>2. Conflicts of Interest</b>		
2.1 There were no Conflicts of Interest with agenda items.		
<b>3. Confirmation of Minutes and Action Register</b>		
3.1 Confirmation of Minutes Confirmed.		
3.2 Matters Arising s9(2)(g)(ii) announced that he has resigned from his role at Te Aka Whai Ora, effective 30 June 2023. He has asked that any GAPCAG members who may be interested, or may know others who are interested, in his role as Takatāpui lead email him directly.		
3.3 Action Register		
<b>Action Items</b>	<b>Person Responsible</b>	<b>Deadline</b>
The group agreed that the 'GAPCAG' should be renamed and that a Te Reo Māori name would be appropriate. s9(2)(g)(ii) has asked DCE, Matauranga Māori, to assist.	s9(2)(g)(ii)	None
s9(2)(g)(ii) updated the group on the progress of all three workstreams, as well as the restructure of Commissioning currently underway. Expressed hope that the restructure would lead to Rainbow health being elevated as a priority in the new structure.	s9(2)(g)(ii)	None

CARN – s9(2)(g)(ii) will be presenting at the CARN conference on 2 June 2023 in Ōtautahi. s9(2)(g)(ii) asked for guidance on what we should include in the presentation, as well as invited GAPCAG members to share their own stories for inclusion in the presentation.	s9(2)(g)(ii)	26 April 2023
Conflicts of Interest (COI) should be declared by any member of the group, whenever they arise.	All	Ongoing
Official Information Act – s9(2)(g)(ii) updated the group on what she'd learned from both the Privacy team and the OIA team. She will proactively contact the Ombudsman.	s9(2)(g)(ii)	16 May 2023
Remuneration: s9(2)(g)(ii) will be chasing people up.	s9(2)(g)(ii)	Ongoing
<b>5 General Business</b>		
6.1 RFPs – are we asking the right questions? Future-focused discussion only as two RFPs still open at this stage. Discussion around funding amount for Community Driven Models ensued, and most group members expressed concern that the model of funding/allocation would not address bottlenecks in access and adequately meet needs of populations living in areas with severely limited access to services. Group agreed the RFPs need to include more about what's needed in each area of the country, and the weighting needs to recognise regions with little/no gender-affirming primary care. Future process should start with an ROI.		
Meeting Closed: 4.05pm Next meeting: 16 May 2023, over Teams		

# Minutes

## Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	16 May 2023		
<b>Start Time:</b>	2.00pm	<b>Finish Time:</b>	3.45pm
<b>Location:</b>	Teams		

**In attendance:** s9(2)(g)(ii) s9(2)(a) [Redacted]

**Guests:** s9(2)(g)(ii) s9(2)(a) [Redacted]

**Apologies:** s9(2)(g)(ii) s9(2)(a) [Redacted]

<b>1. Welcome and karakia</b>
Co-Chair s9(2)(a) welcomed everyone to the meeting, followed by a karakia.
<b>2. Update from Ombudsman</b>
<p>2.1 The primary care team met with the Ombudsman to discuss issues previously raised around the privacy and safety of advisory group members if personally identifying information was to be released as part of an Official Information Act (OIA) request.</p> <p>The Ombudsman has indicated that they broadly support the refusal of the advisory group’s personal information being released which can be done by relying on a few different sections of the Act. As such, it is unlikely that identifying information will need to be released as part of an OIA request.</p> <p>A discussion was held around other types of requests which could ask for personally identifying information, such as Written Parliamentary Questions (WPQs) and media requests. It was noted that WPQs are usually focused on services or funding provided by an organisation, rather than the names of people on an advisory group. However, if this were to be requested, Te Whatu Ora would discuss this with the Minister’s Office and seek legal advice as to whether this information must be released. Media requests could be refused on the basis of ensuring the safety of advisory group members.</p> <p>It was agreed that if there is an intention to record an advisory group meeting in future, this will be discussed with the meeting attendees and agreed to at the time.</p>
<b>3. Update on procurement</b>
s9(2)(g)(ii) provided an update on each of the workstreams and shared the draft presentation for the CARN Conference for feedback.
3.1 s9(2)(b)(ii) [Redacted]

### 3.4 CARN Conference

The draft presentation for the CARN Conference was shared with the group, with feedback provided on the draft slides.

## 4 Update on naming process

- 4.1 An update was provided on the progress in finding a name for the group in te reo Māori. A discussion was held around using a translation of the group's current name (or a different name decided by the group) or being gifted a name.

It was agreed that the group would use their own process and connections to see if a name can be gifted rather than going through Te Whatu Ora or Te Aka Whai Ora.

It was agreed that the Māori caucus will discuss this at their hui before the next GAPC advisory group meeting and bring this back to the group for further discussion. It was noted that the group should put forward suggestions for the Māori caucus to consider.

**ACTION:** Members to put forward suggestions for a person to gift a name to the advisory group. The Māori caucus will discuss this at their meeting and put forward their suggestion at the next GAPC advisory group meeting.

## 5 General business

### 5.1 Update from Māori and Pacific caucus

9(2)(a) provided an update from the Māori and Pacific caucus which met the previous day. It was agreed that this should be a standing item for every GAPC advisory group meeting.

### 5.2 RFP Process

9(2)(a) noted that the RFP response form uses binary pronouns for applicants to sign. It was agreed that the documents used as part of this process should be reviewed to ensure the language is updated.

**ACTION:** 9(2)(a) to review RFP documentation to ensure language is updated.

## 6 Meeting close and karakia

Meeting Closed: 3.45pm

Next meeting: 13 June 2023, over Teams

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

Date:	13 June 2023		
Start Time:	2.06pm	Finish Time:	3.22pm
Location:	Teams		

In attendance: s9(2)(g)(ii) s9(2)(a)

Guests:

Apologies: s9(2)(g)(ii) s9(2)(a)

#### 1. Welcome and karakia

Co-Chair s9(2)(a) welcomed everyone to the meeting, followed by a karakia.

#### 2. Update on procurement

s9(2)(a) s9(2)(b)(ii) s9(2)(g)(ii)

#### 3. Update from the Māori and Pacific Caucus

3.1 The Māori and Pacific caucus met on Monday s9(2)(g)(ii). No updates.

The group sends their best wishes to s9(2)(g)(ii) for a speedy recovery.

#### 4 Letter received from a provider

4.1 s9(2)(b)(ii) s9(2)(g)(ii)

#### 5 Update on CARN presentation

5.1 s9(2)(g)(ii) updated the group on the CARN conference that was held from 1 – 2 June in Otautahi, including how their presentation went.

#### 6 Presenting at the Conference for General Practice (GP23) July 22 2023

s9(2)(g)(ii) will be presenting on the GAPC project at GP23 in July. They sought advice from the Advisory Group on how to tailor their presentation to the audience. The group offered some very helpful suggestions, including:

- Tailor the content to GPs. GPs will want to know how they can make it work in their workplace, how they can access funding, and where they can find resources to support them.
- Make it a normal part of healthcare that uses informed consent. GAC doesn't always require a specialist referral to either a mental health professional and/or an endocrinologist. Make it strength based.
- Emphasise the Gender-Affirming Primary Care Guidelines written by 9(2)(a) (and endorsed by the College of GPs) as a resource for clinicians.
- Talk about how rewarding this work can be and can be a way of combatting burnout.
- Stress that this project is the first of its kind and is essentially a trial to see what works.
- Medical evidence behind GAC is murky simply due to the standard of evidence (e.g. can't conduct gold standard trials because of ethical concerns) and not because it doesn't exist. The evidence that does exist is very supportive.
- Not useful to repeat mis/disinformation but may be worthwhile to acknowledge that it exists in current climate whereby political agendas have made it easier for disinformation to get a legitimate looking foothold. Encourage GPs to investigate the credibility of the sources of the information they receive
- Refer to WPATH Standards of Care version 8 for the evidence review section, as well as the GATE report ([https://gate.ngo/wp-content/uploads/2021/07/TransRightsAreHumanRights\\_July2021.pdf](https://gate.ngo/wp-content/uploads/2021/07/TransRightsAreHumanRights_July2021.pdf)).

#### 7 Update on naming of group

9(2)(a) has suggested 9(2)(a) to assist with naming the group. 9(2)(a) . We want to ensure we could offer payment to 9(2)(a) before engaging him. 9(2)(a) would also need to be briefed on the kaupapa to ensure he is comfortable with it.

**ACTION:** 9(2)(a) to talk to Finance and seek approval from 9(2)(a) .

#### 8 Action point update

9(2)(a) combing procurement documents for gendered language.

#### 9 Other items

Te Ngākau Kahukura launched *Making Ourselves Visible: The Experience of Takatāpui and Rainbow Rangatahi in Care* on 14 June.

If you missed it, you can watch the launch here: <https://www.tengakaukahukura.nz/webinars>

Meeting Closed: 3.22pm

Next meeting: 11 July 2023, over Teams



# Minutes

## Gender-Affirming Primary Care Advisory Group Meeting

Date:	11 July 2023		
Start Time:	2.00pm	Finish Time:	4.30pm
Location:	Teams		

In attendance: s9(2)(g)(ii) s9(2)(a)

Guests: s9(2)(g)(ii)

Apologies:

### 1. Welcome and karakia

Co-Chair s9(2)(a) welcomed everyone to the meeting, followed by a karakia. It was noted that s9(2)(e)(ii) would be joining future GAPC meetings as s9(2)(g)(ii) will be on parental leave. Whakawhānaungatanga, a round of introductions, was undertaken.

### 2. Update on procurement

s9(2)(b)(ii) s9(2)(g)(ii)

### 3. Update from the Māori and Pacific Caucus

The Māori and Pacific caucus met on Monday with s9(2)(a) and s9(2)(a) in attendance. s9(2)(a) provided an update from the caucus:

- A conversation was held around the CDMC workstream and the intention of targeting Māori and Pacific providers. The Advisory Group's role in bringing providers on board and being part of the process were discussed.

- The coverage of gender-affirming primary care services across Aotearoa was also discussed, including whether telehealth may be part of the solution or if there are opportunities for people to access care through GPs they're not enrolled with.
- It was noted that there had not been an update on the naming process for the Advisory Group. This was provided (under item 9).

#### 4. Update on s9(2)(g)(ii) roles

4.1 s9(2)(g)(ii) noted that he will not be remaining as the SRO for gender-affirming care. s9(2)(g)(ii) who has been appointed as the new s9(2)(a) s9(2)(g)(ii), will most likely fill this position. s9(2)(g)(ii) starts in the role at the beginning of September.

4.2 s9(2)(g)(ii) provided an update on s9(2)(g)(ii) noting that he is no longer in his role and this is in the process of being handed over. Te Aka Whai Ora is recruiting for a takatāpui lead and is looking for the right person to support this work. As such, there may be two new people joining the Advisory Group.

**ACTION:** s9(2)(g)(ii) to get a gift for s9(2)(g)(ii) to thank him for his contribution to the group.

#### 5. Meeting with the Minister of Health

An update was provided on the meeting held between the Minister of Health and the Rainbow Support Collective, which s9(2)(g)(ii) attended. It was noted that it was a good opportunity to have a discussion around some of the issues and concerns of the Rainbow community, with the Minister being receptive to these. The Minister is expected to write a letter to the organisations to respond to the concerns raised and may outline engagement opportunities to help shape the future of Rainbow health.

A discussion was held around the best way to ensure a coordinated national strategy for Rainbow health, noting that the Manatū Hauora strategies are due to be published shortly.

#### 6. Presenting at the Conference for General Practice (GP23) July 22 2023

s9(2)(g)(ii) noted that the presentation for GP23 will be similar to CARN, with 20 minutes for the presentation including questions. The presentation will address barriers clinicians face and confirm and support gender-affirming care as being within the scope of practice.

#### 7. Transgender Youth Health

s9(2)(a) raised concern around where transgender youth health fits into the gender-affirming care project. It was noted that youth will be addressed across the different workstreams. In some instances, youth may be out of scope for providers however it could be a focus for some proposals.

#### 8. Action point update

An action point from today's meeting is for s9(2)(g)(ii) to get gift for s9(2)(g)(ii)

#### 9. Other items

##### 9.1 Update on Advisory Group's naming process:

s9(2)(g)(ii) provided an update on the naming process which has been discussed internally at Te Whatu Ora. It was noted that the Advisory Group is internal, rather than being externally focused to patients or the community more broadly. Names haven't been given to other groups in a similar situation and if there was an external focus, there would be a greater benefit to doing this. As such, it won't be progressed further at this stage though it was noted that this could change in future if the Advisory Group was to undertake a programme of work that's externally focused.

9.2 Update on the Manatū Hauora evidence review

§9(2)(e)(ii) provided an update of the evidence review being conducted by Manatū Hauora. It was noted that the scope of the original evidence brief has recently been broadened. This means that, among other things, membership of the panel will be revised. This will result in a delay in this work being completed.

It was noted that the delay may impact on the guidelines that are being developed as part of the GAPC project however the exact timeframes won't be known until the panel is finalised.

**Meeting Closed: 4.30pm**

**Next meeting: 8 August 2023, over Teams**

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	8 August 2023		
<b>Start Time:</b>	2.00pm	<b>Finish Time:</b>	4.00pm
<b>Location:</b>	Teams		

**Attendees:** s9(2)(g)(ii) s9(2)(a)

**Apologies:**

#### 1. Welcome and karakia

Co-Chair s9(2)(a) welcomed everyone to the meeting, followed by a karakia.

#### 2. Previous meeting minutes

s9(2)(g)(ii) noted that this item would be a standing agenda item to ensure there is agreement from advisory group members that the minutes from the previous hui are accurate. The minutes from the meeting held on 11 July 2023 were accepted as an accurate record.

#### 3. Group kawa and general group housekeeping

A discussion was held around group kawa, with a reminder to use the 'raise your hand' function in Teams if wanting to contribute to the conversation. It was agreed that the chat can be used for questions and comments if an individual doesn't need to or want to speak. It was also agreed that jargon and clinical terms should be explained as much as possible so everyone can understand and follow the discussion.

#### 4. Update on procurement

s9(2)(b)(ii) s9(2)(g)(ii)



**5. Update on Te Whatu Ora restructure process**

s9(2)(g)(ii) provided an update on the Te Whatu Ora restructure process now that the final decision document has been released. It was noted that although s9(2)(g)(ii) role has been mapped to the Young People team, the focus or objectives of the project would not change. However, this will result in a change in the direct manager who is a part of the project team attending meetings.

It was noted that this is in addition to personnel changes as a result of s9(2)(g)(ii) finishing in their roles recently. There will be a new Senior Responsible Officer (SRO) and representative from Te Aka Whai Ora, both of which should be confirmed shortly.

**6. Update from the Māori and Pacific Caucus**

The Māori and Pacific caucus met on Monday with s9(2)(a) in attendance. s9(2)(a) provided an update from the caucus:

- A conversation was held around how Māori and Pacific providers can be supported to be part of the process. A conversation was also held around ensuring Māori and Pacific representation on evaluation panels. It was noted that both of these subjects had been covered by the previous discussion.
- It was noted that Te Mana Ola: The Pacific Health Strategy has been released, with the Rainbow community mentioned throughout the strategy. The positive experience in consulting and working with Manatū Hauora to develop the strategy was highlighted.
- It was noted that the Manalagi survey, an Aotearoa Pacific Rainbow LGBTQIA+ MVPFAFF+ health and wellbeing survey, will be launched in November. This is one of the largest samples taken of the Pacific Rainbow community.

## 7. Review of phase 1

9(2)(a) advised that a review of the first year of the project will be undertaken to understand what has worked well, what hasn't worked well, and what can be improved. This will inform the future direction of the project and assist as a handover document to the new SRO. The advisory group will be asked for their feedback on the project, as well as the organisation and function of the group. It was noted that a discussion will be held at the next GAPCAG hui on the format and type of questions that would be useful to be included in the review.

**ACTION:** Advisory group members to consider what format and type of questions should be included in this review ahead of a discussion at the next hui.

## 8. News from 9(2)(a)

9(2)(a) advised that she has accepted a new role in 9(2)(a) for one year, which will start in February 2024. 9(2)(a) noted that she would be willing to stay on the advisory group if there weren't any issues with this. The advisory group agreed that it would be valuable for 9(2)(a) to stay on the advisory group, noting the benefits of hearing of the progress of transgender health in Europe. It was agreed that the timing of the GAPCAG hui will be looked at in future to ensure that it works for everyone.

## 9. Action point review

The action points from today's hui were reviewed and agreed upon.

Meeting Closed: 4.00pm

Next meeting: 5 September 2023, over Teams

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	5 September 2023		
<b>Start Time:</b>	2.00pm	<b>Finish Time:</b>	4.00pm
<b>Location:</b>	Teams		

**Attendees:** s9(2)(g)(ii) s9(2)(a) [Redacted]

**Guests:** s9(2)(g)(ii) s9(2)(a) [Redacted]

**Apologies:** [Redacted]

<b>1. Welcome and karakia</b>
Chair s9(2)(a) welcomed everyone to the meeting, followed by a karakia.
<b>2. Introductions</b>
Whakawhānaungatanga, a round of introductions, was undertaken, with two new members joining the Gender-Affirming Primary Care Advisory Group (GAPCAG) – s9(2)(g)(ii) [Redacted] both from the whānau voice team at Te Aka Whai Ora.
<b>3. Previous meeting minutes</b>
The minutes from the meeting held on 8 August 2023 were accepted as an accurate record.
<b>4. Update from the Māori and Pacific caucus</b>
The Māori and Pacific caucus did not meet on Monday.
<b>5. Update on procurement</b>
s9(2)(b)(ii) s9(2)(g)(ii) [Redacted]

s9(2)(b)(ii) s9(2)(g)(ii)

## 6. Procurement processes and questions

s9(2)(g)(ii), the procurement advisor for the gender-affirming primary care project, gave an overview of procurement processes. She also answered questions from the group around procurement generally and in relation to this project.

## 7. Scope of Community Driven Models of Care

s9(2)(g)(ii) noted that feedback from the first round of procurement for CDMC made it clear that there was ambiguity around what gender-affirming care is and what type of services could be delivered as part of this. The scope of gender-affirming care had been left deliberately broad so as not to be limiting to potential providers however it was found that this may have led to ambiguity over what gender-affirming care can be.

How best to define gender-affirming care for future procurement processes was discussed. It was agreed that a broad scope for gender-affirming care would be beneficial, particularly considering the available budget. However, it may be helpful to define and/or provide a list of services that could be considered gender-affirming care, along with wording which makes it clear that services would not be limited to the list.

A discussion was also held around how providers can identify gaps in gender-affirming care in their own communities and how the evaluation panel can ensure that there is diversity in the range of services that are selected. It was noted that the structure of the procurement process can be used to give the evaluation panel the opportunity to compare different services.

It was noted that these discussions will help to inform the communication developed for providers in future procurement processes.

## 8. Options for approach to Community Driven Models of Care phase 2

s9(2)(g)(ii) provided an overview of the options paper circulated prior to this hui in order to seek GAPCAG's advice on the best approach to phase 2 of the procurement process for CDMC. It was noted that the goal is to remove barriers for providers putting forward a proposal while also ensuring that the evaluation panel has a full understanding of the services being proposed.

A discussion was held around the tender options proposed in the options paper. It was agreed that it would be useful to have a two-step process where the first step can ensure that basic information about the proposal is provided to ensure that only those who are most suitable to provide the service proceed to the next step. This will avoid wasting the time of the provider and the evaluation panel.

The eligibility options for the next procurement phase were discussed. It was noted that whichever option is chosen, it will need to be clearly explained to the market what the parameters are around who will be selected as part of the process.

It was noted that everyone, including those not in attendance at the hui today, could provide feedback directly to s9(2)(g)(ii) until Friday 22 September. The procurement approach will be confirmed after this time.

## 9. Review of phase 1

s9(2)(g)(ii) went through the proposed questions for the review of the GAPCAG and project, also circulated prior to the hui. It was noted that these would be sent out in an anonymous survey and members of GAPCAG could contact s9(2)(g)(ii) or another person in the primary care team if they would prefer to provide in-person feedback.



It was suggested that a question be added around the extent to which GAPCAG and the project has supported equity for Rainbow Māori and Pacific people.

**ACTION:** s9(2)(g)(ii) to add the suggested question to the survey and send this out to the group for response.

#### 10. Guidelines input

s9(2)(g)(ii) noted that anyone interested in being involved in the development of the new guidelines could reach out to PATHA.

#### 11. Next version of Te Pae Tata

s9(2)(g)(ii) noted that the next version of Te Pae Tata, the New Zealand Health Plan, is being drafted. s9(2)(g)(ii) is working with a contact in Manatū Hauora, s9(2)(g)(ii). It was noted s9(2)(g)(ii) would be invited to the next hui and if anyone would like to discuss Te Pae Tata with s9(2)(g)(ii) individually, s9(2)(g)(ii) can put them in contact with s9(2)(g)(ii).

**ACTION:** s9(2)(g)(ii) to be invited to the next hui to discuss the development of the next version of Te Pae Tata.

#### 12. Action point review

The action points from today's hui were reviewed and agreed upon.

Meeting Closed: 4.20pm

Next meeting: 3 October 2023, over Teams

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

Date:	3 October 2023		
Start Time:	2.00pm	Finish Time:	4.30pm
Location:	Teams		

Attendees: s9(2)(g)(ii) s9(2)(a)

Guests:

Apologies:


<b>1. Welcome and karakia</b>
Chair s9(2)(a) welcomed everyone to the meeting, followed by a karakia.
<b>2. Introductions</b>
Whakawhānaungatanga, a round of introductions, was undertaken. s9(2)(g)(ii), the new Senior Responsible Officer (SRO) for the gender-affirming primary care project, joined for the first time. s9(2)(g)(ii), a guest from the Community Wellbeing Policy team at Manatū Hauora, was also introduced.
<b>3. Previous meeting minutes</b>
The minutes from the meeting held on 5 September 2023 were accepted as an accurate record.
<b>4. Update from the Māori and Pacific caucus</b>
The Māori and Pacific caucus did not meet on Monday.
<b>5. Discussion re: Rainbow Health</b>
s9(2)(g)(ii) described the work that her team is undertaking, including Rainbow Health. It was noted that the role of their team is to advise the Minister on issues, gaps in services or funding shortfalls in specific areas so the Minister can make decisions. The evaluation and learnings from this project will be used to provide advice to the Minister on what further work could be done in this space.
It was noted that further engagement on the Provisional Health of Disabled People Strategy will take place in early 2024. If anyone in the Gender-Affirming Primary Care Advisory Group (GAPCAG) is interested in being involved, they can let s9(2)(g)(ii) know.
An issue was raised about the lack of clarity around the scope of practice for gender-affirming care.
<b>ACTION:</b> s9(2)(g)(ii) to look into how the scope of practice for gender-affirming care can be clarified for practitioners.
It was noted that s9(2)(g)(ii) team is currently working on feeding into the next version of Te Pae Tata – New Zealand Health Plan, working across agencies, including the social sector, to

address some of the social determinants of poor health, supporting s9(2)(g)(ii) with their respective projects, and working on a briefing to the incoming Minister on Rainbow Health.

s9(2)(g)(ii) shared her contact details with the group if anyone would like to contact her to discuss anything further.

## 6. Update on procurement

s9(2)(b)(ii) s9(2)(g)(ii)



s9(2)(b)(ii) s9(2)(g)(ii)

## 8. Review of Phase 1 – Discussion

A discussion was held around the review of phase 1 of the project, with GAPCAG providing feedback on each review question. It was noted that the feedback will be collated into a document and shared at the next hui. Anyone who would like to give further feedback can complete the survey which will be open until 13 October.

## 9. Communications around project

Work is underway with the media team in Te Whatu Ora to put out a proactive piece which talks to the whole work programme, rather than sending out information in bits and pieces. Providers have been contacted about this and the piece may go out in the next week or two.

## 10. Other items

### Announcement from s9(2)(g)(ii)

s9(2)(g)(ii) let GAPCAG know that he is leaving Te Whatu Ora, with his last day to be on 10 November. He thanked the group for their work and wished everyone the best for the future.

### Manatū Hauora review

It was noted that there hasn't been a further update on the progress of the Manatū Hauora puberty blocker review.

**ACTION:** An update on the Manatū Hauora review to be shared at the next hui.

### AusPATH Conference 2023

It was noted that the AusPath Conference is coming up in Melbourne, with registrations still open. s9(2) will share the information with the group.

Meeting Closed: 4.20pm

Next meeting: 7 November 2023, over Teams

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	7 November 2023		
<b>Start Time:</b>	2.00pm	<b>Finish Time:</b>	4.30pm
<b>Location:</b>	Teams		

**Attendees:** s9(2)(g)(ii) s9(2)(a)

**Apologies:**

<b>1. Welcome and karakia</b>
Chair s9(2)(a) welcomed everyone to the meeting, followed by a karakia.
<b>2. Previous meeting minutes</b>
The minutes from the meeting held on 3 October 2023 were accepted as an accurate record.
<b>3. Advisory-only time</b>
It was discussed whether the group would like to meet without the agency to discuss things before the meeting officially begins. This has been suggested for another advisory group, but it was raised that the context and power dynamics for the other group is quite different.
The advisory group did not feel that this was needed at this time, but the option will be open in future. Members can indicate their request for advisory-only time to either s9(2)(g)(ii) s9(2)(a).
<b>4. Update from the Māori and Pacific caucus</b>
The caucus met and had a question around whether the process for the current Community Driven Models of Care (CMDc) tender would be any different for Māori and Pacific providers.
There is one process that will prioritise responses from Māori and/or Pacific providers – this is so that we do not place providers in a position of having to choose the process they apply to and limit the number of successful Māori and/or Pacific providers.
<b>5. Update on procurement and evaluation panel</b>
s9(2)(b)(ii) s9(2)(g)(ii)
<b>6. Update on discussion re: scope of practice</b>

s9(2)(g)(ii) . It was discussed that the medical council may not be well placed to address scope of practice, as there is currently nothing prohibiting GPs from prescribing gender-affirming care.

However, it was noted that GPs have indicated their interest in a formal acknowledgement that they are allowed to prescribe gender-affirming care.

There may be a balance to strike between providing GPs and other primary care prescribers with a form of recognition that they have attended a training or are otherwise affirmed in their gender-affirming practice, while avoiding a process that creates sub-specialties and limits the availability of gender-affirming services.

Certificates may be provided as a part of the workforce development workstream, but it will be clear that certification will not be required to deliver care.

#### 7. Update re: zoom capability

There has been a process to enable a Zoom pro account, and Zoom capability should be live by the next GAPCAG hui.

**ACTION:** s9(2)(g)(ii) to send out zoom invites for future meetings

#### 8. Review of Phase 1 – Discussion

Present members indicated that the review document accurately captured their feedback. The advisory group members may also make recommendations in response to points raised in the review. This may be followed up by members outside of the advisory group hui. The advisory group will be invited to submit any further response by 14 November.

**ACTION:** s9(2)(g)(ii) to send around to the advisory group and let them know the deadline for feedback.

#### 9. Debrief on CDMC Evaluation hui

A discussion was held around the hui with the evaluators of CDMC on 26 October. It was noted that it was a positive to have the opportunity to clarify gender-affirming care with evaluators, however some of the business strategic speak was not as clear as it could have been.

The issue was raised that if the questions aren't scaled correctly, they might not have a useful evaluation answer. As the scope of project limited, scope of questions needs to be clear/limited. There was also concern that their approach to community may not be trauma informed.

When Hemisphere confirm their next steps, these will be communicated back to the group, along with any other opportunities to feed into their work. As Hemisphere are putting together their own advisory group, we will look into how the GAPCAG can support their advisory group.

#### 10. Update on communications around project

A reporter called s9(2)(a) is writing a piece on the gender-affirming primary care project, which is looking like it will go live over the Summer. s9(2)(a) on the work underway.

#### 11. Discussion re: current state

s9(2)(a) had raised this agenda item but was not present for this meeting. The future of gender-affirming care work within government agencies was briefly discussed, and it was noted that this project will likely be able to continue unimpeded.

#### 12. Gap register

■■■■ shared the items currently on the gap register. The group added the following items:

- Primary care funding model for gender-affirming care
- Resourcing for lived experience leadership
- Formal support network for trans peer support workers
- Allied health support, i.e. physio and nutritionists
- Addressing competency across wider health workforce
- Limited funding available for medications through Pharmac
- Gender-affirming competent therapists
- Evaluation of the health and social benefits of community programmes
- Binder, shapewear and other clothing programmes

**ACTION:** ■■■■ to update the gap register with detail on the aforementioned items and send around to advisory group.

### 13. New role being advertised

A new role is currently being advertised within Te Whatu Ora – System Design Manager Rainbow Health.

**ACTION:** ■■■■ to send link out to group – if anyone is interested and would like to speak about working in this space in government they are welcome to contact ■■■■

### 14. Other items

There were no further updates on the Manatū Hauora Puberty Blockers Evidence Review, but it was noted that there was a proactive release of an Official Information Act (OIA) response on the Manatū Hauora website.

**Meeting Closed: 4:10pm**

**Next meeting: 5 December**

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	5 December 2023		
<b>Start Time:</b>	2.00pm	<b>Finish Time:</b>	4.30pm
<b>Location:</b>	Teams		

**Attendees:** 9(2)(g)(ii) s9(2)(a)

**Guests:**

**Apologies:**

#### 1. Welcome and karakia

Chair 9(2)(a) welcomed everyone to the meeting, followed by a karakia.

#### 2. Previous meeting minutes and actions

The minutes from the meeting held on 7 November 2023 were accepted as an accurate record.

The actions from the previous meeting were noted, with updates provided on the following:

- Setting up a meeting link via Zoom**  
 This option was explored however unfortunately is not possible. Anyone who requires IT assistance for Teams was encouraged to contact 9(2)(g)(ii) s9(2)(a) for potential support from Te Whatu Ora IT.
- Review of phase 1**  
 The draft has been circulated with the Gender-Affirming Primary Care Advisory Group (GAPCAG) and has also been shared with 9(2)(g)(ii) s9(2)(a), one of 9(2)(g)(ii) s9(2)(a) in the new structure. It is hoped that the review will be used to inform future work in this area, including the new role of System Design Manager – Rainbow Health, which is still to be filled.
- Update on puberty blockers**  
 A draft is expected to be released soon although publication may be held until the beginning of next year to allow time for review.

#### 3. Update from the Māori and Pacific caucus

The Māori and Pacific caucus did not meet on Monday.

#### 4. Options for evaluation of community driven models of care

9(2)(a) presented options for the evaluation of community driven models of care, including the original proposal (Option A), as well as two new options (Options B and C). Information on each option was circulated to the group prior to the hui.

Each option, including its advantages and disadvantages, was discussed. Option C was agreed to as the preferred option. This involves gathering data from all eight providers, as well as undertaking focus groups, known as Collaborative Learning Sessions.



It was agreed that Option C would work best given the timeframe for the evaluation process. Option C will allow coverage across all providers and ensure a greater understanding of the different approaches taken by different providers.

It was noted that advice from the GAPCAG would be sought at a later date for the best way to approach the Collaborative Learning Sessions.

#### 5. Update on procurement and evaluation panel

s9(2)(b)(ii) s9(2)(g)(ii)

#### 6. Gap register

A discussion was held around the possible uses for the gap register, either within Te Whatu Ora or as an external document. It was agreed that publishing the gap register in a medical journal would be useful for the community however the challenges associated with this were noted.

It was agreed that the GAPCAG would continue to think about the best way to use the gap register externally. Within Te Whatu Ora, it will be used to inform policy and other work to ensure

that gaps are addressed in work plans as these arise. In the meantime, the gap register would be shared with the GAPCAG as a Google document to ensure it's a 'live' document and accessible to all in the group.

**ACTION:** 9(2)(a) to share the gap register with the GAPCAG as a Google document.

## 7. Sex and gender data in the health system

It was noted that the current collection of sex and gender data in the health system is not working for patients, clinicians or those working with the data. Te Whatu Ora has sent a paper to the whānau, consumer and clinician digital council to outline the current issues and the need for work led by Te Whatu Ora to address these issues, including developing standards with the community and data and digital teams to ensure they are fit-for-purpose and work within the IT infrastructure.

A separate paper has been put to the data and digital investment council to seek investment for a staged approach to address these issues. Initially, a limited amount of money has been sought for resourcing and for community involvement. It is hoped that the investment case will be approved and the work will be allocated to a relevant team to be delivered.

The GAPCAG was asked for their advice on the best approach for community involvement and whether they had any ideas on who should be involved. 9(2)(a) indicated their interest in being involved in this work. 9(2)(a) also suggested looking into those involved in the Stats NZ advisory group which undertook similar work. It was advised that minority perspectives should be included while ensuring there is more than one person representing one perspective.

It was noted that the GAPCAG will be kept informed of this work as it progresses.

## 8. Other items

s9(2)(g)(ii) noted that given her high workload, she would be unlikely to be able to attend the entirety of meetings in future. It was suggested that a specific time be set aside in the agenda for s9(2)(g)(ii) to attend to respond to any questions or provide advice.

**ACTION:** s9(2)(g)(ii) to set time near the end of each agenda for s9(2)(g)(ii) to attend.

9(2)(a) noted that given she is moving to 9(2)(a) at the end of January, the timing of the GAPCAG hui may need to be adjusted to account for this. It was agreed that a new time will be set, with 9am on Thursdays appearing to be the time that most people could do.

**ACTION:** The GAPCAG hui to be reset for 2024, likely to be 9am on a Thursday.

## 9. Next hui

It was agreed that the next GAPCAG hui will be held in February, given most people will be away in January.

Meeting Closed: 3.55pm

Next meeting: February (date and time TBC)

## Minutes

### Gender-Affirming Primary Care Advisory Group Meeting

<b>Date:</b>	15 February 2024		
<b>Start Time:</b>	9.00 am	<b>Finish Time:</b>	11.15 am
<b>Location:</b>	Teams		
<b>Chair</b>	9(2)(a) (until 11.00 am)		
<b>Attendees:</b>	9(2)(g)(ii) s9(2)(a)		
<b>Guests:</b>			
<b>Apologies:</b>			

#### 1. Welcome and karakia

The Chair welcomed everyone to the meeting, followed by karakia.

The Group introduced themselves noting new attendees:

s9(2)(g)(ii)

#### 2. Previous meeting minutes and actions

The minutes from the meeting held on 5 December 2023 were accepted as an accurate record.

The actions from the previous meeting were reviewed and updated as per the action table.

#### 3. Any items from the Māori and Pacific caucus

There are no updates as the caucus has not met.

#### 4. Update from Auckland PHO on community driven models of care (9(2)(a) )

9(2)(a) gave a presentation on the community driven models of care implementation in Auckland PHO. (A copy of the presentation is attached to the minutes). They provided an update on progress and learnings. There are 7 Primary Health Organisations (PHOs) working as a collective in Tamaki Makaurau. The funding will help to enable their practices to offer longer consults to support initiation of gender affirming hormone therapy (GAHT) in primary care.

Some of the feedback from stakeholders included:

- Insufficient time and funding for initial general practitioner (GP) consultation
- Clinical concerns initiating GAHT
- Complex psychological needs of patients
- Patient access to GPs providing GAHT.

**Funding criteria based on the guidelines** – there will funding provided for an extended first GP consultation time (\$100) and 4 follow-up GP appointments (4 x \$50). The follow-up appointments can be delivered by nurse or GP.

Discussion included how does a patient find a GP / support. It was noted that s9(2)(b)(ii) s9(2)(b)(ii) has a list of gender affirming GPs. 9(2)(a) is working on updating the list and asked for suggestions on how the list could be shared amongst stakeholders and kept up to date.

Workforce was discussed. 9(2)(a) keen to know more about the workforce and mentioned the Goodfellow Symposium being held on 23 – 24 March 2024 where she will be presenting.

#### 5. Update on procurement for Community Driven Models of Care

s9(2)(b)(ii) s9(2)(g)(ii)

#### 6. In person hui/provider forum

The GAPC Advisory group are supportive of an in-person hui and discussed the value of meeting face to face. A date to be confirmed for the hui to be held in May.

The hui would provide the opportunity:

- for providers to attend to present what they are doing
- to discuss / address common challenges
- for building networks
- discuss next steps.

**Action:** s9(2)(g)(ii) to follow up with 9(2)(a) and discuss options for identifying a provider to organise the hui.

#### 7. Update on sex and gender data work

s9(2)(g)(ii) updated on the work that is currently underway with the Te Whatu Ora Data and Digital team. They are bringing together a small group of people to understand what is to be achieved, interim guidance and draft standards for consultation and an investment plan.

Te Whatu Ora is also pulling together a draft Health Information Standards Organisation (HISO) standard for sex and gender data collection that complies with legal obligations and meets the needs of patients, health providers and vendors. They will also be producing interim guidance, and an investment proposal as changes may involve significant investment if vendors would need to make changes to their systems.

The Group agreed it would be valuable to receive updates as the work progresses.

#### 8. OIA update

s9(2)(g)(ii) updated on a recent OIA received seeking information on the GAPC Advisory Group, asking for information on the main purpose and members of the advisory group. No personal information on members will be shared and the writer will be referred to information from the terms of reference of the group.

**Action:** s9(2)(g)(ii) to circulate practitioner privacy document shared by s9(2)(g)(ii) that was prepared by Manatū Hauora that the Advisory Group may find helpful.

## 9. Other business

The Puberty Blockers Evidence Review will shortly be released. This is a systematic review led by Manatū Hauora, and the evidence is unlikely to bring up anything unknown regarding the use of puberty blockers.

### Meeting close:

s9(2)(g)(ii) closed the meeting with karakia at 11.15 am.

**Next meeting: 28 March 2024**

### Meeting actions

Action no:	Item / action	Status	Action lead
5.12.23-1	<b>Update on procurement and evaluation panel</b> Look into the possibility of organising an in-person hui.	In progress	s9(2)(g)(ii)
5.12.23-2	<b>Update on procurement and evaluation panel</b> Invite Auckland PHO to attend a GAPCAG hui early next year.	Closed (15.2) on agenda – item 3.	
5.12.23-3	<b>Gap register</b> Share the gap register with the GAPCAG as a Google document.	<b>Closed (15.2)</b> Document has been circulated.	
5.12.23-3	<b>Other items</b> Set time near the end of each agenda for s9(2)(g)(ii) to attend.	<b>Closed (15.2)</b> s9(2)(g)(ii) invited to GAPCAG mtgs.	
5.12.23-4	<b>Other items</b> GAPCAG hui dates to be reset for 2024, likely to be 9am on a Thursday.	In progress	
15.2.24-1	s9(2)(b)(ii)		
15.2.24-2	<b>In person hui/provider forum</b> Discuss options for arranging a hui.		
15.2.24-3	<b>OIA Update</b> Circulate practitioner privacy document.		



Primary Care Gender  
Affirming Hormone Therapy  
Initiation Guidelines

Aotearoa New Zealand guidelines for  
commencing GAHT for adults in primary care.

Gender affirming  
hormone therapy  
provision in primary  
care

Tāmaki Makaurau

# Who bid for the tender?

## Tāmaki Makaurau PHO 'Collective'

- 7 PHOs
- ~ 1.8mil enrolled patients
- ~ 430 Practices
- Geographical coverage metro Auckland



# Underlying principles of service model

- Maximise pass-through of funding to practices
- Enable practices to do the right thing, with regard to gender-affirming care
- Maximising use of existing resources/infrastructure

Small budget  
\$25k pa for all of  
Tāmaki Makaurau

For example:  
Using the existing  
primary care  
claiming platform



# Overview of consultation process

On the original 'list'+  
some recommended  
additions

- 29 GPs contacted –12 have provided detailed feedback
- Community stakeholders – <sup>9(2)(a)</sup> [REDACTED]
- Tertiary Education provider

## Feedback from stakeholders

### Insufficient time and funding

- Informed consent model, titrations & administration of GAHT requires in-depth explanation & sufficient time, which does not sit comfortably within current 15min GP business model.
- It takes time to navigate patient through GAC journey.
- Additional funding should be available for nursing consultations at appropriate stages of care.

### Clinical concerns initiating GAHT

- Clinicians comfortable with GAHT maintenance once initiated under specialist care i.e. Hauora Tāhine (with perception that there is greater access to wrap-around services if seen by ASHS and Endocrinology);
- Initiation considered very complex with 'straight forward and uncomplicated' patients.
- All consulted clinicians expressed an interest in further training, education and support in the area of GAC.
- Want reassurance that complex cases will receive specialist advice when required.

# Feedback from stakeholders

## Complex psychological needs of patients

- Widespread perception of complex psychological issues for patients pre-existing within population seeking GAC.
- Misconception regarding access to peer support i.e., if do not refer to ASHS first then not eligible (or of a lower priority for access)

## Patient access to GPs providing GAHT

- All consulted GPs happy for details to be shared or published on non-public facing list i.e. peer to peer / or provided to community stakeholders <sup>9(2)(a)</sup> [REDACTED] to end users.
- Patient enrolment problematic if GAHT GPs have closed books
- Interest in GP Peer Special interest group.

## Map of GPs known to support gender-affirming care

9(2)(a)



- 79 GPs mapped- known to support GAC in Tamaki Makaurau
- Reasonable geographic spread

## Funding criteria

- A single extended consult per patient for initiating GAHT
- Up to 4 follow up (maintenance) appointments can be claimed within the first 12 months following the onset of GAHT initiation.
- Claims are able to be made for GP, NP and nurse-led appointments.
- This funding is not available to patients requiring maintenance only

Important that all relevant appointments are claimable, irrespective of discipline

Not enough funding available for ongoing maintenance.