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27 February 2023

Simon Tegg

By email: simon@fullyinformed.nz Ref: H2023019669

Tēnā koe Simon

Response to your request for official information

Thank you for your follow-up request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 29 January 2023 (AVOIA25 refers). On 16 February 2023 parts of your request were transferred to Te Whatu Ora - Health New Zealand under section 14(b)(i) of the Act. You can also expect a response from Te Whatu Ora in due course. Please find below a response to the remaining parts of your request:

I request: a) documents related to the two meetings mentioned that have not yet been released to me

No documentation relating to the meetings was created. Therefore, this part of your request is refused under section 18(e) of the Act, as the information requested does not exist.

b) the names of the members of the reference group to support transgender health work;

c) the advice provided by the reference group to date.

A reference group was not formally established. Therefore, this part of your request is refused under section 18(g)(i) of the Act as the information is not held by Manatū Hauora and there are no grounds for believing it is held by another agency subject to the Act.

All information related to Ministry / Te Whatu Ora / Te Aka Whai Ora efforts to "endorse and publicise existing guidelines".

There is not any work underway to endorse the current guidelines. As such, this part of your request is refused under section 18(g)(i) of the Act as the information is not held by Manatū Hauora. You can find out more about gender affirming care initiatives by contacting Te Whatu Ora Health New Zealand at: <u>hnzoia@govt.nz</u>.

I request:

a) the references (specific document, sheet name, cell column and row) for the 85,921 and 62,312 figures;

We note that this was error in the Budget bid. The bid correctly states that that the total population of LGBT+ people as of June 2020 was 160,600, but incorrectly says that the population on transgender women was 85,921 and transgender men was 62,312. This breakdown was actually the count of male and female people in the overall LGBT+ population. The correct figures for the transgender population as of June 2020 should have been 9,600 transgender women and 8,400 transgender men.

This initiative sought funding to support approximately 200 transgender patients over four years. I would like to assure you that the modelling for this was based on the correct number of transgender people in Aotearoa.

To respond to your request for the specific document, sheet name, cell column and row for the transgender population, please see the Stats NZ excel spreadsheet at this link: <u>https://www.stats.govt.nz/reports/lgbt-plus-population-of-aotearoa-year-ended-june-2020/</u> See Table 1, column B, row 13 for overall LGBT+ figures, and see Table 3, columns B-E, rows 10 - 13, for figures representing the transgender population. Please note, the figures have been rounded: .

b) the correct citation for the claim that primary care delivery of hormone therapy has the potential to reduce the future need for genital surgeries (excluding the two studies mentioned that do not support the claim).

We thank you for bringing this to our attention and accept that the two studies cited do not make specific claims about the potential to reduce the future need for genital surgeries. We regret the error but we also note that the studies cited do provide evidence that supports the value of providing gender affirming care in primary care settings, which was the intent of the Budget bid.

The overall intent of the initiative is to improve primary care services for transgender people, and to provide "better access, support and treatment for our Rainbow communities through our health system and ensure our healthcare system is responsive to the needs of trans, intersex and gender-diverse people." As transgender people experience poorer health outcomes than the total population as well as having difficulty accessing specific gender affirming care (e.g. hormone therapy, mental health support, peer support, speech language therapy services), there is a need to ensure our healthcare system meets the needs of transgender people and ensures equitable health outcomes for the transgender community.

I request the letter from Verral to the RNZCGP

This document is attached to this letter as Appendix 1 and is released to you in full.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: <u>info@ombudsman.parliament.nz</u> or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: <u>www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests</u>.

Nāku noa, nā

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Maree Roberts Deputy Director-General Strategy Policy and Legislation | Te Pou Rautaki

Appendix 1. Draft Letter to the Royal New Zealand College of General Practitioners and Chair of the Board of the Council of Medical Colleges

Dr Samantha Murton, President Royal New Zealand College of the General Practitioners

Copy to Dr John Bonning, Chair of the Board of the Council of Medical Colleges

Tēnā kōrua, Drs Murton and Bonning,

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I hope this letter finds you well. I would like to acknowledge the work of the Royal New Zealand College of General Practitioners, and general practitioners across the country for your work to improve health outcomes and reduce health inequalities for all people in Aotearoa. Thank you for all your work, especially over the past 18 months in increasingly difficult circumstances.

Our Government is committed to provide better access, support, and treatment for Rainbow communities through the health system and ensure the healthcare system is responsive to the needs of trans, intersex, and gender diverse people.

As you know, transgender people experience poorer physical and mental health outcomes than the total population. These inequitable outcomes are often linked to social exclusion, discrimination, and barriers to accessing appropriate health care. Some barriers of access for transgender people can include cost and/or the unfamiliarity of health services in clinical and cultural needs of transgender people.

Primary care is a fundamental pillar of our health service. As you may be aware, I am particularly interested in improving primary health care services for transgender people where they receive most of their care, to access their general health needs as well as specific gender-affirming care (eg, surgery referrals, hormone prescriptions). Primary care can meet the wide-ranging needs of transgender people and I believe all practices should have competency in delivering appropriate and sensitive general health care for transgender people.

I am encouraged to hear that RNZCGP is progressing work to improve primary health care services for transgender people by providing training through the General Practice Education Programme and endorsing gender-affirming healthcare resources with the Continued Medical Credits attached. I envision an Aotearoa where primary health care clinicians across the country are confident in delivering care to gender diverse people. I think RNZCGP is taking the right steps by endorsing training programmes that general practitioners benefit from to learn about the needs of this community, whether in healthcare generally, or in gender-affirming care more specifically. I encourage this work to continue and for members to take up the opportunities RNZCGP is providing to consider how their practice delivers care for transgender people.

I look forward to working with the College and GPs in our joint contributions to the kaupapa to improve primary healthcare services for transgender people.

I would like to take the opportunity to thank the College's further dedication and efforts to provide high quality and equitable outcomes for Aotearoa.

Ngā mihi

Appendix 1

Hon Dr Ayesha Verrall **Associate Minister of Health**

REFERENCE INTERNET