15 October 2026

To the Commerce Commission

Women's Health Action Letter on New Zealand Gynaecology Association Inc's application for authorisation to engage in collective bargaining with Southern Cross Health Insurance

Women's Health Action have been leaders in whānau and community representation in health since our establishment in 1984. We played a pivotal role in the Cartwright Inquiry, which led to the development of the National Cervical Screening Programme and the subsequent strengthening of health consumer rights. We aim to authentically protect women's and whānau health by:

- Supporting the New Zealand health sector to achieve the core objectives of the Healthy Futures (Pae Ora) Act by addressing health equity issues for women, gender diverse people, and whānau.
- Reducing national and local health system complexity and enabling a consistent population health focus, and meaningful community and consumer involvement.
- Improving maternal/parental and child health and wellbeing.
- Providing whānau and community perspectives to providers of health services and decision-makers in the health sector. Our team currently provides whānau/consumer representation and perspectives to more than 20 national and regional groups.
- Supporting the development of people-centred public health strategies, policies and campaigns for Health New Zealand and other health organisations, as well as undertaking social research on consumer experiences.

While we have reviewed the available material, including submissions from interested parties and the Commerce Commission's Draft Determination, we do not consider that we have sufficient expertise, evidence, or time to form a definitive view on the commercial, competition, or contractual matters between New Zealand Gynaecology Association Inc (NZGA), Southern Cross Health Insurance (SCHI), or private hospitals that are at the centre of this application. The issues involved are highly complex, and there appear to be legitimate concerns raised by multiple parties regarding affordability, workforce sustainability, access to care, the operation of private insurance arrangements, and the potential impacts on the wider health system and future health outcomes of whānau. We acknowledge that this is an important issue where a delicate balance must be reached.

Rather than expressing a view on the authorisation itself, our primary concern is that any decision ultimately reached by the Commerce Commission is guided by, and can be demonstrated to promote, the best interests of the women, whānau and communities receiving care. In particular, we encourage consideration of any impacts

on timely access to gynaecological services, continuity and quality of care, consumer choice, workforce sustainability, health equity, and potential flow-on effects for an already stretched public health system. This can be supported by the inclusion of consumer and whānau voice in the decision-making process.

In our view, any future funding, coding, pricing or contracting arrangements should not inadvertently disadvantage people with complex gynaecological conditions. This includes ensuring that arrangements do not create incentives to avoid complex cases, restrict access to experienced specialists, reduce patient choice, or require patients to undergo multiple procedures where clinically appropriate care could otherwise be provided in a more integrated manner. Particular consideration should be given to conditions such as endometriosis and other complex gynaecological disorders, where the full extent of disease, treatment requirements and associated costs may not be fully known until surgery is underway.

We also encourage the Commission to consider any differential impacts on Māori, Pacific peoples, disabled people, rural communities, gender-diverse people, and others who already face barriers in accessing timely specialist care. Any reduction in the availability of specialist gynaecology services, whether in the public or private sector, may disproportionately affect those communities with the fewest options and the greatest unmet need.

We note that there appears to be broad agreement amongst parties that patient outcomes should remain paramount, that clinical expertise should inform service design and funding arrangements, and that unintended consequences for access to care should be avoided wherever possible. Regardless of the Commission's final decision, we consider it important that clinicians, consumers and patient advocacy organisations continue to have meaningful opportunities to contribute to the design of treatment pathways, procedure coding frameworks and funding arrangements.

We know that the public health system is under sustained pressure, with patients experiencing reduced access to primary care, increased wait times and, in many cases, growing costs, contributing to poorer health outcomes. Staff burnout and workforce shortages continue to challenge service delivery, with retention of medical specialists a key concern. Access to gynaecological care has been described as being at a crisis point, with some of the longest specialist and treatment waitlists in the country. Any additional pressure placed on the public health system, whether through the transfer of patients from the private sector or the loss of specialist workforce capacity, would be detrimental in an already strained environment.

We acknowledge concerns that authorisation may result in increased costs for health insurers and, ultimately, consumers. We also acknowledge the concerns raised by NZGA that SCHI's Affiliated Provider Programme may not be appropriate for some gynaecological services, particularly more complex surgeries, and may reduce clinical flexibility, patient choice, or the willingness of some gynaecologists to continue providing private services if costs cannot reasonably be met.

We encourage both parties, NZGA and SCHI, to engage in negotiations openly and transparently in pursuit of solutions that prioritise patient care. It is important that clinical expertise is appropriately reflected in procedure codes, and that any future model is sufficiently flexible to meet the needs of women and whānau requiring both routine and complex gynaecological care.

People who pay for private health insurance, or who choose to fund their care privately, should reasonably expect timely access to quality and comprehensive healthcare. From a consumer perspective, it is concerning if changes to insurance funding or contracting arrangements could compromise that access. Given SCHI's significant presence within the private health insurance market, we consider it appropriate that there is ongoing oversight and scrutiny of arrangements that may affect consumer access to care. We encourage continued consideration of mechanisms that promote transparency, accountability and fairness for consumers across the private healthcare sector.

We appreciate the opportunity to provide our perspectives on this issue. Please do not hesitate to contact us should you require any further information.

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