

26 June 2015

Simon O'Connor  
Chairperson  
Health Select Committee  
Private Bag 18041  
Parliament Buildings  
**WELLINGTON 6160**

Dear Simon

**Petition 2011/107 of Thomas Hamilton and 435 others**

Thank you for your letter of 2 June 2015 in which you requested the Ministry to provide you with further information in a written submission, on the wider issues concerning gender reassignment health services (GRS) in New Zealand, including mental health, holistic needs and support services. We have addressed these issues in the following areas.

**Health services for transgender and intersex people**

There have been no recent reviews of gender dysphoria services (GDS) in New Zealand. However, an earlier review in 2003 indicated that diagnostic assessment services vary and whereas there may be well informed primary health care practitioners available to do this in some areas, generally this is not the case. Therefore diagnostic assessment is more likely to occur as part of secondary health services. The availability of the necessary mental health services as part of diagnostic or pre-surgical assessment also varies, and in some areas this is only available in the private sector.

The availability of psychotherapy in the public sector for transgender people is limited. While some services are available through DHB sexual health services, this is often not provided as a priority and applicants report having to seek services privately.

Generally hormone therapy is available in the public sector through DHB endocrinology services, and also through DHB sexual health services and by some primary health practitioners.

The availability of general surgical procedures (see below) varies throughout the country. As with all elective procedures, the patient needs to score highly enough on the DHB's clinical prioritisation assessment criteria to be accepted. Provision of elective services in New Zealand is based on need and ability to benefit.

Where a surgeon will not provide a service the responsibility lies with the DHB of domicile to refer the patient out of district. Surgical therapy includes breast surgery, gynaecological surgery and genital surgery as follows:

- mastectomy (by plastic surgeon) for biological females
- breast implants for some biological males for whom the effects of hormone therapy are considered inadequate
- hysterectomy and bilateral salpingo-oophorectomy for biological females
- (preliminary) bilateral orchidectomy for biological males
- additional surgeries may be requested and performed to assist feminisation in biological males.

Following the final report of the Inquiry into Discrimination Experienced by Transgender People released by the Human Rights Commission (HRC) in January 2008, where it was noted that the vast majority of services were not available within the public health system, resulting in many trans people bearing the cost of private assessments and medical treatments within NZ or overseas, the Ministry funded the development of the following publication: 'Gender Reassignment Health Services for Trans people within New Zealand' *Good practice Guide for Health Professionals and* hosted the publication on the Ministry of Health's website in April 2011 - [www.health.govt.nz/publication/](http://www.health.govt.nz/publication/)

This document was written primarily for health professionals, recognising that in most instances health practitioners do not have access to, and would not necessarily have experience of managing the care of trans people. It is also considered a valuable resource for trans people providing them with a well referenced NZ document when they are seeking health care.

#### **People being treated for complications following gender reassignment surgery overseas**

To date we have only sent people seeking female to male (FtM) GRS overseas. This type of surgery has never been provided in New Zealand due to small numbers of people seeking this surgery, and as a result no clinical expertise has been developed. Male to female (MtF) surgeries have been provided in New Zealand since 2000.

The High Cost Treatment Pool commits to funding individuals with complications arising from their gender surgery either in New Zealand or overseas.

#### **Waiting list for gender reassignment surgery**

In 2003 agreement was given for three MtF and one FtM every two years.

There have been a number of people, since data was first collected in 2003, who have had applications made for them for GRS. The Ministry is unable to provide the actual number of applications as the MtF applications have been sent directly to the surgical team providing that surgery for final clinical assessment. Regular audits were carried out by that team to update the list and some individuals were removed if they:

- no longer wished to be considered for publicly funded GRS (ie, they may have already received GRS)
- were not able to be contacted
- were considered unsuitable at final surgical/psychiatric assessment as a surgical candidate.

We currently have:

- 61 people waiting for MtF surgery. We have approved funding for 18 surgeries, five of which could no longer be provided in New Zealand due to the retirement of a member of the surgical team in Christchurch contracted by the Ministry to provide these services, but will receive this surgery as soon as the Ministry can confirm an overseas provider with referring district health board (DHB) specialists. Once a preferred provider is established the HCTPool, with agreement from the referring physician, will send those requesting MtF GRS overseas until such time as the surgery can again be provided in New Zealand
- 12 people waiting for FtM surgery, one of whom will be referred to an agreed overseas provider this calendar year.

Of the six people that have been sent overseas (FtM) since public funding began in 2004, two have required follow up medical care in New Zealand. Both medical staff and the patients have received good follow up support from the overseas provider. This is complex surgery and complications are not unusual.

### **Nationally responsive, timely and consistent GRS services**

There has been little consideration of the provision of a comprehensive gender dysphoria service nationally, although the Ministry is aware that currently the Auckland, Capital and Coast and Canterbury DHBs are considering their role in the provision of these services, and what they may be able to do to address this.

The Ministry acknowledges that it is time to review the numbers publicly funded for GRS, and how these may be managed in a timely manner. The Ministry will work with DHBs to assess current service provision for trans people seeking health services as part of their transition, including barriers to accessing timely elective surgery, supporting equitable access and care.

Yours sincerely



**Dr Don Mackie**  
**Chief Medical Officer**  
**Clinical Leadership, Protection and Regulation**

From: [REDACTED]  
To: Ailsa\_Jacobson@moh.govt.nz,  
Cc: [REDACTED]  
Date: 22/04/2015 03:41 p.m.  
Subject: Re: GRS patients from NZ

Dear Ms Jacobson,

Thank you kindly for your email.

I am currently setting up this service in Brisbane and I will be performing the surgical procedures together with a plastic surgeon, especially the 1st stage. I currently only see FtM but I am also interested to expand this service for MtF patients at a later stage. I will also see patients who have traumatic amputations, iatrogenic amputations, and micro-penis related issues.

I have been trained at the [REDACTED] Hospital in London and I would like to refer to the papers of Mr [REDACTED] and Mr [REDACTED] regarding techniques and outcomes. I have not (yet) published my experience as this is shared experience from London. My current preferred technique is the Radial Artery Forearm Flap Phalloplasty, but the surgical management is tailored to the individual patient and the main alternatives in my hands would include the AnteroLateral Thigh Flap Phalloplasty and the less preferred pubic phalloplasty (seldom). I have not performed the Latissimus Dorsi Flap Phalloplasty, but I have revised complications related to this technique.

The facility where this surgery will be performed is the [REDACTED] Hospital, Brisbane (at present). No formal public service will be available at present, but I will look into this some time in the future.

The estimated total surgical costs for the FtM transformation (all stages) will be up to A\$ 50,000.- Depending on the wish of the patient, a minimum of 2 stages are required. With penile implant surgery a further 1-2 stages will be required.

The hospital costs would cover an initial stay for 1 week (1st stage) and subsequent admissions for 1-2 days, all going well.

The anaesthetic costs will in part depend on the length of the procedures and will routinely be highest for the 1st stage.

I could inform about the hospital costs and the anaesthetic costs if you wish.

Complications are unfortunately possible with any type of surgery although I envisage to deal with them whilst the patients are in Brisbane. I would therefore recommend a further stay in Brisbane of up to 1 week after each stage. Complications could increase the costs of this type of surgery.

I am interested in meeting the team in NZ, previously dealing with these patients, prior to commenting on your last 3 questions.

I am looking forward to further correspondence and I will keep you informed of the progress of this service in Brisbane.

KR

On 17 Apr 2015, at 12:14 pm, [Ailsa.Jacobson@moh.govt.nz](mailto:Ailsa.Jacobson@moh.govt.nz) wrote:

Good afternoon, [REDACTED] I manage the High Cost Treatment Pool (HCT Pool) at the Ministry of Health in New Zealand. The HCTPool is a centrally held risk pool for our 20 DHBs to ensure equity of access for all New Zealanders to high cost procedures/treatments generally not provided in New Zealand. As part of that funding we also fund a limited number of gender reassignment surgeries (GRS) and I understand that you provide FtM surgery. I am currently assessing providers in USA and UK where we have sent patients previously and have just heard that you also provide this surgery. Do you do MtF as well?

If you are interested in providing surgery for us would you mind providing some information such as:

- Could you send me publications about the technique you use
- Have you published anything on the surgery you perform
- Could you send me detail of type of surgery you carry out
- Information on the facility where you provide the surgery
- Breakdown of total costs of the surgery eg surgeon, anaesthetist, theatre, bed days, assessments, out patient etc
- How many phases of the surgery are needed and the time between each phase
- Complications such as infections and need for follow up surgery
- Back up support provided by you for surgeons in NZ to follow up any necessary corrective surgery
- Would you support any corrective surgery being carried out by another surgeon
- Anything else you think may be of interest

Thank you for your time and looking forward to hearing back from you.

Regards,  
Ailsa Jacobson  
Senior Advisor  
CVD Diabetes Long Term Conditions  
Personal Health Service Improvement  
Sector Capability and Implementation  
Ministry of Health  
DDI: 04 496 2496

Sent by: Ailsa  
Jacobson/MOH

22/07/2015 03:04 p.m.

To: [REDACTED]  
cc: David St George/MOH@MOH,  
bcc:

Subject: RE: Gender Reassignment Surgery - referral process and waiting list  
management

As the referrer it is your responsibility to indicate your provider of choice with back up information and evidence of outcome to support your decision. We will make a decision for a preferred supplier (better to go with one provider than a number of different providers) based on a number of factors, eg outcome, safety, quality and follow up being some of the indicators. If we choose someone that you do not think your patient should be sent to you can address it at the time. We do not take responsibility for a clinical referral.

We are spending public money and have a responsibility to get our decision making right.

When filling in the form that I have sent you don't bother to get costing details, that can come later when we can confirm who will be providing the surgeries.

Regards,  
Ailsa Jacobson  
Senior Advisor  
CVD Diabetes Long Term Conditions  
Personal Health Service Improvement  
Sector Capability and Implementation  
Ministry of Health  
DDI: 04 496 2496  
Available: Tuesday morning, Wednesday Thursday and Friday

<http://www.moh.govt.nz>  
[mailto:Ailsa\\_Jacobson@moh.govt.nz](mailto:Ailsa_Jacobson@moh.govt.nz)

RELEASED UNDER THE  
OFFICIAL INFORMATION ACT

**From:** Ailsa\_Jacobson@moh.govt.nz [mailto:Ailsa\_Jacobson@moh.govt.nz]

**Sent:** Tuesday, 14 July 2015 4:57 p.m.

**To:** [REDACTED]

**Subject:** Re: Gender Reassignment Surgery - referral process and waiting list management

Hi there [REDACTED] my apologies again for not responding to your email.

Please see responses below

- the information you have quoted from the ministry website remains valid
- the GRS funding remains limited for both MtF (3 every 2 years) and FtM (1 every 2 years) due to the increasing W/L we are looking to review these numbers, but no time frame yet
- there is no GRS currently provided in NZ as the surgical team who were carrying out this surgery do not have a plastic surgeon. Referring DHB specialists are agreeing on an overseas provider for this surgery until the surgery can be provided in NZ again. We should be able to send the first of the W/L away to preferred provider this year
- normally the surgical team that the ministry had a contract with to provide the GRS would be responsible for the W/L however it has now defaulted to the ministry. However the principles are the same; once someone has met all the criteria, the person who has been on the W/L the longest is the next to be offered surgery. The ministry is also holding all referral details, which we did not used to do
- there are 61 people on the W/L for MtF and 11 on W/L for FtM. Obviously once you do the maths the waiting time is very long, however my advice would always to be to inform the patient fully and place them on the W/L anyway
- bottom line is that the referral is a clinical one the ministry merely does the contracting and ensures that all criteria re met.
- 

Hope this helps and if you need anything further please fee free to get back to me.

Regards,

Ailsa Jacobson

Senior Advisor

CVD Diabetes Long Term Conditions

Personal Health Service Improvement

Sector Capability and Implementation

Ministry of Health

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<http://www.moh.govt.nz>

[mailto:Ailsa\\_Jacobson@moh.govt.nz](mailto:Ailsa_Jacobson@moh.govt.nz)

From: [REDACTED]  
To: "ailsa\_jacobson@moh.govt.nz" <ailsa\_jacobson@moh.govt.nz>  
Date: 09/07/2015 08:15 a.m.  
Subject: Gender Reassignment Surgery - referral process and waiting list management

Hi Ailsa

I have been given your name as a MOH contact who can speak to the above subject. I have received a complaint from a client regarding the lack of action on making a referral for M to F gender reassignment surgery. It includes her perception of what is available. In responding to this complaint, it would be very helpful if I could make some definitive statements referenced to MOH about what level of service is available for these people.

From documentation on your website, the criteria is outlined as:

- More than 12 months of continuous hormonal treatment
- More than 2 years of successful and continuous real life experience as (in this case) a woman
- 2 psychiatric reports by some senior psychiatrists with some experience in this field, 1 of which is by an evaluating (not treating) doctor
- 1 psychologists report by a senior psychologist or social worker with experience in this field
- Demonstrated progress in transitioning including consolidation of gender identity, dealing with work, family and interpersonal issues as well as significant improvement/stability in mental health
- No other medical conditions that constitute a surgical or anaesthetic risk
- Able to have a full understanding of the procedure with its risks and expected outcomes to allow for the most informed consent.

Can you please confirm that this is an accurate outline of the criteria for eligibility and readiness.

Elsewhere there is reference to limited funding available through the Special High Cost Treatment pool for up to three MtF to have gender reassignment surgery in each 2-year period. I am aware that the only surgeon in NZ performing this surgery has now retired. In this context, can you please tell me exactly what level of gender reassignment surgery is currently funded via the SHCTP? Can you also tell me how you manage the referrals for such surgery and the large waitlist that I suspect must inevitably result. Assuming we are funding some small number of surgeries (in Australia perhaps?), are we able to share what number of people are already on a wait list for surgery so that a newly referred person knows that the wait will be a very, very long time and is public health funding is probably not a realistic solution for them.

I am keen and it would be very helpful to be able to give this client accurate information and a realistic account of what she can expect from the public health system, assuming she meets all eligibility criteria (which I'm not confident she does anyway).

Thanks for any help you can give me.

Regards

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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